

# Findings



Dedicated to the  
Preservation of the Family.

## Teenage Pregnancy

### *How Do We Measure Success?*

By Cheri M. Jimenez



Each year nearly one million teenagers in the United States, approximately 10 percent of all 15-to-19-year old females, become pregnant.<sup>1</sup> One third of these teenage pregnancies end in abortion, while another 14 percent miscarry.<sup>2</sup> Over three-fourths of births to teens occur outside of marriage and one-fourth of these mothers have a second child within two years of their first delivery.<sup>3</sup> And to top it off, 80 percent of teenage mothers end up in poverty and reliant on government programs such as welfare.<sup>4</sup> Many observers have correctly termed teenage pregnancy a national crisis.

This crisis goes beyond national statistics and reaches into personal dimensions much closer to home. In North Carolina sixty-one young girls each day find themselves pregnant.<sup>5</sup> According to the Center for Disease Control and Prevention (CDC), North Carolina has the 4th highest teenage pregnancy rate in the nation.<sup>6</sup> The cost to North Carolina taxpayers is \$1.1 billion annually which includes cost for welfare (Aid to Families with Dependent Children), food stamps and medicaid for families begun by a teen.<sup>7</sup>

For years, teenage pregnancy has been a concern of our state, but the approach to the problem is changing. There are two differing ideological points of view. One approach, stemming from the sexual revolution of the 60s, is often termed "comprehensive" or "safe-sex" education. This method combines information about sexuality, reproduction, contraceptives and mechanical ways to reduce the risk of sexually transmitted diseases (STDs)—all built on the premise that teens will be sexually active and must be taught to

protect themselves while having sex. A more traditional approach, abstinence-based sex education, uses directive education to help teens make decisions that are in their own best interest—ultimately to refrain from sex until marriage.

Although for years "safe-sex" programs have been in place to address teenage pregnancy, there has been a lack of sufficient scientific studies to show that teen pregnancy rates or rates of acquiring sexually transmitted diseases have been reduced as a result of such government-funded programs.

Moreover, evidence to the contrary shows that "safe-sex" education programs don't work. They encourage sexual activity, and material presented to school children is morally repugnant to many.

As a result, in 1995, the North Carolina General Assembly put its stamp of approval on abstinence education with the passage of House Bill 834 entitled "Teach Abstinence Until Marriage." In addition to this landmark legislation, the United States Congress passed the 1996 Welfare Reform Act which provided \$250 million per year for five years in annual matching block grants earmarked specifically for abstinence education in the states. North Carolina is eligible to receive \$6 million over five years.

As laws are passed and policy makers continue to attempt to address teenage pregnancy in the General Assembly, it is important to take a closer look at recent history and the effectiveness of state-funded programs dealing with the adolescent population the state considers at highest risk.

### **Adolescent Pregnancy Prevention Programs (APPP)**

In 1985, the North Carolina General Assembly established the Adolescent

Pregnancy and Prematurity Prevention Projects (now the Adolescent Pregnancy Prevention Program) as community-based pilot projects for the purpose of reducing the number of pregnancies among adolescents and improving the health of adolescents and their infants.<sup>8</sup>

The General Assembly initially funded the projects at \$960,000 and the federal government added \$445,000 for a total of more than \$1.4 million.<sup>9</sup> Four years later, the General Assembly decided to alter slightly the purpose of the projects, placing more emphasis on pregnancy prevention and using a broad range of strategies and plans to teach North Carolina's young people about the pitfalls of adolescent pregnancy.

The Adolescent Pregnancy Prevention Program was then placed under control of the newly created Department of Environment, Health, and Natural Resources. Funding for individual projects was limited to five years and local matching funds or in-kind services were also required.<sup>9</sup> Due to recent agency restructuring, these programs have been placed under the authority of the Division of Women & Children's Health in the newly reorganized Department of Health and Human Services (DHHS).

