

Teen Pregnancy

Does comprehensive sex-education reduce pregnancies?

After dropping steeply for a decade-and-a-half, America's teen birth rate began edging upwards in the past few years. Analysts aren't sure whether the trend will last and say there are numerous causes. A significant factor, however, is a drop-off in contraceptive use that began in the early 2000s, as better HIV/AIDS treatments diminished fear of the disease. In 2009, the Obama administration ended the Bush administration policy of federally funding only sex-education programs with abstinence until marriage as the primary focus. Instead, most funding will now go to programs that have been demonstrated in large, randomized trials to be effective for pregnancy prevention. Critics say the plan will unfairly eliminate funding for abstinence programs, which they contend have not been adequately evaluated by researchers and are the only ones that consistently teach the value of committed relationships.



Bristol Palin, unmarried daughter of former Alaska governor and vice presidential candidate Sarah Palin, became the face of teen motherhood when she gave birth to her son Tripp at age 18. Eight of ten American teen moms are single.

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Teen Pregnancy

BY MARCIA CLEMMITT

THE ISSUES

In September 2008, shortly after her nomination as the Republican Party's vice presidential candidate, Alaska Gov. Sarah Palin announced that her 17-year-old daughter, Bristol, was five months pregnant and would soon marry the baby's father, 18-year-old Levi Johnston.¹

By March 2009, however, the couple had ended their engagement, and Bristol faced a future as a busy single mother — like at least eight out of every 10 teen girls who give birth. “It’s just, like, I’m not living for myself any more. It’s . . . for another person. . . . You’re up all night. And it’s not glamorous at all,” Palin recently told Fox News’ commentator Greta Van Susteren.²

Bristol Palin is not the only young celebrity swept up by the recent flood of media attention to teen motherhood. Tabloid magazines breathlessly chronicled the pregnancy of actress Jamie Lynn Spears, 17-year-old younger sister of pop star Britney Spears, who gave birth to a daughter in 2008.³ Also in 2008, *Time* caused a sensation when it first reported that 17 girls at Gloucester High School in Massachusetts may actually have made “a pact to get pregnant and raise their babies together.” The magazine later reported growing skepticism about the alleged deal.⁴

In fact, last year MTV launched a reality-television show, “16 and Pregnant,” in which girls from around the country live out their pregnancies, childbirth dramas and struggles as teen mothers in front of the camera.

But while the media visibility of teen moms may be higher than ever,



MTV

Nikkole feeds two-week-old Lyle on the MTV show “16 and Pregnant,” featuring real teen mothers and their daily struggles. Forty percent of all American mothers today, and most teen mothers, are single when they give birth. While birth rates for girls 15 and younger are dropping, political debate remains sharp over the best approach to reducing teen pregnancy: comprehensive sex education or abstinence-only programs.

real-world statistics reveal a more complicated picture.

After plummeting by a third between 1991 to 2005 — a period when teen abortion rates and rates of sexual intercourse also declined — birth rates among overall U.S. teens began rising slightly in 2005, according to the federal Centers for Disease Control and Prevention (CDC), but most of the increase was among older teens.

The overall birth rate rose by about 5 percent between 2005 and 2007, reaching 42.5 births for every 1,000 teen girls in 2007. But a breakdown of the statistics showed that the rates rose 4 percent for 18-19-year-olds and 3 percent among 15-17-year-olds between 2005 and 2006. Then they slowed a little, rising only another 1 percent for both age groups from 2006 to 2007.⁵ But for younger girls —

under age 15 — the rates continued their steady decline during the two-year period, dropping 14 percent.

Thus, in the average year, the vast majority — about three-quarters — of teen births are to women ages 18-19, while only a very tiny proportion of teen births occur among girls under age 15.⁶

“There are a lot of different factors at play” in the birth-rate increase, “from less use of contraception, maybe because of less fear of AIDS, to our anything-goes culture, where it’s OK to get pregnant and have a baby in your teens,” said Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy.⁷

Before the uptick, teen births and pregnancies had been declining since 1957, when they peaked at 96.3 births for every 1,000 girls. Back then, most teen mothers quickly married. But teen

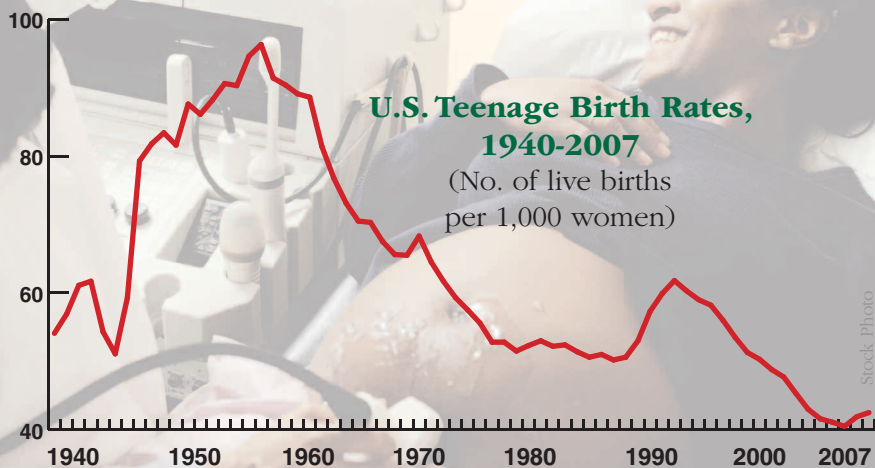
weddings are much less common today, and most women get married later in life. Unmarried parenthood — both among teens and adults — also is less stigmatized today: Forty percent of all American mothers today, and most teen mothers, are single when they give birth. In addition, the long fall and recent rise in teen birth rates aren’t unique to teens: They closely mirror birth trends for adult women.⁸

Against the backdrop of generally encouraging long-term statistics, however, political debate remains sharp over the best approach to sex education — the main tool the federal government has used to lower teen birth rates.

In late 2009, President Barack Obama and the Democratic Congress approved a major change in federal sex-education funding, declaring that federal funds

Teen Birth Rate Is Near All-Time Low

Teen birth rates shot up in the postwar Baby Boom years as American soldiers returned home from World War II. Rates then returned to more typical, lower levels, and in the 1990s plummeted as women pursued education and careers in a strong economy, and condom use increased as a result of HIV/AIDS fears. From 2005-2007, birth rates for older teens moved upwards slightly, partly because of a drop in contraceptive use.



Source: "National Vital Statistics Reports," Centers for Disease Control and Prevention, National Center for Health Statistics, Sept. 25, 2001, Jan. 7, 2009, March 18, 2009

now will be awarded mainly to programs proven to be effective at averting teen pregnancies or for research and development on programs that show "promise" in reducing teen pregnancies. The change marks the first time in nearly 30 years that the federal government will fund any school sex education other than so-called abstinence-only programs. Since the late 1990s, the federal government has spent nearly \$2 billion on such programs, despite there being little or no scientific evidence that they were effective. (The federal government has funded public-information campaigns on contraception, however.)⁹

Advocates of comprehensive sex education — which discusses the benefits of delaying or forgoing sex but also provides substantial information on contraception — argue that research has clearly demonstrated that abstinence-

only education does not effectively change teens' behavior.

While "many . . . abstinence programs improved teens' values about abstinence or their intention to abstain," those improvements "often did not translate into changes in behavior," wrote Douglas Kirby, a senior researcher at ETR Associates, a nonprofit reproductive health research group in Scotts Valley, Calif. In an analysis for the National Campaign to Prevent Teen and Unplanned Pregnancy, Kirby concluded that research on abstinence curricula has "not produced sufficient evidence to justify . . . widespread dissemination" of the programs.¹⁰

"Ten years ago the evaluations weren't there, but now they are, and they say that programs that talk both about abstinence and proper contraceptive use" are most effective, says Heather Boonstra, a senior public pol-

icy associate at the Guttmacher Institute, a policy-analysis group in New York City specializing in sexual health. Meanwhile, "the evidence is not there" to show that abstinence-only programs are effective, she says.

For the first time, earlier this year a rigorous study by John B. Jemmott III, a professor of psychiatry and communication at the University of Pennsylvania, found that a specific abstinence-only program helped delay the first sexual experience for a group of mostly 12-year-old African-American students in urban schools.¹¹ Jemmott said that while he is not an expert on the wide range of abstinence-only programs that exist, he believes the program he studied differs from many of the others. For example, in contrast to some abstinence programs, the curriculum he studied contained "no preaching" and was "not moralistic," he said. But in many abstinence programs, students are reminded repeatedly that condoms are not 100 percent effective in preventing pregnancy or sexually transmitted diseases (STDs), a message Jemmott worries might lead them to believe that using condoms is a waste of time.¹²

Most advocates of providing contraceptive information in sex-education courses hail the Obama approach as a welcome embrace of sound science and sensible public policy.

"Federal funding for sex education has undergone a sea change in the past six to eight months" away from the abstinence-only approach, says Bill Albert, chief program officer of the national campaign to prevent teen pregnancy. "Now the administration and Congress are saying that in the abstinence versus contraceptive-information battle, we are landing squarely on the side of science," Albert says.

Biology dictates that most "teens are going to be sexual" at some point, says Frank F. Furstenberg, a University of Pennsylvania professor of sociology and author of the 2007 book *Destinies of the Disadvantaged: The Politics of Teenage*

Childbearing. Thus, “the true problem with the abstinence-only approach is that it’s very hard to get teenagers to go four or five years” to abstain from sex, from the onset of puberty at 12 or 13 until the late teens, when youths are realistically likely to marry, he says.

