

Oregon Youth Sexual Health Plan: 2023 Final Report

GOAL 2

Rates of unintended pregnancies are reduced

Access to medically accurate education and reproductive health care supports youth to make the best decisions for themselves. Oregon law requires schools to provide comprehensive and age-appropriate human sexuality education.¹ Comprehensive sexuality education provides medically accurate information on contraception and reproductive health care access. It also includes skill building for developing healthy relationships. All of these are critical in reducing unintended pregnancies more equitably through a reproductive justice lens.

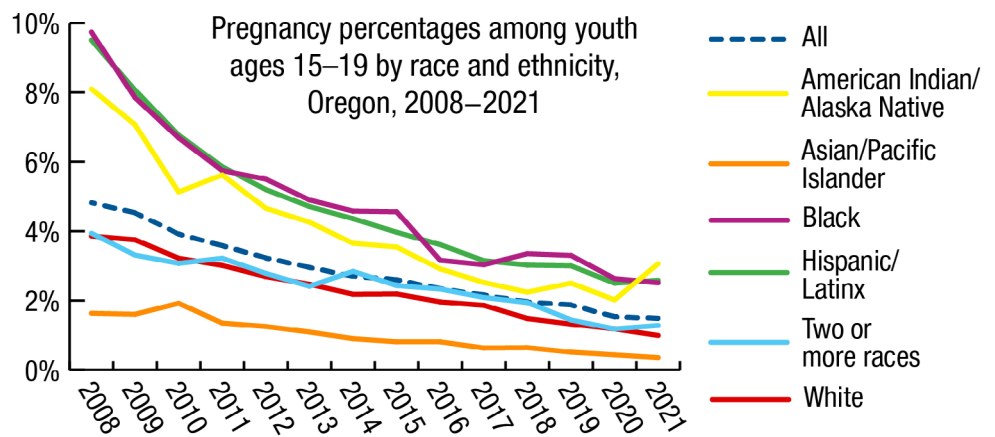
Historical approaches to teen pregnancy prevention

- Tied funding to abstinence-based sex education and fear-based instruction
- Was rooted in historical oppression (for example, forced sterilization programs)
- Used racialized stereotypes and imagery
- Viewed pregnant teens as a problem to solve rather than supporting youth in making the choice to become a parent or not
- Made economic arguments against teen pregnancy
- Was framed on white supremacist and adult-centered values
- Did not include LGBTQ2SIA+ youth

Moving toward a reproductive justice approach

- Ties funding to culturally specific programming
- Counters stereotypes with facts, such as 76 percent of teens who gave birth in 2021 were legal adults 18 or older²
- No longer frames teen pregnancies as a “risk” or problem behavior
- Identifies the effect of geographic, regional and cultural factors beyond individual behaviors
- Supports people to have children when they want to have them — including ensuring equitable access to health care, childcare, safe and affordable housing, and economic opportunities

The percentage of pregnant youth ages 15–19 continues to decline. With the release of the Oregon Youth Sexual Health Plan in 2009, **many statewide partners, organizations, individuals and youth themselves contributed to a supportive environment that reduced unintended pregnancies.** Pregnancies in Oregon among people ages 15–19 decreased 69 percent from 2008 to 2021.



Source: Oregon Public Health Division, 2020

Unintended pregnancies and health equity

Notable differences in youth pregnancy rates between racial and ethnic categories continue to exist. These inequities are linked to socioeconomic and environmental disadvantages. Racism contributes to health inequities through multiple avenues, including reproductive autonomy, access to quality health care without discrimination or stigma, access to quality education, employment opportunities and pathways to socioeconomic mobility. These factors are examples of **social determinants of health — the non-medical conditions of the environments in which people live**. Lower levels of social determinants of health such as income, education and employment are all linked to higher teen birth rates.³

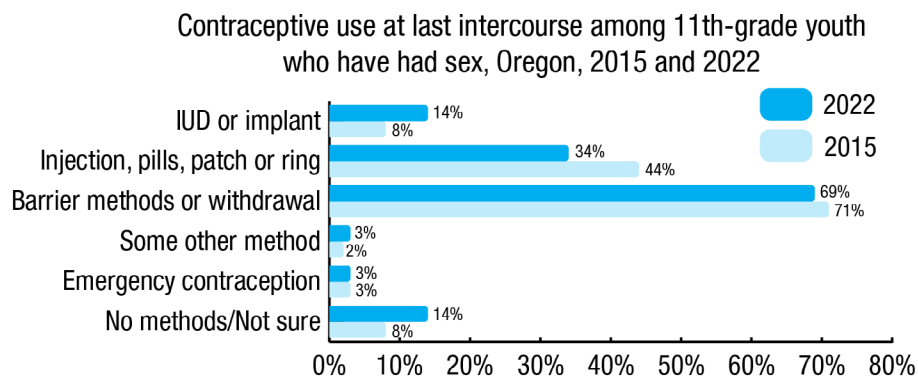
In addition to social determinants of health, racism and systemic bias affect how teen pregnancies are defined and framed in society. Past teen pregnancy prevention policies have been rooted in oppression, including forced sterilization programs. They have framed teen pregnancies as a problem to solve instead of treating youth as people with agency. **Shifting focus from preventing young people from getting pregnant to supporting people in having the children they want when they want to have them allows all youth to receive equitable and unconditional care and support.**

Action item: Birth control information and access

In 2022, **about half of 11th-grade youth and less than one-third of eight-grade youth reported being taught in school about birth control and where to find it**. Youth must have medically accurate information about all types of birth control to make informed choices about their own lives and health.

From 2015 to 2022, the proportion of sexually active 11th graders in Oregon who use **long-acting reversible contraceptives (LARCs)**, such as IUDs or implants, increased from 8 percent to 14 percent. Use of other methods — such as birth control injections, pills, patches and rings — decreased.

Responses to the 2022 Oregon Student Health Survey also indicated that 33 percent of 11th-grade youth who have had sex **used more than one contraceptive method** the last time they had sex. It is essential for young people's reproductive health to ensure they have **access to all contraceptive methods** and receive health care in a stigma-free environment.



Source: Oregon Healthy Teens Survey, 2015; Oregon Student Health Survey, 2022

School-based health centers (SBHCs) are one place young people can access care. Over the past 10 years, Oregon's certified SBHCs have substantially expanded access to birth control. **Sixty-five percent of SBHCs offered LARCs on site in 2022**, compared to only 38 percent in 2015. As of 2022, **20 percent of SBHCs offer onsite access to the full range of contraceptive methods**.

1. Human sexuality education, ORS 336.455 [Internet], 2009 (Oregon). Available from: https://oregon.public.law/statutes/ors_336.455
2. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2020. National Vital Statistics Reports [Internet]. 2022;70(17). Available from: <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>
3. Penman-Aguilar A, Carter M, Snead MC, Kourtis AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the US. Public Health Reports [Internet]. 2013;128(2). Available from: <https://doi.org/10.1177/00333549131282S102>

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