

The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Teen Sexuality and Pregnancy in Nevada

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The proliferation of sexually explicit materials has been the hallmark of North American culture for decades. The arrival of the Internet made access to such materials all the easier, and not only for adults but also for teenagers who learn at ever-early age that romantic relations are exciting and sexual encounters are a welcome part of life. When such exposure to sensual images is not accompanied by appropriate sex education, the consequences could be dire for teenagers and society alike.

The United States has the highest rates of teen pregnancy and teen birth among the industrial nations. It also has to deal with serious health issues, such as sexually transmitted diseases, that can result from unprotected sex.

This chapter examines teen sexual behavior in the context of a hypersexual culture typical of modern society. The report begins with an overview of the national trends in teen sexuality and pregnancy. Next, we review the Nevada trends and discuss the state policies that affect teen sexual activity. After that, we offer policy recommendations and outline the most promising programs designed to reduce teen pregnancy and improve the reproductive health of Nevada's teens.

Chapter Highlights

- The United States ranks first in teen pregnancy rates and sexually transmitted infections among developed nations.
- In 2006, births from unintended pregnancies in Nevada accounted for \$83 million in public costs, including \$46 million in federal and \$38 million in state costs.
- The birthrate in 2008 for black and Hispanic teenagers was more than twice the rate for non-Hispanic white teenagers.
- The abortion rate among black teenagers was four times the rate for non-Hispanic whites, while the rate among Hispanic teenagers was twice the rate for non-Hispanic white teenagers.

How to Cite this Report

Tyler, T. G., Wakefield, M. A., Owens, S, & Smith, L. (2012). "Teen sexuality and pregnancy in Nevada." In *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State*, edited by Dmitri N. Shalin. Las Vegas, NV: UNLV Center for Democratic Culture, http://cdclv.unlv.edu/healthnv_2012/index

Teen Sexuality and Pregnancy

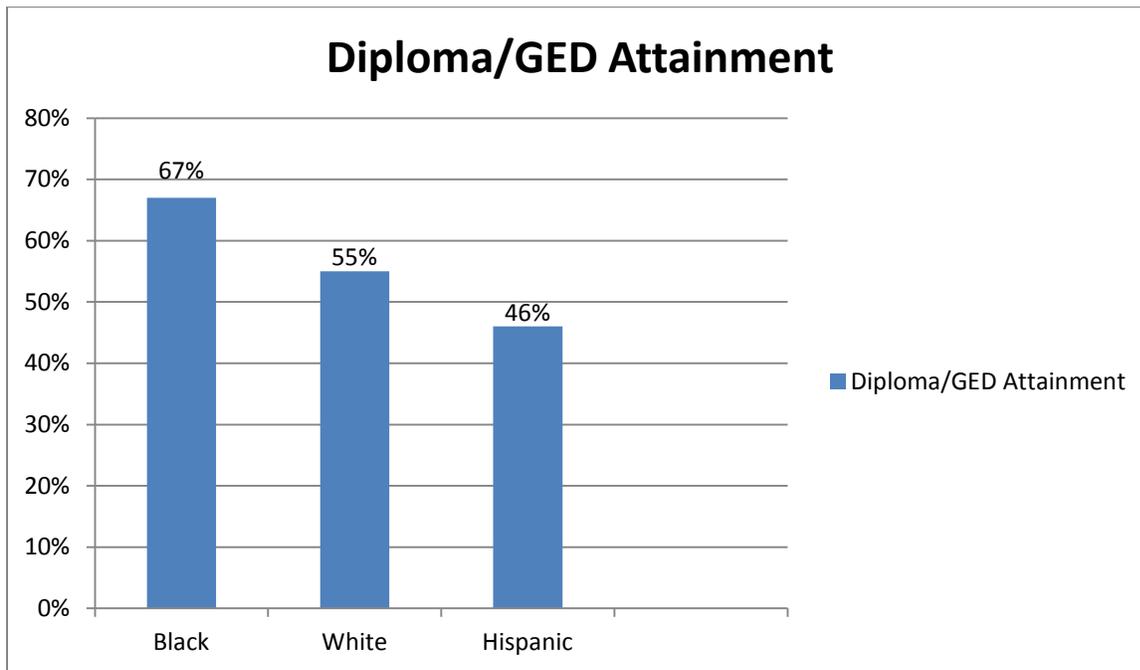
Seventy percent of teens in the United States have intercourse by age 19, with many reporting their first encounter around age 17 (Guttmacher Institute, 2012g). The direct financial cost of teen pregnancy has totaled \$11 billion annually (National Conference of State Legislatures, 2011b). As Brace, Hall, and Hunt (2008) make clear, teen pregnancy entails social, academic, and economic costs, including increased rates of abuse and neglect, incarceration, dropout, and poor health.

