

DOCUMENT RESUME

ED 456 172

UD 034 272

TITLE Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy.

INSTITUTION National Campaign To Prevent Teen Pregnancy, Washington, DC.

SPONS AGENCY David and Lucile Packard Foundation, Los Altos, CA.; Robert Wood Johnson Foundation, Princeton, NJ.; William and Flora Hewlett Foundation, Palo Alto, CA.; Target Stores/Dayton Hudson Corp.

PUB DATE 2001-04-00

NOTE 42p.; Also supported by the Summit and Turner Foundations.

AVAILABLE FROM National Campaign To Prevent Teen Pregnancy, 1776 Massachusetts Avenue, NW, #200, Washington, DC 20036 (\$5). Tel: 202-478-8500; Fax: 202-478-8588; e-mail: campaign@teenpregnancy.org;. Web site: <http://www.teenpregnancy.org>.

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Adolescents; Community Involvement; Contraception; *Early Parenthood; Parent Influence; Peer Influence; *Pregnancy; Secondary Education; Sex Education; *Sexuality

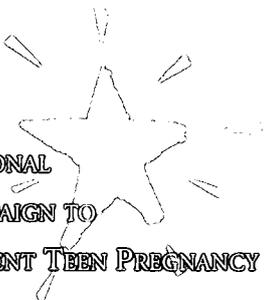
IDENTIFIERS Abstinence; Risk Reduction; *Risk Taking Behavior

ABSTRACT

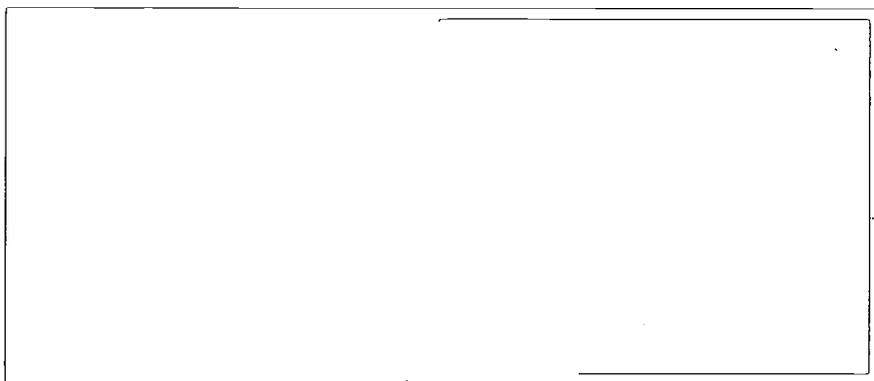
This report offers findings and recommendations by the National Campaign To Prevent Teen Pregnancy. Nearly one million teens become pregnant annually. The teen birth rate increased 24 percent between 1986-91 and has fallen 20 percent since then. Overall, too many parents and adult leaders do not take a strong stand against teen pregnancy. Strident arguments over which strategy is better, sexual abstinence or contraceptive use, have led to a stalemate. Most adults and teens believe that teens should receive a strong message to abstain from sex until they are at least out of high school, though they also believe that sexually active teens should have access to contraception. Parents have an important influence on their teens' sexual decision making. Peer pressure and teens' perceptions of their peers' sexual behaviors also affect teens' behaviors. Community programs and the mass media can help reduce teen pregnancy. Multiple approaches to preventing teen pregnancy are needed to serve this country's diverse populations. Recommendations include increased commitment by policymakers to preventing teen pregnancy, more investment in research and dissemination by public and private funders, more parent engagement with adolescents, more teen involvement, mass media interventions, comprehensive school efforts, and community programs. (Contains 20 figures and 112 references.) (SM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY



HALFWAY THERE:



A Prescription for Continued Progress in Preventing Teen Pregnancy

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

J. Sander

*Nat. Campaign to Prevent
Teen Pregnancy*
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

NATIONAL CAMPAIGN BOARD OF DIRECTORS

Chairman Thomas H. Kean
former Governor of New Jersey and
President, Drew University

President Isabel V. Sawhill
Senior Fellow, The Brookings Institution

Campaign Director
Sarah Brown

Carol Mendez Cassell
Director
Community Coalition Partnership
Programs for the Prevention of Teen
Pregnancy, CDC

Linda Chavez
President
Center for Equal Opportunity

Annette Cumming
Executive Director and Vice President
The Cumming Foundation

William Galston
School of Public Affairs
University of Maryland

David Gergen
Editor-at-Large
U.S. News & World Report

Whoopi Goldberg
actress

Katharine Graham
Chairman of the Executive Committee
The Washington Post Company

David A. Hamburg, M.D.
President Emeritus
Carnegie Corporation of New York

Alexine Clement Jackson
National President
YWCA of the USA

Judith E. Jones
Clinical Professor
Columbia University School
of Public Health

Leslie Kantor
Vice President of Education
Planned Parenthood of NYC, Inc.

Nancy Kassebaum Baker
former U.S. Senator

Douglas Kirby
Senior Research Scientist
ETR Associates

John D. Macomber
Principal
JDM Investment Group

Sister Mary Rose McGeady
President and Chief Executive Officer
Covenant House

Jody Greenstone Miller
Venture Partner
MAVERON, LLC

John E. Pepper
Chairman, Board of Directors
Procter & Gamble Company

Bruce Rosenblum
Executive Vice President, Television
Warner Brothers

Stephen W. Sanger
Chairman and Chief Executive Officer
General Mills, Inc.

Victoria P. Sant
President
The Summit Foundation

Kurt L. Schmoke
former Mayor of Baltimore and
Partner, Wilmer, Cutler and Pickering

Judy Woodruff
Prime Anchor and Senior Correspondent
CNN

Andrew Young
former Ambassador to the U.N. and
Co-Chairman
GoodWorks International

TRUSTEES EMERITI

Charlotte Beers
Chairman
J. Walter Thompson

Irving B. Harris
Chairman
The Harris Foundation

Barbara Huberman
Director of Training
Advocates for Youth

Sheila Johnson
Executive Vice President
of Corporate Affairs
BET, Inc.

C. Everett Koop, M.D.
former U.S. Surgeon General

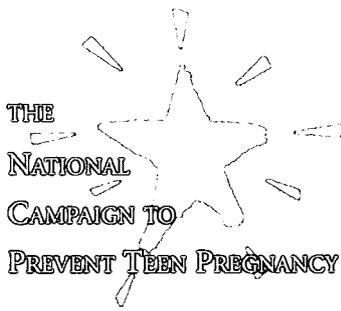
Judy McGrath
President
MTV

Kristin Moore
President
Child Trends, Inc.

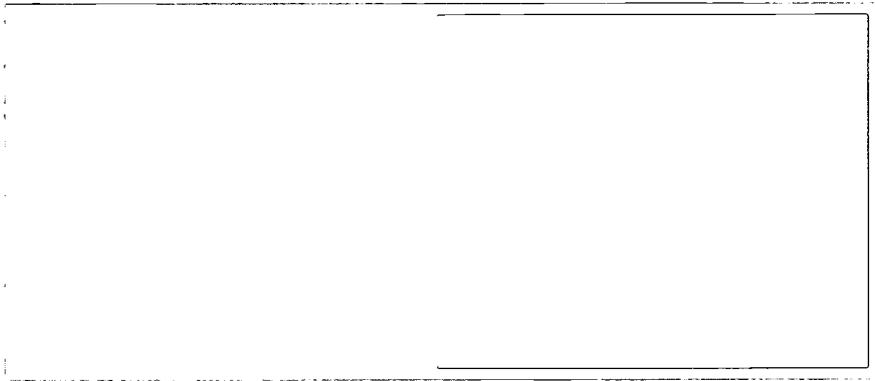
Hugh Price
President
National Urban League, Inc.

Warren B. Rudman
former U.S. Senator and Partner
Paul, Weiss, Rifkind, Wharton & Garrison

Isabel Stewart
National Executive Director
Girls Inc.



HALFWAY THERE:



A Prescription for Continued Progress in Preventing Teen Pregnancy

Acknowledgments

The National Campaign gratefully acknowledges its many funders. Special thanks go to the David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, the Summit Foundation, and the William and Flora Hewlett Foundation for generously supporting all of the Campaign's activities and to the Turner Foundation and the Target Group of Stores for their support of our publications.

Thanks to *Teen People* magazine for a long-standing and productive partnership and for the remarkable insights provided by their network of "trendspotters," which are reflected throughout this publication.

Thanks also to the National Campaign staff for their insights and help in making this project a successful one. In particular, thanks to Sally Sachar, Ellen Fern, Andrea Kane, Marisa Nightingale, Christine Flanigan, Alexandra Gonzalez, and John Hutchins for their patience with this publication and their helpful suggestions. Most of all, the Campaign acknowledges the leadership, good cheer, and common sense of Bill Albert who worked through innumerable drafts of this report, competently assisted all along the way by Ingrid Sanden.

Design: *amp&rsand graphic design, inc.*, 1700 Connecticut Avenue, NW, Suite 401, Washington, DC 20009

©Copyright 2001 by the National Campaign to Prevent Teen Pregnancy. All rights reserved.

Suggested citation: The National Campaign to Prevent Teen Pregnancy. (2001). *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. Washington, DC: Author.

TABLE OF CONTENTS

Summary	1
Introduction	5
How Big Is the Problem?	6
Why Are the Rates of Teen Pregnancy Going Down?	11
Why Should We Be Concerned About Teen Pregnancy?	13
Conclusion	17
Insights About the Problem of Teen Pregnancy	19
Recommendations	31
Endnotes	35

SUMMARY

Despite significant progress during the past decade, the United States still has the highest rates of teen pregnancy and birth among comparable nations. Four out of ten girls become pregnant at least once before age 20 and nearly half a million give birth a year, some 55 teen births each hour. But the good news is that rates of teen pregnancy and birth are now declining, showing that progress on this seemingly intractable social problem is possible.

In an effort to build on recent success, and on the occasion of the National Campaign's fifth anniversary, we offer the following findings and recommendations to policymakers, parents, teens, the media, schools, and others. They are based on sound research, insights from people working on this issue from around the country, extensive conversations with both teens and parents, and respect for the public's common-sense approach to this often-contentious issue.

How Big Is the Problem?

Nearly one million teens become pregnant annually, and the vast majority (78 percent) of these pregnancies are unintended. Nearly eight of ten births to teenage mothers are now out-of-wedlock. While the most recent news on teen pregnancy and birth rates is encouraging, this new trend follows a much longer period during which the rates increased. After rising 23 percent between 1972 and 1990, the teen pregnancy rate for girls aged 15-19 decreased 17 percent between 1990 and 1996. The teen birth rate increased 24 percent between 1986 and 1991. Since then, the rate has fallen 20 percent to 50 births per 1,000 women aged 15-19 in 1999. Research shows that both less sex and more contraceptive use among sexually active teens made important contributions to declining teen pregnancy and birth rates in the 1990s.

Why Should We Care?

Teen pregnancy and childbearing are risky for all of those involved. Compared to women who delay childbearing, teen mothers are less likely to complete high school and more likely to end up on welfare. The children of teen mothers are at significantly increased risk

of low birthweight and prematurity, mental retardation, poverty, growing up without a father, welfare dependency, poor school performance, insufficient health care, inadequate parenting, and abuse and neglect.

What Has the National Campaign Learned?

The National Campaign's intense interactions with teens and parents, researchers, program leaders, policymakers, and the media have given us new — and sometimes surprising — insights about the challenge of preventing teen pregnancy:

1. Too many parents and other adults in positions of leadership are unwilling to take a strong stand against teen pregnancy. This stems from a reluctance to judge the behavior of others, a culture that has become increasingly tolerant of unwed pregnancy and childbearing, and a fear of stigmatizing teen parents or their children. This reluctance, although understandable and often commendable, has impeded progress. But if we can't say clearly and forcefully that teen pregnancy and parenthood are in no one's best interest, how can we be surprised at our high rates?
2. Strident arguments over which strategy is better — sexual abstinence or contraceptive use — are a recipe for stalemate. This ideological struggle is obscuring an important cause of teen pregnancy: many teens are insufficiently motivated to adopt either approach. More of both strategies is needed.
3. Abstinence should be strongly stressed as the best choice for teens because of its effectiveness and its consistency with the beliefs of adults *and* teens. In a nationally-representative survey conducted this year for the National Campaign, large majorities of adults and teens said it was important for teens to be given a strong message from society that they should abstain from sex until they are at least out of high school *and* that those teens who are sexually active should have access to contraception. Few adults or teens saw this as a mixed message.

4. Giving teens access to contraception is *still* important. Many teens are sexually active and better use of contraception is one reason teen pregnancy rates declined in the 1990s. But reliance on this approach *alone* is not sufficient. Very few teens believe that limited access to contraception is a major contributor to teen pregnancy. Despite widespread access to contraception and information about it, almost 80 percent of pregnancies to teens are unintended.
5. Parents can do much more to help. Kids want to hear about sex, love, and relationships from their parents but often do not. In our survey, teens cited parents more than any other source as having the *most* influence over their sexual decision-making. Over two decades of research confirms that — whether they believe it or not — parents are a very important influence on whether their children become pregnant or cause a pregnancy.
6. Peer pressure and teens' *perceptions* of the sexual behavior of others affect their own behavior. What teens *think* their friends are doing (or not doing) has an impact on their behavior. Most of the teens we surveyed *overestimated* their peers' level of sexual activity and *underestimated* the possible consequences of sex.
7. Effective programs to reduce teen pregnancy exist and should be expanded, but it is unrealistic to assume that community programs will solve this problem entirely. The high costs of most programs, combined with the recognition that programs must compete with many other influences, make it clear that programs *alone* cannot make lasting progress in reducing teen pregnancy. Using the media, including popular television programs and magazines, to change broader cultural messages about sex is also needed.
8. Preventing teen pregnancy requires a new commitment to protecting young girls and an increased emphasis on teen pregnancy prevention among boys and men. Teen pregnancy is rarely viewed as a failure to protect the lives and hearts of young women. At the same time, the nearly one million girls who get pregnant each year don't do it alone. Efforts to define manhood in a way that emphasizes teen pregnancy prevention should be applauded and expanded.
9. In a diverse country, it is essential to have multiple

approaches to preventing teen pregnancy. It is unrealistic to think that individuals or groups will always be able to put aside their deeply held beliefs on this issue and agree on one single way to reduce teen pregnancy. Often the best strategy is “unity of goal, but tolerance for a diversity of means.”

10. Preventing teen pregnancy is an effective way to improve overall child and family well-being and, in particular, to reduce child poverty and out-of-wedlock childbearing. Policymakers dedicated to such goals as better schools, a more productive work force, less poverty, and fewer out-of-wedlock births should recognize that reducing adolescent pregnancy and childbearing is a highly leveraged and cost-effective way of achieving these broader social objectives.

What More Should Be Done?

How can we use these insights to drive the rates of teen pregnancy in the United States down further? We offer the following recommendations.

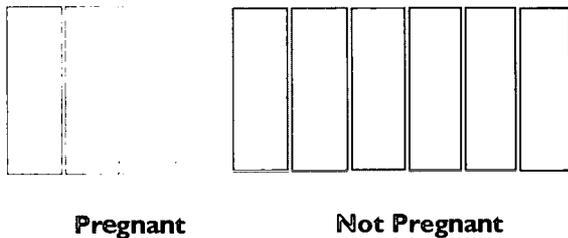
1. Policymakers, increase your commitment to preventing teen pregnancy. Although there are some funding streams already in place, the sums of money are relatively modest compared to the magnitude of the problem, and the purposes for which some of the funds can be spent are often constrained. In particular, Congress should create a new block grant for states and communities with the exclusive purpose being to reduce teen pregnancy. Funds should also support a national media campaign. In addition, preventing teen pregnancy should be a major focus in reauthorizing welfare reform in 2002, if this nation wants to end cycles of poverty and welfare dependence.
2. Public and private funders, invest more in research and dissemination. Funders should also support the translation of research findings into concrete help for states and communities. Finally, public and private funders should stop seeing teen pregnancy as a “single issue” and should, instead, support a wide variety of approaches to solving this problem that is at the root of so many social ills.
3. Parents, be more parental. Parents should engage their children early and often in discussions of sex, love, relationships, and values; set and enforce

- curfews and related limits; discourage romantic relationships with older partners; and pay attention to what their kids are watching, reading, and listening to.
4. Teens, speak out. Since peer influence is so powerful, teens need to encourage one another to think before they act and to avoid risky situations.
 5. Media, tell the truth. The entertainment media can show teens saying “no” to sex or saying “no” even if they’ve said “yes” before. They can show sexually active teens using contraception. They can show good communication between parents and teens and between teens in romantic relationships. And, most important, they can show consequences. Teens tell us that although the media contains a lot about sex, it rarely portrays the real consequences of sex.
 6. Schools, do more than just offer sex or abstinence education. Preventing school dropout and expanding the number of afterschool activities are powerful ways that schools can reduce rates of teen pregnancy.
 7. Community leaders, put in place the best programs, but resist expectations that programs *alone* can solve the problem. Those searching for a programmatic solution to preventing teen pregnancy should pay close attention to the growing body of high-quality research that helps answer the “what works” question. But, since teen pregnancy is partly rooted in popular culture and social values, programs must be supplemented by broader efforts to engage parents, families, faith-based institutions, and the media in particular.

INTRODUCTION

Despite significant progress during the last decade, the United States still has the highest rates of teen pregnancy and birth among comparable nations.¹ Nearly one million teenagers get pregnant annually. Four in ten girls become pregnant at least once before age 20 (Figure 1).² And U.S. taxpayers shoulder at least \$7 billion annually in direct costs and lost tax revenues associated with teen pregnancy and childbearing. At present, 79 percent of births to teen mothers are out-of-wedlock — a dramatically different picture from 30 years ago when the vast majority of births to teen mothers were within marriage. Of course, it is teens themselves and their children who face the most adverse consequences of too-early pregnancy and parenting — poorer health, limited education, and bleak prospects for avoiding poverty.³

Figure 1: Four in ten girls become pregnant at least once before age 20.



It is against this backdrop that the National Campaign to Prevent Teen Pregnancy was founded in 1996. From the beginning, the National Campaign has followed a several-part strategy designed to reach our goal of reducing the teen pregnancy rate by one-third over a ten-year period. Through our contacts with practitioners in all 50 states, we are helping to make their efforts more coordinated and effective. Through our web site, our recruitment of youth leaders, and our extensive partnerships with the magazines teens read and the shows they watch, we are reaching millions of young people themselves. And through our task forces, our board, and our congressional advisers, we are enlisting new and more powerful voices in the effort to prevent too-early pregnancy and childbearing.

Research

Despite recent declines, the United States still has the highest rates of teen pregnancy and birth among comparable nations — four out of ten girls get pregnant at least once by age 20.⁴

This report, *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*, reflects some key lessons that the National Campaign has learned in our five years of intense work on all these fronts. The paper:

- reviews the status of teen pregnancy in the U.S., including recent trends and the magnitude of the current problem,
- offers insights that were not immediately obvious to us when we began, and
- presents recommendations about what we think it will take to reduce teen pregnancy further.

Since its inception, the National Campaign has grounded all of its efforts in sound research and respect for the public's common-sense approach to this issue. The National Campaign has commissioned and conducted research, focus groups, and polling on numerous topics, including a new nationally representative survey of adults and teens, the findings of which are reported throughout this paper (a report of this survey — *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy* — is available from the National Campaign). Also throughout this publication are the voices of teens themselves, some from members of the Campaign's own Youth Leadership Team, some from teen visitors to our website (www.teenpregnancy.org), and others from *Teen People* magazine's "trendspotters," a network of 7,000-plus teens nationwide.

The good news is that rates of teen pregnancy and birth are now coming down. These trends show that progress on this seemingly intractable social problem is possible and that the efforts of the National Campaign and other organizations are paying off. Eight of ten adults (82 percent) and teens (85 percent) we surveyed this year agree that there has been more emphasis on teen pregnancy prevention over the last five years.⁵ But this good news is tempered by the very real possibility that complacency may undermine continued progress. A new group of young people enters adolescence every year, and convincing them that it is in their own self-interest to postpone early pregnancy and child-bearing — and helping them to achieve this goal — is a demanding task requiring continued vigilance. Fortunately, nearly all adults (93 percent) and teens (88 percent) still recognize that teen pregnancy is a serious problem.⁶ It is our hope that this publication will encourage continued commitment to solving this important problem as well as offer a blueprint for all of those working to make adolescence a time for education and growing-up, not pregnancy and parenthood.

SURVEY FINDING

Nearly all adults (93 percent) and teens (88 percent) agree that teen pregnancy is a serious problem.⁷

How Big Is the Problem?

As previously noted, the teen pregnancy numbers are alarming. As a consequence, the teen pregnancy and teen birth rates in the United States are the highest of any industrialized country — nearly twice as great as the next highest rates found in England, Wales, and Canada (Figure 2).⁸

Who Are the Pregnant Teens?

While most pregnant teens are 18 or 19 years old, about 40 percent are 17 or younger.⁹ Just under half of all pregnant teens aged 15-19 are white.¹⁰ A large majority — 79 percent in 1999 — are unmarried (Figure 3).¹¹ Many of the fathers of children born to teen mothers are older; half of those young men who impregnate a minor teen (under 18) are 3 or more years older (Figure 4).¹²

The vast majority (78 percent) of pregnancies among teens are not fully planned or intended.¹³ Rather, they result from teenagers' ambivalence about pregnancy, confusion about preventing it, and often their failure to make any clear commitment to either abstinence or contraception; some also result from contraceptive failure. With so many teen pregnancies unintended, it is not surprising that 30 percent of them end in abortion. Another 14 percent end in miscarriage.¹⁴ Slightly more than half end in birth, and almost all of these young mothers choose to keep their children rather than put them up for adoption (Figure 5).¹⁵

Figure 2: U.S. teen pregnancy and birth rates are very high, compared to other countries.

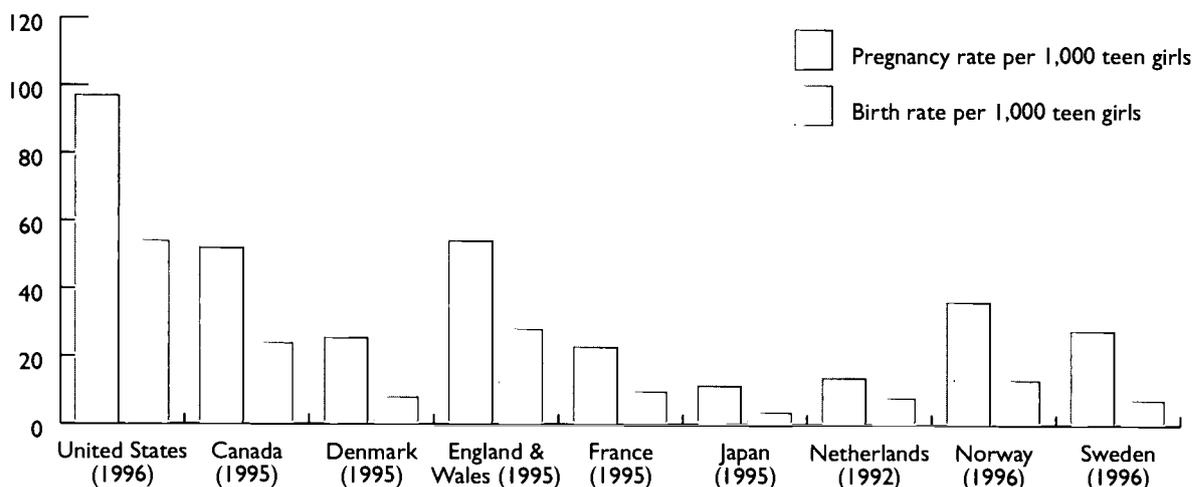


Figure 3: Most teen mothers are unmarried.

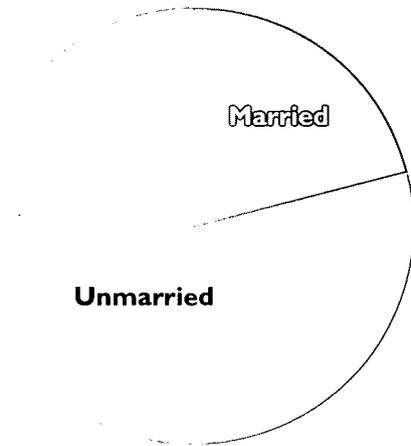


Figure 4: Half of the males impregnating girls under 18 are 3 or more years older.

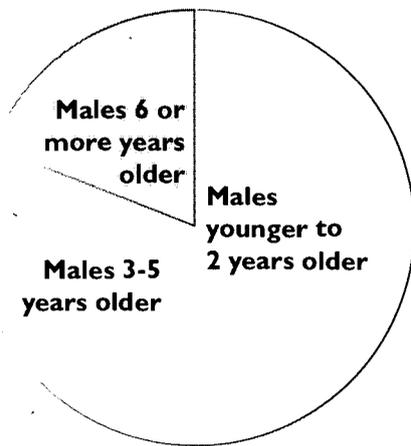


Figure 5: The majority of teenage pregnancies end in births.

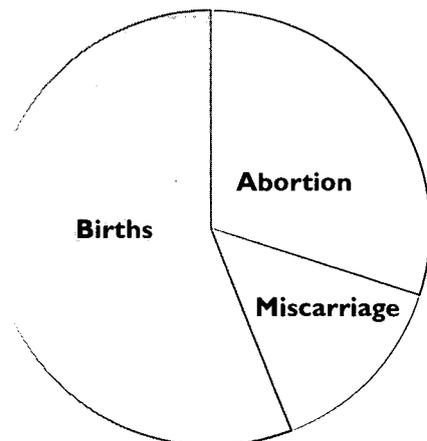
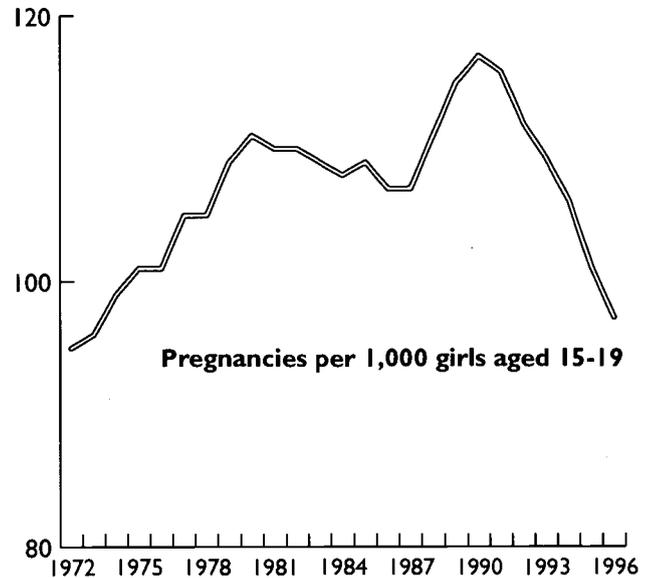


Figure 6: The teen pregnancy rate rose 23 percent between 1972 and 1990, then fell 17 percent by 1996.



While the fact that so few teen pregnancies are intended is indeed troubling, it does suggest that there are real opportunities to help teens prevent pregnancies that they themselves did not plan.

Recent Trends

The most recent news on teen pregnancy and birth rates is encouraging: in the 1990s, both pregnancy and birth rates dropped. However, this very recent development follows a much longer period during which the teen pregnancy problem increased and a growing proportion of teen births occurred outside of marriage.

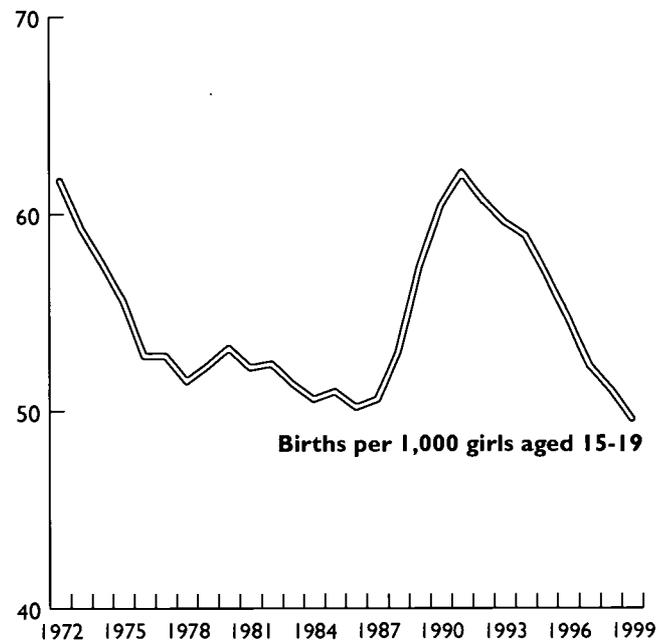
Teen Pregnancy Rate. Reflecting a dramatic rise in the proportion of teenagers who had had sexual intercourse, the pregnancy rate among all girls aged 15-19 increased 23 percent between 1972 and 1990 (from 95 to 117 pregnancies per 1,000 women), and then declined 17 percent to 97 per 1,000 in 1996, the most recent year for which data are available (Figure 6).¹⁶ At the same time, the pregnancy rate among sexually experienced girls *decreased* 25 percent (Figure 7)¹⁷ — largely due to increased use of contraception among this group.

States vary enormously in their levels of teenage pregnancy, from rates as low as 50 per 1,000 in North Dakota to as high as 140 per 1,000 in Nevada (Figure

Out-of-Wedlock Births. The encouraging recent decline in the U.S. teen birth rate is counterbalanced by another disheartening trend: today, nearly four-fifths of teen births are to *unmarried* teens, while as recently as 1960 only 15 percent were (Figure 11).²³ This trend is of particular concern when one considers the hardships faced by single-parent families. It reflects, among other things, a marked decline in marriage after pregnancy is confirmed — so-called “shotgun marriages” — along with greater social acceptance of nonmarital childbearing in general.²⁴ As is true for many social trends, teens mirror the behavior of the adults around them. Adult women are increasingly bearing children out-of-wedlock. In fact, only 29 percent of all out-of-wedlock births in the United States are to teenagers.²⁵ Nonetheless, nearly half (48 percent) of all nonmarital *first births* occur to teens — the largest single group (Figure 12).²⁶ Therefore, the teen years are frequently a time when unmarried families are first formed — a fact that provides a strong rationale for focusing on teens in any broad effort to reduce out-of-wedlock childbearing.

Teen Sexual Activity and Marriage Rates. Although many teens are not sexually active, more teens are having sex today than in previous decades. Between 1970

Figure 9: Teen birth rates are dropping but remain high.



