

# Briefly...

## Policy Brief: Funding to States and Communities for Effective Teen Pregnancy Prevention Interventions

There is persuasive and growing evidence that a number of programs can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy. A recent research review concludes that a growing number of programs that support both abstinence and the use of contraception for sexually active teens have shown positive effects in improving these measures.<sup>1</sup> At present, the federal government's primary investment has been in abstinence education rather than those programs that focus both on encouraging young people to postpone sex and to use contraception carefully and consistently if they are sexually active. Consequently, states and communities have been limited in their ability to adopt and sustain a range of programs to prevent teen pregnancy.

After more than a decade of progress in reducing teen pregnancy, it appears that progress has now stalled or may even be reversing. For example, between 2005 and 2006, the national teen birth rate increased three percent—the first increase in fifteen years. And, despite the extraordinary progress made in preventing teen pregnancy (down 38% since 1990), it is still the case that three in ten teen girls become pregnant by age 20.

Investment in programs that have been proven effective in changing teen sexual behavior should be increased in order to sustain our nation's progress in reducing teen pregnancy. The American public has differing beliefs and values regarding the sensitive issues of sex, pregnancy, and childbearing. Consequently, it is important that states and communities have flexibility to put into operation a variety of programs that address the unique needs of the youth they are attempting to reach. While the research evidence about what works is growing, more research is also needed to expand the number and types of high-quality, evidence-based programs available to communities.

### Recommendation

Policymakers should make substantial investments in teen pregnancy prevention programs with evidence of success. They should allow states and communities ample flexibility to put in place strategies to reduce teen pregnancy that respect diverse local values and cultures, including those with a strong message of abstinence as well as programs that discuss both abstinence *and* contraception. At the same time, Congress should direct funds to continue developing and testing strategies, including abstinence programs and programs for underserved populations, to provide communities with a greater range of high-quality, evidence-based approaches to reduce teen pregnancy.

Regardless of the focus of a particular program, the National Campaign firmly believes that the content of *all* teen pregnancy prevention programs, particularly when supported by taxpayer funds, should always be honest and medically accurate. And, whenever possible, public funds should be invested in programs with evidence of success.

### Key Facts

**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.**

- Nine in ten adults and teens think it is important for young people to receive a strong message to delay sex until they are at least out of high school.<sup>2</sup>

- A clear majority of adults (73%) and teens (56%) wish teens were receiving more information about both abstinence and contraception, rather than either/or.<sup>3</sup>

**Research about what works to help teens avoid too-early pregnancy and childbearing is continually growing.**

- According to *Emerging Answers 2007*, a research review published by the National Campaign, two-thirds of 48 rigorously evaluated curriculum-based comprehensive sex and HIV/STD education programs had positive effects on teen sexual behavior.<sup>4</sup> Specifically, about 40 percent of these programs delayed the initiation of sex, reduced the number of sexual partners, and increased condom or contraceptive use; more than 60 percent reduced the occurrence of unprotected sex.<sup>5</sup>
- Importantly, none of the curriculum-based comprehensive sex education programs reviewed hastened the initiation of sex or increased the frequency of sex.<sup>6</sup>

**Although there is currently no strong evidence that abstinence-only programs delay sexual initiation, hasten the return to abstinence, or reduce the number of sexual partners, it is quite possible that as the field matures, and with additional research, such programs with evidence of effectiveness may emerge.**

- In 2007, results from a Mathematica Policy Research, Inc. evaluation commissioned by the U.S. Department of Health and Human Services found that youth enrolled in four federally-funded abstinence-only programs were no more likely than those not in the programs to delay sexual initiation, have fewer sexual partners, or abstain from sex entirely.<sup>7</sup>
- Of the ten abstinence programs included in *Emerging Answers 2007*, only six had been rigorously evaluated. Two studies with quasi-experimental designs (not considered strong evidence) were found to have positive effects on behavior. Sex Can Wait reduced the frequency of sex among sexually active youth in one study (though this finding was not present in a more rigorous evaluation) and For Keeps was shown to reduce the number of sexual partners in a different evaluation. A more recent evaluation of an abstinence program, Reasons of the Heart, shows some positive behavioral effects among middle school students, though the evidence is not particularly strong.

## Legislative Background

There are three dedicated federal funding streams for abstinence education:

- 1.) The Section 510 State Abstinence Education program, or Title V grants, provides \$50 million in formula grants to states. These mandatory funds are authorized by Section 510 of Title V of the Social Security Act, which is temporarily reauthorized through June 30, 2009. States must provide three dollars in matching funds for every four dollars in federal funds. Almost half of the states and the District of Columbia have opted not to accept the Title V abstinence-only grants in FY09.
- 2.) The Community Based Abstinence Education program—annually appropriated competitive grants—is currently funded at \$113 million. After steadily increasing from \$20 million in FY 2001, Congress has level-funded CBAE since FY06. Funding for FY09 is included in a Continuing Resolution at the same level as FY08.
- 3.) The Adolescent Family Life program provides annually appropriated competitive grants and is currently funded at \$13 million.

At present, grantees who receive funds from the Title V or CBAE funding streams must give equal time and attention to each element of an eight-point definition for abstinence education. There is also explicit guidance that “material must not promote contraception and/or condom use.” Therefore, programs that discuss both abstinence and provide information about contraception are ineligible for funds.

During the 110th Congress, several pieces of legislation were introduced to create a dedicated funding stream for interventions that discuss both abstinence and contraception. Both **The Reducing the Need for Abortions and Supporting Parents Act (H.R. 1074)**, introduced by Rep. Tim Ryan (D-OH) with Rep. Rosa DeLauro (D-CT), and **The Teen Pregnancy Prevention, Respon-**

**sibility and Opportunity Act (S. 1137/ H.R. 2097)**, introduced by Sen. Robert Menendez (D-NJ) and Rep. Steve Rothman (D-NJ) propose the creation of new funding streams for evidence-based teen pregnancy prevention programs. Additionally, **The Responsible Education About Life (REAL) Act (S.972/H.R.1653)**, which was introduced by Sen. Frank Lautenberg (D-NJ) in the Senate and Rep. Barbara Lee (D-CA) in the House, would create a parallel funding stream for Adolescent Family Life comprehensive sex education programs by authorizing \$206 million. Provisions from the REAL Act are also included in the **Prevention First Act (S.21/H.R.819)**.

## Sources

1. Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
2. Albert, B. (2007). *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
3. Ibid.
4. Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
5. Ibid.
6. Ibid.
7. Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., and Clark, M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc.