Editors’ Introduction

Teenage pregnancy raises important social, economic, moral, and family concerns. Any foundation endeavoring to address adolescent pregnancy must recognize the potentially explosive nature of the issue and, if it wishes to avoid being caught in an explosion, proceed with delicacy. In this chapter, Will Bunch, a Pulitzer Prize–winning journalist with the Philadelphia Daily News, traces the evolution of the Robert Wood Johnson Foundation’s efforts over a 20-year period to address this potentially controversial issue.

Although it has never been one of its explicit priorities, the Foundation has allocated more than $179 million to reducing teenage pregnancy. Its initial efforts—supporting school-based health centers that, among other things, referred high school students to contraceptive counseling and services—generated considerable controversy when they were introduced in the 1980s. Although the Foundation has continued to support school-based health centers and has also funded an abstinence-only program, in the 1990s it settled on an approach that tended to tamp down potential controversy: it supported the National Campaign to Prevent Teen Pregnancy, which involves people from all parts of the political spectrum, uses the latest scientific information in presenting the issues, recommends multiple approaches to reducing teen pregnancy, and frames the debate in terms of the social and economic costs of teen pregnancy.

In addition to providing insights about reducing teenage pregnancy, this chapter also illustrates how the Foundation has approached a potentially controversial area that it considers important. Two other examples of the Foundation entering a controversial area come to mind. One is coverage of the uninsured: the Foundation, after having been accused of promoting the Clinton health care plan in the 1990s, adopted a less controversial approach based on information campaigns supporting children’s health insurance and convening a broad range of organizations with markedly different political perspectives to develop a consensus position on health insurance coverage. The other area is tobacco control. The Foundation directly challenged the tobacco industry at a time when it was far less unpopular than it is today. To minimize controversy, however, the Foundation set its work within the context of protecting children and employed a coalition-building approach that encompassed a wide range of organizations in the public health and tobacco-control communities.
At the Pathways/Senderos Center in the timeworn downtown of New Britain, Connecticut, the afternoon begins with hugs—and with heaping bowls of cereal. At roughly 2:30 every afternoon, high school students begin bounding up the rear steps to the program’s second-floor location—an odd jumble of offices, stocked food pantries, busy computer terminals, and rec-room-style couches. The hugs, or abrazos, are a custom in this heavily Latino, poverty-plagued neighborhood, while the cereal provides much-needed nutrition. By 3:30, middle school students begin trickling in, until the big room fills with nearly 50 kids—roughly half boys and half girls, some quietly doing homework at a corner table, while two boys practice a dance routine in front of several giggling pals.

An unknowing visitor could spend an entire afternoon here without realizing the true purpose of the Pathways/Senderos Center. It is one of dozens of local programs across the country that have benefited from a two-way relationship with the National Campaign to Prevent Teen Pregnancy—a relationship that involves an ongoing exchange of ideas and best practices, although not dollars. It is a program to prevent teenage pregnancy, and despite its location in an impoverished stretch of a fading New England factory town, the fact that it is arguably one of the most successful in the country is a gratifying testament to the effectiveness of the program. Since the Connecticut program was launched in 1993, only three of roughly 200 girls and boys who have participated in the multi-year, intensive after-school program have either become pregnant or fathered a child—even though a majority of the students are products of teen parents themselves.

The novel approach of the Connecticut program—prioritizing staying in school over traditional sex education—closely follows the model promoted by the sweeping, decade-old program it maintains close ties to: The National Campaign to Prevent Teen Pregnancy. Since the Washington-based National Campaign was launched in February 1996 as a nonprofit, nonpartisan group arising from an initiative by President Bill Clinton, the Robert Wood Johnson Foundation has been one of its major patrons. Not only did the Foundation provide more than one-quarter of the roughly $20 million spent by the National Campaign in its first decade, but the Campaign has received the lion’s share of the Foundation’s funding of programs to prevent teen pregnancy.

Although reducing teen pregnancy has never been an explicit priority of the Foundation, it is an area in which its investment has coincided with remarkable progress, as both statistics and exhaustive study have documented. When the Campaign was launched, 11 years ago, the rate of unmarried teen births was near its peak after rising sharply in the 1980s, and it was much higher in the United States than in any other industrialized country. Nevertheless, the Campaign set an ambitious goal to reduce teen pregnancy rates by one-third by 2005—a target that, according to the latest data, appears to have been reached.

The Campaign does not and cannot take all—or even most—of the credit for that drop, apparently the result of a combination of changing social attitudes and sexual practices and of successful local efforts like the one in New Britain. But leading authorities in the field credit the Campaign with
helping to change the nature of the debate about teen pregnancy, which in the 1980s and into
the middle 1990s had become bogged down in America’s socially charged culture wars over sex,
abstinence, contraception for teenagers, and abortion.

