

Teen Pregnancy Reduction: A Continuing Challenge

Strategies of public and private interventions

HENRY W. FOSTER, Jr, MD

During his presidency, Bill Clinton recognized on numerous occasions the severity and implications of the high teen pregnancy rate in America, and he challenged the nation to form grassroots efforts to reverse this condition. As a consequence of his appeal, his administration initiated a major comprehensive undertaking on January 4, 1997, to prevent teen pregnancy.

This congressional action to prevent teen pregnancy responds to a directive under the Welfare Reform Act, which assures that at least 25% of the communities in America would have teen pregnancy prevention programs. Section 905 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires the Secretary for the Department of Health and Human Services (DHHS) to establish and implement a strategy for preventing out-of-wedlock pregnancy and assuring that at least one fourth of communities in the United States have operational teen pregnancy prevention programs. As will be shown in this article, these interventions have begun to pay dividends.

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ABSTRACT: Teen pregnancy crosscuts all ethnic, economic, and social classes in America. Factual knowledge about human biology is needed to prevent premature sexual activity. It is essential that teachers receive support from school districts, parents, and the community to provide sex education. Private and public resources are now working in concert to attack the problem of teen pregnancy. Successful intervention programs have recognized that teen pregnancy does not occur in a vacuum but rather is interdependent with many other conditions, such as poor school performance and family problems. Health care providers have a medical and moral obligation to protect sexually active adolescents from sexually transmitted diseases, infertility, and unintended pregnancies. (*Women Health Primary Care* 2001;4(8):521-526)

nancy prevention with their adolescent patients by emphasizing abstinence, sex education, and, when needed, contraceptive options. This article will review the contributing causes to teen pregnancy, plus the public and private interventions that are addressing the problem—and the drop in teen pregnancy rates that has resulted

since their implementation.

CONTRIBUTING CAUSES TO TEEN PREGNANCY

Factors that contribute to teen pregnancy are multiple and understandably complex. Adolescence is a tenuous time in life. It is the period that must span the wide gulf between childhood and adulthood.¹ During adolescence, one's self-esteem is developing and, hence, is fragile.

Furthermore, the problems challenging female adolescents are being compounded by what I have characterized as a biologic/social paradox. A century ago, the average age of menarche was almost 17 years. Today, for American girls, it is 12.6 years. Although the reasons for this change are not known, possible explanations include better diet, hormones in the food supply, delayed entry into the workforce, and a genetic mutation. While biologic maturity is occurring at an earlier age, the complexity of our social structure requires a longer period of preparation, thus making the challenges to our youth that much greater. (But be re-

Dr. Foster is Professor Emeritus of Obstetrics and Gynecology at Meharry Medical College in Nashville, Tennessee, and a Clinical Professor of Obstetrics and Gynecology at Vanderbilt University in Nashville.

minded that the same forces are operative in other industrialized countries with lower teen pregnancy rates.)

Furthermore, the academic medical community has lagged; it did not formally recognize the immense special needs of adolescents until only about 35 years ago. The Society for Adolescent Medicine was not founded until 1968; the American Medical Association did

make them less vulnerable to misleading media messages, but others preach that such knowledge is dangerous, thus thwarting efforts to educate. This reluctance to educate adolescents about sexuality has to change, and it certainly distinguishes us from all other industrialized nations.

Schools in Western Europe provide all students, even the youngest, with age-appropriate family-

tion of the species and that blocking discussion of the topic will not make it go away. To the contrary, factual knowledge about human biology is needed to prevent premature sexual activity. When parents fail to teach their children biologic facts about sex and neglect to convey their own values about sexuality, the children grow into teenagers who do not know how to handle sexual (and other stressful) situations. It is absolutely essential that teachers receive support from school districts, parents, and the community to provide sex education or, if you prefer, family-life education.

Unintended pregnancies create not only human and personal tragedy but also large economic problems. The federal government annually provides an estimated \$39 billion in assistance for these births through such programs as Medicaid, Aid to Dependent Children, and the special supplemental food program for Women, Infants, and Children.³

Let me raise one other aspect of teen pregnancy. We must mandate a greater focus on males. It is disquieting that nearly two thirds of teenage mothers are impregnated by men who are ages 20 years and older. Every day, nearly 400 teen pregnancies are caused by men who are six or more years older than their female sexual partners. There must be national and local action focused directly at males, particularly those males who impregnate teenagers.

CHANGING THE STATUS OF TEEN PREGNANCY IN AMERICA

We are making progress in our battle to reduce teen pregnancy in America, but much remains to be done. First, the improvement: The birthrate for teenagers has reached the lowest point in 60 years—49.6 births per 1,000 young women ages 15 to 19 years.⁴ The rate is down 20% from its most recent high in

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not recognize adolescent medicine as a structured specialty until 1977, and the American Academy of Pediatrics did not form a section on adolescent health until 1978. We are behind in addressing the complex needs of our youth, and we must catch up.

Consider the characteristics of many adolescents. They have a heightened need to be loved or have a feeling of being a failure, which can create the inability to measure the consequences of their actions. It is therefore crucial that we have people specially trained to address the unique problems that confront adolescents.

In our free-market, "open," capitalistic society, the media are free to stimulate and titillate our youth with sexual messages in every form of music, lyrics, dance, and dress from morning until night. The media, however, are not required to teach or demonstrate the consequences of sexual behavior. Some persons seek to educate young people about sexuality to

life sexuality education. Teachers there are not harassed for teaching human biology, as are many teachers in America. The media in Western Europe are open about airing issues that are related to sexually transmitted diseases and to contraception. In most countries, contraceptives can be purchased over the counter. There are lessons there for us.

Many adolescents do not receive formal instruction about methods of birth control before they first have intercourse. Such instruction was given to only 71.3% of adolescent females and 48.6% of adolescent boys before they had sex for the first time—a significant difference.² Most people who oppose family-life sex education are parents desperately trying to protect their children. Unfortunately, they hold the mistaken notion that learning facts about human biology is what triggers teens to become interested in sex. They do not comprehend that sexuality is a biologic instinct that promotes perpetua-

1991. In 1997, the pregnancy rate for young women ages 15 to 19 years decreased to 90.9 per 1,000 from a high of 117.1 per 1,000 in 1990. It is also encouraging that fewer teenage mothers are having a second child.

From 1995 to 1997, pregnancy rates for young women ages 15 to 19 years decreased in 41 of 43 states. (Data were unavailable for seven states.) Statistically significant decreases occurred in 34 states and ranged from 1.9% in Ohio to 19.8% in Maryland. Pregnancy rates vary considerably by state among female adolescents younger than 15 years. In 1992, pregnancy rates for adolescents who were younger than 15 years ranged from 2.3 per 1,000 in Idaho to 12.9 per 1,000 in Mississippi. In 1997, pregnancy rates for adolescents younger than 15 years ranged from 1.2 per 1,000 in Maine to 11.0 per 1,000 in Delaware.

Changes among ethnic groups are noteworthy. In the 1990s, birthrates dropped sharply for African-American teenagers—the group that had been at highest risk. Since 1991, African-American teenagers between 15 and 19 years have shown the largest decline in teen childbearing, with their overall rate falling 24% (from 115.5 per 1,000 in 1991 to 88.2 per 1,000 in 1997). The birthrate for younger African-American teenagers dropped 28%. The rate for older African-American teenagers declined 18% during 1991 to 1997, from 158.6 to 130.1. Birthrates have fallen since 1994 among Hispanic teenagers; however, the overall rate decrease has been less than that seen among African-Americans. In spite of these decreases, birthrates continue to be substantially higher for both African-American and Hispanic teenagers than they are for non-Hispanic white teenagers.

We still have a long way to go in reducing teen pregnancies in America to levels comparable to

those of other industrialized countries. Our current annual teen pregnancy rate of 97 per 1,000 females ages 19 and younger is more than double that of the United Kingdom, four times higher than the rates of France and Germany, and 10 times higher than those of the Netherlands and Japan. Thus, we can see that the magnitude of our problem is 10 times higher than it could be.

Teen pregnancy crosscuts all ethnic, economic, and social classes in America. It is not confined to certain areas, but, indeed, it affects the entire nation. Thus, solutions must be inclusive as well.

ONGOING INTERVENTIONS

Private and public resources are now working in concert to attack

teen pregnancy. One of the key private interventions, the National Campaign to Prevent Teen Pregnancy, was established in 1996.⁵ This totally private, nonpartisan effort is being led by a 32-member board with a distinguished chairman, former New Jersey Governor Tom Kean. The work of the campaign is being conducted by four task forces (Media, Religion and Public Values, State and Local Government, and Effective Programs and Research), each chaired by a member of the campaign's board. The task force members are drawn from all across the nation and bring a wide range of viewpoints and experiences that clearly are enhancing the efforts of the campaign.

