

**ADDRESSING TEEN BIRTH IN SOUTHERN URBAN COMMUNITIES IN
THE UNITED STATES**

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Abstract

Teen births come with high cost in terms of personal, medical, social, and economic consequences. Abstinence-only or abstinence plus sex education has been traditionally the major public policy for controlling the high teen birth rates in the Southern States, due to southern conservative religious beliefs. However, the programs fall short when addressing the needs of today's urban youths. Mississippi tops the teen birth rate in the nation, and Louisiana, Alabama, Tennessee and Georgia are not that far behind. We investigated the underlying connection between poverty and teen birth rates in fifteen urban communities in five Southern states. We argue that only more comprehensive programs, which include the underlying causes of teen births and multiple aspects of a teen's life, will be effective.

Introduction

Many southern urban communities, like Jackson, Mississippi (MS), have traditionally struggled with high poverty and high teen birth rates and local governments could reduce both poverty and teen birth rates by re-examining the predominately conservative abstinence-based programs popular in many southern states. Nationally the estimated annual cost of teen births on taxpayers exceeds \$10.9 billion and southern urban communities struggle to absorb their portion of these costs (Hamilton and Ventura, 2012). For example, the reported annual cost for Mississippi alone was \$135 million (McLaughlin, 2014). The health, educational, economic and social costs associated with teen pregnancy are far reaching, having a long-term impact not only on the teen parent and child but also on the communities themselves (Basch, 2011). The effects of teen births include increased health care cost, STD's, foster care cost, dropout rates, unemployment, and dependence of public services (Solomon-Fears, 2013). Many of these costs must be absorbed by taxpayers and also represent a loss in tax revenue that would have

potentially been generated by these young parents if they would have delayed parenthood by a few years (Sagrestano et al., 2012).

This paper seeks to look at why it is important for Jackson, MS and other southern urban communities to re-examine the issue of teen birth rates through the lens of poverty in their urban settings. Understanding that urban youth living in poverty have unique needs that go far beyond understanding the basics of sex education and “waiting till marriage” doctrine and identifying and addressing these needs will lead to reduced teen birth rates. Recent researches suggest that teen mothers are often caught up in a cycle of poverty that very is very often repeated in future generations and becomes a difficult pattern to break (e.g., Sagrestano et al., 2012). Southern policymakers cannot afford to continue to remove the effects of poverty from their discussion of teen pregnancy nor design programs that don’t provide effective tools that will help break this cycle.

Hypothesis

We hypothesized that there is a correlation between urban poverty and high teen birth rates in southern urban communities.

Method

To test our hypothesis we selected fifteen southern cities in five southern states which include Albany (GA), Atlanta (GA), Baton Rouge (LA), Birmingham (AL), Huntsville (AL), Jackson (MS), Knoxville (TN), Lake Charles (LA), Macon (GA), Memphis (TN), Mobile (AL), Monroe (LA), Nashville (TN), New Orleans (LA), and Shreveport (LA). The data for 2011 poverty rate was obtained from the website of the United States Census Bureau (<http://quickfacts.census.gov/qfd/index.html>). We used the county-level data for the cities which are located in for. We also collected data of the 2011 teen birth from the Annie E. Casey

Foundation's Kids Count Data Center website located at <http://datacenter.kidscount.org/>. With this information we conducted a Pearson Correlation and a simple regression analyses to determine if a correlation exist between poverty level and teen birth.

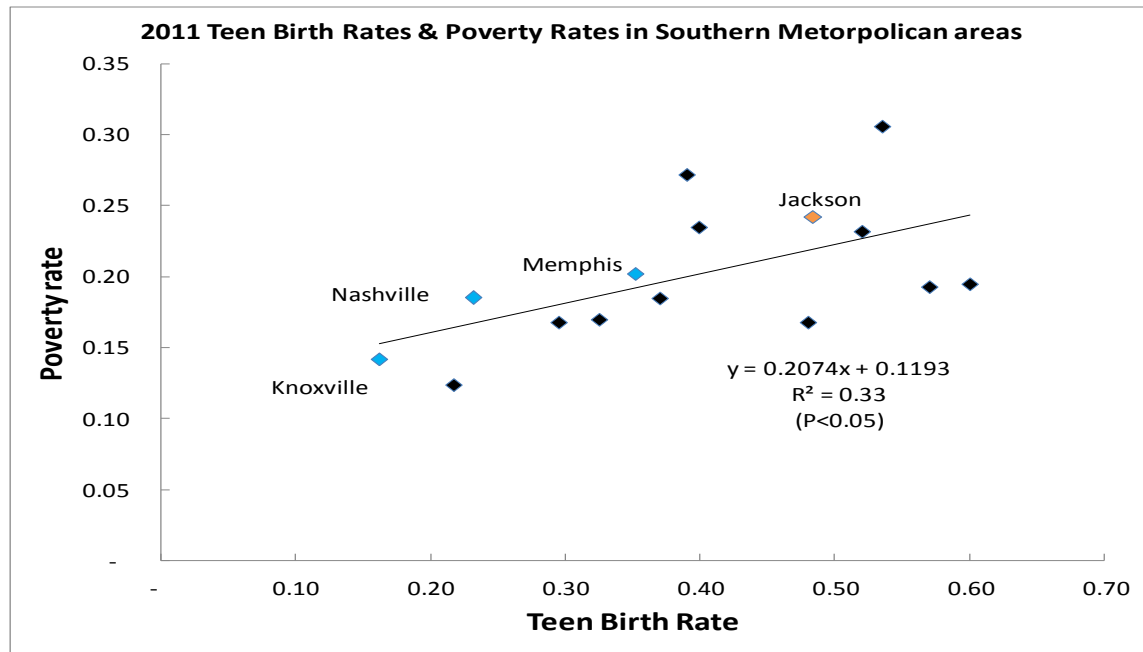
Results

Table 1 shows the results of a Pearson Correlation analysis. We found a statistically moderate but significant correlation between poverty rates and teen birth rates in selected southern urban communities in 2011 ($p < 0.05$).

Table 1: 2011 Southern Urban Community Poverty and Teen Birth Rate

Correlations			
Poverty	Pearson Correlation Sig. (2-tailed) N	Poverty	Birth rate
		1	.576*
			0.025
			15
Birth rate	Person Correlation Sig. (2-tailed) N	.576*	1
		0.025	
		15	
*A correlation is significant at 0.05 levels (2-tailed)			

Figure 1. A simple regression analysis of teen birth and poverty rates for 2011



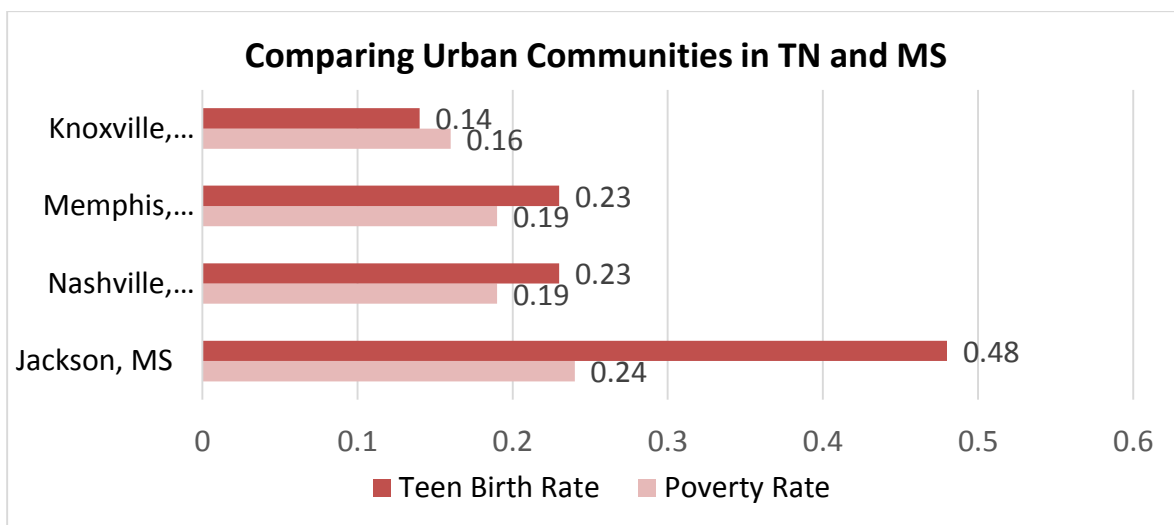
The simple regression analysis shows a positive relationship between teen birth rate and poverty rate (Figure 1). Overall the cities with high poverty rates show higher levels of teen birth rates.

This correlation between urban poverty and teen birth rates in southern cities supports our premise that poverty be a primary consideration when designing teen birth reduction (or teen pregnancy prevention) programs in southern states. Stranger-Hall and Hall (2011)'s work points out that Alabama, Georgia, Louisiana, Mississippi, and Tennessee are strong supporters of abstinence-based education despite little evidence suggesting this approach is effective. On the surface the sex education promoting abstinence-until-marriage sounds honorable and possibly is a perfectly acceptable goal with great benefits for society and teens as well, but as a policy it is simply flawed and doing more harm than good (Stantelli et al., 2007).

Further, we compared the teen birth rates of the southern cities, after controlling the poverty levels by comparing the cities of Tennessee (TN) and Jackson, Mississippi (MS). The teen birth rates of the cities in TN (Knoxville, Memphis, and Nashville) show lower rates than

that of Jackson, MS, even though the cities show similar level of poverty rates (Table 2). If both were states committed to abstinence-based education, what could account for Tennessee's lower teen birth rates?

Table 2: The poverty and birth rates in urban Communities in Tennessee and Mississippi for 2011. Source: Kids First Data Bank and U. S. Census Bureau



Stranger-Hall and Hall (2011) point out that the poorer states with higher teen birth rates are associated with higher commitments to religious ideals. These religious ideas may be trapping conservative southern states from recognizing the need for a change. It may be time to redesign sex education programs remembering that there is biblically only one unforgivable sin and premarital sex is not it. If abstinence “waiting until marriage” doctrine is to remain a key component of sex education then forgiveness and redemption needs to become a component as well. The truth remains that most of our teens have sex before graduating from high school, and they are delaying marriage until later in life or do not have plans to marry at all (Jeffries et al., 2010).

The difference seems to be linked not to their similarities in abstinence-based training but to the differences in the underlying objectives of the programs. According to the 2012

Mississippi's teen pregnancy prevention plan task force's "Healthy Teens for a Better Mississippi" their core values include:

"...we will work in a purposeful, strategic and resourceful way to maximize our collective impact to change the "cultural norm" about marriage and unwed pregnancy, improve the lives of our children and transform Mississippi." (Currier and Berry, 2012).

While according to the Tennessee Department of Health, the Tennessee Adolescent Pregnancy Prevention Program's mission is:

"...to prevent adolescent pregnancies through a comprehensive, community-wide, collaborative effort that promotes abstinence, self-respect, constructive life options, and responsible decision-making about sexuality, healthy relationships and the future." (TN Health Dept.)

While the Mississippi program is still primarily concerned with abstinence-based education that will change the "cultural norm about marriage," the Tennessee program has expanded its goals not only address abstinence only but to address other key tenants that may face a teen living in poverty like; building self-respect, having constructive life options, and responsible decision-making skills. Tennessee is beginning to address bigger issues and Mississippi has failed to address symptoms of the underlying urban poverty. Many poor young people in Mississippi are giving birth "at a young age instead of investing in their own economic progress because they feel they have little chance of advancement (Le Coz, 2014). In other words, teenage childbearing is a symptom of poverty and economic immobility.

Mississippi, the poorest state in the United States, also has the nation's highest teen pregnancy rate and 67% of their single teen moms live below the poverty line (Moore and Johnson, 2014). Yet until 2012, the state allowed schools to forgo sex education entirely and those who chose to teach it had firm guidelines on abstinence-only requirements (Le Coz, 2014). These guidelines included explaining how pre-marriage sexual activity leads to the "...the likely negative psychological and physical effects of not abstaining" (Moore and Johnson, 2014).

Many of Jackson's teens in the past have had no sex education beyond basic health class discussions (Moore and Johnson, 2014). This has begun to change due to a state law passed last year that mandated school districts adopt either abstinence-only or abstinence-plus sex education policies but strictly prohibits the instruction and/or demonstration on application of condoms (Moore and Johnson, 2014). In 2012, Jackson Public School System (JPS) adopted an abstinence-only policy that avoids or downplays the issue of contraceptives (Le Coz, 2014). Abstinence-only training mandates JPS to teach about the benefits of avoiding sex until marriage, the consequences of bearing children out of wedlock and how to reject sexual advances. Such programs also teach that abstinence is the only certain way to avoid pregnancy and sexual transmitted diseases (Le Coz, 2014).

Although Tennessee has experiences and some success through a relatively comprehensive program, southern states like Mississippi have adopted incremental changes for the only socially tolerable option. What if instead they looked through the lens of poverty to help today's urban youth by providing the skills they need to make mature decisions not only about sexual activity but also to prepare them for a productive life in the future? How can we help our young people understand that delaying parenthood will benefit them in ways that are worth remaining abstinent? How can we convince urban teens that teen birth will have lasting negative impact on their and their child's education, income and health?

Discussion

Before considering the types of effective programs we should consider that the structure of the program itself can increase the chances of success. Research suggest when developing an effective pregnancy prevention programs for poverty ridden areas organizers need to recognize that it is important to;

- Develop programs that keep teens engaged and build trust over several years.
- Use staff that is committed to the goals of the program and well trained.
- Ensure the program is capable of engaging the teens on a personal level.
- Considers the age, culture and sexual knowledge and experience of the targeted teens.
- Addresses the transportation challenges faced by many teens to gain access to programs and services.
- Offer programs that are community based.
- Designed around small groups or events to encourage honest and open discussion.
- Include gender specific programs and opportunities (Sagrestano et al., 2012; Solomon-Fears, 2013).

Like poverty there is no simple solution to teen birth/pregnancy and most effective program are stratified in their design. We believe that today's urban youth need programs that include;

a. Comprehensive Sex Education

Research shows that when teens have access to curriculum that's not abstinence-based and includes medically accurate information, they're more likely to have lower pregnancy rates and lower sexually transmitted infection rates. In addition, over 140 national organizations recommend a comprehensive sex education (CSE) program many southern states are still strongly opposed. Nevertheless, there is significant empirical evidence confirmed by the CDC that states that use the CSE format have the lowest teen birth rates. Part of the opposition could be confusion over the two opposing programs. The idea that if one is teaching abstinence then the other must not when in fact comprehensive sex education teaches that abstinence is the most effective means of preventing teen birth as well as HIV and other STDs (LeCoz, 2014; Jeffries et al., 2010; Steenhuysen, 2014)

b. Access to Contraception and Sexual Health Services

The benefits to comprehensive sex education will be hampered if southern urban communities do not ensure adequate access to effective forms of contraception for urban teens that do forgo abstinence and become sexually active. Stantelli et al. (2007) suggested that the 77% of the global and national decline in teen birth rates can be attributed to increased use of contraceptives. Combined with CSE that teaches responsible use along with dangers of unprotected sexual activity can become a powerful tool in combating not only teen pregnancy but also HIV and other STDs.

The idea of access to contraception is closely linked to available healthcare services that are often present more barriers for teens living in poverty stricken areas (Sagrestano et al., 2012). Other factors need to be considered when providing effective sexual healthcare services and contraception for teens. Often teens feel uncomfortable or embarrassed to approach a parent or guardian and may simply do without rather than risk this embarrassment. It is important that the system put in place be mindful of this and provides the appropriate sensitivity to encourage teens to use the services rather than be unprotected.

c. After School and Summer Programs

Another factor that affects both poverty and high teen birth rates is the need for working parents to have consistent after-school and summer activities that are beneficial in keeping teens occupied and often out of trouble. For example, the Mississippi Department of Health and Human Services reports that most first-time sexual encounters take place in the time window between the end of the school day and the arrival home from work of a parenting adult; they occur when there is no adult in the home, between 3 and 6 pm suggesting a need for expanded afterschool programs (Colbert 1999).

After-school and summer activities would allow for the development of gender-based programs that help provide many children from single parent home with positive role models. Program in urban areas that target adolescent males who often suffer from a lack of mature male leaders or positive male role models are needed. Young males who fail to have these role models in their lives are more vulnerable to peer pressure and males in leadership positions are very important (Marsiglio et al. 2006). Ott et al. (2012) suggests that early interventions by strong role models of masculinity that focus on healthy relationships are an important factor in effectively preventing early fatherhood.

Southern urban communities needs to focus and develop programs to educated and inform young men because the decision about becoming sexually active is a big one, and can serious affect the lives of young men who become fathers at an early age.

Regardless of if the after-school programs are gender-specific communities need to look for options that involve message and content changes as well as delivery style and possibly location of delivery that seeks to create a safe environment where young teens can learn about and explore their sexuality, adulthood and relationship issues (Marsiglio et al., 2006). These services will have crossover positive effects while providing lower income parents with much needed help by providing much needed supervision.

d. Sustained life skills training

Another level of an effective stratified urban community teen birth reduction (pregnancy prevention) program is modeled after the European WHO which is designed to help young children and teens become strong, responsible decision-makers by providing training beyond the basics of sex education to include life skills (Stanger-Hall and Hall, 2011). There is evidence to

suggest that programs that help develop the teen as an individual will give the teen the skills needed help make more rational choices concerning their sexuality (Basch, 2011).

If begun early enough and in an ongoing fashion, these skills can help teens from the pressures that most teens face and help create an environment that provides hope for a more productive life. A strong influence on teens' decisions related to sexual behavior is their own attitudes, beliefs and values and programs that provide accurate information and useful skills (Sagrestano et al., 2012). An indirect benefit is how these same skills can help prepare teens for becoming more effective parents and employees.

e. Improve Educational Opportunities

There is a direct relationship between educational achievement and poverty. For example, a low-income third grader's average vocabulary has about 8000 fewer words than a middleclass third grader (Knitzer, 2007). The connection between poverty and education can further be linked because teen parents are often have less education and are more likely to live in poverty. In turn the children of teen parents become an extension of this cycle of poverty, poor education which leads to more poverty (Solomon-Fears, 2013). This cycle is even more difficult in urban school districts that are underperforming. For example, the Jackson School District (JSD) received a D (academic watch) in overall performance for 2011-2012 (MS report card website).

The complexity of improving southern school districts far outreach the scope of this research, but it is important to recognize that teens, especially girls, who are inspired to excel academically and feel that they have an opportunity for higher education are more likely to delay parenthood (Kirby, 2002). The challenge then is to find ways to engage students early in their academic careers in a way that strengthens their opportunities and desires to complete high school and college (Basch, 2011).

In addition, it is important that schools have aggressive dropout prevention programs that start before high school and target high-risk students which indirectly will help reduce teen pregnancy rates (Kirby 2002). Programs need to also seek out and encourage those who have dropped out to return to pursue their education. Retaining students, even those who become parents, is an important part of reducing the effects of the cycle of poverty (Solomon-Fears, 2013).

Conclusion

Inequality, makes the poorest citizens believe that they have little chance of economic mobility and research suggests that teens may giving birth “at a young age instead of investing in their own economic progress because they feel they have little chance of advancement. In some regards teenage childbearing is a symptom of poverty and economic immobility. Southern urban communities must seek ways to provide a sense of hope for a better future for its teens and to realize that high teen pregnancy rates are tied to a teens likelihood of obtaining personal aspirations. We must give urban youth a realistic reason for postponing parenthood. Kearney and Levine (2014) suggests that living in poverty has an effect on a teens feelings of being unable to move out of poverty and has an effect attitudes towards teen pregnancy Southern urban communities need to look at creative ways to improve employment opportunities to so that our teens will be able look towards the future and see why abstinence is important to them as well as their community.

Finding a more effective approach needs to be a priority for Jackson, MS and other southern urban communities and this will require local officials to reframe and expand their current definition of the problem. They must look beyond the scope of abstinence-based sex

education and address the more complex fundamental components of poverty that increase the chances of early teen pregnancy occurring.

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