



# IN FOCUS

NARAL Pro-Choice Massachusetts

## Reproductive Health in Massachusetts: A Status Report

Massachusetts has been a national leader in improving access to health care. Yet today, access to critical reproductive health services and information often remains an accident of geography, a function of income, and a question of knowledge. To help inform policy makers and the public, NARAL Pro-Choice Massachusetts has compiled a series of status reports that assess the current state of reproductive health across the Commonwealth and within individual communities.

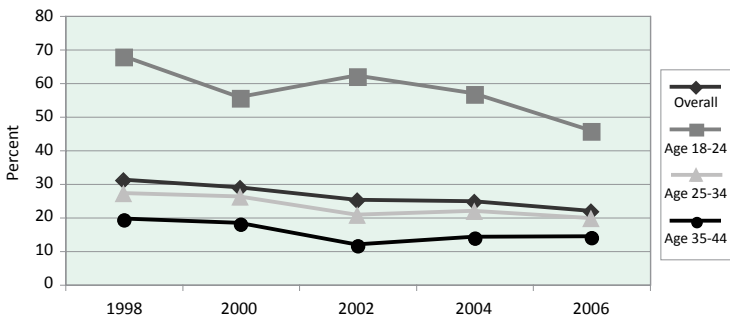
### The Public Health Risk

Today, unintended pregnancies, births among teenagers, and sexually transmitted infections (STIs) remain significant public health concerns. Moreover, sizeable disparities exist across all of these health indicators, with some of the highest rates found among women of color and low-income women.

#### Unintended Pregnancy and Teen Births

Nearly half of all pregnancies in the U.S. are unintended.<sup>1</sup> Women who were not planning to become pregnant are less likely to receive timely prenatal care, which may adversely affect their health during pregnancy and their birth outcomes.<sup>1</sup> Teen mothers are also less likely to receive prenatal care or gain enough weight during pregnancy<sup>2</sup> and are more likely to have low-birthweight babies;<sup>3</sup> teen parenting is also associated with higher rates of high school drop out and poverty.<sup>2</sup>

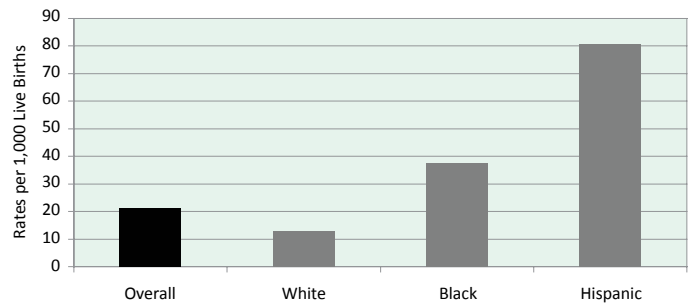
Figure 1: Percentage of Pregnancies in Massachusetts Reported as Unplanned, 1998-2006



#### Chlamydia

Sexually transmitted infections often go undetected as many have no immediate symptoms. Yet, when left untreated, STIs can have significant long-term health consequences. According to the Centers for Disease Control and Prevention (CDC), chlamydia is the most frequently reported bacterial STI in the United States.<sup>4</sup>

Figure 2: Massachusetts Teen Birth Rates, By Race/Ethnicity, 2006



This often-silent infection can cause pelvic inflammatory disease, which can lead to infertility, chronic pain, and potentially fatal ectopic pregnancies. Pregnant women with untreated chlamydia can experience premature birth and infant infections. Women with chlamydia are also up to five times more likely to become infected with HIV if exposed to the virus.<sup>4</sup>

#### HIV/AIDS

HIV, the virus that causes AIDS, often has a long latency period during which an infected person may experience no symptoms but can still transmit the virus. Women are at greatest risk of contracting HIV through high-risk heterosexual contact, while men are at greatest risk of contracting it through male-to-male sexual contact.<sup>5</sup> Women can pass HIV to their babies during pregnancy or delivery or while breastfeeding.

