

State Policy Options

Connecting the Dots

Teen pregnancy, educational achievement, economic wellbeing and child welfare are closely related. Policies that affect one of these issues often influence the others as well. Taking steps to address high teen pregnancy and birth rates in Mississippi has potential to reduce high school dropout rates, improve college completion and overall educational attainment, boost tax contributions through higher earnings, and improve the economy. In addition, reducing births to adolescents can help strengthen families, improve child wellbeing and assist young people in achieving their goals, all of which reduce the likelihood that the cycle of teen pregnancy, economic hardship and poverty will continue.



Policy Options for Mississippi State Lawmakers to Consider

Numerous policies and programs are available to help policymakers prevent teen pregnancy in the state and their communities. This fact sheet highlights various options states and localities have undertaken to reduce teen pregnancy and the associated economic, social and human costs.

Invest in Evidence-Based Programs. The good news for states is that there is no need to reinvent the wheel. The federal Office of Adolescent Health has identified more than [35 rigorously evaluated programs](#) proven to reduce teen pregnancy and change risk-taking behaviors by, for example, delaying the initiation of sexual intercourse or improving contraceptive use among sexually active youth.

Various federal grant programs are available to state and local organizations to implement evidence-based programs; develop, replicate and refine new innovative models to reduce teen pregnancy; and support pregnant and parenting teens. Mississippi is the recipient of

some of [these federal funds](#). These include the Personal Responsibility Education Program ([PREP](#)) grant, which the Mississippi Department of Health receives; the Teen Pregnancy Prevention Program ([TPPP](#)), which supports two community organizations in Mississippi; and the Pregnancy Assistance Fund.

In addition, the federal Title V Abstinence Education Grant program, of which Mississippi is a recipient, provides funding to states for abstinence education, mentoring, counseling and adult supervised programs that promote abstinence. Title V requires a 43 percent state match and encourages, but does not require, states to use evidence-based programs. Programs must be medically accurate and focus on youth at high risk of teen pregnancy. More information on federally funded programs is available [here](#).

Make Efficient Use of Scarce Resources. Targeting limited resources to areas that have the highest teen birth rates can make a considerable difference. In Mississippi, this might mean focusing on specific geographic areas with higher rates or numbers of teen births. It could

Mississippi's Focus on Young Adults

A new Mississippi law (SB 2563) requires community colleges and universities to develop a plan to address teen and unintended pregnancies for those who attend their campuses. It is the first of its kind in the country. To craft the plan, a working group was formed with representatives of universities, community colleges, state agencies, legislators, and others with an interest or expertise in reducing unintended pregnancies. In November 2014, the leaders of the working group submitted their plan with recommendations for future practice and policy.

also mean focusing on certain high-risk populations, such as older teens who account for about 70 percent of teen births statewide, teens who already have a child, or youth in foster care.

Consider the Role of Parents and Trusted Adults.

In national surveys, more than three in four teens say it would be easier to postpone sexual activity and avoid pregnancy if they could have open, honest conversations with their parents. Teens consistently say it is their parents—not their peers, partners or popular culture—who have the most influence on their decisions about sex. But these conversations don't always occur, for a variety of reasons. Some states and communities are facilitating forums to start such discussions; others offer informational sessions for parents.

Enlist a Broad Range of Stakeholders. Teen pregnancy affects entire communities and by engaging a wide range of partners—from schools and faith communities to health care providers, businesses and the media—a state can address the issue on various fronts. Legislators may wish to consider supporting or getting involved with the following options:

- Develop a broad coalition to address teen pregnancy. Engage community leaders and organizations, businesses, religious leaders and the faith community, parents, education leaders, judges and others to prevent adolescent pregnancy. Encourage collaboration among state agencies, including health, education, child welfare, juvenile justice and the courts. Prompted by the governor, the Mississippi State Department of Health and the Department of Human Services formed a broad coalition to create the [Healthy Teens for a Better Mississippi](#) initiative and crafted a [plan](#) to reduce teen pregnancy. The group has an ongoing campaign to reduce teen pregnancy and provides strategies and resources for consideration.
- Embed teen pregnancy prevention strategies in dropout prevention, college readiness and completion, economic development, foster care and juvenile justice policies and programs. For example, business and community leaders in Mississippi and Milwaukee identified high rates of teen pregnancy as a workforce competitiveness issue and have made addressing teen pregnancy part of their economic development strategy. Many states and localities are also taking the “positive youth development” (PYD) approach, which builds on young people’s strengths and focuses on helping youth acquire the knowledge and skills they need to become healthy, productive adults.
- Start a discussion. Pregnancy prevention is often a difficult topic to broach. Many states and cities have used media or public awareness campaigns to get people talking about the reality—and costs—of teen pregnancy. Recent campaigns in Chicago, Milwaukee and New York City, for example, have received nationwide attention.

Improve Access to Information and Services. Teens often cite their lack of knowledge and information about how to prevent pregnancy or a lack of access to re-

productive health services as challenges to preventing early pregnancy. The state legislature may wish to consider the following policy options to help all teens make healthy, responsible decisions.

- Ensure evidence-based sex education programs. In 2011, the Mississippi legislature passed a law mandating that schools adopt a sex education policy. Legislators may want to monitor the existing law and review best practices ahead of its expiration in 2016. A 2011 survey of Mississippi parents of public school students showed that they overwhelmingly support teaching sex-related education in the schools.
- Authorize child welfare agencies to provide foster youth with age-appropriate information about reproductive health. This group of young people has a high risk of teen pregnancy, and there are evidence-based programs specifically tailored to their circumstances.
- Support youth-friendly health care providers, such as public health clinics or school-based health centers. The work group created by Mississippi’s SB 2563 suggested that universities and community colleges improve access by collaborating with health centers.
- Ensure that programs focused on supporting young parents, including home visiting programs, also focus on helping delay a subsequent pregnancy. Colorado, New Mexico and South Carolina allow Medicaid to reimburse for highly effective methods of contraception—such as long-acting reversible contraceptives—immediately postpartum. Through Colorado’s Family Planning Initiative, which provided highly effective contraceptives at no or low cost to low-income women and teens, the state saw a significant drop of more than 50 percent in repeat teen birth rates from 2009 to 2013. Colorado also experienced other benefits such as reductions in teen birth and abortion rates, reductions in WIC infant enrollment, and millions of dollars in Medicaid and health care savings.
- Maintain access to affordable and effective family planning services for low-income teens and young adults to help avoid unplanned pregnancy. These include, for example, the option to expand Medicaid eligibility for family planning through a State Plan amendment, Medicaid expansion, and subsidized insurance. Mississippi’s Medicaid family planning waiver expands family planning services to women, including those under age 19, with incomes up to 194 percent of poverty through December 2017.

Resources

National Conference of State Legislatures

- Teen Pregnancy in Mississippi—links to this and three additional briefs www.ncsl.org/Default.aspx?tabid=28872
- Teen Pregnancy Prevention <http://www.ncsl.org/default.aspx?tabid=23141>
- State Policies on Sex Education in Schools <http://www.ncsl.org/default.aspx?tabid=17077>

The National Campaign to Prevent Teen and Unplanned Pregnancy www.thenationalcampaign.org

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