



## Reproductive Health in New Mexico

*The New Mexico Race Matters Coalition works to eliminate structural racism so all New Mexico children may reach their full potential.*

*New Mexico is a minority/majority multicultural state where 67% of the children are racial minorities: 51% are Hispanic, 12% are Native American, 2% are African American and 2% are Asian, while only 33% are white non-Hispanic. Despite their high numbers, children of color in New Mexico tend not to fare as well as their white counterparts due to the numerous disparities they face.*

*Disparities are often created and maintained both intentionally and inadvertently through policies and practices that contain barriers to opportunities. We call this structural racism. Structural racism is evident in New Mexico as unequal outcomes in the health, success and wellness of children of color. Because of its negative impacts on behavioral health across generations and along the life span, structural racism should be eliminated in New Mexico.*

## **Race Matters: Why We Need to Address These Disparities**

The problems that all American adolescents face are often compounded in communities of color. Adolescent reproductive health disparities in New Mexico are apparent in;

- **young people's lack of access to contraception and family planning,**
- **the high number of unintended pregnancies,**
- **the high rates of sexually transmitted diseases, and**
- **young people's lack of access to routine preventative health tests and early prenatal care.**

Systematic obstacles such as language barriers, the lack of culturally competent providers, the lack of standardized comprehensive sexuality education, and geographical constraints disproportionately affect access to and the quality of reproductive health care among youth of color in New Mexico.

### **National Data:**

#### **Teen Pregnancy (Birth Rates):**

The teen birth rate is between two and three times higher among African-American, Native-American and Hispanic youth than among white youth.<sup>1</sup>

Birth rates for 15- to 17-year-old African-American and Hispanic teens are three and four times higher than rates for white teens in this age group.<sup>2</sup>

#### **Sexual Activity and Early Sexual Initiation:**

According to the 2003 Youth Risk Behavior Survey, 41% of white high school students have had sex compared with half of Hispanic and Native-American students, and two-thirds of African-American students.<sup>3</sup>

Early sexual initiation (before age 13) is substantially higher among youth of color, particularly African-American males. Nearly one-third of African-American male high school students report first sex at or before age 13 versus 11% for Hispanic and 5% for white male students.<sup>4</sup>

Early sexual initiation is highly correlated with future risk-taking behavior.<sup>5</sup>

#### **Contraceptive Use:**

More than 75% of teens report using a method of contraception at first sex. Failure to use contraception at first sex is highest among African-American and Hispanic females.<sup>6</sup>

Among teens that do use contraception, condoms remain the method of choice at first sex. Condom use is highest among African-American adolescent males (85%) and lowest among Hispanic adolescent males (56%).<sup>6</sup>

#### **Sexual Transmitted Diseases and HIV/AIDS:**

STDs and HIV/AIDS are more prevalent among young people of color than among white youth. African-American, Hispanic, and Native-American youth have rates of gonorrhea and chlamydia between two and seven times the rates for white youth. More than two-thirds of AIDS cases among teens age 13 to 19 are to African-American and Latino young people.<sup>7</sup>

### **New Mexico Data:**

#### **Teen Pregnancy (Birth Rates):**

New Mexico's birth rate per 1000 young females in 2004 was 45.4 for African Americans, 86.5 for Hispanics, and 59.7 for Native Americans compared to 32.9 for white non-Hispanics. As this data illustrates, birth rates are two and three times higher for Native-American and Hispanic youth than for white youth. The birth rate for women between the ages of 15 to 19 in New Mexico was 59.81 in 2004. Curry County had a rate of 86.64 and Dona Ana County had a rate of 81.17 in 2004.<sup>8</sup>

#### **Sexual Activity and Early Initiation:**

In 2003, 54.8% of African American, 36% of Hispanics, and 28.2% of Native Americans in grades 9 through 12 reported *being* sexually active compared to 23.1% of white non-Hispanics.<sup>9</sup>

