

American Indian/Alaska Native Youth and Teen Pregnancy Prevention

American Indian/Alaska Native (AI/AN)* teens have significantly higher teen birth rates compared to their non-Hispanic white counterparts. In fact, Native teens have the third highest teen birth rate in the United States among the five major racial/ethnic groups.¹ Between 2005 and 2007, the birth rate among AI/AN teen girls increased 12%—more than *twice* the national increase.² This *Science Says* research brief focuses on teen child-bearing among Native American youth in the United States and includes information about sexual and contraceptive behavior, attitudes about sex and reproductive health, and information about potential programs for this population.

Highlights:

- After declining for more than a decade, the teen birth rate among AI/AN teens increased 12% between 2005 and 2007—more than any other racial/ethnic group.³
- Little information is available about the sexual and contraceptive behavior of Native teens. The information that is available suggests they are more likely than other teens to have sex before age 16 and less likely to use contraception the last time they had sex.⁴
- There are only a limited number of programs available which have been designed specifically for Native teens and none have been rigorously evaluated.

American Indian/Alaska Native Teens

Approximately 2% of all teens in the United States are of American Indian or Alaska Native descent.⁵ This includes approximately 232,000 teens (or 1%) who report on the Census as only American Indian and Alaska Native (that is, a single race), and approximately 57,600 teens who report on the Census as American Indian or Alaska Native in addition to one or more other races.⁶ More than half of the Native population lives in the following eleven states (listed in order of size of Native population): California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, Alaska and Florida.⁷ About three-quarters of people who identified themselves as AI/AN reported being affiliated with a particular tribe or tribes. The five largest tribal groupings of American Indians according to the 2000 Census were Cherokee, Navajo, Latin American Indian,[†] Choctaw, and Sioux, and the four largest Alaska Native tribes were Eskimo, Tlingit-Haida, Alaska Athabaskan, and Aleut.⁸

The 2000 Census also indicates that most Natives no longer live on reservations or tribal lands. In 2000 about 34% of the AI/AN population lived on reservations, or in other Census defined tribal areas, and nearly two-thirds (64%) lived outside these tribal areas.⁹ Despite these statistics, federal health care policy towards the AI/AN population continues to focus on the needs of those living on tribal lands in rural areas. For example, funds

* Note that the terms “Native” and “AI/AN” are used interchangeably and refer to individuals who self-identify as either American Indian or Alaska Native.

† Note that in 1997, the Office of Management and Budget definition of American Indian or Alaska Native included the original peoples of North and South America (including Central America). Also, because Hispanics or Latinos may be any race, data in this brief for American Indians and Alaska Natives overlap with data for Hispanics. Among American Indians and Alaska Natives who reported only one race, approximately 15.0% were Hispanic.

FIGURE 1. Urbanicity of Native Youth Compared to all Other Youth, Add Health Survey

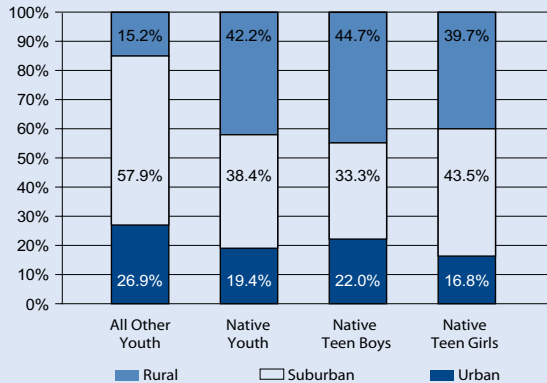
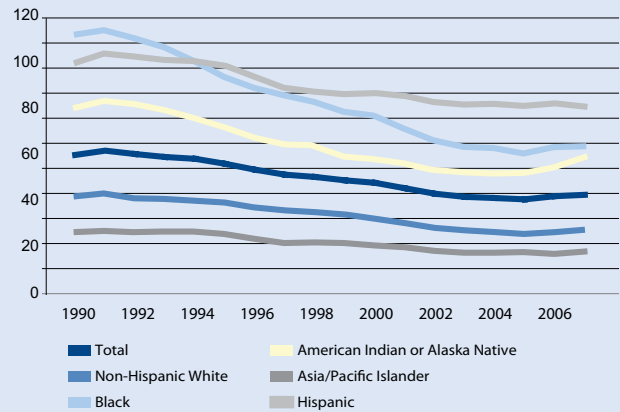


FIGURE 2. Teen Birth Rate (Age 15-19) 1990-2007



for urban Indian health make up only about 1% of total Indian Health Services (IHS) funds.¹⁰

For many reasons, there is a lack of knowledge about AI/AN health, especially for the majority of the population living off of Indian lands. This includes limited knowledge about Native teen pregnancy, and other adolescent reproductive health issues. The IHS within the federal government is responsible for providing health care to members of federally recognized tribes. Most IHS hospitals and clinics are located primarily on tribal lands in rural areas. Therefore, many Native people living in suburban and urban areas have limited access to IHS services. IHS works with other organizations to provide outpatient and referral services to an estimated 130,000 Native Americans living in urban areas,¹¹ but given the large number of Native people living off of tribal lands more resources and support are needed for this population.

According to recent analyses by Child Trends of data from the National Longitudinal Survey of Adolescent Health (Add Health), 42% of Native youth (ages 12–19) in the sample lived in a rural community compared to 15% of all other youth in the sample.¹² At the same time, 19% of Native youth lived in an urban area and 38% lived in a suburban area compared to 27% and 58% of all other youth in the sample respectively.¹³

Approximately half of all Native youth in the Add Health survey lived with both of their biological parents and 22% lived with one biological parent and a step parent.¹⁴ One in five Native teens in the sample lived below the federal poverty level. Native youth are significantly more likely than all other youth in the sample to report that they did not receive medical care that they needed (27% vs. 19%).¹⁵

Teen Pregnancy and Birth

In 2007 (the most recent data available) the preliminary birth rate for AI/AN teen girls (age 15–19) was 59.0 per 1,000, up 7% from 55.0 in 2006 and well above the national birth rate of 42.5 per 1,000.¹⁶

Between 1991 and 2005, the teen birth rate among AI/AN teens decreased 37% from 84.1 per 1,000 to 52.7 per 1,000.¹⁷ However between 2005 and 2007, the teen birth rate among Native teens increased 12%—more than twice the increase of any other racial/ethnic group.¹⁸ Moreover, 21% of Native teen girls will become a mother before turning 20 (compared to 16% of girls nationwide).

Native teen birth rates vary substantially from state to state: for the 39 states with AI/AN populations large enough to calculate birth rates in 2006, birth rates for teens aged 15 to 19 ranged from 16 per 1,000 in New Jersey to 122 per 1,000 in Nebraska.¹⁹

Similar to teens overall, the majority of births to Native teens are nonmarital. In 2006, 90% of births to Native teens aged 15–19 were to unmarried teen moms.²⁰

Teen pregnancy rates for AI/AN youth are not available from any of the three national pregnancy data sets. This is most likely due to a lack of available abortion data (the pregnancy rate includes all pregnancies—those ending in birth, abortion, and miscarriage).

Sexual Activity and Contraceptive Use

Because Native youth make up such a small proportion of the overall teen population, surveys measuring teen sexual activity and contraceptive use typically do not include enough Native respondents to calculate reliable statistics. However, there are three data sources that provide important information for this

population—surveys conducted by the Bureau of Indian Affairs, the Add Health survey (data from 1994–2002), and special survey conducted with teens from the Navajo Nation.

Youth Risk Behavior Survey—Bureau of Indian Affairs Schools²¹

In 1994, 1997, and 2001 the Bureau of Indian Affairs (BIA) used the questionnaire from the Youth Risk Behavior Survey (YRBS), a national survey that includes questions about sexual activity, to conduct a nationally-representative survey of high school students attending schools that the BIA funds. While data from these surveys provide part of the story about Native teens' sexual behavior, one should note that the vast majority of teens who self-identify as AI/AN do not attend BIA-funded schools, and the behavior of those that do and do not attend BIA-funded schools may be quite different.

In 2001, youth attending BIA-funded high schools were more likely to have had sex, compared to national rates of sexual experience from youth in general (collected through the YRBS). Slightly more than half (52%) of Native teen girls in BIA-funded high schools reported having had sex, compared to 43% of all teen girls in high school, and 66% of Native teen boys in BIA-funded high schools reported having had sex, compared to the 49% of all teen boys in high school during the same year. The number of students attending BIA-funded high schools that reported having had sexual intercourse decreased significantly from 67% in 1994 to 59% in 2001. Condom use at last sex is also lower among teen girls in BIA-funded high schools than among the total student population (45 % vs. 51%). Among teen boys, however, condom use at last sex is equally likely among students in BIA-funded high schools and boys in high school more generally (65% vs. 65%). Overall, 56% of sexually experienced students attending BIA-funded high schools in 2001 reported using a condom at last sex, up from 47% in 1994. Birth control pill use is lower among Native students than among the general student population. Only 8% of students in BIA-funded high schools report using birth control pills before the last time they had sex, compared to 18% of all high school students. Youth attending BIA-funded high schools are more likely than U.S. high school students overall to report drinking or using drugs before having sex (the last time they had sex). In fact, more than one-third (39%) of high school students in BIA-funded schools report using alcohol or drugs before their last sexual experience compared to approximately one-quarter of high school students overall (26%).

National Longitudinal Survey of Adolescent Health²²

According to recent analyses conducted by Child Trends using data from Add Health, when asked about sex and contraceptive use during young adulthood (ages 18–26), Native youth are significantly more likely than all other youth in the sample to report having had sex before age 16 (44% vs. 34% respectively). Although at ages 15 to 19, Native teens report similar levels of knowledge about reproductive health and contraception compared to their peers, they are less likely as young adults (ages 18–26) to report using contraception the last time they had sex compared to other young adults in the Add Health sample. Slightly more than half (59%) of Native young adults report using a method of contraception the last time they had sex compared to 69% of other young adults in the survey (Table 1).

There are no statistically significant differences between Native youth and other youth in the sample with respect to consistency of contraceptive or condom use, type of contracep-

TABLE 1. Contraceptive Use
(Measured between ages 18 and 26)

	Native American Teens	All Other Teens
Contraceptive use at first sex	63%	71%
Contraceptive use at last sex	59%	69%*
Condom use at last sex	35%	42%
Contraceptive consistency in the past year		
Never	19%	15%
Less than 100%	40%	38%
100%	42%	47%
Condom consistency in the past year		
Never	36%	30%
Less than 100%	46%	48. %
100%	18%	22%
Types of contraception used in the past year		
Condoms	59%	57%
Hormonal/long-lasting method ^a	62%	60%
Other ^b	6%	6%

* Difference between Native American teens and all other teens is statistically significant (p<0.05)

a birth control pills, Depo, Norplant, male/female sterilization

b diaphragm, morning after pill, natural family planning

tive method used in the last year, and contraceptive use at first sex. Moreover, similar proportions of Native youth and all other youth tested positive for a sexually transmitted infections (STIs) using biomarker data (10% vs. 7% respectively).

Youth Risk Behavior Survey—Navajo Nation²³

The Navajo Nation is the largest federally-recognized Indian tribe in the United States, and their land base consists of over 27,000 square miles extending from the northeastern quarter of Arizona into New Mexico and Utah.

Compared to national measures of sexual activity from the 2005 YRBS, Navajo youth are less likely to have had sex. About one-third (32%) of Navajo teen girls in high school reported having had sex, compared to 46% of all teen girls in high school, and 43% Navajo teen boys reported having had sex, compared to the 48% of all teen boys in high school. Overall, 37% of Navajo youth in 2005 report having had sex compared to 47% of all teens.

Navajo teen boys were about as likely to use a condom at last sex when compared to the total male student population (71 % vs. 70%), and Navajo teen girls were slightly more likely than the general high school female population to use a condom during their last sexual encounter (59% vs. 56%). Between 1997 and 2005, condom use among all Navajo students increased from 54% to 65%.

The proportion of Navajo high school students who report using birth control pills the last time they had sex is three times lower than among high school students overall. In 2005, 6% of Navajo high school students reported using birth control pills compared to 18% of high school students in the United States overall.

Helping Native Teens Prevent Pregnancy

Few programs exist to help Native youth prevent pregnancy and none have been rigorously evaluated specifically for Native youth. There is also a dearth of research on the best ways to reduce teen pregnancy in the Native population. In an attempt to fill this gap, the Native Teen Voices (NTV) study in Minnesota used 20 focus groups to ask 148 Native male and female adolescents who had never been involved in a pregnancy for their recommendations on how best to prevent teen pregnancy in the Native community. Participants were recruited through urban programs serving Native youth, family or friends, and advertisements in a local Native community newspaper. They identified several important themes, some of which might apply to adoles-

cents in general and some of which are specific to Native teens. These themes include the need to:

1. Show Native youth the reality and consequences of adolescent pregnancy;
2. Enhance and develop culturally relevant school- and community-based pregnancy prevention programs for Native youth through the implementation of Native-led pregnancy prevention discussions (relying on family members and elders) and culturally based activities and programs (e.g. include Native ceremonies and other cultural practices);
3. Improve Native adolescents' access to contraceptives;
4. Discuss adolescent pregnancy with Native youth allowing them the opportunity to talk to Native peers and facilitators or other trusted adults about the issue; and
5. Use key prevention messages and media which includes representations of AI/AN youth to reach Native youth.

These recommendations further emphasize the need for culturally competent pregnancy prevention efforts for Native youth. These efforts could be made available through schools and community organizations that Native youth frequent, and led by respected members of each tribe or community. While these focus group findings have valuable implications for Native communities similar to those in the study, it is important to acknowledge the diversity of places where Native youth live, and the diversity of cultures and beliefs within the Native population. Further research is necessary to identify how to target pregnancy prevention efforts to Native youth in urban communities, and how to make current teen pregnancy prevention efforts culturally relevant to Native youth.²⁴

Programs for Native Youth

Although no programs designed specifically for Native youth have ever been rigorously evaluated, a few models exist for working to prevent teen pregnancy in a culturally appropriate way:

The *Live It!* program is a sexuality education and teen pregnancy prevention program put in place through the Division of Indian Work in Minneapolis, MN and made possible through support from the Minnesota Department of Health, Eliminating Health Disparities Initiative. Two versions of curricula are available, one for teens (age 12–18) and one for parents, guardians, and other adults who work with teens. The curriculum includes 10 total lessons which typically last between one and two hours each. The program is culturally ap-

appropriate and has been designed in such a way that many different tribes can use the program with their youth. In addition to addressing topics such as puberty, healthy relationships, decision-making, and communication skills, the program also seeks to reconnect youth with Native culture. The *Live It!* program has conducted pre- and post- test evaluations for the last several years in order to measure any changes in knowledge among the youth in the program. Between 2006 and 2008, the program was implemented with over 700 youth and 90 adults in more than 60 sites. The pre- and post- test results suggest that the program successfully increased knowledge among the program participants. *Live It!* program developers are currently working with experts at the Prevention Research Center at the University of Minnesota to strengthen the pregnancy and sexually transmitted infection components of the curriculum, and to rigorously evaluate the program's impact on teen behavior. For more information about this program contact the *Live It!* coordinator at 612-722-8722.

The California Rural Indian Health Board (CRIHB) has been providing teen pregnancy prevention programming since 1996 through the American Indian Youth Challenge program which is funded primarily from the California Department of Health & Human Services – Office of Family Planning. The program has a strong community focus and is implemented in three sites serving Humboldt, Del Norte, Shasta, and Los Angeles counties. More than 125 youth participate in the program annually. The program serves as the foundation of CRIHB's youth focused services by providing monthly comprehensive sexual health education sessions with a culturally appropriate approach, including traditional American Indian talking circles. Youth participants receive instruction in the areas of birth control options, STD/HIV prevention, healthy relationships, communication skills and delaying tactics. Although the program has not been rigorously evaluated, annual program improvement assessments are conducted to provide guidance to accurately meet the needs of communities and participants. In fact, CRIHB developed parent education sessions based on the feedback they received from youth participants. These parent sessions focus on improving parent/youth communication specific to sensitive topics surrounding sexual health. CRIHB provides an annual training for service providers from the three participating Indian clinics/ education centers as well. More information about the program is available at: <http://www.crihb.org/health-resources/teen-pregnancy-prevention.html>.

What it All Means

Native youth experience disproportionately higher teen birth rates compared to teens overall. Unfortunately data on the sexual and contraceptive behavior of Native youth are often not available, making it more challenging to determine which behavioral risk factors are most important to address. Data from the Add Health survey indicate that Native youth are more likely to have sex at a younger age compared to their peers and are less likely to have used contraception the last time they had sex compared to their peers, suggesting that programs should focus both on delaying sexual initiation and improving contraceptive use among sexually experienced teens.

The lack of a single rigorously evaluated program designed specifically for Native youth suggests that more resources are need both to develop culturally appropriate programs and to evaluate the programs that currently exist. Given the recent 12% increase in the teen birth rate among AI/AN teens, it is critical to focus on this important population of teens.

About the Putting What Works to Work Project

Putting What Works to Work (PWWTW) is a project of the National Campaign to Prevent Teen and Unplanned Pregnancy funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, the National Campaign is translating research on teen pregnancy prevention and related issues into user-friendly materials for practitioners, policymakers, and advocates. As part of this initiative, the *Science Says* series summarizes recent research in short, easy-to-understand briefs.

Author Information

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About the National Campaign to Prevent Teen and Unplanned Pregnancy

The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign's mission is to improve the lives and future prospects of children and families and, in particular, to help 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. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of

responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

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