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ABSTRACT

The Subcommittee on Human Resources and Intergovernmental Relations of the House of Representatives Committee on Government Reform and Oversight met to consider the causes of and solutions to teen pregnancy and the role of community organizations in prevention efforts. Opening remarks by Representative Christopher Shays were followed by statements by a number of people with expertise in teen pregnancy prevention, beginning with the statement of Representative Edolphus Towns, which emphasizes that in many cases the fathers of the babies of teenage girls are much older than the mothers. Statements of Representatives Nancy Johnson and Eva M. Clayton further defined the problem and emphasized that solutions must be community based. Remarks and a panel discussion were presented by: (1) Henry W. Foster, Jr., Senior Advisor to the President; (2) Kristin A. Moore, from the National Campaign To Prevent Teen Pregnancy; (3) Pat Funderburk Ware, former director of the Office of Adolescent Pregnancy Programs; and (4) Kathleen Kennedy Townsend, Lieutenant Governor of Maryland. The panel discussion of these representatives of national initiatives was followed by a panel discussion of representatives from Best Friends, a program for girls and young women, and the Institute for Responsible Fatherhood and Family Revitalization. The transcribed comments and prepared statements of members of both panels are supplemented by letters, statements, and other documents submitted for the record. Panelists and Congress members were in general agreement that community-based approaches are needed to address the problems of teen pregnancy and that the role of fathers must be strengthened. (SLD)

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PREVENTING TEEN PREGNANCY: COORDINATING COMMUNITY EFFORTS

ED 416 289

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES
AND INTERGOVERNMENTAL RELATIONS
OF THE

COMMITTEE ON GOVERNMENT
REFORM AND OVERSIGHT
HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

SECOND SESSION

APRIL 30, 1996

Printed for the use of the Committee on Government Reform and Oversight

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PREVENTING TEEN PREGNANCY: COORDINATING COMMUNITY EFFORTS

TUESDAY, APRIL 30, 1996

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN RESOURCES AND
INTERGOVERNMENTAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Washington, DC.

The subcommittee met, pursuant to notice, at 10 a.m., in room 2154, Rayburn House Office Building, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays, Morella, Souder, and Towns.

Staff present: Lawrence J. Halloran, staff director and counsel; Doris F. Jacobs, associate counsel; Robert Newman, professional staff member; Thomas M. Costa, clerk; and Cheryl Phelps and Kimberly Williams, minority professional staff members.

Mr. SHAYS. I will call the subcommittee to order.

Our children are having children. Through the din of statistics, trend analyses, surveys, and studies on teen pregnancy, this simple fact speaks to us like the cry of an unattended hungry newborn. It is clear that precious few are listening.

Our children need our help. More precisely, adolescent girls need our protection and our guidance. Their cry for help is made even more poignant by recent studies concluding that adult men father more than half the children born to 15- to 17-year-old mothers. This shocking finding, combined with information on the extent to which sexual activity by teenage girls is involuntary, shatters some of the myths surrounding teen pregnancy.

It turns out that a significant portion of the problem is not caused by teenagers becoming sexually active with each other, as might be assumed. Teenagers can abstain from irresponsible sexual activity, but many of the youngest girls are coerced into having sex by much older men.

In view of these facts, many see the enforcement of statutory rape laws as an important but underutilized tool in the battle to reduce teen pregnancy. But that is no silver bullet to slay the beast preying on our young.

In the emotionally charged context of teenagers, sex, and politics, the search for causes should avoid becoming a search for villains. That simplistic approach can obscure the complex web of interchangeable causes and effects that trap succeeding generations of children.

Poverty causes teen pregnancy, as surely as teen pregnancy causes poverty. The cause of one generation's misery begets its ef-

(1)

fects in the next. Poor academic performance is cited as the cause in some pregnancies, and the effect in others.

The lack of information on responsible sexual behavior can lead to pregnancy, as can the lack of hope for alternatives to the broken families and early motherhood of one, two, or three preceding generations.

Yet while the causes may be obscure, the effects of teen pregnancy are all too clear. Teenage parenthood is just one stop in the transgenerational cycle of broken dreams, lower expectations, academic failure, underemployment, and welfare dependency.

Most teenage parents who drop out of school never return. Teenage mothers have half the lifetime earnings of women who postpone childbearing until age 20. Teen mothers are at greater risk of developing complications in pregnancy and of delivering low birth-weight babies due to poor prenatal care. Low birth weights in turn are associated with increased infant mortality, illness, and disabilities.

For me, as a Member of Congress and the father of a teenage daughter, the only question worth asking is, "What can we do to help all children nurture their hopes and dreams before they nurture their own children?"

Our witnesses today will help us answer that question. Their answers are as diverse and complex as the problem of teen pregnancy itself. That is as it should be. No single program can hope to answer the profound moral, emotional, and practical questions teenagers must confront. No Government program should try.

Instead, the Government's role should be that of a catalyst for the schools, churches, community groups, and private organizations who can meet on a teenager's problems on her own terms. Only they can challenge teenage girls and boys and men to make responsible choices about tonight, and all of their tomorrows.

In his State of the Union Address, the President declared teen pregnancy "our most serious problem," and announced the formation of the National Campaign to Prevent Teen Pregnancy.

The National Campaign is a private and nonpartisan panel of prominent citizens whose goal is to reduce the teen pregnancy rate by one-third over the next 10 years. To report on the work of the National Campaign, we welcome today Dr. Henry Foster, Senior Adviser to the President on teen pregnancy issues and Dr. Kristin Moore, the executive director of Child Trends and a member of the Board of the National Campaign to Prevent Teen Pregnancy.

We are also very pleased to have with us today representatives from State government and private groups who are successfully facing the challenge of teen pregnancy at the community level. They hold in their hands the hopes and the aspirations of today's teenagers at risk of premature parenthood.

Two young participants in successful outreach programs will also give their personal testimony.

And we obviously welcome our distinguished colleagues, Representative Nancy Johnson, from Connecticut, and Representative Eva Clayton, from North Carolina, both of whom have worked to make sure that we hear and respond to the cries of teenage girls and their children.

We look forward to the testimony of all our witnesses today. And I would just like to say that I am very excited about this hearing, and very appreciative of all of our witnesses.

And I particularly want to thank Dr. Foster, because he was in Denver in an activity that he has been very involved in, and cut that short to be present today. So we are sincerely grateful for your effort to be here.

Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman. I would like to thank you for holding this hearing. I think that it is a very important issue, and one that we should discuss and come up with some solutions.

Let me begin by saying that teenage girls do not become pregnant on their own. It takes two to tango. But often the partners of these girls are not boys their own age, but grown men who are victimizing the immaturity of these girls.

It is 71 percent of adolescent girls who give birth report that the father of their child is a man of 20 or older. Clearly, we can no longer afford to focus attention on just adolescent girls. Programs need to be implemented which focus on how we can reinforce more positive behavior on the fathers of their children, whether teenagers or adult men.

These problems are urgent, and they are costly. The fiscal of adolescent motherhood in terms of public expenditures, aid to families with dependent children, Medicaid, and food stamps was \$34 billion in 1992.

We all agree that the adolescent pregnancy rate should be curbed. The questions before us today are what role should the Federal Government play, and how can Federal efforts best be coordinated with State, community-based, and private sector efforts.

According to the Progressive Policy Institute, nothing short of a sustained national campaign can reverse the trend that has allowed teen pregnancy and early childbearing to become a crisis.

Studies have proven that adolescents with concrete goals and a real future delay parenting. We must continue to fund programs and work to coordinate community efforts to reach both adolescent males and females before they make the decision to become sexually active. And if abstinence fails, let us not put our heads in the sand.

Sexually active teens need effective solutions, too. Our efforts must include practical reality-based approaches, as well as the political courage to carry out these options.

Mr. Chairman, I would like to say that I am delighted to see my colleague, Nancy Johnson, here, who I worked very closely with on the Mickey Leland Adolescent Pregnancy Act of 1990.

And, of course, to see my other colleague, Congresswoman Eva Clayton, from North Carolina, who has been a real leader on this issue as well.

And I am just so happy to see them here, and to look forward to hearing the testimony. And, of course, the testimony of all of the other witnesses, including my friend, Dr. Foster.

So at this time, I would yield back.

[The prepared statement of Hon. Edolphus Towns follows:]

OPENING STATEMENT OF REP. EDOLPHUS TOWNS
SUBCOMMITTEE ON HUMAN RESOURCES
AND INTERGOVERNMENTAL RELATIONS

"PREVENTING TEENAGE PREGNANCY:
COORDINATING COMMUNITY EFFORTS"

APRIL 30, 1996

MR. CHAIRMAN, THANK YOU FOR HOLDING THIS IMPORTANT HEARING ON HOW WE CAN HELP OUR LOCAL COMMUNITIES IN THEIR EFFORTS TO REDUCE TEEN PREGNANCIES.

ACCORDING TO THE ALAN GUTTMACHER INSTITUTE, ONE MILLION AMERICAN TEENAGE GIRLS BECOME PREGNANT EACH YEAR. THAT'S ONE IN EVERY NINE ADOLESCENT GIRLS WHO -- STATISTICS SHOW US -- BECOME LESS THAN FULLY PRODUCTIVE MEMBERS OF SOCIETY.

DESPITE OUR WEALTH, OUR SCIENCE, AND THE HIGH QUALITY OF MEDICAL CARE THAT ONE CAN RECEIVE HERE, THE UNITED STATES HAS ONE OF THE HIGHEST ADOLESCENT PREGNANCY RATES OF ANY INDUSTRIALIZED COUNTRY.

WE KNOW THAT ADOLESCENT PREGNANCY IS A MARKER OF FUTURE DISADVANTAGE. TEENAGERS WHO GIVE BIRTH OFTEN GROW UP POOR AND POORLY NURTURE THEIR CHILDREN. THE CYCLE OF TEENAGE BIRTHS IS OFTEN REPEATED IN FUTURE GENERATIONS. WE MUST BREAK THE CYCLE BEFORE THOSE CHILDREN TOO BECOME PARENTS TOO SOON, AND CREATE A NEW GENERATION THAT IS DISADVANTAGED.

WE ALSO KNOW, MR. CHAIRMAN, THAT TEENAGE GIRLS DO NOT BECOME PREGNANT ON THEIR OWN -- IT TAKES TWO TO TANGO. BUT OFTEN, THE PARTNERS OF THESE GIRLS ARE NOT BOYS THEIR OWN AGE, BUT GROWN MEN, WHO ARE VICTIMIZING THE IMMATURITY OF THESE GIRLS.

71 PERCENT OF ADOLESCENT GIRLS WHO GIVE BIRTH REPORT THAT THE FATHER OF THEIR CHILD IS A MAN OF 20, OR OLDER. CLEARLY, WE CAN NO LONGER AFFORD TO FOCUS ATTENTION ON JUST ADOLESCENT GIRLS. PROGRAMS NEED TO BE IMPLEMENTED WHICH FOCUS ON HOW WE CAN INFLUENCE MORE POSITIVE BEHAVIOR IN THE FATHERS OF THEIR CHILDREN, WHETHER TEENAGERS OR ADULT MEN.

THESE PROBLEMS ARE URGENT, AND THEY ARE COSTLY. THE FISCAL IMPACT OF ADOLESCENT MOTHERHOOD IN TERMS OF PUBLIC EXPENDITURES, AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), MEDICAID, AND FOOD STAMPS WAS 34 BILLION DOLLARS IN 1992.

WE ALL AGREE THAT ADOLESCENT PREGNANCY RATES SHOULD BE CURBED. THE QUESTIONS BEFORE US TODAY ARE WHAT ROLE SHOULD THE FEDERAL GOVERNMENT PLAY; AND HOW CAN FEDERAL EFFORTS BEST BE COORDINATED WITH STATE, COMMUNITY-BASED, AND PRIVATE-SECTOR EFFORTS. ACCORDING TO THE PROGRESSIVE POLICY INSTITUTE, NOTHING SHORT OF A SUSTAINED NATIONAL CAMPAIGN CAN REVERSE THE TREND THAT HAS ALLOWED TEEN PREGNANCY AND EARLY CHILDBEARING TO BECOME A CRISIS.

STUDIES HAVE PROVEN THAT ADOLESCENTS WITH CONCRETE GOALS AND A REAL FUTURE DELAY PARENTING. WE MUST CONTINUE TO FUND PROGRAMS AND WORK TO COORDINATE COMMUNITY EFFORTS TO REACH BOTH ADOLESCENT MALES AND FEMALES, BEFORE THEY MAKE THE DECISION TO BECOME SEXUALLY ACTIVE. AND, IF ABSTINENCE FAILS, LET'S NOT PUT OUR HEADS IN THE SAND. SEXUALLY ACTIVE TEENS NEED EFFECTIVE SOLUTIONS, TOO. OUR EFFORTS MUST INCLUDE PRACTICAL, REALITY-BASED APPROACHES, AS WELL AS THE POLITICAL COURAGE TO CARRY OUT THESE OPTIONS.

TOWARD THESE ENDS, I LOOK FORWARD TO HEARING FROM EACH OF OUR PANELISTS.

FINALLY, MR. CHAIRMAN, I WOULD LIKE TO RECOGNIZE CONGRESSWOMAN JOHNSON, WHOM I WORKED WITH SEVERAL YEARS AGO ON THE "MICKEY LELAND ADOLESCENT PREGNANCY PREVENTION AND PARENTING ACT OF 1990", AS WELL AS CONGRESSWOMAN CLAYTON FOR THEIR LEADERSHIP ON THIS ISSUE.

Mr. SHAYS. I thank the gentleman. I was neglectful in pointing out that as chairman of this committee, that you had done extensive work in this area. And this is really a continuation of some of the good work that you have done, and I thank you for that.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Mr. SHAYS. Usually, when I refer to him as the ranking member, he reminds me that next year he is going to be the chairman again.

Mr. TOWNS. I want you to know that I will also do you the same way. I am going to recognize your work next year.

Mr. SHAYS. Mr. Souder.

Mr. SOUDER. I do not have an opening statement.

Mr. SHAYS. Thank you.

Mrs. Morella.

Mrs. MORELLA. Yes, thank you, Mr. Chairman. I want to thank you for holding this hearing today to explore ways to prevent teen pregnancy. As we all know, teen pregnancy is exceedingly costly. It is costly to our Federal and State resources, costly to society, and costly to the futures of teenage mothers and their children.

Each year, more than 1 million American teenage girls become pregnant. Teenage mothers are more likely to be uneducated, unskilled, unmarried, and caught in a cycle of poverty. Their children are at a higher risk for prematurity, low birth weight, and birth defects. Teen mothers are more likely to need AFDC benefits, food stamps, Medicaid, housing assistance, and other benefits.

Therefore, today's hearing is very timely. Tomorrow marks the beginning of National Teen Pregnancy Prevention Month. Efforts to reduce teen pregnancy, however, should not be consolidated into a single month. Preventing teen pregnancy requires long-term investment by parents, educators, community leaders, State and local governments, religious leaders, the business community and Congress.

Today's hearing will shed light on programs that work, and how we can bolster efforts that currently are under way. Mr. Chairman, we have three panels of outstanding witnesses before us today. And I look forward to hearing from each of them. My colleagues, Eva Clayton and Nancy Johnson, have been very effective leaders on this issue in the Women's Caucus.

Dr. Henry Foster has had considerable success in reducing teenage pregnancy, and has much to contribute as the Senior Adviser to the President, and the White House liaison to the National Campaign to Prevent Teen Pregnancy. We are delighted that they are here.

And Maryland has designed an outstanding program at the State level. I look forward to learning more about it from our Maryland Lieutenant Governor, Kathleen Kennedy Townsend, who is here.

The Governor's Council on Adolescent Pregnancy promotes the reduction of unplanned adolescent pregnancies through strategies carried out in corroboration with State and local agencies, and private and nonprofit groups.

Maryland has also developed programs to help teen parents prevent further early childbearing, and programs to help teenage parents learn parenting skills, and continuing their education. I look forward to hearing from her.

And I want to warmly welcome a constituent of mine, a very prominent and distinguished woman, Elayne Bennett, who had started a wonderfully successful teen pregnancy prevention program called Best Friends.

We had the opportunity to learn more about Best Friends last month when Elayne met with members of the Women's Caucus. In 29 public schools across the country, including schools in Montgomery County, MD, the Best Friends Program successfully reduced the rate of teen pregnancies. Of the 600 Washington girls who participated in 2 years or more, 1.1 percent have become pregnant, 1.1 percent, as opposed to the 25 percent citywide rate of girls aged 13 to 18.

The Best Friends Program is not a quick fix. It works because mentors made a long term investment in junior high and high school girls, taking them on outings, teaching them new skills, and going to weekly classes with them. The Best Friends Program builds teenage girls' self-confidence and shows them that there are other options.

While community programs like Best Friends are critical, the Federal Government does have an important role to play. There are very few Federal programs to reduce teenage pregnancy, and they are not comprehensive. Fully funding the Title X Family Planning Program is one of the most direct ways that Congress can help prevent unintended pregnancies. Publicly subsidized family planning services prevent an estimated 1.2 million unintended pregnancies annually in the United States.

Title X, however, directs its dollars to critical health services for women of all ages, and only 20 percent to adolescents. The Adolescent and Family Life Act provides a small grant that goes toward care and parenting for adolescent mothers and adoption assistance. But most of the money goes toward an abstinence only education. And these programs indeed help, but clearly they are not enough.

I hope that today's hearing will shed light on which Federal programs work, which do not, and where we should go from here. The decisions made by Congress affect education, girls sports, and community activities. They are all important in reducing teen pregnancy, because they build self-esteem, present young girls with options for the future, making them more likely to avoid teen pregnancy.

So we must look at the reasons, Mr. Chairman, that teenage girls become pregnant. But what is there about our society that makes them think that to be loved, that they have to have a child of their own? Why do so many girls think that no opportunities worth waiting to have child will be available to them?

Surely, we can do better. Educational opportunities build self-esteem, as do girls sports and community activities, improving our education system, building our communities, increasing job opportunities, giving young girls something to look forward to and reduce teen pregnancy.

This is only the beginning of a dialog between Congress, communities, State and local governments, and educators about how to reduce teen pregnancy.

We know that providing teens with a solid education, teaching them how to avoid pregnancy, and giving them hope for the future works. Now we must work together.

Thank you, Mr. Chairman, for indulging me in such a lengthy opening statement. It is really that this is a topic that is very close to my heart.

Mr. SHAYS. I know it is, and I know you have been involved for many years on this issue. And I thank you for your testimony.

And I thank the patience of the witnesses. I always feel that I should apologize to the third panel, since that one happens a little later.

But at this time, I would like to call on our two very distinguished colleagues, Eva Clayton and Nancy Johnson. As is the custom of this committee, we swear in all of our witnesses, secretaries, and Members of Congress. And if you would, stand and raise your right hand, please.

[Witnesses sworn.]

Mr. SHAYS. For the record, both witnesses answered in the affirmative.

It is a real pleasure to have both of you here. At this time, I would call on you, Representative Johnson, to give a statement.

**STATEMENTS OF HON. NANCY JOHNSON, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF CONNECTICUT; AND
HON. EVA M. CLAYTON, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF NORTH CAROLINA**

Mrs. JOHNSON. Thank you very much, Mr. Chairman and Mr. Towns, for having this hearing. It is an extremely important one. And I hope that out of your work we will find some effective way for Congress to participate in encouraging the solution to the problem of teen pregnancy.

You have each in your opening statement laid out the seriousness of the challenge before us. And I do not want to repeat what you have said, but I do want to say a couple of things in preference, and then three things about solutions.

First of all, the solutions to this must be community-based. This is an area clearly in which Washington cannot even think about passing the kind of prescriptive legislation that we passed to deal with the special ed problem.

These problems are very, very local. They take different forms in different high schools in different communities. And you have to look at both the kids and the families, the schools, and the local resources that are available. And that community has to invest itself in solving the problem, or no amount of money really will make any difference.

So in this instance, the whole issue of local control, and of incentivizing local communities to better use their existing resources to find a way to leverage the involvement of both young people and parents is absolutely crucial.

Years ago, I cannot even remember how many years ago, Mickey Leland and I introduced a bill on this subject, and it was kind of a bloc grant concept. It did give a lot of local control. It also did not go anywhere.

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A few years ago, in the 103d Congress, Representative Jim Greenwood, Congresswomen McKinney and Velázquez, and I introduced the same bill. Congressman Towns and I have worked on this bill and variants. And Representative Eva Clayton and I have worked on this.

It is not that there has not been interest. We have been unable to get this issue differentiated or separated out from the issue of abortion. And we simply cannot allow that to continue to happen.

Now that much said, let me talk a little bit about some of the things that are before us, the options that we have at the current time that could help move this ball forward. Then I would like to share with you a program that is having a remarkably good effect in my own hometown.

Before I do that, let me just add one statistic to the statistics that you have talked about. Not only do a million teenage girls get pregnant each year, but our teen pregnancy rate also is the highest of any industrialized nation. It is positively shameful.

And furthermore, most of the fathers of these babies are over 20 years old. And the record of child support payment for this group of mothers is appallingly low.

That the fathers are older is always a surprise to people. And that they are the most delinquent in the groups of nonsupporting parents is something that we just have to face, and do something about.

Now we have made a couple of efforts to deal with this problem here this year. And I think that they are worth our consideration and really focusing on and refining.

In the Republican welfare reform proposal, there is no cash assistance for unwed teen parents, unless that teen parent lives with his or her family, or lives in a second chance home.

In other words, if teen parents are to get cash, they really have to do it in the context of a more mature adult who helps them manage their finances.

The goal of that provision in the Republican welfare reform bill is to deal with the fact that the current system treats you as an adult, because you have had a baby. Becoming a biological parent and growing up are really two different things.

And we cannot continue to confuse parenthood and adulthood. We have to understand that having a baby as a teenager is not the same as having a baby when you are 20 or 25. You are not as mature. You do not have the experience. You do not have the money management skills. You do not know the law. You do not have the discipline of yourself. And in raising children, discipline is probably the hardest single issue and the most important.

So we really have to be far more honest in welfare, not giving kids money and their own apartment. Because that is truly destructive, not just of the interests of their children, but of their own interests. Because they need to continue to grow. And the growth challenge for them is so enormous, that they could not possibly accomplish it on their own.

I could not run a small business. Knowing all I know as a Member of Congress, you cannot send me out to run a small business without giving me some coaching, and education, and help.

Well, you cannot ask a kid to run a household. It is a small business. It is an economic entity. And you cannot just dump kids into this situation, and then wonder why they sink.

So the welfare reform proposal does offer some useful changes, structural changes in programs, that will allow us to help kids who have become teen parents. In other words, as we fail to educate them not to do this, as they become teen parents, it will help prevent them from just being embarked on the sea.

Because we know that being embarked on the sea as a teen parent is a fast trip to poverty the rest of your life. Your children will likely do poorly in school. They will likely be subjects of abuse, and they will likely have kids as teenagers.

So it is irresponsible to have a welfare program that does not distinguish between adults and children in terms of receipt of benefits, and the context in which those benefits are received.

The second thing that is in the welfare reform bill that we absolutely must not slip through our fingers again this year, because we let it slip through our fingers last session, is enforcement.

We were unwilling at the last minute to sever child support enforcement provisions from welfare reform. If we cannot do welfare reform, we must sever child support enforcement. Because through that lever, you are going to hear a lot about programs that help young girls.

We need those programs. But we have got to make young boys understand that under the new child support law, they are going to be liable. If they father a child at 12 and do not pay any child support until 18, when they enter the work force, they are going to enter that work force. And never mind a student loan. They are going to have a liability for all unpaid child support, which over their working life they will be liable to repay.

They are not understanding that. We are not talking about it. And in terms of what we must do to educate, and you are going to be talking to people far more experienced than I in trying to help young people to understand these things, we must not neglect to educate young males about what responsibility for pregnancy entails in terms of their lives.

It is true that the young woman is going to have the baby there 24 hours. And as the new grandmother of twins, I can tell you that crying babies at night is really a hell of a burden. I had forgotten just how much of a burden it was.

But we do have to help young men see this as a responsibility. It takes two, and it is a lifelong responsibility. And once you are a part of it, you are a part of it. And there is no getting out of the system. And the new child support enforcement law will make that absolutely clear.

Last, let me just say that in my own city of New Britain, we have had some wonderful creative thinking. This is a difficult problem. The solutions have to be community-based.

And RoseAnn Bilodeau and her staff in New Britain have done an absolutely phenomenal job, in our teen pregnancy prevention program, of developing a program that they call Diplomas Before Diapers.

And the concept is very simple. It is all the things that you have talked about. It is helping young girls very early to see that school

matters, that they have potential, and that they have power to do what they want to in their lives.

And it gives them the support and their families the support to change the way that they see education, to change the way that they see the world, and to change the opportunity that the kids have.

The partnership teaches independence and self-reliance, and trains teenagers to become productive workers instead of parents. Quite simply, RoseAnne Bilodeau puts the kids to work. She employs them in a for-profit company, and has received a \$20,000 grant from the Stanley Works Co., along with a matching grant from the New Britain Foundation for Public Giving, in order to continue her work.

You see, we need to have a little money out there to foster these sorts of things. When the New Britain Junior League donated several computers to the center, RoseAnne saw them not only as educational tools, but as a small business, and started a desktop publishing business with her teen co-workers.

That is just one of the small businesses that she and her young girls have started, and it has changed their grades, changed their perspective, and changed their mothers' view of their own world and their possibilities, and of that family's possibilities.

Thank you.

[The prepared statement of Hon. Nancy Johnson follows:]

Preventing Teen Pregnancy in America:
Coordinating Community Efforts
Rep. Nancy Johnson (R-CT)
Tuesday, April 30, 1996

STATEMENT
before the
SUBCOMMITTEE ON HUMAN RESOURCES AND INTERGOVERNMENTAL RELATIONS
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

Mr. Chairman, I want to thank you for holding this hearing today for I truly believe community-based programs have shown great promise in the struggle against the rising rates of teenage pregnancy and I look forward to highlighting a program in my very own town that may serve as a model for community-based programs nationwide.

Indeed, that was the thinking behind the Mickey Leland Adolescent Pregnancy Prevention and Parenthood Act, which I introduced in the 103rd Congress with Representatives Greenwood, McKinney, and Velazquez. The bill was designed to revise and extend Title XX of the Public Health Services Act, the Adolescent Family Life Demonstration Projects. Our bill focused on preventing pregnancies for at-risk youth before they happened by encouraging community-based integration and innovation so that grantees would be able to tailor programs to fit their community's wants and needs.

By now, most of us have heard the statistics: about one million teenaged girls get pregnant each year -- the highest teenage pregnancy rate of any industrialized nation. Half of these pregnancies will end in births. Of the teenaged mothers that are unmarried -- and most of them are -- 75 percent of them will begin receiving AFDC benefits within 5 years of the birth of their child.

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But the costs of teenage pregnancy and childbirth cannot be described in sheer dollar amounts. Though the costs amount to \$34 billion a year in AFDC, Medicaid, and Food Stamp costs, the private, personal costs to women -- and to our society -- are tremendous.

Teenaged mothers less likely to finish school, assuring themselves a lifetime of low-wage work, or welfare dependency. In either case, a life of poverty is always a threat, often a reality. The children of teenaged mothers are at a greater risk for health and developmental problems, such as low-birth weight and infant mortality. Even if these children survive through these critical stages during infancy, poverty and other social disadvantages await them. And children raised in these impoverished surroundings often complete this vicious cycle by becoming teenaged parents themselves.

Our welfare reform proposal addresses these problems by allowing cash assistance for unwed teenaged parents only if they live with an adult relative, or, in recognition of the fact that sexual abuse in the home often leads to early sexual onset and teenage pregnancy, these teenagers may also choose to live in an adult-supervised living arrangement, a so-called "second-chance home". Unwed teenaged parents must also attend school, unless they have already finished high school, which we hope will help teenagers obtain higher-paying jobs, increase their chances of attending college, and give them hope for a productive and self-supporting future.

Currently, teenaged mothers are treated as "adult caretakers" of their children and often head their own households. But if there is one point we must make clear, it is this: Parenthood is not adulthood. Giving birth to a child does not mean that you are socially, emotionally, or financially ready for such a responsibility. And because so many of our teenaged mothers are the daughters of women who gave birth as teenagers themselves, and who therefore may not see the serious adverse consequences to becoming a mother at such a young age, we must get this message out through any public forum available.

And, at the same time, we must not fool ourselves. No slogan pasted on a billboard can reduce the astounding number of children born to teenaged mothers. There are no easy answers. There are no magic bullets. The problem is rooted in deep-seated social and economic conditions, which require comprehensive interventions. Among the poorest populations, there is often no reason to delay pregnancy and childbirth. Low expectations for the future are commonplace, so there seems little reason to not have a child. This is what we must address. Young people need a reason to believe that parenthood is inappropriate at this stage in their lives and that postponing parenthood will lead to greater opportunities, personal and professional.

Both middle class mothers and impoverished mothers want the same things for their daughters, both dream of awards, achievements, successful careers -- but legitimate expectations for the future and the accompanying reward structures are much stronger in middle-class society. Many young girls in impoverished environments expect that a

new baby will bring fulfillment and status in an otherwise bleak world. And while we should continue our strong commitment to family planning and maintain the availability and accessibility of contraceptives and of all reproductive services, we must also acknowledge that these types of interventions do not address the reasons why teenagers engage in early sexual behavior, often without contraceptives, to begin with.

We know that teenaged girls living in poverty, performing poorly in school, plagued by behavior problems, and surrounded by a dysfunctional family, all increase the probability of her becoming pregnant. Therefore, we need to target and strengthen families and, working on the community-wide level, work towards developing the hopes and dreams of the young, instilling in the idea that they themselves have future life prospects, besides just becoming parents themselves -- instead of just focusing on their reproductive needs.

Achieving this comprehensive goal requires a multi-faceted approach, as we need to bear in mind that teenagers are as diverse as any other sector in America. While I do feel that, across the board, we need to offer sexual education classes at a younger age than we do now, we must also tailor programs for each community in need instead of implementing a uniform approach. The diversity we now see in teenage pregnancy prevention programs across the country must be maintained. There are now programs promoted and supported by the federal government, states, local communities, private foundations, philanthropic groups, and public-private partnerships. These programs have focused on individual teenagers, others have focused on families. Some have been specialized, others comprehensive. They

have been offered through schools, churches, community centers, social service agencies, health clinics, and hospitals. We must continue in this vein, letting each community decide what tactic works best for them in combatting teenage pregnancy. Every community in America realizes that it is less costly to prevent pregnancy than to cope with its consequences. We must let them decide what their individual population needs, because just as there is no magic bullet, there is also no one size fits all approach for the diverse communities across this country.

On that note, I would also like to acknowledge the work being done by RoseAnne Bilodeau and her staff at the Teen Pregnancy Prevention Program of New Britain, Connecticut. While I have to admit that she does have a slogan -- Diplomas Before Diapers -- the concept behind it and the implementation of the program itself should inspire other community-based programs nationwide.

Her public-private partnership teaches independence and self-reliance and trains teenagers to become productive workers, instead of parents. Quite simply, RoseAnne puts the kids to work. She employs them in a for-profit company and has received a \$20,000 grant from the Stanley Works company along with a matching grant from the New Britain Foundation for Public Giving, in order to continue her work. When the New Britain Junior League donated several computers to the center, RoseAnne saw them not only as educational tools, but as job tools, and is now starting a desk-top publishing business with her teenaged co-workers.

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And I am proud to say that RoseAnne has met with President Clinton and Health and Human Services Secretary Donna Shalala, to discuss the upcoming National Campaign to Prevent Teen Pregnancy and the establishment of public-private partnerships. The staff and the board have demonstrated forward thinking in reaching out to private industry and foundations for funding and, in doing so, has deservedly captured national recognition. By recognizing that every sector of society has a stake in the future of our children and by giving teenagers the skills to obtain employment later in life, and, at the same time, instilling in them the belief that they are valuable human beings, with futures and goals that can be attained, RoseAnne gets to the heart of the problem surrounding teenage pregnancy. With a child born to a teenaged mother every 67 seconds in this country, we can expect no less.

Mr. SHAYS. Thank you, Representative Johnson.

Ms. Clayton, before calling you, I just need to get some house-keeping out of the way, as I sometimes forget.

I would ask unanimous consent that all members of the subcommittee be permitted to place any opening statements in the record, and that the record remain open for 3 days for that purpose. Without objection, so ordered.

And I would also ask unanimous consent that our witnesses be permitted to include their written statement in the record.

And without objection, so ordered.

It is very pleasing to me to see a number of young people at this hearing. I would invite all of the individuals who are at this hearing, if they have any information that they want to submit for the record, and can get it to us within the next week, we will try to include it in the record.

Without objection, so ordered.

But we would welcome any comments from the young people who are here today in written form to this hearing. And we would make every effort to respond to your written statements to us.

Ms. Clayton, I enjoyed participating in a special order that you had on teen pregnancy. And I just admire your work, like the work of Representative Johnson. And I am very grateful you are here.

Mrs. JOHNSON. Thank you.

Mrs. CLAYTON. Chairman Shays, I would like to thank you, as well as the ranking member, Mr. Towns.

Mr. SHAYS. Would you say ranking member again to Mr. Towns? I want to kind of reinforce that.

Mrs. CLAYTON. I want to emphasize that.

Mr. SHAYS. Could I also interrupt you. We have had students from Trumbell High School who participated in an event nationwide in a contest over the weekend. Some years, they placed very high. They always do a great job. We welcome them to Washington.

[Applause.]

Mr. SHAYS. I am sorry, Ms. Clayton.

Mrs. CLAYTON. No problem. Should I say ranking member again for the record?

I want to thank all of you for providing me the opportunity to address the issue of how the Federal Government efforts to prevent teen pregnancy can most effectively be coordinated with State, community, and private sector efforts.

The fabric of our society is woven from numerous threads. Threads from the Federal Government's policies and services are interwoven with threads from State government policies and service, along with threads from county and municipal government, civic organization, and private sector efforts. These threads form an intricate pattern of policies, programs, and services, all interconnected, that in turn affect the lives of all of our citizens.

To achieve a strong community fabric, the Federal Government must carefully consider the length, the strength, the flexibility, the vibrancy, and the quality of threads that we contribute to weave our policies, programs, and the procedures.

The goal of teen pregnancy prevention efforts should be to assist teens to achieve long term economic self-sufficiency. Achievement of this goal depends on the efforts of the participants, the service

providers, and administering governmental agencies. The primary role of the Federal Government should be to facilitate, and I am going to repeat that, should be to facilitate the success of each party's effort.

The current debate on welfare reform is accelerating, you heard some of it already, accelerating the need to address the issue of out-of-wedlock teen births. We want to end welfare as we know it, but I am afraid that we will replace it with welfare as we do not want to know it. We do not want to enact legislation that abandons infant children of high risk teenagers.

Our current teen pregnancy crisis evolved over several generations when the social fabric became worn and tattered, and began to unravel. Consequently, we must realize that we cannot break this intergenerational cycle or eliminate the crisis overnight. We must carefully examine the fabric of our programs to determine where the strength is, where the wear and tear has occurred, and where the frayed edges and holes have occurred.

The mending occurs when we revise current policies and implement new ones. To create an effective policy and weave a durable social fabric, we must add the appropriate thread in the correct proportions. Just as the textile industry weaves nylon threads to create a more durable cloth, to break the cycle of teen pregnancy and poverty we must implement pregnancy prevention programs that educate and support school-aged youth 10 through 21 in a high risk situation and their family members through comprehensive social and health services, with an emphasis on pregnancy.

I strongly support abstinence education, and feel that it is critically important to fund abstinence programs for pre-teens as well as teenagers. Within 5 years, a concentrated abstinence program for preteens should bring about a decline in the number of teenagers who are sexually active.

However, we cannot ignore the fact that today so many of our teenagers are already sexually active with or without our permission. It is therefore imperative, that we also provide funding for contraceptive prevention programs for them.

Once a teenager becomes pregnant, there is no good solution. The best solution is to prevent the pregnancy. The most successful programs for reducing teen childbearing is to design policies and procedures that are targeted directly to the behavior that leads to teenage pregnancy, sexual activity and the lack of contraceptive use.

On average, it takes teens 1 year after becoming sexually active to receive family planning service. Most teens have difficulty negotiating the health care system. Arranging an appointment, finding transportation, receiving and paying for contraceptives are all barriers for adolescents.

The pregnancy rate among sexually experienced teens actually fell 19 percent from 1972 to 1990, suggesting that teenagers who have access to birth control and are motivated have been successful at preventing pregnancy.

Clinics struggling for funds have a disincentive to serve teenagers who are quite expensive, because they need more attention than older women.

There are two nylon threads that we must weave into the social fabric at the Federal level to prevent teen pregnancy. The first thread is a policy that allows State and local agencies to implement concentrated organized contraceptive intervention programs. The second thread is sufficient Federal funding to assist and to implement these programs.

Devoting more resources to preventing teen pregnancy will not only save us money in the long run, but it will strengthen the social fabric by improving the health, education, economic opportunities, and the well-being of our Nation's youth.

Thank you, Mr. Chairman. I will respond to any questions.

Mr. SHAYS. Thank you. I do not anticipate that we will have a lot of questions, but I think that we do have one or two. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

One State in particular, the State of Wisconsin, has the legal responsible relative situation. I would just like to get your views on that, Congresswoman Johnson, and also Congresswoman Clayton.

Are you familiar with it?

Mrs. JOHNSON. I am vaguely familiar with the Wisconsin plan. Michigan also has a kinship care plan that I think is similar.

Mr. TOWNS. Yes.

Mrs. JOHNSON. I happen to be more intimately familiar with the Michigan plan. The way that the Michigan thing works is in the circumstances of someone needing welfare, that the whole family is sort of assembled to come together.

So if there is a drug problem, there is not only drug treatment provided, but family member support. Children can be placed with kin either temporarily or permanently. There is an enormous opportunity for our system to do a better job of working with larger families, and kinship care, and relative placement, and all of those things.

That way a young person or a family in trouble gets the temporary support with the opportunity for a future together. But if not, the child is still within the constellation of the larger family. So they do have contact and all of those things that they generally need, but they have the advantage of a more secure situation.

So I think that that holds a lot of potential for us. And in the specific instance of teen mothers, that kind of oversight by a capable relative could be a very fruitful relationship, and I agree that it would be useful to use that more.

Mrs. CLAYTON. I am not familiar with the Wisconsin model enough to comment, but I think I understand that it holds the family responsible. And therefore if the family feels—

Mr. TOWNS. Even financially.

Mrs. CLAYTON. Yes. It is punitive, too. It has financial liability as well as a punitive response. And if the family fails to get the kids to school, the father or the mother is held as responsible family, and is responsible for any act that the kid does in terms of financial as well.

I think that the question is should parents be responsible for their children, and I think that they are responsible for their children. If indeed there are acts that a young person does, usually the family has to bear that responsibility.

But I am not sure that I feel that the need of youth that are beyond the family's ability should therefore translate as a family's total responsibility.

I think that we have shared responsibility in a society, and there is something that we call a common good. It is my responsibility to be responsible for four children. But also, if indeed there is a larger common good to suggest that we are families as a democracy.

And I think that as we look at the whole issue of teen pregnancy, I would like to have people to begin to understand that I am responsible beyond just as a parent of my four children, but I am also responsible to the extent that I am a member of this democracy for other children.

And that is what drives me in the interest of teen pregnancy. That my lack of responsibility as a citizen will translate into children not having resources, and will translate into some I think unwanted activity.

So as we approach this hearing, I would hope that we would not only look at what the Federal Government can do, and what parents can do, and what private and communities can do, but what we can do together.

And I want to insist that there is a role for the Federal Government, because this begs the question sometimes, that government should get out of the way, and the family has all of the responsibility.

We should not do for people who they can do for themselves, but we should not use that as an excuse. These are forced choices. And I just want to say that we should not have choices between either or. Parents should be responsible, and the community should be responsible, and also government has a responsibility in a democracy.

Mr. TOWNS. Let me thank you and Mrs. Johnson both for your informative statements. Thank you.

And I yield back, Mr. Chairman.

Mr. SHAYS. Thank you, Mr. Towns.

Mr. Souder.

Mr. SOUDER. I want to welcome all of the kids here. I want to make sure for the media that they understand that these are not fellow members of the freshman class. Sometimes they are treated that way.

Mrs. CLAYTON. They are future freshmen.

Mr. SOUDER. I did not do an opening statement. I wanted to make a couple of comments and a couple of questions here. One, that this is an issue where extremely well-intentioned people who agree totally on the problem can disagree immensely on exactly how we work with this problem. But we do share the same concerns with that.

And I wanted up front to say that I am particularly interested, Congresswoman Johnson. If we do not, and I know that at times we will disagree on different approaches, if we do not do welfare reform, I very much would like to see the child support effort move separately, also.

I think that is important to the country and to us. I think as the male component of the debate that I would like to move with you on anything you want to do with that, and look at other ways too.

In many cases, many of the males do not have dollars to support, and how can we bring them into the system is one of the biggest challenges we face. And we would like to work with you on that effort.

It was good to hear from Congresswoman Clayton the comments that abstinence education and other things have in fact brought the rate down. You made one statement that implied that condoms may deserve a fair percentage of the decline in birth rate credit.

It is uncertain I think from data, and there is conflicting data, how much of that is due to the types of education programs, including abstinence education, and how much is due to more revival in the country, and how much is due to economic common sense.

I remember Kimi Gray at Kenilworth Parkside said that they reduced 67 percent the teen pregnancy there by partly saying this is a way that the system is keeping you down. Economically, it makes no sense to get pregnant. And that you can help change behaviors in multiple ways, of which that may be one.

Because the subject, as we get into teen pregnancy, moves beyond just the subject of pregnancy, and into the difficult questions—

Mrs. JOHNSON. I do want to respond to your response to my statement. I did not mean to imply that abstinence, although it has been very effective, is the complete answer. Because there are teenagers who are very active sexually. And to the extent that we want to make a difference in their lives, too, or do we throw them away, contraceptives have to be available.

And to the extent that they could facilitate the system and we made services and counseling available to them, we could respond to those who had gone beyond the pale or gone beyond our admonishing what they should not do.

We cannot ignore the reality. So I think that you correctly interpret my response. That abstinence makes a lot of sense, and it has been very effective. I believe in it personally.

But I cannot ignore the reality that many teenagers are very active sexually. Do we ignore that reality, or do we try to respond to that? Contraceptives and family planning are a response to that.

Mr. SOUDER. I apologize. I am going to have to be in and out of the hearing today, because I have multiple hearings, typical Member of Congress stuff.

But one of the things that I do want to clearly say is that many of us believe that the issue is not just teen pregnancy, but sex outside of marriage. Because we believe that that type of behavior has consequences that are moral, and has consequences to family stability. And it has consequences to the ability to sustain and support a family financially, if there are not two parents involved.

And therefore, it becomes problematic. While you may grant the reality and it is a difficult question on how to do it, to not do it in a less than stigma attaching way.

And I say that, because for example I would not necessarily favor giving low tar cigarettes to young people because we cannot seem to stop them from smoking, even though there has been a decline.

And I believe that part of the reason that we are making headway in the cigarette battle is that we unilaterally condemn the usage of cigarettes. And we have to be careful. I admit that it is

a very difficult issue. But in the process of saying that there are certain behaviors that are going to be there, that we do not appear to say therefore the society, the government tends to accept that behavior, because it is wrong behavior, and it is counterproductive behavior. And we have to be very careful with that.

And if you have any comments on that, you are welcome to make them. But I want to make that comment.

Mrs. JOHNSON. Well, I think that we agree on some of those, and some I do not. But obviously, I think that you have raised the issue that we do not want to suggest that the behavior that we find inappropriate, that by acknowledging it that we are encouraging it.

I think if that is what you are saying, I agree with it. But I would say to you that I am interested in having young people have a second chance. And if they have gotten actively involved sexually prematurely, and there is a way to engage them and counsel them, I want to see counseling and family planning available to them.

And I do not think that I am encouraging that. I hope I am not. But I think that I am not denying their potential for a productive life. And to the extent that we can curtail unwanted pregnancy, or teenage pregnancy, or people who are not prepared to provide the kind of nurturing and parenting, I want to be part of an effort that does that. And that goes beyond just abstinence.

Mr. SHAYS. I thank the gentlewoman.

Mrs. Morella.

Mrs. MORELLA. I think this demonstrates that there are many, many facets to responding to what is a challenge that we must meet. And that Congress, State and local governments, community organizations, religious groups, educators, and parents, we all have a responsibility in this.

And in response to what Mr. Souder said that these people are not the freshman class, I would like you to know that a number of them are my constituents. I do not know, maybe some day they will run for Congress. I hope that it will not be too soon. They are from Good Counsel High School in Wheaton. And I think in the first row are some students from Alaska who are here.

But I think that it is pretty appropriate, and there are others in the audience here, I think that it is pretty appropriate that they be here for this particular hearing. And I am sure that they have much that they could probably offer.

But I want to thank very earnestly my two colleagues, who have just been so effective on this issue. As usual, I look forward to working with them.

Thank you. Nancy Johnson, you are great. Eva Clayton, you are wonderful. We really appreciate the work that you are doing on this issue.

Mr. SHAYS. Again, she has dismissed you before I have.

Mrs. MORELLA. Oh, I am sorry.

Mr. SHAYS. I do want to thank you both.

Mrs. MORELLA. Put it in the hands of women.

Mr. SHAYS. Thank you very much. I get it from the right and the left.

I thank the witnesses who are on our second panel. Dr. Henry Foster, Senior Advisor to the President and White House Liaison, National Campaign to Prevent Teen Pregnancy.

If you would remain standing, because I will be swearing all of you in.

Dr. Kristin A. Moore, board member, National Campaign to Prevent Teen Pregnancy and executive director of Child Trends, Inc.

And Pat Funderburk Ware, former director of the Office of Adolescent Pregnancy Programs at the U.S. Department of Health and Human Services.

And the Hon. Kathleen Kennedy Townsend, Maryland Lieutenant Governor.

If you would all raise your right hand, please.

[Witnesses sworn.]

Mr. SHAYS. For the record, all four of our distinguished witnesses have responded in the affirmative. I will call on you first, Dr. Foster.

But I would just remind Kathleen Kennedy Townsend that I knew her when on student service. And just as people said to me, "My God, you are a Member of Congress," I say, "My God, you are a Lieutenant Governor."

Ms. TOWNSEND. Thank you, Congressman.

Mr. SHAYS. Dr. Foster.

STATEMENTS OF HENRY W. FOSTER, JR., SENIOR ADVISOR TO THE PRESIDENT AND WHITE HOUSE LIAISON TO THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY; KRISTIN A. MOORE, BOARD MEMBER, NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY AND EXECUTIVE DIRECTOR, CHILD TRENDS, INC.; PAT FUNDERBURK WARE, FORMER DIRECTOR OF THE OFFICE OF ADOLESCENT PREGNANCY PROGRAMS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND KATHLEEN KENNEDY TOWNSEND, LIEUTENANT GOVERNOR, STATE OF MARYLAND

Dr. FOSTER. First of all, I want to congratulate the youth who are here, by demonstrating that you are being responsible. And you are our future leaders, and it is good to see you.

Chairman Shays, Lieutenant Governor Townsend, and subcommittee members. It is indeed an honor to be here before you today to testify at this most important hearing on preventing teen pregnancy. I thank you for convening this timely and needed gathering.

For almost four decades now, as a teacher, as a university leader, and as a practicing obstetrician/gynecologist, I have dedicated my life to bringing healthy lives into this world—and to helping people reach their full potential.

And I bring this commitment and enthusiasm to my new role as the President's Senior Advisor on Teen Pregnancy and Youth Issues and Liaison to the National Campaign to Prevent Teen Pregnancy, a recently formed private sector effort led by a diverse group of prominent Americans.

In my new role, I have enjoyed a number of great opportunities. The opportunity to learn more about the Clinton's administration's comprehensive strategy to prevent teen pregnancy, which includes demonstration grants to communities, state-of-the-art research, and a strong prevention message from the top.

The opportunity to see firsthand innovative prevention strategies being developed at the grassroots level, many of which have Federal support. This includes the outstanding and innovative collaborations supported by the CDC's community coalition partnership grants.

And perhaps most uplifting is the opportunity to join the President in challenging all adults to listen to our young people, and help them form positive goals, and give them the support to achieve these goals.

And make no mistake, that part includes helping our young people remain abstinent and postpone pregnancy until they are ready to care for themselves and their children.

Why is teen pregnancy such a big problem? Early sexual activity and early pregnancy so often compound problems already evident in the lives of these teenagers. Exposure to poverty, violence, drug use, HIV, AIDS, and so many other negative outcomes.

Because children born to teen parents are more likely to be poor, as you have already heard, and more likely to have serious health problems, more likely to drop out of school, and more likely to become teen parents themselves.

And because there is nothing more in the national self-interest than the protection and nurturing of our children and our future leaders, this is why I launched the "I Have A Future" program in Nashville, TN, at McHarry Medical College in 1968.

And there is a lot that we can learn from this effort to promote abstinence and to reduce teen pregnancy. The fact is too many children believe today that their own hope is in having babies. We have got to replace that with the dream of hope and unlimited achievement. That is the philosophy of the "I Have A Future" program.

Our program is anchored in Nashville's public housing developments. The program emphasizes abstinence, and involves all family members and the entire community. Everybody from parents to politicians, and from the clergy to business leaders has a role to play.

There are three parts to the program. First, we equip young men and young woman with the basic information that they need about health, human sexuality, and drug and alcohol use, so that they understand the benefits of abstinence and the consequences of early sexual activity and other risky behaviors.

Second, we provide a comprehensive array of adolescent health services with a focus on abstinence and academic achievement.

Third and most important, we help young people enhance their life options, through activities that improve their job skills, self-reliance, values and self-esteem.

For example, the youth entrepreneurial component of our program helps teenagers learn more about themselves and about the world of work by empowering them to start businesses in their communities.

We also take the time to understand the unique aspects of young people's lives, and to help them buildup their self-esteem.

And the program is working. This year, out of 24 program participants who are graduating from high school, 16 are going on to

college, and 4 are joining the armed services. Eight of these college bound students are African-American males.

I should also add that through the program's history of about a thousand participants, 52 percent have been African-American males from a community where 87 percent of the households are female-headed.

It is difficult—it is a difficult process that takes time and requires lots of people, but it does work. This shows you what one community can do when it comes together and makes teenage well-being a real priority. And I believe that this kind of success is possible in virtually every community in this Nation.

But let me be clear, what works in Nashville may not work in Newark, in Louisville, in Chicago, or Charlotte. It will be up to local communities to decide what is best for them.

I will continue to work with communities across the United States to help them develop their own successful programs that help young people avoid the pitfalls, and instead achieve their greatest potential.

And make no mistake, as President Clinton has said,

We have got to ask our community leaders and all kinds of organizations to help us stop our most serious problem, the epidemic of teen pregnancies and births where there is no marriage.

There are no easy answers to this national tragedy, but we must have the courage to take on this tough battle, and the commitment to demand results. Let us not forget that we have made some progress. Most figures show that teen pregnancy and birth rates are declining.

According to the Center for Disease Control and Prevention, the birth rate for teenagers 15 to 19 declined 4 percent from 1991 to 1993. The birth rate, not the pregnancy rate, the birth rate for teenagers 15 to 17 declined 2 percent for that same period of time. And it has remained stable since 1993.

And teen pregnancy rates declined from 1991 to 1992 in 30 of the 41 reporting States, but we still have a long way to go.

We must send a clear and consistent message to teenage boys and girls that they should abstain from sex. But most important, we must give them reasons to want to postpone early sexual activity, and we must expect them to succeed.

We all must come together to solve this problem. This hearing is the right step in the right direction at the right time. Thank you very much, sir.

Mr. SHAYS. Thank you very much, Dr. Foster.

We are going to hear from all three of our other witnesses, and then we will have a nice dialog, and we will have some questions to ask all four of you.

At this time, I would ask Dr. Kristin Moore for her statement.

Ms. MOORE. Good morning. Thank you for including me on this distinguished panel of experts and leaders, all of whom share a deep concern about teen pregnancy.

I am here today primarily as a spokesperson for the new National Campaign to Prevent Teen Pregnancy, although, as you know, I am also the executive director of Child Trends, which is a nonprofit nonpartisan research organization. I have also done a fair

amount of research on the topic of teen childbearing over the past 20 years.

In my prepared remarks today, I want to cover three main issues: First, why teen pregnancy is a problem, and how the United States compares to several other industrialized countries; second, early overall plans of a national campaign for addressing the issue of adolescent pregnancy; and third, the particular activities of the Campaign component for which I am responsible as chair. That is the task force focused on defining effective community level programs to reduce teen pregnancy, and attending to some of the other pressing research problems.

Teen pregnancy is by virtually any standard we can apply an important national problem with serious ramifications for us all—certainly, the teenagers themselves, but also their families and communities, and in particular the children that they bear.

A series of key rates and numbers demonstrate the magnitude of the problem. More than 11 percent of female teens aged 15 to 19 become pregnant annually, and 6 percent have babies. The U.S. teen birth rate is not only higher than any other industrialized country, it is twice as high as the next highest country.

Moreover, while other countries have generally experienced declines in the rate of teen childbearing, the U.S. teen birth rate has followed a rather unique pattern. After declining from a post-World War II birth rate of 90, the decline stalled at 50. And then, remarkably, the rate began to increase in the mid-1980's, from 50 in 1986 to 62 in 1991. It has since declined slightly to 60 in 1993, which is the most recent year for which we have data.

I would like to see these comparisons with other countries as evidence that we can do better. Lower rates of teen pregnancy and childbearing are within our grasp, and we have no reason to accept the current state of affairs in this country.

It is with such concerns and motivation that the new National Campaign to Prevent Teen Pregnancy was formed this past winter as a new 501(c)(3). It is a private sector nonpartisan effort whose mission is quite directly to prevent adolescent pregnancy by supporting values and stimulating actions that are consistent with a pregnancy free adolescence. We have set as a numerical goal to reduce the teen pregnancy rate by one-third by the year 2005.

The 17-member board is chaired by former New Jersey Governor Thomas Kean, and includes a diverse group of Americans from many sectors. A roster of the current board accompanies my statement.

I hasten to add that a number of additions will be made to the board within the next several months. We are not yet complete.

As you may know, the initiative was stimulated by President Clinton's challenge issued in his 1995 State of the Union Address that, "Parents and leaders all across the country join together in a national campaign against teen pregnancy to make a difference."

The challenge to the campaign, of course, and to us all is what should we do, how in fact can we reduce the high rate of teen pregnancy and childbearing in the United States. We have thought long and hard about these issues, knowing full well that singular interventions and small scale isolated steps will not get the Nation where the Nation needs to be.

Accordingly, the campaign has outlined five ambitious tasks, that if handled aggressively and simultaneously, hold some promise of success.

First is taking a clear stand against teen pregnancy, and attracting the interest of more national leaders and organizations in this issue.

Second is enlisting the help of the media to reduce teen pregnancy.

Third, supporting and stimulating State and local action to reduce teen pregnancy.

Fourth, fostering a national discussion about how religion, culture, and public values influence both teen pregnancy and responses to it.

And, fifth, strengthening the knowledge base for effective programming.

We are well aware, of course, that in this Nation that there are many views about how to reduce teen pregnancy and childbearing, and that many of these seem to be in opposition. Teen pregnancy, in fact, has become one of the battlefields upon which some of our most painful cultural struggles are taking place.

We have been listening carefully to these many voices. And we find that, despite the diversity of views, that we are able to firmly unite around a common goal, dramatically lower rates of teen pregnancy and childbearing.

From this beginning point of unanimity and a sense of common purpose, we have established as one of the campaigns guiding principles that a wide variety of approaches and interventions should be supported, not just one.

In fact, one of our Board members has suggested that our motto be "unity of purpose, diversity of means". What this sentiment means in operation is that we are trying mightily to welcome into the campaign a diverse variety of groups and organizations.

This complicates matters, of course, but how else can one craft a national movement that will resonate in all areas of the country, and draw in widely differing groups.

I want to conclude by briefly telling you a bit about the activities of the effective programs and research task force that I chair. This group, like others in the campaign, is only now being organized, and we hope to be able to announce its membership later this spring.

Among its early tasks are two that are likely to have broad appeal. First, the task force will oversee the completion of a crisp statement about what is known about effective programs at the community level to reduce teen pregnancy, and what the best bets are for the future.

Second, the task force will seek to update many of the very out of date statistics currently available.

Third, the task force will oversee the development of a paper outlining what we know about the effects of the media on sexual attitudes and behavior with a special focus on teen pregnancy.

The four task forces will, of course, be collaborating and cooperating. We are convinced that that is what is needed, a broad based collaborative effort that brings together varied segments of society to address a common issue.

I would be pleased to answer any questions that you may have.
Thank you.
[The prepared statement of Ms. Moore follows:]

100-104-100

Statement of Kristin Anderson Moore, Ph.D.

Good morning and thank you for including me in this distinguished panel of experts and leaders, all of whom share a deep concern about teen pregnancy. I am here today primarily as a spokesperson for the new National Campaign to Prevent Teen Pregnancy, although, as you know, I am also the executive director of Child Trends, Inc., which is a non-profit, non-partisan research organization, and I have done a fair amount of research on the topic of teenage childbearing during the past two decades. In my prepared remarks today, I want to cover three main issues:

- (1) why teen pregnancy is a problem and how the United States compares to several other industrialized countries in this area;
- (2) early overall plans of the National Campaign for addressing the issue of adolescent pregnancy; and
- (3) the particular activities of the Campaign component for which I'm responsible as chair -- that is, the task force focused on defining effective community-level programs to reduce teen pregnancy and attending to some other pressing research needs in this field.

Teen pregnancy is, by virtually any standard we can apply, an important national problem with serious ramifications for us all -- certainly the teenagers themselves, but also their families and communities, and, in particular, the children they bear. A series of key rates and numbers demonstrate the magnitude of the problem:

More than 11 percent of female teens aged 15-19 become pregnant annually and 6 percent have babies. The U.S. teen birth rate is almost twice as high as the next highest Western industrialized nation. (The U.S. birth rate is 60 per 1000 females 15-19, compared with 32 in Great Britain, 26 in Canada, 15 in Norway, 9 in France, and 5 in the Netherlands.)

Moreover, while other countries have generally experienced declines in the rate of teenage childbearing, the U.S. teen birth rate has followed a rather unique pattern. After declining from a post-War birth rate of 90, the decline stalled at 50. And then, remarkably, the rate began to increase in the mid-1980s, from 50 in 1986 to 62 in 1991. It has since declined very slightly to 60 in 1993, the most recent year for which we have data.

Stepping back from these many numbers and trends for a moment, however, perhaps the most important "big picture" concept to be grasped is that teen pregnancy and childbearing remain high in the United States, and they are much higher than in the other industrialized countries against whom we often compare ourselves.

I like to see these comparisons as evidence that we can do better. Lower rates of teen pregnancy and childbearing are within our grasp and we have no reason to accept the current state of affairs in this country.

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It is with such concerns and motivation that the new National Campaign to Prevent Teen Pregnancy was formed this past winter as a new 501(c)(3) organization. It is a private-sector, non-partisan effort whose mission is, quite directly, to prevent adolescent pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. We have set as a numerical goal to reduce the teenage pregnancy rate by one-third by the year 2005. The 17-member Board is chaired by former New Jersey Governor Thomas Kean and includes a diverse group of Americans from many sectors; a roster of the current Board accompanies my statement, though I hasten to add that a number of additions will be made to the Board within several months -- we are not yet complete.

As you may know, the initiative was stimulated by President Clinton's challenge issued in his 1995 State of the Union address that "parents and leaders all across the country ... join together in a national campaign against teen pregnancy to make a difference." A follow-up meeting was held at the White House with a group of private citizens in October to discuss what might be done. Following that meeting, a serious private-sector planning effort was initiated around the ideas generated at the meeting. In his 1996 State of the Union address, the President once more talked about the seriousness of the issue and mentioned the current private-sector initiative as one very positive response.

The challenge to the Campaign, of course, and to us all, is: what should we do? How, in fact, can we reduce the high rate of teen pregnancy and childbearing in the United States? We have thought long and hard about this issue, knowing full well that single interventions or small-scale isolated steps will not get the Nation where we need to be. Accordingly, the Campaign has outlined five ambitious tasks that, if tackled aggressively *and simultaneously*, hold some promise of progress. There are, of course, no guarantees of success in ventures such as these, but hopes are high and we are hard at work. The Campaign will work on five fronts:

- taking a clear stand against teenage pregnancy and attracting the interest of more national leaders and organizations in this issue;
- enlisting the help of the media to reduce teen pregnancy;
- supporting and stimulating state and local action to reduce teen pregnancy;
- fostering a national discussion about how religion, culture, and public values influence both teen pregnancy and responses to it; and
- strengthening the knowledge base for effective programming.

We are well aware, of course, that in this nation there are many views about how to reduce rates of teen pregnancy and childbearing, and that many of these seem to be in opposition. Teen pregnancy, in fact, has become one of the battlefields on which some of our most painful cultural struggles are taking place -- adults argue, for example, over the proper role and content of sex education for young people, over abstinence versus contraception as intervention strategies, and over the role of the media in creating and resolving the situation we face today.

We have -- and are -- listening carefully to these many voices and find that despite the diversity of views, we are able to firmly unite around a common goal: dramatically lower rates of teen pregnancy and childbearing. From this beginning point of unanimity and a sense of common

purpose, we have established as one of the Campaign's guiding principles that a wide variety of approaches and interventions should be supported, not just one. In fact, one of our Board members has suggested that our motto be, "Unity of purpose, diversity of means." What this sentiment means in operation is that we are trying mightily to welcome into the Campaign a far more diverse variety of groups and organizations than have historically been attracted to this issue. This complicates matters, of course, but how else can one craft a national movement that will resonate in all areas of the country and draw in widely differing groups?

I want to conclude by telling you a bit about the activities of the Effective Programs and Research Task Force that I chair. This group, like others in the Campaign, is only now being organized and we hope to be able to announce its membership later this spring. Among its early tasks and concrete products are two that are likely to have broad appeal. First, the Task Force will oversee the completion of a crisp statement about what is known about effective programs at the community level to reduce teen pregnancy and what the "best bets" are for the future. (Fortunately, several useful papers and reports have been published in the last two to three years that review data in this area and that can be drawn together efficiently). This statement will be updated periodically and disseminated widely to multiple audiences, including those working at the state and local level who are eager for information and guidance from the Campaign about "what works," those in a position to fund intervention programs, and those in a position to evaluate them.

Second, the Task Force will seek to update many of the very out-of-date statistics currently available. For example, the data I presented earlier on pregnancy are for 1991. Clearly, we need data that are more up-to-date than five years old.

Third, the Task Force will oversee the development of a paper outlining what we know about the effects of the media on sexual attitudes and behavior, with a special focus on teen pregnancy. Although the issue of violence and the media has been analyzed in great depth, less attention has been paid to the relationship between media and various aspects of reproductive health. We think this is a critically important area of Campaign work and will focus on it intensely. Our orientation, incidentally, is not to blame the media for current problems, but to learn how to enlist their help and cooperation in finding solutions.

The four task forces will, of course, be collaborating and cooperating. We are convinced that that is what is needed -- a broad-based, collaborative effort that brings together varied segments of society to address a common issue.

I'd be pleased to answer any questions you may have. Thank you.

Task Force on Effective Programs and Research

1. As basic background for virtually all of its activities, the Campaign must have at its finger tips a set of key numbers (rates of teen pregnancy and childbearing, trends in these rates over time, international comparisons, male-centered data, rates of sexual activity and contraceptive use, etc.). Many of these numbers are already available through such entities as the Federal government, Child Trends, the Population Resource Center, the Alan Guttmacher Institute, and other organizations as well. The Task Force will draw from these various sources in a simple and efficient way to develop a "fact book" that meets the needs of the Campaign. Data probably need to be available in varying degrees of complexity and in varying forms.

Timing: This data sheet will be completed by the end of the summer or early fall.

2. The National Campaign needs to be able to state clearly what is known about effective community level programs that reduce teen pregnancy and what the "best bets" are for the future. Fortunately, there are already several papers/reports published in the last two to three years that review data in this area.

A scholar will be commissioned to assemble these recent reviews, integrate their findings using a common standard of evidence, and extract common themes. When this paper is completed, it will be reviewed and revised as needed at a two-day meeting convened under the auspices of the Effective Programs and Research Task Force (which may choose to add some ad hoc members for this specific function). It will be updated periodically and disseminated widely to multiple audiences including those working at the state and local level who are eager for information and guidance from the Campaign about "what works," those in a position to fund intervention programs, and those in a position to evaluate them.

Timing: The scholar will be selected by June 1; the paper will be completed in the fall with a review meeting to be held no later than Nov. 1. The comments from the review meeting will be integrated into the scholar's paper by Dec. 1 in order to allow publication early in the new year. This written product will form the cornerstone of many other Campaign activities inasmuch as it will constitute much of the "knowledge base" for preventing teen pregnancy.

3. Because the National Campaign set a goal for itself of reducing teen pregnancy by 30%, it should attempt to issue a yearly report on the teen pregnancy rate in order to track progress and help to focus national attention on this issue. However, computing the teen pregnancy rate has been problematic in recent years due to the limited availability of abortion data, which are needed to calculate the pregnancy rate. Accordingly, the Task Force will develop a memorandum for the Executive Committee about what would be needed to be able to track teen pregnancy more accurately and promptly; this memo is likely to suggest action steps that will then be considered.

Timing: This statement should be in hand by the fall and should feed into forward planning for the next year.

4. One of the most important on-going sources of information about teen pregnancy is the Federal National Survey of Family Growth (NSFG), which was most recently in the field in 1995. The National Campaign may be able to place a scholar in the NSFG offices to conduct a preliminary analysis of certain survey items of greatest interest to the Campaign. If this can be worked out, it would help enormously in completing several of the tasks noted earlier, especially #2. To move ahead in this area, a meeting will be scheduled with NSFG staff, and an effort will be made to work out the funding and logistics for such a placement.

Timing: These discussions can occur immediately in hopes that an analyst can be on site at NSFG by late summer.

5. And finally, the Task Force intends to build a "brain trust" of experts in the areas of teen pregnancy prevention who are willing to have their names given to individuals who call the Campaign seeking expert advice on a specific topic. The chair of the Task Force will take the lead in recruiting members for this group and for specifying the ground rules for use of this resource.

Mr. SHAYS. Thank you very much.

At this time, we would ask Ms. Ware if you would give your testimony.

Ms. WARE. Thank you, Congressman Shays, for inviting me here. Congressman Towns, it is good to see you again.

I want to just take a little provocative approach to this today. I have a long history of community corroboration and coordination to prevent teen pregnancy, from cultural preservation in the arts, to community economic development in which I founded organizations in both of these areas to improve the lives of young people.

I am now working as director of education for an AIDS organization, so I know about both kinds of issues, and they certainly overlap with what we are doing with teen pregnancy.

But in all of my years of working for corroboration and coordination of services, the most key issue is what is the philosophy that drives the coordination. If we are not in line, in tune, and in sync with one philosophy, indeed we will waste a lot of time, money, and effort.

And I would just like to take this opportunity to give my opinion about what we need to do, or what the philosophy needs to be for us to maximize teen pregnancy prevention in this country.

I have heard a lot of talk about poverty, and I lived in an inner city community as a single mother myself, and I understand the devastation of poverty. But there is a more common factor in young people who are more inclined to unhealthy behaviors than even poverty. And that factor is a lack of fatherhood.

And I just want to share a couple of statistics here. The daughters of single parents are 53 percent more likely to marry as teenagers, and 111 percent more likely to have children as teenagers, 164 percent times more likely to have a premarital birth, and 92 percent more likely to dissolve their own marriage.

Also, the data shows that the relationship between family structure and crime is so strong, that controlling for family configuration erases the relationship between race and crime and low income and crime.

Well, what does that say to me? What it says is—

Mr. SHAYS. May I ask that you speak a little more slowly. You are giving us a lot of statistics that are very interesting. If you could just slow down.

Ms. WARE. I am trying to stay within my 5 minutes.

Mr. SHAYS. I can turn it off.

Ms. WARE. Oh, thank you. I am ready.

The point that I am trying to make is yes, poverty and all of these issues are extremely important. But if we really look at the data, the lack of fatherhood is so dominate in the equation, that it overrides these other issues.

So what does that say to us? I believe that in all of our corroborative efforts that we must as a Nation support the norm of marriage and of family. That whatever we do regardless of what approach we take, the overriding thing must be marriage and family for these young people.

And I have worked in a number of teen pregnancy prevention programs, as director of the Office of Adolescent Pregnancy Programs. I have seen a lot of them. And I know that even though we

talk about abstinence, that oftentimes it is indeed not the central theme of what we do.

And just to set the record straight for a second. Title XX, the Office of Adolescent Pregnancy Programs, that ran the abstinence and adolescence family life program did not spend the majority of its money on abstinence programs. Only about one-third of the dollars were spent on abstinence programs. And that weighed out to about \$2 million.

So even in the title XX program, there was money for contraceptive services or family planning services. Just to kind of set the record straight on that. But I do want to talk about just two quick programs that were funded under title XX that were done in communities of very low wealth and very high crime, and everything else that you might think that these communities include.

And one is Families United to Prevent Teen Pregnancy in Milwaukee. In that program, in 5 years, less than 6 percent of the participants became pregnant or fathered a child compared to 20 percent in the overall population that did not have the program.

In East St. Louis, IL, there was a program with Hoyleton Youth and Family Services. The first year of the abstinence program that they had, where they gave no contraceptives and no condoms, was the first year in years that there was not a pregnancy in the elementary school in that community that participated in the program.

The year prior to that program, there were 47 pregnancies in the junior high school. The year after the program, there were 17.

So I am just trying to say that poverty is an issue. But if we have the right messages, we can override that. That is not to say that we are not concerned about young people who are already in single homes, and who are already sexually active, and already involved in crime.

There are ways to approach these young people to first of all encourage them to choose another lifestyle. And I will be glad to talk about some of the outcomes that we have seen in working with young people, and a way to help them turn their lives around.

This message that we give that focuses on marriage and family does more than prevent disease and pregnancy. It teaches certain values that are irreplaceable in developing and sustaining committed and faithful marital relationships that can withstand the nearly 50 percent American divorce rate.

How do we expect young people to grow into mature adults who have strong marriages in which to raise their children, so that we will not continue to see the outcomes that we see. If what they know and what they are allowed to have for the most part are shallow and quick physical exchanges.

And let me just say as a person working in AIDS, what we found, and we can support this, is where the two parent family is the strongest, that this epidemic is the weakest, and vice versa. Why? Because what the Center for Disease Control and other research agencies will tell us is that there are two predominant risk factors for transmission of any sexually transmitted diseases, including HIV.

Those two are first, having multiple sexual partners or having sex with a person who is having or has had multiple sexual partners. And No. 2 is starting sex earlier than the age of 18.

When you have communities that have a predominance of single head of households, as in primarily African-American inner city communities, there are more opportunities for what? For multiple sexual partners. And that is one of the reasons that we have seen a significant rise in HIV infections in the African-American community.

And I would like to close by saying that some of us may think that trying to teach no premarital sex and marriage as a major theme is unrealistic in America today.

But I would like to propose to you that America sent a clear message in October 1995 when hundreds of thousands of African-American men marched on Washington. Why was Louis Farrakhan able to mobilize that many seemingly apathetic men? Ask just a few of them at the Million Man March if they traveled great distances about safer sex. I do not think so.

There was a new version of an old song, and the lyrics were sweet and harmonious. And they said marriage, fidelity, commitment, and family, and responsible fatherhood.

There is much we know about the risks associated with early sexual activity and multiple partners. There is much we know about the uniqueness and irreplaceable importance of fathers in the home, as an irrefutable barrier against early sexual activity, childbearing, crime, HIV transmission, dropping out of school, and poverty.

And what we also know is that the desire of most disenfranchised and disadvantaged people in our Nation is to live healthy, productive, empowered lives that are not controlled by unrestrained emotions and selfishness. And that cannot be denied.

So as we talk about corroborating, corroboration of efforts, and coordinating all of these efforts, we must base it on the core knowledge that we have. And the realization of these efforts will help the greatest number of American citizens to obtain one of the acknowledged human needs, the opportunity to nurture and be nurtured in a healthy, loving, and intact family.

[Applause.]

[The prepared statement of Ms. Ware follows:]

TESTIMONY
 U. S. HOUSE OF REPRESENTATIVES
 SUBCOMMITTEE ON HUMAN RESOURCES AND INTERGOVERNMENTAL RELATIONS
 OF THE
 HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

by
 Patricia Funderburk Ware

April 30, 1996

"Preventing Teen Pregnancy in America:
 Coordinating Community Efforts"

Thank you, Congressman Shays for inviting me to participate in this hearing. My interest in teen pregnancy prevention and community collaboration spans many years. It began long before my appointment as director of the Office of Adolescent Pregnancy Programs for the U.S. Department of Health and Human Services. One of the first lessons I learned is that it is not simply the coordination of community activities that makes an impact. The shared beliefs and philosophy which drive the collaborative efforts is the key.