#### How Public Policy Makes a Difference

Programs and policies that enable women and couples to plan their pregnancies and protect against disease are cost effective and provide positive benefits to individuals and society. Researchers estimate that every dollar spent on publicly funded family planning services saves \$4 in Medicaid costs just for prenatal and newborn care.<sup>6</sup> In Massachusetts each year, this funding helps women to prevent 32,300 unintended pregnancies.<sup>7</sup>

Over the years, the Commonwealth has wisely invested in proven prevention programs. During the 1990s, family planning funding rose steadily, improving access to contraception, cancer screenings, and STI testing and treatment.<sup>8</sup> Resources directed to programs to prevent teen pregnancy and combat HIV/AIDS also increased,<sup>9</sup> and state and local governments began to explore how to eliminate persistent racial and ethnic health disparities.<sup>10</sup>

Since reaching their high-water marks in 2000, however, funding for family planning, teen pregnancy prevention, and HIV/AIDS programs have endured repeated cuts,<sup>8,9</sup> limiting the number of at-risk women and teens who can be served.

## The State of Reproductive Health in Massachusetts

### Unintended Pregnancies and Contraceptive Need

Nearly a quarter (22%) of Massachusetts women ages 18-44 who were pregnant in the last five years report that their most recent pregnancy was unplanned (see Figure 1).<sup>11</sup> Today, at least 848,000 women of reproductive age in the Commonwealth need contraceptive services and supplies to prevent an unintended pregnancy.<sup>12</sup> Approximately 300,000 of these women, including adults with incomes below the federal poverty level and teens,<sup>12</sup> rely on publicly funded family planning.

### Teen Births

Massachusetts, like the rest of the country, has made progress in the past two decades in addressing teen pregnancy rates, which have been decreasing since the early 1990s. Still, 22 per 1,000 Massachusetts teenagers give birth each year, with the highest rates occurring among teens of color (see Figure 2).<sup>13,14</sup> Compared to their white counterparts, Hispanic teens are more than six times as likely and black teens are almost three times as likely to become teen mothers.<sup>14</sup>

### Chlamydia

Rates of chlamydia among 15-24-year-olds have been steadily increasing in Massachusetts since 2000. Women ages 20-24 are at the greatest risk of infection: 1,269 per

100,000 contract chlamydia each year, far exceeding the overall state rate of 758 per 100,000 women (see Figure 3).<sup>15</sup>

### HIV/AIDS

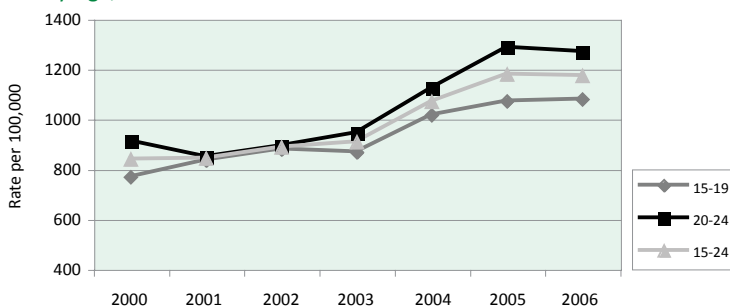
In Massachusetts, 258 per 100,000 people are living with HIV.<sup>15</sup> Although women account for fewer than one-third of all HIV infections,<sup>16</sup> they are the fastest growing at-risk group for contracting the virus. Women of color are at greatest risk for infection, with black females 25 times more likely and Hispanic females 17 times more likely than white females to be HIV+ (although less stark, similar disparities exist among men, with black and Hispanic males both nine times more likely than white males to be HIV+).<sup>17</sup>

