

FAMILY



HEALTH

“If we are looking at children’s issues . . . we have to look at how these issues affect and motivate the parents and grandparents of kids. Children’s issues are best thought of as ‘family issues’.”

– Glen Bolger, Partner, 1998



FAMILY HEALTH

How is this parish doing?

Birth rate ☺

Early prenatal care ☹

Low birth weight ☹

Infant mortality ☺

Newborn screenings ☹

Child abuse ☺

Immunizations ☺

Dental sealants ☹

Water fluoridation ☹

Births to teens ☹

Pap smears ☺

Mammograms ☹

The family, no matter how small or extended, is the fundamental social unit of community. In every family, there are good times and there are bad. Much of the health information the Office of Public Health (OPH) collects is about improving the positive aspects of health. However, some of the information, especially that related to infant death, child abuse and neglect, is about what happens when things go bad. Knowing both the good and the bad creates a more complete picture of health.

Most of the health information in this chapter is collected by the various offices of the Louisiana Department of Health and Hospitals. This information is used to design policies, budget funds and create programs and interventions.

Family health is much more complicated than this one chapter shows. Important information found in other parts of this book also relates to the health of families. This chapter concludes with some concrete suggestions for communities and individuals. Communities can address these ideas, or plan their own research and interventions in the future.

“The family, no matter how small or extended, is the fundamental social unit of community.”

Some of the indicators addressed in this section are:

- Birth rate
- Prenatal care
- Low birthweight
- Infant mortality
- Newborn screenings
- Child abuse rate
- Immunization
- Sealants
- Births to teens

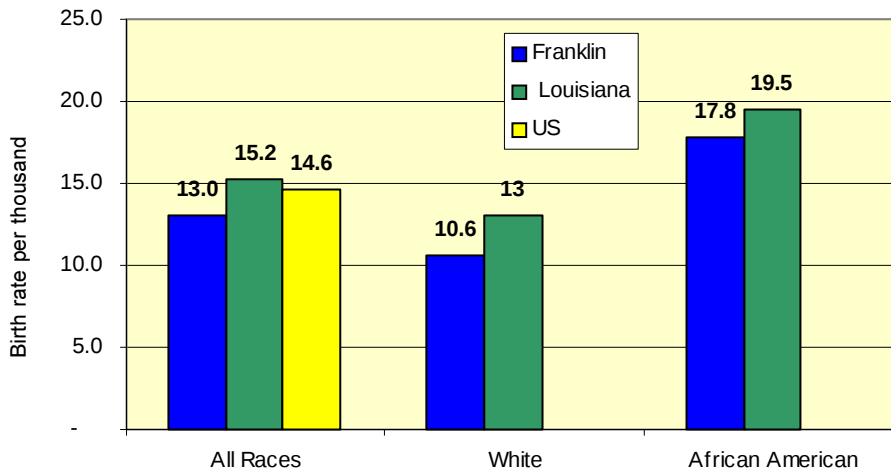
This chapter is divided in terms of family members. The first section is about babies' health. This includes information about prenatal care, birthweight, infant mortality and the importance of screening newborns. As babies grow, their health needs change; the next section is children's health. It includes information about child abuse and neglect, immunizations and oral health. In the next section, adolescent's health, teen risk behaviors and pregnancy are discussed.

The final two sections discuss some aspects of women's health and men's health. These sections discuss the preventive steps men and women can take to lengthen their lives, and the importance of screening for cervical, breast and colorectal cancers. Other topics such as family planning, pregnancy and childbirth are discussed, as they are compelling issues that bring people into Louisiana's health care system often for the first time in their lives (Family Planning Program, 1998).

HEALTHIER BABIES

Babies have a better chance of being born healthy when their mothers are also healthy. Because of the special risks and needs of pregnancy, women need prenatal care. Getting quality care within the first three months of a pregnancy is very important. Prenatal care may reduce the risk of infant death and low birth weight. In

Figure 1:
Birth Rate, Franklin, Louisiana and the United States, 1997



*Per 1,000 population based on the 1996 Census population estimates

Source: [1] Louisiana State Center for Health Statistics, 1996.

prenatal care, women with high risk pregnancies are identified early and are more likely to receive the special care they need for a healthy birth ([1] Maternal and Child Health Program, 1998).

Birth Rate

Births affect the population of a parish. They also affect the ability of child care centers, schools and clinics to service youth in the future. Birth rates are births per 1,000 population in an area. The birth rate in the United States was 14.6 live births per 1,000 women in 1997. **The birth rate in Louisiana was 15.2 per 1,000, and in Franklin Parish, it was 13.0 per 1,000 (see Figure 1) ([1] Louisiana State Center for Health Statistics, 1998).** See the Appendix for total numbers of births in the parish and in the state in 1997.

DID YOU KNOW:

Five tips for having a healthy baby are:

1. Eat a balanced diet;
2. Get moderate exercise;
3. Give up smoking, alcohol and illegal drugs;
4. Get regular prenatal care; and
5. Reduce stress and fatigue.

- [1] Maternal and Child Health Program, 1998.

"Each family that begins with a birth to a teenager is expected to cost the public an average of \$17,000 a year in some form of support over the next 20 years."

- (1) Annie E. Casey Foundation, 1998

Taking Care, Taking Control: "123, GROW!"

The Lafayette area Children's Special Health Services received a federal grant through the State Systems Development Initiative to meet the medical and developmental needs of at-risk children in rural Acadiana.

The initiative works to promote public and private partnerships. These then create screening clinics for infants and toddlers in several parishes. Based on the principle of bringing public and private health, education and social service agencies together, the clinics address

the health issues of at-risk children more efficiently.

The clinics are offered throughout the Acadiana area in different locations. They serve the most at-risk populations. Screenings are available for vision, hearing, development, speech, nutrition and motor skills. Catching potential or existing problems at an early age is important. It can often lead to preventing more serious problems that could become permanent if left untreated.

- For further information: Children's Special Health Services at 504-568-5055 or Southwest Louisiana Area Health Education Center at 318-237-0032.