In 2005, 5% of the female high students and 12% of the male high school students who were sexually active reported having sexual intercourse before the age of 13.<sup>10</sup>

**Contraceptive Use:**

Approximately 60.5% of New Mexico high school students in 2003 stated using a condom in last sexual intercourse.<sup>11</sup>

In 2005, among those high school students who reported being currently sexually active, 50% of females and 67% of males reported having used condoms the last time they had sexual intercourse.<sup>12</sup>

**Chlamydia Rates:**

New Mexico has the 5<sup>th</sup> highest chlamydia rate in the United States, with 9041 cases reported in 2004. McKinley, Curry, and Bernalillo Counties had the highest rates in 2004. Hispanics had the highest number of cases reported (4613). The highest chlamydia rates were in the age range of 15 to 24.<sup>13</sup>

## **Two True Stories that Illustrate Adolescent Reproductive Health Disparities**

### **Women of Color Unite to Make Change: A Personal Story**

A youth of color tells this story:

The Albuquerque-based group Young Women United coalesced around the need for comprehensive sexuality education in school. Comprised of young women of color, the group realized that their peers were dropping out of school in high numbers and that teen pregnancy was one of the main causes. They surveyed their peers and found that young people were misinformed about sexual health issues and that potentially life-saving information was being denied them. While presenting to New Mexico's state Legislators, one of the young women shared her story to illustrate why it's important for youth to have the information and tools they need to keep themselves safe and healthy. "Since I was a little kid I have witnessed all the worst things that could happen to a female. As a 16 year old, I am a victim of rape. Half of my life I've had to pick up the missing pieces to me, my soul, my heart. I've grown up to see women who were physically abused, verbally abused, molested, sexually assaulted, raped, killed, and forgotten. So I am writing this to express why I feel comprehensive sex ed is important. It will teach us how to be safe when we have to face our worst fears as a youth, like teen pregnancy or STDs. It will help keep us from making the wrong decisions that will affect us emotionally and physically."

**Hablando Claro: Using Plain Talk to Curb Teen Pregnancies**

One in every ten pregnant woman in Albuquerque's South Valley is a teen, making the area, which is 70 percent Hispanic, home to the highest teen pregnancy rate in New Mexico. In contrast, teenage girls in the largely white Northeast Heights area are four times less likely to become pregnant. Like any area with a high teen pregnancy rate, there are numerous factors at play in the South Valley. Everything from low parental educational levels to race and ethnicity, lack of access to reproductive health services, low high school graduation rates, and high poverty rates all combine to create a culture that is ripe for teen pregnancy. But the South Valley has one more factor: with the vast majority of its residents being Hispanic, and the vast majority of Hispanics being Catholics, it is home to a culture where neither sex nor reproductive health is openly discussed.

The state's Department of Health, which provided the above statistics, has initiated a program to address the South Valley's teen pregnancy rate. Called Hablando Claro, or Plain Talk, it is a community-based intervention program that strikes at the core of the problem: a lack of communication. This national program, which was started by the Annie E. Casey Foundation, has been proven effective. In its first phase, workers go door-to-door having parents fill out a survey that measures parental attitudes and knowledge about teen sexual activity. Once the surveys are tabulated and studied, the educational phase begins.

In the final step, program leaders organize a series of health house parties where teens and adults explore a range of healthy sexual options from abstinence to the proper use of birth control, as well as the importance of prenatal care in the event of pregnancy.

