

KIDS COUNT Indicator Brief

Reducing the Teen Birth Rate

The Annie E. Casey Foundation

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Teen childbearing affects young people at both ends of childhood. When teens have children, their own health may be jeopardized and their own chances for productive lives are often diminished. Compared to women who postpone childbearing until they are older, teenage mothers are more likely to drop out of school and to live in poverty. At the same time, their babies are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves (The National Campaign to Prevent Teen Pregnancy, 2005; Haveman, Wolfe, and Wilson, 1997). In all of these ways, teenage childbearing exacts a high cost both to individuals and to society as a whole.

The 33 percent decline in teen (ages 15 to 19) births from 1991 to 2003 is therefore very good news. This decline has affected teens of all ages, racial and ethnic groups, and geographical areas. During that 12-year period, the 45 percent drop in teen births among African American women was the largest decrease documented for any ethnic group. Teen births among Latino women fell 21 percent during the same period. African American teens had the highest birth rates of any ethnic group until 1995. Since then, the highest teen birth rate has been among Latinos. The birth rates of African American and Latino teens remain higher than those of other groups (The National Campaign to Prevent Teen Pregnancy, 2005; Child Trends DataBank, 2003; AECF, 2002). The decline in teen births also holds for both first and second pregnancies, a particularly encouraging development because second teen births are associated with the most adverse outcomes for mothers and children.

While the nation is moving in the right direction, we cannot afford complacency. The United States has the highest teen pregnancy and birth rates among western industrialized countries. Our teen pregnancy rate is at least four times that of France, Germany, and Japan (Alan Guttmacher Institute, 2000). One in three (34 percent) of young American women becomes pregnant at least once before her twentieth birthday (The National Campaign to Prevent Teenage Pregnancy, 2005). Moreover, it cannot be assumed that our pregnancy rate will continue to fall. Behavioral

changes linked to social mores are subject to change, and changing economic conditions can have adverse consequences. Demographic trends also play a role. Baby boomers' children are continuing to increase our nation's teen population. Even if today's pregnancy rate holds steady, there will be a greater number of teen pregnancies and births (AECF, 1999a).

Sustained attention to teen pregnancy is therefore essential. The National Campaign to Prevent Teen Pregnancy and other advocacy groups set the ambitious goal of reducing teen pregnancy by one-third during the decade from 1996 to 2005. The National Campaign is optimistic that when results are in for 2005 this challenge will be met, and has already set a goal for the next decade: achieving another one-third reduction by the year 2015, which would lower the rate to 43 births per 1000 young women ages 15 to 19.

An important step is to understand the factors behind the progress that has already been made. Many of the ideas offered below have been adapted from National Campaign's strategies. The Annie. E. Casey Foundation's Plain Talk Initiative, which was implemented in urban neighborhoods in Atlanta, San Diego, Seattle, New Orleans, and Hartford, has also yielded a great deal of information about what works (AECF, 1999b).

This *KIDS COUNT Indicator Brief* describes six strategies that can contribute to preventing teen pregnancy:

- **Address the underlying causes of teen pregnancy.**
- **Help parents succeed in their role as sex educators.**
- **Broaden the scope of pregnancy prevention efforts.**
- **Provide accurate, clear and consistent information about how to reduce risk-taking behaviors.**
- **Create community-wide plans of action for teen pregnancy prevention, including adolescent reproductive health services.**
- **Give young people a credible vision of a positive future**

1. Address the underlying causes of teen pregnancy

Most prevention efforts focus on young people's decision-making and behavior. But researchers say that reducing teen pregnancy also requires attention to broad social and environmental factors. While teen pregnancy takes place in all kinds of communities, teens who give birth are more likely to come from economically disadvantaged families and neighborhoods. Some researchers believe that factors associated with low-income households, including low educational attainment, lack of employment, and single parenthood, are more influential than poverty itself (Haveman, Wolfe, and Wilson, 1997).

Neighborhoods matter, but not all high-poverty areas have the same impact. Teens' chances of becoming pregnant are affected not just by the presence of poverty, but by its persistence and concentration. For example, the likelihood of teenage childbearing is highest in neighborhoods with the lowest percentages of managerial or professional workers. Case in point: researchers have found that white teens in our nation's largest cities are almost a hundred times more likely to give birth when they live in neighborhoods where the proportion of high-status workers is 3.5 percent than those where the proportion is 7.5 percent (Gephart, 1997).