**taking
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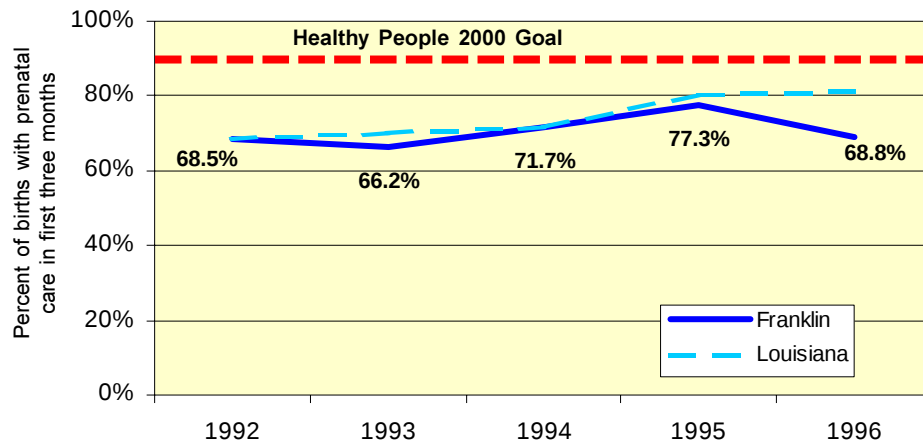
**DID YOU KNOW?**

For every \$1 spent on prenatal care, \$3 are saved in hospital costs related to premature and low birth weight.

- [1] Maternal and Child Health Program, 1998.

For more information on healthy prenatal care, call the **Partners for Healthy Babies** helpline:
1-800-251-BABY
(1-800-251-2229).

Figure 2:
Percent of Births to Women with Prenatal Care in Three Months,
Franklin and Louisiana, 1992 - 1996



Source: [1] Maternal and Child Health, 1998.

Prenatal Care

Appropriate prenatal care is a combination of getting care within the first trimester, called early care, and following a schedule of care throughout the pregnancy. Usually, early care is defined as the percent of births in which the mother started prenatal care in her first three months of pregnancy (Maternal and Child Health Program, 1998). Overall, teenagers, poor women and African American women appear to be less likely to enter into prenatal care in the first three months of pregnancy ([1] Maternal and Child Health Program, 1998).

Taking Care, Taking Control: Breast-feeding

A young woman who had planned to bottle feed after her first pregnancy was introduced to breast-feeding during her prenatal visit. None of her friends or family had ever breast fed, so it was a completely new idea to her. After hearing the benefits of breast feeding to herself and her baby, she decided to try.

With the help of the nurses in the hospital, she became comfortable with breast-feeding. After one of her post-partum check-ups, another patient in the waiting room commented on how cute and healthy her child looked. The woman looked at her daughter and proudly announced she was breast-feeding her daughter. She then continued to talk to the other woman about the benefits of breast-feeding. The benefits are:

- It's easy. The milk is always available to the baby.
- It's best for baby. Breastmilk has antibodies in it from the mother that pass to the baby and help protect him against illness and allergies.
- Breastmilk is easily digested.
- Sucking at the breast helps with good oral development.
- Breastfeeding also is good for the mother. The baby's sucking helps return the uterus to its pre-pregnancy shape much faster.
- Breastfeeding burns calories for the mother.
- Breastfeeding creates a bond between mother and baby, helping the mother learn her baby's cues and signals faster.

- For further information: www.lalecheleague.org

A woman's decision to start prenatal care depends on many things. The availability and accessibility of care, as well as her knowledge, attitudes and beliefs about pregnancy and the need for prenatal care are just a few factors. Prenatal care is more than just a clinic visit. It is practicing healthy behaviors during pregnancy, such as eating properly, getting enough rest and exercising moderately. It is also important not to smoke, drink or use illegal drugs. A woman, however, may not feel she can afford prenatal care or be able to get to the clinic during clinic operating hours. It helps if her employer, family and friends believe prenatal care is important and support her in attending her clinic appointments ([1] Maternal and Child Health Program, 1998).

The Healthy People 2000 goal is for 90 percent of women to enter prenatal care within the first three months. Louisiana is aiming for at least 85 percent entry by the year 2000. In 1996, 81 percent of Louisiana babies were born to women who had received prenatal care in the first three months of their pregnancy. **In Franklin Parish, 68.8 percent of women received prenatal care in the first three months.** Although there has been an overall increase in women getting early prenatal care (Figure 2), African American women still get less timely care than white women ([1] Maternal and Child Health Program, 1998).

“Prenatal care is more than just a clinic visit. It is practicing healthy behaviors during pregnancy...”

Low birth weight

One of the problems associated with high risk pregnancies or a mother's poor health is the insufficient weight of the infant at birth. Low birth weight is considered to be five pounds, eight ounces (2500 grams) or less. Very low birthweight babies weigh less than three pounds, five ounces (1500

grams). A baby's weight at birth is directly tied to the baby's overall health and survival through the first year of life. The lower the birth weight, the greater the chances of death within the first year. Low and very low birth weight babies are at greater risk for Cerebral Palsy, developmental delays and mental retardation. Infants who are born at less than five pounds, eight ounces will be more likely to have difficulties in their lifelong health ([1] Maternal and Child Health Program, 1998).

Nobody knows all the causes or influences on low birth weight. Little education, poor maternal health or health habits, a complicated pregnancy or a genetic risk for a disorder

DID YOU KNOW?

Low birth weight might be related to maternal stress and anxiety. A recent study showed that high levels of stress hormones can decrease blood flow in the womb and slow the baby's growth.

- Teixeira et al., 1999.

“In 1996, nearly one out of four births to teens were repeat births.”

- (2) Annie E. Casey Foundation. 1998.

**Low and Very Low Birthweight (percent)
Franklin, Louisiana and the United States**

Birthweight	Low (%)			Low (%)			Very low (%)	
	1996			1997			1996	1997
	All	White	AA	All	White	AA	All	All
Franklin	8.7	6.6	11.0	11.8	5.8	19.1	1.7	1.4
Louisiana	9.9	6.9	14.3	10.2	7.0	14.6	1.9	2.1
United States	7.4	6.3	13.0	7.5	6.5	13.0	1.4	1.4
HP 2000	5.0	-	-	5.0	-	-	1.0	1.0

Source: [1] Louisiana State Center for Health Statistics, 1998.

