

Preventing Teen Pregnancies: Key Issues and Promising State Efforts

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Summary

As states continue to move forward with comprehensive welfare reform initiatives, a key strategy for reducing long-term welfare dependency and discouraging out-of-wedlock childbearing is preventing teen pregnancies. Currently, almost half of all Aid to Families with Dependent Children (AFDC) grants go to families formed by a teen birth. These families are more likely than other families to receive assistance for long periods, and their children are more likely than other children to become dependent on welfare themselves. Almost three quarters of teens giving birth today are unmarried. Most women bearing children out-of-wedlock had their first birth as a teenager.

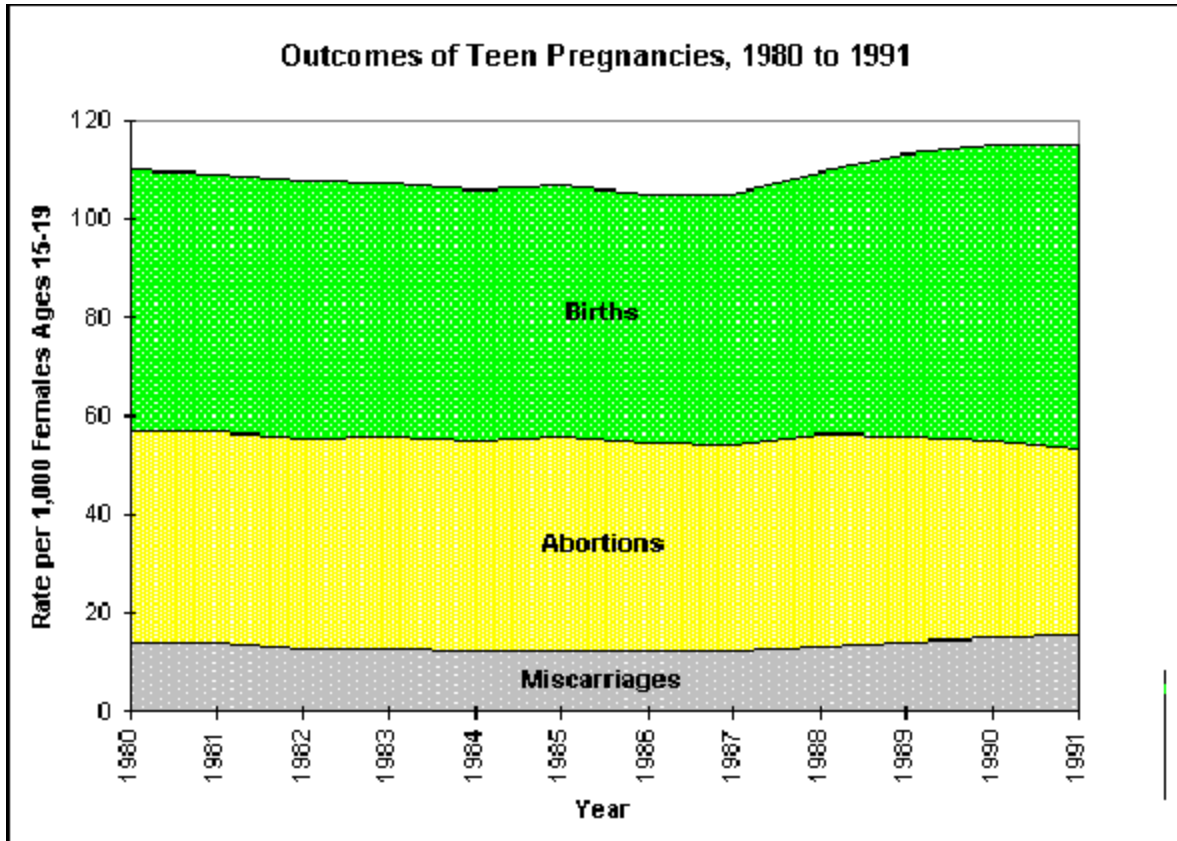
Many states have already begun to develop coordinated teen pregnancy prevention campaigns as part of their ongoing efforts to reduce both welfare dependency and early out-of-wedlock childbearing. These efforts include forming statewide public/private partnerships to leverage broad-based support for teen pregnancy prevention efforts; initiating comprehensive public education campaigns; supporting grassroots teen pregnancy prevention coalitions involving parents, teachers, clergy, service providers, and business leaders; and developing innovative programs that provide counseling and support as well as educational and vocational opportunities for at-risk youth.

This *Issue Brief* attempts to enhance state welfare reform efforts by providing information on the effectiveness of a variety of teen pregnancy prevention strategies and examples of emerging efforts in a number of states. A list of contacts for more information on state efforts and a list of selected references on teen pregnancy prevention are attached. The *Issue Brief* does not seek to address the more difficult issues of preventing subsequent pregnancies and decreasing long-term dependency among teens who are already parents.

The Problem

The United States has the highest teenage pregnancy, birth, and abortion rates in the Western world. Each year about 1 million adolescent girls become pregnant. About half of these pregnancies end in birth, one third end in abortion, and the rest end in miscarriages (see Figure 1). More than half a million babies were born to teenagers in 1993 (see Figure 2). Although most of the concern has focused on younger teens—those below the age of eighteen—the majority of teen births are to females ages eighteen and nineteen.

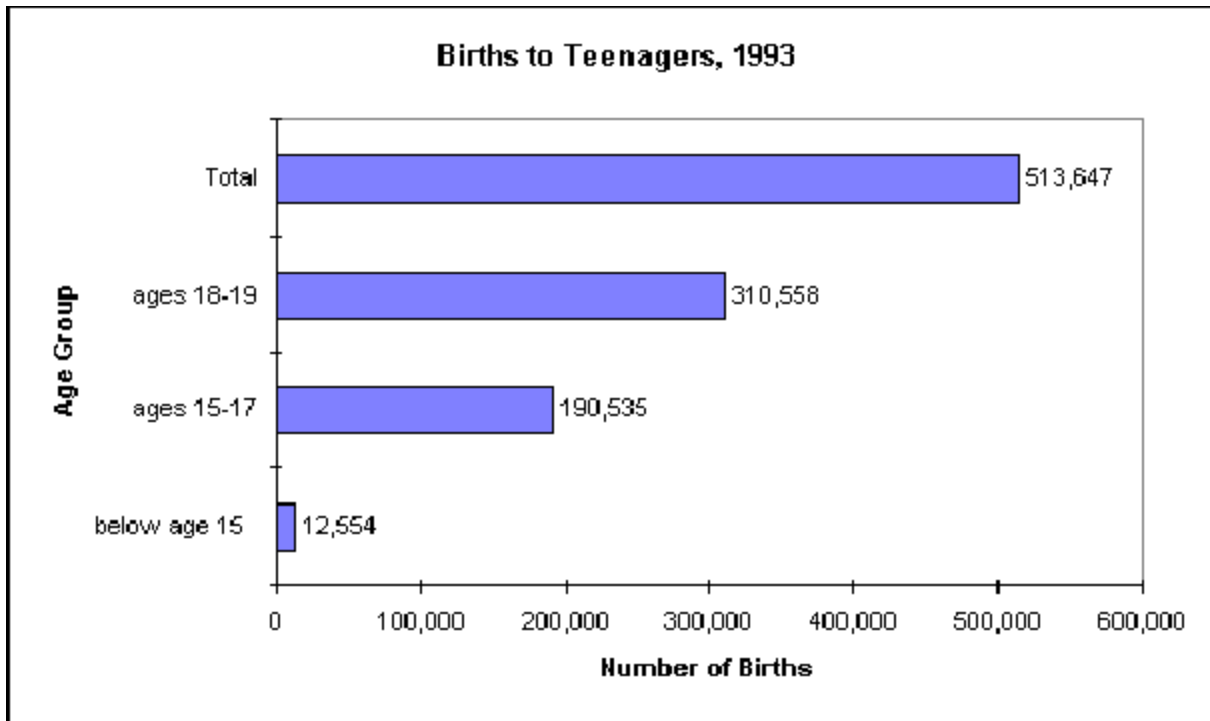
Figure 1



Source: Ventura et al., "Trends in Pregnancy Rates: Estimates for the United States, 1908-1992," *Monthly Vital Statistics Report* 43, National Center for Health Statistics, Hyattsville, Md., 1995.

There are high costs associated with adolescent births. It has been estimated that in 1992, the federal government spent \$34 billion for AFDC, Medicaid, and Food Stamp benefits to support families begun by adolescent mothers. Adolescent mothers are at increased risk of dropping out of school, unemployment, and long-term welfare dependency. They are also unlikely to marry and more likely to have larger families. Children of unmarried teen mothers are far more likely than the children of older, two-parent families to fall behind and drop out of school, to get into trouble with the law, to abuse drugs and join gangs, to have children of their own out-of-wedlock, and to become dependent on welfare. They are also at greater risk of being born at low birthweight and of suffering health problems during childhood. Although teen mothers comprise only 5 percent of the current AFDC caseload, about half of all unmarried teen mothers are likely to go on AFDC within four years of the birth of their first child. In 1992, 42 percent of all single women receiving AFDC had given birth as teenagers.

