

**AN INTRODUCTION TO THE ISSUE OF  
TEEN PREGNANCY**

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## I. An Overview of the Teen Pregnancy Issue

The United States has the highest rate of teen pregnancy of most industrialized nations.<sup>1</sup> According to a 2006 report, nearly 750,000 teens aged 15-19 become pregnant each year in the United States.<sup>2</sup> At least one study estimates that 90% of these pregnancies are unintended.<sup>3</sup> In 2006, 435,436 infants were born to mothers aged 15-19.<sup>4</sup> Along with obvious individual consequences for teen parents, there are broader effects associated with this issue as well. For example, the Centers for Disease Control and Prevention cites a study that estimates that preventing teenage childbearing could save the United States approximately \$9 billion per year, primarily in health care, foster care, and incarceration costs.<sup>5</sup>

The consequences of teenage pregnancy are of particular concern in Mississippi. In the year 2000, the last year for which there is census data, Mississippi was among the five states with the highest teen birthrates, particularly among non-Hispanic white teenagers.<sup>6</sup> A 2006 study found that Mississippi has the third-highest pregnancy rate<sup>7</sup> of teens aged 15-19 out of all fifty states.<sup>8</sup> The study also found that pregnant teens in Mississippi had the highest birthrate in the country.<sup>9</sup> In terms of monetary loss for the state, the National Campaign to Prevent Teen Pregnancy estimates that childbearing teens cost Mississippi taxpayers at least \$135 million in

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<sup>1</sup> Carmen Solomon-Fears, Domestic Social Policy Division, Congressional Research Service Report for Congress, *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs* (Oct. 2004), available at: <http://digital.library.unt.edu/govdocs/crs/permalink/meta-crs-5749:1>; Jonathan D. Klein et al., *Adolescent Pregnancy: Current Trends and Issues*, 116 *Pediatrics* 1, at 281-86 (July 2005), available at: <http://pediatrics.aappublications.org/cgi/content/full/116/1/281>.

<sup>2</sup> Guttmacher Institute, *U.S. Pregnancy Statistics National and State Trends and Trends by Race and Ethnicity*, at 11 (2006), available at: [www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf](http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf).

<sup>3</sup> Klein, *supra* note 1, at 281-86.

<sup>4</sup> Centers for Disease Control and Prevention, "Preventing Teen Pregnancy: An Update in 2009," (2009), available at: <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/AboutTP.htm>.

<sup>5</sup> *Id.*

<sup>6</sup> Guttmacher Institute, *supra* note 2, at 11.

<sup>7</sup> NB: The pregnancy rate includes pregnancies that end in miscarriages and stillbirths. In contrast, the birthrate focuses solely on live births. *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

2004 – this number primarily includes costs associated with increased public health care, child welfare, incarceration, and decreased earnings and spending.<sup>10</sup>

While teen pregnancy affects all demographics, certain populations are at greater risk. A 2009 Vital Statistics Report shows that Hispanic and African-American teenage women have the highest birthrates, respectively.<sup>11</sup> Various studies also suggest that teen pregnancy is “influenced by educational and economic opportunities.”<sup>12</sup> Teens who have children are likely to encounter a number of problems that their peers avoid. They are more likely to be and remain single parents.<sup>13</sup> Compared to their counterparts who wait until ages twenty or twenty-one to have children, teen mothers are more likely to drop out of high school.<sup>14</sup> These adverse consequences are not limited to teen mothers. Teen fathers also have a higher high-school dropout rate and decreased earning potential than their peers without children.<sup>15</sup>

Teen pregnancy can bring physical consequences as well. Physiologically, pregnant teens younger than seventeen are at an increased risk for poor maternal weight gain and a higher maternal mortality rate.<sup>16</sup> Teen pregnancy is also associated with pregnancy-induced hypertension, anemia, and sexually-transmitted diseases.<sup>17</sup> There are physical risks for the children born to teen mothers as well. These infants have double the risk of low birth weight than do infants born to women aged twenty and older.<sup>18</sup> There is also an increased risk of death

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<sup>10</sup> The National Campaign to Prevent Teen Pregnancy, “By the Numbers: The Public Costs of Teen Childbearing in Mississippi,” (Nov. 2006), *available at*:

<http://www.thenationalcampaign.org/costs/pdf/states/mississippi/onepager.pdf>.

<sup>11</sup> Centers for Disease Control and Prevention, *supra* note 4.