**DID YOU KNOW?**

The effects of smoking and being exposed to second-hand smoke can be seen in the fluids in the womb as early as seven weeks of pregnancy. As a result, pregnant women should not only avoid smoking, they should avoid second-hand smoke.

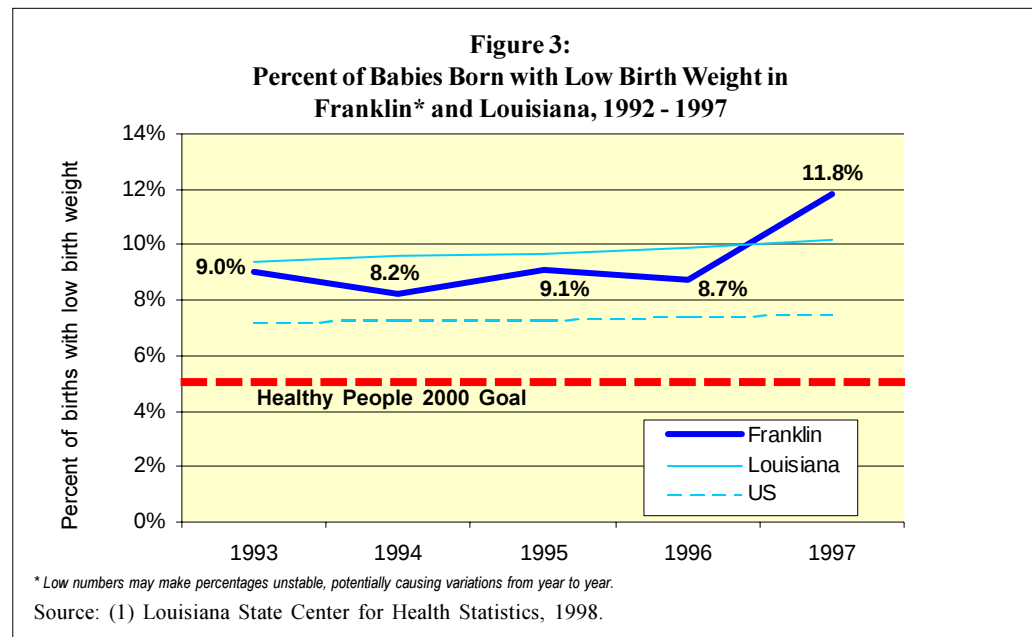
- Jauniaux et al., 1999.

"Close to 80% of teen mothers will require welfare assistance."

- (5) Annie E. Casey Foundation. 1998.

"Four out of every ten American females will become pregnant before the age of 20. ...Most of these pregnancies are unintended."

- (6) Annie E. Casey Foundation. 1998.



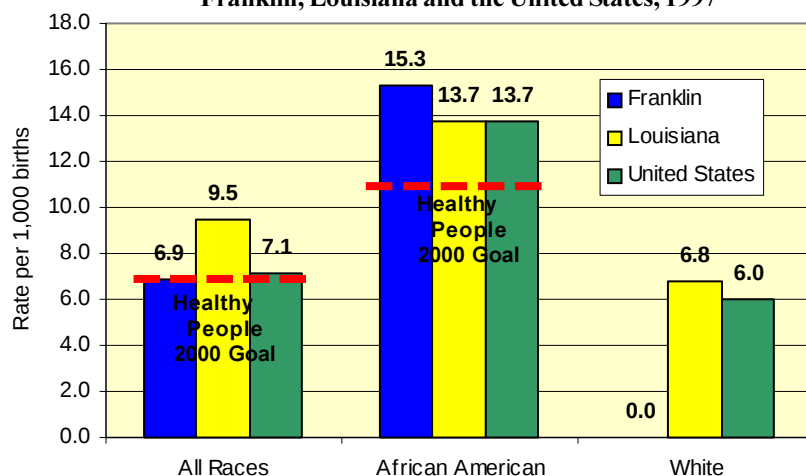
are predictors of low birth weight. Low income status, race, access-to-care and young motherhood are also among the factors associated with low birth weight ([1] Maternal and Child Health Program, 1998). Low birth weight percentages differ by race. The low birth weight percentage for African American infants is twice that of white infants, which also has an impact on the infant mortality rates in those populations ([1] Maternal and Child Health Program, 1998).

The Healthy People 2000 objective for birth weight is that no more than five percent of babies born should weigh less than five pounds, eight ounces. An additional goal is that no more than one percent of babies are to be born at a very low weight of three pounds, five ounces. Louisiana's goal is to reduce very low birth weight births to less than 1.8 percent. For percentages, see low and very low birth weight table on preceding page.

“ African American infants are two times more likely to be born at a low birthweight than white infants.”

In 1997, 11.8 percent of babies born in Franklin were of low birth weight (Figure 3), compared to 10.2 in the state and 7.5 nationally ([1] Louisiana State Center for Health Statistics, 1998). In Figure 3, the percent of babies born at low birth weight varies from year to year. This is because of the small number of births in the parish that are low birthweight. It is important to look at the trend rather than an individual year of data.

Figure 4:
Infant Mortality Rate for
Franklin, Louisiana and the United States, 1997



Source: (1) Louisiana State Center for Health Statistics, 1998.

Infant Mortality Rate

The infant mortality rate is a standard measure used to assess the health and well being of mothers and children. There are many factors that determine infant death rates. Deaths occurring in the first month, called neonatal deaths, account for approximately two-thirds of deaths within the first year of life. Deaths between one month and one year, called post neonatal deaths, account for the other one-third of deaths ([1] Louisiana State Center for Health Statistics, 1998). Deaths within the first year reflect factors about the infant or its environment. Prematurity and low birth weight are the factors most related to infant death([1] Maternal and Child Health Program, 1998).

Infant mortality counts measure deaths within the first year of life for each 1,000 infants born in a year. The Healthy People 2000 objective is to reduce the infant mortality rate to no more than seven per 1,000 live births. For African Americans, the goal is for no more than 11 deaths per 1,000 live births. In 1997, the U.S. infant mortality rate was 7.1 per 1,000 live births (see Figure 4), and it was 9.5 in Louisiana. **The infant mortality rate in Franklin was 6.9 per 1,000 live births in 1997** ([1]Louisiana State Center for Health Statistics, 1998).