Coordinating community efforts around preventing teen pregnancy in America is no exception. If our efforts are to have maximum impact, we as a nation must be on one accord, about what messages we will give to our young people. "A house divided against itself cannot stand." The most vulnerable occupants, often the children, become the first victims when it comes crashing down.

In this testimony, I would like to share what I believe the driving force should be in any community coordination efforts to prevent teen pregnancy, as well as other outcomes that can have devastating... and often irreparable... harm to a child's life.

My professional career began as an actress and arts administrator, both in the private sector and with state and federal governments. I founded and directed a statewide arts organization that became a model for the country. Community efforts were mobilized around using the creative processes such as acting, storytelling, music and dance could reach students with different learning styles, unlocking hidden talents and interests, thereby, helping young people learn more effectively.

For hard-to-reach students, opening these inner doors can represent the difference between achievement and failure, graduation and dropping out. When young people see themselves as achievers, their risk of being involved in behaviors that might hinder their chances of fulfilling future goals and dreams, are minimized. Teen pregnancy was one of the key outcomes I wanted

the young people to avoid.

However, my vision for a healthy future for our children did not end with the arts. Even if their desire to achieve was cultivated, the absence of economic resources could inevitably thwart many of their dreams. Most of them would be overcome with the temptation to seek fulfillment in destructive ways. I realized that improving the economic conditions of these youth became my passion.

In order to better understand and relate to them, I moved into the inner city within a few blocks of the city's largest housing project. At the time, I was a single mother with a twelve-year-old daughter. We stayed in a small, two bedroom apartment in this community for four years.

The outcome of my efforts to actively address the economic issues by mobilizing churches, schools, community-based organizations, local and state governments, and most importantly the individual residents, was the formation of Southeast Raleigh Community Development Corporation. I served as its first director. The Corporation was and still is responsible for assisting people in becoming self-sufficient, economically stable, home owners, business owners, and former welfare recipients.

Being actively involved in this community helped me understand something even more profound: economic stability was only a part of the equation for raising healthy kids. There are greater influences that we, as policy makers, must recognize... if we are to indeed see a change in teen pregnancy rates.

What I found was that the kids in my adopted community were like those of my upper-middle class friends. All of them, regardless of socio-economic backgrounds, wanted the same things; parental love and guidance; acceptance from their peers; a sense of achievement and self-worth; and hope for their future. If these needs are not met for them in positive ways, they do not simply sit back politely and accept that condition. What they do, oftentimes, is find their own ways for fulfilling those needs, regardless of the known risks.

Each day in America, 1,000 unwed teens become mothers; 1,106 teens have abortions; 4,219 teens contract a sexually transmitted disease; 500 adolescents begin using drugs; 1,000 adolescents begin drinking alcohol; 135,000 youth bring guns or other weapons to school; 3,610 teens are assaulted, 80 raped; 2,200 teens drop out of high school and 6 teens commit suicide. A great number of the children do not live in poverty.

According to "Sex and American's Teenagers", published by The Alan Guttmacher Institute in 1994:

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"...as sex has become more common at younger ages, behavior of various subgroups of the population has converged: Differences in sexual activity between gender, racial, socioeconomic and religious groups have substantially narrowed."

Poverty, along with limited contraception availability, safer sex messages, and open/graphic discussions about sex have all been deemed the culprits responsible for the horrific teen pregnancy rates we are seeing in this country. There are those of us who believe that the major problem stems far beyond poverty, contraceptives, or sex education. And, if we do not take this opportunity, since the issue of teen pregnancy has moved to the center of public debate, to get to the heart of the problem, we will fail future generations of young people and put the future of our nation in grave jeopardy.

It cannot be denied that adolescent parenting is concentrated among poor and very low income youth. Neither can it be denied that many teens who grew up in these communities were able to make it out, drug free, crime free, and, their virginity intact. I wanted to know what these differences were. They were the same elements which other activists, who work with young people in low-wealth communities, discovered and included in their programs.

Some of these elements are: clear boundaries and guidelines for the youth; strong emphasis on self-control and delaying self-gratification; a value system that rejects moral relativism and situational ethics; parental involvement; future goal setting; skills building to help teen resist peer pressure; alternative activities to sexual involvement; adolescent sexual activity, drug and alcohol use, participation in violence and crime, disrespect of authority figures, all as unacceptable behaviors; loving discipline enforced; and youth valued and treated with respect, regardless of behavior. Each of these elements were incorporated in abstinence-education programs.

****Families United to Prevent Teen Pregnancy, Rosalie Manor, Milwaukee, Wisconsin: In five years of the program less than 6% of participants became pregnant or fathered a child compared to a 20% pregnancy rate for the same age group. (The 20% does not include the percentage of young men who may have fathered a child outside the community).

****Hoyleton Youth and Family Services, East St. Louis, Illinois: The first year of this abstinence curriculum was the first in several years that there were no reported pregnancies in the participating elementary schools. Prior to the program, there were 47 pregnancies in the participating junior high school. The year after the program there were 17.

All of these components are essential to an effective prevention program. However, as we take a look at the profile of young people who are more prone to high risk behaviors, there is a more common factor than poverty, that shows up in their lives. The absence of fathers is so dominant, that it compels our attention. A sampling of research outcomes concludes:

* Compared to children in intact families, children whose parents have divorced are much more likely to drop out of school, to engage in premarital sex and to become pregnant themselves outside of marriage. These effects are found even after taking into account parental and marital characteristics before the divorce. Source: Frank F. Furstenber, Jr. and Julien O. Teitler, "Reconsidering the Effects of Marital Disruption: What Happens to Children of Divorce in Early Adulthood?" *Journal of Family Issues* 15 (1994), pp. 173-190.

* Daughters of single parents are 53 percent more likely to marry as teenagers, 111 percent more likely to have children as teenagers, 164 percent more likely to have a premarital birth, and 92 percent more likely to dissolve their own marriages. Source: Irwin Garfinkel and Sara McLanahan, Single Mothers and Their Children (Washington, DC: Urban Institute Press, 1986).

*"The relationship (between family structure and crime) is so strong that controlling for family configuration erases the relationship between race and crime and between low income and crime. This conclusion shows up time and again in the literature." Source: Elaine Kamarck and William Galston, Putting Children First: A Progressive Family Policy for the 1990s (Washington, DC; Progressive Policy Institute September 1990).

*Young black men raised in single-parent families on welfare and living in public housing are twice as likely to engage in criminal activities compared to black men raised in two-parent families also on welfare and living in public housing. Source: Anne M. Hill and June O'Neill, Underclass Behaviors in the United States: Measurements and Analysis of Determinants (New York: City University of New York, Baruch College, 1993).

It appears that in-home fathers offer more protection against early sexual activity, child bearing, and crime than any program we can offer. Indeed, their presence is also a barrier against HIV/AIDS and other sexually transmitted diseases and disorders of the genital areas. The U.S. Centers for Disease Control and Prevention reports that the two leading predictors of a sexually transmitted disease (STD) are multiple sexual partners and starting sexual activity before the age of eighteen. In January 1995, The American Cancer Society's Youth Education Program, and the American College Health Association listed having sex prior to the age of eighteen; having multiple sex

partners, or sex partner(s) who has/had multiple sex partners, and testing positive for human papilloma virus (HPV), an STD that often leads to cervical cancer, as the only risk factors for contracting cancers of the cervix, vulva, penis and anus.

In 1988, Robert Redfield, Jr., M.D., renowned expert in HIV/AIDS research, treatment and prevention cited the breakdown in the American family as a significant factor in the rise in new HIV infections. He suggested that a predominance of single-headed households in any community creates more opportunities for multiple sexual partners. Dr. Redfield predicted that because family disintegration was particularly high among African Americans, the number of their deaths from AIDS would exceed the number of those resulting from homicides by the early 1990s. Single parents also have more difficulty supervising their children. As a result, their children have more opportunities to engage in drug abuse and promiscuous sex, both of which can lead to HIV infection.

Though Dr. Redfield was considered an alarmist at the time, unfortunately, his statement has been proven to be accurate. AIDS is now the number one cause of death of African American men between the ages of 25 and 44 years old.

Being excellent condom users will not eliminate significant risk of disease. A recent, and very comprehensive, condom efficacy study published in a 1995 issue of American Journal of Epidemiology is being widely circulated. This Brazilian study reports that 23 percent of female partners of HIV infected men who always correctly used condoms, became infected.

If pregnancy prevention strategies were rationally considered from a medical and anthropological perspective, the central theme would be premarital sexual abstinence, or at least limiting sexual activity to a life-long, mutually faithful, monogamous relationship. As a nation, we can no longer deny the benefits of raising children in homes with a married mother and father living and loving each other and their children all under the same roof.

The premarital abstinence education approach is also essential for more than prevention of disease and pregnancy. It teaches certain values that are irreplaceable in developing and sustaining committed, faithful, marital relationships that can withstand the nearly 50% American divorce rate. How do we expect young people to grow into mature adults, who have strong marriages in which to raise their children, if what they know, and are allowed to have, for the most part, are shallow, quick, physical exchanges? There is great hope, even for the millions of youth already born to single parents, already sexually active, already involved in crime. They can yet change if given the right direction.

The first move should be the provision of assistance to those households by coordinating and making available community resources to increase the parent's ability to be self-sufficient and productive. Second, to provide parenting education to insure positive parental involvement and modelling. Third, to provide education to youths that encourages healthy behaviors.

Premarital abstinence, with strategies that help them choose and follow through on this choice, should still be the central message. Limiting numbers of sexual partners is the secondary message. Referral for contraception and condom use should be a last resort, with a clear explanation of all facts in respect to risk factors associated with their use.

Marriage can even be promoted in households where the mother may have children by several different men. As a single mother for nearly twenty years, I, and all the single parents I knew, wealthy, poor and in between, were never offended to hear someone encourage our children, in a loving way, to save sex and childbearing for marriage. We wanted the best for them, and though many of the parents never experienced it first hand, they knew it was the best option. There was no problem in setting the standards high, hoping they could be achieved. The efforts of reaching for the goal, even if it was not achieved to its fullest, renders better overall outcomes than not having a high standard at all.

And what about the absent fathers? I think American was sent a clear message in October of 1995, when hundreds of thousands of African American men marched on Washington. Why was Minister Farrakhan able to mobilize that many seemingly apathetic men? They say he touched a chord in their hearts ignored for too long, by too many people. They were hungry for a life that included being loving husbands and fathers who lived with, provide for and protected their families.

Minister Farrakhan was one who believed in the sanity and possibility of the dream. He knew how to rekindle it in African American men from every walk of life. The rest of America must also believe that even the most disenfranchised person has the will to make significant changes in their lives. If we believed, we would not hesitate to set the standards high. Pre-marital abstinence, fidelity, and commitment would be seen as realistic goals, not just for the advantaged.

I find something akin to racism in attitudes that deny the ability of African Americans to embrace certain behaviors. These are the same behaviors that whites are suppose to be capable of adhering to, if they so choose. I have heard on too many occasions, in too many policy meetings, that "pre-marital abstinence is a white middle-class value, one that is in discord with the African Americans culture."

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Ask just a few of the men at the Million Man March, if they travelled great distances to hear about "safer sex". That message can come from the nearest family planning clinic or CDC public service announcements. No, there was a new version of an old song. The lyrics were sweet and harmonious...marriage, commitment, family. It is criminal, in this sophisticated country of ours, that the very basic requirements for a healthy nation, have been ignored, distorted and undermined.

There is much we know about the risks associated with early sexual activity and multiple sexual partners. The unique and irreplaceable importance of fathers in the home is an irrefutable barrier against early sexual activity, childbearing, crime, HIV/AIDS transmission, dropping out of school, and poverty. The desire of most disadvantaged people in our nation to live healthy, productive, empowered lives that are not controlled by unrestrained emotions and desires, cannot be denied.

Cooperative community efforts must be build on this core knowledge. The realization of these efforts will help the greatest number of American citizens to obtain one of the most acknowledged human needs, the opportunity to nurture and to be nurtured in a healthy, loving, intact family.

Mr. SHAYS. That was powerful testimony, but we would appreciate no displays from our audience.

Let me say to you that I feel privileged to be at this hearing, and to hear the testimony of our witnesses.

And with that, I would recognize Governor Townsend.

Ms. TOWNSEND. Thank you very much.

Mr. SHAYS. We call our Lieutenant Governor, Governor in the State of Connecticut.

Is that how it is in Maryland?

Mrs. MORELLA. Yes, she likes that.

Ms. TOWNSEND. It is good to be with you, Congressman. I loved working with you on Student Service, and it is good that you care about this issue that involves so many young people as well. And, of course, it is good to be here. Congressman Towns. And Congresswoman Morella, who has been such a good leader in our own State of Maryland on this and on so many other issues.

I want to commend you for tackling this terribly complex and seemingly intractable issue. And for seeking out testimony about what is working to produce and prevent the tragedy of teen pregnancy in communities across our country.

As you have heard from distinguished speakers, this morning we have moved into a time when we have reports of War Baby Syndrome among children from some of our Nation's most crime-ridden neighborhoods.

Some of these children will tell you without hesitation that they expect to be dead or in jail before they reach maturity. They believe their lives to be so precarious and so threatened that they must leave their legacy before they leave their teens.

The poverty, the drugs, the violence, the sexual victimization, the poor education, the lack of willingness to take personal responsibility, and the willingness to do what feels good at the moment, regardless of the consequences—we know all of these factors lead to teen pregnancy. And we know that we cannot solve all of them at once. Children will not stop having children until they believe they have bright futures in front of them. We must teach young people right from wrong. They must believe in themselves and take personal responsibility for their own behavior.

As young people learn values and build strong moral character, it must be clear to them that having sex and bearing children is not the right answer.

In Maryland, however, I believe that we have demonstrated that we can bring down the rate of teen pregnancy without curing all social ills. We can change attitudes and behaviors without waiting for any fundamental restructuring of society and our social institutions.

Maryland is a long way from conquering the problem of teen pregnancy, but I am confident that we are succeeding, and that our success can serve as an example to the Nation. We now have cause for hope.

In 1990, Baltimore City had one of the highest teen birth rates in the country. For every 1,000 children aged 15 to 19, there were 118 births. Of course, we cannot calculate the full human and social costs of so many babies being born to so many young mothers.

But we can estimate the combined cost to the State of Maryland. In 1 year alone, the bill for Medicaid, welfare, and food stamps comes to nearly \$450 million. That is for families started by a teen birth.

I am proud to report that today that Baltimore's teen birth rate has declined for 3 straight years. This is the first time that this has happened in almost two decades.

Maryland's teen birth rate is now 20 percent lower than the national teen birth rate. And while the national teen birth rate continues to steadily decline, over the past 2 years Maryland's rate has fallen nearly 60 percent faster than the national rate.

The key to this success, we believe, is local planning and local control. The more focused our approach, the more narrowly a program is tailored to the community it serves, the better our results.

For that reason, the State government has refrained from mandating specific programs. We have instead chosen to be one of the few States to establish a Governor's-level commission on teen pregnancy. At the State level, we have begun a statewide media campaign called Parents and Children Talking, or PACT, to ensure that home is the first place children should get information about sexuality.

The other aspects of the campaign warn of the consequences of early pregnancy, and condemn those fathers who fail to support their children. I brought this sign as one example of the type of signs that we put up on billboards, buses, and middle school classrooms.

And last December, the Governor's Council had held a seminar to discuss ways to improve our efforts to reach out to young men and teach them their responsibilities to young women and their communities.

But the heart of Maryland's effort is the local programs. The council has a staff of one, and she is it, Patty Flowers Coulson, right here. That is the staff. That is all there is. No bureaucracy, and no big administrative budget, just Patty.

So we at the State level do not run programs. We help with data collection and analysis. We help set them up, and we provide funding. We monitor them to ensure accountability. And if they are not producing, we offer the technical assistance to get them moving.

It is a local strategy. For example, three counties pulled their resources to sponsor a billboard campaign to encourage parents to speak with their children about sex and the consequences of early pregnancy. In one western Maryland county, the local health agency started a teen theater group that traveled to local high schools to educate their peers about the dangers of early sexual activity.

The group also expanded family planning services, so that they would be available anywhere in the country. A Baltimore suburb recently opened a school linked day care center for teen mothers.

Cooperation between State health agencies and local school systems led to a program that teaches good parenting skills, helps teens' parents complete school, and prevent second teen pregnancies.

Another county on Maryland's Eastern Shore developed a program specifically designed for African-American boys that teaches

the value of abstinence, community, self-respect, and moral responsibility.

Baltimore City's health department joined with the State health department to create health centers for teenagers living in ZIP codes with the highest teen pregnancy rate.

One center is located within a shopping mall, and services the complete needs of teenagers. Health education and support groups address a variety of topics, including abstinence.

And we are working with the State attorney's office in Baltimore City to determine the best way to hold accountable those adult males who get young teenagers pregnant. We think it is wrong, and it is also illegal.

Our best chance of drastically reducing teen pregnancy lies in these type of grassroots efforts. This and the dedicated people who run them unquestionably deserve the credit for Maryland's programs.

Thank you very much.

[The prepared statement of Ms. Townsend follows:]

Written testimony by Lieutenant Governor Kathleen Kennedy Townsend
State of Maryland
Tuesday, April 30, 1996
Before the House Subcommittee on Human Resources and Intergovernmental
Relations, U.S. Congress
Subject: Teen Pregnancy

Pregnancy is a pervasive issue for our nation. Teenagers who give birth are less likely to graduate from high school and are more likely to rely on public assistance for survival than their peers who delay childbearing.

In 1990, Baltimore City had one of the highest teen birth rates in the country. For every thousand children aged 15 to 19, there were 118 births. And while it may be difficult to calculate the sum of the social costs of this epidemic, we do know that the combined costs to the state of Maryland that year alone for Medicaid, welfare, and food stamps approached \$450 million.

Today we are proud to report that Baltimore's teen birth rate has declined for three straight years for the first time in almost two decades. In addition, Maryland's teen birth rate is nearly 20 percent lower than the national teen birth rate. And while the national teen birth rate continues to steadily decline, over the past two year's Maryland's rate has fallen nearly 60 percent more quickly than the national average. We now have cause for hope. Maryland is a long way from being able to say that the problem is behind us, but I confidently state that our success serves as an example to other states wrestling with this issue.

We cannot overestimate the far-reaching effects of teen pregnancy. More than half of Aid to Families With Dependent Children funds are spent on families that began with a teenage birth. About one-fourth of teenage mothers receive public assistance by the time they reach their early twenties. The vast majority of teenage parents do not marry, and of those who do, 80 percent

divorce. Additionally, children of teenagers are more likely to be born with low birth weight's, which can lead to long-lasting and costly health and developmental problems.

As we begin to tackle this issue we should not be overwhelmed or discouraged by what seems to be an inability to simultaneously solve all of the factors that contribute to teen pregnancy. Instead we must recognize that factors like drugs, violence, poverty, being a victim of sexual abuse, and poor education contribute to this dilemma. For example, child abuse studies show that between 40 to 60 percent of teenage girls who become pregnant have been victims of sexual abuse.

This country is facing a crisis. Counselors who work in some of our nation's most crime-ridden neighborhoods report of "War Baby Syndrome." The young men and women of today have no faith in the future. Too often they speak of being dead or in jail before they reach maturity. For these children having a child offers the opportunity to leave a mark on the world. Things must change.

Children will not stop having children until they believe that they have bright futures ahead of them. We must teach young people right from wrong. They must believe in themselves, and understand the importance of family and community. As young people learn values, and build strong moral characters it will become clear to them that bearing children and becoming sexually active is not the right answer.

In Maryland, we have discovered that the more focused our approach to the problem of adolescent pregnancy, and the more tailored a program is to the community it serves, the greater its success. For that reason, the state government has refrained from mandating specific approaches or programs. We have instead chosen to be one of the few states to establish a

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commission on teen pregnancy. The exclusive function of this office is to ensure accountability, to provide funding, technical support, and assistance with data collection and analysis. Local initiatives are developed through individual partnerships between local health officials, parents, teenagers, and business leaders. This approach began in Maryland in the early eighties, when many of the local jurisdictions throughout the State formed committees to address teen parenting. Shortly thereafter, the state Interdepartmental Committee on Adolescent Pregnancy and Parenting sponsored two statewide conferences for professionals.

In 1986, the Governor's Council on Adolescent Pregnancy was established by the State General Assembly through the work of a coalition of pro-choice and pro-life legislators. Since 1986, the Council has initiated numerous programs, continued to support the work of local jurisdictions to coordinate teen pregnancy efforts, and assisted state agencies in developing a long-term action plan to reduce teen pregnancy.

Maryland's efforts to combat adolescent pregnancy are centered around the following principles:

- *Planning efforts should be inclusive of both the targeted community and the local agencies that are best equipped to bring resources to bear on the problem.
- *To ensure that the programs best meet the needs of the community each program should be designed and administered by local agencies, parents, and teenagers.
- *Professionals and government must be committed to determining the effectiveness of efforts through regular, rigorous evaluation studies. Programs should be adjusted based on the results of the evaluation.
- *Parental roles should not be usurped by government or other agencies. But at the same

time, parents must be made aware of, and held accountable for, their actions.

*Policies and legislation that protect children from abuse, neglect, and exploitation should remain strong.

*A student must be educated to be healthy and healthy to be educated.

In the state of Maryland we also recognize that it is just as important to educate boys on the dangers of early sexual activity as it is girls. Furthermore, since the average age of partners of teenage mothers is 20, we are expanding the scope of the State's outreach campaign to include young men.

Intervention programs throughout the state of Maryland, for both male and female teenagers, are designed to accomplish the following objectives:

*Delay sexual activity.

*Increase parental involvement.

*Increase academic success and the high school graduation rates.

*Increase the number of teens who go on to some form of higher education.

*Increase the number of teens who get jobs that are rewarding to them and that eventually allow them to be self-sufficient.

*Increase prenatal care to pregnant teenagers to prevent low birth weight and reduce mother and infant mortality rates.

*Improve parenting skills.

*Prevent second pregnancies.

These principles are the foundation of each local initiative, but because the State has refrained from mandating specific programs we enjoy a great diversity in the approaches Maryland uses to

address teen pregnancy.

We have begun a state-wide media campaign called "Parents and Children Talking" or PACT!, to ensure that parents know that the home is the first place children should get information about sexuality and values. Other aspects of the campaign warn children of the consequences of early pregnancy and condemns those fathers who fail to support their children. And last December, the Council's Male Involvement task force held a seminar to discuss ways to improve our effort to reach out to young men and teach them their responsibilities to young women and their communities.

The real heart of Maryland's effort lies in the local programs and the staffs that work daily to keep our children on the right track. Interagency Committees on Adolescent Pregnancy Prevention and Parenting (ICAPPP), which are the driving engines of the local efforts, are active in all but one jurisdiction. The Council and the Governor's Office for Children, Youth, and Families are constantly collaborating to identify ways to strengthen the connection with local jurisdictions.

Further examples of the willingness on the part of local communities to assist in our efforts to combat teen pregnancy are readily available. In the rural Eastern Shore of Maryland, three different counties pooled their resources to sponsor a billboard campaign to encourage parents to speak with their children about sex and the dire consequences of early pregnancy.

In one western Maryland county the local health agency started a teen theater group that traveled to local high schools to educate their peers about the dangers of early sexual activity. The group also expanded family planning services so that they would be available anywhere in the county.

A Baltimore suburb recently opened a school-linked day-care center for teen mothers. Cooperation between state health agencies and local school systems led to a program that teaches good parenting skills, helps teen parents complete school, and to prevent second pregnancies.

Another county on Maryland's Eastern Shore developed a program specifically designed for African-American boys, teaching the values of abstinence, community, self-respect, and moral responsibility.

In Baltimore City the health department joined with the State health department to create health centers for teenagers living in ZIP codes with the highest teen pregnancy rates. One center is located within a shopping mall and services the complete health needs of teenagers. Health education and support groups address a variety of topics, including abstinence, and are run by peer educators.

Maryland's efforts to prevent teen pregnancies have received awards from the National Governor's Association, the Southern Governor's Association, and the National Organization on Adolescent Pregnancy and Parenting. We are proud of our success here in Maryland; and we believe that other states can learn from our model. Already California and Virginia have designed teen pregnancy prevention programs modeled after those found in Maryland. In addition, state agencies in Arizona, Nevada, North Carolina, South Carolina, New York, Illinois, Iowa, Indiana, Michigan, New Jersey, and Kentucky have sought information about Maryland's efforts in order to construct their programs.

The best chance of drastically reducing teen pregnancy lies in individual state governments fostering partnerships and grass-roots efforts. Still, we cannot deny that this is a national problem, and as such, there is a role for the federal government. Some possibilities for federal involvement

could include an intensive, national campaign to discourage children from becoming sexually active, and grants to support local campaigns and programs.

Another key area Congress could be of assistance in is to help state's better understand the influences and impact of teen pregnancy through data collection, evaluation, and effective programs. For instance, when developing programs in Maryland, it would be extremely helpful to know and understand the link between sexual abuse and teen pregnancy.

Additionally there is the need for a more comprehensive understanding of what approaches offer the most success. At a time when states are tightening their belts, funds for program evaluation seem to be cut first. We must realize that a proper understanding of what works and what does not is critical to our success. The federal government could perform these responsibilities far more efficiently and comprehensively than any of the states on their own.

I would like to thank the members of this committee for helping to cast light on what has become one of our nation's most pernicious and bedeviling problems. I hope this is just the beginning of an aggressive, comprehensive, and coordinated national response to this issue. The social costs of abdicating our responsibility to young people in danger of making such a shattering mistake as early pregnancy are simply too great to ignore. Let us teach our kids the importance of building futures EARLY and not families.

Mr. SHAYS. Thank you very much.

At this time, I would call on Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman. And let me begin by thanking all of the witnesses for their testimony.

And let me begin with you, Ms. Ware. You know, I have had the opportunity to work with you down through the years, and I respect your opinion. And, of course, I am not being confrontational. I just want to make certain that I clearly understand, and want to get as much information as we can get, because this is such a serious issue.

I understood you, and if I did not understand you correctly or if I have misunderstood, please feel free to correct me, but how do we address the fact according to your statement that these girls are being impregnated by older men?

These men obviously are speaking the kind of language that they want to hear, and they are sort of responding to that language.

Are you saying that these older men should marry these younger girls, how do you mandate marriage? I want to make sure that I understand what you are saying here. Because you said a lot of things there, and I want to make certain it is clear.

Ms. WARE. No, I am not saying that we should mandate marriage. But what I am saying is that marriage and family is so critical an issue, that as we work with these young girls and young men in these programs, that that should be paramount in what we hope to convey to them. That their goal is to reach for this high standard.

Even if they do not achieve it, I will tell you that just reaching for it would give us better outcomes than what we get if we tell them that it is OK, do whatever you want, as long as you do it safely and so forth.

But with respect to the older men and the younger girl situation, I think that we have model projects out here like Best Friends that can talk to you about how we need to work with the girls. We may not have a lot of control over some of these grown men. I think that some of the programs that we have heard about that may be implemented to make these men more responsible.

But if these young women are in support groups like a Best Friends programs or some of the other ones out there, to help them know how to resist this, to be support for each other.

If we can help parents know how to protect their children. You know, there are a lot of ways. A lot of these girls are succumbing to the seduction from these men, because they do not know how to resist. And sometimes they do not have any protection around them to resist.

If we tried to make these older men get married, I mean it would be very hard to choose which one of these girls they are hitting on to marry. So it certainly not that simple, absolutely. We are talking more about trying to educate the young girls and having support systems.

Mr. TOWNS. Thank you for clarifying that. Thank you very much.

Mr. SHAYS. Lieutenant Governor, you mentioned Baltimore and this downward trend. And I know that you said something about local planning, and of course local control.

But could you just be a little more specific in terms of that kind of thing. Because those are very interesting statistics in this day and age, that is going in the right direction. Generally, in most areas, it is going in the wrong direction.

Ms. TOWNSEND. Thank you. The idea of local control is to talk to people in the neighborhoods or their stake holders. For instance, we funded programs in two middle schools, because they had particular high rates of teen pregnancies. So you talk to the teachers, and you talk to the parents, and you get the kids themselves involved.

You actually listen to them, what do we need in our community, and what is required. So that they can, for instance, design a program.

Rather than just to say that for instance on the Eastern Shore that we need a billboard campaign. Perhaps in the city of Baltimore, we need in these two middle schools a program that goes particularly to the males. And that was tried in these two middle schools, as well as at a mall, where there was a particular program just dedicated to young men started by young men, who would talk to other young men.

The hope is that if people at the local level feel that they have some control and some power, they are more likely to get enthusiastic about the program. Rather than send out a RFP that just says that we want to target young men. It is better to say what is the best program for your own neighborhood or community.

Mr. TOWNS. Thank you very much for your comments. I would agree with you, that we have to look at what the problem is, and men are part of the problem.

Ms. TOWNSEND. Right.

Mr. TOWNS. They are 50 percent of it.

Ms. TOWNSEND. Yes.

Mr. TOWNS. It takes two to tango.

Ms. TOWNSEND. That is right.

Mr. TOWNS. And I agree with you.

Ms. TOWNSEND. I did not want to just focus on the young men. There can be other parts of the community that want to focus on the women. But the point is to listen to them about what they think is the most effective. Then you will get your enthusiasm to make it work. And that is what has been effective in Baltimore.

We also had, as you pointed out, this billboard campaign. There is a message going across the city that abstinence is a good idea. So you have it both from the words, the language, that that is important. But then you have actual programs at the grassroots level. I think that combination is critical.

The third point that I would like to say is if you are looking at what the Federal Government can do, we would really love more studies as to what are the most effective programs. Because obviously, we would like to teach people about what could work better.

Mr. TOWNS. Thank you very much. And that sort of leads me to Dr. Foster, who mentioned incentives.

What have you identified that encourage adolescents to postpone early sexual activity, have you found anything that you could sort of hang your hat on?

Dr. FOSTER. Yes, very distinctly. First of all, you have to start with the children a bit younger. The program that we had took in children 10 to 17. And even after that, we took in siblings who were younger. So that is the first thing. You must bring the youngsters in.

Then what I simply tried to do with this program is I tried to look at what might be considered middle class values that were good. I looked at my own children and what they were doing when they were 13, 14, and 15. And it was quite different from what a lot of these kids have a chance to do.

It sounds very simple to the average person. One of the first things we did is we took our youngsters to the airport. There is not a kid that we took that would have any reason to go to the airport for any reason.

But for those kids to see these marvelous machines glistening in the Sun that can weigh 400,000 pounds at takeoff, to hear them, to see them, to see black pilots, to see women pilots, to see all of these people going and coming, that creates a sense of excitement.

What Bill Cosby does on TV is great. But with him wearing \$700 sweaters, that is abstract for me.

The next thing. The kids were kind of teasing and taunting when they first started. "Oh, you are one of those future kids." When we took our first bus load of kids to Disney World, everybody started inquiring what is going on in there.

This is a positive value. These kids have been to Washington, DC. They have been into the office of a multimillionaire in Atlanta, Herman Russell, who had the prime contract for the Atlanta Hartsfield Airport.

So what we are really showing these kids that there is something at this particular point in time beyond having a baby.

Let me close on this. I know time is an issue. But I recommend to you Leon Dash's book, if you have not read it. Leon Dash went and lived incognito in Anacostia for over a year gathering data. The upshot was that there were girls 13, 14, and 15 trying to have babies when the fellows did not want them to have babies.

I have had 15-year-olds come to me as an obstetrician-gynecologist depressed in the infertility clinic, because they could not get pregnant.

Now I talked to one of my very good friends with the Robert Wood Johnson Foundation. We went on a site visit. He is chairman of the department of psychiatry. He said, "Hank, if you have spent your entire life in urban slums or rural squalor and see nothing beyond that, it is good mental health to want to have a baby. That is a sound reaction."

So it is incumbent upon us as a society to have something other than a pregnancy for a 13- or a 14-year-old to see as her future.

So what we have tried to do is substitute different things for these children to show them what the broader world can look like, and that you can be a part of this if you prepare for it.

Mr. TOWNS. Thank you very much, Dr. Foster.

Just one more, Mr. Chairman. I want to raise one with Dr. Moore.

Mr. SHAYS. The gentleman has as much time as he needs.

Mr. TOWNS. Oh, thank you very much.

Ms. Moore, in your statement, you indicate that there is a problem in gathering up-to-date data. That data used in most studies is often, you said, 5 years behind, which is a long time on a serious issue like this.

What impact does this have on developing effective preventive strategies?

And let me go just a little further by saying, what method would you propose to ensure that we get more reliable data in a faster time?

Ms. MOORE. I think that up-to-date data is important. We want to track the teen pregnancy rate, but the data are 5 years old. Yet we as a country have recent unemployment data by month. And I think that this is generally true for children's issues. Our data base is very out of date and incomplete.

It is data, but it is also research strategies, if you think about the way that we do research on biomedical issues. We do work on cancer, and we do work on diabetes, and we do work on heart problems. We spend a lot of money on that research. We do high quality research. We build on theory. We have a body of research. In other words, one study builds on the last study.

I reviewed for the Department of Health and Human Services last year the literature on effective programs, and I just have to say that it is very weak literature. The evaluation studies that we have at present are very weak. One of the reasons is that there is not the funding for them. We have not taken this topic as seriously as we take biomedical problems.

If we feel that it is an important problem for our country, then we need to fund the data and the research to find out what works.

Mr. TOWNS. And what do you think that the adequate turnaround time should be, just assuming that?

Ms. MOORE. On pregnancy data? Well, birthrate data are collected in the States, and so you have to involve the States to turn their data around. It comes from the county clerks and up to the State level, and then to the Federal Government, so it is a cumbersome process. And we are probably never going to have last year's data right now. But we certainly could speed it up another year or two with adequate resources.

Mr. TOWNS. This is one that I just sort of want to get your opinion on.

What should Members of Congress be doing in terms of this particular issue? We are anxious and eager to tell you what you should be doing. Now I would like to hear what we should be doing, the kinds of things that you think that we could do to help you in this fight.

Ms. MOORE. It is very clear, I think, that everyone agrees that solutions are local. Programs will be local. They will be in the family, and they will be at the community level.

I think that one of the things that the Federal Government can do is fund programs. I think that many of us are in agreement that the causes of teen pregnancy in many cases are very profound. They are family dysfunctions, single parent families. They are poverty. They are early school failure. They are early behavior problems.

The current approaches, on the other hand, are a week or two of sex education during the junior year in high school. They are short term, and they are superficial, and they are too late.

So we know from the research that we need to start earlier. I think demonstration programs are something that the Federal Government can fund, and not just fund the programs but also fund rigorous evaluation where it is warranted, so we can say with some certainty that yes, this does work.

Dr. FOSTER. Thanks for posing that. A couple of things come to mind very quickly. I think that each Member in Congress from both Houses should become a part of an activity to develop in each State a very strong teen pregnancy reduction coalition and campaign. You should serve as the catalyst at the State level.

As I am sure you know, there is no problem so big that it cannot be managed if you can break it down into units small enough that are manageable. That is what you can do. You can work with the national campaign in helping us serve as a catalyst, so that we can develop a strong presence in all of the States.

Dr. Moore mentioned short term and long term. Now short term things can be done. But you have got to begin to think of long term things.

What Ms. Ware said. Let me tell you. It is one thing to be a father, but you cannot be a father when you are functionally illiterate and do not have a job. You cannot be a very good father.

We have got to do something much greater in this Nation in my judgment. I think that we need a domestic Marshall plan. That is what I think we need. I think that the best teacher-pupil ratios ought to be in the inner city than elsewhere until some kind of parity is reached. That is the long term. But until we can do that, we are going to have a major problem.

But help us set up a strong coalition at the State level, that would involve the Department of Education, the Department of Health, and it should involve the private sector, all sectors, the clergy, the media, volunteer organizations. That is how the coalition will have to look.

Ms. WARE. Just to add to that, because I do agree with Dr. Foster's strategy. But back to my testimony. That as we are doing this, it is imperative that we as a Nation are focused on what the important issues are in not only teen pregnancy prevention but crime, drug and alcohol abuse, and so forth.

We must send a clear single message that not only must our young people abstain from smoking, alcohol, and drug abuse, and violence, but from premarital sexual activity as well.

At least, at least, through the high school years. Because the data that we have shows that if they can just get to the age of 18 without being sexually active, it will make a difference for their entire lives.