Figure 2

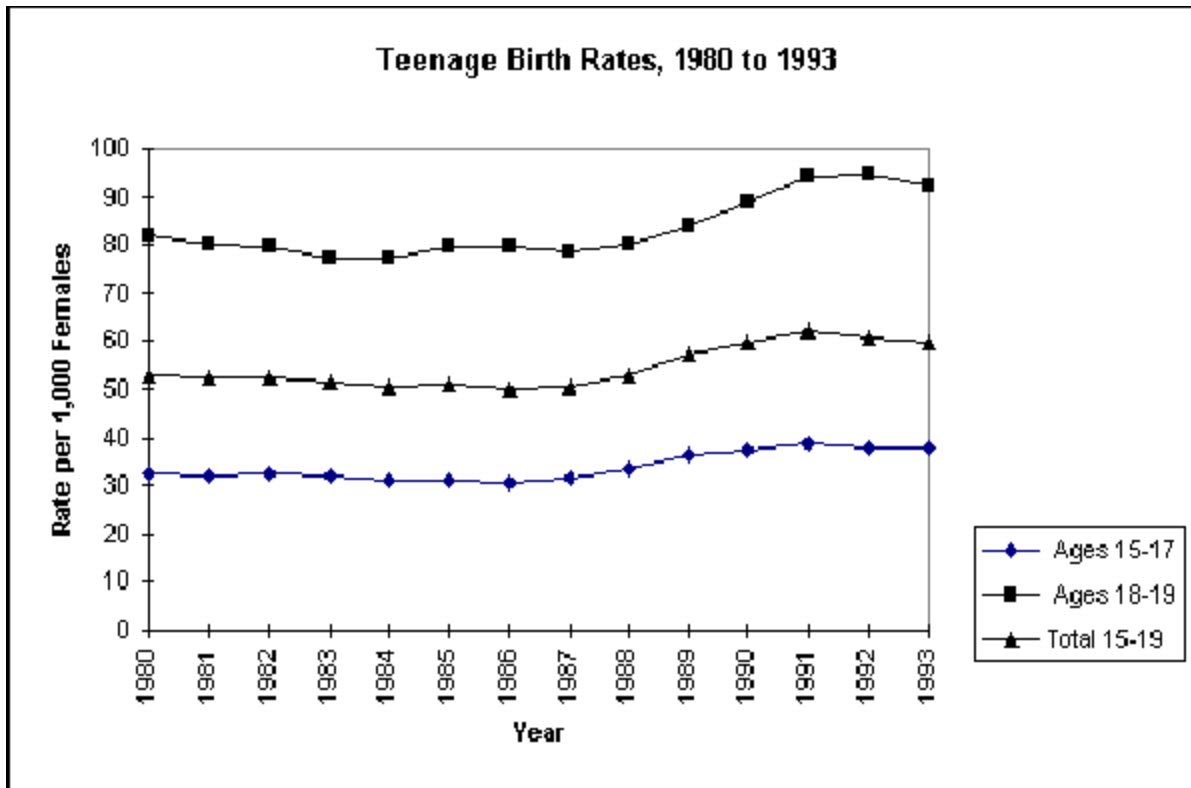


Source: Ventura et al., "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report 44*, National Center for Health Statistics, Hyattsville, Md., 1995.

Between 1986 and 1991, teen birth rates rose sharply. In recent years, however, these rates have slowed (see Figure 3). Slight declines in teen birth rates in 1992 and 1993, coupled with declining abortion rates for teens since 1988, suggest that teenage pregnancy rates may also be on the decline after rising steadily from 1987 until 1990 and remaining stable in 1991, the most recent year for which estimates are available.

Yet even with a modest decline in birth rates for teens, the *number* of births to teens is expected to remain high over the next several years as the teenage population grows. In 1993 the number of births to fifteen- to seventeen-year-old girls increased by 2 percent, despite a stable per capita birth rate, because of a corresponding 2 percent rise in the number of these girls. Census projections suggest increasing growth in the teenage population over the next several years.

Figure 3



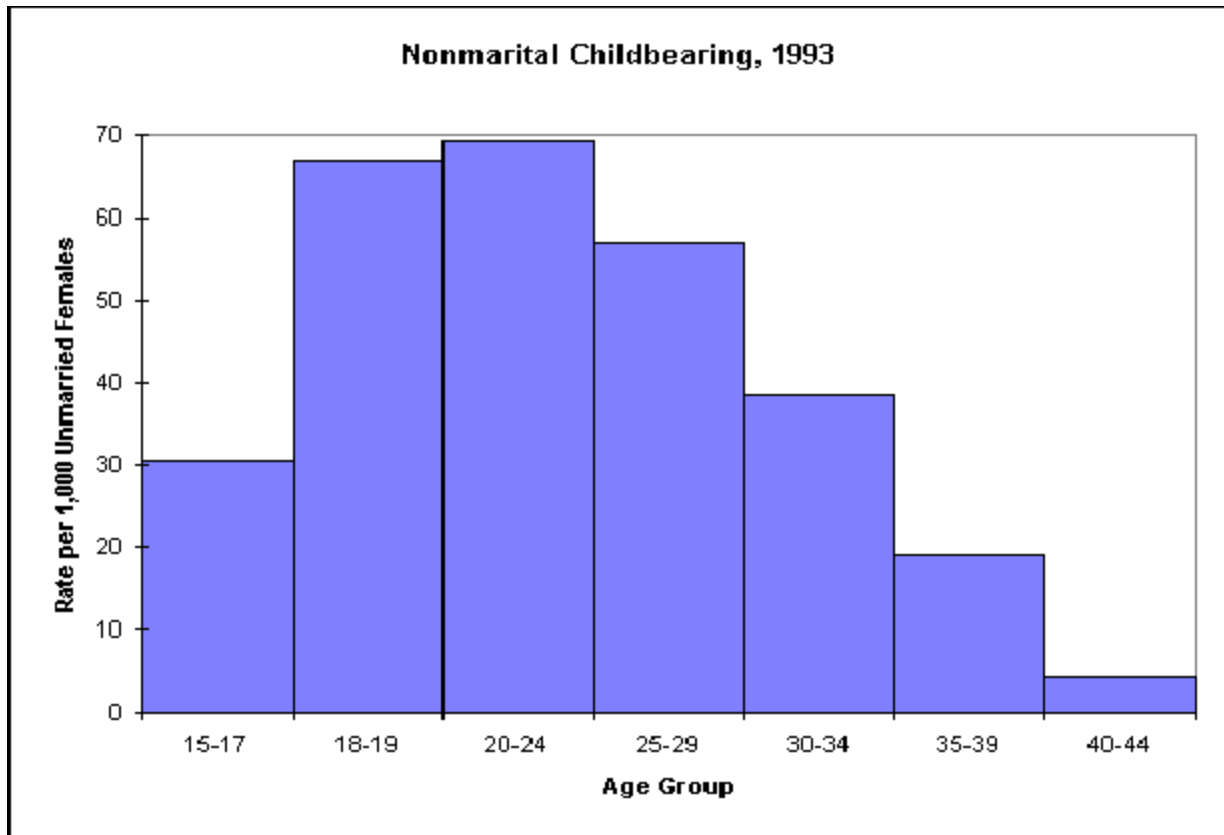
Source: Ventura et al., "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report 44*, National Center for Health Statistics, Hyattsville, Md., 1995.

