



Teen Pregnancy Prevention: Background and Proposals in the 111th Congress

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Summary

The birth rate for teenagers in the United States increased in 2006 and 2007 after a steady decline since 1991. In 2007, teen births accounted for 10.5% of all U.S. births and 22.6% of all nonmarital births. The birth rate for U.S. teens remains higher than the teenage birth rate of most industrialized nations. In recognition of the negative, long-term consequences associated with teenage pregnancy and births, teen pregnancy prevention is a major goal of this nation.

President Obama's FY2010 budget supports state, community-based, and faith-based efforts to reduce teen pregnancy using models that have been rigorously evaluated. The Administration's proposed pregnancy prevention initiative would fund models that stress the importance of abstinence while providing medically-accurate and age-appropriate information to youth who have already become sexually active. The Obama Administration's FY2010 budget would not provide any funding in FY2010 for the Title V Abstinence Education Block Grant to states or the Community-Based Abstinence Education (CBAE) program; nor would it continue to provide funding in FY2010 for abstinence-only demonstration grants through the Adolescent Family Life (AFL) program.

This report provides a brief discussion of the debate on comprehensive sex education and abstinence education, highlights evaluations of both types of programs, describes youth programs that address teen pregnancy, and examines the new teen pregnancy prevention initiative included in the Obama Administration's FY2010 budget. It also identifies teen pregnancy prevention legislation pending before the 111th Congress (H.R. 463/S. 21 and H.R. 1551/S. 611). This report will be updated to reflect legislative activity that seeks to reduce or prevent pregnancy among teenagers.

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Introduction

In 2007, teen births accounted for 10.5% of all births in the United States and 22.6% of all nonmarital births. The birth rate for U.S. teenagers increased in 2006 and 2007 after a steady decline since 1991.¹ Although the birth rate for U.S. teens has dropped in fourteen of the last sixteen years, it remains higher than the teenage birth rate of most industrialized nations. In recognition of the negative, long-term consequences associated with teenage pregnancy and births, the prevention of pregnancy among teenagers is a major public policy goal of this nation.²

President Obama's FY2010 budget would establish new teen pregnancy prevention programs and would eliminate both mandatory and discretionary funding for the current abstinence education programs. For FY2009, abstinence education funding totals \$149.8 million. The Administration's budget proposal would replace that spending in FY2010 with \$177.6 million in combined mandatory and discretionary funding for comprehensive teen pregnancy prevention programs.

This report provides a brief discussion of the debate on comprehensive sex education and abstinence education, highlights evaluations of both types of programs, describes youth programs that address teen pregnancy, and examines the new teen pregnancy prevention initiative included in the Obama Administration's FY2010 budget. It also identifies teen pregnancy prevention legislation pending before the 111th Congress. This report will be updated to reflect legislative activity that seeks to reduce or prevent pregnancy among teenagers.

Background³

When the idea of abstinence-only education was being discussed during the 1994-1996 welfare reform debate it was in the context of providing equal funding for abstinence education as was then provided for teen sexual education programs that included information about contraception and sexually transmitted diseases. It appears that a consensus is now growing around the viewpoint that success in the teen pregnancy prevention arena does not necessarily have to be an "either or" proposition in which abstinence-only education programs are pitted against comprehensive sex education programs. This section discusses three approaches to reducing teen pregnancy: comprehensive sex education, abstinence-only education, and youth programs that address teen pregnancy.

¹ The teen birth rate for females ages 15 through 19 was 61.8 per 1,000 teens ages 15 through 19 in 1991, 41.9 per 1,000 teens ages 15 through 19 in 2006, and 42.5 per 1,000 teens ages 15 through 19 in 2007.

² Although pregnancy prevention remains a public policy goal and pregnancies are the policy variable, in practice, births have become the indicator (or reference point) because birth data are more current and reliable than pregnancy data. In 2002, an estimated 764,000 U.S. females ages 10 through 19 became pregnant, approximately 109,000 had miscarriages, and 223,000 had legal abortions (latest available data). The result was that there were 432,000 births to females ages 10 through 19 in 2002. In 2007, there were 451,000 births to females ages 10 through 19.

³ Much of the information included in this section is from CRS Report RL34756, *Nonmarital Childbearing: Trends, Reasons, and Public Policy Interventions*, by Carmen Solomon-Fears.

