

# TEEN PREGNANCY PREVENTION

## ACTION

- Increase funding for the Title X family planning program while maintaining its status as a categorical federal program that mandates informed patient consent, confidentiality protection for all patients, types of services offered, and medical standards.
- Pass and fully fund the Prevention First Act.
- Encourage more teen pregnancy prevention programs to serve youth in foster care and require teen pregnancy prevention programs directed at foster care populations to specifically evaluate their effectiveness within that particular community.
- Support funding for comprehensive sexuality health education in our communities and schools that is medically accurate and includes information about abstinence.

## HISTORY

Young people represent our nation's future. Given the right tools, including an array of services, supports, and opportunities to promote their health and positive development, they have the ability to make significant contributions to their families, schools, and communities. Too many youth in this country are marginalized by poverty, poor health, and social injustice. Particularly for disconnected youth, including those aging out of foster care, the future too often appears bleak and uncertain as they transition from adolescence to adulthood.

To improve their options in life, these young people need and deserve opportunities to develop the skills necessary for achieving economic independence, self-sufficiency, and long-term family stability. Adolescent reproductive health is one of the most critical issues affecting the

well-being of many young people in the United States, including a disproportionate rate of youth in foster care. Teen pregnancy and birthrates have declined in all states and among all age, racial, and ethnic groups. Despite this, the United States has the highest rates of teen pregnancy and births in the industrialized world. Even with recent advances, one in three American girls become pregnant before age 20. In 2004 alone, public sector costs associated with teen childbearing in the United States totaled at least \$9.1 billion, including \$2.3 billion in increased child welfare costs. As these statistics reveal, the problem is far from solved.

Reducing the nation's teen pregnancy rate is one of the most strategic and direct means available to improve overall child well-being and reduce persistent and cyclical child poverty. Teen pregnancy is closely linked to welfare dependency, and a weak future workforce. Only 40% of young teen mothers graduate from high school, compared to about three-quarters of women who delayed their first birth until age 20-21. The long-term effects are often passed to the next generation, as children of teen mothers have lower birth weights, are more prone to poor academic performance, and are at a substantially greater risk of abuse and neglect than adult-aged mothers.

Youth in the child welfare system, including children in family foster care, group homes, and residential care, are also at higher risk than their high school counterparts of engaging in early sexual activity and experimenting with alcohol and other drugs. These factors increase their risk for unintended pregnancy and sexually transmitted diseases. In addition, these youth often lack access to sexuality information or family planning services designed to address their needs and give them the capacity to delay pregnancy if they are sexually active.



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## TITLE X

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Young people, including youth in foster care, need access to reproductive health and family planning services. Since 1970, the federal family planning program, Title X of the Public Health Service Act, has provided resources for health services and counseling to low-income or uninsured individuals who may otherwise lack access to health care. Currently, Title X supports a network of 4,600 family planning clinics nationwide that provide clinical services to prevent unintended pregnancies, lower rates of sexually transmitted diseases (including HIV), detect breast and cervical cancer at the earliest stages, and improve women's overall health. Unfortunately, the Title X program has been systematically underfunded over the years due to health care inflation and a growing demand for subsidized family planning services without corresponding increases in funding, posing very serious challenges to its effectiveness and survival. Title X received \$283 million for FY 2007; had Title X funding kept up with inflation since 1980, FY 2006 funding would have been \$699 million. Clearly, funding for the Title X program should be increased significantly to help clinics provide high-quality services to teens and young adults that focus on contraceptive options, cancer detection, and sexually transmitted disease detection and treatment.

## PUTTING PREVENTION FIRST ACT

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The 110th Congress should pass and fully fund the Prevention First Act (S. 21/Senator Harry Reid (D-NV)). This important legislation would increase funding for family planning services and teen pregnancy prevention efforts; ensure health plans that cover prescription drugs also cover contraceptives; improve education about emergency contraception to victims of sexual assault; and strengthen Medicaid coverage of family planning so that family planning services and contraception are accessible and affordable for women with low incomes. Youth in foster care, as well as youth aging out of foster care, would benefit from these initiatives.

## EFFECTIVENESS WITH YOUTH IN CARE

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A serious lack of consistent, ongoing nationwide data about teen pregnancy trends among youth in foster care continues due to a lack of comprehensive data collection. Even though research indicates, for example, that youth in foster care have higher rates of early pregnancy and childbearing than youth not in care, exact rates of teen pregnancy and

teen childbearing among foster care youth are simply not known. Additional information is needed to better understand the factors contributing to pregnancy and childbearing rates among foster care youth and youth leaving the child welfare system so proper help can be provided.

According to practitioners, the focus in the child welfare system has historically been on helping parenting teens and their children, with much less focus on primary prevention. Yet, prevention efforts are equally important as services to parenting and pregnant adolescents. Programs that stress teen pregnancy prevention should, therefore, be required to specifically evaluate their effectiveness with youth in foster care.

Prevention programs targeted to youth in foster care should start early and address both primary and secondary prevention, with primary prevention helping the youth avoid pregnancy in the first place, and secondary prevention helping parenting youth avoid subsequent pregnancies. Above all, it is crucial for the child welfare field to collaborate with the teen pregnancy prevention field to develop and support programs and services that effectively deter teen pregnancy among youth in foster care. Federal, state, and local incentives are necessary to encourage and facilitate such collaboration and train service providers on adolescent development and addressing teen sexual behavior.

## COMPREHENSIVE AND ACCURATE EDUCATION

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Congress must ensure all federally funded pregnancy prevention programs do not contain false, misleading, or distorted information about reproductive health, particularly in abstinence-only-until-marriage programs. A recent Government Accountability Office report indicated these programs were not being monitored sufficiently to ensure the scientific accuracy of curriculum materials. The same GAO report also found a lack of evidence that abstinence-only-until-marriage programs are effective. In view of this report, Congress should demand sufficient oversight of these programs, or else suspend funding for abstinence-until-marriage programs until the necessary accountability is in place.

Ideally, sex education begins at home, allowing parents to play an active role in teaching their children about and emphasizing values concerning sexual activity. The parents of children in the child welfare system, however, are not able to address these important, potentially life-altering issues. The state, having assumed the parenting role, must ensure that youth in foster care receive adequate information on pregnancy prevention. Youth in high-risk life situations,



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including youth in out-of-home care, deserve quality programs that meet their particular needs and circumstances. This information should be based on accurate, up-to-date, and research-based analysis.

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## KEY FACTS

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- In 2004 alone, teen childbearing cost United States taxpayers \$9.1 billion in public sector costs associated with the negative consequences of teens having children, including a \$2.3 billion increase in child welfare costs.
- Between 1991 and 2005, the teen birth rate decreased 35% to a record low of 40.4 per 1,000 girls, ages 15 to 19, in 2005.
- Yet, 1 in 3 teen girls in the United States becomes pregnant by age 20. In 2002, for example, more than 760,000 women under age 20 became pregnant. Perhaps even more striking, 20% of teen mothers have a second birth before turning 20.
- A recent survey by the University of Chicago found that those in foster care are 2.5 times more likely than those not in foster care to have been pregnant by age 19.
- Today, the United States still has the highest teen pregnancy and birth rates in the industrialized world.
- Studies show that the younger a teenage girl is when engaging in sex for the first time, the greater the likelihood the activity was unintended. Nearly 4 in 10 girls who first had intercourse at age 13 or 14 report it was either involuntary or unwanted.

Sources for statistical information are provided in the online version of this fact sheet. See [www.cwla.org/advocacy/2007legagenda.htm](http://www.cwla.org/advocacy/2007legagenda.htm).

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