As of January 1, 1998, the Adolescent Pregnancy Prevention Program supports twenty-three projects. These projects include seven health departments, three school systems, two local councils, one university, and ten non-profit agencies. For the 1997-98 fiscal year, the General Assembly funded these projects at \$965,486 while the federal government added \$239,261 and the local matching funds of \$624,733 increased the total amount to \$1.8 million.<sup>10</sup>

According to a recent legislatively mandated report published in 1998 by Philliber Research Associates in conjunc-

tion with the University of North Carolina at Charlotte (UNCC), the APPP is "aimed at reducing the incidence of adolescent pregnancy."<sup>11</sup> The 1998 UNCC and Philliber Report evaluates 22 projects which received funding during the 1996-1997 fiscal year.<sup>12</sup>

Six of the projects fell under the heading of "Youth Development Projects." These after-school and Saturday programs, aimed at working with preadolescents, project their efforts to offer academic assistance, career preparedness, self-esteem enhancement and/or cultural awareness. Although the report states that these programs believe "that adolescents who become sexually active at an early age are likely to have problems," sexual activity among program participants during the year increased by 11 percent compared to those who did not participate in the program.<sup>13</sup>

The Cleveland County Health Department sponsored "The Males' Zone," which provides educational programs designed for boys in grades six through eight. Before entering the program, 53 percent of the boys were having sexual intercourse. By the end of the year, this number had jumped to 82 percent.<sup>14</sup> These statistics are consistent with the prior year, as the 1997 Philliber Research Report indicated a 24 percent increase in sexual activity among program participants in 1995-1996.<sup>15</sup> The Males' Zone receives \$46,679 annually from government grants.<sup>16</sup>

Additionally, the Cleveland County Schools provided family life education classes for 9th and 10th graders and support services to 26 pregnancy and parenting teens. Students in the family life classes demonstrated less knowledge and skills in decision making, knowledge of reproduction, communication with parents and risk of sexual involvement after completing the course than they did before starting.<sup>17</sup> According to the Philliber Research evaluation, "the Family Life Education program of Cleveland County Schools was not successful in improving the knowledge and attitudes of participating adolescents."<sup>18</sup> Program participants in the "Students as Mothers," also implemented in the Cleveland County Schools, showed a higher rate of repeated pregnancies than non-program participants.<sup>19</sup> The Cleveland County Schools Family Life Education program receives \$55,000 annually from government grants.<sup>20</sup>

In the Durham Communimedia program, "Attitudes," the proposed educational goal is "to delay sexual activity."<sup>21</sup> Attitudes recruited students to create a dramatic

presentation on the topic of teenage sexual behavior and pregnancy. The outcome of this program resulted in a 33 percent increase in sexual activity and those participating were "less likely to use contraception" when compared to non-participants.<sup>22</sup> The Durham Communimedia Attitudes receive \$75,000 annually in government grants.<sup>23</sup>

Also noted in the Philliber Report, was program research on the New Hanover Girls, Inc. This educational/recreational program is designed for girls 9-16 years of age. After a year of participation in the program (1995-1996), knowledge and attitudes of self confidence with peers, communication with parents, and self confidence with family actually decreased.<sup>24</sup> Meanwhile knowledge of reproduction, teen pregnancy, egalitarian sex-roles, appropriate sexual expectations and self confidence with school "showed no significant gains in knowledge and attitudes," according to the Philliber Report. Interestingly, the most significant gain in knowledge and attitude was "support for abstinence."<sup>25</sup>

The Philliber Research Report also notes for the 1996-1997 year of the New Hanover Girls, Inc., that again the program analysis showed "no significant gains in knowledge and attitudes" of the young girls surveyed.<sup>26</sup> The New Hanover Girls, Inc. receives \$73,620 annually in government grants.<sup>27</sup>

In an overview of the Philliber Research Report of APPPs, it is clear that in many of the programs sexual activity increased along with contraceptive use for the participants. In a few incidences, sexual involvement increased, while contraceptive use remained low.

In addition, at a North Carolina Adolescent Pregnancy Prevention Program Workshop on September 24, 1997, Bill Philliber, of Philliber Research Associates, addressed more broadly the conclusions to his research on North Carolina APPPs. In his presentation, "What We Have Learned," Philliber writes, "efforts to reduce pregnancy among adolescents have largely failed."<sup>28</sup> He went on to conclude, "Compared to other industrialized nations, adolescents in the United States have higher rates of sexual intercourse; lower rates of contraceptive use; highest rate of pregnancy; and the highest rate of abortion."<sup>29</sup>

### **Adolescent Parenting Program (APP)**

In 1984, the General Assembly authorized the Adolescent Parenting Program as a pilot program in eight counties under the

jurisdiction of the Division of Social Services (DSS) in DHHS. The general mission of the APP is to reduce the negative impact of adolescent pregnancy upon the teen mother and her child.

Today, APP has expanded to "27 local programs administered at the local level in a variety of agencies including county departments of social services, school systems, health departments and private nonprofit agencies such as Planned Parenthood."<sup>30</sup> The 1997/1998 fiscal year budget for the APP is more than \$1.7 million.<sup>31</sup> Of that figure, the General Assembly appropriated more than \$714,238 while Medicaid covered \$772,871 and local matching funds added \$235,448.<sup>32</sup>

These programs serve more than 450 mothers at a cost of \$3,827 per mother. Participants must be under 17 years of age, must be pregnant or parenting for the first time and must be working toward a high-school equivalency diploma.<sup>33</sup> The program's objectives are as follows: prevent a second pregnancy; assure that clients remain in high school; assure that the client utilizes appropriate health care for herself and her child; enhance parenting abilities; prepare for jobs; and reduce child neglect and abuse among adolescent mothers.<sup>34</sup>

A recent evaluation was undertaken by a team of faculty members of the School of Social Work of East Carolina University. The time period covered by this evaluation includes July 1994 through June 1997. The evaluation examined the following questions. 1) To what extent do the clients of the Adolescent Parenting Program exhibit high risk for problems related to adolescent parenthood? 2) To what extent are the objectives of their program being achieved? 3) How well is this program being implemented on the local level?<sup>35</sup>

In review of the recently released APP Evaluation Report, March 1998, several points need to be closely examined. First, data collected for the evaluation came from only 14 of the 27 agencies administering the program.<sup>36</sup> This report assumes this group of 14 is a representative sampling of all participants, although this group is a selected sampling. It is possible, for example, that this sampling was selected from the 14 best managed programs, and thus yielded uncharacteristically high rates of "success."

Secondly, in taking a closer look at the evaluation, comparisons and conclusions may be drawn inaccurately. For example, the report concludes that, "Teen mothers who are not participants are about three times as likely as APP participants to

become pregnant a second time.”<sup>37</sup> According to this statement, one would conclude that the APP is effective in reducing subsequent teen pregnancies.

However, when the method for drawing this conclusion is examined carefully, the reliability of this statement comes into question. The report compares the 7 percent of APP participants who experience a second pregnancy while in the program to the 25 percent of statewide teen births that are subsequent births.<sup>38</sup> The report concludes that statewide teen mothers who are not participants are about three times as likely as APP participants to become pregnant a second time.<sup>39</sup> But in close examination, no hard data is provided to the percentage of teen mothers statewide who experience a second pregnancy during the same reporting period as the APP report.

Furthermore, since at least 40 percent of the APP participants are pregnant while in the program and are unable to become pregnant again, it is reasonable to expect that this group would experience fewer pregnancies than the statewide population of teen mothers in general. Therefore, no conclusive results can be drawn by comparing second pregnancies and subsequent births.

In addition, the evaluation report goes on to state in the conclusion of the Executive Summary that “the information system of the APP is inefficient and ineffective...and should be improved.”<sup>40</sup> The evaluation states, “There is limited data being collected on a statewide basis, and some of it is not adequately recorded.”<sup>41</sup>

The Executive Summary further recommends that the APP “develop a new information system that efficiently collects data on both program and program outcome.”<sup>42</sup> The recommendation states that “Data should be kept and recorded on individual clients with regard to risk factors, parenting skills, school behavior, training, and second pregnancy, etc.”<sup>43</sup>

The final recommendation by the School of Social Work of East Carolina University was that “a biennial evaluation of the APP is imperative.”<sup>44</sup> It should also be noted that the previous 1992 Evaluation Report for the Adolescent Parenting Program observed that “program monitoring and supervision was at best sporadic” and that information and conclusions drawn “were not strictly accurate.”<sup>45</sup> In response to the study’s own evaluation and recommendation, at a minimum, important questions regarding the true success and future funding of the APPs should be closely examined and monitored.

As of July 1, 1998, three additional Adolescent Parenting Programs will be implemented bringing the total to 30 APPs in North Carolina.

### **Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC)**

The Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC) is a public-private partnership that assists individuals and communities in organizing and implementing programs to prevent adolescent pregnancy. The APPCNC is a United Way agency and is supported by funds from local United Ways, foundations, individual supporters and grant money from the North Carolina Legislature.<sup>46</sup>

According to the APPCNC 1997 Report, the General Assembly gave the APPCNC \$150,000—24.2% of their overall budget.<sup>47</sup>

The APPCNC’s mission is to increase awareness of adolescent pregnancy through advocacy, community organizations (such as the APPP), research and program development. However, the APPCNC’s philosophy, as detailed in its own newsletter, appears to be at odds with the health and welfare of North Carolina families and teenagers in particular. The newsletter listed these “goals”: encourage all teen service providers to keep services confidential unless danger is involved; discourage entities from requiring parental consent for contraceptive services; mandate sex education in all schools starting with Kindergarten through 12th grade; and implement sex education programs for parents of teens who don’t want to consent to such programs for their children.<sup>48</sup> Not only do these goals place parental consent and authority in question, but suggest that parents who disagree with the philosophy need to be “reprogrammed.”

Recently, the APPCNC has developed television ads promoting “abstinence,” but when closely examined they fail to mention that abstinence from sex should be prolonged until marriage. Because the General Assembly has directed that AUM be taught in public schools, it is imperative that the message be both consistent and thorough in order to adequately address teenage pregnancy. As mixed messages are sent to teenagers through application, mixed policy also can undermine the states’ effectiveness of addressing this critical issue.

### **Solutions For Our Youth**

The North Carolina General Assembly must take a hard and fast look at the impact of adolescent pregnancy, HIV and the

spread of STDs on our state’s teenagers. Furthermore, the success of these programs should not only be measured by the amount of money spent, but consideration should also be given to the increase in contraceptive use without regard to the increase in sexual activity.

Twelve million Americans contract a STD of one kind or another every year.<sup>49</sup> At least three million of those are teenagers and perhaps as many as 7 million are in their twenties.<sup>50</sup> North Carolina has the fourth highest rate of gonorrhea for males age 10-24 and chlamydia for girls age 10-24.<sup>51</sup> If “safe sex” campaigns are working, why are North Carolina teenagers paying such a high price?

Teens are often told that “if you are going to have sex, use a condom.” The implication is that condoms will keep users “safe” from pregnancy and disease. However, it is undeniable that condoms do not provide a 100 percent guarantee, but by failing to adopt a true AUM message we let our young people play the odds.

- About 12-15 percent of couples who rely on condoms to avoid pregnancy will still get pregnant within a year.<sup>52</sup>
- Condoms appear to reduce the risk of HIV infection by about 55-90 percent. Even having the best protection (90 percent) consistently still leaves a 10 percent chance of becoming infected with HIV.<sup>53</sup>
- Condoms only reduce the risk of gonorrhea by about 40-60 percent.<sup>53</sup>
- Research shows that chlamydia transmission is the same between condom and non-condom users.<sup>55</sup>
- Condoms appear to provide little, if any, protection against human papilloma virus (HPV), one of the most common and dangerous STDs in America today. HPV is present in 90 percent of all cervical cancer cases.<sup>56</sup>

It is no wonder that scientists are beginning to acknowledge the benefits of promoting abstinence and politicians are voting to back the message with funding. A study released by the American Medical Association analyzed the factors that determine the onset age of sexual activity and of teen pregnancy. Reportedly the most comprehensive investigation ever on risk factors in adolescent health found that virginity pledges are “the greatest protective factor in maintaining adolescent sexual health.”<sup>57</sup>

According to Dr. Marion Howard, “young people do want to know more about abstinence.” Dr. Howard, Director of Teen

Services Program at Grady Memorial Hospital in Atlanta and Professor at Emory University, surveyed 143,000 adolescents and found that 82 percent wanted "to know how to say 'No' and still keep a friend." Programs such as "True Love Waits" are also finding this fact to be true.<sup>58</sup> In fact, in February of this year, over 2,900 teenagers from North Carolina signed virginity pledges and displayed them on the National Mall in Washington, D.C. as part of the True Love Waits Campaign.<sup>59</sup>

It is time for a new sexual revolution. It is obvious that this new sexual revolution should be ushered in by modern abstinence education. During the dominant era of mixed message education, society has been plagued with the devastating tragedy of teenage pregnancy and STDs. Despite the years of adequate funding and research on these problems, these two epidemics have continued to grow steadily. Based on this, young people must be encouraged to be abstinent from sex until marriage, and it must be supported by the entire community.

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