Comprehensive Sex Education

Advocates of a comprehensive approach to sex education argue that today's youth need information and decision-making skills to make realistic, practical decisions about whether to engage in sexual activities. They contend that such an approach allows young people to make informed decisions regarding abstinence, gives them the information they need to set relationship limits and to resist peer pressure, and also provides them with information on the use of contraceptives and the prevention of sexually transmitted diseases.⁴ Given that about 50% of high school students have experienced sexual intercourse,⁵ advocates argue that abstinence-only messages provide no protection against the risks of pregnancy and disease for these youth. They further point out that according to one study, teens who break their virginity pledges were less likely to use contraception the first time than teens who had never made such a promise.⁶ In addition, the high number of females under age 25 with sexually transmitted diseases (STDs)⁷ has re-energized efforts to persuade girls and young women to abstain from sexual activity or to use condoms (along with other forms of contraceptives) to prevent or reduce pregnancy as well as reduce their risk of getting STDs.⁸

Comprehensive sexuality education programs generally include one or more of the following components: (1) information about the benefits of abstinence, (2) information on the use of condoms and other contraceptive devices or methods for those who are sexually active, (3) information on the importance of early identification and treatment of sexually transmitted diseases, (4) information on how to resist negative peer pressure, and (5) information on how to improve communication skills (e.g. how to say no).

No federal funding currently exists exclusively for comprehensive sex education in schools. In other words, there is no federal appropriation specifically for comprehensive sex education. Although there is not a federal comprehensive sex education program per se, there are many federal programs that provide information about contraceptives, provide contraceptive services to teens, and provide referral and counseling services related to reproductive health. These programs include Medicaid Family Planning, Title X Family Planning, and Adolescent Family Life "care" demonstration grants. Also, funds from the Maternal and Child Health block grant, the Title XX Social Services block grant, the TANF block grant, and several other Department of Health and Human Services (HHS) programs⁹ can be used to provide contraceptive services to teens.¹⁰

⁴ Some contend that the abstinence-only approach leads to a substitution of other risky behaviors such as oral sex. They cite data that indicate that about 25% of virgin teens ages 15 through 19 have engaged in oral sex. Source: Child Trends Data Bank, "New Indicator on Oral Sex," September 15, 2005, at <http://www.childtrendsdatbank.org/whatsNew.cfm>.

⁵ For more information on sexual activity of high school students, see Congressional Research Service, CRS Report RS20873, *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs*, by Carmen Solomon-Fears.

⁶ Peter S. Bearman and Hannah Bruckner, "Promising the Future: Virginity Pledges as They Affect the Transition to First Intercourse," *American Journal of Sociology*, January 2001.

⁷ This report uses the term sexually transmitted diseases (STDs) rather than sexually transmitted infections (STIs). In the literature the terms are often used interchangeably.

⁸ The Centers for Disease Control and Prevention (CDC) estimates that approximately 19 million new infections occur each year, almost half of them among young people ages 15 to 24. Source: "Trends in Reportable Sexually Transmitted Disease in the United States, 2006," November 13, 2007.

⁹ For example, the mission of the CDC's Division of Adolescent and School Health (DASH) is to prevent the most serious health risks among children, adolescents, and young adults. Such health risks include preventing unintended pregnancies among children, teens, and young adults.

Evaluation of Comprehensive Sex Education Programs

There have been numerous evaluations of comprehensive sex education programs, but most of them did not use a scientific approach with experimental and control groups—an approach that most analysts agree provides more reliable, valid, and objective information than other types of evaluations.¹¹ A recent report by the National Campaign to Prevent Teen Pregnancy, however, highlighted five teen pregnancy prevention programs that were subjected to a random assignment, experimentally designed study.¹² These five comprehensive sex education programs were found to be effective in delaying sexual activity, improving contraceptive use among sexually active teenagers, or preventing teen pregnancy.

Many analysts and researchers agree that effective pregnancy prevention programs: (1) convince teens that not having sex or that using contraception consistently and carefully is the right thing to do; (2) last a sufficient length of time (i.e., more than a few weeks); (3) are operated by leaders who believe in their programs and who are adequately trained; (4) actively engage participants and personalize the program information; (5) address peer pressure issues; (6) teach communication skills; and (7) reflect the age, sexual experience, and culture of young persons in the programs.¹³

