

REDUCING NONMARITAL BIRTHS

HEARING
BEFORE THE
SUBCOMMITTEE ON HUMAN RESOURCES
OF THE
COMMITTEE ON WAYS AND MEANS
HOUSE OF REPRESENTATIVES
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REDUCING NONMARITAL BIRTHS

TUESDAY, JUNE 29, 1999

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON HUMAN RESOURCES,
Washington, DC.

The Subcommittee met, pursuant to notice, at 10:05 a.m., in room B-318, Rayburn Office Building, Hon. Nancy L. Johnson (Chairman of the Subcommittee), presiding.

[The advisory announcing the hearing follows:]

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEE ON HUMAN RESOURCES

FOR IMMEDIATE RELEASE

CONTACT: (202) 225-1025

June 22, 1999

No. HR-8

Johnson Announces Hearing on Reducing Nonmarital Births

Congresswoman Nancy L. Johnson (R-CT), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on reducing nonmarital births. The hearing will take place on Tuesday, June 29, 1999, in room B-318 of the Rayburn House Office Building, beginning at 10:a.m.

Oral testimony at this hearing will be from invited witnesses only. Witnesses will include officials from Congressional agencies, program administrators, researchers, and advocates. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

BACKGROUND:

For several generations, both the number and percentage of American children born outside marriage has been increasing. Simultaneously, social science evidence has been accumulating to demonstrate that nonmarital births are bad for the children involved, their parents, and society. Among other findings, children born outside marriage are more likely to be poor, perform poorly in school, drop out of school, have criminal records, and have nonmarital births themselves. Similarly, mothers giving birth outside marriage are more likely to be poor, go on welfare, become dependent on welfare, and be unemployed. However, historical trends also suggest that the Nation is making some progress in its fight to stanch the increase in babies born outside marriage.

The 1996 welfare reform law (P.L. 104-193) contained numerous provisions designed to reduce nonmarital births. These included funds for abstinence education programs, strong paternity establishment requirements, a requirement that teen mothers live at home or with a responsible adult, a requirement that teen mothers stay in school, and a cash bonus for States that decrease their nonmarital birth rate while decreasing their abortion rate.

In announcing the hearing, Chairman Johnson stated: "Along with the related problem of declining marriage rates among low-income Americans, the increase in nonmarital births is the nation's leading social problem. We have found that the nation's shocking level of births outside marriage is correlated with almost all our other social ills. Now, for the first time in several generations, we seem to actually be making progress in reducing the rate of teen births outside marriage and at least stopping the increase in the ratio of all American births that occur outside marriage. We are holding this hearing to find out whether any of the policies we enacted in 1996 are having an impact on the level of nonmarital births and to search for additional steps we can take to encourage young people to defer childbearing until marriage."

FOCUS OF THE HEARING:

The hearing will focus on four issues. First, historical trends in both the illegitimacy ratio and the rate of nonmarital births will be reviewed. Second, the numerous policies included in the 1996 welfare reform law to reduce nonmarital births will be summarized and their impact on historical trends in nonmarital births assessed. Further, the hearing will assess the actions being taken by State and local agencies to implement the Federal policies on nonmarital births as well as additional policies developed at the State and local level. Third, the hearing will review whether other societal trends, such as the increased fear of sexually transmitted diseases and the increased use of long-term contraceptives, have had an impact on nonmarital birth rates. Fourth, the hearing will examine new policies that should be considered to ensure that the Nation continues to make progress in reducing the number of children born outside marriage.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Any person or organization wishing to submit a written statement for the printed record of the hearing should submit six (6) single-spaced copies of their statement, along with an IBM compatible 3.5-inch diskette in WordPerfect 5.1 format, with their name, address, and hearing date noted on a label, by the *close of business*, Tuesday, July 13, 1997, to A.L. Singleton, Chief of Staff, Committee on Ways and Means, U.S. House of Representatives, 1102 Longworth House Office Building, Washington, D.C. 20515. If those filing written statements wish to have their statements distributed to the press and interested public at the hearing, they may deliver 200 additional copies for this purpose to the Subcommittee on Human Resources office, room B-317 Rayburn House Office Building, by the close of business the day before the hearing.

FORMATTING REQUIREMENTS:

Each statement presented for printing to the Committee by a witness, any written statement or exhibit submitted for the printed record or any written comments in response to a request for written comments must conform to the guidelines listed below. Any statement or exhibit not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

1. All statements and any accompanying exhibits for printing must be submitted on an IBM compatible 3.5-inch diskette in WordPerfect 5.1 format, typed in single space and may not exceed a total of 10 pages including attachments. **Witnesses are advised that the Committee will rely on electronic submissions for printing the official hearing record.**

2. Copies of whole documents submitted as exhibit material will not be accepted for printing. Instead, exhibit material should be referenced and quoted or paraphrased. All exhibit material not meeting these specifications will be maintained in the Committee files for review and use by the Committee.

3. A witness appearing at a public hearing, or submitting a statement for the record of a public hearing, or submitting written comments in response to a published request for comments by the Committee, must include on his statement or submission a list of all clients, persons, or organizations on whose behalf the witness appears.

4. A supplemental sheet must accompany each statement listing the name, address, telephone and fax numbers where the witness or the designated representative may be reached. This supplemental sheet will not be included in the printed record.

The above restrictions and limitations apply only to material being submitted for printing. Statements and exhibits or supplementary material submitted solely for distribution to the Members, the press, and the public during the course of a public hearing may be submitted in other forms.

Note: All Committee advisories and news releases are available on the World Wide Web at '[HTTP://WWW.HOUSE.GOV/WAYS_MEANS/](http://WWW.HOUSE.GOV/WAYS_MEANS/)'.

The Committee seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202-225-1721 or 202-226-3411 TTD/TTY in advance of the event (four business days notice is requested). Questions with regard to special accommodation needs in general (including avail-

ability of Committee materials in alternative formats) may be directed to the Committee as noted above.

Chairman JOHNSON of Connecticut [presiding]. Good morning, everyone.

Today, we move forward in the series of hearings we have planned to methodically and comprehensively fulfill our obligation to oversee the implementation and performance of the welfare reform legislation of 1996.

This is a hearing I have been looking forward to because I was not one of those who believed that funding abstinence programs could have much effect on nonmarital birthrates. I believed then and am more convinced than ever now that welfare reform will have an effect on the number of children born out of wedlock, and I think this is important because of the enormous economic and emotional support children need in today's world. But this hearing will give us the first good information on the effect of the provisions in the 1996 Welfare Reform bill and the opportunity we may have to discourage nonmarital births.

There is overwhelming data that nonmarital births is one of the Nation's two or three greatest social problems. School failure, school dropout, welfare use, poor jobs, crime and delinquency and a host of other problems do unfortunately correlate with being born to unmarried mothers, that is, without the full support economically and emotionally of two adults.

There also seems to be considerable agreement that if we could substantially reduce the number of nonmarital births, we would improve the lives of millions of adults and children and reduce the severity of some of the social problems just listed.

As we will see in the presentations by Dr. Ventura and several of the witnesses, for the first time since the early 1960s, today we actually have good news about trends in nonmarital births. The teen birthrate has been declining since the early 1990s, and the overall ratio of nonmarital births has been more or less stable for 3 years.

These are welcome and hopeful developments, but do these trends signal a true change in nonmarital births or simply a pause in their relentless increase? The purpose of today's hearing is to review these questions and discuss provisions we put in the 1996 Welfare Reform bill, designed to reduce nonmarital births.

I am pleased that the Congressional Research Service has published two concise and exceptionally useful papers on nonmarital births. One of these summarizes the provisions of the 1996 Welfare Reform law designed to reduce these births, and the other is a brief overview of some of the major issues. We have placed copies of both papers in the Members' folders and copies are available on the table.

[The information follows:]



Congressional Research Service • The Library of Congress • Washington, D.C. 20540

Synopsis of P.L. 104-193 Provisions Related to Nonmarital Births

by
Carmen Solomon-Fears
June 17, 1999

Prepared for the Subcommittee on Human Resources
House Committee on Ways and Means

Findings. P.L. 104-193 notes the increase in out-of-wedlock pregnancies and births during the 1976-1991 period; asserts that an effective strategy to combat teenage pregnancy must address the issue of male responsibility; and lists some negative consequences of nonmarital births on the mother, child, family, and society.

Purpose. The Temporary Assistance for Needy Families (TANF) law stipulates that states should design their TANF program to prevent and reduce the incidence of out-of-wedlock pregnancies and that states should establish annual numerical goals for preventing and reducing the incidence of such pregnancies.

State Plan. P.L. 104-193 requires that the TANF state plan outline how the state intends to (1) establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies, with special emphasis on teenage pregnancies; (2) establish numerical goals for reducing the nonmarital birth ratio of the state for calendar years 1996-2005; and (3) conduct a teenage pregnancy prevention program that addresses the problem of statutory rape and that is expanded to include men.

Bonus for Decline in Out-of-Wedlock Births. For FY1999-FY2002, under TANF law, the five states with the greatest decline in the out-of-wedlock birth rate (with reduced abortion rates), compared to rates in FY1995, are to receive a bonus of \$20 million. If fewer than five states qualify for this bonus, the bonus is to increase to \$25 million.

Bonus to Reward High Performance States. For FY1999-FY2002, a bonus grant is provided to states that are successful in meeting the goals of the TANF program. However, the bonuses for FY1999 and FY2000 do not contain any nonmarital birth measures. A total of \$1 billion is appropriated for these bonuses, which are to average \$200 million annually.

Persons Ineligible for TANF Assistance. P.L. 104-193 specifies that a state may not use any part of the federal TANF grant to provide assistance to unwed mothers under age 18 without a high school diploma (or its equivalent) unless they attend school once their youngest child is 12 weeks old. The law also specifies that a state may not use any part of the federal TANF grant to provide assistance to unwed mothers under age 18 (and their children) unless they live in the home of an adult relative or in another adult-supervised arrangement.

Family Planning. Although a state is prohibited from using any part of the federal TANF grant to provide medical services, "prepregnancy" family planning is specifically mentioned as an allowable expense under the TANF program.

Family Cap. Although there is no explicit provision, P.L. 104-193 allows states to deny TANF benefits for a new baby in a family already receiving cash welfare (TANF) rather than to provide the traditional incremental benefit increase for a newborn.

Abstinence Education. P.L. 104-193 provides appropriations of \$50 million for each of fiscal years 1998-2002 for grants to states for abstinence education programs, with a focus on groups most likely to bear children out-of-wedlock.

Ranking and Review of States Regarding Out-of-Wedlock Births. P.L. 104-193 directs the HHS Secretary to rank states in order of success in reducing the proportion of out-of-wedlock births and review the programs of the five states most recently ranked highest and the five states most recently ranked the lowest.

Research on TANF Programs. P.L. 104-193 requires the Department of Health and Human Services (HHS) Secretary to conduct research on the benefits, effects, and costs of operating state TANF programs. The research is to include the effects and operation of various programs on "illegitimacy" and teen pregnancy.

Census Bureau Report. The Census Bureau is directed to expand the Survey of Income and Program Participation (SIPP) to obtain data with which to evaluate TANF's impact on a random sample of recipients, including data relating to out-of-wedlock births. The law authorizes an appropriation of \$10 million for each of fiscal years 1996-2002.

Report on Circumstances of Certain Individuals. P.L. 104-193 requires the HHS Secretary to report to four Committees of Congress annually beginning August 22, 1999 on specified matters about three groups: children whose families lost TANF eligibility because of a time limit, children born after enactment (i.e., August 22, 1996) to teen parents, and persons who became teen parents after enactment. Among the specified matters is the rate at which the members of each group are born, or have children, out-of-wedlock, and the percentage of teens that are married.

National Goals to Prevent Teenage Pregnancies. P.L. 104-193 requires the HHS Secretary to establish and implement, no later than January 1, 1997, a strategy for preventing out-of-wedlock teenage pregnancies and assuring that at least 25% of the nation's communities have teenage pregnancy prevention programs.

Reduction or Elimination of TANF Benefits if Recipient Fails to Cooperate in Establishing Paternity or Obtaining Child Support. If the Child Support Enforcement (CSE) agency determines that a TANF recipient is not cooperating with the state in establishing paternity or in obtaining child support, the state must reduce the family's TANF benefit by at least 25% and may remove the family from the program. Moreover, if a state does not enforce penalties related to failure to cooperate, the HHS Secretary must reduce the state's federal TANF grant by not more than 5% (and the state must replace these funds with its own).

Paternity Establishment. P.L. 104-193 requires states to take several actions to promote paternity establishment, such as creating a simple civil process for voluntary acknowledgment of paternity, maintaining a hospital-based paternity acknowledgment program, and issuing an affidavit of voluntary paternity acknowledgment. Further, in contested paternity cases, generally all parties must submit to genetic testing. P.L. 104-193 also permits states to compute the paternity establishment rate (which was increased to 90%) by calculating the rate relative to all out-of-wedlock births in the state, rather than relative to the CSE caseload.

Grandparent Liability. P.L. 104-193 gives states the option to enforce a child support order (for a grandchild) against the parents of the minor noncustodial parent.

CRS Report for Congress

Congressional Research Service • The Library of Congress

Welfare Reform: Provisions Related to Nonmarital Births

Carmen Solomon-Fears
Specialist in Social Legislation
Domestic Social Policy Division

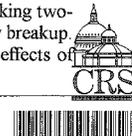
Summary

In 1997, 32.4% of all births in the United States were to unmarried women, slightly down from the peak of 32.6% in 1994. Declining marriage rates, increased childbearing among unmarried women, and decreased childbearing among married women have contributed to the nonmarital birth rate. The 1996 welfare reform law (P.L. 104-193) includes provisions in the Temporary Assistance for Needy Families (TANF) and Child Support Enforcement (CSE) programs that relate to preventing or reducing out-of-wedlock births. This report summarizes those provisions after briefly examining some of the data on nonmarital births. This report will not be updated.

Background

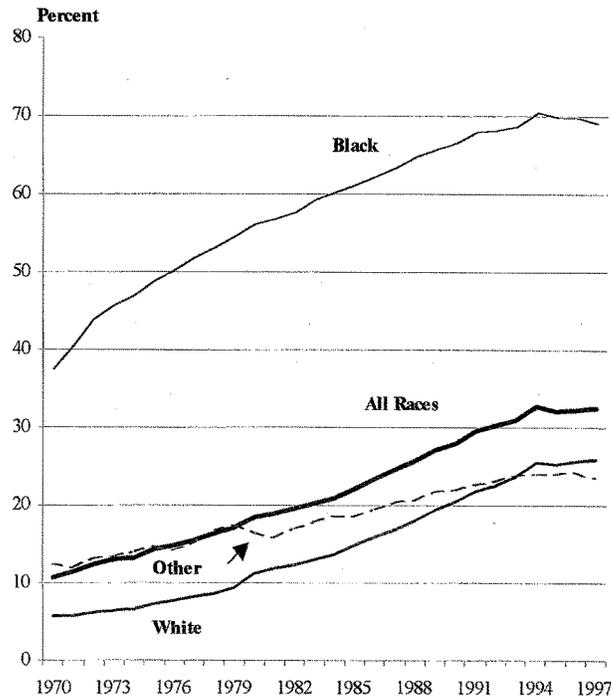
Nonmarital births in the United States are widespread, touching families of varying income class, race, ethnicity, and geographic area. Many observers attribute this to changed attitudes about fertility and marriage. They find that many adult women and teenage girls no longer feel obliged to marry before, or as a consequence of, having children.

However, there is a large body of literature indicating that children who grow up without a father are more likely to do poorly in school, have emotional and behavioral problems, become teenage parents, and have poverty-level incomes, compared to children who grow up with both parents in the home. Many policymakers and analysts argue that economic considerations enter the marriage decision of many couples. Some argue that availability of federal cash and medical benefits may have reduced the need to marry in response to an unintended pregnancy. Indeed, before its repeal, there was concern that the concentration of Aid to Families with Dependent Children (AFDC) benefits on fatherless families, and the program's exclusion of most needy able-bodied working two-parent families, may have inadvertently encouraged unwed parenthood and family breakup. More recently, analysts and policymakers have been discussing the negative effects of marriage penalties in relation to the number of out-of-wedlock births.



P.L. 104-193, enacted August 22, 1996, eliminated the individual entitlement to cash welfare benefits and replaced the AFDC program with the TANF block grant program. The TANF program requires work in exchange for time-limited benefits. One of the stated purposes of the TANF program is to prevent and reduce the incidence of out-of-wedlock pregnancies. The law requires states to outline in their TANF plans how they will establish annual numerical goals for preventing and reducing the incidence of these pregnancies. P.L. 104-193 includes provisions in both the TANF and CSE programs that relate to preventing or reducing out-of-wedlock births. This report summarizes those provisions after briefly examining some of the data on nonmarital births.

CHART 1. Births to Unmarried Women, 1970-1997



Source: CRS based on data from the National Center for Health Statistics.

Nonmarital Births in the U.S.

In 1997, 32.4% of all the births in the U.S. were to unmarried women. The percentage of births to unmarried women increased from 10.7% in 1970 to 32.4% in 1997 (See Chart 1), while the total number of births in the U.S. increased only slightly from 3,731,386 in 1970, to 3,880,894 in 1997. The percentage of nonmarital births peaked at 32.6% in 1994, and has remained relatively stable since then. Changes in the proportion of births to unmarried women are affected by trends in birth rates for unmarried as well as married women, and the number of unmarried women. The proportion of births to

unmarried women has changed very little since 1994 even though the number and rate of births for unmarried women generally have declined, because total births, primarily births to married women, have also declined. Declining marriage rates, increased childbearing among unmarried women, and decreased childbearing among married women have contributed to the rising share of children being born to unwed women.

Birth Rate for Unmarried Women. The birth rate for unmarried women has increased substantially over the last 27 years. In 1970, there were 26.4 births per 1,000 unmarried women aged 15 to 44. The birth rate for unmarried women peaked at 46.9 in 1994 and declined to 44.0 in 1997.

Birth Rate for Married Women. Meanwhile, the birth rate for married women has generally declined. In 1970, there were 121.1 births per 1,000 married women aged 15 to 44. By 1997, the birth rate for married women had dropped by 31%, falling to 83.4 births per 1,000 per married women aged 15 to 44.

Marriage Downswing. In 1970, there were approximately 2,159,000 marriages, compared to 2,384,000 in 1997. During the period 1970-1997, the marriage rate per 1,000 population dropped 16%, from 10.6 in 1970 to 8.9 in 1997. Moreover, the median age of women at first marriage has risen to 26.7 in 1990 compared to 21.7 in 1970.

Births to Unmarried Teenagers Versus Births to Unmarried Adults. Although the number of teenagers who marry has always been low, the proportion dropped from 10% in 1970 to less than 5% in 1997. However, as noted above, relatively fewer women in all age groups are married nowadays, while birth rates have increased sharply for unmarried women in all age groups. Consequently, while most births to teenagers are nonmarital, teenagers do not account for the majority of all births to unmarried women. In 1970, births to teenagers (under age 20) comprised 50% of the 398,700 births to unmarried females; whereas in 1997, they comprised about 31% of the 1,257,444 births to unmarried females. However, birth patterns of unmarried women indicate that about half of them had their first child as a teenager. This is why some analysts contend that unless welfare reform or other efforts modify or change the behaviors that result in a relatively high proportion of births to unwed teenagers, the underlying problems associated with nonmarital births will remain.

Table 1. Births to Unmarried Women

	1970		1997	
	Nonmarital births	Percent of nonmarital births	Nonmarital births	Percent of nonmarital births
Total, all ages	398,700	100.0%	1,257,444	100.0%
Under age 15	9,500	2.4%	9,685	0.8%
Ages 15-19	190,400	47.8%	376,117	29.9%
Ages 20-24	126,700	31.8%	438,632	34.9%
Ages 25-29	40,600	10.2%	234,762	18.7%
Ages 30-34	19,100	4.8%	124,831	9.9%
Ages 35-39	9,400	2.4%	59,870	4.8%
Age 40 and over	3,000	0.8%	13,547	1.1%

Source: National Center for Health Statistics. Vital Statistics of the U.S., v. I — Natality, 1970. p. 1-30. National Vital Statistics Report, v. 47, no. 18, April 29, 1999. p. 42. Details may not add to totals due to rounding.

Nonmarital Birth Provisions in the Temporary Assistance for Needy Families (TANF) Program

Findings. The findings section of P.L. 104-193 notes the increase in out-of-wedlock pregnancies and births during the 1976-1991 period, asserts that an effective strategy to combat teenage pregnancy must address the issue of male responsibility, and lists some of the negative consequences of out-of-wedlock births on the mother, child, family, and society. This section of the law states that it is the "Sense of the Congress" that prevention of out-of-wedlock pregnancy and reduction in out-of-wedlock birth are very important government interests and that the policy contained in the TANF program is intended to address the problem.

Purpose. The purpose statement in the law with respect to the TANF program stipulates that states should design their TANF program to prevent and reduce the incidence of out-of-wedlock pregnancies and that states should establish annual numerical goals for preventing and reducing the incidence of such pregnancies.

State Plan. P.L. 104-193 requires that the TANF state plan include an outline of how the state intends to establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies, with special emphasis on teenage pregnancies. States should also establish numerical goals for reducing the nonmarital birth ratio of the state for calendar years 1996-2005. Finally, the state is required to outline how it intends to conduct a program that provides education and training on the problem of statutory rape so that teenage pregnancy prevention programs may be expanded to include men.

Bonus for Decline in Out-of-Wedlock Births. For FY1999-FY2002, TANF provides that bonus funds be awarded to five states that have lower out-of-wedlock birth rates and lower abortion rates than in FY1995. Under the law, the five states with the greatest decline in the out-of-wedlock birth rate (with reduced abortion rates) are to receive a bonus of \$20 million. If fewer than five states qualify for this bonus, the bonus is to increase to \$25 million. If Guam, the Virgin Islands, or American Samoa qualify for these bonus funds, they would be paid \$1.172 million, \$889,000, and \$250,000, respectively. This would not affect the number of other jurisdictions that could receive the bonus. The \$20 million or \$25 million paid to other qualifying states (including the District of Columbia and Puerto Rico) would be reduced pro-rata.

Bonus to Reward High Performance States. For FY1999-FY2002, a bonus grant is provided to states that are successful in meeting the goals of the TANF program. A total of \$1 billion is appropriated for these bonuses, which are to average \$200 million annually. As mentioned earlier, one of the goals of the TANF program is to prevent and reduce the incidence of out-of-wedlock pregnancies. However, the Department of Health and Human Services (HHS) has announced that the performance award for FY1999 and FY2000 will be based on state rankings of job entry and "workforce success" measures. On March 3, 1999, HHS indicated that it intends to issue regulations regarding the formula for awarding high performance bonuses in later years.

Persons Ineligible for TANF Assistance. P.L. 104-193 specifies that a state may not use any part of the federal TANF grant to provide assistance to unwed mothers under age 18 without a high school diploma (or its equivalent) unless they attend school (or other equivalent educational or training program) once their youngest child is 12 weeks old.

The law also specifies that a state may not use any part of the federal TANF grant to provide assistance to unwed mothers under age 18 (and their children) unless they live in the home of an adult relative or in another adult-supervised arrangement.

Family Planning. Although a state is prohibited from using any part of the federal TANF grant to provide medical services, “prepregnancy” family planning is specifically mentioned as an allowable expense under the TANF program.

Family Cap. Although there is no explicit provision, P.L. 104-193 allows states to deny TANF benefits for a new baby in a family already receiving cash welfare (TANF) rather than to provide the traditional incremental benefit increase for a newborn.

Abstinence Education. P.L. 104-193 provides appropriations of \$50 million for each of fiscal years 1998-2002 for grants to states for abstinence education programs, with a focus on groups most likely to bear children out-of-wedlock.

Ranking and Review of States Regarding Out-of-Wedlock Births. P.L. 104-193 directs the HHS Secretary to rank states in order of success in reducing the proportion of out-of-wedlock births and review the programs of the five states most recently ranked highest and the five states most recently ranked the lowest.

Research on TANF Programs. P.L. 104-193 requires the HHS Secretary to conduct research on the benefits, effects, and costs of operating state TANF programs. The research is to include the effects and operation of various programs on nonmarital births and teen pregnancy.

Census Bureau Report. The Census Bureau is directed to expand the Survey of Income and Program Participation (SIPP) to obtain data with which to evaluate TANF’s impact on a random sample of recipients. One of the areas the Census Bureau is directed to focus on is out-of-wedlock births. The law authorizes an appropriation of \$10 million for each of fiscal years 1996-2002.

Report on Circumstances of Certain Individuals. P.L. 104-193 requires the HHS Secretary to report to four Committees of Congress annually beginning August 22, 1999 on specified matters about three groups: children whose families lost TANF eligibility because of a time limit, children born after enactment (i.e., August 22, 1996) to teen parents, and persons who became teen parents after enactment. Among the specified matters is the rate at which the members of each group are born, or have children, out-of-wedlock, and the percentage of teens that are married.

National Goals to Prevent Teenage Pregnancies. P.L. 104-193 requires the HHS Secretary to establish and implement, no later than January 1, 1997, a strategy for preventing out-of-wedlock teenage pregnancies and assuring that at least 25% of the nation’s communities have teenage pregnancy prevention programs. The Secretary is required to annually report to Congress with respect to the progress that has been made in meeting the aforementioned strategies. The 1997-1998 report was released in June 1998.

Nonmarital Birth Provisions in the Child Support Enforcement Program

Reduction or Elimination of TANF Benefits if Recipient Fails to Cooperate in Establishing Paternity or Obtaining Child Support. If the CSE agency determines that a TANF recipient is not cooperating with the state in establishing paternity or in establishing, modifying, or enforcing a support order for her (or his) child (and the person does not qualify for a good cause exemption), the state must reduce the family's TANF benefit by at least 25% and may remove the family from the program. Moreover, if a state does not enforce penalties requested by the CSE agency against TANF recipients who fail to cooperate in establishing paternity or in establishing, modifying, or enforcing a support order, the HHS Secretary must reduce the state's federal TANF grant by not more than 5% (and the state must replace these funds with its own).

Paternity Establishment. P.L. 104-193 requires states to take several actions to promote paternity establishment including creating a simple civil process for voluntary acknowledgment of paternity, maintaining a hospital-based paternity acknowledgment program as well as programs in other state agencies (including the birth record agency), and issuing an affidavit of voluntary paternity acknowledgment based on a form developed by the HHS Secretary. Moreover, when a child's parents are not married, the father's name will not appear on the birth certificate unless there is an acknowledgment or adjudication of paternity. In addition, signed paternity acknowledgments must be considered a legal finding of paternity unless rescinded within 60 days. Thereafter, acknowledgments can be challenged only on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the challenger. Results of genetic testing must be admissible in court without foundation or other testimony unless objection is made in writing. State law must establish either a rebuttable or conclusive presumption of paternity when genetic testing indicates a threshold probability of paternity. Also, in contested paternity cases, except where barred by state laws or where there is good cause not to cooperate, all parties must submit to genetic testing at state expense; however, states may recoup costs from the father if paternity is established.

P.L. 104-193 increased the percentage of children, from 75% to 90%, for whom the state must establish paternity. It also gives states a new option for computing this paternity establishment rate; instead of calculating the rate relative to the CSE caseload, a state may calculate the rate relative to all out-of-wedlock births in the state. States are allowed several years to reach the 90% standard, but must increase the establishment rate by 2 percentage points a year when the state rate is between 75% and 90%.

Grandparent Liability. P.L. 104-193 gives states the option to enforce a child support order (for a grandchild) against the parents of the minor noncustodial parent.

Chairman JOHNSON of Connecticut. It is my intent to try to determine the effectiveness of the 1996 provisions and gain better insight into how this subcommittee can better support families and discourage nonmarital births.

What effect did the changes in the law have? What role—the very public debate on this issue during the welfare reform debate, what role did that public debate play? That was the first public discussion of the discouraging data associated with these kids's futures, as well as with the future of their moms and dads. I am anxious to hear what our distinguished witnesses have to say about

these vital issues and especially about whether additional policy changes could help.

[The opening statement follows:]

**Statement of Chairman Nancy L. Johnson, a Representative in Congress
from the State of Connecticut**

Today we move forward in the series of hearings we have planned to methodically and comprehensively fulfill our obligation to oversee the implementation and performance of the welfare reform this Congress passed in 1996. This is a hearing I have been looking forward to because I was not one of those who believed that funding abstinence programs could have much effect on nonmarital birthrates. I believed then and am more convinced than ever now that welfare reform will reduce the number of children born out of wedlock and I think that is important because of the enormous economic and emotional support children need in today's world. This hearing will give us the first good information on this important matter for kids and families.

There is now overwhelming data that nonmarital births is one of our nation's two or three greatest social problems. School failure, school dropout, welfare use, poor jobs, crime and delinquency, and a host of other problems do, unfortunately, correlate with being born to unmarried mothers, that is without the full support—both economic and emotional—of two adults. There also seems to be considerable agreement that if we could substantially reduce the number of nonmarital births, we would improve the lives of millions of adults and children and reduce the social problems just listed.

As we will see in the presentations by Dr. Ventura and several other witnesses, for the first time since the early 1960s, today we actually have good news about trends in nonmarital births. The teen birthrate has been declining since the early 1990s and the overall ratio of nonmarital births has been more or less stable for 3 years. These are welcome and hopeful developments. But do these trends signal a true change in nonmarital births or simply a pause in their relentless increase?

The purpose of today's hearing is to review these questions and to discuss provisions we put in the 1996 Welfare Reform bill designed to reduce nonmarital births. I am very pleased to announce that the Congressional Research Service has published two concise and exceptionally useful papers on nonmarital births. One of these summarizes the provisions of the 1996 welfare reform law designed to reduce these births; the other is a brief overview of some of the major issues. We have placed copies of both papers in the members folders and copies are available on the table.

It is my intent to try to determine the effectiveness of the 1996 provisions and gain better insight into how this Subcommittee can better support families and discourage nonmarital births. What role did the changes in the law play? What role did the very public debate on this issue during the welfare reform debate play? That was the first public discussion of the discouraging data associated with these kids' futures, as well as that of their moms and dads.

I'm anxious to hear what our distinguished witnesses have to say about these vital issues—and especially about whether additional policies could be helpful.

And I would like to yield to my colleague, Mr. Cardin.

Mr. CARDIN. Well, thank you, Madam Chair, and let me thank you for holding these hearings. I, too, look forward to listening to the experts on the panels that we have today.

Birth to teenage mothers has been declining for nearly a decade, and that is certainly good news. I, for one, have always felt that we should make a higher national priority the problems of teenage moms. The question before this panel is what government policies or societal changes promote this reduction and what we can do to maintain the progress that we have already made in this area.

I am one of the Members who voted the 1996 Welfare Reform law, and I hope that the measures that emphasize parental responsibility would have a positive impact on reducing the number of

teenage pregnancies, parental responsibility for both the mother and the father. However, since the reductions in teenage birthrates has now been going on for about 10 years, we may need to look a little further for explanation as to why we have been making some progress in this area.

This recent progress should not deter us from working to further reduce the number of children having children, especially since our Nation's teenage pregnancy rate is still much higher than nearly every other industrial nation of the world. However, there may be some disagreement about how to pursue this goal. For example, Governor George W. Bush last week, reportedly suggested that teaching abstinence and safe sex at the same time sends, "a contradictory message."

I worry this position could mean less information and advice on contraception for young women. It is one thing to say that abstinence should be our first message to young people, but saying that it should be our only message could take us backwards, not forwards, in our effort to reduce teenage pregnancies. Furthermore, I don't know how one can oppose a woman's right of choice and at the same time also oppose providing her access to information that might prevent a pregnancy.

In general, I believe our efforts to highlight the merits of waiting to have sex does not require us to deprive teenagers of information about contraception. After all, there is no evidence to suggest that teaching teenagers about safe sex increases their sexual activity.

Madam Chair, as we begin these hearings today on this subject, I look forward to our experts helping us as we try to develop the right policies for our Nation to reduce teenage pregnancy.

Thank you very much.

Chairman JOHNSON of Connecticut. I thank you for your opening comments.

Now, we will hear from the first panel, Stephanie Ventura of the National Center for Health Statistics, Centers for Disease Control and Prevention, and Nicholas Zill, the vice president and director of Child and Family Study Area, Westat, Inc., from Rockville. Come join us.

Ms. Ventura, if you will begin. We are very pleased to have your testimony from the Centers for Disease Control.

**STATEMENT OF STEPHANIE VENTURA, SENIOR RESEARCHER,
NATIONAL CENTER FOR HEALTH STATISTICS, CENTERS FOR
DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Ms. VENTURA. Madam Chair and Members of the Subcommittee, I am Stephanie Ventura, a Senior Researcher at the National Center for Health Statistics, an agency within the Centers for Disease Control and Prevention. Thank you for inviting me here today to speak with you about trends in births to unmarried women. The data I will draw on are from the National Vital Statistics System, one of more than a dozen data systems that the CDC/NCHS operates to allow us to profile the health of Americans.

By working with State health departments, we obtain data recorded on birth certificates, which include an item on marital status, allowing us to monitor trends in nonmarital births. At NCHS,

I have worked with the data on nonmarital births for over 30 years.

I will be presenting both broad trends and some illustrative details on nonmarital births. Additional information is included in my formal testimony. Much of this detail is important to grasping what has proven to be a complex social and health issue. As you sort through all of the specifics, however, I want to make sure that I convey these four important points.

No. 1, nonmarital births skyrocketed from 1940 to 1990, but the trends have stabilized in the 1990s, with a decline in the nonmarital birthrate since 1994.

No. 2, teens are not the only women having nonmarital births. In fact, two-thirds of nonmarital births are to women 20 and older.

No. 3, teen birthrates have declined considerably since 1991 with declines in all States and in all racial and ethnic groups.

And No. 4, nonmarital birthrates and teen birthrates have fallen for all population groups, but most sharply for black women.

Let's look first at the long-term historical trends in nonmarital births, using these three key measures as shown in the first chart. These are, No. 1, the birthrate for unmarried women; No. 2, the number of births to unmarried women; and No. 3, the percent of all births that are to unmarried women.

No matter how you look at the statistics, nonmarital childbearing rose dramatically during the half century from 1940 to 1990. The birthrate for unmarried women, which describes the proportion of unmarried women who give birth, increased more than sixfold overall, with increases in all age groups over this period as shown in the second chart. The rising number of nonmarital births was due in large part to the increased birthrates for unmarried women and the steep increases in the number of unmarried women in the childbearing ages.

The percent of all births that are to unmarried women rose sevenfold. Because of increases in birthrates for unmarried women and in the number of unmarried women, as I just described, and the 40 percent drop in birthrates for married women from the 1960s to the late 1980s. The percent of births to unmarried women increased substantially in all age groups as shown in this next chart.

In contrast to previous decades, during the 1990s, nonmarital childbearing has stopped rising and even declined in some age and race groups. The birthrate has declined since 1994. The total number of nonmarital births has stabilized in the last several years, and since 1994, the proportion of births to unmarried women has been unchanged at 32 percent.

Birthrates for unmarried black women have historically been higher than for unmarried white women, but the disparity has narrowed in recent years. In the 1990s, the rate for non-Hispanic white women has declined 5 percent, while the rate for black women fell 19 percent. The rate for unmarried Hispanic women, which is now the highest of any group, has declined 10 percent.

Let's look now at teen births. Although teen birth and nonmarital birth patterns are often considered interchangeable, these rates are not the same. The birthrate for teens aged 15 to 19 dropped by 16 percent between 1991 and 1997, and it has continued to

decline through June 1998. Of particular note, the birthrate for second births to teens who have had a first birth has dropped by 21 percent since 1991, as shown in this next chart.

Despite the declines in teen birthrates, most births that occur to teenagers are to unmarried teenagers. Birthrates for unmarried teens have declined steadily since 1994, halting steep increases which began in the mid-1970s. Rates fell for all unmarried teenagers, but again, with the largest decline for black teens.

What are some of the facts behind these recent declines? Data from three HHS-operated or -sponsored surveys show that the proportion of teenagers who are sexually experienced has stabilized and even declined in the 1990s. In addition, teenagers are now more likely to use contraceptives at first intercourse, especially condoms. About 12 percent of all teenagers using contraception and 25 percent of black teenagers are using long-lasting hormonal methods, including injectable and implant contraceptives. These changes in contraceptive use are also found for older women.

In summary, I hope that my testimony has reinforced the four major points I made when I began.

Thank you for the opportunity to present this data. I would be pleased to answer any questions you may have.

Chairman JOHNSON of Connecticut. Thank you very much, Ms. Ventura.

[The prepared statement follows:]

Statement of Stephanie Ventura, National Center for Health Statistics, Centers for Disease Control, U.S. Department of Health and Human Services

Madam Chairman and Members of the Subcommittee, I am Stephanie Ventura, a senior researcher at the National Center for Health Statistics (NCHS), an agency within the Centers for Disease Control and Prevention (CDC). Thank you for inviting me to speak with you today about the trends and variations in births to unmarried women. The data I will draw on are from the National Vital Statistics System, one of more than a dozen data systems that the CDC/NCHS maintains that allow us to profile the health and health care experiences of Americans. At NCHS, I have worked with the data on nonmarital births for over thirty years.

CDC/NCHS is the Nation's principal health statistics agency. In addition to the vital statistics system, we obtain our information through ongoing and special studies, including surveys where we interview a representative sample of Americans about their health, surveys where we conduct direct physical examinations, and surveys using hospital data and data from other providers of care. These data systems provide information on a broad range of health and health-related topics, ranging from birth to death and covering such topics as teen pregnancy, blood lead levels in children, incidence of overweight, cholesterol levels, immunizations, health insurance and access to care, the use of surgical procedures, and life expectancy. Data from CDC/NCHS are among the most fundamental measures supporting health policy decisions, public health practice, and research.

Today I will be talking with you about statistics from our National Vital Statistics System. By working with State health departments, we obtain data recorded on birth certificates. These certificates, initially filed as part of the vital registration process mandated in each state, are a rich resource for health and demographic research. It is through these documents that we obtain data on teen births, prenatal care, low birthweight, smoking during pregnancy, and other important measures. Birth certificates include an item on marital status, and this item allows us to monitor trends in nonmarital births.

OVERVIEW

I will be presenting both broad trends and some illustrative details on nonmarital births. Much of this detail is important to grasping what has proven to be a complex social and health issue. As you sort through all of the specifics, however, I want to make sure that I convey these four important points.

- Nonmarital births skyrocketed from 1940 to 1990 but the trends have stabilized in the 1990's, with a decline in the nonmarital birth rate since 1994.
- Teens are not the only women having nonmarital births; in fact two-thirds of nonmarital births are to women 20 and older.
- Teen birth rates have declined considerably since 1991, with declines in all states and in all racial and ethnic groups.
- Nonmarital birth rates and teen birth rates have fallen for all population groups, but most sharply for black women.

LONG TERM HISTORICAL TRENDS, 1940–90

Let's look first at the long-term historical trends in nonmarital births, using three key measures. These are (1) the birth rate for unmarried women, (2) the number of births to unmarried women, and (3) the percent of all births that are to unmarried women. No matter how you look at the statistics, nonmarital childbearing rose dramatically during the half century from 1940 to 1990, with somewhat larger increases in the 1980's than in previous decades (table 1, figure 1).

The birth rate for unmarried women, which describes the proportion of unmarried women who give birth, increased more than six-fold overall. Birth rates increased for women in all age groups over this period (table 2, figure 2).

The two key trends contributing to the rising numbers of nonmarital births through 1990 were the increased birth rates for unmarried women and the steep increases in the number of unmarried women in the childbearing ages. The number of unmarried women increased substantially as more and more women from the large baby-boom generation postponed marriage, a trend that shows no sign of abating with the current generation. In other words, the combination of more unmarried women who were also more likely to have a baby produced substantial increases in the number of nonmarital births.

The percent of all births that are to unmarried women rose steeply because of three concurrent trends: The increases in birth rates for unmarried women of all ages; the increases in the number and proportion of women who are unmarried, explained above; and the considerable drop in birth rates for married women (dropping 40 percent from 1960 to the late 1980's) (table 3, figure 3). Thus, the percent of all births that were to unmarried women rose because births to unmarried women increased while births to married women declined.

Data That Illustrate These Long-Term Trends

- The birth rate increased from 7 births per 1,000 unmarried women aged 15–44 in 1940 to 44 per 1,000 in 1990 (tables 1 and 2, figure 1).
- Trends in rates have been cyclical for most age groups, except the rates for teenagers. Teen rates rose, almost without interruption, from 1940 to 1990. Rates for women in their twenties and thirties rose steeply in the 1980's, by at least 50 percent (table 2, figure 2).
- Major changes in marriage patterns produced rapid growth in the number of unmarried women in all age groups. Two-thirds of women in their early twenties and about 40 percent of women in their late twenties are currently unmarried.
- The number of nonmarital births rose 13-fold between 1940 and 1990, from 89,500 in 1940 to 1.2 million in 1990 (table 1 and figure 1).
- The percent of all births that occurred to unmarried women rose seven-fold, from 4 percent in 1940 to 28 percent in 1990 (table 1 and figure 1). Increases were substantial in all age groups (table 4 and figure 4).
- Increases in birth rates for unmarried women aged 20 and older have contributed to striking shifts in the age distribution of nonmarital births. By 1990, only one-third were to teenagers compared with half in 1975.

CURRENT TRENDS

In contrast to previous decades, during the 1990's nonmarital childbearing has stopped rising and even declined in some age and race groups. The total number of nonmarital births rose just 8 percent between 1990 and 1997, and has stabilized in the last several years. Most of this increase was due to the continued increase in the number of unmarried women. Birth rates for unmarried women, the other factor, have stabilized and in some cases declined in the mid 1990's (tables 1 and 2, figure 2). More importantly, the proportion of births to unmarried women has increased relatively little in the 1990's. Since 1994, it has been essentially unchanged at 32 percent, reflecting stability in birth rates for unmarried women and modest increases in the number of unmarried women, coupled with declines in birth rates for married women.

I will now review some of the current patterns in nonmarital childbearing.

Variations by Race and Hispanic Origin

Nonmarital birth rates differ considerably by race and Hispanic origin. Reliable rates can be computed for white, black and Hispanic women; population data by marital status and race have not been available to allow us to compute similar rates for other race and ethnicity groups except in census years. Rates for unmarried black women have historically been higher than for white women, but the disparity has narrowed because birth rates for unmarried white women have increased more steadily than for unmarried black women (table 2).

The rate for unmarried white women more than doubled from 18 per 1,000 in 1980 to 38 in 1994, and has since declined slightly to 37. In contrast, the rate for unmarried black women increased from 81 in 1980 to 91 in 1989 (about 12 percent), and has declined steadily since to 73 per 1,000 in 1997 (down about 19 percent) (table 2).

Rates for unmarried Hispanic women are available only since 1990. The rate was highest in 1994, at 101 per 1,000, and has dropped 10 percent since. The birth rate for unmarried Hispanic women is the highest of any race/ethnicity group; this is consistent with the overall fertility patterns for Hispanic women.

Rates for unmarried women by age within race and Hispanic origin groups show essentially the same trends as the overall rates by race and ethnicity. Rates have fallen steeply for unmarried black women under age 35 (table 2).

Birth rates for married black women have declined even more than rates for unmarried black women and the rates are now much closer to each other (table 3). As a result, the proportion of births to unmarried black women remains high, 69 percent in 1997. Birth rates for married as well as unmarried non-Hispanic white and Hispanic women have generally stabilized or declined. As a consequence, the proportions of births to unmarried non-Hispanic white and Hispanic women have changed much less since the early 1990's compared with previous years. In 1997, 22 percent of births to non-Hispanic white women and 41 percent of births to Hispanic women were nonmarital.

Teen Birth Rate Trends

Let's look now at teen births. Although teen birth and nonmarital birth patterns are often considered interchangeable, these rates are not the same. Teen birth rates have declined considerably since 1991. The birth rate for teens aged 15–19 dropped 16 percent between 1991 and 1997, and it has continued to decline through June 1998, according to preliminary data. The rate for younger teenagers, 15–17 years, fell 17 percent while the rate for older teens 18–19 dropped 11 percent. Of particular note, the birth rate for second births to teens who have had a first birth has dropped substantially—by 21 percent—since 1991 (figure 5).

Despite the declines, however, most births that occur to teenagers are to unmarried teens. Birth rates for unmarried teens have declined steadily since 1994. The rate for unmarried teens aged 15–17 fell by 12 percent from 1994 to 1997, while the rate for older unmarried teens aged 18–19 fell 7 percent. To put these recent declines in perspective, I should note that from 1980 to 1994, the rate for unmarried teens aged 15–17 rose 55 percent, while the rate for teens 18–19 years rose 80 percent. Birth rates have dropped for unmarried non-Hispanic white, black, and Hispanic teenagers, but they dropped the most for black teenagers (table 2).

