



Reproductive Health of Urban American Indian and Alaska Native Women:

**Examining Unintended Pregnancy, Contraception, Sexual
History and Behavior, and Non-Voluntary Sexual Intercourse**

Executive Summary



EXECUTIVE SUMMARY



INTRODUCTION

This report presents information on pregnancies, births, sexual history and behavior, contraceptive use, non-voluntary sex, and unintended pregnancy among urban American Indian/Alaska Native (AI/AN) women nationwide. We examined national data which has never been examined for AI/AN, in order to help fill a need for baseline information and to better understand previously identified disparities in health status and risk behaviors in this population.

METHODS

We analyzed data on American Indian and Alaska Native female respondents in Cycle 6 (2002) of the National Survey of Family Growth (NSFG), which represents the U.S. household population age 15-44 years. Non-Hispanic whites (NH-whites) were used as the comparison group. “Urban” was defined as living within a metropolitan statistical area. Percent estimates, 95% confidence intervals (CI’s) and p-values were calculated. Differences in rates between or within groups were deemed statistically significant by non-overlapping CI’s or a significance level of $p \leq 0.05$. Linear and logistic regression analyses were used to further examine the relationship between race and unintended pregnancy, and select sexual history and behavior factors.

RESULTS

A total of 7,643 females completed Cycle 6 of the NSFG in 2002. Three hundred and fifty-seven (5%) AI/AN and 4,039 (53%) NH-whites were included in the sample. Of these, 299 AI/AN and 3,173 NH-whites were defined as urban. Results are presented for urban AI/AN and urban NH-whites.

Demographics

- Urban AI/AN women were younger with a mean age of 28 years compared to 31 years for NH-whites.
- A high proportion of urban AI/AN were from the Western region of the US (57%).
- Urban AI/AN were more likely to report fair or poor health status than NH-whites (14% vs. 5%).

Socio-economic factors

- Urban AI/AN were more likely to be poor, have lower levels of education and lack health insurance than NH-whites.
- Socio-economic disparities among urban AI/AN were associated with high fertility rates, unintended pregnancy, and use of specific contraceptive methods, such as Depo-Provera and female sterilization.
- Urban AI/AN were more likely than NH-whites to be cohabitating (15% vs. 8%) and less likely to be married (37% vs. 51%).

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Pregnancies, births & birth outcomes

- Urban AI/AN were more likely to have had three or more pregnancies and births than NH-whites. High fertility rates were also seen among young urban AI/AN women age 15-24 years.
- Urban AI/AN reports of 2 or more abortions was twice that of NH-whites (10% vs. 5%).

Sexual history & behavior

- A higher percentage of young urban AI/AN women had their period at age 11 years or younger compared to NH-whites.
- Young urban AI/AN women are having more unprotected first sex and first sex with older partners compared to NH-whites.

Contraception use

- A lower proportion of urban AI/AN teens are using contraception overall compared to NH-white teens and fewer urban AI/AN who have sex at a young age are using condoms.
- Rates of current Depo-Provera use among urban AI/AN women age 15-24 years were more than three times that of NH-white women.
- Rates of female sterilization were significantly higher among urban AI/AN compared to NH-whites, especially among women age 35-44 years.

Non-voluntary sexual intercourse

- Urban AI/AN women experienced non-voluntary first sexual intercourse at a rate more than twice that of NH-whites (17% vs. 8%).
- Urban AI/AN women who had ever been forced to have sexual intercourse were more likely than NH-whites to have initiated sex at a young age.

Unintended pregnancies

- Urban AI/AN had higher rates of unintended pregnancies and higher rates of mistimed pregnancies than NH-whites.
- In adjusted analyses, urban AI/AN who had unprotected sex in the past year, had sex before age 15 and who had more than two sex partners in the past three months, are 77% more likely to have had an unintended pregnancy than NH-whites with the same sexual risk status.

DISCUSSION

This is the first study to provide information on the reproductive health of urban AI/AN women age 15-44 years nationally. The findings provide critical baseline data for future surveillance and in-depth analyses, and offer guidance for programming priorities.

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Socioeconomic disparities among urban AI/AN seen in other data sources were also seen in this study. There is a clear need to address the upstream causes underlying many factors which are associated with poor health outcomes for AI/AN.

Surveillance of the topic areas addressed in this study, such as fertility, family planning, contraceptive use, and sexual violence, should continue and could be improved upon for urban AI/AN. Specifically, the high rates of Depo-Provera use and the associated increased risk for overweight AI/AN, as well as female sterilization in relation to the documented history of abuse with this method by government agencies, should be studied further. Also, the high rates of abortion seen among urban AI/AN should be further examined to confirm the current findings and to understand the unique context for urban AI/AN women given IHS funding restrictions and other factors.

The high rates of sexual violence experienced by urban AI/AN women is intolerable. The context in which sexual violence occurs for urban AI/AN communities must be examined closely to learn how to promote justice and address the underlying issues.

The development of resources which address the specific healthcare needs of urban AI/AN women could significantly improve health outcomes for this population. In order to provide culturally appropriate reproductive health services to urban AI/AN, recognition, examination and education about the history and impact of reproductive rights abuses should be pursued.

Risk factors associated with contraceptive use and sexual behaviors are seen especially among young urban AI/AN women. Youth should be a focus for programming to address risk for unintended pregnancy and poor birth outcomes as well as STIs.

Successful programs must be tailored to the unique culture and needs of urban AI/AN communities and evaluated for their effectiveness on this basis.

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RECOMMENDATIONS

Improved access to data on urban AI/AN

- Adequate sampling is essential to allow for more in-depth analysis of urban AI/AN and subgroups.
- Data must be collected and reported for all Office of Management and Budget racial categories.
- Sampling of AI/AN males in the NSFG should be increased to allow for analysis of this subgroup.

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Further investigation and continued surveillance of reproductive health topics for AI/AN

- Continued and expanded surveillance is essential on topic areas where greater clarification is needed on the current findings, such as early menarche, abortion, Depo-Provera and female sterilization use, and high fertility rates.
- Additional questions should be added on contextual factors in national surveys such as the NSFG.
- Qualitative studies must be conducted to verify survey data and provide information that cannot be gathered from national survey methods.
- Future studies must be conducted with the involvement of AI/AN at all levels of project development.

Increased funding for urban AI/AN research and programming

- There must be an increase in the allocation of funds for programming and research which is inclusive of urban AI/AN.
- Funds must be made available to community based organizations, Urban Indian health organizations, Tribal Governments, Urban, Tribal and Native Epidemiology Centers, and Tribal Colleges and Universities to collect data and to assure the proper distribution and utilization of findings.
- Resources must be identified and set aside for programs to work with urban AI/AN youth and those affected by sexual violence.

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