- **Focus the most resources on adolescents who are at greatest risk of creating unwanted pregnancies.** Researchers consistently report that teens residing in low-income communities with high percentages of single-mother households are at higher risk for early pregnancy. Particularly susceptible are girls whose mother gave birth as a teen or whose sister became pregnant as an adolescent.
- **Consider protective factors as well as risk factors.** Poverty is a key risk factor, but efforts to prevent teen pregnancy need to look beyond a neighborhood's economic status. Teen pregnancy is more likely in communities with low levels of social organization (Coulton, 1996). Strong social networks and institutions can help to buffer teens from the effects of poverty. Researchers have found that in Latino communities with enduring social networks, particularly communities with strong links to countries of origin, teens may be protected from the negative impact of poverty and may have lower birth rates than found in the general Latino population (Denner, 2001). The Plan Talk Initiative found that reinforcing a community's kinship ties and friendship networks can help to combat teen pregnancy. In immigrant communities, sturdy family bonds and a strong

cultural orientation appear to be protective factors. High-risk behaviors such as early sexual activity and unprotected sex increase with the length of residence in the U.S. or from one generation to the next (Hernandez and Charney, 1998).

- **As welfare legislation is reauthorized, sustain the emphasis on preventing teen pregnancy.** Teen parents now make up only about 5 percent of welfare recipients, but women who began parenting while in their teens account for 40 to 50 percent of welfare caseloads. To varying degrees, states have used Temporary Aid to Needy Families (TANF) funds to support efforts to prevent teen pregnancy. By law state plans are expected to give “special emphasis” to teen pregnancy prevention; moreover, welfare legislation also requires the federal government to assure that at least one-fourth of the nation’s communities have teen pregnancy prevention programs. Given recent evidence that high-quality programs can reduce the teen pregnancy rate, this emphasis should continue (CLASP, 2003, 2001).

2. Help parents succeed in their role as sex educators.

Teenagers who have strong emotional attachments to their parents and are closely supervised by them are much less likely to become sexually active at an early age (Kirby, 2001b; Moore, Driscoll and Lindberg, 1998). For both boys and girls, family connectedness is strongly correlated with abstinence, less frequent intercourse, and more consistent use of contraceptives.

- **Build and sustain parental involvement in all pregnancy prevention programs.** The participation must be ongoing. As with sex education efforts in general, there is little evidence that short-term or episodic educational programs for adolescents and their families produce the sustained effects that are needed to make a difference throughout the teen years. In the short run they do increase parent/child communication and lessen some of the discomfort families feel about discussing sexuality, but these positive effects dissipate with time.
- **Provide community-based adult education.** Not only young people, but also adults have gaps in their understanding of such topics as human anatomy and sexuality, the transmission of sexually transmitted diseases (STDs), and the proper use of contraceptives. Most find it awkward to speak candidly with their teens about sexuality. Ongoing community education workshops can help. (AECF, 2000).

- **Gear family support programs to parents of teens.** Such programs can help parents and teens keep lines of communication open. When evaluators looked at the impact of the Plain Talk initiative, they found that adolescents who talk to adults know more about birth control, are more likely to know where to get contraceptives, and feel more comfortable about it. They are also more likely to act responsibly. And in the long run, they are less likely to get pregnant or get STDs.

3. Broaden the scope of pregnancy prevention efforts.

When prevention efforts are too narrowly focused, they miss opportunities to avert pregnancies. Programs and policies aimed at preventing teen pregnancy need to consider not only adolescents but also younger children; not only females but also males; not only early sexual activity but also other risk-taking behaviors; and not only first but also subsequent pregnancies.

- **Direct pregnancy prevention efforts to both males and females.** Like young women, young men are vulnerable to poor outcomes when they create unwanted or too-early pregnancies. Today, there is greater recognition that efforts to combat teen pregnancy need to address both sexes. Most states now sponsor one or more initiatives to help prevent unwanted or too-early fatherhood. These efforts have taken many approaches, from creating school curricula geared to preventing unwanted fatherhood, to enforcing statutory rape laws, to working with incarcerated youth. Some programs use mentoring or peer education to promote responsible fatherhood (Bernard & Knitzer, 1999).
- **Focus on a wide spectrum of risk-taking behaviors, not just sex.** Many experts believe that programs focusing on behaviors other than sex may be as important as, and perhaps even more successful than, sex education alone. Substance abuse is a key concern. Teens who drink or use drugs are more likely to have sex, to begin having sex at a younger age, and to have more partners (National Center on Addiction and Substance Abuse, 1999). Some experts urge a shift in emphasis from simply preventing pregnancy to promoting a wide range of healthy behaviors and helping teens develop good decision-making skills (Forum on Adolescence, 1999). This more positive approach is being implemented in various forms by schools, community centers, faith-based organizations, and health-care providers.