BEHAVIORAL CHANGES AND THEIR IMPACT

Data from CDC/NCHS' National Survey of Family Growth, CDC's Youth Risk Behavior Survey, and the NIH-sponsored National Survey of Adolescent Males can help explain some of the recent declines in teen births and in nonmarital births. These three separate surveys have all shown that the proportion of female and male teenagers who are sexually experienced has stabilized and even declined in the 1990's, reversing the steady increases that occurred over the previous two decades. In addition, teenagers are more likely to use contraceptives at first intercourse, especially condoms. About 12 percent of all teenagers using contraception and one quarter of black teenagers are using long-lasting hormonal methods including injectable and implant contraceptives. These changes in contraceptive use are probably important factors in the decline in birth rates for second births to teenagers who are already mothers (figure 5). The increases in contraceptive use reported for teenagers are also found for older women. Also a factor for black women in their late twenties and older is the continued high rates of voluntary female sterilization.

SUMMARY

I hope that my testimony has reinforced the four major points I made when I began. First, nonmarital births rose dramatically from 1940 to 1990, but have since stabilized with a decline since 1994. Second, teens do not account for all nonmarital births; two thirds are to women aged 20 and older. Third, teen birth rates declined considerably since 1991, nationally and across all states, but most teen mothers are not married. Fourth, nonmarital births and teen births have fallen for all population groups, but most steeply for black women.

Thank you for the opportunity to present these data. I would be pleased to answer any questions you may have.

Table 1. Number, rate and percent of births to unmarried women and birth rate for married women: United States, 1940-97

Year	Number of births to unmarried women	Percent of all births to unmarried women	Birth rate per 1,000 unmarried women 15-44	Birth rate per 1,000 married women 15-44
1997	1,257,444	32.4	44.0	84.3
1996	1,260,306	32.4	44.8	83.7
1995	1,253,976	32.2	45.1	83.7
1994	1,289,592	32.6	46.9	83.8
1993	1,240,172	31.0	45.3	86.8
1992	1,224,876	30.1	45.2	89.0
1991	1,213,769	29.5	45.2	89.9
1990	1,165,384	28.0	43.8	93.2
1989	1,094,169	27.1	41.6	91.9
1988	1,005,299	25.7	38.5	90.8
1987	933,013	24.5	36.0	90.0
1986	878,477	23.4	34.2	90.7
1985	828,174	22.0	32.8	93.3
1984	770,355	21.0	31.0	93.1
1983	737,893	20.3	30.3	93.6
1982	715,227	19.4	30.0	96.2
1981	686,605	18.9	29.5	96.0
1980	665,747	18.4	29.4	97.0
1979	597,800	17.1	27.2	96.4
1978	543,900	16.3	25.7	93.6
1977	515,700	15.5	25.6	94.9
1976	468,100	14.8	24.3	91.6
1975	447,900	14.3	24.5	92.1
1974	418,100	13.2	23.9	94.2
1973	407,300	13.0	24.3	94.7
1972	403,200	12.4	24.8	100.8
1971	401,400	11.3	25.5	113.2
1970	398,700	10.7	26.4	121.1
1969	360,800	10.0	24.8	118.8
1968	339,200	9.7	24.3	116.6
1967	318,100	9.0	23.7	118.7
1966	302,400	8.4	23.3	123.6
1965	291,200	7.7	23.4	130.2
1964	275,700	6.9	23.0	141.8
1963	259,400	6.3	22.5	145.9
1962	245,100	5.9	21.9	150.8
1961	240,200	5.6	22.7	155.8
1960	224,300	5.3	21.6	156.6
1959	220,600	5.2	21.9	---
1958	208,700	5.0	21.2	---
1957	201,700	4.7	21.0	---
1956	193,500	4.7	20.4	---
1955	183,300	4.5	19.3	153.7
1954	176,600	4.4	18.7	---
1953	160,800	4.1	16.9	---
1952	150,300	3.9	15.8	---
1951	146,500	3.9	15.1	---
1950	141,600	4.0	14.1	141.0
1949	133,200	3.7	13.3	---
1948	129,700	3.7	12.5	---
1947	131,900	3.6	12.1	---
1946	125,200	3.8	10.9	---
1945	117,400	4.3	10.1	---
1944	105,200	3.8	9.0	---
1943	98,100	3.3	8.3	---
1942	95,500	3.4	8.0	---
1941	95,700	3.8	7.8	---
1940	89,500	3.8	7.1	---

---Data not available.

Source: CDC/NCHS, National Vital Statistics System.

Table 2. Number of nonmarital births, 1997, and birth rates for unmarried women by age, race and hispanic origin of mother: United States, selected years, 1940-1985 and each year 1990-97. [Rates are live births per 1,000 unmarried women in specified group.]

Year and race	Age of mother								
	15-44 years1/	15-19 years						35-39 years	40-44 years2/
		Total	15-17 years	18-19 years	20-24 years	25-29 years	30-34 years		
1997	1,237,444	376,117	156,253	219,864	438,632	234,762	124,831	59,870	13,547
Number of nonmarital births									
Birth rates									
ALL RACES3/									
Reported/Inferred4/									
1987	44.0	42.2	28.2	65.2	71.0	56.2	39.0	19.0	4.6
1988	44.8	42.9	29.0	65.3	70.7	56.8	41.1	20.1	4.8
1989	45.1	44.4	30.5	67.6	70.3	56.1	39.6	19.4	4.7
1990	45.2	44.6	30.0	70.1	74.3	58.9	40.0	18.8	4.7
1991	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1992	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1993	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1994	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1995	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1996	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1997	45.2	44.6	30.4	71.3	74.3	58.9	39.9	18.8	4.7
1980	32.3	31.4	22.4	48.9	46.3	39.9	24.2	11.6	2.5
1985	29.4	27.6	20.6	39.0	40.9	34.0	21.1	9.7	2.6
Estimated5/									
1970	26.4	22.4	17.1	32.9	38.4	37.0	27.1	13.6	3.5
1960	15.1	12.6	---	---	---	---	---	---	---
1950	14.1	12.6	---	---	21.3	19.9	13.3	7.2	2.0
1940	7.1	7.4	---	---	9.5	7.2	5.1	3.4	1.2
WHITE, total									
Reported/Inferred4/									
1987	37.0	34.2	22.4	53.6	59.2	49.3	34.4	16.7	3.9
1988	37.3	34.5	22.7	53.7	59.3	49.3	34.4	16.7	3.9
1989	37.5	34.7	23.0	53.8	59.4	49.3	34.4	16.7	3.9
1990	37.7	34.9	23.3	53.9	59.5	49.3	34.4	16.7	3.9
1991	37.9	35.1	23.6	54.0	59.6	49.3	34.4	16.7	3.9
1992	38.1	35.3	23.9	54.1	59.7	49.3	34.4	16.7	3.9
1993	38.3	35.5	24.2	54.2	59.8	49.3	34.4	16.7	3.9
1994	38.5	35.7	24.5	54.3	59.9	49.3	34.4	16.7	3.9
1995	38.7	35.9	24.8	54.4	60.0	49.3	34.4	16.7	3.9
1996	38.9	36.1	25.1	54.5	60.1	49.3	34.4	16.7	3.9
1997	39.1	36.3	25.4	54.6	60.2	49.3	34.4	16.7	3.9
1980	32.9	30.6	20.4	44.9	48.2	43.0	29.9	14.5	3.2
1985	29.9	27.6	17.6	37.0	38.4	37.0	27.1	13.6	3.5
1980	18.1	16.3	12.0	24.1	25.1	21.3	14.1	7.1	1.8
Estimated5/									
1970	13.9	10.9	7.5	17.6	22.5	21.1	14.2	7.6	2.0
1960	6.2	6.6	---	---	18.2	18.2	10.8	---	---
1950	6.1	6.1	---	---	14.0	14.0	8.7	3.9	---
1940	3.6	3.3	---	---	5.7	4.0	2.3	1.2	---
NON-HISPANIC WHITE									
Reported/Inferred4/									
1987	27.0	25.9	15.9	42.3	43.8	34.4	24.5	12.4	2.8
1988	27.3	26.2	16.2	42.6	44.1	34.7	24.8	12.7	2.9
1989	27.6	26.5	16.5	42.9	44.4	35.0	25.1	13.0	3.0
1990	27.9	26.8	16.8	43.2	44.7	35.3	25.4	13.3	3.1
1991	28.2	27.1	17.1	43.5	45.0	35.6	25.7	13.6	3.2
1992	28.5	27.4	17.4	43.8	45.3	35.9	26.0	13.9	3.3
1993	28.8	27.7	17.7	44.1	45.6	36.2	26.3	14.2	3.4
1994	29.1	28.0	18.0	44.4	45.9	36.5	26.6	14.5	3.5
1995	29.4	28.3	18.3	44.7	46.2	36.8	26.9	14.8	3.6
1996	29.7	28.6	18.6	45.0	46.5	37.1	27.2	15.1	3.7
1997	30.0	28.9	18.9	45.3	46.8	37.4	27.5	15.4	3.8
1980	24.4	25.0	16.2	37.0	36.4	30.3	20.5	6.1	---
BLACK									
Reported/Inferred4/									
1987	73.4	86.4	60.6	127.2	127.8	85.2	52.3	24.7	6.5
1988	74.4	87.4	61.6	128.2	128.8	86.2	53.3	25.7	6.5
1989	75.4	88.4	62.6	129.2	129.8	87.2	54.3	26.7	6.5
1990	76.4	89.4	63.6	130.2	130.8	88.2	55.3	27.7	6.5
1991	77.4	90.4	64.6	131.2	131.8	89.2	56.3	28.7	6.5
1992	78.4	91.4	65.6	132.2	132.8	90.2	57.3	29.7	6.5
1993	79.4	92.4	66.6	133.2	133.8	91.2	58.3	30.7	6.5
1994	80.4	93.4	67.6	134.2	134.8	92.2	59.3	31.7	6.5
1995	81.4	94.4	68.6	135.2	135.8	93.2	60.3	32.7	6.5
1996	82.4	95.4	69.6	136.2	136.8	94.2	61.3	33.7	6.5
1997	83.4	96.4	70.6	137.2	137.8	95.2	62.3	34.7	6.5
1980	84.0	100.0	73.1	141.6	138.1	93.6	57.2	26.3	9.9
1985	86.5	102.0	75.0	147.8	142.3	96.2	57.7	25.8	5.8
1990	89.5	108.5	80.4	148.7	147.3	100.9	60.1	25.6	3.4
1995	95.2	118.0	88.1	154.7	144.8	105.3	61.3	25.3	3.1
1980	77.0	87.6	68.8	117.9	113.1	79.3	47.3	20.4	2.3
1985	71.1	87.9	68.8	118.2	112.3	81.4	46.7	19.0	5.5
Estimated5/									
1970	95.5	96.9	77.9	136.4	131.5	100.9	71.8	32.9	10.4
HISPANIC6/									
Reported/Inferred4/									
1987	91.4	75.2	55.0	109.5	139.1	135.0	86.1	42.0	12.2
1988	91.2	74.2	54.4	110.4	140.5	139.1	86.8	42.3	12.3
1989	91.0	73.2	53.8	111.3	141.9	138.8	87.5	42.6	12.4
1990	90.8	72.2	53.2	112.2	143.3	138.5	88.2	42.9	12.5
1991	90.6	71.2	52.6	113.1	144.7	138.2	88.9	43.2	12.6
1992	90.4	70.2	52.0	114.0	146.1	137.9	89.6	43.5	12.7
1993	90.2	69.2	51.4	114.9	147.5	137.6	90.3	43.8	12.8
1994	90.0	68.2	50.8	115.8	148.9	137.3	91.0	44.1	12.9
1995	89.8	67.2	50.2	116.7	150.3	137.0	91.7	44.4	13.0
1996	89.6	66.2	49.6	117.6	151.7	136.7	92.4	44.7	13.1
1997	89.4	65.2	49.0	118.5	153.1	136.4	93.1	45.0	13.2
1980	89.6	65.9	45.9	98.9	129.8	131.7	88.1	30.8	13.7

--- Data not available.
 1/ Rates computed by relating births to unmarried women, regardless of age of mother to unmarried women aged 15-44 years; total number of births include births to women under age 15 years not shown separately.
 2/ Rates computed by relating births to unmarried women aged 40 and over to unmarried women aged 40-44 years. Rates by race for years prior to 1970 are computed by relating births to unmarried women aged 35 years and over to unmarried women aged 35-44 years.
 3/ Includes races other than white and black.
 4/ Data for States in which marital status was not reported have been inferred from other items on the birth certificate and included with data from the reporting States.
 5/ Births to unmarried women are estimated for the United States from data for registration areas in which marital status of mother was reported.
 6/ Includes all persons of Hispanic origin of any race.

NOTE: Rates for 1980-97 are tabulated by race of mother; prior to 1980, rates are by race of child.
 SOURCE: CDC/NCHS, National Vital Statistics System.

Table 3. Birth rates for married and unmarried women, by race and Hispanic origin:
United States, 1960-97

[Rates are births per 1,000 married women and births per 1,000 unmarried women in specified group]

Year	All races ^{1/}		White		Black		Hispanic ^{2/}	
	Married	Unmarried	Married	Unmarried	Married	Unmarried	Married	Unmarried
1997	84.3	44.0	85.6	37.0	65.3	73.4	112.5	91.4
1996	83.7	44.8	85.2	37.6	63.3	74.4	114.8	93.2
1995	83.7	45.1	85.1	37.5	65.1	75.9	113.2	95.0
1994	83.8	46.9	85.0	38.3	66.9	82.1	109.3	101.2
1993	86.8	45.3	87.6	35.9	73.7	84.0	116.4	95.2
1992	89.0	45.2	89.6	35.2	76.8	86.5	119.2	95.3
1991	89.9	45.2	90.6	34.6	77.4	89.5	119.6	93.7
1990	93.2	43.8	94.1	32.9	79.7	90.5	120.0	89.6
1989	91.9	41.6	92.9	30.2	78.6	90.7	---	---
1988	90.8	38.5	91.7	27.4	76.4	86.5	---	---
1987	90.0	36.0	91.1	25.3	76.1	82.6	---	---
1986	90.7	34.2	91.7	23.9	78.6	79.0	---	---
1985	93.3	32.8	94.1	22.5	81.8	77.0	---	---
1984	93.1	31.0	93.7	20.6	83.2	75.2	---	---
1983	93.6	30.3	94.3	19.8	82.7	76.2	---	---
1982	96.2	30.0	96.8	19.3	85.4	77.9	---	---
1981	96.0	29.5	96.6	18.6	85.7	79.4	---	---
1980	97.0	29.4	97.5	18.1	89.2	81.1	---	---
1979	96.4	27.2	95.8	14.9	95.6	83.0	---	---
1978	93.6	25.7	92.9	13.7	94.0	81.1	---	---
1977	94.9	25.6	94.3	13.5	94.7	82.6	---	---
1976	91.6	24.3	91.1	12.6	90.4	81.6	---	---
1975	92.1	24.5	91.5	12.4	91.8	84.2	---	---
1974	94.2	23.9	93.6	11.7	93.8	85.5	---	---
1973	94.7	24.3	93.8	11.8	98.2	88.6	---	---
1972	100.8	24.8	99.4	11.9	107.6	91.6	---	---
1971	113.2	25.5	111.7	12.5	121.5	96.1	---	---
1970	121.1	26.4	119.6	13.9	130.3	95.5	---	---
1969	118.8	24.8	117.1	13.4	129.1	90.6	---	---
1968	116.6	24.3	114.8	13.1	---	---	---	---
1967	118.7	23.7	116.5	12.5	---	---	---	---
1966	123.6	23.3	121.1	11.9	---	---	---	---
1965	130.2	23.4	127.5	11.6	---	---	---	---
1964	141.8	23.0	139.0	11.0	---	---	---	---
1963	145.9	22.5	143.0	10.5	---	---	---	---
1962	150.8	21.9	147.8	9.8	---	---	---	---
1961	155.8	22.7	152.7	10.0	---	---	---	---
1960	156.6	21.6	153.6	9.2	---	---	---	---

---Data not available.

1/ Includes races other than white and black. 2/ Includes all persons of Hispanic origin of any race.

NOTE: Data by race are by race of mother beginning 1980; prior to 1980, rates are tabulated by race of child.

Source: CDC/NCHS, National Vital Statistics System.

Table 4. Percent of births in each age group to unmarried women: United States, 1950-97

Year	15-17 years	18-19 years	20-24 years	25-29 years	30-34 years
1997	86.7	72.5	46.6	22.0	14.1
1996	84.4	70.8	45.6	22.0	14.8
1995	83.7	69.8	44.7	21.5	14.7
1994	84.1	70.0	44.9	21.8	15.1
1993	79.9	66.1	42.2	20.7	14.7
1992	79.2	64.6	40.7	19.8	14.3
1991	78.7	63.2	39.4	19.2	14.0
1990	77.7	61.3	36.9	18.0	13.3
1989	77.7	60.4	35.1	17.1	12.6
1988	77.1	58.5	32.9	15.9	11.8
1987	75.8	56.0	30.8	14.7	11.1
1986	73.3	53.6	28.7	13.8	10.4
1985	70.9	50.7	26.3	12.7	9.7
1984	69.2	48.1	24.5	11.8	9.0
1983	67.5	45.7	22.9	11.0	8.6
1982	65.0	43.0	21.4	10.3	8.2
1981	63.3	41.4	20.4	9.7	7.8
1980	61.5	39.8	19.4	9.0	7.5
1979	60.0	38.1	17.7	7.5	6.1
1978	57.5	36.2	16.4	6.9	5.6
1977	56.6	34.4	14.7	6.1	5.3
1976	54.0	31.6	13.3	5.7	5.4
1975	51.4	29.8	12.3	5.4	5.3
1974	48.3	27.0	11.1	4.9	5.0
1973	46.7	25.6	10.8	4.9	5.0
1972	45.9	24.7	10.2	4.6	5.1
1971	44.5	23.2	9.2	4.3	4.8
1970	43.0	22.4	8.9	4.1	4.5
1969	41.3	21.1	8.6	3.9	4.2
1968	40.4	20.1	8.3	3.9	4.1
1967	37.7	18.0	7.8	4.0	3.9
1966	35.3	16.1	7.1	4.1	3.9
1965	32.7	15.3	6.8	4.0	3.7
1964	29.9	13.5	6.1	3.6	3.3
1963	28.3	12.5	5.7	3.5	3.2
1962	26.7	11.3	5.4	3.3	3.1
1961	25.4	11.4	5.1	3.1	2.9
1960	24.0	10.7	4.8	2.9	2.8
1959	24.2	10.6	4.8	2.9	2.7
1958	23.3	10.3	4.6	2.8	2.6
1957	23.1	9.8	4.4	2.6	2.5
1956	23.0	10.0	4.4	2.6	2.3
1955	23.2	10.3	4.4	2.5	2.2
1954	23.2	10.1	4.2	2.4	2.2
1953	22.3	9.6	4.0	2.2	1.9
1952	22.8	9.2	3.8	2.0	1.8
1951	21.8	9.1	3.7	2.1	1.9
1950	22.6	9.4	3.8	2.1	1.8

Source: CDC/NCHS, National Vital Statistics System.

Number of births, birth rate, and percent of births to unmarried women: United States, 1940-97

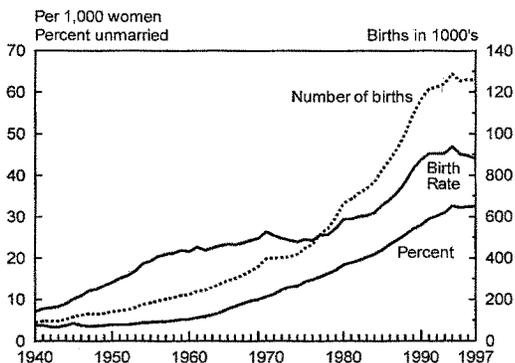


Figure 1

Birth rates for unmarried women by age: United States, 1940-97

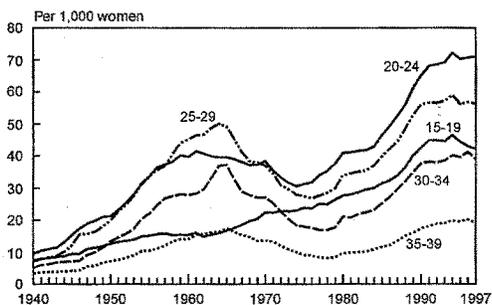


Figure 2

Birth rates for married and unmarried women 15-44, 1960-97

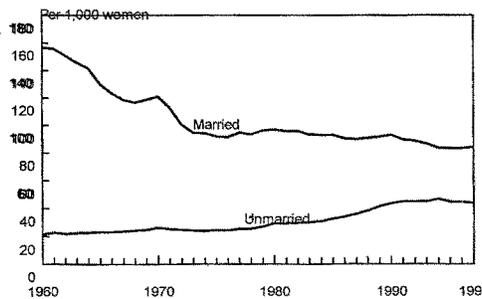


Figure 3

SOURCE: CDC/NCHS, National Vital Statistics System

Percent of births in each age group to unmarried women
United States, 1950-97

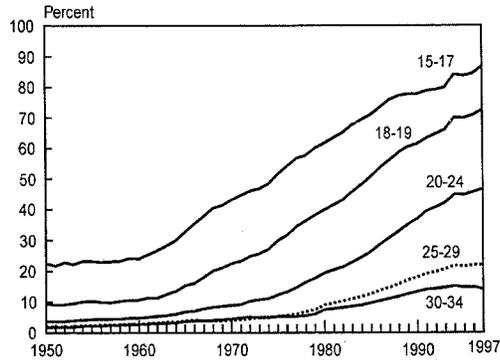
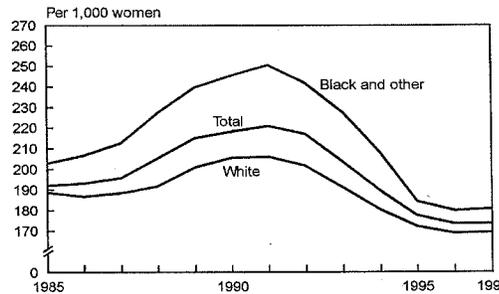


Figure 4

Rate of second births to teens aged 15-19 years who
have had a first birth, 1985-97



NOTE: Data for "Black and other" include American Indian and Asian or Pacific Islander teens; in 1997, 69% of "Black and other" teen mothers were black.

Figure 5
SOURCE: CDC/NCHS, National Vital Statistics System

Chairman JOHNSON of Connecticut. Mr. Zill—Dr. Zill.

STATEMENT OF NICHOLAS ZILL, PH.D., VICE PRESIDENT AND DIRECTOR, CHILD AND FAMILY STUDIES, WESTAT, ROCKVILLE, MARYLAND

Dr. ZILL. Good morning. My name is Nicholas Zill. I am the drector of the Child and Family Study area at Westat, a survey research firm in the Washington area. Over the last 24 years, I have been conducting national surveys of the health and learning of our Nation's children and working to develop statistical indicators of family and child well-being.

Three years ago, I had the privilege of testifying before this committee on unmarried parenthood as a risk factor for children. Today, I come before you to report that significant progress has been made in the last few years in slowing or reversing the explosive growth in unmarried childbearing that had been proceeding unchecked since the mid-1960s. In the Nation as a whole and in all major racial and ethnic groups, the proportions of children born to unmarried parents in 1997 were no different or only marginally higher than the comparable proportions that I previously reported for 1993.

There have also been significant changes in the life circumstances of children who are growing up with unmarried mothers. More of these children have mothers who are employed and working full-time, rather than being welfare dependent. More have fathers who are paying at least some child support. As a result, the average income of these families has increased, and the proportion living in poverty has declined.

Despite these real and meaningful gains, the picture is far from rosy. Although rates of unmarried childbirth have stopped increasing, they are still at levels that are three times higher than they were in 1970. This year, nearly one in three children born in the United States will be born outside of marriage. Much more change is needed before the proportion returns to the relatively low levels that it had been at for most of this Nation's history.

There is a great deal of variation in the unmarried birth ratio across racial and ethnic groups, as you can see in figure 1 in my written testimony. Those groups that have been least successful economically in our society exhibit much higher unmarried birth ratios than groups that have been relatively successful. Among African Americans, for example, more than 2 out of 3 births are to unmarried parents; among Mexican Americans, 4 in 10. Among Japanese Americans, by contrast, 1 in 10 births is to an unmarried mother. Efforts to increase educational and economic opportunity for all minority groups are being thwarted by continued high rates of unmarried childbearing.

Much more change is needed, as well, before unmarried parents could be deemed to be living up to their financial responsibilities to their offspring. I want to give you some of the numbers that illustrate some of the recent favorable trends, however, in the circumstances of children living with never-married mothers.

In 1993, less than half of the children living with never-married mothers, 49 percent, had mothers who were in the labor force. By 1998, that proportion had grown to 69 percent, which is a 41 percent increase. The fraction of these children with mothers who worked full-time grew from 28 percent in 1993 to 42 percent in 1998. That is a 50 percent rise.

The proportion receiving some support from the fathers of their children increased from 15 percent in 1989 to 21 percent in 1995, an improvement of more than a third. The median family income of children with never-married mothers grew from \$9,292 in 1992 to \$12,064 in 1997, an increase of 30 percent. The proportion living in families with incomes below the official poverty line improved from 66 percent in 1992 to 58 percent in 1997, which is a 12 percent decline.

Despite these improvements, the economic circumstances of children living with never-married mothers remain dismal. This is so even in comparison to the situation of children living with divorced mothers, but especially in contrast to the far more favorable circumstances of children living with two parents. In my written testimony, I have made some detailed contrasts, which you can see in Table 1.

Just to give you a few illustrations, 42 percent of children of never-married mothers worked full-time in 1998, whereas the same was true of 63 percent of children of divorced mothers. Fifty-one percent of divorced fathers contributed to the child support of their children versus 21 percent of never-married fathers. The poverty rates, respectively, were 58 percent for children with never-married mothers, 36 percent for those with divorced mothers and only 9 percent for those in two-parent families.

The elaborate child support enforcement mechanisms that have been put into place in recent years are working fairly well for middle-class divorced parents who have conventional occupations. They are working much less well for unmarried parents, many of whom do not have a regular job or work only in the underground economy. Better ways must be devised to get unmarried parents who live apart from their children to work and contribute regularly to the support of the children they have fathered. By making sure that the action of fathering a child has real consequences for the young men involved, that they cannot simply walk away from their responsibilities with impunity—and 79 percent of fathers are doing that right now, are not providing any child support for their children—we will not only be improving the lot of the children involved, we will also be helping to reduce the frequency of unmarried conception and childbirth in the future.

In conclusion, I would urge this committee to track and be concerned not only about the rate and ratio of unmarried births, but also about indicators of the life circumstances of children born and being raised outside of marriage, indicators such as those I have presented in this testimony.

I request that my written statement and the accompanying figures be placed in the record. Thank you.

[The prepared statement follows:]

Statement of Nicholas Zill, Ph.D., Vice President and Director, Child and Family Studies, Westat, Rockville, Maryland

Good morning. My name is Nicholas Zill. I am the Director of Child and Family Studies at Westat, a survey research firm in the Washington area. For the last 24 years, I have been conducting large-scale studies of the health and learning of our nation's children and working to develop statistical indicators of family and child well-being.

Three years ago, I had the privilege of testifying before this committee on unmarried parenthood as a risk factor for children. I presented evidence showing that children born outside of marriage have a substantially greater risk of being raised in poverty than children born to married parents. They also have more chance of suffering illnesses and injuries, experiencing difficulties in school, becoming victims of crime, and growing up to engage in delinquent behavior or become teen parents themselves.

It is not just the simple fact of birth outside of marriage that produces these increased risks, but a cluster of negative circumstances that usually accompanies unmarried parenthood in the United States. Related risk factors include parental immaturity and low parent education levels.

Today I come before you to report that significant progress has been made in the last few years in slowing or reversing the explosive growth in unmarried childbearing that had been proceeding unchecked since the mid-1960s. For the nation as a whole, and in all major racial and ethnic groups, the proportions of children born to unmarried parents in 1997 were no different or only marginally higher than the comparable proportions that I previously reported for 1993.

There have also been significant changes in the life circumstances of children who are growing up with unmarried mothers. More of these children have mothers who are employed and working full time rather than being welfare dependent. More have fathers who are paying at least some child support. As a result, the average income of these families has increased and the proportion living in poverty has declined.

Despite these real and meaningful gains, the picture is far from rosy. Although rates of unmarried childbirth have stopped increasing, they are still at levels that are three or more times higher than they were in 1970. This year, nearly one in three children born in the United States will be born outside of marriage. Much more change is needed before the proportion returns to the relatively low levels it had been at for most of this nation's history.

There is a great deal of variation in the unmarried birth ratio across racial and ethnic groups, with those groups that have been least successful economically in our society exhibiting much higher unmarried birth ratios than ethnic groups that have been more successful. Among African-Americans, for example, more than two out of three births are to unmarried parents. Among Mexican-Americans, four in ten. Among Japanese-Americans, by contrast, one in ten births is to an unmarried mother. (See Figure 1 for further examples.) Efforts to increase educational and economic opportunity for all minority groups are being thwarted by continued high rates of unmarried childbearing.

Much more change is needed as well before most unmarried parents could be deemed to be living up to their financial responsibilities to their offspring and before the economic circumstances of children living with unmarried mothers could be described as even adequate. I would argue that changes such as increased child support from unmarried fathers and increased employment by unmarried fathers and mothers would not only improve the lives of their children, they would also have a beneficial feedback effect in reducing the numbers of children born outside of marriage in the future.

Here are some numbers that illustrate recent favorable changes that have occurred in the life circumstances of children born and being raised outside of marriage:

- In 1993, less than half of children living with never-married mothers—49 percent—had mothers who were in the labor force. By 1998, that proportion had grown to 69 percent, a 41-percent increase.
- The fraction of these children with mothers who worked full time grew from 28 percent in 1993 to 42 percent in 1998, a 50-percent rise.
- Although the unemployment rate among these mothers has remained very high, it has eased slightly, going from 21 percent in 1993 to 17 percent in 1998.
- The proportion of never-married mothers with dependent children who received some child support payments from the fathers of these children during the year increased from 15 percent in 1992 to 21 percent in 1995, an improvement of more than one third.
- The median family income of children with never-married mothers grew from \$9,292 per year in 1992 to \$12,064 in 1997, an increase of 30 percent (not adjusted for inflation).
- The proportion living in families with incomes below the official poverty line improved from 66 percent in 1992 to 58 percent in 1997, a 12-percent decline.

Despite the improvements just enumerated, the economic circumstances of children living with never married mothers remain dismal. This is so even in comparison to the situation of children living with divorced mothers, but especially in contrast to the far more favorable circumstances of children living with two parents. Here are some of the relevant comparisons:

- Whereas 69 percent of children living with never married mothers had mothers who were in the labor force in 1998, the same was true of 81 percent of children living with divorced mothers. Among children living with two parents, 88 percent had at least one parent in the labor force, and 60 percent had both parents employed.
- Whereas 42 percent of children of never-married mothers had mothers who worked full time, the same was true of 63 percent of children with divorced mothers.
- While 17 percent of children with never-married mothers had mothers who were looking for work but unable to find it in 1998, the same was true of less than

7 percent of children of divorced mothers, and only 3.4 percent of children in two-parent families.

- The proportion of divorced mothers living with dependent children who received child support from the fathers of those children in 1995 was considerably higher than the comparable proportion for never married mothers: 51 percent versus 21 percent. The average amount of annual child support received by those who received any support was also considerably higher among divorced than among never-married mothers: \$3,990 (or about \$333 per month) versus \$2,271 (or about \$189 per month).

- Whereas the median family income for children with never-married mothers was \$12,064 in 1997, it was \$21,316 for children with divorced mothers, and \$52,553 for children in two-parent families.

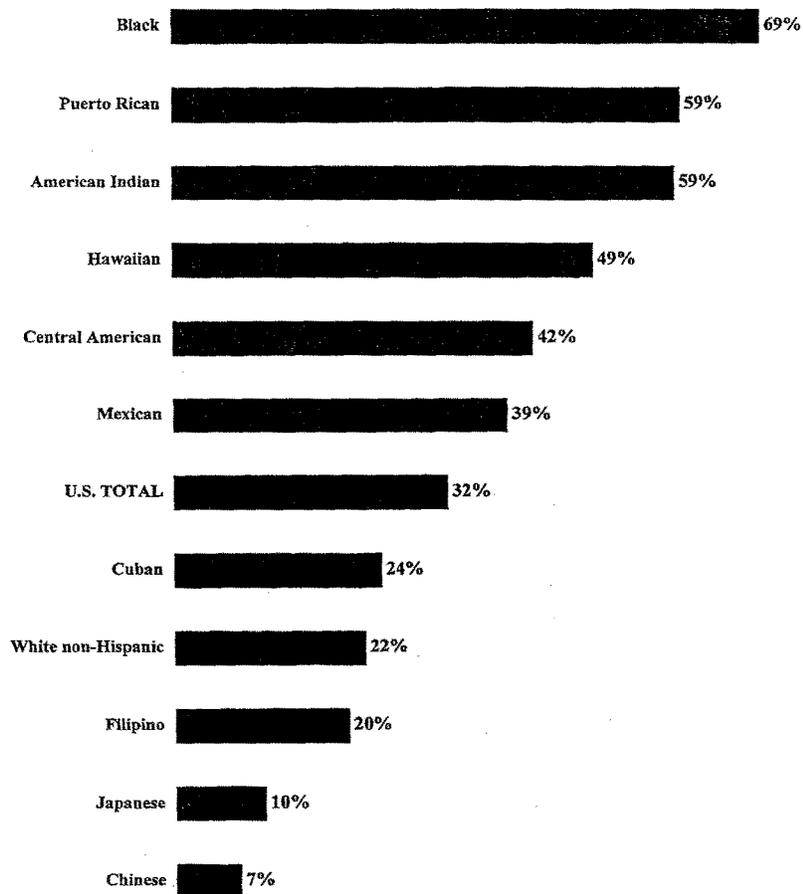
- The respective poverty rates for children in 1997 were 58 percent for those with never-married mothers, 36 percent for those with divorced mothers, and 9 percent for those in two-parent families.

The way to reduce welfare dependency and combat childhood poverty is not to hold unrealistic expectations about increased educational attainment among unmarried mothers and fathers. Every parent cannot be a college graduate, nor should we expect that everyone needs to be in order to make ends meet. The way to accomplish both goals is to insure that all men and women who bring children into the world work steadily and make regular and meaningful contributions to the financial support of their children. This should be the case whether the parents are married or unmarried.

The elaborate child support enforcement mechanisms that have been put into place in recent years are working fairly well for middle-class divorced parents who have conventional occupations. They are working much less well for unmarried parents, many of whom do not have a regular job or work only in the underground economy. Better ways must be devised to get unmarried parents who live apart from their children to work and contribute regularly to the support of the children they have fathered. By making sure that the action of fathering a child has real consequences for the young men involved—that they cannot simply walk away from their responsibilities with impunity—we will not only be improving the lot of the children involved. We will also be helping to reduce the frequency of unmarried conception and childbirth in the future.

In conclusion, I would urge this committee to track and be concerned not only about the rate and ratio of unmarried births in the U.S., but also about indicators of the life circumstances of children born and being raised outside of marriage, indicators such as those presented in this testimony.

Figure 1. Percent of U.S. births to unmarried mothers, by race and ethnicity of mother, 1997



Source: Ventura, S., et al. (1999) Births: Final Data for 1997. National Vital Statistics Report, Vol. 47, No. 18. Hyattsville, MD: National Center for Health Statistics

Table 1. Typical Family Circumstances of Children Under 18 Years of Age Living with Never-Married Mothers, Divorced Mothers, and in Two-Parent Families, United States 1998

	CHILDREN WITH NEVER- MARRIED MOTHERS	CHILDREN WITH DIVORCED MOTHERS	CHILDREN WITH TWO PARENTS
Number of children in population	6,700,000	5,704,000	48,642,000
Percentage of:			
All children	10%	8%	71%
Black children	35%	10%	40%
Hispanic children	12%	7%	67%
White, non-Hispanic children	4%	9%	78%
Children living with mothers only	40%	34%	
INCOME & POVERTY			
Average family income (median)	\$12,064	\$21,316	\$52,553
Below official poverty line	58%	36%	9%
PARENT AGE & EDUCATION			
Average age of parent (median)	29	38	38
Average educational attainment of parent (median)	High school graduate	High school graduate	Some college
Parent has graduated from high school	68%	85%	86%
Parent has graduated from college	5%	14%	29%
PARENTAL EMPLOYMENT			
Parent working or looking for work	69%	81%	88%
Parent working full-time	42%	63%	77%
Both parents working	--	--	60%
Parental unemployment rate	17.0%	6.8%	3.4%
FAMILY COMPOSITION			
Average number of brothers or sisters in household (mean)	One	One	One
- Only one or no sibs in household	65%	64%	58%
- Three or more sibs in household	14%	12%	15%
Adults other than parents typically present in household	None	None	None
- Adult relative present	29%	22%	16%
- Non-related adult present	17%	21%	1%
FAMILY RESIDENCE			
Most common area of residence	Central city (53%)	Suburbs (46%)	Suburbs (55%)
Residence typically owned or rented	Rented (74%)	Rented (51%)	Owned (76%)

Source: U.S. Bureau of the Census, March 1998 Current Population Survey, calculated by N. Zill from data tables provided by the Marriage and Family Branch, 1999.

Chairman JOHNSON of Connecticut. Thank you. We will place your entire statements in the record for both witnesses.

To what extent is this decline in nonmarital births related to demographics, a decline in the number of women of childbearing age?

Ms. VENTURA. That is an issue. The childbearing age population is getting older, and older women are less likely to have nonmarital births; but even so, the rates have declined for women in all age groups. So that is the other part of it. The long-term increases were for all age groups, and the recent declines have been drawn from most age groups.

Chairman JOHNSON of Connecticut. How much do we know about how much this decline is related to abstinence and how much is related to contraceptive use?

Ms. VENTURA. The data from the National Survey of Family Growth and the CDC Youth Risk Behavior Survey and also the National Survey of Adolescent Males have all shown that there has been a decline in sexual activity among teenagers in the 1990s, and among those who are sexually active, an increase in contraceptive use at first intercourse. For the really high-risk teenagers, those who have already had a baby, there has been an increase in the proportion of who are using the long-lasting hormonal methods.

We have not been able to sort out exactly how much of the decline is accounted for by abstinence and how much is accounted for by changes in contraceptive use. I think they are both important, but we haven't been able to apportion them precisely.

Chairman JOHNSON of Connecticut. Would you have any comment on that, Dr. Zill, particularly on this issue of the specific role of abstinence programs and the change as it resulted and the sort of commonness of that discussion? I mean, years ago there was no talk of abstinence at all, during the 1970s and 1980s, and now there is; and there are programs out there that are planting this idea more broadly where teenagers can hear it. What evidence do we have that this is being heard and thought about by kids?

Dr. ZILL. Well, I would point to a couple of things.

First, as far as demographics are concerned, the changing ethnic and racial composition of our population would actually lead you to expect more nonmarital births. So I think the leveling-off is particularly impressive, given that. I think you also have to think, though, in terms of the future prospects and the calculations—the unconscious calculations—that go on in young people's minds. I think many minority teenagers have seen the very bad example of their parents who became crack addicts, who had teen births, who wound up in poverty and welfare dependence, often in institutions.

And I think some of what is going on in terms of refraining from sexual activity, as well as using contraceptives, is that the prospects for young women, particularly with our Nation's effort to increase educational and economic opportunities, are better. So more of them are saying, I don't want to get into the losing pattern that I saw my mother and my aunts develop. I think we have to focus on that rather than simply lecturing to children about sexual behavior.

There is still a great deal of sexual activity in our society, and the mass media encourage it all the time. There is always the message out there that sex has no consequences, it is just fun, don't worry about it. It is still very cool for a lot of young men to father children without living up to the consequences; I think we have to change some of that. But I think we also have to think in terms of the real life prospects of the young people involved and make sure that they have better opportunities than becoming a welfare mother or becoming a teen mother, and I think that has to be part of it, rather than just thinking of these techniques of contraception or thinking of abstinence apart from that larger socioeconomic picture.

Chairman JOHNSON of Connecticut. I think there is increasing, at least anecdotal, evidence that the kids, that the mothers who are leaving welfare are impressed and tend to be more interested in school and begin to see their opportunities as different. I can remember going to kindergartners and asking kids what they wanted to do when they grew up and having them actually answer, I am going to be on welfare. So I think—I don't know to what extent sort of that opening of opportunities is influencing the birthrate and to what extent the more public conversation about abstinence is influencing it, the greater availability of better contraceptive options is influencing it.

But I do think the talk about abstinence, and I do see my—the Governor of Texas' comments in quite a different light than my colleague or than Mr. Cohen of the Washington Post. I think it is healthy that he is visiting abstinence programs. I think it is important that the conversation get better balanced about the benefits of abstinence, particularly in an era of extraordinarily dangerous sexually transmitted diseases.

And so I think we need to rebalance the message, and the abstinence programs are a part of doing that, with the delay in marriage rates. As to whether we can or want to influence adults beyond discouraging them from having children without the support of the whole family is a different question, but I do think the abstinence programs are important.

So I appreciate your testimony today.

Mr. Cardin.

Mr. CARDIN. Thank you, Madam Chair.

Is there any evidence that sexual activity among teenagers has declined?

Ms. VENTURA. Yes.

Mr. CARDIN. Give me some specifics. What type of information do we have? How do we know that?

Ms. VENTURA. We have information from the National Survey of Family Growth, which is a survey of women in the childbearing ages. We have information from the Youth Risk Behavior Survey that CDC operates, and also from the—

Mr. CARDIN. And how is that information presented?

Ms. VENTURA. Well, they have published the findings through 1997.

Mr. CARDIN. And what age groups—is it all age groups?

Ms. VENTURA. The National Survey of Family Growth is for all age groups. The other two surveys are just for teenagers or the school-age population. The published results have shown that for teenagers there has been a decline in sexual activity.

Mr. CARDIN. And do we know the percentage decline?

Ms. VENTURA. It is modest.

Mr. CARDIN. Is it equal to the decline in pregnancies?

Ms. VENTURA. No.

Mr. CARDIN. So we have had a larger decline in pregnancies than we have had in sexual activity decline, but we have seen a decline?

Ms. VENTURA. Right.

Mr. CARDIN. So, therefore, in following up Mrs. Johnson's question, abstinence to a certain degree has—whatever policies we have used, there has been a decline in sexual activity, but also contra-

ceptives would at least be responsible for some of the decline in pregnancies in the last 6 or 8 years—

Ms. VENTURA. Yes.

Mr. CARDIN [continuing]. The combination of the two has been successful, at least in reducing the growth rate, and in some cases, actually declining the amount of teenage pregnancies.

Ms. VENTURA. Yes.

Mr. CARDIN. Dr. Zill, you mentioned a very interesting point that I hadn't thought about. I thought about it in reverse, and that is, if the child is born to a teenage mother, is that child more likely to be a teenage mom?

Dr. ZILL. There is some evidence of that.

Mr. CARDIN. The answer is—I thought it would be yes.

Dr. ZILL. It is.

Mr. CARDIN. But then you are saying that you see your parent, as an example, as very unsuccessful economically or ending up in prison or ending up with serious abuse problems. You don't want that to happen to yourself, therefore, don't go down the same path; or you don't want to see it happen to your child, so don't become pregnant.

Dr. ZILL. Well, it is like the children of alcoholics, some of them become alcoholics while others become teetotalers. There is something of a bimodal distribution.

Mr. CARDIN. But your first—we know that if you live in poverty, you are more likely to become a teenage parent. We know the problem. I guess we don't know why—it seems—why do we have teenage pregnancies? What are the reasons? I mean, you are giving us some of the statistical information.

Dr. ZILL. A lot of the women who become teenage mothers are academic failures. They don't have many prospects in front of them. They don't see a bright future in their schools or in their occupations. The examples in their neighborhood, as Mrs. Johnson said, most of them are welfare mothers, and many of them are fathers who don't support their kids. So in their calculations, in many instances, welfare motherhood seemed like a pretty good opportunity to at least have some sense of an adult role and respect from others.

Mr. CARDIN. I have heard that explanation given before, some degree of accomplishment, have a child.

Dr. ZILL. Right.

Mr. CARDIN. That is still prevalent today from what you are—

Dr. ZILL. Well, I think you can see that even in the inner city, that the students who are doing well or who have sports scholarships in front of them are much less likely to become pregnant. Also, those involved in meaningful activities, like the school band, we found in some research we did, were less likely to have teen pregnancies. The important thing is some sort of positive involvement, some sort of path that goes away from motherhood as the principal accomplishment.

Mr. CARDIN. Have there been any studies done as to the impact that sex education programs have had in our schools on teenage pregnancies? Has there been any effort made to try to equate the exposure of children to quality sex education curriculum in schools and what impact that has had on teenage pregnancy?

Dr. ZILL. There has been some. The evidence I know about is not very encouraging. I think the stronger evidence is that if there is value-based instruction for children and if the family supports it or if important peers support it, then there is likely to be an effect. But value-neutral sex education is not effective.

Mr. CARDIN. And what do you base that on?

Dr. ZILL. The evidence that is out there.

Mr. CARDIN. Well, I think it would be very useful if you can make that available to our committee. I would welcome the opportunity of looking at and exploring the methodology used on these evaluations.

I think we all want to achieve the results of less teenage pregnancies, and we want to deal with the issues that you have brought forward. It is difficult to deal with this in the abstract, and there are a lot of competing philosophies around this place, and if we are ever going to be able to get any degree of consensus on government policy in this area, then we are going to have some degree of confidence that we are going to enact something that really will deal with the underlying problem.

My own thought is that good programs in schools dealing with young people who may not have the best role model at home, or the best example at home, could be a very helpful part of the overall equation here to reduce the teenage pregnancy rate; but how that is structured and who has the most effective program and whether we are sharing that information and whether we have a national commitment to that is something I am not certain about.

So I would appreciate it if you would make available to us the specifics of the studies that you are referring to and, if possible, the methodology that was used in those surveys.

Thank you, Madam Chair.

Chairman JOHNSON of Connecticut. I would like to just follow up on two questions.

Dr. Zill, you mentioned that 51 percent of divorced mothers—Dr. Zill, sorry—that 51 percent of divorced parents received child support payments and even after all the effort we have made, only 21 percent of nonmarried fathers contribute.

Now, we are thinking about a fatherhood initiative. Who are we going to reach and what about that great majority of the fathers of the unmarried mothers' babies that we are not even reaching through child support enforcement and paternity determination requirements? I mean, that seems to me astounding that given paternity determination requirements to be eligible for the welfare system, we are still not—is it that we are not collecting from more than 20 percent? We have reached some of the others, but they have no money? And are 80 percent really beyond our communications network?

Dr. ZILL. Well, I think some of these changes are just being instituted now. So it is going to take a while for them to really work themselves out. It is not an easy problem because, as you said, many of the young men don't have the kind of jobs where you can garnish their wages easily. Some of them may be in prison, some of them may be working in the underground economy. But we really have to make more of an effort.

I feel that a lot of the child support mechanisms have gone to the easy place, the way a drunk looks for the keys where the light is. We are doing a great job with these middle-class fathers where we can garnish their wages. In fact, we are probably being over-enthusiastic with them. But with the tougher cases, we are not doing a good job.

I think there is a lot of interesting research going on now with unmarried fathers and I think we can learn a lot from that. Rebecca Maynard, who is going to testify later, could probably provide some concrete suggestions in terms of programs that can be effective. But currently 79 percent of the unmarried fathers have no consequences of fatherhood. And so much of welfare reform has focused on the mothers; we really need to put the responsibility on the fathers as well.

For example, right now, a lot of people are saying, well, we need to give welfare mothers enough education to support their children—college educations. Well, everybody is not going to become a college graduate. But even at relatively low-paying jobs, if both the mother and the father cooperate, it is possible to get out of poverty; and we have to have more of both parents helping support their children, even if they are unmarried.

Chairman JOHNSON of Connecticut. Well, we did make—the Ways and Means Committee made dramatic changes in the support for higher education, and frankly, anybody working now can go get a community college degree, absolutely for free, through tax cuts. So to do that, you have to have a way to share at daycare and things like that, and that means cooperation between both parents. But we are going to be doing a fatherhood initiative, and any thoughts you have on how we reach out, we would be interested.

And one last question, what do we know about abortion? How consistent and of what quality is the abortion data from States, and has there been any increase in abortion since welfare reform?

Ms. VENTURA. Actually, the National Center for Health Statistics doesn't collect abortion data, but I can tell you briefly what I know about it.

The States vary in completeness in the reporting of abortion. Although it is reported in all States, the coverage varies dramatically. The States provide information on abortions to the CDC in Atlanta, that is, tabulated data. It is not like the National Vital Statistics System where each individual record is reported, so there is not the same oversight. It is not the same kind of relationship between the Federal and the State governments to provide this data.

From what we see, the abortion rates and the ratios and percentages are all declining. They have been declining for a number of years actually, even longer than the teen pregnancy rates have been going down.

Chairman JOHNSON of Connecticut. Well, thank you very much for your testimony. We appreciate it and thank you for being with us.

Let's see, the next panel is Dr. Richard Nathan, director of the Rockefeller Institute of Government in Albany; Robert Rector, a senior policy analyst for the Heritage Foundation; Isabel Sawhill, senior fellow, Economic Studies, Brookings Institution; Pat Funderburk Ware, president and chief executive officer of PFW Consult-

ants; and Cory Richards, vice president for Public Policy, Alan Guttmacher Institute.

Welcome.

Richard Nathan, would you begin, please.

STATEMENT OF RICHARD P. NATHAN, DIRECTOR, NELSON A. ROCKEFELLER INSTITUTE OF GOVERNMENT, ALBANY, NEW YORK

Mr. NATHAN. Thank you very much, Madam Chair. The emphasis of our research is on implementation, what is happening in State and local governments and in social program bureaucracies as welfare reforms are implemented; and I will just highlight the double-spaced part of my testimony.

The first report of our 20-State implementation study showed that the governors and State legislatures have adopted welfare reforms that strongly signal the importance of the work objective.

We do not, however, find similar widespread policy or administrative support for the act's anti-reproduction goals. Legislative proposals and often tentative administrative policy initiatives to change sexual behavior have been advanced in some States, but often they are dropped, watered down or deemphasized at the front line by the workers, which is critical in this area because this issue elicits controversial attitudes that probably can't generate state-wide support in any State.

The essential challenge involves disagreements about, as you have discussed, the methods for preventing teen pregnancy and out-of-wedlock births. The basic divide is between abstinence and a distribution of contraceptives.

In the next section of my testimony, on page 2, I talk about defining "deviance up," to take a line and reverse it from Senator Moynihan. This is a time when social policy is changing values in the education area, in the welfare area and in the housing area—all across the board. The Personal Responsibility Act is aptly named.

In the work area, the national consensus has been loud and clear for a long time, but in the other major area, where the signaling of the 1996 Act is even stronger, the picture is less clear.

The next section of my testimony lists four lessons from our management research in the States, first of all, about how devolution is increasing dramatically. I have been in this field a long time. I am really impressed by this.

The second point is that the real story of devolution is second order and tertiary devolution down to local levels.

The third point is that in the super-sensitive area of pregnancy prevention, this push to the local level is particularly powerful. It is like a hot potato: Pass it along for somebody else to deal with it according to the values that prevail in local communities.

And the fourth point from our research is that the main bureaucracies involved (the work and welfare bureaucracies) don't connect easily or often with health bureaucracies and family planning clinics, and that is a big challenge.

The next part of my testimony deals with this problem as an opportunity to make linkages. We are doing work at the Rockefeller Institute with the General Accounting Office on what we call, as

I say on page 5 of my testimony, “connectivity.” The key to welfare reform is building systems that connect social programs, food stamps, Medicaid and many social services. It is not just a matter of knowing what we do. It is also a matter of doing what we do. Information technology now provides the power to make these connections at the front lines.

Some States are working hard on this. Teen pregnancy prevention and prevention of out-of-wedlock births, however, is usually not on this screen, as I say in the testimony, either figuratively or literally.

Skipping along in the testimony, the highlight and central point of our research is that signaling matters, that while administrative procedures may not be changing materially and in deep and substantial ways because of uncertainty about this policy area, the signaling about work and time limits on welfare, although I can’t prove it, I believe has contributed materially to the declines that we just heard about in teen births and in out-of-wedlock births. Other factors, for example, fear of AIDS and technology (new technology for birth control), obviously also contribute, and it is impossible to know what is causing what.

The last line of my testimony brings out what I think is the essential dilemma of this hearing. Last week we saw the new Austin Powers movie, “The Spy Who Shagged Me.” I looked up “shag” in my dictionary. It is what baseball players do in the outfield when they are practicing. Lots of people were there the afternoon we went to the movie with children—10, 11, 12 years old. The popular culture incessantly signals a set of permissive values about sexual behavior, while at the same time the political culture gives a decidedly different and very strong signal about abstinence and family integrity; and that is why, as we say, the administrative challenge in this area is such a big and very complicated one.

I thank you very much for the chance to present testimony. I ask that the whole statement be put in the record.

Chairman JOHNSON of Connecticut. Thank you. All the statements will be put in the record in their entirety, and I would just like to comment, Mr. Nathan, I did very much enjoy your report on your 20-State study and found it very, very helpful, and have given it to my State people responsible for improving the functioning of our State program as that lack of connectivity is still a problem.

[The prepared statement follows:]

Statement of Richard P. Nathan, Director, Nelson A. Rockefeller Institute of Government, Albany, New York

PREVENTING TEEN AND OUT-OF-WEDLOCK BIRTHS THROUGH WELFARE REFORM

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWORA) was intended to discourage welfare reciprocity, promote work and marriage, and reduce out-of-wedlock births and teen pregnancies. The first report on the 20-state implementation study of the Act conducted by the Rockefeller Institute of Government shows that governors and state legislators have adopted welfare reforms that strongly signal the importance of the first of these two objectives—work.

Work-oriented welfare reforms often have been undertaken enthusiastically by bipartisan political coalitions.¹

We did not however find similar widespread policy or administrative support for the Act's anti-reproduction goals. Legislative proposals and often tentative administrative policy initiatives to change sexual behavior have been advanced in some states, but often they were dropped, watered down, or de-emphasized before state welfare reform legislation was passed or broad executive orders promulgated. This issue elicits controversial attitudes and proposals that probably could not generate broad support in any state. In Mississippi, for example, the state's original welfare reform bill in 1992 included provisions calling for Norplant implants for AFDC recipients with four or more children and a thousand dollar "reward" to women who married and left the rolls, but these components were dropped from the bill before it was enacted into law (Mississippi Field Research Report, 1998).

The essential challenge in this policy area involves disagreements about the methods for preventing teen pregnancy and out-of-wedlock births. The basic divide is between abstinence and the distribution of contraceptives. In Utah, front-line workers are not allowed to discuss birth-control options with welfare clients. In Washington State, field reports indicate that front-line workers do not feel it is appropriate to discuss such personal issues with clients, even though state policy is permissive in this respect. One New York City official told our field researcher, "Ninety percent of our workers are themselves single parents and identify on that point with their clients" (New York State Field Research Report, 1998).

In the world of welfare, this subject tends to be off limits. The political problem is the obvious one: While there may be a consensus on the wisdom and desirability of preventing pregnancies among teens and out-of-wedlock births among the TANF-eligible population, *there is not a consensus on how to do it*. Despite this and although I can't prove it, I believe the signaling changes of welfare reform are having an impact in reducing teen and out-of-wedlock births. This is more a result of policy than administrative changes, but the latter are occurring. There is increasing awareness of opportunities, especially at the local level, for linking job and family policies as part of the broad national effort to "end welfare as we know it."

DEFINING DEVIANCE UP

In the U.S., there is a view—a wrong headed one—that governments cannot influence social values and change cultural attitudes. In fact and completely to the contrary, governments do their most important work when they seek to influence social values. The current period is a perfect example of a time when governments—national, state, and local—turning around a phrase Senator Moynihan likes to use—are hard at work trying to *define deviance up*. The national movement to promote competition in education by raising school standards through student testing and the introduction of charter schools and vouchers has a major analog in the welfare area in the powerfully stated twin goals of the 1996 national welfare reform act to promote work and discourage teen pregnancy and out-of-wedlock births. Similar policies that reflect the goals of the 1996 welfare reform act are embodied in the Federal Housing Act of 1998.

The Personal Responsibility Act is aptly named. The Act has generated efforts to inculcate *personal-responsibility values* in government that I believe over the long haul will be viewed as part of a cultural shift in America rivaling the equal and opposite cultural shift to *personal-permissiveness values* in the mid-1960s.

Government can do things that have broad citizen support. For welfare policy in America, signals have changed. This is certainly the case of the work-first goal of the 1996 law, which has broad and deep citizen support. In this area, the national consensus has been loud and clear for a long time. But in the other major area where the signaling of the 1996 Personal Responsibility Act is even stronger than in the work area, the picture is less clear.

LESSONS FROM THE IMPLEMENTATION RESEARCH

The Rockefeller Institute 20-state study of the implementation of the 1996 Personal Responsibility Act provides important lessons that apply to the goal of reducing teen pregnancy and out-of-wedlock births:

¹Nathan, Richard P., and Thomas L. Gais. Implementing the Personal Responsibility Act of 1996: A First Look (Albany, NY: The Nelson A. Rockefeller Institute of Government, 1999). Copies available from the Rockefeller Institute call Michele Charbonneau (518-443-5258).

- *First*, we found a definite, strong *move to devolution* for domestic policy, one that applies broadly to welfare, employment programs, and social services related to employment.

- *Second*, we found extensive *second-order and tertiary devolution*—that is, the assignment of increased responsibilities for devising strategies and setting up systems to combat family dependency to local governments, local offices of state agencies, and private groups (often nonprofit organizations).

- *Third*, in the super-sensitive area of pregnancy prevention, this push to localize and decentralize is *especially powerful*. A November 1998 report from the GAO reached a similar conclusion.² This political hot potato is regularly tossed to local leaders and groups to handle as they so choose because the values and attitudes involved are so diverse in the country. In liberal communities, providing contraceptives and even abortions is accepted. In others, they are a source of great friction.

- *Fourth*, the institutions and agencies responsible for preventing teen pregnancy and out-of-wedlock births *do not connect well or easily* with welfare and employment bureaucracies, even in communities where liberal attitudes prevail on pregnancy prevention. Welfare and employment bureaucracies are increasingly linked all over the country, though their relations are often tense. However, an important and pervasive finding from our 20-state field data is that neither of these two major types of agencies—welfare or employment agencies—have close ties with health agencies or local public health clinics, particularly family planning clinics.

I believe this *problem*—the problem of the lack of connections between welfare and employment and health agencies and operations—provides an *opportunity*. The opportunity is for leaders and groups committed to teen pregnancy prevention and the prevention of out-of-wedlock births, regardless of the approach they favor, to forge linkages to welfare and employment policies and bureaucracies. Of course, saying that forging stronger linkages are the key as next steps is a lot easier than taking such steps. However, in light of the fact that a major purpose of the 1996 welfare reform act is to prevent teen pregnancy and out-of-wedlock births, the clear and present need is to do this to make such connections. Government agencies, foundations, and private nonprofit organizations that care about this policy objective would benefit by building relationships at the ground level between health agencies and welfare-job systems.

“CONNECTIVITY” THE KEY

The new all-purpose, five-syllable word in our research on welfare implementation is *connectivity*. Controversies have arisen about connections among social programs as welfare becomes ever more focused on jobs. The biggest controversies have been about the effects of reductions in welfare rolls on participation in the Food Stamp and Medicaid programs. This connectivity idea, however, is even broader. It involves, not only income-support for families, but also child care, health, transportation, and a range of employment and family and children’s services to enhance family self-sufficiency. Looking across the board, the lack of connectivity in the case of pregnancy prevention is *the most striking* among all the areas that could be keys to helping poor families become and remain stable, healthy, and independent.

For the past two years the Rockefeller Institute of Government and the U.S. General Accounting Office have conducted a “Working Seminar on Social Program Information Systems,” a permanent group that meets quarterly on the mechanics of social program connectivity. The overarching purpose of the working seminar is *service integration*. For decades, people have talked about holistic strategies to overcome the bureaucratic separation of social program fiefdoms. Information technology now provides the power to make these connections at the front lines. Some states are working hard on this. Teen pregnancy prevention, however, usually is not on this screen—either figuratively or literally.

CHANGE HAS OCCURRED

Despite this finding that the pregnancy-prevention objectives of the Personal Responsibility Act have so far had relatively little effect on the behavior of welfare and job bureaucracies, there are grounds for expecting *personal* behavior in this area to change as a result of the Act, and indeed I believe it is already changing. TANF-aided family heads (most of them female, and many of them unmarried) face a new reality of time-limited cash assistance and more serious requirements for work and

²The GAO report stated: “States generally gave localities the flexibility to choose the type and mix of programs they wanted to put in place.” See: “Teen Pregnancy: State and Federal Efforts to Implement Prevention Programs and Measure Their Effectiveness.” (Washington, D.C.: U.S. General Accounting Office, GAO/HEHS-99-4) November 1998, p. 3.

participation in work-search and related activities. They have to participate in work-related activities for fixed amounts of time under negotiated "Personal Responsibility Agreements" that states require be signed before a TANF cash-assistance case can be opened. If there is a noncustodial parent, usually a male, there is now a new social dynamic: "If he isn't required to do anything, why should I be; why shouldn't he be responsible too?" State officials predict that this kind of attitude change and the resentment evoked by time-limited cash assistance is already affecting child-bearing behavior, and that this signaling effect will increase.

The most prominent finding from our 20-state research on the implementation of welfare reforms is precisely in this area—that *signaling* matters. Teen births in the U.S. are the highest in the industrialized world (twice as high as Great Britain which ranked second). Actually, teen births are declining now—and at an increasing rate.³ Overall, teen births declined from 62.1 per 1,000 teens aged 15–19 in 1991 to 52.3 in 1997, the latest year for which we have data.⁴ In my opinion, though I cannot prove it, stronger signaling in welfare policy has *contributed materially to this decline*. Other factors, too—fear of AIDS and new technology (notably Depo-Provera)—have also contributed. But determining causality in this super-sensitive policy area is *impossible*.

Note: Additional information on findings from the Rockefeller Institute's Implementation Study of the Personal Responsibility Act of 1996 is presented in the sections that follow. I request that the full statement, including this material, be printed in the hearing record.

STATE RESPONSES

A November 1998, GAO report stated:

Teenage pregnancy and parenthood have unfortunate consequences for society, teenage mothers, and the children born to them. Teen mothers frequently do not complete high school, have poor earnings, and have increased dependency on the welfare system. A child born to a teen mother is more likely to have a low birthweight and health problems, suffer abuse, live in an inferior home environment, be poor, and be less likely to succeed in school. Moreover, a child born to a teen is more likely to become a teenage parent.⁵

Given the clashes over values in this policy area, most states have adopted indirect approaches to get at this challenge. Changes in reproductive behavior tend to be treated as expected side-effects of welfare reform policies. The Rockefeller Institute's research team in Wisconsin put it this way:

Certainly the architects of W-2 expect the program over time to reduce non-marital births, mostly because mothers can no longer receive cash assistance without working and because teen parents must live in an adult-supervised setting to receive W-2 services or support. . . . But reduction in out-of-wedlock pregnancies is a hoped-for by-product of W-2. . . . *The program has no components aimed exclusively at the issue, and W-2 agencies have no formal role in preventing out-of-wedlock pregnancies.* (Wisconsin Field Research Report, 1998; emphasis added.)

Nine states in the Rockefeller Institute sample created task forces on teen pregnancy prevention to deal with this subject, a familiar tactic to put off action in sensitive, controversial policy areas. While many aspects of this policy area are controversial, some provisions of the 1996 welfare reform legislation were rather quietly enacted, for example, the requirements that teen mothers live at home or in an adult supervised setting and that they stay in school.

Some states are trying to find a middle ground that is not ideologically charged, an approach that offends neither liberals nor conservatives. In West Virginia, for example, there is a marriage incentive, a ten percent increase in the monthly cash grant for two-parent families.⁶ The relative popularity of family caps—twenty states now have them—reflects the same purpose, i.e., to discourage the birth of additional children without specifying how those births are to be prevented. However, the politically attractive ambiguity of this approach may not last. Recent studies of the effects of family caps in New Jersey conducted by researchers at Rutgers University

³National Campaign to Prevent Teen Pregnancy. *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States.* (Washington, D.C., 1997)

⁴"Preventing Teenage Pregnancy," HHS Fact Sheet (Washington, D.C.: U.S. Department of Health and Human Services, April 29, 1999)

⁵GOA/HEHS-99-4, p. 1.

⁶Levin Epstein, Jodie. *State TANF Plans: Out-of-Wedlock and Statutory Rape Provisions* (Washington, D.C.: Center for Law and Social Policy, 1997)

suggest they may increase the incidence of abortions, thus casting doubts on their political acceptability.⁷

“THE DEVOLUTION IS IN THE DETAILS”

The Personal Responsibility Act complicates this value-reconciliation challenge. It makes \$250 million available over five years for abstinence-only education programs to be administered by the states. There is a detailed set of regulations that must be followed to obtain this money. To be funded, a program must:

1. Have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Teach that abstinence from sexual activity outside marriage is the expected standard for all school-age children;
3. Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. Teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
5. Teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
6. Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
7. Teach the importance of attaining self-sufficiency before engaging in sexual activity.⁸

Most states have applied for and received their allotments under this grant, but it is not clear that they will actually use the money. Many state officials see the abstinence-only program requirements as restrictive. They often do not understand that TANF and MOE funds can also be used for other pregnancy prevention approaches, such as family planning counseling and the provision of contraception—that is, if states choose to do so.⁹

In the opinion of one state official, “few projects will be able to implement faithfully all components of the definition in the law” for abstinence-only programs. These provisions, which require programs to teach that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity,” have come under scrutiny. State officials have told our field researchers they are wary about setting aside money for abstinence education because there are few studies that have linked abstinence programs with the reduction in out-of-wedlock births, although the U.S. Department of Health and Human Services is currently supporting evaluations of abstinence-only programs. Finally, to use abstinence-only funds, the state needs to match every four federal dollars with three state dollars. This matching requirement has proven difficult in some states, in part because of the fear that the money used for abstinence-only education competes or conflicts with funding for other efforts to prevent teen pregnancies and out-of-wedlock births.

Imposing requirements on the states to take steps to prevent teen pregnancy is not new, though the emphasis on abstinence is. In 1967, a law was enacted that required states to offer family planning services “in appropriate cases” to recipients of Aid to Families with Dependent Children (AFDC), for the purpose of “preventing or reducing the incidence of births out of wedlock.” The 1972 amendments explicitly included sexually active minors in the definition of “appropriate cases,” and required that family planning services be “provided promptly” to all who requested them.¹⁰ The 1972 amendments also established a penalty if states failed to comply with these requirements and provide family planning services under Medicaid.¹¹ The requirement that AFDC clients be given information on family planning remained on the books until it was repealed by the 1996 welfare law.

⁷Preston, Jennifer. “With New Jersey Family Cap, Births Fall and Abortion Rise.” *The New York Times*, November 3, 1998.

⁸Haskins, Ron and Carol Statuto Bevan. “Abstinence Education Under Welfare Reform.” In *Abstinence Education Grants and Welfare Reform Seminar* web page. College Park, MD: University Maryland Welfare Reform Academy, MD, 1997 (cited March 18, 1999). Available from <http://welfareacademy.org/pubs/main.htm>

⁹Cohen, Marie. *Tapping TANF: When and How Welfare Funds Can Support Reproductive Health of Teen Parent Initiatives* (Washington, D.C.: Center for Law and Social Policy, April 1999).

See also an excellent analysis by Sawhill, Isabel V. *Teen Pregnancy Prevention: Welfare Reform’s Missing Component* (Washington, D.C.: Brookings Institution, November 1998)

¹⁰Social Security Act, U.S. Code Annotated, Vol. 42 Secs. 602(a)(15)(A)(7) (1991).

¹¹Congressional and Administrative News, *Legislative History, 1972, P.L. 92–603.*

In addition to the abstinence-only emphasis in the 1996 Act, there are financial incentives to states tied to pregnancy prevention. Two bonuses provided in the Act are to be given to the states with the best performance. The first is the “Bonus to Reward High Performance States.” The federal government will reward states that best achieve the purposes set forth by the Personal Responsibility Act (all of the goals, not just those related to reproduction-reduction). Standards for this bonus were established by the Secretary of the U.S. Department of Health and Human Services in consultation with the National Governor’s Association and the American Public Welfare Association, now the American Public Human Services Association. One of the four goals on which performance bonuses are based is the reduction of out-of-wedlock births. One hundred million dollars per year is available for fiscal years 1999 and 2000.

In addition, a specific “Bonus to Reward a Decrease in Illegitimacy” makes \$100 million available, to be shared by the five states that demonstrate the greatest reductions in out-of-wedlock births. To qualify for the bonus, states must demonstrate that the abortion rate is less than the FY 1995 level. It is important to note that both of these bonuses are directed at the state’s entire population, not only teens or welfare recipients. These financial incentives, however, do not appear to be promoting active policy initiatives and administrative linkages between welfare and pregnancy prevention.

AGENCY INTERRELATIONSHIPS

The most significant institutional barrier to linking pregnancy prevention and welfare/job programs is the fact that pregnancy prevention programs are administered by health agencies, local health clinics, family planning clinics, and education departments—not welfare agencies. These agencies typically concentrate their efforts in low-income communities, but the missions and mechanisms involved do not directly tie into welfare/job systems. Historically, pregnancy prevention has been funded by the federal government under the Title X Family Planning Program and public health and education laws to achieve reductions in infant mortality or high school drop-out rates for pregnant and parenting teens.

Because political disagreements over *how* to prevent teen pregnancy—and thus how to make connections between programs and program bureaucracies—are often less strong within some communities than within whole states, most states have devolved pregnancy prevention functions downwards in connection with the 1996 welfare reform act. Teen pregnancy prevention shows the highest degree of second-order devolution of four basic welfare-related service functions we examined. As Table 1 demonstrates, state agencies perform a relatively weak role in managing pregnancy prevention activities when compared to their roles in the administration of cash assistance or employment and training services. In our research sample, fewer than half of the state governments play an important role in delivering pregnancy prevention services, and only two out of three state governments exercise significant control over the administrative design of such programs. One out of four states have no important policy-making function in this area. Even among the states that retain significant control over policy, they often share that power with a wide variety of local institutions, including local public health agencies, public schools, and private nonprofit agencies.

This downward shift in program responsibility may reduce some obstacles, but it creates others. Devolution down to localities may allow for greater flexibility and community involvement, but it can also cut down the budget for such programs. For example, Ohio tried to create a teen-pregnancy prevention bonus modeled after the federal one and was unsuccessful. Despite the fact that there is a state-provided incentive payment for the top performing counties in reducing out-of-wedlock births, we were told that Hamilton County (Cincinnati) “downplayed the minimal amount of incentive money . . . people interviewed were doubtful that the county could do much to affect out-of-wedlock pregnancy and stressed that the financial rewards are too small for the county to expend much energy developing a program” (Ohio Field Research Report, 1998).

Although site-specific actions in this policy area were not found to be widespread, several field researchers did identify cases of connectivity of welfare/job and teen pregnancy prevention efforts.

- In Washington State, welfare offices have family planning nurses on staff. Eight of fifty welfare offices are co-located with a family planning clinic. While funding has increased for family planning under TANF, these connections are not new.
- Florida has mapped out a long-term strategy that includes the implementation of a statewide protocol for the referral of clients to family planning services. Eventually, steps are to be taken so that family planning services are integrated with work

activities. Currently, some WAGES (“Work and Gain Economic Self Sufficiency”) coalitions have designated a staff member to coordinate pregnancy prevention programs within their region.

Table 1. Devolution Of Pregnancy Prevention Program Functions to Local Governments, Public Institutions, and Private Agencies

[Percent of states indicating that various institutions perform a significant role in policy-making, administrative design, and service delivery for pregnancy prevention, employment and training, and cash assistance programs]

Institution	Pregnancy Prevention	Employment and Training	Cash Assistance
Policy Making:			
State government	74	100	100
Local government	27	26	21
Other public institutions	32	16	0
Statewide nonprofits	13	0	5
Local nonprofits	7	5	21
Administrative Design:			
State government	63	95	95
Local government	21	32	37
Other public institutions	32	21	0
Statewide nonprofits	5	11	0
Local nonprofits	11	5	11
Service Delivery:			
State government	42	74	58
Local government	53	47	37
Other public institutions	47	74	0
Statewide nonprofits	40	47	11
Local nonprofits	47	68	26

Source: Field Research Reports, State Capacity Study, 1998.

Note: Data from nineteen states are included in the table. “State government” includes local as well as central offices of state agencies. “Other public institutions” includes school districts, community colleges, public hospitals, and so on.

- In Georgia, as part of the eligibility process, family members identified as needing information regarding family planning are to be referred to services. The state plan includes a list of personal responsibility requirements that may, for example, include requiring family planning counseling as well as participation in parenting classes for all teens whether or not they are parents. Recent controversy appears to have dampened the early enthusiasm for implementing this requirement. Nevertheless, in Bibb County, Georgia, we found that a family planning clinic is located just outside the welfare office and workers make frequent referrals. In Fulton County, Atlanta, one welfare office has on-site family planning services.

These examples are more the exception than the rule. The Rockefeller Institute is continuing, and in fact accentuating, its local field observations, including a review of implementation activities in the pregnancy-prevention policy area for the second round of field research on the implementation of welfare reforms.

CONCLUSION

At a conference last year at the American Enterprise Institute on teen pregnancy prevention, Douglas Besharov, the convenor, summarized the overall situation by citing “deep ambivalence” in this policy area. Jason Turner, Commissioner of the New York City Human Resources Administration, who also spoke at this conference, agreed, saying there is “lack of a consensus” not about whether to reduce teen pregnancy—but how. The dilemma is real: *The popular culture incessantly signals a set of permissive values about sexual behavior, while at the same time the political culture gives decidedly different and very strong signals about sexual abstinence and family integrity.*

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Chairman JOHNSON of Connecticut. Mr. Rector.

**STATEMENT OF ROBERT RECTOR, SENIOR POLICY ANALYST,
 HERITAGE FOUNDATION**

Mr. RECTOR. Thank you very much. I appreciate the opportunity to be here and testify about out-of-wedlock childbearing today.

In 1950, about 4 percent of all children were born out of wedlock; today, that number has risen to 32 percent. As we speak, one child in the United States will be born out of wedlock every 35 seconds. During the course of this hearing there will probably be about 300 children born out of wedlock. The initial Medicaid costs for the births alone of those 300 children will be about a million dollars.

This is clearly the most important social problem facing our society today. The first point I would like to make is to emphasize the very crucial difference between teen pregnancy and out-of-wedlock childbearing. Only about 14 percent of the children born out of wedlock in the United States today are born to girls under age 18. In fact, there are more children born out of wedlock to women over age 30, than there are to teenagers in high school. If you look in my testimony, I give a table on this where I show that the predominant amount of out-of-wedlock childbearing occurs to young women in their 19, 20, up to about age 24.

Women having children out of wedlock are mainly young adult women. In 40 percent of the cases, they are actually cohabiting with the adult male, the father of that child. Out-of-wedlock childbearing, the one-million-plus children born out of wedlock each year is not a matter of high school students. It is, in fact, a crisis in the enduring relationships between young adult men and women in the United States, and it is very important that we recognize that distinction.

Now, I wanted to talk briefly about some of the social effects of out-of-wedlock childbearing. This is data from the National Longitudinal Survey of Youth. What we did was look at children's status at birth and look at the subsequent family structure for that child.

On the left, we have children that were born out of wedlock and the mother never marries; and on the extreme right, we have children that are born inside marriage and the marriage remains in-

tact. The charts shows the poverty rates during the life of the child. We find the child born outside of wedlock, where there never is a marriage, was poor half of the child's life. By contrast, the child born inside an intact marriage, where the marriage remains stable, is poor 7 percent of the time. So there is a 700 percent increase in child poverty that is the direct result of out-of-wedlock childbearing.

If we could go to the next chart, we see the same sets of statistics. This chart refers to welfare dependence. The black column is AFDC receipt. We find a child born outside of the wedlock, where the mother never marries, received AFDC about 50 percent of the time during this period of analysis.

By contrast, you go over to the right side of the chart, a child born inside marriage where the marriage remains intact received AFDC about 3 percent of the time. Again, you have got something like—in that case, it is more than 1,000 percent increase, about a 2,000 percent increase in the rate of welfare dependence as a result of out-of-wedlock childbearing.

Out-of-wedlock childbearing is the primary cause both of child poverty and of welfare dependence in the United States today.

A further chart on crime was provided in written testimony, but I don't have a mock-up of it. We looked at incarceration in juvenile facilities in the State of Wisconsin where we had very, very good data. We found that roughly half of the children—these would be teenagers—incarcerated in juvenile facilities in Wisconsin were children born out of wedlock where the mother had never married. Overall, the increase in probability that a child would commit crimes and end up in jail, we found it 22 times higher among—for a child that was born out of wedlock where the mother never marries, compared to a child born inside wedlock where the biological mother and father have remained together in a stable marriage.

Out-of-wedlock childbearing and family instability is the principal cause of crime in the United States today.

Now, we could go on and begin to think about different policies that we could establish to address this issue. I am going to emphasize two in my oral testimony. The first is abstinence education. I would encourage the committee very strongly to look at a program such as Best Friends in the District of Columbia, which appears to reduce the sexual activity rates of inner city girls by about 80 percent. But beyond that, we need to go on and recognize that the goal here is not just to get girls out of high school without getting pregnant. We want to go on and give them the vision and the skill necessary to form stable marital relationships when they are young adults in their 20s and are going to begin having children.

So I would strongly urge expansion of abstinence education, combined with marriage education to emphasize the importance of marriage in the lives of men, women and children.

The second policy that I think we should look at very strongly is to recognize that when a woman has a child out of wedlock, society pays for that very heavily. For example, for about 75 percent of the children born out of wedlock, Medicaid pays for the birth directly. We ought to look at policies, experiments to reward women not for making mistakes in their lives, but for doing the right thing. For example, we could take a group of at-risk women and

say, if you get through high school and if your first birth is within marriage, we will reward you for taking those steps in the proper direction.

I can't guarantee that that would work, but I would love to see how individuals would respond to that.

In conclusion, I would say that out-of-wedlock childbearing is clearly harmful to the child, to the mother, to the father and to society. The most important and pressing thing we can do is to communicate the value of marriage, and define policies that can successfully begin to rebuild marriage in our society.

Chairman JOHNSON of Connecticut. Thank you very much, Mr. Rector.

[The prepared statement follows:]

Statement of Robert Rector, Senior Policy Analyst, Heritage Foundation

OUT-OF-WEDLOCK CHILDBEARING: TRENDS AND SOCIAL EFFECTS

INTRODUCTION

I wish to thank the Sub-Committee on Human Resources for the opportunity to testify today. The views which I will express are my own and do not necessarily reflect the views of The Heritage Foundation.

For more than three decades in U.S. society, marriage has declined, illegitimacy has flourished, and fathers have disappeared from the lives of children. The upward surge in out-of-wedlock child bearing has been accompanied by a mushrooming of other social problems: crime, welfare dependence, child abuse and drug abuse. The collapse of marriage, rise of illegitimacy, and absence of fathers are the root cause behind most of the nation's social problems.

When the American War on Poverty began in 1965, 7 percent of America's children were born out-of-wedlock, today nearly a third are. (See Chart 1.) As we speak, one American child is born outside marriage every 25 seconds.

The rise in illegitimacy has been driven by three factors: (1) a decline in the portion of women of child bearing age who are married; (2) an increase in the birth rate of non-married women; and (3) a decrease in the birth rate of married women. (See Charts 2 and 3.)

As a result of these factors, the number of births to married women has declined dramatically and is now at the lowest level since the end of World War II. During the same period, out-of-wedlock births have increased 1,000 percent, rising from 125,000 in 1946 to 1.26 million in 1997.¹ (See chart 4.)

The decline in marital births has been particularly severe among black Americans. Today the number of black children born within marriage is roughly half the number at the end of World War II. This change is largely due to a precipitate drop in the number of adult black women who marry.

RECENT GOOD NEWS

In nearly every year since the mid-1960s, the percentage of births that were out-of-wedlock increased steadily. In the last few years, however, there has been modest good news. In 1995, 1996, and 1997, there was a "pause" in the growth of illegitimacy, for the first time in three decades. (See Chart 1) The growth of the white out-of-wedlock birth rate slowed considerably, and the black rate actually declined slightly. This "pause" in the growth of illegitimacy (which coincided with the debate and passage of national welfare reform in the United States) is of great social significance. The crucial question is whether this pause will continue. Will the share of births which are outside marriage remain steady, or begin to fall? Or will illegitimacy soon resume its steady upward climb?

OUT-OF-WEDLOCK CHILDBEARING BY ETHNIC GROUP

Childbearing out-of-wedlock varies greatly between racial/ethnic groups. Chart 5 shows the percent of U.S. births that were out-of-wedlock in 1997 for five separate ethnic groups. The highest rate was non-Hispanic blacks, among whom 69.4% of births were out-of-wedlock. American Indians have the second highest rate at 58.7%, followed by Hispanics at 40.92%. Among non-Hispanic whites, 21.54 percent of

births are out of wedlock, and Asians/Pacific islanders have the lowest rate with 15.64% of births being out-of-wedlock.

While black Americans have the highest percentage of births that are out-of-wedlock—this does not mean that most children born out-of-wedlock in the U.S. are black. In fact, only about one third of all out-of-wedlock births are to non-Hispanic blacks.

Moreover, nearly all of the increase in illegitimacy occurring in recent years is due to whites. Between 1980 and 1997, annual black non-marital births increased by only about 100,000. By contrast, white out-of-wedlock births more than doubled (rising from 328,984 to 793,202). In 1980 the numbers of black and white out-of-wedlock births were nearly equal; by 1997 there were almost two white out-of-wedlock births for each black birth.

OUT-OF-WEDLOCK CHILDBEARING AND TEEN PREGNANCY

The rise of illegitimacy in the U.S. should not be confused with teenage pregnancy. Out-of-wedlock child bearing is overwhelmingly a problem among young adult women (age 18 to 25), not minor teenage girls in high school. Only 13.17 percent of out-of-wedlock births occur to girls under 18. In fact, more out-of-wedlock births occur to women age thirty and over, than to minor teenage girls. (See Chart 6.) Out-of-wedlock childbearing is not primarily the product of careless and hazardous behavior between sexually active high school students, instead it represents a profound crisis in the relationships between young adult men and women.

OTHER SOCIAL FACTORS RELATING TO OUT-OF-WEDLOCK CHILDBEARING

The conventional image is that out-of-wedlock births are largely the result of accidental pregnancy. In fact, nearly half of all illegitimate births are the result of an intended pregnancy; 34 percent are the result of a pregnancy that occurred earlier than the mother wished and only 14 percent are the result of a pregnancy that was completely unwanted. (See Chart 7)

There is a strong tendency toward repeat out-of-wedlock births. Roughly half of all illegitimate births are not first births, but are second, third or even later births to the mother. (See Chart 8.)

Most out-of-wedlock births do not occur as a result of ephemeral sexual encounters between near strangers. In fact, nearly forty percent of all out-of-wedlock births occur to women who are cohabiting with an adult male, who in most cases is the newborn's father. (See Chart 9.) Regrettably, these cohabiting relationships are unstable and generally dissolve within a few years rather than evolving into marriage.

A key factor in determining whether a woman will have a child out-of-wedlock is religious belief and practice. Regular church attendance cuts the probability of having a child out-of-wedlock roughly in half. (See Chart 10.)

SOCIAL EFFECTS OF THE RISE IN NON-MARITAL BIRTHS

The decline in marriage and the rise in out-of-wedlock childbearing has been associated with host of other social problems. In particular, the rise in illegitimacy has been a primary factor contributing to increases in: child poverty; welfare dependence; behavioral and emotional problems; and crime. In addition, the decline in marriage has been associated with high numbers of abortions.

SOCIAL EFFECT #1: OUT-OF-WEDLOCK CHILDBEARING AND POVERTY

The most obvious consequence of the rising tide of illegitimacy and disappearance of fathers is child poverty. Chart 11 shows data from the National Longitudinal Survey of Youth (NLSY) which contains a nationally representative sample of young mothers and their children. The chart divides children into four groups:

1. Out-of-Wedlock-Never Married—Children born out of wedlock whose mother has never married after the birth of the child;
2. Out-of-Wedlock-Subsequent Marriage—Children born out of wedlock whose mother marries subsequent to the child's birth;
3. Within Wedlock-Divorced—Children born to married parents who later divorce;
4. Within Wedlock-Marriage Intact—Children born to parents who were married at the time of birth and remained married

The chart shows the amount of time since birth that a child has lived in poverty for the four different categories of children. Children born out-of-wedlock to never married women are poor fifty-one percent of the time. By contrast children born within a marriage which remains intact are poor 7 percent of the time. Thus the

absence of marriage increases the frequency of child poverty 700 percent. However, marriage after an illegitimate birth cuts the child poverty rate in half.

SOCIAL EFFECT #2: OUT-OF-WEDLOCK CHILDBEARING AND DEPENDENCE

A second consequence of father absence and out-of-wedlock births is prolonged welfare dependence. Chart 12, using data from the NLSY, separates children into the same four groups as the previous chart on poverty. Children born out-of-wedlock whose mothers have not married have received Aid to Families with Dependent Children (AFDC) benefits for fifty percent of the time since birth. By contrast, children who were born in wedlock and whose parents have remained married have received AFDC only 3 percent of the time since birth. Thus AFDC receipt is 1700 percent more frequent among illegitimate children of never married mothers than among legitimate children raised by intact married couples.

If a woman gives birth out-of-wedlock but subsequently marries, the average length of time spent on AFDC will be cut in half, falling from 50 percent (for children of never married mothers) to 23 percent. Marriage even after an out-of-wedlock birth is thus quite effective in reducing dependence. Conversely if the parents of a legitimate child divorce, the length of time on AFDC will rise from 3 percent (for intact married couples) to 13 percent for divorced families.

Chart 12 also shows the portion of time which children in the four different categories received any of the following means-tested welfare benefits: AFDC, Food Stamps, Medicaid, SSI, and WIC. On average, children in the "out-of-wedlock-never married" group received some form of welfare benefit for 71 percent of the months since birth. By contrast, legitimate children whose parents remained married have received some welfare for 12 percent of the time. Welfare receipt is six times greater among the never-married group.

SOCIAL EFFECT #3: OUT-OF-WEDLOCK CHILDBEARING AND EMOTIONAL AND BEHAVIORAL PROBLEMS

Data from the National Health Interview Survey of Child Health (NHIS-CH) confirm that children born out of wedlock have far more behavioral and emotional problems than do children in intact married families. These problems include:

Antisocial behavior—disobedience in school, cheating and lying; bullying and cruelty to others; breaking things deliberately; failure to feel sorry after misbehaving;

Hyperactive behavior—difficulty concentrating or paying attention; becoming easily confused; acting without thinking; being restless or overactive;

Headstrong behavior—easily losing one's temper; being stubborn, irritable, disobedient at home; arguing excessively;

Peer conflict—having trouble getting along with others, being not liked, being withdrawn;

Dependent behavior—crying too much, being too dependent on others, demanding attention, clinging to adults.

Children raised by never-married mothers have significantly higher levels of all of the above behavior problems when compared to children raised by both biological parents. When comparisons are made between families that are identical in race, income, number of children, and mother's education, the behavioral differences between illegitimate and legitimate children actually widen. Compared to children living with both biological parents in similar socioeconomic circumstances, children of never-married mothers exhibit 68 percent more antisocial behavior, 24 percent more headstrong behavior, 33 percent more hyperactive behavior, 78 percent more peer conflict, and 53 percent more dependency. (See Chart 13.) Overall, children of never-married mothers have behavioral problems that score nearly three times higher than children raised in comparable intact families.¹

In addition, children born out of wedlock have less ability to delay gratification and poorer impulse control (control over anger and sexual gratification). They have a weaker sense of conscience or sense of right and wrong.² Adding to all this is the sad fact that the incidence of child abuse and neglect is higher among single-parent families.³

¹Deborah A. Dawson, "Family Structure and Children's Health and Well-being: Data from the 1988 National Health Interview Survey on Child Health," paper presented at the annual meeting of the Population Association of America, Toronto, May 1990.

²E.M. Hetherington and B. Martin, "Family Interaction," in H.C. Quay and J.S. Werry (eds.), *Psychopathological Disorders of Childhood* (New York: John Wiley & Sons, 1979), pp. 247-302.

³A. Walsh, "Illegitimacy, Child-Abuse and Neglect, and Cognitive Development," *Journal of Genetic Psychology*, Vol. 15 (1990), pp. 279-285.

Being born out-of-wedlock and growing up in a single-parent family means the child is more likely to experience: retarded cognitive (especially verbal) development; lower educational achievement; lower job attainment; increased behavior and emotional problems; lower impulse control; and retarded social development. Such children are far more likely to: engage in early sexual activity; have children out of wedlock; be on welfare as adults; and engage in criminal activity.⁴

SOCIAL EFFECT #4: OUT-OF-WEDLOCK CHILDBEARING AND CRIME

Research by former Congressional Budget Office Director Dr. June O'Neill demonstrates the clear linkage between crime and single-parent families. Using data from the National Longitudinal Survey of Youth, O'Neill found that young black men raised in single-parent families were twice as likely to engage in criminal activities when compared to black men raised in two-parent families, even after holding constant a wide range of variables such as family income, urban residence, neighborhood environment, and parents' education. Growing up in a single-parent family in a neighborhood with many other single-parent families on welfare triples the probability that a young black man will engage in criminal activity.⁵

Even stronger evidence is provided by a study of the family backgrounds of youths incarcerated in juvenile correctional jails in Wisconsin in 1993.⁶ As Chart 14 shows, only 13 percent of the juvenile offenders came from married couples where the child's biological father and mother were currently married and living together. In other words 87 percent of the juvenile criminals in Wisconsin came from never married or broken homes.

The report clearly demonstrates, not only that most juvenile crime is performed by youth from splintered homes, but that such children are far more likely to commit crimes than are those from homes with intact marriages. While only 13 percent of incarcerated offenders were from married couple homes with two biological parents, United States Census data shows that roughly half of Wisconsin teenagers actually lived in such intact married families in 1990.⁷

Chart 15 shows the comparative probability of juvenile incarceration based on family structure. A child living with a never-married family was more than 22 times likely to be incarcerated for criminal activities than is a youth raised by married biological parents. Children from divorced, separated, and widowed families were some three times to be incarcerated for criminal activity than was a child from an intact married family with both biological parents.⁸

SOCIAL EFFECT #5: THE DECLINE IN MARRIAGE AND ABORTION

Abortion in America is profoundly linked to the sharp decline in marriage and the increase in non-marital sexual activity outside of marriage. About 5.5 million pregnancies occur in the U.S. each year; nearly half (44 percent) of these pregnancies are to non-married women.⁹ Surprisingly, the pregnancy rate among never married women is virtually the same as for married women. In 1994 there were 95 pregnancies per thousand married women age 15 to 44. Among never-married women the rate was 91 pregnancies per thousand.

However, while married and non-married women have similar pregnancy rates, they differ greatly in whether a pregnancy is carried forward to childbirth. Nearly half of all pregnancies among non-married women end in abortions. By contrast, only 11 percent of pregnancies among married women end in abortion.¹⁰ (See Chart

⁴ See Robert Rector and Patrick F. Fagan, "How Welfare Harms Kids," The Heritage Foundation Backgrounder, No. 1084, June 5, 1996.

⁵ M. Anne Hill and June O'Neill, *Underclass Behaviors in the United States: Measurement and Analysis of Determinants*, New York City, City University of New York, Baruch College March 1990.

⁶ Wisconsin Department of Health and Social Services, Division of Youth Services, *Family Status of Delinquents in Juvenile Correctional Facilities in Wisconsin*, April 1994.

⁷ General figures on Wisconsin teenagers are from a Heritage Foundation calculation based on the public use sample of the 1990 Census. The overall statewide percentage of Wisconsin teenage children residing with two married biological parents was adjusted downward to compensate for the underreporting of step child status in the Census data.

⁸ Based on data provided by Pat Fagan. Due to limitations in the Census data on Wisconsin youth in general these figures should be interpreted as rough probabilities rather than precise estimates.

⁹ Stanley K. Henshaw, "Unintended Pregnancy in the United States" *Family Planning Perspectives*, January/February 1998.

¹⁰ *Ibid.*

16.) Overall, three quarters of abortions in the U.S. are performed on non-married women.¹¹

Some believe there may be a trade off between abortion and out-of-wedlock child-bearing, maintaining that abortion may be decreased by increasing illegitimate births or vice versa. The facts do not support this view. In reality, those states with high abortion rates also have a higher rates of out-of-wedlock childbearing.¹² This is because both illegitimacy and abortion stem from a common source: the decline in marriage. Therefore policies which would strengthen marriage in our society would have a double effect of reducing both out-of wedlock childbearing and abortion.

OUT-OF-WEDLOCK BIRTHS, MARRIAGE, AND WELFARE

The decline of fatherhood and marriage has been tied to the growth of the welfare state and is inherent in the structure government welfare programs. Welfare programs are programs which are "means-tested" or "income-limited;" this means that benefits from a welfare program are restricted to households whose non-welfare income falls below a certain limit. This restriction may take the form of an abrupt termination of eligibility when non-welfare income reaches a specified level, but is more likely to take the form of a graduated schedule in which benefits are incrementally reduced as non-welfare income rises.

In the United States, there are over 70 major income-tested welfare programs. These provide cash, food, housing, medical care and targeted social services to low income persons. Federal and state spending on these programs costs over \$400 billion per year or 5 percent of the U.S. Gross Domestic Product. About half of this welfare spending is directed to families with children.

It is critical to understand that all means-tested welfare programs are inherently anti-marriage and produce what has been termed "household splitting effects." This occurs because welfare benefits fall as household earnings rise; welfare can thus be maximized by removing an employed father from the home or taking steps to ensure his earnings are formally disregarded by the welfare system.

To understand how this process works in the U.S., we can imagine an example: "Annie," a mother, and "Bill," the employed father of her children. If Annie and Bill are not married and merely cohabit, Bill's earnings will generally be disregarded by the government and Annie will receive a variety of welfare benefits. If, on the other hand, Annie and Bill get married, Bill's earnings will immediately count against Annie's welfare eligibility and her benefits will be terminated or substantially reduced.¹³

There are various permutations on this principle, but the underlying rule is always the same: if a mother and father present themselves as two separate legal units to the government, they will usually be able to draw on two sources of income, welfare and the father's earnings. If, however, the mother and father are a married couple, they will receive, in general, only one source of income, the father's earnings.

It is crucial to understand that this is not a small accident in the welfare system, but is the inevitable result of the nature of "means-tested" welfare. Such welfare programs are inherently biased not against marriage, per se, but against the earnings of an employed husband.¹⁴ Earnings jeopardize welfare income; welfare benefits will be maximized only if the husband does not work, or if the father and mother are not married.

The very structure of welfare programs thus implicitly penalizes married couples with an employed husband with a low or moderate income. The only way to eliminate this bias would be to universalize all means-tested benefits currently targeted toward single mothers. Under a universalized system, all mothers would receive the same benefits irrespective of marital status and irrespective of their husband's earnings level. Under such a hypothetical system, no mother would suffer a reduction in welfare because she was married to a working husband.

Such a universal benefit system would be extraordinarily expensive. Moreover, even in such a system, anti-marriage effects would remain. The presence of generous universal supports to all mothers would undermine the economic necessity of

¹¹ Ibid. p. 26

¹² Using state level data the correlation between the number of illegitimate births per 1,000 women aged 15-44 and number of abortions per 1,000 women aged 15-44 ranges from +.67 to +.72. See Robert Rector, "The Fallacy that Welfare Reform Will Increase Abortions," The Heritage Foundation Executive Memorandum, No.407, March 21, 1995.

¹³ A rule against cohabitation by welfare mothers could be used, but it would be difficult to enforce and might only push "Bill" from the home.

¹⁴ Traditional welfare programs also create a strong incentive for the mother not to work or to hide her earnings from the government.

marriage, rendering husbands' earnings less necessary or even superfluous. This would be particularly true for low wage, low skill fathers, precisely the group for whom marriage has become the most tenuous.

PROVISIONS RELATING TO MARRIAGE AND ILLEGITIMACY IN THE 1996
WELFARE REFORM

The Personal Responsibility and Work Opportunity Reconciliation Act enacted in 1996 contained several key provisions designed to strengthen marriage and reduce illegitimacy.

(1) The law established for the first time in the nation's history, a clear goal to "prevent and reduce the incidence of out-of wedlock pregnancies."

(2) It required states to establish annual numerical goals for reducing out-of-wedlock childbearing.

(3) It created an illegitimacy ratio reduction bonus fund of \$50 million per year to reward states which decrease the percentage of births which occur outside of marriage without increasing abortions. Up to five states may receive funds each year under this provision.

(4) It created a new program to provide abstinence education directed toward marriage with funding of \$50 million per year.

Finally, during the national debate on welfare reform running from 1994 through 1996, Congress for the first time in the nation's history engaged in a clear and forthright debate concerning the societal harm caused by illegitimacy and the linkage between welfare and out-of-wedlock childbearing. This debate broke a spell of silence which had prevailed on this issue for more than three decades.

For the first time, the majority of the members of both parties were clear in affirming both the harm of illegitimacy, and the desirability of strengthening marriage. During this period, press coverage on the harmful effects of illegitimacy on children and society increased tenfold. The clear public discourse on the value of marriage and ills associated with out-of wedlock childbearing—reinforced by the underlying theme of personal responsibility embodied in reform legislation—played a critical role in the unexpected halt in the growth of illegitimacy which began in 1995.

NEW POLICY DIRECTIONS

Since most other social problems stem from or are closely associated with the dramatic decline in marriage, the restoration of marriage must be our top social priority. Given the anti-marriage bias inherent in means-tested programs, it will be very difficult to eliminate the all anti-marriage effects from our welfare system. But this does not mean that positive steps to strengthen and promote marriage cannot be taken. Such positive steps would include:

1. *Constantly Articulate the Goal of Marriage.*—The death of marriage is the central social problem facing our society. The first step in restoring marriage would be for social and political leaders to forcefully provide the message that marriage is essential to the welfare of men, women and children, and that bearing and raising children out-of wedlock is undesirable for both the child and society.

2. *Provide Abstinence and Marriage Education.*—Young people should be educated about the crucial linkage between marriage, human happiness, and social well-being. (This message is completely absent in our schools.) They should be instructed in the value of abstaining from sexual activity until marriage, and should be taught the inter-personal skills needed to build strong and committed relationships between men and women.

3. *Increase the Illegitimacy Reduction Bonus Fund.*—As noted, the 1996 welfare reform law created a pool of money to reward states which decrease out-of-wedlock childbearing without increasing abortion. Funding for this program should be increased and awards should be made available to more than five states.

4. *Establish Mentoring and Counseling Programs to Expand and Strengthen Marriage.*—Marriage development and protection programs should be established in communities with a high level of out-of wedlock child bearing and low levels of marriage. The inclusion of community and religious groups in such efforts would be critical. Such programs should include: mentoring programs to help restore role models of successful marriage in communities where marriage has greatly eroded; counseling programs to instill the goal of successful marriage and to develop relationship skills among at-risk men and women; and support programs to strengthen fragile new marriages.

5. *Limit Subsidization of Single Parenthood.*—Welfare subsidies serve as a competition to marriage and undermine the importance of moderate-skilled men as breadwinners and husbands. Limitations should be placed on traditional welfare

subsidies to single parents; these would include policies such as work requirements and providing loans rather than grants.

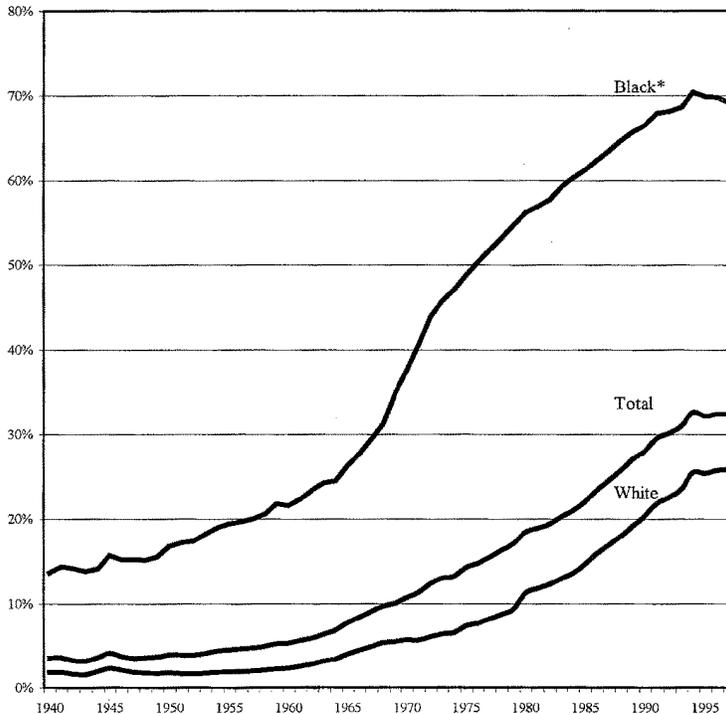
6. *Reward Marriage Among At-Risk Groups.*—New programs should be devised which communicate social and governmental affirmation of marriage, and which explicitly reward the initiation and continuance of marriage by at-risk individuals.

CONCLUSION

The 1996 welfare reform act stated correctly that “marriage is the foundation of a successful society.” The decline in marriage and the growth in out-of-wedlock childbearing is injurious to the well-being of children, mothers, fathers and society at large. No task is more important or pressing than the restoration and strengthening of marriage in our society.

Chart 1

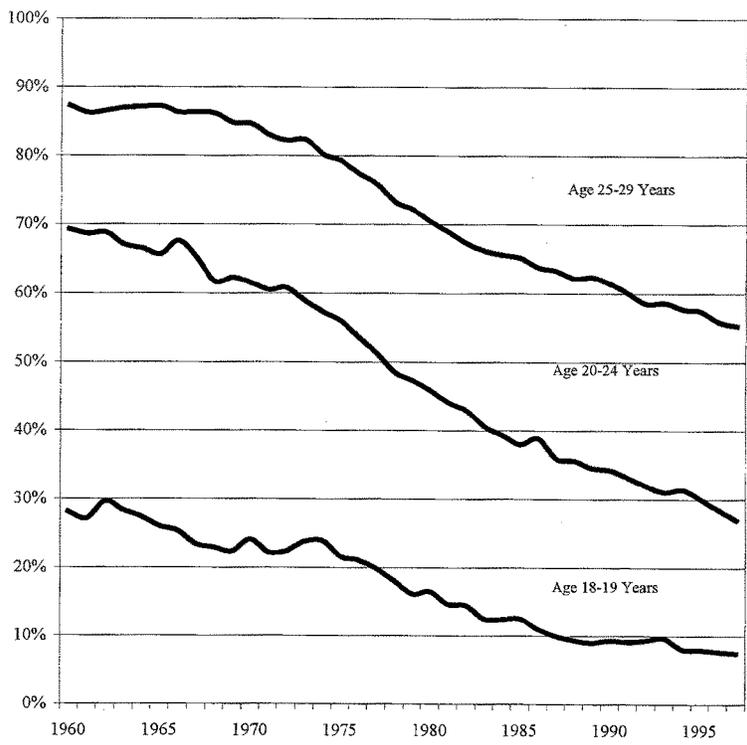
Out-of-Wedlock Births as a Percentage of All Births: 1940-1997



Source: CDC, NCHS, Division of Vital Statistics
 *1968-1996 data represent black births, 1940-1968 data represent very similar figures for non-white births

Chart 2

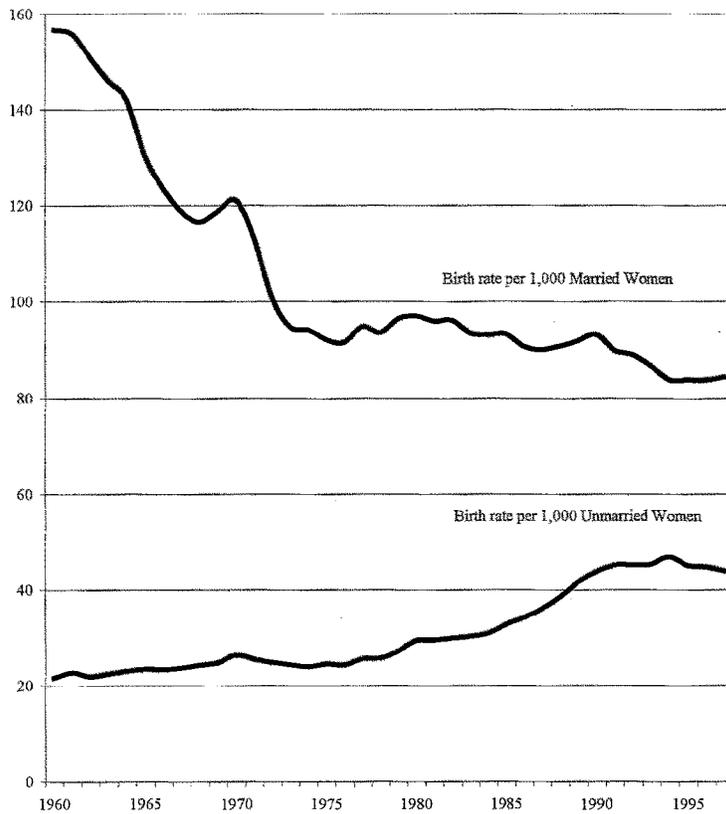
Percentage of All Females Who Are Married: 1960-1997



Source: Department of Health and Human Services

Chart 3

Birth Rate for All Women Ages 15-44, 1960-1996



Source: CDC, NCHS, Division of Vital Statistics

Chart 4

Births to Married Women vs. Births to Unmarried Women: 1940-1997

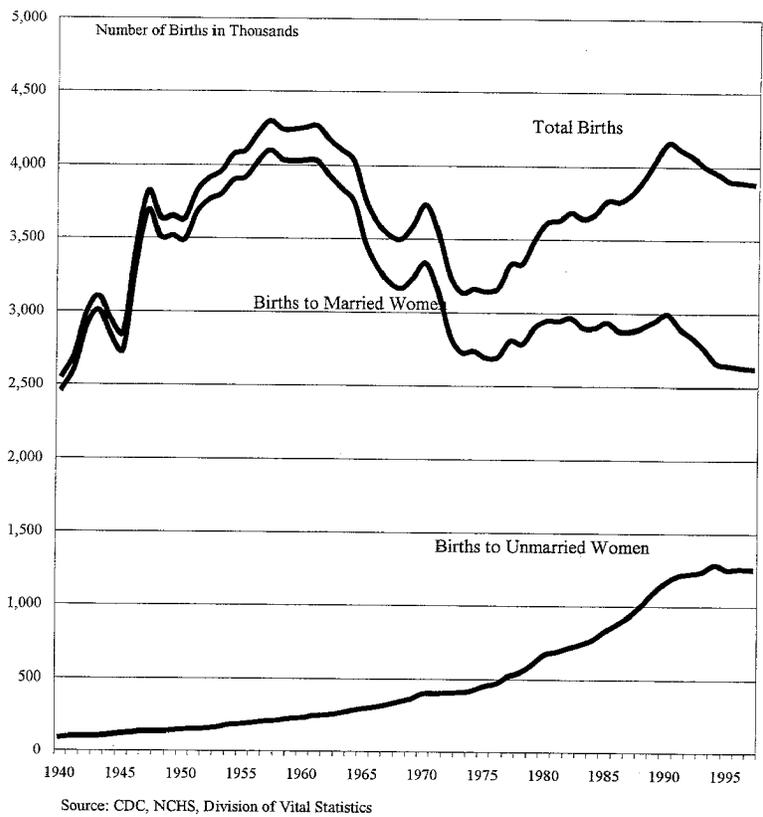
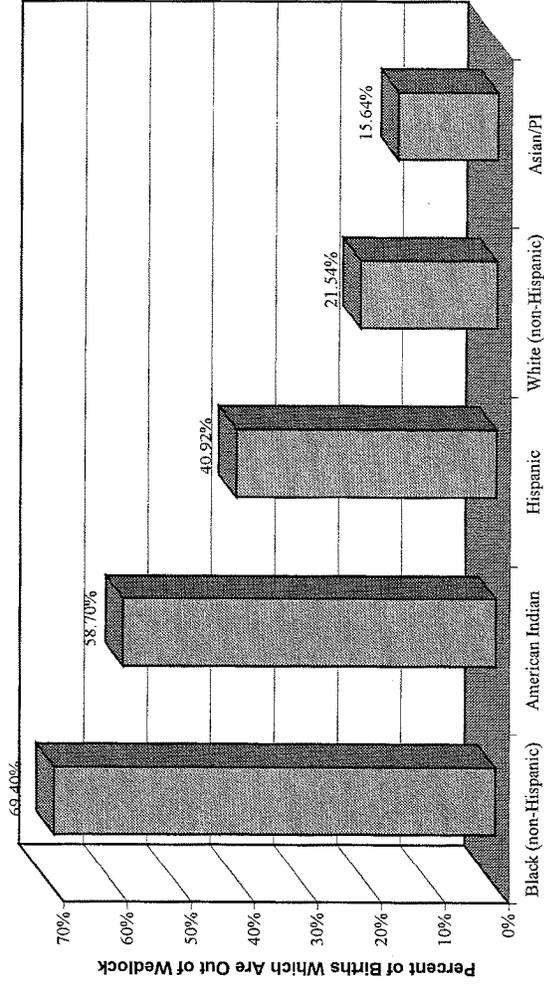


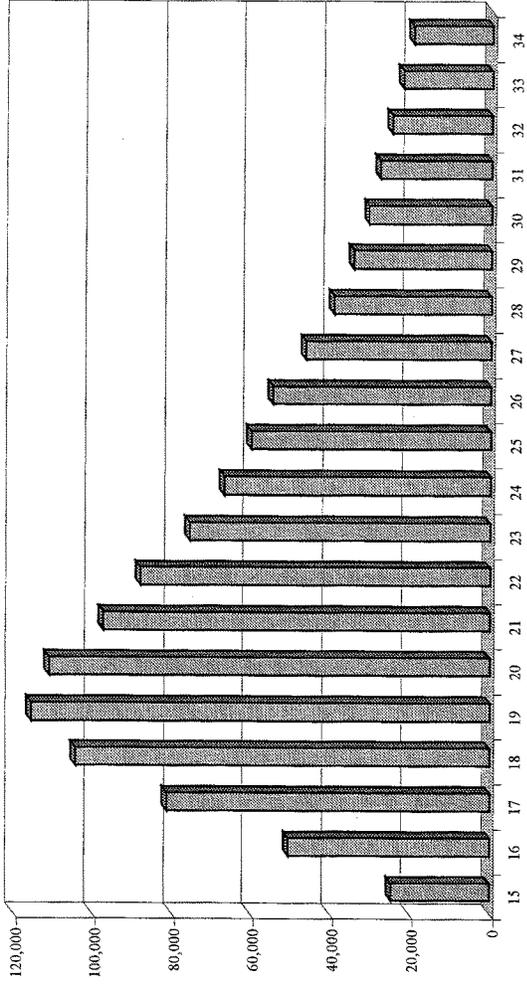
Chart 5

Out-of-Wedlock Births as a Percent of All Births--By Ethnic Group 1997



Source: CDC, NCHS, Division of Vital Statistics

Chart 6
**Number of Births to Unmarried Women by Age,
All Races, 1997**



Age of Mother at Birth of Child
Source: CDC, National Center for Health Statistics, Vital Statistics Division

Chart 7

Out-of-Wedlock Births and Mother's Intent

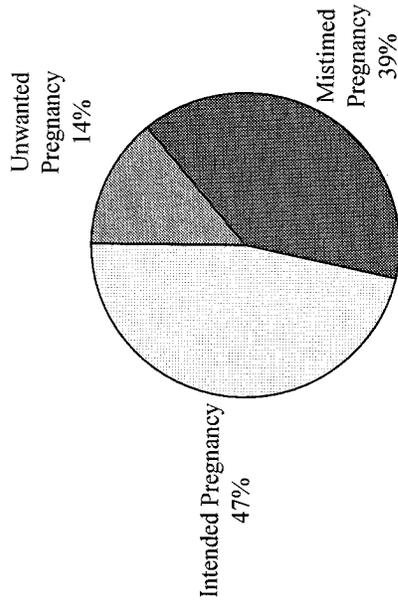
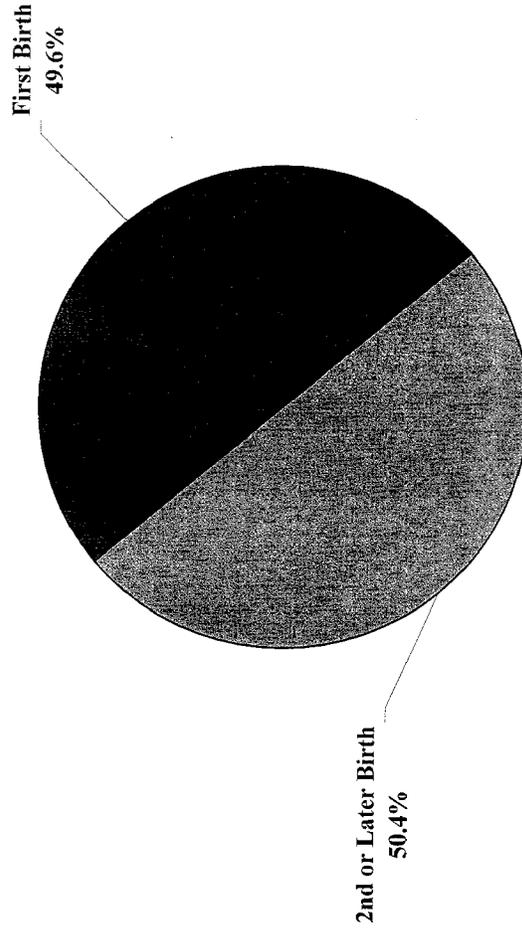


Chart 8

**1997 Out-of-Wedlock Births: First Births
and Subsequent Births**



60

Source: CDC, NCHS, Division of Vital Statistics

Chart 9

Out-of-Wedlock Births and Co-habiting Couples

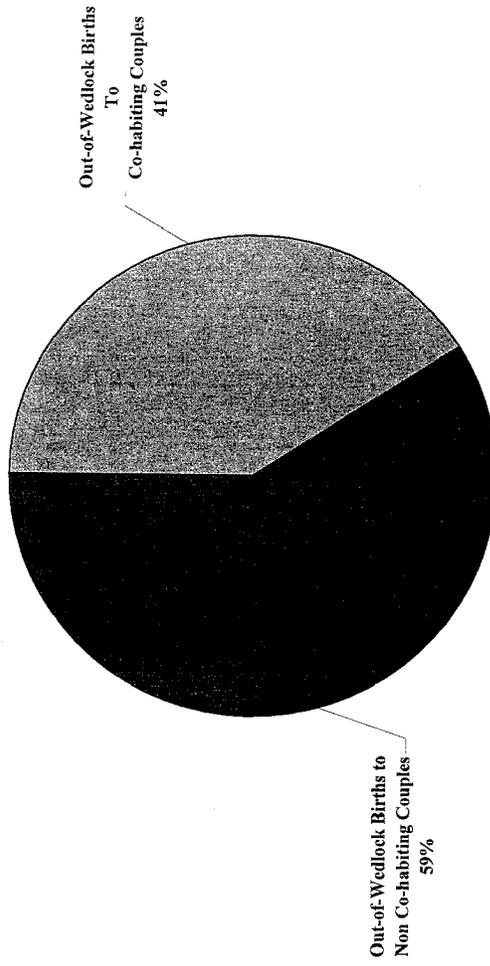
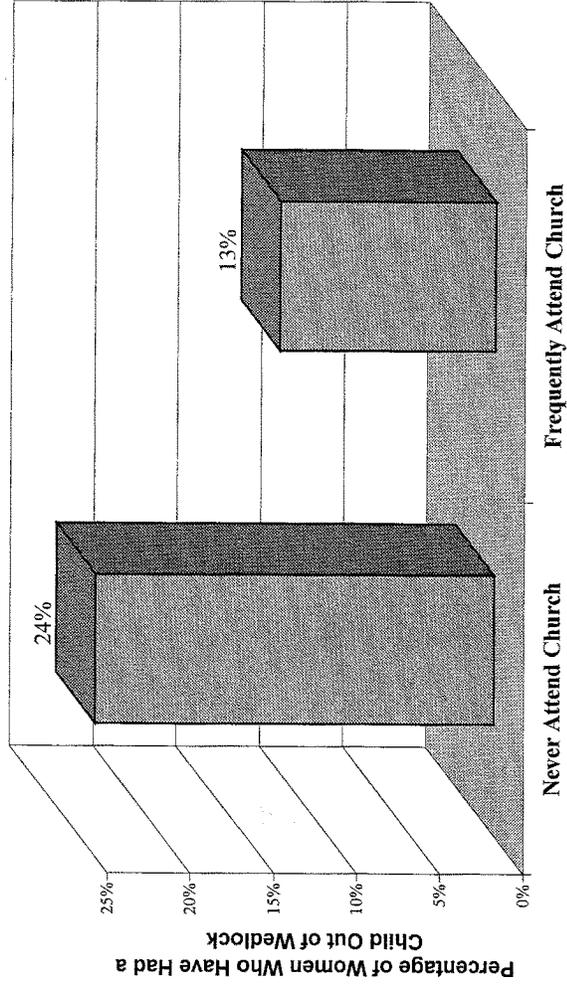


Chart 10

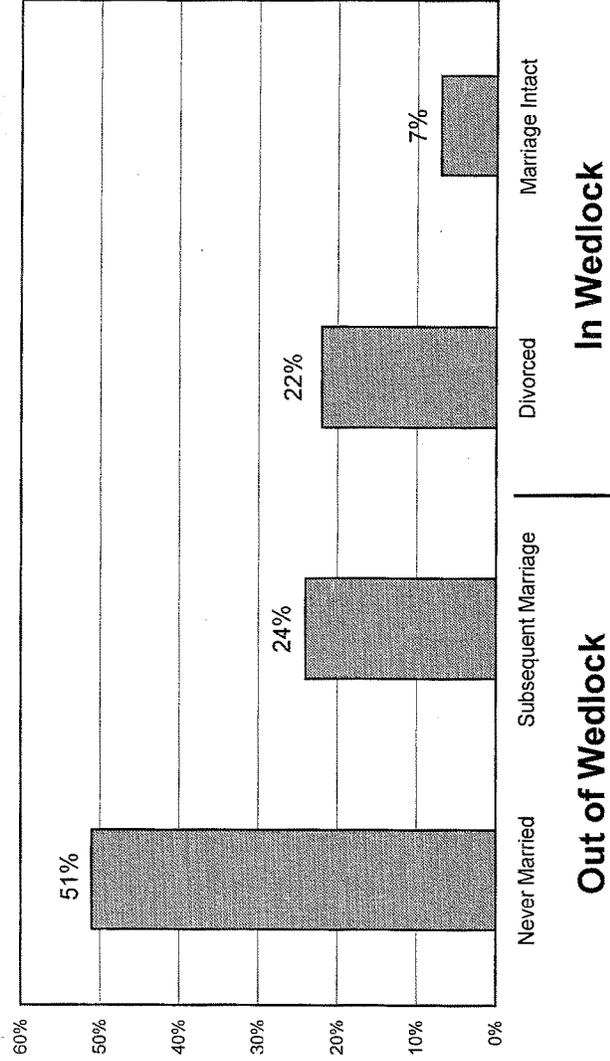
Religion and Out-of-Wedlock Births



Source: Heritage Foundation Calculations from The National Longitudinal Survey of Youth

Chart 11

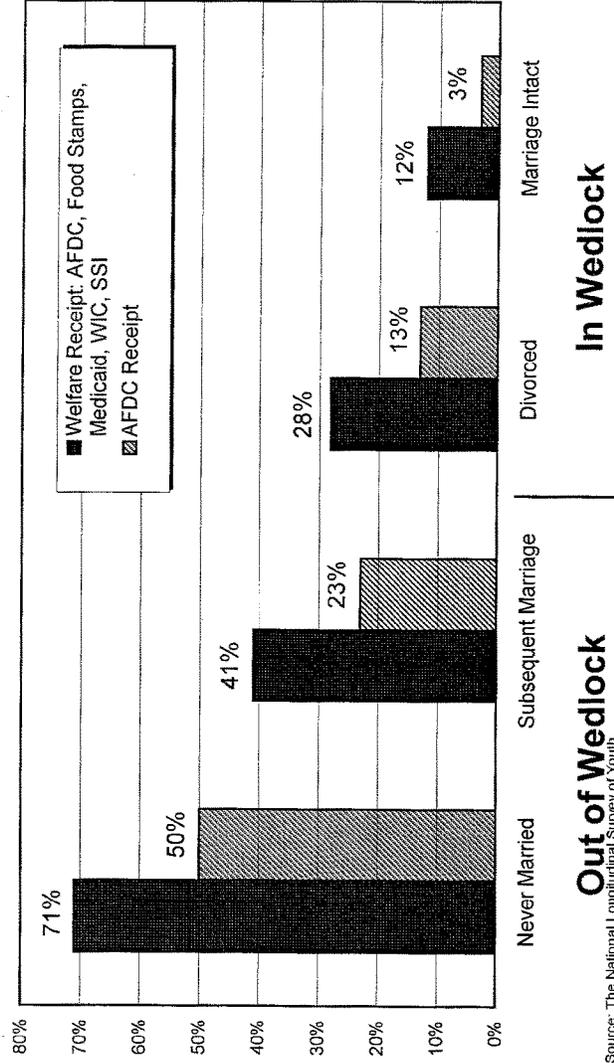
American Children: Time in Poverty



Source: The National Longitudinal Survey of Youth

Chart 12

American Children: Time on Welfare

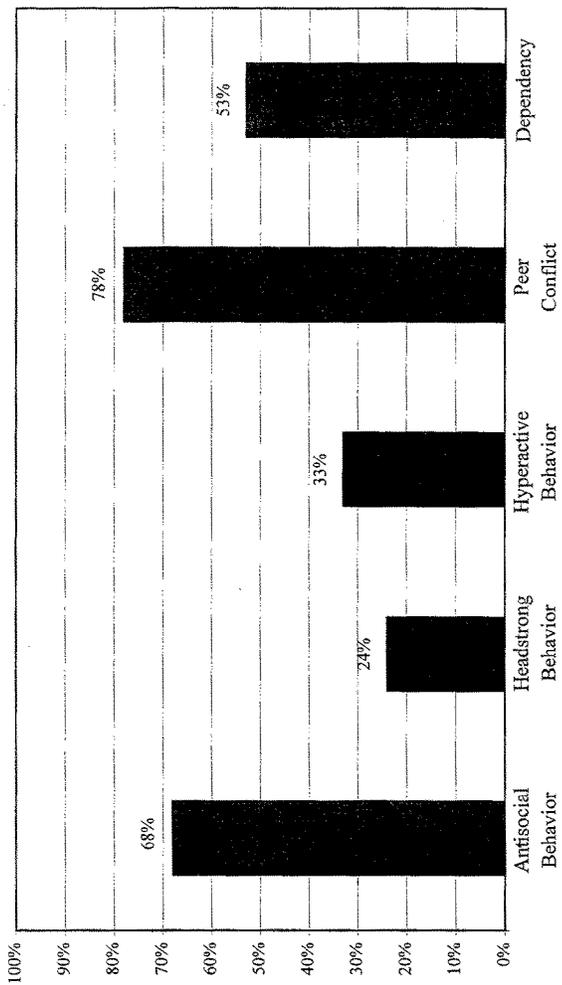


Out of Wedlock

In Wedlock

Source: The National Longitudinal Survey of Youth

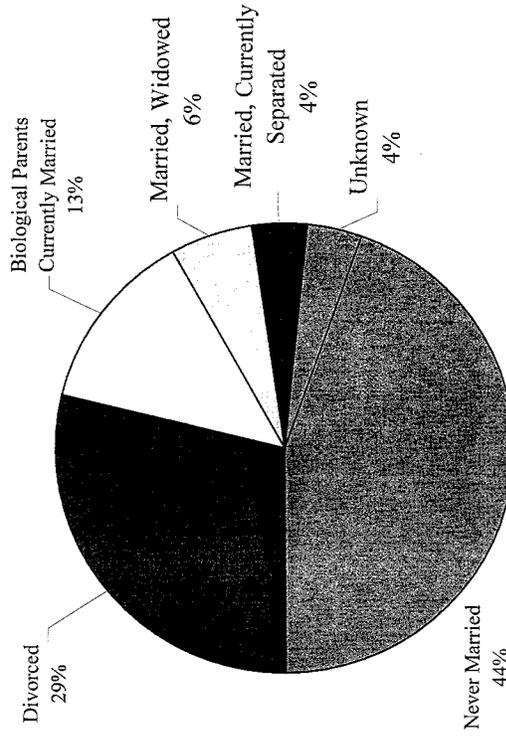
Chart 13
Relative Increase in Behavioral Problems Among Children of Never Married Mothers



Note: Behavioral Scores of Children of Never Married Mothers Compared to Children Living with Both Parents. Race, Income, Mother's Education and Number of Children in Family Held Constant.

Chart 14

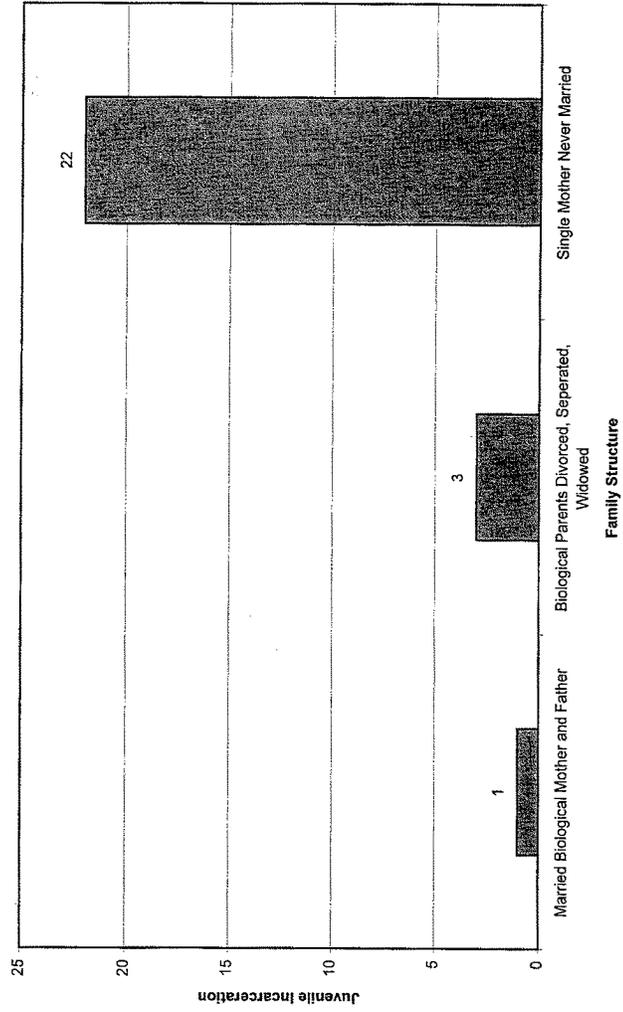
Juvenile Offenders
Current Legal Marital Status of the Youths' Biological Parents



Source: Wisconsin Department of Health and Social Services, Division of Youth Services, "Family Status of Delinquents in Juvenile Correctional Facilities in Wisconsin," April 1994.

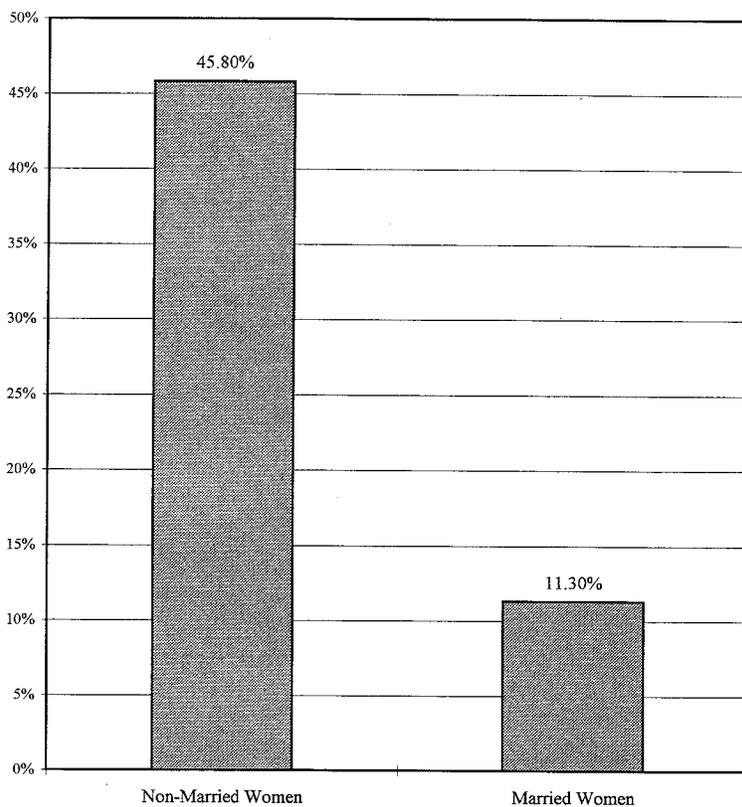
Chart 15

Odds Ratio: Juvenile Incarceration in Wisconsin by Family Structure



Source: Wisconsin Department of Health and Social Services and U.S. Bureau of Census.

Chart 16

Percent of Pregnancies Ended By Abortions

Source: Stanley K. Henshaw, "Unintended Pregnancy in The United States,"
Family Planning Perspectives, January/February 1998, p.26.

Chairman JOHNSON of Connecticut. Ms. Sawhill, it is a pleasure to welcome you back.

**STATEMENT OF ISABEL V. SAWHILL, PH.D., SENIOR FELLOW,
BROOKINGS INSTITUTION, AND PRESIDENT, NATIONAL CAM-
PAIGN TO PREVENT TEEN PREGNANCY**

Ms. SAWHILL. Thank you very much, Madam Chair. I am really delighted to be here.

The first question I want to raise is, why should we care about nonmarital childbearing. Here I simply want to stress that all of our research suggests that children are better off in two-parent

than in one-parent families. They do better in school; they have fewer behavioral and social problems. Even after you adjust for economic differences between two-parent and one-parent families, the children in one-parent families are worse off.

However, the biggest problem is that children in single-parent families have much lower incomes than those in two-parent families, as I show in figure 1.

The poverty rate amongst the children of never-married mothers is six times as high as the poverty rate in two-parent families, and this relationship holds no matter what racial or ethnic group you are looking at.

Given the enormous differences in the economic situation of these different types of families, it is not too surprising that given the growth of both nonmarital childbearing and single-parent families, that we have experienced an upward trend in child poverty rates since about 1970. The main factor that is driving the increase in single-parent families in the last decade or so has been nonmarital childbearing. It used to be divorce that was driving the growth of single-parent families; it isn't anymore. The divorce rate has leveled off. So, it is now nonmarital childbearing that is driving up the number of single-parent families, and it is the growth in single-parent families, in turn, that is responsible for much of the increase in child poverty, as you can see in figure 2 where we have adjusted the poverty rates for changes in family structure. We asked what would the poverty rate amongst children be in 1996 if we still had the same family structures that we did back in 1970; and the answer is, there wouldn't be much more child poverty now than there was in that earlier year.

Now, all of this is by way of saying that marriage is a powerful anti-poverty strategy, but many people say, "Well, the reason that marriage has collapsed is because men don't have the earnings and the employment that they used to, particularly less-skilled, less-educated men, and therefore, men and women aren't getting married." There is no sense in taking on a husband if that husband can't earn enough to support a family; and there is a little evidence that declining earnings among men has played some role, but I don't think it has played the dominant role.

And to further reinforce the point that marriage is a good anti-poverty device, in figure 3, I compare two families. One is a single-parent family with two children, working in a minimum wage job full-time, and the second is a married couple in which both parents are also working full-time at minimum-wage jobs. In both cases, they get the Earned Income Tax Credit, although a little less EITC in the second case than in the first. But as you can see very clearly, this second family is economically much better off, even though neither of the parents is earning very much.

We haven't taken into account child care costs here, which changes the picture somewhat, and we can go into that later if you like.

I think both Robert Rector and Stephanie Ventura made the point that not all out-of-wedlock or nonmarital births are to teenagers, and that is true, but I want to emphasize that half of first nonmarital births are to teenagers and that those births are overwhelmingly unplanned and unintended. In fact, about one-fifth of

all teenage girls in the United States can be predicted to have a child out of wedlock given current rates.

So I think that when it gets to the question of what can be done, a very good place to focus our efforts is on reducing teenage pregnancies for several reasons. First, that is where the pattern of out-of-wedlock childbearing starts; second, that is the group for whom the consequences are most devastating, and third, that is the group for which the greatest social consensus exists that something needs to be done. You are going to hear more from Brenda Miller, my colleague at the National Campaign to Prevent Teen Pregnancy, about the strategy that we have adopted at the National Campaign for reducing teenage pregnancy. But one of the reasons that I got involved in helping to found the National Campaign to Prevent Teen Pregnancy is because I felt that reducing teenage pregnancies was one of the most highly leveraged and important things we could do to reduce poverty, welfare dependency and a whole host of social problems that several people have already alluded to.

The good news is that teen pregnancy and birthrates have been declining since the early 1990s, but bear in mind that we still have rates that are much higher than in any other industrialized country. I am talking about five or six times as high as in Europe.

On this question of abstinence versus contraception, it is very divisive. There is a huge debate out there, as Dr. Nathan has suggested. This is one reason why it has been so difficult to move forward at the local level. We have done polling data on this, and our polling data suggests that there is a strong, indeed, I would say, an overwhelming, consensus in the country that we should promote abstinence amongst school-age youth, but the public does not want contraceptives to be taken away. They want to have them available as a backup.

So, as I think you said, Madam Chair, we need a more balanced conversation about this. We need abstinence to be our first message, but we need to have contraceptives available for those who need them.

I could go on and make a number of other recommendations, but in the interest of time and seeing the red light, I will leave it at that for now. Thank you.

[The prepared statement follows:]

Statement of Isabel V. Sawhill, Ph.D., Senior Fellow, Brookings Institution, and President, National Campaign to Prevent Teen Pregnancy

I appreciate the opportunity to testify on this important topic. Both as President of the National Campaign to Prevent Teen Pregnancy and as a Senior Fellow at the Brookings Institution, I have become convinced that early out-of-wedlock childbearing is bad for parents, bad for society, and especially bad for the children born into such families. However, the views I express today are my own and should not be attributed to a particular institution with which I am associated.

Three years after the enactment of welfare reform, the new law is being hailed as a great success. Caseloads have declined dramatically since the law was signed, and with fewer individuals to support, the states are flush with money. A strong economy interacting with tougher welfare rules and more support for the working poor is helping to turn welfare checks into paychecks. But the welfare system is like a revolving door. In good times, more people move off the rolls than come on and caseloads decline. But in bad times, exactly the reverse can occur. The only way to permanently reduce poverty and its associated expense is to stem the longer-term trends in out-of-wedlock childbearing that have historically pushed child poverty and caseloads up. Unless the states invest their surplus funds in programs aimed at preventing poverty, success may be short-lived or purchased at the expense of the

children it was designed to help. If every recipient who finds a job is replaced by a younger sister ill-prepared to support a family, the immutability of the revolving door will once again prevail.

There are many ways of preventing poverty. We could invest in early childhood education, inner city schools, or in additional supports for the working poor. But unless we can reduce out-of-wedlock pregnancies and encourage the formation of two-parent families, other efforts, by themselves, may well fail.

Much more attention needs to be given to encouraging young people to defer childbearing until they are ready to be parents. Some of the funds freed up by the drop in caseloads ought to be invested in teen pregnancy prevention programs and in reconnecting fathers with their children. In the absence of such efforts, welfare reform's current success is likely to be short-lived.

FAMILY STRUCTURE AND WELFARE DEPENDENCY

Rising divorce rates combined with a huge increase in childbearing outside of marriage have led to a situation in which most children born today will spend some time in a single parent family. And since roughly half of these single parents are poor (Figure 1), large numbers of children are growing up in poverty as well. Indeed, the growth of single parent families can account for virtually all of the increase in child poverty since 1970 (Figure 2).

The growth of female-headed families has also contributed to the growth of the welfare rolls. According to the Congressional Budget Office, welfare caseloads would have declined considerably throughout most of the 1980s if it had not been for the fact that the growth of single parent families continued to push them upwards. Moreover, this factor was more than twice as important as the economy in accounting for the roughly one million increase in the basic caseload between 1989 and 1993.

It is not just the growth of female-headed families but also shifts in the composition of the group that have contributed to greater poverty and welfare dependency. In the 1960s and 1970s, most of the growth of single parent families was caused by increases in divorce or separation. In the 1980s and 1990s, all of the increase has been driven by out-of-wedlock childbearing. Currently, 32 percent of all children in the United States and more than half in many large cities are born outside of marriage. Unmarried mothers tend to be younger and more disadvantaged than their divorced counterparts. They are overwhelmingly poor (Figure 1) and about three-quarters of them end up on welfare.

A large fraction of babies born outside of marriage have mothers who are not teenagers. However, the pattern of out-of-wedlock childbearing is often established at a young age. Specifically, more than half of first out-of-wedlock births are to teens. So if we want to reduce such births and the welfare dependency that usually ensues, the adolescent years are a good place to start.

There are two strategies that can be used to reduce teen, out-of-wedlock births. One is to encourage marriage. The other is to discourage sex, pregnancy, and births among teens. This latter strategy has the advantage of being more consistent with the growing requirements of the economy for workers with higher levels of education and with evidence that teenage marriages are highly unstable.

OUT-OF-WEDLOCK CHILDBEARING: CAUSE OR SYMPTOM OF POVERTY?

Some contend that many of the women who have babies as unmarried teens would have ended up poor and on welfare even if they had married and delayed childbearing. The argument is that they come from disadvantaged families and neighborhoods, have gone to poor schools, or faced other adverse influences that make having a baby at a young age as good an option as any other. There are few men with jobs for them to marry, and given their own lack of skills, welfare seems like a relatively good alternative. Moreover, earnings for less skilled men have plummeted over the past 30 years.

Although such arguments cannot be dismissed entirely, they are only a small part of the story. To begin with, the drop in marriage rates, which has been especially pronounced among African Americans, has been much larger than any economic model can explain. Second, early childbearers are much less likely to complete high school, leading directly to poor long-term employment prospects for the young women involved. The children in such families suffer even greater adverse consequences, including poorer health, less success in school, and more behavior problems. Finally, the argument that declining earnings has made marriage less viable is a curious one. Two adults can live more cheaply than one, and by pooling whatever earnings can be secured from even intermittent or low paid employment, they will be better off than a single adult living alone. These arguments are doubly true

once a child enters the picture and one parent either needs to stay home or shoulder the extra expense of paying for child care.

One can grant that the earnings prospects of poorly educated, inner city residents are not good and have deteriorated in recent decades, and that better schools and more support systems for low-income working families would help. Still, early out-of-wedlock childbearing greatly compounds the problem. Even well-educated individuals in their twenties have difficulty living on one income these days, and most middle class families have two earners. Yet, for some reason, it is assumed that if the men in low-income communities can't command a decent wage, they are not marriageable. But fathers are, or should be, more than just a meal ticket. And although two minimum wage jobs will not make anyone rich, they will provide an income of about \$20,000 a year, well above the poverty level for a family with two children (Figure 3). In short, marriage and delayed childbearing have the potential to solve a lot of problems, including assuring a better future for the next generation.

WHY ARE TEEN PREGNANCY AND OUT-OF-WEDLOCK BIRTH RATES SO HIGH?

As teen pregnancy and childbearing have become more common, they have also become more acceptable, or at least less stigmatized. A few decades ago, there were real social penalties to be paid if a girl became pregnant outside of marriage. Young girls refrained from sex for fear of becoming pregnant and being socially ostracized. Among those who did get pregnant, shotgun marriages were common. Young men had to compete for women's affections by promising marriage or at least commitment. All of this changed during the 1970s and 1980s. Contraception and abortion became much more available, women became more liberated, and sexual mores changed dramatically. A study by George Akerlof and Janet Yellen documents how the decline in shotgun marriages contributed to a rising tide of out-of-wedlock births. But this same change in sexual mores led not just to fewer marriages but also to a lot more sexual activity and a rising pregnancy rate among the nation's youth.

As Figure 4 shows, teen pregnancy rates increased from the early 1970s until 1990 and have been declining since that time. The relatively modest growth depicted in the chart is the result of two offsetting trends since 1972: increased sexual activity among teens combined with greater use of contraception. If teens had not increased their use of contraception over this period, teen pregnancy rates would have soared and been almost 40 percent higher by now. On the other hand, contraceptive use did not keep pace with the greater tendency of teens to engage in sex, with the result that, up until recently, the pregnancy rate kept rising. In the war between sex and safer sex, sex won.

These increases in pregnancy rates have not always translated into higher birth rates. The greater availability of abortion after 1973 kept the teen birthrate somewhat in check. But few people, whatever their position on this difficult issue, want abortion to be the major means of preventing poverty and welfare dependency.

THE GOOD NEWS: TEEN PREGNANCY AND BIRTH RATES ARE NOW DECLINING

In the 1990s, teenage sexual activity stopped increasing or even declined a bit. This combined with greater utilization of contraception among teens has caused the teen pregnancy rate to decline for the first time in decades. Teen births have fallen as well and the proportion of all children born out-of-wedlock has stabilized. The drop in birth rates among unmarried black teens is especially striking. It has declined by almost one fifth since 1991, a much sharper drop than that experienced by any other group.

What has caused this recent turnaround in sexual activity, pregnancy, and out-of-wedlock births? No one really knows but there are several possible explanations. One is fear of AIDS, which is widely suspected to be the most important reason for teens' willingness to either abstain from sex or use contraception more frequently than in the past.

Another possible explanation is welfare reform itself. Although the trends predate welfare reform, they may have gotten an extra push from the debate leading up to enactment of the new law in 1996 and the state reforms that preceded it. Most researchers don't expect welfare reform to have a big impact on out-of-wedlock childbearing. (Past studies are somewhat inconsistent, but most find that welfare has had only minor effects.) However, the new law makes welfare, and thus unwed motherhood, as a life choice much more difficult. And past research may not be a very good guide to future behavior because it has been based on variations in welfare benefits across states, not system-wide changes that are accompanied by time limits and strong moral messages that have the potential to change community norms.

Another factor that can't be dismissed is the performance of the economy over this period. The unemployment rate peaked in 1992 at 7.5 percent and has fallen sharply since. The long and very robust expansion, combined with increases in the minimum wage and in the Earned Income Tax Credit, may have helped to make work more attractive than welfare, and provided young women with more of a reason to defer childbearing. (This explanation is consistent with a surprisingly steep rise in the labor force participation of less educated single mothers since 1990.) And finally, tougher enforcement of child support laws may have made young men think twice before producing a baby.

GIVEN ALL THIS GOOD NEWS, WHY WORRY?

Although recent declines auger well for the future, it is worth remembering that teenage pregnancy rates are still at least twice as high as in other industrialized countries and higher than they were in the early 1970s. About half of these pregnancies are carried to term while the remainder either end with a miscarriage or are terminated by an abortion. Very few teen mothers put their babies up for adoption, or marry the baby's father, a marked departure from practices 30 or 40 years ago.

All of these considerations suggest that unless welfare reform begins to modify the underlying demographic trends that contribute to poverty and welfare dependency, it may do little more than reshuffle poor mothers and their children between welfare and low-paid work or worse. With the help of a strong economy, states could end up being quite successful at moving existing recipients off the welfare rolls. But unless they also focus on the number coming in the front door of the welfare system, this could be a hollow victory. Congress has created an incentive for states to reduce teen and out-of-wedlock childbearing by offering a bonus of \$20 million annually to the most successful states, and this has served as a wake-up call for some governors. But as Richard Nathan at SUNY Albany reports, many states have been reluctant to address the issue, considering it too hot to handle. They have tossed this political hot potato to local governments and nonprofit organizations.

WHAT ELSE CAN BE DONE?

Efforts to reduce teen pregnancy have traditionally centered on sex education and family planning services. Sex education, although widely available, is often too little and too late to have much impact. The best curricula focus less on reproductive biology than on teaching adolescents the skills needed to handle relationships, resist peer pressures, and negotiate difficult situations. Although teens are using contraception much more frequently than in the past, and their preferred method—condoms—is widely available in stores, they do not typically use it consistently, especially when they are young. The result is that failure rates are high and unplanned pregnancies all too common. Even a 12 percent annual failure rate, typical for condom users, cumulates to an almost certain pregnancy in the dozen years between puberty and marriage or an adult job. Part of the problem is that the boys and young men involved are not held accountable for their actions. Although the new welfare law puts considerable emphasis on establishing paternity and collecting child support from fathers, up until now, most have had a free ride. Unwed fathers need to be offered the same work opportunities and be subjected to the same requirements as the mothers of their children. And if Congress wants to do something about the so-called "marriage penalty," the place to start is with the Earned Income Tax Credit (EITC). As a result of the credit, a working single parent with two children can qualify for almost \$4,000 a year. But if she marries another low-wage earner, she stands to lose most or all of these benefits. Congress should consider basing the credit on individual rather than family earnings. (A requirement that couples split their total earnings before the credit rate was applied would prevent benefits from going to higher income families.) Under such a revised EITC, incentives to marry would be greatly enhanced.

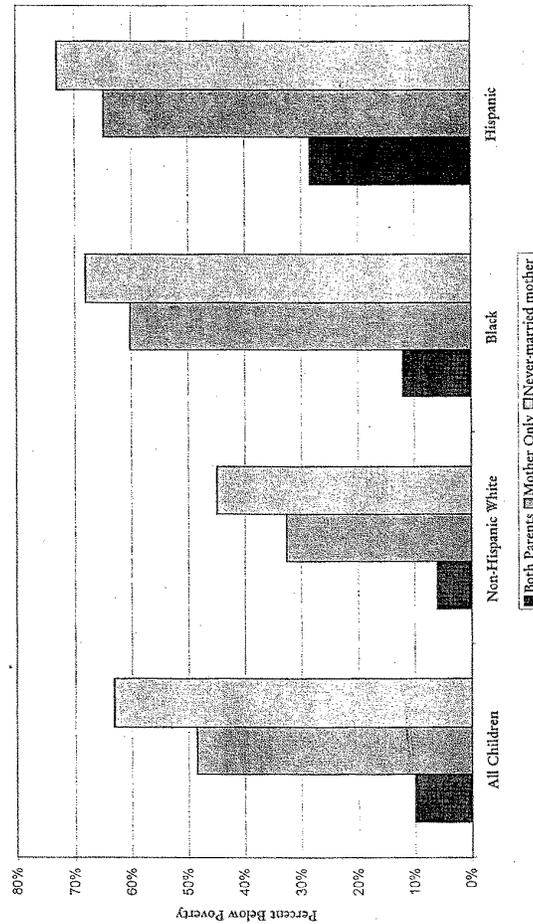
In the meantime, efforts to equip adolescents with the knowledge and the means to avoid pregnancy in the first place have been highly charged politically and have created a backlash by conservatives, and even by some moderates, who want more emphasis placed on abstinence. Public opinion polls show that over 90 percent of the public believes that abstinence is the appropriate standard for school-age youth, even though a majority still wants contraceptives to be available as a backup. (Contrary to what some believe, there is no evidence that teaching young people how to protect themselves causes them to have more sex.) As part of the 1996 welfare reform bill, Congress provided \$50 million a year for abstinence education programs. Such programs have never been adequately evaluated and many experts are skeptical that "just say no" campaigns by themselves will have much effect. But there

is newfound appreciation for the need to encourage abstinence, especially among younger teens. In addition, if these or other funds were used for programs such as mentoring, community service, or after school activities, it could make a difference.

Those looking for guaranteed programmatic solutions to this problem are likely to be disappointed. The point is not that programs can't be effective, but that in isolation from a change in social norms, their impact may be small. Conversely, an intervention that begins by affecting behavior in quite modest ways may eventually produce changes in norms that snowball into bigger long-term effects. Behavior is contagious. Teens, in particular, are enormously influenced by what their friends, parents, and heroes say and do, as documented in research commissioned by the National Campaign to Prevent Teen Pregnancy. This suggests that programs not be judged only on the basis of their immediate effects but also on their potential to re-engage parents and reorient peer culture. It also suggests devoting some funds to media campaigns and to support for community or youth-led efforts that focus on values and not just services.

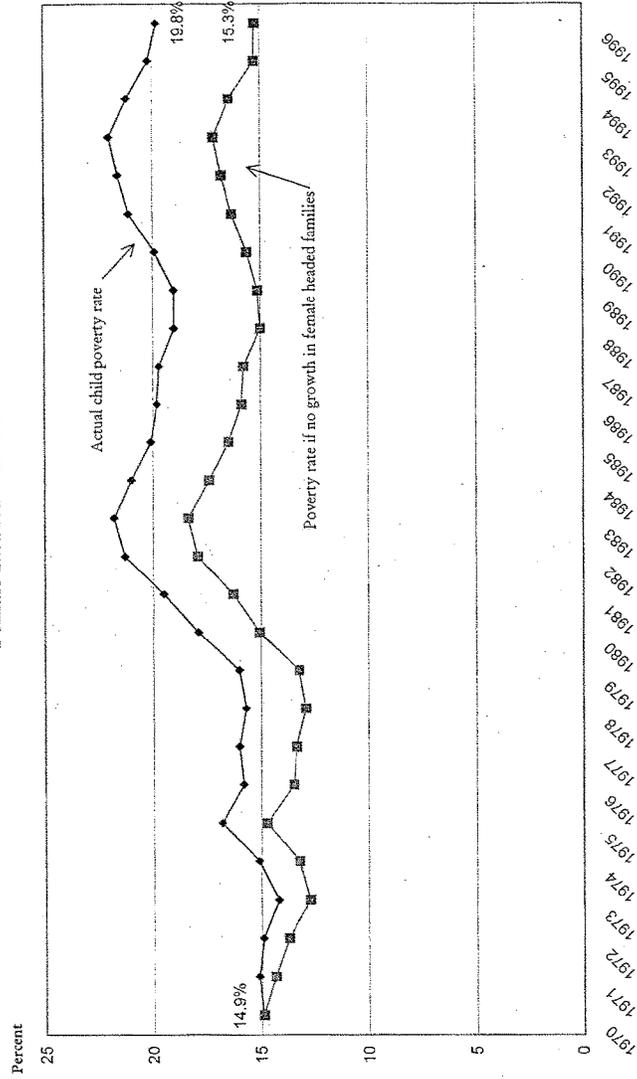
In conclusion, reducing teen pregnancy could substantially decrease child poverty, welfare dependency, and other social ills. Although little is known with certainty about how to advance this objective, states now have the opportunity to experiment with a variety of promising approaches that are critical to the longer-term success of current welfare reform efforts. Whatever approach states choose, they should remain cognizant of the importance of strengthening the social norm that teen out-of-wedlock childbearing is—to put it most simply—wrong.

Figure 1:
Child Poverty Rates by Living Arrangement of Child, 1996



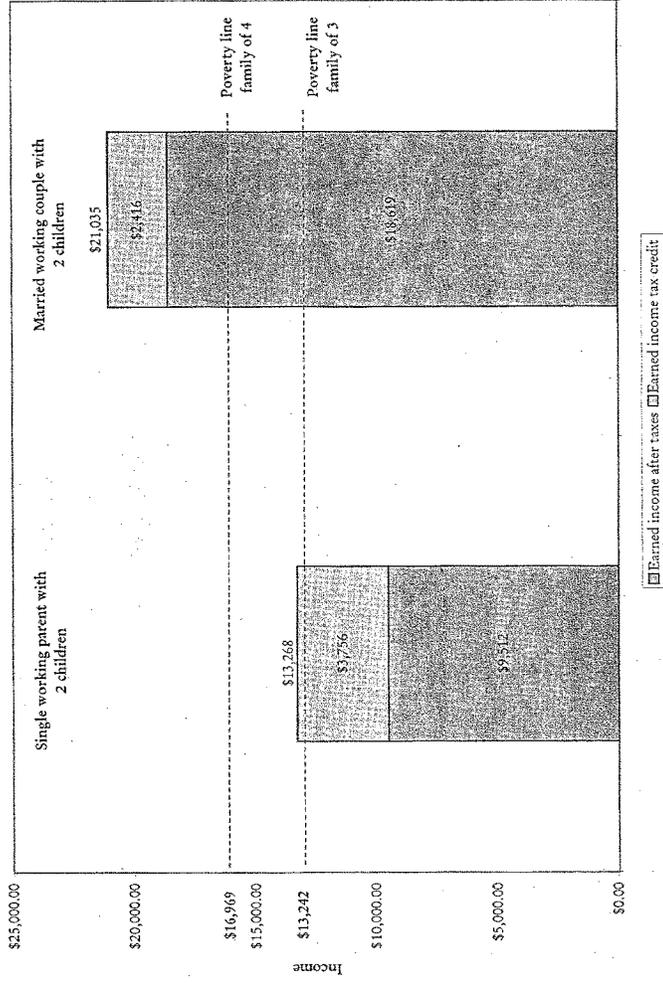
Source: 1996 Marital Status and Living Arrangements. Current Population Series. US Census Bureau

Figure 2: Most of the Increase in Child Poverty Can Be Explained by the Growth of Female Headed Families



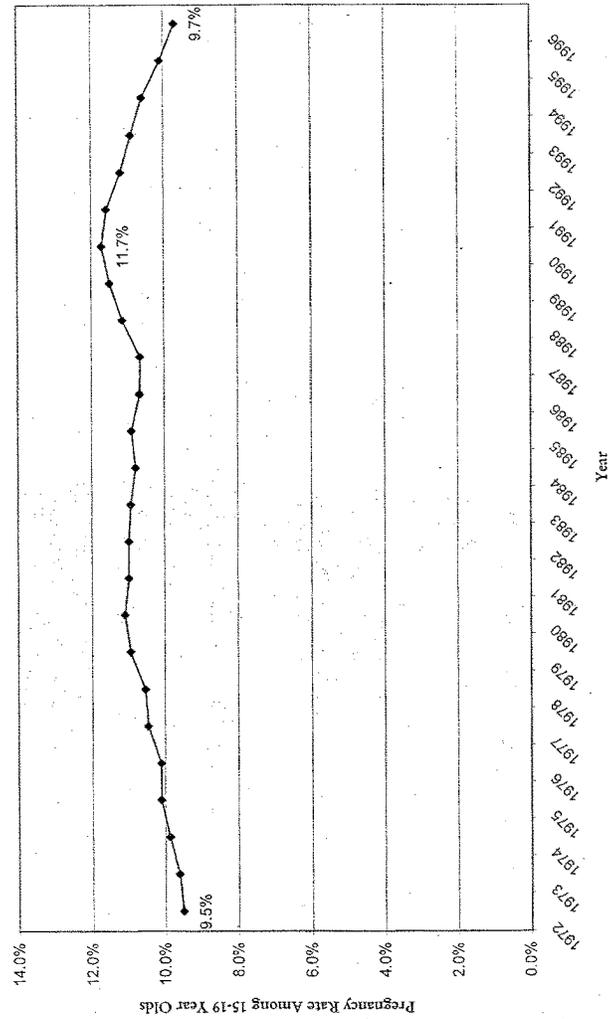
Source: All data from Table 10: Related Children in Female Householder Families, 1959-1996 except poverty rate for related children under 18, which is from table 2: Poverty Status of persons, by age, 1959-1996, U.S. Census Bureau.

Figure 3: Marriage as an Antipoverty Strategy



Source: Poverty line, House of Representatives (1998), p. 899; EITC, Internal Revenue Service (1998), p. 22. Assumes minimum wage of \$5.15/hr.

Figure 4:
Teen Pregnancy Rate 1972-1996



Henshaw, S.K., "U.S. Teenage Pregnancy Statistics," New York: Alan Guttmacher Institute, October, 1998. "Teenage Pregnancy: Overall Trends and State-by-State Information," New York: Alan Guttmacher Institute, April, 1999.

Mr. CARDIN. Madam Chair, if I can interrupt for just a moment, I am going to need to leave because I am going to be in a panel testifying before another committee, taking your place, on a pension bill. I apologize, but I need to testify before another legislative committee at this time, and I look forward to reading the testimony of those that I do not hear today, and working with everybody here.

Chairman JOHNSON of Connecticut. Thank you. I have to say the bill that Ben and my colleague, Rob Portman, are proposing will have as much to do with helping to create economic security for some of these young girls as anything this Congress might do by allowing and encouraging employers, even those who provide min-

imum wage benefits to their employees, to also be able to provide pension opportunities and encourage savings.

Thanks, Ben.

Pat Funderburk.

STATEMENT OF PAT FUNDERBURK WARE, PRESIDENT AND CHIEF EXECUTIVE OFFICER, PRESERVING FAMILY WELL-BEING FOUNDATION, ASHBURN, VIRGINIA

Ms. WARE. Good morning.

Chairman JOHNSON of Connecticut. I'm sorry, Pat Ware.

Ms. WARE. Pat Funderburk Ware, but it is not hyphenated, and Ware is so much easier than Funderburk, so I just use the Ware.

I am now serving as president and CEO of Preserving Family Well-Being Foundation, a new nonprofit organization formed by a number of African American organizations around the country that are also very interested in the issue of teen pregnancy prevention and family preservation. And much has been said that I do agree with, coming onto the Hill, Isabel Sawhill, one of my colleagues. I agree that teen pregnancy prevention is extremely critical.

I will tell you, if you are looking for my testimony it is not there. It is not there because I have been in the field for the last 2 weeks talking about this issue in the communities, in rural area, urban areas, and actually forgot that I was supposed to be here today. So it was fortunate I got home at 1 a.m. and looked at my other calendar and saw this. But again, it was a good thing to do because it does lead up to what we are talking about today.

I think I heard earlier from Dr. Zill about the importance of adults being involved in this conversation. We are talking about, how do we actually prevent teen pregnancies? One of my focused areas is the adults. I don't do a lot of discussion and training with the young people because, for many reasons, I feel this is more of an adult problem than a teenager's problem.

I have been invited by communities that do have title V money to come in and do what we call community training, and I do title training—is there hope for them, because the focus in most of the communities is on the African-American community; and we have seen the data, and I have been very encouraged by the response that we have gotten because what I try to help the community do is to take a journey with me, to do something really different, not just focus on what the kids are doing, but what we as adults have and have not done? Why is it that at a time in the history of African Americans in this country, where we can have more economic and educational opportunities than we have ever had, that the data for our youth looks worse than it has ever looked since we have been in America?

And we talk about that, how did we get from point A to point B? How is it that at the onset of 1960 nearly 80 percent of all black households were headed by two parents. And now we have heard the data today; it is horrendous.

So what I found in the community is that we don't have to talk about political issues. We don't have to talk about abstinence versus contraception. We talk about what we can do as a people. What happened to us? Did we abandon the values that kept us together as a people through slavery and segregation, Jim Crow-ism

and hangings, and we look at those values, and it is very clear, once we assess what we did, what changed after integration that is very clear, that we don't teach our kids the same things anymore. We don't talk about delaying sex, waiting until marriage. We don't have a strong value on marriage any longer.

I talked to them about the data that is out there, about the health data study that came out, that was funded by the National Institutes for Child Health and Human Development, that looks at what keeps our kids safe, and when they looked in the area of pregnancy and sexuality, there were four strong points that they talk about in this report.

The first is the connectedness with parents, how many of us are connecting with our parents. The second is when a parent gives a child a very clear, clear message that they do not want that child to be sexually active, not a kind of nondirective kind of wishy-washy response. The third that I think surprised a lot of us is when the parents give a clear message that they do want their children to use contraception, and what also was surprising in this study was that 10 percent of the men, young men, I think, between the ages of either 14 or 15 and 19 in this study, over 12,000 of them and 15 percent of the young women had taken pledges of chastity, and that was a surprise to many people.

But what we are trying to do is to paint a vision for our people about what it can be like for us in the future, what our families could look like and how do we get there; and it is clear that we can't get there by not being very clear what we want our kids to do and how to do that.

I was a single mom myself for 20 years. I have lived in a devastated inner city community and helping revitalize that community so the teen pregnancies rates would decline, and drug abuse. And people started their own businesses and bought homes that they thought they would never have, got off welfare and stayed off welfare, and it is more than a discussion about whether we should teach abstinence or use contraception.

And when we can paint the vision, what I have found in every community I have been in, whether poor rural or urban, the conclusion from the parents is always that we have to teach our children something better, we have to teach them about delaying sexual self-gratification, and we have to help them understand why sexual activity is not in their best sexual interest, best health interests for the present or the future.

There is a lot more I can say, too, but I do see the red bulb, and I will stop.

Chairman JOHNSON of Connecticut. Thank you very much, and thank you for being here. Certainly, your experience in the field is extremely important to us because you can talk all you want about the stuff in Washington, frankly, and if you never get out there to the real world and if nobody ever hears you, it isn't going to make a bit of difference.

Mr. Richards.

**STATEMENT OF CORY L. RICHARDS, VICE PRESIDENT FOR
PUBLIC POLICY, ALAN GUTTMACHER INSTITUTE**

Mr. RICHARDS. Thank you. We have been hearing this morning that nonmarital childbearing is an exceedingly complex problem, and it is, but certainly one of the driving forces behind nonmarital childbearing in the United States is unintended pregnancy. Among all the births to never-married women in the United States, 6 in 10 are the result of pregnancies that were not intended. Among teenage births, and teenagers are overwhelmingly not married, two-thirds of the births are the result of unintended pregnancies.

So clearly, as we look at a range in societal responses to the problems of nonmarital childbearing, we need to pay attention to unintended pregnancy.

The second point I would like to make is that unintended pregnancy is not an intractable problem. We have heard this morning, and I absolutely agree, that the rates in the United States are high. They are very high compared to other developed countries; they are far too high. But the fact of the matter is that rates of unintended pregnancy in the United States have been coming down. They have been coming down for all women, including adult women, and especially for teenage women.

I think we have heard twice this morning that teenagers are not responsible for the bulk of nonmarital childbirths in the United States, and I want to say it for the third time. Teenagers only account for about a third of the nonmarital childbearing in the United States, but for reasons given by Isabel Sawhill and others, there is plenty of justification for dealing with the problems of our young, most vulnerable citizens, so addressing teenage pregnancy is a tremendously important problem.

Having said that teenage pregnancy rates are coming down in the United States, that naturally raises the question that all you policymakers want the easy answer to, which is why; and of course, I can't give you the easy answer because there is much that we don't know about why people are behaving the way they are. But there are new data from the National Surveys of Family Growth in 1988 and 1995 that shed some light on what is sort of the first-cut question, which is, how much of this is due to increased abstinence among teenagers and how much is due to other factors?

What we have seen from the NSFG surveys is that between 1988 and 1995 there was a 10 point decline in the teenage pregnancy rate from 111 to 101 per 1,000 teenagers. During that same period there was a 2 percent decline in the proportion of teenagers who reported that they ever had intercourse. But while statistically that is very small, the fact of the matter is that that 2 percent decline in sexual activity is responsible for about 20 percent of the total decline that we have seen in teenage pregnancy.

What that means, however, is that 80 percent of the decline has to do with changes in behavior among teenagers who are sexually experienced, who have had intercourse in the past; and we looked at the three possibilities that could be responsible for that. It could be one or a combination, of either sexually experienced teenagers having sex less frequently, using contraceptives more in total, or using contraceptives more effectively. What the data seem to show is that sexually experienced teenagers are not substantially less

sexually active than in the past. Meanwhile, their total contraceptive use has gone up only very slightly, from about 78 percent to 80 percent. But the real change, and the significant change that is responsible for the very steep declines that we have seen in pregnancy rates among sexually active teenagers, is a change in method use primarily toward the new long-lasting hormonal methods, Depo-Provera and the contraceptive implant Norplant, which only came on the market in the United States in the early 1990s.

By 1995, the second NFSG survey, 1 in 10 teenagers at risk of unintended pregnancy was using these methods, and we think that that is the critical reason that pregnancy rates among sexually active teenagers went down.

Earlier, Stephanie Ventura talked about the very steep decline we have seen in second pregnancies to teen moms, and it would appear that the use of these long-lasting contraceptives is even more important among these teenagers because about one in four of these teenagers is using these methods.

So, to sum up, it seems to me that in the great controversy over whether this is due to abstinence or contraception, it is not an either/or situation, that both seem to be at play here, though not in the same proportion; and I would suggest that the policy implications of that are relatively clear, or they seem relatively clear to me, which is that even as we continue to promote abstinence with our young people, we need to recognize that half of the teenagers in the United States still are sexually active and that access to the information and the contraceptive services that they need to protect themselves need to be preserved as well.

Chairman JOHNSON of Connecticut. Thank you. That was very interesting, and it does remind us that this is a complicated problem and certainly contraception plays a role.

[The prepared statement follows:]

Statement of Cory L. Richards, Vice President for Public Policy, Alan Guttmacher Institute

Good morning. My name is Cory Richards, and I am Vice President for Public Policy at The Alan Guttmacher Institute (AGI), an independent, not-for-profit corporation for reproductive health research, policy analysis and public education. In compliance with clause 2(g)(4) of House Rule XI, I have submitted to the subcommittee information on relevant federal government grants received by AGI.

Thank you, Madam Chairwoman, for inviting me to speak to you and members of the subcommittee this morning as you consider a range of questions related to the goal of reducing nonmarital births.

Nonmarital childbearing in the United States is an exceedingly complex matter; it represents the coming together of a variety of factors. But no matter how you cut it, one central force driving nonmarital birth is unintended pregnancy. Fully six in 10 births to never-married women are the result of pregnancies that were unintended. Among teenagers, most of whom are unmarried, fully two-thirds of all births are the result of pregnancies that were unintended.¹ As a result, although there are many ways in which we, as a society, can work to alleviate problems associated with nonmarital births, it is clear that confronting the issue of unintended pregnancy is absolutely critical.

In that light, it is heartening to be able to report that there is some very good news on the unintended pregnancy front: Unintended pregnancy rates in the United States began to decline over a decade ago, and that decline has continued into the

¹ Source: Henshaw S, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24-29.

1990s. Indeed, the unintended pregnancy rate among all women of reproductive age dropped fully 16% between 1987 and 1994.²

On the teenage pregnancy front, the news is especially good: After years of steady increases, U.S. teen pregnancy rates have dropped markedly this decade. Teen pregnancy rates peaked in 1990, and then fell 17% between 1990 and 1996. Likewise, teen birthrates have fallen off since 1990,³ and teen abortion rates fell by almost a third between 1986 and 1996.⁴ While, contrary to popular belief, teens do not account for the majority of nonmarital births,⁵ childbearing among unmarried young women is quite properly of particular concern to us all, since young mothers and their children are especially vulnerable to severe adverse social and economic consequences.⁶

Why have teen pregnancy rates fallen? Answers to this question are crucial, as they can—and should—inform how we can sustain these positive trends among teenagers, as well as shed much-needed light on ways to address the phenomenon of unintended pregnancy that is shared by women of all ages.

Careful analyses of key government data⁷ indicate that approximately 80% of the declines that we have seen in teen pregnancy can be attributed to declines in pregnancy rates among sexually experienced teenagers. Indeed, the drop in pregnancy rates among sexually experienced teens has been very marked—16% between 1990 and 1996.⁸

Declining pregnancy rates among sexually experienced teens must be attributable to one or more of the following three factors:

- less frequent sexual activity;
- an overall increase in contraceptive use (that is, an increase in the proportion of sexually experienced teens using a contraceptive);
- and/or improved—in other words, more effective—contraceptive use.

Government data do not bear out a decrease in levels of sexual activity among sexually experienced teens.⁹ On the other hand, there is evidence that a slightly larger proportion of sexually active teens are using contraceptives,¹⁰ and—even more significantly—that teens who do use contraceptives are using more effective methods. Most notably, there has been a substantial shift among sexually active teens toward use of highly effective, long-acting contraceptive methods—the contraceptive injectable, Depo-Provera and the contraceptive implant, Norplant. These methods only hit the U.S. market in the early 1990s, but by 1995, one in ten sexually active teen women at risk of unintended pregnancy was using one of them.¹¹ Because these long-acting methods are so effective and so easy to use, they are making a big dent in the teen pregnancy rate.

Use of Depo-Provera and Norplant may have played a particularly large role in reducing second pregnancies among teen mothers. Data released earlier this year by NCHS showed a dramatic 21% decline between 1991 and 1996 in the proportion of teens giving birth a second time.¹² During a corresponding time period, as NCHS

²Source: Ibid.

³Teen birthrates dropped 12%, from 62.1 to 54.4 per 1,000, between 1991 and 1996. In 1986, the birthrate was 50.2. Source: The Alan Guttmacher Institute (AGI), *Teenage pregnancy, overall trends and state-by-state information*, New York: AGI, 1999.

⁴The teen abortion rate was 42.3 in 1986; in 1996, it was 29.2. Source: Ibid.

⁵Nonmarital births to teenagers account for 31% of all nonmarital births. Source: Ventura, SJ et al., *Births: Final data for 1997*, National Vital Statistics Report, 1999, Vol. 47, No. 18, Tables 2 and 17.

⁶See Maynard RA, ed., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: The Robin Hood Foundation, 1996.

⁷The 1988 and 1995 National Surveys of Family Growth.

⁸In 1990, the pregnancy rate among sexually experienced teens was 224; in 1996, it was 190. Source: Saul R, *Teen pregnancy: Progress meets politics*, The Guttmacher Report on Public Policy, 1999, 2(3): 6–9.

⁹A somewhat lower proportion of sexually experienced young women reported having had intercourse in the three months prior to the National Survey of Family Growth in 1995 than in 1988 (79% vs. 81%); however, over the entire prior year, sexually experienced young women reported having had intercourse during the same average number of months in both the 1988 and the 1995 NSFG (8.6 months). Source: Ibid.

¹⁰A greater proportion of sexually experienced teens reported currently using a contraceptive—using one within the last month—in 1995 than in 1988; that number grew from 78% to 80%. Source: Ibid.

¹¹Source: Ibid.

¹²Source: Ventura SJ, Mathews TJ and Curtin SC, *Declines in teenage birth rates, 1991–1997: National and state patterns*, National Vital Statistics Reports; 1998, Vol. 47, No. 12.

researchers have pointed out, a relatively high proportion of teen mothers—one in four—were using long-acting methods.¹³

Our analyses additionally confirm that there has been a decline—or at least a leveling off—in the proportion of teenagers who have ever had sexual intercourse. Indeed, the proportion of women aged 15–19 who report they have ever had sexual intercourse decreased about one percentage point between 1988 and 1995.¹⁴ About 20% of the declines in the overall U.S. teen pregnancy rate is attributable to this increased abstinence.

Many questions remain around why teen contraceptive use has improved, and why more teens are remaining abstinent, but the bottom line is that both phenomena are making a difference in combating teen pregnancy. As we have seen, about 20% of that difference is attributable to increased abstinence; about 80% is due to more successful pregnancy prevention efforts among teens who are sexually active. This strongly suggests that even as abstinence is being promoted to our nation's young people, access to contraceptives for those teens who are sexually active—half of all U.S. teens—is also vitally important to reducing teen pregnancies, fully eight in 10 of which are unintended.¹⁵

In fact, access to highly effective contraceptives can—and clearly does—make a difference in reducing unintended pregnancy and, as a result, nonmarital births among all women. Since low-income women are especially vulnerable to unintended pregnancy and nonmarital childbearing, government-subsidized family planning services are key to addressing these issues. I applaud the efforts of committee members who worked to ensure that TANF funds can be used for family planning services. The unmet need is great,¹⁶ and new funding under TANF is a small but important step in the right direction.

Thank you.

Chairman JOHNSON of Connecticut. I did want to ask Mr. Rector, though, about his interest in abstinence programs. I, too, am very interested in abstinence programs, and as impressed as I am with the Best Friends program—and I haven't been out there to visit, I just read about them—I have to tell you that there is a program that my hometown has had over either 6 or 8 years—I can't remember how long the program has been in place, and unfortunately, its structure was not able to come today, but they have had one pregnancy over all the area through the years, and that pregnancy was by a male who had dropped out of the program 2 years earlier.

But their commitment to these kids is, once you are in, you are always in, and you are always our person and we count you in our statistics, which I think is a very high standard. And it is very interesting to me because they absolutely stress abstinence, but they also teach sexual health, I mean personal health, and they also teach about contraceptives; and they don't have a problem with this mixed message stuff, but I think it is because they do it regularly over time. It is a very normal part of the conversation.

¹³Using data from the 1995 National Survey of Family Growth, NCHS researchers estimate that about one-fourth of teens who are mothers are using Depo-Provera or Norplant. Source: NCHS, Unpublished tabulation, 1999.

¹⁴The percentage of 15–19 year old women who say they have ever had sexual intercourse was 52.6% in 1988 and 51.5% in 1995. Source: Saul R, 1999, *op. cit.* (see reference 8).

¹⁵Seventy-eight percent of pregnancies among 15–19-year-old women are unintended. Source: Henshaw S, 1998, *op. cit.* (see reference 1).

¹⁶An estimated 16.5 million women in the United States are in need of publicly subsidized contraceptive services. That is, they are sexually active, fecund, not pregnant and not trying to become pregnant, and are either teenagers or have a family income below 250% of the federal poverty level. Only 27% of women in need of such services are married. Of those who need publicly funded services, it is estimated that four in 10 women were served by a public family planning clinic in 1995. Source: AGI, *Contraceptive Needs and Services*, 1995, New York: AGI, 1997.

The kids hear things on the street, they can bring it back. They hear things in school, they can ask about it. And they don't qualify for \$1 of Federal money because they aren't sufficiently pure, but their record is better than any abstinence program I am aware of.

So as much as I agree with you that abstinence has to be talked about more and certainly, Ms. Ware, that is what you are fighting is that we need to know how to talk to young people. How do some of us grow up with that assumption? I mean, I can't remember my parents ever talking to me about it, but I certainly know what they thought about these things, and they did influence not only my behavior, but every kid I knew. Of course, that was helpful since there was more uniformity.

But would you support abstinence programs, abstinence funding going to programs on the basis of their performance and a little less on the basis of whether or not they teach about contraceptives or don't teach about contraceptives?

Mr. RECTOR. I think there are a couple of points. First of all, when people are looking at the pure abstinence programs directed towards marriage, sometimes there is a suggestion that we are trying to deny children information. In almost all the schools where these programs, for example, the Best Friends program, there is information about birth control provided in some context in the school. It is not like we are going and pulling books off the shelves and ripping pages out and things like that.

What I feel is the most—what we see in these programs is that the program providers have to believe in the message, and what we were concerned about in drafting title V was that if you allowed a simple mixed message, what we would get was the same old sex ed program, but, where somebody puts the word “abstinence” on the front cover—actually—even with the tight definitions in title V, we got more of that bogus abstinence than we got real abstinence, I think. It is very important that the presenter and the teacher really believe it, because you are asking them to—

Chairman JOHNSON of Connecticut. I appreciate that very much, and I think when you first start something like this, you have to be perhaps a little more focused than you do later on.

But what would be wrong now with a program that has been established and that can demonstrate highly effective abstinence performance, why would we need then to be quite so judgmental in exactly how they do it? Clearly, they are committed to the message of abstinence, there is no question about it; but by having them both in the same place, as opposed to someplace else in the school, the trust issue is very, very great—what can we ask, and whom can we trust to talk to us straight—and I would hope that you would think about whether or not you and your organization would be willing to support a certain portion of this money going on outcomes like that.

Mr. RECTOR. I think, first of all, still—even within title V, I think that the predominant number of programs, despite the rigor of the definitions in those programs—and I am glad you have got a program that is firmly committed to abstinence and is communicating that message. I think that the majority of title V programs really aren't committed to that; that would be my experience. There are some very good ones out there. There might be some good mixed

message programs, but by and large, even within title V, I think the abstinence component is quite weak, and therefore, I think that that kind of change would be premature.

I think the program that you are talking about could be very well funded under other programs, but basically, I would like to see most of the title V programs get up to speed.

Chairman JOHNSON of Connecticut. See, first of all, I would have to say this: These kids live in a mixed message world, and having a program that is not capable of talking about both is a weakness.

But I certainly would hope that you would give some thought to working with us on outcomes. I mean, the abstinence program has been in place long enough now. Why can't we have a portion of that money go to outcomes? Have you performed? Are your kids abstaining?

So I think once a program's been in place a little longer, then you are obliged to look at the outcome, and if you are abstinence and you are talking abstinence and your rate of pregnancy is high, you shouldn't get the money; I don't care what you are talking about, you know.

So we will be looking at changing that language, but I wanted you to understand that it was because I personally believe that there are high-performing abstinence programs out there, and that I have an obligation to make sure that the money goes to help kids not get pregnant.

Mr. RECTOR. That would be fine.

I would also recommend, though, that in looking at evaluations, we ought to evaluate title X and a lot of these other programs which have been around much longer than title V, have not been evaluated and are not rewarded by outcome. One of the things we were trying to do with title V was to create some diversity, because there really wasn't a lot of strong abstinence, certainly not federally funded strong abstinence out there, and my feeling is that if you weaken the definition of that, far from creating, we would just fall back into—

Chairman JOHNSON of Connecticut. Oh no, I don't think we are talking about weakening definitions. I think we are talking about strengthening focus by looking at outcomes, not weakening definitions. So I think we just have to recognize the complexity of the problem and that programs that develop the kind of trust you need amongst kids cannot be forbidden from talking about the realities of those children's surroundings.

Mr. RECTOR. Again, I could—you know, I think we are both aware that one of the strong potential problems here is what we would end up with is a condom promotion program that has abstinence tacked on the front end. And I think everyone agrees here that the value base that is in the program that you are talking about and the ones I am talking about is a critical feature, and we wouldn't want to jeopardize that.

Chairman JOHNSON of Connecticut. We certainly don't, but we do want to make sure that the programs that are working have some support to expand.

Dr. Nathan—Mr. Nathan.

Mr. NATHAN. I would like to make a comment about that. In my testimony on page 9, the bottom of the page, I point out that TANF

and MOE funds—and there have been quite a few recent reports that say this—can be used for other kinds of programs, like the programs you are speaking about. I think that it maybe isn't the law that needs to be changed, but there needs to be a greater understanding of this.

A lot of people, I think, out in the country don't realize that, and so that might be a way to educate without having to legislate.

Chairman JOHNSON of Connecticut. Thank you. I do want to go back to the issue in your testimony about connectivity and just briefly ask you to comment on the apparent difficulty we are having in Medicaid sign-ups and whether that represents sort of a bureaucratic connectivity problem and whether there are ways that we could better focus the welfare reform bureaucracy, as it is evolving, to better connect with public health agencies and, you know, the kinds of programs that could reach teens and women on this issue of unmarried births.

Mr. NATHAN. I appreciate the chance to comment on that.

It is not surprising that in delinking AFDC and food stamps and Medicaid that we are seeing the kinds of effects that are occurring. In my opinion, the key is that welfare reform is a work in progress. The key to what happens is information technology and building systems that workers at the front line can use to make connections and track services—both services and safety net programs. Right in this room last week, on Friday, we held the fifth meeting of the Rockefeller Institute-General Accounting Office “Working Seminar on Information Systems for Social Programs.”

I am not a techie, I don't do this stuff myself, but I think this is the future in terms of what the new welfare becomes. TANF is bigger than welfare. The challenge now is to build systems. The young people who are being hired and work in these bureaucracies aren't afraid of the technology. It is off the shelf technology. The money is out there; there is a good spirit about welfare reform now. It is not as controversial.

