

War on Poverty: WMass Sees Link Between Teen Pregnancy, Poverty

HOLYOKE — Patricia Rivas, who is 16, sometimes can't afford a taxi ride to bring her 1-year-old daughter to another medical appointment.

She realizes, she said, having given birth when she was 15, that she is scorned by many people as a "child who had a child."

Keishauna White, 18, lives in a bedroom with her 5-month-old daughter in her mother's small apartment.

She knows, she said, taxpayers scoff at poor teen-agers who live on welfare and have babies – but once the babies are born, she said, the truth is they couldn't live without such support.

Rivas, of Holyoke, and White, of Chicopee, are among local teens who recently gave birth and are trying to escape poverty with both saying they understand becoming mothers so young increases their hurdles.

Rivas and White are taking classes to get their high school diplomas at the Care Center, an alternative education program in Holyoke, the city that leads the state in teen-agers giving birth.

In figures the state Department of Public Health released Dec. 12, as of 2013, Holyoke topped the state with 46.4 teen births per 1,000 births. But that's a reduction of nearly 19 percent from Holyoke's 2012 rate of 57.1. In fact, the figures statewide were the lowest since record keeping on teen pregnancy began in 1989.

Holyoke has led the state in teen births since at least 2005, according to the Massachusetts Alliance on Teen Pregnancy, a private nonprofit agency.

The drop in births to teen-age mothers in the Paper City in the latest state report mirrored reductions in that category in Springfield and Chicopee, as well as statewide.

In Springfield, ranked fourth statewide, the rate dropped to 42.3, in 2013 and in Chicopee, 13th in the state, the rate slipped to 23.4. Statewide the rate was 12, down from 14.1 the previous year.

The statistics reflect the rate of births per 1,000 women between the ages of 15 and 19. Specifically, 26.8 percent of the births were to girls between the ages of 15 and 17, indicating the number of girls who become mothers at a very early age.

A key connection between poverty and teen-agers giving birth is choices, or more precisely the lack of perceived choices, that such young, poor people see available to them, said city and social service agency officials.

"Poverty is a cause as well as a consequence of early child bearing," said Helen R. Caulton-Harris, director of the Springfield Health and Human Services Department.

"Two thirds of families begun by a young unmarried mother are poor. Teen mothers are less likely to complete the education necessary to qualify for a well-paying job. The disparity in education tends to affect income level," she said.

The poverty rate in Holyoke in 2013 was 31.5 percent; in Springfield, 29.4 percent, and in Chicopee 13.6 percent, according to U.S. Census figures which says a two-member family with an income of no more than \$15,142 is poor.

Dr. Sarah Perez McAdoo is a public health physician and director of the Youth Empowerment Adolescent Health (YEAH) Network. Based in Holyoke, the network consists of social service and other groups that work to change the landscape of adolescent sexual health in Springfield and Holyoke.

The drop in teen births obviously is a positive sign, but problems related to young people having children will persist until such people can shed poverty, she said.

People are unable to choose the family into which they are born. That means elements that are staples of people who grow up in poverty like low high school graduation rates and unemployment are ingrained, she said.

Add to that the fact that teen-agers' brains haven't developed to where they can make sound decisions, and the belief gets instilled in young people that they either have no choices or are unaware of choices – such as education or a career – other than having children, she said.

“That leads to creation of a perfect storm that can lead to young people not making the best decisions,” McAdoo said.

Rivas and White said they know the choices they made in getting pregnant with boyfriends unleashed complications in their lives. Struggle is perhaps an even steadier presence now than before they gave birth as they try to complete high school and hope for college, they said.

Rivas’ daughter, Ariana, was born with an intestinal blockage, which has meant regular medical visits and bills, said Rivas, who lives with her mother.

Rivas’ mother works as a certified nursing assistant with the elderly, said Anne Teschner, executive director of the Care Center, 247 Cabot St.

Rivas said she recently received a five-figure bill in the mail for a treatment her daughter received.

“I don’t know, \$41,000 or something. I can’t pay it,” Rivas said.

Rivas and White receive public assistance, the government funding commonly called welfare, and are on the MassHealth insurance program for the poor, Teschner said.

The Care Center provides day care for the attendees’ children, along with classes to help them finish high school and financial counseling, she said.

“I love it here. (But) it’s hard,” Rivas said.

Her boyfriend, the father of Ariana, is in her life but he is homeless, she said.

“It’s hard for him, too. He is homeless. People say, ‘Get a job.’ He doesn’t have his GED. It’s hard to get a job without a GED. People get all snotty. It’s not easy,” Rivas said.

She would like to work in the health field, examining X-rays to help children, she said.

“I look at my daughter and I just want to help them,” Rivas said.

White gave birth to daughter Angelice Delvalle July 28.

“I’m not a single mom. I have my boyfriend help me out. It is a struggle. It’s a struggle living in a two-bedroom apartment with my mother, the little space that we have, my daughter, she has to stay in my bedroom. It’s like hard to get on my feet,” White said.

“I say it’s a struggle, but at the same time, it’s a joy. My daughter helped me find who I am. She made me experience things I never experienced before....It’s a lot of responsibility, but it’s a joy for me,” White said.

In a poem she titled “Reasons,” White listed some of the reason why she is poor including a lack of love, hope, support, emphasis on education, attention and guidance..

White said she knows taxpayers get angry at having to pay the bills for teen-agers in poverty who have children.

“We do appreciate everything the people do for us. We don’t take it for granted. I understand what they feel. I put myself in their shoes. Some people say I’m just going to take the money, but we use it for our children,” she said.

Ana Rodriguez is 58 and the education director at the Care Center. She had her son when she was 18 and living in Puerto Rico. Her high school let her get a diploma but not march in the ceremony with other graduates, she said.