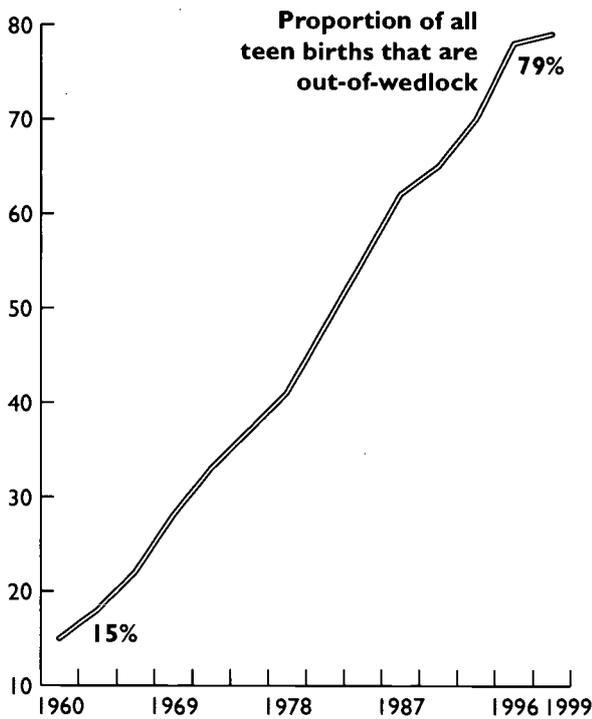
and 1990, the proportion of teen girls aged 15-19 who were sexually experienced increased from 29 to 55 percent.²⁷ Likewise, the proportion of never-married, metropolitan boys aged 17-19 who were sexually expe-

Figure 10: Birth rates for teens vary widely from state to state.

(Births per 1,000 girls aged 15-19, 1998)



Figure 11: Teen out-of-wedlock births have increased sharply.

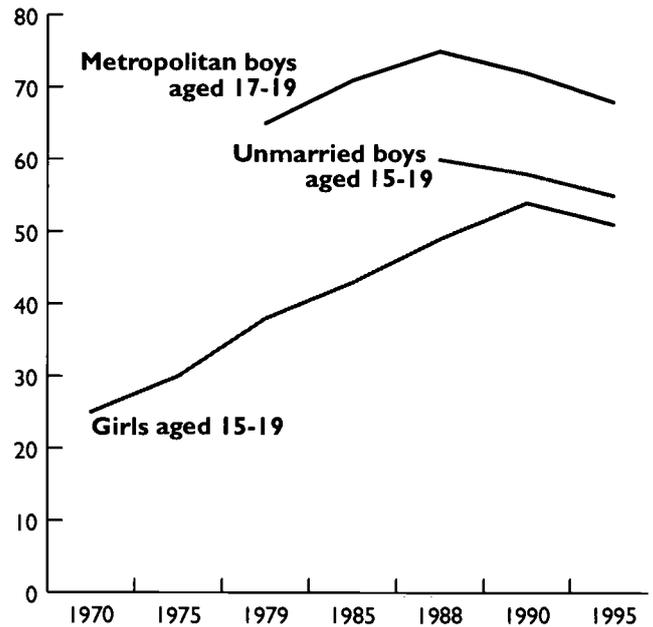


rienced increased from 66 to 76 percent between 1979 and 1988.²⁸ However, sexual activity appears to have decreased in the 1990s. The proportion of teen girls who were sexually experienced decreased to 51 percent by 1995, the proportion of never-married teen males aged 15-19 who were sexually experienced decreased from 60 percent in 1988 to 55 in 1995, and the proportion of sexually experienced, never-married, metropol-

Figure 12: Nearly half of all non-marital first births occur to teens.



Figure 13: Sexual activity among teens increased in the 1970s and 1980s, and then began to decrease.

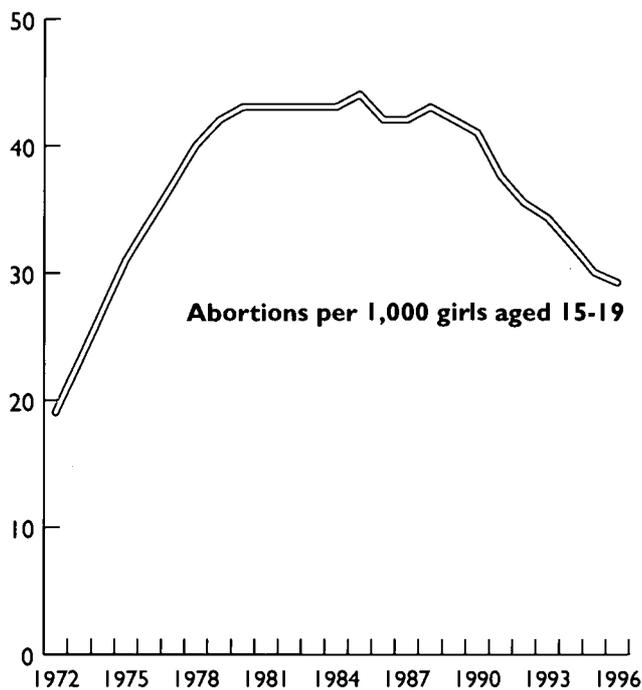


itan boys aged 17-19 decreased from 76 percent in 1988 to 68 percent in 1995 (Figure 13).²⁹

At the same time that teens are more sexually active than in past decades, they are less likely to be married. Men and women today marry, on average, three to four years later than did their counterparts in the 1950s. By 1998, the average age at first marriage was 27 for men and 25 for women.³⁰ As a result of later marriage and earlier sexual activity, teens today begin having sex roughly eight years before marriage — about 10 years for men and seven years for women. The average gap between first intercourse and marriage is especially wide for African-Americans (about 12 years for women and 19 years for men).³¹ Hispanics are the most likely to marry in their teenage years.³²

Teen Abortion Rates. In the years immediately following the national legalization of abortion in 1973, teen abortion rates increased considerably but then remained relatively stable until the late 1980s, despite the fact that a greater proportion of teenage women were becoming sexually active. Since 1990, abortion rates among teens have declined both because fewer teens are becoming pregnant and because fewer pregnant teens have chosen to have an abortion (Figure 14). Today, 30 percent of teenage pregnancies end in abor-

Figure 14: Teenage abortion rates are now falling.



tion, and teens account for 20 percent of all abortions performed annually.³³

Contraceptive Use. Contraceptive use among sexually active teens has increased. In 1995, 71 percent of teen girls used some method of contraception the first time they had sex, up from 48 percent in 1982. Higher rates of contraceptive use have partially offset the potential increase in pregnancy resulting from increased teen sexual activity.³⁴ In fact, if teenagers had not improved their contraceptive practices during the 1970s and 1980s, the teen pregnancy rate would have been over 30 percent higher.³⁵ However, better use of contraceptives couldn't keep pace with the greater tendency of teens to engage in sex, and the result is that the pregnancy rate continued rising instead of falling in the 1970s and 1980s.

Size of the Teenage Population. Although the teen birth rate decreased 20 percent between 1991 and 1999, the number of births to teens only decreased 8 percent in the same time period,³⁶ reflecting an overall increase in the U.S. teen population. Because the number of teens is expected to increase further, so will the number of pregnancies and births unless rates are reduced. Between 1995 and 2010, the number of girls aged 15-19 will increase by 2.2 million.³⁷ If current fertility rates

remain the same, we will see a 26 percent increase in the number of pregnancies and births among teenagers.³⁸

Birth Rates by Race and Ethnicity. Birth rates are higher among Hispanic and African-American teens than among white teens. According to preliminary data for 1999, the birth rate for Hispanic teens was 93 births and for African-American teens was 81 births per 1,000 women aged 15-19. For non-Hispanic whites, the preliminary birth rate for 1999 was 34 births per 1,000 women aged 15-19.³⁹

Why Are the Rates of Teen Pregnancy Going Down?

It is tempting to say that declining rates of teen pregnancy and birth are becoming old news in this country. Both rates have steadily and dramatically declined during the 1990s, as noted in the previous section. But two very important questions remain hotly debated:

- 1) How much of the decline in the pregnancy rate is due to less sex and how much to better contraceptive use?
- 2) Why are teens apparently being more careful about preventing pregnancy, by whatever means?

There are only two possible explanations for the recent declines in teen pregnancy: a smaller proportion of teens were having sex and/or the pregnancy rate among sexually active teens decreased due to better contraceptive use (and also, perhaps, to less sexual activity among those with some sexual experience). Unfortunately, the precise role of each of these factors in the decline is hard to decipher, and different investigators have offered varying opinions about their relative contributions. The National Campaign's own analysis of the declines between 1990 and 1995 (the most recent year for which appropriate data are available) suggests that the probable proportion of the decline attributable to fewer teens having sex ranges from approximately 40 to 60 percent, with the remaining 60 to 40 percent attributable to decreased pregnancy rates for sexually experienced teens.⁴⁰ Whatever the exact proportions — which may never be known precisely based on current data — a reasonable conclusion supported by all recent analyses is that both less sex and more contraception are making important contributions to the decline.

Research

Both less sex and better contraceptive use have contributed to the recent decline in rates of teen pregnancy.⁴¹

In our view, the more important question is: why are teenagers being more careful about preventing pregnancy? Presumably, if we knew what was motivating teens to change their behavior, we could build on that knowledge to sustain and accelerate the declining rates. Several likely explanations for the changes in behavior have been offered by a number of groups, including the National Campaign:

- **Efforts to reduce teen pregnancy and childbearing increased during the 1990s.** For example, the 1996 federal welfare law put a strong emphasis on preventing teen pregnancy, required unmarried teen mothers on welfare to live at home and finish high school, and allocated money for programs that stress abstinence, among other provisions. The number of statewide teen pregnancy prevention coalitions has increased significantly — there are currently 52 (several states have more than one) — and many more coalitions now exist on the county and local levels. In 1990, only 16 states had an official policy requiring or encouraging pregnancy prevention programs in public schools; by 1999, the number had increased to 28.⁴²

Greater focus on the issue in the entertainment media, including more open discussion of abstinence and contraception, has contributed to the growing prominence of the problem of teen pregnancy on the nation's radar screen. For example, over the past six years, *People* magazine has twice featured teen pregnancy as its cover story, while *Teen People* has done numerous thoughtful articles on sex and its consequences. For its part, the National Campaign has worked with 53 media partners since 1997 — including Black Entertainment Television, the WB Network, and *People en Español* — on a variety of ways to get messages about preventing teen pregnancy to approximately 250 million people. The Campaign's outreach to the press has led to numerous articles, editorials, and

opinion pieces, while the Campaign's website now receives close to two million hits each month.

- **Worry over STDs and AIDS has increased.** A recent survey shows that while teens and their parents differ on many issues of concern, fear of AIDS and STDs ranks first on both their lists.⁴³ The National Campaign's own survey done this year shows that adults and teens believe fear of STDs and AIDS is the primary reason why rates of teen pregnancy have declined.⁴⁴ It is also clear that sexuality education is available to more teens now than ever before. For instance, the percentage of 15- to 19-year-old urban males receiving AIDS education increased from 64 percent in 1988 to 96 percent in 1995,⁴⁵ while a Kaiser Family Foundation survey reports that almost all secondary school students now report receiving some information about HIV/AIDS (97 percent) as well as other STDs (93 percent) in their most recent sex education classes.⁴⁶

SURVEY FINDING

Adults and teens cite fear of STDs and AIDS as the primary reason why rates of teen pregnancy have declined.⁴⁷

- **Teens are increasingly taking a more cautious attitude toward casual sex.** The proportion of college freshmen, for example, who agree that "it's all right to have sex if two people have known each other for a short time" declined from 52 percent in 1987 to 40 percent in 1999.⁴⁸ A National Campaign survey conducted in 2000 shows that, of those teens under 18 who have had sex, nearly two-thirds said they wish they had waited longer.⁴⁹ And the percentage of teen boys aged 17-19 who have ever had sex decreased from 76 percent in 1988 to 68 percent in 1995.⁵⁰ Contributing to these changes is a new public emphasis on the importance of teens choosing to be abstinent. Many community- and faith-based groups are giving teens a clear and focused message that being a virgin is not only "cool," but is also the only 100-percent effective means of avoiding pregnancy. Abstinence — rarely touted in popular culture or the press a decade ago — is now a common

theme when the topic is teen pregnancy, STDs, or risk-taking generally. And, according to a recent study by the Kaiser Family Foundation, while sex on TV has increased overall, the only segment of media in which “responsible” messages have increased is teen media.⁵¹

- **Better and more consistent contraceptive use — as well as more effective and “teen-friendly” contraceptives like Depo Provera — have also contributed to the recent decline in the teen pregnancy rate.** In the first half of the 1990s, most of the decline in teen births was driven by a decline in second and subsequent births to teen mothers, most likely caused by the greater use of more effective contraceptive methods.⁵² Contraceptive use at first sex among teen girls has increased. In 1982, less than one-half of girls aged 15-19 used contraception at first sex. By 1995, close to three-quarters of teen girls reported they used some form of contraception at first sex.⁵³
- **Recent economic prosperity and an increased emphasis on work rather than welfare may have also played a role in encouraging teens to delay pregnancy and childbearing.** A decade-long economic expansion has produced record-low unemployment rates. In the early 1990s, many states began changing their welfare systems to encourage work. Other federal and state efforts, including an expanded Earned Income Tax Credit, more child care subsidies, and a higher minimum wage may have helped to send a “work pays” message to teens and provided them with more reasons to delay pregnancy and childbearing.
- **Parents are becoming a more important influence on whether their teenagers become pregnant or cause a pregnancy.** Over two decades of research confirms what common sense and experience suggest, namely that families, and particularly parents, have an important role to play in their children’s sexual decision-making.⁵⁴ There are indications that more parents are getting the message. A recent analysis suggests that improved communication between parents and teens about sex has contributed to declines in the teen birth rate in the 1990s.⁵⁵ The Campaign’s own survey this year indicates that more than one-third (36 percent) of adults say they have become more opposed to teens

having sex; only 4 percent say they have become less opposed. And the largest national study of adolescents ever conducted (over 90,000 students in grades 7 through 12) indicates that positive parent-family relationships — more than any other single factor — help prevent teens from engaging in a wide range of risky behaviors, including early sexual intercourse.⁵⁶

Declining rates of teen pregnancy and birth show that high levels of teen pregnancy are not inevitable. But this success can have a downside if it means that the public and the media begin to believe that the teen pregnancy problem has been solved. Moreover, a closer examination of some trends reveals some troubling sub-themes. For instance, while contraceptive use among teens at *first sex* increased between 1988 and 1995, use at most *recent sex* declined during the same period. And one major data set shows that the only group of teen girls showing an increase in sexual activity is those under age 15.⁵⁷ The hard truth is that yesterday’s good news about declining teen pregnancy rates won’t mean much to the boys and girls who turn 13 next year. For them, we must redouble our efforts to make sure that they benefit from the same successes that their older brothers and sisters have achieved.

Why Should We Be Concerned About Teen Pregnancy?

Teen pregnancy and childbearing are bad news for all of those involved, particularly the teenage mother and her child. Often unprepared for the responsibilities and demands of childbearing, teenage parents face many obstacles that are made more difficult by their lower levels of education and lack of job skills. Moreover, teen mothers are likely to have a second birth relatively soon, which can further impede their ability to finish school or keep a job. The obstacles faced by teen mothers obviously affect their children, who often inherit a legacy of poverty and social disadvantage. In short, teenage childbearing is associated with adverse consequences for teenage mothers and particularly for their children.⁵⁸ This is not to say that all teen parents fare poorly or are inevitably doomed to failure — in fact, many work hard, even heroically, to overcome their disadvantage and do well by their children. But the fact remains that early pregnancy, childbearing, and parenting pose an added burden and often distract teens from focusing on school and work especially.

Teen Mothers and Fathers Suffer

Most of the negative consequences for teen mothers are due to the disadvantaged situations in which many of these girls already live. In other words, it is not as if all teen mothers were doing well *before* giving birth and then sank into poverty only as a result of having a child. Put another way, poverty is a cause as well as a consequence of early childbearing, and some young mothers will fare poorly no matter when their children are born. Researchers are continuing to sort out the extent to which poor outcomes for teen mothers are due to the timing of the birth versus characteristics of the mother that were present even before she became pregnant.⁵⁹ However, most experts agree that, although the disadvantaged backgrounds of most teen mothers account for many of the burdens that these young women shoulder, having a baby during adolescence only makes matters worse.

Thus, when compared to similarly situated women who delay childbearing until age 20 or 21, teen mothers and their children experience a number of adverse social and economic consequences. For instance, early parenting limits a young mother's likelihood of completing the high school and post-secondary education necessary to qualify for a well-paying job. Forty-one percent of teens who begin their families before age 18 ever complete high school. If they delay childbearing until age 20 or 21, the odds of high school graduation

for these similarly-situated young mothers increases to 61 percent (Figure 15).⁶⁰

Teen mothers spend more of their young adult years as single parents than do women who delay childbearing, which means that their children often grow up with only one parent,⁶¹ and children who grow up in single-parent homes are disadvantaged in many ways. For example, when compared with similar children who grow up with two parents, children in one-parent families are twice as likely to drop out of high school, 2.5 times as likely to become teen mothers, 1.4 times as likely to be both out of school and out of work, and five times more likely to be poor.⁶² Even after adjusting for a variety of relevant social and economic differences, children in single-parent homes have lower grade-point averages, lower college aspirations, and poorer school attendance records. As adults, they have higher rates of divorce.⁶³

Adolescent mothers also have more children, on average, than women who delay childbearing, which makes it more difficult for them and their children to escape a life of poverty.⁶⁴ About one-fourth of teenage mothers have a second child within 24 months of the first birth; this percentage is even higher for younger teen mothers than for older ones.⁶⁵

Many young mothers end up on welfare (Figure 16). Data show that almost half of all teenage mothers

Figure 15: Teen mothers are less likely to complete high school.

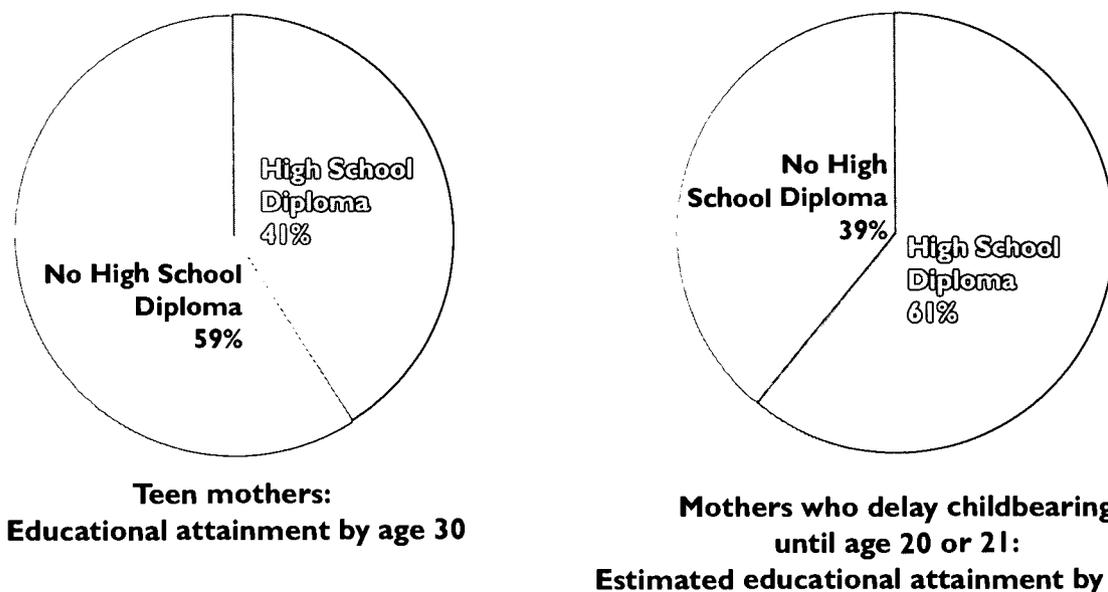


Figure 16: Many teen mothers end up on welfare, especially if they are unmarried.

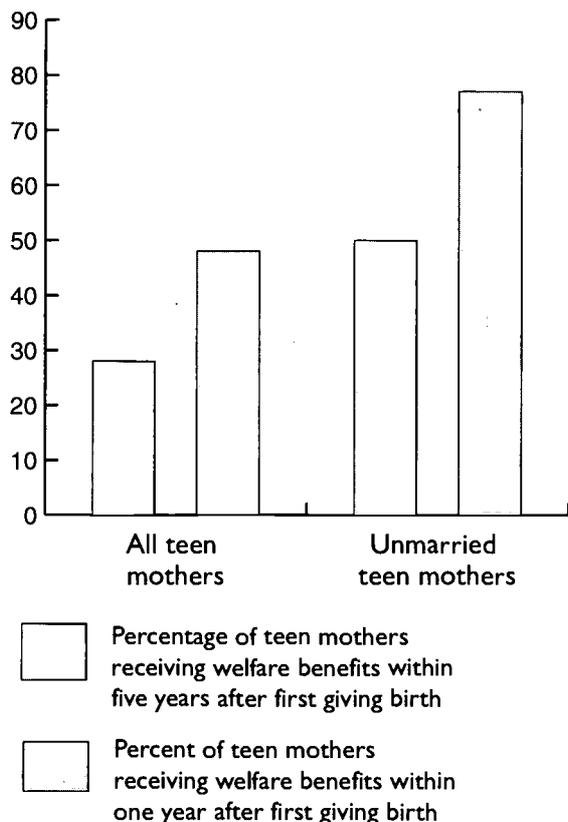
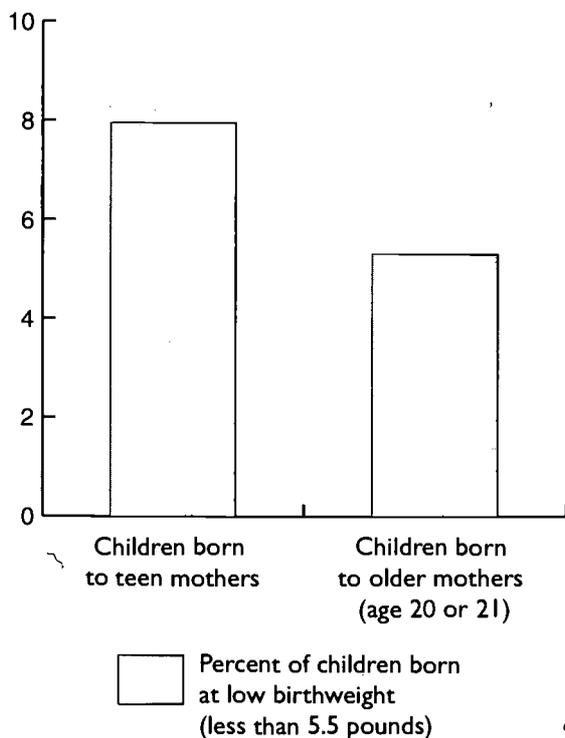


Figure 17: The children of teen mothers have lower birthweights.



and over three-fourths of *unmarried* teen mothers began receiving welfare within five years of the birth of their first child.⁶⁶ In addition, 52 percent of *all* mothers on welfare had their first child as a teenager.⁶⁷

The fathers of children born to teenage mothers may bear some costs of adolescent childbearing, although typically less so than the teen mothers. Nearly 80 percent of these fathers do not marry the young mothers of their first children, and, on average, these absent fathers pay less than \$800 annually for child support, often because they are quite poor themselves. Anecdotal evidence suggests some fathers shoulder emotional or other costs that have not been well-studied. Some studies suggest the fathers obtain somewhat lower education levels, suffer earnings losses on the order of 10 to 15 percent annually, and are more likely to end up in prison.⁶⁸

Children Born to Teen Mothers Suffer

By far, the greatest harm is borne by the *children* of teen mothers. In discussions of child well-being, the link between teen pregnancy and child poverty in particular is often missed. Yet analysis of data from 1970 to 1996 shows that virtually all of the increase in child poverty over that period was related to the growth of single-parent families. In the 1970s, some of this increase was the result of rising divorce rates, but, since the early 1980s, all of the increase has been driven by the increased numbers of never-married mothers. Half of these never-married mothers began their childbearing as teens.⁶⁹

Thus, teen pregnancy goes hand-in-hand with out-of-wedlock childbearing. Indeed, the recent decline in teen pregnancy rates has contributed significantly to a leveling off of the proportion of all children being born outside marriage.

The children of teen mothers are not only at risk of being poor; they are also more likely to be born prematurely and at low birthweight (Figure 17).⁷⁰ Low birthweight (less than five-and-a-half pounds) raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. In addition, low birthweight doubles the chance that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability.⁷¹

Figure 18: The children of teen mothers have poorer school performance.

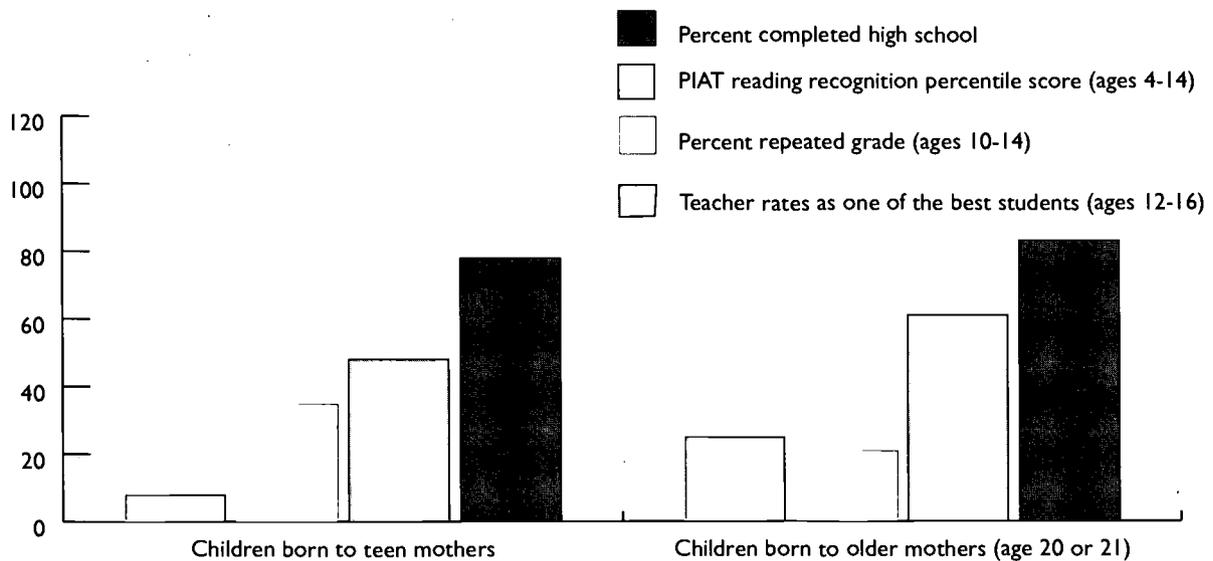
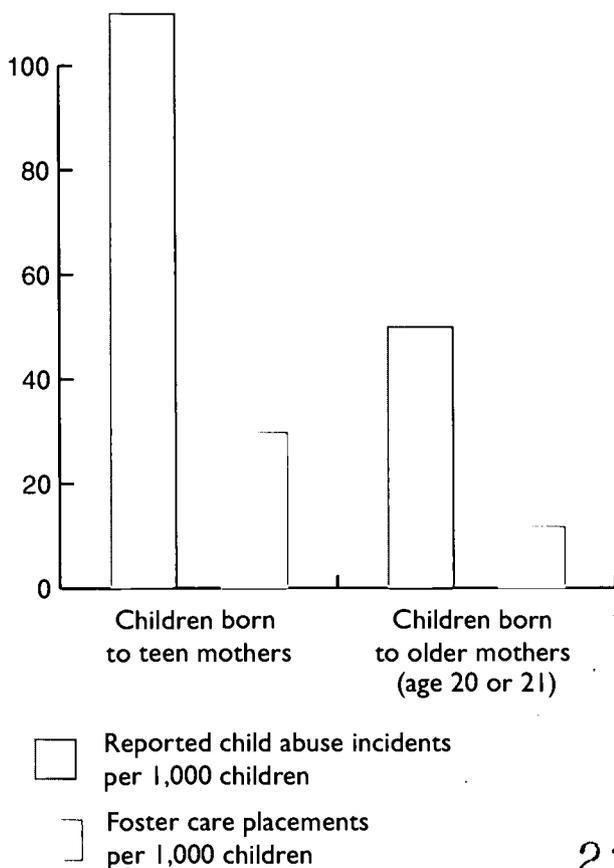


Figure 19: The children of teen mothers are at greater risk of abuse and neglect.



Children of teen mothers also do much worse in school than those born to older parents. They are 50 percent more likely to repeat a grade, they perform much worse on standardized tests of performance, and ultimately they are less likely to complete high school than if their mothers had delayed childbearing (Figure 18).⁷²

The children of teen parents also suffer higher rates of abuse and neglect than would occur if their mothers had delayed childbearing (Figure 19). There are 106 reported incidents of abuse and neglect per 1,000 families headed by a young teen mother. If mothers delay childbearing until their early twenties, the rate drops by nearly half — to 62 incidents per 1,000 families. Similarly, rates of foster care placement are significantly higher for children whose mothers are under 18. In fact, over half of foster care placements of children with young mothers could theoretically be averted simply by delaying their childbearing a few years, thereby saving taxpayers nearly \$1 billion annually in foster care costs alone.⁷³

As noted earlier, taxpayers pay a high price for teen childbearing. A 1997 study found that, after controlling for differences between teen mothers and mothers aged 20 or 21 when they had their first child, teen childbearing costs taxpayers \$6.9 billion each year — \$2,831 a year per teen mother (Figure 20).⁷⁴

Conclusion

A key conclusion that emerges from all these sobering facts is this: preventing teen pregnancy is critical to improving not only the lives of young women and men but also the future prospects of their children. Indeed, one of the surest ways to improve child well-being is to reduce the number of children born to unmarried teen mothers, especially those under 18. The National Campaign's efforts are based on the simple yet powerful idea that if more children in this country were born to parents who were ready and able to care for them, we would see a significant reduction in child poverty, out-of-wedlock childbearing, welfare dependency, and a host of related social problems afflicting children in the United States — from school failure and crime to child abuse and neglect.

If we are to further reduce child poverty, decrease out-of-wedlock childbearing, and break the cycle of welfare dependency, we must do even more to reduce teen pregnancy. Helping young women avoid too-early pregnancy and childbearing — and men avoid premature fatherhood — is easier and much more cost-

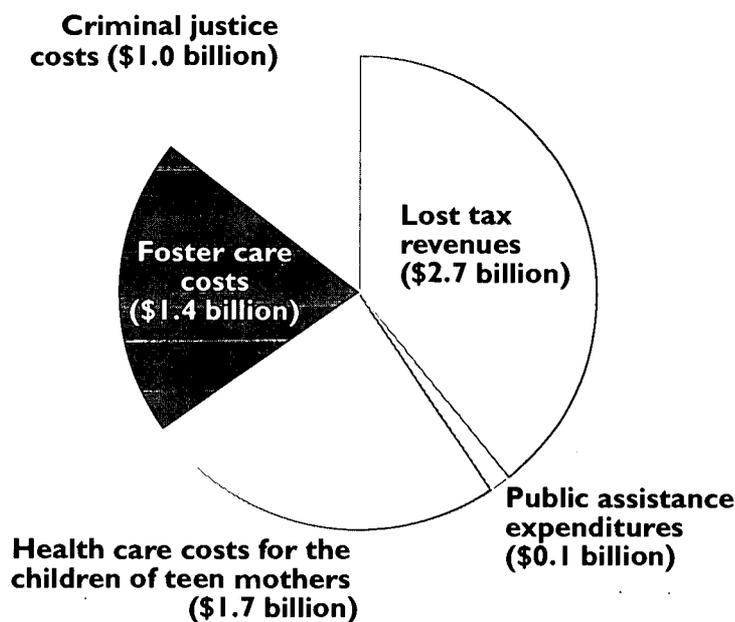
effective than dealing with all of the problems that occur after the babies are born. We need to encourage young women to finish their education, become established in the labor market, and find life partners with whom to raise children before they become parents. Teen pregnancies, half of which lead to teen births, short-circuit this process.

Research

The children of teen mothers are at significantly increased risk of poverty, growing up without a father, welfare dependency, poor school performance, low birthweight and prematurity, mental retardation, insufficient health care, inadequate parenting, and abuse and neglect.⁷⁵

Figure 20: Taxpayers pay a high price for teen childbearing.

(Estimated annual costs to taxpayers of teen childbearing, 1996 dollars)



INSIGHTS ABOUT THE PROBLEM OF TEEN PREGNANCY

The National Campaign's intense interactions with teens and parents, researchers, program leaders, policy-makers, and the media have brought new knowledge and insights about the challenge of preventing teen pregnancy. Ten insights that stand out are summarized here. They are ideas that have crystalized over the last five years — the lifespan of the National Campaign — and they were not all clearly apparent to us at the beginning. Some have surprised us, and all have caused much conversation and debate among colleagues.

I. Too many parents and other adults in positions of leadership are unwilling to take a strong stand against teen pregnancy.

We have noted a distinct unwillingness among adults — and in the culture generally — to take a clear stand on whether teen pregnancy is or is not okay. While nine out of ten adults (93 percent) and teens (88 percent) agree that teen pregnancy is a serious problem, fully one-third of adults (33 percent) do *not* think that the kids in their communities are getting a clear message from the adults in their lives that teen pregnancy is wrong, and fewer than six out of ten teens (57 percent) strongly agree that they are getting a clear message that teen pregnancy is wrong.⁷⁶ This may be due to a queasiness among adults about taking a stand that has a values component — a sense of not wanting to “impose one’s values on another.” It may also reflect a popular culture that has become increasingly tolerant of unwed pregnancy and childbearing. Moreover, many parents and adults readily admit that they avoid talking clearly to young people about sex and values because the topic makes them uncomfortable. And some adults are unwilling to take a strong stand against teen pregnancy and childbearing out of concern that they will offend those teens who are already pregnant or parenting or that they might inadvertently stigmatize the children of teen mothers.

***“Nobody really ever told me
‘don’t have sex!’”***

— teen mother,
web survey response

But if we can’t even say in a simple declarative sentence that teen pregnancy and parenthood is in no one’s best interest — that childbearing is for adults (and most would add, “preferably married ones”) — how can we be surprised at our high rates? Preventing teen pregnancy is, at a fundamental level, a question of values, standards, social norms, and what a given society prescribes as the best pathway from childhood to adult life. It is *not* just about information and education regarding reproduction. This simple observation has led many to conclude that one of the primary challenges we face if we are to make continued and lasting progress in reducing teen pregnancy is to offer more straight talk to young people — and conversations with them — about the critical need to postpone pregnancy and parenthood until adulthood. Leaders, teachers, parents, and adults generally need to get over their discomfort about taking a clear position on this issue and speaking “early and often” to children about their views and expectations.

SURVEY FINDING

One-third of adults do not think that the kids in their communities are getting a clear message from the adults in their lives that teen pregnancy is wrong. Only 57 percent of teens strongly agree that they are getting a clear message that teen pregnancy is wrong.⁷⁷

2. Strident arguments over which strategy is better — sexual abstinence or contraceptive use — are a recipe for stalemate, and they obscure the more critical issue of motivation. Teens will do neither if they are not highly motivated to avoid pregnancy in the first place.

Far too often, conversations about preventing teen pregnancy disintegrate into acrimonious ideological wrangling over “abstinence versus contraception.” In fact, many people working to prevent teen pregnancy at the community level report that this disagreement is one of the most difficult challenges they face in moving ahead. What is striking about this argument, however, is that advocates on both sides of this topic seem to assume that teens are *already* highly motivated to prevent teen pregnancy and that the only issue in play is deciding *the best means to help them do what they already want to do*. Yet too many teens themselves make abundantly clear that avoiding teen pregnancy is often of little concern to them, frequently saying that “it won’t happen to me.”

“The reason why teens get pregnant is because they are too careless. When you are in the heat of the moment, it is hard to think of all the consequences sex holds, but if you are having sex you should be smart enough to remember the consequences. Also, too many teens think they are invincible.”

— teen web survey response

This failure to zero in on motivation flies in the face of both research and common sense. We know that avoiding pregnancy takes will and determination. Remaining abstinent is a tough challenge. Using contraception carefully and consistently is an equally tall order, because most contraceptive methods require both motivation and a constancy of attention and action that are difficult for even married adults to maintain, let alone teenagers. Given this simple reality, research has shown that if a young person is at all ambivalent about the importance of avoiding pregnan-

cy, the risk of actually becoming pregnant is quite high.⁷⁸ Absent strong motivation, the “default” position is too often the riskiest of all — sexual activity with no contraception.

SURVEY FINDING

When asked about the *primary* reason teens get pregnant or get someone pregnant, more teens cited a lack of sufficient motivation to avoid pregnancy than any other reason. Older teens (aged 15-19) were much more likely than younger ones (aged 12-14) to cite a lack of motivation. One-fifth of teens cited the influence of alcohol and drugs, and another fifth cited inattentive parents.⁷⁹

All this suggests that those concerned with preventing teen pregnancy should steer clear of the skirmish that pits abstinence *versus* contraception. Both work and both should be deployed. We must fight a two-front war that encourages more abstinence and better contraceptive use among sexually active youth. But *more* attention also needs to be paid to the first step of all: motivating teens to choose *actively* not to become pregnant or cause a pregnancy. That is the primary order of business. It often seems that the adults are arguing about which road to take on the journey when many of the teens aren’t even in the car.

“As adults, it is our responsibility to inform teens about the consequences of having sex, not just describe the positive aspects of human sexuality...It’s important to be a friend and advocate, but it’s more important to be a parent first — difficult as this might be.”

— Henry Foster, Jr., M.D.

3. Abstinence should be strongly stressed as the best choice for teens because of its effectiveness and its consistency with the beliefs of adults and teens.

The advocacy groups lined up on both sides of this mini-culture war of abstinence versus contraception have taken extreme positions that have obscured the “middle majority.” One side suggests that teen sexual activity is just fine as long as protection is used and some degree of mutual consent is present. Essentially, these advocates argue that as long as young people have the information they need about protection, they should be free to have sex whenever they choose. The other side suggests that all sex outside of marriage is wrong and that talking with young, unmarried people about contraception and related issues sends a “mixed message.” We have learned that many Americans find both positions puzzling. They do not believe it is right or reasonable to espouse an ethic that is value-neutral on whether teens in middle and high school should have sex. They reject the idea that this is really just a question of helping kids “sort through the options,” as some have suggested. But they also reject the idea that preaching abstinence until marriage is sufficient. They recognize that many kids will become sexually active in adolescence despite admonitions to the contrary. They want these teens to learn how to protect themselves and not leave such education to peer groups and the media.

“I do not think that informing someone about birth control or protection is a ‘green light’ to go and have sex.”

—Eva, *Teen People* trendspotter

The clear national consensus — among adults and teens alike — is that middle and high school kids, in particular, should be given a clear message that abstinence from sexual intercourse is the right thing to do because of the numerous important consequences of sexual activity, and because sexual intercourse should be associated with meaning and serious commitment.⁸⁰ As we have heard in many focus groups, the view is not that abstinence should be presented to young people as one of several options, but as the strongly preferred one — or, as one parent said, “abstinence is option 1, 2, and

3.” Fully 95 percent of adults and 93 percent of teens surveyed agreed that it is important for teens to be given a strong message from society that they should abstain from sex until they are at least out of high school.⁸¹ Some go on to urge abstinence until marriage specifically.

“Teens want to know why abstinence is best, not just that it is. We all really want to make the best decisions for ourselves, and if someone wants to help us make that decision, they should talk to us about the dangers of sex and the precautions, as well as emotional issues. Sex is too important for just a couple of casual sentences demanding abstinence. It needs to be discussed openly.”

—Lindsey, *Teen People* trendspotter

SURVEY FINDING

Almost all adults (95 percent) and teens (93 percent) agree that it is important for teens to be given a strong message from society that they should abstain from sex until they are at least out of high school.⁸²

But it is also true that even when given strong advice to remain abstinent, some young people will not do so; for example, about one-half of all high school students have had sexual intercourse at least once, and the figure is 65 percent for high school seniors.⁸³ Some of these young people can perhaps be encouraged to “cease and desist” from intercourse, but experience suggests that many will continue to be sexually active. For these young people, the national consensus is that easily available contraception can reduce the chances of pregnancy and STDs.

National Campaign polling since 1996 has shown consistent majority support for this common-sense position. Seven out of ten adults (73 percent) agree with the view that teens should not be sexually active but that teens who are should have access to contraception. Support for this position has increased 14 percent since the National Campaign first began surveying adults in 1996. Nearly six in ten teens (56 percent) surveyed this year also expressed support for this position.⁸⁴ It bears repeating that there is more than just public opinion at work here — research on this topic clearly shows that rates of teen pregnancy declined during the 1990s because of *both* less sex and more contraception.⁸⁵

SURVEY FINDING

Large majorities of adults (73 percent) and teens (56 percent) believe that teens should not be sexually active but teens who are should have access to contraceptives.⁸⁶

Note that the consensus position is prescriptive; it has a point of view that is amply supported by data. We should all be wary of a value-free “options” message with no clear guidance, or a message that abstinence is the only way and we won’t even discuss how contraception can help teens who are sexually active. It is the job of parents, faith leaders, scientists, educators, and other adults to put sexual information in a context of values and clear guidance for the young people in their lives.

Despite the evidence that this common-sense position is supported by most Americans, there will remain strong differences of opinion on this topic, especially in individual communities. Leaders need to recognize that religious preferences and cultural values, in particular, in this very diverse country virtually guarantee some differences in how communities and families address this issue. We should resist the notion that there is something wrong with individual differences in how these sensitive topics are viewed.

A final note on all this. Critics of this consensus position often suggest that telling teens not to have sex while also providing them with information about contraception is a confusing “mixed message” that provides no real guidance at all. This strikes us as curious. After all, society routinely tells teens not to drink but, if they

do, not to drive. How is that different from telling teens not to have sex but, if they do, to use protection? The National Campaign’s 2001 survey shows that neither adults nor teens harbor confusion about this message. Telling teens not to have sex during their middle and high school years, while also providing contraceptive information and services, is described as a clear and specific message by over 70 percent of adults and teens.⁸⁷

SURVEY FINDING

Suppose a parent or other adults tells a teenager the following: “I feel very strongly that not having sex at all during your middle and high school years is your best option and the right thing to do. I also think it is important for you to receive information about birth control or protection. But again, I think not having sex is your best choice.”

Do you think this is a clear and specific message, or do you think this is a confusing or mixed message?

Clear and specific

Teens = 75 percent Adults = 71 percent⁸⁸

4. Giving teens access to contraception is very important, although experience and teens themselves suggest that limited access to contraception plays only a small role in teen pregnancy.

Contraception is a very important part of reducing teen pregnancy. A sexually active teen who does not use contraception at all has a 90 percent chance of pregnancy within one year.⁸⁹ However, we must be careful to put this remedy into perspective. Teens, like many young adults, have difficulty using consistently the array of contraceptive methods currently available. For example, among young women aged 15-19 relying on oral contraception as their only form of birth control, only about 70 percent took a pill every day during a three-month period.⁹⁰ Similarly, among women relying

upon coitus-dependent methods of contraception (primarily condoms), only 62 percent of 15- to 19-year-olds used a condom during every act of intercourse.⁹¹ Nearly one-third of teen girls were completely unprotected the last time they had sex, and between 30 and 38 percent of teens who use contraception are not consistent users. Among those teens who use contraception sporadically, one-third become pregnant within a year.⁹²

The consequences of less-than-perfect or infrequent contraceptive use are serious. Even among consistent users of effective methods, 12 to 15 percent become pregnant within a year, and this risk accumulates over time. Within five years, roughly half will get pregnant.⁹³

Research

Teaching teens about contraception does not increase the chances that they will have sex, according to the overwhelming majority of research studies.⁹⁴

For all of these reasons, long-acting methods of contraception like Depo Provera may be especially important for teens (except, of course, for their failure to protect against STDs, which is a major limitation). Note that one of the steepest declines in teen pregnancy in the 1990s was among African-American teens, the same young women who appear to have been particularly heavy users of Depo and other longer-acting hormonal methods.⁹⁵ These data support a continued commitment to making the most effective methods available to sexually active teens.

One note of caution: recent history is littered with the false promise of contraceptive deliverance. Many thought the advent of the pill would be the end of teenage and unwanted pregnancy, and each new method that comes on the market is greeted with the hope that at last we have found a technological solution to an age-old problem. Some still believe, for example, that if teens simply get enough information about condoms and if access is easier than it already is, then the problem of adolescent pregnancy will decrease significantly.

Interestingly, however, very few teens believe that limited access to contraception is a major contributor to teen pregnancy. When teens are asked why they do not use contraception, they often say they did not expect or plan to have sex and thus were not prepared. Far less frequently do they say that they can't afford birth control, don't know where to get it, can't get it, or don't know how to use it.⁹⁶ Only eight percent of teens we surveyed said that contraception being too hard to get was the primary reason why teens get pregnant or get someone pregnant.⁹⁷ Despite the availability of the pill for more than three decades, despite the fact that many teens now have access to copious amounts of information about contraception from schools, magazine articles, and websites that offer accurate facts, despite the availability of non-prescription methods in virtually every drugstore, the vast majority (78 percent) of pregnancies among teens are unintended.⁹⁸ Improving the degree of access that teens have to contraception (by, for example, making more family planning services "teen friendly") might improve this statistic, but there is no reason to think that this approach *alone* will be sufficient. Put another way, increasing the access that teens have to contraception is important — and without sustained attention to this priority in past years, teen pregnancy rates might be even higher — but this is still only one of many remedies required.

*"If you're not mature enough to use
contraception when you have sex —
you're not ready to have sex."*

— teen web survey response

5. Parents can do much more to help.

Over two decades of research confirms that — whether they believe it or not — parents are an important influence on whether their children become pregnant or cause a pregnancy.⁹⁹ Our survey confirms this view. Teens cited parents more than any other source as having the *most* influence over their sexual decision-making. For their part, *adults* believe that peers influence teens' sexual decision-making more than parents.¹⁰⁰ Apparently, parents don't realize how influential they are in this area or how many opportunities they have to shape their children's behavior.

Research

Over two decades of research shows that families — and particularly parents — are an important influence on whether their teenagers become pregnant or cause a pregnancy.¹⁰¹

We've learned the following: kids want to hear about sex, love, and relationships from parents but often do not. Parents say they have talked to their kids, but the kids report far fewer of such conversations. Parents often report that they don't know what to say given their own checkered pasts and, at times, their current behavior. Parents report that they are confused and overwhelmed by the complicated information that now surrounds sex, contraception, and HIV and other STDs. Almost nine of ten adults (89 percent) we surveyed said they believe parents should talk to their kids about sex but often don't know what to say, how to say it, or when to start.¹⁰²

Adults need to be clear about their own values and communicate them to young people. Kids and teens need to know more than just the facts of life. They are influenced by what their parents and other close, caring adults believe and say about love, sex, and relationships — as well as by their example. Research confirms that teens who feel connected to their parents are much less likely to engage in any number of risky behaviors, including too-early sex and pregnancy.¹⁰³

“I would be extremely grateful if my parents talked to me about these issues. It shows that they care about the tough decisions that we as teenagers have to make in our lives.”

— Lara, *Teen People* trendspotter

Many parents want schools to do more — perhaps because of their own discomfort about talking with their children about sex, love, and values. A recent Kaiser Family Foundation survey of students and their parents suggests that parents want schools to do even

more than they are already doing in sex education.¹⁰⁴ There is good reason to turn to schools: that's where most teens are, there are sometimes well-trained sex education teachers present, peer education can be part of the teaching, and sex-related topics can be included in broader curricula stressing risk reduction, health promotion, and disease prevention generally. But there is a downside here. No matter how good the sex education that a particular school might offer, it is unrealistic and perhaps even unwise to think that it can all be left up to schools to put the complex issues of love, sex, and relationships in the context that each family prefers. And public schools surely are not the right place to discuss religious teachings about these same issues, even though faith-based values can be a very important part of sexual decision-making.

SURVEY FINDING

Teens cited parents — more than any other source — as having the *most* influence over their sexual decision-making. Adults, on the other hand, said peers influenced teens the most. When asked *where* they learned the most about teen pregnancy, more teens cited teachers and sex educators than parents.¹⁰⁵

So, the fact remains that parents must not avoid the job that parents have always had — to teach their children about the fundamental issues of growth and development and to offer their children concrete guidance about sexual behavior. Research suggests that parents must pay close attention to at least four “stop signs”: (1) stop being uncomfortable talking with your kids about sex, (2) stop thinking (wishing? hoping?) that your kids would rather hear from *anybody* but you about sex, (3) stop believing that if you don't know, for instance, the relative failure rates and side effects of certain contraceptives that you are not qualified to be a “sex educator,” and (4) stop thinking that school courses can handle this entire subject alone. Young people want to hear from their parents and other close adults about more than just body parts; they want to know about the larger context in which these facts exist.

“Parents are the ones we listen to the most. Even if parents don’t think their kids are listening, you’d be amazed at how many really are.”

— National Campaign Youth Leadership Team member

It is also the case that parents may be able to reduce their children’s risk of early pregnancy and parenthood by taking some very simple steps — like setting and enforcing curfews — that are tried and true and have nothing to do with talking about sex. Moreover, research shows clearly that two of the most powerful risk factors for early sex and pregnancy are, not surprisingly, close romantic attachments (“opportunity”) and significant age discrepancies between partners.¹⁰⁶ The take-home message is that parents need to discourage early romantic relationships between teens. We were encouraged recently when, on a nationally televised talk show, a parent bemoaned her 13-year-old daughter’s despondency at breaking up with her boyfriend, and the host responded simply, “what is a 13-year-old girl doing with a boyfriend in the first place?” Similarly, one-on-one dating in the presence of significant age differences — such as a 16-year-old girl and a 21-year-old man — is a high-risk proposition in the best of circumstances. Parents need to steer their young people clear of such situations. It’s their time-tested role and responsibility.

6. Peer pressure and teens’ perceptions of the sexual behavior of others affect their own behavior.

Teens tell us, common sense suggests, and research confirms that peer influence can play an important role in the sexual behavior of teens. Teens need accurate information about what their peers are doing (or not doing) because what they *think* other teens are doing has an impact on their behavior. A teen who believes his or her friends are sexually active is more likely to initiate sex, and is less likely to do so if he or she believe that peers are not sexually active.¹⁰⁷ Peers can also have positive effects on teen behavior. A sexually active girl, for instance, is less likely to become pregnant if her peers are themselves at low risk of teen pregnancy.¹⁰⁸ Conversely, after controlling for socioeconomic status, family characteristics, and popularity, a teen girl in a high-risk peer group is 3.5 times more likely to get

pregnant within 18 months than a teen girl in a low-risk peer group.¹⁰⁹

Research

A teen who believes his or her friends are sexually active is more likely to initiate sex.¹¹⁰

Fully 80 percent of teens we surveyed — both male and female — said they have felt pressure to have sex. Of those, nearly four in ten (36 percent) felt pressure from their friends, while three of ten (28 percent) cited pressure from their partners. Upon closer examination though, *far more* girls than boys cited pressure from their partners (37 percent versus 19 percent) to have sex, while far more boys than girls (45 percent versus 26 percent) said they felt pressure from their friends to have sex.¹¹¹ Young people we surveyed also overwhelmingly (94 percent) believe that *their friends’* decisions about whether or not to have sex are influenced by what other teens think. Of that 94 percent, close to six in ten teens (58 percent) said sexual decision-making was influenced *a lot* by what other teens think.¹¹²

SURVEY FINDINGS

Fully 80 percent of teens said they have felt pressure to have sex. Of those, nearly four in ten (36 percent) felt pressure from their friends. Three of ten (28 percent) cited pressure from their partners. Girls were nearly *twice as likely* as boys to say they felt pressure from their partners to have sex, while far more boys than girls said they felt pressure from their friends.¹¹³

Teens need to understand that not everyone is “doing it” and that many teens who are sexually active wish they had waited longer.¹¹⁴ In fact, about one-third of high school students report that they are currently having sex (that is, have had sex at least once in the past three months), and about one-half report ever having

had sex.¹¹⁵ However, over half of teens we surveyed (55 percent) *overestimated* the percentage of high school students who have had sex. Adults share some of the same misperceptions. A majority (58 percent) overestimated the percentage of high school students who have had sex.¹¹⁶ The bottom line: teens often *overestimate* their peers' level of sexual activity, and adults seem to be just as confused.

"If you're going out with a guy for a long time, your friends are always like, 'so, have you guys done it? when are you guys gonna do it?' Then if you say 'no, I'm not going to rush,' some of them start teasing."

— female focus group participant, 18

7. Effective programs exist and should be expanded, but it is unrealistic to assume that community programs alone will solve this problem.

There are some wonderful community-level and school-based programs that appear to reduce teen pregnancy. Indeed, there is a wide range of programs — from sex and HIV education to programs that encourage young people to participate in community service — that careful research has shown to be effective in delaying the onset of sex, increasing the use of contraception, and decreasing teen pregnancy.¹¹⁷ We have learned more in the past few years about the characteristics of effective programs (see the forthcoming National Campaign publication, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, by Douglas Kirby, Ph.D.). In addition, a recent study suggests that virginity pledges, a component of many abstinence programs, can encourage teens to delay sex in certain circumstances, although such teens may be less likely to use contraceptives once they become sexually active.¹¹⁸ All of this is particularly heartening considering that, until quite recently, precious little was known about what programs might be most effective in preventing teen pregnancy. In the last few years, new research about "what works" has become available, and many communities are putting this knowledge to work on the front-lines.

"I think the main reason why teens get pregnant is because they want to fit in, because 'everyone else is doing it,' or because their partner is pressuring them to do it."

—Rebecca, *Teen People* trendspotter

But it is unfair to place the entire responsibility for solving the teen pregnancy problem on the backs of such programs. Not all teens are enrolled in programs, not all programs are well-run, and even those that ostensibly copy or "replicate" programs found to be effective do not always do as well as the original model. Many community-based programs are small, fragile, and often poorly funded. And even the most effective programs may have only modest success. But there is another reason community programs can't do it single-handedly: teen pregnancy is rooted in broad social phenomena, such as popular culture, the images portrayed in the entertainment media, and the values articulated by parents and other adults. Community programs *alone* cannot counter these very powerful forces.

SURVEY FINDING

More than half of teens (55 percent) overestimated the percentage of high school students who have had sex.¹¹⁹

Yet the nation still seems to think the solution to teen pregnancy will be found in some constellation of local programs. The National Campaign regularly gets telephone calls and e-mails asking "What program or curriculum can I put in place in my community that will really decrease teen pregnancy?" This is, of course, a reasonable question, and the National Campaign has made a number of efforts to respond. In addition to the forthcoming comprehensive research review, *Emerging Answers* (and its widely-distributed 1997 predecessor, *No Easy Answers*), the National Campaign has also developed a three-volume manual for community activists, *Get Organized: A Guide to Preventing Teen Pregnancy*, that addresses the "What to do? and What works?" questions.

SURVEY FINDING

Nearly nine out of ten teens (89 percent) said they had never been enrolled in a teen pregnancy prevention program. Close to seven in ten adults (67 percent) said they were unaware of any organized effort to prevent teen pregnancy in their communities.¹²⁰

But organized programs are expensive. We estimate that reaching every teen who gets pregnant would cost somewhere between \$3.8 and \$21 billion dollars over five years.¹²¹ Partly as a result of these costs, few teens are enrolled in any program at all — nearly nine out of ten teens (89 percent) we surveyed said they had never been enrolled in a teen pregnancy prevention program, and close to seven in ten (67 percent) of adults said they were unaware of any organized effort to prevent teen pregnancy in their communities.¹²² Of course, it is also true that many teens are enrolled in programs that might not have teen pregnancy prevention as their focus yet may be beneficial in delaying sexual initiation and pregnancy — afterschool programs, for instance.

Community programs are especially important for high-risk teens, but they need to be surrounded by *additional* activities best described as highly leveraged efforts to influence teen attitudes and broader cultural messages about sex, love, and relationships. Public and private funders and activists should continue looking for ways to influence such broader social forces as a supplement to their more traditional focus on developing and funding local programs. At the National Campaign, we are doing this by working in partnership with the entertainment media to embed constructive messages and ideas into the television shows, internet sites, and magazines that teens and their parents frequent. A message delivered by a favorite character on a soap opera, for instance, can make a lasting impression on a teen or adult. There are undoubtedly other ways to influence the overall culture that should be developed as well. The simple point is that reducing teen pregnancy will likely require a combination of community programs and

broader efforts to influence social norms, values, and popular culture.

8. Preventing teen pregnancy requires a new commitment to protecting young girls and an increased emphasis on teen pregnancy prevention in the responsible fatherhood movement.

We have noticed an odd phenomenon. Many organized social sectors have spoken out on the problem of teen pregnancy — child advocacy groups, health and medical groups, education associations, governors, state legislators, members of Congress, and many others. Yet organized women's groups have been essentially silent. We say this not so much to challenge women's groups directly but to underscore the fact that the problem of teen pregnancy is rarely viewed as a broad failure to protect the lives and hearts of young girls and women. This despite the fact that much of the research on factors associated with teen pregnancy can be seen as an indictment of our current culture. Think, for example, about the data on partner differences in age (e.g., young teen girls remain "targets of opportunity" to older guys), statistics on the prevalence of unwanted sex among younger female teens, data on the minuscule number of the fathers of babies born to teen mothers who marry the girl or even stick around, evidence that some portion of teen pregnancy is preceded by child and sexual abuse of girls, the higher proportion of girls as compared to boys who report having felt pressure to have sex, and trends toward the earlier sexualization of girls in the advertising and entertainment worlds especially.

This vulnerability is particularly acute for younger girls. Teen girls who have sex at younger ages are more likely to experience non-voluntary or unwanted first sex.¹²³ Also, the younger the teen, the less likely she will be to use contraception.¹²⁴ Even among young girls who describe their first sexual intercourse as voluntary, many also describe it as unwanted. Those girls who have had an unwanted sexual experience are more likely to have numerous sexual partners and suffer greater vulnerability to STDs and early pregnancy.¹²⁵

Research

Teen girls who are much younger than their first sexual partners are less likely to use contraception at first sex, more likely to have more partners, and more likely to experience unwanted first sex.¹²⁶

The hundreds of thousands of teen girls who get pregnant each year obviously don't do it alone. For too long, though, this country has relied on classes, lectures, and pamphlets targeted primarily to girls as a means for reducing teen pregnancy. Happily, those days seem to be drawing to a close as attention is increasingly being paid to the responsibilities of boys and young men and the critical role that fathers play in the lives of their children. Hundreds of programs designed specifically for teen boys have been established across the country. At last count, 40 states had strategies to prevent unwanted or too-early fatherhood.¹²⁷ Almost all are working with young men to define manhood in a way that elevates responsible behavior and values fatherhood. One teen plainly told us, "Having sex doesn't make you a man; waiting until you are ready and responsible does."

From our point of view, this growing emphasis on primary prevention for boys and men — encouraging them not to cause unintended pregnancies in the first place — is a welcome trend. We encourage all of those working with teen boys, and those working to make sure children have committed and responsible fathers, to focus on the importance of delaying fatherhood and avoiding teen pregnancy. They can also help fathers to encourage their *own* sons and daughters to avoid teen pregnancy. For their part, boys and young men seem to be stepping up to the plate. According to a survey of teens in school, the percentage of high school boys who had ever had sex declined steadily from 61 percent in 1990 to 52 percent in 1999.¹²⁸

"It's pressure from guys. That's why the majority of my friends started having sex."

— girl, 17,
teen web survey response

9. In a diverse country, it is essential to have multiple approaches to preventing teen pregnancy.

We have come to understand that agreement on the best overall strategy to prevent teen pregnancy is not absolutely necessary — only that concerned citizens and leaders take serious, committed action to help teens use their adolescence for education and growing-up, not pregnancy and parenthood. Nonetheless, we frequently meet leaders at the state and local levels who believe that, if they just fight long and hard enough, their neighborhood, county, or state will be able to devise an integrated "plan" to prevent teen pregnancy. We have noted this honorable drive among countless state coalitions and local task forces to get it all figured out, all parts working together harmoniously, and all disagreements resolved. Of course, when collaboration is possible it can be a useful thing to do, and there are several state-level coalitions with comprehensive plans that are strong and productive.

But, in truth, we find this devotion to coordinated plans a somewhat quixotic approach. Given the extraordinary and growing diversity of this country, how could the individuals in one community, much less an entire state, always agree on a single set of activities to pursue? Is it realistic to think that deep differences can be eliminated, or that single, integrated plans can accommodate all the cultural and religious groups in this country? Rather, we offer a different platform: unity of goal, diversity of means. That is, we "agree to agree" on the goal of reducing teen pregnancy, but, where necessary, we "agree to disagree" about exactly how we will get there.

This platform reflects the country's consensus that pregnancy and parenting are not for the very young, but it also recognizes that citizens of goodwill have sincere differences about how to achieve this goal. We may make more progress if we urge each concerned group to "tend to its own garden" and spend less energy trying to convince others that *their* efforts and views are misguided. Some may pursue the remedies of sex education and access to family planning, some may address parent-child communication, some may choose to deliver a strong message of abstinence, some may develop religiously-based interventions that stress a particular faith doctrine, and some may emphasize youth development interventions — volunteer service

0132

programs, for instance — that may never even mention sex or pregnancy but that nonetheless offer real promise for reducing the likelihood of early sex and pregnancy. In reality, this less tidy approach may mean that communities present a messy portfolio of uncoordinated activities, some of which may even seem at odds with each other. In our view, that's okay, especially if the alternative is doing nothing much at all.

10. Preventing teen pregnancy is an effective way to improve overall child and family well-being and, in particular, to reduce child poverty and out-of-wedlock childbearing.

As documented at the outset of this paper, reducing teen pregnancy can arguably be seen as the single, most highly-leveraged way available to diminish the crushing burden of child poverty and also to decrease out-of-wedlock births. As such, reducing adolescent pregnancy is a means to an end — an end with broad social and economic benefits. Nonetheless, the National Campaign has learned over the last five years that this way of seeing teen pregnancy is frequently not well understood. Generally, teen pregnancy prevention is seen as a subset of the larger culture wars over sex in America, and, when viewed that way, preventing teen pregnancy remains stuck right in the middle of all the sensitivities and arguments that sex seems to engender in this country. We believe this is too narrow a view, that it represents an opportunity missed.

The increased commitment to preventing teen pregnancy prevention in the past few years has made a real difference; in particular, increased federal attention to this problem has brought new energy to the topic. Even so, policymakers, in particular, often have not seen

how preventing teen pregnancy connects to other issues as clearly as we would wish. For example, those deeply committed to reducing out-of-wedlock childbearing often focus primarily on adult women, whose behavior is much more difficult to influence and for whom there is much less consensus about the appropriate role of government. This seems short-sighted when half of all first out-of-wedlock births are to teen mothers, a group for whom we have growing evidence that we can make a difference and about whom there is far more public agreement.

A more inclusive framework that sees teen pregnancy prevention as a means to a broader end — improved child and family well-being — can make friends of people and sectors who have traditionally steered clear of this issue when it is defined in narrow terms. For example, business leaders may be uncomfortable with reproductive health, but they can appreciate how teen pregnancy affects their bottom line; faith leaders who prefer not to address sexuality directly from the pulpit can nonetheless reduce teen pregnancy through their dedication to supporting and strengthening families and communities; and public and private funders, who tend to shy away from addressing “single issues” (which is how some characterize teen pregnancy), can come to see that preventing teen pregnancy is an effective way to meet their larger goals of social justice and community well-being. Perhaps most important, by framing teen pregnancy prevention more broadly, we can make it a major priority of policymakers dedicated to such goals as education reform, work force development, welfare reform, and social improvement generally — all of which can be materially advanced by reducing adolescent pregnancy and childbearing.

RECOMMENDATIONS

How can we use these insights we've gained to build on the progress this country has made to date and drive the rates of teen pregnancy down further? The National Campaign has a goal of reducing the teen pregnancy rate by one-third between 1996 and 2005. In an effort to meet this important goal — and improve the life prospects of this generation and the next — we offer the following specific recommendations for seven sectors of American life.

I. Policymakers — Increase your commitment to preventing teen pregnancy.

- A. Given the importance of the teen pregnancy problem in the United States, the federal government should provide a major infusion of new funds for prevention efforts. Although there are some funding streams already in place, the sums of money are relatively modest compared to the magnitude of the problem, and the purposes for which some of the funds can be spent are often constrained.

We have two recommendations:

First, we call on Congress to create a new block grant for states and communities with the exclusive purpose being to reduce teen pregnancy. Recognizing the great diversity of opinion about how best to prevent teen pregnancy, this block grant should give maximum flexibility to states and communities regarding how to use these funds, though, as noted below, there should be a parallel effort to make more information about “what works” available to practitioners. These funds could be used for a wide variety of activities, such as after-school programs, public education initiatives, clinical services, abstinence and sex education, and parent education and support. The federal government should avoid rigidly specifying exactly what types of activities should or should not be supported by the new block grant.

Second, given that the teen pregnancy problem is firmly rooted in popular culture and broad social norms and values, we recommend that major new federal funding be provided for a national media campaign that communicates a variety of preven-

tion messages to teens and adults, both through the entertainment media as well as through the more traditional route of public service announcements. Media campaigns can reach millions of Americans with great power and, in concert with good local programs and other remedies, can make a major contribution to reducing this problem. This media effort should include resources to assist states in developing and operating their own state-level media campaigns, whether funded by the block grant recommended above or by other sources.

We note here that the National Campaign is currently surveying all 50 states to learn in depth what they are doing to reduce teen pregnancy. When this survey is completed, we expect to be able to offer additional recommendations about how to support states and communities more effectively through a new block grant, and to do so in a way that honors local choice and diversity.

- B. Preventing teen pregnancy should become a major focus in reauthorizing welfare reform and specifically the Temporary Assistance for Needy Families (TANF) program. In addition, federal, state, and local policymakers and administrators should place more emphasis on preventing teen pregnancy and too-early childbearing in their on-going implementation of welfare reform. Prevention activities are clearly allowable and expected within the framework of the 1996 federal welfare reform law. Indeed, the law requires each state to establish a goal for reducing teen pregnancy and to articulate a plan for achieving this goal. While a number of states have taken action to reduce teen pregnancy under TANF, there is more that should be done. For example, Congress could reward states that make the most progress in reducing teen pregnancy (as it now does for reducing out-of-wedlock childbearing). In order to enhance accountability and visibility, we also recommend monitoring and highlighting state progress against their teen pregnancy prevention goals.

Within the next six months, the Campaign will publish a “white paper” that presents more detailed options and strategies that could be addressed in

the reauthorization of welfare reform to strengthen the focus on reducing teen pregnancy.

2. Public and private funders — Invest more in research and dissemination.

- A. Congress, the Administration, and private foundations should invest additional funds in evaluating strategies for preventing teen pregnancy. While we know more than we did even five years ago about effective approaches, there are still many important unanswered questions. The dedicated federal funding now supporting a rigorous evaluation of so-called “abstinence-only” programs is an important contribution; similar federal resources are needed to evaluate other approaches as well. Private funds can extend and enhance the federal commitment to increased research.
- B. We also recommend that both public and private funders expand efforts to translate research findings into concrete ideas that practitioners at the state and local level can use. Funding for hands-on assistance in applying new research to local situations needs to be available to states and communities in a variety of forms as well.
- C. Given the diversity of approaches to sex education (abstinence-only, abstinence-plus, comprehensive sex education, and the many approaches that fall betwixt and between these categories) and the range of funding sources for each, we need a clearer picture of how much money is supporting these various approaches and from what sources it comes. We call for a study of the monies now financing various types of sex education; this study should assess federal, state, local, and private funding sources, both those dedicated to specific types of sex education as well as those monies that are embedded in more general funding streams. Given the relevance of this study for the reauthorization of welfare reform (which includes major funding for one particular type of sex education), the project should proceed quickly. Either public or private funders could finance the called-for study, or perhaps the two sectors could collaborate.
- D. And, finally, we recommend that both public and private funders support a wide variety of approaches to preventing teen pregnancy as part and parcel of their laudable commitments to, for example,

reducing poverty, strengthening the workforce, and improving overall family and child well-being. Teen pregnancy prevention is not a “single-issue cause” but is best seen as a means to attaining larger social and economic goals. As such, it should be one of the strategies supported to reach these broader ends.

3. Parents — Be more parental.

- A. If you or another responsible adult is not with your teenagers in non-school hours (which is common given the number of two-parent working families and single-headed households), take advantage of afterschool programs/sports programs/part-time work opportunities and other activities that constructively engage teens.
- B. Engage your children early and often in discussions of sex, love, relationships, and values, and be specific about your own views and values.
- C. Discourage early, steady dating, and beware of the toxic combination of older guys with younger girls and older girls with younger guys. The single biggest factor in whether teens engage in intercourse is whether they are in a romantic relationship.¹²⁹ Protect your girls not only from the inappropriate attentions of boys and men, but also from being “sexualized” too early in life.
- D. Pay attention to what your kids are watching, reading, and listening to, and use this information to talk with them openly about your views about popular culture and messages in the media.
- E. Behave honorably in your own adult relationships, especially your sexual relationships. Children and teenagers observe what you do very carefully — actions speak louder than words.
- F. Say early and often that getting pregnant — or getting someone pregnant — and having a baby in the teen years is not in anybody’s best interest and explain why you think so. Express clearly your views about abstinence as well as contraception.
- G. Pay close attention to the composition of your child’s immediate circle of friends. By promoting particular friendships, parents can do much to enlist the positive power that peers can have. Focus more on your children’s constructive friends.

Positive peer groups can help teens avoid problems by surrounding them with good role models and standards.

- H. And, finally, remember that a close, loving relationship between parents and children can be the best protection of all. As many teens have told us, “pay attention to us before we get in trouble.”

4. **Teens — Speak out.**

- A. Teens who are abstinent should speak about their choice, to the extent they feel comfortable, so that their peers will not so often overestimate the level of sexual activity around them. Teens who are careful users of contraception should speak out also so that the use of contraception is not so mysterious or surrounded by so much misinformation. And while both groups should make clear that these are the only two ways to avoid pregnancy, they should also stress that only abstinence completely eliminates the risk of pregnancy.
- B. Remember the power of peer influence. Small changes can lead to big effects. For example, if each teen influences only two other teens each month, then in less than two years it would be possible to reach the entire teen population with new messages about appropriate behavior.
- C. You can say “no” even if you’ve said “yes” before. It’s your choice every single time. Teens should also speak to one another about the role that drugs and alcohol play in making bad decisions about sex.
- D. Teen girls need to tell each other that sex doesn’t guarantee a loving relationship and that most boys and young men abandon teen mothers. Put another way, sex won’t make him yours and a baby won’t make him stay.
- E. Teen boys need to tell each other that having sex is no way to prove manhood. Being a father too soon leads to major financial burdens, legal risks, a lifetime of personal complexities, and, often, disappointment. Being responsible means not getting someone pregnant in the first place.
- F. Teen parents need to speak to their peers about the difficulties that early pregnancy and parenthood have posed for them.

5. **Media — Tell the truth.**

- A. The entertainment media’s contribution to the teen pregnancy problem is unclear. What is clear, though, is that we cannot solve the problem without the help of the media. By reaching millions every minute and shaping popular culture, the media must be — and often is — a force for good.
- B. Show teens doing the right thing — saying “no” to sex or saying “no” even if they’ve said “yes” before. Show teens making the case to each other that postponing sexual involvement is their best choice for many reasons, including emotional ones.
- C. Show sexually active teens doing the right thing — using contraception and dealing directly with fears and myths surrounding it and with the mechanics of how to obtain contraception.
- D. Show parents being parental, not passive — talking with their kids about sex, love, and values from an early age; setting limits on early dating and on the toxic older man/younger women combination; setting curfews and other reasonable limits; and addressing the power of peer influence.
- E. Show consequences. Many teens say that although the media shows them a lot about sex, it rarely portrays real consequences.
- F. Show adults setting honorable examples in their own sexual behavior precisely because it affects the behavior of their children and teenagers. Show them paying close attention to their children’s schooling and valuing education highly.

6. **Schools — Do more than just offer sex or abstinence education.**

- A. We join in the call for stronger schools in the U.S. that do a better job of truly engaging all children and teens. Research shows that doing poorly in school increases the risk of engaging in risky behavior — including early sex and pregnancy.¹³⁰ Fully half of teen mothers dropped out of school *before* becoming pregnant. Therefore, keeping young people in school is likely to help reduce rates of adolescent pregnancy.¹³¹
- B. Expand the number of activities offered at schools, including in the afterschool hours. Many initiatives,

such as community service activities, mentoring, and tutoring, have shown great promise in lowering rates of early pregnancy.¹³² These sorts of efforts are also ones that more adults find non-controversial, thus providing opportunities for common ground.

7. Program leaders in communities — Put in place the best programs, but resist expectations that programs *alone* can solve the problem.

A. Those searching for a programmatic answer to the question “what works to prevent teen pregnancy?” should pay close attention to the guidance provided by the growing body of high-quality research. It

is increasingly clear that a broad array of programs can be effective in delaying sex, improving contraceptive use, and preventing pregnancy among teens. Community-level interventions need not start their efforts from scratch.

B. Since teen pregnancy is rooted partly in popular culture and social values, it is also unreasonable to expect that programs *alone* can change such large forces. Program leaders must constantly educate their funders, advocates, and other colleagues that they cannot do it on their own and that they must be supported by other broad efforts that affect social standards and popular culture — by parents, families, faith communities, and the media in particular.

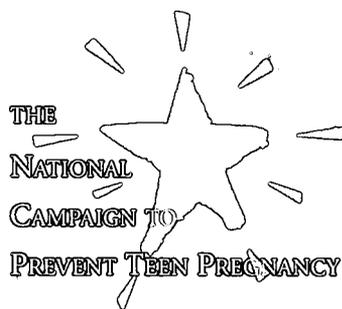
ENDNOTES

1. Flanigan, C. (2001). *What's behind the good news: The decline in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
2. National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K. (1999). *Special report: U.S. teenage pregnancy statistics with comparative statistics for women aged 20-24*. [Online]. Available: www.agi-usa.org/pubs/teen_preg_sr_0699.html; Ventura, S.J., Martin, J.A., Curtin, S.C., & Mathews, T.J. (1998). Report of final natality statistics, 1996. *Monthly Vital Statistics Report*, 46(11s). Note: This is an estimate based in part on assumptions about the number of repeat pregnancies among teens that can occur either because of multiple abortions (including miscarriages) or because of multiple births, or because of some combination of the two.
3. The National Campaign to Prevent Teen Pregnancy. (1997). *Whatever happened to childhood? The problem of teen pregnancy in the United States*. Washington, DC: Author.
4. Flanigan, C. (2001). *What's behind the good news: The decline in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
5. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
6. Ibid.
7. Ibid.
8. National Campaign to Prevent Teen Pregnancy analysis of Singh, S., & Darroch, J.E. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives*, 32(1), 14-23. Pregnancy rates are calculated as the sum of birth, abortion, and estimated miscarriage rates (20 percent of births plus 10 percent of abortions).
9. Henshaw, S.K. (1999). *Special report: U.S. teenage pregnancy statistics with comparative statistics for women aged 20-24*. [Online]. Available: www.agi-usa.org/pubs/teen_preg_sr_0699.html.
10. Ventura, S.J., Mosher, W.D., Curtin, S.C., Abma, J.C., & Henshaw, S. (2000). Trends in pregnancies and pregnancy rates by outcome: Estimates for the United States, 1976-96. *Vital and Health Statistics*, 21(56).
11. Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports*, 48(14).
12. Darroch, J.E., Landry, D.J., & Oslak, S. (1999). Age differences between sexual partners in the United States. *Family Planning Perspectives*, 31(4), 160-167.
13. Henshaw, S.K. (1998). Unintended pregnancy in the United States. *Family Planning Perspectives*, 30(1), 24-29,46.
14. Henshaw, S.K. (1999). *Special report: U.S. teenage pregnancy statistics with comparative statistics for women aged 20-24*. [Online]. Available: www.agi-usa.org/pubs/teen_preg_sr_0699.html.
15. In 1988, only one percent of babies born to never-married African-American women and three percent of babies born to never-married white women were placed for adoption. Bachrach, C.A., Stolley, K.S., & London, K.A. (1992). Relinquishment of premarital births: Evidence from national survey data. *Family Planning Perspectives*, 24, 27-32, 48.
16. The 1990 rate was the highest level in nearly 20 years. Henshaw, S.K. (1999). *Special report: U.S. teenage pregnancy statistics with comparative statistics for women aged 20-24*. [Online]. Available: www.agi-usa.org/pubs/teen_preg_sr_0699.html.
17. The 1996 pregnancy rate among sexually experienced women aged 15-19 was 190 per 1,000. The Alan Guttmacher Institute. (1994). *Sex and America's teenagers*. New York: Author; Darroch, J.E., & Singh, S. (1999). Why is teenage pregnancy declining? The roles of abstinence, sexual activity and contraceptive use. *Occasional Report 1*; The Alan Guttmacher Institute. (1999). *Teenage pregnancy: Overall trends and state-by-state information*. New York: Author.
18. Henshaw, S.K., & Feivelson, D.J. (2000). Teenage abortion and pregnancy statistics by state, 1996. *Family Planning Perspectives*, 32(6), 272-80.
19. From 90.5 births per 1,000 women aged 15-19 in 1955 to 50.2 in 1986. Ventura, S.J., Mathews, T.J., & Curtin, S.C. (1998). Declines in teenage birth rates, 1991-97: National and state patterns. *National Vital Statistics Reports*, 47(12); Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports*, 48(14).
20. Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports*, 48(14).
21. Flanigan, C. (2001). *What's behind the good news: The declines in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
22. Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., & Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports*, 48(3).
23. Ventura, S.J., & Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports*, 48(16).
24. Bachu, A. (1999). Trends in premarital childbearing: 1930 to 1994. *Current Population Reports*, P23-197.
25. Ventura, S.J., & Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports*, 48(16).
26. Congressional Research Service analysis of National Center for Health Statistics natality data. See also Committee on Ways and Means (1998). *1998 green book*. Washington, DC: U.S. House of Representatives, p. 539.
27. Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Flanigan, C. (2001). *What's behind the good news: The declines in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
28. Sonenstein, F.L., Pleck, J.H., & Ku, L.C. (1989). Sexual activity, condom use and AIDS awareness among adolescent males. *Family Planning Perspectives*, 21(4), 152-8.

29. Sonenstein, F.L., Ku, L., Lindberg, L.D., Turner, C.F., & Pleck, J.H. (1998). Changes in sexual behavior and condom use among teenaged males: 1988 to 1995. *American Journal of Public Health, 88*(6), 956-959.
30. U.S. Bureau of the Census (1999). Estimated median age at first marriage, by sex: 1890 to the present. [Online]. Available: www.census.gov/population/socdemo/ms-la/tabms-2.txt. Washington, DC: Author.
31. Forrest, J.D. (1993). Timing of reproductive life stages. *Obstetrics and Gynecology, 82*, 105-111.
32. Fourteen percent of 18- to 19-year-old Hispanic women report ever being married, compared with only 5 percent of non-Hispanic whites and 2 percent of African-Americans of the same ages. Lugailla, T.A. (1998). Marital status and living arrangements: March 1998 (Update). *Current Population Reports*, P20-514.
33. Henshaw, S.K. (1999). *Special report: U.S. teenage pregnancy statistics with comparative statistics for women aged 20-24*. [Online]. Available: www.agi-usa.org/pubs/teen_preg_sr_0699.html; Centers for Disease Control and Prevention. (2000). Abortion surveillance — United States, 1997. *Morbidity and Mortality Weekly Reports, 49*(SS-11).
34. Kost, K., & Forrest, J.D. (1992). American women's sexual behavior and exposure to risk of sexually transmitted diseases. *Family Planning Perspectives, 24*, 244-254.
35. Flanigan, C. (2001). *What's behind the good news: The declines in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
36. Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports, 48*(14); Ventura, S.J., Mathews, T.J., & Curtin, S.C. (1998). Declines in teenage birth rates, 1991-1997: National and state patterns. *National Vital Statistics Reports, 47*(12).
37. U.S. Department of Health and Human Services. (1995). *Report to Congress on out-of-wedlock childbearing*. Washington, DC: Author.
38. National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K. (1996, May). *U.S. teenage pregnancy statistics*. New York: Alan Guttmacher Institute; and U.S. Department of Health and Human Services. (1995). *Report to Congress on out-of-wedlock childbearing*. Washington, DC: Author, Table III-1.
39. Curtin, S.C., & Martin, J.A. (2000). Births: Preliminary data for 1999. *National Vital Statistics Reports, 48*(14).
40. Flanigan, C. (2001). *What's behind the good news: The decline in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
41. Ibid.
42. Werthheimer, R., Jager, J., & Moore, K. (Forthcoming). *State policy initiatives for reducing teen and adult nonmarital childbearing. Policy brief*. Washington, DC: Urban Institute.
43. Liberty Mutual Group and Students Against Destructive Decisions. (2000). *Teen 2000: A report by Liberty Mutual Group and Students Against Destructive Decisions*. Available at www.libertymutual.com/personal/teen/2000_landing.html.
44. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
45. Ku, L., Sonenstein, F.L., Lindberg, L.D., Bradner, C.H., Boggess, S., & Pleck, J.H. (1998). Understanding changes in sexual activity among young metropolitan men, 1979-1995. *Family Planning Perspectives, 30*(6), 256.
46. The Henry J. Kaiser Family Foundation. (2000). *Sex education in America: A view from inside the nation's classrooms. A series of national surveys of students, parents, teachers and principals*. Menlo Park, CA: Author.
47. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
48. UCLA. 27 Jan. 1999. College freshmen: Acceptance of abortion, casual sex at all-time low. *Kaiser Daily Reproductive Health Report* online. Available at <http://report.KFF.org/archive/repro/1999/01/kr990127.6/html>
49. The National Campaign to Prevent Teen Pregnancy. (2000). *The cautious generation? Teens tell us about sex, virginity, and "the talk"*. Washington, DC: Author.
50. Ku, L., Sonenstein, F.L., Lindberg, L.D., Bradner, C.H., Boggess, S., & Pleck, J.H. (1998). Understanding changes in sexual activity among young metropolitan men, 1979-1995. *Family Planning Perspectives, 30*(6), 256.
51. Kunkel, D., Cope-Farrar, K., Biely, E., Maynard Farinola, W.J., & Donnerstein, E. (2001). *Sex on tv: A biennial report to the Kaiser Family Foundation*. University of California, Santa Barbara: Kaiser Family Foundation.
52. Flanigan, C. (2001). *What's behind the good news: The decline in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
53. Ibid.
54. Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
55. Manlove, J., Terry, E., Gitelson, L., Papillo, A.R., & Russell, S. (2000). Explaining demographic trends in teenage fertility, 1980-1999. *Family Planning Perspectives, 32*(4), 166-175.
56. Blum, R.W., Beuhring, T., & Rinehart, P.M. (2000). *Protecting teens: Beyond race, income and family structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota.
57. Terry, E., & Manlove, J. (2000). *Trends in sexual activity and contraceptive use among teens*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
58. The National Campaign to Prevent Teen Pregnancy. (1997). *Whatever happened to childhood? The problem of teen pregnancy in the United States*. Washington, DC: Author.
59. Hoffman, S.D. (1998). Teenage childbearing is not so bad after all...or is it? A review of the new literature. *Family Planning Perspectives, 30*(5), 236-239. Hotz V.J., McElroy, S.W., & Sanders, S.G. (1997). The impacts of teenage childbearing on the mothers and the consequences of those impacts for government. In Maynard, R. (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 55-94). Washington, DC: The Urban Institute Press.
60. Hotz V.J., McElroy, S.W., & Sanders, S.G. (1997). The impacts of teenage childbearing on the mothers and the consequences of those impacts for government. In Maynard, R. (ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 55-94). Washington, DC: The Urban Institute Press.

61. Ibid.
62. McLanahan, S.S. (1994). The consequences of single motherhood. *The American Prospect*, 18(Summer), 48-58.
63. Ibid.
64. Moore, K.A., et al. (1993). Age at first childbirth and later poverty. *Journal of Research on Adolescence*, 3(4), 393-422.
65. Kalmuss, D.S., & Namerow, P.B. (1994). Subsequent childbearing among teenage mothers: The determinants of closely spaced second birth. *Family Planning Perspectives*, 26(4), 149-153, 159.
66. U.S. Congressional Budget Office. (1990, September). *Sources of support for adolescent mothers*. Washington, DC: Author. See also Jacobson, J., & Maynard, R. (1995). *Unwed mothers and long-term dependency*. Washington, DC: American Enterprise Institute for Public Policy Research.
67. Moore, K.A., Morrison, D.R., Blumenthal, C., Daly, M.L., & Bennett, R.. (1993). *Data on teenage childbearing in the United States*. Washington, DC: Child Trends, Inc.
68. Maynard, R.A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing*. New York: Robin Hood Foundation. See also Brien, M.J., & Willis, R.J. (1997). Costs and consequences for the fathers. In Maynard, R. (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 95-143). Washington, DC: The Urban Institute Press.
69. Sawhill, I.V. (1998). Teen pregnancy prevention: Welfare reform's missing component. *Brookings Policy Brief*, 38.
70. Ventura, S.J., Martin, J., Mathews, T.J., & Clarke, S. (1996). Advance report of final natality statistics, 1994. *Monthly Vital Statistics Report*, 44(11), Suppl., 1-88; Maynard, R.A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing*. New York: Robin Hood Foundation.
71. Maynard, R.A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing*. New York: Robin Hood Foundation. See also Wolfe, B., & Perozek, M. (1997). Teen children's health and health care use. In Maynard, R. (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 181-203). Washington, DC: The Urban Institute Press.
72. Maynard, R.A. (Ed.). (1996). *Kids having kids: A Robin Hood Foundation special report on the costs of adolescent childbearing*. New York: Robin Hood Foundation. See also Haveman, R.H., Wolfe, B., & Peterson, E. (1997). Children of early childbearers as young adults. In Maynard, R. (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press.
73. George, R.M., & Lee, B.J. (1997). Abuse and neglect of the children. In Maynard, R. (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 205-230). Washington, DC: The Urban Institute Press.
74. Maynard, R.A.. (1997). The costs of adolescent childbearing. In Maynard, R. (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 285-337). Washington, DC: The Urban Institute Press.
75. The National Campaign to Prevent Teen Pregnancy. (1997). *Whatever happened to childhood? The problem of teen pregnancy in the United States*. Washington, DC: Author.
76. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
77. Ibid.
78. Zabin, L.S., Astone, N.M., & Emerson, M.R. (1993). Do adolescents want babies? The relationship between attitudes and behavior. *Journal of Research on Adolescence*, 3(1), 67-86.
79. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
80. Ibid.
81. Ibid.
82. Ibid.
83. Centers for Disease Control and Prevention. (2000). CDC Surveillance Summaries. *MMWR*, 49(SS-5).
84. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
85. Flanigan, C. (2001). *What's behind the good news: The decline in teen pregnancy rates during the 1990s*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
86. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
87. Ibid.
88. Ibid.
89. Harlap, S., Kost, K., & Forrest, J.D. (1991). *Preventing pregnancy, protecting health: A new look at birth control choices in the United States*. New York: The Alan Guttmacher Institute.
90. Fifty-eight percent of 15- to 17-year-olds and 74 percent of 18- to 19-year-olds took a pill every day. Abma, J., Chandra, A., Mosher, W., Peterson, L., & Piccinino, L. (1997). Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. *Vital and Health Statistics*, 23(19).
91. Ibid.
92. Hutchins, J. (2000). *The next best thing: Helping sexually active teens avoid pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
93. Hatcher, R.A., Trussell, J., Stewart, F., Cates, W., Stewart, G.K., Guest, F., & Kowal, D. (1998). *Contraceptive technology. Seventeenth revised edition*. New York, Ardent Media, Inc.
94. Kirby, D. (1997). *No easy answers: research findings on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
95. Piccinino, L.J., & Mosher, W.D. (1998). Trends in contraceptive use in the United States: 1982-1995. *Family Planning Perspectives*, 30(1), 4-10, 46.
96. Kirby, D. (1997). *No easy answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
97. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.

98. Henshaw, S.K. (1998). Unintended pregnancy in the United States. *Family Planning Perspectives*, 30(1), 24-29, 46.
99. Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
100. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
101. Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
102. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
103. Blum, R.W., Beuhring, T., & Rinehart, P.M. (2000). *Protecting teens: Beyond race, income and family structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota.
104. The Henry J. Kaiser Family Foundation. (2000). *Sex education in America: A view from inside the nation's classrooms. A series of national surveys of students, parents, teachers and principals*. Menlo Park, CA: Author.
105. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
106. Blum, R.W., Beuhring, T., & Rinehart, P.M. (2000). *Protecting teens: Beyond race, income and family structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota.
107. Brown, B., & Theobald, W. (1999). How peers matter: A research synthesis of peer influences in adolescent pregnancy. In *Peer potential: Making the most of how teens influence each other* (pp. 27-80). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
108. Bearman, P., & Bruckner, H. (1999). Peer effects on adolescent sexual debut and pregnancy: An analysis of a national survey of adolescent girls. In *Peer potential: Making the most of how teens influence each other* (pp. 7-26). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
109. Ibid.
110. Brown, B., & Theobald, W. (1999). How peers matter: A research synthesis of peer influences in adolescent pregnancy. In *Peer potential: Making the most of how teens influence each other* (pp. 27-80). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
111. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
112. Ibid.
113. Ibid.
114. The National Campaign to Prevent Teen Pregnancy. (2000). *The cautious generation? Teens tell us about sex, virginity, and "the talk."* Washington, DC: Author.
115. Centers for Disease Control and Prevention. (2000). CDC surveillance summaries. *MMWR*, 49(SS-5).
116. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
117. Kirby, D. (in press). *Emerging answers: Research findings on programs to reduce teen pregnancy* [An update of *No Easy Answers*]. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
118. Bearman, P.S., & Bruckner, H. (2001). Promising the future: Virginity pledges and the transition to first intercourse. *American Journal of Sociology*, 106(4).
119. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
120. Ibid.
121. National Campaign President Isabel Sawhill, personal communication, March 2001.
122. The National Campaign to Prevent Teen Pregnancy. (2001). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: Author.
123. Moore, K., & Driscoll, A. (1997). Partners, predators, peers, protectors: Males and teen pregnancy. In *Not just for girls: The roles of boys and men in teen pregnancy prevention* (pp. 5-10). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
124. Abma, J., Driscoll, A., & Moore, K. (1997). *Differing degrees of control over first intercourse, and young women's first partners: Data from cycle 5 of the National Survey of Family Growth*. Presented at Annual Meeting of the Population Association of America, March 1997.
125. Moore, K., & Driscoll, A. (1997). Partners, predators, peers, protectors: Males and teen pregnancy. In *Not just for girls: The roles of boys and men in teen pregnancy prevention* (pp. 5-10). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
126. Ibid.
127. Knitzer, J., & Bernard, S. (1997). *Map and track: State initiatives to encourage responsible fatherhood*. New York: National Center for Children in Poverty, Columbia University.
128. Terry, E., & Manlove, J. (2000). *Trends in sexual activity and contraceptive use among teens*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
129. Blum, R.W., Beuhring, T., & Rinehart, P.M. (2000). *Protecting teens: Beyond race, income and family structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota.
130. Blum, R.W., Beuhring, T., & Rinehart, P.M. (2000). *Protecting teens: Beyond race, income and family structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota.
131. Manlove, J. (1998). The influence of high school dropout and school disengagement on the risk of school-age pregnancy. *Journal of Research on Adolescence*, 8(2), 187-220.
132. Kirby, D. (1997). *No easy answers: Research findings on programs to prevent teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.



The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported almost entirely by private donations. The Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. Our goal is to reduce the rate of teen pregnancy by one-third between 1996 and 2005.

NATIONAL CAMPAIGN TO
PREVENT TEEN PREGNANCY
1776 MASSACHUSETTS AVENUE, NW
SUITE 200
WASHINGTON, DC 20036
(202) 478-8500
(202) 478-8588 FAX
WWW.TEENPREGNANCY.ORG



UD034 272

REPRODUCTION RELEASE
(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: <u>Halfway There...</u>	
Author(s): <u>National Campaign to Prevent Teen Pregnancy</u>	
Corporate Source: <u>National Campaign to Prevent Teen Pregnancy</u>	Publication Date: <u>April, 2001</u>

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following three options and sign at the bottom of this page.

The sample notice shown below will be affixed to all Level 1 documents

The sample notice shown below will be affixed to all Level 2A documents

The sample notice shown below will be affixed to all Level 2B documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Sample

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

Sample

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Sample

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Level 1



Level 2A



Level 2B



Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) and paper copy.

Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only

Check here for Level 2B release, permitting reproduction and dissemination in microfiche only

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, please →

Signature: <u>Ingrid Sander</u>	Print Name/Position/Title: <u>Communications Assistant</u>	
Organization/Address: <u>NCPTP / 1776 Mass Ave, NW Suite 200 Washington DC 20036</u>	Telephone: <u>202-478-8523</u>	FAX: <u>202-478-8588</u>
	E-Mail Address:	Date: <u>July 4, 2001</u>

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of the document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:
Address:
Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:
Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

However, if solicited by the ERIC Facility, or if making an unsolicited contribution to ERIC, return this form (and the document being contributed) to:

ERIC Clearinghouse on Urban Education
Teachers College, Columbia University
Box 40
525 W. 120th Street
New York, NY 10027

Toll Free: (800) 601-4863

Fax: (212) 673-4012

Email: eric-cue@columbia.edu