This is the moment, with the economy performing the way it is, to put a lot of emphasis on making connections with information systems that workers can use on the front lines for health services, just as you said, and for safety net programs and for job programs.

We had people from different States come and talk about what is going on in the country. Like Diogenes with the lantern, I have been out there looking for the best way to do this. There are efforts going forward. I think this is the most important finding of our research, namely about building management systems with information technology where I think the Federal Government can help. I have been going around in Washington trying to urge Federal agencies and people around in different key areas in Washington to support this. The staff of this Subcommittee has been very active and helpful in this. In fact, Comptroller General David Walker, who attended on Friday, specifically thanked you for letting us use this room for our meetings.

Chairman JOHNSON of Connecticut. I see from your larger report on the 20 sites and I see in my own experience that the better connection between the welfare eligibility bureaucracy and the job training job placement bureaucracy is having a very powerful effect. I don't see developing yet any healthy connection between that

bureaucracy and the substance abuse prevention people, substance abuse treatment people, the mental health resources are completely lacking. As we get more into this, that is going to be very, very important, and then on this issue of the means, the reasons for not having children out-of-wedlock, not having that second birth, we are not connecting well into the sort of information about that, why you wouldn't do that, what it means for your future, what it means for the child's future and what are your options.

Mr. NATHAN. That is exactly right, and it is a big opportunity, and wherever it is happening we should understand that and use information about best practices to promote these kinds of changes. It is really the future of the new welfare right there.

Chairman JOHNSON of Connecticut. Yes, Ms. Ware.

Ms. WARE. Mrs. Johnson, I just wanted to make one quick comment on your concern about perhaps opening the title V money to organizations that also discuss contraception. I did a manual on abstinence, an abstinence resource manual, looking at all of the abstinence programs and what worked in these programs, whether they had been evaluated and so forth. Many of the very good programs do talk about contraception. I think it is a misrepresentation that abstinence programs—abstinence only programs don't mention contraception or condoms. They do. Many of them do. But it is the way they are talked about, it is in what context, and it in no way suggests to the young person that sexual activity is an OK behavior if you think you are mature enough or if you think it is your choice, that kind of thing. It lets young people know that if this is what you will do, and some kids are going to regardless of what you say, that there still is a risk factor involved for you, and we spend most of the time trying to help them understand why waiting is better and then helping them develop the skills to do that, give them something to look forward to in the future, those kinds of things.

But there is a—the most serious difference between programs that also provide contraception and consider themselves abstinence-based and abstinence only is not that one talks about contraception and the other doesn't. It is that under no circumstances will the abstinence-only program encourage sexual activity in any way. It is a fine point—

Chairman JOHNSON of Connecticut. It would be very hard to see, you know, how they would oversee that. I mean certainly there is no question in my mind, but there is this program at home in my district that certainly has that message but they have not received any abstinence money. Now, I don't know whether it is the general suspicion that new England isn't sufficiently morally straight, but I think that one way of dealing with this problem, because it is very hard from the outside to judge that, is to begin to look at outcomes data when we have it.

Ms. WARE. Right.

Chairman JOHNSON of Connecticut. We do in every other area, and it just blows my mind that we could ignore a program that has had one pregnancy over 6 or 8 years from a kid who dropped out. So I think that—I think we do have to look at a variety of tools, and I think you can do that without diluting it, and I think your comment about the fact that many of these abstinence programs do

also provide information that kids really need to know or at least some kids need to know is interesting.

Bell, did you want to comment?

Ms. SAWHILL. Can I jump in, is this Pathways/Senderos, and by the way it is a wonderful program, and we have written it up in one of our national campaigns to prevent teen pregnancy because one of the things that is needed when there are good programs like this is other people around the country need to know about them and be able to use them as models of best practice.

Chairman JOHNSON of Connecticut. Just for a moment on that issue, they are now seeing kids not able to come regularly to their program because they have to stay home this summer and take care of the children, their brothers and sisters, and the neighborhood wants them to start a program for younger children so they could have a summer program that would be totally abstinence because these are under fifth grade. The fifth grade teachers talked them into starting a fifth grade class, and they have only had the kids for 3 months and their grades have gone up and their behavior has improved. This is a very, very successful program, but it doesn't—so there is something wrong when you can't look at results.

Ms. SAWHILL. I love your idea of a more outcome-based focus for the use of these funds, and I think it is exactly the right way to go. I think one of the problems with teenage pregnancy prevention programs is they have not been adequately evaluated in the past. We know far too little about how to achieve success in this area, and as a result of that, we are, you know, sort of flying blind.

Now, I am very pleased that you all did put some funding for evaluating at least the abstinence-based programs into the welfare reform amendments and that some of that is going on now, and we all look forward to seeing the results, but I think we need still more evaluation, and our advisory panel, which I want to thank you for being a part of, by the way, to the national campaign, has been looking at this issue, and the co-chairs of that panel, as I think you know, Mr. Castle and Ms. Lowey, have co-sponsored a bill that would call for more outcome-based programs and more money for evaluation and then funding of the ones that have been demonstrated to be effective through those evaluations and spoken to some people on the Senate side as well who are also interested in that. So I just wanted to sort of flag that as being very consistent with I think what your ideas are here.

I think what you say about what people on the ground are going to do, what they think is best, is absolutely right as well. I think it is very good that the Congress has changed the debate, and I give my friend Robert and others in the conservative community lots of credit for having changed the discussion about these issues, but I think in the end when you are talking about actual teachers and mentors and others in local communities working with kids, they have to be given the flexibility to work with those kids in whatever way they think is effective.

I would point you to the example of South Carolina where the legislature did allocate some funding for teen pregnancy prevention last year, and they are putting the money out to all of their local communities with complete flexibility in terms of how the money

is used, and it seems to me that, you know, that is the model we have to build on. We have to change the conversation about this, but in the end, we have to give the people who are actually running the programs a fair amount of flexibility.

Chairman JOHNSON of Connecticut. I do think it is very important, and certainly my goal is not to substitute the legislation that has been introduced as interesting, as I think it is, for the language in there. I think it is just that you want to create also a way in which programs can be viewed by the accomplishments they have achieved, but I do just want to mention one other fact.

When you look behind any of these programs, and they are providing role models. They are helping kids with their homework. They are giving kids some view of other career options. You know, they are not succeeding on the issue of abstinence on simply moral authority ground. They are connecting not having children with having power over your life and opportunity, and that is I think why the message succeeds.

So as important as the issue of abstinence and/or contraceptives is, the real power of these programs is that they help kids do better in school. They give them an alternative to unstable homes often, often though not always, and they give them a way to see what else they could do in life besides go on welfare.

Mr. RECTOR. If I could just reinforce the one point that Dr. Nathan made that I thought was very important vis-a-vis your program, all the TANF surplus funding in the State could be used for that program.

Chairman JOHNSON of Connecticut. I appreciate that. For me it is a matter of principle, Mr. Rector. I think since they are focused on this they are serious about abstinence, and they are performing, and they are having great results. So I think for, "abstinence funding to cut them out is simply wrong," see. So, yes, there are other sources. I mean, they have been up and running and they have gotten national attention, but I don't think it is right, and I appreciate your point that you don't want to—you fear dilution and you—

Mr. RECTOR. Dilution is already here.

Chairman JOHNSON of Connecticut [continuing]. Fear under the original law that you would have just simply rubber stamped old programs with a new name, but I don't think that relieves me of the responsibility to really look at programs that focus on abstinence, that achieve abstinence but may not, for microtechnical reasons—see, it is very judgmental when you get down to this level of are they talking about contraceptives or are they not and what is their intention in talking with them. So this is really bad territory. The Government really can't evaluate that. So I have to look more closely at that law, and we certainly would keep you informed. I just wanted to alert you to the fact that I do think outcomes matter a lot, and some of the programs that are working really hard at abstinence in the very heart of poor urban areas and succeeding, they deserve recognition.

Mr. RECTOR. I think it is important to realize that title V represents only a very, very small fraction of the amount of money that the Government is spending on sex ed and only a small fraction of title V is going to abstinence-only programs. We were trying to break the mold and to move, particularly public health institu-

tions, in a new direction. If we are going to go with—outcome-based funding and things like that, I think it is very important to look at all the sex ed funding that is coming out of HHS and not just title V.

Title V is a brand new program. We now have better evaluations on title V than we do on all the bulk of the other programs that have been around for decades. I would commend to you a very important thing that we could do is call for the same sorts of evaluations on title X and other sex ed programs or abstinence-plus programs. In the long run, we want the same thing that you do. I am just afraid of the bureaucratic inertia. If we didn't clearly say we want you to do something different—the bureaucracies in the State level are very, very hostile to abstinence-only. So if we drop the strict definition, I think most abstinence-only programs would vanish. We wouldn't even get to experiment, we wouldn't get to evaluate abstinence only because the programs wouldn't exist, and that was our concern.

Chairman JOHNSON of Connecticut. Yes, Mr. Richards, then we must go on to the next panel.

Mr. RICHARDS. I would just like to make the point that title X is not a sex education program. It is a family planning services program. Two-thirds of the clientele in family planning clinics are adults, in addition to which there have been many evaluations of the program over the years in terms of its impact on preventing pregnancies.

Chairman JOHNSON of Connecticut. I would just say that in my district, which is really, I mean my biggest city is 65, 70,000, it is going down so I never quite know, title X and some of the poor cities in my district where they have no community health centers, they were the only access women had for pap smears, but family planning is very important to married couples. Married couples need to be able to have the number of children they want to have, and they should not be in a position of having to decide about whether to have an abortion or not.

I mean, my husband in the early days when abortions were illegal stood at the bedside of a mother of five with a husband standing there, and she died of an aseptic abortion, and she died because they could not tolerate the economic burden of one more child, and they had not been able to prevent the pregnancy. So that was a part of life at that time, and as much as I think we need to retrain our children and ourselves as adults and do something about the mixed messages out there and this terrible problem of children being born in circumstances that do terribly prejudice that child to destitution and failure, I also think the lack of healthcare for uninsured women, the terrible importance in a free society of being able to control whether you have more children or not is something that unfortunately title X has been a weak small lever, but it has been all we have been able to do, and I think the issue of teen pregnancy is really a different issue and we need to think about it and act on it far more aggressively than we have. I think it is the one area in which there is consensus, and we do need to work more effectively, and we have some better information now from the abstinence program.

THE ALAN GUTTMACHER INSTITUTE
Washington, DC, July 20, 1999

The Honorable Nancy L. Johnson,
Chairman, Committee on Ways and Means
U.S. House of Representatives,
Washington, DC.

Dear Madam Chairman:

This is in response to your request for additional information concerning the calculations that led to our conclusion—presented by Cory L. Richards, The Alan Guttmacher Institute's (AGI) vice president for public policy, in his testimony before the Subcommittee on June 29—that, to varying degrees, both increased abstinence from sexual activity among teenagers and changes in contraceptive behavior among sexually experienced teenagers contributed to the observed decline in the pregnancy rate among U.S. teenagers between the late 1980s and the mid-1990s.

These calculations, which are detailed below, were based on the following data sets:

- Pregnancy rates—released by AGI in April, 1999 in “Teenage Pregnancy: Overall Trends and State-by-State Information”—are based on birth rates from the National Center for Health Statistics and abortion data from periodic AGI Abortion Provider Surveys. Information on the proportions of young women who have had sexual intercourse are from the National Center for Health Statistics' 1988 and 1995 National Surveys of Family Growth (NSFG).

- Information on sexual activity and contraceptive use is from the 1988 and 1995 NSFG.

- Overall contraceptive failure rates are based on NSFG information on contraceptive use and from first-year failure rates calculated from the 1995 NSFG and the 1994–95 AGI Abortion Patient Survey <http://www.agi-usa.org/pubs/journals/3105699.html>.

In 1988, the pregnancy rate was 111.4 per 1,000 women aged 15–19, and 52.6% of women aged 15–19 had had sexual intercourse, for a pregnancy rate per 1,000 women aged 15–19 who ever had sex of 211.8 ($.526 * 211.8 = 111.4$). In 1995, the pregnancy rate was 101.1 per 1,000, and 51.5% of women aged 15–19 had had sex, for a pregnancy rate per 1,000 women aged 15–19 who ever had sex of 196.3 ($.515 * 196.3 = 101.1$).

Between 1988 and 1995, the pregnancy rate per 1,000 women 15–19 declined by 10.3 pregnancies per 1,000 women, from 111.4 to 101.1. The relative contributions to this decline from the change in the proportion of women aged 15–19 who ever had sex and from the change in the pregnancy rate among those who ever had sex can be determined by calculating what the pregnancy rate in 1995 would have been if only one of these factors changed.

If only the proportion of women who ever had sex had decreased (from 52.6% in 1988 to 51.5% in 1995), given the pregnancy rate of 211.8 per 1,000 sexually experienced women aged 15–19, the overall pregnancy rate per 1,000 women aged 15–19 in 1995 would have been 109.1 ($.515 * 211.8 = 109.1$). The pregnancy rate would then have fallen by only 2.3 pregnancies per 1,000 (from 111.4 to 109.1). Thus, roughly 20% of the actual decrease of 10.3 pregnancies per 1,000 ($2.3/10.3 = 22%$) was due to the lowered proportion sexually experienced.

Similarly, if the proportion of women aged 15–19 who ever had sex had stayed stable at the 1988 level of 52.6%, and only the pregnancy rate among sexually experienced women aged 15–19 had fallen (from 211.8 in 1988 to 196.3 in 1995), the overall pregnancy rate in 1995 would have been 103.3 ($.526 * 196.3 = 103.3$). This decrease of 8.1 pregnancies per 1,000 due to the lowered pregnancy rate among sexually experienced young women is roughly 80% of the observed decline in the pregnancy rate per 1,000 women 15–19 ($8.1/10.3 = 79%$).

The question, then, is how the decrease in the pregnancy rate among sexually experienced young women occurred. Three factors were investigated—whether these women reduced the frequency with which they had intercourse, increased their use of contraceptive methods or became more effective users of contraceptives.

Regarding the first factor, changes occurred between 1988 and 1995 in the sexual activity of women aged 15–19 who ever had sex, but they offset each other so that there was no change in the average number of months in the prior year during which sexually experienced women aged 15–19 had had intercourse (8.6 months in both years).

Regarding the second factor, contraceptive use at first intercourse increased substantially between 1988 and 1995, but ongoing use at the time women aged 15–19

were surveyed increased only slightly, from 78% to 80% of women aged 15–19 who were having sex, fertile and not pregnant, postpartum or trying to become pregnant.

Regarding the third factor, there were important shifts in the types of methods used. Condom use increased slightly, and reliance on oral contraceptives declined substantially. At the same time, however, long-acting methods, such as the injectable and implant which were not available in 1988, accounted for 14% of current method use in 1995. Because of this shift to long-acting methods, the estimated overall first-year method failure rate for teen contraceptive users dropped 9%, from 16% to 15%.

The observed decline in the pregnancy rate among sexually experienced teens appears to be attributable to these two changes in contraceptive use, the modest increase in the proportion of users and the substantial decline in their overall failure rate.

We hope this information will be helpful to you. It will be expanded upon and placed in a larger context in a monograph to be published this fall, and we will be certain to sent you a copy at that time.

Sincerely,

JACQUELINE E. DARROCH, PH.D.
*Senior Vice President and
 Vice President for Research*

I am sorry to take so long. We really must be on to the next panel, but thank you very much for your participation and your help, and I look forward to working with you.

Brenda Miller, who is deputy director of the National Campaign to Prevent Teen Pregnancy of the Urban Institute; Rebecca Maynard, the project director for the National Evaluation of Title V Abstinence Education Programs, Mathematica Policy Research; Edward Tetelman, the assistant commissioner of the New Jersey Department of Human Services; and John Sciamanna, senior policy advocate in the American Public Health Services Association.

We welcome you here today. I very much appreciate your participation. I am very pleased to have Rebecca Maynard here and her evaluation of the title V programs and would ask Ms. Maynard to start.

**STATEMENT OF REBECCA A. MAYNARD, PROJECT DIRECTOR,
 NATIONAL EVALUATION OF TITLE V ABSTINENCE EDU-
 CATION PROGRAMS, MATHEMATICA POLICY RESEARCH,
 INC., AND UNIVERSITY OF PENNSYLVANIA**

Ms. MAYNARD. Thank you, Madam Chair. It is a real pleasure to be able to talk with you about the title V abstinence education programs and the lessons that should be coming from the congressionally authorized evaluation of these programs.

As project director for the National Evaluation of Title V Abstinence Education Programs, I have had the privilege of seeing firsthand a number of quite exceptional programmatic initiatives aimed at addressing head on the issues of teenage sex and out-of-wedlock childbearing through abstinence only education programming. Our mission in the evaluation is to identify effective, replicable abstinence education models, and as many of you know, there is a wide range of programs being supported through section 510 of title V.

The funded activities out there range from State level media campaigns to high intensity, multifaceted, multi-year youth development initiatives. A handful of the States have opted for a single statewide intervention strategy, but most of the States have chosen

to fund a diverse set of initiatives ranging from brief curriculum-based classroom programs that are offered communitywide to more extensive targeted classroom programs that are complemented by strong boosters that reinforce the abstinence messages and that provide youths with alternatives to high-risk behaviors.

Many States also have supported some communitywide initiatives that are using abstinence-only messages in an effort to alter youths' behaviors through systemic changes in community norms and opportunities and the support structures available.

Now, I can't speak to the overall implementation of the title V abstinence education program. However, in the course of our preliminary evaluation work we have observed a wide range of the programs that are out there funded under this legislation, and I am going to just illustrate with five programs some of the efforts that we have observed.

There is a locally-funded—locally-designed program in Florida that has developed an abstinence only curriculum offered to youth in grades 6 through 12 as a year-long elective class. The class meets 5 days a week. Students receive unequivocal messages about the value of abstinence, the power of building positive relationships and the strong benefits of marriage. These classroom curricula activities are reinforced and extended to encourage parent support through regular home visits by trained social workers.

Another program that we have spent time with is a very intensive program operating in New Jersey that follows a leading national abstinence education program model. This is a school-based program that provides girls with between 100 and 200 hours of interaction with responsible adult mentors, most of whom are teachers. This intervention extends over a minimum of 3 years. In addition, the program includes health and fitness components, and it offers a structured curriculum covering topics such as friendship, decisionmaking, love and dating, self-respect and substance abuse. So it is fairly broad-based.

In several Wisconsin middle schools there is a program that works with youth for 2 hours every day after school. This program delivers strong abstinence messages in every one of these after school sessions through a variety of means, including through a formal curriculum that emphasizes knowledge of anatomy, that provides information about sexually-transmitted diseases and talks a lot about the values of marriage. It also offers positive skill building activities such as job shadowing and exposure to cultural events. Youth generally stay in this program throughout the middle school years once they come in, and many of the kids have an opportunity to enroll in the summer program which lasts 7 weeks. Kids are in the summer program all day, every day, 5 days a week, again getting more of the abstinence curriculum, more of the youth development activities and the strong abstinence messages.

Virginia has a program for eighth and tenth graders that uses a nationally marketed abstinence education curriculum. The program classes, which meet about 30 times a year, address abstinence in the context of a curriculum that is strongly focused on character development. The school-based abstinence education efforts are bolstered by media campaigns, an information and refer-

ral service and communitywide workshops on various aspects of parenting, youth development and abstinence.

The final example I will give you is Texas, which has a communitywide initiative that is reaching students in more than two dozen school districts with a national abstinence education curricula. This program has trained nearly 200 teachers to deliver the school-based curriculum. It engages physicians and counselors to staff hotlines where they answer questions about sexually transmitted diseases and other health risks associated with teen and out-of-wedlock sex. It produces and airs media spots. It has developed and administered tools to train medical professionals in the promotion of abstinence. It has organized community mentoring programs for youth, and it has instituted a monitoring and assessment effort to help guide its community efforts.

The evaluation that we are working on is going to capitalize on the breadth and depth of programming that is being supported through title V abstinence education to provide much needed evidence regarding the potential of these various programs. Moreover, the evaluation is going to focus on models that are adaptable to different circumstances, for example, for communities that are willing to institutionalize programs in schools versus those that are only going to institutionalize programs in the community setting or in after school settings.

In the evaluation, we have committed to the most rigorous standards for conducting our studies. We are going to rely on experimental design studies with large samples of youth to document the impacts of the various programmatic strategies on youths' behaviors, their knowledge and their attitudes. Then, we are going to complement the rigorous impact analysis with extensive qualitative research so that we can document the nature of the interventions, the circumstances and strategies for their successful replication and the mechanisms through which the programs can strengthen family values and responsible decisionmaking.

Thank you.

[The prepared statement follows:]

Statement of Rebecca A. Maynard, Project Director, National Evaluation of Title V Abstinence Education Programs, Mathematica Policy Research, Inc.¹ and University of Pennsylvania

The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) authorized federal expenditures of \$50 million annually for five years beginning in fiscal year 1998 to support state efforts promoting abstinence-only education. A congressionally authorized evaluation is now underway, funded through the Office of the Assistant Secretary for Planning and Evaluation within the U.S. Department of Health and Human Services.

As Project Director for the National Evaluation of Title V Abstinence Education programs, I and my colleagues have had the privilege of seeing firsthand a number of quite exceptional programmatic initiatives aimed at addressing head-on issues of teenage sex and out-of-wedlock childbearing. Our mission in the evaluation is to identify effective, replicable abstinence education models that are funded under the recent welfare reform legislation. Toward this end, we have examined numerous local program initiatives for the purpose of identifying criteria by which to select sites. We are presently working on selecting a focal group of well-grounded, well-

¹University Trustee Professor of Education and Social Policy at the University of Pennsylvania and Project Director for the National Evaluation of Section 510, Title V, Programs being conducted by Mathematica Policy Research, Inc., and the University of Pennsylvania (HHS-100-98-0010).

implemented projects for in-depth evaluation to document their efficacy in delaying sexual activity among teens and in promoting abstinence until marriage.

There is a wide range of programs being supported through Section 510 of Title V. Funded activities range from state-level media campaigns to high-intensity, multifaceted and multiyear youth development initiatives. A handful of states have opted for a single statewide intervention strategy, but most have chosen to fund a diverse set of initiatives. These initiatives range from brief, curriculum-based classroom programs that are offered community-wide, to more extensive classroom programs complemented by strong “boosters” to reinforce the abstinence messages delivered in the classroom and to provide youths with alternatives to high-risk behaviors. Many states also support community-wide abstinence-only initiatives, which attempt to alter youths’ behaviors through systemic changes in community norms, opportunities, and support.

I cannot speak to the states’ implementation of the Title V Abstinence Education program. However, in the course of our preliminary work to design the evaluation, we have observed a wide range of initiatives. The following five programs illustrate some of the efforts that we have observed:

A locally designed program in Florida has developed an abstinence-only curriculum that is offered to youth in grades 6 through 12 as a yearlong elective class that meets five days per week. Students receive an unequivocal message about the value of abstinence, the power of building positive relationships, and the strong benefits of marriage. The classroom curriculum is reinforced and extended to encourage parent support by regular home visits by social workers.

Another very intensive program, operating in New Jersey, follows a leading national abstinence-education program model. This school-based program offers a multifaceted youth development curriculum with long-term adult involvement. It provides girls with between 100 and 200 hours of interaction with responsible adult mentors, most of whom are teachers, over a minimum of three years. In addition, the program includes health and fitness components and it offers a structured curriculum covering topics such as friendship, decision-making, love and dating, self-respect, and substance abuse.

In several Wisconsin middle schools, there is a program that works with youth for two hours every day after school. This program delivers strong abstinence messages every day through a variety of means, including a formal curriculum that emphasizes knowledge of anatomy, information about sexually transmitted diseases and the values of marriage, and positive skill-building activities such as job shadowing and exposure to cultural events and positive social engagements. Youths generally stay in the program throughout their middle school years. Moreover, for many youths, program activities may extend into the summer, when the abstinence curriculum and youth development activities extend to all day, five days a week.

Virginia has a program for 8th and 10th graders that uses a nationally marketed abstinence-education curriculum. The program classes, which meet about 30 times a year, address abstinence in the context of a curriculum strongly focused on character development. The school-based abstinence education efforts are bolstered by media campaigns, an information and referral service, and community workshops. “Booster” activities to reinforce the abstinence messages and abstinence-promoting and enabling skills are instituted for the 9th graders.

And, Texas has a countywide initiative reaching students in more than two dozen school districts with a national abstinence education curriculum. This program has trained nearly 200 teachers to deliver the school-based curriculum; engages physicians, counselors, and abstinence resource specialists for “hot-lines” to answer questions about sexually transmitted diseases and other health risks associated with teen and out-of-wedlock sex; produces and airs major media “spots”; developed and administered tools to train medical professionals in the promotion of abstinence; organizes community mentoring programs for youth that promote abstinence; and has established local monitoring and assessment efforts to guide community planning.

In light of the breadth and depth of programs supported through the Title V Abstinence Education program, the evaluation will provide the much-needed evidence regarding the potential of abstinence-only education strategies to promote abstinence and other positive behavioral choices by our young people. Moreover, the richness of program designs and the variability in the implementation settings will facilitate identifying model programs that are well suited to varying local circumstances—for example, for communities willing to institutionalize programs in their schools versus those where it is most viable to situate programs in after-school or community settings.

As others have documented in their testimony, the issues of teenage sex and out of wedlock childbearing are extremely important. We need to expand effective policies to reduce both. For this reason, we have committed to the most rigorous stand-

ards for conducting the Title V Abstinence Education program evaluation. We will rely on experimental design studies with large samples of youth to document the impacts of various programmatic strategies on youths' behaviors, knowledge, and attitudes. This rigorous impact analysis will be complemented by extensive qualitative research that documents the nature of the interventions; the circumstances and strategies for their successful replication; and the mechanisms through which programs can strengthen family values and responsible decision-making among youth.

Chairman JOHNSON of Connecticut. Thank you very much, Ms. Maynard.

Ms. Miller.

STATEMENT OF BRENDA RHODES MILLER, DEPUTY DIRECTOR, NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

Ms. MILLER. Good morning. Thank you for inviting me to testify on the relationship between teen pregnancy prevention and reducing nonmarital births. I am especially pleased by your invitation because you are a member of our bipartisan House advisory panel.

I am deputy director of the National Campaign to Prevent Teen Pregnancy, which is a privately-funded, nonprofit, nonpartisan organization here in Washington. It is clear from all we have heard this morning that we must make it possible for all young people to spend their teenage years on education, growing up and enjoying their youth, not on rushing into adult situations and assuming adult responsibilities.

Teen pregnancy affects not only the health and well-being of babies born to teens but also the young parents themselves, their families and the community at large. The relationship between teen pregnancy and nonmarital births is stark. Nearly three quarters of teen births are to unmarried teens, while as recently as 1960 only 15 percent were. Teens account for approximately 30 percent of all nonmarital births in the United States but nearly half of all nonmarital first births.

I want to depart from my written testimony briefly to tell you a little bit about two areas of the campaign's work that we think are especially useful in the area of reducing teen pregnancy in America. One area is our work including young people in the prevention conversation and the other area is our work with the entertainment media to change social norms.

First, let me tell you I stand in awe of the wisdom and the energy of American teenagers. At the National Campaign to Prevent Teen Pregnancy, we think it is enormously important for us to listen to young people because teens are the least represented in terms of having their voices heard in this area of prevention. We know that many decisions are made that affect young people's lives without any information from them on how those decisions will play themselves out or what the decisions will mean to them.

So last summer the campaign reached out to about 100 national and local organizations for help in building our youth leadership team. The response was amazing. We got more than 150 nominations and we selected 13 boys and 13 girls, 15 to 18 years old, black, white, Latino, Asian and native American, from the 20 States with high teen pregnancy rates or small declines in the teen

pregnancy numbers. These are thoughtful, perceptive people who have strong opinions about teen pregnancy prevention, opinions they back up with their life experiences.

The team includes young people who lead True Love Waits projects as well as young people who are peer educators at Planned Parenthood. We have Girl Scouts and 4-H members, former gang bangers, members of the YWCA, boys and girls clubs members, computer experts, dancers. We have a mother and a father, both of whom are doing their best to be good parents, while they work, go to school, and try to grow into productive adults.

Their life experiences are powerful and telling. One young girl explained what teen pregnancy meant to her community by showing a home video she had made and explaining that there used to be dozens of girls who could dance each year as Hopi maidens, but now there are only a few. What she was telling us was that teen pregnancy has made a big impact on her community because there are no more maidens to dance.

A young man—a really good looking young man—told us that he is often challenged to explain why a tall, good looking jock like he is would wait until he got married to have sex. His answer, which was based on his religious beliefs, was spiced with a lot of humor. He says that he tells people, I am just worth the wait.

We have learned from these kids that teenagers agree with most adults, that teen pregnancy is not in anyone's best interest, that they want to talk to adults about feelings, about values, about love, sex and relationships. Though we have also learned that a lot of teenagers have nowhere to turn for information on these important subjects.

Much of what we have learned from the teenagers in the youth leadership team are in these two publications that I have provided to you. We have done these in both English and Spanish. One of them is talking back, 10 things teens want parents to know about teen pregnancy, and the other one is thinking about the right now, what teens want other teens to know about pregnancy prevention.

This leads me into the campaign's work with the entertainment media. We are a small shop. We realized early in the game that there was no way we could reach all the audiences who needed to be reached with the message that teen pregnancy is not OK. So, rather than throw up our hands in dismay, we worked through our media task force to deliver key messages about teen pregnancy prevention to our core audiences, which includes boys and girls, parents, other adults, opinion leaders. We brought in partners from radio, television, magazines to help us deliver the prevention messages. We don't beat the entertainment media over the head or blame them for the problem. Rather, we enlist their support by providing them with facts, information and brainstorming ways we can be helpful to them in presenting the prevention messages. We work in true partnership and focus on communicating prevention messages rather than on just getting visibility for ourselves.

Last year, we had briefings for seven TV shows in Hollywood, six daytime dramas in New York and the producers of Black Entertainment Television teen's summit here in Washington. As a result at least seven of these television shows have incorporated campaign messages into story lines and episodes, and I will say it fast,

7th Heaven, Dawson's Creek, Party of Five, the Parenthood, Channel One, ER, and again, Black Entertainment Television.

We believe our work with the national entertainment media and our work with young people have a lot in common. The campaign continues to learn from both groups about what is important to them and what will move them to act in preventing teen pregnancy in America.

Thank you very much.

[The prepared statement follows:]

Statement of Brenda Rhodes Miller, Deputy Director, National Campaign to Prevent Teen Pregnancy

Good Morning. Thank you for inviting me to testify on the relationship between teen pregnancy prevention and reducing non-marital births. My name is Brenda Rhodes Miller and I am Deputy Director of the National Campaign to Prevent Teen Pregnancy and in the fall will lead a District of Columbia Campaign to Prevent Teen Pregnancy.

I am especially pleased by the invitation because with the support of several people here, the Campaign has established two bipartisan advisory panels, one in the Senate co-chaired by Joseph Lieberman (D-CT) and Olympia Snowe (R-ME) and one in the House co-chaired by Nita Lowey (D-NY) and Mike Castle (R-DE). The House Bipartisan panel has initiated a number of special projects with the National Campaign. Indeed, the chair of the subcommittee on human resources, Representative Nancy L. Johnson, is an active member of the house advisory panel and I thank her for including me in today's proceedings.

It is clear that we must make it possible for all young people to spend their teenage years on education, growing up and enjoying their youth, not on rushing into adult situations and assuming adult responsibilities. Teen pregnancy affects not only the health and well being of babies born to teens, but also the young parents themselves, their families, and the community at large. The relationship between teen pregnancy and non-marital births is stark. Nearly three quarters of teen births are to unmarried teens while as recently as 1960 only 15% were. Teens account for approximately 30% of all non-marital births in the United States but nearly half of all non-marital first births.

THE CRITICAL IMPORTANCE OF REDUCING TEEN PREGNANCIES TO CHILD HEALTH AND WELL-BEING

The National Campaign to Prevent Teen Pregnancy was organized in 1996 by individuals who concluded, for a variety of reasons, that reducing the nation's rate of teen pregnancy was one of the most strategic and direct means available to improve overall child well-being and to reduce persistent child poverty. Although the Campaign's activities often bring it into collaborative working relationships with those in the reproductive health field, the Campaign should be seen, first and foremost, as an intense effort to strengthen child health and welfare.

Teen pregnancy and child-bearing go hand in hand with heavy health risks for mother and child. Young adolescents (particularly those under age 15) experience a maternal death rate 2.5 times greater than that of mothers aged 20-24. Common medical problems among adolescent mothers include poor weight gain, pregnancy-induced hypertension, anemia, sexually transmitted diseases (STDs), and cephalopelvic disproportion. Later in life, adolescent mothers tend to be at greater risk for obesity and hypertension than women who were not teenagers when they had their first child.¹ Moreover, the children of teen mothers are at a significantly increased risk of at least the following: low birth weight and prematurity, mental retardation, insufficient health care, inadequate parenting, abuse and neglect, poverty, growing up without a father, and poor school performance.

Low birth weight and related health problems: Infants born to mothers 15 years-old or younger are more than twice as likely to weigh less than 5.5 pounds at birth and three times more likely to die in the first 28 days of life than infants born to older mothers.² Low birth weight raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cere-

¹Brown, Sarah and Leon Eisenberg (ed), *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Committee on Unintended Pregnancy. Institute of Medicine. Washington, D.C.: The National Academy Press, 1995.

²*Ibid.*

bral palsy. In addition, low birth weight doubles the chances that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability.³

Insufficient health care: Despite having more health problems than the children of older mothers, the children of teen mothers receive less medical care and treatment. In his or her first 14 years, the average child of a teen mother visits a physician and other medical providers an average of 3.8 times per year, compared with 4.3 times for a child of older child bearers.⁴ And when they do visit medical providers, more of the expenses they incur are paid by others in society than is the case among children of older mothers. One recent study suggested that the medical expenses paid by society would be reduced dramatically if teenage mothers were to wait until they were older to have their first child.⁵

Inadequate parenting: Children born to teen mothers are also at higher risk because their mothers—and often their fathers as well—are typically too young to master the demanding job of being a parent. Still growing and developing themselves, teen mothers are often unable to provide the kind of environment that infants and very young children require for optimal development. Recent research, for example, has clarified the critical importance of sensitive parenting and early cognitive stimulation for adequate brain development.⁶

Abuse and neglect: Children of adolescent parents also suffer higher rates of abuse and neglect than would occur if their mothers had delayed childbearing. For example, a recent analysis found that there are 110 reported incidents of abuse and neglect per 1,000 families headed by a young teen mother. If these mothers had delayed childbearing until their early twenties, this rate would be less than half this level—or 51 incidents per 1,000 families.⁷ Similarly, rates of foster care placement are significantly higher for children whose mothers are under 18. In fact, over half of foster care placements of children with these young mothers could be averted by delaying child-bearing, thereby saving taxpayers nearly \$1 billion annually in foster care costs alone.⁸

Poverty and single parenthood: Preventing teen pregnancy is also important because of its persistent link to poverty and other social ills. The growth in single parent families remains the single most important reason for increased poverty among children. Given that out-of-wedlock childbearing is currently the driving force behind the growth of single parents and that half of first out-of-wedlock births are to teens, reducing teen pregnancy and child-bearing is an obvious place to anchor any serious effort to reduce poverty in future generations. And since more than three quarters of unwed teen mothers end up on welfare, it is also a good way to reduce welfare dependency and its costs to society.

School performance: Compared with children from the same background who grow up with both biological parents, children raised in single-parent households are more likely to drop out of high school, less likely to attend college, and less likely to graduate from college if they attend. Before leaving high school, children from single-parent homes score lower on standardized achievement tests, have lower grade point averages, have more erratic attendance records, and have lower college expectations. These children also show more behavioral and emotional problems while growing up, as reported by parents and teachers.⁹

The bottom line: One of the reasons that this country continues to struggle with seemingly intractable poverty and social burdens is that, at present, over 40 percent

³Maynard, Rebecca (ed), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1997; See also Wolfe, Barbara and Maria Perozek, "Teen Children's Health and Health Care Use," in *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Rebecca A. Maynard (ed). Washington, D.C.: The Urban Institute Press, 1997.

⁴Maynard, Rebecca (ed), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1997; See also Wolfe, Barbara and Maria Perozek, "Teen Children's Health and Health Care Use," in *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Rebecca A. Maynard (ed). Washington, D.C.: The Urban Institute Press, 1997.

⁵*Ibid.*

⁶Carnegie Task Force on Meeting the Needs of Children, *Starting Points: Meeting the Needs of Our Youngest Children*, Carnegie Corporation of New York, August, 1994.

⁷Maynard, Rebecca (ed), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, New York: Robin Hood Foundation, 1997; See also Goerge, Robert M, and Bong Joo Lee, "Abuse and Neglect of the Children," in *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Rebecca A. Maynard (ed). Washington, D.C.: The Urban Institute Press, 1997.

⁸*Ibid.*

⁹Brown, Sarah and Leon Eisenberg (ed), *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Committee on Unintended Pregnancy. Institute of Medicine. Washington, D.C.: The National Academy Press, 1995.

of first births in this country are to women with one or more of the following attributes: being under 20, unmarried, and/or lacking a high school diploma. If we can reduce this figure substantially (as we would if teen pregnancy alone were reduced—these three measures are highly interrelated), we can anticipate significant overall improvement in a whole range of problems that now burden us, from poor health to school failure to poor job skills. We understand that poverty is a cause as well as a consequence of teen pregnancy, and we try constantly to help people understand the connection. But while we all wait for an effective national assault on poverty, we urge attention to a more focused and immediate goal: reducing teen pregnancy.

In essence, we're trying to get at one of the major sources of our enduring social problems—children having children. As such, we are working on a two generational agenda. And although we understand that there is still some controversy (within the research community) about how much a reduction in teen childbearing would improve the lives of young women themselves, there is no question about the benefits that children realize when they have mothers—and, hopefully, fathers, too—who are ready to assume the responsibilities that being a parent entails. Although reducing teen pregnancy obviously would not eliminate all our social ills, it would move us forward significantly.

It's important to add, incidentally, that working to reduce rates of teen pregnancy is not a quixotic quest. Lower rates of teen pregnancy and child-bearing are reported in all of the other industrialized countries to which the United States typically compares itself, and the fact that U.S. rates have fluctuated significantly over this century shows that they are not set in stone. Moreover, declines since 1991 in both the teen birth and teen pregnancy rates demonstrate that U.S. rates can decrease steadily; although these rates are still very high (even above those in the 1980s), we should all be encouraged by the recent good news and motivated to take the additional steps necessary to sustain the downward trend.

THE CAMPAIGN'S STRATEGY

The Campaign's program and strategy over the next three years are based on two key goals: (1) strengthening social norms through our own actions and those of others; and (2) creating a national movement through better coordinated and supported state and local efforts. In both of these areas, the Campaign serves as a catalytic group emphasizing highly leveraged activities that complement and extend the programmatic solutions to teen pregnancy emphasized by other groups.

Strategy #1.—Strengthening Social Norms

The Campaign has become convinced that one of the main reasons that we have high rates of teen pregnancy in the United States is that the nation lacks clearly articulated social norms and expectations that would lead to reduced rates of teen pregnancy. In particular, influential groups and individuals rarely speak clearly and forcefully against teen pregnancy, or about expected standards of adolescent sexual behavior. Even though polling data and survey research reveal an impressive national consensus in both of these areas, this consensus is often obscure or, at worst, invisible. Accordingly, the Campaign is giving major strategic priority to articulating and strengthening the underlying national consensus regarding both these issues.

With regard to the first norm, although few are in favor of teen pregnancy and child bearing, the adults in this country seem oddly reluctant to state crisply and often that adolescence is for education and growing up, not pregnancy and parenthood, that children need adult parents, and that pregnancy and parenthood at a young age is in no one's best interest. Adults seem to hedge about this, fearful of hurting feelings, of devaluing those who have born children in their teens, of making a values-based statement.

In the Campaign's view, this reluctance to speak clearly against teen pregnancy contributes directly to the high levels of non-marital teen pregnancy that the nation is currently experiencing. In the absence of well-articulated standards, social norms and expectations, it is all too easy for young people to fail to do one of the only two things that will avoid pregnancy—abstaining or using contraception extremely carefully. Both take motivation and work, and both rest on some sort of basic conviction, belief or value. In a culture that fails to speak clearly about whether teen pregnancy is or isn't okay, how can we be surprised if so many pregnancies occur?

It is therefore critical that there be more explicit and powerful articulation of the basic concept that non-marital teen pregnancy and childbearing are in no one's best interests. The clear, unambiguous message must be that at this time, in this country, in this economy with its ever-rising requirements for an educated work force,

the adolescent years must be used for education, skill-building and maturation. As alluded to earlier, recent research on early childhood development in the first weeks and months of life shows ever more conclusively the critical need that infants have for adult parents able to provide irreplaceable stimulation, stability and care early in life. All children need parents who are ready to take on the most important responsibility that any adult undertakes. Pretending otherwise—or worse, not speaking directly about all this—serves no good end.

New efforts must also be made to give voice to a second strong national consensus that is not well articulated, especially at the national level: teenagers should abstain from sex during the school years; those who become sexually active, however, should have access to contraception. In a 1997 poll conducted by the Campaign, 95% of both adults and teens agreed that society should give kids a strong message that they should abstain from sex at least until they are out of high school. There is no ambiguity about this shared national value. As is well known, however, not all teens are going to achieve this standard and therefore a majority of Americans also support the notion that sexually active teenagers should have ready access to contraception. But the acceptance of contraception seems grounded in a clear preference for abstinence as the desired standard of behavior.

At the Campaign, we approach this task at two levels: what the Campaign itself can accomplish with our own resources to strengthen these two points of consensus, and what the Campaign can encourage other groups and social sectors to undertake as a result of our leadership.

What the Campaign itself can do: The Campaign increasingly threads these two social norms throughout all our work. We include them in our publications, advocacy, conferences, and seminars. And in particular, we express them in our frequent contacts with the press and in our work with media leaders. We do not shy away from taking clear positions on both of these issues, and we seek opportunities to state them crisply and publicly. We believe that our willingness to address social norms and to discuss values is one of the Campaign's unique characteristics, absent from most other groups working on this and related topics. Were we to ignore the values dimension of the problem, we believe our strategy would be missing one of the core challenges in reducing teen pregnancy.

Is the Campaign's focus on values and social norms useful? We can only report that we have been stunned by the power of our position. In speech after speech, in media briefing after media briefing, in community after community, we hear constantly that our taking an unambiguous stand in these two areas is not only powerful, but also unusual. One woman in Atlanta said to the Campaign's director recently, "I've worked in this field now for over ten years, and I don't ever recall anyone or any group offering such straight talk [sic]. Don't you ever get in trouble?" Well, so far, no. We are amazed that taking a clear stand can be valuable in and of itself, particularly if the position resonates with the majority of Americans, as we believe ours does.

What other groups can do: As intent as the Campaign is on giving new voice to these basic ideas and values ourselves, we remain a very modest organization with a small staff and budget. Obviously, the challenge of influencing and clarifying social norms is enormous and will require the efforts of many groups. Accordingly, the Campaign invests heavily in urging other groups and social sectors to act. That is, the Campaign has very consciously adopted a "high-leverage" approach to extend its influence and reach far more groups and individuals than it ever could reach on its own.

At present, we are working hard to enlist the interest and help of the entertainment media and we are also reaching out to parents and other adults deeply involved in the lives of young people. We are especially proud of our work with young people themselves and faith communities.

(a) The entertainment media: One of the most efficient ways to communicate with the nation about social norms or any other topic is through the media, especially the entertainment media, which is a pervasive force in American life and a major arbiter of culture. The ability of the media to convey information, shape values, and influence attitudes is well known. Recognizing how powerful this sector can be, especially if it were to be enlisted in reducing teen pregnancy, the Campaign is placing its highest priority on work with the entertainment media, both print and broadcast.

With the help and leadership of our Media Task Force, we are now working productively with a wide variety of media groups. Rather than taking the traditional public service announcement (PSA) route, which can have limited reach and unpredictable viewership, we instead are working in partnership with entertainment media leaders, offering each a menu of ideas and messages that we ask them to weave into their story lines over time. Many young people pay close attention to

what their favorite characters on television say and do, and many parents feel that the media can and should echo the prevention messages they are trying to teach at home. By working with decision-makers in many parts of the entertainment media industry, the Campaign is reaching a wide variety of audiences with important prevention messages delivered in ways that are appealing and memorable to them.

(b) Parents: In spring of 1998, the Campaign emphasized another approach to reducing teen pregnancy that is rarely spotlighted: encouraging parents and adults generally to take a more active role in supervising and communicating with their children about a wide range of issues related to sex, love and relationships. We published a review of 20 years of research about the powerful role that families play in reducing sexual risk-taking,¹⁰ and translated these findings into Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy.

(c) Youth themselves: In January 1999, 26 outstanding young people, (13 boys and 13 girls), from all over America joined the National Campaign to form the Youth Leadership Team. Nominated by organizations across the country, the Youth Leadership Team advises the Campaign and gives voice to the unique perspectives and opinions of teens. They represent 20 states and organizations ranging from Best Friends to 4-H to Planned Parenthood to the YWCA to the Girl Scouts to the Mexican American Community Services Agency to the United Way. The Youth Leadership Team meets twice annually and has contributed to recent Campaign publications including Talking Back: Ten Things Teens Want Parents to Know About Teen Pregnancy and Thinking About the Right-Now: What Teens Want Other Teens to Know About Preventing Pregnancy.