Table 1. Programs for teen pregnancy prevention

Specific programs

- Adolescent Family Life Demonstration and Research Program
- Community Coalition Program for the Prevention of Teen Pregnancy
- Abstinence Education Program

Block grant funding

- Maternal and Child Health Services
- Social services
- Preventive Health and Health Services
- Community services
- Temporary Assistance for Needy Families

Key categorical and entitlement programs

- Title X Family Planning Program
- Male Research Grant
- Medicaid

Other funding sources

- Health education in schools
- Healthy Schools, Healthy Communities
- Community school programs
- Girl Neighborhood Power
- Direct health care services for American Indians and Alaskan Natives
- High-risk youth programs
- Pregnancy and postpartum substance abuse prevention programs
- Independent Living Programs
- Healthy Start
- Migrant health centers
- National Youth Sports Program
- Basic Centers for Runaway and Homeless Youth
- Street outreach programs
- Transitional Living for Older Homeless Youth
- Empowerment Zone/Enterprise Community Initiative

Successful intervention programs have recognized that teen pregnancy does not occur in a vacuum but rather is interdependent with many other conditions, such as drug and alcohol abuse, poor school performance, lack of job opportunities, violence and conflict resolution difficulties, and family problems.⁶⁻⁹ Again, no socioeconomic group is exempt. There are numerous programs now that suc-

cessfully address these issues, as reflected by the reduction in the teen pregnancy rate in the past seven years.

Program interventions, particularly for high-risk youth, should be directed towards life enhancement. They must incorporate a series of values addressing issues of personal health, human sexuality, social services, social adaptability, positive self-concept, and con-

structive attitude to community life.^{8,9} Four major modules undergird such programs. They are:

- ◆ Family-life and sex education.
- ◆ Job readiness.
- ◆ Prevention of alcohol and drug abuse.
- ◆ Violence and conflict resolution.

Some examples of these life-enhancement programs are *teen outreach programs*, which exist nationwide and in Canada (conducted mostly in schools); *Postponing Sexual Involvement*, located in Atlanta; *Quantum Opportunities Program*, located in Philadelphia, Oklahoma City, San Antonio (Texas), and Saginaw (Michigan); and the *"I Have a Future" Program* in Nashville (Tennessee). There are hundreds of other such community interventions throughout the nation. Most of these programs work in concert with the various federal and private interventions.

The federal government helps communities meet their goals by providing funding to state and local governments for teen pregnancy prevention through a variety of grants and contracts administered by the DHHS. The 1996 Welfare Reform legislation has built-in provisions directed towards reducing teen pregnancy rates, including funding for abstinence-only programs. These sex-education programs promote abstinence from sexual activity until marriage and do not provide any educational information on contraception.

Clearly, abstinence must be the fundamental tenet for adolescents; sexual activity among unmarried teenagers is not the norm. However, when adolescents, for whatever reasons, choose not to abstain, then health care providers have a medical and moral obligation to offer them protection from sexually transmitted diseases (especially infection with the human immunodeficiency virus, with its fatal consequences), infertility, and unintended pregnancies (50% of which

PRIMARY POINTS

Teen Pregnancy Reduction

While biologic maturity is occurring at an earlier age, the complexity of our social structure requires a longer period of preparation, thus making the challenges to our youth that much greater.

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end in induced abortions). Many local communities have found creative ways to benefit from programs that fund abstinence-only initiatives while also protecting the reproductive health and the lives of their sexually active teens.

Federal funds are also being made available to measure the effectiveness of the teen pregnancy intervention programs through research, data collection, and epidemiologic surveillance activities. Although various federal agencies provide funding for teen pregnancy prevention, the DHHS has the primary role in supporting the numerous programs. Some of the funds are designated exclusively for teen pregnancy but others, such as the Maternal and Child Health Block Grant, allow states to fund various activities that improve the overall health of women, infants, and children. DHHS programs and their funding streams are listed in Table 1.

In addition to the DHHS, other federal agencies provide services that assist in reducing teen pregnancy. Such agencies include the Departments of Agriculture, Defense, Education, Justice, and Housing and Urban Development, the Office of National Drug Control Policy, and the Corporation for National Service.

CONCLUSION

The challenges facing our youth today are perhaps greater than ever before.¹⁰ These challenges are biologic, social, cultural, and, possibly, environmental. Because of the complexity of the issue of teen pregnancy, nationwide efforts in both the private and public sectors are being marshaled.

The National Campaign to Prevent Teen Pregnancy, the myriad federal programs, and private interventions are showing positive results.⁵ Although much remains to

be accomplished, without question substantial progress is being made. The teen birthrate in America is at a 60-year low and has now fallen for seven consecutive years. Additionally, teen pregnancies and abortions have also declined for seven consecutive years. This is excellent progress. All Americans must continue to work collectively in addressing teen pregnancy, in order to bestow our youth a most valuable gift—an adolescence unmarred by pregnancy and all of its negative consequences. ❁

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