SCREENBABIES

Newborn Screening Program

The state-mandated Newborn Screening Program ensures that all newborns are screened before discharge from the hospital. They are screened for phe-

DID YOU KNOW?

All women of childbearing age should consume 0.4 mg. of folic acid a day to reduce the chance of neural defects in any babies they might have.

- U.S. Department of Agriculture, 1996.

Four out of every 1,000 babies have a significant hearing loss.

More than one in 25 preschoolers suffer from a speech, language or hearing problem.

- [2] Maternal and Child Program, 1998.

Newborn Hearing Screenings Louisiana, 1994 - 1998

Year	Hearing Impaired (#)	Average age
1994	43	3.64 mos.
1995	35	3.43 mos.
1996	35	3.43 mos.
1997	26	2.09 mos.
1998	20	2.26 mos.

Source: Children's Special Health Services, 1998.



nylketonuria (PKU), congenital hypothyroidism and sickle cell disease. A newborn with any of these diseases is immediately referred for specialized care. In the case of PKU and congenital hypothyroidism, early detection coupled with treatment prevents profound mental retardation. For babies detected with a sickle cell disease, early detection and immediate enrollment into specialized care reduces illness and death. **There were 100 cases of sickle-cell detected in Louisiana in 1997** (Genetic Disease Program, 1998).

Infant Hearing

Birth through age three are the most critical years for the development of language. If hearing loss is discovered early in the child's life, steps can be taken so that learning will not be delayed. In the past, the law required hospitals to test only babies at high risk for hearing loss. However, OPH estimates that 50 percent of babies with hearing impairments are missed ([2] Maternal and Child Health Program, 1998). Many birthing hospitals in the state, however, chose to provide tests for all children. If a baby does not pass the test, follow-up tests are recommended. These tests help to find out the extent of the hearing problems. Changes in the laws will make testing all babies mandatory ([2] Maternal and Child Health Program, 1998). Because so few hearing impaired infants have been found across the state over the past five years, there is no reliable parish-level information. Communities should attempt to discover whether their hospitals consistently test babies and how follow-up is handled.

PROTECT CHILDREN

Child Abuse and Neglect

"Abuse" is defined as the non-accidental physical or mental injury to a child by the child's caretaker. Abuse may be physical, sexual and/or emotional. "Neglect" refers to the caretaker's failure to provide for the child's basic physical, medical and/or emotional needs. Abuse and neglect can cause infants, children and teens to have more health and emotional problems. It can also be the cause of their death. Childhood abuse and neglect may be associated with later violent and criminal behavior, school failure, suicide, hopelessness, emotional problems and teenage pregnancy. It can also be related to later substance abuse, unemployment, homelessness and prostitution ([1] Maternal and Child Health Program, 1998).

Severe abuse and neglect result in many significant financial costs for society. Direct costs include child welfare investigations and services to children and families. These services may include family counseling or out-of-home placement. Police and judicial expenses are also direct costs. Indirect costs include those related to the long-term consequences of abuse and neglect. Examples of these indirect costs might be poor performance in school and work or lifetime disabilities. The estimated total of all direct and indirect costs nationally is between \$658 million and \$1.3 billion annually. In Louisiana, the cost is estimated at about \$147 million ([1] Maternal and Child Health Program, 1998).

Children in Foster Care, Franklin, 1998

Foster Care	19
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Source: Agenda for Children, 1998.

Child Abuse and Neglect in Franklin, 1998

Valid cases*	122
Physical Abuse	14
Neglect	102
Sexual Abuse	5

* Valid cases includes an "other" category not reported here
Source: Agenda for Children, 1998.

Abuse and neglect rates reflect those cases that have been reported and validated as true by Child Protective Services. The rates reported here are calculated by looking at those validated cases reported in the Kids Count Databook over the 1996 Census population estimates. In Louisiana, as in the U.S., validated cases make up one third of those reported. Not all cases are reported and not all reported cases, or allegations, are found to be true ([1] Maternal and Child Health Program, 1998).

Validation means that there is evidence to support the claim of abuse or neglect as defined by the state. This hard evidence consists of observed physical injury or severe effects of neglect. Abuse and neglect are often surrounded by a code of silence. Families and children often hide evidence out of fear. Sometimes families protect the abuser. This means many incidents of abuse go unreported. Also, state laws do not allow non-validated cases to be reopened. As a consequence, a child's return visits to

“Child deaths from injuries due to neglect or abuse often are not recorded as such...”

a doctor or hospital can not be connected together. Abuse often progresses in a pattern, but this arrangement of closed cases makes legal proof difficult ([1] Maternal and Child Health Program, 1998).

It may be difficult to determine if child deaths from injuries are due to abuse or neglect, unless there is a system set up to

review these deaths. In recognition of these challenges the Louisiana Child Death Review Panel has been established for the purpose of improving the ability to determine the cause of death.

In 1997 Louisiana's rate of child abuse was 10.3 per 1,000. **In Franklin Parish, the rate of child abuse and neglect was 15.2 per 1,000 children.** The Healthy People 2000 goal was for child abuse to occur at less than 22.6 per 1,000 children ([1] Maternal and Child Health Program, 1998).

Immunizations

Children are required by Louisiana law to be immunized before entering school and childcare. It is important, however, that this is done before the age of two, when children are most vulnerable to disease. Immunization is among the most effective, proven protections against disease. Immunizations are available for tetanus, measles, mumps, rubella, influenza, hepatitis B, diphtheria, pertussis, varicella, haemophilus influenza type B and polio (Immunization Program, 1999). People may not be worried about these diseases because the rates of these diseases are now so low. This is because of immunizations. These diseases are serious and could return and threaten the health of children unless they are immunized on time.

The state and national goals for the year 2000 are for 90 percent of children to be fully immunized by the age of two. Additionally, the state would like 95 percent of first-time school students to be immunized. In 1998, 82 percent of children in Louisi-

DID YOU KNOW?

Louisiana has several dentists and hygienists who have been trained to present information on abuse and neglect by the Prevent Abuse and Neglect through Dental Awareness Coalition (P.A.N.D.A.). The goal of P.A.N.D.A. is to create an atmosphere of understanding in the dental community, which can result in the prevention of child abuse and neglect through early identification and reporting of children who are suspected of being abused or neglected.