She completed college, she said, but it was hard.

As for taxpayers fed up with the costs of teen births, Rodriguez said, “I’m a taxpayer and as a taxpayer, I say we don’t live in a silo, we live in a society and in a society we have to help each other.”

Pregnancies happen to people in all age groups and income levels, not just those in poverty, and not even wealthy white people are experts at planning births, Teschner said.

The Care Center emphasizes to the teen-aged women in the program the importance of completing high school and focusing on college to build a career with a living income, Teschner and Rodriguez said.

“It’s the key,” Rodriguez said.

But the odds are tough for teen-age mothers to finish high school let alone attend college. Only about 50 percent of teen mothers receive a high school diploma by age 22 compared to 90 percent of women who didn’t give birth as teens, according to the U.S. Centers for Disease Control and Prevention.

Additional connections between teen births and poverty are seen in findings that show the children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, themselves give birth as a teenager and face unemployment as a young adult, according to the U.S. Centers for Disease Control and Prevention.

The cost to taxpayers of teen births is huge. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing in Massachusetts cost taxpayers at least \$154 million in 2010. The organization is a private, non-profit that seeks to improve the lives and prospects of children and families by preventing teen and unplanned pregnancy, its website said.

Among the costs factored into the \$154 million are the public assistance, or welfare, programs that provide income for teen-aged mothers and their babies; lost revenue associated with reduced education of young mothers and fathers unable to or struggling to obtain a high school or college diploma; public health care such as Medicaid and the Children's Health Insurance Program; and for children who have reached adolescence or young adulthood, increased risk of incarceration and lost tax revenue due to decreased earnings and spending, according to the National Campaign to Prevent Teen and Unplanned Pregnancy

"The calculation of the \$154 million also includes the negative consequences experienced by the teen mother and the father of her child, primarily in terms of lost tax revenue due to their decreased earnings and spending," according to the National Campaign to Prevent Teen and Unplanned Pregnancy.

Unintended pregnancies cost U.S. taxpayers roughly \$11 billion each year in public insurance costs for pregnancy and first-year infant care, according to studies cited by the Guttmacher Institute, a nonprofit organization in New York City that works on reproductive health issues.

The good news is programs such as those that persuade teen-agers that they have choices such as education and a career other than having children seem to be working in terms of cutting costs. Nationally in 2011, teen-age child-bearing cost \$10.9 billion and that has dropped currently to about \$9.4 billion, according to the National Campaign to Prevent Teen and Unplanned Pregnancy.

"This primarily reflects the fact that the teen birth rate has declined steadily in recent years, which has offset the increase in programmatic costs associated with each participant in publicly funded programs," the organization said.

Officials sensitive to their cities' top ranking in such a category as teen births welcomed the lower 2013 figures as proof that the numerous anti-teen-pregnancy programs are working.

"These results show the investment we've made at the local level are paying off," Mayor Alex B. Morse said Monday.

The following are some of the efforts being made in Western Massachusetts to prevent teen pregnancy.

Holyoke includes sexual education in public schools' curriculum. The city has tried to form partnerships with community and private agencies to enforce the message that the costs of teens having babies makes it a citywide problem. Holyoke also has worked to increase communication with parents, all focused on telling young people they have choices instead of pregnancy such as college and careers, officials said.

Mary Fargo is program director with River Valley Counseling Center and leads clinics established for teen-agers in conjunction with the Holyoke School Department at Holyoke High School, Dean Technical High School and Peck-Lawrence Full Service Middle School, which includes students in grades six to eight.

"We do a lot of education. We provide screenings for every person that comes in, offer counseling around contraception," Fargo said.

The screenings are done to elicit details from students about sexual history and whether they use protection such as condoms when having sex. Clinic visits are free for the students, she said.

The clinics don't prescribe birth control but do give teen-agers referrals to providers in the community, she said.

The schools also provide condoms for free to age-appropriate students, she said.

At Girls Inc. in Holyoke, girls of ages 5 to 12 can play sports or learn about Operation SMART: Science, Math and Related Technology, along with getting health and life skills instruction.

Girls Inc. is a nonprofit organization that works to inspire girls to be strong, smart and bold by providing them the opportunity to develop and achieve their full potential, said its website, girlsincholyoke.org

Some in the Girls Inc. program last summer visited the science laboratories at the University of Massachusetts in Amherst. Others are given comprehensive exposure to the stock market, said Suzanne L. Parker, Girls Inc. executive director.

"That, for me, is when girls are struck and say, 'Oh, I can see myself doing this.' To me, that's pregnancy prevention," Parker said.

Since 2012, the Springfield School Department also has made condoms available to students in grades eight and up for free in a policy in which parents can opt out. A student can request a condom from a school nurse, who checks whether the student's parents have opted out of the program.

"If not, the nurse will counsel the child on the risks of sexual activity and promote the tenants of abstinence. If the child still requests a condom, an individually wrapped condom provided by the Massachusetts Department of Public Health will be made available and the student will be counseled on the correct way to use and store the condom," according to the Springfield School Department.

The Springfield School Department has a Family Life/Sex Education Policy, the goal of which is “helping students acquire knowledge and encourage the acquisition of skills and attitudes which will result in behavior that contributes to the well-being of the student, family and society and will allow students to manage their lives in a responsible and healthy way. “

Sex Education is part of the health education curriculum at the middle and high schools in Springfield. Topics include puberty, dating, relationships and communication skills, pregnancy, birth control, abortion, homosexuality, prevention of HIV/AIDS and other sexually transmitted diseases, and prevention of sexual abuse, according to the policy.

Parents have the right to examine the Springfield schools’ sexual education curriculum and remove their students from such lessons, according to the policy.