Alaska’s population has grown steadily since the early 1990s, with natural increase (more births than deaths) an important component (1). The crude birth rate is the number of live births per total number of people in the population. The teen birth rate is the number of live births to teenagers, ages 15-19 years, among the total population of women ages 15-19 years. The teen birth rate is often used as an indicator of the public health status of MCH populations because teens are often less prepared than older women for pregnancy and parenthood, have limited resources, and are more likely to have preterm births and low birth weight infants (2).

- In 2008, Alaska’s crude birth rate of 16.5 live births per 1,000 persons (total population) was higher than the national rate of 14.0 per 1,000 persons (3).

- Although there was little change in the overall Alaska crude birth rate since 2000, the absolute number of births rose every year after 2002. There were 1,472 more births in 2008 compared to the number of births in 2002.

- The Alaska Native crude birth rate rose from 22.1 to 23.4 per 1,000 persons between 2000 and 2008. This rate was consistently higher than the non-Native rate, which was 14.4 per 1,000 in 2000 and 15.0 per 1,000 in 2008.

- The Alaska teen birth rate in 2008 was 41.9 births per 1,000 female teens ages 15-19, similar to the national rate of 41.5 per 1,000 (3). The overall Alaska teen birth rate decreased from 49.0 per 1,000 in 2000 to 41.9 per 1,000 in 2008.

- In 2008, the Alaska Native teen birth rate (82.3 per 1,000) was 2.7 times higher than the non-Native teen birth rate of 30.1 births per 1,000 women ages 15-19.

- In 2008, the teen birth rate was higher among women ages 18-19 than 15-17 years (79.3 vs. 18.2 per 1,000).

Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Crude Birth Rate by Alaska Native Status and Year
Alaska, 2000-2008
Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Prepared by Alaska Native Epidemiology Center.

Teen Birth Rate by Alaska Native Status and Year
Alaska, 2000-2008
Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Prepared by Alaska Native Epidemiology Center.
The general fertility rate (GFR) of a population is defined as the number of births that occur during a given time period per 1,000 women ages 15-44 years. Unlike the crude birth rate, the GFR takes into consideration the size of the population of women of childbearing age. In 2008, the GFR for the United States was 68.6; Alaska had the third highest fertility rate of all states in the nation in 2008 (3).

- Fertility rates increased for Alaskan women from 69.7 to 80.1 per 1,000 women of childbearing age during 2000 to 2008. A similar increase occurred for both non-Native (63.5 to 73.5 per 1,000) and Alaska Native fertility rates (98.3 to 108.6 per 1,000).

- Overall, women age 20-24 years had the highest GFR (145 per 1,000), followed by those age 25-34 years (125 per 1,000).

- Alaska Native women had higher fertility rates than non-Native women within the following age groups: 15-19 years (2.7 times), 20-24 years (1.4 times), and 25-34 years (1.2 times). The Alaska Native and non-Native fertility rates were similar among women ages 35-44 years.

Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Reproductive Health

Fertility Rate by Alaska Native Status and Year
Alaska, 2000-2008

Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Prepared by Alaska Native Epidemiology Center.

Fertility Rates by Alaska Native Status and Age Group
Alaska, 2008

Data Sources: Alaska Bureau of Vital Statistics, Alaska Department of Labor.
Prepared by Alaska Native Epidemiology Center.
Using birth control soon after giving birth (the postpartum period) is one method of increasing the time interval between births. Most women are physiologically able to get pregnant as soon as four to six weeks after giving birth (4). Birth-to-pregnancy intervals of at least two years are associated with the healthiest pregnancy outcomes (4,5). Shorter intervals increase the risk of negative outcomes for the mother and the baby including infant mortality, low birth weight, preterm birth, stillbirth, miscarriage, and maternal morbidity (5).

- In 2008, 81.3% of Alaskan women who recently delivered a live birth reported using birth control. There was no change in the prevalence of postpartum birth control use during 2000-2008.

- In 2008, 83.8% of non-Native women and 73.3% of Alaska Native women who recently delivered a live birth reported using birth control during the postpartum period.

- During 2004-2008, postpartum birth control use was most common among women from the Southeast tribal health region. In this region, 88.6% of non-Native women and 81.2% of Alaska Native women who had recently delivered a live birth reported using birth control.

- During 2004-2008, Alaska Native postpartum women in the Arctic Slope (69.5%), Bristol Bay (70.3%), and Yukon-Kuskokwim (70.6%) tribal health regions had the lowest prevalences of birth control use.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.
Postpartum Birth Control Use by Alaska Native Status and Year
Alaska, 2000-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Postpartum Birth Control Use by Alaska Native Status and Tribal Health Region, Alaska, 2004-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

^Data may be unreliable. Number of respondents was at least 30 but less than 60.
Family Planning

Sixty-one percent of Alaskan adults over the age of 18 reported using some type of birth control in 2004, and 33% percent used a reversible method, such as condoms or the pill (6). A sexually-active, fertile woman may become pregnant if she does not use birth control, if she uses birth control inconsistently or incorrectly, or if the birth control method fails. Among 29 PRAMS states in 2008, 22.2% of women delivering a live birth indicated that they were using birth control at the time they got pregnant (7).

- Among all Alaskan women who delivered a live birth in 2008, 23.6% indicated that they were using birth control at the time they got pregnant. There was no change in the prevalence of women who delivered a live-born infant despite the use of birth control during the period 2000 through 2008.

- There was no difference in the percentage of Alaska Native and non-Native women who delivered a live-born infant despite the use of birth control during 2000-2008.

- During 2004-2008, Alaska Native residents of the Northwest Arctic (17.1%) and Norton Sound (17.8%) tribal health regions had the lowest prevalence of a live birth despite the use of birth control. Alaska Native residents of the Arctic Slope region (28.3%) and non-Native residents of the Southeast region had the highest prevalence of a live birth despite the use of birth control (26.4%).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.
Live Births Despite Use of Birth Control by Alaska Native Status and Year, Alaska, 2000-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Live Births Despite Use of Birth Control by Alaska Native Status and Tribal Health Region, Alaska, 2004-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

^Data may be unreliable. Number of respondents was at least 30 but less than 60.
A pregnancy is considered unintended if the mother did not want to be pregnant at that time or never wanted to be pregnant. A recent study that combined data from several sources indicated that 49% of all pregnancies in the United States in 2006 were unintended (8). The same study found that women who were ages 18 to 24 years, had low income, or were unmarried and living with a partner had rates two to three times the overall national rate. For the information presented here, unintended pregnancies are limited to those that resulted in a live-born infant.

- The overall prevalence of unintended pregnancy among Alaskan women delivering a live birth decreased from 43.2% in 2000 to 39.7% in 2008.

- Among Alaska Native women delivering a live birth, the prevalence of unintended pregnancy declined from 54.3% in 2000 to 50.5% in 2008. Among non-Native women, the prevalence declined from 39.5% to 36.3%.

- During 2004-2008, the prevalence of unintended pregnancy resulting in a live birth among Alaska Native women exceeded the prevalence among non-Native women for 20-29 year olds and 30-39 year olds.

- Women less than 18 years of age had the highest prevalence of unintended pregnancies resulting in a live birth among both Alaska Native and non-Native women (77% and 84%, respectively).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.
Unintended Pregnancy by Alaska Native Status and Year
Alaska, 2000-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Unintended Pregnancy by Alaska Native Status and Age Group
Alaska, 2004-2008
Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

*Statistically significant difference between Alaska Native and Non-Native (p < 0.05).
Mistimed & Unwanted Pregnancies

Unintended pregnancies can have negative health consequences for the mother and the baby. Nationally, 29% of all pregnancies in 2006 were mistimed (wanted later) and 19% were unwanted (8). Unintended pregnancies are associated with delayed prenatal care, adverse birth outcomes such as preterm delivery, birth defects and low birth weight, and a lower likelihood of breastfeeding (9,10). Children from unintended pregnancies have poorer mental and physical health during childhood, and are more likely to experience lower educational attainment and behavioral issues as teenagers (9,11). In addition, women with unwanted pregnancies have greater depression and perceived stress as well as lower self-confidence and less social support than women with mistimed or wanted pregnancies (12).

- Among both Alaska Native and non-Native women delivering a live birth in 2008, approximately 10% reported that they did not want to be pregnant at all.

- In 2008, the prevalence of mistimed pregnancies was higher among Alaska Native compared to non-Native mothers (40% vs. 25%, respectively).

- Among Alaska Native women delivering a live birth during 2004-2008, residents of the Norton Sound and Yukon-Kuskokwim tribal health regions had the highest rates of unintended pregnancy (60.4% and 56.3%, respectively). The lowest rates were in the Northwest Arctic (46.2%) and Interior (46.8%) regions.

- During 2004-2008, non-Native women in the Southeast Alaska tribal health region had the lowest prevalence of unintended pregnancy resulting in live births (34.8%).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, Division of Public Health.

Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

Non-Native
- Wanted to be pregnant (sooner or then): 25%
- Mistimed (wanted pregnancy later): 64%
- Didn't want to be pregnant: 11%

Alaska Native
- Wanted to be pregnant (sooner or then): 50%
- Mistimed (wanted pregnancy later): 40%
- Didn't want to be pregnant: 10%

Unintended Pregnancy by Alaska Native Status and Tribal Health Region, Alaska, 2004-2008

Data Source: Alaska PRAMS, State of Alaska, Division of Public Health.

- Arctic Slope: 47.0%
- Bristol Bay: 54.5%
- Interior: 37.1%
- Northwest Arctic: 46.2%
- Norton Sound: 60.4%
- Southcentral: 39.8%
- Southeast: 48.8%
- Yukon-Kuskokwim: 56.3%

^ Data may be unreliable. Number of respondents was at least 30 but less than 60.
Chapter 2: Reproductive Health


7. Personal communication with CDC PRAMS, August 31, 2011.