- [3] Maternal and Child Health Program 1998

**DID YOU KNOW?**

Dental caries, which can lead to tooth decay, is the most common infectious disease in American children.

Dental care cost the nation \$47.9 billion in 1996 – all paid directly by clients. That is an average of \$300 per client for the year.

- (4) U.S. Department of Health and Human Services. 1998

ana between 24 -35 months were up-to-date on their immunizations. **In Franklin, 95 percent of children were up-to-date by age two** (Immunization Program, 1999).

ORAL HEALTH

Healthy teeth and gums are very important for a healthy life. Healthy teeth are pain-free and secure. Good dental health means that children are less likely to be distracted at school or feel bad about their appearance. They will also be able to eat a variety of foods all through their lives. Oral health habits are often set in childhood. The things that make teeth healthy include good diets, tooth-brushing and regular check-ups. These habits need to begin early. More importantly, healthy teeth are linked to the health of the overall body. New evidence suggests that infected gum and oral tissue contribute to chronic diseases, such as heart disease and diabetes ([3] Maternal and Child Health Program, 1998). **A 1998 screening of 3rd graders in 14 parishes revealed that 35 percent needed urgent or timely care for decay** (Roberts, 1998). One third of children age eight and younger are in need of oral health care, and that number increases as children get older ([3] Maternal and Child Health Program, 1998).

Communities can improve oral health by providing fluoridated water. Water fluoridation is one of the most important preventive measures for reducing tooth decay and cavities. According to the Oral Health Program, 1,931,611 Louisiana residents, approximately 44.5 percent of the population, are served by water systems that adjust fluoride levels to the optimal level. Also, 8.4 percent of the population have fluoride occurring in their water systems at optimal levels naturally. So, 52.9 percent of the Louisiana population receive the benefits of optimally-fluoridated water. The Healthy People 2000 goal is for 75 percent of the population to receive optimally-fluoridated water.

The recommended level of fluoride is 0.7 to 0.8 ppm (parts per million). **In Franklin Parish, the water systems which do not artificially fluoridate the water are at 0.1 - 0.3 ppm.** Over the next few years, the Oral Health Program hopes to develop

Taking Care, Taking Control: "My House - Neighborhood Center for Learning"

taking
control
Home-
less
teens/
teen
parents:
New
Orleans

A group of New Orleans artists were concerned about hunger and homelessness. They wanted to do something to prevent children from becoming homeless in the future. They gathered together and took an inventory of the resources and strengths the individuals had to offer the group.

They decided that education was one of the biggest investments that would help youth avoid becoming homeless. As a committee, they drafted bylaws to form a 501-c3 organization. This was a crucial step in allowing them to purchase a facility.

Initially, the facility, "My House," housed an after-school tutoring program. The group quickly expanded to

become involved with Cohen High School. Cohen is only three blocks from the My House location. There they initiated outreach to teens who are parents to help them recognize the importance of education. My House soon offered a credited class for these teens.

The group of tutors and other volunteers has been recruited through word of mouth. Some are adults who learn of the program through their church. Peer volunteers are enlisted through local secondary schools, where students are required to complete community service hours. There is also a summer camp that is sponsored by My House.

For further information: My House at (504) 861-5834

community coalitions willing to work towards making water fluoridation a local priority for all water systems.

Children can prevent decay through regular brushing and flossing. Parents can help by providing regular dental visits, which may include applying sealants. Sealants are most frequently placed into the deep grooves of permanent molar teeth to help prevent decay.

In one survey, 20 percent of the Louisiana 3rd graders had sealants on at least one tooth ([3] Maternal and Child Health Program, 1998). Sealants are recommended for children at ages 6 and 12. The Healthy People 2000 goal is for at least 50 percent of children eight years of age to have sealants on at least one tooth.

Tooth decay is caused in part by the presence of certain serotypes of *Streptococcus mutans* bacteria in the mouth and on the teeth and can start at a very young age. The bacteria can pass from mothers to children through saliva. Dentists advise pregnant and new mothers to be very careful with their own dental care and to keep both their mouth and their babies' mouths clean. Unclean conditions in the mouth can encourage the development of infections and cause decay to spread faster ([3] Maternal and Child Health Program, 1998).

GUIDE OUR TEENS

Teen years are an exciting time. They present new opportunities to learn and grow. Most teenagers do not seek out or create trouble. Many teenagers, however, do take risks that may have unhealthy results. The Louisiana Youth Risk Behavior Survey (LYRBS) measures selected health and risk behaviors in public high school students. This survey, conducted by the Louisiana Department of Education (1997), was completed by 1,974 young women and 1,910 young men in randomly selected public schools across the state, grades nine through 12 (see chart labeled "Louisiana Teens").

In addition, the Office of Addictive Disorders and the Department of Education collected information in 1999 through the Communities that Care survey. This survey went to youth in all but two parishes and has information about both risk and protective factors, such as family cohesion and community involvement (Office of Addictive Disorders, 1999).

LOUISIANA TEENS Youth Risk Behavior Survey, 1996

WEAPONS AND VIOLENCE

7% of students indicated they had carried a weapon on school property in the 30 days prior to the survey.

7% of students reported being threatened with a weapon in the last year.

37% reported a physical fight in the last year.

TOBACCO

80% of students said they had ever tried cigarettes.

28% smoked before they turned 13.

38% had smoked in the last 30 days.

45% of students indicated they had ever tried to quit smoking.

11% had used chewing tobacco or snuff in the last 30 days.

ALCOHOL

56% of students had had at least one drink in the past 30 days.

34% had had five or more drinks in a row.

MARIJUANA AND OTHER ILLEGAL DRUGS

10% of students had tried marijuana before the age of 13.

24% of the students had used marijuana during the past 30 days.

6% of students reported ever using cocaine

18% said they had ever used inhalants (glue, aerosol, paint) to get high

6% of students used steroid pills or shots at least once in their life

14% had used other illegal drugs at least once (LSD, PCP, ecstasy, mushrooms, speed, ice or heroin)

28% of students had someone offer, sell or give them an illegal drug on school property in the last year.

