

Teen pregnancy an epidemic

Gov. Phil Bryant in his inaugural address on Jan. 10, said: "The epidemic of teenage pregnancy must come to an end. Churches, schools, community organizations, and, most importantly, families must realize that the highest teen pregnancy rate in America will eventually cripple our state. ... Friends, we can no longer turn our heads and pretend that the problem does not exist."

Former Gov. Haley Barbour, reflecting on the end of his terms as governor, told the Associated Press: "The biggest structural problem in Mississippi is illegitimacy. Nothing else is close."

In an earlier interview, Barbour touched on the same subject and said: "That's why the Mississippi Women's Fund (WF), an advocacy group for women's issues, this year called for a significant reduction in the number of children born to teenage girls."

Both governors have every reason to express alarm about teen pregnancy in Mississippi. A few statistics give a sense of the extent of the state's problem: Mississippi has the highest teen birth rate in the country, 64 per 1,000 teens, far exceeding the national average of 39 per 1,000 teens. It has the highest rate of gonorrhea and the second highest rate of chlamydia and in the nation. Fully 76 percent of high school students say they have had sex by the 12th grade. In 2006,

83.5 percent of births to women age 19 and younger were unintended.

The mission of the Women's Fund is improving the lives of Mississippi's women and children, and in 2011 it turned its focus to the troubling issue of children having children. Some of the societal effects were already known: Mississippi has the nation's highest child poverty rate, a not surprising connection to the high teen birth rate. Only a third of teen mothers receive high school diplomas. Children of teen mothers are more likely to have lower birth weights, are more likely to perform poorly in high school, and are at greater risk of abuse and neglect.

What are the economic costs? To determine these, the WF commissioned the Mississippi Economic Policy Center (MEPC) to do an analysis. Its findings are startling.

The cost of teen births to Mississippi taxpayers in 2009 was about \$155 million, which can be attributed to: increase in

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health care costs related to teen births, lost tax revenue from lower wages among teen parents and their children, incarceration costs, and foster care costs.

Just for comparison: \$155 million could: send 31,624 Mississippians to a four-year college; send 84,689 to a two-year college; and pay salaries of 3,677 teachers.

So what can be done? Education is key. A 2011 state law requires school boards in every district to adopt an "abstinence-only" or abstinence-plus" sex education policy by June 2012. Abstinence-plus simply means a more comprehensive curriculum that is medically accurate and age-appropriate.

In his AP interview, Barbour was asked if the state's abstinence-only approach had been effective. "Well, the numbers speak for themselves. Fifty-five percent of the babies born in Mississippi last year were born out of wedlock, primarily to teenage mothers."

When asked if the abstinence-plus curriculum should address pregnancy and disease prevention, Barbour responded: "Can't hurt. I mean, what we're doing now is not working."

It appears that parents agree that there should be sex-related education in public schools.

A survey initiated by the Women's Fund and conducted by Mississippi State University for the Center for Mississippi Health Policy to assess the attitudes and opinions of

parents of Mississippi Public School Parents revealed that:

- 92 percent said that sex-related education should be taught in public schools at an age-appropriate level;
- 88 percent support education about methods of birth control.

More broadly construed, programs aimed at preventing teen pregnancies should comprise:

- Access to school nurses and youth-friendly preventive health services;
- Teen programs that develop motivation to stay in school and ambition for the future;
- Help for parents to succeed in their role as sex educators.

Best practice examples of these strategies are scattered across the state. The challenge is to make them available in a systematic and thorough fashion throughout

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Mississippi.

On Dec. 8, 2011, the Women's Fund sponsored a statewide Teen Pregnancy Summit in collaboration with Delta Regional Institute of the University of Mississippi Medical Center and the State Department of Health. When planning began, about 80 attendees were expected. Instead, there were more than 200 committed people.

Gov. Barbour in his AP interview said: "If there was one structural thing that we could change if I had a magic wand that would be it [illegitimacy]."

Unfortunately, there are no magic wands. There is, however, the momentum created by the Women's Fund and its partners to draw attention to a serious problem. What we now need is the collective will to seek solutions with all the resources it requires.

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