

Statement of Sarah S. Brown, Director, National Campaign to Prevent Teen Pregnancy

Testimony Before the Subcommittee on Human Resources
of the House Committee on Ways and Means

Hearing on Teen Pregnancy Prevention

November 15, 2001

SUMMARY

Chairman Herger, Ranking Member Cardin, and Members of the Subcommittee:

My name is Sarah Brown. I am the Director of the National Campaign to Prevent Teen Pregnancy, a nonpartisan, nonprofit organization dedicated to the goal of reducing the teen pregnancy rate by one-third over a ten-year period. I also want to recognize Congresswoman Nancy Johnson who we are so fortunate to have as one of the leaders of the Campaign's bipartisan House Advisory Panel. On behalf of Isabel Sawhill, our President, and former Governor Tom Kean of New Jersey, our Chairman, thank you for inviting me to testify today. We commend this subcommittee for focusing on teen pregnancy prevention. As many of you recognize, reducing teen pregnancy is a highly effective way to make progress on a number of related social issues: child poverty, welfare dependency, out-of-wedlock childbearing, and responsible fatherhood. Said another way, reducing teen pregnancy is one of the most effective single steps we can take to improve the life prospects of young women and men, and most important, their children. My full written testimony goes into the points I am about to make in more detail, and contains citations for additional information.

Good news but still more work to be done

The good news is that teen pregnancy and birth rates have declined steadily over the past decade and are now at record-low levels. However, we still have a long way to go: four in ten girls become pregnant at least once before age 20, the U.S. still has the highest rates of teen pregnancy in the fully industrialized world, and every year teen childbearing costs U.S. taxpayers at least \$7 billion. We must not let the good news lull us into complacency and must redouble our efforts to help more young people avoid becoming parents too soon.

What's behind the good news?

A commonly asked, and hotly debated, question is "Why are the rates of teen pregnancy going down?" Basically, there are only two possible explanations: a smaller proportion of teens are having sex, and/or contraceptive use among sexually active teens is improving. The exact contribution of each of these factors – less sex and more contraception – is difficult to determine precisely. A reasonable conclusion supported by all recent analyses is that *both* less sex *and* more contraception are making important contributions to the decline.

Understanding what *motivates* young people to choose either of these paths is also critically important. That is, why are teens being more prudent? Most experts believe it is some combination of more cautious attitudes among young people about sex, fueled in part by fear of AIDS and other sexually transmitted diseases and by growing support for the value of abstaining from sex *at least* until teens have finished high school; greater public and private efforts to reduce teen pregnancy; the availability of more effective forms of contraception; the strong messages about work and personal responsibility (including child support) in welfare reform; and perhaps the strong economy in recent years. As this subcommittee knows, there are a number of provisions in the 1996 welfare reform law aimed at reducing teen pregnancy and out-of-wedlock childbearing. While there is little evidence that any one of these provisions on its own has had an effect on teen pregnancy rates, we believe that they have, in the aggregate, sent a powerful message to both young women and men about the importance of waiting to become parents until they are grown up, preferably married.

What works to prevent teen pregnancy?

Fortunately, I have good news here. I've been involved in this field for nearly 30 years, and, frankly, for most of that time it has been discouraging work – the rates of teen pregnancy and childbearing were high, often increasing, and we didn't know what to do about it.

Finally, we have some answers. This past May, the National Campaign to Prevent Teen Pregnancy released a comprehensive research review called *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Let me briefly summarize what this review found. Most importantly, there are a variety of programs that are effective - some that focus on sex and some that do not. The review identified three particular types:

- Several sex and HIV education programs have been shown to delay sex or increase contraceptive use for up to 30 months. The effective programs share ten clearly definable characteristics. It is also important to point out that the overwhelming weight of research evidence clearly shows that sex and HIV education programs such as these *do not* increase sexual activity, as some people have reasonably feared.
- Two youth development programs that give young people opportunities to do community service and have mentoring relationships with adults have the *strongest* evidence of any intervention that they actually reduce teen pregnancy while the youth are participating in the program. It is not clear exactly why these programs are so successful, but keeping empty hours filled with useful activities is certainly one plausible explanation.
- The third category of programs includes *both* sexuality education and youth development. One such program combines family life and sex education with tutoring, work and sports-related activities, and comprehensive health care – and it *substantially* reduced teen pregnancy and birth rates among girls.

These findings offer leaders around the country some encouraging news, but more importantly, communities now have a list of effective, credible programs to choose from to suit local needs, values and culture, which is particularly important when dealing with an issue as complex and sensitive as teen pregnancy. As we all know, one size doesn't fit all.

What do we know about abstinence education? Our review finds that the jury is still out on abstinence-only or abstinence-until-marriage education. This is true for two reasons: (1) very little rigorous evaluation of abstinence-only programs has been completed and (2) the few studies that show no positive effect do not reflect the great diversity of abstinence-only programs currently offered. Fortunately, Dr. Maynard (who is also testifying today) is conducting a very rigorous study of several abstinence-only programs that I expect will shed more light on this important group of interventions.

I would add that I think it is critically important that our evaluations of abstinence programs answer two questions: (1) do they delay first sexual intercourse? and (2) for those program participants who do become sexually active, are they less likely to use contraception? Although some may find this second question beside the point, I would argue that it is no different than asking whether sex education programs actually encourage young people to have sex. Our first goal should always be to do no harm. Having said this, let me be very clear that there is great value in, and public support for, a strong abstinence message, especially for young people. In fact, our polling data on this point are quite dramatic.

But even if the number of teens who choose abstinence grows significantly – and even if some sexually active teens make a conscious decision to refrain from sexual intercourse – the reality is there will still be many teens who are sexually active (for example, 65 percent of all high school seniors have had sexual intercourse at least once). Therefore, preventing teen pregnancy requires that contraceptive services and information be available. The analogy here is that we urge young people not to drink, but if they do, not to drive. In this same spirit, we can give a strong “abstinence-first” message, especially for school-age teens, and also offer critically important information and health care.

A final point about “what works”: while we now know that effective programs to reduce teen pregnancy exist, it would be unrealistic to rely exclusively on such programs to address teen pregnancy. Most teens aren't in programs, and many programs are small, fragile, and poorly funded. Other forces, such as parents, the media, moral and religious values, and especially popular culture, play critical roles as well. The Campaign works actively on each of these fronts and so should we all.

Implications for Welfare Reform Reauthorization

What are the implications of all this for welfare reform reauthorization? As a general matter, states and communities need: (1) adequate resources to prevent teen pregnancy; (2) access to good information about what works so they can make informed choices about the best way to invest their resources; (3) a clear signal from the federal government that teen pregnancy prevention is important and is directly linked to the other goals of welfare reform; and (4) flexibility to design strategies to reduce teen

pregnancy that respect diverse local values and cultures. Consistent with the devolution philosophy underlying the rest of welfare reform, family and community values, rather than federal mandates, should prevail, especially on such sensitive issues as teen sexuality.

Conclusion

In conclusion, all of us committed to reducing teen pregnancy need not get bogged down in strident arguments about abstinence versus contraception. Both approaches are important, both have contributed to the recent progress in reducing teen pregnancy, and we need more of both to make additional progress. Our survey data indicate that large majorities of adults and teens agree that policymakers should place greater emphasis on encouraging teens not to have sex *and* greater emphasis on contraception for those who do. Survey data also confirm that this common sense, combined approach is not seen by teens or adults as a “mixed message.” As outlined more fully in my written statement, welfare reform offers Congress and the nation an important opportunity to do even more to prevent teen pregnancy, and by doing so, achieve the goals that we all want: strong, stable, self-sufficient families.

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FULL STATEMENT

Teen Pregnancy's Link to Other Critical Social Issues

Teen pregnancy is closely linked to a host of other critical social issues — welfare dependency and overall child well-being, out-of-wedlock childbearing, child poverty, responsible fatherhood, and workforce development, in particular. There is compelling evidence that progress on *all* of these issues can be materially advanced by reducing teen pregnancy.¹ Teen mothers and their children experience a number of adverse consequences in the areas of education, health, and income². For example, compared to similarly situated women who delay childbearing until age 20 or 21, teen mother are less likely to complete high school and their children have more problems in school. This puts them at a disadvantage for obtaining the higher education necessary to qualify for a well-paying job and support their families. Teen childbearing also has important economic consequences for society: U.S. taxpayers shoulder at least \$7 billion each year in direct costs and lost tax revenues associated with teen pregnancy and child-bearing. Helping young women avoid too-early pregnancy and childbearing — and young men avoid premature fatherhood — is easier and much more cost effective than dealing with all of the problems that occur after the babies are born. Simply put, if more children in this country were born to parents who are ready and able to care for them, we would see a significant reduction in a host of social problems afflicting children in the United States, from school failure and crime to child abuse and neglect. Therefore, we urge those interested in achieving one or more of these goals to give serious attention to teen pregnancy prevention.