But we have to give that message. And I will tell you that working with these programs, that is not the message that we are giving to our young people generally. I mean some programs do, and some programs talk about it, just a few sentences out there. But the rest of it just is not focused in that direction.

But I like the idea of each Member of Congress working hands on locally with the program.

Ms. TOWNSEND. Well, I would agree. I think that the data collection would be very, very helpful, figuring out what programs work, and very close evaluation. It is stunning that we have had this issue for more than many, many years. And we are still struggling a little bit about what works and what does not work. We really do need that.

I think that a national campaign that highlights the importance of abstinence and the importance of fatherhood is very important as well, because it sends the signal, and gives people the language to say be careful, be responsible, have some sense of moral values.

So you sense that at the national level, and I think that can be very helpful. And then at the local level, you run the programs that are most effective and which work.

Mr. TOWNS. Let me thank all of you for your testimony.

And also, thank you, Mr. Chairman, for your generosity.

Mr. SHAYS. I thank the gentleman. I was going to yield to Mrs. Morella next, but I figured that she would dismiss you, and I would not have a chance.

Ms. WARE. Congressman Shays, could I make one final comment, please?

Mr. SHAYS. Yes.

Ms. WARE. In light of everything that we have said about research and all, I would like to add one thing. There are many, many nonstructured movements out there where people are making it in the most deplorable situations possible. We need to begin to take a look at just the average community and the average child, to look at what is already working that may not have a grant from anybody to do it.

We need to look at these kids who have made it out of these communities intact, drug-free, virginity intact. What are they doing?

I have done that for about 15 years, because I voluntarily lived in an inner city community with my 12-year-old daughter, and we left when she was 16. And I saw some common threads that were there for the young people who made it out.

We need to stop looking at what does not work so much and how bad things are so much, and begin to look at how these kids have made it, and try to incorporate some of those factors that are common with them in programs that we do. Thank you.

Mr. SHAYS. At the risk of having Mrs. Morella dismiss you all, I will call on her next.

Mrs. MORELLA. Thank you, Mr. Chairman.

This has been a tremendous panel that we have had of experts. And I have very much appreciated the written testimony as well as the oral testimony.

I must say that this bipartisan national campaign to reduce teen pregnancy, Dr. Foster and Dr. Moore, this is such a prominent board of directors. I mean from Governor Kean, Nancy Kassebaum, my good friend Dave Hamburg, and it goes on and on with all of the experts. So I know that they are really giving you some really sage advice.

And I commend your recommendations. They give a great deal of new energy and new ideas to the situation. I wonder what the time line is for the campaign.

And in this picture, do you see a place for Congress? I guess Dr. Moore or Dr. Foster.

Ms. MOORE. Well, I think that the time line should be recognized as long. We set our goal, and it is an initial goal, for a one-third reduction by the year 2005. We do not think that this is a sort of superficial issue that is going to be easily solved with a silver bullet kind of an answer.

So I think that it will continue for at least a decade. We have had one meeting to get organized, and we are now formalizing the various committees. Over the summer, fall, and winter you will start to hear much more specific information about what is going to be happening.

Clearly, it is private and nonprofit. One of the things that we will be working through is how we can interface with not just the Federal Government, but State and local governments over the period of the next year or two.

Dr. FOSTER. I would totally concur with that. It has been said earlier today, but this is not a problem that is going to be solved from Washington from the top down. It must be done through local community grassroots initiatives. But I hasten to add that there remains a major Federal role, one of which is setting a national standard. We are one Nation. We have been the United States since the Gettysburg address. Prior to that, we were these United States. We became singular.

The second role is that we have to provide technical assistance through our governmental agencies such as the NIH, HHS, and the CDC. These are major roles that we can play.

Last, if you want to hear ideas, you must separate evaluation. There is process evaluation, and there is outcome evaluation. Both are important. But the far more difficult to do is the outcome evaluation. That is really where the hard emphasis has got to be.

Mrs. MORELLA. I would agree with you. I wonder what is this national standard? I believe in standards, but what is this national standard?

Dr. FOSTER. No, goal is what we have. The national goal is to reduce teen pregnancy by a third by the year 2005.

Mrs. MORELLA. A goal.

Dr. FOSTER. And based on 106 pregnancies per 1,000 for girls 19 years and under, that would leave us at 70 per 1,000, if my mathematics is correct.

Mrs. MORELLA. So each State works in its own way, each community, grassroots, government and all in order to reach that goal, which is the standard?

Ms. MOORE. That is correct.

Mrs. MORELLA. I agree with what you have said in your testimonies, too. It has come through with everybody really that kids reach a point in some instances and in some environments where they have to become pregnant to show that they are somebody, and that they have accomplished something.

And these are really crazy values that somehow have emanated. The need to be important, to show that they can do something.

I want to ask Dr. Ware, I wonder if you know how successful the Adolescent Family Life Program, also known as the Just Say No

Campaign, has been in reducing teen pregnancy since it was enacted in 1981?

Ms. WARE. Well, I was director of that office for several years. It is called by some people who are not informed about what it really is the Just Say No Program. But as I mentioned earlier in my testimony, the majority, two-thirds of that money, did not go to abstinence programs.

And even in some of the programs that were funded, family planning services could be involved. You know, the office itself was not just an abstinence office. I am sorry that that is the misdescription that has been put on that office.

Their evaluations with the programs in the Office of Adolescence Pregnancy Programs. I go back to what Dr. Moore said about evaluation. It is very difficult for these programs. We have some that we can point to, and I did point to a couple of them in my testimony.

But it is important to know that the evaluation portion of those programs were funded with very, very low amounts. And anyone who has done it can tell you that it is an expensive process. There was only \$2 million in that program per year to fund the entire country for abstinence based programs.

So some of the outcomes. We talked about process evaluations, and outcome evaluations. Many of them are process evaluations, because they lack the funding to do the real rigorous kind of evaluation. I have not been in that office for several years, 3 or 4 years. So I do not know what is going on now. I do not know what the latest data looks like.

Mrs. MORELLA. Thank you.

I want to get back to you in just a moment. But I want to address a question to our Lieutenant Governor of Maryland. She does not mind being called Governor. She just does not want to be called Governess, Mr. Chairman.

I want to thank you for sharing with the subcommittee Maryland's initiative. And I am particularly interested. First of all, I am very proud of the Governor's Council on Adolescent Pregnancy.

The statistics that you quoted in terms of the reduction for 3 consecutive years. And the fact that Maryland now has become a national model when you talk about a standard of 20 percent lower than the national teenage pregnancy rate.

And I like the poster, too. I think that it is very good.

Ms. TOWNSEND. We have many others, as you have probably seen.

Mrs. MORELLA. Yes. It is terrific.

But I want to ask you what the effect has been of the media campaign in terms of raising awareness, what contribution, or is it a major contribution, or do you think it has contributed to Maryland's success?

Ms. TOWNSEND. To answer very specifically, Johns Hopkins is right now doing a study about the media campaign. It was difficult to elicit the information, because it required asking girls who went to the mall whether they paid attention to it. And the mall owners, as you can imagine, were a little reluctant to do it.

But that obstacle has been overcome, and in the next few weeks we should have a final report. I think it has made a difference, ob-

viously. But to give you the clearest answer, we would have to wait for the next month.

Mrs. MORELLA. That is interesting that Johns Hopkins is going to be doing some evaluating.

Ms. TOWNSEND. Well, a number of States have come to us, and want to imitate this campaign. But obviously, it is more powerful if you can say that it really did contribute specifically to the reduction.

Mrs. MORELLA. Are posters being put up like in schools too?

Ms. TOWNSEND. They are put up on billboards, and on buses. Most of the buses have these posters. And then we put them up in the middle schools. Because I think it is more effective in the middle schools to talk about pregnancy prevention than in the high schools, where you have probably lost most hope of making a real impact.

Mrs. MORELLA. Dr. Foster.

Dr. FOSTER. Let me just make a comment regarding Maryland and Baltimore. And the whole area of how we have to be balanced in terms of making contraception available.

There was a marvelous study done by Furstenber out of Baltimore, which has this long cohort of women from the inner city who had one pregnancy, but were interdicted at that point with outreach and the productivity of this group of women. And it has been evaluated, and it has shown to be very sound. That these young women have become productive.

And the reason that I mention it at this point is because one has to deal with obviously preventing second pregnancies, and the likelihood of abstinence is less in these young women.

The other thing that I would like to say to the committee as you talk to your constituencies, be aware of what has already been said, and then one other facet. The communities which we seek to help must have the up front involvement of those citizens.

The worst mistake that you can make is to go in and try to tell a community what it needs. It knows what it needs. It simply has to be asked. And this is certainly what we did with the "I Have a Future" program.

The other facet of it is when money is involved some of the dollars must go into the hands of the residents of those communities. I just think that is very crucial and fundamental to success.

Mrs. MORELLA. Well, you have really led into a bill that I had sponsored in the last Congress, and I think that it has been introduced in this Congress with a little different revenue source called a youth development bloc grant. It really was before bloc grants became fashionable.

But it was basically for prevention commonsense programs. But what it did is it put some money into the hands of some localities and let them formulate their own design for their communities.

I mean this meant Boy Scouts, Girl Scouts, Big Brothers, Big Sisters, the Wise, all of those groups coming together. Because the idea was that they know what their communities need.

And when we had a hearing on it, we had Len Swann who came in. He was the national president of Big Brothers and Big Sisters. And he testified, and a group from New Jersey came in, and some young women and young men, who talked about how this particu-

lar program designed for them in that area was effective for them, giving them an out.

I hope that something like this will be another role that Congress can play in terms of putting it in the hands of the people who know best.

If I could just ask one question of the plan, if they would like to respond. We were talking about welfare and welfare reform. And, obviously, whenever you are discussing welfare reform, you are looking at teenage pregnancy, and what the role should be of the Federal Government in terms of payments to teenagers who have children, or whether there should be a limitation, or whether or not by limiting you are going to help to prevent teen pregnancy.

I just want to give you each a brief opportunity, if you want to address it in any way. So if anyone wants to make any comments on it. There is no requirement, but if you want to.

Ms. MOORE. I would like to comment on that, speaking as a researcher in the area rather than as a representative of the campaign. I think that there were several things that the research would suggest that were ignored by welfare reform, one of which is that most pregnancies are unintended.

I believe that most of our conversation today has discussed it as if it were intended, but generally most pregnancies among adolescents are not intended.

Second, it was a very punitive approach. And I think that we know from a great deal of child development research that the combination of positive and negative sanctions is much more effective, and indeed positive sanctions are more effective in shaping behavior than negative.

Third, it tended to ignore males. And we know from a great deal of research that that is inappropriate. It also focused on adolescents, and ignored the roles that older people might play.

Thank you.

Mrs. MORELLA. A good point.

Does anybody else want to comment on it?

Ms. TOWNSEND. We were looking at that issue, as you probably know, in the State of Maryland. And there was a question as to whether we should do it in our welfare reform. It was proposed, and it was left out of the final bill for many of the reasons that you have just noted.

I think that the real question goes back to does it work or does it not work. And if it is effective, that is a good answer. But we have not seen that it has been effective.

Ms. WARE. Just to respond as a former founder—well, you cannot be a former founder—but founder, and former director of a community economic development corporation, that years ago began to help people to get off welfare and stay off of welfare.

I think that it can work. That there are some issues in the welfare reform bill that we need to look more closely at. It is so critical to help people to become empowered, economically self-sufficient, and so forth. And there are already models out there. There are many models. As a matter of fact, I facilitated a meeting with Members of Congress about a year ago, and brought in people from around the country, who had been working in this area and who

had been doing this successfully for 10, 15, and 20 years, helping people get off welfare and stay off welfare.

And a person who is working in HIV, AIDS, our concern is again wherever the family is the strongest, and I mean a parent family, the HIV epidemic will be the weakest. We have the data to prove that.

So whatever strengthens families and gets two parents back in the home and help young people stop having babies as single parents, we are all for 100 percent.

Mrs. MORELLA. Thank you. I want to thank the panel. And I want to thank the chairman. And I yield back any time that may be there.

Mr. SHAYS. It really has been a pleasure to hear your testimony, and hear the questions of my colleagues and your response to them. When we were thinking about doing this hearing, there were a lot of concerns that we had. I mean what do you talk about, and what do you not talk about, how honest are you with each other. If they mean certain things, do they mean code words to some people. That therefore, you do not go forward with a meaningful dialog.

And at the risk of saying something dumb or asking a dumb question, I am going to do that, because I am going to learn.

One of the things that I am struck with, Dr. Foster, is that during World War II, we created an extraordinary deficit and a large national debt. But it did not take the American people in our country 7 years to balance the budget, or 10, or 15. They balanced the budget 2 years later, because there was a tremendous will to do the right thing.

When I am thinking of the objective, which I think is intended to be a realistic effort, in the next 10 years to reduce teen pregnancy by a third, I am struck by the fact that that seems modest in one way. But I guess based on past history that it is not.

So 10 years from now, we will still have two-thirds of what we have now, which is really unacceptable. I would love you to comment on it.

Dr. FOSTER. Well, it depends. It may be modest or it may not. Obviously, we would want it to be less. I do not think that there is a chance that we are going to approach Japan or the Netherlands, who have but 10 pregnancies per thousand. I do not think that we are going to do that.

These are sociological problems. They are very difficult problems to address, such as welfare. It is much more difficult than putting a man on the moon, which is singular and which is focused.

After World War II, there were a lot of other things going on, too. The Armed Forces had just been integrated. There was an upbeat mood among all people of my complexion of what the future of this great Nation held. And I think that it permeated the entire Nation.

We had just won a major war. There were some spoils from victories, in spite of the costs that we had. But I think the most important thing was the GI bill. I think that did more to bring this country around. And here again, we are on an educational issue.

But back to the issue that we are on, we have got to do a lot of educating. I did not want to take too much time. But one of the

biggest areas that the National Campaign and everything else has to do is to bring programs together that educate parents.

Parents do not know how to talk to their children. Seventy-two percent of boys and 66 percent of girls get their very first information about human sexuality not from their parents or their families, who should be setting their values, but from the street, from people who know virtually no more than themselves about the issue.

That has got to be a major part of what we do, bring families back together. And I am with you. I want this goal to be better. It was not 10 years, Mr. Chairman. It was between now and the year 2005.

Ms. TOWNSEND. I think you are right. I think that we should be able to set a much stronger goal. But as I pointed out in my testimony, Maryland is one of the few States that even has a Governor's task force that looks at this as a statewide issue.

So the question is can we empower or exercise people to say that this is something that we have to do. Obviously, Dr. Foster you, and Congressman Towns and Congresswoman Morella are interested in this issue. But on the whole range of other issues that people are interested in or care about, this does not reach the top. And therefore, you do not have the same resources, and the same attention.

If you are saying that you only have \$2 million in the whole Federal budget to look at the abstinence programs. It just says that our country has taken this as seriously as perhaps you think we should.

So I think that the challenge is first, not to change the goal given who is interested, but to get more people interested, and then we can have a better goal.

Mr. SHAYS. It would be interesting for me when we start to analyze what is working. And then decide how much of it is money—although which clearly money must be involved in this—and how much is tremendous community activism. It is very infectious and contagious, when you see wonderful success stories on the community level. I mean mothers who have never worked who start working. And they say, "Do you know what I appreciate the most?," and they hold up their check and they say, "I earned this."

I mean, that is infectious. When you hear the successes and you see it, and you expose conservatives to things that they may not have been exposed to, and liberals to things that they may not have been exposed to.

One of the things that I have tried to do since I have become a Member of Congress is ask everyone who comes into my office who has come from somewhere to what would be perceived as success.

And they have all said that it was a mother, a father, a brother, a grandmother, or other family member. The most memorable was a woman who came and said that her father died when she was 12 years old, and she had six brothers and sisters, and her mother was a schoolteacher at low income. And she was determined that all of them would have advanced degrees. And she came to tell me that they all did.

And then it gets you to start thinking about your own dreams and who helped you.

So having said that, I think that some of the things that Government does that we would not do if we were doing it for our own kids. That we would not think of having some programs, because we would know in our own family that the program would be counterproductive.

And that is where the honest dialog has to happen. When Newt Gingrich talked about orphanages, people jumped on him. But he was putting it not in the same relationship of a Norman Rockwell, two cars in every garage, and two-and-a-half kids, but he was talking about crack mothers raising kids.

And it was sincerely an effort to have a dialog, and it just got squashed. Because there are certain things that we are not allowed to say.

Ms. TOWNSEND. I think that if he had not used the word orphanage, that it would have been a much different dialog.

Mr. SHAYS. I totally agree with you, but think about it. It may be a bad word. But you still had the Speaker talking about something that would it not have been nice if we examined that, and kind of encouraged more dialog.

I mean at the risk of saying something that I should not say, I will say it. I believe that we have more out of wed children and more children raising children, because there are financial incentives. I really believe that there are financial incentives.

Now the dialog would be to what extent, but it has got to be out on the table. We have got to say to what extent does welfare for a 14-year-old kid, given all of the other outrageously unavailable options, to what extent does that become a better option.

And I would like the answer. And I would like to be able to ask it without feeling like I asked an inappropriate question. So I am going to ask an inappropriate question.

I want you to tell me to what extent do you think paying a child to have a baby in a sense creates the possibility that they are going to have a baby? And I would like to ask each one of you. You do not have to agree with the premise.

Ms. WARE. I am going to talk now from my experience living in an inner city community, and raising a child alone there, and interacting with many of those kids in that community. They spent a lot of time in my little two-bedroom apartment. Many of those girls saw having a baby a way of getting out of their situation. They did see that.

But many of them did not. A lot of them had greater dreams and aspirations. And their parents, I have not met one single parent yet who did not want their child to grow up and have a healthy, loving marriage, and have kids in that marriage.

So there were dreams. But the realities around the people who were there made them feel that that really was not an option for them. And they had to reach for what appeared to be their own only hope.

Now it was not good, you know. And a lot of them felt—we did a survey when this whole welfare thing came out. The majority of black people in the inner city felt that it was not a good idea to have young girls have babies and be able to move out and set up an apartment on their own.

So you know, most people think it is a good idea anyway. But again, it is so complicated, that it is kind of hard to just answer in a few short minutes.

Mr. SHAYS. I had a young girl call me up, when I was a State representative, outraged because as a 16-year-old we had found public housing for her not in Stamford, the community she lived in, but in Bridgeport, basically 20 miles away. And she said that she wanted a house in Stamford.

And I said, "If you want a house in Stamford, why don't you live with your parents?" She said, "I do not want to live with my parents." I said, "Well, your choice then is Bridgeport."

And maybe it sounded a little cruel. But she is telling the taxpayer that she is entitled to that home in Stamford to raise her kid as a 16 year-old. And that may be an exception, but it is not infrequent.

I would be happy to hear any other comments. I am not just going to focus on that.

Dr. FOSTER. No, no. I share your passion. But I do not think that you are in the minority now. I do not think that you should pay kids to live out of the home. If they are adolescents, I think that they should stay in their families. And I think that we are making a terrible mistake. Because not only are we doing them a disservice, we are actually weakening.

Let me tell you. There is a marvelous study that came out of the University of California in San Diego. The researcher had looked at women from Mexico having their first babies, and the outcomes of those pregnancies compared to the second babies.

The outcomes from people who had come across the border with their first pregnancies were far superior than with the second baby outcomes. Mainly because with the second babies, they had gotten away from their families, and they had gotten further away from the social supports that had given them the good outcome in the first place.

I do not know if you should pay a child or not. I do know this again, and I have said it before. And maybe when Dr. Kristin Moore takes a harder look at some of the things that work. We had peer counselors. And I hope that she will look at peer counselors across the Nation in programs to look at their productivity, a number of which have gone on to college. We paid these kids, so they could counsel other kids on how to avoid drugs. This again is a way that you can put moneys back into the community.

But I do not think that you should pay to have children to go outside and live. I think that it is a mistake personally.

Ms. MOORE. I think that there are two questions there. And again, I am speaking as a researcher, and not as a representative of the campaign.

One is whether teens should live apart from the family home. And certainly, the developmental status of a teen does not suggest that that is a good idea. I think that second chance homes have been recommended rather than separating the mother and the child, if the family of origin cannot care for the mother and the baby.

With regard to your other question about whether welfare benefits are an incentive, again I want to go over that. We know that

for young teenagers that the majority of first sexual experiences are not voluntary, and the majority of pregnancies are unintended. So that leaves a rather small proportion of pregnancies that could be unintended for any reason.

And you have to look at welfare as relative to their alternatives. So again, it makes the group for whom that argument might apply, smaller. It is for kids who really have poor alternatives, for whom that might be an incentive. Then you have to think about the stages at which it would be an incentive. Speaking of the things that we have not talked a great deal about is sexual activity. Sexual activity is a really big part of the teen pregnancy problem. And there is essentially no evidence, or no evidence that I am aware of, that suggests that welfare benefits encourage early sex. There is also, I think, little evidence that welfare benefits affect contraceptive use. Those are very distant.

Mr. SHAYS. If I could interrupt and ask you?

Ms. MOORE. Yes.

Mr. SHAYS. We have more teen pregnancies in urban areas than suburban areas. But I would suspect, and correct me if I am wrong, that we would probably still have the same amount of sexual activity in both.

Ms. MOORE. Sexual activity is higher among disadvantaged teens. So to the extent that disadvantaged teens live in center cities, yes; you will have higher levels of sexual activity.

I just wanted to finish the comment; that if there is an effect of welfare, that I think it might be at the pregnancy resolution stage. Again there is not much evidence that there is effect of welfare at any of those stages. But, I think that it becomes a more thoughtful and rational decision, as they move through contraceptive use and pregnancy resolution. We wish sex were a more rational part of this process, but frequently, it is not.

Dr. FOSTER. Just one quick comment, Mr. Chairman. One should be very cautious on assuming the level of pregnancy in middle- and upper-class families, because many times it is not known. It is very easy to conceal. So you really do not know completely.

Mr. SHAYS. I realize that I am asking you the questions, but I also want Governor Townsend and Ms. Ware to answer them.

Is the assumption that in suburban areas that the pregnancies are the not going to term?

Dr. FOSTER. It may be. The point is that you do not know. Many times, they are not.

Mr. SHAYS. They are not. We do not know.

Ms. WARE. There is certainly anecdotal evidence, and I have talked to people who have talked about getting pregnant not to get the money, but that it is not a disincentive. In other words, you might not think about not getting pregnant because there is some help if you do get pregnant.

And I have talked to enough people in the field who have said that, and they have run across it. But I think that the real question is that just because there is anecdotal evidence, what is really going on across-the-board, what do the studies show, and what is most effective.

And I think that that really raises the issue that we said earlier of what the Federal Government could do, to do those studies. Because this is, as we all know, a very politically poisoned debate.

You said yourself that people do not talk honestly. Part of the reason that we cannot talk honestly is because we do not have the studies that show one thing or the other. So I have my anecdotal story and you have yours. And we do not have any other way to base our decisions.

Mr. SHAYS. I will just respond to the anecdotal evidence. Having been elected in 1974 as a State legislator representing an urban area, it is no longer anecdotal to me. Because I found myself saying it, and then I see it so much. And I could spend all day telling you what I used to think were just incidences.

So I have seen the damage I have done, in the sense that I have voted for some things that I now have to come to grips with and say I have not done the right thing. I showed I cared, but I probably have been more caretaking than caring.

Mrs. MORELLA. I just wanted to briefly comment on this issue. I do not think that we really have the answers in terms of what the statistics are showing. But I do think that there are, as has been mentioned, a number of unintended pregnancies among teenagers.

Second, I hardly think that most teenagers who become pregnant think of the dollar sign before they become pregnant. That they will take a chance on a guy, those posters are wonderful, take a chance on a guy who may leave them, because they are going to get a certain amount of money for it.

I just do not think that enters into it. I think that some of them may want to have babies, who are doing it for status, a way out. They need to feel important. I know in some instances that there is a legacy of one generation going into the other. And they do look to it.

But in general, I do not think that it is the money that makes teenagers become pregnant. And, I think that is where we have a responsibility. It is important what we believe in. But it is more important who believes in us.

Mr. SHAYS. This hearing is sounding like a Baptist church. Do you want to say something?

Mr. TOWNS. I would like to associate myself with the remarks made by the gentlelady from Maryland. I think that there are a lot of factors that go into that. I think the lack of education, in terms of having no goals. There are a lot of things that go into it. And when the 16-year-old responds to you in the way that she responded, really she felt that she had no options, you know. And that is what you are dealing with.

So, I think that when we approach this, I think that we have to keep all of those factors in mind. Because education is very, very important. And if we do not continue to put money into that area, then we will have more stories like this. I think that is something that we should not forget.

Ms. MOORE. I just wanted to add some other comment. The research on the question of welfare as an incentive is not sufficiently strong to rule it out completely. But I think that what we are sitting on is a body of studies that shows pretty weak and inconsis-

ent findings for welfare, but shows quite consistent and strong findings for other factors.

And they are poverty, family dysfunction, early school failure, and early behavior problems. These factors have very consistently been found to increase the risk of early sex, inadequate contraceptive use, pregnancy, and childbearing.

Mr. SHAYS. Ms. Ware.

Ms. WARE. I just quickly want to read a quote from the Alan Guttmacher Institute in response to the sexual activity rates among the races. And this quote says that,

Sex has become more common at younger ages. Behavior of various subgroups of the population has converged. Differences in sexual activity between gender, racial, socioeconomic, and religious groups have substantially narrowed.

Mr. SHAYS. I have one child, and I cannot draw assumptions from one child. But I am astounded at the impact of peer pressure.

Ms. WARE. Yes.

Mr. SHAYS. Absolutely astounded.

We have another panel that has been extraordinarily patient. I do not intend this to be true confession time. But what I wrestle with as someone in public life—and I look at Ms. Townsend, the Governor. And I knew that you would be up to some mischief today. And I was trying to think what will she do today.

So what she did is she passed out all of these pictures while everybody was talking. But one thing that I would have done differently with those posters. Frankly, looking at some of those kids makes me want to have another child. I wish you had shown them in the father's arms crying. You know, because they look so precious.

Ms. TOWNSEND. That is a very interesting point. That is a very, very interesting point.

Mr. SHAYS. The fathers look sad, but the kids look gorgeous.

I had a dad that gave me lots of dreams. My dad would come back from New York City, and he would come with some article that he had read, and he would ask me questions. If I took one side, he would always take the other. Because he never wanted me to get away with just saying what he thought I needed or wanted to say.

But he would sometimes come home with an Ann Landers article. And I have not read Ann Landers in about 15 years. But, you know, these calendars. And this is a quote that I believe with all of my heart and soul. It says, this is Ann Landers, and this was on the April 3 calendar, it says,

In the final analysis, it is not what you do for your children, but what you have taught them to do for themselves that will make them successful human beings.

I believe that is the benchmark. And I believe that if we believe it for our kids, we have got to believe it for our citizens.

I think that we have been a caretaking society. And people like me can go back to all of these special interests and the people who care. You see, I have been a caretaker. And they pat me on the back, and I spend Government money, instead of being a caring person.

And the traditional conservative view is hold your hands in the air and walk away from the problem. "Like, you know, I am sorry

that your mother is a crack mom. You know, it is too bad, I am sorry. You were raised with no dad. But that is life. You are on your own, buster."

To me is where are we going to find common ground? And this is my point. We are going to find it between the liberal who truly does care and is willing to be an activist and the conservative who believes in certain principles that are true, and practice it in their own family life.

And we have got to get to what I call a caring opportunity society. I really believe that.

Ms. WARE. If I may take just a strong exception.

Mr. SHAYS. Sure.

Ms. WARE. To what you are saying in terms of the traditional conservative view. I would have thought that at one point until I became involved in community economic development when Jack Kemp was Secretary of HUD during Reagan's administration. And I saw the most caring people in the world, and it changed the lives of many disenfranchised people of color that I have ever seen. So I am just saying that maybe—

Mr. SHAYS. I will tell you. I think that they are kind of in the middle. And we will get into an ideologic thing, and I will regret it.

Ms. WARE. That is all right. I just wanted to make sure that I understood what you were talking about.

Mr. SHAYS. I want to make sure that you understand.

Ms. WARE. All right.

Mr. SHAYS. I really believe that ultimately that conservatives are right about what motivates people, and how people respond to certain motivations, whether they be carrots or sticks. And I believe that our Government ultimately has got to be in a position where it truly is not just an opportunity society, but a caring opportunity society. And I just make that distinction.

Ms. WARE. OK. Thank you.

Mr. SHAYS. And if you do not know what that means, we will both try to get through.

Ms. WARE. I am OK.

Mr. SHAYS. OK. Is there a question that we should have asked you, or is there any comment that any of you would like to say before we get to our third panel?

Dr. FOSTER. Thank you.

Ms. WARE. I would like to thank you very, very much for having this panel, and for inviting us up here. I think that it has been very interesting and very important. And I would love to work with you on student service. And, you know, that is important to give people a sense of purpose in their life, a sense of empowerment, a sense that they can do something worthwhile. And some of those same issues come here.

I only wish that more of your colleagues were here today and interested. Thank you.

Mr. SHAYS. Thank you very much.

Dr. Foster, again, I thank you for coming from Denver and so on.

You all have been a wonderful panel, and I thank you so much.

We are going to invite our last panel. But I would like any of the participants in our last panel, if they would sit in this middle row

here, if they do not mind. And I would like you all to introduce yourselves.

First, let me invite our witnesses. Elayne Bennett, president of Best Friends Foundation, accompanied by Robin Williams; participant in the Best Friends Foundation.

Charles Ballard, director of the Institute for Responsible Fatherhood and Family Revitalization, accompanied by Kevin Travick, participant in Institute for Responsible Fatherhood and Family Revitalization.

And Barbara Humberman, director of training, Advocates for Youth.

And I would invite the participants, like Best Friends, to sit in the panel up here.

Mr. Ballard, you have people accompanying you. And I would also like them, if they do not mind sitting in the front here as well.

We have four people testifying. I better be sure that I am clear on this. We have four people who are testifying, or actually five people. Ms. Bennett, Mr. Williams, Mr. Travick, and Barbara Huberman.

Mr. Ballard, who is accompanying you?

Mr. BALLARD. Mr. Gaston and Mr. Travick. Also, I have two other gentlemen, and they will be making some comments.

Mr. SHAYS. Now you all are comfortable. And I am going to now ask you to stand up, and I am going to swear all of you in. We swear in everyone who comes before our committee, anyone who, in fact, will be testifying.

[Witnesses sworn.]

Mr. SHAYS. For the record, everyone has responded in the affirmative.

We will start with you, Ms. Bennett. And thank you very much for being here.

And again, I thank all of you for your patience. I sometimes think that we should invite our third panel to come a little later. But I am also interested in you having heard the questions, and maybe commenting on what previous speakers have said.

Ms. BENNETT. That is very helpful. Thank you.

Mr. SHAYS. Thank you.

STATEMENTS OF ELAYNE BENNETT, FOUNDER AND PRESIDENT, BEST FRIENDS FOUNDATION; CHARLES BALLARD, DIRECTOR, INSTITUTE FOR RESPONSIBLE FATHERHOOD AND FAMILY REVITALIZATION; BARBARA HUBERMAN, DIRECTOR OF TRAINING, ADVOCATES FOR YOUTH; ROBIN WILLIAMS, PARTICIPANT, BEST FRIENDS FOUNDATION; KEVIN B. TRAVICK, PARTICIPANT, INSTITUTE FOR RESPONSIBLE FATHERHOOD AND FAMILY REVITALIZATION; AND ANDRE GASTON, PARTICIPANT, INSTITUTE FOR RESPONSIBLE FATHERHOOD AND FAMILY REVITALIZATION

Ms. BENNETT. Thank you for allowing our Best Friends girls to come up and have seats right here. It will make my job much easier, to look at their happy faces, and all of those great blue T-shirts.

Mr. Chairman and members of the subcommittee, and especially Congresswoman Morella, for whom I have great admiration, it is an honor to be invited here this morning, and to hear from other

honorable and committed men and women, like Eva Clayton, and Nancy Johnson, and Pat Ware.

There is much discussion today about the moral decline in our communities, and the troubled state of our youth. The Best Friends Program is good news, because it profiles a success story.

Since 1987, the Best Friends Program has been helping hundreds of adolescent girls in the Washington, DC, area and across the Nation gain self-respect, make positive decisions, and support one another in postponing sex, and rejecting illegal drug and alcohol use.

Increased sexual activity during the last three decades has brought us a nearly 30 percent rate of out-of-wedlock births. In 1960, only 5.3 percent of the births in the United States were out of wedlock.

Also, there have been dramatic increases in sexually transmitted diseases, a 150-percent rise among women in penicillin-resistant gonorrhea in New York City alone.

Many of the panelists this morning spoke of the percentage of decrease in teenage births. That is true, we have a 3- to 4-percent decrease among black and white teenagers. There is no decrease in Hispanic teens.

But this does not mean that we will have fewer out of wedlock babies born. Actually, there will be an increase. Because in the next 5 years, there will be an additional 1.2 million adolescent girls. And the number of babies born out of wedlock are predicted to actually increase, even though the percentage rates of teen pregnancy are slightly falling.

AIDS statistics indicate that it may soon become the leading cause of death among teens. For our country, this is a recipe for disaster.

Adolescent girls truly want to know how to say no. And we, our schools and our communities, have not been providing them with the guidance that they need and want. For 9 years of working with adolescent girls in Washington, DC, public schools, we know that abstinence is a message that a large majority of girls wish to hear, and that they will respond to.

They will respond to a program that fosters self-respect by promoting self-restraint. As Marian Howard of Atlanta's Emory University found when she asked 1,000 teen-age girls what they wanted to learn in sex education, 82 percent of the girls responded how to say no without hurting my boyfriend's feelings. Also, an overwhelming number cited the cause of their pregnancy as an inability to say no.

In 1987, as a faculty member at Georgetown University's child development center, I began to realize that something had to be done to provide guidance to our adolescent girls. Premature, underweight babies born to younger and younger mothers was causing greater and greater concern among the staff.

In addition, many adolescent girls referred for counseling had emotional problems, which often evolved from sexual promiscuity.

I began to wonder who was telling girls not to have sex. The messages from television, movies, and magazines were overloaded with sexual encouragement. Today, this encouragement has signifi-

cantly increased with sex replacing violence as the prime-time obsession.

Of the 58 shows monitored by U.S. News and World Report, almost half contained sexual acts or references to sex. In an extensive study, Robert Lichter & Associates found that a sexual act or reference occurred every 4 minutes during prime-time television.

The Media Research Center found that portrayals of premarital sex outnumbered sex within marriage by eight to one. Moreover, casual sex was almost always condoned. The prevailing theme is act on your desires. There is little praise for constraint or delay of gratification. There are messages that all responsible adults know are valuable for our adolescents.

I thought that girls would benefit from being part of a positive peer support group guided by responsible women. With the encouragement of Dr. Phyllis Magrab, director of the Child Development Center, I began to develop an educational curriculum based on the concept of girls supporting one another in waiting to have sex.

The support of friends is very important, and it is a very important part of a girl's self-image and self-worth. As Aristotle taught his students, the best kind of friend to have is the one who encourages you to be a better person. So our program's name, Best Friends, speaks for itself.

We first tested the Best Friends concept and our curriculum chapter on love and dating with 10th graders at Langley High School. As you know, Langley is in an upper to upper middle income area.

More than 73 percent of the students said that they would like to belong to a group that supported one another in waiting to have sex, at least until after high school graduation. But from the girls' evaluation questionnaires, we learned two important things that guided the development of our program.

The girls advised us, the 15-year-old girls advised us, to start younger. And they advised us to exclude boys from the program. They did not want the boys there. They wanted to be in a group with girls only. One girl wrote, "It is too late for me. I wish someone had told me that I could say no. Start with my younger sister who is 12. She is already receiving pressure."

So, in the fall of 1987, with the encouragement of an excellent and visionary principal, who is behind me here, Pauline Hamlette, the Best Friends Program began with a class of sixth grade girls at Amidon Elementary in Southwest Washington.

We then followed those girls to Jefferson Junior High, where another excellent principal, Vera White, supported our program wholeheartedly. And most importantly, by appointing Angela Rice, who is right here, as the coordinator of our Best Friends Program at Jefferson. It was with Angela Rice that our mentoring program took off, and the rest is history.

Two classes of girls, who began as sixth graders, are now in college, 11 on Best Friends scholarships. You will hear from one of our brightest stars, Robin Williams, in just a few minutes.

I am going to hurry fast, so I get in my points. Because we have promised all the girls that we get to go to lunch at Planet Hollywood after this is over. So I am going to move fast. But I have a lot that I want to tell you.

We have been over there kind of squirming in our seats, because so many things have been brought up this morning that we want to talk about.