But abstinence-only proponents say their programs get a bad rap, mainly because critics define them inaccurately. Our “most successful programs” do include education about condoms, for example, says Valerie Huber, executive director of the National Abstinence Education Association.

When parents are polled, they generally “assume abstinence education is ‘just say no,’ ” but when the public understands that courses actually include discussion of topics such as sexually transmitted diseases (STDs), healthy decision-making, how to escape from an unhealthy relationship and many other topics, “we see a huge switch to support,” she says.

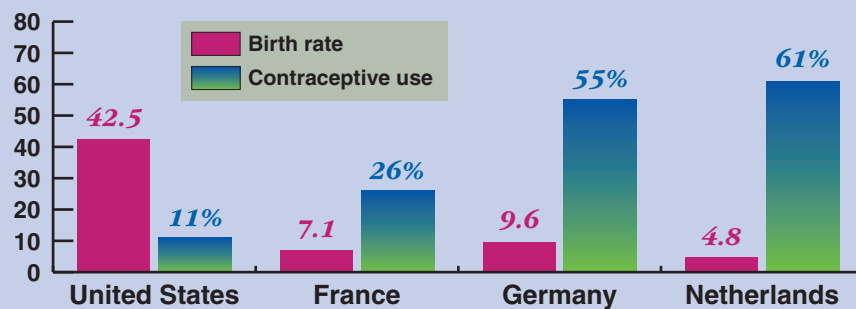
“We are disappointed with the Obama change in policy,” she continued. Studies that the federal government has deemed rigorous enough have so far produced only data supporting comprehensive sex ed, she says. “And while we certainly believe in accountability for taxpayer dollars, the Obama approach could set us back because there are clearly other important things that aren’t being considered” in those studies, such as an appreciation for the inherent value of stressing “primary prevention” — abstinence as the only 100-percent fool-proof way to prevent pregnancy and transmission of STDs, Huber says.

Even as debate continues over sex education, researchers are developing a more nuanced picture of who is most likely to become a teen parent and the long-term consequences of teen parenthood. On most measures of well-being, including education, workplace attainment and wage levels, the statistics are “very stark” for teenage mothers, says Boonstra. For example, only 2 percent

Teen Pregnancy Highest in U.S.

Teen birth rates are significantly higher in the United States than in Europe. The disparity is especially pronounced in France, Germany and the Netherlands, which provide easier access to sexual health information and services. The U.S. rate is nine times higher than in the Netherlands. The higher U.S. birth rate also reflects less consistent use of contraception and condoms by U.S. youths than their peers in Europe. Dutch young women were almost six times as likely as Americans to have been using contraceptive pills at last intercourse.

Teen Birth Rates and Contraceptive Use by Sexually Active 15-19-Year-Olds (2007)



Source: “Adolescent Sexual Health in Europe and the U.S. — Why the Difference?” Advocates for Youth, September 2009

of teen mothers get a college degree, compared with about 27 percent of Americans overall, according to the Census Bureau.¹³

Nevertheless, some studies now show that “many disadvantaged teens reorganize their lives and priorities around . . . mothering,” and thus improve their lives, in at least some ways, after giving birth, wrote Lee I. Smith, a professor at the Saint Louis University School of Nursing. Upon having a child, “many teens recommit to school, realizing that a high school degree is a prerequisite to college and job opportunities,” although college plans don’t necessarily come to fruition, due to “the daunting challenge of combining school, work and mothering with unreliable child care,” she said. Nevertheless, “a significant proportion of girls return to school during pregnancy or become more engaged with school after giving birth.”¹⁴

As lawmakers, educators and families mull the best way to avert teen pregnancies, here some of the questions being asked:

Are abstinence-only sex-education programs ineffective?

Over the past few years, the first large-scale, federally funded analyses of abstinence-only sex-ed programs have emerged, and by and large the news has been complex and not terribly encouraging.

Studies overwhelmingly have found little or no evidence that abstinence-only courses change teen sexual behavior in ways that would avert pregnancies or the spread of STDs. But abstinence-education supporters say most studies take a too-narrow view of what constitutes reliable evidence. Some research, they say, has found good effects from abstinence-only programs.

Recent research clearly “shows that the Bush-era approach of abstinence-only funding is dead,” says James Wagoner, president of Advocates for Youth, a Washington, D.C.-based nonprofit group that supports strong informational programs to improve adolescent sexual health.

For example, in 2007 a congressionally mandated study of four federally funded abstinence-only programs, conducted by Mathematica, a Princeton, N.J.-based research company, found that abstinence programs did not prevent children in elementary and middle school from changing behaviors that raise teens’ risk of pregnancy. Specifically, it found that upper-elementary and middle-school students who completed abstinence programs were no more likely than those who didn’t take the classes to abstain from sex, delay sex or have fewer sexual partners. The result was the same both in schools where there was little information available on sex and contraception outside of the abstinence program and in schools where students got a great deal of such information, in health classes and elsewhere.¹⁵

In November 2009, the Task Force on Community Preventive Services of the federal Centers for Disease Control and Prevention (CDC) reported after analyzing more than 40 abstinence-only strategies that there is “insufficient evidence to determine” whether “group-based abstinence education” effectively prevents pregnancies or STDs.¹⁶ By contrast, the task force found that evidence shows comprehensive sex education does reduce the number of teens who have sex and the frequency that sexually active teens have sex, their number of partners and their risk of STDs, the panel said.*

* Comprehensive sex-education — the alternative to abstinence-only curricula and sometimes called abstinence-plus or comprehensive risk reduction — recommends delaying sex but focuses strongly on informing students about condom use and contraception.

The task force explicitly recommended that comprehensive sex-ed be “delivered to adolescents to promote behaviors that . . . reduce the risk of pregnancy” and STDs instead of abstinence-only programs.¹⁷

Randomized control trials like the Mathematica study — in which some students were randomly assigned to a specific sex-ed course while another randomly chosen “control” group did not take the course — are considered the gold standard of scientific evidence. But social conservatives who say abstinence-only education is the only morally responsible approach to sex education argue that social-science questions are driven by such diverse multiple factors that randomized trials cannot possibly capture all of the value provided by abstinence education. Other types of research have found significant merit in abstinence education, they say.

“I started with a very skeptical attitude, thinking how in the world could [abstinence education] work, given the culture and the society that kids live in,” said Stanley Weed, founder and senior fellow at the Salt Lake City-based Institute for Research and Evaluation, a nonprofit organization that has analyzed many abstinence-only curricula. But “since that time I have learned that it can work. Not all [abstinence programs] do, but many of them do, and we have learned which ones do, and why.”¹⁸

Weed said his analyses found that abstinence programs used in several states substantially decrease the number of students who began having sex within a year after completing the course. In one Virginia district, nine percent of students began having intercourse a year after they finished the abstinence program that Weed studied, compared to an average of 16.4 percent of students in that district who would have been expected to initiate sex by that age, for example.¹⁹

Of the many analysts who commented on their research to the CDC task force, two found “serious limita-

tions” in the panel’s conclusions about abstinence-only programs. Notably, the panel unfairly ignored findings that abstinence programs reduce teens’ sexual activity because the results didn’t come from randomized control trials, wrote Irene Ericksen, a researcher at the Institute for Research and Evaluation, and Danielle Ruedt, a public-health programs coordinator in the Governor’s Office for Children and Families in Georgia. And the panel’s report also implied that sex ed focusing on contraceptive information “is a superior approach,” a conclusion they said was “not supported by the evidence” examined by the task force.²⁰

Earlier this year, a randomized control study for the first time showed significant positive results for an abstinence-focused program, according to research led by the University of Pennsylvania’s Jemmott. He found that a specific abstinence-only program helped delay the first sexual experience for a group of mostly 12-year-old African-American students in urban schools. Only about a third of the program participants began having sex within the next two years, compared to 42 percent of those who attended a safe-sex program.²¹

“This is a rigorous study that means we can now say that it’s possible for an abstinence-only intervention to be effective,” said Jemmott.²²

“We now have, for the first time, news that an abstinence intervention can help,” says Albert, of the National Campaign to Prevent Teen and Unplanned Pregnancy. “This course did take an approach that is different” from more traditional abstinence-only programs, he explains. “It did honestly answer questions about contraception, and it did not say ‘delay until marriage.’” Perhaps because of that difference, it “did not reduce condom use.”

Rebecca A. Maynard, a professor of education and social policy at the University of Pennsylvania Graduate School of Education, says the main takeaway from all the recent studies

should be that, generally speaking, “abstinence education does no better and no worse than comprehensive” sex education. In fact, neither has been shown to strongly affect teens’ behavior, she concludes.

The Mathematica study, for example, showed that “abstinence-only education didn’t hurt kids,” she says, while comprehensive sex-ed proponents had long argued that it would, by decreasing condom use. But abstinence-only sex ed also wasn’t “the solution to the problem.” In essence, she says, the body of research now available shows “no significant difference” between abstinence-only and abstinence-plus (comprehensive sex education) programs.

That’s not surprising, she explains. The content of most abstinence-only programs “overlaps greatly with abstinence-plus” programs. The best courses of both varieties “all have a core of things about values, peer pressure and good decision-making,” while they “diverge only in saying ‘you may not ever’ [in the case of abstinence-only courses] or ‘you may not want to’ [in abstinence-plus].”

Critics’ complaints about both kinds of courses are largely caricatures. “Very, very few curricula say, ‘God will strike you dead if you have sex,’ or, on the abstinence-plus side, “ ‘Just go have fun, and don’t think about the consequences,’ ” Maynard says.

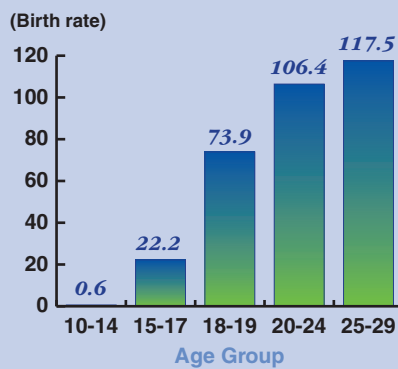
Will Obama’s plan to fund only evidence-based sex-ed programs work?

In 2009, President Obama proposed ending the practice of federally funding abstinence-only sex education programs. (Congress approved Obama’s plan last December but this month voted to continue providing some abstinence-only funds for five years.) Now most federal sex-ed dollars will go only to programs scientifically proven effective at averting teen pregnancy and to a small number of programs that look “promising.”

Older Teens Have Higher Birth Rates

The birth rate for American teenagers ages 18-19 is more than three times the rate for those 15-17. The rate for youths 10-14 is less than one birth for every 1,000 women. Rates for women in their late 20s are highest of all age groups.

U.S. Birth Rates by Age
(births per 1,000 women)



Source: “Births: Preliminary Data for 2007,” National Vital Statistics Reports, Centers for Disease Control and Prevention, National Center for Health Statistics, March 18, 2009

The Obama plan to fund evidence-based programs over pre-selected programs is a huge step in the right direction, says the National Campaign’s Albert. “If we could just get people’s feelings out of this,” the most effective programs would eventually dominate the system because rigorous research can show that a program “either works or it doesn’t.”

Obama’s approach is “an element of new hope,” says Wagoner, at Advocates for Youth. The Democratic majority has said, “We’re not going to fall into the old screaming-match model,” in which comprehensive sex-ed advocates battle abstinence-only proponents for winner-takes-all. “They’re trying to get at a higher altitude for the conversation,

above the old food fights. And while the 25 percent [of funding being reserved] for ‘promising programs’ opens up the door to approaches I wouldn’t agree with, that’s fine.” In the long run, Wagoner says, only programs shown effective through evidence will be disseminated around the country.

The Obama language is broad enough to allow funding for a variety of programs with some evidence behind them, and that’s what’s needed for tackling a complex social problem like teen pregnancy, says Ann L. O’Sullivan, a professor of primary-care nursing at the University of Pennsylvania School of Nursing and a pediatric nurse practitioner at the Children’s Hospital of Philadelphia. “It’s erroneous any time a society puts all its money into one program” to solve a complicated problem, she says.

“We don’t want to make the same mistake we did with D.A.R.E.” — the Drug Abuse Resistance Education program — which the federal government has “funded over and over and over” to the exclusion of other anti-drug approaches, despite numerous studies questioning its effectiveness, O’Sullivan says.

Although abstinence programs can apply for funding that will cover research on “promising” programs, abstinence-only proponents fear that even their best programs will be left unfunded. “There’s a big difference between having the opportunity to apply and getting priority,” says the National Abstinence Education Association’s Huber.

She is also concerned that existing abstinence programs will be defunded at a time when rates of some STDs are at very high levels among teens, and teen birth rates are beginning to inch upward. “What rationale can be given for immediately eliminating the valuable abstinence skills currently received by 2.5 million students under currently funded” programs? Huber asked.²³

About a quarter of teenage girls have an STD, or about 65 percent of teen girls who have had sex, according to a CDC study released in 2008. Human

South and Southwest Have Most Teen Mothers

The estimated proportion of females who will become teen mothers decreased nationwide from 25 percent in 1991 to 18 percent in 2006. But the estimates vary widely from state to state. In Mississippi 30 percent of the females are expected to become teen mothers, the highest among all states. Other states with high rates are primarily concentrated in the South and Southwest. Rates are lowest in New England, where several states are below 10 percent.

Top 10 States With Highest Percentages of Females Expected to Become Teen Mothers		Top 10 States With Lowest Percentages of Females Expected to Become Teen Mothers	
Mississippi	30%	New Hampshire	8%
New Mexico	29%	Vermont	9%
Arizona	28%	Massachusetts	9%
Texas	28%	Connecticut	10%
Arkansas	28%	North Dakota	11%
Nevada	27%	Rhode Island	11%
Oklahoma	26%	New York	11%
Kentucky	25%	New Jersey	11%
Tennessee	25%	Maine	12%
Georgia	24%	Minnesota	12%

Source: Kate Perper and Jennifer Manlove, "Estimated Percentage of Females Who Will Become Teen Mothers: Differences Across States," Child Trends, March 2009, based on 2006 data from "Vital Statistics Reports," National Center for Health Statistics

papillomavirus, associated with genital warts and potential development of cervical cancer, is the most common disease found, infecting 18 percent of girls, while chlamydia, which can cause long-term damage to reproductive organs, is the second most common, infecting 4 percent of girls ages 14-19.²⁴

Robert E. Rector, a senior research fellow at the Heritage Foundation think tank, a strong supporter of abstinence-until-marriage education, predicts the new approach "will ultimately backfire" because it will fund programs that include "outrageous" suggestions, such as that teens fondle each other while putting on condoms. Comprehensive sex education "only survives by obscuring what they're actually teaching"

from the public, since most curricula include at least some discussion of topics like masturbation or physical sexual relationships between teenagers, which most parents find offensive, says Rector.

And while comprehensive sex-ed advocates say they favor curricula that discuss the value of abstinence, "that's really a joke," Rector charges. "Eight sentences in a text of 1,000 pages" does not constitute adequate attention to that vital principle, he says.

Furthermore, he says, the randomized, controlled research trials that federal funders will accept as evidence "are extremely expensive to run," and it's not clear how many will be conducted in the future. Thus, only pro-

grams that already have been deemed effective in existing trials will get funding, he says. "Only a very narrow set of curricula will be taught. Abstinence programs probably can't get in."

While advocates on the left believe the Obama plan is a significant improvement, some liberal groups are disappointed the funding is focused on teen pregnancy prevention rather than on comprehensive sex education, says Boonstra of the Guttmacher Institute. This could mean that programs will get funds even if they don't provide teens with enough information about issues like HIV/AIDS or homosexuality, for example, she says.

Even many who welcome the Obama funding plan caution that sex-ed programs alone will only change statistics at the margins. "You hope a program works, but a program is only a drop in the bucket" of what it takes to change behavior on the wide scale, says Boonstra.

For that, a wholesale change of "social norms" is needed, says the University of Pennsylvania's Furstenberg. "When you look at the last half-century, it's alarming how little progress we've made in narrowing the gaps" between U.S. teen pregnancy and the much-lower birth rates in other industrialized countries such as Canada, the United Kingdom and France, especially given the intense debate on the subject in the United States, he says.

The only approach that can accomplish large-scale change is for society as a whole — including schools, communities, families and the media — to send the message that it's vitally important for teens to be responsible about sex, which includes both delaying sex and using contraceptives, Furstenberg says. "But in this country there isn't a consensus that this should be done."

Does teen parenthood lead to a lifetime of hardship?

Teen mothers face a litany of well-documented problems, such as being

more likely than their non-pregnant peers to drop out of high school and to live in poverty. And their children also start school at a disadvantage compared to their peers.

“Pick a statistic, and teen mothers are almost always worse,” from their school dropout rates to the likelihood of receiving welfare or of having a low-paying job, says Leonard M. Lopoo, an associate professor of public administration at the Maxwell School of Citizenship and Public Affairs at Syracuse University.

But recent research adds nuances to the old picture of uniformly bad outcomes, suggesting, for example, that some problems once believed to be results of teen motherhood actually predate girls’ pregnancies. And over the long haul, say some researchers, low-income teen mothers in particular may end up being not much worse off than their peers who did not give birth as teens.

Still, teen fathers and mothers both pay an “educational penalty” that puts them about two years behind their peers in school, says Stefanie Mollborn, an assistant professor of sociology at the University of Colorado at Boulder.

Only 51 percent of teen mothers earn a high school diploma before age 22, compared to 89 percent of women who did not give birth as teens, according to Child Trends, a nonprofit research group that studies child development issues affecting low-income families.²⁵

The children of teen parents also face educational hurdles. Children born to teen mothers begin kindergarten with lower levels of school readiness, including lower scores on tests that measure math and reading readiness, language and communication skills, social skills and physical and social well-being compared to children born to women in their 20s, according to Child Trends and the National Campaign.²⁶

Economic and other disadvantages for teen mothers and their children are more intense because very young fathers seldom help support the family,

says Furstenberg. “The males don’t have the same stake” in the baby when they are not married to the mother, he says. Despite “concerted efforts of various kinds to change this” over the past 20 to 25 years, there’s been only a tiny amount of improvement in the amount of responsibility taken by young fathers. “Most people today are not going to start a decades-long relationship at 17 or 18,” he continues, and “study after study shows the men don’t hang around.”

Yet, teen girls still think “the boys are going to step up,” he says, so “we need to educate [them] about this. Young men in general are not going to step up.” In reality, eight out of 10 teen fathers don’t marry the mothers of their first children, and absent fathers of children born to teen mothers pay less than \$800 annually, on average, to help with the child, according to the National Campaign.²⁷

Several other factors make things even more difficult for young mothers today, says Mollborn. Welfare and federal housing assistance are harder to get than they were decades ago; the likelihood of marriage at a young age is diminishing; and some economists fear the U.S. job market may have permanently shrunk, leaving less opportunity for young parents and depleting the resources of parents and grandparents, who often help out young mothers. While it’s hard to predict the future, “things are at least very bad in the short run” for teen mothers and their families, she says.

But new research is showing that some problems that have long been viewed as consequences of teen motherhood are now known to predate teens’ pregnancies, says Mollborn. “We’re seeing a whole lot of mental-health issues among teenage mothers and, yes, they definitely are at elevated risk for distress, but it doesn’t seem to be caused by the experience of teen childbearing.” More likely the “disadvantaged backgrounds that these girls are coming from” are caus-

ing problems like depression, not giving birth. Mollborn concludes that a combination of poverty and personal distress — such as depression — can often lead a girl to get pregnant in the first place. Low-income girls with psychological stress are much more likely to become teen mothers than either stressed wealthier girls or unstressed poor girls, she says.²⁸

In some cases, parenthood spurs some unfocused teenagers to develop goals and a work ethic for the first time, Mollborn says. A child’s arrival galvanizes some teen parents to undertake “concrete career plans” about the future, for the first time, she says. The young parent realizes that “I’ve got to be this child’s role model.”

Some academics who have followed groups of teen mothers for decades are finding that, years later, former teen moms and their children do about as well as their non-parenting teen peers who started out in similar circumstances. In the 1980s, analysts reported differences in life outcomes between teen mothers and other women that “were really very large and alarming,” says Lopoo. “But now we’re finding that they’re not as large as was thought.”

For example, “young mothers are less likely to complete high school on time, but now some research indicates that they make up for this when they’re older. They have to do things in a different sequence,” but as the decades pass many still do reach the achievement milestones that other people of similar background reach, Lopoo says.

“If you have your children young, then enter the labor force and never come out,” for example, “that can often be beneficial for a woman” in the workplace because she won’t lose her seniority or have to start over a second time at the bottom of the wage scale, as often happens to women who begin working, drop out of the workforce to have a child and then return to work, Lopoo points out.

It's having a second or third baby while still a teenager that does the most damage to a girl's future, says University of Pennsylvania nursing professor O'Sullivan, who since the late 1970s has studied teen girls at risk for having two or more teen births. "The first pregnancy does not destroy your life. It's the second and the third pregnancy that destroy your life." ■

BACKGROUND

Good News, Bad News

Despite the continuing hype surrounding teen pregnancy and birth rates, in recent decades teens have engaged in less sexual activity, gotten fewer abortions and used contraception more than they did in earlier decades. And teen births and pregnancies have been declining in the United States since the late 1950s.

Except for a few relatively short periods of increase — such as one that began in the late 1980s and continued until 1991 — U.S. teen birth rates have dropped continually since the peak year of 1957, when 96.3 out of every 1,000 teen girls gave birth.²⁹ In 2005, only 41 of every 1,000 teen girls gave birth — the lowest rate ever.³⁰

The declining teen birth rates are not due to abortion, wrote John S. Santelli, a professor of clinical population and family health at the Columbia University Mailman School of Health, and Andrea J. Melnikas, a program coordinator at the New York City-based Population Council, a non-profit that studies reproductive-health issues. Abortion rates for teens dropped continually beginning in 1988, even as both teen pregnancy rates and birth rates were declining.³¹

Some groups whose pregnancies were of particular concern saw the largest

drops, according to Santelli and Melnikas. For example, younger teens — ages 10 to 17 — saw nearly twice the decline in birth rates as older teens in 1991 through 2005, while the African-American teen birth rate — which historically had been considerably higher than for other ethnic groups — dropped much more sharply than the birth rate for white and Hispanic girls.³²

Experts also point out that those rates have closely tracked overall pregnancy and birth rates, says O'Sullivan of the University of Pennsylvania's nursing school. "Before you get all upset about teenage pregnancy, let's not forget that when teen mothers are having babies, all mothers are having babies," so it makes little sense to consider the teen birth rate in a vacuum, she says.

The bad news, however, is that U.S. teen birth rates remain much higher than in many other industrialized societies, such as Canada and Western Europe. In 2007 Germany's rate was about one-quarter the U.S. rate, France's was one-sixth and the Netherlands' one-ninth.³³ (See graph, p. 269.)

Beyond those facts, however, matters grow murkier. For example, no one fully understands why rates fluctuate, such as they did in the late 1980s, which complicates efforts to cut them further, says Lopoo of Syracuse. "More liberal attitudes toward sex" were likely one factor driving the increase from 1986 to 1991, says Maynard, the University of Pennsylvania education and social policy professor. But sexual attitudes had been liberalizing for decades, both before and after that increase, and during most of that time birth rates have declined, says Lopoo.

"I've spent a considerable amount of time trying to understand it and have talked to the other people who've spent considerable amounts of time trying to understand it, but in the end none of us do understand," he says.

Experts feel they understand better why birth rates declined from 1991 to 2005 — and beyond for the under-

15-year-olds. Strong social messages were widely disseminated at the time warning against welfare dependence and advocating condom usage to protect against HIV/AIDS. These helped to encourage teens to both delay sex and use contraception when they did have intercourse, says Maynard.

For example, between 1995 and 2002, the percentage of girls ages 15-19 who said they used a condom the last time they had intercourse increased from 38 percent to 54 percent, and the percentage who said they used a condom plus another form of contraception rose from 8 percent to 20 percent.³⁴

In addition, "young people respond to their opportunities," says Lopoo, and with the economy booming in the 1990s and early 2000s, teens were "less inclined to choose" pregnancy.

Unmarried Moms

Most teen mothers — about six in 10 — are 18 or 19 years old when their babies are born — "legal adults in most states" — and hardly constitute the "epidemic" of "babies having babies" often depicted in the media and by advocacy groups, noted Kristin Luker, a professor of law and sociology at the University of California, Berkeley. In fact, the only real "epidemic" of teen births in American history, Luker said, occurred in "the 1950s, when teenagers were having twice as many babies as they had had in previous decades, but few people worried about them."³⁵

It is clear, however, that a substantial change occurred between the 1950s and the 1990s, and it isn't primarily about teens having more sex, says the University of Pennsylvania's Furstenberg. "It's not like people in their teens didn't have sex all along," he says. "But they got married. And then, in the '60s, they started to not get married," and in the process substantially changed how

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Chronology

1950s-1980s

U.S. teen birth rates peak, but most teen mothers are married. Average age of marriage rises, and premarital sex becomes more common and accepted.

1957

U.S. teen birth rate hits all-time high of 96.3 births per 1,000 women.

1960

Food and Drug Administration approves two powerful new contraceptives — the birth-control pill and the IUD (intrauterine device) — giving women and teen girls more say over their reproductive lives.

1972

Congress amends Social Security Act to declare that states must provide family planning services to sexually active minors. . . . Federal education law bans public schools from barring pregnant students and teen parents.

1981

Adolescent Family Life Act encourages young people to postpone sexual activity until marriage.

1987

Teen birth rates increase after long decline; increase continues until 1991.

1989

Supreme Court's *Webster v. Reproductive Health Services* decision makes it more difficult for teens to get abortions.

1990s

Teen pregnancies and birth rates plummet.

1995

President Bill Clinton declares

teenage pregnancy the nation's most serious social problem.

1996

New welfare law stipulates, for the first time, that to obtain funding abstinence-only sex education must meet an eight-point standard, including teaching that sexual activity outside of marriage is likely to have harmful psychological consequences.

1997

All 50 states apply for abstinence-education grants.

2000s

Birth rates for older teens begin rising mid-decade.

2000

Ninety-two percent of middle schools have a required class teaching that abstinence is the best way to avoid pregnancy and sexually transmitted diseases (STDs); 62 percent have a class that teaches methods of contraception.

2005

Forty-one of every 1,000 teen girls give birth, the lowest rate in history.

2006

Teen birth rates rise for the first time since 1991, rising in 26 states, with biggest increases in South and Southwest and the smallest in the Northeast; birth rate for girls under 15 continues to decline, and the overall birth rate for all U.S. women reaches its highest level since 1971. . . . Department of Health and Human Services announces that federal abstinence-only funding can support programs aimed at encouraging

abstinence for unmarried people in their 20s, as well as teens. . . . Forty-six states apply for abstinence-only funding.

2007

Teen birth rates continue to rise, although mostly among 18- and 19-year-olds. . . . Large government-commissioned study finds that four federally funded abstinence-only programs don't affect the rates at which teens have sex or use condoms.

2008

Federal government allocates \$176 million to three abstinence-until-marriage education programs. . . . Only about 28 states using federal abstinence-only funding.

2009

President Barack Obama proposes and Congress approves a funding switch from abstinence-until-marriage sex education to programs shown effective in lowering teen pregnancy rates. . . . Centers for Disease Control and Prevention task force reports evidence is still insufficient to determine whether abstinence-only education can prevent teen pregnancy and STDs and recommends that schools offer comprehensive sex education instead.

2010

Abstinence-only program for low-income, urban middle-schoolers is the first to be shown effective in a randomized, control study, causing students to delay their first time having sex. . . . The MTV reality-television program "16 and Pregnant" begins its second season. . . . In health-care reform legislation, Congress restores \$50 million a year for abstinence education and adds \$75 million for comprehensive sex education.

Views of Marriage Underlie Sex-Education Debate

Do liberals and conservatives have different goals about the future?

The liberal-conservative divide over teen pregnancy is often framed as a battle between education approaches: abstinence-until-marriage or comprehensive sex education. But the real issue runs deeper.

"This whole question of program effectiveness is a red herring," says Robert E. Rector, a senior research fellow at the Heritage Foundation think tank. "We're told we all share common goals, but that's not true." Liberals' goal is to decrease teen birth rates, Rector says, but conservatives have a bigger aim — relinking sex with marriage.

The Obama administration has taken funding for the Healthy Marriage program — formerly used to promote marriage in low-income communities — and diverted it to job training, says Rector.

That makes sense from the liberal point of view, since many left-leaning analysts argue that economic difficulties harm families and discourage poor people from marrying at the same time as they encourage teen girls who have no hopes for a good job to become mothers early. For social conservatives, however, the core problem for families is the lack of a two-parent commitment to raising children, Rector says.

"Simple messages could help reduce out-of-wedlock births because most women in low-income communities are, in fact, very pro-child, pro-family" and actually "overvalue marriage," construing it as a goal for later in life, Rector says.

Up to now, with single motherhood increasing, Healthy Marriage dollars have apparently had little effect. But "what do we do in other policy areas when a goal is hard to reach?" asks Rector. "Look at the school dropout rate. We don't just drop the goal. We keep on putting money into it." Democrats "are terminating the program because they don't agree with the goal," he says.

A growing economic divide in the United States between two different kinds of families has intensified the battle over marriage, argues June Carbone, a professor of law, the Constitution and society at the University of Missouri-Kansas City and coauthor of the 2009 book *Red Families v. Blue Families*, with George Washington University research professor of law Naomi Cahn.

When new, effective female contraceptives became available in the 1960s, there was broad bipartisan support for helping everyone get access to them, Carbone says. In 1970, for example, legislation to increase access to family planning was overwhelmingly passed by Congress and signed into law by Republican President Richard M. Nixon, who strongly backed it. At that point, "we were all in this together. College and working-class-women were getting pregnant without meaning to," and support for improved access to contraception bridged political divides, she says.

Carbone and Cahn argue that economic changes that put many working-class people in a more precarious financial situation, combined with improved contraception that freed women from unwanted childbearing, changed how Americans view marriage.

"The split goes back to the introduction of the [birth-control] pill," says Cahn. "That made it easier for more women to go to college and delay childbearing."

In addition, beginning as far back as 1945 and accelerating in the 1970s, there was "a huge expansion" in the kinds of jobs, including "high-paying positions" open to women, says Carbone. As a result, more college-educated women waited longer to marry and, when they did, she says, they sought much more "egalitarian" marriages than in the past, or marriages in which husband and wife share more equally in wage earning, decision-making, housework and other similar matters.

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society views teen — and, ultimately, even young-adult — sex. The non-marriage trend "started with African-Americans in low-income communities" and fairly quickly spread society-wide, Furstenberg says.

As a result, "sexual initiation is almost always non-marital today; likewise, teen childbearing has become predominantly non-marital," unlike in earlier decades, wrote Santelli and Melnikas.³⁶

As the time between dawning sexual maturity and the age of socially approved marriage lengthened to well over

a decade, the change spurred liberal groups to focus even more strongly on the need for sex-education courses to teach teens about contraception.

"While a 'wait until you're older' message is good for very young teens," ultimately "99 percent of Americans do have premarital sex" at some point, now that marriage is delayed longer, says Boonstra of the Guttmacher Institute.

Thus, in school sex-education courses, "you're training an adolescent who will one day soon be a 24-year-old" for whom the "wait until marriage" or "you're not ready for sex" messages

are not appropriate, she says. "The teen years go very quickly, and not everyone goes to college," so middle- and high-school sex-ed courses are the last time everyone in the population can be reached with information about contraception, she says.

"Sometimes I think we are trying to repeal the law of gravity" by urging all young people in a society rife with sex-saturated media to remain abstinent, said former Rep. Christopher Shays, R-Conn. "There are natural instincts that young people have, and they are educated by their parents

At the same time, however, manufacturing jobs in the United States were disappearing, leaving blue-collar families in a precarious financial position that bred anxiety about a whole range of social changes, including the high-profile switch to egalitarian marriages by the middle class, says Cahn.

"The anxious group is not the college graduates, since they're continuing to make more money, but the ones who are losing ground" economically at the same time that the society around them is undergoing many changes, Cahn says. As a consequence, many working-class families have embraced ideals like abstinence-until-marriage sex education, which is based on principles that promise to be "eternal rather than contextual," she says. By contrast, the focus of comprehensive sex education on young people making their own decisions feeds into many people's anxieties about where society is heading, she suggests.

The hardening of social conservatives' opposition to contraception is evident in the reaction of some conservative communities to teen childbearing, says Stefanie Mollborn, an assistant professor of sociology at the University of Colorado-Boulder, who studies teen pregnancy. For example, many liberals were surprised when social and religious conservatives strongly supported former Alaska governor and Republican vice presidential candidate Sarah Palin when she announced her unmarried 17-year-old daughter's pregnancy.

But that's an increasingly common reaction, Mollborn says. "In politically conservative communities, what's often said now is that sex is a sin but a baby is a blessing," she says. "I grew up in such a community, and that was not part of the conversation," she recalls. But when Mollborn asked a teenage interviewee from a small, conservative Colorado mining town, "Who's really for teen pregnancy?" the girl answered, "The older people!"

Whatever drives the continuing divide over sex education, "in the end, much of the fight [is] about the moral worth of two different trajectories of human life," said Kristin Luker, a professor of law and sociology at the University of California-Berkeley. "Abstinence-until-marriage sex education presumes that people will marry relatively young and enhances the status of marriage by marking it as the only socially legitimate place to have sex. Comprehensive sex education, on the other hand, presumes that marriage will happen later in life, after people have prepared for a career."¹

"We are stuck in a moral debate that other countries either haven't had or bypassed long ago," says Frank F. Furstenberg, a University of Pennsylvania professor of sociology. England, by contrast, also fiercely debated the morality of teen sex but ultimately "shifted and now looks at it as a public-health issue," after concluding that stopping teen sexuality was not feasible, Furstenberg says.

Some conservative commentators counter that the Western European approach of accepting teen sexuality and increasing contraceptive education is not the only path to lowering teen birth rates, saying that Japan has attained its low rates by promoting teen abstinence and strong marriages.

But Japan "is a very patriarchal model that is not relevant to us," says James Wagoner, president of Advocates for Youth, a Washington group that supports increased access to contraceptive education. "Is [the Christian group] Focus on the Family going to open up geisha houses" for unmarried men? Wagoner asks. "If you take one aspect of the culture, you have to take all of them, or your results will be very different."

— Marcia Clemmitt

¹ Kristin Luker, *When Sex Goes to School* (2006), p. 236.

hopefully first to know proper conduct," but as a follow-up to parental conversations about values and good behavior, information is vital, Shays said. "We have had testimony in Congress where young people didn't realize that oral sex could transmit disease," a piece of missing information that could be literally life threatening.³⁷ Gonorrhea, HIV/AIDS, herpes and human papillomavirus are just a few of the many diseases that can be transmitted via oral sex.

But for social conservatives who believe sex outside of marriage is sim-

ply wrong, the fact that not only teens but also 20- and 30-somethings remain single makes instilling in teens the value of abstinence before marriage more vital than ever.

"Extreme interest groups believing in sexual freedom and sexual justice have denigrated the debate over abstinence education by turning it into a vehicle to promote their own ideological agenda of radical sexual autonomy," charged Rep. Mark Souder, R-Ind. "We ought not to be persuaded by these groups who, although adopting the language of sci-

ence and reason" to promote contraceptive education, "are really just evangelists of a . . . tragically incorrect moral vision. We must . . . realize that this debate involves deep disagreements between competing values" about morality, said Souder.³⁸

Welfare and Sex Education

While teen motherhood occurs in all socioeconomic and demographic groups, a very high proportion of teen births occurs in low-income

Parental Involvement Can Make the Difference

“Kids want their parents to say, ‘Don’t have sex.’ ”

After studying teen pregnancy for half a century, Frank F. Furstenberg has distilled all his experience into one big insight: “If you had to take a pill 20 days in a row to become pregnant” — as required by the birth-control pill to ward off pregnancy — “there would be no teen pregnancies.”

In short, teens don’t intentionally become pregnant but mostly just allow it to happen, for a variety of reasons, simple and complex, says Furstenberg, a University of Pennsylvania professor of sociology and author of the 2007 book *Destinies of the Disadvantaged: The Politics of Teenage Childbearing*. Researchers like Furstenberg seek to uncover more of the causes that underlie unwanted pregnancies in an effort to reduce teen birth rates — which have dropped steeply over the past two decades — even further.

“There’s no cheap, long-term solution,” says James Wagoner, president of Advocates for Youth, a Washington group that supports so-called comprehensive sex education, which advocates the benefits of delaying or forgoing sex but also provides substantial information on contraception. But countries like the Netherlands have dramatically reduced teen births by making “an enormous sustained investment in young people,” and the United States could do the same, he says.

Fostering the right kind of parental involvement is a major key, says Bill Albert, chief program officer of the National Campaign to Prevent Teen and Unplanned Pregnancy. “In surveys, teens say parents are the biggest influence in their decision-making about sex,” a fact that many parents are surprised to hear, he says.

“When I talk to teenage mothers and fathers, they either say, ‘Nobody talked to me about sex,’ or ‘I couldn’t stay in my home’ ” because of family problems such as too much fighting, says Nicole Lynn Lewis, a Maryland-based motivational speaker for teens and a former teen mother of a now 10-year-old daughter. “What really started my situation and the break I had from my family is growing up with a lot of arguing and no talk about sex,” says Lewis, who self-published a book about her own teenage life: *Glori: A Different Story*.

The parental conversation “can’t be just one isolated” birds-and-bees discussion, says Lewis. “It has to be lots of conversations over time, helping the youngest kids feel comfortable talking about their bodies and their feelings,” then moving on to what it means to have and be a good friend, not a bad one, for example, she says.

“Then, when they’re old enough to have a girlfriend or a boyfriend, they’ll already have thought about what makes someone a good person to have in your life and how to treat others,” she says. “Kids want their parents to say, ‘Don’t have sex,’ ” says Lewis. “I would have liked my parents to have said, ‘It’s your decision, but we’d like you to wait.’ ”

“I believe that parents — even parents who were teen parents themselves — don’t want to face the fact that 13-year-olds are sexually active,” says Ann O’Sullivan, a pediatric nurse practitioner at the Children’s Hospital of Philadelphia who has worked with pregnant teens since the 1970s. “Until we can change this perception,” parents won’t give their kids the right messages.

families. This phenomenon has stirred most of the federal interest in the issue, since babies born to poor families are more likely to end up needing taxpayer-supported benefits, especially if their parents haven’t completed their educations and face slim workplace prospects. Many conservatives argue that this fact constitutes a strong additional reason to spend government funds promoting both abstinence and the value of marriage.

In a 2009 analysis, the National Campaign to Prevent Teen and Unplanned Pregnancy found that 28 percent of teen births occurred in families with incomes below the poverty line, although that group comprises only 13.2 percent of the population.³⁹ In

the year of the study, the poverty level was around \$14,800 for a one-parent/one-child family and \$21,834 for a two-parent/two-child family. The study also found that 31 percent of teen births occurred in families with incomes ranging between the poverty level and twice the poverty level, which is still a lower-working-class income. Only 41 percent occurred in families with incomes that were more than double the poverty level.⁴⁰

Federal welfare programs have focused on two main strategies for averting teen and other unmarried pregnancies: promoting abstinence until marriage and tightening the rules under which single and teen mothers could get government support for their fam-

ilies, thus removing government incentives to become a single mother.

Under the George W. Bush administration, the federal welfare program focused on averting teen pregnancies through abstinence-only education and reducing unwed pregnancies by promoting abstinence and the values of marriage, says the Heritage Foundation’s Rector. By contrast, comprehensive sex-education advocates “do not talk about out-of-wedlock pregnancy.” Or, if they do deal with it, they address it merely as an example of “unplanned” pregnancy, which is not the same issue at all since it doesn’t speak to the value of having all children grow up in two-parent families, Rector says.

“Remember those public service announcements that said, ‘It’s 10 o’clock. Do you know where your children are?’ Well, we need new ones that say, ‘It’s 3 o’clock in the afternoon. Have you talked to your teen about avoiding an unwanted pregnancy?’ ”

Another widespread misperception is that it’s the “wild girls, who call themselves hussies, run the streets and love parties” who are at highest risk, O’Sullivan says. In fact, “it’s the quiet, meek daughter who sits on the porch who is the one that parents should worry about more,” especially when it comes to the second and third teenage pregnancies that can truly devastate a girl’s future, she says.

“Strong women like being girlfriends, they like going to school, partying,” so while some have a first pregnancy, they are very careful to avoid a second, she says. “But the girls who liked being mothers better than they liked being in school, who didn’t feel successful in school” or socially, are highly likely to have more than one teen birth. “We need to start in the sixth, seventh and eighth grade to find the girls who are not doing well in school and provide tutoring” to help them find successes to dissuade them from opting for teen motherhood, she says.



Nicole Lynn Lewis

Motivational speaker Nicole Lynn Lewis, a former teen mother, now urges teenagers to avoid pregnancy.

Some research shows that the extent to which parents are able to “monitor” their teens correlates strongly with pregnancy risk. “Do you know where your child is?” is a key question for families, since parents who don’t ask are more likely to raise daughters who become teen mothers, says Anne M. Teitelman, an assistant professor of nursing at the University of Pennsylvania.

Research is also beginning to suggest that girls who grow up believing that boys should be the decision-makers when it comes to sex or who have boyfriends who wield the power in their relationships are at higher risk for early pregnancy, Teitelman says. “Teens will say things along the lines of, ‘I thought that when he hit me, it was a sign that he

cares about me; hitting was a sign that I engaged his emotions. And he’s my boyfriend, so if he wants to have sex without a condom I should try to make him happy,’” she says.

Teens should be counseled repeatedly “to have a condom in your sock, if you’re a boy, or in your bra, if you’re a girl,” says O’Sullivan. A tough and constant message all teens should hear is this: “If you are not planning to not have a baby, then you are planning to have a baby.”

— Marcia Clemmitt

“Long ago, there was controversy over whether sex ed should even be taught,” says the Guttmacher Institute’s Boonstra. “But when AIDS came along, people said, ‘Well, we’ve got to teach it,’ and to reach kids where they are the venue had to be schools,” she says. As a result, today most states require that schools teach at least a minimum of sex education, such as informing students about sexually transmitted infections including HIV.

Abstinence education began receiving federal funding as far back as 1982, in the Adolescent Family Life Act, signed into law by President Ronald Reagan, which promoted abstinence and disciplined decision-making among pregnant teens and teen parents. Federal funds for

such programs rose steadily over the years.

In 1996, a new welfare law — the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 — was passed during the Bill Clinton administration. It established the Title V program to provide up to \$50 million a year in federal funding to states for abstinence-only education, and the amounts made available to these programs continued to rise. By 2009 President Bush’s final budget allotted \$204 million for abstinence education.⁴¹

Between 1997 and 2009, a total of around \$1.9 billion in federal, state and local government funds had been funneled into abstinence-only education, with \$1.5 billion of the total coming from the federal government.⁴²

In 2006, the Bush administration’s Department of Health and Human Services (HHS) issued a statement to clarify the administration’s intention that abstinence education not be aimed only at young people in school but toward unmarried people up to age 29, through community and church groups, for example. “The message is, ‘It’s better to wait until you’re married to bear or father children,’” and “the only 100 percent effective way of getting there is abstinence,” no matter what one’s age, said HHS assistant secretary Wade Horn.⁴³

Liberal groups were dismayed at the announcement. “The notion that the federal government is supporting millions of dollars’ worth of messages

to people who are grown adults about how to conduct their sex life is a very divisive policy,” said National Campaign CEO Brown. “If you use contraception effectively and consistently,” problems of out-of-wedlock childbearing can be avoided.⁴⁴

While federal support for an abstinence-until-marriage, pro-marriage message grew substantially over the past decade-and-a-half, state and local commitment to the idea began to wane by the end of the era.

In 2005, 46 states applied for federal abstinence-education money to fund programs in schools and community and religious organizations.⁴⁵ By 2008 only about 28 states were seeking the money. About 16 states that refused the funding specifically cited philosophical disagreement or lack of evidence that abstinence programs worked.⁴⁶

In Idaho, for example, pregnancy rates rose among 15-to-19-year-olds between 2004 and 2006, after the state had been using federal abstinence funds. “There was mounting evidence that the abstinence programs weren’t proving to be effective,” said Elke Shaw-Tulloch, chief of the Bureau of Community and Environmental Health at the Idaho Department of Health and Welfare. The state decided in 2007 to stop applying for the funding.⁴⁷

Large urban school districts have been heavy users of abstinence funds, partly because of their high rates of teen pregnancy and partly for financial reasons, says

Wagoner of Advocates for Youth. With urban public schools under the gun to improve student performance in subjects like math and reading under the 2002 federal No Child Left Behind Act, many leapt at offers by abstinence-education groups to install ready-made sex-education programs, sparing schools the trouble of developing such courses and training teachers themselves, Wagoner says.

More recently, however, “you see big urban school districts like Pittsburgh, Cleveland and Chicago flipping to comprehensive sex ed, so you know that things are trending that way,” Wagoner says. ■



A demonstrator at the National STD Prevention Conference in Philadelphia in 2004 criticizes President George W. Bush's plan to expand abstinence-only education, which many disease-prevention experts argued dangerously downplayed the effectiveness of condoms against sexually transmitted diseases. President Obama's new sex-ed funding plan focuses on preventing teen pregnancy through evidence-based programs, which urge sexually active teens to use condoms.

Getty Images/Jeff Fusco

CURRENT SITUATION

Birth Rates Rise

The administration's new framework for federal sex-education funding will shift most funds away from abstinence-only programs and toward comprehensive sex education. President Obama announced the new plan in 2009

and again in 2010. Congress, which must approve the federal spending plan each year in appropriations legislation, approved the plan late last year and is expected to do so again in 2010.

Currently, analysts and policymakers also are struggling to make sense of the new federal statistics — just beginning to be released and analyzed in 2009 and 2010 — showing the 5 percent uptick in teen birth-rates over two years in the mid-2000s.⁴⁸ While causes of the 2005-2007 increase aren't fully understood, it was not wholly unforeseen, and some of its contributing causes are known.

“The Hispanic population is growing,” says Syracuse's Lopoo, “and among that population teen childbearing is high.” In addition, the average age of the Hispanic population is younger, and any youth-heavy demographic will contribute disproportionately to birth rates.

Furthermore, CDC statistics show that contraceptive use was beginning to decline three or four

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At Issue:

Does the Obama administration have a good plan to fund evidence-based sex-education programs?



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WRITTEN FOR *CQ RESEARCHER*, MARCH 19, 2010

the new \$110 million federal investment in preventing teen pregnancy is timely and important. Proposed by President Obama and passed by Congress, this initiative emphasizes good science, encourages research and innovation and underscores the need to tackle too-early pregnancy and parenthood. Equally important, the president's 2011 budget proposes higher funding for these investments.

The remarkable declines in U.S. teen pregnancy and child-bearing — down 38 percent and 32 percent, respectively, since the early 1990s — represent extraordinary progress on an issue many once considered intractable.

Recent news, however, is discouraging. Teen pregnancy is up 3 percent (the first increase since 1990), and the teen birth rate has risen 5 percent over two years (the first increase since 1991). One of the great success stories of the past two decades is apparently in danger of unraveling.

Against this troubling backdrop, the new federal initiative is good news. Moreover, it is well-aligned with the public's growing realization that in this unforgiving economy, adolescence and young adulthood must be devoted to education and more education — high school and then some. Postponing families until completing school is now as much an economic and workforce imperative as it is a personal or family one.

The initiative is also historic — the first major commitment of federal funding for preventing teen pregnancy that places a premium on evidence-based, proven approaches. Although the public has long seen abstinence and contraception as complementary, the inside-the-Beltway battle has often set this up as an either/or choice. The new funding stream, by contrast, sidesteps this tiresome debate and focuses on what works. In the ongoing Washington battle pitting abstinence interventions against comprehensive sex education, this investment is firmly on the side of science. As the British are fond of saying, "Well done, all."

Also noteworthy, money is set aside for innovation and research. Although we don't yet know the precise criteria that will determine which programs are eligible for support, it is important to acknowledge that even effective programs can and should be improved. We must also look hard for new ideas. For example, could the parallel universe of electronic games that so many teens inhabit help tackle this issue? Might YouTube and Twitter become part of the solution?

How can effective programs developed a decade or more ago be adapted to meet the nation's growing cultural diversity? Stay tuned. . . .



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the Obama administration and Congress recently terminated federal abstinence-education programs, despite the fact that funding priorities already favor comprehensive sex education — and that social-science evidence supports abstinence.

In the last year of the Bush administration, the Department of Health and Human Services spent \$4 on comprehensive sex ed and family-planning services targeting adolescents for every \$1 it devoted to abstinence education. In all, nearly \$786 million was spent addressing adolescent sexual activity.

By contrast, the Obama administration proposes spending an additional \$130 million next year for "medically accurate and age-appropriate programs that reduce teen pregnancy." In short, more comprehensive sex ed. In theory, abstinence education could qualify for such funding. Evidence suggesting its effectiveness is building. Last month, the *Archives of Pediatrics and Adolescent Medicine* published a highly rigorous study that shows abstinence education can delay and reduce teen sexual activity.

Yet the Obama administration won't fund it, perhaps because opposition to these programs is often motivated by ideology, not science. At a 2008 hearing, for example, several medical and health experts were asked if they would support optional federal funding of abstinence education if they were provided evidence that these programs are as or more effective than comprehensive sex ed. Their reply? An unequivocal "no."

The debate about sex education is really about values. Authentic abstinence education teaches that school-age children should abstain from sex until they have at least graduated from high school; that sex should involve love, intimacy and commitment — qualities most likely to be found in marriage; and that marriage benefits children, adults and society.

Surveys show that nearly all parents want their children to be taught these messages. Yet in the classroom, the prevailing mentality often condones teen sexual activity as long as youths use contraceptives. Abstinence is usually mentioned only in passing, if at all. Many teens who need to learn about the benefits of abstaining from sexual activity during the teenage years never hear them, and many who choose to abstain fail to receive adequate support for their decisions.

Today's youth face enormous peer pressure to engage in risky behavior and navigate media and popular culture that endorse and glamorize permissiveness and casual sex. Sadly, the government implicitly supports these messages by spending hundreds of millions of dollars on programs that teach "safe sex" is sufficient.

Does Tough Love Reduce Teen Pregnancy?

More families today are confronting their pregnant teen daughters.

Is it counterproductive to offer too much help to teen moms? Affordable child care and financial support for career-training programs would help teen mothers reach educational and economic success and improve life for their children, some researchers say. But they also wonder where to draw the line between assistance that helps families and aid that may remove incentives for teenagers to avoid pregnancy in the first place.

Under current law, teen moms “can’t get benefits while they’re getting a 13th year of education” — such as completing a certificate program to become a medical office assistant — says Stefanie Mollborn, an assistant professor of sociology at the University of Colorado-Boulder. Current welfare law was specifically designed to bring more mothers into the workforce, so it’s ironic that no support is provided for such 13th-year programs, which train people in specific job skills, she says. Indeed, many teen parents “say they’d especially like a short period of welfare support” for this purpose, Mollborn notes.

Another top priority for teen moms is access to affordable day care, which “is actually more beneficial to teen moms than it is to older moms” because many older mothers already have their high school diplomas or GEDs, while teen moms need extra support while they earn them, Mollborn says.

The best prescription for further lowering the teen and unwed birth rates in the United States is to articulate societywide a firm, new norm that rejects unplanned pregnancies and teen motherhood as bad for individuals and society, many experts recommend.

Mollborn says her research is turning up evidence that at least some low-income communities that previously would have been non-judgmental about teen motherhood and offered whatever support they could are now taking a tougher line with young moms, partly for economic reasons.

In some low-income communities, becoming a mother as a teen actually reaped significant social rewards from family and neighbors, such as being treated like an adult while others one’s own age were still treated as children, Mollborn says. Today, however, “fewer moms are getting any kind of social rewards for having a baby,” and the struggling economy likely will push this trend further, she says.

More families today are confronting their pregnant teen daughters with tough questions, like, “Do you realize we have nothing to give you? Do you realize that we counted on you to finish school?” Mollborn says.

Such increased social disapproval of teen motherhood “might backfire because when families are more ashamed” of a daughter’s pregnancy, “they tend to be less willing to provide sup-

port,” such as a place to live and child care, says Mollborn. The ultimate well-being of children born to teen mothers depends heavily on the young families having adequate finances in the early years, she says. On most measures of health and development, “if there are good resources in the family, by the time the child is 4 the child is doing about as well” as children who were not born to teen parents, she says.

To the extent that a tough stance against teen motherhood ends up hurting young children, it will certainly end up costing society more, says Frank F. Furstenberg, author of the 2007 book *Destinies of the Disadvantaged: The Politics of Teenage Childbearing*. Children with unmet early nutritional, medical, educational and other needs have their development stunted in many ways, he says. “You either pay now, or you pay later. If we put off costs, we’ll just end up paying later in a different form.”

But other analysts point out that being overly supportive of teen mothers can be a double-edged sword that incentivizes additional unplanned childbearing.

Research has shown that even unwed mothers who said that they didn’t want second babies were more likely to become pregnant a second time anyway when they received benefits such as day care, baby showers or other kinds of nurturing social supports, says Rebecca A. Maynard, a professor of education and social policy at the University of Pennsylvania Graduate School of Education.

By contrast, mothers who are treated “with a no-nonsense approach — clearly informed about contraception and the negative impact of having a second child and then firmly told they must take responsibility for themselves and their families” — were less likely to have a second pregnancy, Maynard says her research found. The message of “You’re having another baby, oh, how sweet” tends to lead to more ill-advised pregnancies, she says.

Facilitating life for girls who’ve had babies, such as by providing in-school day care, could incentivize further careless sex and more teen births, Maynard says.

The 1996 federal overhaul of welfare law was intended to diminish incentives for unwed pregnancies, and in at least one sense the law seems to have succeeded, says Mollborn. By 2001, only 17 percent of teen mothers she interviewed were on welfare, although many were low-income, she says. “We asked why, and they said ‘There are so many strings attached.’”

The long-term effectiveness of welfare legislation in lowering teen birth rates is unclear, however. From 2005 through 2007, the latest years for which data has been analyzed, teen birth rates actually increased for the first time since 1991.

— **Marcia Clemmitt**

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years earlier, beginning around 2000 — clearly a significant harbinger that birth rates would soon rise, says Uni-

versity of Pennsylvania sociology professor Furstenberg.

Some commentators say federal funding for abstinence-only sex-ed programs

has caused the decline in condom use, but many say that was far from the only factor. “Would I say these education policies have caused the break in the [over-

all downward] trend of teen births?" asks Furstenberg. "No." More germane, he says, is the fact that "the fear of AIDS has dropped," leading more teens to forgo condom use, he says.

Many blame a short attention span among policymakers and the public when it comes to chronic social issues. "This is a nation of problem solvers who want to solve social problems the same way we solve polio — once and for all," says Albert of the National Campaign. But social phenomena that are a risk for each subsequent generation "need constant attention."

For example, after the steep drop-off in teen births during the 1990s, private foundations that had funded anti-pregnancy programs shifted their money to other issues that were gaining more public attention, says O'Sullivan of the Children's Hospital of Philadelphia. "We did much better with this in the 1990s, but we've stopped thinking of it as an important problem."

It's not clear whether the 2005-2007 birth-rate increase is the beginning of a longer trend. For example, the steep decline of the 1990s and early 2000s may amount to the bottom of what's possible for U.S. birth rates under current conditions, says Maynard, "and now the numbers are just bouncing around a bit."

In any case, despite the increase, birth rates for teens under age 15 have actually continued to drop, and "most of the [2005-2007] increase is coming among women age 18 and older, with very little among teens younger than that," says the Heritage Foundation's Rector.

Nevertheless, with rates up nearly across the board, "this doesn't feel like an uptick," says Albert of the campaign to prevent teen pregnancy. "It feels like the beginning of a negative trend."

Evidence-Based Approach?