Teen parents are more likely to experience personal and social hardships, suffer from reduced earning capacity, face multiple teen pregnancies, and raise a child alone (Brace, Hall, & Hunt, 2008). According to the National Conference of State Legislatures (2011b), 66% of teen parents live in poverty, while 25% become welfare dependent within three years of birthing. The impoverished status of teen mothers and their children may reflect the increasing cost of raising children, as well as the waning financial support of friends and family members.

Children of teen parents face major challenges in life, such as greater health, cognitive, and behavioral problems, and these challenges are known to impact academic progress (Brace, Hall, & Hunt, 2008). Children of teen mothers are more likely to have contact with child welfare and criminal systems, and they are less likely to graduate from high school than their counterparts with older mothers. The National Conference of State Legislatures (2011b) notes that children born to teen mothers are more likely to be retained in school and to show poorer performance on standardized tests. The negative impacts of teen pregnancy can become pervasive and intergenerational in the families where teen parenthood is perceived as a norm.

Compared to their counterparts who delay pregnancy, teen mothers are 28% less likely to earn a college degree by age 30 (Guttmacher Institute, 2012g). In 2009, the average annual income of a bachelor degree holder was \$46,930, while the average income for a high school diploma earner was \$27,380. The impact of such disparate earnings over the lifespan is likely to have a serious impact on the person's overall quality of life (See Tyler and Owens, 2012 for a discussion of the impact of high school graduation and dropout rates). Racial and ethnic differences are evident in the educational attainment of teen mothers. As in Figure 1 shows, Black teen mothers are more likely than their White and Hispanic counterparts to earn a diploma or GED (Perper, Peterson, and Manlove, 2010). These ethnic and racial differences in diploma attainment may be due to the fact that teen mothers have to cope with cultural stigma associated with teen pregnancy, that they may be routed into alternative high schools and teen pregnancy programs, and that they possess lower social capital needed to complete secondary education under difficult conditions such as teen pregnancy.

Figure 1: Diploma/GED Attainment by Ethnicity



Source: Perper, Peterson, & Manlove, 2010.

Teen Pregnancy Rates and Birth Rates

Recent comparisons of teen pregnancy and birth rates in developed nations indicate that the United States ranks the highest in teen pregnancy and births globally (Stanger-Hall & Hall, 2011). Nearly three quarters of a million teens become pregnant in the U.S. each year (Guttmacher Institute, 2012g). Fifty nine percent of these teen pregnancies end in birth; the remaining pregnancies end in spontaneous or planned abortions (Guttmacher Institute, 2012g). Teen births account for 10% of all US births to women of child bearing age (Guttmacher Institute, 2012g). In 2005, Nevada ranked among the highest in the nation for teen births with 7,190 children born to teen mothers (See Table 1), (Matthews, Sutton, Hamilton, Ventura, 2010).

Table 1: Pregnancy Rates in the US and Nevada

	Number of pregnancies among women younger than 15, by state of residence, 2005 ^{1, 2}	Number of pregnancies among women aged 15-17, by state of residence, 2005 ^{1, 2}	Number of pregnancies among women aged 18-19, by state of residence, 2005 ^{1, 2}
Nevada	120	2,490	4,580
U.S. total	15,550	237,630	474,980

1. Includes estimated number of pregnancies ending in miscarriage or stillbirth.

2. Rounded to the nearest 10.

Sources: 1. Guttmacher Institute, U.S. Teenage Pregnancies, Births and Abortions:

National and State Trends and Trends by Race and Ethnicity, 2010

There is a growing body of evidence suggesting that youth in foster care and in gangs may be at high risk for pregnancy (National Conference of State Legislatures, 2009a). Teen pregnancy rates are nearly three times greater among girls in foster care as compared to girls growing up outside the foster care system (National Conference of State Legislatures, 2011b). By age 21, 75% percent of girls formerly in foster care report being pregnant at some point, with almost 66% indicating more than one pregnancy (National Conference of State Legislatures, 2011b). Similarly, 50% of males who have been in foster care report impregnating someone by age 21 (National Conference of State Legislatures, 2011b). These troublesome findings highlight the urgent need to reduce the incidence of teen and early parenthood among foster care youth who have lived part of their adolescent lives under the direct supervision of the U.S. child welfare system.

Ethnic Disparities in Teen Pregnancy Rates

Kost and Henshaw (2012) draw attention to wide disparities among racial and ethnic groups. The teen pregnancy rates are highest among Black (64.2/1,000) and Hispanic (81.8/1,000) teenagers (Guttmacher Institute, 2012g). As Matthews et al. (2010) report, birth rates between White (27.2/1,000) and Hispanic (81.8/1,000) vary by as much as 63.5% (see Table 2 below).