Mr. Towns has raised very important issues. And always, Mrs. Morella does. And I just wish, as you said, Mr. Shays, that we had more Members of Congress, who were here today with us. But that is all right. We have got three important ones, and we have a story to tell.

In the last 3 years, since the Best Friends Foundation was established, Best Friends has grown into a national program operating in more than 30 public schools in 10 cities. In addition to our program here in Washington, DC, and in Silver Spring, MD, we have programs in Charlotte, NC; Milwaukee, WI; Newark and Orange, NJ; Newport News; Petersburg, VA; Lawrence, MA; and Seattle, WA.

Plans are underway for programs in Houston and Wilmington, DE, and possibly Miami and Pittsburgh. There are now or by this September, there will be nearly 2,000 girls in the country who are part of the Best Friends network.

What is Best Friends? It is a school based program that fosters self-respect by promoting self-restraint. Our program is based on the true spirit of friendship. Adolescent girls discussing their programs, desires, and dreams with each other, and helping each other make difficult but sound decisions.

We emphasize the joys of preteen and teen years free of the complications of sexual activity. Through our six part curriculum, we provide 110 hours during the school year of personal attention, guidance, and skills that we know adolescent girls need to lead happy and healthy lives.

We do not employ scare tactics. We are positive and upbeat in our message, and we have no political message. We are also real cool. We have cool T-shirts. We have cool jewelry. We have cool songs. We wanted to sing our theme song to you, but we were told that it was not appropriate.

Mr. SHAYS. Who told you that?

Ms. BENNETT. Well, we will do it.

Mr. SHAYS. I would love that. We will have that song.

Mr. TOWNS. It was not me, Mr. Chairman.

Ms. BENNETT. We all might be ready for a little singing.

Mr. SHAYS. In fact, what we can do is we can even turn on the mic's when they sing.

Ms. BENNETT. That would be terrific. We would love that.

Mr. SHAYS. I do not know how the transcriber is going to do that.

Ms. BENNETT. We would be honored to have a chance to sing our theme song, and we will take that as an invitation.

How do we work? I have to tell you all of the dry stuff. A recent comparison study found that Best Friends girls represent a cross-section of the city's students. Forty percent live in housing projects, 20 in subsidized housing, and 38 percent coming from two-parent families.

The research demonstrated that the behavior of Best Friends girls differs dramatically from that of their peers in the District of Columbia. In a study that we completed last year with David Rowberry from the University of Colorado who was working on his

dissertation, which is the kind of study which programs such as ours has to rely on, because there is not a lot of research money out there—and David Rowberry; is now Dr. David Rowberry—he determined that only 3.4 percent of Best Friends girls reported intercourse by 10th grade. A third of the girls were forced into intercourse against their will. This is compared to 71 percent of their peers in District of Columbia schools.

Our pregnancy of girls who have finished 12th grade, actually all of the girls in the Best Friends Program, is 1.1 percent, as compared to a 26-percent rate for the District of Columbia. Of that rate, 20 percent of the girls were pregnant once, and another 6 percent were pregnant twice before 12th grade.

I would like to say that all of the girls in the Best Friends Program have graduated from high school, who have completed at least 2 years of our program.

Why do we work? I think we work or I know we work, because we provide an abstinence-only message, supported by an intensive peer support structure. We have a multifaceted curriculum with long-term adult involvement.

We do not come in and say OK, girls, be good, good-bye, go home and sit by yourself. We have a lot of fun, rewarding activities.

And I think that we also work because we are initiated, operated, and funded at the local level. And we are a community program with the up-front involvement that Dr. Foster so intelligently described.

Let me just tell you. Our clear abstinence-only message is have fun with us, girls. You will succeed in life if you set your goals and maintain your self-respect.

We also know, as Mr. Towns pointed out, Congressman Towns pointed out, and we discovered this in about 1989 before the Guttmacher Institute reported that two-thirds of teen mothers said they had had sex forced upon them earlier by adult men. This is a crisis.

In many States, adult men having sex with, or without, consent of underage girls constitutes statutory rape. Unfortunately, during the past decade, statutory rape laws have been rarely enforced.

Knowledge of contraceptive techniques is not going to help these girls. Because the adult men are hitting on younger and younger girls. And “hitting on” is the street term, and it is a very good term, because it means exactly that. They are “hitting on” young girls, precisely because they do not want to use protection.

They know that young and inexperienced girls are much less likely to have a STD, which as everyone must know here is a sexually transmitted disease. And they are often completely unconcerned about getting them pregnant.

Furthermore, when young girls have been used for sexual gratification, these father figures, and I used father very reluctantly—Charles Ballard is going to tell you about what a real father is. But these father figures have set the girls up for the destructive, dependent cycle of love-hate, which almost inevitably leads to a girl becoming another sad statistic in the growing domestic violence in our country.

Please understand, Congressman Towns, that we are talking about girls who are 11, 12, and 13, and men who are 25, 26, 27,

30, and 35. We even know of 50-year-old men who have "hit on" 10- and 11-year-old girls in our program.

We make certain that Best Friends are far more capable of determining what is acceptable or unacceptable behavior in boys and men. And because of this ability, we know that they are far less likely to become victims of abuse and physical violence.

We have an entire section on decisionmaking, which involves our Best Friends safety rules. If our girls adhere to these rules and support each other, they are going to be fine. Nobody is going to hit on them.

Best Friends works, because it is long term. We start in the fifth grade in Maryland, and the fifth and sixth grade in the District of Columbia. We follow the girls through seventh, eighth, and ninth grade. We come every 3 weeks for an hour and a half curriculum session. In between times, they meet weekly with their fitness instructor after school, when we do all of the cool dancing and have fun.

They also meet between 30 and 45 minutes a week with their mentors, all of whom are volunteer teachers in the schools, who have given so wonderfully of their time.

Another component is our special cultural events component, and our community service programs. The girls who are here today are here because one of the things we do as part of Best Friends is offer—and this is a cultural event whether you knew it or not. We are making this a cultural event today. It is also an educational event. And the girls will report on this back to the other girls in the program.

The most important part of our program is our end of the year recognition ceremony, in which the girls are honored for their achievements. Every mother or guardian of each girl is invited to our recognition ceremony. For the past 2 years, it has been at the Grand Hyatt. Last year, we had 1,500 participants.

At this time, the girls dance and sing. The essay winners read their winning essays. And the mothers are all recognized. Every mother will get a rose from her daughter.

Best Friends girls see themselves as valued members of a status group, and that is important. Our messages to the girls are that friends must sometimes intervene in other's lives. That as a good friend, you do have to step up and say hey, that is not right, that is not going to do you any good.

We tell our girls that without self-respect that it is difficult to say no to anyone or anything. We tell our girls that love and sex are not the same. And we also say that tomorrow is the first day of the rest of your life. Past mistakes do not mean that one must continue in the same pattern.

We know that Best Friends works, because the older girls come back to talk to the younger girls. I would like to tell you briefly a story about Kamilah, who recently graduated from Dunbar High School, who is a Best Friends girl at Jefferson, who is now at St. Augustine's in North Carolina, St. Augustine's College.

She said:

Girls, I want you to listen to what these ladies are telling you. I am a Best Friends girl. I don't sleep with my boyfriend. My best friend is a Best Friends girl, and she doesn't sleep with her boyfriend either. But we have three other friends

who weren't in Best Friends. They are all sleeping with their boyfriends. We went to a party Saturday, and the shooting started. My boyfriend took care of me, looked around, and made sure I got out of there, and so did my best friend's boyfriend do the same for her. Our other friends, the boys left them flat. They got out of there, and they didn't look back.

She said:

Girls, if you don't take care, and if you don't respect your body, the guys won't respect it, either. In some cases, this could mean the difference between life and death.

This is a message that we as adult women might have difficulty telling girls. Because they are saying wait a minute, you are in another generation. Kamilah was 2 or 3 years older, and that is really what the essence of Best Friends is about. Older girls coming back and sharing with younger girls.

In conclusion, I just want to tell you that we are operated and financed on the local level. We are a grassroots effort supported by parents, and educators, and local communities for their own girls within that community. We know and we have found that there is plenty of private sector support available.

We started with \$42,000, and we now have a budget of about \$800,000. The cost of providing a Best Friends Program for a girl is approximately \$600 per girl. We have costed this out through graduation from high school. It makes the total cost around \$4,200. If you compare that to the recent United Way study that reported that the Federal Government spends nearly \$51,000 in welfare outlays for each family receiving public assistance after a teenage birth, we are really cheap.

In conclusion, I want to reiterate our concern that sexually promiscuous messages from the media combined with the lack of parental and community support is leading many adolescents without the kind of information and guidance that they need to make the responsible decisions about sex and its consequences.

Adolescents need positive support from friends, and they need moral guidance from teachers and parents. This is the essence of Best Friends. As adults, if we give our children our best, they will surely respond with their best.

And I would like to introduce one of our best Best Friends, Robin Williams.

[The prepared statement of Ms. Bennett follows:]

Elayne Bennett
 Founder and President
 Best Friends Foundation

Mr. Chairman and Members of the Subcommittee:

There is much ^{to} discuss today about the moral decline in our communities and the troubled state of our youth. The Best Friends Program is good news because it profiles a success story. Since 1987, the Best Friends Program has been helping hundreds of adolescent girls in the Washington, D.C. area and across the nation gain self-respect, make positive decisions and support one another in postponing sex and rejecting illegal drug and alcohol use.

Increased sexual activity during the last three decades has not only brought us a nearly 30% rate of out of wedlock births but also dramatic increases in sexually transmitted diseases (150% rise in penicillin resistant gonorrhea in New York City alone). AIDS statistics indicate that it may soon become the leading cause of death among teens. For our country, this is a recipe for disaster.

Adolescent girls truly want to know how to say "no" and we -- our schools and our communities -- have not been providing them with the guidance that they need. From nine years of working with adolescent girls in Washington, D.C. public schools, we know that abstinence is a message that a large majority of girls wish to hear and that they will respond to a program that fosters self-respect by promoting self-restraint. As Marian Howard of Atlanta's Emory University found when she asked 1,000 teenage mothers what they wanted to learn in sex education, 82% of the girls responded "how to say 'no' without hurting my boyfriend's feelings." Also, an overwhelming number cited the cause of their pregnancy as "an inability to say no."

In 1987, as a faculty member at Georgetown University's Child Development Center, I began to realize that something had to be done to provide guidance to our adolescent girls. Premature, underweight babies born to younger and younger mothers caused concern among the staff. In addition, many adolescent girls referred for counseling seemed to have emotional problems which evolved from sexual promiscuity. I began to wonder who was telling girls not to have sex. The messages from television,

movies and magazines were overloaded with sexual encouragement. [Today, this encouragement has significantly increased with sex replacing violence as the prime time obsession. Of the 58 shows monitored by *US News and World Report*, almost half contained sexual acts or references to sex. In an extensive study, Robert Lichter and Associates found a sexual act or reference occurred every four minutes on the average during prime time. The Media Research Center found that portrayals of premarital sex outnumbered sex within marriage by 8 to 1. Moreover, casual sex was almost always condoned. The prevailing theme is "act on your desires.") There is no praise for restraint or delay of gratification -- messages that all responsible adults know are valuable for adolescents.

I thought girls would benefit from being part of a positive peer support group guided by responsible women. With the encouragement of Dr. Phyllis Magrab, Director of the Child Development Center, I began to develop an educational curriculum based on the concept of girls supporting one another in waiting to have sex. The support of friends is a very important part of a girl's self-image and self-worth. As Aristotle taught his students, the best kind of friend to have is one who encourages you to be a better person. So our program's name, Best Friends, speaks for itself.

We first tested the Best Friends concept and our curriculum chapter on "Love and Dating" with tenth graders at Langley High School in Virginia. More than 73% of the students said they would like to belong to a group that supported one another in waiting to have sex at least until after high school graduation. From the girls' evaluation questionnaires we learned two very important things that guided the development of our program. The girls advised us to exclude the boys from their sessions and to begin with younger girls. One girl wrote: "It is too late for me. I wish someone had told me I could say 'no.' Start with my younger sister, who is 12. She is already receiving pressure."

In the Fall of 1987, the Best Friends program began with a class of sixth grade girls at

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Amidon Elementary School in Southwest Washington, D.C. Since then more than 600 girls in D.C. public schools have participated in the program. Two classes of girls who began as sixth graders who are now in college -- eleven on Best Friends scholarships. Today, there are Best Friends in seven District of Columbia public schools and one school in Silver Spring, Maryland.

In the last three years, since the Best Friends Foundation was established, Best Friends has grown into a national program operating in more than 30 public schools in ten cities. In addition to our program in the Washington, D.C. area, we have programs in Charlotte, NC; Milwaukee, WI; Newark and Orange, NJ; Newport News and Petersburg, VA.; Lawrence, MA; and Seattle, WA. Plans are underway for programs in Houston and Wilmington (DE) and possibly Miami and Pittsburgh.

What is Best Friends? Best Friends is a school-based program that fosters self-respect by promoting self-restraint. Our program is based on the true spirit of friendship, adolescent girls discussing their problems, desires and dreams with each other and helping one another make difficult but sound decisions. We emphasize the joys of pre-teen and teenage years free of the complications of early sexual activity. Through our six part curriculum we provide 110 hours of personal attention, guidance and skills that adolescent girls need to lead happy and healthy lives. We do not employ scare tactics. We are positive and upbeat in our message. And we have no political or religious messages.

A 1994-95 independent study examined the effectiveness of the Best Friends Program in District of Columbia schools and compared it to two similar studies -- a 1993 Youth Risk Behavior Surveillance Survey (YRBSS) and a 1992-93 Washington, D.C. Extensive Study, HIV Survey (ES, HIV). All three studies utilized anonymous self-report, a method determined to be highly reliable by D.C. Public Schools. The comparison study, conducted by Dr. David Rowberry of the University of Colorado, Boulder, administered a written, self-report questionnaire to 88 Best Friends girls in

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grades 6 through 12, conducted personal interviews with them, their mentors and parents or guardians. The study found that Best Friends girls represent a cross-section of the city's students with 40% of them living in housing projects, 20% living in subsidized housing and 38% coming from two parent families. The research demonstrated that sexual behavior of Best Friends girls differs dramatically from that of their peers in District of Columbia schools.

Comparison Study Findings

Grade Level	Best Friends Girls (6-12)	YRBSS (9-12)	ES,HIV (7 & 10)
Experienced Intercourse	10.2%*	73%	50%
No Intercourse	86%	27%	50%
Intercourse by Grade 10	3.4%	71%	50%
Intercourse by Grade 12	6.8%	81%	
Pregnancy Rate	1.1%	20% once 6% more than once	unknown

* Three of the nine Best Friends girls who reported having had sexual intercourse, indicated that they had been forced against their will.

To date, our programs in other cities do not report any pregnancies or drug or alcohol abuse among Best Friends girls who have participated in the program for at least two years.

Why does the Best Friends approach work?

Best Friends works because it provides an abstinence-only message supported by an intensive peer support structure, a multi-faceted curriculum and long-term adult involvement. It works because it is initiated, operated and funded at the local level.

- **Best Friends provides a clear abstinence only message.**

Girls from all socio-economic and racial backgrounds have responded well to the Best Friends message of abstinence. Our curriculum is not sex education. We do not present the mechanics of sex or teach contraceptive techniques. We emphasize the joys of pre-teen and teenage years free of the complications of early sexual activity. Our message is upbeat and honest, "You will succeed in life if set your goals and maintain your self-respect." Best Friends members understand this and support one another in postponing sex at least until after high school graduation.

Unfortunately, many girls' first sexual experience is forced. The Alan Guttmacher Institute reported that two-thirds of teen mothers said that they had sex forced upon them earlier by adult men. The National Center for Health Statistics reported in 1992 that of 185,000 births to girls 10 to 18 in 1992, 70% were fathered by adult men. In many states adult men having sex with our without consent of underage girls constitutes statutory rape. Unfortunately, during the past decade, statutory rape laws have been rarely enforced. Knowledge of contraceptive techniques is not going to help these girls because the adult men are "hitting on" younger and younger girls because they don't want to use protection. They know young inexperienced girls are much less likely to have an STD and they are often unconcerned about impregnating them. Furthermore, when young girls have been used for sexual gratification, these "father figures" -- and I use "father" very reluctantly -- have set these girls up for the destructive dependent cycle of love-hate which almost inevitably leads to a girl becoming another sad statistic in the growing domestic violence in our country.

Best Friends addresses the issue of sexual abuse through our videos and discussions, which emphasize that sexual abuse is wrong and never the victim's fault. We talk about common-sense safety rules, that unfortunately, children don't hear much these days. We encourage the girls to never go anywhere alone, to never hitchhike or accept rides from strangers, to leave the room when pornography is present, and to never keep a secret that makes them feel uncomfortable. We are certain that Best

Friends girls are far more capable of determining what is acceptable or unacceptable behavior in their boy friends. And because of this ability we believe they are far less likely to become victims of abuse and physical violence.

• **Best Friends works because it provides a multi-faceted curriculum with long-term adult involvement.**

Best Friends provides a full curriculum conducted during the school day on an on-going basis over a four to seven year period. Girls enter the program in fifth or sixth grade and continue through the seventh, eighth and ninth grades and into high school. Best Friends is not a one-time assembly. It involves a long-term commitment of teachers who give freely of their time to serve as mentors and to operate the program. Each year, each Best Friends girl receives at least 110 hours of guidance and fun activities through the program's six components:

1. **Group discussions held every three weeks during the school day on curriculum topics important to adolescents:** friendship; love and dating; self-respect; decision-making; alcohol abuse; drug abuse; physical fitness and nutrition; AIDS and STDs. Guidance is provided by teaching effective problem-solving skills, which serve to develop character.
2. **Role model presentations by women from the community** who discuss the important decisions they made in their own lives;
3. **Weekly meetings of each girl with her mentor**, a female member of her school faculty whom she has selected and who has agreed to meet with her for at least 45 minutes a week;
4. **Weekly fitness and nutrition classes** held after school that are fun and lively;
5. **Participation in special cultural events and community service projects** to give back to the community; and
6. **End-of-year recognition ceremony** in an elegant setting at which each girl is recognized by community leaders, parents and friends for her achievements.

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• **Best Friends provides an intensive peer support structure based on friendship.** The selection of friends is a very important part of a girl's self-image and self-worth. The Carnegie Council on Adolescent Development in its report "Preparing America's Youth for the Twenty-first Century" states:

"Young adolescents need to see themselves as valued members of a group that offers mutual support and trusting relationships. They need to be able to succeed at something and to be praised and rewarded for their success."

Best Friends provides such a group and many opportunities for girls to achieve and to view themselves as a valued member of a status group.

We emphasize that friends must help each other make good decisions and that friends sometimes must intervene in each other's lives. Good judgment is necessary to resist the pressures of intimate relationships. Best Friends provides a positive peer support structure for girls to discuss their concerns and dreams and learn sound decision-making skills. By making good decisions and helping each other, they enhance their self-respect leading to the development of confidence and good judgment. Our messages include the following:

- Friends help each other make good decisions;
- Boys and girls often have different agendas in their romantic relationships;
- Without self-respect it is difficult to say no to anyone or anything;
- Tomorrow is the first day of the rest of your life, past mistakes do not mean that one must continue in the same pattern; and
- Sex is never a test of love.

This approach has been successful. As one girl commented to an independent researcher:

"It was hard to say 'no' until I became a Best Friends girl. I have all these friends in Best Friends that check on me and say, "how you doin'?" One time I was going to go with this guy who had this great 'line' but they wouldn't let me. I'm really glad. He got another friend of mine pregnant and left her alone. She's sad. We watch out for each other at Best Friends. I can say 'no' in seven different ways."

Adolescent girls will respond when abstinence is made glamorous. As Barbara Dafoe Whitehead wrote in "The Failure of Sex Education," (*Atlantic Monthly*, October 1994):

"Changes in economic incentives...may not be enough to reduce unwed teenage childbearing. It may be necessary to alter the psychological-incentive structure as well, including 'prettifying' the unglamorous business of going to school, doing homework, and earning respectable grades. The process may also include fostering strong relationships with adult women mentors who can exercise firm guidance and give direction as well as support."

Best Friends makes it glamorous to go to class, study hard and do the right thing. The girls wear "cool" t-shirts and baseball caps. In fitness class, they learn "cool" dances choreographed by professional dancers and dance to current music selected for its positive message.

Women of achievement from the community come and talk with them about their lives. These have included Mrs. Colin Powell and news anchors Lark McCarthy, Barbara Harrison and Rene Pouissant. At the end of each year, they receive a heart shaped pendant or pin. When they enter high school, they receive a gold pin with a small diamond chip officially making them "Diamond Girls."

They attend cultural events -- plays and ballets at Ford's Theater and the Kennedy Center for the Performing Arts. Girls are invited to special events, such as today's Congressional hearings, tea at the French Embassy on Valentine's Day and visits to The White House. Some of our girls met with President Clinton in the Oval Office in January.

We provide many incentives for our girls to succeed, including college scholarships. At present we have 11 girls on college scholarships funded by several generous donors, including William J. Bennett, my husband, paid with proceeds from the sale of **The Book of Virtues**. Robin Williams, a sophomore at Howard University, is the recipient of one of those scholarships.

- **Best Friends works because it is initiated, operated and financed on the local level.**

Since Best Friends is a program that takes place in school during the school day, the most important ingredient in making the Best Friends Program work is an enthusiastic and committed school principal. If the principal is committed to the program, it will work. The Best Friends curriculum is taught by teachers, in most cases employed by the school system. Teachers and female faculty members volunteer to serve as mentors to the girls.

The Best Friends Foundation, a 501(c)(3) organization incorporated in the District of Columbia, operates the program in Washington, D.C. area schools by providing instruction and materials directly to eight schools. The costs of all instruction and materials, field trips and the annual recognition ceremony are provided by the Foundation with funds it raises from the private sector. The cost of providing the Best Friends Program is approximately \$600 per girl per year. We are especially appreciative for the longstanding support of The Robert Wood Johnson Foundation, the Avon Products Foundation, The Lynde and Harry Bradley Foundation and others.

The demand for Best Friends programs from communities throughout the country has been tremendous. To respond, we have established a National Training and Technical Assistance Center to license school systems and community organizations and to train educators. We require that our model be followed and that all educators providing instruction to the girls be trained by the Best Friends Foundation. Only Best Friends materials, which are copyrighted, may be used in the curriculum. Each year we operate two national training conferences for school principals, Best Friends school coordinators and fitness instructors.

Replication sites are responsible for securing their own funding. Currently, Best Friends programs are operated and funded as follows:

- Charlotte-Mecklenburg Public Schools, NC - The Superintendent of Schools operates the program in three middle schools with local education funding.
- Lawrence Public Schools, MA - The Superintendent of Schools operates the program in one school with a grant from the Massachusetts Health and Human Service Department.
- Milwaukee Public Schools, WI - The Superintendent of Schools operates the program in four schools with a grant from The Lynde and Harry Bradley Foundation and one school with funding from The Tire Insurance Company.
- Newark Public Schools, NJ - FFNJ, Inc. operates the program in three middle schools with funding from grants from the city and the state and from foundations and corporations.
- Newport News Public Schools, VA - The Superintendent of Schools operates the program in one elementary school with a state "Drug Free Schools" grant.
- Orange Public Schools, NJ - The Superintendent of Schools operates the program in one school with local education funds.
- Petersburg Public Schools, VA - The Superintendent of Schools operates the program in five schools with state health and "Drug Free Schools" grants.
- Seattle, WA - A program is operating in one middle school with local funding.
- Washington, D.C. Area Program - The Best Friends Foundation operates the program for seven schools in the District of Columbia schools and one in Silver Spring, Maryland with funds it raises from the private sector -- individual, foundation, and corporate supporters.

In conclusion, I want to reiterate our concern that sexually promiscuous messages from the media, combined with the lack of parental and community support, is leaving many adolescents without the kind of information and guidance they need to make responsible decisions about sex and its consequences. Adolescents need positive support from friends and moral guidance from parents and teachers. It is the essence of Best Friends. We welcome you to join with us in this effort.

Mr. SHAYS. You know what I am going to do, with your permission, actually, even without your permission. I would like the adults to give their testimony. And then I would like our young people to speak, if that is all right. I think that would be the best way to proceed.

So, Ms. Williams, we will hear from you in just a second, if that is OK.

Then I would like to go to Charles Ballard.

Mr. BALLARD. Thank you, Mr. Chairman.

My approach is going to be a little different. I felt that we have heard enough from the adults. And I am just going to open with a few comments, and then let the young fathers speak.

Thank you very much, Congressman Shays, and Congressman Towns, and Congresswoman Morella for this opportunity to come before you. I am really honored to be in the midst of individuals like Elayne Bennett, who I have known for a few years, and the former panelists who came forth, including the Congress people. I think that was really very powerful testimony that spoke really to the problem as we see it.

I was kind of raised that when you have got a problem, look at when the problem did not exist. And whatever was going on then, redo that. And I think that the Federal Government and State governments have done just the opposite. They have put into the community what they think is best for the people. And the failure rate is increasing every year.

So before I introduce these young men, let me just go back to a point. When this problem did not exist in my community, and if it occurred the community took care of it, not the Federal Government, not the State government, not agencies, but the community took care of it.

If a girl got pregnant, her father marched down to the guy's father and said listen, let's talk. And together, those two fathers ensured that this girl and this boy got married.

Some way somehow when we began to come into our community with different programs, those kinds of values began to fly out.

In 1950, 9 percent of pregnancies and out of wedlock births occurred in this country, 9 percent in 1950. What was going on? Well, we had grandmothers, and uncles, and aunts, and fathers. Almost every child had a father, who was there to provide the kind of role modeling that is missing today.

Most of the agencies did not exist, at least in my community. So the drug counselors were former drug addict, and former alcoholics. The babysitters were grandmothers and grandfathers. We did not have day care.

And we were a very safe community. Homicide did not exist in our midst. And if it did, it was by a knife, not a gun. It was unknown for a young man to die between the ages of 15 and 30 of homicide. It was just unknown. Now it is the No. 1 killer.

So what I saw was that the more programs began coming into the community, the more disrepaired the community became. We just keep heaping programs. For every problem, there is a program, as though people are divided into programs and into problems.

I was riding through the central area just a few months ago. And the Senate and the Congress gave the Cleveland Housing Authority

\$50 million to refurbish those houses. And it was interesting. Because as I drove throughout the community seeing these houses refurbished, these apartments, all of the contractors, not one of the workers, not one of the contractors, looked like those living in that community.

So even the program that we have for the empowerment zone, the people did not have a say on how they are going to be living in those houses.

So it is almost like this community is a cash cow. It is like the more problems they have, the more we have programs that we run.

So I am going to let these young fathers speak about what they have experienced as young fathers. And also, the problems that they see as being fathers, and also as what they see as the solution. And then I would like to come back and share with you what the institute does to help fathers reclaim their children to their families.

[The prepared statement of Mr. Ballard follows:]

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Testimony
before
the
Subcommittee on Human Resources and Intergovernmental Relations
House Committee on Government Reform and Oversight

April 30, 1996
Washington, D.C.

Presented by

Charles A. Ballard, Founder and President
Institute for Responsible Fatherhood and Family Revitalization

Good Morning Mr. Chairman, members of the Committee, distinguished guests and colleagues, ladies and gentlemen, and particularly these young people with us today. Some of them, I am pleased to say, have traveled a very long way to be here—sharing in this message. My name is Charles Augustus Ballard, Founder and President of the Institute for Responsible Fatherhood and Family Revitalization. I am delighted to have this opportunity to appear before you to highlight what I feel is an alarming trend in our nation. This is particularly true in our urban communities—that is **Teenage Pregnancy**. I also want to show the correlation between **Teenage Pregnancy and Fatherlessness**.

What you will hear today portrays a bleak and depressing picture in America regarding our young people. The United States is now the world's leader in fatherless families. Teenage pregnancy is an issue that many in this nation seem to ignore. The affect it has had in this country is astounding. It affects children having children; it increases the high school dropout rate; and it increases financial burdens on local, state, and national resources. One million teenage women: 12% of all women aged 15-19 become pregnant each year. Seventy-five percent of African American children under age six, born to teenagers, live in single parent household.

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I am reminded of a story about a teenage mother who had her first baby at age thirteen and a second baby at age fourteen. A child having a baby—putting additional pressures and responsibilities on the grandparents of these two baby boys. In most African American homes, the aunt, grandparents, or a relative ends up taking care of the children because the mother of the baby, is often—only a child. By the time these two boys were five and six respectively, the mother was only 18 years old and barely out of high school. She moved out of her mother's home into the home of her boyfriend who was only 19 years of age.

One hot summer day, the grandparents decided that it was time for the mother of these children to take responsibility for raising them, especially since the mother had moved out. The grandmother—already traumatized because her young daughter had gotten pregnant, now struggled with emotions regarding keeping two children they could not afford or sending them to the mother and her boyfriend—they chose the latter. The grandmother packed the boys in a taxi and off they went. The mother's new boyfriend did not want these boys because he had already fathered two girls by this same female. The mother sent the boys back to the grandparents and the grandparents sent them back to the mother. After several taxi trips back and forth, the taxi driver just couldn't take it any longer. So, he dropped the children off at the nearest police station where they sat frightened, scared, afraid of the unknown. The eldest boy, six years age, sobbed all night. Here were two children abandoned by circumstances brought on by teenage pregnancy—a child having a child.

I am reminded of another story where a mother had her first child at age twelve. By the age of 28, she had ten children and public records show that only two of those kids were fathered by the same man. Seven of those children perished in a Chicago house fire and the mother is pregnant again. These are the types of horror stories that we continue to hear and we must examine the root causes and develop comprehensive programs to counter their occurrences.

This committee is doing important work by focusing attention on this issue and it will have

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a tremendous impact on how teenage pregnancy is going to be addressed in this nation. I hope you will conclude that the federal government should continue its efforts to support organizations such as the Institute for Responsible Fatherhood because we work to confront the roots of teenage pregnancy and counter its ill results.

Let me say here and now, that teenage pregnancy is not restricted to racial and ethnic identity, socioeconomic status, nor rural-urban boundaries. You will hear testimony from several organizations and individuals who will tell you about the reaches of teenage pregnancy. First, let me take a minute to share some of my expertise on the topic.

I come to you as an individual who grew up as one of those angry young people without direction; without the guidance of a father; and without hope in my community. I was an angry young man who abused drugs; lived an irresponsible, violent lifestyle; who was incarcerated; and at age 17 fathered and abandoned my child. It was not until I realized what growing up without a father had done to me, that I could turn my life around 360 degrees. I reclaimed my child, finished my secondary education, and went on to earn a masters degree in social work administration. It was through this personal experience and my work at a hospital in Cleveland, Ohio, that I realized children suffered immensely from the absence of a father in their lives. It was at that point in my life that I decided to help reunite these children with their fathers, and encourage young people to abstain from sexual activity. It is indeed a tough battle considering all of the social pressures on kids in and out of school these days. Most of this is because of their home environment.

It is reported that I am the founder of the first teen father program in the United States. This program later became the Institute for Responsible Fatherhood and Family Revitalization. Today, we serve fathers of all ages in helping them make emotional and financial commitment to their children and to the mothers of their children.

The Institute, which has been servicing fathers and families for 15 years, does work that, I believe, confronts the rise of teenage pregnancy in this country. Over the next five minutes, I will discuss three key points and you will see why we make the claim that a non-profit service organization like the Institute for Responsible Fatherhood plays a major role in reducing the conditions that lead to teenage pregnancy. First, I will describe the work we do at the Institute. Second, I will discuss why our work is necessary. Third, I will talk about the proper role of the states and the federal government in addressing this issue throughout America.

The Institute

The Institute for Responsible Fatherhood and Family Revitalization has created a remarkably successful approach that brings fathers, African American fathers in particular, back to their children and families. The Institute is a non-profit 501(c)(3) organization created in 1982 in Cleveland, Ohio. Last year, with the assistance of the Ford Foundation and other funders, we became a national organization and we are now beginning to service neighborhoods in Milwaukee, Wisconsin; Yonkers, New York; Washington, D.C.; Nashville, Tennessee; and San Diego, California.

We have one clear goal at the Institute and that is to turn the hearts of fathers to their children and to turn the hearts of children to their fathers. We want to concentrate on averting the rising number of teenage parents and restore the family. In other words, we want to create a healthy, stable, and safe relationship between fathers of all ages and their children. Our program uses an intervention model that has literally changed the lives of thousands of absent and non-attentive fathers. Essentially, our program is a community-based approach that uses what we call "nurturing counseling technology." Because of our intervention, fathers establish paternity; enhance their fathering skills; improve their educational, vocational, and employment opportunities; and provide a model that encourages sexual abstinence, especially among our young people.

To accomplish this goal, we put what we call Outreach Specialists (a married couple) into a community. These Outreach Specialists provide teen fathers with non-traditional, one-to-one counseling; one-to-group counseling; and one-to-family counseling. Our Outreach Specialists live and work in the neighborhoods we target to provide our services to these young people and their families. By actually being a part of the neighborhood community, our Outreach Specialists have direct access to these young fathers—to help them make a positive change in their relationships and responsibilities to their children. We go anywhere we have to, to find fathers. We visit pool halls, schools, basketball courts—wherever we have to go to get to the people who need our help. When we find them, we go directly into their homes to conduct intense counseling sessions to get to the very core of their problems. Needless to say, our staff is very dedicated. Our Outreach Specialists work around the clock to bring families together and to improve neighborhood conditions.

In helping fathers live up to their responsibilities, we are accomplishing something more than bringing families together. By changing the behaviors and attitudes of these teen fathers, our program provides children with new and positive role models to emulate. When these children grow up and become adults, they won't be lost and susceptible to the violence and dangers that lurk on America's streets. They will have come from a place where the father has taught them about honesty and integrity—by modeling these traits by the way he lives his life and by the way he interacts with them. They will know how to live honestly and how to be contributing citizens to our country.

I dare say that the positive role models we help create will break a deadly pattern of teenage pregnancy that, if left unchecked, will be repeated through the generations as we have seen in these past 30 years.

Our program has been very successful in having a positive impact on fathers and their families. A 1993 evaluation of the Cleveland program conducted by professors at Case Western

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Reserve University had the following findings:

- 97% of fathers spent more time with their children and provided financial support;
- 96% of fathers experienced an improved relationship with the child's mother;
- 92% of fathers developed positive attitudes and values;
- and, 62% of fathers gained full-time employment and an additional 11% gained part-time employment.

Over the years, several people have recognized the importance of the work that our organization has undertaken. President George Bush stated, "Because of the Institute, more fathers are managing their responsibilities; caring for their children; staying in school; and getting jobs; this is strengthening our society. Best of all, it gives hope to kids that count on dads to come through."

Researchers such as Dr. Anthony King of the Mandel School of Applied Social Sciences have summarized the impact of our work quite succinctly. Dr. King stated, "The Institute for Responsible Fatherhood and Family Revitalization has the potential to become the most important and effective community-based program since the advent of modern social welfare services. It provides protégés (recipients of our services) with a sense of purpose, a culturally relevant ethos, and the practical assistance required to become self-actualized."

Congressman Louis Stokes of Ohio said that the Institute's programs make men "take pride in their children, being parents, and providing support for those children."

State Representative Lois DeBerry has demonstrated her support for the Institute's model by providing positive leadership and resources for implementation of our program in Nashville, Tennessee.

We are not going to rest on our laurels by any means. As I mentioned a few minutes ago, we have expanded our services to six cities. However, there is a critical need to replicate this program for teenage fathers, families, and children in hundreds of cities. Over the next ten years, we will ensure that growth. We will replicate our model program in targeted neighborhoods characterized by high rates of single head of households, sky rocketing teenage pregnancy, violent crime, and drugs. We must help America regain its self-esteem by changing the face of our communities.

Why the Institute for Responsible Fatherhood and Family Revitalization is Necessary

This brings me to my second point. We need organizations like the Institute because we are living in tumultuous times. We are living in a time when, tragically, the phenomenon of youth violence continues to grow in this country. Why is that? Well, research clearly indicates that there is a strong link between fatherlessness, teenage pregnancy, crime, and poverty. The National Fatherhood Initiative, a group that collects data about fatherhood in America, and a group whose founder I consider to be an esteemed scholar and a dear friend, has tremendous research to support these findings. According to statistics, 50% of America's rapists; 72% of adolescent murderers; and 70% of long-term prison inmates grew up without fathers. Data also exists that clearly links growing up without a father to underachievement in school, mental illness, drug abuse, youth suicide, delinquency, and crime.