- **Begin prevention efforts well before the teen years.** A noteworthy, long-term effect of high-quality early childhood education for at-risk children is a greater likelihood of high school graduation and fewer problem behaviors as teens (Reynolds et al., 2001). Expanded resources for inner city schools at all grade levels may reduce risk-taking behavior at all ages.
- **Focus on preventing both first-time and subsequent pregnancies.** Nearly one-fourth of teen mothers give birth to a second child before they reach age 20. In 2002, 89,000 babies were born to teens who already had another child, representing 21 percent of all births to teenagers. Teens who have already given birth need extensive family planning counseling and services. Often they are under the erroneous impression that birth control is dangerous, or that side effects they experienced with one method will inevitably occur with other methods. Programs for preventing second pregnancies also need to include health and social services, child care, transportation, educational support, and job training. (Stevens-Simon et al, 1998).

4. Provide accurate, clear and consistent information about how to reduce risk-taking behaviors.

Compared with previous generations, on average today's Americans are reaching puberty sooner and getting married later. The "window of opportunity" for teen pregnancy and single parenthood has widened. At the same time, teens' physical maturation is often out of sync with their emotional and cognitive development. To manage this "maturity gap" and make responsible decisions, they need accurate information, trustworthy guidance, and realistic approaches. They need clear, unambiguous messages from adults about responsible decision-making in general, and in particular about the importance of protected sex for those who are sexually active.

- **Learn from other countries.** Lessons in pregnancy prevention may be gleaned from the experience of countries where adolescents are just as likely as American teenagers to be sexually active but are less likely to become pregnant. Some observers suggest that a more realistic, positive attitude toward adolescent sexuality creates a setting in which teens are more likely to obtain and use contraception. Research suggests that for adolescents, information about and access to effective contraception are not sufficient if they are emotionally unwilling to think of themselves as sexually active or to make conscious decisions about their sexual behavior.

In England, Australia, Germany, France, Japan, and the Netherlands, a number of factors seem to contribute to their lower rates of teen pregnancy and childbearing, including mandatory sexuality education, easy access to contraception and other forms of reproductive health care, social acceptance of adolescent sexual expression, and government support for information programs and services. (Berne & Huberman, 1999).

- **Provide sex education that is informative, timely, and realistic.** Some form of sex education is now available in most high schools, but it is often too little (focusing narrowly on the biology of reproduction) and too late (starting after sex has already been initiated). Evaluations of sex education and HIV education programs have found that various program models can reduce sexual risk-taking or pregnancy. Health providers who address teens' sexual behavior during office or clinic visits can also help to prevent pregnancy (Kirby 2001a).
- **Sustain sex education programs.** Sex education programs need to be ongoing in order to reinforce their message. There is little educational value to a one-shot presentation or to an isolated curricular unit. While condom use increased during the 1990s, teens tend to get increasingly lax about using protection as they move through the high school years. With individuals, condom use also tends to decrease over time from first to most recent sexual intercourse. This tendency needs to be countered with steady and sustained emphasis on safety and responsibility.
- **Rethink the focus of abstinence-only programs.** According to polls, most adults (95 percent) and most teens (85 percent) believe that teenagers should be given the strong message from society that they should abstain from sex until they are out of high school (Princeton Survey Research Associates, 1997). The primary reason given by teenage girls for abstaining from sex is adherence to their religious or moral values. However, to date there is no evidence that abstinence-only programs delay the initiation of sexual intercourse or decrease sexual risk-taking behaviors among sexually active youth (Kirby, 2001; Kaeser, Landry, & Richards, 2000). State evaluations of the abstinence-only federal initiative are just now becoming available. A review undertaken by Advocates for Youth, titled *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*, looked at the results of abstinence-only programs in 10 states (Arizona, Florida,

Iowa, Maryland, Minnesota, Missouri, Nebraska, Oregon, Pennsylvania and Washington) and found “...little evidence of sustained long-term impact on adolescents' attitudes favoring abstinence or on teens' intentions to abstain. Importantly, in only one of the ten states did any program demonstrate short-term success in delaying the initiation of sex, and none showed long-term success in impacting teen sexual behavior” (Hauser, 2004).

- **Address issues of communication and self-assertion.** The best sex education programs focus less on reproductive biology and more on teaching adolescents the skills necessary to handle relationships, resist peer pressure, and negotiate difficult situations.

5. Create community-wide plans of action for teen pregnancy prevention, including adolescent reproductive health services.

- **Embed sex education in multi-faceted community-based programs.** Nearly all teens know that sexual intercourse can lead to pregnancy and STDs, and most know that condoms provide protection and can be obtained in stores. Yet most teen pregnancies are unintended. Sex education alone is not sufficient. Programs that include youth development components, health services, and close relationships with staff can help to reduce teen pregnancy.
- **Make contraception available, accessible, and convenient to teens.** A sexually active teenager who does not use contraceptives has a 90 percent chance of becoming pregnant within one year (Alan Guttmacher Institute, 1999). While most Americans believe that teens should refrain from having sex, most also say that sexually active teenagers should have access to contraception (Princeton Survey Research Associates, 1997). Research, experience, and common sense point to the wisdom of providing adolescent reproductive health services at sites that are convenient to teens, such as at school or a mall, offered during non-school hours, confidential, and low-cost or free. Some studies say that improving clinics' community outreach can increase adolescent use of medical providers and improve contraceptive use. Condom distribution programs in schools, on the other hand, have not been shown to increase their use since condoms are readily available elsewhere.

For teens in low-income communities, federal family planning programs have proved to be very effective. Since 1970 subsidized family planning services have been available to women through federally funded family planning clinics (Title X) and Medicaid (Title XIX). It has been estimated that some 386,000 teens avoid an unintended pregnancy each year through the use of publicly funded family planning services (CDC, 1999).

- **Address sexual abuse—a frequent factor in teen pregnancy.** Child and adolescent sexual abuse is a risk factor for teen pregnancy in two ways. First, sexual abuse is associated with teen pregnancy, with up to two-thirds of pregnant teens reporting histories of abuse. And second, coercive sex appears to play a greater role in teen pregnancy than has been commonly recognized. (Elders & Albert, 1998). According to many studies, among girls who have had sex, the younger the girl, the more likely she is to report having had sex either involuntarily or with consent low on the “wantedness” scale. More than half of infants born to teen mothers are fathered by men older than 18 years old. One approach to preventing teen pregnancy is therefore to pursue and prosecute older men who prey on younger females (Bernard & Knitzer, 1999).
- **Stress peer involvement in pregnancy prevention programs.** A key finding of research on teen pregnancy is the power of social norms, especially when young people are strongly connected to the people who express or model those norms (Kirby, 2001b). Families are the most important influence on teens, but the peer culture has a strong impact as well. Teen pregnancy prevention programs must therefore take into account both the impact of peer culture and teens’ misperceptions of other teens’ experience. Several studies have shown that a prominent influence on girls’ sexual activity is the belief that *other* girls were sexually active during the previous year. Yet research shows that both boys and girls overestimated the extent of their peers’ sexual activity (Princeton Survey Research Associates, 1997). Community-based programs that have genuine youth involvement represent the most effective, long-term, and powerful approach to real, sustained changes among teens.
- **Set specific, short-term goals.** Over the long term, a key to preventing teen pregnancy is reorienting peer culture. An intervention that begins by affecting behavior in modest ways may produce changes that snowball into bigger long-term effects. In this way, specific, short-term risk-reduction goals—such as delaying sexual initiation, increasing

condom use, and/or decreasing an individual's number of sexual partners—hold promise for affecting large-scale demographic indicators such as a change in birth or pregnancy rates.

- **Design programs that respect cultural diversity and the characteristics of specific communities.** In a diverse country, it is unrealistic to think that individuals or groups will agree on a single approach to pregnancy prevention. The particular population and the political will of a community must be recognized and dealt with realistically. For example, history has shown that in some areas attempting to establish a school-based health center or program of condom distribution may simply be too divisive. As the National Campaign to Prevent Teen Pregnancy has put it, we should strive for “unity of goal, but tolerance for a variety of means.”

In this spirit, the Annie E. Casey Foundation's Plain Talk Initiative provides a model for culturally sensitive community-oriented projects. In San Diego's “Hablando Claro,” the “Vecino a Vecino” (neighbor-to-neighbor) program of home-based workshops helps adults learn how to talk to their children about sexuality and pregnancy. Plain Talk Seattle, located in a neighborhood in which 40 percent of residents are Asian/Pacific Islanders, formed links with the local PTAs, an organization in which everyone shares a common interest. Working with principals, teachers, health educators, and school nurses, the program has helped community members organize around issues that are related to, but also go beyond, the problem of teen pregnancy, encouraging them to be local advocates for better education and health services for youth. Plain Talk New Orleans, with its “Walkers and Talkers” peer outreach workers, takes an African-American community organizing approach to pregnancy prevention. Its central focus is strengthening family structure by means of projects in which sexuality is only one topic among many of concern to the African American community (AECF, 1999b).

6. Give young people a credible vision of a positive future.

Young people need to be able to imagine the broader range of experiences and opportunities that may be open to them if they delay childbearing and parenting. They need help acquiring good decision-making, communication, and work skills that prepare them for the adult world.

- **Develop teen programs that address issues of school involvement, motivation to stay in school, and ambition for the future.** Young people need clear connections and pathways to college or jobs that give them hope and a reason to stay in school and avoid pregnancy. Too many teenagers become parents either because they cannot envision another positive direction to their lives, or because they lack the concrete education or employment goals and opportunities that would convince them to delay parenthood. At the same time, during the last two decades the U.S. economy has lost most of its low-skilled, high-paying manufacturing jobs. This is a situation that creates a vicious cycle of poverty and hopelessness for teens and the children of teens.
- **Design teen programs that promote youth development.** Many factors influence the teen pregnancy rate. To be effective, teen pregnancy prevention programs must be comprehensive in scope. The youth development approach is an example of a comprehensive model. Programs based on the youth development model differ from more traditional programs in that they are comprehensive and provide ongoing support from adults; focus on creating opportunities for young people; and emphasize the development of skills-particularly decision-making skills-that enable young people to seize those opportunities. Youth development programs are typically long-term, intensive and emphasize building relationships between the participants and adults in the community and the program. The Children's Aid Society Carrera Adolescent Pregnancy Prevention Program (www.stopteenpregnancy.com) is an example of a successful youth development program (Kirby et al., 2003).
- **Support “service-learning” programs.** Service-learning programs that include youth mentoring and structured community service, often as part of an academic program, have been shown to reduce the pregnancy rate of participants, at least while they are in the program. Programs of vocational education that offer few support services do not seem to be as effective. To date, the most valuable programs, especially for young people at risk, seem to be those that offer a rich combination of education, mentoring, support services, and employment opportunities (CLASP, 2001; Kirby 2001a)
- **Pursue high school reform strategies that focus on the full range of developmental tasks faced by adolescents.** High school reform efforts have focused on preparing young people for workplaces of the new century, but they have not sufficiently addressed the

emotional, social, and ethical challenges of today's world. They have not dealt adequately with health issues in a society where many young men and women are engaging in sex sooner and have greater exposure to drugs and violence than they once did. In particular, there is a need for stronger links between education and health. Health organizations need help becoming more "adolescent-friendly," and schools need help linking up with health agencies and other human services (Shore, 1996).

- **Support media advocacy campaigns to encourage responsible portrayals of sexuality in television, movies, and other mass media.** Today's adolescents receive a steady barrage of sexual images in popular culture, from advertisements to movies to song lyrics. And teen sexuality itself has become deeply rooted in popular culture, along with a tendency to sexualize the portrayal of youths at younger and younger ages. Communities and families need to organize and support advocacy campaigns that encourage responsible portrayals of sexuality in television, movies, and other mass media.

Continued effort is needed to sustain the progress that has been made over the last decade in reducing the teen pregnancy rate. Numerous private and public initiatives continue to devote significant energy and resources to preventing teen pregnancy. Reaching that goal will require policies and programs that address the underlying causes of teen pregnancy, consider both risk and protective factors, and promote healthy behaviors and decision-making, with leadership from parents, educators, health-care providers, community organizations, faith-based organizations, and teenagers themselves.

For more information:

Be Proud! Be Responsible! Program

Select Media, Inc.

(800) 707.6334

www.selectmedia.org/curriculum

Carrera Adolescent Pregnancy Prevention Program

Children's Aid Society

(212) 876-9716

www.stopteenpregnancy.com/

Healthy Families San Angelo

(325) 658-2771

Teri_covert_hfsa@msn.com

Fatherhood Program for Adolescent and Adult Fathers

Casey Family Services - Baltimore

(410) 342-7554 or info@caseyfamilyservices.org

Hombres Jovenes con Palabra (Young Men with Word)

The National Latino Fatherhood and Family Institute

(323) 728-7770

<http://www.nlffi.org/docs/eljovenoble.htm>

Plain Talk Initiative

Annie E. Casey Foundation

(410) 547-6600

<http://www.aecf.org/initiatives/plaintalk/index.htm>

The Alan Guttmacher Institute

(202) 296-4012

www.agi-usa.org

The Campaign for Our Children, Inc.

(401) 576-9015

www.cfoc.org

The National Campaign to Prevent Teen Pregnancy

(202) 261-5655

www.teenpregnancy.org

U.S. Department of Health and Human Services Office of Adolescent Pregnancy Programs

(301) 594-4004

www.hhs.gov/progorg/opa/titlexx/oapp.html

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