Abstinence Education

Many argue that sexual activity in and of itself is wrong if the individuals are not married. Advocates of the abstinence education approach argue that teenagers need to hear a single, unambiguous message that sex outside of marriage is wrong and harmful to their physical and emotional health. These advocates contend that youth can and should be empowered to say no to sex. They argue that supporting both abstinence and birth control is hypocritical and undermines the strength of an abstinence-only message. They also cite research that indicates that teens who take virginity pledges to refrain from sex until marriage appear to delay having sex longer than those teens who do not make such a commitment. (One study found that teens who publicly promise to postpone sex until marriage refrain from intercourse for about a year and a half longer than teens who did not make such a pledge.)¹⁴ They further argue that abstinence is the most

(...continued)

¹⁰ U.S. General Accounting Office, “Teen Pregnancy: State and Federal Efforts to Implement Prevention Programs and Measure Their Effectiveness, GAO/HEHS-99-4, November 1998. (GAO is now known as the Government Accountability Office.)

¹¹ Note that there also are many reasons why programs are not considered successful. For example, in some cases the evaluation studies are limited by methodological problems or constraints because the approach taken is so multilayered that researchers have had difficulty disentangling the effects of multiple components of a program. In other cases, the approach may have worked for boys but not for girls, or vice versa. In some cases, the programs are very small, and thereby it is harder to obtain significant results. In other cases, different personnel may affect the outcomes of similar programs.

¹² The National Campaign to Prevent Teen Pregnancy, “Putting What Works To Work: Curriculum-Based Programs That Prevent Teen Pregnancy,” 2007. (The report only examined studies that had been published in 2000 or later.)

¹³ Ibid.

¹⁴ Peter S. Bearman and Hannah Bruckner, “Promising the Future: Virginity Pledges as They Affect the Transition to First Intercourse,” *American Journal of Sociology*, January 2001.

effective (100%) means of preventing unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS.¹⁵

Three federal programs include funding that is exclusively for abstinence education: the Title V Abstinence Education Block Grant to states, the Community-Based Abstinence Education (CBAE) program, and the “prevention” component of the Adolescent Family Life (AFL) demonstration program.¹⁶ All of these programs are carried out by HHS. For FY2009, federal abstinence education funding totals \$149.8 million: \$37.5 million for the Title V Abstinence Education Block Grant to states; \$94.7 million for the CBAE program (up to \$10 million of which may be used for a national abstinence education campaign) and \$4.5 million for an evaluation of the CBAE program; and \$13.1 million for AFL abstinence education “prevention” demonstration projects.¹⁷

The Title V Abstinence Education Block Grant to states was authorized under P.L. 104-193 (the 1996 welfare reform law). The law provided \$50 million per year for five years (FY1998-FY2002) in federal funds specifically for the abstinence education program.¹⁸ The Title V Abstinence Education program is considered a mandatory program (until its scheduled expiration on June 30, 2009) and is funded by mandatory spending. It is a formula grant program. State funding is based on the proportion of low-income children in the state compared to the national total. Although the program has not been reauthorized, the latest extension, contained in P.L. 110-275, continues funding for the abstinence-only block grant through June 30, 2009.¹⁹ Funds must be requested by states when they solicit Title V Maternal and Child Health (MCH) block grant funds and must be used exclusively for teaching abstinence. To receive federal funds, a state must match every \$4 in federal funds with \$3 in state funds.²⁰ This means that full funding (from states and the federal government) for abstinence education must total at least \$87.5 million annually.

Additional abstinence-only education funding (discretionary funding), for the CBAE program,²¹ has been included in annual appropriations legislation. CBAE program competitive grants provide support to public and private entities for the development and implementation of

¹⁵ Those opposed to the abstinence-only education approach generally favor a comprehensive sex education approach, but also claim that abstinence-only programs often use medically inaccurate information regarding STDs, condoms, and other contraceptive devices. The Department of Health and Human Services (HHS) now requires grantees of abstinence education programs to sign written assurances in grant applications that the material/data they use are medically accurate.

¹⁶ For more information on these abstinence education programs, see CRS Report RS20873, *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs*, by Carmen Solomon-Fears.

¹⁷ Abstinence education funding totaled \$79 million in FY2001, \$100 million in FY2002, \$115 million in FY2003, \$135 million in FY2004, \$168 million in FY2005, and \$177 million in each of FY2006 through FY2008.

¹⁸ The Title V Abstinence Education Block Grant is a mandatory formula grant program (i.e., its funding is considered mandatory funding as opposed to discretionary funding).

¹⁹ As mentioned above, since its inception, the Title V Abstinence Education Block Grant has been funded at a rate of \$50 million per year. Funding for the program is scheduled to expire on June 30, 2009. Therefore, if legislation granting the program additional funding is not passed and enacted, federal funding for the program for FY2009 will be \$37.5 billion (i.e., a rate of \$50 million per year for three-quarters of the fiscal year).

²⁰ States use a variety of methods to meet the federal matching requirement, such as state funds, private or foundation funds, matching funds from community-based grantees, and in-kind services (e.g., volunteer staffing and public service announcements).

²¹ The CBAE program was known as the Special Projects for Regional and National Significance (SPRANS) until FY2005. The CBAE program is currently funded through Section 1110 of the Social Security Act for discretionary grants.

abstinence-only education programs (that conform to the definition of abstinence education defined in the Title V Abstinence Education Block Grant to states) for adolescents ages 12 through 18, in communities nationwide. Funding for the program increased incrementally, from \$20 million in FY2001 to \$108.9 million in FY2008; in FY2009 CBAE funding dropped to \$94.7 million.²² Moreover, beginning in FY2004, \$4.5 million annually (in discretionary funding) was set-aside from the Public Health Service for evaluation of the CBAE program.

Since 1998, the “prevention” component of the AFL demonstration program²³ has been used to exclusively fund abstinence-only education projects that conform to the definition of abstinence education defined in the Title V Abstinence Education Block Grant to states. The “prevention” component of the AFL demonstration program was funded at \$9.0 million in FY1998 and FY1999; \$9.1 million in FY2000 and FY2001; \$10.2 million in each of the fiscal years FY2002 through FY2004; and \$13.1 million in each of the fiscal years FY2005 through FY2009.

Evaluation of Abstinence Education Programs

A report by Mathematica Policy Research, Inc. (released in April 2007) presented the final results from a multi-year, experimentally based impact study on several abstinence-only block grant programs.²⁴ The report focused on four selected Title V abstinence education programs for elementary and middle school students. Based on follow-up data collected from youth (aged 10 to 14) four to six years after study enrollment, the report, among other things, presented the estimated program impacts on sexual abstinence and risks of pregnancy and STDs. According to the report:

Findings indicate that youth in the program group were no more likely than control group youth to have abstained from sex and, among those who reported having had sex, they had similar numbers of sexual partners and had initiated sex at the same mean age.... Program and control group youth did not differ in their rates of unprotected sex, either at first intercourse or over the last 12 months.... Overall, the programs improved identification of STDs but had no overall impact on knowledge of unprotected sex risks and the consequences

²² In the intervening years, the CBAE program was funded at \$40 million in FY2002, 54.6 million in FY2003, \$70 million in FY2004, \$99.2 million in FY2005, \$108.8 million in FY2006, and \$108.9 million in FY2007.

²³ The AFL program authorizes grants for two types of demonstrations: (1) projects which provide “care” services (i.e., health, education, and social services to pregnant adolescents, adolescent parents, their infants, families, and male partners) to develop, test, and evaluate interventions with pregnant and parenting teens, in an effort to lessen the negative effects of childbearing on teen parents, their infants, and their families; and (2) projects which provide “prevention” services (i.e., services to promote abstinence from premarital sexual relations) to develop, test, and evaluate pregnancy prevention interventions designed to encourage adolescents to postpone sexual activity and reduce their risks for teenage pregnancy and STDs. The AFL demonstration program was enacted in 1981 as Title XX of the Public Health Service Act (P.L. 97-35). It is administered by the Office of Adolescent Pregnancy Programs at HHS. From 1981 until 1996, the AFL program was the primary federal program that focused directly on the issues of adolescent sexuality, pregnancy, and parenting. The purpose of the AFL program is to evaluate innovative and integrated approaches to the delivery of comprehensive services to pregnant and parenting adolescents, and provide and evaluate teenage pregnancy prevention services that promote abstinence from sexual activity for adolescents. The AFL program provides services to pre-adolescents, adolescents, families, infants of parenting teens, and teen fathers. Any public or private nonprofit organization or agency is eligible to apply for a demonstration grant. AFL projects can be funded for up to five years; all grantees are required to reapply each year of their continuing grant. The AFL demonstration program also has a basic and applied research component, the purpose of which is to report on the causes and consequences of adolescent premarital sexual relations, adolescent pregnancy, and adolescent parenting.