Last December, Congress approved the Obama administration's new plan for allotting \$114.5 million to

science-based sex education. Most federal funds will no longer be directed to abstinence-only-until-marriage programs but toward "medically accurate and age-appropriate programs that reduce teen pregnancy," which likely will include education both about abstinence and contraception.⁴⁹

About three-quarters of the money will fund programs that "rigorous evaluation" has shown are effective at reducing teen pregnancy or "behavior risk factors" related to teen pregnancy. The rest will fund grants to develop and test additional strategies for teen-pregnancy prevention. In a conference report attached to the spending bill, Congress noted that these "development" funds are intended to go mainly to programs that stress abstinence while providing scientifically accurate, age-appropriate information about sex and contraception.⁵⁰

"This bill marks the first time since 1981 that abstinence-only-until-marriage programs will not receive dedicated federal funding," said Jen Heitel Yakush, assistant director for public policy at SIECUS, the Sexuality Information and Education Council of the United States, a nonprofit group that promotes comprehensive sex education.⁵¹

But some abstinence-only funding is likely to find its way back into the budget after all. During the complex, year-long negotiating process over health-care reform, the Senate Finance Committee approved two pots of mandatory annual funding for sex education for the years 2010 through 2014, and that committee's version of health-care reform legislation was approved by Congress on Sunday, March 21. Under the panel's sex-ed compromise, for the next five years \$75 million will go to evidence-based programs each year and another \$50 million will be spent to continue the old abstinence-only grant program, explains the National Campaign's Albert. This money is in addition to any funds Congress may approve for sex education each year, such as the \$114.5 million in

2010 funds that legislators provided last December for Obama's evidence-based sex-ed plan, Albert says.

The Obama administration is "axing" not just abstinence-only school programs but also the Healthy Marriage program, which promotes marriage in low-income communities, says the Heritage Foundation's Rector. The administration felt the funding would be more effective if spent on job training programs.

The cutback is occurring just at the time "the out-of-wedlock birth rate reaches 40 percent" of all births, Rector complains. That's a potentially disastrous decision, he says. Low-income families are much more likely to be living with a single parent, usually a mother, demonstrating that out-of-wedlock birth is a high risk factor for children to grow up in poverty, says Rector.

In 2008, 52 percent of all U.S. children in low-income families — with incomes of 200 percent or less of the federal poverty level — lived in single-parent households, compared to only 17 percent of children in families with moderate or high incomes.⁵² ■

OUTLOOK

Births and the Economy

How the economy fares over the next few years will affect teen birth rates, experts say. But over the long term, they add, the best way to decrease teen pregnancies is to set strong social norms against teen child-bearing in every community and communicate those norms consistently, while ensuring that as many young people as possible can envision prosperous futures if they wait to have babies.

The struggling economy "could affect what happens over the next several years," because "in a strong economy young people are more likely to

see opportunities that education would allow them to take advantage of,” says Lopoo of Syracuse University. “If I’m in high school and see that my older sister, who worked hard and finished school, is happy and succeeding, then I can feel confident that there’ll be something out there for me and will be more likely to forgo having a baby,” he says.

Although liberal and conservative analysts differ significantly on what the social norms on marriage and childbearing should be, most do agree that decreasing birth rates for teens and unmarried 20-something women much below current levels would likely require a society-wide commitment to sending the message that young, unmarried childbearing is unacceptable. Over the past several decades, public-health initiatives to drastically change social norms for behaviors like smoking and drunken driving demonstrate that, with concerted efforts, we can significantly change such social standards, many say.

“There was great skepticism that we could change the norms against smoking, but look where we are now,” says Huber of the National Abstinence Education Association.

“We have ‘no smoking’ bars in a tobacco state like Virginia,” says Wagoner of Advocates for Youth. “Once we thought that couldn’t ever happen.”

Advocates of establishing a more accepting attitude toward sexual activity among teens while promoting contraceptive use say that, even without a commitment to norm changing by the older generation, the future

may hold such a norm change.

“The millennials” — the generation born in 1981 and after — “seem in surveys to be the most open on sexual health issues in history” and may eventually shift U.S. sexual norms to a “radical pragmatism” that accepts unmarried and teen sexuality as a biological given and focuses on contraceptive education to prevent pregnancy and STD transmission, says Wagoner. “In a society where 95 percent of people have sex before marriage, it’s not clear what else makes sense,” he says.

At present, however, “America has been so dysfunctional for so long in terms of sexual health that there are enormous gains to be made from low-hanging fruit,” as a new Democratic majority in Washington gives renewed priority to contraception education and dissemination, says Wagoner. “Just by increasing delivery of condoms in urban areas, you could make major gains even in this economy.” ■

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FOR MORE INFORMATION

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Advocates for Youth, 2000 M St., N.W., Suite 750, Washington, DC 20036; (202) 419-1448; www.advocatesforyouth.org. Promotes comprehensive sex education for teens.

The Alan Guttmacher Institute, 120 Wall St., New York, NY 10005; (212) 248-1111; www.agi-usa.org. Research group that tracks and analyzes reproductive issues.

The Institute for Research and Evaluation, 6068 S. Jordan Canal Rd., Salt Lake City, UT 84118; (801) 966-5644; <http://instituteresearch.com>. Evaluates abstinence and pro-marriage programs.

MTV's "16 and Pregnant," www.mtv.com/shows/16_and_pregnant/season_2/series.jhtml. Web site of this cable TV reality show tracks the lives of several pregnant and parenting teens.

National Abstinence Education Association, 1701 Pennsylvania Ave., N.W., Suite 300, Washington, DC 20006; (202) 248-5420; www.abstinenceassociation.org. Promotes abstinence education through lobbying and public information.

National Campaign to Prevent Teen and Unplanned Pregnancy, 1776 Massachusetts Ave., N.W., Suite 200, Washington, DC 20036; (202) 478-8500; www.teenpregnancy.org. Advocates of evidence-based programs for pregnancy prevention.

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Trenholm, Christopher, et al., "Impacts of Four Title V, Section 510 Abstinence Education Programs," *Mathematica Policy Research, Inc.*, April 2007, www.mathematica-mpr.com/publications/pdfs/impactabstinence.pdf.

A government-commissioned report finds that four abstinence-only programs apparently make no difference in whether teens have sex or have unprotected sex.

The Next Step:

Additional Articles from Current Periodicals

Abortion

Jayson, Sharon, "Teen Pregnancies, Abortions Rise," *USA Today*, Jan. 26, 2010, p. 1A.

A recent increase in the number of teenage pregnancies has led to an increase in the number of abortions among teenagers.

McDermott, Kevin, "Girls Must Tell Parents Before Illinois Abortion," *St. Louis Post-Dispatch*, Aug. 5, 2009, p. A3.

A new Illinois law requires minors who are seeking an abortion to first notify their parents of the decision.

Stannard, Ed, "DeLauro Bill Would Curb Unintended Pregnancies?" *New Haven Register*, July 23, 2009, p. A3.

Rep. Rosa DeLauro, D-Conn., is introducing a "Preventing Unintended Pregnancies" bill in hopes of reducing abortions among teens.

Abstinence-Only Education

Lewin, Tamar, "Abstinence Education Is Found to Delay Sex," *The New York Times*, Feb. 3, 2010, p. A18.

Abstinence-only education is helping to delay the sexual initiation of a select group of middle-school students.

Schrader, Jordan, "Abstinence-Only Support Waning," *Asheville Citizen-Times*, June 7, 2009, p. 1A.

More and more North Carolina residents are opposing a strict abstinence-only approach to sex education.

Vogtli, Judith, "Funding for Abstinence Programs Should Be Restored," *Buffalo News*, Aug. 6, 2009, p. A6.

President Obama is eliminating abstinence-only education from his budget.

Wetzstein, Cheryl, "The 'Big Bucks' of Abstinence," *The Washington Times*, May 19, 2009, p. A16.

Abstinence funding pales in comparison to what Congress spends on other reproductive health services for teenagers.

Bristol Palin

"Bristol Palin Juggles Demands of Single Parent," *The Associated Press*, May 20, 2009.

Sarah Palin's daughter Bristol says she did not attend her high school prom or graduation because of her responsibilities as a single mother.

Demer, Lisa, "Judge Orders Records Opened in Palin Custody Case," *Anchorage Daily News*, Dec. 29, 2009.

A judge has opened to the public the custody dispute between Bristol Palin and her ex-boyfriend Levi Johnston.

Estrich, Susan, "Bristol Palin Now Advocate of Abstinence," *The Advocate (Louisiana)*, May 9, 2009, p. B9.

Bristol Palin has become a new spokeswoman for the Candie's Foundation initiative to prevent teen pregnancy by supporting abstinence.

Teen Marriage

Lopez, Lynda, "Too Young for Marriage?" *Chicago Tribune*, Feb. 11, 2010, p. A10.

Marriage may impose overwhelming financial responsibilities for teenagers and is likely to interfere with their exploration of life.

Megan, Kathleen, "Teens Who Marry," *Hartford Courant*, Sept. 27, 2008, p. D1.

Many teen mothers are in committed relationships, but marriage doesn't seem to be a priority for many of them.

Sanders, Joshunda, "Making the Case for Early Marriage," *Virginian-Pilot*, Aug. 29, 2009, p. E3.

A University of Texas sociology professor says more people should get married right after high school in order to preserve the institution of marriage by not discouraging or delaying it.

Stetler, Carrie, "Odds Are Against Young Married Couples, Experts Say," *Times-Picayune*, Sept. 17, 2008, p. 4.

Legal decisions that have weakened the concept of "illegitimacy" have made many teenage moms feel less dependent on marriage.

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