The Good News: Teen Pregnancy and Birth Rates Are Declining

Fortunately, there is much good news to report about teen pregnancy. After years of high and often increasing levels, the teen pregnancy and birth rates have both steadily declined during the 1990s, in all states and among all ethnic groups.³ These encouraging declines show that we can make progress on what once seemed an intractable social problem. Nonetheless, the United States still has the highest rates of teen pregnancy and birth in the fully industrialized world. And, it remains the case that close to one million teenagers get pregnant annually and that 4 in 10 girls become pregnant at least once before turning 20. Almost all of these teen pregnancies are unintended and nearly eight of ten births to teenage mothers are now out-of-wedlock.

Why Are the Rates Declining?

One of the questions we are most frequently asked at the Campaign is, “why have the rates been declining?” There is a short answer and a long answer to this question. 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 that are sexually active are using contraception more consistently. Because of data limitations, however, it is difficult to determine what the *precise* contribution of each of these factors is to the good news of declining teen pregnancy. Our own analysis suggest that each of these two factors probably accounted for between 40 and 60 percent of the decreased teen pregnancy rates. A reasonable conclusion, supported by all recent analyses, is that both less sex and more contraception are making important contributions to the decline, and more of both should be encouraged.⁴ Interestingly, public opinion about how to reduce teen pregnancy supports such a two-part strategy. For example, several polls conducted by the National Campaign reveal a strong preference — among both adults and teens — for school-aged teenagers especially to avoid sexual intercourse altogether, coupled with a practical view that those young people who are sexually active should have access to contraception.⁵

Now, for the long answer. Given that teenagers are already being more careful (having less sex and using contraception more), the interesting question is: *why* are they doing so? Presumably, if we could pinpoint the reasons that have motivated teens to act more prudently, we could build on those insights to accelerate the decline. Most experts believe that teen pregnancy rates have declined over the past decade because some combination of the following:

- C Greater public and private efforts to prevent teen pregnancy. States have dramatically increased their efforts to reduce teen pregnancy — in 1990 only 16 states had an official policy requiring or encouraging pregnancy prevention programs in public schools; by 1999 this had increased to 28.⁶ Similarly, at present there are some 41 teen pregnancy coalitions at the state level, up from 32 in 1995.⁷
- C Fear of AIDS and other sexually transmitted diseases. In conversations with the Campaign, teens say time and again that fear of STDs, and AIDS in particular, factors heavily into their decisions about sex.
- C More conservative attitudes among the young. An Urban Institute study shows that the proportion of adolescent males approving of premarital sex decreased from 80 percent in 1988 to 71 percent in 1995⁸. And, the proportion of college freshmen who agree that “it’s all right to have sex if two people have known each other for a short time” declined from 52 percent in 1987 to a record low 40 percent in 1999, according to an annual survey conducted by UCLA.⁹
- C Better and more consistent contraceptive use as well as more effective contraceptives. For example, contraceptive use at *first* sex has improved dramatically in recent years (although

there has been a downward trend in contraceptive use at most *recent* sex).¹⁰ Depo-Provera, a new long-acting and highly effective contraceptive method, has also been quite popular among some teens.

C 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 you of 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.” It may be the case that these messages may be far more important than any specific provisions contained in the welfare reform legislation.¹¹

What Works to Prevent Teen Pregnancy?

What do we know about what works to prevent teen pregnancy? Fortunately, there is some good news here, too. For decades, those involved in the teen pregnancy field have been discouraged by the fact that the rates of teen pregnancy and childbearing remained high, were sometimes increasing, and we didn’t know what to do about it. The research was just not there to tell us what programs worked to help teens avoid sex or to use contraception effectively.

Finally, we have some answers. This past May, the National Campaign to Prevent Teen Pregnancy released *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, a comprehensive research review by the well-respected researcher, Douglas Kirby, Ph.D.¹² To summarize what this review found: (1) the overwhelming weight of research evidence clearly shows that sex and HIV education programs *do not* increase sexual activity, as some people had feared, and (2) there are a variety of programs that seem to work. Some focus on sex and some do not. Kirby identified three particular types:

- Several sex and HIV education programs have been shown to delay sex or increase contraceptive use for up to 30 months. The effective programs share ten clearly definable characteristics.
- Two youth development programs that give young people opportunities to do community service and have mentoring relationships with adults may actually have the *strongest* evidence of any intervention that they reduce actual teen pregnancy rates while the youth are participating in the programs. Among the programs with the best evidence of effectiveness are the Teen Outreach Program and Reach For Health service learning program. The research does not indicate why these youth development programs are so successful, although the review suggests several possible explanations: participants develop relationships with caring adults, they gain a sense of autonomy and feel more competent in their relationships with peers and adults, and they feel empowered by the knowledge that they can make a difference in the lives of others. Taken together, all these factors may

help increase teenager's motivation to avoid pregnancy. In addition, of course, participating in supervised activities reduces the opportunities for teens to engage in risky behavior.

- The third category of programs includes *both* sexuality and youth development components. The Children's Aid Society-Carrera Program combines family life and sex education with such things as tutoring, work and sports-related activities, and comprehensive health care. Research shows that the program has *substantially* reduced teen pregnancy and birth rates among girls. In fact, according to the research in *Emerging Answers*, the Carrera Program and the Teen Outreach Program reduced pregnancy rates among girls by as much as half.

Together, this information offers leaders around the country encouraging news and the opportunity to choose an intervention that best fits the needs and values of their own communities. Having a variety of options is particularly important when dealing with an issue as complex and sensitive as teen pregnancy.

What do we know about abstinence education? Our review finds that the jury is still out on abstinence-only or abstinence-until-marriage education. This is true for two reasons: (1) very little rigorous evaluation of abstinence-only programs has been completed, and (2) the few studies that show no positive effect do not reflect the great diversity of abstinence-only programs currently offered.¹³ Fortunately, Dr. Rebecca Maynard is now conducting a very rigorous study of abstinence-only programs that should shed more light on this important group of interventions.

I would add that I think it is critically important that our evaluations of abstinence programs answer two questions: (1) do they delay sexual intercourse? and (2) for those program participants who do end up having sex, are they less likely to protect themselves from disease and pregnancy? Although some may find this second question beside the point, I would argue that it is no different than asking whether sex education programs inadvertently encourage young people to have sex. Our first goal should always be to do no harm.

Programs Can't Do It All

While it is true that effective programs to reduce teen pregnancy exist and should be expanded, it is unrealistic and unfair to assume that community programs alone will solve this problem entirely. Not all teens are enrolled in programs and many community-based programs are small, fragile, and often given too little money to do their important job as well as they would like.

But there is another reason why community programs can't shoulder the burden alone: teen pregnancy is rooted in broad social phenomena, including the images portrayed in the entertainment media, the values articulated by parents and other adults, and popular teen culture most of all. Simply put, it's fine to work with states and communities to make their efforts better — more research-based, more media savvy, more tolerant of differing views, and offering a wide variety of ways to act. But doing so will be a hollow exercise if the entire culture, especially popular teen culture, is sending kids

messages that getting pregnant at a young age is no big deal, that having sex “early and often” is just fine, that contraception is not all that important, that refraining from sex is square and unrealistic, and that parents can’t do anything about their children’s sexual attitudes and behavior.

The research assessing the effectiveness of media campaigns to prevent teen pregnancy is not nearly as extensive as the research evaluating community-based teen pregnancy prevention programs. There is, however, some encouraging research that indicates media campaigns can be effective. One meta-analysis of 48 different health-related media campaigns — from smoking cessation to AIDS prevention — found that, on average, these types of campaigns caused seven to 10 percent of those exposed to the campaign to change their behavior (compared to those in a control group).¹⁴ Given how hard it is to actually change behavior, these findings are encouraging.