²⁴ Congressional Research Service, RS 22656, “Scientific Evaluations of Approaches to Prevent Teen Pregnancy,” by Carmen Solomon-Fears.

of STDs. Both program and control group youth had a good understanding of the risks of pregnancy but a less clear understanding of STDs and their health consequences.²⁵

In response to the report, HHS (under the Bush Administration) stated that the Mathematica study showcased programs that were among the first funded by the 1996 welfare reform law. It stated that its recent directives to states encouraged states to focus abstinence-only education programs on youth most likely to bear children outside of marriage, i.e., high school students, rather than elementary or middle-school students. It also mentioned that programs need to extend the peer support for abstinence from the pre-teen years through the high school years.²⁶

Youth Programs

Youth programs incorporate elements of the other two approaches, and generally include one or more of the following components to address teen sexual activity: sex education, mentoring and counseling, health care, academic support, career counseling, crisis intervention, sports and arts activities, and community volunteer experiences. Youth programs receive funding from a wide array of sources, including the federal government, state and local governments, community organizations, private agencies, nonprofit organizations, and faith-based organizations.

The sex education component of many youth programs usually includes an abstinence message (which is intended to enable teens to avoid pregnancy) along with discussions about the correct and consistent use of contraception (which is intended to reduce the risk of pregnancy for sexually active teens). There is a significant difference between abstinence as a *message* and abstinence-only *interventions*. While some child advocates continue to support an abstinence-only program intervention (with some modifications), others argue that an abstinence message integrated into a comprehensive sex education program that includes information on the use of contraceptives and that enhances decision-making skills is a more effective method to prevent teen pregnancy. A recent nationally representative survey found that 90% of adults and teens agree that young people should get a strong message that they should not have sex until they are at least out of high school, and that a majority of adults (73%) and teens (56%) want teens to get more information about both abstinence and contraception.²⁷ The American public—both adults and teens—support encouraging teens to delay sexual activity *and* providing young people with information about contraception.²⁸

Some youth programs seek to delay the first time teens have sex. Others have an underlying goal of trying to decipher the root reasons behind teen pregnancy and childbearing. Is it loneliness or

²⁵ Christopher Trenholm, Barbara Devaney, Ken Fortson, Lisa Quay, Justin Wheeler, and Melissa Clark, “Impacts of Four Title V, Section 510 Abstinence Education Programs (final report),” Mathematica Policy Research, Inc., April 2007 <http://aspe.hhs.gov/hsp/abstinence07/>.

²⁶ U.S. Department of Health and Human Services (HHS), “Report Released on Four Title V Abstinence Education Programs,” HHS Press Office, April 13, 2007 <http://aspe.hhs.gov/hsp/abstinence07/factsheet.shtml>.

²⁷ Bill Albert, “With One Voice 2007—America’s Adults and Teens Sound Off About Teen Pregnancy,” National Campaign to Prevent Teen Pregnancy, February 2007, p. 2. http://www.teenpregnancy.org/resources/data/pdf/WOV2007_fulltext.pdf

²⁸ There appears to be significant public support for the involvement of religious groups in preventing teen pregnancy. When asked what organizations could do the best job of providing teen pregnancy prevention services, 39% said religious groups, 42% said non-religious community groups, and 12% said government. (Source: The National Campaign to Prevent Teen Pregnancy, *Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy*, by Barbara Dafoe Whitehead, Brian L. Wilcox, and Sharon Scales Rostovsky. September 2001.)

trying to find love or a sense of family? Is it carelessness—not bothering with birth control or using it improperly—or shame—not wanting to go to the doctor to ask about birth control or not wanting to be seen in a pharmacy purchasing birth control? Is it a need to meet the sexual expectations of a partner? Is it trying to find individual independence or is it defiance (a mentality of you can't boss me or control me—"I'm grown")? Is it trying to validate and/or provide purpose to one's life? Is it realistically facing the probability that the entry-level job she can get at the age of 18 is the same or similar to the one she will likely have when she is 30, thus why should she wait to have a child?