Table 2: Birth Rates (Per 1,000) for Teenagers 15-19 years in U.S. and NV in 2007

	White	Black	Hispanic
United States	27.2	64.2	81.8
Nevada	31.3	67.8	94.8

Source: Matthews et al., 2010

Teen pregnancy rates are highest among Hispanic teens (National Conference of State Legislatures, 2009a). While teen pregnancy rates have dropped in recent decades, the decline across racial groups has been uneven. Thus, during the period spanning 1990 and 2002, the decline of teen pregnancy ranged from 19% among Hispanics and to 40% among Black teens (National Conference of State Legislatures, 2009a).

Table 3: Rate of Decline in Teen Pregnancy by Racial Group (1990-2002)

Rate	Black	White	Hispanic
	40%	34%	19%

Source: National Conference of State Legislatures, 2009a.

In 2006, the rate of teen pregnancy spiked for the first time in over a decade (National Conference of State Legislatures, 2009a). The observed rate of increase varied across groups (see table below).

Table 2: Rate of Increase in Teen Pregnancy by Selected Racial Groups (2006)

Rate of Increase	Black	White	Hispanic
	5%	3%	2%

Source: National Conference of State Legislatures, 2009a.

Between 2007 and 2010, the overall teen birth rates dropped to a record low of 17%, with 44% drop in teen pregnancy across racial and ethnic groups (The National Center of Health Statistics, 2012).

Teen Pregnancy Prevention

Sex Education

School and community based programs in reproduction health education are known to reduce the risk of teen pregnancy and serve as a valuable resource for a teenage parent (Brace, Hall, & Hunt, 2008). As a preventative measure, curriculum-based sexuality intervention programs provide information on such topics as abstinence or use of contraceptives, child care, and youth development. Support for the teenage parent may include training in parenting skills and birth control, as well as in life skills that promote staying in school.

Researchers at the University of Washington report that 60% of the teens who went through a comprehensive sex education program were less at risk of reporting pregnancy or impregnating someone than those who received information on abstinence only or no formal training at all (Potera, 2008). This report suggests that formal comprehensive sex education can help deter teenage pregnancy. Another study that encompassed 115 sex education programs showed that programs which included both abstinence and conception information had a higher success rate in deterring sexual activity (Ash, 2007, Carter, 2012). Despite certain limitations of these studies, researchers have concluded that comprehensive sex education programs play a role in lowering teen pregnancy (Kohler, Manhart, & Lafferty, 2008; Stanger-Hall & Hall, 2011; Oster, 2008).

Sex education policy varies from state to state, but some sex education programs are found in every state (National Conference of State Legislatures, 2011a). There are states that mandate sex education and states that don't. Policies regulating the content of sex education are as varied as the mandate to offer sex education. Some states require a comprehensive sex education programs that focus on abstinence, contraception, sexually transmitted infections, and HIV; others privilege particular areas. The following table sums up the sex education emphasis in several key states.

Table 3: Sex Education Policy in Selected States

Sex Education						
State	Sex education must either stress or cover abstinence	State mandates sex education	Sex education must cover contraception	State mandates STI/HIV education	STI/HIV education must either stress or cover abstinence	STI/HIV education must cover contraception
Arizona	Stress				Stress	
California	Cover		Yes	Yes	Cover	Yes
District of Columbia		Yes	Yes	Yes		
Florida	Stress				Stress	
Nevada		Yes		Yes		

Sources: Guttmacher Institute, 2012.

Abstinence-Only Education

Abstinence-only programs have been in existence for more than a decade. However, there is mounting evidence that abstinence-only education programs do not work (Stanger-Hall & Hall, 2011). Stanger-Hall and Hall (2011) research found that jurisdictions with abstinence-only programs are associated with increased rates of teen pregnancy.

Contraception

According to the Guttmacher Institute (2012g), over five million women under the age of twenty needed contraceptive services in 2006, and 5,047,000 of these young women required publicly funded contraceptive services (Table 3). Teens engaged in sexual intercourse without some contraceptive device have a 90% chance of pregnancy within one year (Guttmacher Institute, 2012g). While contraception use has increased among teenagers, the reliance on contraception remains spotty (Brace, Hall, & Hunt, 2008). Seventy eight percent of sexually experienced females and 85% of sexually experienced males report using contraception during their first intercourse (Guttmacher Institute, 2012g). The most commonly used contraception during first intercourse is condoms (Guttmacher Institute, 2012g). The other commonly used method of contraception reported by sexually experienced teens were withdrawal and pills (Guttmacher Institute, 2012g). This pattern of contraceptive use underscores the need for contraceptive services.