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## Sources

- Centers for Disease Control and Prevention (CDC), Unintended pregnancy prevention: unintended pregnancy, 2008, [www.cdc.gov/reproductivehealth/Unintended-Pregnancy/index.htm](http://www.cdc.gov/reproductivehealth/Unintended-Pregnancy/index.htm), accessed February 4, 2009.
- CDC, Adolescent reproductive health: teen pregnancy, 2009, [www.cdc.gov/reproductivehealth/AdolescentReproHealth/index.htm](http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/index.htm), accessed February 4, 2009.
- Guttmacher Institute, Facts on American teens' sexual and reproductive health, 2006, [www.guttmacher.org/pubs/fb\\_ATSRH.html](http://www.guttmacher.org/pubs/fb_ATSRH.html), accessed February 4, 2009.
- CDC, Sexually transmitted diseases: Chlamydia fact sheet, 2007, [www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#complications](http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#complications), accessed February 4, 2009.
- CDC, HIV/AIDS in the United States, Revised August 2008, [www.cdc.gov/hiv/resources/factsheets/us.htm](http://www.cdc.gov/hiv/resources/factsheets/us.htm), accessed February 4, 2009.
- Guttmacher Institute, Facts on publicly funded contraceptive services in the United States, 2008, [www.guttmacher.org/pubs/fb\\_contraceptive\\_serv.html](http://www.guttmacher.org/pubs/fb_contraceptive_serv.html), accessed February 4, 2009.
- Guttmacher Institute, State Center Contraception Counts: Massachusetts, [www.guttmacher.org/pubs/state\\_data/states/massachusetts.html](http://www.guttmacher.org/pubs/state_data/states/massachusetts.html), accessed March 12, 2009.
- Massachusetts Department of Public Health (MDPH), Chart on family planning funding FY91-FY09, Unpublished data.
- Sweeney E., Looking for funding to save a lifesaving program: effort to stem AIDS at risk, Boston Globe, August 28, 2003; Massachusetts Alliance on Teen Pregnancy, FY2009 Teen pregnancy recommendations, [www.massteepregnancy.org/index.html](http://www.massteepregnancy.org/index.html), accessed February 4, 2009.
- Boston Public Health Commission Disparities Project, Data report: a presentation and analysis of disparities in Boston, 2005.
- MDPH, Health Survey Program, Bureau of Health Information, Statistics, Research and Evaluation, A profile of health among Massachusetts adults, 2006: results from the behavioral risk factor surveillance system, 2008.
- Data generated by authors from Guttmacher Institute data on contraceptive need in Massachusetts counties and select cities/towns, 2007.
- MDPH Press Release, State health officials release 2007 birth report, February 11, 2009, [www.mass.gov/?pageID=eohhs2pressrelease&L=1&L0=Home&sid=Eeohhs2&b=pressrelease&f=090211\\_birth\\_report&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2pressrelease&L=1&L0=Home&sid=Eeohhs2&b=pressrelease&f=090211_birth_report&csid=Eeohhs2), accessed March 8, 2009.
- MDPH, MassCHIP, Natality file, 2006, accessed July 15, 2008.
- MDPH, MassCHIP, Communicable Diseases file, 2006, accessed October 15, 2008.
- MDPH, HIV/AIDS Surveillance System, Massachusetts HIV/AIDS data fact sheet: who is currently living with HIV/AIDS, 2008, [www.mass.gov/Eeohhs2/docs/dph/aids/2008\\_profiles/living\\_with\\_hiv.pdf](http://www.mass.gov/Eeohhs2/docs/dph/aids/2008_profiles/living_with_hiv.pdf), accessed March 8, 2009.
- MDPH, HIV/AIDS Surveillance Program, Massachusetts HIV/AIDS data factsheet: the Massachusetts HIV/AIDS epidemic at a glance, 2008, [www.mass.gov/Eeohhs2/docs/dph/aids/2008\\_profiles/epidemic\\_glance.pdf](http://www.mass.gov/Eeohhs2/docs/dph/aids/2008_profiles/epidemic_glance.pdf), accessed March 8, 2009.

Figure 3: Chlamydia Incidence Rates in Massachusetts, by Age, 2000-2006



Methodology available online at [www.prochoicemass.org](http://www.prochoicemass.org)