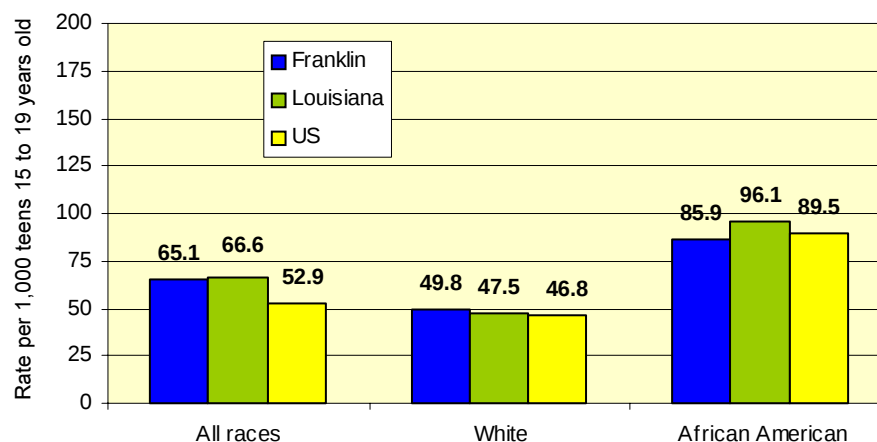
- Louisiana Department of Education. 1998.

**DID YOU KNOW?**

Sterilization is the most common method of contraception in the United States and has no proven long-term risks. It differs from other contraceptive methods in that it is meant to provide permanent contraception.

- (3) U.S. Department of Health and Human Services. 1998.

**Figure 5:
Teen Birth Rate
Franklin, Louisiana and the United States, 1997**



Source: (1) Louisiana State Center for Health Statistics, 1997.

Births to teens

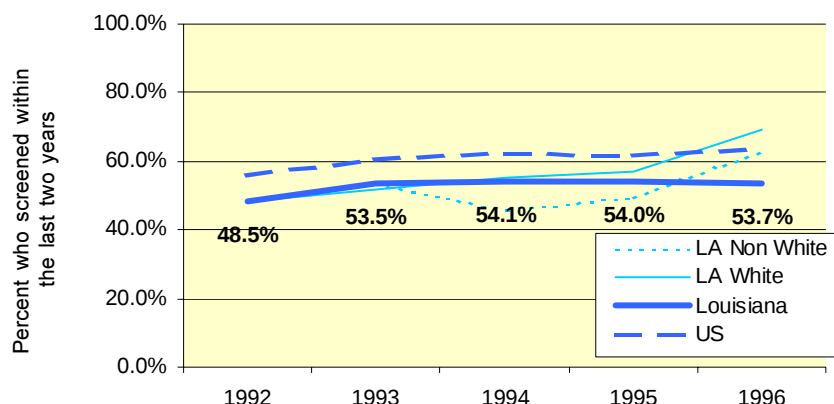
Teen pregnancy complicates the lives of young women and their babies. Young men and women may not be emotionally prepared for sex, much less pregnancy. Early pregnancies interfere with the ability of young women to get education and work experience ([1] Annie E. Casey Foundation, 1998). Teen mothers will probably earn, over their lifetime, half of what women who give birth in their twenties earn. Nationally, only half of teen mothers complete high school (Family Planning Program, 1998). In Louisiana in 1996, one quarter of teen births were not the first child born to the young woman, adding to the burden teenage mothers already face ([3] Annie E. Casey Foundation, 1998).

Teen mothers are more likely than other mothers to have low birth weight babies (Family Planning Program, 1998).

Changes in teen pregnancy are affected by a combination of education and access to family planning services. Family planning programs try to educate young teens about the importance of preventing pregnancy by many methods, especially abstinence. In fact, studies show that when teenagers are educated about abstinence and safe sex, they are more likely to begin having sex at a later age ([3] Annie E. Casey Foundation, 1998). Teen pregnancy is not easily addressed. It often requires multilevel interventions. Many factors influence teens' decision to have sex. These factors include economic status, self-worth, family structure, faith systems, peer pressure, amount of supervision and boredom ([4] Annie E. Casey Foundation, 1998).

In 1997 in Louisiana, 18 percent of all births were to teenagers 19 and younger, compared to 13 percent nationally. That means that in Louisiana, nearly one in every five live births was to a teenage mother. **In Franklin Parish, 22 percent of live births were to women 19 or younger.**

Figure 6:
Mammography and Breast Screening in Women 50 Years and Older by Race
Louisiana and the United States, 1992-1996



The percentages for Louisiana are shown.

Source: Chronic Disease Control Program, 1997.

DID YOU KNOW?

Breast cancer is the most common cause of cancer in women. Over one-third of cancer deaths in women between the ages of 50 and 74 could be avoided through screenings.

- (1) U.S. Department of Health and Human Services. 1998.

Prostate cancer is the second leading cause of cancer death in men; 58% of prostate cancer cases are caught in early screenings.

- (2) U.S. Department of Health and Human Services. 1998.

Teen birth rates are shown in Figure 5. In Louisiana, there were 66.6 live births per 1,000 teenage women in 1997. Rates allow comparisons among parish, state and national populations ([1] Louisiana State Center for Health Statistics, 1998).

WOMEN'S AND MEN'S HEALTH

Adults should take preventive care of themselves, even if they do not feel unhealthy. Much of the information on prevention is in the "Chronic Disease and Leading Causes of Death" chapter. It relates to exercise, diet, tobacco and personal safety. However, adults should be aware of the importance of preventive health screenings, such as Pap smears, mammograms and colorectal screenings.

GET SCREENED

Mammograms

An estimated 43,500 women in the United States will die of breast cancer in 1998, accounting for about 16.5 percent of cancer deaths among women ([1] U.S. Department of Health and Human Services, 1998). Routine mammograms are the most effective way to detect changes in the breast early. Death from breast cancer can be significantly reduced with early detection. Studies have shown that about 39 percent of all cancer deaths of women from 50 to 74 years of age could be avoided if women got the recommended screening ([1] U.S. Department of Health and Human Services, 1998).

The causes of breast cancer are not known, but risk factors for breast cancer include age over 50, a personal or family history of breast cancer, never having had children or having the first child after age 30 and life-style choices such as alcohol use (Women's Preventive Health Program, 1999).



Recommendations for breast cancer screening are for women over age 50 to get a mammogram every one to two years ([1] U.S. Preventive Services Task Force, 1996). The Healthy People 2000 goal was for 60 percent of all women over 50 to get a mammogram every one to two years (Chronic Disease Control Program, 1998) (see Figure 6). The Women's Preventive Health Program offers referrals for mammograms to eligible women. Women are eligible for mammogram referrals from WPHP if they are 40 or older, uninsured or underinsured, Louisiana residents, of low income and have not had a mammogram in the past year (Women's Preventive Health Program, 1999).

Breast cancer was the third most common cancer in Louisiana between 1991 and 1995. It is the most common cancer in women in Louisiana. It occurs in white women at a rate of 99.2 per 100,000 and in African American women at a rate of 86.7 per 100,000 ([2] Louisiana State Center for Health Statistics, 1999). Although more white women are diagnosed with breast cancer, proportionately more African American women die because of the late stage at which it is diagnosed (Women's Preventive Health Program, 1999).

Pap Smears

Papanicolaou (Pap) smears can detect at least 70 percent of potential cervical cancers. Pap smears are a screening test performed during routine pelvic exams. Pap smears identify lesions on the cervix that may develop into cancer. Early treatment of cervical cancer reduces the chance of dying from the disease. Not all abnormal smears are related to cancer (Family Planning Program, 1998).

According to the BRFSS, in 1996, 90 percent of women in Louisiana over the age of 18 had a Pap smear in the past three years. Nationally, 90 percent of women over the age of 18 had a Pap smear in the past three years. Both national and state estimates for 1996 exceed the Healthy People 2000 goal of 85 percent (Chronic Disease Control Program, 1997). Cervical cancer was the fourth most common cancer in African American Louisiana women between 1991 and 1995,

**One
woman's
fight
against
breast
cancer:
Self
exams
save
lives**

Taking Care, Taking Control: "Breast Cancer"

Breast cancer is a private illness many women don't like to talk about, but not Bernadette Landry. A registered nurse with the Assumption Parish Health Unit, she is committed to telling her patients, "Breast self examinations will help you notice changes in your breasts sooner than your doctor."

Bernadette should know, because she found a lump in her own breast. Like many women, she is a breast cancer survivor.

Bernadette had become familiar with the way her breast looked and felt, because she did breast self-

examinations every month. So, when she saw a change in her breast, she got help early. Bernadette went to her doctor and told him what she found. The doctor scheduled her for a biopsy to see if the lump was cancerous – and it was. However, the cancer was so small that she did not need radiation or chemotherapy. Her lump was detected early, before it had time to grow out of control. Bernadette chose to have a mastectomy. Doing breast self examinations every month is important. Bernadette can tell you: early detection saves lives.

For further information: Assumption Parish Health Unit, Bernadette Landry, (504) 369-6031.

occurring at a rate of 16.1 per 100,000. However, it is not among the top five most common cancers for the state for white women ([2] Louisiana State Center for Health Statistics, 1999).

Evidence-based clinical recommendations for PAPs are that they should occur at least every three years, although a physician may recommend more frequent screenings ([2] U.S. Preventive Services Task Force, 1996). The Family Planning Program offers women annual Pap smears (Family Planning Program, 1998). The Women's Preventive Health Program offers them every two years to eligible, medically-under-served women (Women's Preventive Health Program, 1999).

Colorectal Cancer Screening

Colorectal cancer is the second most common form of cancer in the U.S. It also has the second highest mortality rate. Each year there are approximately 140,000 new cases and 55,000 deaths nationally. In Louisiana between 1991 and 1995, cancer of the colon and rectum was the fourth most common cancer. **It is the third most common cancer among both white and African American Louisiana men** ([2] Louisiana State Center for Health Statistics, 1999).

In addition to being a very deadly cancer, the treatment and burden of suffering are significant. People who have a high risk of colorectal cancer are those with a family or personal history of colorectal, endometrial, breast or ovarian cancers. Diets high in fat or low in fiber may also lead to added risk. All people 50 and over should have an annual fecal occult blood test, a sigmoidoscopy every five years, or both ([3] U.S. Preventive Services Taskforce, 1996).

PLANNING PREGNANCIES

Family Planning

Family planning means allowing individuals to choose when and under what conditions to become pregnant. The proportion of all women in the United States aged 15 to 44 who are currently practicing contraception, including sterilization, rose from 56 percent in 1982 to about 64 percent in 1995 ([3] U.S. Department of Health and Human Services, 1998).

Most public health recommendations suggest a minimum of two years between pregnancies as being ideal. In Louisiana, a family planning visit may be the only time that a woman ever has a preventive health clinic visit. Therefore, it is important to provide overall health information in a family planning clinic (Family Planning Program, 1998).

Unintended Pregnancy

Unintended pregnancy is the unrecognized, poorly understood root cause of several social issues currently generating much controversy, such as teenage pregnancy, births to unmarried women and abortion (Family Planning Program, 1998).

In the United States nearly 49 percent of all pregnancies are unintended. Unintended pregnancies can be pregnancies that occur at the wrong time or are completely

DID YOU KNOW?

An estimated 1.3 million unintended pregnancies, many of which might lead to abortion, are prevented each year through publicly funded family planning services.

- (5) U.S. Department of Health and Human Services, 1998.

Only 6% of family planning clients nationwide are men. Less than 13% of family planning clinics have a client base that is more than 10% male.

- (6) U.S. Department of Health and Human Services, 1998.



FAMILY
HEALTH

DID YOU KNOW?

Over 50% of Louisiana women who sought help for family violence in residential and nonresidential programs in 1997 were less than 35 years old. One in four were between 16 and 26 years old.

- Louisiana Office of Women's Services, 1998.

unwanted. Almost half of these pregnancies end in abortion. Unintended pregnancies occur among women of all socioeconomic, marital status and age groups. Unmarried women, poor women and very young or older women are especially likely to become pregnant unintentionally (Family Planning Program, 1998).

A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of an unwanted conception is at greater risk of being born at low birth weight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father suffer economic hardship and may fail to achieve their educational and career goals. Such consequences impede the formation and maintenance of strong families (Family Planning Program, 1998).

Many factors help to explain the high level of unintended pregnancy. Failure to use contraceptive methods carefully and consistently, as well as actual technical failures of the methods themselves, are the most obvious causes. Contraceptive use and unintended pregnancy are influenced by numerous factors. Access to contraceptive services and/or supplies are among them (Brown and Eisenberg, 1995). In Louisiana, an estimated 314,000 women are in need of publicly supported family planning services (Family Planning Program, 1998).