Table 3: Need for Contraceptive Services among Women in U.S. and Nevada

State	Number of women younger than 18 in need of contraceptive services and supplies, 2006	Number of women aged 18-19 in need of contraceptive services and supplies, 2006	Number of women aged 20-29 in need of contraceptive services and supplies, 2006	Number of women aged 30-44 in need of contraceptive services and supplies, 2006
Nevada	16,700	20,100	133,200	141,900
U.S. total	2,233,600	2,822,500	15,582,000	15,576,900
Source:	See source 1	See source 1	See source 1	See source 1

Sources: 1. Guttmacher Institute, Contraceptive Needs and Services, 2006, 2009.

2. Jennifer J. Frost, Stanley K. Henshaw and Adam Sonfield, Contraceptive Needs and Services: National and State Data, 2008 Update, 2010

In 2006, 36,800 Nevada women under age 20 reported that they needed contraceptive services. Among young women who needed contraception, White women accounted for 52%, Hispanic women for 28%, and Black women for 11% (Table 4).

Table 4: Need for Publicly Funded Contraceptive Services among Women 20 years or Younger in US and Nevada

State	Number of women in need of publicly funded contraceptive services and supplies, younger than 20, 2006	Number of women in need of publicly funded contraceptive services and supplies, non-Hispanic white, younger than 20, 2006	Number of women in need of publicly funded contraceptive services and supplies, non-Hispanic black, younger than 20, 2006	Number of women in need of publicly funded contraceptive services and supplies, Hispanic, younger than 20, 2006	Number of women in need of publicly funded contraceptive services and supplies, younger than 20, 2008
Nevada	36,800	19,000	4,100	10,200	37,900
U.S. total	5,055,800	3,057,700	903,700	748,700	5,047,000
Source:	See source 1	See source 1	See source 1	See source 1	See source 2

Sources: 1. Guttmacher Institute, Contraceptive Needs and Services, 2006, 2009.

2. Jennifer J. Frost, Stanley K. Henshaw and Adam Sonfield, Contraceptive Needs and Services: National and State Data, 2008 Update, 2010

Abortion

Twenty seven percent of teen pregnancies end in abortion (Guttmacher Institute, 2012g). In 2008, teen abortions numbered nearly 200,000 (Guttmacher Institute, 2012g).

Table 4: Abortion Rates in US and Nevada

State	Number of abortions among women younger than 15, by state of residence, 2005 ⁴	Number of abortions among women aged 15-17, by state of residence, 2005 ⁴	Number of abortions among women aged 18-19, by state of residence, 2005 ⁴
Nevada	50	790	1,360
U.S. total	6,800	70,730	124,820

1. Abortion estimates are based on the number of abortions among all women in the state and abortions obtained by women of the same age in neighboring or similar states.
2. Abortion estimates are based on the number of abortions among all women in the state and the proportion of abortions obtained by women of the same age nationally.
3. Abortions among women aged 15-19 were apportioned between 15-17 and 18-19 according to the proportions in neighboring states.
4. Rounded to the nearest 10.
5. <5 abortions or miscarriages/stillbirths.

Sources: 1. Guttmacher Institute, U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2010

Clark County School District

Clark County School District (CCSD) is situated in Las Vegas, Nevada, and it is the fifth largest school district in the county. How does this District address sex education in the classrooms?

In CCSD sex education is optional. The state follows its own operational guide in developing sex education curriculum for kindergarten through K12. Parents have the right to remove their children from sex education classes if they find the curriculum content inconsistent with their beliefs and values. When parents withhold permission, the student can opt for an appropriate educational alternative during the class period when the sex education classes are taught. This guide is posted on the CCSD website and is available to parents and community members.

The Sex Education Operational Guide for K-12 Curriculum Development was developed within the framework of Nevada Revised Statute (NRS) 389.065 and Clark County School District Regulation (CCSD) 6123 (2010). NRS 389.065 authorizes the establishment of units of instruction on the human reproductive

system, related communicable diseases, sexual responsibility, and Acquired Immune Deficiency Syndrome (AIDS) (2010).

CCSD's stated goal for sex education is to provide students with accurate information about the human body and reproduction and to promote an self-understanding in line with responsible decision making. The material is presented in a factual, unbiased manner reflecting the students' maturity (2010).

CCSD's approach to sex education calls for abstinence-based instruction as the most effective approach to containing sexually transmitted infections (STIs) and unintended pregnancies, as well as enhancing interpersonal skills to ensure that the student is proactive when it comes to making decisions affecting their bodies and their futures (2010). The CCSD curriculum is based on the notion that abstinence-based instruction is the most effective prevention strategy that empowers students to make choices benefiting their health, their families, and the community as a whole.

The CCSD approach is aligned with the project known as The National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy (2012). The National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy website states that it is a private, nonprofit, nonpartisan organization, with a mission to improve the lives and prospects of children and families and, in particular, to ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation.