<sup>12</sup> John S. Santelli et al., “Changing Behavioral Risk for Pregnancy among High School Students in the United States, 1991-2007,” *Journal of Adolescent Health* Vol. 44 No.7, at 9 (July 2009), *available at*:

[http://www.guttmacher.org/pubs/journals/reprints/Behavioral\\_Risk\\_Santelli\\_JAH.pdf](http://www.guttmacher.org/pubs/journals/reprints/Behavioral_Risk_Santelli_JAH.pdf).

<sup>13</sup> Centers for Disease Control and Prevention, *supra* note 4.

<sup>14</sup> *Id.*

<sup>15</sup> Klein, *supra* note 1, at 281-86.

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

within the first 28 days after birth.<sup>19</sup> Moreover, the children of teenage mothers are more likely to have lower cognitive attainment and proficiency scores when entering kindergarten; exhibit behavioral problems; have chronic medical conditions; rely more heavily on publicly-provided healthcare; and drop out of high school.<sup>20</sup> Finally, children of teen parents are more likely to give birth as teenagers themselves.<sup>21</sup> One study estimates that at least one-third of teen parents are themselves children of a teen pregnancy.<sup>22</sup>

Across the country, there have been a variety of efforts to address the issue of teen pregnancy, from abstinence-only sexual education to programs that address sex education in a more comprehensive way. By all accounts, the national rate of teen pregnancy decreased between 1991 and until the early 2000s.<sup>23</sup> In 2006, however, the rate of teen pregnancy again began to increase.<sup>24</sup> Indeed, in Mississippi in particular, there were almost 1,000 more births to teens in 2006 as compared to 2005.<sup>25</sup> One study points to decreased contraceptive use among American teenagers as the culprit, while noting that from 1998 through 2008, sex education has focused on abstinence-only education as the means of preventing teen pregnancy.<sup>26</sup> In addition, an article from CNN cites community officials who surmise that a “cutback in community resources for youth over the last eight years could help explain the increase in teen pregnancies.”<sup>27</sup> Federal health experts say there is not enough data to form a conclusive answer

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<sup>19</sup> *Id.*

<sup>20</sup> Centers for Disease Control and Prevention, *supra* note 4.

<sup>21</sup> *Id.*

<sup>22</sup> Klein, *supra* note 1, at 281-86.

<sup>23</sup> *Id.*, see also Gardiner Harris, *Teenage Birth Rate Rises for the First Time Since '91*, N.Y. Times, Dec. 6, 2007, available at <http://www.nytimes.com/2007/12/06/health/06birth.html?fta=y>.

<sup>24</sup> Associated Press, *CDC: Mississippi Has Highest Teen Pregnancy Rate*, Jan. 7, 2009, available at: <http://www.foxnews.com/story/0,2933,477441,00.html>.

<sup>25</sup> *Id.*

<sup>26</sup> Santelli, *supra* note 12, at 10.

<sup>27</sup> Elizabeth Landau, *Report: Teen Pregnancies up for First Time in 15 Years*, CNN.com, July 11, 2008, available at <http://www.cnn.com/2008/HEALTH/07/10/teen.pregnancy/index>.

about why the rates have risen.<sup>28</sup> Whatever the cause for high rates in recent years, a comprehensive and immediate response is still needed.

## **II. Current Programs in Mississippi Addressing Teen Pregnancy**

### **A. Sex Education in Public Schools**

As a matter of policy, Mississippi relies on abstinence education as the “standard for any sex-related education taught in the public schools.”<sup>29</sup> While schools are not required to provide sex education, those that do must promote abstinence from sexual activity and teach the harms associated with premarital sex.<sup>30</sup> Specifically, each program should:

(a) [Teach] the social, psychological, and health gains to be realized by abstaining from sexual activity, and the likely psychological and physical effects of not abstaining; (b) [Teach] the harmful consequences to the child, the child’s parent and society that bearing a children out of wedlock is likely to produce, including health, educational, and financial difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others . . . (d) [Teach] that abstinence from sexual activity before marriage . . . is the only certain way to avoid out-of-wedlock pregnancy . . . and related health problems.<sup>31</sup>

Further, while public school sexual education programs can provide information on contraception, any such discussion must include “a factual presentation of the risks ([such as] failure rates [and] diseases not protected against),” and “[i]n no case shall the instruction or program include a demonstration of how condoms or other contraceptives are applied[.]”<sup>32</sup>

The statute providing for abstinence-only education does contain a provision allowing local school boards to teach sex education without instruction on abstinence, as long as the

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<sup>28</sup> *Id.*

<sup>29</sup> Miss. Code Ann. § 37-13-171 (2009).

<sup>30</sup> *See id.*, *see also* Miss. Code Ann. § 37-13-173 (2009) (allowing a parent to review the curriculum and to excuse his or her child from such instruction or presentation).

<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

alternative curriculum is approved by a majority of the school board members.<sup>33</sup> However, a lack of federal funding for comprehensive sex-education has made such a choice practically impossible – in fiscal years 2007 and 2008, the \$1,428,753 received by the Mississippi Department Human Services (MDHS) for sex education came through the Title V Abstinence-Only-Until-Marriage program.<sup>34</sup>

The Mississippi legislature has also statutorily established a school nurse intervention program and a Teen Pregnancy Pilot Program, to be administered by the State Department of Health “in the public school districts with the highest number of teen pregnancies.”<sup>35</sup> Both of these programs incorporate an abstinence education component. The school nurse program offers “preventative services,” including “reproductive health education and referral to prevent to teen pregnancy.”<sup>36</sup> As defined by the statute, the Teen Pregnancy Pilot Program “shall provide . . . health education sessions in local schools . . . which target issues including reproductive health [and] teen pregnancy prevention.”<sup>37</sup> In both programs, those designated as school nurses must provide abstinence education when offering any type of services, while other experts (particularly in the Teen Pregnancy Pilot Program) can pursue more targeted intervention strategies.

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<sup>33</sup> *Id.*

<sup>34</sup> See Press Release, American Civil Liberties Union, *ACLU Asks Court to End Government Funding of Religion in Abstinence-Only Program*, Sept. 9, 2009, available at:

<http://www.aclu.org/reproductiverights/sexed/40963prs20090909.html>. The federal government also sponsors 11 school- and community-based abstinence programs in Mississippi under the Community-Based Abstinence Education program. These programs include Booneville School District; Boys and Girls Club of the Gulf Coast; Community Matters, Inc.; Mississippi Community Development Corporation; the Mississippi Community Education Center; Mississippi Department of Human Services; Partnership for a Healthy Scott County, Inc.; Redemption Outreach Ministries International, Inc.; Shaw School District; Starkville School District; and Youth Opportunities Unlimited. National Coalition to Support Sexuality Education, “Mississippi State Profile,” 2009, available at: [http://www.ncsse.com/index.cfm?fuseaction=Page.ViewPage&PageID=1032#\\_edn3](http://www.ncsse.com/index.cfm?fuseaction=Page.ViewPage&PageID=1032#_edn3).

<sup>35</sup> Miss. Code Ann. § 41-79-5 (2009) (originally enacted in 1997).

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

In addition, the way in which the Pilot Program is funded also has a significant impact on its effectiveness, insofar as it receives money “to the extent that federal or state funds are available therefor and pursuant to appropriation therefor by the legislature.”<sup>38</sup> It is not readily apparent that enough funding has been allocated to these programs to make them viable.<sup>39</sup>

## **B. Department of Human Services “Just Wait” Abstinence Unit**

The Mississippi Department of Human Services (MDHS) runs a statewide campaign through its Division of Economic Assistance, known as “Just Wait,” which promotes abstinence education for teens.<sup>40</sup> MDHS aims to reduce the teen pregnancy rate by one-third by 2015, and it identifies the following as the goals of the program:

- Encourage COMMUNITY efforts to establish and sustain teen pregnancy prevention programs;
- Encourage PARENTS to talk to their teens, opening the lines of communication, taking an interest in their friends and loving them;
- Encourage EDUCATORS to teach character-building and abstinence;
- Encourage CHURCHES to involve young people in youth activities and services, and to provide sexuality and values training;
- Encourage LEGISLATORS to change and enforce laws, fund long-term teen pregnancy prevention and educational character-building programs;
- Encourage MEDIA to use Public Service Announcements to support the message of abstinence outside of marriage;
- Reach out to TEENS, providing them with the facts, educating them of the risks involved in premarital sexual activities and enable them to make educated, responsible decisions, discovering that the only safe answer is abstinence.<sup>41</sup>

In order to promote the aforementioned goals, MDHS has made itself available to give

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<sup>38</sup> *Id.*

<sup>39</sup> The Mississippi General Fund Budget for Fiscal Year 2009 gives the State Department of Health \$1,242,943 for the “Maternal and Child Health Program” and \$221,954 for the “Early Intervention Program,” but does not specify any allocation to the Teen Pregnancy Pilot Program. *See* State of Miss. Joint Legislative Budget Comm., “General Fund Budget for Fiscal Year 2009,” 2009, *available at*: <http://www.dfa.state.ms.us/Content/FY2009ApprInfo.htm>. A subsequent search on the Department of Health website only yielded information on the Mississippi Abstinence Education program.

<sup>40</sup> *See* Miss. Dep’t Human Serv., “‘Just Wait’ Abstinence Unit,” 2009, *available at*: [http://www.mdhs.state.ms.us/ea\\_justwait.html](http://www.mdhs.state.ms.us/ea_justwait.html); “Mississippi State Profile,” *supra* note 34. MDHS uses a portion of the money made available through the Mississippi Abstinence Education Program (\$621,715 in 2006) to fund “Just Wait” and uses the rest to provide sub-grants to 13 community-based organizations.

<sup>41</sup> Miss. Dep’t Human Serv., *supra* note 40.

presentations at local organizations.<sup>42</sup> In addition, MDHS has developed a series of public service announcements as part of its “Just Wait” campaign, as well as a video entitled “In the Heat of the Moment.”<sup>43</sup>

### **C. Planned Parenthood**

While it is neither state-funded nor state-operated, Planned Parenthood currently supports comprehensive sex education programs for teens within and around Mississippi. The Planned Parenthood Hattiesburg Center is the only one of its kind physically within the state, but it provides a variety of services, including abortion *referrals* (does not perform abortions); birth control services (including birth control implants, patches, pills, shots, and vaginal rings; condoms; IUDs; and spermicide); emergency contraception; patient education (including abstinence education, birth control education, emergency contraception education, pregnancy options education, and safer sex education); and pregnancy testing, options, and services (including abortion referrals, adoption referrals, and pregnancy planning services).<sup>44</sup> Planned Parenthood of Greater Memphis may also be accessible to teens living in North Mississippi.<sup>45</sup>

## **III. Mississippi Policy History Concerning Teen Pregnancy and Further Policy Recommendations**

### **A. Mississippi Policy History**

In the last twelve years, very little legislation relating to teen pregnancy or sex education has been considered in Mississippi, let alone implemented.<sup>46</sup> In both the 1997 and 1998 legislative sessions, several bills were introduced in committee relating to teen pregnancy and

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<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

<sup>44</sup> Planned Parenthood, “Hattiesburg Center – Hattiesburg, MS,” 2009, *available at*: <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2753&a=90020&v=details>.

<sup>45</sup> *See* Planned Parenthood, “Greater Memphis Region,” 2009, *available at*: <http://www.plannedparenthood.org/memphis/>.

<sup>46</sup> The website for the Mississippi Legislature contains previous legislative bill status records through 1997.

sex education. In 1997, all three of those bills died in committee.<sup>47</sup> In 1998, though one bill died in committee,<sup>48</sup> House Bill 1304 was signed into law and became effective July 1, 1998. The two main components of House Bill 1304 required: (i) sex education courses other than biological science to include abstinence education, and (ii) schools to provide advance notice to parents regarding sex education taught in their child's school.<sup>49</sup> The bill established abstinence education as the state standard for any sex-related education taught in the public schools.<sup>50</sup> As mentioned before, the law also allows a local school board to authorize the teaching of sex education without abstinence instruction by an affirmative vote of a majority of the school board members and a subsequent approval by a majority of the school board members on the curriculum chosen.<sup>51</sup>

After House Bill 1304 was enacted in 1998, no other sex education or teen pregnancy legislation was enacted until 2009. In the intervening eleven years, little sex education or teen pregnancy legislation was even introduced to committee. In 2002, House Bill 1422, requiring sex education be taught in all public schools beginning in third grade, was introduced and referred to the Education Committee, but died there.<sup>52</sup> Five years later in 2007, three bills relating to teen pregnancy were introduced, but all of them also died in committee. The first, House Bill 867, would have established three programs: (i) a "Teen Pregnancy Prevention Pilot Program" which would have been implemented at schools with the highest rates of teen

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<sup>47</sup> The three bills that died in committee in the 1997 legislative session were: Miss. Senate Bill 2894 (implementing a Character-Based Sex Education Pilot Program, stressing abstinence, in the public school districts with the highest number of teen pregnancies), Miss. House Bill 1527 (establishing a "Teen Pregnancy Pilot Program"; mandating the teaching of "total abstinence" education in schools), and Miss. Senate Bill 2537 (establishing teen pregnancy prevention as part of the health curriculum through "pure abstinence" education).

<sup>48</sup> The 1998 bill that died in committee was Miss. Senate Bill 3124 (establishing teen pregnancy prevention as part of the health curriculum through "pure abstinence" education).

<sup>49</sup> Mississippi State Legislature, Legislative Bill Status System, 1998 Regular Session, *available at* [http://billstatus.ls.state.ms.us/1998/all\\_measures/allmsrs.htm](http://billstatus.ls.state.ms.us/1998/all_measures/allmsrs.htm).

<sup>50</sup> *Id.*

<sup>51</sup> Miss. House Bill 1304, Section 1(4).

<sup>52</sup> Mississippi State Legislature, Legislative Bill Status System, 2002 Regular Session, *available at* [http://billstatus.ls.state.ms.us/2002/pdf/all\\_measures/allmsrs.htm](http://billstatus.ls.state.ms.us/2002/pdf/all_measures/allmsrs.htm).

pregnancy, (ii) a “School Nurse Intervention Program” which would have been established in all public school districts, and (iii) an “Abstinence Education Pilot Program,” following the federal eight-point definition of “abstinence education.”<sup>53</sup> The two additional bills from the 2007 session, House Bill 1491 and Senate Bill 2869, would have instituted a pilot program aimed at preventing teen pregnancy in the East Tallahatchie School District.<sup>54</sup> In the 2008 session, three bills, House Bill 27, Senate Bill 2706, and Senate Bill 2831, were all introduced and referred to committee, where they all died.<sup>55</sup> These three pieces of legislation echoed the 2007 House Bill 867, aiming to establish a sex education pilot program to combat teen pregnancy along with a school nurse health program.

In the Regular Session of 2009, several pieces of teen pregnancy and sex education legislation were introduced, and one was signed into law. The piece of legislation signed into law, Senate Bill 2288, became effective on July 1, 2009.<sup>56</sup> This bill addressed teen pregnancy, among other school-related issues, by establishing the “Teen Pregnancy Task Force.” This task force is instructed to “study and make recommendations to the Legislature on the coordination of services to reduce teen pregnancy and provide prenatal and postnatal training to expectant teen parents in Mississippi.”<sup>57</sup> It is charged with reviewing plans and programs of various state agencies; initiating any necessary research, assessments or analyses; and considering the compliance of the state and its organizations with the federal requirements.<sup>58</sup>

## **B. General Policy Recommendations**

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<sup>53</sup> Mississippi State Legislature, Legislative Bill Status System, 2007 Regular Session, *available at* [http://billstatus.ls.state.ms.us/2007/pdf/all\\_measures/allmsrs.htm](http://billstatus.ls.state.ms.us/2007/pdf/all_measures/allmsrs.htm).

<sup>54</sup> Mississippi State Legislature, Legislative Bill Status System, 2007 Regular Session, *available at* [http://billstatus.ls.state.ms.us/2007/pdf/all\\_measures/allmsrs.htm](http://billstatus.ls.state.ms.us/2007/pdf/all_measures/allmsrs.htm).

<sup>55</sup> Mississippi State Legislature, Legislative Bill Status System, 2008 Regular Session, *available at* [http://billstatus.ls.state.ms.us/2008/pdf/all\\_measures/allmsrs.xml](http://billstatus.ls.state.ms.us/2008/pdf/all_measures/allmsrs.xml).

<sup>56</sup> Mississippi State Legislature, Legislative Bill Status System, 2009 Regular Session, Senate Bill 2288, *available at* <http://billstatus.ls.state.ms.us/2009/pdf/history/SB/SB2288.xml>.

<sup>57</sup> Miss. Senate Bill 2288, Section 2(1), lines 209-213.

<sup>58</sup> *Id.* at Section 2(6).

There is widespread consensus that states have the ability to play a significant role in the fight against teen pregnancy.<sup>59</sup> Healthcare professionals and policymakers also emphasize the need for a comprehensive effort – teen pregnancy is a complex problem, and thus a multifaceted approach is necessary to its solution.<sup>60</sup> However, both the enthusiasm with which states have embraced this responsibility and the comprehensiveness of approaches taken have varied greatly.

In general, a comprehensive approach to teen pregnancy would include most, if not all, of the following aspects: promoting abstinence as the best way to prevent unintended pregnancy; providing comprehensive and medically accurate sex education both in and outside of school settings; advocating and supporting youth development; increasing youth access to contraceptive, prenatal and general health services; initiating comprehensive public awareness and education campaigns, utilizing various media forms; and promoting male responsibility and involvement.<sup>61</sup> Traditional state approaches, based solely on abstinence education or sex education programs and school-based health clinics, have found only limited success.<sup>62</sup> Instead, those programs undertaken by the state in coordination and cooperation with other actors, such as schools, churches, community groups, private organizations and local businesses, have proven to be more successful. Of course, crucial to all these initiatives is sufficient budgetary support. States have found funding using a variety of approaches including: (i) maximizing the available public investment, through the governor's budget, the state legislature, Medicaid funds, and

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<sup>59</sup> See, e.g., Guttmacher Institute, *Policy Brief: Contraception Counts: Ranking State Efforts*, 2006 Series No. 1, available at: <http://www.guttmacher.org/pubs/2006/02/28/IB2006n1.pdf>; Center for Health Improvement, *Three Policy Strategies Central to Preventing Teen Pregnancy*, March 2003, available at: [http://www.chipolicy.org/pdf/TEEN\\_BRF1.pdf](http://www.chipolicy.org/pdf/TEEN_BRF1.pdf).

<sup>60</sup> Emily V. Cornell, *State Role in Preventing Teen Pregnancy*, National Governors' Association Center for Best Practices, Health Policy Studies Division, Jan. 11, 2000, available at: <http://www.nga.org/Files/pdf/000111PREGNANCY.pdf>; Center for Health Improvement, *supra* note 59.

<sup>61</sup> Cornell, *supra* note 60.

<sup>62</sup> Elizabeth Stief, *Preventing Teen Pregnancies: Key Issues and Promising State Efforts*, National Governors' Association Issue Brief, Feb. 22, 1996, available at: <http://www.nga.org/cda/files/022296TEENPREG.pdf>.

Temporary Assistance for Needy Families (TANF); (ii) public-private collaboration; (iii) private foundations and individuals; and (iv) strategic partnerships between state health and education agencies and related organizations.<sup>63</sup>

### **C. Noteworthy Policy Progress from Other States**

Some states, including California, Vermont, New Hampshire, and Michigan, have seen great success by following multifaceted and wide-reaching approaches, supported by the resources necessary to invest in effective programs.<sup>64</sup> California, in particular, has undergone a significant transformation in the realm of teen pregnancy: in 1992, California had the highest teen pregnancy rate in the nation, but it has since experienced the steepest decline in teen pregnancy rates in the country.<sup>65</sup> California accomplished this by relying on strong bipartisan support to enact new legislative initiatives, and by soliciting both public and private investments (including TANF, the state general fund, and private charitable groups) to support those initiatives. California has also established the “Teen Pregnancy Prevention” program (TPP), which utilizes a range of strategies and approaches to reduce teen pregnancy, promote responsible parenting and assist youth access to clinical services.<sup>66</sup> State sex education in California covers, but does not stress, abstinence education, and state legislation explicitly allows all minors to consent to contraceptive services and prenatal care.<sup>67</sup> California has also recently

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<sup>63</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy, *Briefly...Funding Sources for State and Local Teen Pregnancy Prevention Programs*, Nov. 2008, available at: [http://www.thenationalcampaign.org/resources/pdf/Briefly\\_TPPP\\_Funding\\_Sources.pdf](http://www.thenationalcampaign.org/resources/pdf/Briefly_TPPP_Funding_Sources.pdf).

<sup>64</sup> Anna Wolke, “Teen Pregnancy Prevention: What Role Are States Playing?” National Conference of State Legislatures, *State Health Notes*, Vol. 29, Issue 510, March 3, 2008, available at: <http://www.ncsl.org/default.aspx?tabid=14188>.

<sup>65</sup> *Id.*

<sup>66</sup> California Department of Public Health, “Teen Pregnancy Prevention,” 2009, available at: <http://www.cdph.ca.gov/programs/tpp/pages/default.aspx>.

<sup>67</sup> See, Guttmacher Institute, *Minors’ Access to Contraceptive Services*, State Policies in Brief, Oct. 2009, available at [http://www.guttmacher.org/statecenter/spibs/spib\\_MACS.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf); Guttmacher Institute, *Minors’ Access to Prenatal Care*, State Policies in Brief, Oct. 2009, available at [http://www.guttmacher.org/statecenter/spibs/spib\\_MAPC.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MAPC.pdf); Guttmacher Institute, *Sex and STI/HIV Education*, State Policies in Brief, Oct. 2009, available at [http://www.guttmacher.org/statecenter/spibs/spib\\_SE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf).

introduced legislation aimed at (i) aiding parents in talking to their children about sex and sexuality by creating a program designed to equip these adults with necessary knowledge, understanding, and communication skills; and (ii) establishing a public education campaign to help parents talk to their children about sex and health, primarily directed at high-risk, low-income communities.<sup>68</sup>

In addition to California's efforts, several other states in recent years have passed promising legislation related to teen pregnancy. The Hawaii legislature established a "Special Assistant on Children and Families" in the Office of the Governor to create and chair the "Hawaii Afterschool Initiative," a task force that, among other directives, incorporates teen pregnancy prevention into afterschool programs.<sup>69</sup> In 2003, the Illinois Legislature enacted legislation facilitating the creation of a program to conduct research, education, and prevention specifically directed at high-risk Hispanic/Latino teenagers.<sup>70</sup> Additionally, Kansas enacted the 2006 Abstinence Plus Education Act, which replaces abstinence-only education with sex education that must give students "factual and age-appropriate sexual education, including information about birth control and sexually transmitted diseases."<sup>71</sup>

Furthermore, the Florida Legislature enacted a 2005 law containing a teen pregnancy prevention plan, which included the provision of assistance to teen parents for educational and/or employment programs.<sup>72</sup> The Florida program, Education Now and Babies Later, is a multifaceted and "holistic" approach that uses direct education, mass media, parental

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<sup>68</sup> California Assembly Bills 2141 and 1511, respectively; The National Campaign to Prevent Teen and Unplanned Pregnancy, *Briefly...State Legislation to Reduce Teen Pregnancy*, July 2007, available at [http://www.thenationalcampaign.org/resources/pdf/Briefly\\_state\\_legislationUP.pdf](http://www.thenationalcampaign.org/resources/pdf/Briefly_state_legislationUP.pdf).

<sup>69</sup> Hawaii House Resolution 69; The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

<sup>70</sup> Illinois House Bill 1630; The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

<sup>71</sup> Kansas Senate Bill 508; The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

<sup>72</sup> Florida Senate Bill 1650; The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

involvement, and community support to combat teen pregnancy.<sup>73</sup> In 2006, Colorado made a pilot project, first established in 1995, permanent.<sup>74</sup> The project is a community-based program that provides support, including individual and group counseling, vocational and educational guidance, and health services, to Medicaid-eligible at-risk teens and teen parents.<sup>75</sup> Colorado also recently passed legislation requiring that any program teaching sex education or human sexuality to teenagers adopt science-based content standards.<sup>76</sup> Finally, in Texas, legislation that became effective in September 2007 requires that the state include parenting and paternity awareness -- including parental responsibilities, communication and relationship skills, and marriage preparation -- into the sex education curriculum.<sup>77</sup>

These legislative initiatives all recognize the importance of attacking the teen pregnancy problem from multiple angles and with sufficient budgetary support, which is crucial in successfully addressing such a complex and difficult social problem. Because the teen pregnancy rate in Mississippi is so high compared to the rest of the country, the costs to taxpayers and to the state will be particularly significant. Thus, the state needs to take multifaceted approach when tackling this problem, accompanied by sufficient budgeting to support comprehensive initiatives. Beginning to implement the suggested recommendations is the first step toward an effective, long-term solution to the issue of teen pregnancy.

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<sup>73</sup> Lynnecia Johnson, Miami-Dade County Public Schools, "Education Now and Babies Later," 2009, *available at*: <http://tap.dadeschools.net/ENABL.htm>.

<sup>74</sup> Colorado House Bill 1351. The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

<sup>75</sup> Carla Curran, "States React to the High Costs of Teen Pregnancies," National Conference of State Legislatures, State Health Notes, Vol. 28, Issue 485, Feb. 19, 2007, *available at*: <http://www.ncsl.org/?tabid=14162>.

<sup>76</sup> Colorado House Bill 1292. The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.

<sup>77</sup> Texas House Bill 2176; The National Campaign to Prevent Teen and Unplanned Pregnancy, *supra* note 68.