

# **Statement of Sarah S. Brown, CEO, The National Campaign to Prevent Teen and Unplanned Pregnancy**

## **Comment Submission to the Committee on Oversight and Government Reform**

### **Hearing on Domestic Abstinence-Only Programs: Assessing the Evidence**

**April 23, 2008**

On behalf of the National Campaign to Prevent Teen and Unplanned Pregnancy, I am pleased to submit comments to the Committee on Oversight and Government Reform as it investigates the existing evidence about the impact of two principle types of United States sex education programs. These two types of programs are often referred to as comprehensive sex education and abstinence-only sex education.

The National Campaign is a nonprofit, nonpartisan organization whose mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy for reaching this goal is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

We approach teen and unplanned pregnancy prevention not only as an important way to improve the prospects for this generation of young people and their children, but also as a powerful way to make progress on other critical issues facing the nation. If we succeed, child and family well-being will improve. In particular, there will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, a reduced burden on taxpayers, and a stronger nation. For example, although teen childbearing cost taxpayers \$9.1 billion nationally in 2004, the one-third decline in teen childbearing between 1991 and 2004 *saved* taxpayers \$6.7 billion in 2004 alone.<sup>1</sup>

### **Trends in Teen Pregnancy**

After years of high and often increasing levels, since the early 1990s the teen pregnancy and birth rates have declined steadily in all states and among all ethnic and racial groups. However, despite the nation's success in meeting the National Campaign's initial challenge to reduce teen pregnancy by one-third over a decade, there is much work to be done. In 2006, the National Campaign issued another challenge for the nation to again reduce teen pregnancy rates an additional one-third by 2015. It is still the case that the United States has the highest rates of teen pregnancy and birth among comparable countries in the industrialized world.<sup>2</sup> Three in 10 teen girls gets pregnant at least once before the age of 20, resulting in 729,000 teen pregnancies and well over 400,000 teen births each year<sup>3</sup>. Additionally, it should be noted that progress has not been uniform among all ethnic and racial groups: 53 percent of Latina teens and 51 percent of African American teen girls will become pregnant at least once before age 20. Finally, data suggests that we cannot afford to become complacent: teen birth rates have increased recently for

the first time in 15 years. According to the National Center for Health Statistics, the teen birth rate increased three percent between 2005 and 2006.

### **Teen Pregnancy's Link to Other Social Issues**

It is critically important that we redouble our efforts to help more young people avoid early pregnancy and childbearing because these issues are closely linked to a host of other significant social problems, including poverty and income disparity, child well-being, out-of-wedlock births, and education, to name just a few. For example:

- A child born to an unmarried teen who has not completed high school is nine times more likely to grow up in poverty than if that same child was born to a married couple who had completed high school and delayed childbearing until at least age 20.<sup>4</sup>
- The children of teen mothers are more likely to be born prematurely and at low birthweight<sup>5</sup> and are two times more likely to suffer abuse and neglect<sup>6</sup> compared to children of older mothers.
- Children in single-parent families are more likely to get pregnant as teens than their peers who grow up with two parents.<sup>7</sup> In fact, teen girls without fathers are twice as likely to be sexually active at an early age and are seven times more likely to get pregnant than their peers with both parents in the home.<sup>8</sup>
- Less than half of mothers (40 percent) who have a child before they turn 18 ever graduate from high school and less than two percent of those teen mothers have a college degree by age 30, compared to three-quarters and nine percent, respectively, of young women who wait until age 20 or 21 to have children.<sup>9</sup>

### **Why are the Rates Declining?**

One of the questions we are most frequently asked at the Campaign is, “why have the rates been declining?” The short answer is that teen pregnancy rates are declining because of less sex and more contraception. That is, a smaller proportion of teens are having sex, and those who are sexually active are using contraception more consistently. Because of data limitations, however, it is difficult to determine the *precise* contribution of each of these factors to the decline in teen pregnancy. We do know that sexual activity among teens is down 14 percent since 1991. Less than half (47 percent) of teens have ever had sex, which is a change since 1991 when the majority (54 percent) of teens reported having had sex.<sup>10</sup> And for those who are sexually active, there has been a dramatic 47 percent increase in the use of condoms.<sup>11</sup>

Given that teens are already behaving in more careful ways—having less sex and using contraception more—the interesting question is: why are they doing so? If we knew what led to this added caution, we could build on those insights to accelerate the decline. Most experts believe that teen pregnancy rates have declined because of some combination of the following:

- Greater public and private efforts to prevent teen pregnancy. States have dramatically increased their efforts to reduce teen pregnancy. At present, there are some 41 teen pregnancy coalitions at the state level, up from 32 in 1995.<sup>12</sup>
- Fear of AIDS and other sexually transmitted diseases. In conversations with the National Campaign, teens say time and again that fear of sexually transmitted diseases (STDs), and AIDS in particular, factors heavily into their decisions about sex.
- The availability of especially effective contraceptives.
- New messages about work and child support embedded in welfare reform. The 1996 welfare reform law contained several important messages. To young women, it said, “if you become a mother, this will not relieve of you an obligation to finish school and support yourself and your family through work or marriage. And any special assistance you receive will be time-limited.” To young men, it said, “if you father a child out-of-wedlock, you will be responsible for supporting that child.”<sup>13</sup>

### **What Works to Prevent Teen Pregnancy?**

While many factors have undoubtedly contributed to the decline in teen pregnancy and birth rates, part of the credit surely goes to the many pregnancy and STD/HIV prevention programs in place nationwide. There is now persuasive evidence that a limited number of programs can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy. The strongest evidence stems from program evaluations that are experimental in nature—that is, participants are randomly assigned to treatment and control groups—and focus on changes in *behavior* of program participants rather than just changes in attitudes, knowledge or behavioral intent. Less powerful but still important evidence also comes from using quasi-experimental designs.

In November 2007, the National Campaign released *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, a comprehensive research review by Douglas Kirby, PhD. *Emerging Answers 2007 (EA 2007)* identifies 15 programs with *strong evidence of success*. Seven are classified as sex education programs, two are community service learning programs, two are programs with several components, two involve ways clinicians interact with patients, and one is a parent-teen program. *EA 2007* also identifies 17 characteristics of effective programs and asserts that the single most important characteristic is repeated clear and consistent messages about sex and contraceptive use.

Although the debate as to which type of sex education program is most appropriate for teens endures, *EA 2007* also provides more contextual evidence about both abstinence-only and comprehensive sex education. One of the signature findings of *EA 2007* is that a wide variety of comprehensive sex education programs—that is, programs that include abstinence messages but also give extensive and accurate information about contraception and condoms—have evidence showing that they are able to raise the age of first intercourse, increase contraceptive and condom use among sexually active youth, and/or actually reduce teen pregnancy and the risk of STDs.

Of the 48 comprehensive programs that were reviewed, more than two-thirds (69 percent) reduced risky sexual behavior by improving one or more types of behavior, and 38 percent improved two or more types of behavior. Another significant finding is that no comprehensive program hastened the initiation of sex or increased the frequency of sex among teens.

*EA 2007* documents that in contrast to comprehensive programs, there is not sufficient evidence at present to suggest that abstinence-only programs—programs that stress abstinence as the only acceptable form of sexual activity before marriage and include either no information on contraception or condoms, or information that mainly emphasizes problems, side effects, and failure—delay the initiation of sex, hasten the return to abstinence, or reduce the number of sexual partners. Similar findings were released by Mathematica in April 2007 when the federally funded research showed that four promising abstinence-only programs had no behavioral impact when rigorously evaluated using an experimental design.

According to *EA 2007*, many abstinence programs improved teens' attitudes towards abstinence and/or their intentions to abstain, but those improvements did not translate into changes in behavior. However, it is critical to recognize that it is impossible to generalize about the effectiveness of abstinence-only programs as an intervention strategy because only a small number of abstinence-only programs have been evaluated to date and those that have been evaluated do not necessarily reflect the great diversity of abstinence-only programs currently offered.

Research about what works to help teens avoid sex is continually growing. Since the original comprehensive review *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* was released in 2001, the number of studies measuring program impact has increased by 50 percent, their methodological rigor has improved substantially, and additional studies on the behavior that affects teen pregnancy and sexually transmitted diseases as well as the factors affecting such behavior have been published.

We encourage those who want to learn more to review *What Works 2008: Curriculum-Based Programs that Prevent Teen Pregnancy*, an overview of what is known about carefully evaluated interventions to help prevent teen pregnancy. For more extensive materials on this topic, please visit [www.TheNationalCampaign.org](http://www.TheNationalCampaign.org).

### **Implications for Federal Policy**

The reality is that most Americans do not see abstinence and contraception as an either/or proposition. The American public—both adults and teens—remain deeply committed to encouraging teens to delay sexual activity *and* to providing young people with information about contraception when they become sexually active. In fact, over 90 percent of both adults and teens agree that teens should be given a strong message that they should not have sex until they are at least out of high school, and the clear majority of adults (73 percent) and teens (56 percent) wish teens were getting more information about both abstinence and contraception.<sup>14</sup>

However, to date, there is no federal funding dedicated exclusively for education or programs to prevent teen pregnancy that focus both on abstinence and contraception. Thus far, the only major investment by the federal government in sex education has been in abstinence-only education, which has not produced sufficient evidence to justify the large investment at the expense of other approaches for which there is stronger evidence. Consequently, states and communities have been limited in their ability to employ and sustain a range of teen pregnancy prevention programs that reach a significant number of teens.