Working with various health, youth, education, and businesses experts, The National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy developed a program "Get Organized: A Guide to Prevent Teen Pregnancy." This program was funded by U.S. Department of Health and Human Services and Johnson and Johnson Family of Companies (1999). Get Organized is divided into three sections that outline effective programming and logistics of implementing teen pregnancy prevention on a state or local partnership (National Campaign to Prevent Teen Pregnancy 1999).

National Campaign collaborative research on teen pregnancy and prevention research makes it clear that schools' involvement in sex education process is vital, that offering age specific, relevant knowledge helps cut down teen pregnancy. Placing information in multiple locations for teens to access prevention programs gives teens the opportunity to choose information venues in an environment where they feel comfortable. Schools, religious organization, community centers have developed creative approaches to inform teens on the importance to avoid teen pregnancy. The majority of these programs focus on delaying sexual activity as a key to preventing teen pregnancy (Hutchins, 1999). The emphasis on abstinence, however, is less effective for teens who found themselves in a sexual relationship.

Some programs move beyond "abstinence only" education and embrace what is known as the "abstinence-plus" approach which incorporates some discussions about contraception. Still other programs are referred to as "comprehensive"

insofar as they strive to give teenagers comprehensive information about the range of currently available contraceptive methods, their proper use, and the outlets where they could be obtained (Hutchins, 1999).

Comprehensive sexuality education programs offer a survey of human sexual development, pregnancy and reproduction, contraceptives and how they work. Such programs are designed to educate teens on how to approach sexual situations, and specifically, how to refuse sex if one is not ready to participate in sexual activities and how to negotiate and advocate contraceptive use. STD/HIV centered programs focus on safer sex practices (Hutchins, 1999).

Teen Sexuality and Pregnancy Related Policy

Contraception Policy

Nationally, 21 states allow minors to consent to contraceptive services and 25 states explicitly allow minors to consent to contraceptive services in particular instances (Guttmacher Institute, 2012e). Nevada allows married and parenting minors to consent to contraceptive services (Guttmacher, 2012e). Mature or married minors in Nevada may obtain confidential prenatal care, including medical visits and routine services for labor and delivery (Table 5). Unmarried individuals and those deemed not to be sufficiently mature are not permitted to consent to contraceptive services without parental or legal court consent. As Table 6 shows, these same unmarried and non-mature youth can consent to treatment for sexually transmitted infections.

Table 5: Minors' Consent to Contraceptive Services Policy in Selected States

Minors' Consent to Contraceptive Services			
State (As of January 1st, 2012)	All minors explicitly permitted to consent	Minors of a certain age explicitly permitted to consent	Mature minors explicitly permitted to consent
Arizona	Yes		
California	Yes		
District of Columbia	Yes		
Florida			
Nevada			Yes

Minors' Consent to STI Services

All states allow segments of the youth population to consent to testing and treatment of sexually transmitted infections (STI), including testing and treatment of HIV in some instances (Guttmacher Institute, 2012c). Additionally, many states permit physicians to inform parents when minors are seeking and receiving STI services (Guttmacher Institute, 2012c). Nevada allows minors to consent to STI services as well as testing and treatment of HIV (Guttmacher Institute, 2012c). This Nevada policy is designed to help teens identify and treat their STI's, yet Nevada does not have a policy that empowers any and all minors to consent to the use of contraceptives known to prevent STI's.

Table 5: Minors' Consent to STI Services Policy in Selected States

	Minors' Consent to STI Services
State (As of January 1 st , 2012)	All or some minors explicitly permitted to consent
Arizona	All minors
California	Minors 12 years of age and older
District of Columbia	All minors
Florida	All minors
Nevada	All minors

Sources: Guttmacher Institute, 2012.

The Hyde Amendment

Another policy impacting teen sexuality and pregnancy is the Hyde Amendment. Implemented in 1977, the Hyde Amendment prohibits the use of federal funds for abortions, with the exception of the following instances): (a) life endangerment, (b) rape, and (c) incest (Guttmacher Institute, 2012a). Aside from pregnancies endangering a woman's life or involving rape, states are not required to pay for abortions. Nevada covers abortions in cases of life endangerment, but the state does not fund abortions where pregnancy has resulted from rape or incest.

Abortion Policy

Nationally, 37 states require parental involvement in abortions where the person is a minor (Guttmacher Institute, 2012f). Nevada's abortion policy stipulates that:

- abortion is be performed by a licensed physician
- abortion must be done in a hospital when pregnancy is t 24 weeks or more
- abortion is prohibited, except in cases of life or health endangerment, if sought at 24 weeks
- public funding of abortions is prohibited unless life endangerment is a risk

Table 6: Parental Involvement in Minor's Abortion Policy in Selected States

State (As of January 1st, 2012)	Parental Involvement in Minors' Abortions		
	Parent must be notified before an abortion	Parent must consent to an abortion	Parent must consent and be notified before an abortion
Arizona		One parent	
California			
District of Columbia			
Florida	One parent		
Nevada			

Sources: Guttmacher Institute, 2012.

The Patient Protection and Affordable Care Act of 2010

The Patient Protection and Affordable Care Act of 2010 provides for insurance coverage of contraceptives by mandating that new private health plans written on or after August 2012 must cover contraceptive counseling and services at no out-of-pocket cost to patients (Guttmacher Institute, 2012e). Nevada requires insurers to cover prescription drugs that provide assistance under Food and Drug Administration (FDA)-approved contraceptive drugs and devices (Guttmacher Institute, 2012e). No state explicitly requires teens to secure parental consent or institutions to provide parental notice for contraceptive services (Guttmacher Institute, 2012e).

Reducing Teen Sexuality and Pregnancy in Nevada

The Center for Health Improvement maintains that effective teen pregnancy prevention approaches should deploy “multiple intersecting strategies” and incorporate (a) comprehensive sexuality education, (b) access to contraception and reproductive healthcare, and (c) youth development programming (Cornerstone Consulting Group, 2003).

According to Brace, Hall, and Hunt (2008), comprehensive, multiyear intensive programs produce the strongest long term outcomes. The Centers for Disease Control and Prevention (2012) notes that evidence-based teenage pregnancy prevention programs address the individual’s knowledge of sexual health, diseases, and pregnancy; takes into account values and perceptions of contraceptives, abstinence, peer norms, and sexual behavior; and builds refusal skills, increases contraceptive use, and improves communication.

The National Conference of State Legislatures (2009a) calls for cost-effective culturally relevant strategies. They emphasize the impact of family-centered intervention

programs (National Conference of State Legislatures, 2009a). The National Conference of State Legislatures (2009a) also underscores the importance of recognizing and addressing the ways in which cultural values inform gender roles, as well as the significance of employment and education.

On the national level, teen pregnancy and sexuality are addressed through an array of teen pregnancy prevention efforts that include

- Medicaid and SCHIP
- Personal Responsibility Education Program
- Pregnancy Assistance Fund
- Teen Pregnancy Prevention Initiative
- Title V Section 510/Title V State Abstinence Education Grant Program
- Title X Family Planning Title XX (National Conference of State Legislatures, 2009a; Health and Human Services, 2012; National Conference of State Legislatures, 2011b):

Medicaid and SCHIP

Medicaid and SCHIP funding affords pregnant and parenting teens prenatal and postnatal health care (National Conference of State Legislatures, 2009a). Medicaid-funded contraceptive and family services have been shown to decrease teen pregnancy (Stanger-Hall & Hall, 2011). Medicaid funding has covered as much as 71% of the costs associated with family planning programs, preventing about 400,000 teen pregnancies each year, with a four-fold return on contraceptive expenditures (Stanger-Hall & Hall, 2011).

Personal Responsibility Education Program (PREP)

Personal Responsibility Education Programs are federally funded initiatives designed to educate youth ages 10-19 about pregnancy and effective ways of preventing sexually transmitted infections. Such programs address three or more of the following topics (National Conference of State Legislatures, 2011b):

- Healthy relationships
- Adolescent development
- Financial literacy
- Parent-child communication skills
- Education and employment preparation skills
- Healthy life skills

Nationally, 43 states have been awarded PREP funding totaling \$45 million from the Department of Health and Human Services (National Conference of State Legislatures, 2011b). Nevada was awarded \$819,320 in PREP funding in 2010 (National Conference of State Legislatures, 2011b).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund offers support services to pregnant teens, parenting teens, and women pursuing educational degrees (National Conference of State

Legislatures, 2011b). The Pregnancy Fund may also be used for violence prevention and mitigating violence against pregnant women. The Department of Health and Human Services awarded 17 states funding totaling \$24 million to administer Pregnancy Assistance Funds in 2010 (National Conference of State Legislatures, 2011b).

Teen Pregnancy Prevention Initiative

Teen Pregnancy Prevention Initiative is an evidence-based program that funds prevention program and demonstration projects. In total, \$100 million grants have been awarded under this initiative, including Nevada grants totaling \$1,556,078 (National Conference of State Legislatures, 2011b). University of Nevada, Las Vegas received \$559,821 under this program and Southern Nevada Health District \$997,257.