Other statistics indicate a horrible condition for African American men in particular. For example, we have more African American men in prison than in college. One in three African American fathers, ages 19 - 29, is under judicial supervision by being in prison, on probation, or on parole. Of those in secondary-level schools, African American males have the highest suspension and expulsion rate of all pupils. African American fathers have the highest unemployment rate of all groups. Also, because of homicide, suicide, heart attacks, high blood

pressure, and other related medical problems, African American fathers have the only decreasing life expectancy of all male groups. If all this is so, we actually are creating homes that have no fathers—specifically in the African American family.

Programs such as the one provided by the Institute for Responsible Fatherhood and Family Revitalization do not treat the symptoms of fatherlessness such as crime, rape, violence, and other dysfunctions. Our program has been designed to attack the source of the illness. We believe that fatherlessness is the cause of the symptoms. This is why we work to keep fathers with their families. We work to attack fatherlessness itself and not the symptoms. In other words, our counseling counteracts the dysfunction that can fester in children raised in fatherless families which contributes to teenage pregnancy and other maladies.

In 1963, Daniel Patrick Moynihan warned that the fundamental weakness in the African American community was fatherless homes. The weakness is seen in the high rate of homicides among African Americans, ages 16 - 35. It is seen in the disproportionate rates of African American fathers in courts and prisons. This crippling weakness of fatherless homes has directly affected school drop out rates, drug and alcohol usage, and out-of-wedlock parenting rates in the African American community.

Recommendations

On my next and final point, let me say that all of our children must be considered as future resources of this great country. We need to give them the support and guidance that they need to become productive citizens.

Unfortunately, absent or non-attentive fathers have been regarded as the “problem” in our society, however, redirected—they are really the solution. In order to combat teenage

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pregnancy and other ills in our cities, we must provide the opportunity for fathers to learn how to nurture, care, and support their children—countering teenagers having babies. We must help these young men learn how to make responsible decisions.

How We Can Assist Each Other

One of the best things government can do is to provide support to non-profit organizations that are attacking the problems. Putting young men in jail or wasting state and federal funds on “make-work” or “feel good” programs will never address the root causes of teenage pregnancy. The answer to our problems is to support organizations that attempt to help American families maintain a solid foundation in family life, so that we create communities in which our children can grow up to be healthy and productive members of our society.

Let me now close with four specific recommendations government can take to address teenage pregnancy.

First, in order to combat teenage pregnancy, we must provide direct, non-traditional, grassroots, door-to-door intervention services to young teenage fathers, their fathers, and their families. This will produce:

- ▶ fathers marrying the mothers of their children;
- ▶ fathers establishing paternity;
- ▶ fathers contributing financially to their children;
- ▶ fathers nurturing and providing faith environments for their children;
- ▶ fathers reducing violence towards women, children, and other men;
- ▶ a major reduction in teenagers having babies.

Second, at all levels of government—federal, state, and local—at the judicial, legislative, and executive branches—all programs must be examined to ensure that services to teenage fathers

where appropriate, be included. This will do the following:

- ▶ transform the welfare system by including fathers 100% in the life of their children;
- ▶ greatly reduce the incarceration burden on juvenile judicial systems;
- ▶ reduce the case loads of juveniles in the system;
- ▶ reduce the many social service programs and their costs;
- ▶ and reduce the high death rate among children, youth, and adults.

Third, we must create in the printed and electronic media, a national public information program that promotes positive, loving, and responsible fatherhood. This can be done by making great use of television, radio, newspaper, magazines, bumper stickers, billboards, computers, and other forms of communication.

Fourth, government must create specific legislation that will call for a nation-wide program on responsible fatherhood which includes appropriate funding for direct services, research, and evaluation.

We live in a time that requires government to take a serious look at the family in America. I commend this Subcommittee on your efforts in addressing teenage pregnancy in our nation. As I said earlier, we have to cure the illness rather than take a superficial approach and put band-aids on a serious cut. **Together, we can be successful by turning the hearts of the fathers to their children and the hearts of the children to their fathers.** Our children are depending on us to act, but we are running out of time.

I thank you for this opportunity to speak before you today.

Mr. SHAYS. Let me just think this through for a second. You are going to have how many individuals testify?

Mr. BALLARD. These two, these two young men.

Mr. SHAYS. And they will definitely testify. I am just wondering if it would not make sense for Ms. Huberman to go next. I really would like to just have a dialog with our young people here. If that is all right with you?

Mr. BALLARD. That is fine.

Mr. SHAYS. Ms. Huberman, thank you very much.

Ms. HUBERMAN. Sure. I think that is a wonderful idea, to end with them.

Chairman Shays, Representatives Towns and Morella, I appreciate the opportunity to come before you today. I am Barbara Huberman, director of training and sexuality education for Advocates for Youth, a national organization here in Washington dedicated to teen pregnancy prevention.

I am the founder and until last fall was the president of the Adolescent Pregnancy Prevention Coalition of North Carolina, one of the largest, strongest, and most effective State coalitions in the country. And in that capacity, I was instrumental in helping to establish local community councils in 68 of our State's 100 counties. I have also served as president of the National Organization on Adolescent Pregnancy and Parenting. And I am a board member of the newly formed National Campaign to Prevent Adolescent Pregnancy, and will chair the task force on State and local action.

While you and I sit here and discuss this problem though, 2,700 teens are going to get pregnant as we talk. And while we argue about what content needs to be in our sexuality education, another 8,000 kids are going to choose to become sexually active.

And while we debate as adults on whose values are right and wrong to teach, teenagers hear us preach one thing as adults, and we turn around and do another thing, when it comes to our sexual behavior.

While we plan programs that have no relationship whatsoever to the world of VCR's, cyberspace, and AIDS, we will spend over \$35 billion every single year on the Band-Aids; AFDC, Medicaid, and food stamps, just for those teens who choose to give birth.

In North Carolina, we calculated that for every dollar that we spent on teen pregnancy, only 1 cent went to primary prevention. This despite the fact that North Carolina has one of the most aggressive primary prevention programs in the country.

There are no magic bullets. There are no quick fixes. There is no program that is going to make a difference for all kids. There are no politically noncontroversial strategies for prevention that will work for all young people.

But there is a body of research out there now that can help to drive policy and funding decisions. And it is time for us to pay attention to this, and ask for even more. Simple answers cannot in any way address the deficits that many young people come into adolescence with.

To opponents of comprehensive, realistic programs for prevention, who might say to us, "I do not care if it works or not, it is morally wrong," I say that it is morally wrong for us to allow young

people to be sent into the adult world without the knowledge, skills, and values to negotiate sexual decisionmaking responsibly.

You have heard today that in most other developed countries in this world have much lower teen pregnancy rates. They also have much lower abortion rates. And if we are about reducing the need for abortion in this country, let us focus on primary pregnancy prevention.

Their teens are just as or even more sexually active than American kids. The media in those countries is much more sexually explicit in their programs. Mothers do have careers, and divorce does happen. They do blend cultures and races, and there is poverty.

But we know that their teen pregnancy rates are significantly lower than ours. What do they have that we do not have? In looking at these other countries, we see three significant differences. The first is that they do have comprehensive sexuality education that is age appropriate, that is developmentally appropriate, that begins in preschool, that helps parents to talk to their kids, that works with the media.

But most of all, it sends children through their youth and into the adult world with a body of knowledge that can help them to act responsibly when it comes time to initiate a sexual relationship. It is national policy in those countries that all young people deserve this information.

When we have taken such a similar approach in the United States, we have seen encouraging results. Prevention curricula such as "Reducing The Risk," "Get Real About AIDS," and the "Teen Outreach Community Service Program" all share one goal. To produce sexually healthy, responsible, and respectful adults.

"Reducing the Risk" is a curriculum that has achieved behavioral changes in the teens that reduced teen pregnancy as much as 40 percent. The "Teen Outreach Program" showed a 33-percent lower teen pregnancy rate for the students that participated in that program.

The second thing that these other countries have is access to contraceptives, family planning services, and general health care for families, and especially for adolescents.

There is no debate about whether teens should or should not be able to get contraceptives. It is a given that teens will use protection. The stigma is on the failure to act responsibly by using family planning and protection, not the decision to be sexually active.

Family planning services are free and easily available in neighborhoods, and offered by nonjudgmental health care professionals.

You may think that family planning is available in this country. But I challenge each one of you as adults to walk in any corner CVS drugstore, take a package of condoms off the shelf, stand in line, put them on the counter, and pay for them while six other people are watching you. I do that exercise with teachers in training programs in the summer, and they cannot do it in most cases.

The importance of contraceptives in teen pregnancy prevention cannot be denied as much as we cannot deny the need for abstinence education when young people are very young.

A community-based and communitywide comprehensive program in rural South Carolina achieved a dramatic reduction, over 50 percent, in their teen pregnancy rate over a 3-year period.

Among other things, this program had a significant contraceptive component. When the press reported the program's success, State legislators were very impressed with the results, and sought to have the legislature authorize funds to replicate the programs throughout the State.

Unfortunately, in the debate in the legislature, they outlawed the dispensing of contraceptives on school grounds, thereby undermining a key source of the program's effectiveness. Within 3 years, the teen pregnancy rate was higher than it has been prior to the implementation of the program.

The last difference in terms of the other countries is that they have a national will that says we want to protect our young people from the consequences of sexual behavior, not necessarily prevent them from having sex.

We know that abstinence is an important message. And certainly for our young people, it needs to be said and reinforced. But we also know that in this country that over 90 percent of adult marriages are not virginal marriages. It obviously is not a widely held societal value in America anymore, since the average age of marriage in this country is now at over 27 years.

There are three Federal programs for which you have oversight, title X. Only 30 percent of that money goes to adolescents. Yet critics frequently say it has been a failure. Thirty percent of title X clients are adolescents, and they are successes in terms of preventing pregnancy and sexually transmitted diseases.

The new Centers for Disease Control prevention grants, which was initiated last fall, thirteen communities are receiving those grants, and are working on teen pregnancy prevention. But there are 83,000 towns and cities in this country that will not get those grants.

The Adolescent Family Life Act, which several speakers have made reference to. I went through the grants from last year; 9 of the 15 grants, only 15 grants, were given to care parenting, and pregnancy programs, not prevention.

Much of the questioning that we have received today from you, most of the input that you seek from us deals with after the fact, how does welfare play into this whole issue of teen pregnancy. I say that it is time for us to focus on prevention, so that we do not have to discuss welfare reform.

In North Carolina, we achieved a dramatic result 4 years in a row. Our teen pregnancy rate has come down. Why? Because we partnered with organizations at the local community level like the United Way, to develop community councils. Community councils who in turn worked with the service providers in every single community to make sure that prevention was a priority, to be there for the grassroots support when the legislature was debating funds for community-based prevention programs, and to hold their communities accountable for primary prevention.

Thanks to the legislature in North Carolina, it can be done in every State. We now have 37 on average, yearly grants going to community-based prevention programs. We have 34 school-based or school-linked health centers. And we have 24 State-funded programs, which address secondary prevention.

Our councils understood that supported policies were just as important as good programs. Councils made the difference when there was opposition and conflict around the State's continued interest in making sure that primary prevention was a priority for 10 years.

You can stick your head in the sand, as others have done, and believe that only "just say no" messages will work with all teens, but we know that has not happened in the world of "just say no to drugs."

You can ignore the facts and the research and fund programs that do not work or do not have reliable data to support their claims of effectiveness. You can bow to those who say do not get involved, it is too controversial. You can put young men in jail when what they need is an education and a job. And you can listen to a vocal but sometimes misinformed minority.

But there is going to be a price to pay. Kids are going to get pregnant, and kids are going to die. And you and I will lose. Because you and I, and our society, will be faced with more poverty, crime, illiteracy, and the burdens for tax dollars.

It would be so much more healthy and cost effective to provide the knowledge, the skills, and the access to health services young people need to prevent pregnancy. What our youth needs from you is the will to invest in them and in realistic, relevant, and responsible prevention.

Thank you.

[The prepared statement of Ms. Huberman follows:]

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BARBARA KEMP HUBERMAN, RN, BSN, MEd

**Director of Training
Advocates for Youth**

Chairman Shays, Ranking Member Towns, and Subcommittee members, I am Barbara Huberman, Director of Training and Sexuality Education for Advocates for Youth, a national organization dedicated to teen pregnancy prevention. We provide information, education and training to youth-serving professionals, policy makers and the media. I am the Founder and, until last Fall, was the President of the Adolescent Pregnancy Prevention Coalition of North Carolina. In that capacity, I was instrumental in helping establish local community coalitions in 68 of the state's 100 counties. I have also served as President of the National Organization on Adolescent Pregnancy, Parenting and Prevention.

I appreciate the opportunity to speak with you today about what I have learned in being involved in teen pregnancy prevention for over 20 years and what I feel needs to be done in the future. If we are sincere about solving this important public health and societal problem, we must begin to rely on facts, science and research to guide us.

While you and I sit here and discuss the "problem," 2,700 teens will get pregnant.

While we argue about which subjects to include in sex education, 8,000 teens become sexually active each day.

While we debate on WHOSE values are right or wrong, teenagers hear us preach one thing and then do another when it comes to sex.

While we plan programs that have NO relationship to the world of VCR's, cyberspace and AIDS, we will spend over 35 BILLION dollars each year on the band-aids – AFDC, Medicaid and food stamps – for teens who give birth and have no resources to survive without our help. In North Carolina, of every dollar we spent on teen pregnancy, only ONE cent went to primary prevention. This is despite the fact that North Carolina has one of the most aggressive statewide programs in the country dedicated to prevention of pregnancy.

While we blame the "victim," the children born to some of these teen mothers will have no future and repeat the cycle. Another 1,400 each day will give birth so they have "someone to love them", so they can get out of an abusive situation, or so that they can have some control and power in their lives.

While we debate whether we should focus on "abstinence only" messages in our schools, many teenagers will be getting sex education taught by incompetent, non-educators who know that sex sells, that is, the media. Many of our teens will spend 27,000 hours watching television, 12,000 hours in school, and will receive only an average of 10 hours of comprehensive, honest and accurate sexuality education.

While you and I learn about what we know can make a difference and help change

values and behavior, a teen will have a baby every 67 seconds.

There are no magic bullets, no quick fixes, no politically non-controversial strategies for prevention. But there is a body of research now that should drive any policy and funding decisions. It is time to pay attention to this data and stop allowing federal, state and local dollars to support programs based on a narrow ideology that allows only one simple solution -- abstinence until marriage education -- and refuses to accept that 85% of our teens make a different choice. We must have multiple, long-term interventions that first deal with the immediate, an adolescent's decision to be sexually active. Then, we must address the root causes of teen childbearing: poverty, lack of opportunity and education, and sexual abuse. Simple answers cannot address the deficits many young people face every day. To opponents of sexuality education and family planning services for youth who say "I don't care if it works or not, it's morally wrong," I say it is morally wrong for us to allow young people to be sent into the adult world without the knowledge, skills and values to negotiate sexual decision making responsibly.

Let me share with you the culminating incident that led me to hold these very strong, reality-based convictions about the need for prevention. Twenty years ago, while working as a nurse at a maternity home for pregnant teens, I walked out of a labor room after spending the entire night holding the hand of a 10-year-old as she gave birth. After that I said "Enough! Someone has to be the advocate for PREVENTION."

There are no ideal solutions for a young woman after an unplanned pregnancy has happened. We must focus on primary prevention so that no young woman has to deal with the pain of adoption or abortion, the consequences of a premature marriage or become a child raising a child.

In poll after poll, in interviews, conversations and surveys, the American public -- parents, voters and citizens -- support realistic, relevant and responsible prevention programs. Attached to my testimony are two polls from North Carolina that have been repeated in other states and nationally. The numbers are virtually the same. You can see that support for realistic, relevant-to-today's-world prevention programs that include comprehensive sexuality education and access to contraceptives crosses party lines, religious beliefs, gender, race and all other boundaries. The second study surveyed PTA presidents and offers compelling evidence that parents, without a doubt, want sexuality education and access to contraceptives, even at school sites.

In most other developed countries, teens are just as or even more sexually active than American kids. The media in those countries is more explicit in sexual programming. Mothers do have careers and divorce does happen. They blend cultures and races, and there is poverty.

BUT THEIR TEEN PREGNANCY RATES AND THEIR ABORTION RATES ARE

SIGNIFICANTLY LOWER THAN OURS. Why are we so unwilling to learn from their example? Is it because we always feel we have the answers and they don't see the truth? Is it fear? Are we looking for the easy political solution? Is it ignorance? I can tell you what some of the differences are, and then maybe we can begin today to reframe the American teen pregnancy prevention philosophy.

1. Countries such as Sweden, France, the Netherlands and Canada have age-appropriate, comprehensive sexuality education in preschool through college, taught by trained, competent educators. It is national policy, and parents feel the school supports them in their role as sexuality educators of their children. They are not suspicious or fearful of what their children are learning – that sexuality is an integral and healthy part of life. Strong relationships and marriage, if and when they do come, are enhanced by this knowledge and ongoing discussions of roles and responsibilities.

Where we have taken a similar approach in the United States, we have seen encouraging results. Prevention curricula such as Reducing the Risk, Get Real about Aids, and the Teen Outreach Program all share one goal: to produce sexually healthy, responsible, and respectful adults. Reducing the Risk has achieved behavioral changes in the teens who took part in the research study. A 40 percent reduction in unprotected intercourse was found in youth who had not yet initiated intercourse. The Teen Outreach Program showed a 33 percent lower teen pregnancy rate for the students who participated in the program.

2. Unlike the United States, other industrialized countries provide access to contraceptives and general health care for adolescents. There is no debate about whether teens should or should not be able to get them. It is a given that teens will use protection. The stigma is on the failure to act responsible, not the decision to be sexually active. Family planning services are free, easily available in neighborhoods, and non-judgmental health care professionals support young people in their decision to access family planning services. Pelvic exams – which scare many young women away from seeking services – are not required. Services are completely confidential.

You may think family planning is available in this country, but I challenge you to walk in the corner drugstore, take condoms off the shelf, stand in line, put them on the counter, and pay for them while six people are watching you.

The importance of contraceptives in teen pregnancy prevention cannot be denied. A community-based, community-wide comprehensive prevention program in rural South Carolina achieved dramatic reductions in teen pregnancy over a three-year period. Among other things, this program had a significant contraception component. When the press reported the program's success, many policy makers were impressed with the results and sought to have the legislature authorize funds to replicate the program in other counties in the state. Unfortunately, some legislators instead chose to outlaw the

dispensing of contraceptives on school grounds, thereby undermining a key source of the program's effectiveness. Within three years the teen pregnancy rate returned to the same level it had been at prior to the program.

3. The last difference between the United States and other developed countries with much lower rates of teen pregnancy is broader and speaks directly to the role of policy makers. In other countries, local and national policies and leaders recognize and acknowledge the normalcy of being a sexual person. The allocation of resources reflects the national philosophy of respect for healthy and responsible sexual behavior.

Abstinence from sexual intercourse is a choice that each of us may make at some time in our lives, but it is not the only choice. Abstinence is an important message in our educational programs and policies, but it **CANNOT BE THE ONLY HEALTHY MESSAGE**. Over 90 percent of first-time marriages in this country are not virginal marriages. Postponing sexual intercourse until marriage is **NOT** a widely held societal value anymore since the average age of marriage in this country is now over 25.

The contrast between the United States and its industrialized counterparts in this regard is clear. Historically, the political will to take a realistic approach to teen pregnancy prevention has not been present at the national level. Currently, there are only three federal programs that specifically target the reduction of teen pregnancy:

Title X, which provides family planning services in local communities. Twenty percent of these funds are for adolescent clients, the rest for adult women;

Centers for Disease Control and Prevention Grants, which were initiated in 1995, fund 13 communities to design prevention partnerships. Keep in mind, however, that there are 83,000 cities and towns in the United States;

Adolescent Family Life Act (AFLA), which is over 15 years old, funds abstinence programs, promotes adoption, and gives the majority of its grants to programs that take care of pregnant and parenting teens. In 1995, nine of the 15 grants went to after-the-fact programs, not prevention programs. This is typical of AFLA's funding history. Hence, it is no surprise that this initiative has not done much to identify successful prevention models. So much more could be accomplished if federal funds and policies supported genuine and effective prevention strategies.

In sharp contrast to the what has happened at the national level, there are states and local communities across the United States that have decided to take on teenage pregnancy prevention and take off the blinders. Let me tell you how we did it in North Carolina.

We understood that the solutions to teenage pregnancy did not just lie with the schools

or with health providers. It was a community problem, and therefore the solution had to involve the entire community. Each local council in North Carolina included representatives from the media, religious institutions, business, neighborhood organizations, government, and parent organizations, as well as the schools, medical community and social service agencies. Many were partners with their local United Way, which provided them with funding and provided annual allocations to support the state coalition. The local councils became the catalysts for community efforts and developed long-range plans for the reduction of teen pregnancy based on their community's resources and values.

The local councils drew upon existing community agencies and served as clearinghouses of information about community resources. Councils trained school teachers in youth development and sexuality education, designed sexuality education training programs for clergy, coordinated parent-child communication campaigns, and promoted access to family planning for sexually active youth by helping clinics expand their service hours. Some councils had peer education programs, media campaigns. Other councils developed innovative fundraising campaigns with local businesses to raise money for prevention efforts.

The councils also understood that supportive policies were just as important as good programs. Grassroots support from the local councils was instrumental in convincing the North Carolina State Legislature to fund three major prevention programs, at a cost of over four million dollars each year.

The bottom line is that after ten years of state and community coordinated efforts, the teen pregnancy rate in North Carolina has dropped steadily for the past four years. So it can be done.

Despite the lack of investment in prevention at the federal level, we do have a good idea of what works. The teen pregnancy rate among sexually active teens (those who are most at risk for pregnancy and sexually transmitted diseases or STD's) has come down by over 20 percent. Why? Even though the rate of sexual intercourse is rising, more teens are using contraception and using it more effectively. It is also possible teens are having fewer sexual partners because of their fear of AIDS and therefore have reduced their risk possibility.

We now have more effective technology to prevent pregnancy. This includes Norplant, Depo-provera and latex condoms.

We know that young women who are actively involved in sports, extra-curricular activities and have educational and career opportunities have fewer pregnancies.

You can stick your head in the sand and believe that "just say no" messages will work

for all teens. You can ignore the facts and the research and fund programs that don't work and/or have no reliable data to support their claims of effectiveness. You can bow to those who say don't get involved, it's too controversial. You can put young men in jail when what they need is a better education and a job. You can choose to listen to a vocal and misinformed minority.

But there will be a price to pay. Kids will get pregnant. Kids will die. And you and I will lose. Society will be faced with more poverty, crime, illiteracy, and burdens for tax dollars.

It would be so much more healthy and cost effective to provide the knowledge and education and the access to family planning services young people need to prevent pregnancy.

What our youth need from you is the will to invest in them and in realistic, relevant and responsible prevention.

Thank you.

EXECUTIVE SUMMARY

In January, 1993, KPC Research interviewed 609 registered voters in North Carolina. The purpose of this study was to measure attitudes toward issues related to adolescent sexuality, sexuality education, adolescent health care centers in the public schools and access to contraceptive services.

90% agree sexuality education should be taught in public schools

85% favor high schools working with clinics & medical providers so that students will learn about contraceptives

67% favor making contraceptives available to high school students

73% agree health care centers offering services to students should be located at or near high schools.

There was considerable support for adolescent health care centers offering various services:

87% favor birth control education

87% favor birth control counseling

71% favor referrals to agencies dispensing birth control

61% favor prescribing birth control at the center

60% favor dispensing birth control at the center

82% favor diagnosing sexually transmitted diseases

79% favor treating sexually transmitted diseases

North Carolinians realize most adolescents are sexually active. Half of those surveyed (49%) feel sexual intercourse outside of marriage is acceptable. Seven in ten (70%) believe making contraceptives more difficult for adolescents to obtain will have no effect on their decision to have sexual intercourse. If access to contraceptives is made more difficult, six in ten feel this will lead to more teen pregnancies.

These issues were examined by religious and political party affiliation, race, age, geographic location, gender and parenthood. The public support for comprehensive sexuality education, adolescent health care centers and access to contraceptives was high across all demographic groups.



Executive Summary

Family Life Education is considered the primary responsibility of parents because of its unique nature. The school traditionally plays a supportive role to families, and seeks input from parents and the broader community regarding the family life education curriculum. The strategy typically employed is to appoint an advisory committee to review the program and make recommendations.

In March 1993, the North Carolina Coalition on Adolescent Pregnancy surveyed the PTA Presidents in North Carolina. The purpose was to determine which topics should be included in the Family Life Education curriculum of public schools and when the topics should be introduced. The survey also examined attitudes about acceptable sexual behavior, school health services and resolutions to teenage pregnancy.

- 89%** agree that family life education should be taught in public schools.
- 92%** agree that family life education should include birth control and condom instruction as well as abstinence education.
- 82%+** agree that positive and negative aspects should be taught about abortion, adaption, single parenting and married parenting.
- 62%** would be comfortable with their children's teachers providing instruction in Family Life Education.
- 63%** agree that teen health clinics should be available at or near high schools.
- 52%** agree that teen health clinics should have contraceptives and condoms available.

Findings Regarding the Family Life Education Curriculum Content

- 32 of the 67 topics were supported by 90%+ of the presidents.
50 of the 67 topics were supported by 80%+ of the presidents.
61 of the 67 topics were supported by 67% of the presidents.
- Only one topic rated more opposition than support for inclusion in the curriculum: anal sex, a major risk behavior for the transmission of the AIDS virus.
- Topics related to family, communication, child and sexual abuse should be introduced in grades K to 3.
- Topics related to puberty, reproductive system, hygiene, pregnancy, STDs and life management skills should be introduced in grades 4 and 5.
- Topics related to sexual behavior including contraception and preventing STDs should be introduced in the grades 6 to 8.
- Topics related to marriage, prenatal care and parenting should be introduced in grades 9 to 12.

There is a high degree of support for family life education among the North Carolina PTA presidents. Although more than one-third of the sample describe themselves as born-again or fundamentalist Christians, PTA presidents consistently call for even-handed approaches to Family Life Education in public schools, including controversial topics such as abortion.

What parents want their children taught often contrasts with what is being presented in family life education classes. Most curricula in the state reflect topics which were least objectionable, but not necessarily the topics judged most important. The results of this study suggest that parents of North Carolina students want their youth to receive honest and accurate information in family life education at all grade levels, kindergarten through twelfth grade.

ARTICLES

Understanding the Impact of Effective Teenage Pregnancy Prevention Programs

By Jennifer J. Frost and Jacqueline Darroch Forrest

A review of five rigorously evaluated adolescent pregnancy prevention programs shows that all five incorporate an emphasis on abstinence or delay of sexual initiation, training in decision-making and negotiation skills, and education on sexuality and contraception. Four of the five directly or indirectly provide access to contraceptive services. Comparisons between treatment and control groups show that all four programs that measured changes in rates of sexual initiation among adolescents had a significant effect on that outcome, reducing the proportion of adolescents who initiated sexual activity by as much as 15 percentage points; the programs were most successful when they targeted younger adolescents. Three of these four programs also significantly increased rates of contraceptive use among participants relative to controls; the most successful programs, which increased contraceptive use by as much as 22 percentage points, provided access to contraceptive services and targeted adolescents who were younger and those who were not yet sexually experienced. Two programs significantly decreased the proportion of adolescents who became pregnant; these programs were the two that were most active in providing access to contraceptive services.

(Family Planning Perspectives, 27:188-195, 1995)

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Impact of Teenage Pregnancy Prevention Programs

Table 1. Summary of program components, participant characteristics and evaluation design of five selected adolescent pregnancy prevention programs

Program and location	Program components	Program intensity	Population characteristics	Groups compared	Evaluation design	Follow-up period	% followed
Postponing Sexual Involvement (Atlanta)	Abstinence; life skills; sex ed.; contraceptive ed.; contraceptive access†	10 classes over 3 mos.	Low-income; urban; black	8th graders (487 participants; 178 controls)	Matched school design; participants and controls selected using birth and poverty criteria	1.0-1.5 yrs.	84
Reducing the Risk (California)	Abstinence; life skills; sex ed.; contraceptive ed.	15 classes over 3 wks.	Mixed income; rural and urban; mixed race and ethnicity	9th and 10th graders (588 participants; 447 controls)	Random assignment of classes	1.5 yrs.	73
School/Community Program (South Carolina)	Abstinence; life skills; sex ed.; contraceptive ed.; contraceptive access†	Varied	Low-income; rural; mixed race	14-17-year-old girls (all in program area vs. all in adjacent areas)	Matched area design with baseline and follow-up measures	3-6 yrs.	na
Self Center (Baltimore)	Abstinence; life skills; sex ed.; contraceptive ed.; contraceptive access†	Continuous	Low-income; inner-city; mostly black	Middle school and high school students (all in program and control schools who were present for tests)	Matched school design with baseline and follow-up measures	3 yrs.	na
Teen Talk (Texas and California)	Abstinence; life skills; sex ed.; contraceptive ed.; contraceptive access†	6 sessions (12-15 hours) over 2-3 wks.	Low-income; rural and urban; mixed race and ethnicity	13-19-year-olds (722 participants; 722 controls)	Random assignment of classes and individuals	1 yr.	62

†Indirect access provided by program staff, who were workers from family planning clinics. ‡Program staff provided contraceptive services on site or nearby. *Note:* na=not applicable.

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**AGE APPROPRIATE SEX EDUCATION IN GRADES _____ SHOULD
INCLUDE INFORMATION ABOUT BIRTH CONTROL METHODS FOR
PREVENTING PREGNANCY AND SEXUALLY TRANSMITTED DISEASES**

	11/12	9/10	7/8	K-6
TOTAL	96%	95%	89%	66%
RELIGION				
Born Again/Fundamentalist	96%	95%	90%	69%
Other Protestant	98%	97%	88%	65%
Other Religions *	91%	87%	84%	61%
POLITICAL PARTY				
Democrat	97%	96%	89%	71%
Republican	95%	93%	88%	58%
RACE				
White	96%	95%	88%	64%
African American	99%	95%	92%	76%
AGE				
18-34	98%	96%	90%	65%
35-54	96%	95%	90%	63%
55+	96%	94%	86%	74%
REGION				
Mountains	95%	95%	89%	65%
Northern Piedmont	97%	97%	87%	68%
Southern Piedmont	94%	91%	89%	67%
Coast	98%	96%	92%	63%
RESIDENCE				
City/Town	96%	95%	85%	64%
Rural	98%	94%	92%	69%
SEX				
Male	96%	96%	87%	64%
Female	97%	94%	90%	68%
PARENTS	96%	95%	90%	67%

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**HIGH SCHOOL HEALTH CARE CENTERS
SERVICES THAT ARE FAVORED**

**BIRTH CONTROL
EDUCATION &
INFORMATION** **COUNSELING ON
BIRTH CONTROL
METHODS**

TOTAL **87%** **87%**

RELIGION

Born Again/Fundamentalist	84%	84%
Other Protestant	94%	93%
Other Religions *	88%	89%

POLITICAL PARTY

Democrat	90%	90%
Republican	81%	81%

RACE

White	86%	86%
African American	90%	92%

AGE

18-34	92%	92%
35-54	88%	86%
55+	81%	84%

REGION

Mountains	83%	87%
Northern Piedmont	91%	90%
Southern Piedmont	86%	86%
Coast	84%	84%

RESIDENCE

City/Town	89%	89%
Rural	85%	85%

SEX

Male	87%	86%
Female	87%	88%

PARENTS

	86%	86%
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HIGH SCHOOL HEALTH CARE CENTERS SERVICES THAT ARE FAVORED

	REFERRALS TO AGENCIES FOR BIRTH CONTROL	PRESCRIPTIONS FOR BIRTH CONTROL	DISPENSE BIRTH CONTROL AT CENTER
TOTAL	71%	61%	60%
RELIGION			
Born Again/Fundamentalist	66%	56%	55%
Other Protestant	84%	73%	71%
Other Religions *	82%	66%	70%
POLITICAL PARTY			
Democrat	71%	64%	63%
Republican	71%	57%	55%
RACE			
White	71%	59%	59%
African American	73%	72%	66%
AGE			
18-34	82%	68%	69%
35-54	72%	63%	62%
55+	58%	52%	49%
REGION			
Mountains	71%	60%	59%
Northern Piedmont	74%	65%	64%
Southern Piedmont	71%	61%	60%
Coast	65%	56%	57%
RESIDENCE			
City/Town	73%	61%	63%
Rural	69%	61%	58%
SEX			
Male	68%	59%	59%
Female	73%	63%	61%
PARENTS	69%	61%	58%

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**PUBLIC SCHOOL STUDENTS SHOULD RECEIVE
AGE APPROPRIATE SEX EDUCATION IN GRADES**

	11/12	9/10	7/8	K-6
TOTAL	93%	88%	75%	50%
RELIGION				
Born Again/Fundamentalist	91%	85%	71%	45%
Other Protestant	98%	95%	82%	61%
Other Religions*	95%	91%	79%	55%
POLITICAL PARTY				
Democrat	95%	90%	76%	53%
Republican	88%	85%	73%	44%
RACE				
White	92%	88%	76%	50%
African American	97%	92%	74%	52%
AGE				
18-34	97%	94%	73%	44%
35-54	91%	88%	79%	59%
55+	91%	84%	72%	43%
REGION				
Mountains	89%	80%	72%	50%
Northern Piedmont	94%	91%	79%	57%
Southern Piedmont	98%	93%	78%	46%
Coast	90%	87%	69%	43%
RESIDENCE				
City/Town	95%	89%	75%	50%
Rural	91%	88%	76%	51%
SEX				
Male	92%	87%	72%	46%
Female	93%	90%	79%	54%
PARENTS				
	92%	87%	75%	50%

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Mr. SHAYS. Thank you very much.

Ms. Williams, let me just say how grateful I am that you are here. And we will start with you. And then we will go to Kevin Travick. Ms. Williams.

Ms. WILLIAMS. Good afternoon, everyone.

Mr. SHAYS. Good afternoon. It is wonderful to have you here.

Ms. WILLIAMS. Thank you.

If I can help somebody as I pass along, if I can cheer somebody with a word or song, if I could show somebody who is traveling wrong, then my living will not be in vain.

I have four older sisters, and all of them are teenage mothers. And through that, I have over 20 nieces and nephews.

So I stand here today to say that I wish Best Friends would have been there a long time ago, that these organizations would have been there a long time ago to save my sisters.

To live, to learn, to guide, to nurture, to love, all of the above describes Best Friends. I have been a Best Friends member since the year 1988. And now I am a student at Howard University completing my second year, majority in speech communications under human studies with a minor in music.

Best Friends has taught me how to live in unity and in dignity, and to appreciate all that surrounds me. Best Friends has enabled me to learn how to respect myself, not only myself but those who are around me. Best Friends has nurtured me by helping me further my education. And I must say that I am very proud to say that I am one of the first scholarship recipients to receive that scholarship, and I am most greatly appreciative of it.

Best Friends has shown love; love that has been there through the good times, the bad times, the times of pressure, and the times of happiness. Best Friends means so much to me personally. But not only to me, but the entire circle of Best Friends, all the girls.

We have grown strong together. We have lifted each other up and encouraging each other, especially to hold on. We believe that abstinence is the way. We believe that virginity is special, special enough to save it for marriage.

I am a prime example of how you can say to yourself, I am 20 years old, and I am not ashamed to say that I am virgin. I am 20 years old, and I am going to still hold on until I am married. And I pray that I will be used as an example to other young ladies to let them know that the word virginity is not a bad word, that the word abstinence is not a bad word. That we have to hold on.

We want young ladies to be good wives to their husbands, to be good mothers to their children, and to live and to have happy and healthy lives. The pressure among young ladies today is greater, and greater, and greater. But if we continue to stay together, and to work together, we can and we will overcome.

This day, I encourage every school, every company, every organization to be a part of Best Friends in one way or another. It is a life-changing experience. I dare any one of you to be a part of Best Friends to give back to someone.

Finally, I would be remiss if I did not give credit to all of the mentors, to all of the principals, to all of the organizations who have been a part of this organization called Best Friends.

Mrs. Bennett did not want me to say anything about her. But because of Mrs. Bennett and her husband to have had vision for the Best Friends Program to save so many young lives, it would not be possible. It saved mine.

Thank you.

Mr. SHAYS. Thank you very much.

Mr. BALLARD. Mr. Chairman, I would like to introduce these young men to you. They are from Cleveland, OH, from our program there. And they traveled all night by van, along with counselors Mr. Jackson and Mr. Wall and Mr. Jennings. They were the drivers. And we have Mr. Henry Kano, and also Mr. Romell Easter, who is with the program. And the young men who will be testifying are Mr. Andrew Gaston and Mr. Kevin Travick.

Mr. SHAYS. Thank you.

Mr. TRAVICK. My name is Kevin B. Travick. I am a protege of the institute for Responsible Fatherhood and Family Revitalization.

Today we are here to talk about teen pregnancy prevention and fatherlessness. As Mr. Towns said, we need an effective solution. The institute has a solution. The solution is father role modeling. Role modeling is setting good family examples.

How can I tell my sons that living with a woman and having sexual intercourse is not right, if I am not setting standards and morals of example by being married to their mom.

I have been working with the institute immensely, and working with an outreach specialist by the name of Mr. Connors. I can honestly say this program works. This is not an opinion, but it is fact.

Because I am a better man today than I was yesterday. I say that because I am engaged now. My kids are happy. And my home is at peace. Before I joined the institute, I was very ignorant to being a responsible father and man. Ignorance is nothing more than not knowing, and I did not know how to be a man or father, because I grew up fatherless.

I am not ashamed, but I am blessed and very grateful for the assistance and knowledge I have been given through the Institute for Responsible Fatherhood and Family Revitalization and all of its staff.

Mr. Towns asked how can Congress help. You can help by acknowledging these programs. And like the young lady who is sitting over here, if these programs had been around and I had known about it earlier, things would be a whole lot different. That is all I have to say.

Mr. SHAYS. Thank you very much.

Mr. GASTON. Hello. My name is Andre Gaston, from Cleveland, OH. I am a father of three children. I am a high school dropout because of this. I grew up without a father. There was a lack of fatherhood in my household. And as a result of this, I had to move out, and I had to give up school. And I had to find two jobs to support my family. So I grew up a lot.

My mother was raising me and my children. I was 17 at the time. If I could go back in time and change the hands of time, that is something that I would not do again until I was ready and established enough to raise a family. That is all I have to say.

Mr. SHAYS. Thank you very much.

I would like to ask our younger participants if they want to react to anything that they heard us ask, any question that they heard us ask that they want to respond to, any comments that they heard by any of the panelists that they want to respond to. I would like this primarily to be a dialog among the younger panelists to start.

And if there is anything that when you heard a comment being made, that you said, boy, I would like to respond to that question. Mr. Travick.

Mr. TRAVICK. Ms. Pat Ware, she hit it on the button. Because fatherlessness, and marriage, and family, they play a big part in the world today. Because you would be surprised at how many people out here are hurting, because they did not have any father, you know.

I look at myself and I say if I had had my father, things would have been different. But I turned to the streets to learn the things that I learned, not to my mom. You know, mom does not know. Let me go over here to these fellows, they might know, because they have got mothers and fathers and they are out there. So let me go see what they are talking about, you know.

And I used to hang around some of my friends who had a two-parent family, and that is what made me want to give it to my son. I said if I ever have a child, I want to make sure that I be there for him, so he doesn't feel this pain that I am feeling.

Because my father didn't come around until I was 25. I told him, "Man, where were you at when I really needed you?" you know. And that is painful. And there are a lot of people in the inner city suffering for that.

So Congress needs to give up the moneys to help fund and educate, and put commercials on TV about fatherlessness. Once you end fatherlessness, the dilemmas of the world will be pretty much to an end.

Mr. SHAYS. I am not clear. You say that you have one child?

Mr. TRAVICK. I have a child, Kevin, Jr. He is 4. And my fiance, she has a boy, and he is 8.

Mr. SHAYS. Right.

Mr. TRAVICK. And the impact that I have had on her son is deep.

Mr. SHAYS. So you are going to be a father to an 8-year-old who is not your son?

Mr. TRAVICK. Yes, I am.

Mr. SHAYS. What obligations do you feel you have to your son who is 4 years old?

Mr. TRAVICK. He is there, too.

Mr. SHAYS. He is being taken care of by whom?

Mr. TRAVICK. By me and her.

Mr. SHAYS. OK.

Mr. TRAVICK. And my mother. My mother still has custody. So that is what we are working on now, us and the institute. That is one of the goals.

You see, the institute, they just don't bring you in there and sit you down and run off at the mouth. You have goals. What is your problem? Let's talk about it. OK, here you are today. Now where would you like to be this time next year?

And these people work diligently with you, so that you can conquer these different goals. And I mean if you have got a goal, there

is no way you could fail, because you have got a plan. The only thing you are missing is an objective, and they help you with that. How are you going to get there? They don't give you the answer.

They talk to you and do this processing. Let's process, talk to me, tell me how you would get there. I don't know. How would you get there, what means, what would it take for you to be here this time next year. What are some of the things that you have to do.

Mr. SHAYS. So they get you to think about things that you had not thought about in the past, and get you to dream a little bit?

Mr. TRAVICK. Right, motivate you.

Mr. SHAYS. Any of the other two panelists, would you like to make any comment on what you heard others say, and just some reasons. Ms. Williams.

Ms. WILLIAMS. I would like to make a comment.

Mr. SHAYS. Sure.

Ms. WILLIAMS. There is a lot of hurt in this world.

Mr. TRAVICK. There sure is.

Ms. WILLIAMS. There is a lot of hurt. I am hurting right now. And I stand in the gap for a lot of young people. We need you. Please do not leave us. There are a lot of young adults and teenagers who need someone just to say that I love you.

A lot of young adults or young people have never had a chance to hear that from someone, or just to wrap their arms around them and say I love you, I care for you. That is why they go out and they search for it in the wrong way. Some of them are babies, drugs, or what have you.

But if we had those adults who can pull up their sleeves to go into the schools and go into the household. It does not even have to be your biological child. But if you can grab one person, oh, how powerful that would be.

But we need you. Please do not give up on us. Help us. We might be afraid to say I need your help. But if we can see through your positive example, if you are there in front of us reinforcing that positive energy, in the long run it is going to rub off.

But right now, we are not seeing enough of it. So please help us. We need you.

Mr. SHAYS. Thank you.

I am going to invite, not now, I am going to invite any of the individuals who are part of this program who are sitting in the row in front of us, if they would like to make a comment. You can think about it. And if you do not want to make a comment, you do not have to. I am going to call on Mr. Towns.

But if you have been listening to something, or you want us to know something, and you want to tell us, you will be allowed to turn on that mic. And you will be able to tell your name, if you want to, or you do not have to give your name. And you will be able to share something that you would like us to know.

At this time, I would call on Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

I was moved by the testimony, and I was happy I was able to stay. I must admit that I have another appointment, but I wanted to stay to get all of the testimony.

And I would say to you that as I was listening to the comments being made by the young people in particular, that I just want to

wish that some way or another that this message could get out, not only throughout this Nation, but throughout the world.

Because I think that there were very powerful statements being made by young people. And I would like to salute the young people for being positive. And I would tell you whatever we can do from where I sit, you can be assured of that assistance.

But I just wish that some way or another that we could get this message out to even more Members of Congress and more people period. Because I think they need to hear it. Because we have some serious problems when we think about the fact that our rate is probably the highest of any industrialized nation. In fact, I think it is the highest now. And, of course, when we think about that, of course, we need to do a lot of work.

So, Mr. Chairman, let me again thank you for having this hearing. And I would just ask for quick unanimous consent before I leave. I would like to submit into the record two recent Children's Defense Fund articles on teen pregnancy. I would like to submit that into the record.

Mr. SHAYS. Without objection.

[The articles referred to follow:]



Children's Defense Fund

April 29, 1996

The Honorable Edolphus Towns
 Subcommittee on Human Resources
 and Intergovernmental Relations
 Government Reform and Oversight Committee
 B-350 Rayburn House Office Building
 Washington, D.C. 20515

Dear Representative Towns:

Thank you for requesting information on adolescent pregnancy prevention and childbearing from the Children's Defense Fund. In response to your request, I am enclosing two recent articles from CDF's monthly newsletter, CDF Reports, as well as the chapter on adolescent pregnancy prevention and youth development from CDF's annual State of America's Children: 1996. I hope it will be possible for you to include these materials in the record of the hearing scheduled for April 30, 1996.

If CDF can provide you with additional information or assistance, please do not hesitate to contact me at 662-3538.

Sincerely,

Clifford M. Johnson
 Director of Programs
 and Policy

Enclosures

CMJ/es

25 E Street, NW
 Washington, DC 20001
 Telephone: 202 628 8787
 Fax: 202 662 3510

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Special Report

Poverty/Teen Births

New
data
show
that U.S.
has far
to go

The child poverty rate in the United States is by far the highest among 18 industrial countries, according to a new report by an international research group called the Luxembourg Income Study. Yet American children living in wealthy and middle-class families are far better off than their counterparts in most of the nations studied.

The Luxembourg group used data showing that 21.5 percent of American children lived in poor families in 1991 — more than twice the rate of child poverty in the United Kingdom and four times the rate in Norway. The U.S. rate was half again as high as that of the country with the second worst record, Australia. Of the 18 nations studied, Finland has the lowest child poverty rate, — around 3 percent.

The report, titled *Doing Poorly: The Real Income of American Children in a Comparative Perspective*, also compares the disposable incomes of children living in well-off, average, and low-income families in the United States with comparably situated children in 17 other nations.

According to the study, American children who live in families in the upper 20 percent of the income distribution (labeled "wealthy" by the study's authors) have higher standards of living than well-off children in the other countries studied. "Wealthy" children in Switzerland and Canada live in households with incomes that are 20 percent lower than "wealthy" U.S. families.

"Typical" American children — those who live in families in the middle 20 percent of income distribution — also live very well, compared with children in other countries. Only in Denmark and Canada are middle-income children as well off as American children, although Swedish and Swiss children fare almost as well.

However, the typical low-income-
(See page 7)



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More children losing health insurance

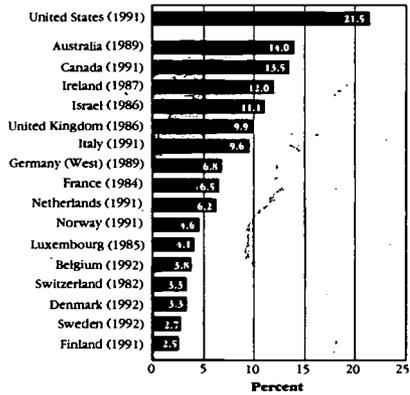
More than 10 million American children — 14.2 percent of all children under 18 — lacked any form of health insurance during 1994, according to the latest data from the U.S. Census Bureau.

Previous government surveys indicate that large numbers of children are losing private health insurance, as employers cut back on the benefits they provide, or as the cost of premiums for dependents' coverage rises out of workers' financial reach. Even if there are no Medicaid cuts, CDF predicts that "by the end of the century, more than half of the nation's children won't have insurance through their parents' employers, and the number of uninsured children will rise to more than 12 million by the year 2002," says CDF Senior Health Analyst Martha Teitelbaum.

These data make clear that the proposed Medicaid block grant could not come at a worse time for children, says CDF General Counsel Jim Weill. "If Congress cuts Medicaid by \$170 billion over the next seven years as proposed, uninsuredness among children in this country will skyrocket even higher. Almost 19 million (one in four American children) won't have health coverage by the year 2002, if this Medicaid block grant and these huge cuts are passed."

Figure 1 First-World Child Poverty*

Child poverty rates in industrialized countries

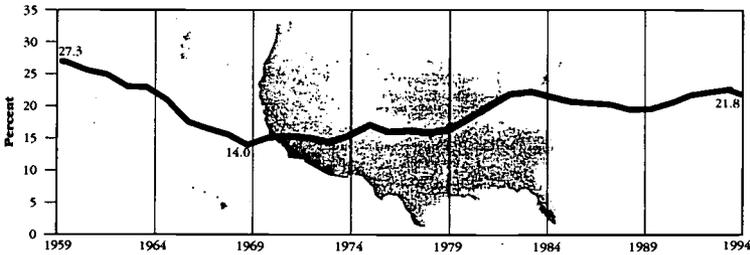


* Poverty is defined as percent of children living in families with adjusted disposable incomes less than 50 percent of adjusted median income for all persons. Income includes transfers and tax benefits.
Source: Luxembourg Income Study

Figure 2

U.S. Child Poverty over Time

Percentage of children in poverty, 1959-1994



Source: U.S. Census Bureau

EXPLAINED VOTER TRENDS

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Special Report

Figure 3

U.S. Child Poverty Rates

Child poverty rates and changes, 1989-1994, by race/ethnicity, location, region, and parents' marital status			
	1994	1995	Percent change*
Total	21.8%	22.7%	-0.9%
White	16.9	17.8	-0.9
Black	43.8	46.1	-2.3
Latino*	41.5	40.9	+0.6
Central city	33.1	33.6	-0.5
Suburb	14.9	15.2	-0.3
Rural	22.6	24.2	-1.6
Northeast	20.1	21.3	-1.1
Midwest	19.1	19.6	-0.5
South	23.8	25.3	-1.6
West	23.1	23.2	-0.0
Children in families**	21.2	22.0	-0.8
Married parents	10.8	11.7	-0.9
Mother only	52.9	53.7	-0.7
Father only	27.1	25.2	+1.8
Family member works:			
Part of year	15.0	14.9	+0.1
Full time, year round	7.3	7.0	+0.4

* Persons of Latino origin may be of any race.

** In the Census Bureau's terms, "Related children."

* Rounding causes small discrepancies.

Source: U.S. Census Bureau.

Child poverty

(Continued from page 5)

come American child — the one at the median of the bottom 20 percent — is faring much worse than low-income children in other industrial countries. In six countries — Switzerland, Sweden, Finland, Denmark, Belgium, and Norway — low-income children have standards of living at least 50 percent higher than those of low-income children in the United States.

"This means that while the United States has a higher level of income than other countries, poor and near-poor U.S. children do not share as fully in our nation's prosperity," says CDF Family Income Director Deborah Weinstein. "That U.S. child poverty rate — three times the average rate among our European allies — should be a wake-up call for any elected official who is thinking about enacting laws that will increase the number of poor children."

Government programs in the U.S. do little to pull children out of poverty, says Weinstein. For example, 76.2 percent of children in single-mother families in the United Kingdom would be poor without government programs, which reduce their poverty rate to 18.7 percent. In comparison, 69.9 percent of children in single-mother families in the U.S. live in poverty without factoring in government programs; after government programs, a shocking 59.5 percent still live in poverty.

The nonprofit Luxembourg Income Study is based in Walferdange, Luxembourg, and is financed by the U.S. National Science Foundation and similar bodies in other countries. The study seeks to make income figures comparable among countries, taking into account the cost of living, government benefits, and the size of families.

For more information, contact Timothy Smeeding, Syracuse University, Maxwell School of Citizenship and Public Affairs, 315-443-9042.

Figure 4

U.S. Child Poverty Totals

Child poverty totals and rates for 1994 by race/ethnicity, location, region, and parents' marital status (Numbers in thousands)			
	Total	Poor	Poverty rate
Total	70,020	15,289	21.8%
White	55,186	9,346	16.9
Black	11,211	4,906	43.8
Latino*	9,822	4,075	41.5
Central city	20,736	6,865	33.1
Suburb	35,171	5,232	14.9
Rural	14,113	3,192	22.6
Northeast	12,844	2,585	20.1
Midwest	16,782	3,208	19.1
South	24,439	5,807	23.8
West	15,955	3,689	23.1
Children in families**	68,819	14,610	21.2
Married parents	50,148	5,439	10.8
Mother only	15,924	8,427	52.9
Father only	2,747	744	27.1
Family member works:			
Part of year	62,901	9,414	15.0
Full time, year round	51,340	3,765	7.3

* Persons of Latino origin may be of any race.

** In the Census Bureau's terms, "Related children."

Source: U.S. Census Bureau.

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"In-your-face" attention reduces teen pregnancy

Experts agree that teen pregnancy and childbearing are a major problem. But they don't always agree on how to reduce births to teens, as recent congressional proposals demonstrate.

"I am very disappointed by the conservative rhetoric about sanctions in welfare for teen mothers," says Michael Carrera, director of the National Adolescent Sexuality Training Center for the Children's Aid Society (CAS) of New York City. "I know from experience that threats and punishment are not the best way to get teens to behave in a way that's good for them. There is no evidence that this approach works."

Convinced that a multidimensional, holistic approach is the best way to tackle the core factors associated with teen pregnancy, such as poverty, inadequate education, and limited career opportunities, Carrera launched the Teen Primary Pregnancy Prevention Program for young people — and their parents — in Harlem in 1985.

Carrera's program is unique because of its long-term commitment to the children involved. Youth workers, teachers, and counselors offer the type of continuous relationship that a good parent provides: ongoing, "in-your-face" attention and support.

Each young person — some enter as young as 10 years old — participates in the CAS program for at least five years, constantly interacting with staff members who provide nurturing and role modeling. Every participant of working age is guaranteed a job as long as he or she establishes a bank account to save money. Participants also are guaranteed admission to either Hunter College or Brooklyn College, if they complete high school.

According to Carrera, such responsibilities and rewards not only give teens a sense of self-worth, but also help them look toward the future. Once you give young people hope, he says, the prospect of taking sexual risks or becoming a parent at a young age does not seem so attractive.

Youths in the program receive counseling, academic help, and health services. They participate in sports activities and classes in employment, self-expression, family life, and sex education. The sex education course does more than impart information about sexuality, contraception, and the prevention of AIDS and other sexually transmitted diseases. Students discuss gender and family roles, body image, and values. Parents get involved, too.

by attending a weekly, two-hour family life and sex education course for 15 weeks.

Nineteen-year-old Zranwea Xavier Kpan of Central Harlem, who was 10 when he entered the CAS program, is one of the young people whose lives have been profoundly changed by the program. Says Zranwea, "I was always getting into trouble. I talked all the time. So the thing that ultimately helped me get through school was...the self-expression workshops. [The staff] would pull me aside and talk to me there. 'We think you're a bright kid,' they would tell me, and then they would teach me methods of self-control and self-discipline. As a result, I did very well in school and became a scholarship student."

(See page 9)

Figure 5

Teen Births

Trends in teen birth rates*, by race of mother, 1980-1993, mothers' ages 15-19

Year	All races	White	Black	Native American	Asian, Pacific Islander
1980	53.0	45.4	97.8	82.2	26.2
1981	52.2	44.9	94.5	78.4	28.5
1982	52.4	45.0	94.3	83.5	29.4
1983	51.4	43.9	93.9	84.2	26.1
1984	50.6	42.9	94.1	81.5	24.2
1985	51.0	43.3	95.4	79.2	23.8
1986	50.2	42.3	95.8	78.1	22.8
1987	50.6	42.5	97.6	77.2	22.4
1988	53.0	44.4	102.7	77.5	24.2
1989	57.3	47.9	111.5	82.7	25.6
1990	59.9	50.8	112.8	81.1	26.4
1991	62.1	52.8	115.5	85.0	27.4
1992	60.7	51.8	112.4	84.4	26.6
1993	59.6	51.1	108.6	83.1	27.0

*Births per 1,000 females ages 15-19.
Source: National Center for Health Statistics.

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Special Report

Zranwea now attends Benedict College in North Carolina, after spending a year at Hunter. "I think teenagers having kids is stupid," he says. "I can see my future...the best thing for me to do is to get through school."

Positive results

The Teen Primary Pregnancy Prevention Program served 22 teenagers and 12 parents in its first year; by 1994, it was helping 200 youths and 75 parents at three CAS locations in New York City. The program also has been replicated by eight community centers and agencies in New York City, and in 10 other cities across the country.

Recently, New York researcher Susan Philliber conducted a study of 200 teens — half male and almost all minorities — at six New York City replication sites. Three-quarters of the teens studied did not live with both parents, and 30 percent were born to teen parents. One of the replication sites served only homeless young people.

According to the study, teens participating in the pregnancy prevention program are significantly less likely to become pregnant, be sexually active, or drop out of school. And adolescents like Zranwea, who enroll in the program before age 14, are even less likely to engage in risky behaviors than

Figure 7

Teen Births

Selected characteristics of births to teen mothers, by age and race of mother, 1988 (Percent)

Characteristic, Age of mother	All races	White	Black
Onset of prenatal care			
Early care (first trimester)			
Under 15	44.8	48.8	41.5
15-19	61.9	64.7	56.0
Late (third trimester) or no care			
Under 15	16.6	16.2	17.1
15-19	8.9	8.0	10.7
Incidence of low birthweight			
Under 15	13.5	10.4	16.3
15-19	9.2	7.7	13.2

Source: National Center for Health Statistics.

those enrolled at later ages. The study found that:

- Among participants, 33 percent of 15- to 19-year old females have had intercourse; among the population at large, the proportion of poor and low-income girls ages 15 to 19 who are sexually experienced is 57 percent, according to 1988 baseline data used by the U.S. Department of Health and

Human Services (HHS) in establishing the Healthy People Year 2000 objectives.

- Only one in 25 adolescent females in the program becomes pregnant each year. In the United States, about one in eight females ages 15 to 19 becomes pregnant each year.

- Seventy-two percent of the program's young people report condom use; only 57 percent of young males nationally used condoms at last intercourse, according to HHS.

- Seventy-six percent of young people in the program graduated from high school within four years, while just 44 percent of all young people who entered high school in the New York City school system in 1990 graduated four years later.

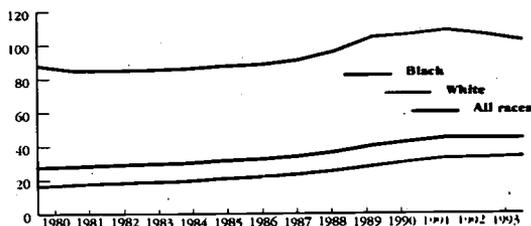
Carrera says perseverance is the key to working with vulnerable teens. "We need to do more of the old-fashioned vineyard work," he explains. "If we all put our shoulders behind the plow, we can save one, and three, and five, and then more teens. That's what gives me hope."

For more information, contact the Children's Aid Society, 212-876-9716.

Figure 8

Births to Unmarried Teens

Trends in birth rates for unmarried women*, ages 15-19, by race of mother, 1980-1993



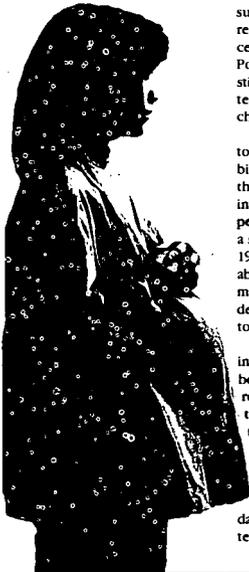
* Births per 1,000 unmarried females ages 15-19. Source: National Center for Health Statistics.

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Special Report

Births to Teens

Rates decline slightly, other data grim



In 1992, for the first time in five years, the teen birth rate dropped significantly, according to natality data released recently by the Centers for Disease Control and Prevention (CDC). At the same time, however, the proportion of teen births that were to unmarried teens reached the highest level ever recorded, and far too many pregnant teens failed to get early prenatal care.

"The drop in teen birth rates, if sustained in the years ahead, would represent an important reversal of recent trends," says CDF Programs and Policy Director Cliff Johnson. "Yet we still have a long way to go in helping teens avoid too-early pregnancy and childbearing."

In 1992 there were 505,419 births to girls ages 15 to 19, for a rate of 60.7 births per 1,000 girls. In contrast there were 519,577 births to teen girls in 1991, for a rate of 62.1. The 2.3 percent drop in the birth rate follows a steady increase between 1986 and 1991, but the rate still is considerably above those experienced throughout most of the 1980s. Virtually all of the decline occurred among teens ages 15 to 17.

Based on recently reported declines in the teenage abortion rate, the CDC believes that the falling teen birth rate reflects a corresponding drop in the teen pregnancy rate (although CDC's teen pregnancy data are only estimates). These trends suggest that the proportion of teenagers who are sexually active may no longer be rising. However, CDC survey data also suggest that sexually active teenagers now are more likely to use

some form of contraception on a regular basis, a shift that would contribute to declines in both teenage pregnancy and childbearing rates.

Births to unmarried teens

Similar to the overall teen birth rate, the birth rate for unmarried girls ages 15 to 19 in 1992 fell slightly to 44.6 births per 1,000 from 44.8 births per 1,000 girls in 1991. A total of 365,000 babies were born to unmarried teens in 1992. Although it is impossible to know whether this small decline is a one-year pause or the beginning of a longer term downward trend, this is the first time since 1978 that the birth rate for unmarried girls in their teens has fallen.

For many years, the proportion of all teen births that are to unmarried teens has risen rapidly — a trend fueled by rising birth rates among unmarried teens as well as falling marriage rates among teenage girls and declining birth rates among married teens. In 1992, while the birth rate among unmarried teen girls did not rise, births to married girls in their teens continued to fall. As a result, the proportion of all teen births that were to unmarried teens in 1992 reached a record high of more than 70 percent.

"In the 1950s, teenagers were far more likely to have children but also far more likely to marry in their teens," Johnson says. "While we cannot turn back the clock, recreating the social norms and marriage patterns of four decades ago, we can and must work to reduce further the number of

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Births to teens
(Continued from page 7)

children born to teenagers even as we build a stronger economic foundation for young adults so that they can marry and start families."

Prenatal care and low-birthweight births

Too-early childbearing is a serious threat to the health and development of our next generation of children, in part because teen mothers are far more likely than mothers in their twenties to receive late or no prenatal care and have babies born at low birthweight.

Every pregnant woman should begin prenatal care within her first trimester and receive continuous care throughout pregnancy. However, the proportion of teens receiving prenatal care remained shockingly low in 1992 — only three in five teen mothers ages 15 to 19 received prenatal care during the first trimester, while one in 10 either received no prenatal care or obtained such care only in the third trimester. Black and Latina teen mothers in this age group are nearly one and a half times more likely to receive late or no prenatal care than White teen mothers. For all racial and ethnic groups, receipt of early prenatal care is even more limited for the small but highly vulnerable group of teen mothers younger than 15 — only 43 percent received early

Teen birth rates, by age and race of mother, 1980-1992

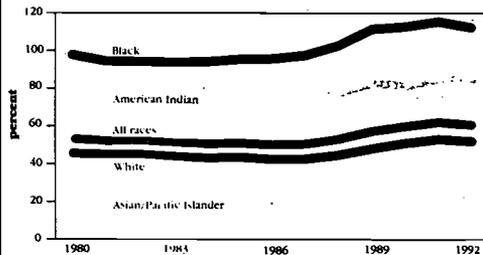
(Births per 1,000 females in specific age group)

Age, Year	All races	White	Black	American Indian	Asian/Pacific Islander
Under 15					
1980	1.1	0.6	4.3	1.9	0.3
1981	1.1	0.5	4.0	2.1	0.3
1982	1.1	0.6	4.0	1.4	0.4
1983	1.1	0.6	4.1	1.9	0.5
1984	1.2	0.6	4.4	1.7	0.5
1985	1.2	0.6	4.5	1.7	0.4
1986	1.3	0.6	4.7	1.8	0.5
1987	1.3	0.6	4.8	1.7	0.6
1988	1.3	0.6	4.9	1.7	0.6
1989	1.4	0.7	5.1	1.5	0.6
1990	1.4	0.7	4.9	1.6	0.7
1991	1.4	0.8	4.8	1.6	0.8
1992	1.4	0.8	4.7	1.6	0.7
15-19					
1980	53.0	45.4	97.8	82.2	26.2
1981	52.2	44.9	94.5	78.4	28.5
1982	52.4	45.0	94.3	83.5	29.4
1983	51.4	43.9	93.9	84.2	26.1
1984	50.6	42.9	94.1	81.5	24.2
1985	51.0	43.3	95.4	79.2	23.8
1986	50.2	42.3	95.8	78.1	22.8
1987	50.6	42.5	97.6	77.2	22.4
1988	53.0	44.4	102.7	77.5	24.2
1989	57.3	47.9	111.5	82.7	25.6
1990	59.9	50.8	112.8	81.1	26.4
1991	62.1	52.8	115.5	85.0	27.4
1992	60.7	51.8	112.4	84.4	26.6

Source: National Center for Health Statistics.

"The drop in teen birth rates, if sustained in the years ahead, would represent an important reversal of recent trends."

Teen birth rates, by race of mother, 1980-1992
(Births per 1,000 girls ages 15-19)



Source: National Center for Health Statistics.

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Teen birth rates for unmarried girls ages 15-19, 1980-1992

Year	All races	White	Black
1980	27.6	16.5	87.9
1981	27.9	17.2	85.0
1982	28.7	18.0	85.1
1983	29.5	18.7	85.5
1984	30.0	19.3	86.1
1985	31.4	20.8	87.6
1986	32.3	21.8	88.5
1987	33.8	23.2	90.9
1988	36.4	25.3	96.1
1989	40.1	28.0	104.5
1990	42.5	30.6	106.0
1991	44.8	32.8	108.5
1992	44.6	33.0	105.9

Source: National Center for Health Statistics.

prenatal care in 1992.

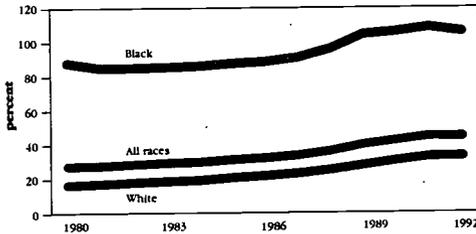
Partly because so many teen mothers still fail to receive early prenatal care, the percentage of babies born to teen mothers who are born at low birthweight (below 5.5 pounds) remains frighteningly high. Nearly one in 10 births to all teen mothers ages 15 to 19 — and more than one in eight births to Black teen mothers in this age group — were at low birthweight. Infants born at low birthweight are 20 times more likely to die during infancy. Low-birthweight babies who survive remain at much greater risk of such lifelong disabilities as mental retardation, blindness, deafness, cerebral palsy, and other health problems.

Consequences for teen parents

Too-early childbearing threatens the development of teen parents as well as their children. Teen childbearing appears to have an enormous impact on subsequent education, earnings, and poverty status. Data from 1990 drawn from the National Longitudinal Survey of Youth (NLSY) illustrate some of these consequences for teen parents, including:

- **Limited education.** Teen mothers were three times more likely to drop out of school than mothers who delayed childbearing until they were in their twenties.
- **Lower earnings.** Unmarried teen mothers had average annual earnings of less than \$7,300 in 1989, compared with nearly \$8,800 for unmarried mothers who did not give birth until they were in their twenties.
- **Higher poverty rates.** During the period covered by the NLSY, unmarried teen mothers spent 5.3 years living in poverty, compared with 4.1 years in poverty for unmarried mothers who delayed childbearing until they were in their twenties.

Teen births rates for unmarried girls ages 15-19, by race, 1980-1992
(Births per 1,000 females in specific age group)



Source: National Center for Health Statistics.

Factors underlying teenage childbearing

Poverty is one of the biggest factors associated with teen childbearing. According to 1979 data from NLSY, as

(See page 10)

While birth rates to unmarried teens essentially were unchanged, 70 percent of all teen births were to unmarried teens in 1992 — a record high.

Note: Beginning in 1992, birth rates for racial groups other than Black and White are available for the first time. Birth data compiled by CDC's National Center for Health Statistics (NCHS) for 1980-1988 have been retabulated by race of mother, instead of by race of child. In the 1992 report, birth data also are given for Native Americans (including Aleut and Eskimo) and Asian/Pacific Islanders (including Chinese, Japanese, Filipino, Hawaiian and "other" Asians). A comparable series cannot be calculated for births to Latina teens because, prior to 1989, many states did not collect information on Hispanic origin.

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Special Report

Births to Teens*(Continued from page 9)*

family income rises, the proportion of teens who become teen mothers declines. In fact, four out of 10 poor teens became teen mothers, compared with one out of 10 teens in the highest income bracket.

Basic academic skills is another strong predictor of whether a teenager will become a teen mother. Armed Forces Qualifying Test scores from 1979 show that three out of eight teens with the lowest scores became teen mothers, compared with only one out of 20 teens who scored highest on the test.

The combination of poverty and weak basic academic skills places teenage girls at great risk of too-early pregnancy and goes a long way toward explaining differences in teen birth rates across race and ethnic groups. For example, while small NLSY sample sizes for teen mothers by race and ethnic group make these causal analyses less than definitive, calculations by Northeastern University's Center for Labor Market Studies (CLMS) reveal that all Black-White differences in teen childbearing rates (as well as roughly 70 percent of the difference in out-of-wedlock teen childbearing rates) can be accounted for by greater poverty and lower basic academic skills among young Black mothers.

"Only when we reduce poverty among teens and give them a broader range of skills and options for the future will we make major progress in reducing teen pregnancy and helping more of our young people build a strong foundation for eventual self-sufficiency in adulthood," says Johnson. ©

Selected characteristics of births to teen mothers, by age and race/Latino origin of mother, 1992

Characteristic, Age of mother	All races	White	Black	Latino
Onset of prenatal care				
<i>Early care (first trimester)</i>				
Under 15	42.9%	47.5%	39.2%	44.2%
15-19	59.5	62.4	53.2	53.9
<i>Late (third trimester) or no care</i>				
Under 15	17.2	15.8	18.2	17.4
15-19	9.7	8.6	12.1	12.8
Incidence of low birthweight				
Under 15	13.2	10.2	15.9	10.1
15-19	9.3	7.6	13.2	7.4

Source: National Center for Health Statistics. Calculations by Children's Defense Fund.

Factors associated with teen childbearing

	Percent having birth as teen	Percent having birth as unmarried teen
Poverty status in 1978		
Poor	39.0%	24.1%
Between 100% - 200% of poverty line	21.6	8.7
Between 200% - 300% of poverty line	16.1	5.7
Over 300% of poverty line	10.4	4.9
AFQT scores (basic skills)		
Lowest fifth	36.0	21.4
Second lowest fifth	25.2	10.5
Middle fifth	14.7	4.0
Second highest fifth	9.1	3.7
Highest fifth	4.9	1.4

Note: These percentages are based on girls who were ages 14-17 in 1979 and who were not mothers at that time.

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Preventing teen pregnancy and other adolescent problems

Six factors are extremely important in bolstering the motivation and capacity of teens to make wise choices about their futures and to prevent too-early pregnancy, substance abuse, crime, and violence:

- ▶ **Education and strong basic skills.** Youths who are behind a grade or have poor basic skills or poor school attendance are at high risk of early parenthood. Low-income and minority teens have higher rates of school failure.
- ▶ **A range of non-academic opportunities for success.** Children and teens need to feel good about themselves. They need strong self-esteem and a clear vision of a successful and self-sufficient future. For youths who are not doing well in school, non-academic avenues for success are crucial.
- ▶ **Links to caring adults who provide positive role models, values, and support for teens.** Parents are the most important sources of guidance and nurturing for children of all ages, and our society needs to support parents in this role. In addition, a relationship with a caring adult outside the family can have an extraordinary impact on a teenager.
- ▶ **Family life education and life planning.** All teens need sexuality and parenting education as well as help in understanding the impact of present choices on their futures. Parents, schools, and religious institutions need to communicate more effectively with the young about sexuality.
- ▶ **Comprehensive adolescent health services.** A range of comprehensive and convenient services are needed for teens in a range of settings.
- ▶ **A basic standard of living for all teens and their families, including access to jobs, nutrition, housing, income, and services to meet special needs.** Teens growing up in poverty face greater risk of a variety of problems. And as teens grow up and start their own families, jobs, work-related skills training, and adequate food and shelter for these young families are crucial to the healthy development of the next generation of youngsters.

Teen birth data, 1991 and 1992

	1991	1992	Change
Number of births, mother under 20			
under 15	531,591	517,635	-13,956
15-19	12,014	12,220	206
	519,577	505,415	-14,162
Birth rate, mother under 20			
under 15	1.4	1.4	0.0%
15-19	62.1	60.7	-2.3%
Births to unmarried mothers under 20			
under 15	408,451	365,039	-3,412
15-19	10,968	11,161	193
	419,419	353,878	-3,605

Source: National Center for Health Statistics. Calculations by Children's Defense Fund

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ADOLESCENT PREGNANCY PREVENTION AND YOUTH DEVELOPMENT

The past year brought signs that increases in the teen pregnancy rate have abated, at least temporarily. Yet far bleaker long-term trends underscore the enormity of the adolescent pregnancy prevention and youth development challenges that lie ahead.

- ◆ While teen birth rates dropped slightly in 1993, an ever-increasing proportion of all births to teens are out-of-wedlock—a reflection of plummeting marriage rates that leave millions of young mothers and children in poverty.
- ◆ Underneath the high rates of teenage pregnancy and falling marriage rates among young adults lie persistent labor market problems (including eroding wages and chronic joblessness for those with little education or training), insufficient efforts to help teens avoid unintended pregnancies, and a failure by parents, communities, and government to focus adequate attention on the crucial years of early adolescence.
- ◆ Neither state nor federal governments are taking steps to bolster investments in positive youth development efforts, despite evidence that more and more young teens are now

exhibiting the same kinds of destructive risk-taking behavior that once was associated primarily with late adolescence and early adulthood.