“Most public health recommendations suggest a minimum of two years between pregnancies . . .”

Comprehensive approach to family planning services

The Louisiana Family Planning Program strives to provide holistic care and ongoing education that focuses on women's needs for more than just birth control methods. While most of the client services will relate to fertility regulation, wherever possible, the program provides health maintenance services and counseling directed toward health promotion and disease prevention. Issues including mental health, financial security, safety, healthy relationships, nutrition and fitness, breast and cervical cancer screening, education and disease prevention knowledge, STD and HIV/AIDS awareness and prevention, reproductive rights and decision making are all related to the health of women (Family Planning Program, 1998).

In Louisiana, 80 percent of clients at public health family planning clinics are at or below a nationally established poverty criteria. In the U.S., 39 percent of publicly funded clinic patients are at or below this poverty level. These clients have the least financial access to the health care system, insurance and Medicaid (Family Planning Program, 1998).

Family violence

Since 1979, the Office of Women's Services has provided services to victims of family violence, through shelter programs and nonresidential programs.

Family violence is defined as any assault, battery or other physical, mental or emotional abuse that occurs between family or household members who live together or who used to live together. Abuse can be physical and can result in bruises, deeper trauma and even death. Abuse can also be verbal or mental. Victims can also begin to believe that they somehow deserve to be treated badly or that the abuser has a legitimate reason for abuse.

The Office of Women's Services contracts with 19 family violence programs statewide. Fifteen community-based shelters across the state are open around the clock to provide safety and temporary lodgings for victims of family violence. Services can include day programs, emergency psychological support and counseling, information and referrals for reeducation, job counseling, training programs and placement assistance. In addition, they provide referrals for emergency medical care, emergency legal assistance and other locally available social services. Shelters can house an average of 27 persons with 45 days maximum length of stay. Four nonresidential programs provide services which may include counseling, transportation, provisions for emergency food and lodging, client advocacy, information and referral, and educational and training programs (Louisiana Office of Women's Services, 1999).

There are a total of 405 shelter beds available statewide for battered women and their children. The funds used to help these families come from local funds, in-kind donations, state general funds, marriage license funds, civil fees (in seven parishes) and federal funds. **During the 1998-99 accounting period, shelters served 31,940 women and children in Louisiana.** There are 24-hour shelters located in Baton Rouge, Monroe, New Orleans, Lake Charles, Shreveport, Ruston, Jefferson, Lafayette, Chalmette, Many, Alexandria, New Iberia, Slidell, DeRidder and Houma. Nonresidential programs are located in Franklin, Hammond, Leesville and New Orleans (Louisiana Office of Women's Services, 1999).

SCHOOL-BASED HEALTH CENTERS

Louisiana teenagers, aged ten to 19, are the most underserved population in health education and health services. School-based health centers (SBHC) provide access to comprehensive primary and preventive physical and mental health services for school-age children. In addition to providing services, the SBHC program brings knowledge about wellness, preventive and primary health services to teenagers to encourage lifetime healthy behavior. They aim to do this in the most direct, cost-efficient manner possible. There are 27 full-time operating sites, nine part-time sites and at least 15 new sites in the planning stage for the year 2000. See "Resources" for a listing of area clinics.

In the 1997-98 school year, the top three reasons for visiting Louisiana SBHCs were: health supervision (routine physical exams and vision/hearing

DID YOU KNOW?

The three risk factors in a violent domestic situation are:

1. A partner who has been abused or has seen aggression reinforced positively;
 2. Substance use and abuse; and
 3. Unemployment.
- Campbell, 1998.

For information about services and counseling in your area call:

Rape, Abuse & Incest National Network (RAINN)
1-800-656-HOPE (4673)

Orleans & vicinity call:
YWCA Battered women's 24-hour crisis line
504-486-0377

YWCA 24-hour Rape crisis line
504-483-8888



screenings); specific symptoms (headaches, abdominal pain, sore throat); and emotional issues (Adolescent School Health Initiative, 1999).

THE COMMUNITY CAN . . .

There are many ways that communities can help their families become healthier and stronger.

❶ **Caring for women is caring for babies**

- Communities may want to work towards the following goals for good prenatal care and healthy birth weights:
- Help families make every pregnancy a planned one. Make sure that comprehensive prenatal care services are available to women in your community regardless of their income.
- Create and support public education about the importance of prenatal care, nutrition and the avoidance of substance abuse during pregnancy.

❷ **Making babies healthier**

- Educational programs addressing substance abuse in pregnancy, the importance of prenatal care, risk reduction for SIDS and injury prevention for children.
- Delivery and neonatal services equipped and staffed to handle the emergency situations. These services should have the ability to transport high-risk mothers and infants.
- Children have access to the full range of health services. These services include well child care, immunizations and emergency care.
- Support programs that review the deaths of infants and children in the community. This is important to determine the causes and contributing factors for the cause of death. Preventive interventions can be developed using this information.

❸ **Guiding our teenagers**

- Provide after school activities
- After-school, supervised activities can help reduce the chance of teen pregnancy. These activities help provide alternatives to hanging out and waiting for parents to come home. Community members might approach this problem by asking young people what kinds of activities they would like to be doing after school and over the summer break.
- Support peer mentor programs

Peer mentor programs can be used to reinforce healthy behaviors with younger teens who are vulnerable to peer pressure.

- Monitor sexual behavior standards

Recent studies suggest that the fathers of teenage pregnancies are men in their 20s. Communities model what is acceptable for both young men and young women. Young women *AND* young men should be encouraged to be busy and responsible.

- Provide job skills training

Local Chambers of Commerce in other parts of the U.S. have offered small business loans targeting minority entrepreneurs. These businesses have also implemented apprenticeships for recent high school graduates.

④ **Strengthening families**

- Clinics are also good resources for educational materials for the community. Clinics can be monitored by the community to make sure that all options, including abstinence, are provided.
- Educate your community about how to recognize the signs of domestic violence. Although the majority of victims are women, men are abused as well.
- Find out what options are available for victims of abuse in your area. Often they need legal help to leave an abusive situation and remain safe after leaving it.

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