In addition, many youth programs also want to prevent second or additional births to teens and they realize that a different approach may be needed to prevent secondary births as compared to first births. Research has indicated that youth programs that include mentoring components, enhanced case management, home visits by trained nurses and/or program personnel, and parenting classes have been effective in reducing subsequent childbearing by teens.²⁹

Evaluation of Youth Programs

A study that evaluated youth programs that sought to delay the first time teens have sex partly summarized the research by highlighting some characteristics or activities associated with teenagers who delayed sexual activity. The study reported that (1) teens who do well in school and attend religious services are more likely to delay sexual initiation; (2) girls who participate in sports also delay sex longer than those who do not; and (3) teens whose friends have high educational aspirations, who avoid such risky behavior as drinking or using drugs, and who perform well in school are less likely to have sex at an early age than teens whose friends do not.³⁰

Proposals in the 111th Congress

Although the birth rate for U.S. teens has dropped in fourteen of the last sixteen years, it remains higher than the teenage birth rate of most industrialized nations. As mentioned earlier, the birth rate for U.S. teenagers increased in 2006 and 2007. According to a recent report on children and youth, in 2007, one-third of 9th graders reported having experienced sexual intercourse. The corresponding figures for older teens were 44% of 10th graders, 56% of 11th graders, and 65% of 12th graders.³¹

Researchers and analysts are still trying to figure out why teen birth rates increased in 2006 and 2007 (after 14 years of decline). They contend that it is not a statistical anomaly, and that, in fact, the rise in 2006 was not a sudden reversal of the teen birth rate, but rather was preceded by a slowing of the decline. They maintain that a myriad of factors have resulted in the increase in teen birth rates. They note that Hispanics (who are a subgroup of the population that has a high

²⁹ Erin Schelar, Kerry Franzetta, and Jennifer Manlove, "Repeat Teen Childbearing: Differences Across States and by Race and Ethnicity," Child Trends, Research Brief no. 2007-23, October 2007.

³⁰ Jennifer Manlove, Angela Romano Papillio, and Erum Ikramullah, "Not Yet: Program To Delay First Sex Among Teens," The National Campaign to Prevent Teen Pregnancy and Child Trends, September 2004, p. 4.

³¹ Centers for Disease Control and Prevention, *MMWR*, vol. 57, no. SS-4, *Youth Risk Behavior Surveillance—United States, 2007*, June 6, 2008, available at http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf.

fertility rate) comprise a growing share of the teen population, sexual activity among high school-age children has increased, and contraceptive use among teenagers has dropped.³² They also acknowledge that the following factors are all significant contributors to the reasons why teenagers get pregnant: (1) social and economic changes; (2) teens' relationships with parents, other adults, and other teens; and (3) the attitudes and values of the teens themselves.³³ Some commentators suggest that the 14-year reduction in teen birth rates brought on a mild complacency among policymakers and that the recent upswing in teen births has renewed public attention to the need to implement proven strategies and find new ways to reduce teen pregnancy.³⁴

President's Budget Proposal

The Obama Administration has switched the focus of teen pregnancy prevention from using abstinence-only education as its primary tool to using approaches that rely on teaching abstinence along with information on contraception. According to HHS budget documents for FY2010, funds from the discretionary CBAE program, the mandatory Title V Abstinence Education Block Grant, and the "prevention" component of the AFL program would be redirected in FY2010 to the proposed teen pregnancy prevention programs because the HHS-sponsored scientific evaluation of abstinence-only education programs indicated that such programs were not effective in reducing teenagers' likelihood of engaging in sexual activity.³⁵

As mentioned earlier, although many federal programs allow their funds to be used for teen pregnancy prevention, there is not a separate funding source that currently exists specifically for the purpose of providing comprehensive sex education in schools. President Obama's FY2010 budget includes funding for a new teen pregnancy prevention initiative. The President's proposed teen pregnancy prevention initiative would fund programs based on successful models that provide medically-accurate and age-appropriate resources to reduce the risks of pregnancy and sexually transmitted diseases.³⁶ These funds would be used to support both the replication of evidence-based models and demonstration programs to identify new effective approaches to reduce teenage pregnancy. The proposed teen pregnancy initiative has multiple components, and would total \$164.5 million in FY2010. In addition, the budget proposes that \$13.1 million that is to be expended on the "prevention" component of the AFL demonstration program be redirected from funding abstinence-only education demonstration programs to funding broader teen pregnancy prevention programs that replicate successful program models or develop, replicate, refine, or test promising approaches and innovative strategies for preventing teen pregnancy.

³² Kristin Anderson Moore, "Teen Births: Examining the Recent Increase," *Child Trends Research Brief*, "2009-08, March 2009.

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ U.S. Department of Health and Human Services, Administration for Children and Families, "Children and Families Services Programs," Justification of Estimates for Appropriation Committees, May 2009, p. 406 http://www.acf.hhs.gov/programs/olab/budget/2010/sec2d_cfsp_2010cj.