(d) Faith Communities: Given the pervasiveness of religious organizations and the large number of Americans affiliated with an organized religion, the deep religiosity of this country, the important role that values and moral choices make in sexual behavior, and the growing concern among religious leaders about the state of the American family, the Campaign has reached out through Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy, (written by the Campaign's Task Force on Religion and Public Values) and through a series of regional meetings for faith leaders. The religious community is large, powerful, and one of the most influential centers of leadership in the country. Our goal in working with faith community leaders will be to enlist their interest in preventing teen pregnancy, to learn how they are already supporting families and teenagers themselves, and to explore ways that the Campaign can support their efforts.

Strategy #2.—Creating a National Movement Through Strengthened and Better Coordinated State and Local Efforts

The Campaign matches its “top down,” high-leverage efforts just described with a strong focus on creating a “bottom up” national movement. We do so by providing state and local programs, coalitions, and leaders with a wide variety of materials, ideas, and hands-on assistance and encouragement.

Linking state and local efforts: Over the last three years the Campaign has learned that although many states and communities have various coalitions and programs to reduce teen pregnancy, they are generally quite fragile and disconnected from one another. They are rarely based on strong theory or solid research, and there are few mechanisms in place for people to learn what others are doing in their own state and around the country. In response, the Campaign is trying to bolster state and local efforts in a variety of ways: through technical assistance, by producing and disseminating research-based publications, and by holding conferences and meetings for individuals at the state level. We have also developed an interactive bulletin board on our web site that allows state and local practitioners to communicate directly with each other and the Campaign about new strategies, points of interest, and upcoming events. (The idea for this originated at the Campaign's state-based media conference in June 1997, where participants from 41 states lamented the lack of connection among state practitioners working in teen pregnancy prevention.) In these disparate ways, our objective is to foster a national movement from a set of often disconnected parts.

The Campaign also continues to visit states and local communities (more than 40 states at last count) to learn more about what they are doing and what problems they have encountered, as well as to communicate new ideas about preventing teen pregnancy. At these “site visits,” the Campaign meets with local leaders, talks with teenagers, learns more about coalition-building and local programs from the people “on the ground” who are doing the work. In addition, the Campaign shares ideas

¹⁰ Miller, Brent. (1998). *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

gleaned from visits and consultations all over the country as a way to connect teen pregnancy prevention efforts nationwide.

While the states and local communities first and foremost want more money to fund their work, their second major request is for technical assistance with their specific challenges they face in planning and implementing prevention initiatives. In response, the Campaign provides ongoing help to communities in working through problems and identifying resources of all kinds. Most recently, Campaign staff provided individuals working in states and communities with a list of suggested activities for Teen Pregnancy Prevention Month in May. As a result, a number of states organized linked activities and events.

Tool kit: A major component of our work with states and communities involves the release of a practical, “user-friendly” tool kit for states and communities searching for ways to reduce teen pregnancy in their areas. Developed in close consultation with our Task Force on State and Local Action, this tool kit provides concise tips for communities on how to develop teen pregnancy prevention programs and partnerships. It includes information on what is needed to develop a sustainable program and what its activities might usefully include. Information targets, for example, how to handle the conflict that work on this problem often generates, how to involve youth in community programs and planning, and how to conduct a review of the evidence on promising programs.

Conflict reduction: In our work with states and communities, we give special emphasis to conflict reduction, quite simply because so many local and state leaders have reported that controversy and divisive publicity too often greet bold actions to reduce teen pregnancy—and that the controversy and hostility can spring from right or left, depending on the solution being advocated. We have been so struck by the tensions in this area that we have developed a saying in the office that captures the problem: while the adults are arguing, the kids are getting pregnant. In our view, unless communities can find new ways of doing business in this field—ones that are less prone to eruptions, blow-ups, and angry editorials in the newspaper—we will continue to be limited in our ability to decrease teen pregnancy.

Under the guidance of the Campaign’s Task Force on Religion and Public Values, we have developed an approach to community conflict that is designed to reduce tensions and allow progress. This community process (called “structured community dialogues,” or SCDs) was recently piloted in California. With Campaign leadership and guidance, a group of community leaders in San Bernardino active in teen pregnancy prevention engaged in a two-day SCD that increased mutual tolerance and helped the participants to build areas of common ground and action. The Campaign’s publication, *While the Adults are Arguing: The Teens Are Getting Pregnant* was produced following the San Bernardino meeting. Subsequent to the San Bernardino pilot, a similar meeting took place in Glendale, Arizona with tremendous community support. A goal is to use this same approach in three or four other communities in order to demonstrate the value of this model for breaking deadlocks at the community level.

CONCLUSION

We’re often asked to summarize briefly the Campaign’s overall approach. Here’s the briefest summary statement we’ve yet devised:

The United States has the highest rate of teen pregnancy in the industrialized world. Two-fifths of our teenaged girls become pregnant before their twentieth birthday. Almost half of first births today are to mothers who are either teens, unmarried, or lacking a high school degree. This does not auger well for the future of our economy or our society.

This dismal situation is unlikely to improve significantly without clearly articulated social norms and expectations that discourage teenage pregnancy. Young people today are heavily influenced by the media and by peer group pressures that romanticize sex and child-bearing, and they are spending less time with parents or other responsible adults who could counter such influences.

There is a consensus in this country that non-marital teen pregnancy is not acceptable or “okay,” and that teens should delay sex and pregnancy at least through high school, although the public wants contraception to be available to those who need it. The Campaign’s goal is to strengthen and clearly articulate these points of consensus through our own efforts and with the help of such other powerful sectors as the media, faith leaders and youth themselves. We also seek to support and honor other organizations whose programmatic efforts in this area are most effective, and to build a national movement to reduce teen pregnancy out of a myriad of smaller efforts at the state and local levels. In

all these activities, we seek to decrease unproductive conflict and help all to find areas of common ground and common action.

Thank you.

Chairman JOHNSON of Connecticut. Thank you, Ms. Miller. I appreciate that.

Mr. Tetelman.

STATEMENT OF EDWARD TETELMAN, ASSISTANT COMMISSIONER, NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Mr. TETELMAN. Thank you for inviting me. I am Ed Tetelman. I am the assistant commissioner for the Department of Human Services, and I am pleased to discuss this important topic with you.

In New Jersey, we have been fortunate to have clear leadership from our governor Christie Whitman on the problems related to teen pregnancy and nonmarital births. Most New Jersey teens who give birth are unmarried or in marriages that don't last very long. New Jersey's teen pregnancy rate is 35 per 1,000 births as compared to the national average of about 54 per 1,000.

In New Jersey, our efforts to prevent teen pregnancy range from the creation of an 800 number that teens can call to find out about family planning services to developing a pool of mentors who impart information and a message that sometimes unfortunately just doesn't come from parents.

Let me tell you a little bit about the specifics of these programs. Last year, Governor Whitman directed \$1 million, TANF dollars, to an adolescent pregnancy prevention initiative. That initiative includes a strong mentoring effort. I want to thank the committee for granting the States the flexibility with TANF funds to making this program possible. If we didn't have that flexibility, we wouldn't be able to do this.

In our first mentoring program we have adults working with teens at risk of becoming pregnant. These adults provide counseling and family planning information, but probably the most important thing they do is to—and the hardest to measure is that they help to build self-esteem. They help teens learn how to make decisions for themselves, and they encourage a young woman to look beyond today. A caring adult can have a profound influence on a teenage girl as she struggles to define her own self-image.

Our second mentoring program uses teen mentors, and they provide similar information about family planning and related health issues. Peer pressure among teens is especially intense. Its influence often results in teens making poor or self-destructive decisions based on bad or no advice. We realize that the carrier of the message can be as important as the message itself.

Another initiative is the governor's allocation of \$100,000 to create an 800 number hotline that provides counseling referrals to teens who are weighing practical decisions around sex and related health issues. Also, our counselors advise that abstinence is the only guaranteed way of preventing pregnancy or avoiding a sexually transmitted disease.

To publicize these prevention efforts, last year we undertook a public relations campaign. As a result, the hotline calls increased by 600 percent. One of the reasons New Jersey was able to develop these programs so quickly is that we had some solid experience to draw on from our school-based youth services program. This program offers comprehensive service on a one stop shopping basis in or near schools. The core services of employment, mental health and family counseling, healthcare, counseling and family planning, as well as recreation and information and referral.

The staff develop relationships based on trust, and from that relationship they are able to provide teens with the ability to express their feelings so that if they want to say no to sex they can. However, if they are engaged in sex, they receive the information they need to protect themselves.

Our school-based program has shown dramatic reductions in adolescent pregnancies and repeat pregnancies. At one of our school-based sites there had been on the average about 20 teen births a year. After our program began providing counseling and family planning service that number dropped to three pregnancies or less a year at the high school, remaining so for over 8 years. The keys to success are connections and collaborations between educators, counselors, healthcare providers with teens at the ground level.

As part of our most recent effort to enhance prevention efforts, Governor Whitman held regional forums on the prevention of adolescent pregnancies, including teens. Additionally, the Governor has established an Advisory Council on Adolescent Pregnancy that represents varied opinions in the field.

We have learned a number of lessons from our teen pregnancy programs. First, school-based programs work, and second, that there was a correlation between the numbers of births to a teen and her age. We concluded that as we develop programs we must consider the different dynamics that lead to pregnancies in girls under 14 years of age and those between 17—15 and 17 and those between 18 and 19 years old, where in New Jersey it is the bulk of the young women getting pregnant, about 6,000.

We noted that in all successful programs that collaboration and coordination was the key. We also established to carry this out an interdepartmental work group on adolescent pregnancy. This group developed county teen pregnancy initiatives, coordination that looked at existing programs to get the message through our existing programs, as Dr. Nathan says, Medicaid, school to work and those types of programs, and a public relation campaign that includes public service announcements for movie theaters, as well as TV and radios. The 30-second spot will be viewed before PG and R movies and will spread our prevention message to a teenage audience. Additionally, there are wallet-sized cards with pertinent information and posters to promote the hotline.

I would like to close with just a brief discussion on the role of TANF dollars in the prevention of pregnancy. No. 1, TANF dollars pay for our mentoring programs. TANF dollars also support our child care efforts in 11 highly successful adolescent parent programs that are located in schools throughout the State with high pregnancy rates. These programs have almost no repeat pregnancies and close to 100 percent graduation rates. By the way,

most of those young women go on to jobs and college. The programs assist teen moms to stay in school as required also by the TANF regulations themselves.

TANF dollars have also been used to leverage other dollars from other sources, from foundations and Children's Trust Fund.

And in closing, New Jersey is committed to reducing teen pregnancy. The welfare reform message of personal responsibility, along with the flexible use of Federal dollars, has allowed us to take important steps to address this issue. We all recognize this is not just a welfare issue and that we must continue to engage parents, government, business, educators, the community and faith-based organizations, as well as teens. Obviously, we still have a lot of work to do to reduce teen pregnancy, and New Jersey is committed to the goal.

Finally, your focus on teen pregnancy prevention and nonmarital births today highlights your commitment to breaking the cycle of welfare dependency and ultimately giving a young person an opportunity to make choices in their best interest. Thank you very much.

[The prepared statement follows:]

**Statement of Edward Tetelman, Assistant Commissioner, New Jersey,
Department of Human Services**

Thank you for inviting me to speak with you today. I am Ed Tetelman, Assistant Commissioner of the New Jersey Department of Human Services. I am pleased to be with you as we discuss this important topic.

In New Jersey, we have been fortunate to have clear leadership from our Governor, Christie Whitman, on the problems related to teen pregnancy and non-marital births.

Most New Jersey teens who give birth are unmarried, or are in marriages that, in many instances, won't last.

New Jersey's teen pregnancy rate is 35 per 1,000, as compared with the national average of 54 per 1,000.

In New Jersey, our efforts to prevent teen pregnancy have ranged from the creation of an 800 number that teens can call to find out about family planning services to developing a pool of mentors who impart information and a message that sometimes, unfortunately, just doesn't come from a parent.

Let me tell you a little bit about the specifics of our programs.

Last year, Governor Whitman directed \$1 million in TANF dollars to an Adolescent Pregnancy Prevention Initiative. I want to thank the committee for granting states flexibility with tanf funds making this program possible.

The initiative includes a strong mentoring approach. First, we have adults working with teens at risk of becoming pregnant. These adults provide counseling and family planning information. But probably the most important thing they do is the hardest to measure. They help build self-esteem, and help teens learn how to make decisions for themselves. They encourage the young woman to look beyond today.

A caring adult can have a profound influence on a teenage girl as she struggles to define her own self image.

Our second mentoring program is similar with one key difference: the mentors are teenagers themselves. They provide similar information about family planning and related health issues.

Peer pressure among teens is especially intense. Its influence often results in teens making poor or self destructive decisions based on bad or no information.

We realized that the carrier of the message can be as important as the message itself.

Another initiative is the governor's allocation of \$100,000 to create a toll-free hotline that provides counseling and referrals to teens who are weighing practical decisions about sex and related health issues.

Our counselors advise that abstinence is the only guaranteed way of preventing pregnancy or of avoiding a sexually transmitted disease.

To publicize our prevention efforts, Last year we undertook a public relations campaign. As a result, calls to the hotline have continued to climb as this campaign has gained momentum. We have seen a greater than 600 percent increase in calls since we began the campaign.

One of the reasons New Jersey was able to develop these programs so quickly is that we had some solid experience to draw on with our school-based youth services program.

This program offers comprehensive services on a one-stop shopping basis in or near schools. The core services include employment services, mental health, family counseling, and health services, including family planning and counseling.

The staff develop relationships based on trust. From that relationship, they are able to provide teens with the ability to express their feelings so that if they want to say no to sex, they can.

However, if they are engaged in sex, they receive the information they need to protect themselves.

Our school-based program has shown dramatic reductions in adolescent pregnancies and repeat pregnancies.

At one of our school based sites, there was on average about 20 teen births each year. After our program began providing counseling and family planning services, that number dropped to three pregnancies or less each year at the high school—remaining so for over eight years. The keys to success are the collaborations that are developed between educators, counselors and health providers with the teens from the outset.

As part of our most recent effort to enhance prevention efforts, Governor Whitman held Regional forums on the prevention of adolescent pregnancy.

Additionally, the governor has established an Advisory Council on Adolescent Pregnancy that represents the varied opinions of those in the field.

We have learned a number of lessons from our teen pregnancy programs.

First, there have been extraordinary reductions in births to teens in some of our School-Based Youth Service Program sites; and second, there is a correlation between the numbers of births to a teen and her age.

We concluded that as we develop programs, we must consider the different dynamics that lead to pregnancies in girls under 14 years of age (fewer than 350 a year), those 15 to 17 years (3,500) and those 18 and 19 years old (6,000).

We noted that in all successful programs, the local educators, health providers, and mental health and employment counselors were working in a coordinated fashion and made great efforts to create a seamless connection to provide necessary services.

Accordingly, collaboration and coordination became key to New Jersey's efforts.

We established an inter-departmental WorkGroup on Adolescent Pregnancy Prevention. Senior representatives from the New Jersey Departments of Education, Health and Senior Services, Labor, Community Affairs, Child Abuse Prevention and Juvenile Justice participated. Following are some of the activities this group helped to organize:

- County-based teen pregnancy prevention efforts. These programs were developed locally by educators, service providers, business representatives, government officials, and most importantly, teens.

- Coordination with other state programs, such as paternity support, Adolescent Health, the Abstinence grants of the NJ Dept. of Health and Senior Services, Medicaid, school-to-work, housing, domestic violence, employment and training, and youth and family services.

- A public relations campaign that includes Public service announcements for movie theaters as well as TV and radio. The 30-second spot will be viewed before PG and R movies and will spread our prevention message to a teenage audience.

I'd like to briefly discuss the role of TANF dollars in the prevention of pregnancy.

The 22 mentoring programs I spoke of earlier are supported with TANF dollars.

TANF dollars support childcare for 11 highly successful adolescent parent programs that are located in schools throughout the state with high pregnancy rates. These programs have almost no repeat pregnancies and close to 100% graduation rates. They assist teen moms in staying in school as required by the TANF regulations.

TANF dollars have also been used to leverage dollars from other sources. For example, children's trust fund and foundation dollars pay for special programs for fathers and are used to expand mentoring to a larger number of youth.

In closing, New Jersey is committed to reducing teen pregnancy. The Welfare reform message of personal responsibility along with the flexible use of federal dollars has allowed us to take important steps to address this issue. We all recognize that this is not just a welfare issue and that we must continue to engage parents, government, business, educators, community and faith-based organizations, and, of course, teens. We still have a lot of work to do to continue to reduce teen pregnancy, and we remain committed to that goal.

We applaud the committee for examining the issue of non-marital births and look forward to working with you in the future.

I would be happy to respond to any questions.

Chairman JOHNSON of Connecticut. Thank you very much.
Mr. Sciamanna.

STATEMENT OF JOHN SCIAMANNA, SENIOR POLICY ASSOCIATE, AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION

Mr. SCIAMANNA. Thank you, Madam Chair. My name is John Sciamanna. I am a senior policy associate at the American Public Human Service Association. Thank you for the opportunity to share preliminary results of our survey on State efforts to reduce non-marital births and in particular to prevent teenage pregnancy. I will summarize my testimony.

The reduction of teenage pregnancy in nonmarital births are of key concern to State health and human service directors. They know that the prevention of teenage births will reduce future dependence on public assistance and poverty. The Personal Responsibility and Work Opportunity Reconciliation Act placed an emphasis on reducing nonmarital births. In the 3 years since its passage APHSA together with the Population Resource Center has sponsored national meetings to examine State strategies and programs in out-of-wedlock births. The survey I will summarize for you today is another in our efforts to highlight the importance of this issue to our organization and to our members.

Since August 1996 the goal of State TANF programs has been on moving families from welfare to work. States are also focusing attention on this issue by expanding past State health department efforts in initiating new TANF funded programs. Efforts to reduce teen pregnancy is not limited to the TANF arena. It is a broader issue that spans income groups and must be addressed by a comprehensive approach involving State and local parties, programs and community-based organizations. It is key to the success of welfare reform that we address both the needs of adults on TANF as well as the needs of their children, and preventing an unintended pregnancy is part of that strategy.

I would like to share with the committee some of the initial information on State efforts that we have received so far. Thirty-six States indicated to us that they are funding teen pregnancy or out-of-wedlock birth prevention programs with either Federal TANF funds or State maintenance of effort TANF funds. Nine of these thirty-six are using TANF funds specifically for abstinence education efforts. Title V funds, as we talked about, are available to all States for programs that emphasize abstinence, and these nine States are supplementing that effort.

State policies incorporate a range of strategies. At least 16 of the 36 States are running statewide programs, while 14 are funding local initiatives and the rest of the States are combining both approaches. Eleven States are using funds to evaluate abstinence education or teen pregnancy prevention or out-of-wedlock birth programs. We are seeing more investment here since experts from the

field as we have heard today have indicated that past programs have not always been subject to rigorous evaluation.

Nine States are using media campaigns as part of their teen pregnancy prevention strategy, while an additional twenty used media campaigns as part of their abstinence education strategy. In fact, last summer during a Capitol Hill briefing on TANF, we featured a media spot that was developed for the State of Mississippi by a media consultant who worked with teenagers in shaping the message of that entire media campaign.

Ten States are providing pregnancy prevention programs with technical assistance, including curriculum development, an additional fourteen specifically targeting this assistance to abstinence education efforts. I would like to offer a few specific examples of what we have heard so far.

Your home State, Connecticut, is using a combination of both State and TANF funds to support 18 pregnancy prevention models based on Dr. Michael Carrera's model. He serves, in fact, as a consultant and he has a very interesting and dynamic approach that follows kids with a range of supports and skill building services.

Maryland is targeting the prevention of second births to teen parents. The State is investing \$1 million in the home visiting program and a father involvement program. The programs target teenagers who are expecting and are receiving TANF or come from families that have received TANF. The fatherhood program seeks to improve the long term involvement of both parents. Maryland is also using its abstinence funds in a media campaign as well as investing in after school youth development programs.

Louisiana has designed a pilot project that targets the New Orleans area. Ten contracts have been issued to community-based groups. Components of these programs include youth development, comprehensive health and family life education, parental involvement, mental health services and counseling and male involvement. The target populations there include 11- to 19-year-olds, teen parents and parents of teenagers.

Pennsylvania is using its abstinence education dollars to develop a 5-year initiative. The 5-year project, called abstinence education and related services, is funding 28 projects that cover 35 counties. The abstinence program includes mentoring, adult supervision and counseling. Training programs in abstinence education for teens, parents, peers and health professionals is also provided.

Michigan is funding 18 community coalitions to provide an abstinence message that is geared specifically to the local needs of that particular community. The program places an emphasis on 9- to 14-year olds.

Florida is a State that has included an evaluation component. Florida is evaluating five pilot projects that use different pregnancy prevention strategies. These projects include family life and sexuality education, medical and mental health services, tutoring, job and career service activities, mentoring and community service activities. Parents are encouraged to participate with their children. The programs serves approximately 1,600 at risk middle school teens. At the same time, Florida has funded 17 statewide abstinence education grants to a variety of community-based organizations.

These are a few of the examples of current State approaches in strategies. APHSA will be happy to provide the committee with our full report to be issued in the coming weeks. We expect to see expanded investment of TANF funds, greater coordination between departments and partnerships.

Thank you for the opportunity to testify today.
[The prepared statement follows:]

Statement of John Sciamanna, Senior Policy Associate, American Public Human Services Association

Madam Chairman, Congressman Cardin, members of the Committee, good morning. My name is John Sciamanna; I am a Senior Policy Associate at the American Public Human Services Association. I am here today to share preliminary results of our survey of state efforts aimed at reducing non-marital births and in particular, to prevent teenage pregnancy.

As you know, the reduction of teenage non-marital births are a key concern to state health and human service directors throughout the country. They know that prevention of teenage births will significantly reduce future dependence on public assistance and poverty. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 placed a special emphasis on reducing non-marital births. Since the enactment of the law, APHSA has placed an emphasis on this issue by convening sessions to examine state strategies, promising programs and by encouraging states to use their TANF block grant funds for this purpose.

In March 1997, October 1998 and March 1999, together with the Population Resource Center, APHSA sponsored national meetings in Washington and the Southern part of the country to examine local programs. We invited local pregnancy prevention program managers to Washington to explain their approaches in their various cities.

In the past few years, the goal of state TANF programs has been on moving families from welfare to work, however, states are also focusing more attention on this issue by expanding past health department efforts and initiating new TANF-funded programs. It should be emphasized that reducing teen pregnancy is not confined just to the TANF arena but it is a broader issue that spans income groups and must be addressed by a comprehensive approach involving a cross-section of state and local departments, programs and communities-based organizations.

APHSA believes it is fundamental to the success of welfare reform that we address not just the needs of adults on TANF but we must also build a strategy that addresses the needs of their children and preventing an unintended pregnancy is part of that strategy.

APHSA began a survey of states on their work in this area and at this point we have received responses from forty-four states and three territories. I would like to share with the Committee the preliminary findings of a soon-to-be-published report that highlights the wide range of state initiatives underway.

Thirty-six are funding teen pregnancy or out-of-wedlock birth prevention programs with either federal TANF funds or state Maintenance-of-Effort funds. Nine of these thirty-six states are using TANF funds specifically for "abstinence-only" education efforts while thirty-six states are funding their 'abstinence-only' programs with Title V funds.

State policies incorporate a range of strategies including media campaigns, case management services to prevent second births, teen support and education programs, after-school programs that include abstinence education, youth conferences, family life and sexuality education, tutoring, job and career activities, medical and mental health services and mentoring combined with community services activities to mention a few of the policies.

Our survey information indicates that at least sixteen states of the thirty-six states are running statewide programs while fourteen are funding local initiatives and the rest are using both approaches.

Eleven states told us that they were using funds to develop and implement evaluation methods for statewide and local abstinence education or teen-pregnancy prevention or out-of-wedlock birth programs. We are seeing a greater investment in evaluation of these programs since many experts from the field have indicated that past programs and approaches have not always been subject to such research.

Nine states reported using media campaigns as part of their teen pregnancy prevention strategy while an additional 20 use media campaigns as part of their abstinence education strategy. I would add that last summer, during a Capitol Hill brief-

ing on TANF, we featured some of the media spots developed for the state of Mississippi by a media consultant who worked with teenagers in shaping the message.

Ten states are providing local pregnancy-prevention programs with technical assistance including curriculum development. An additional fourteen states are specifically targeting this assistance to abstinence education efforts.

In an effort to coordinate these policies some states are establishing councils that will bring all parties together in a planning process. At least two governors have appointed councils and another state has a twenty-five-member committee created by the state legislature.

I would like to take this opportunity to focus on a few examples of state efforts:

Georgia has 28 programs funded with \$3.9 million of TANF funds, that are aimed at reducing risk behavior and poor health outcomes. Included in the Georgia strategy are male involvement programs that promote responsible behavior, delayed fatherhood and abstinence. These programs encourage community involvement and also target parental involvement.

Maryland is targeting the prevention of second births to teenage parents. The state is investing \$1 million in a home visiting program and father-involvement program. The programs targets teenagers who are expecting and are either receiving TANF or come from families that have. The fatherhood component is an effort to improve the long term involvement of both parents. The Maryland is also using its abstinence funds in a media campaign as well as investing in after-school youth development programs.

The state of Illinois has invested over \$9 million in TANF funds over two years in a program called "REACH"—Responsibility, Education, Achievement, Caring and Hope. This effort targets 10 through 17 year-olds by creating structured programs for out-of-school time. Local agencies are contracted to provide services in communities that have a high concentration of TANF families. Separately, the state has contracted with 31 agencies in selected areas to focus on abstinence-only education.

Louisiana has designed a pilot project that targets the New Orleans area that has the highest teen-birth rate in the state. Ten contracts have been issued to community-based groups. Some of the components include youth development, comprehensive health and family life education, parental involvement, mental health services and counseling and male involvement. Target groups include 11 through 19 year-old students, teen parents and parents or other adult caretakers of teens.

Pennsylvania is using its abstinence education dollars to develop a five year initiative. The five-year project called, "Abstinence Education and Related Services" or AERS is currently funding 28 projects that cover 35 counties. In addition to delivering an abstinence message, the program includes mentoring, adult supervision, counseling and training programs in abstinence education for teens, parents, peers and health professionals.

Similarly, Michigan is funding 18 community-coalitions that will provide an abstinence message that is geared to specific local needs. The program places an emphasis on 9- to 14-year-olds.

Florida is an example of a state that has included an evaluation component. The state is evaluating five pilot projects on different teen pregnancy prevention strategies, including family life and sexuality education, medical and mental health services, tutoring, job and career activities, mentoring and community service activities. Parents are encouraged to participate with their children. The programs serve approximately 1600 at-risk middle school teens. At the same time, Florida has funded 17 statewide abstinence education grants to a variety of community-based organizations.

There are many other efforts going on, Iowa provides long-term ten year grants to communities for long term prevention strategies and programs, Oklahoma is expanding existing health department efforts to increase outreach, Arkansas has convened a statewide youth conference as a part of its strategy. Efforts are expanding across the country.

These are just a few examples of current state approaches and strategies. APHSA will be happy to provide the committee with our full report to be issued in the coming weeks.

We expect to see expanded investments of TANF funds, greater coordination between state and local departments and partnerships in the coming years. Thank you for the opportunity to testify today.

STATE TEEN PREGNANCY PREVENTION AND ABSTINENCE EDUCATION EFFORTS

BACKGROUND

One of the core purposes of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104–193) is to prevent and reduce the incidence of out-of-wedlock pregnancies. States may therefore use federal Temporary Assistance for Needy Families (TANF) and state maintenance-of-effort (MOE) funds for programs and services designed to achieve this goal. The welfare reform law also added a new formula grant program to Title V of the Social Security Act for states to provide abstinence education, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, particularly among those groups identified as most likely to bear children out of wedlock.

According to a recent survey conducted by the American Public Human Services Association, states are using TANF and Title V resources for a variety of efforts to reduce out-of-wedlock pregnancies, with a heavy emphasis on promoting abstinence and reducing pregnancy among teens. Some states are incorporating strategies into their TANF policies, such as targeted case management services, while others are specifically funding prevention programs. State human service and health agencies are working with other public and nonprofit agencies, community groups, health providers, and others to develop and implement programs and activities to achieve this goal.

SURVEY FINDINGS

The APHSA survey asked two questions of states:

- Can you describe how you designed TANF policy or used TANF funds to reduce the out-of-wedlock birthrate or teen pregnancy?, and
- Can you give an example of how abstinence education funds have been used in a strategy to reduce out-of-wedlock birthrates?

All 50 states, three territories, and the District of Columbia responded to the survey. According to responses, most states are using TANF and/or Title V funds for both teen pregnancy/out-of-wedlock birth prevention programs and teen abstinence education. Specifically:

- 46 states reported funding teen pregnancy/out-of-wedlock birth prevention programs with federal TANF or state MOE funds;
- 45 states reported using federal Title V abstinence education funds for abstinence programs;
- 12 states reported using TANF funds for abstinence education, or combining TANF and Title V funds; and
- 11 states reported focusing solely on teen abstinence using TANF funds, Title V funds, or both.

Range of Activities

States are using available federal and state resources for a variety of activities to prevent teen pregnancy and out-of-wedlock births and to promote teen abstinence, including:

- Media campaigns
- Intensive case management
- Family planning referrals
- Community-based education programs
- Youth conferences
- Parenting skills programs
- Father involvement programs
- After-school programs
- Curricula for self-esteem building, abstinence education, etc.
- Teen support and education programs
- Family life and sexuality education
- Medical and mental health services
- Tutoring, job and career activities
- Mentoring and community service activities
- Family cap and short work-exemption period for TANF recipients
- Statutory rape education and awareness
- Parent/child centers
- Family focus group

Statewide/Local Programs

- Of the states funding specific teen pregnancy prevention/out-of-wedlock birth programs, 16 indicated that they are using funds to run statewide programs, 13 states indicated that they are supporting local programs, and 14 states indicated that they are supporting both statewide and local efforts. (The total does not equal 46 because combined teen pregnancy/abstinence programs are listed under abstinence.)

Connecticut is using a combination of state and TANF funds to support eight teen pregnancy programs. These programs attempt to address a range of services and supports. Pennsylvania, as part of the governor's "Project for Community Building," is implementing a statewide, five-year plan to promote abstinence to adolescents. Rhode Island coordinated a state strategy by bringing together the Departments of Children, Youth and Families, Health, Education, and Human Services. The multifaceted effort has focused on "Positive Asset Development" in youths. The statewide plan also includes a media campaign, a male-responsibility project, and the use of male role models. Utah has used TANF funds for training staff engaged in case management, teaching workers how to bring up family planning services and how to use resource and referral techniques.

While these statewide approaches involve the participation of local parties, other states have sent funds directly to the local level. Many times these funds are awarded by requests for proposals (RFP); some states award money by formula. Most of Colorado's 63 counties have some prevention efforts underway. Services include programs to develop parenting skills, father involvement, and family planning services. Virginia has recognized 50 coalitions in more than 100 communities by distributing \$1 million in TANF funds. These coalitions were required to conduct local community meetings on out-of-wedlock births and submit a resolution to their local elected body agreeing to make efforts to reduce the out-of-wedlock birthrates. The state has also committed to pass along any federal bonus funds to the communities that reduce their rates the most. Wisconsin established criteria for abstinence-only education grants and funds were awarded to the 13 local programs that met those criteria. New York transferred \$7 million in TANF funds to the Department of Health to be targeted to programs of community health education and outreach and to community-based adolescent pregnancy prevention programs. The Oregon STARS (Students Today Aren't Ready for Sex) program for high school and middle school students is a school-based curriculum available in most of the state's schools. The program's focus is to engage teens in a discussion on sexuality and parenthood. South Carolina has set aside \$10 million in TANF funds to be provided to each of the state's 46 counties over a three-year period. The programs to reduce out-of-wedlock rates will be developed to reflect local community values. Louisiana has targeted the New Orleans area due to its high out-of-wedlock birthrate. As part of the state's strategy it has awarded 10 contracts to develop school-and community-based projects.

Abstinence-Only Approaches

- Of the states funding abstinence education, nine indicated that they are using funds to run statewide programs, 18 states indicated that they are supporting local programs, and 19 indicated that they are supporting both state and local efforts.

Arizona is using \$2 million in TANF funds and combining these dollars with its Title V funds into a single abstinence-only program. The program includes a media campaign and evaluation component and a variety of abstinence curricula. Funds are awarded to local groups. The District of Columbia's Public Health Department has developed a collaborative effort around the abstinence approach. The department is working with a number of groups including the Mayor's Committee to Reduce Teen Pregnancy and Out-of-Wedlock Births and the Metropolitan Police Boys and Girls Clubs. They are participating in the "I'm Worth the Wait" education curriculum. The District plans to involve 10 additional organizations and agencies in the effort. Massachusetts has developed the "Abstinence Education Media Campaign." A series of television and radio ads were developed and aired with a target audience of 9- to 14-year-olds. The ads also target parents of teens. The state is building on that effort by adding a parent education film, facilitator's guide, and youth and parent brochures and posters. A number of planned community events and messages educate youths about the relationship of alcohol and other substances to sexual assault and the ability to remain abstinent. Michigan is using its funds to assist 18 community coalitions that have developed and implemented community-specific education, outreach, and awareness activities targeted to 9- to 14-year-olds. Maine has developed a media campaign targeted to parents of teens in an effort to increase parent-teen communication. The media campaign is reinforced with information packets to parents providing tips on how to talk to their children about sex.

Media Campaigns

- 12 states reported that they are using media campaigns as part of their teen pregnancy/out-of-wedlock birth prevention efforts and 26 states reported that they are using media campaigns as part of their abstinence education programs. (Many of these states used Title V funding, but four states reported that they combined TANF and Title V Funds for a campaign.)

States have increasingly turned to the media in their efforts to reach “Generation Y.” These campaigns are usually part of a larger strategy and are intended as an ongoing effort. In a recent study, Delaware found that more than 68 percent of its residents have seen the messages being conveyed by its media campaign on abstinence. The Delaware campaign uses radio, billboards, print media, and bus tags with an emphasis on getting parents to communicate with their children about abstinence. Mississippi joined forces with a local marketing research firm that provided pro bono services. The collaboration resulted in a multimedia “Just Wait” campaign that includes a 16-minute documentary called “Heat of the Moment.” The documentary offers advice from teens to teens about the results of teen pregnancy. Wyoming has combined the use of TANF and Title V funds in an abstinence campaign. Wyoming has targeted 9- to 14-year-olds with a radio and television campaign. The message’s secondary target is parents and older siblings. A toll-free telephone number is also part of the strategy.

Appointed Councils

- Two states reported that they have councils or committees appointed by the governor specifically to develop teen pregnancy/out-of-wedlock birth reduction and/or abstinence programs.

The governor of Arkansas appointed a 10-member steering committee and hired an abstinence coordinator to develop a strategy. One result of this effort was two statewide conferences in November 1997 and May 1999. A 25-member legislatively appointed committee also was created to assist in the development of a pregnancy-prevention strategy. In Idaho the governor has created a 15-member council on Adolescent Pregnancy Prevention, comprised of members of key state departments, private business, health care professionals, and adolescents. The council has three sub-committees targeted to infrastructure, educational resources, and media strategy.

Evaluation Efforts

- 13 states indicated that they are using funds to develop and implement evaluation methods for statewide and local abstinence and/or teen pregnancy prevention/out-of-wedlock birth programs.

Florida is funding five pilot projects on teen pregnancy prevention strategies and at the same time evaluating the different approaches. Built into Iowa’s abstinence education grant program is an evaluation of its four school-based curricula. Rhode Island has built an evaluation component into its Male Responsibility Project. The program aims to prevent “too-early” fatherhood and the projects will be evaluated on their capacity to achieve specific outcomes such as increased abstinence, increased condom use, increased school attendance and improved grades, and improved access to medical care. A decrease in negative risk-taking behaviors and other measures are also part of the evaluation process.

Family Planning Services

- 15 states reported that they are including family planning and sex education in their teen pregnancy/out-of-wedlock birth prevention programs.

California has used TANF funds for a Family Planning Information Project for TANF recipients. The goal of the project is to educate all audiences about the availability of free and low-cost services. An advertising campaign that also reaches the general population is part of this effort. Alaska has targeted areas with high teen pregnancy birthrates and high numbers of unintended pregnancies. The services include a fee system that enables women with incomes lower than 200 percent of poverty, who are not receiving Medicaid and have no other source of insurance, to receive these services at no cost. As part of a major coordinated effort between the Department of Health and the Department of Human Services, Ohio has allocated \$250,000 of TANF funds for family planning services targeted to the prevention of out-of-wedlock births. Kentucky has transferred funds into Title XX, the Social Services Block Grant, to provide family planning and a range of other prevention services.

Males and Teen Fathers

- Four states have targeted males or teen fathers for special services or prevention efforts.

Georgia has funded 28 statewide comprehensive programs funded from \$3.9 million in TANF funds. These programs include some that target the male population. These programs for males promote responsible behavior, responsible fatherhood, and abstinence. Indiana uses a combination of federal and state TANF funds for a local grant program, the "Restoring Fatherhood" initiative. Maryland has invested approximately \$1 million over three years to serve 150 families through the "Responsible Choice Home Visiting/Father-Involvement Program."

Case Management for Target Populations

- 24 states reported that they are including case management of TANF recipients or high-risk teens in their teen pregnancy/out-of-wedlock birth prevention programs.

As part of its case management services, Vermont provides information about the financial and emotional impacts of teen pregnancy and parenting. Ohio's Learning Earning and Parenting (LEAP) program is a case management program that predates welfare reform. LEAP targets teen mothers with a goal of keeping them in school and preventing a second birth. Missouri's Teen Education Attainment Model (TEAM) is a school-based case management program that targets high-risk teens with special support services to assist them in obtaining a diploma.

SPECIFIC STATE PROGRAMS

For each state, the initiatives listed under the heading "Teen Pregnancy Prevention" or "Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction" describe the use of TANF funds, while the initiatives listed under "Abstinence Education" describe the use of Title V funds. Where TANF funds are used for abstinence education or TANF and Title V funds are combined, the initiatives are listed under the heading "Teen Pregnancy Prevention/Abstinence Education." If a state is not currently using TANF or abstinence education funds, no heading or initiatives are listed. This does not indicate that prevention efforts are not taking place but that the state is using other departments or funds (such as public health) to pursue prevention strategies.

Alabama

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Alabama's TANF program provides family planning information and referrals to applicants and recipients of its Family Assistance and JOBS programs. Eligibility is not dependent on acceptance or use of family planning.

Abstinence Education. Abstinence funds are being used for a media campaign and to support local projects selected and evaluated by a state advisory committee.

Alaska

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Unintended Pregnancy Prevention Initiative is a strategy to reduce unintended births to low-income, unmarried women through an extensive outreach and education campaign. Family planning clinical services target areas with high birthrates, high numbers of teen births and births to unmarried women, high numbers of unintended births to all ages, and births to teens and women on Medicaid. The family planning services include development of a capitated fee system that enables women whose incomes are at or below 200 percent of poverty, and who are not receiving Medicaid and have no other insurance available for family planning services, to receive these services at no cost. In addition, the Statutory Rape Education Program is being designed to work with employers and government entities to provide education on the problem of statutory rape. A media campaign of statewide television and radio broadcasts will begin in July 1999, focusing on parent-child communication about sex, males and statutory rape, males and child support enforcement, contraception, teens and HIV, and the importance of teen pregnancy prevention and general awareness.

Abstinence Education. All abstinence education funds are given to local communities as grants for various abstinence programs and initiatives.

Arizona

Teen Pregnancy Prevention/Abstinence Education. Arizona is using \$2 million in TANF funds combined with Title V abstinence funds for a single program. These funds are used to support a media campaign and to support and evaluate community-based service programs targeting youths, their parents, and adults who work with youths. The message in the education and media components is "abstinence

until marriage.” Grantees are using a variety of abstinence curricula and the media campaign consists of three television spots, two radio spots, two brochures, and a web site.

Arkansas

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Arkansas established a 25-member legislatively appointed committee to develop teen pregnancy prevention programs and hire a program coordinator. Arkansas has formed a 15-county coalition to identify and implement strategies to reduce out-of-wedlock births. TANF funds were used to hire a technical assistance/evaluation provider to assist the counties with their projects. The state also held a statewide youth conference on Unwed Teen Pregnancy Prevention in December 1998, and began a new media campaign in February 1999. The campaign featured locally developed spots with 10 television and 40 radio stations. Three grantee training sessions were also sponsored to assist in developing strategies for youth conferences, coalition building, and other activities.

Abstinence Education. The governor of Arkansas has appointed a 10-member steering committee and hired an abstinence education coordinator. Arkansas used federal funds to hold statewide conferences on abstinence education in November 1997 and May 1999, and awarded 16 education grants from March through December 1998. The state expects to award 19 grants in 1999. A statewide media campaign on abstinence education was initiated in February 1999.

California

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. California has used TANF funds for a Family Planning Information Project for welfare recipients. The goal of the project is to educate all audiences about the availability of free and low-cost family planning services. Information is distributed at county welfare offices and through general population advertising campaigns.

Colorado

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Colorado is a county-administered state; therefore it has no single statewide teen pregnancy prevention program. However, most of its 63 counties are investing TANF or state and county MOE funds in a variety of services designed to improve parenting skills, promote father involvement, promote child development, and prevent teen pregnancies.

Teen Pregnancy Prevention/Abstinence Education. Colorado counties are also using TANF funds for a variety of abstinence education efforts. For example, Larimer County has budgeted \$29,000 to help address the problem of unwed pregnancies by providing financial assistance for family planning supplies and increasing outreach to women in low-paying jobs to improve awareness of family planning options.

Connecticut

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Connecticut Department of Social Services is using a combination of both state and TANF funds to support eight teen pregnancy prevention programs throughout the state. These programs follow a model designed by Dr. Michael Carrera, who serves as a consultant and technical advisor on teen pregnancy prevention. These programs are dedicated solely to primary prevention of teen births (first-time births). The Carrera model involves comprehensive, long-term, intensive programming for adolescent and pre-adolescent girls and boys. It emphasizes education, providing academic support to help youths succeed and stay in school; career preparation, including work experience and community service; family life and sexuality education; and recreation.

Delaware

Teen Pregnancy Prevention/Abstinence Education. Delaware has continued its media campaign, using billboards, print, radio, and bus tags advocating abstinence and increased parental communication with their children regarding sexuality. A recent study reported that more than 68 percent of all Delaware residents have seen the messages. Funding has also gone to community groups in targeted communities and for mini-grants to promote abstinence through a variety of after-school and parent-child retreat activities. Efforts to reduce out-of-wedlock births have included statewide conferences with recognized speakers, bringing together leaders of community-based organizations to address this issue. Planning is underway to develop a comprehensive youth development program in the state's urban areas with high rates of teen pregnancy. This project plans to pool resources from all major funding streams, including TANF, Title V, Title X, state funds, etc.

The District of Columbia

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The District of Columbia is using TANF funds to provide assessment and ongoing case management for teen parents and their children. Pilot projects will engage youths in after-school programs, promoting academic and personal development, and encourage parental involvement in the lives of their adolescent children.

Abstinence Education. The DC Department of Public Health's Abstinence Education Project has developed an ongoing collaborative partnership with other youth service agencies. The Department of Recreation's Youth Intervention Division, Planned Parenthood, DHS, the Mayor's Committee to Reduce Teen Pregnancy and Out of Wedlock Births, and the Metropolitan Police Boys and Girls Club participate in training to teach the "I'm Worth the Wait" abstinence education curriculum to the youths in their programs. The District plans to link an additional 10 agencies and organizations to this program. Over a four-month period, the Abstinence Education Project has also provided 360 DC public school students with abstinence education and information through classroom education sessions.

Florida

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Florida is evaluating five pilot projects on teen pregnancy prevention. These projects are holistic models that provide a comprehensive range of services designed to give youths a "vision of a future." Program components include family life and sexuality education, medical and mental health services, tutoring, job and career activities, mentoring, and community service activities. Each program includes instruction and emphasis on the value of abstinence. Parents of at-risk teens are encouraged to participate with their children. The programs serve about 1,600 at-risk middle school teens.

Abstinence Education. The Department of Health has awarded 17 state-wide abstinence education grants to community-based organizations, religious institutions, and public health agencies for classroom instruction, after-school activities, enhancing self-esteem, goal setting, decision making, negotiation/refusal skills, counseling, life skills training, peer education/mentoring, and parent education. Florida has also funded a statewide media campaign targeting 9- to 14-year-olds, their parents, and the community, to encourage abstinence and reduce the out-of-wedlock birthrate.

Georgia

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Georgia's Adolescent Health and Youth Development program has 28 statewide comprehensive programs funded from TANF funds totaling \$3.9 million. Programs are aimed at reducing risk behavior and poor health outcomes. Male involvement programs are aimed at promoting responsible behavior, fatherhood, and abstinence; community involvement as the mechanism for the direct involvement of parents, youths, and others in promoting positive youth development; and outreach activities designed to create awareness and access among hard-to-reach youths and their families. TANF recipients are also required to sign a Personal Responsibility Plan for themselves and members of their households. Policy requires that all children in the household age 13 and older attend family planning counseling that includes a wide pregnancy prevention messages.

Abstinence Education. Georgia receives \$1.5 million in federal funds for abstinence education activities and uses a variety of strategies, including a media campaign designed to motivate youths to abstain from sexual activity until marriage and encourage parent-child discussion on appropriate and expected sexual behavior and distribution of competitive grant awards to youth-serving community organizations. More than 50 community-based organizations have been funded to initiate or expand abstinence education efforts, including mentoring, academic tutoring, recreational activities, character and values clarification, relationship building, decision making, and refusal skills.

Guam

Abstinence Education. The Department of Public Health and Social Services administers the Abstinence Only Education (AOE) program, funded by abstinence education funds. In FY 1999, funds were used to conduct a "Train the Trainers" seminar on the AOE project to educate program providers about strategies for teaching adolescents and young adults, developing curriculum, and conducting pre-and post-evaluations. The AOE program coordinator is working with program trainers to begin the Partnership for Abstinence Only to address the reduction of out-of-wedlock birth rates. The AOE program coordinator also collaborates with the health educator to distribute brochures, pamphlets, and posters at mini-health fairs and conduct educational sessions at various public schools.

Idaho

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Idaho is using TANF funds to support the Governor's Council on Adolescent Pregnancy Prevention. The council is composed of 15 members from public health, education, and welfare agencies, private business, adolescents, health care providers, local officials, media, clergy, and parents. The council includes three committees focusing on community infrastructure, educational resources, and mass media campaigns. The council intends to support local coalitions through guidance and resource materials, training workshops, and assistance in organizing community awareness efforts. A statewide media campaign is focusing on various messages, from encouraging parent-adolescent discussions to creating positive peer pressure, to relating the legal obligations associated with parenthood, as well as lifestyle changes. The slogan for the campaign is: "Sex lasts a moment, being a parent lasts your whole life."

Abstinence Education. Abstinence funds support the development of community coalitions that work with the Governor's Council on Adolescent Pregnancy Prevention to raise awareness of the impact of adolescent pregnancy.

Illinois

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Illinois is using \$4.4 million and \$5 million in TANF funds in state FYs 1999 and 2000, respectively, to support the Teen REACH (Responsibility, Education, Achievement, Caring, and Hope) program. The program seeks to provide structured activities during out-of-school time to expand the range of choices and opportunities that enable, empower, and encourage youths age 10 to 17 to achieve positive growth and development, improve expectations and capacities for future success, and avoid and/or reduce risk-taking behaviors such as substance use, criminal involvement, violence, and sexual activity. The program tries to improve participants' academic achievement; provide opportunities for demonstrating positive social skills, instructions, and relationships through supervised sports, recreation, and other program activities; provide opportunities for demonstrating positive social behavior through adult and peer mentoring; and encourage positive decision-making skills that discourage negative risk-taking behaviors. An underlying goal is strengthening parental involvement in the lives of participating youths. Out-of-school programs are provided by contracted agencies in selected communities across the state.

Abstinence Education. For state FY 1999 the department contracted with 31 agencies in selected areas across the state to address the instances of births to unmarried women, especially teens. The goals of the Illinois Abstinence Only Education program are to reduce the proportion of adolescents who have engaged in sexual intercourse, incidence of sexually transmitted diseases among teens 15 to 19 years old; fertility rate among teens 15 to 17 years old; pregnancy rate among teens 15 to 17 years old; and the number of teen parents receiving TANF in the state.

Indiana

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. TANF funds and MOE expenditures provide part of Indiana's family planning funding and Restoring Fatherhood initiative funding. Both programs grant funds to local community programs to strengthen families and reduce the incidence of unplanned pregnancies.

Abstinence Education. Indiana's abstinence education funds are used for the Project RESPECT program which is run by its state Department of Health. Project RESPECT is mainly a mass media and education program to discourage teen pregnancy. Because Indiana has two sources of funding for programs dealing with teen pregnancy—federal abstinence education funds and state funds from a line item in its health department budget—local communities can select which funds they prefer to use. Federal funds support organizations that stress abstinence until marriage, while state funds support organizations that stress abstinence throughout the teen years (and teach family planning, contraception, etc.). Currently, 52 local youth-serving organizations rely on federal funds, and 29 local organizations rely on state funds.

Iowa

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Iowa has a nine-year-old Adolescent Pregnancy Prevention Program that uses \$760,000 of TANF funds and in state FY 2000 will support nine community groups that applied to work on adolescent pregnancy prevention. The state also uses the money for a statewide media campaign, a statewide coalition grant, and a statewide evaluation grant for the community groups. Iowa also uses TANF funds (\$1.99 million) for family planning services, available to teens based on income.

Abstinence Education. The Department of Health uses this money for four school-based curriculum development grants, as well as for funding an evaluation of those programs. A portion of that money was also given to maternal child health clinics that competed for grants.

Kansas

Teen Pregnancy Prevention/Abstinence Education. Kansas requires the provision of intensive case management services to teen parents who receive cash assistance. In state FY 2000, \$200,000 in TANF funding has been reserved to evaluate one teen pregnancy case management project and one primary prevention abstinence program. Both programs are currently operating in the state. The remaining funds are earmarked for transportation, child care, or other intervention strategies that may lead to enhance program participation.

Abstinence Education. Kansas has developed an abstinence education program with performance measures for the rate of teen pregnancy, the percentage of out-of-wedlock births to teens, and the rate of teen births fathered by men age 20 and older. The abstinence education grant is administered by the Department of Health and Environment.

Kentucky

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Kentucky transferred TANF funds to the Social Services Block Grant for a variety of activities, including family planning counseling in local health departments (\$.5 million in state FY 1999 and a projected \$1 million in state FY 2000), and providing family planning information and pamphlets to local welfare offices.

Teen Pregnancy Prevention/Abstinence Education. Abstinence education funds were used to help support a statewide television, radio, and poster campaign in 1998. Tagged "Get a Life First—Wait to Have Sex," the campaign promoted sexual abstinence among teens. TANF funds are being used in 1999 to support a new campaign titled "If You Think You're Ready for Sex, Are You Ready for This?" The campaign focuses on the consequences of sexual risk behaviors, and is also supported in part by TANF funds.

Louisiana

Teen Pregnancy Prevention/Abstinence Education. The DSS has initiated a pilot project to reduce teen pregnancy in the areas of New Orleans with the highest teen birthrate. Ten contracts were awarded to create school- and community-based programs. Components of the project are youth development, comprehensive health/family life education, parental involvement, mental health/counseling, and male involvement. Target groups are 11- to 19-year-old students, teen parents, and the adult parents/caretakers of the teens. The agency has awarded a grant to the Louisiana Initiative for Teen Pregnancy Prevention for a statewide billboard campaign to promote communication between parents and children regarding abstinence. The billboards will be placed twice this year to coincide with the state and national teen pregnancy prevention months. The agency is also in the process of requesting proposals for a statewide media campaign to provide education regarding teen pregnancy prevention and to develop an awareness of the effects of teen pregnancy on the family and society.

Maine

Abstinence Education. Maine's Abstinence Education Media Campaign has focused on the need for parent-teen communication about sexuality. Through TV spots emphasizing the importance of such communication, and information packets for parents giving tips on how they can talk with their teens about sexuality issues, the media campaign has sought to reduce teen pregnancies (most of which are to unmarried women). Maine also has an "Abstinence Works" presentation for middle school students, "Positive Choices, Positive Futures" for parents of adolescents, and three community grants to community action teams. The targeted age group is 9- to 14-year-olds (and their parents), and an emphasis is placed on the cultural appropriateness of the messages.

Maryland

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Maryland Department of Human Resources (DHR) will invest approximately \$1 million over three years to serve 150 families through the Responsible Choice Home-Visiting/Father-Involvement Program. This program serves young adults who are expecting their first child and are receiving and/or grew up in a family receiving cash assistance. The program aims to reduce subsequent non-marital births, increase the employment rate, and improve the long-term involvement of both parents in rearing

their child. The program follows the Healthy Families America model for home-visiting services for prenatal and early infancy home visits. On-site services are also offered including GED and employment training, job search assistance, and parenting classes. Biological fathers receive mediation counseling, paternity establishment assistance, and peer support groups in addition to the other services. Each program site has a male involvement coordinator who oversees these services.

Abstinence Education. The Department of Health and Mental Hygiene uses abstinence education funds to help community organizations collaborate on state media abstinence campaigns and offer after-school youth development programs with alternative activities. DHR sponsors the Best Friends program, a sub-initiative of the Responsible Choices Demonstration Project, which aims to prevent non-marital births by promoting self-esteem, fitness, and community awareness to pre-teen girls. The program will likely expand in the near future to make eligible all fourth- and fifth-grade girls at DHR-funded sites.

Massachusetts

Teen Pregnancy Prevention. Massachusetts has a continuum of programs and services in place for women and adolescents to assure good pre-conceptual health for women and to prevent teen pregnancies. Programs include a variety of health services and health promotion programs, including community-based prevention activities to decrease teen pregnancy and other at-risk adolescent behaviors. The Challenge Fund: Teen Pregnancy Prevention Program provides funding to communities with high teen pregnancy rates to develop a continuum of primary prevention services intended to increase abstinence, delay the onset of early sexual activity, and reduce the rate of teen pregnancy and other related high-risk health behaviors among adolescents.

Abstinence Education. Massachusetts funds abstinence-based pregnancy prevention through in-school programs that target middle-school youths. The goal is to delay the onset of sexual activity in pre-adolescents and to increase the number of youths who choose to remain abstinent through programs specifically designed to increase resiliency and academic skills. The Abstinence Education Media Campaign was developed for abstinence-only programs through a federal grant under welfare reform. The goal of the campaign is to increase the number of youths who choose to remain abstinent. A series of television and radio ads was developed and aired for pre-adolescent males and females ages 9 to 14, with clear messages that support abstinence outside of marriage and the benefits of waiting. Messages encouraging parents to communicate openly with their children about the importance of abstinence were also developed and aired. During 1999, a parent education film, facilitator's guide, and youth and parent brochures and posters will be completed. In addition to a number of planned community events, messages that educate youths about relationship of alcohol and other substances to sexual assault and the ability to remain abstinent will be produced and aired. All messages are developed with the input of youths, parents, and other local community members, and will be available in both English and Spanish. A statewide advisory committee comprised of parents, community members, and educational representatives oversees the entire campaign.

Michigan

Abstinence Education. Michigan is using abstinence education funds to support 18 community coalitions that have developed and implemented community-specific education, outreach, and awareness activities targeting 9- to 14-year-olds as well as older teens. The activities aim to address the risks of sexual activity and associated behavioral risks and influence decisions to delay sexual activity among teens. Funds are also being used to develop media messages targeting teens and parents, and support a broad-based state-level partnership of consumer, advocate, professional, and laypersons to establish principles and practices guiding the use of resources.

Minnesota

Teen Pregnancy Prevention/Abstinence Education. The Minnesota TANF program, Minnesota Family Investment Program, encourages personal responsibility and self-sufficiency. The Minnesota DHS works in partnership with the Department of Health and its efforts in abstinence education.

Abstinence Education. Minnesota's Education Now and Babies Later (MNENBL) promotes abstinence education of adolescents ages 11 to 14 with the goal of preventing future unplanned pregnancies and dependence on assistance. The program supports 14 grantees.

Mississippi

Teen Pregnancy Prevention/Abstinence Education. Mississippi DHS joined forces with a local marketing research advertising firm that worked pro bono to develop a multimedia “Just Wait” abstinence campaign. The campaign included a 16-minute unscripted documentary, “Heat of the Moment,” in which teens offer abstinence to fellow teens as a real choice and solution to the problems of teen pregnancy and sexually transmitted diseases. The documentary and a set of posters extracted from it have been distributed statewide to schools, libraries, churches, and other youth-serving organizations. Organizations from 22 states have used copies of the documentary. The campaign also incorporated two public awareness campaigns (one targeting parents and one targeting teens) that used radio and television public service announcements plus purchased spots, print ads, and billboards. The “Just Wait” abstinence unit provides further abstinence-only materials and presentations upon request. The state legislature passed a bill at the recommendation of the Mississippi Task Force on Reducing Out-of-Wedlock Pregnancies which states that abstinence education shall be the state standard for any sex-related education course in the state’s public schools. The task force also sponsored the first statewide Abstinence Works! Let’s Talk About It! Conference on May 4, 1999, which was cosponsored by DHS, the Department of Education, Department of Health, Mississippi State University Extension Service, and Mississippi Family Council.

Abstinence Education. Abstinence education funds, administered through the state Department of Health, have been used to support community organizations that teach children ages 10 to 19 the rewards of remaining abstinent until marriage. The programs teach children the concepts of self-esteem, self-discipline, and self-respect. Several programs have held award ceremonies to reward those children who have pledged to remain abstinent until marriage.

Missouri

Teen Pregnancy Prevention. Missouri uses TANF funds to support the Teen Education Attainment Model (TEAM) program. TEAM is a case management program based in local school districts to assist at-risk teens in obtaining their high school diploma. The TEAM program provides supportive services to teens in the form of transportation reimbursement, child care, training-related expense reimbursements, and case management services. TEAM focuses its priorities on parenting or pregnant teens as well as those at risk of dropping out of school, and encourages teens to stay in school through providing the program services.

Montana

Teen Pregnancy Prevention. A partnership project titled “Communicating with Participants: An Introduction to Planning A Family” was initiated by the Women’s Health Service (WHS) to join efforts with the Public Assistance Bureau (PAB) of the Department of Public Health and Human Services to reduce unintended pregnancy in Montana. A trainer with extensive experience with the Montana Family Planning network and state teen pregnancy prevention was hired to develop the curriculum and be the lead trainer. The WHS was able to leverage a \$24,000 special initiative Title X partnership grant to obtain an additional \$50,000 from TANF funds for this project. This partnership created a training system for organizations to foster low-income families’ abilities to make informed decisions about planning a family. In addition, the established curriculum will be used to develop other statewide partnerships to promote family planning referrals from agencies that deal with low-income clients at risk for an unintended pregnancy and in need of public assistance. Subsequently, family planning trainers could train other personnel, such as public health home-visiting nurses.

Abstinence Education. The Title V abstinence education funds have not specifically been used to reduce out-of-wedlock birthrates. Rather, \$60,000 was granted to five communities around the state to address the need for parenting education programs. These parent-based programs will focus on “abstinence until marriage” for the targeted youth population.

Nebraska

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Nebraska has two specific initiatives in its Aid to Dependent Children (ADC) program that are designed to reduce out-of-wedlock pregnancies. The first is a family cap that does not permit the normal increase in an ADC grant when a child is born 10 months after the applicant or client is informed of this policy. In addition, the state only permits a 90-day exemption from the employment requirements of the Employment First program for those who expand their family.

Abstinence Education. Abstinence education funds have been used for a public education campaign with the theme "Friends First, Friends Forever" (based on input from a state Youth Forum). The state also awarded funds, curricula, training, and technical assistance to six communities with the highest levels of teen births in 1997 to develop community-specific strategies promoting abstinence until marriage. Each community was offered a choice of curricula as well as technical assistance. The state has developed an evaluation component to measure the effectiveness of these programs.

Nevada

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Nevada Welfare Division has contracted with the University of Nevada to develop a two-hour training curriculum, manual, and compressed video designed to reach state and local law enforcement officials, the education system, and relevant counseling systems that provide education and training on the problems of statutory rape. Teenage pregnancy prevention programs may be expanded to include men. The Welfare Division has reviewed the final TANF regulations and will be holding a Request for Information to obtain community interest in Teen Pregnancy Prevention Programs.

New Hampshire

Teen Pregnancy Prevention. TANF funds have been used to fund three home visiting projects serving pregnant women under 25 and their children (up to 2 years old). Many teen mothers are served and one goal is to reduce subsequent pregnancies among that population.

Abstinence Education. New Hampshire will use abstinence funds to conduct a media campaign geared toward young adolescents, stressing abstinence and pregnancy prevention.

New Jersey

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. New Jersey has established a Work First New Jersey (WFNJ) Inter-Departmental Adolescent Pregnancy Prevention Work Group that promotes collaboration across various state departments and oversees a statewide hotline and two mentoring programs funded by TANF, collectively known as the Adolescent Pregnancy Prevention Initiative (APPI). WFNJ hosted the inaugural Adolescent Pregnancy Prevention Month statewide planning meeting involving more than 200 stakeholders from across the state. The session provided "how to" information for planning local adolescent pregnancy prevention month events. WFNJ also hosted a Statewide Adolescent Pregnancy Prevention Month Pep Rally to raise awareness of the adolescent pregnancy prevention efforts in New Jersey. In total, \$1.1 million in TANF funds is devoted to adolescent pregnancy prevention efforts. The School-Based Youth Services Program (SBYSP) operates in 30 urban, rural, and suburban school districts, to provide teens with a comprehensive set of services in health care, mental health and family counseling, job and employment training, and substance abuse counseling. Many SBYSPs also offer on-site child care, enabling teen parents to remain in school, attend parenting classes, and prevent subsequent pregnancies. The Pinelands SBYSP has been successful in reducing pregnancies from an average of 20 per year (prior to program implementation) to an average of 1-3 pregnancies per year, for the last eight years. TANF teen pregnancy prevention funds are also allocated to a hotline which takes calls 24 hours per day and focuses on teen issues (specifically teen pregnancy prevention). This hotline is promoted through posters, wallet-size cards for youths, and a public service announcement (PSA) that has been distributed to radio and television stations. The PSA is also being distributed to local movie theaters.

Abstinence Education. The New Jersey Department of Health and Senior Services (DHSS) oversees the abstinence education projects, which are designed to teach pre-teens and teens the benefits of abstinence. During July 1998, DHSS awarded grant funds for projects to develop or expand youth groups and train peer educators; develop or expand community-based education efforts on the benefits of abstinence, refusal skills, communication, and decision-making skills targeting at-risk youths; local or regional mentoring programs; and parenting skills training including communications skill building and education on sexuality and the benefits of delaying sexual activity for youths.

New Mexico

Abstinence Education. New Mexico has focused its efforts on young children (elementary and middle school age) in an effort to build social assets according to Peter Benson's positive choices curriculum. This is a form of primary prevention which combats not only out-of-wedlock births but also other high-risk behaviors like drug use and gang membership. New Mexico has also designed after-school programs,

and has trained health educators in local health offices to teach abstinence in school and parent settings. The state also has a marketing program, the cost of which is split between Medicaid and Title V. It publishes a free teen magazine, "Not Yet: Wait to Have Sex, Wait to Have a Baby," which is designed to be fun for adolescents. The marketing program also makes t-shirts, baseball caps, and pins and has developed multiple videos linking teen pregnancy and other high-risk behaviors. A recent New Mexico responsible sexuality segment won an Emmy Award.

New York

Teen Pregnancy Prevention/Abstinence Education. In state FYs 1997–1998, New York transferred \$7 million in TANF funds to the Department of Health to target programs of community health education and outreach and community-based adolescent pregnancy prevention to prevent unintended pregnancy in adults and adolescents eligible for TANF assistance. The funds were used to significantly expand the Department's Community-Based Adolescent Pregnancy Prevention Program (CBAPP) and the Comprehensive Family Planning and Reproductive Health Program. CBAPP works with communities, providing information and education, promoting abstinence, expanding educational and recreational opportunities for teens, and providing access to comprehensive reproductive health care services to sexually active teens. Funding was also provided to 65 family planning agencies with more than 230 service sites.

Abstinence Education. The Department of Health has purchased the Not Me, Not Now media campaign developed in Monroe County. The campaign runs from fall 1998 to fall 1999 and features television, radio, billboard, and bus ads. The department also began a community-based component with approximately \$5.6 million in federal and state matching funds. This program will provide community information, abstinence education, outreach to high-risk youths, and services to young males.

North Carolina

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. North Carolina is conducting a statewide media campaign and training initiative with the message: "Parents, talk to your children about sex." The state is funding training events and programs for professionals who work with children, as well as supporting the development of an evaluation system for teen provider programs. Other efforts include supporting adolescent parenting and prevention programs and local coalition programs. For state FY 1999, \$2 million of the TANF block grant was targeted to these programs.

North Dakota

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. North Dakota requires parenting skills training for adult recipients of its cash assistance program when deemed appropriate, and provides education programs for dependent children. The state aims to address the immediate problem with teens and to work on the long-term effort to break the welfare cycle.

Abstinence Education. Funds are granted to local government and public entities for a wide range of abstinence education including media campaigns and health education programs in local schools.

Ohio

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Ohio Wellness Block Grant is a statewide initiative, with each of the state's 88 counties receiving funding to reduce teen pregnancy. The target population is youths between the ages of 10 and 19. Each local Family and Children First (FCF) council has identified specific subpopulations within this age range for services. The Department of Youth Services receives an allocation as Ohio's 89th county due to the high rate of teen pregnancy in its incarcerated population. Local FCF councils have responsibility for planning, priority setting, selecting prevention strategies, allocating resources, monitoring programs, and tracking results. Program activities include mentoring programs, asset building, peer support programs, resource libraries, teen help hotlines, teen parenting programs, media campaigns, and home visitation services. Local councils report that awareness about teen pregnancy among public agencies and local service providers has substantially increased, that many nonprofit agencies are working more collaboratively, and that schools are becoming more connected to social service organizations. The Ohio Learning, Earning and Parenting (LEAP) program is a statewide initiative, designed to help teen parents complete high school and reduce the incidence of second pregnancies. The LEAP program combines support services with case management, and incentives for school attendance, grade completion, and graduation, with penalties for non-attendance. The LEAP program

affects about 8,000 teen parents each year. In the last three years, Ohio has combined efforts with Early Start (a home visiting program) to provide additional services to teen parents to assist with pregnancy prevention and care of young children. In the fiscal year beginning July 1999, the Ohio General Assembly created the Ohio TANF Family Planning Program. It will provide \$250,000 of TANF funds for pre-pregnancy family planning services designed to prevent out-of-wedlock births. This is a joint effort between the Ohio Department of Health and the Ohio Department of Human Services.

Abstinence Education. The Ohio Department of Health administers the abstinence education program and provides funding to 34 (in state FY 1999) agencies to conduct programming in school settings. Funded agencies include community-based and youth-serving organizations that have not traditionally received funds from the department; local health departments; local school districts; hospitals; an FCF council; a county department of human services; and a prosecuting attorney's office. Program activities include age-appropriate curricula and presentations to teach abstinence from sexual activity and other associated risk behaviors for unmarried teens. Social skill instructions, character-based education, asset building to promote self-esteem, as well as parent education, are other program approaches that agencies use in reaching youths.

Oklahoma

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Family Support Services collaborated with the Health Department to expand and develop already existing teen pregnancy outreach programs. The new program hires TANF recipients as outreach workers who target high-risk teens and families. This is currently a pilot program in a few counties. TANF dollars also help to fund programs that specifically target first-time mothers, hoping to reduce the chance of a second birth.

Abstinence Education. Oklahoma installed an abstinence curriculum in high schools in six counties. Each county can choose its own curriculum, but the most popular is called Facing Reality. Four of the projects have finished their first year, and about 1,000 teens have participated in the curriculum. Approximately 850 of those were evaluated by the University of Oklahoma's Institute for Public Affairs.

Oregon

Teen Pregnancy Prevention/Abstinence Education. The Oregon Adult and Family Services (AFS) Division of the Department of Human Resources has worked with and provided funds to local organizations to help offer pregnancy counseling to teens and raise awareness of the risks and dangers of unwed parenthood. TANF funds have been used for the Students Today Aren't Ready for Sex (STARS) program. STARS is an abstinence-based teen pregnancy prevention curriculum in which teen leaders from high schools teach sixth- and seventh-graders how to identify and resist pressures that lead young people into premature sexual involvement. The program reached about 29,000 students during the 1998-1999 school year. The Reduce Adolescent Pregnancy Partnership (RAPP) is a network of local coalitions dedicated to preventing teen pregnancy. The goal of RAPP coalitions is to solidify comprehensive teen pregnancy efforts by both local and state partners by providing leadership, support, and assistance throughout the state to meet the Oregon benchmark with regards to reducing teen pregnancy. In addition to these community services, AFS contracts with local partners (such as community colleges, etc.) to provide parenting classes and counseling to teen parents. The partners provide information regarding sexuality and subsequent pregnancy prevention as part of the classes and counseling. AFS case managers enter into discussions with teen parents as often as the situation permits and encourage them to take steps to ensure against subsequent pregnancies.

Pennsylvania

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Pennsylvania is focusing on the issue of teen pregnancies that result from relationships with older men through a Statutory Rape Task Force and a contract with the Pennsylvania Coalition Against Rape (PCAR). The state launched an ad campaign and educational program to increase awareness of the statutory rape laws among middle school, junior high, and high school students and staff. The campaign features posters, a teen magazine, a CD of songs about teens in various relationship situations, and free concerts at underage dance clubs.

Abstinence Education. The Pennsylvania Department of Health, through the Abstinence Education and Related Services (AERS) Initiative, and as part of the Governor's Project for Community Building, is implementing a five-year comprehensive statewide plan to promote abstinence as a positive lifestyle decision for young adolescents. Currently 28 AERS community-based projects serve 35 counties. The

projects will deliver abstinence-only education and related services to children and adolescents throughout communities and schools. Services include mentoring, adult supervision, counseling, and training programs for parents, peers, and health professions on how to conduct abstinence education. A statewide media campaign is also planned to raise public awareness of the benefits of abstinence, the negative consequences of teen pregnancies outside marriage, and the central role of parents and significant others as the prime educators of their youths.

Puerto Rico

Abstinence Education. Puerto Rico has developed the Puerto Rico Abstinence Education Program (PRAEP) to reduce teen pregnancy. Its philosophy is abstinence as the only alternative that is 100 percent effective in reducing teen pregnancy and sexually transmitted diseases. The program includes a "Sex Can Wait" curriculum developed by the University of Arkansas which was implemented in public schools from grades 5 to 12. The program will also include peer groups to promote sexual abstinence using character development strategies. In total, PRAEP has reached 58,182 Puerto Rican adolescents. A mass communications media campaign was being developed by students during a summer camp in June 1999, and coalitions around the island including students, parents, teachers, health professionals, local entrepreneurs, and others will develop customized socio-recreational activities for their communities.

Rhode Island

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Rhode Island Departments of Children, Youth and Families, Health, Education, and Human Services are collaborating on a comprehensive statewide plan to reduce the incidence of teen pregnancy. The efforts focus on "Positive Asset Development" of youths, and incorporate a holistic approach to youth development conveyed through strong, appropriate relationships with caring adults. The statewide plan supports statewide and local efforts and includes media campaigns for teen pregnancy prevention, family planning, and sex education. The Department of Health is funding a monitoring program. Rhode Island has also initiated the Male Responsibility Project through the Department of Human Services. Services are provided by male counselors from five community-based organizations that also serve pregnant and parenting adolescent girls. The program aims to prevent "too-early" fatherhood, and the individual projects will be evaluated on their capacity to achieve specific outcomes such as an increase in abstinence, increase in use of condoms, increase in school attendance and grades, improved access to medical care, decrease in negative risk-taking behaviors, and other measures. The five projects will operate in 10 cities and towns including the five core cities with the highest rates of teen pregnancies. Others are rural, suburban, and small town areas.

Abstinence Education. The Department of Health is using federal abstinence education funds for a program that provides training and support for male role models. The project is being implemented in four areas with the highest teen pregnancy rates in Rhode Island. The state also runs an after-school program for middle-school adolescents, but is funding it with resources other than the federal abstinence education funds.

South Carolina

Teen Pregnancy Prevention. During the 1998 legislative session, the South Carolina General Assembly passed legislation that created the County Grants Fund for Adolescent Pregnancy Prevention Initiatives. This was funded with \$10.5 million of TANF funds, intended to be distributed to each of South Carolina's 46 counties over a period of three years. The purpose of the fund is to support local efforts to prevent early sexual activity and to measurably reduce the rate of adolescent pregnancy in each county. Programs developed will reflect local and community values. Additionally, all initiatives funded will emphasize premarital sexual abstinence and male responsibility.

South Dakota

Abstinence Education. The South Dakota Department of Health gives subgrants to communities to design their own abstinence projects. The department itself approves the projects and provides oversight.

Tennessee

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Tennessee gave \$300,000 in grants to 30 counties with the highest number of out-of-wedlock births. All four large urban counties have teen pregnancy parenting/prevention programs as do several rural counties as well. Strategies for these programs include mass

media campaigns, focus groups, and others. Teen programs use individual and group case management in and out of school with teen parents. The message of these programs is stay in school, be a good parent, plan a career, and prevent additional unplanned pregnancies.

Abstinence Education. The Tennessee Department of Health awarded grants to local schools, nonprofit organizations, and community groups for abstinence education efforts.

Texas

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Texas has funded four pilot projects that provide residential and non-residential services targeted to teen parents that include counseling and parenting skills classes. Additionally, Texas funds programs that provide prenatal intervention or at birth with high-risk families. Teens identified at this point of intervention receive parent education, training, and counseling services that encourage families to think about their ability and desire to provide adequately for additional children, and actively link them to family planning services. Some of these programs specifically target teen parents for their service delivery to help reduce the number of additional teen pregnancies. The Texas Workforce Commission, in collaboration with the Texas Department of Human Services and the Texas Department of Protective and Regulatory Services, is involved in a Second Chance pilot program to reduce and prevent the problems teen parents and their children face and to break the cycle of welfare dependence. The program will provide independent living services and licensed adult-supervised living arrangements to teen parents and their children who receive TANF assistance. Under this program, a teen parent not living with a parent, legal guardian, adult relative, or in a licensed adult-supervised living setting, and applying for TANF, will be referred to the program provider. The provider will assess the needs of the teen parent and either work with other agencies to ensure those needs are met, or provide the needed services themselves.

Abstinence Education. Texas held an Abstinence Education Conference in July 1998 that was open to abstinence education contractors and to the general public. It has funded 32 entities to provide abstinence education, with activities that include classroom instruction and/or assemblies; counseling; mentoring; after-school activities like field trips, dances, resource library, computer dolls, retreats, community involvement, web sites, home liaisons, and a hotline; peers as teachers; and media campaigns.

Utah

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Utah has used TANF funds for six pregnancy prevention contracts across the state. It also uses the money for statewide training for all staff engaged in case management, teaching them how to bring up family planning with customers, and resource and referral techniques.

Abstinence Education. Utah has given abstinence education funds to 11 community-based projects in various parts of the state, targeting 9- to 14-year-old youths (both boys and girls). The state views abstinence only as one part of a continuum of pregnancy prevention education, particularly appropriate for that age group. The projects take place in school, after school, and in private settings. Some curricula are standard, such as "Sex Can Wait" and "Postponing Sexual Involvement." Other curricula are more unique to the locality.

Vermont

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. Vermont provides TANF recipients with individualized case management that focuses on helping families reach goals they have set for themselves. Information about the financial and emotional impacts of teen pregnancy and parenting with a partner is included. In addition, TANF funds support a network of parent/child centers that include a focus on preventing initial teen pregnancies and promoting stable families.

Abstinence Education. Funds were used to hold focus forums with families, design and pilot test an abstinence promotion media campaign, and provide fulfillment materials in response to the PSA. The campaign targets families of middle-school and young high-school students, stresses the connection of substance use and unintended sexual activity, and promotes the importance of parent-child communication.

The Virgin Islands

Teen Pregnancy Prevention/Out-of-Wedlock Birth Reduction. The Virgin Islands is funding television and radio advertisements designed to prevent teen pregnancy and enhance responsibility and accountability among teens. It provides social work services to TANF recipients and young mothers in an effort to prevent and reduce teen pregnancy.

Virginia

Teen Pregnancy Prevention. In 1997, Virginia offered TANF funds to coalitions across the state who joined its "The Commonwealth and You: Partners in Prevention" initiative. Each coalition was required to conduct a local community meeting on out-of-wedlock births and submit a resolution from its local elected body agreeing to attempt to reduce out-of-wedlock birthrates in their communities. To highlight the initiative, four regional forums on out-of-wedlock births were conducted by the secretary of Health and Human Services and the commissioners of Health and Social Services. More than \$1 million in TANF funds were then distributed to 50 coalitions in the more than 100 communities who positively responded. (Virginia has 134 recognized city and county communities.) These coalitions were promised that if Virginia was awarded one of the \$20 million prizes that Congress offered to five states with the best results, the funds would flow through to those communities who similarly showed the greatest decrease in out-of-wedlock births without a concomitant increase in local abortion rates. A majority of the coalitions chose to focus on teen pregnancy prevention, and were given broad leeway to design their own local, grassroots initiative to help to solve this difficult social problem. The Partners in Prevention (PIP) initiative did not operate in FY 1999, but will operate again in FY 2000, with potential awards reduced to a maximum of \$15,000 per coalition. The new PIP guidelines will also require a focus on 20–30 year olds with an abstinence-only emphasis in the approved interventions. Those funds are scheduled to be awarded in August. Despite the 13-month lull in support for the PIP coalitions, Virginia ranked 12th in its last review of comparative state out-of-wedlock rates. Virginia is now working with local and state social service leaders to assess the potential use of excess TANF funds for preventive approaches to youth development and teen pregnancy prevention and is hopeful of assisting communities to replicate successful and effectively evaluated models of youth development programs in several areas of Virginia with these funds.

Abstinence Education. When Virginia received the initial federal funds for abstinence education, the first year's initiative involved a statewide media campaign to reduce sexual activity before marriage. The "Not Me Not Now" media campaign from Monroe County, New York, was secured through a contract with its founders. Posters and television and radio spots were targeted during prime time when adolescents were expected to be tuned in. In the second year, six local community programs were funded through a competitive proposal process. An evaluation system was established to measure the effects of the programs, since this type of intervention has not previously been tested with adequate sample sizes, control groups, or satisfactory evaluative methodologies. The programs are primarily serving youths between the ages of 13 and 17. The programs begin their second year of development in September.

Washington

Teen Pregnancy Prevention. The Workfirst program has designed flyers and posters focusing on birth control and family planning messages. Each community service office provides family planning information and services. In most offices a family planning worker and/or a public health nurse is stationed on site to provide pregnancy prevention services and information.

Abstinence Education. The Department of Health is currently receiving funds for abstinence education. These funds have been used for seven community-based projects around the state. These projects focus on abstinence and public education. The Department of Health and the Office of Superintendent of Public Instruction have an interagency agreement to provide the "Teen Aware" program that focuses on abstinence and waiting until marriage.

West Virginia

Teen Pregnancy Prevention / Out-of-Wedlock Birth Reduction. West Virginia, using Title V funds, supports a community-based initiative to educate, promote, and support communities in developing programs focusing on parent-child communication/interaction; adolescent risk reduction behaviors such as alcohol and drug use, and abstaining or postponing sexual intercourse. In addition, the state, in collaboration with the Domestic Violence Coalition, developed and distributed a booklet that addresses statutory rape, and includes strategies for helping youths resist coercive sexual advances. Targeted efforts to reduce teen pregnancies include the availability of contraceptive care at 133 community-based sites throughout the state; hiring an adolescent pregnancy prevention specialist to work alongside medical, social, educational, and community partners designing activities and programs that foster youth resiliency; and discouraging early onset of sexual activity.

Abstinence Education. West Virginia has contracted with community organizations for the teaching of abstinence-only curricula that adhere to federal statutory requirements. Activities and oversight for the Abstinence-Only Initiative are directed with input from a statewide advisory body comprised of educators, parents, faith-based organizations, and the health care community.

Wisconsin

Abstinence Education. Wisconsin has established the Wisconsin Abstinence Education Project (WAEP) which has funded 13 local abstinence-only education grants, given to programs that meet certain criteria for promoting abstinence. WAEP is an important part of Wisconsin's new adolescent pregnancy prevention plan, Brighter Futures, which proposes a comprehensive, community-based approach to pregnancy prevention and provides recommendations and strategies for a variety of groups, including parents, educators, local officials, youths, faith-based organizations, and the health care community.

Wyoming

Teen Pregnancy/Abstinence Education. TANF and abstinence education funds are combined into an abstinence-only media campaign called Sex Can Wait Wyoming. This TV and radio campaign is aimed primarily at 9 to 14 year olds and secondarily at their parents, siblings, and community. It features a hotline that people can contact for more information. This media program is based on Michigan's similar program. Wyoming is also operating an ongoing task force composed of state agencies, abstinence-based nonprofits, family planning clinics, and family planning nonprofits. Funding is primarily received from the TANF grant. The task force sponsors an annual pregnancy prevention conference that explores issues of unintended pregnancy. The task force has also granted money to agencies wishing to expand pregnancy prevention services to teens. Future plans are for initiatives to address male involvement in the out-of-wedlock pregnancy issue.

State Contacts

State	Department	Name	Phone
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Arkansas	Bureau of Public Health.	Donnie Smith	(501) 661-2243
California	Social Services	Chris Minnich	(916) 654-1074
Colorado	Human Services	Maynard Chapman	(303) 866-2054
Connecticut	Social Services	Zena Kovack	(860) 424-5334
Delaware	Public Health	Prue Kobasa	(302) 739-4785
Washington, DC	Public Health	Ellen M. Wells	(202) 727-5930
Florida	Health	Bridgett Rahim-Williams.	(850) 922-1218
Georgia	Adolescent Health	Ronnie S. Jenkins	(404) 657-2868
Guam	Public Health	Lucy S. Cruz	(671) 735-7104
Hawaii	Human Services	Patricia Murakami	(808) 586-5230
Idaho	Health and Welfare	Galen Louis	(208) 334-5957
Illinois	Family Health	Sue Haury	(217) 782-2736
Indiana	Health	Judith Ganser	(317) 233-1240
Iowa	Human Services	Jo Lerberg	(515) 281-4207
Kansas	Social and Rehabilitation Services.	Connie Ulmer	(785) 296-2465
Kentucky	Public Health	James S. Davis	(520) 564-4830
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Maine	Human Services	Nancy Birkhimer	(207) 287-5361
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State Contacts—Continued

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New Mexico	Human Services	Barbara Otto	(505) 841-2973
New York	Health	Barbara McTague	(518) 474-3368
North Carolina	Public Health and Human Services.	Sydney Atkinson	(919) 733-7791
North Dakota	Human Services	Kevin Iverson	(701) 328-2332
Ohio	Human Services	Joel Raab	(614) 466-1822
Oklahoma	Health	Marilyn Lanphier	(405) 271-4471
Oregon	Human Resources	Jeff Stell	(503) 945-6737
Pennsylvania	Public Welfare	Gail Bean	(717) 772-7829
Rhode Island	Children, Youth and Families.	Pamela Goodwin	(401) 462-2423
South Carolina	Social Services	Carol Singletary	(803) 898-9376
South Dakota	Social Services	Donna Keeler	(605) 773-4678
Tennessee	Human Services	Wanda Moore	(615) 313-4866
Texas	Health	Jack Baum	(512) 458-7700
Utah	Workforce Services	Shannon Bond	(801) 468-0129
Vermont	Human Services	Cheryl Mitchell	(802) 241-2244
Virginia	Social Services	Forrest Mercer	(804) 692-1297
Virgin Islands	Human Services	Lennox Zamore	(340) 774-4673
Washington	Social and Health Services.	Rachael Langen	(360) 413-3209
West Virginia	Health and Human Services.	Pat Moss	(304) 558-5388
Wisconsin	Health and Family Services.	Joe Leean	(608) 266-7882
Wyoming	Health	Phyllis Sherard	(307) 777-7942

Chairman JOHNSON of Connecticut. Thank you for your testimony, all of you. It is very, very impressive to me that the flexibility under TANF and the generosity of the funding is allowing us to begin to look at some of the causes of our problems rather than just the effects. I hope you will all be part of, without exception, standing up for a continued level funding of TANF because I think we are just now getting to the payoff of flexibility in funding, and if we don't stick with it, we will never get to solve some of the problems like nonmarital births but also the difficult problems of substance dependence and mental—untreated mental health problems and things like that.

In fact, I think some of these programs that are aimed at discouraging teenagers from getting into inappropriate relationships will also get them into appropriate mental health relationships that are very important. When I hear these kids talk about their lives, honestly, the challenge to many of them is far greater than most of us have ever faced.

So I think we do need to really fight for the TANF dollars to be maintained because they—and it was very impressive, the number and variety of State approaches that we see out there. It also is interesting that, Ms. Miller—let me see now, Ms. Maynard, the variety of things that you are evaluating and the different approaches. So it will be useful to us to see both of your reports as they get completed.

In doing that oversight work, Ms. Maynard, is it difficult to determine whether or not programs are complying with the letter of the abstinence law? You ran into this problem that we have talked about in preceding panels of sort of gray area of being serious about abstinence but also providing some information about contraceptives.

Ms. MAYNARD. We have gone about our work in a fairly strategic way. We have done a lot of homework before we have gone to the field, before we actually select our final set of sites for the evaluation. We are spending time in each site. We are actually observing programs, reviewing materials, spending a lot of time with the program staff. So we will be evaluating programs that are totally consistent with the legislation. We have not found it very difficult to determine what the messages in the programs are.

Chairman JOHNSON of Connecticut. Would you say—what percentage of these programs would you say do include some information ultimately about safe sex?

Ms. MAYNARD. Well, we have not surveyed all of the programs so, we have, as I said, gone about our work in a strategic way. I can say that most of the abstinence education programs that we have observed do address at some level issues of contraception, but they do not address them in a promotional way. They address them in a factual, informational way. It is not a major piece of the intervention.

Chairman JOHNSON of Connecticut. Interesting. Would any of the rest of you have any comment on that? Mr. Tetelman, from sort of the practical point of your experience in New Jersey?

Mr. TETELMAN. Our programs always have balance in them. We don't have—the Department of Human Services isn't running the abstinence only grant in New Jersey. That is being done through the Department of Health and Senior Services, but what we have learned is that if you offer young people a balance and a connection with an adult to say, first, "Look, the only safe way is not to have sex at all but if you are going to have sex then you need to protect yourself, you have to have knowledge about it, and come talk to me". You know, most of the time when young people come talk to an adult they learn how to make decisions because that is really what they are looking for in many cases, how do I make a decision, I am getting pressure, how do I actually come down to saying yes or no or is this really what I want to do, and having that touch by that adult, somebody they trust, we wish it were the parents more than it is, but unfortunately, it is mostly staff in many of our sites, makes a difference in young people obviously making the right decision. Those statistics from the Pineline High School are unbelievable.

Chairman JOHNSON of Connecticut. That was very impressive.

Mr. TETELMAN. And it has been consistent for over 8 years. It really was a drop and we have received a Dodge grant to try to replicate it in some of our other sites, including our urban sites.

Chairman JOHNSON of Connecticut. In that instance, do you know much about whether the level of sexual activity dropped? Did it drop among the early groups but later on actually, in other words, it might not have dropped among the early groups, the early groups might have just used contraceptives, but the upcoming

groups might actually have changed their behavior? Do you have any—

Mr. TETELMAN. It is all anecdotal, but I have actually asked the same question of staff, and they say it is a real mix, that some young people just make a decision, they get their act together and say I have other things I want to do with my life and I am not going to engage in sex. And other ones say, "Well, if I am going to engage, I am going to be responsible about those activities." It is really mixed. We don't have clean lines on it, but I think it is important to offer—you know, we can't stick our heads in the sand and think kids aren't going to have sex. They have sex, and if they are going to have sex, we need to have a balance here to make sure that they get the right information and protect themselves so we don't have unwanted pregnancies.

Chairman JOHNSON of Connecticut. But certainly in those programs, too, what is happening is that kids are getting a lot of support to not have sex.

Mr. TETELMAN. Absolutely, and the important thing is having that connection with adults and having activities for young people. I mean, we can talk about lots of different things, but unless you have programs that kids can be involved in, whether it is after school or jobs or things that keep them from free time where they can get in trouble, that makes the biggest difference.

Chairman JOHNSON of Connecticut. Anyone else have any comment you want to make before we close? Yes, Ms. Miller.

Ms. MILLER. I just want to say that one of the things we have learned at the campaign is that the programs, as you say, are very important, and they don't have to be focused necessarily on pregnancy prevention or on sex ed or on abstinence or on contraception. They have to include a consistent, caring adult, skill building or opportunities to excel, and they have to go on long enough to make a difference in the lives of the young people.

Chairman JOHNSON of Connecticut. That certainly is what Pathways/Senderos has found in our area, that the whole issue really is trust and consistency and being there and that the longer they are, the more the issue of contraceptive knowledge is far from central. It is just an aside, but it does—the questions do come up partly because they need that information to counter their peers.

Thank you very much, all of you who have testified today. We do appreciate your input, and I also think one of the wise things about the Welfare Reform bill was that it did take some different approaches that has enabled us to get this conversation out in the open where our kids can benefit more from it, and hopefully, we can benefit more from it, and as Ms. Ware said, stop sending quite such contradictory messages to our own children. Thank you very much.

[Whereupon, at 12:15 p.m., the hearing was adjourned.]