Teens today are less likely to choose adoption, and less likely to legitimate a birth through marriage, than they were in the past, leading to a large increase in the number of never-married women raising children. Between 1982 and 1988, only 3 percent of white never-married women and 1 percent of black never-married women put their babies up for adoption, down from 19 percent and 2 percent, respectively, between 1965 and 1972. Teen mothers are also increasingly less likely to marry the fathers of their children. In 1992, 71 percent of teens giving birth were unmarried, compared with 31 percent in 1970. Although teen birth rates were higher in the 1970s than they are today, the majority of those births were to married teens.

A number of factors seem to influence the likelihood of a pregnant teen marrying prior to the birth of her child. In particular, young teens and teens with less than a high school education are less likely to marry. Teens who live in an intact family are more likely to marry.

In recent years, the rate of nonmarital childbearing has increased among women of all ages (see Figure 4). In 1993, 1.2 million babies—about one third of all babies—were born to unmarried women. Although women above age twenty account for more births to unmarried women than do teenage girls, teen mothers account for more than half of all *first births* to unmarried women. Most women bearing children out-of-wedlock had their first birth as a teenager.

Figure 4



Source: Ventura et al., "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report 44*, National Center for Health Statistics, Hyattsville, Md., 1995.

Contributing Factors

A number of factors contribute to teen pregnancy and births to teens, including high rates of sexual activity among teens, inconsistent use of contraception, sexual abuse and coercion, and cultural and public policy variables. In general, teens who are least prepared to care for a child—those experiencing problems in school, those with low educational and career aspirations, those engaging in risk-taking behaviors such as drug and alcohol use, and those from low-income families and communities—are the most likely to become pregnant and give birth. Those who want a child or feel ambivalent about having a child are also more likely to become teen parents. Teens with higher educational aspirations, who are involved in school, who come from an intact family, and whose families have a higher permanent income are less likely to become teen parents; such teens are less likely to become pregnant and are more likely to have an abortion if they do become pregnant. Eighty-three percent of teenage girls who give birth have incomes below 200 percent of the federal poverty level.

High Rates of Sexual Activity. Sexual activity among teenagers has become increasingly common. The most recent data available suggest that, by age eighteen, more than half of adolescent females and nearly two thirds of adolescent males have engaged in sexual activity.

There are a number of factors that increase the risk of early sexual activity, including:

- reaching puberty at an early age;
- living in a single-parent household;

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- engaging in early and frequent dating;
- having sexually active siblings or peers;
- experiencing early sexual abuse or unwanted sexual advances;
- engaging in delinquent activities, drug and alcohol use, and other risk-taking and problematic behaviors; and
- living in communities with a low median family income, low economic opportunities and resources, a high proportion of women employed full time, high divorce/separation rates, and high rates of residential turnover.

There are also a number of factors that help prevent early sexual activity, including:

- higher maternal education level;
- participation in religious activities, especially church attendance;
- positive parent-child interactions;
- living in a stable, two-parent family; and
- earning good grades in school.

It is noteworthy that many of these risk and protective factors also play a significant role in determining youth violence and other problem behaviors among teens.

Inconsistent and Incorrect Use of Contraceptives. About 20 percent of sexually active teenage girls become pregnant each year. The vast majority of pregnancies to teenagers are unintended. Among unmarried teenagers, almost 90 percent are unintended. About half of unintended pregnancies result in a live birth. The latest data available suggest that among sexually active teens, 22 percent are not currently using any method of contraception. Others fail to use contraceptives correctly. An estimated 26 percent of teens experience a contraceptive failure during the first year of contraceptive use. Failure rates and rates of nonuse are highest among younger and poorer teens. Overall, however, contraceptive use among sexually active teens has increased over the past decade, primarily because of an increase in the use of condoms to prevent the spread of AIDS.