³⁶ The term "age-appropriate" usually refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group. The term "medically accurate," with respect to information, usually means information that is supported by research, recognized as accurate and objective by leading medical, psychological, psychiatric, and public health organizations and agencies, and where relevant, published in peer reviewed journals.

According to budget documents, approximately 20 curriculum-based models have been evaluated using a rigorous experimental design and were shown to reduce teen pregnancy rates, increase contraception use, or delay the onset of sexual activity. Many of these programs have a strong emphasis on abstinence and encourage teens to wait to have sex, but also provide information on contraception and comprehensive sex education. Although some of the most successful programs usually include a youth development component, such as service learning (e.g., volunteering, community service), academic support, or opportunities to participate in sports and the arts, research on teen pregnancy prevention is still emerging.

The proposed FY2010 budget would provide \$110 million in *discretionary* funds for a competitive teen pregnancy prevention grant program for community and faith-based organizations as well as outreach, training, technical assistance, and evaluation. The proposed teen pregnancy prevention budget initiative would direct most of its funds towards programs that have been shown to be effective, but also provides some funding for grantees to identify new approaches for reducing teen pregnancy.³⁷ The HHS Secretary would be authorized to award grants to non-profit faith-based and community organizations for teen pregnancy prevention programs for youth ages 12 to 19. Grants would last three to five years and provide an average of \$350,000 to the grantee with a 25% match requirement. All applicants for teen pregnancy prevention grants would have to agree to randomly assign participants to control and experimental groups if selected for a national evaluation.

According to HHS budget documents,³⁸ not less than \$75 million of the proposed \$110 million in discretionary funds would be used to fund grants for programs to replicate curriculum-based models that have been shown through strong evaluation (defined as an experimental or quasi-experimental study) to be effective in reducing teen pregnancy, delaying sexual activity, or improving contraception use (without increasing sexual activity). Moreover, not less than \$25 million (of the proposed discretionary \$110 million) would be used to fund grants for demonstration programs to develop, replicate, refine, and test additional models and innovative strategies for preventing teen pregnancy. All grantees would be required to use a curriculum that is both age appropriate and medically accurate. In addition, the Obama Administration's FY2010 budget would fund activities to support parents in communicating with their children about teen pregnancy and other high-risk behaviors. These funds would be used for an interactive website and other outreach activities for parents, youth, teachers, and community members (the budget documents do not specify a specific dollar amount for these activities).

The Administration's FY2010 budget also would provide \$4.5 million in Public Health Service Act evaluation funds for a rigorous³⁹ evaluation of the proposed pregnancy prevention initiatives.

In addition, the Obama Administration's FY2010 budget also seeks authorization for a new \$50 million *mandatory* teen pregnancy prevention grant to states, tribes, and territories. Budget documents indicate that funding for the mandatory Title V Abstinence Education Block Grant program would not be requested; instead, \$50 million in mandatory funds would be used to fund

³⁷ U.S. Department of Health and Human Services, Administration for Children and Families, "Children and Families Services Programs," Justification of Estimates for Appropriation Committees, May 2009, p. 94-95 http://www.acf.hhs.gov/programs/olab/budget/2010/sec2d_cfsp_2010cj.

³⁸ *Ibid.*

³⁹ The term "rigorous" in this context usually means an evaluation using a scientific design (i.e., with control and experimental groups) or a quasi-experimental design.

a broader teen pregnancy prevention initiative using scientifically-based models and promising practices.⁴⁰

Moreover, the Obama Administration's FY2010 budget would redirect in FY2010, \$13.1 million in funds from the "prevention" component of the AFL program that were previously used exclusively for abstinence-only education program, to the proposed teen pregnancy initiative.⁴¹ According to the FY2010 Budget Appendix, of the proposed \$13,120,000 to be set aside to prevent adolescent sexual relations pursuant to the AFL program (i.e., the prevention component), \$9,840,000 would be for programs that replicate the elements of one or more teenage pregnancy prevention programs that have been proven through rigorous evaluation to delay sexual activity, increase contraceptive use (without increasing sexual activity), or reduce teenage pregnancy; and \$3,280,000 would be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teen pregnancy.

To summarize: the proposed teen pregnancy prevention initiative would receive funding totaling \$177.6 million for FY2010. That total includes \$110 million to fund approximately 275 discretionary grants; \$50 million in mandatory funds for states, tribes, and territories; \$13.1 million for the "prevention" component of the AFL program (which is currently being used to exclusively fund abstinence-only education programs), and \$4.5 million in Public Health Service Act evaluation funds for a rigorous evaluation of the pregnancy prevention initiatives.