Sharon Camp, the president of the Guttmacher Institute, a research and public policy organization
that focuses on sexual and reproductive health, said that the Campaign, with its approach of incor-
porating both abstinence education and contraception, enabled state and local officials to first talk
about teen pregnancy and then carry out new programs. She said the Campaign’s effective politick-
ing helped existing groups such as Planned Parenthood since the improved climate allowed
lawmakers in some states to increase teenagers’ access to confidential counseling and services.
“They [the Campaign] provided permission, in a sense,” Camp said.

Allan Rosenfield, the dean of the Mailman School of Public Health at Columbia University, largely
agreed with Camp’s analysis. He said he believes that the Campaign, with its sweeping efforts from
the Internet to story placement on daytime television, raised awareness of the issue and helped bring
more teens into established programs such as Planned Parenthood. That is critical, he explained,
because the heightened awareness comes at a time when some schools are eliminating traditional
sex education, while larger numbers of traditional gynecologists are hesitant to provide contraception
without parental consent. Rosenfield noted that it’s hard to quantify the work of any one group,
but “a lot of groups have used the materials that the Campaign provided, and that has helped them
work together.”

Indeed, the relationship that the Campaign has forged with local groups—from Planned Parenthood
chapters to community-based efforts like Pathways/Senderos—is a complicated one, in which money
does not change hands, as it might with more traditional public health networks. Instead, the
Campaign sees its role as setting the broad strategy, in areas from research to public awareness.
The local groups are the tacticians on the front line. The Campaign sometimes learns about best
practices from outlets like Pathways/Senderos, and it recycles those techniques to other agencies.

From its very beginning, the Campaign placed strong emphasis on teenage pregnancy as a socio-
economic problem that affected the broader society. It saw its role as bridging the gap between
abstinence-only programs and those that endorsed sex counseling and contraception—promoting whatever practices were effective, encouraging scientific research, and sharing knowledge and best practices
with community groups. The Campaign was born of the same instincts to seek a middle ground on a
thorny political issue that led to national welfare reform in the mid-to-late 1990s, and officials both
with the Campaign and at the Foundation believe its greatest contribution may have been making
the American debate about teen pregnancy less about the divisive issue of sex education and contra-
ception and more about how reducing teen births would decrease poverty and related social ills.

At the Pathways/Senderos program in New Britain, that philosophy comes alive. Its motto, displayed
prominently on the wall and on T-shirts, is “Diplomas Before Diapers.” In fact, the students there
spend two hours a week in a “Job Club,” earning $2 an hour to develop basic work skills, and only
one hour a week in a sex education and family life class. Much of the rest of the week is spent on
academics and promoting the idea that college is the only sure path to success in this city of 71,000 where decent-paying factory jobs have vanished and the largest private employers are retailers and fast-food outlets such as Wal-Mart, McDonald’s, and Dunkin’ Donuts.

In interviews with half a dozen of the kids taking part in Pathways/Senderos, most talk with enthusiasm about job goals after high school, such as culinary arts or veterinary medicine—and most have come to view pregnancy and raising a child through that prism of career choices. Typical is 17-year-old Reggie Roberts, a senior at New Britain High School, who sees no place for parenthood as he prepares college applications with an eye toward child psychology. He said he had peers who thought they could stay in school and raise a child, “but if you actually have a baby it’s not going to be like that.”

Like the first teen pregnancy prevention programs, which were born in the 1970s, the Pathways/Senderos program does not shy away from the subject of contraception for those teens who are sexually active. The program distributes condoms to students who ask for them and encourages any teenager having sex to use two forms of birth control; during the year there will be a field trip to a family planning clinic and to New Britain’s main hospital. Yet one reason that the program is effective may be that sex is such a small part of the curriculum. “I never mention sex,” Executive Director RoseAnne Bilodeau says as she touts the program’s highlights.

Local programs like hers are not directly funded by the National Campaign to Prevent Teen Pregnancy, but there is a close line of communication: the Campaign often asks Bilodeau to speak at events, and her program is held up as a model to other community groups as an example of an approach that works.

Interestingly, the strategies of the 1990s and 2000s were shaped directly by the controversies of the 1980s, when the Foundation waded right into the middle of the acrimony and social warfare of that era by directly funding school-based clinics that, among other things, offered family-planning counseling and referrals for contraception—which drew fire from conservatives. The Campaign would prove to be a much less contentious approach.

Schools and Teenage Pregnancy

The issue of teen pregnancy and its relationship to broader social issues in America is a complex one. In fact, in the United States the rates of young women under the age of 20 becoming pregnant and giving birth reached their peak during the 1950s, coinciding with the baby boom that took place at the end of the Second World War. Many of these births were to teenagers who were already married, as a result of a social norm in which marriage and beginning a family at a very young age were far more common than they are today. Starting in the 1950s, there were diverging trends in America. Middle-class and upper-middle-class women were more likely to defer marriage and childbearing into their 20s and beyond, yet the rate of unmarried teen births rose, largely in poverty-stricken inner-city or rural communities.
In 1950, 13 percent of American women aged 19 and younger who gave birth were not married, but by 1988 that had climbed to 65 percent, and the raw number of babies born to this group soared from just under 60,000 to more than 300,000. The birth rate among American teens in the 1980s was much higher than that of other industrialized nations—more than twice the rate of England or Canada, and more than five times the rate of France.¹

These new unmarried teen mothers typically raised their children in an environment in which fathers were absent and the expanding national welfare system was the main method of support. One study found that 77 percent of unmarried adolescent parents were welfare recipients within five years of giving birth.² In the 1980s, policy-makers began to look at an “underclass” in American cities, with high rates of drug abuse and crime, and began to collect increasing evidence that high teen pregnancy rates encouraged this cycle of poverty.

During the same decade, the Foundation had begun an initiative to finance, in partnership with local foundations, community-run health centers in urban settings. The lessons from that first pilot project, called the Community Care Funding Partners Program, led the Foundation to finance a second program aimed at placing small health centers directly in schools. But in doing so the Foundation also entered the increasingly heated debate over teenage sex and pregnancy prevention programs.

The School-Based Adolescent Health Care Program was launched in 1986—the first step in the Foundation’s 20-plus-year commitment to school-based health care. It was intended as a broad-based initiative to address a range of health and behavioral problems that were afflicting inner city youth, including a lack of available mental health care, drug and alcohol abuse and addiction, and an estimated 5 million adolescents nationwide who had no health insurance. The following year, the Foundation awarded six-year grants to set up school-based clinics in 20 high schools in 18 cities. Local health care providers were to run the clinics—typically staffed with a part-time physician, a nurse practitioner, a social worker, and a medical office assistant—in close coordination with school officials, a community advisory board, and local institutions that would ultimately take over the funding.³

The aspect of the plan that proved most controversial, however, was counseling adolescents on preventing unwanted pregnancy and sexually transmitted diseases, including advice on and referrals for contraception. These services were considered a requirement of the grant, but they would not be offered to students whose parents had not signed a consent form. That provision, as well as the role of community leaders in the advisory councils, was meant to head off controversy over the family-planning aspect of the program.

Julia Graham Lear, who served as co-director of the Foundation’s School-Based Adolescent Health Care Program and who currently directs the Center for Health and Health Care in Schools at the George Washington University, said the plan that emerged in 1986 was something of a hybrid. Although she and a team of prominent Dallas-based pediatricians had lobbied for broadly based health centers in schools, Lear said that officials from the Center for Population Options, a nonprofit organization focused on reducing teenage pregnancy, wanted clinics in schools that
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would focus mainly on pregnancy prevention. At first, the Foundation’s board of directors tabled the plan altogether, but then decided to proceed, as long as local community input was sought.

But in several key cities that wasn’t enough to prevent the school-based clinics from becoming a political hot potato. Officials involved in the effort acknowledge that the Foundation was surprised by the strength of the opposition. That was especially true in Miami, where in 1987 the state’s conservative governor, Republican Bob Martinez, used his powers to veto state aid for the health clinic that was planned for Northwestern High School there. He did so despite a poll of 619 parents that found two-thirds supported the clinic and despite backing for the new services from leaders in the local community. Given the strong community support, the Foundation was ultimately able to finance a health clinic there by channeling the money through a group that was not under state control.

There was controversy elsewhere as well, including Los Angeles, where the powerful archbishop of the Catholic Church, the future Cardinal Roger Mahony, issued a pastoral letter opposing the creation of health clinics at three high schools there. He wrote that “by making contraceptives readily available, the clinics’ personnel will tacitly promote sexual relations outside of marriage.” In spite of the Church’s opposition, the health centers opened, and an overwhelming percentage of parents signed the consent forms. Indeed, the bickering in several cities created something of a backlash in the broader public health community. Even Republican President George H.W. Bush’s Advisory Council on Social Security in 1991 sought to expand school-based clinics.

By then, the nature of the debate was changing. For one thing, the team of outside evaluators that looked at the Foundation-funded clinics in 1993 found that although the new centers had greatly increased access to health care for urban youth, they had not reduced either risky behavior by teenagers, including unprotected sexual activity, or the rates of adolescent pregnancy. In fact, unmarried American teen pregnancy rates had peaked around 1990, in part because widespread publicity about AIDS had led to more condom use. But because of a normal lag in statistical data and because rates were still close to the historical highs, alarm over the problem was still high.

Those who were active in the public health community, including officials at the Robert Wood Johnson Foundation, were eager to avoid the highly divisive aspects of the teen pregnancy debate. Paul Jellinek, who was a vice president of the Foundation for much of the 1990s, said that although the Foundation continued to address ways to offer and improve health care in urban school settings, there was, by the middle of the decade, little enthusiasm for projects that tackled teen pregnancy directly. “The political problems had a lot to do with it. You had the Eagle Forum”—another socially conservative group opposing sex counseling in schools—“and the Catholic Church.”

By then, policy-makers in Washington were already talking about a new way to approach the issue.

A Defining Moment

A defining moment in the evolution of teen pregnancy prevention as a national issue took place on the night of January 24, 1995, when then-President Bill Clinton delivered his third State of the Union Address. Just two years into his presidency, Clinton, a Democrat, had received a resounding
rebuke from voters, who had given Republicans control of both houses of Congress for the first time in decades. And so his more than 9,000-word speech focused heavily on finding centrist approaches to thorny political problems and on what he called “a new social compact” with America. In doing so, the President called special attention to some social issues that had rarely or never been discussed in such a high-profile forum—most notably teenage pregnancy.

“We’ve got to ask our community leaders and all kinds of organizations to help us stop our most serious social problem: the epidemic of teen pregnancies and births where there is no marriage,” Clinton said. “I have sent to Congress a plan to target schools all over this country with anti-pregnancy programs that work. But government can only do so much. Tonight I call on parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference. We can do this and we must.”

For the White House, this was clearly seen as an issue where good politics and good government intersected. Clinton had frequently preached that America should find a centrist “third way” of resolving the most divisive social issues. What is more, he was also working to fulfill a pledge from his 1992 presidential campaign to “end welfare as we know it,” and as his aides and the new GOP majority in Congress negotiated a welfare reform bill, it became clear that reducing teen pregnancy would attack poverty at its very roots and thus make it easier for policy-makers facing otherwise tough choices on curbing the welfare rolls.

William Galston, now a public policy professor at the University of Maryland, was deputy assistant to the president for domestic policy during the first Clinton administration, and he took part in the White House discussions leading up to the launching of the campaign. He said the early discussions on what would become the National Campaign to Prevent Teen Pregnancy (of which he became a founding board member) were intimately wrapped into the lobbying for welfare reform. “There was a real sense that reducing the rate of teen pregnancy also has a significant impact on the welfare system, which was seen as out of control during this period,” Galston said.

Another important person in those early discussions was Isabel Sawhill, who was then associate director in the Office of Management and Budget and is today the president of the National Campaign. She had been studying and observing the link between poverty and teen pregnancy since 1973, when she wrote her first book, *Time of Transition: The Growth of Families Headed by Women*. “The data are clear: the driving force behind the growth of single-parent families is now unwed births,” Sawhill said recently. “And half of first unwed births are to teens. And a very high proportion of the families so formed are poor. Thus, it seemed obvious to me that if you wanted to reduce poverty you needed to reduce teen pregnancies and births.”

Those discussions—and the political zeitgeist of the mid-1990s—led to what everyone involved agrees was a critical decision. This national effort, while carrying the full support and backing of the Clinton White House, would be spearheaded not by another presidential task force but by a newly created, outside nonprofit group. Most important, this national campaign would not be nonpartisan merely in name but would be aggressively bipartisan in its approach.
The tone was set in February 1996 when the chairman of the new National Campaign to Prevent Teen Pregnancy was introduced: a Republican, former New Jersey Governor Tom Kean. Like Clinton, Kean, who today is board chairman of the Robert Wood Johnson Foundation, is also a centrist on social issues and a supporter of abortion rights, and his involvement sent a powerful message to those seeking to bridge the ideological divide on teen-pregnancy prevention that had so polarized the debate during the 1980s and early 1990s.

Sarah Brown, who had been a senior study director at the Institute of Medicine, where she led numerous projects in maternal and child health, has been the executive director of the National Campaign to Prevent Teen Pregnancy from its inception. She said that the push to include not only Kean but also other prominent Republicans with more conservative social views, such as former Minnesota congressman Vin Weber (a founding board member), was just one way that this new effort looked to change the framework of the once-gridlocked debate. Perhaps more important, she noted, was an effort to include prominent Americans from a number of fields who, prior to the 1990s, would have been unlikely candidates for a teen pregnancy prevention drive.

“In 1996 the only people who talked much about teen pregnancy prevention were people in the so-called reproductive health field, and that field is generally very progressive and very liberal,” Brown said. Fairly or not, groups that had long been working for an increased emphasis on family planning, such as Planned Parenthood, seemed to have the effect of waving a red flag in front of social conservatives, and that often led to a stifled political debate. The Campaign sought a much broader base. That included prominent business leaders, including the then-board chairmen of Procter & Gamble and General Mills; media executives such as the publisher of the Washington Post, Katherine Graham and Warner Bros. TV executive Bruce Rosenblum; civil rights leader and former ambassador to the United Nations, Andrew Young; and religious leader Sister Mary Rose McGeady, the president of the Catholic social-services group, Covenant House.

This new, consensus-seeking approach was viewed favorably at the Robert Wood Johnson Foundation. Beginning with an initial $1.5-million grant awarded in 1996, the Foundation has provided more than $5 million in grants to the Campaign.

Rush Russell, a former Foundation senior program officer who participated in the internal discussions about the initial grant, said there had been a fair amount of debate about the first grant for the Campaign. “Teen pregnancy was not a part of the Foundation’s priorities,” he noted. However, Russell said, the 1992 riots in Los Angeles had prompted a new round of discussion about programs for the urban poor, and ultimately the Foundation decided that the new Campaign could be integrated into its programs targeting “vulnerable populations.”

In announcing the kickoff of the Campaign in February of 1996, the fledgling organization’s leaders set an extremely ambitious measurable goal: to reduce the teen pregnancy rate in America by one-third in less than a decade, or by 2005. The Campaign set out to accomplish this by what it calls “a top-down, bottom-up strategy”; that is, it would run no direct community programs itself but instead operate both as a clearinghouse for the best data and practices on reducing teen pregnancy and as a vehicle for influencing both the entertainment media and the public debate.
For Sarah Brown, the challenges facing the National Campaign to Prevent Teen Pregnancy were driven home one night not long after it opened its office, at 1776 Massachusetts Avenue in Washington, D.C. “I was brand new, and the phone rang and it was a guy from Cloverdale, California,” said Brown. “He said that he was active in a community group and that ‘We want to do something about teen pregnancy, but we don’t know what to do.’ And that is the question: What do you do?”

The Campaign quickly crafted an approach that in some ways could also serve as a model for advocacy groups involved with other important but socially divisive public health issues. Here are some of those principles:

**Broaden the Debate**

With founding board members Sawhill and Galston bringing an economics perspective, the Campaign placed a strong emphasis from its very beginning on the strong relationship between unwanted births and child poverty, with the accompanying strains on the welfare system, high crime rates, poor school systems, and child abuse. One of the Campaign’s first publications was a short document called *Why It Matters*, which highlights the negative economic and social impact of America’s high rate of teenage pregnancy.

That theme has remained a fundamental principle of the Campaign to this day. In 2006 the Campaign published an ambitious report entitled *By the Numbers: The Public Costs of Teen Childbearing*, which sought to quantify the impact on American taxpayers. The report, written by the University of Delaware economics professor Saul Hoffman, found that teen childbearing cost local, state, and federal taxpayers at least $9.1 billion in 2004, the last year for which statistics were available. In addition, the report breaks out the costs by all 50 states, with taxpayers in Texas bearing the heaviest burden—more than $1 billion in 2004.

Such numbers are important to the Campaign’s broader goal of convincing lawmakers at the state as well as the federal level of the importance of teen pregnancy prevention. The community groups said that they had various needs, according to Brown, among them “things like how do you go to your state legislator and explain why he or she should care about teenage pregnancy?” Another Campaign publication, geared at lawmakers and opinion leaders, is entitled *Not Just Another Single Issue: Teen Pregnancy Prevention’s Link to Other Critical Social Issues*. The Campaign’s constant emphasis on the shared social costs help to shift some of the debate away from value-based issues like sex education, which proved so acrimonious.

**Find Common Ground**

By the time that the Campaign was launched, in 1996, there was already a strong movement under way for abstinence education in public schools, including so-called abstinence-only programs that encouraged young people to avoid sex altogether as the only way to prevent pregnancy and other unwanted consequences. Although such programs are associated with the conservative movement that elected Ronald Reagan in the 1980s and George W. Bush in the 2000s, in fact, the federal government dramatically increased federal funding of abstinence programs during the Clinton
administration. In 1996, as Clinton was seeking re-election, and having promised voters he would “end welfare as we know it,” he ultimately signed a version of legislation that included a measure drafted in the Republican-controlled Congress, which included $50 million in federal grants for state and local abstinence programs, to be matched with more than $40 million of local spending.

When the Campaign began that same year, its leaders determined that the group would seek to work with the abstinence-only movement. Ironically, the Campaign adopted a popular term from Republican politics, calling the model a big-tent approach. The concept, according to Campaign officials, was that no effort that could play a positive role of any kind toward reducing teen pregnancy rate should be shunned. The board’s Bill Galston came to call this approach “Unity of goal, diversity of means.”

Obtain and Disseminate Reliable Information
Another way that the Campaign steers clear of political divisiveness is by taking approaches based as much as possible on scientific data. What that means, according to those involved, is finding, digesting, and then promulgating the best available research on both what social factors promote teen pregnancy and what methods work best to reduce them. The Campaign disseminates this data extensively to local groups that can use it in their own efforts.

“I think that one of the critical things, and one of our foundations, is that you’ve got to get your facts straight,” Brown said. “A lot of people who fight over things, when you dig around, you find that they’re really rooted in ideology.” Instead, she said, the Campaign tries to seek out the best ideas, regardless of whether they support or contradict the conventional wisdom on teen pregnancy, and put them to use.

One of the Campaign’s most widely used efforts has been a section on its Web site, as well as in its printed documents, with the simple title What Works. Recently, the Campaign boiled down some of its findings over the last decade into a 19-page What Works pamphlet for school administrators and community activists. In clear language, the pamphlet lays out the types of programs that have been most successful in reducing a locality’s teen pregnancy rate. These include curriculum-based programs that discuss both abstinence and contraception as well as broader programs that target academics and career and job development for teenagers, like the one in New Britain, Connecticut. The campaign’s Web site also includes features such as a scientific analysis of how 400 different factors affect teen sexual behavior, as well as the latest research showing that children of teen parents are less prepared upon entering school. The Campaign’s Web site received more than 11 million visits between 2000 and 2006.

Reach Out to the Media and Parents
One area in which the Campaign has elected to play a direct role has been in dealing with the nation’s media. The naming of the Washington Post’s Graham and Warner Bros.’ Rosenblum to its board was just the start of the effort to develop closer ties with the big media companies based in Hollywood and in New York.
The Campaign has actively sought to involve itself in plot lines of TV shows and on the pages of magazines popular for youth. For example, between the late-1990s and mid-2006, it forged a close tie with *Teen People*, a now-defunct magazine published by Time, Inc. The magazine published a number of articles concerning teen pregnancy prevention, including a two-page color spread of attractive and athletic teens with the headline “Can You Spot the Virgin?” (It was a trick question: they were all virgins.)

Like other public-interest groups, the Campaign has produced a number of public-service announcements aimed at a teen audience. But one thing that set its efforts apart has been its efforts to alter the content of the types of television shows and movies that have always glamorized sex but rarely showed the potential real-life consequences of an unplanned pregnancy.

In 1998, for example, the Campaign worked closely with the ABC soap opera *One Life to Live* to incorporate a story line about a teenage girl who didn’t use contraception the first time she had sex—and became pregnant. The story line, which lasted the entire nine months of the pregnancy, was later boiled down to a 10-minute video and study guide distributed to some 10,000 schools and community groups. The Campaign worked with ABC again in 2006 on a similar story line on *General Hospital*, which was based in part on talking points drafted by the organization.

Research established that messages from the mass media were very important, as was the role of peers—and of parents. Ironically, parents had often been excluded from the discussion, partly because the family-planning-oriented programs of the 1970s and 1980s were built on a belief that sexually active teens would not ask for contraceptives if parents knew more about such programs.

“There was more of a focus on simply getting contraceptives to teenagers,” said Judith E. Jones, a pioneer in the movement who is a clinical professor at the Mailman School of Public Health at Columbia University and serves on the Campaign’s board of directors. “Most people felt that parents shouldn’t be involved—that kids would not get contraceptives.” Today, the Campaign encourages parents to talk to their teenage children about avoiding pregnancy and promotes its *Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy*.

A variety of new statistics and studies have made it clear that the initial 10-year push of the Campaign has coincided with an unprecedented drop in pregnancies and births to unmarried teenagers in America. The Campaign’s target was a one-third reduction, and the most recent available government statistics analyzed by the Guttmacher Institute show that teen pregnancy rates declined by 36 percent between 1990 and 2002. The reduction among black teenagers, who had been targeted by many locally based efforts, was even larger, at 40 percent.

What is responsible for this trend? At the most basic level, the way to reduce teen pregnancy is either through less sexual activity or through increased or more effective contraception. The most in-depth study of this question, recently published by a team led by John Santelli, a professor at the Mailman School of Public Health, Columbia University and a senior fellow at the Guttmacher Institute, found that although the picture is a mixed one, the largest share of the...
decline in teen pregnancy is attributable to both increased and better use of contraceptives. The researchers concluded that about 86 percent of the decline is the result of contraceptive practices, with a revealing difference when teenagers are separated into a younger and an older age bracket. Among the 18- and 19-year-olds surveyed, contraception accounted for almost all of the drop. Among 15- to 17-year-olds, the study found that contraceptives accounted for 77 percent, meaning that abstinence, which accounted for the remaining 23 percent, also played a significant role for this age group.

The debate over abstinence versus contraception fails to answer a critical question: What were the underlying social factors that caused teenagers to increase contraception use or defer sexual activity during this period of declining rates in the 1990s and early 2000s? It appears that a number of factors came into play at the same time that, when taken all together, had a positive impact. Those factors included the following:

- **Greater awareness and concern among teenagers about contracting HIV/AIDS and other sexually transmitted diseases** throughout the 1990s, which in turn led to increased use of condoms and also lowered the pregnancy rate. The Santelli-led study found that in the seven years from 1995 to 2002 condom use among teenagers who were sexually active increased from 36 percent to 53 percent, and the improvement was more pronounced in the 15-to-17-year-old group. What’s more, better education about the effectiveness of condoms in preventing HIV/AIDS led to a much larger number of teens using two contraceptives at the same time, such as condoms and birth control pills—with a positive impact on pregnancy rates.

- **Technological improvements in contraception.** For example, the 1990s saw increasing use of Depo-Provera, a form of contraception that can be given in three-month injections as opposed to a birth control pill that must be taken daily. The rate of Depo-Provera use is highest in the United States among black teenagers, in part because of its free availability in inner-city health clinics. Its rate of effectiveness is dramatically better than that of other available methods.

- **The federal welfare reform program that was enacted in 1996**, the same year that the Campaign was founded, and came into effect by the end of the decade. The 1996 law included a requirement that teen mothers under the age of 18 live with their parents or in another supervised setting and remain in school. Also, a number of states enacted provisions to deny additional benefits for a second child who was born or conceived while the mother was already receiving welfare. So far, academic researchers are divided over how much these law changes have affected teen behavior, but community activists—like New Britain’s Bilodeau, for example—believe welfare reform is a factor. “Personally, I think welfare reform has a lot to do with the reductions,” she said.

- **Changing social mores.** The evidence of declining sexual activity by high school-aged teens is clearly a factor in the decline in teen pregnancy, although it is difficult for researchers to quantify how much of the drop is the result of fear of HIV/AIDS; how much because of abstinence-only education, boosted by the sharp rise in federal funding of it since the enactment of welfare reform; and how much is simply due to a more conservative social climate among American teenagers and their parents. At the Campaign, Sarah Brown noted that the most recent public opinion surveys show that not only most parents but a majority of teenagers themselves support the concept of teens delaying sexual activity until they are older, and she called this “one of five or six contributing factors” in reducing rates.
Campaign officials readily acknowledge that it is impossible to place a hard statistical value on the role that its own efforts have played in the pregnancy-rate reduction, although they believe they deserve some measure of credit. A number of experts who study teen pregnancy agree with them. The Campaign contracts with the consulting firm McKinsey & Company to evaluate its effectiveness and also uses national public opinion surveys to gauge how and how much teen sexual practices and mores are changing.

In August 2003 McKinsey delivered the results of a survey of the people the campaign considers its “customers,” a list that includes policy leaders—state and local officials as well as journalists and entertainment executives. More than 80 percent of those in the teen pregnancy prevention field reported that the Campaign had helped them to be more effective in their work.

McKinsey also found that its clients in each of the categories listed the Campaign as the primary resource among a dozen groups that dealt with teen pregnancy issues. Using another measure, in a viewer survey after the consumer giant General Mills worked with the WB Network (now the CW Network) to incorporate a teen pregnancy awareness message into the popular series Dawson’s Creek, 68 percent of viewers ages 13 to 17 said the shows made them more aware of the risks and consequences of sex.

Other Programs Funded by the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation has also supported a number of smaller and midsized teen pregnancy prevention programs. Not surprisingly, these programs have also reflected a mix of strategies, with some that stress abstinence and others that emphasize a range of preventive measures, including contraceptives.

In fact, even before the launch of the Campaign, the Foundation had supported an early abstinence-based program, the Washington, D.C.-based Best Friends Foundation, which had been created in response to a rising inner-city teen pregnancy rate during the 1980s by Elayne Bennett, a Georgetown University educator who is also the wife of former U.S. Secretary of Education William Bennett. The youth development program for girls in grades six through 12 seeks to promote abstinence in sexual activity, drinking, smoking, and using drugs by raising self-esteem among the girls through a combination of mentoring and strong role models, as well as participation in cultural activities like music and dance.

From 1990 through 2003, the Foundation awarded a total of $2.2 million in five grants to the Best Friends Foundation, beginning with a small pilot project in Washington and growing in the mid-1990s with funding to help expand the model into more than half a dozen other school systems across the country. The relationship between the Foundation and the Best Friends Foundation hit a snag, however, with a disagreement over the best way to evaluate the abstinence program. When the Best Friends group could not agree on an evaluation plan with the Foundation-hired evaluators, Mathematica Policy Research of Princeton, New Jersey, the Foundation’s support of the program was gradually phased out.
For the most part, the teen pregnancy reduction efforts financed by Foundation grants have tended to be smaller, community-based programs that take a comprehensive approach that includes access to contraception but centers on education—not just about relationships or the risk of sexually transmitted disease but also about career training and academics. Overall, the Foundation has spent roughly $5 million since the early 1980s on these smaller programs, as well as for opinion research and scientific study on teen pregnancy prevention.

One program in the Foundation’s backyard, funded through the Foundation’s New Jersey Health Initiatives program, is a school-based pregnancy prevention effort at three schools in Atlantic County in the south-central part of the state. In 1999 the Foundation awarded $270,000 to Atlantic County for three schools to launch an offshoot of a program called Teen Choice, which appeared to be effective in the far different, urban environs of upper Manhattan. The program, which is not connected to other Foundation-supported programs like the Campaign, was launched after statistics showed Atlantic County had among the highest teen birth rates in New Jersey.

One of the three schools was Buena Regional High School in Buena, New Jersey, a rural community where many parents commute to service jobs in the Atlantic City casinos, about 40 minutes away. Just as at the Pathways/Senderos program in New Britain, a visitor to Teen Choice at Buena High at first might not realize he was witnessing a program dealing with teen pregnancy. At one session on a Tuesday morning, about 40 students filed into an airy, cinder-block school library to watch a series of skits performed by a group of their peers—acting students from a technical high school in neighboring Burlington County, New Jersey. The skits, and even a musical number, centered on the theme of domestic violence in long-term relationships and toward gays.

In one skit, a girl delivered a soliloquy to her baby brother about calling in protective services to deal with their physically abusive mom, while in another, an African-American recounted her relationship with the white father of her child as he became drawn toward skinhead politics and the couple descends into violence and abuse. The racially mixed group of Buena students applauded the sometimes emotionally jarring production. Its message about healthy relationships, while indirect, is increasingly a major part of pregnancy prevention programs.

Kathy Bress, the program’s coordinator since it began in 1999, said the skits fit well with the program’s broader goals of boosting self-esteem as well as healthy teen relationships. The Teen Choice program also places a strong emphasis on peer-to-peer counseling, through what it calls a natural helpers program. Bress herself also works hard to build close ties with students, attending their sporting events and other activities “so they just don’t think of you as ‘the sex lady.’”

Yet in many ways the Teen Choice program is rooted in some of the highly traditional norms of teen pregnancy prevention. Although community leaders do not permit the distribution of condoms, the school-based program is aggressive in sending sexually active students to family-planning clinics. “There isn’t a bus that comes through here, so we really have to negotiate time to get them to the facilities,” Bress explained.
In May 2005, the National Campaign to Prevent Teen Pregnancy celebrated its 10th anniversary by announcing that it was setting an equally ambitious goal for its second decade: to reduce the rate of teenage pregnancy by another one-third by the year 2015. Campaign officials conceded that reaching the target would require new approaches to build on the basic strategy developed during the 1990s.

“I don’t know whether it’s realistic, but it’s good to set a goal that will challenge the country as well as the organization to do better,” said Isabel Sawhill, the Campaign’s president. Officials note that despite the dramatic reductions of the last 10 years, teen pregnancy and birth rates in the United States remain much higher than in the other industrialized nations.

Thus Campaign officials are looking more closely at factors in teen pregnancy that had not been emphasized in earlier successful programs. One of these is the role that young men and teenage boys play in preventing unwanted pregnancies. A February 2006 report released by the campaign entitled *It’s a Guy Thing: Boys, Young Men and Teen Pregnancy Prevention* noted that, with little fanfare, reduced sexual activity and increased condom use driven by male behavior had accounted for some of the recent drop in pregnancy rates; it encouraged local programs to work more closely with males to accelerate this trend.

Brown said that although her group has always worked closely with religious leaders, the Campaign is currently increasing its efforts to learn more about the role that a person’s faith and belief system can play in efforts to reduce pregnancy, mainly by promoting abstinence. It is also focusing more on how issues like sexual abuse affect teenage behavior, and thus pregnancy.

But officials acknowledge that future funding is a concern. At the Campaign itself, Brown said she is worried about what she called “issues fatigue” as donors and activists look toward newer issues in the public spotlight. There is also the lingering impact of the current administration in Washington, which restricts most federal funding for teen pregnancy prevention to abstinence-only programs. Currently, the Campaign is on its fifth grant from the Robert Wood Johnson Foundation—funding that ends January 2008. In May of 2007 Campaign officials announced that it was expanding its core mission to include an effort to reduce unwanted pregnancies among women in their 20s and older, with the help of a three-year, $18-million grant from the William and Flora Hewlett Foundation. The effort is a response, they said, to new data showing that unwanted pregnancies among older women have not declined at the same rate as they have for teenagers.

Regardless of whether its ambitious new goal of reducing teen pregnancies by one-third can be reached, officials said the Campaign has already provided a kind of road map for how society can tackle its most politically divisive public health problems—with good science and best practices at the core, but also a willingness to listen to and work within the broad range of American cultural, religious, and community standards, as well as understanding the role of media in shaping opinions.
Notes


4. Ibid.


11. A study of 2,000 children in federally funded abstinence-only programs by Mathematica Policy Research, released in April 2007, found that these programs were ineffective. The report stated that young people in the programs "were no more likely to abstain from sex than their control group counterparts." (www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf)