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## Teen pregnancies remain major concern

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We are writing in response to the story and editorial in The News Journal regarding teen pregnancy rates and the many costs associated with this problem, both financial and societal.

We couldn't agree more that both nonprofit organizations and state and federal governments should play a role in combating this trend.

That is why we have been working together through the National Campaign to Prevent Teen Pregnancy to do just that.

Many people do not realize the remarkable progress the nation has made in reducing teen pregnancy and childbearing. In fact, few difficult social issues in this country have improved quite as dramatically. Consider the evidence: rates of teen pregnancy declined 36 percent between 1990 and 2002, and the teen birth rate dropped one-third between 1991 and 2004. Delaware has also made impressive strides; teen childbearing in this state declined 28 percent over the same time period. Remarkable progress, indeed, on an issue that many of us once considered intractable.

Still, despite this enormous progress, there is much left undone. The personal consequences of teen pregnancy and childbearing are well documented and provide ample incentive to not get complacent about this issue. Often unprepared for the responsibilities and demands of childbearing, teen parents face many obstacles that are made more difficult by their lower levels of education and lack of job skills. The challenges faced by teen mothers obviously affect their children, who often inherit a legacy of poverty and social disadvantage. The children of teen parents are at greater risk of being born prematurely, growing up poor, doing worse in school, and repeating the cycle of teen pregnancy themselves than children born to older mothers.

Not as well understood are the significant public costs of teen childbearing. Recent research conducted by University of Delaware professor Saul Hoffman and published by the National Campaign to Prevent Teen Pregnancy shows that taxpayers shoulder at least \$9.1 billion annually in costs associated with teen childbearing. Teen childbearing in Delaware cost taxpayers \$28 million in 2004 alone and a total of at least half a billion dollars between 1991 and 2004. Hoffman's analysis is important in many ways, not the least of which is that it underscores the critical importance of investing in prevention.

If we are to build on the one-third reduction in teen pregnancies that the nation has already achieved -- to lower the personal and public costs associated with early pregnancy and parenthood -- it will take real commitment on the part of many. Here are four ideas:

First, we need to resist the inclination to drop an existing issue for something new. Despite recent progress, it is still the case that one in three teen girls in the United States becomes pregnant by age 20. This still shockingly high figure should motivate all those who care about young people and their future to be even more intense and creative in their efforts to help young people safely navigate adolescence.

Second, we need to help parents understand how much they matter. Teens consistently say parents most influence their decisions about sex but parents don't believe it. Parents must not avoid the job that they have always had -- to teach their children about sex, love, and relationships, and to offer concrete guidance about expected sexual behavior and values. Schools and programs can help for sure, but there is no substitute for a parent.

Third, we must intensify efforts in communities with especially high rates of teen pregnancy. For example, despite significant progress, Latinas have the highest teen birth rate in the United States and teen pregnancies among Latinas

have not declined as rapidly as other groups. Any effort to reduce teen pregnancy in Delaware or nationwide must offer special support to this growing community and to others with high rates as well.

Fourth, we should stop fighting about abstinence and contraception. The simple truth is that teen pregnancy rates have declined because of both less sex and more contraception. Clearly, the best choice for school-aged children and teens is to delay sexual activity and because this is the best choice it deserves the most attention and emphasis. Sexually active teens also need good health care to avoid pregnancy and sexually transmitted diseases. And all teens need accurate information about the benefits and limits of contraception.

With this plan for progress in mind, we must encourage teens to make more cautious decisions about their sexual behavior and we must help them reach the goals they have for their future. Let's recommit ourselves to continuing to invest in the power of prevention.

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