From its inception, the National Campaign to Prevent Teen Pregnancy has recognized that reducing teen pregnancy requires, among other things, a change in social values and standards; that the entertainment media has a major influence on popular culture; and that conveying important messages through the entertainment media is both powerful and efficient. The Campaign works in two primary ways with the entertainment media: influencing the content of television shows and magazines and placing PSAs in both print and broadcast media. To encourage media leaders to weave prevention messages into the content of their work, we offer specially tailored face-to-face briefings to key editors, script writers, and producers about the problem of teen pregnancy and its solutions. We discuss with them selected messages well suited to their shows or magazines and talk about different ways that these messages can be presented in their media. To date, the National Campaign has worked with over 57 media partners on messages that have reached millions of teens and their parents.

Implications for Welfare Reform Reauthorization

The National Campaign to Prevent Teen Pregnancy believes that preventing teen pregnancy should be a central focus in reauthorizing welfare reform. Sustained progress in reducing teen pregnancy could contribute significantly to the continued success of welfare reform. Welfare caseloads have declined dramatically since 1996, millions of low-income parents have moved into the labor force, child poverty has declined, teen birth rates have declined, and out-of-wedlock birth rates have leveled off. However, this good news could be short-lived if every welfare recipient who goes to work and begins moving toward self-sufficiency is replaced by a pregnant younger sister or daughter who is not prepared to support a family.

Moreover, teen pregnancy prevention is closely tied to the goal of reducing out-of-wedlock childbearing and increasing the number of children growing up with married parents. Three out of ten out-of-wedlock births in the U.S. are to teenagers and nearly half of all *first* out-of-wedlock births are to teen mothers. Furthermore, 80 percent of teen births are out of wedlock. Welfare caseloads are disproportionately made up of women who had their first birth as a teen. The teen years are frequently a time when unmarried families are first formed. Teenagers who have a non-marital birth are less likely to get married later and even if teen parents do get married, teen marriages are highly unstable and far more likely to fail than marriages between older individuals.¹⁵

Specific ideas

1. As a general matter, provide states and communities with adequate resources to prevent teen pregnancy, access to good information about what works so they can make informed choices about the best way to invest their resources, and a clear signal from the federal government that teen pregnancy prevention is important and is directly linked to other goals of welfare reform. They also need flexibility in deciding how best to reduce teen pregnancy, given local circumstances. Setting performance goals and expectations is a good idea. Rigidly prescribing how to achieve these goals is not. Consistent with the devolution philosophy underlying the rest of welfare reform, family and community values, rather than federal mandates, should prevail, especially on such sensitive issues as teen sexuality.
2. Strengthen the monitoring of and reporting on state efforts to reduce teen pregnancy. States are already required to include their goals and strategies for reducing teen pregnancy in their TANF plans but this information is not widely available and has received little attention within states or at the national level. In order to enhance accountability and visibility, we believe there is more that could be done by the federal government to shine a light on the portion of state TANF plans that address teen pregnancy. Similarly, the federal government should more closely monitor states progress in meeting their teen pregnancy prevention goals. This would encourage states to continue their work on this issue and inspire other states to do more.
3. Establish a national resource center to collect and disseminate information about what works to prevent teen pregnancy. Until very recently, little high quality information was available to states and communities about the best ways to prevent teen pregnancy and they had no way of learning about each other's efforts. A national resource center would provide easy access for people to get information about the latest research evidence, as well as promising practices. We believe the scope of this resource center should be defined broadly to include information about programs, as well as strategies on how to work through the media to promote responsible messages and content related to teenage sexuality. Helpful ideas should also be available about engaging parents, schools, and faith communities in teen pregnancy prevention.
4. Maintain or increase present funding levels for the TANF block grant in order to preserve resources and flexibility for states to expand their teen pregnancy prevention initiatives, while carrying out other important functions of TANF. The latest federal data show that states are spending less than one percent of TANF funds on pregnancy prevention. There are many competing priorities for TANF dollars, and these demands are likely to grow in the current economic downturn.

Additional ideas for welfare reform reauthorization include: make preventing teen pregnancy an explicit purpose of the TANF program; reward states that make the most progress in reducing teen pregnancy or teen births (without increasing abortion); and, retain in the overall welfare reform legislation a very strong abstinence message accompanied by support for information about and access to contraception. Both approaches help to reduce teen pregnancy and both merit support.

Endnotes

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