While the current pause in escalating teen birth rates offers some measure of hope for pregnancy prevention efforts, communities and governments at all levels will have to step up such efforts dramatically, if we are to move teen birth rates downward. To prevent teen pregnancy, communities must provide positive life options for every young person. But at present, there are far too few comprehensive youth development efforts designed to give teenagers both the *motivation* and the *capacity* to avoid too-early pregnancy and parenthood.

A great deal is known about what works to motivate teens to delay pregnancy and parenthood until they are ready to support and nurture children. And the experience of professionals who work with teens suggests that these same kinds of efforts also help prevent other risky and self-defeating behaviors, such as substance abuse, dropping out of school, and involvement in crime or violence. To bolster teens' motivation and capacity to make wise choices about their futures, every community must make sure that all young people have:

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- ◆ A good education and strong basic skills. Schools must set high standards for all children and then take the steps necessary to help children achieve those standards, so America's young people will be prepared for the challenges of a rapidly changing economy. (For more on these challenges, see the Education chapter.)
- ◆ A range of nonacademic opportunities for success. For all youths, but especially for those who are not doing well in school, constructive nonacademic activities—such as recreation programs, organized social and cultural activities, and community service programs—offer avenues for building self-confidence, bolstering self-esteem, and forging positive connections to the larger community.
- ◆ Links to adults who can provide positive role models, values, and support. Parents are the most important sources of guidance and nurturing for children of all ages, but relationships with caring adults outside the family can broaden teens' horizons and help them plan for the future.
- ◆ Family life education and help in making decisions about risky behavior. Parents, schools, religious organizations, health care providers, and youth organizations all must communicate more effectively with young people about sexuality; and offer teens information and activities to help them reject short-sighted, self-destructive, and dangerous behavior.
- ◆ Comprehensive adolescent health services. Every teenager needs access to high-quality health care that is responsive to the special needs of adolescents; comprehensive school-based clinics can be particularly effective in meeting those needs.
- ◆ A basic standard of living and access to jobs that pay family-supporting wages. Schools, private employers, and communities must focus much more attention on developing job training, youth apprenticeship, and other initiatives that prepare young people to succeed in the twenty-first century workplace.

Modest Decline in Teen Birth Rates

The birth rate for teenage girls ages 15 to 19 dropped slightly in 1993—for the second time in two years. The number of births to teens in this age group fell from 505,419 in 1992, to 501,093 in 1993. The birth rate for 15-to



- ◆ The birth rate for 15- to 19-year-old girls dropped slightly in 1993, for the second consecutive year, to 59.6 births per 1,000 girls in that age group.
- ◆ Only 34 percent of men 20 to 29 years old were married in 1993, compared with 58 percent in 1973.
- ◆ The number of 12- to 17-year-olds using marijuana nearly doubled between 1992 and 1994.
- ◆ Twenty-eight percent of 1994 high school seniors said they had binged on alcohol recently.

19-year-olds had dipped to 59.6 births per 1,000 girls in 1993, down from 60.7 births in 1992 and 62.1 in 1991.

The birth rate for *unmarried* teens also fell slightly in 1993 for the second year in a row, after increasing steadily since 1978. The overall birth rate for unmarried girls ages 15 to 19 in 1993 was 44.5 births per 1,000 girls. All of this decline occurred among Black teens. Although the Black teen birth rate remains significantly higher than that of White teens, the greatest increase in out-of-wedlock births over the past 15 years has occurred among White teenagers.

The two-year drop in teen birth rates has been relatively small, and it is still too early to declare a downward trend. The data do suggest, however, that the upward climb of teen births during the 1980s may have abated. This development is particularly heartening, because it does not appear to be the result of increased abortions among teenagers.

A newly published report by the National Academy of Sciences' Institute of Medicine reminds us that teen pregnancies are part of a far more pervasive pattern of unintended pregnancies afflicting American women throughout their childbearing years. A blue-ribbon commission of

experts reviewed the latest data and found that nearly 60 percent of all pregnancies are either mistimed or unwanted altogether—a proportion far higher than that found in other Western industrialized societies.

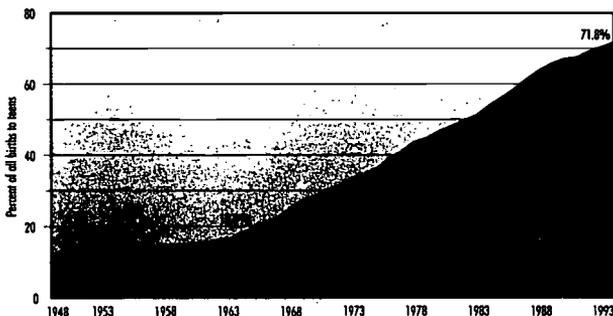
According to the Institute of Medicine's report, *The Best Intentions*, the rate is particularly high (82 percent) for teenagers, yet about 50 percent of pregnancies among women between the ages of 20 and 24 also are unintended, as are 40 percent of married women's pregnancies. And the problem seems to have grown worse in recent years. The proportion of births that were unintended at conception decreased during the 1970s and early 1980s, but throughout the rest of the 1980s, this trend reversed.

Although three in every five women of reproductive age (15 to 44 years old) reported using some form of contraception in 1988, the report makes clear that contraceptive failure plays a major role in unintended pregnancies among both teenagers and adult women. Nearly half of all unintended pregnancies occur among women who are taking steps to avoid pregnancy, but still become pregnant because contraceptive methods fail or are used improperly.

Births to Unmarried Teens

The number of births to teens has declined considerably since 1970. But the proportion of all teen births that are to unmarried teens has been climbing, because fewer pregnant teens marry than in earlier generations, and because fewer married teens are having babies.

Proportion of births to teens that were to unmarried teens, 1948-1993



Source: U.S. Department of Health and Human Services, National Center for Health Statistics. Calculations by Children's Defense Fund.

These new data on unintended pregnancies highlight the importance of giving teens the knowledge they need to prevent both sexually transmitted diseases and too-early pregnancy and parenthood. Many states, however, continue to fail miserably in ensuring that teens have such information. According to one recent survey, only 72 states require any form of sexuality education in schools, and attempts to prohibit, restrict, or discourage comprehensive sexuality education are increasing. In 1994 and 1995, legislators in 27 states proposed bills calling for sexuality education that was incomplete or biased. Four states—Mississippi, Texas, North Carolina, and Oklahoma—enacted laws that require schools to teach abstinence but fail to require instruction on pregnancy prevention or disease prevention; South Dakota repealed a law requiring schools to teach AIDS prevention.

Job Opportunities and Earnings for Young Workers

Job opportunities for teens and young adults can help prevent teen pregnancy and child-bearing, by offering positive alternatives to too-early parenthood and a sense of hope for a

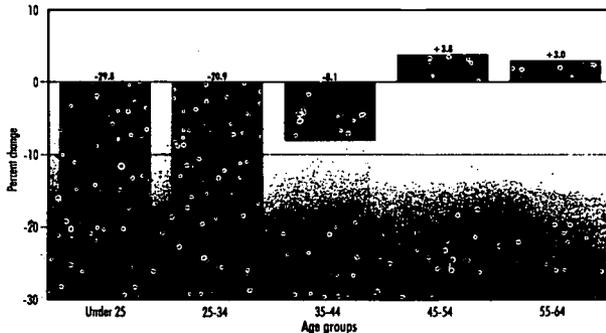
better future. Unfortunately, job prospects for the nation's young people failed to improve significantly during 1995, as the pace of economic growth slowed and the overall jobless rate for teenagers and young adults reached a plateau. In November 1995, the official unemployment rate for teenagers (ages 16 through 19) stood at 17.9 percent—virtually identical to its average for 1994, though down markedly from the recessionary levels of the early 1990s. Similarly, improvements in the jobless rate for young adults (ages 20 through 24) stalled in 1995, remaining at about 9 percent for most of the year.

The early stages of the current economic recovery also showed no signs of reversing long-term problems of chronic joblessness that continue to plague young workers. For example, the proportion of young men between the ages of 20 and 29 who reported no paid employment whatsoever during the year (including many who have given up hope of finding jobs and therefore are not counted in the official unemployment rate) jumped from 4 percent in 1967 to more than 10 percent in 1993. Changes in America's economy over several decades have made it increasingly difficult for young people with little education or

Lost Earning Power

Young workers are suffering by far the greatest income losses in our changing job market, losing 30 percent of their inflation-adjusted wages over the past two decades. In contrast, older workers have largely held their ground.

Decline in median weekly earnings of men employed full time, by age, 1974-1994 (adjusted for inflation)



Source: U.S. Department of Labor, Bureau of Labor Statistics. Calculations by Center for Labor Market Studies, Northeastern University.

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training to gain any sort of foothold in the labor market.

Earnings trends for young workers also have an important influence on out-of-wedlock child-bearing among teens, determining to a considerable extent young people's ability to marry and support a family. The newest data on the earnings of young workers are deeply troubling, revealing declines in inflation-adjusted earnings that now have persisted for more than two decades. Median weekly earnings for men younger than 25 who were employed full time fell by 31 percent between 1973 and 1994, while those of young women dropped by 14 percent. During the late 1960s, the median weekly earnings of young men employed full time were equal to nearly three-fourths of those of older men, allowing them to marry and provide economic support for their children. By 1994, however, the median weekly earnings of men younger than 25 had fallen to just half those of older men, making it much harder for young men to assume these adult responsibilities.

While nearly two-thirds of all young men in their twenties earned enough to lift a family of four above the poverty line in 1973, fewer than half—only 45 percent—could do so 20 years

later. During roughly the same period, the marriage rate of young men has fallen sharply (from 58 percent to 34 percent), and the proportion of young men still living with their parents or other relatives has grown by a third (from 32 percent to 43 percent).

Neglecting the Needs of Young Adolescents

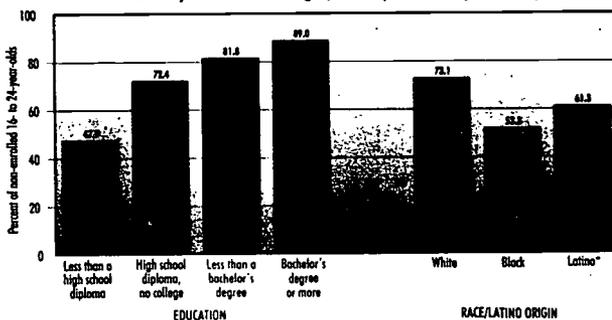
Summing up nearly a decade of research on the needs of young adolescents ages 10 through 14, the Carnegie Council on Adolescent Development issued its final report in 1995, warning that America is abandoning 19 million youths "at the most crucial turning point in their passage from childhood to adulthood." The report, *Great Transitions: Preparing Adolescents for a New Century*, cites findings that young adolescents are least likely to get the adult support and guidance they need, leaving them at great risk of too-early pregnancy as well as drug and alcohol abuse, AIDS and other sexually transmitted diseases, suicide, violence, and inadequate education.

Broad societal factors—including widespread child poverty that leaves one in every five young

Education Matters

Young people with more education have a better chance of finding jobs, and high school dropouts are at a particular disadvantage in the job market. Differences in employment status between Whites and minorities are explained partially—but not entirely—by disparities in educational attainment.

Employment-population ratios of youths not in school, by education and by race/Latino origin, 1994 (16- to 24-year-olds)



*Persons of Latino origin can be of any race

Source: U.S. Department of Labor, Bureau of Labor Statistics. Calculations by Children's Defense Fund.

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adolescents below the poverty line—are key reasons why so many in their early teenage years are vulnerable. But the neglect suffered by young adolescents comes at the hands of parents as well as national policy makers. With so many parents of young adolescents in the work force, and with young adolescents themselves seeming increasingly independent, too many parents fail to remain fully engaged in their children's education, development, and supervision during the early teenage years. For example, more than one-fourth of all eighth-graders spend two or more hours alone after school—a major concern, given that adolescents left on their own or only with peers in after-school hours are more likely to engage in sexual activity, substance abuse, or juvenile crime. Parents' involvement in school activities also declines steadily as their children enter early adolescence, a pattern that undermines educational achievement.

Many of the risk-taking behaviors now commonly exhibited by young adolescents were primarily associated not so long ago with the *later* teenage years and early adulthood. According to the Carnegie Council report, by the time youths reach age 14 or 15, substantial proportions have used illicit drugs, engaged in binge drinking, and

become sexually active. Birth, homicide, and suicide rates for youths in their early teens also have increased at alarming rates during the past decade.

The *Great Transitions* report offers a series of recommendations on how adults and institutions—parents, families, schools, health and community organizations, and the media—can support and nurture young adolescents. It calls for the adoption of “family-friendly policies” (such as flexible work hours, after-school programs, and parent support groups); the redesign of middle schools to enable teachers and students to form more stable, personal relationships; the expansion of health insurance coverage and school-based or school-linked health promotion activities for young adolescents; increased access to youth development programs within communities during nonschool hours; and greater media involvement in public education and health promotion efforts targeted to young adolescents.

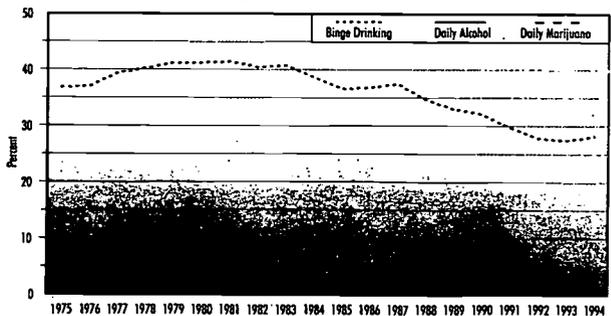
Increase in Risk-Taking Behaviors

Underscoring the findings of the Carnegie Council's report, two national surveys released in 1995 showed

Drug and Alcohol Use

After declining steadily during the 1980s, binge drinking and daily marijuana use by twelfth-graders appear to be on the upswing.

Trends in daily marijuana and alcohol use and in binge drinking* by high school seniors, 1975-1994



*Five or more drinks at a time in past two weeks.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse.

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that teens' use of illegal drugs, especially marijuana, is rising again, after declining between 1979 and 1992. According to the federal government's National Household Survey on Drug Abuse, current marijuana use nearly doubled among 12- to 17-year-olds between 1992 and 1994. Four percent of young people in this age group reported current use in 1992, compared with 7.3 percent in 1994. The percentage of those in this age group reporting current use of any illegal drug rose from 6.1 percent in 1992 to 9.5 percent in 1994.

Similar trends in drug use were reported by the latest *Monitoring the Future* study (also known as the *National High School Senior Survey*), by the Institute for Social Research at the University of Michigan. For example, the proportion of eighth-graders reporting marijuana use during the previous 12 months doubled between 1991 and 1994 (to 13 percent). And active daily use of marijuana among high school seniors reached 3.6 percent in 1994, up by half from 1993 levels. More than one-third of all eighth-graders reported having used some illegal drug, including inhalants, while more than 40 percent of all tenth-graders and nearly half of all twelfth-graders reported having done so.

Both studies' findings suggest that today's children and young adolescents are getting more mixed messages about drug use than did those growing up in the late 1980s—seeing more glamorization of drug use and hearing less about its dangers. The household survey found that the proportion of 12- to 17-year-olds who believe there is great risk of harm in using marijuana fell from 50 percent in 1992 to 40 percent in 1994. And *Monitoring the Future* reported that peer disapproval of drug use also has fallen, dropping from 70 percent in 1992 to 58 percent in 1994.

In addition, both reports show that the decline in teens' alcohol use documented during the 1980s and early 1990s has halted. In 1994, 22 percent of 12- to 17-year-olds were current users of alcohol, according to the household survey. *Monitoring the Future* also found some upward drift in binge drinking among eighth-, tenth-, and twelfth-graders in recent years, with 28 percent of high school seniors in 1994 reporting binge drinking (defined as having five drinks or more in

a row) within the previous two weeks. Only about half of the 12- to 17-year-olds in the household survey reported seeing great risk of harm in having five or more drinks once or twice a week.

Similarly, only about half of youths in this age group perceived great harm in smoking one or more packs of cigarettes a day. Their rate of cigarette use, based on a new self-administered answer sheet to the household survey, was 19 percent in 1994.

Federal Investments in Youth Development Slashed

Despite young people's continuing labor market difficulties and increasing risk-taking behaviors, Congress sharply reduced federal investments in youth employment and training in 1995, while obliterating hopes for new youth development and teen pregnancy prevention initiatives.

Early in the year, as part of hotly debated rescission proposals advanced by Congress and eventually accepted in large part by President Clinton, all federal funding for summer youth employment programs in 1996 and 1997 was eliminated. More than 600,000 summer jobs for teenagers each year will be lost if these actions are not reversed. Later in the year, as part of the regular appropriations process for 1996, job training funds earmarked for year-round programs serving teens and young adults also were slashed deeply. Taken together, these steps dash hope that federal leadership might result in any immediate reversal of recent employment and earnings trends for youths.

The Job Corps and YouthBuild were the only job training and youth development initiatives that appear to have escaped the full brunt of last year's sweeping assault on federal efforts to improve the labor market prospects of young Americans. These two programs, which have distinct and highly visible structures, have yielded promising results. Job Corps was the focus of intense scrutiny and criticism by some members of the Senate, but an attempt to fold Job Corps centers into state-controlled workforce development block grants (thereby destroying Job Corps' unique features as a national program) was

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soundly defeated. At year's end, YouthBuild seemed to have survived massive budget cuts in housing-related programs, although its 1996 allocation is slated to be only half of its prior-year allocation.

Hopes that arose in 1994 for new federal efforts to promote teen pregnancy prevention and youth development also quickly evaporated in 1995. The administration's welfare reform plan included proposals to fund new community initiatives focused on teen pregnancy prevention. New congressional leaders ignored these, and replaced them with \$75 million in grants that would be restricted to "abstinence education" and a series of punitive responses to the problems of teen pregnancy and out-of-wedlock childbearing. These responses include denying certain teen parents eligibility for Aid to Families with Dependent Children (AFDC) and barring additional aid to children born to families already receiving AFDC. Similarly, Congress last year jettisoned prevention components of the 1994 crime bill that set aside new funding for a range of youth development activities, thus stifling hopes for an "ounce of prevention" in the nation's anti-violence policies (see Violence chapter for details). Even a Republican-sponsored proposal to create new Youth Development Community Block Grants foundered in the Senate in 1995 and faces uncertain prospects in the coming year.

All of these developments point to a profoundly troubling pattern of federal disinvestment in state- and community-driven initiatives to assist teenagers and young adults. And against this backdrop, a 1995 report published by Brandeis University's Center for Human Resources points out that young adolescents have been ignored disproportionately by federal policy makers over many years. Only two of 188 federal youth programs target young adolescents (10- to 15-year-olds), according to the report, and older youths receive about \$4 for every dollar spent—or even potentially spent—on young adolescents. Policy makers have shortchanged this age group, the authors suggest, because young adolescents do not have a strong link to traditional social services. (Young children receive social services primarily through their families, and older teens generally

receive assistance through secondary and postsecondary schools or labor market policies.)

The Brandeis report argues that policy makers' traditional neglect of young teens is shortsighted, because this age group offers the "last, and frequently the best, place to intervene before youths mature and become more difficult to serve in formal programs." It urges policy makers to support new efforts to offer this age group a variety of developmentally appropriate services that are very similar to those recommended by the Carnegie report.

New Futures Evaluation Charts Tough Road

The final evaluation of the New Futures initiative, an ambitious attempt launched by the Annie E. Casey Foundation in 1987 to help more youths become productive adults, was released in May 1995 and underscored the difficulty of bringing about such changes. Under the project, the foundation invested \$50 million in five mid-sized cities (Dayton, Little Rock, Pittsburgh, Savannah, and Bridgeport) over five years. New Futures set four clear outcome goals: reducing the school dropout rate; improving students' academic performance; preventing teen pregnancies and births; and increasing the number of youths who get a job or go to college after high school. However, the initiative's underlying strategy focused on broader institutional change. Community institutions and service delivery systems were to be restructured and realigned so they would be more responsive to the needs of at-risk youths and their families.

The New Futures evaluation, prepared by the Center for the Study of Social Policy (CSSP) in Washington, D.C., found that each of the five cities succeeded in creating community-wide collaboratives made up of elected officials, business leaders, public administrators, parents, and community representatives, and in framing problems to be addressed in a way that encouraged "cross-system" discussions and solutions. Yet these collaboratives proved largely unable to define a comprehensive action plan that cut across multiple organizations. Most of the collaboratives eventually chose to fund discrete interventions (such as

new programs in a few schools) in ways that did little to provoke broader systemic change.

As a core element of the initiative, each city hired about 20 case managers—each assigned to work with 25 to 35 students—to serve as mentors as well as “brokers” of services or supports the students might need to help them stay in school, succeed academically, and avoid early pregnancy or parenthood. Evaluators concluded, however, that these case management systems were not very effective, because individual case managers had little authority to secure necessary help for their students, and the collaboratives generally failed to use information from the case managers to inform and guide broader policies.

Not surprisingly, given these struggles, New Futures cities' progress in meeting outcome goals for youths also was limited. They achieved consistent gains in student academic achievement, significantly reducing the number of students who performed poorly on standardized reading tests, but they were unable to close performance gaps between Black and White students. Although one measure of school completion suggested slight improvement, annual dropout rates in New Futures cities seemed to follow national trends by rising modestly during the five-year period. In the areas of teen pregnancy and post-graduation college enrollment or job placement, none of the New Futures cities made headway.

These findings do not mean that well-focused and sustained interventions cannot improve the life prospects of disadvantaged youths. The evaluators stressed that New Futures' central strategy, that of seeking to restructure service systems in a way that cuts across many programs and agencies, was “uncharted territory” in 1987 and to a large extent remains so today. Without a ready-made formula or clear road map for meeting this challenge, evaluators concluded, the collaboratives “had to feel their way in a trial and error fashion, a fact that may help explain why five years was insufficient to bring about clear numerical progress.” CSSP's final report offers recommendations to guide the next generation of community-based initiatives to improve the life chances of the most vulnerable children and youths.

Innovative Response: Quantum Opportunities Program

Successfully making the transition from childhood to adulthood is hard enough for any teenager. But for a minority youth from a welfare family attending public school in an impoverished neighborhood, the odds against finishing school, avoiding too-early pregnancy, and enrolling in college are crushingly high.

To help such disadvantaged youths rewrite their futures, the nonprofit Opportunities Industrialization Centers of America, Inc. (OIC) in 1989 initiated a year-round education, youth development, community service, and summer jobs program. With \$1.3 million in funding from the Ford Foundation, the Quantum Opportunities Program (QOP) was piloted in five communities: Philadelphia, Saginaw, Oklahoma City, San Antonio, and Milwaukee.

In each community, 25 minority boys and girls from families receiving public assistance were selected randomly by computer and persuaded to participate in QOP from ninth grade through high school graduation. The majority of these teens were 14-year-old African Americans.

Each QOP participant was assigned to a caring, competent adult mentor based at an OIC center in the community. In Philadelphia, which achieved the best results of the five sites, a second coordinator was based part time at the local high school where the QOP participants were enrolled.

In addition to attending high school, QOP participants received computer instruction and extensive tutoring in English, math, social studies, and the sciences. Participants also received counseling and citizenship training and were required to perform community service, such as working with the homeless or visiting senior citizens. As part of the cultural component, students were encouraged to read the *Great Books* series.

Two sites negotiated with the high school to schedule time for activities during the school day; the others operated entirely after school. Over the four years, three-quarters of the QOP participants accrued more than 500 activity hours. For each hour students participated in OIC activities, they earned a small stipend of between \$1 and \$1.33. After completing 100 hours, participants received a \$100 bonus, and an equal amount was invested

for them in an interest-bearing account, to be used for college or training.

QOP's success seems to hinge largely on the talents and tenacity of the staff involved. Mentors were asked to do everything possible to keep students in the program, including tracking their whereabouts and activities, making home visits, worrying about their health and fitness, chaperoning cultural events, and motivating them to excel. While the program employed a no-nonsense approach, QOP participants knew from the start that nothing they could do would get them expelled from the program. Even in the face of pregnancy, delinquency, dropping out, cutting school, or failing in school, mentors encouraged, cajoled, and coaxed participants back on track. QOP co-founder Ben Lattimore says the program works because the mentors treat the teens as if they were their own children. "And," he says, "like a real family, even with mistakes and adversity, your kids remain a part of the family and retain a piece of your heart."

One year after QOP ended, Brandeis University researchers conducted an independent study of the program, comparing participants with 100 randomly selected youths who did not participate in QOP (Milwaukee wasn't included, because of difficulties in program implementation). Compared with students in the control group, teens participating in QOP were:

- ◆ Significantly less likely to become teen parents (24 percent, compared with 38 percent of the control group);
- ◆ More likely to be high school graduates (63 percent, compared with 42 percent of the control group);
- ◆ Less likely to drop out of high school (23 percent, compared with 50 percent of the control group); and

- ◆ More likely to go on to postsecondary schools (42 percent, compared with 16 percent of the control group).

QOP participants also were more likely to be involved in community service, more likely to be hopeful about the future, and more likely to consider their lives a success. In sites where group activities dwindled or services were sporadic, the study found, "even a light touch for several years produces positive impacts above and beyond the outcomes experienced by young people assigned to the control groups."

The evaluation also showed that teens are willing to stick with the program if the adults stick with them. In Philadelphia, for example, 24 of the 25 youths still were actively involved in QOP after four years.

The average four-year cost of the program was \$10,600 for each student—two-thirds the annual cost of Job Corps, a training program that serves mainly high school dropouts, and half the cost of a year of prison. With increased taxes and reduced welfare and crime costs, taxpayers saved \$1.55 for each dollar invested in QOP.

The researchers caution, however, that the study was based on a small number of sites and a small sample of youngsters. Further, performances of the pilot sites were mixed. If the results of the best-performing site—Philadelphia—are removed, the results are much more ordinary.

To investigate further whether QOP can be replicated and expanded successfully in other cities, the U.S. Department of Labor, with the help of the Ford Foundation, in the fall of 1995 began a multi-site demonstration program for 600 youths in seven cities: Cleveland; Ft. Worth; Houston; Memphis; Washington, D.C.; Philadelphia; and Yakima, Washington.

Mr. TOWNS. And thanks again. I am going to have to run.

But thank you very much for your testimony, all of you. I think that we received a lot of information. And I hope that we can use that to come up with a comprehensive approach to being able to deal with the problem.

Thank you, Mr. Chairman. I yield back.

Mr. SHAYS. Thank you, Mr. Towns.

Mrs. Morella.

Mrs. MORELLA. Thank you. Thank you, Mr. Chairman.

I want to thank our panelists. I want to thank the Best Friends. Really, I have noted you. You have been so attentive. You have been so well mannered. And I know you are hungry. And they are ready to go to Planet Hollywood. I wish I could join you, but I have other commitments.

I want to thank the gentlemen who are here. I really appreciated hearing what you had to say. And I agree with Mr. Ballard's testimony where he said that when we look at absent and inattentive fathers as the problem, really they are part of what we hope will be a solution.

And that is what you are driving that, to make them recognize responsibility and manhood. So I applaud you for trying to pull together, and be productive family members.

I want to thank Ms. Bennett for the work that she has done.

What is the date of that graduation again?

Ms. BENNETT. June 7, Friday.

Mrs. MORELLA. June 7, OK. I am hoping that I am going to be able to be there.

Ms. BENNETT. It is 12:30. You are getting a friendship award. So you have to come.

Mrs. MORELLA. I have to be there. It would be a great honor.

I want to point out what Robin said, which was so moving. So I guess communications is a great field for you to be in, quite frankly. But the scholarships. It was in the testimony, but it has not really been mentioned much, except Robin mentioned it.

I think that some of the initial seed money for the scholarships came from Bill Bennett's Book of Virtues, some of the proceeds of that went into it. And it has been proliferating. And I think that it is a great helping hand to people like Robin.

So I just also want you all to know. Ms. Huberman, I appreciate what you said. And I concur with the testimony that you gave and that I did read. I hope that you will all know that we do have so many commitments in Congress.

I have been meeting with constituents in the backroom, and coming back in. And I had a meeting before this. But Members of Congress will see your testimony, because it is all going to be in the record. And we will make sure that they all have an opportunity to see it. So it is permanently a part of the House of Representatives.

And I really have no questions.

Mr. SHAYS. Thank you.

I would point out that we intend to write a report on this hearing. And we also intend to pursue this in a very real way. Although we may be babes in the woods right at the moment, we are going to pursue this.

Is there anyone from Best Friends who would like to make a comment? If you do, you can turn on the mic in front of you. If you would raise your hand. OK. If you want, you can say your name. You do not have it.

A PARTICIPANT. Hi. My name is Erika. I wanted to know from the men who didn't grow up with a father, did you talk to your mothers a lot?

Mr. GASTON. Yes.

Mr. SHAYS. That is a wonderful question.

Mr. GASTON. Yes, I did, but I needed more than my mother. Because it takes more than one person to raise a child. There is an old saying that it takes a village to raise a child, and that is very true.

Mr. TRAVICK. In my case, I asked my mother, but she just didn't have the answers. So that is what made me, you know, go elsewhere.

Mr. SHAYS. Would you identify yourself, sir. I know you were even sworn in. Your name, please.

Mr. EASTER. Raymell Easter. And I would like to say women are blossoms. They make everything beautiful. But it takes a man to build the foundation to hold all of that up. So the two together makes it all perfect. So that is why fathers get together, and Best Friends get together. And organizations like that, women and men, you cannot lose.

Mr. SHAYS. Thank you, sir.

Does anyone else want to ask a question?

[No response.]

Mr. SHAYS. You know what I think we are ready for? You have a theme song. If you all would turn on your mics. You will have a red light. And I do not know how you are going to start. But we are going to just end this here.

I just think that this has been a wonderful hearing. And I would love to end it with a nice theme song.

Ms. BENNETT. Robin will lead it.

Mr. SHAYS. Robin, are you going to lead them?

Ms. BENNETT. She has a wonderful voice.

Mr. SHAYS. When I found out that you were not allowed to sing, sometimes my staff I think controls me. So I am taking tremendous glee in the fact that I am overruling my staff. I feel like I am exerting myself. You are allowed to clap. You are allowed to do whatever you want.

[Pause.]

Ms. WILLIAMS. This is our theme song. If you could all put your hands together like this.

[Group sings.]

[The lyrics follow:]



BEST FRIENDS THEME SONG

As You Walk This Road
 You Will Feel The Load
 Of Responsibility Beyond Your Years
 Keep Your Wits In Tow
 Cause Inside You Know
 What To Do to Keep Your Dreams Alive

Don't Give In To Wisdom From The Crowd
 When They Pull You Down, Just Listen To...

**Best Friends, Best Friends, Best Friends, Best Friends,
 Best Friends, Best Friends, Best Friends**

Don't You Believe That Lie
 Sex Is The Same As Love
 You've Got Your Life To Wait Until The Time Is Right
 Love Starts With Self-Respect
 No One Can Give You That
 Listen To The Voice That Says "Wait Till It's Time..."

Don't Give In To Wisdom From The Crowd
 When They Pull You Down, Just Listen To...

**Best Friends, Best Friends, Best Friends, Best Friends,
 Best Friends, Best Friends, Best Friends**

You're Only A Teen One Time
 Make It A Special Time
 Save Your Growing Up For The Life Ahead Of You
 Reach Out To A Friend
 You Won't Be Alone, And Then
 With Your Friends You'll Walk That Road With Pride

Don't Give In To Wisdom From The Crowd
 When They Pull You Down, Just Listen To...

**Best Friends, Best Friends, Best Friends, Best Friends,
 Best Friends, Best Friends, Best Friends**

—By Richard Lehfeldt

Mr. SHAYS. I would like to thank all of our participants. I would like to thank our guests. I would also like to thank Doris Jacobs of my staff, and Kim Williams of the minority, who were responsible for putting this together.

I also would like to know the transcriber's name.

What is your name, ma'am?

Ms. DELMONTE. Jan DelMonte.

Mr. SHAYS. Jan DelMonte. Thank you very much for your help today.

Yes, sir.

Mr. BALLARD. Yes. I would like to make a recommendation to Congress. I have noticed in the last 30 years that most of the dollars that are provided to provide services to my community go out of the community. In other words, the people who come into work do not live in the community.

So I would like to suggest that a bill on fatherhood, responsible fatherhood, that the workers who work in the program live in the neighborhood. So that the positive role models will stay in the neighborhood, that they live there.

Someone has said that when you rape the community of its fathers, you rape the community of its life and of its future. I think by doing this, by helping men to be responsible, and making sure that the resources that we provide go into that community only. So that every dime that is spent there will be a way of not only helping fathers, but of rejuvenating the community economically speaking.

Thank you.

Mr. SHAYS. Thank you for your comment. We are going to be trying to look at things that will bring communities back together.

But I started to talk earlier about sometimes government policy that has unintended results. We require families to pay 30 percent of income. We encourage people to leave public housing. We used to have fire and policemen. And we used to have families who were there. But when their income was too great, under present policy we force them out.

If we have an 18-year-old child who comes and lives in public housing, if he starts to work, that is counted toward the income of the mother. So she is encouraged to push her child out. Whereas in my suburban community, I see kids living with their family until they are age 30.

So we are going to look at a lot of those kinds of things. But I really thank you for being here. And we just scratched the surface, but what a wonderful hearing. And thank you for making it such a nice hearing.

Mr. BALLARD. Thank you, sir.

Mr. SHAYS. This hearing is adjourned.

[Whereupon, at 1:35 p.m., the subcommittee was adjourned.]

[The prepared statement of Hon. Thomas M. Barrett follows:]

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THOMAS M. BARRETT

5th District, Wisconsin

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STATEMENT OF CONGRESSMAN THOMAS M. BARRETT (WI-05)

Subcommittee on Human Resources and Intergovernmental Relations Hearing on "Preventing Teen Pregnancy: Coordinating Community Efforts"

I appreciate the Subcommittee taking the time to hold a hearing on such an important issue to our society and children. Teen pregnancy is a complex problem made up of many different components. Hearings such as this one allow us to address the problem and look at some of the innovative and excellent solutions that communities are trying. To that end, I would be remiss if I did not take the opportunity to highlight two programs in my district that are helping Milwaukee deal not only with teen pregnancy, but also with some of the underlying reasons the teen pregnancy statistics are as high as they are. Indeed, according to City of Milwaukee Health Department Vital Statistics Division from 1993, in Milwaukee the birth rate among females 15-19 years of age was more than 200 per thousand and African-American teenagers account for almost 70% of those births.

One of the Milwaukee organizations helping with the teen pregnancy problem is Rosalie Manor, whose programs have been very successful in reaching out to adolescents in Milwaukee. In addition to their successful programs to help teen parents they have an innovative program called Families United To Prevent Teen Pregnancy. This program is an abstinence-based primary pregnancy program that helps high-risk teens and preteens ages nine through fifteen and their families. The program has a summer program, a school-year program, parent groups and home visits. The youth in this program learn decision-making, goal-setting, and communication skills. They also learn about values, anatomy and health. Older teenage mentors are a key component of the program and help the younger adolescents stay on track and use the skills they have learned. Out of 360 youth in this program over the last six years only 25 have become pregnant or fathered babies as teens.

Another program having success in Milwaukee is the Teen Pregnancy Service of Milwaukee (TPS). TPS is a nurse-managed program that combines primary and secondary pregnancy prevention with programs making health care accessible to teenagers and their children and to reduce health risks to this population. TPS' New Opportunities Program/Network is a pregnancy prevention program for teens that are at-risk of early pregnancy and their families. TPS has developed a network of agencies and individuals to develop programs of education and training for these adolescents including case management, individual counselling, passage to manhood and womanhood workshops, career exploration, and many more. In a 1994 year-end evaluation it was noted that 96.6% of the program participants did not become pregnant during FY94-95.

When the causes of a problem like teen pregnancy are rooted in so many different aspects of society it is very important to help teenagers avoid falling into many of the traps out there through multi-faceted programs like Rosalie Manor's Families United to Prevent Teen Pregnancy and Teen Pregnancy Services New Opportunities Program/Network. By doing so and by working together with community programs maybe we will be on the way to helping to turn these statistics around.

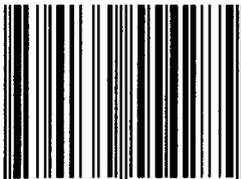
Tom Barrett

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