Title V Section 510/Title V State Abstinence Education Grant Program

Another response to teen sexuality and pregnancy is “Title V, Section 510.” Title V, Section 510, is federal legislation funding abstinence-only sex education (National Conference of State Legislatures, 2009a). Title V State Abstinence Education Grant Programs generally fund abstinence education, mentoring, counseling, or adult supervised activities, with targeted outreach to special youth populations such as youth aging out of foster care youth, homeless youth, and youth residing in geographic locations with high teen birth rates (National Conference of State Legislatures, 2011b). Nationally, 29 states have been awarded funds totaling over \$33 million for Title V State Abstinence Education Programs (National Conference of State Legislatures, 2011b).

Title X

Title X is federal legislation funding the provision of family planning services such as counseling, education, contraceptives, and physical exams (National Conference of State Legislatures, 2009a). However, Title X funding cannot be used in programs that offer abortions. Title X funding is also used for the professional development training of clinical staff to ensure quality family planning services are provided (National Conference of State Legislatures, 2009a).

A significant number of teens are served by publically funded family planning centers. As many as 90% of publically funded family planning centers have counseled teens (Guttmacher Institute, 2012g). In 2005, almost 2 million females ages 19 and younger were provided services through a publically funded family planning center (Guttmacher Institute, 2012g). In Nevada, 26 centers were funded by Title X (Guttmacher Institute, 2012g). These centers are a critical component of Nevada’s response to teen sexuality and pregnancy.

Table 7: Number of Title X Funded Centers in US and Nevada

State	Number of Title X-funded centers, 2006
Nevada	26
U.S. total	4,261

Source: Guttmacher Institute, 2012g.

According to the National Conference of State Legislatures (2009), Title X programs provide a four-fold return on investment. Moreover, the project doubling Title X spending would prevent 243,750 pregnancies, nationally (National Conference of State Legislatures, 2009a).

Title XX of the Public Health Services Act

Title XX of the Public Health Services Act, or the Adolescent Family Life legislation, provides discretionary funding for research, care, and prevention programs geared to the needs of pregnant and parenting teens (Health and Human Services, 2012). Its precursor, Title VI, established the Office of Adolescent Pregnancy Programs in 1978 (Health and Human Services, 2012). Adolescent Family Life Care projects serve adolescent families, including the children, teen fathers and extended family (Health and Human Services, 2012). These projects typically include:

- applications social science theories and social services
- case management and counseling
- home visitation and clinic visits
- job training and educational services
- an independent evaluation

Similarly, there are number of notable efforts underway in Nevada.

Southern Nevada Children First

In keeping with the family-centered intervention championed by the National Conference of State Legislatures, Southern Nevada Children First (SNCF) is a community based venture providing targeted intervention services to homeless pregnant and parenting teens and their families. SNCF's services include:

- Emergency, transitional, and permanent housing
- Intensive case management, mental health services, and career counseling
- Life skills training, work readiness training, and parent education

Southern Nevada Health District Teen Pregnancy Prevention Program

The Southern Nevada Health District (SNHD), in collaboration with Clark County Juvenile Justice Services and Clark County Department of Family Services, intends to reduce teen pregnancy, teen birth rates, and rates of sexually transmitted by 10% in five years (Southern Nevada Health District, 2011). In support of this aim, SNHD (2011) has instituted a strategic plan centered on the following objectives:

- Improving teens' ability to negotiate abstinence
- Increasing teens' knowledge of sexually transmitted diseases and safe sex behaviors
- Incorporation of self-care, partner-care, family-care, and community-care in evidenced based curricula and community collaboration as a prevention strategy

Under the auspices of the Teen Pregnancy Prevention Program, youth ages 13-18 years receive training furnished by health providers. Additionally, the program seeks to build strategic community coalitions to mitigate teen pregnancy.

Workforce Investment Act Youth Services

High school completion and GED attainment can reduce risk for multiple pregnancies among teen parents (Brace, Hall, & Hunt, 2008). Workforce Investment Act (WIA) Youth Services provide targeted academic and employment support to vulnerable youth populations, including parenting teens. With the goal of connecting youth ages 14-21 to viable career paths through employment and education, WIA include support services, tutoring, alternative secondary school offerings, guidance and counseling, follow up services, summer employment opportunities, paid and unpaid work experience, occupational skills training, and leadership development programming. In Nevada, a dozen agencies provide Workforce Investment Act Youth Services:

- Academy for Career Education
- Children's Cabinet
- Clark County School District Desert Rose High School
- Communities in Schools of Northeastern Nevada
- Community Chest, Inc.
- HELP of Southern Nevada
- Job Opportunities in Nevada
- Lincoln County Youth Career Program
- Nevada Partners, Inc.
- Nye Community Coalition
- Southern Nevada Children's First
- UNR Dean's Future Scholars

Policy Recommendations on Teen Sexuality and Pregnancy in Nevada

In support of teen pregnancy prevention, the National Conference of State Legislatures (2009b; 2011b) offers the following state policy guidelines and recommendations:

- The incorporation of teen pregnancy prevention into dropout prevention efforts
- Use of federal funding efforts, including PREP, Title V Abstinence Education Program, and the Pregnancy Assistance Fund
- Greater access to distance education, flexible scheduling, and other resources to aid teen parents attaining diplomas and general education diplomas
- School-based sexual health education programs
- Requiring science-based sexual health education curricula

- Community-based youth development programming providing academic support, career preparation, sexual health education, recreational activities, self esteem building information and resources
- Expansion of Medicaid family planning waivers
- Understanding the role of Title X Programs
- Supporting programs that allow teen mothers to reside with a parent or responsible adult and/or programs that encourage teen mothers to complete high school and pursue high education or job training
- Creation of programs that support teens during and after pregnancy to mitigate multiple births

The Center for Health Improvement identified the following recommendations for mitigating teen pregnancy (Cornerstone Consulting, 2003):

- adoption of curriculum requirements mandating evidence-based sexuality education
- allocation of funding to monitor the implementation of sexuality education programs
- funding efforts to eliminate barriers to contraception access and reproductive healthcare
- establishment of school-based health clinics that provide reproductive healthcare education and services
- Invest in youth development programming

Nevada has an option of becoming a partner of The National Day to Prevent Teen Pregnancy and allocate the month of May to promote teen pregnancy prevention activities to bring awareness to the communities. The National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancies has marked May 2, 2012 as their eleventh annual prevention day to address prevention strategies, and educate teens on the importance of postponing sexual activities (Press release, <http://www.thenationalcampaign.org/national/default.aspx>).

Conclusion

The increase in teen sexual activity in the U.S. reflects the mounting exposure of American adolescence to social media glamorizing romantic and sexual relationships. Teenagers are a vulnerable to influences that encourage unwanted pregnancies and sexually transmitted illnesses. Beyond a financial cost of nearly eleven billion dollars annually, teenage pregnancies contribute to personal and social hardships, raise

academic challenges, discourage higher education, and increase economic costs such as abuse and neglect, incarceration, school dropout, and poor health.

The United States ranks the highest among the developed nations in teen pregnancy and births globally. In 2005, Nevada was among the handful of states leading the nation in teen births. There is a body of evidence suggesting that youth in foster care and/or in gangs may be at high risk for teen pregnancy. Furthermore, teen pregnancies show disparities across race and ethnicities, with teen pregnancy rates the highest among Black (64.2/1,000) and Hispanic (81.8/1,000) teenagers.

Schools have been identified as key players in preventing teenage pregnancy and offering contraceptive services. However, each of these resources has its limitations that may present barriers to providing the necessary services. If funding revenues were increased, services could expand to include sex education for parents and their children, training of educators, subsidized contraceptives, incentive programs, prevention campaigns, early intervention for children born to teen parents, and programs for teen mothers and fathers as well as school-based childcare.

Sex education programs have had a vital impact on the message of prevention, even though programs vary from state to state. The most successful programs identified by researchers feature discussions of both abstinence and contraception.

The Clark County School district, the fifth largest school district in the nation, Clark County School District (CCSD), follows certain guidelines in developing sex education curriculum for kindergarten through twelfth grade. Yet, sex education in Nevada is optional. Parents have the right to give permission for their children to participate in such programs. The CCSD offers abstinence-based curriculum which includes instruction on sexually transmitted infections (STIs), unintended pregnancies, contraception, as well as the communication skills that ensure that teenagers can be more proactive when it comes to making appropriate health decisions.

Federally, teen pregnancy and sexuality are addressed through an array of teen pregnancy prevention efforts: Medicaid and SCHIP, Personal Responsibility Education Program, Pregnancy Assistance Fund, Teen Pregnancy Prevention Initiative, Title V Section 510/Title V State Abstinence Education Grant Program, Title X Family Planning, and Title XX. In Nevada, The Center for Health Improvement advocates the teen pregnancy prevention curriculum that features comprehensive sexuality education, access to contraception and reproductive healthcare, and youth development programming.

The present report offers the following recommendations aimed to reduce teen pregnancy and improve the quality of life in the Silver State:

- Incorporate teen pregnancy prevention into dropout prevention programs
- Increase access to distance education and offer flexible scheduling that help teen parents to attain general education diplomas

- Promote community-based youth development programming that fosters sexual health education, recreational activities, and self esteem

Other issues identified by the Center for Health Improvement includes the adoption of curriculum requirements mandating evidence-based sexuality education, funding efforts to eliminate barriers to contraception access and reproductive healthcare, and the establishment of school-based health clinics that provide reproductive healthcare education and services.

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