H.R. 463/S. 21

The proposed Prevention First Act, H.R. 463, was introduced by Representative Slaughter (et al.) on January 13, 2009. Its companion bill, S. 21, was introduced by Senator Reid (et al.) on January 6, 2009. The bills include provisions that would establish two new grants.

The bills would give the HHS Secretary the authority to award grants on a competitive basis to public and private entities to establish or expand teenage pregnancy prevention programs (with priority given to programs that would benefit at-risk or underserved communities). The bills stipulate that the proposed teenage pregnancy prevention grant funds could only be used to replicate or substantially incorporate elements of one or more teenage pregnancy prevention programs that have been proven (on the basis of rigorous scientific research) to delay sexual intercourse or activity, increase condom or contraceptive use without increasing sexual activity, or reduce teenage pregnancy. The bills require that any information concerning the use of contraception provided through specified federally funded education programs be age-appropriate and medically accurate. The teenage pregnancy prevention grant program would be funded by "such sums as may be necessary" for FY2010 and each subsequent fiscal year. The bills would require that the HHS Secretary conduct or provide an evaluation of at least 10% of the individual grant programs.

⁴⁰ U.S. Department of Health and Human Services, Administration for Children and Families, "Children and Families Services Programs," Justification of Estimates for Appropriation Committees, May 2009, p. 101 http://www.acf.hhs.gov/programs/olab/budget/2010/sec2d_cfsp_2010cj.

⁴¹ The Obama Administration's FY2010 budget would fund the entire AFL demonstration program at \$29.8 million for FY2010. It stipulates that funding for the "prevention" component of the AFL demonstration program would amount to \$13.1 million and that such funds would have to be used for purposes consistent with the new proposed teen pregnancy initiative. The remaining AFL demonstration funds (\$16.7 million) would be for the "care" and research components of the AFL demonstration program and to provide technical or administrative support for the demonstration grants.

The bills would require the HHS Secretary via the Director of the Centers for Disease Control and Prevention to award grants to public or nonprofit entities to conduct, support, and coordinate teenage pregnancy prevention research. The research would be funded by “such sums as may be necessary” for each of the fiscal years FY2010 through FY2014.

The bills would allow the HHS Secretary to make grants to states for family life education programs, including programs that provide education on both abstinence and contraception to prevent teenage pregnancy and sexually transmitted diseases. The bills would require a national evaluation and individual state evaluations of the family life programs. The family life grant program would be funded by “such sums as may be necessary” for each of the fiscal years FY2010 through FY2014. The bills stipulate that no more than 7% of family life grant funds could be used for administrative expenses, that no more than 10% of grant funds could be used for a national evaluation of the program, and that no more than 10% of grant funds could be used for the evaluation of individual state program evaluations.

Among other things, the bills also would (1) stipulate that any information concerning the use of a contraceptive provided through specified federally funded education programs be age-appropriate and medically accurate and include health benefits and failure rates relating to the use of such contraceptive; (2) amend title XIX (Medicaid) of the Social Security Act to expand Medicaid’s coverage of family planning services; and (3) expand Medicaid rebates to manufacturers for the sale of covered outpatient drugs at nominal prices to include sales to student health care facilities and entities offering family planning services.

H.R. 1551/S. 611

The proposed Responsible Education About Life Act, H.R. 1551, was introduced by Representative Lee (et al.) on March 17, 2009. Its companion bill, S. 611, was introduced by Senator Lautenberg (et al.) on March 17, 2009. The bills would permit the HHS Secretary to award to eligible states⁴² a grant to conduct sex education programs that include both abstinence and contraception information for the purpose of preventing teenage pregnancy and sexually transmitted diseases, including HIV/AIDS. The information in the programs would have to be age appropriate and medically accurate. The bills also require individual state program evaluations as well as a national evaluation of the state programs. The grant program would be funded at \$50 million for each of the fiscal years 2010 through 2014. The bills stipulate that no more than 7% of grant funds could be used for administrative expenses and that no more than 10% of grant funds could be used for a national evaluation of the program. Also, a state would be prohibited from using more than 10% of its funds for an evaluation of its individual program (conducted by an external, independent entity).

⁴² H.R. 1551 and S. 611 define “state” to mean the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Virgin Islands, and any other territory or possession of the United States. All states are eligible to apply for program funds.

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