Coercion and Abuse. It has become increasingly clear that sexual pressure and abuse play a role in teen sexual activity and childbearing. Many early sexual experiences are involuntary. Surveys in the 1980s found that 25 percent to 30 percent of teenagers felt pressure by their peers to have sex, and 25 percent of females reported experiencing some form of sexual abuse prior to age eighteen. Sexual abuse is particularly marked among young teenagers. Almost three quarters of girls who had intercourse before age fourteen and 60 percent of those who had sex before age fifteen report having had sex against their will.

Among pregnant teenagers, the rates of past sexual abuse are especially high. Several small-scale studies have suggested that more than half of pregnant teenagers have been forced into unwanted sexual experiences. Effects of early victimization include increased risk-taking behaviors and psychosocial problems, including vulnerability to subsequent sexual exploitation.

Statutory rape also plays a large role in teen pregnancy and childbearing. Recent surveys indicate that half of the fathers of babies born to mothers between the ages of fifteen and seventeen were twenty years of age or older, and that 20 percent of the fathers were six or more years older than the mothers. In general, the younger the mother, the greater the age difference between her and her partner. Almost two thirds (65 percent) of mothers ages fifteen to nineteen have partners who are age twenty or older. Studies suggest that most of these men have low levels of education and inconsistent work histories.

Cultural Factors. Polls indicate that acceptance of premarital sex and out-of-wedlock childbearing has increased substantially over the past few decades. Current social norms clearly play a significant role in teen behavior. Media portrayal of sex also has increased. Although few studies have looked at the role of the media in

influencing teen sexual activity, commonsense suggests that given the high sexual content of many television shows, movies, songs, and videos and given teenagers' frequent exposure to such media, teenagers' sexual behavior is likely to be influenced by these media messages. Research also has failed to explore the potential of positive media messages as a protective factor in preventing early sexual involvement.

Public Policy. Research examining the effects of public policy variables on teen pregnancy has not consistently found an association between state AFDC or family planning benefit levels and pregnancy rates. However, states with coordinated pregnancy prevention programs have been found to have lower teen pregnancy rates.

Studies examining public policy effects on teen nonmarital birth rates have also found that AFDC benefit levels have little or no impact. On the other hand, because all states offer AFDC, it is unclear whether eliminating the benefits entirely might have a more significant impact. Studies examining the effects of labor market variables have found that employment and economic opportunities are highly correlated with a lower probability of early nonmarital childbearing. Higher levels of funding for family planning services have also been associated with lower state-level teen birth rates in a number of studies.

Interventions

A number of approaches to attempting to prevent teen pregnancy have emerged over the years. Among the most common are sex or "family life" education programs; abstinence programs; interpersonal skill-building interventions; school-based clinics; and interventions focused on increasing teens' opportunities for success in school, the marketplace, and life in general. Unfortunately, research suggests that none of these programs can claim overwhelming success in preventing teen pregnancies. Although only a relatively small number of interventions have been fully evaluated, those with the best results show only small, though statistically significant, effects on teen sexual behavior. Many fail to address the complex social and economic predictors of teen pregnancy or the role of the older men who are responsible for a majority of teen births. A summary of the research findings for each major type of intervention follows.

Sex Education. Although sex education programs are successful in increasing teens' short-term knowledge about sex, reproduction, and contraception effectiveness, research to date suggests that they have very little impact on teens' attitudes about sex or intentions to avoid sex.

Sex Education "Plus." Programs that combine factual information about sex and reproduction with assertiveness training and activities that help teens improve decisionmaking and communication skills appear to be more effective than traditional sex education programs. The most effective programs of this type include the following components: stressing the importance of delaying sexual activity, providing contraceptive information, addressing social and media influences, and building communication and negotiation skills. However, even these programs result in only a slight delay in the initiation of sexual activity and have moderate effects in increasing contraceptive use among sexually active teens.

One of the most successful programs in this category is Postponing Sexual Involvement (PSI). PSI was developed by the Emory University School of Medicine and the Grady Memorial Hospital Teen Services Program in Atlanta, Georgia. The program is designed to provide junior high school students with the skills they need to postpone early sexual activity. Slightly older peer educators lead the PSI sessions, focusing on skill-building exercises to resist peer pressure to become sexually active. Although the curriculum stresses abstinence, information about reproduction and contraception also is provided. Evaluation results show that participating teens were less likely to initiate sexual intercourse than teens in a comparison group, and contraceptive use was higher among those participants who were sexually active.

Abstinence Programs. In recent years, programs that promote abstinence from sex until marriage have gained increased attention. To date, very few studies of these programs have been conducted. The limited data available

suggest that these programs can have a short-term influence on teens' attitudes about sex and their intentions to have sex. However, no association with attitudes or intentions has been observed three to four months after the intervention.

