

Congressional Research Service

Teenage Pregnancy Prevention
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Issue

In 2000, an estimated 841,000 U.S. teenagers became pregnant, approximately 120,000 had miscarriages, and 244,000 had legal abortions. The result was that there were approximately 477,000 births to teenagers in 2000. In 2002, the number of births to females under age 20 was 432,808. Babies born to teens represented about 11% of all U.S. births and 25% of all nonmarital births. In recognition of the often negative, long-term consequences associated with teenage pregnancy and births, the prevention of teenage and out-of-wedlock childbearing is a major goal of this nation. Although birth rates for teens have dropped in recent years, they remain higher than the teen birth rates of most industrialized nations. The 1996 welfare reform law contains several provisions intended to reduce pregnancy among teens.

Background

A report by the Robin Hood Foundation (1996, *Kids Having Kids*) estimated that adolescent childbearing costs the U.S. taxpayer about \$6.9 billion per year: welfare and food stamp benefits, \$2.2 billion; medical care expenses, \$1.5 billion; spending on incarceration (for the teen sons of women who had them as adolescents), \$1 billion; foster care placements, \$0.9 billion; and lost tax revenue because of work patterns of fathers, \$1.3 billion. The research indicates that teens who give birth are less likely to complete high school and go on to college, thereby reducing their potential for economic self-sufficiency. For the children of teens, the research indicates that they are more likely than children of older parents to experience problems in school, are more likely to drop out of high school, and as adults are more likely to repeat the cycle of teenage pregnancy and poverty.

Although the social and economic impacts of teen pregnancy and births to teens merit much concern, it must be recognized that the numbers are declining; 2002 was the eleventh consecutive year that the birth rates for teenagers moved downward. One reason for the recent decline is that sexually active teenaged women have significantly increased their use of contraceptives, particularly condoms. The more effective and consistent use of contraception is facilitated by long-lasting injectable (Depo Provera) and implanted (Norplant) devices that are readily available to teenage women. Campaigns for abstinence, aimed at younger teens, are also seen as having some effect on teenage sexuality. Casual sex, which may result in sexually transmitted diseases and which may prove to be fatal, given the presence of HIV/AIDS, is also viewed in an increasingly negative light as conservative views on sex grow in popularity. (For a summary of research findings on programs to reduce teen pregnancy, see *Emerging Answers*, by Douglas Kirby. The National Campaign to Prevent Teen Pregnancy. May 2001.)

In an attempt to ameliorate some of the social and financial costs of out-of-wedlock births, the federal government funds a variety of teenage pregnancy prevention programs. They include *Family Planning*, which was created in 1970 as Title X of the Public Health Services Act; the *Adolescent Family Life* (AFL) program, which was created in 1981 as Title XX of the Public Health Services Act; the *Maternal and Child Health* (MCH) Block Grant, which was created in 1981 as Title V of the Social Security Act and amended in 1996 to include abstinence education; the *Medicaid* program, which was created in 1965 as Title XIX of the Social Security Act, and which includes 90% federal matching funds for Medicaid family planning services (e.g., patient counseling and education concerning pregnancy prevention and reproductive health); and the *Social Services Block Grant*, which was created in 1981 as Title XX of the Social Security Act.

In addition, one of the four goals of the 1996 welfare reform law (P.L. 104-193) is the prevention and reduction of out-of-wedlock pregnancies. P.L. 104-193 required the Department of Health and Human Services (HHS) to establish and implement, no later than January 1, 1997, a strategy for preventing out-of-wedlock teenage pregnancies and assuring that at least 25% of the nation's communities have teenage pregnancy prevention programs. The Secretary of HHS is required to report annually to Congress with respect to the progress that has been made in meeting the aforementioned strategies. The National Strategy works under two main principles: to strengthen the national response to prevent out-of-wedlock pregnancies by combining existing programs with emerging ones; and to support and encourage abstinence among adolescents. To date, three annual reports have been published -- 1997-1998, 1998-1999, and 1999-2000. The 1999-2000 report, *A National Strategy to Prevent Teen Pregnancy*, indicated that in FY1999, 35% of communities had teen pregnancy prevention programs in place. This is a conservative estimate because it only includes HHS-funded programs in which the funding goes directly to communities. HHS also supports teen pregnancy prevention programs via block grants. An HHS official at a hearing before the Ways and Means Subcommittee on Human Resources (November 15, 2001) testified that in 2001, at least 47% of communities had teen pregnancy prevention programs in place.

Further, an alternative initiative, which forms only part of the National Strategy to Prevent Teen Pregnancy, encourages states to create Second Chance Homes with Temporary Assistance for Needy Families (TANF) and other funding. These havens are expected to provide teen parents, who might be at risk of abuse if they stayed at home, with guidance in parenting, child development, budgeting, health and nutrition. All skills are seen as means to the end goal of preventing repeat pregnancies. The *Second Chance Homes National Directory*, published by the Social Policy Action Network (SPAN) in October 2000, lists 100 homes in 29 states. Although the conference report on the Labor-HHS-Education FY2002 appropriations (H.R. 3061, H.Rept. 107-342), did not include specific funding for maternity group homes, it included language encouraging the Secretary of HHS, acting through the network of federally-funded runaway and homeless youth training and technical assistance providers, "to offer guidance to grantees and others on the programmatic modifications required to address the unique needs of pregnant and parenting youth and on the various sources of funding available for residential services to this population." President Bush's FY2003 budget included \$10 million in

funding to provide young pregnant and parenting women with access to community and faith-based maternity group homes. Maternity group homes are intended to provide safe, stable, nurturing environments for teenage mothers and their children who cannot live with their own families because of abuse, neglect, or other reasons. H.R. 4737 (107th Congress) as amended and reported by the Senate Finance Committee included \$33 million for grants to states, localities, Indian tribes, or public or private nonprofit entity for second chance homes for each of FY2004-2007, with no more than \$500,000 per year to be used for technical assistance. It stipulated that in FY2004, the HHS Secretary must reserve \$1 million for an evaluation of second chance homes supported by the grants. The provision relating to second chance homes was not included in the House-passed version of H.R. 4737; and the Senate did not vote on H.R. 4737. (See CRS Report RL31540, *Second Chance Homes: Federal Funding, Programs, and Services*.)

President Bush's FY2004 budget included \$10 million for maternity group homes. Also, in the 108th Congress, S. 476 (the CARE Act of 2003), as amended and passed by the Senate on April 9, 2003, includes \$33 million for maternity group homes for FY2003 and such sums as may be necessary for FY2004. President Bush's FY2005 budget again includes \$10 million for maternity group homes.

For more information related to the prevention of teen pregnancy, see Abstinence Education in this briefing book; see also CRS Report RS20301, *Teenage Pregnancy Prevention: Statistics and Programs*.