The National Campaign has long believed that it is important to give states and communities adequate flexibility to pursue strategies that respect diverse local values and cultures. The evidence base and knowledge about what works to prevent teen pregnancy is growing, and it is important to invest in replicating programs that have evidence of changing teens' behavior. It is also apparent that more research is needed to continue to broaden the menu of options. Simply put, the federal government should direct investments to carefully develop and evaluate both abstinence-only and comprehensive programs so that communities have a range of high quality, evidence-based approaches to preventing teen pregnancy. Regardless of the focus of a particular program, the National Campaign also firmly believes that the content of all teen pregnancy prevention programs should be honest and medically accurate.

### **Programs Cannot Do It All**

While effective programs to reduce teen pregnancy exist and should be expanded, it is unrealistic and unfair to assume that community programs alone will solve the problems of too-early pregnancy and parenthood entirely. Only a fraction of teens are enrolled in programs, and many community-based programs are small, fragile, and often given too few financial resources to do their important job as well as they would like.

Making progress on preventing teen pregnancy requires not only better programs but also broader efforts to influence values and popular culture. Teen pregnancy is rooted in broad social phenomena, including the images portrayed in the media, the values articulated by parents and other adults, and popular teen culture most of all. It is for this reason that the National Campaign works on many fronts to prevent teen pregnancy, including cultivating relationships with such key sectors as the entertainment and news media, faith communities, policymakers, the business community, state and local leaders, parents, and both teens themselves.

### **Recommendations**

- 1. Congress should allow states and communities flexibility in supporting medically accurate interventions designed to prevent teen pregnancy; such flexibility respects local values and cultures.**
- 2. Congress should invest a significant amount of funding to develop and assess the effectiveness of a range of programs that are designed to reduce teen pregnancy; abstinence programs as well as those that provide complete information about contraception should be included in this research and demonstration commitment.**

3. **Congress should fund a national resource center to collect and disseminate information about what works to prevent teen pregnancy. A national resource center would provide easy access for people to get information about the latest research evidence, as well as promising practices.**
4. **Congress should invest resources in a large-scale effort to reach teens and young adults where they are, which includes working through various forms of media (including entertainment media, online communities, wireless devices and more). Funding should also be provided for a non-profit organization to facilitate this work.**

### Endnotes

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- <sup>1</sup> Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
  - <sup>2</sup> National Campaign to Prevent Teen Pregnancy analysis of Singh, S., & Darroch, J.E. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives*, 32(1), 14-23. Pregnancy rates are calculated as the sum of birth, abortion, and estimated miscarriage rates (20 percent of births plus 10 percent of abortions).
  - <sup>3</sup> The National Campaign to Prevent Teen Pregnancy. (2006). *Fact Sheet: How is the 3 in 10 statistic calculated?* Washington, DC: Author.
  - <sup>4</sup> Zill, N., & O'Donnell, K. (2004). *Child Poverty Rates by Maternal Risk Factors: An Update*. Unpublished manuscript, WESTAT, Rockville, MD.
  - <sup>5</sup> Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F. & Kirmeyer, S. *Births: Final Data for 2004*. National Vital Statistics Reports, 2006. 55(1).
  - <sup>6</sup> Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
  - <sup>7</sup> Horn, W.F., & Sylvester, T., *Father facts, fourth edition*. 2002, National Fatherhood Initiative: Gaithersburg, MD.
  - <sup>8</sup> The National Fatherhood Initiative, *The Father factor: How Father Absence Affects Our Youth*. 2006: Gaithersburg, MD.
  - <sup>9</sup> Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
  - <sup>10</sup> Centers for Disease Control and Prevention (2006). Youth Risk Behavior Surveillance - United States, 2005. *Morbidity and Mortality Weekly Report*, 55(SS-5); and Brener, N., Lowry, R., Kann, L., Kolby, L., Lehnerr, J., Janssen, R., & Jaffe, H. (2002). Trends in sexual risk behaviors among high school students – United States, 1991-2001. *Morbidity and Mortality Monthly Report*, 51(38), 856-9.
  - <sup>11</sup> Ibid.
  - <sup>12</sup> Flanigan, C. (2001). *What's Behind the Good News: The Decline in Teen Pregnancy Rates During the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
  - <sup>13</sup> Sawhill, I. (2001). *What Can Be Done to Reduce Teen Pregnancy and Out-of-Wedlock Births? Policy Brief*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
  - <sup>14</sup> Albert, B. (2007). *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.