School-based and School-linked Clinics. Research to date suggests that school-based and school-linked clinics have a limited impact on teenagers' sexual behavior, with most producing modest increases in contraceptive use but having no impact on pregnancy rates. One of the most successful models—the Self Center in Baltimore, Maryland—uses peer leaders and social workers and combines education, counseling, and access to contraceptives and reproductive health services. This program demonstrated decreased pregnancy rates and a delay in sexual initiation among teenagers enrolled at the school.

Life Options. Most well-evaluated "life options" programs focus on increasing the educational and labor market opportunities of youth who are already parents. These programs have had little effect on preventing subsequent births. Only a few such programs have been studied for their effects on youth who are not already pregnant or parenting. Although the results for this group are mixed, a small number of interventions show promising results. The Quantum Opportunities Program, funded by the Ford Foundation, provides economic incentives to low-income ninth graders to participate in the program, which includes community service, intensive remedial work in math and English, counseling, and enrichment activities. Initial results have shown significant gains in education and reductions in early childbearing among participants. Participants in the Perry Preschool Program, an educational enrichment program for low-income three- and four-year-olds, also have been found to have lower rates of pregnancy in their teenage years.

Comprehensive Community-based Efforts. The few programs that have combined a number of these strategies and that focus on mobilizing community members around the problem of teen pregnancy have shown promising results. A communitywide education, services, and media campaign in Denmark, South Carolina, which involved parents, teachers, clergy, and community leaders and included a school-based, contraceptive counseling and services component, led to a drop in teen pregnancy rates in the two years following the intervention. However, when the effort lost momentum and the counseling and services were eliminated, pregnancy rates rose to prior levels. The Children's Aid Society's Teen Pregnancy Prevention Program in New York City also has taken a comprehensive approach with promising results. This program provides sex education, medical and health services, mental health services, mentoring and recreation activities, job awareness activities, and guaranteed admission to Hunter College, a public, four-year, liberal arts college in New York City. Preliminary results suggest that adolescents in the program have pregnancy rates below the national average. They are also less likely to drop out of high school and are more likely to attend college.

Emerging State Efforts

States are using a number of the strategies outlined above to address the problem of teen pregnancy. Almost all states support the teaching of sex education in schools. Many fund school-linked or school-based clinics. A number of states also provide grants to communities for community-based projects. Recently, however, a number of new approaches have emerged, including media campaigns, public/private partnerships, broad community mobilization efforts, and comprehensive service models. The following is a sampling of promising approaches states are adopting to reduce teen pregnancy.

California. California Governor Pete Wilson has announced a comprehensive \$12 million teen pregnancy prevention initiative to address the problem of teen pregnancy on several fronts. The initiative seeks to:

- implement a public education campaign;
- promote male responsibility;
- strengthen prosecution of statutory rape; and
- implement a reproductive health services information campaign for AFDC recipients.

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The education campaign will focus on increasing public awareness of the consequences of teen pregnancy and promoting abstinence and pregnancy prevention. It will include multimedia strategies and will emphasize the role and responsibility of males in preventing teen pregnancies. Almost \$6 million is set aside for this effort.

To promote male responsibility, the Governor's initiative calls for the department of health services to develop and evaluate an integrated approach to promoting male involvement in, and responsibility for, teen pregnancy prevention. This approach will be implemented through local programs targeting high-risk adolescent males and young men. Almost \$3 million is allocated to this effort. In addition, \$1 million is set aside for the reproductive health services information campaign and \$2.4 million is earmarked for strengthening the enforcement of existing statutory rape laws through the establishment of special prosecution units. Other efforts underway in California include the TeenSmart family planning initiative and a variety of informational and educational programs administered by the office of family planning.

Maryland. In Maryland the Governor's Council on Adolescent Pregnancy promotes teen pregnancy reduction through several strategies carried out in collaboration with other state agencies, local agencies, and private nonprofit groups. These strategies include involving the community in prevention efforts, promoting parents as the primary sexuality educators of their children, encouraging the delay of sexual intercourse among adolescents, ensuring family planning services for sexually active adolescents, and promoting positive outcomes for pregnant and parenting adolescents. Recognizing the role the community plays in teen pregnancy prevention, the council provides annual grants to local coalitions that have been established in every Maryland jurisdiction to coordinate community prevention efforts. These coalitions include representatives from the local departments of health, education, social services, juvenile services, and employment development. Many also include representatives from the private sector. Community incentive grants are also available for innovative, locally based projects that address teen pregnancy prevention or teen parenting. In areas with high rates of teen pregnancy, a model called Healthy Teens and Young Adults provides aggressive outreach to at-risk teens through health education and reproductive health services available at convenient locations, such as shopping malls, and at convenient times, such as evenings and weekends.

Another major teen pregnancy prevention initiative in Maryland is Campaign for Our Children, a mass media campaign to promote abstinence and personal responsibility. The campaign was initiated by the state through an interagency effort and is administered by a private nonprofit 501(C)(3) corporation, Campaign for Our Children, Inc. It features television commercials, radio announcements, posters, billboards, and educational materials. The education component of the campaign consists of a series of lessons focusing on strengthening decisionmaking skills regarding sexual activity. Although campaign materials are available free of charge to any Maryland organization, middle schools are the primary target of the campaign's efforts. Currently, all middle schools in the state are using the campaign materials. Studies of teen attitudes and awareness and an in-school monitoring program have validated the program's use and effectiveness. A number of other states and localities have adapted this promising approach for their teen pregnancy prevention campaigns. Maryland points to the recent decline in teen pregnancy rates in the state as evidence of the effectiveness of its many efforts designed to prevent teen pregnancies.