## Societal Costs of Adolescent Childbearing:

The consequences of early childbearing include: lower levels of educational attainment, lower lifetime earnings, and higher use of public assistance for young mothers. The children of teen parents often face higher rates of child abuse, foster care placement, and incarceration.<sup>14</sup>

The economic cost of teenage childbearing and parenting are now estimated to be approximately \$1 billion per year in New Mexico. This includes an annual loss of \$816.7 million in household earnings, and \$257.3 million spent assisting the children of young mothers.<sup>15</sup>

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### Endnotes

<sup>1</sup> (Hamilton, B.E., Martin, J.A. and Sutton, P.D. (2004). "Births: Preliminary Data for 2003." National Vital Statistics Report Vol. 53, No. 9, pg. 3, Table B. Hyattsville, MD. National Center for Health Statistics)

<sup>2</sup> (Ibid)

<sup>3</sup> (Grunbaum, J.A., Kann, L., Kinchen, S. et al. (2004); In Surveillance Summaries, May 21, 2004. MMWR. 53 (No. SS-2). Pg. 71, Table 41; Sugland, B.W. (2004); Tabulations of the 2003 Youth Risk Behavior Survey Data conducted by CARTA)

<sup>4</sup> (Grunbaum, J.A., Kann, L. Kinchen, S., et al. (2004))

<sup>5</sup> (O'Donnell, L., C.R., and Steuve, A. (2001). "Early Sexual Initiation and Subsequent Sex-Related Risks Among Urban Minority Youth: The Reach for Health Study." Family Planning Perspectives 33 (6): 268-275)

<sup>6</sup> (Abma, J.C., Martinez, G.M., Mosher, W.D., and Dawson, B.S. (2004); "Teenagers in the United States: Sexual activity, contraceptive use, and childbearing," 2002. Vital Health Statistics Series 23, No. 24, pages 9-11. Hyattsville, MD. National Center for Health Statistics)

<sup>6</sup> (Ibid)

<sup>7</sup> (Centers for Disease Control & Prevention. 2002, "HIV/AIDS Surveillance Report")

<sup>8</sup> (NM Teen Pregnancy Coalition handout: NM Vital Records and Health Statistics)

<sup>9</sup> (CD Tom Scharmen Folder: 2005, Dan Green, Yrrs\_eth\_sex )

<sup>10</sup> (Siecus Public Policy Office: State Profile. [www.siecus.org/policy/states/2005/mandates/NM.html](http://www.siecus.org/policy/states/2005/mandates/NM.html))

<sup>11</sup> (CDC: NM DOH, YRRS 2001 & 2003; Vital Records Bureau)

<sup>12</sup> (Ibid)

<sup>13</sup> (NM DOH STD Program)

<sup>14</sup> (*Minority/Majority: A Profile of New Mexico's Children* (Albuquerque: New Mexico Voices for Children, 2003), p. 25, found at: [www.nmvoices.org/kidscount.htm](http://www.nmvoices.org/kidscount.htm))

<sup>15</sup> (Philip T. Ganderton, "The Economic Cost of Teenage Childbearing and Parenting in New Mexico: New Estimates," October 2006, p. 16, found at: <http://gandini.unm.edu/research/Papers/RevisedCosts2006Paper.pdf>)

## Recommendations:

- Information on teen pregnancy and sexually transmitted infection rates are not available for sub-county units. More research is needed in order to get the complete picture of adolescent reproductive health in New Mexico.
- Over the past ten years, Congress has invested more than \$1.5 billion in abstinence-only programs that mislead young people and promote scientifically inaccurate information. Comprehensive sexuality education provides adolescents with all the information they need to make responsible decisions and reduce a range of risky behaviors. Studies show that teens who've received responsible sexuality education are less likely to engage in sexual activities and more likely to practice safe sex when they do. Abstinence-only programs have not been shown to be effective in delaying sexual activity.
- Increase funding for and expand evidence-based programs that have been proven effective in working with youth in communities of color.
- Map the accessibility of health-care services for young people.
- Recognize the structural and systematic barriers that young people of color face and work to implement policies and practices that reduce these disparities.

This fact sheet was developed by members of the New Mexico Race Matters Coalition. The New Mexico Race Matters Initiative is funded in part by the Annie E. Casey Foundation and the New Mexico Children, Youth and Families Department (CYFD). This fact sheet, as well as others, is available online at [www.nmvoices.org](http://www.nmvoices.org).

