

Budget Cuts Result in More Teen Moms

By John Fitzgerald

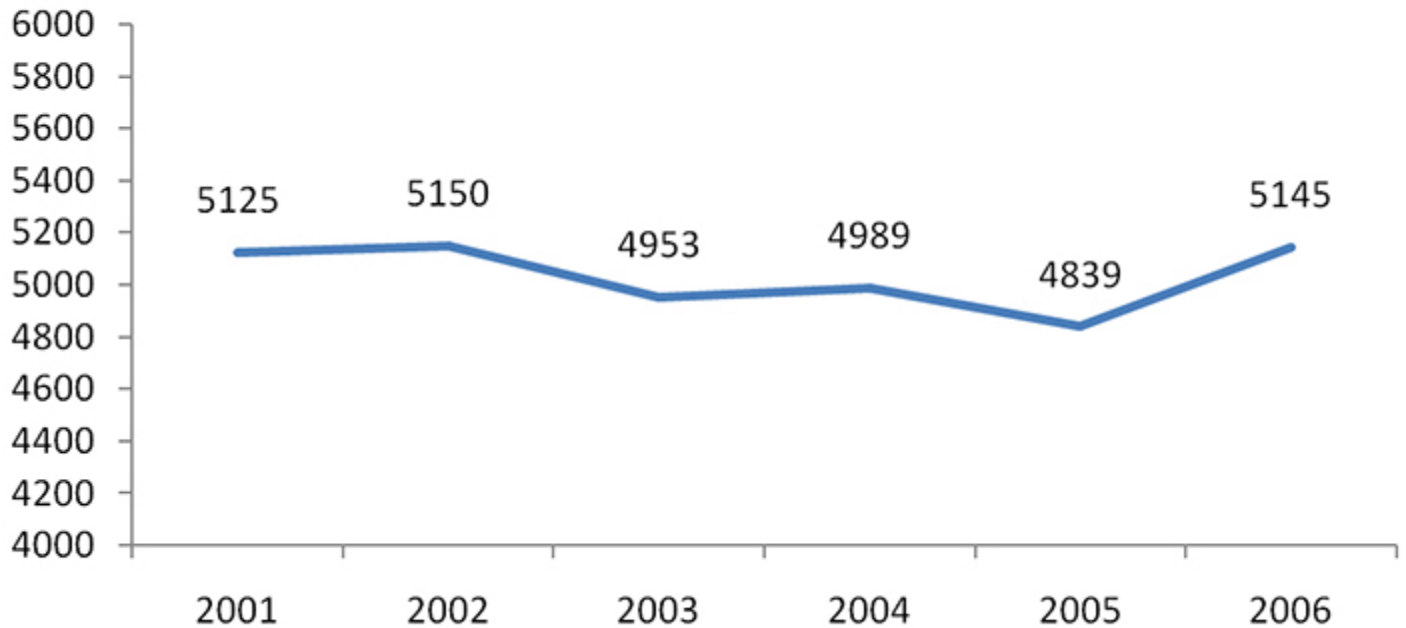
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Budgets have consequences. Budget cuts can have hard consequences. Cuts in investment for family planning and health education are an unfortunate example.

According to a report by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP); there was a 6 percent increase in Minnesota's teen pregnancy rate and a 7 percent increase in the teen birth rate between 2005 and 2006, the first increase in 16 years. The teen birth rate was more than twice the 3 percent increase in the national teen birth rate.

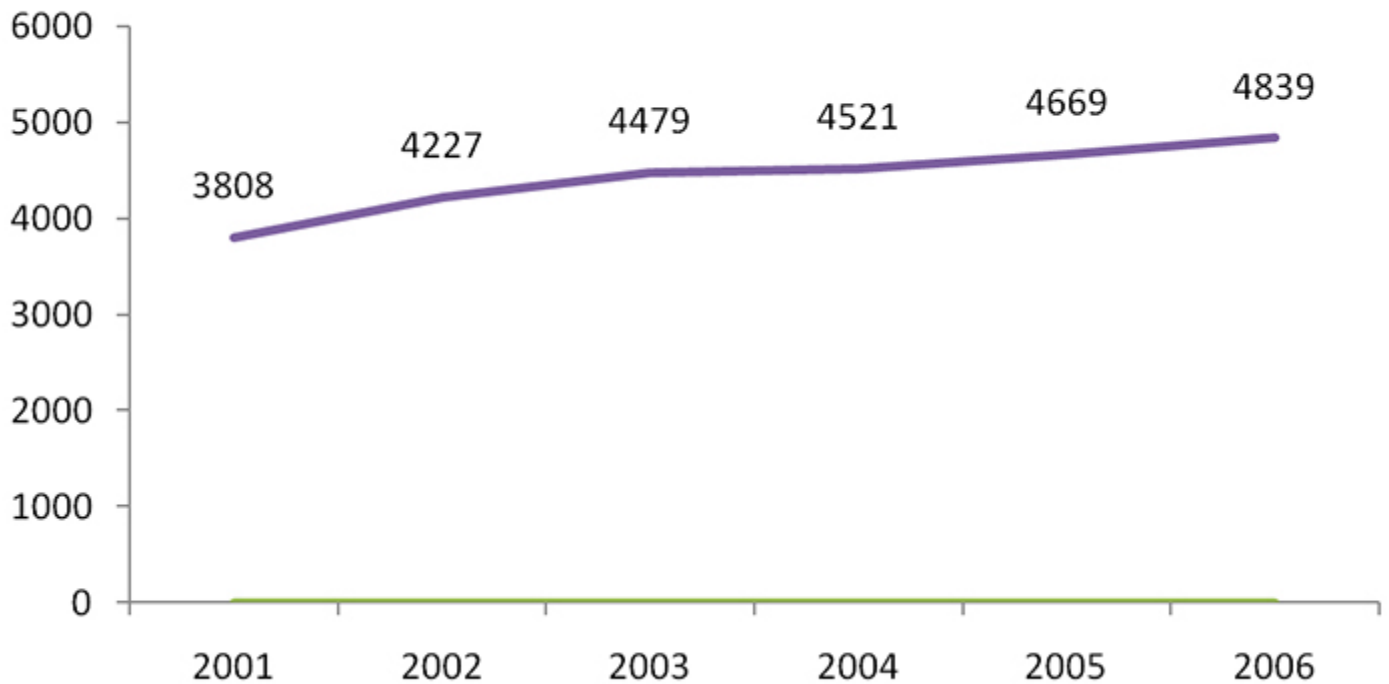
Minnesota Teen Births, 2001-06



Source: "Minnesota Vital Statistics," Minnesota Department of Health, www.health.state.mn.us

The number of teens with sexually transmitted diseases rose 26 percent from 2001 to 2006.

Minnesota Teens with STDs, 2001-06



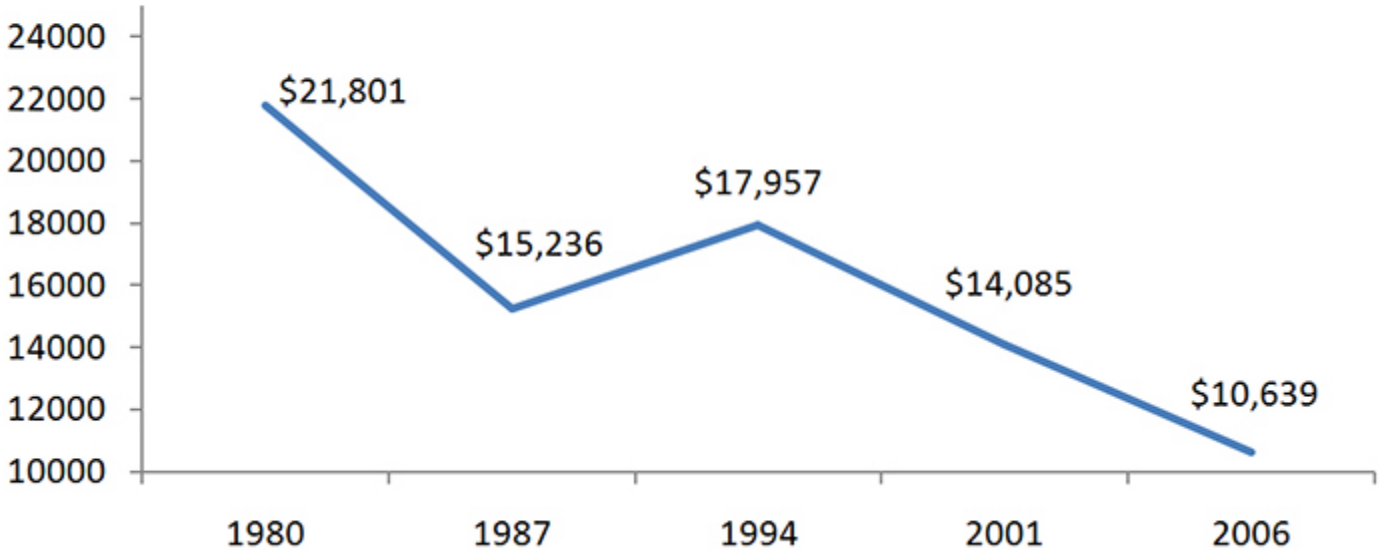
Source: "2007 Minnesota Sexually Transmitted Disease Statistics," Minnesota Department of Health, www.health.state.mn.us/divs/idepc/dtopics/stds/stdstatistics.html

The numbers are even starker for younger teens: Among Minnesota 15-17-year olds, the pregnancy rate increased 12 percent and the birth rate increased 10 percent in one year.

"This is outrageous," said Brigid Riley, MOAPPP's Executive Director. "All these indicators are going in one direction."

Meanwhile, state and federal investment in family planning dropped 100 percent between 1980 and 2006; it dropped 36 percent from 2001 to 2006 alone.

State, Federal Family Planning Investment in Minnesota, 1980-2006



Source: "Public Funding for Family Planning, Sterilization and Abortion Services, FY1980-2006," Guttmacher Institute, <http://www.guttmacher.org/pubs/2008/01/28/or38.pdf>

Teen birth and STD rates mirror government investments made years earlier. Today's increases coincide with federal and state family planning cutbacks that started in 2001, Riley said.

"There were cuts to teen clinics; outreach programs just dried up; health education was no longer a requirement for high school graduation - these might have had something to do with it," Riley said.

Another factor is abstinence-only education. While abstinence does help teens avoid pregnancy and STDs, focusing solely on abstinence keeps teens from receiving a comprehensive sex education, Riley and other health experts said.

While the U.S. has spent about \$1 billion to support abstinence-only education in the past 10 years, research shows it does not significantly delay teens' decisions to have sex.

Minnesotans don't want abstinence-only sex education for their children. A [survey released last month](#) by the University of Minnesota found:

- 98 percent of parents believe sex education should inform students about reasons to not have sex;
- 95 percent believe sex education should provide information about STDs;
- 92 percent believe sex education should include information on pregnancy and birth;
- 81 percent think sex education does not cause more students to have sex.

Last fall, Minnesota quietly moved away from the abstinence-only policy when it joined more than dozen other states by rejecting federal money tied to abstinence education.

Riley and other state health experts say the best way to reduce teen births and STD rates is to offer comprehensive sex education tailored for teens at the local level. The focus on abstinence-only sex education along with the drop in state and federal funding has stunted efforts to pursue this strategy.

Health experts are beginning to move forward. The Teen Pregnancy Prevention Pilot Project, launched last July, is a partnership between Hennepin County and several health advocacy organizations, including Riley's MOAPPP. The program began last summer with pilot projects in Richfield and Brooklyn Center. Program leaders will spend more than a year gathering comments about sex education from teens, parents and community leaders. They will use this information to develop a sex education program, then work with organizations such as churches and civic groups to provide sex education to area teens. If successful in controlling teen birth and STD rates in Richfield and Brooklyn Center, leaders will recommend the process to other Hennepin County communities.

Nationally, 40 percent of teen mothers graduate from high school, 75 percent go on welfare within five years and 78 percent of children born to a teen live in poverty - all precursors to high welfare, health care assistance and incarceration rates. When teens have babies and are infected with STDs, they are less likely to be well adjusted, contributing members of society. Comprehensive sex education based on local input using proven practices and offered by churches, community organizations, and schools and funded by taxpayers will lower the teen birth and STD rates. State policy makers should take note.