Michigan. The Michigan Abstinence Partnership began in 1993 as a vision of the department of public health. The partnership seeks to improve the health of Michigan's children between the ages of nine and fourteen by encouraging abstinence from risky behaviors. It has approximately 140 members, including businesses, health professionals, schools, religious institutions, community groups, and citizens at large. The partnership supports abstinence-based programs and is committed to several key principles, including the central role of parents in helping their children learn that abstinence is a healthy behavior; the importance of a skill-based program that provides information, strategies, and skills for dealing with pressure; and the need for community members, parents, schools, and children to determine their own needs and develop their own approaches to prevention to help all children lead more healthy and productive lives.

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To support communities in their efforts, the partnership has developed a program review checklist to assist parents, community groups or coalitions, religious institutions, schools, and others in selecting an abstinence curriculum that will best meet their needs. A number of other materials are available from the partnership, including information on how to talk to children about sexual abstinence; promotional posters, pins, buttons, tee-shirts, bookmarks, and shoelaces; community training workbooks; an action primer; a resource bibliography; and radio and television commercials. This year, the partnership is targeting seven communities with support, technical assistance, and media messages. It is funded through a combination of tobacco tax dollars and fundraising efforts. Support is being sought from corporations, foundations, and citizens across Michigan. A number of groups, including Meijer, Inc., and Blue Cross/Blue Shield of Michigan, have already lent their support. The partnership is being evaluated by a team of researchers from the Michigan Public Health Institute. Components of the evaluation will include community development processes; media awareness/effectiveness; partnership dynamics; and health outcomes, including teen pregnancy rates.

North Carolina. The Adolescent Pregnancy Prevention Coalition of North Carolina is a public/private partnership that seeks to facilitate and promote the prevention of adolescent pregnancy. The coalition is a United Way Agency and is supported by funds from the legislature, local United Ways, and foundations as well as by private contributions. To fulfill its mission, the coalition provides information, technical assistance, and support to individuals, groups, and communities seeking to implement innovative, community-based prevention programs. In particular, the coalition seeks to provide leadership and resources to assist communities in developing autonomous, local teen pregnancy prevention councils. To date, local councils have been formed in 60 of North Carolina's 100 counties. These coalitions represent a broad range of municipal agencies, such as schools, health departments, and social services agencies, as well as religious institutions and other youth-serving organizations.

The coalition also provides technical assistance and support for communities receiving grants under the state's Adolescent Pregnancy Prevention Program and Adolescent Health Care Centers Program. The Adolescent Pregnancy Prevention Program was created by the state legislature in 1985 to give local communities the opportunity to design and implement prevention initiatives. Innovative projects are selected on a competitive basis by the North Carolina Department of Environment, Health, and Natural Resources and the Commission for Health Services. In 1994 thirty-seven projects received \$1.4 million in total funding. The Adolescent Health Care Centers Program was created by the legislature in 1992. This program provides operational grants for adolescent health centers across the state. Sixteen centers are currently receiving state grants. The Adolescent Pregnancy Prevention Coalition of North Carolina measures its success in the declining teen pregnancy, abortion, and birth rates in North Carolina since 1990.

South Carolina. In South Carolina, a comprehensive statewide teen pregnancy prevention program is encouraging teens to delay sexual activity by providing counseling and support and by increasing teens' educational and vocational opportunities. Through the Teen Companion Program, young boys and girls ages ten through nineteen who are in school, childless, and Medicaid-eligible, participate in weekly after-school and summer activities. These activities include community service, recreation, tutorials, vocational education, and health education based on effective theory-based models such as PSI. Participants in the program also receive individual counseling and home visits. Youth and peer counselors employed by the Teen Companion Program serve as participants' mentors, providing them with the information, skills, and motivation to avoid early childbearing. Youth counselors are selected from the local Job Opportunities and Basic Skills Training program; peer counselors are selected from local high schools. The Teen Companion Program is 90 percent funded through the Medicaid family planning program. Services related to helping teens postpone sexual involvement and prevent unintended pregnancy, including individual, family, and group counseling, home visits, health education, referral for services, and administration, are reimbursable under the program. Services that are not Medicaid-reimbursable, such as the tutorials, recreation activities, and community service components, are funded through community matching funds and contributions.

In addition, a statewide council on adolescent pregnancy prevention was established in 1994 through a combined effort of the South Carolina March of Dimes and the South Carolina Health and Human Services Finance

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Commission. The mission of the council is to provide public education on adolescent pregnancy prevention, its causes, and possible solutions; organize state and local policymakers, agency staff, service providers, corporate and civic leaders, faith communities, and adolescents to work toward solutions; and assist individuals, groups, and communities with the development and implementation of teen pregnancy prevention councils, policies, and programs. Teen pregnancy prevention is also one of the priority issues under the State Primary Prevention Plan developed by the South Carolina Human Services Coordinating Council.

Recommendations

States are moving on a number of fronts to address the problem of teen pregnancy. Future efforts should focus on young teens; address the risk factors for teen pregnancy; promote male responsibility; encourage comprehensive communitywide approaches; increase access to services and supports; and engage the media in prevention efforts.

Begin prevention efforts early. Prevention efforts should target teens before they become sexually active and provide them with the desire and skills to abstain from early sexual activity.

Address the risk factors. There are a number of underlying risk factors for teen pregnancy, including:

- growing up in poverty;
- growing up in a single-parent household;
- doing poorly in school;
- having low aspirations for the future;
- engaging in other risk-taking behaviors, including drinking and smoking; and
- experiencing early sexual abuse.

Research suggests that these risk factors are interrelated and exposure to several of them can have a strong influence on behavior. To make a significant impact on teen pregnancy rates, states should consider targeting teens in highly disadvantaged communities in which many of these risk factors are concentrated. To be most effective, interventions should be comprehensive, reflecting the interrelated nature of the risk factors.

Promote male responsibility. Prevention strategies must also address the male role in teen pregnancy and parenting. Many of the men fathering these children fail to assume any ongoing responsibility for them. To encourage paternal responsibility, a few states such as California and Colorado have launched fatherhood initiatives. Other states, such as Illinois, Minnesota, and New Mexico, specifically target young males in teen pregnancy prevention efforts. Almost all states have significant child support enforcement initiatives. However, the fact that half of the fathers of babies born to teenage girls are men ages twenty or older also raises issues of sexual abuse, coercion, and statutory rape.

Encourage and support communitywide approaches to prevention. Efforts that garner broad community support may be better able to change the behavior of teenagers by providing consistent and reinforcing messages and by establishing new social norms regarding early sexual activity. These approaches should include parents, schools, churches, businesses, the media, and all youth-serving community organizations.

Increase access to services and supports. States should increase access to programs that teach teens skills to delay sexual activity and avoid pregnancy as well as offer the social supports and economic and educational opportunities that give teens a reason to delay childbearing, including life skills training, mentoring, tutoring, counseling, community service, and job training. Research suggests that comprehensive approaches that include a variety of interventions may be most effective in preventing teen pregnancies. Research also suggests that comprehensive approaches that increase opportunities for at-risk youth will also decrease related problem behaviors, including substance abuse, dropping out of school, delinquency, and youth violence. These behaviors

have many of the same risk factors and tend to cluster among at-risk youth and to reinforce one another.

Engage the media. States should engage the media in efforts to change social norms regarding early sexual activity, teen pregnancy, out-of-wedlock childbearing, and parental responsibility. Members of the popular media often portray sex without consequences and fail to make moral judgments on early out-of-wedlock sex and childbearing. Most teens spend an inordinate amount of time watching television—an average of twenty-two hours per week. The relationship between the media's portrayal

of sex and adolescent sexual behaviors has not yet been studied. However, commonsense and research on the effects of television violence on behavior suggest that there may be a relationship. An effective media campaign against early sexual activity and childbearing could build on the lessons of past public health campaigns against smoking and drunk driving.

Conclusion

With comprehensive welfare reform initiatives underway in a majority of states, renewed attention has been focused on unmarried teenage parents. This population is the most difficult to move into the workforce and is the most at risk for long-term welfare dependency. Between 1995 and 2005, the number of females ages fourteen to seventeen will increase by 1.2 million. Without a significant reduction in the rate of teen pregnancy, the number of births to teens will grow rapidly over the next decade.

Traditional approaches to addressing the problem of teen pregnancy, including sex education programs and school-based health clinics, have met with only limited success. Current state efforts seek to move beyond the traditional approaches to develop new, more comprehensive approaches to teen pregnancy prevention. Promising approaches include forming statewide public/private partnerships to leverage broad-based support for teen pregnancy prevention efforts; mobilizing grassroots coalitions involving schools, churches, and other community institutions to change social norms and determine community plans of actions; and developing innovative programs that provide counseling and support as well as educational and vocational opportunities for at-risk youth. Other efforts are exploring the potential of the media to change attitudes toward early sexual activity and childbearing and are focusing attention on the role of fathers. Although more research is needed to determine the effectiveness of these approaches over the long term, they offer promise and states should consider using them to help reduce teen out-of-wedlock childbearing and long-term welfare dependency.

Contacts for More Information on State Teen Pregnancy Prevention Initiatives

California—Karen Strickland, Office of the Governor, 916/445-6131.

Maryland—Erlene Wilson, Office for Children, Youth, and Families, 410/225-4182.

Michigan—Terry Wright, Michigan Department of Public Health, 517/335-8982.

North Carolina—Ann Brewster Jones, Adolescent Pregnancy Prevention Coalition, 704/335-1313, or Ashley Montague, North Carolina Department of Environment, Health, and Natural Resources, 919/715-3408.

South Carolina—Nela Gibbons or Tippy Craig, Office of the Governor, Division of Health and Human Services, 803/734-0558.

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