



## Making a Difference for At-Risk Populations

Teen pregnancy prevention efforts, particularly for high-risk youth, are most effective if they are part of a youth development framework that addresses multiple risk factors. Healthy development for adolescents is related to family support, positive peer influences, effective education, safe schools and communities, and an array of other issues. Positive youth development programs—which promote healthy development for youth through greater community and adult support—address the full range of risks young people face and can best prevent unplanned pregnancies, involvement with the criminal justice system, or dropping out of school.

This brief outlines disparities in teen pregnancy and birth rates, identifies teen populations at high risk for pregnancy, and examines prevention programs that target these populations. Aiming pregnancy prevention efforts at high-risk groups can allow policymakers to more effectively address teen pregnancy and problems stemming from it.

### Disparities in Teen Pregnancy and Birth Rates

Teen pregnancy and birth rates in the United States have declined since 1991. U.S. teen pregnancy and birth rates are the highest of any western industrialized nation, however, and 2006 data indicate rates may again be rising.<sup>1</sup> Further, a much steeper decline has occurred in teen pregnancy and birth rates among some demographics. Latina teens are one population with high rates of teen pregnancy, and evidence indicates that teens in foster care and those with a gang affiliation also are at increased risk for pregnancy. Although current prevention efforts effectively reduced the overall number of youth who have sex and increased the number of youth who use contraceptive and other prevention methods, unique cultural and economic characteristics of these youth may not be addressed in existing programming, which could contribute to high rates of teen pregnancy.<sup>2</sup>

Hispanic and Latino/a are used interchangeably in this paper according to the source material. Generally, “Hispanic” is used by government agencies to refer to those from a Spanish-speaking country, and “Latino/a” is used by independent researchers and nonprofit organizations to refer to anyone from Mexico, the Caribbean, Central America or South America.

The detrimental effects of teen births on both teen parents and their children are well-documented. Teen mothers and their children have less education, are more likely to be in poor health, and are more likely to rely on public assistance. In addition, teen pregnancy cost taxpayers nearly \$9.1 billion in 2004.<sup>3</sup> Clearly, the importance of preventing teen pregnancy should be emphasized to all teens in an accessible way.

Failure to address the disparities in pregnancy rates among teen populations in a cost-effective and culturally relevant way hinders progress toward reducing teen pregnancy and could negate the progress made during the past few decades. In fact, according to data released by the Centers for Disease Control in December 2007, in 2006 the nation experienced the first increase in teen pregnancy and birth rates since 1991. Although the highest birth rate increase was among African-American teenagers (5 percent), birth rates among white and Hispanic teens also increased (3 percent and 2 percent, respectively). Hispanic teens experienced the smallest rate increase among the populations surveyed, although they have the highest teen birth rate. The Hispanic teen birth rate is 83 per 1,000 teens—nearly twice the national teen birth rate of 41.9—compared to 63.7 for African-American teens and 26.6 for white teens.<sup>4</sup> More than half of American Latinas will have at least one pregnancy before they reach age 20.<sup>5</sup>

To prevent the recent spike in teen birth rates from becoming a sustained trend, prevention efforts must target those groups with the most room for improvement

and that research indicates are at an increased risk for teen pregnancy. Some progress has been made toward identifying at-risk populations and developing programs that address their specific needs, but more remains to be done.

## Identifying At-Risk Teens

### *Latina Teens*

Race and socioeconomic issues play a role in the wide variation between racial groups in adolescent pregnancy rates. Latina teens have experienced the smallest decline in teen pregnancy and birth rates during the past few decades; they currently have the highest teen birth rate of any racial/ethnic group.<sup>6</sup> When the teen pregnancy rate of women ages 15 to 19 plummeted across the nation between 1990 and 2002, there was a 40 percent decrease for African-American teenagers and a 34 percent decrease for white teenagers, but only a 19 percent dip for Hispanic teenagers.<sup>7</sup> The recent increase in teen pregnancy and birth rates in 2006 indicated that African-American teens were 2.4 times more likely and Hispanics were 3.3 times more likely than their white peers to become teen parents.<sup>8</sup>

Research suggests that current teen pregnancy prevention programming generally is not culturally sensitive,<sup>9</sup> and that Latina teens are over-represented in the recent increase in the teen birth rate because they are not benefiting from current prevention programs.<sup>10</sup>

Teen birth rates also vary among Latina subgroups—Latina teens represent diverse geographic and cultural backgrounds (see Figure 1).<sup>11</sup> Country of origin, immigrant generation, language, and type of household are factors that can affect Latina youth and their sexual behavior.

Research has shown that family-centered intervention programs that focus on improving family dynamics can effectively reduce high-risk behavior among Hispanic youth.<sup>12</sup>

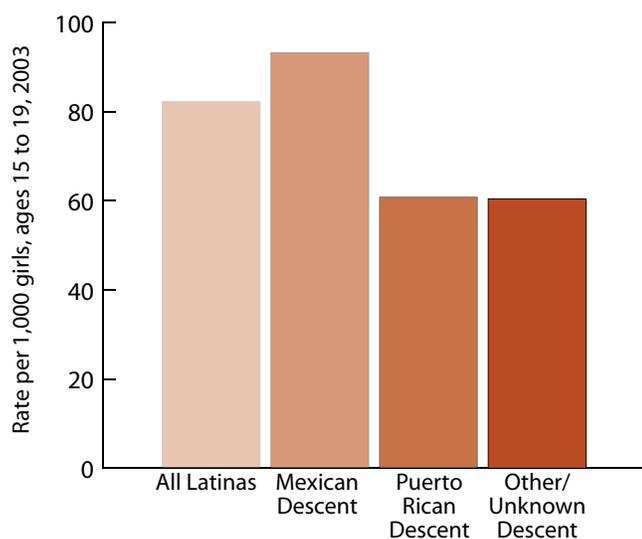
### *Teens with Gang Affiliations*

Recent research conducted in a predominantly Latino San Francisco neighborhood indicates that teenage girls whose boyfriends are in a gang are twice as likely to become pregnant as their peers.<sup>13</sup> The study found no increased pregnancy risk for girls in gangs, and the researchers suggest that the difference is based on cultural and economic factors. Young women with gang-involved partners may feel social pressure to have a baby to increase their status within a relationship and see sexual decision-making—including pregnancy and condom use—as up to men.<sup>14</sup> The researchers contend that integrating reproductive health education with violence prevention efforts is crucial to intervention methods for this population.<sup>15</sup>

### *Teens in Foster Care*

Teen pregnancy prevention programs tend to emphasize parental involvement and improve family dynamics, but at least one high-risk teen population—those in foster care—does not benefit from this type of intervention. The presence of a biological relative or any engaged adult can be a deterrent to high-risk behaviors. Teen girls who live with non-parent relatives begin having intercourse at a younger age than those who have always lived with at least one biological parent.<sup>16</sup> One study found that almost one-third of girls in foster care become pregnant at least once by age 17.<sup>17</sup> The transition from the foster care system to independent living—“aging out” of the system—is a crucial intervention point. States can provide more stability and a support network for these foster youth by offering job placement assistance, housing vouchers and educational programs.

**Figure 1. Teen Birth Rates Among Latina Subgroups**



**Source:** The National Campaign to Prevent Teen Pregnancy, *Bridging Two Worlds: How Teen Pregnancy Programs Can Better Serve Latino Youth*, 2006.

## Teen Pregnancy Prevention Programs in the Private and Public Sectors

### *What Is the Federal Government Doing?*

The federal government provides funding for general teen pregnancy prevention through various agencies and programs.<sup>18</sup>

- **Medicaid and SCHIP** funds cover pre- and post-natal health care for teen mothers and their children. Medicaid also covers family planning services—including physical exams, laboratory tests, counseling and education, and contraception—although state service and provider coverage varies. Family planning services are extended to additional higher-income populations in 20 states that use Section 1115 waivers to do so.
- States have wide latitude with their use of Temporary Assistance for Needy Families (TANF) funding, some of which is used for education programs and other social services.
- **Title V Section 510** funding supports abstinence-only sex education provided by the state or independent organizations.
- **Title X Family Planning** funding provides federal grant money to family planning service providers for physical exams, laboratory tests, counseling and education, and contraception, but they cannot be used in programs that provide abortions. Title X funds also are used to train clinical personnel to ensure the quality of family planning services.

Teen advocates support increased funding for these programs because current funding levels—especially for Title X programs—have stagnated. The budget allocation for Title X increased to \$300 million for FY 2008, after stalling at \$283 million for two years.<sup>19</sup> If program funding had merely kept pace with inflation since 1980, the 2008 budget allocation would be more than \$700 million.<sup>20</sup>

Advocates emphasize that Title X programs generally provide a return on investment of almost \$4 for every \$1 spent.<sup>21</sup> The Guttmacher Institute estimates that doubling Title X spending would help avert some 243,750 unplanned pregnancies annually across all age groups nationwide.<sup>22</sup>

Moreover, some prevention advocates oppose use of public funding to support teens who already have become parents, arguing that such programs limit use of the funds for pregnancy prevention.<sup>23</sup> Others oppose use of public funding for abstinence-only sex education on a similar basis, due to concerns over comparative cost-effectiveness.

The Prevention First Act (S.21/ H.R.819), introduced in 2008 by Senator Harry Reid and cosponsored by then-Senator Barack Obama, would provide additional funding for a broader array of pregnancy prevention education programs. Title V of this bill would give funding priority to teen pregnancy prevention programs for at-risk teen populations with higher than average or increasing rates of teen pregnancy and underserved populations such as young males or immigrant youths. The legislation also encourages innovation and coordination with positive youth development programs such as workforce development and after-school programs. Until this or similar federal legislation is passed, states have some flexibility in determining which programs to fund and are increasingly using funds to address the at-risk teen populations described below.

*State and Local Programming for Latino and Latina Teens*  
During the past few decades, California has seen one of the most drastic reductions in its overall teen pregnancy and birth rates.<sup>24</sup> The disparity across the state is just as drastic as in the rest of the nation, however; California Latina teens are four times as likely to become pregnant as their white peers.

The Latina/o Pregnancy Prevention Workgroup,<sup>25</sup> a project of the University of California's Adolescence Workgroup, was created to address the knowledge and research gap surrounding this disparity. The specific goals of the workgroup are to:

- Identify effective strategies for pregnancy prevention among Latina teens;
- Strengthen the links between academic research related to teen pregnancy and teen pregnancy prevention programs to produce better outcomes for teens; and
- Contribute to current youth and family development research about culturally appropriate practices for prevention.<sup>26</sup>

According to *Best Practices in Teen Pregnancy Prevention: Practitioner Handbook*, published by the workgroup in 2004, successful teen pregnancy prevention programs recognize and appropriately address cultural values regarding gender roles and the importance of working and education. Some Latinas may not see the need to become self-sufficient or may think of motherhood as the end of their formal education. This requires culturally sensitive framing of work and school as a means of providing for their childrens' future.<sup>27</sup> The workgroup has partnered with six teen pregnancy prevention programs in California to incorporate the "best practices" recommended in the handbook. The practices were drawn from pregnancy prevention literature, practitioner interviews and site visits, although their implementation in new sites has yet to be evaluated.<sup>28</sup>

The *Hablando Claro* (Plain Talk) program has been implemented in various settings across the country, including communities in California, Georgia, Louisiana, Minnesota, New Jersey, New Mexico, North Carolina, Ohio, Texas, Wisconsin, and Puerto Rico. The program seeks to expand access to contraceptives by young people, but also targets parents and other adults in teens' communities, focusing on informing and empowering them to be "askable adults" with whom teens are comfortable discussing sexual health issues. The program identifies "Walkers and Talkers" in communities who visit their neighbors, provide information and engage the entire community in the program. These Walkers and Talkers also facilitate "Home Health Parties," hosted by community residents, which provide information and opportunities for discussion among parents and adults. Although the program has made progress by providing information to those who speak only Spanish, to be a truly culturally competent program it would need to take into account teens' cultural and religious backgrounds and other unique circumstances. Program evaluation reveals success in reducing the prevalence of teen pregnancy in local communities, an increase in participants' knowledge of access to contraception, and willingness to talk about it with adults.<sup>29</sup>

Idaho's effort to curtail teen pregnancy, the Adolescent Pregnancy Prevention program, was an outgrowth of a Governor's Council established by executive order. The state uses TANF funds to partner with community organizations that offer after-school programs and train local community members and peer educators in comprehensive pregnancy prevention education, targeting all youth, with a focus on Latino populations.<sup>30</sup>

*State and Local Programming for Gang-Affiliated Teens*  
Pregnancy prevention targeting teens with a partner in a gang is a relatively new area, but could provide insight into the complex interplay between gender and violence in teen pregnancy, even among youth who are not affiliated with organized gangs. In 2006, a report commissioned by a nonprofit law enforcement coalition in Detroit found that a decline in violent juvenile crime and other high-risk behaviors was accompanied by a 30 percent reduction in teen pregnancy.<sup>31</sup>

Because this is a new area for intervention, most approaches are life skills programs, seeking to simultaneously curb teen pregnancy and youth violence or gang participation. These programs frequently work with "gang-influenced" youth who live in at-risk communities or public housing projects.<sup>32</sup> One such program—the Teen Outreach Project—is overseen by the Missouri-based Wyman Center in sites in St. Louis and replicated in 40 states. The life skills curriculum can be used in middle and high schools or offered in community-based settings. The program—emphasizing service learning, decision-making, resisting negative influences, relationships and other subjects—has effectively reduced unplanned pregnancies among participants and has also reduced school dropout or suspension rates.<sup>33</sup>

### *State and Local Programming for Teens in Foster Care*

Positive youth development approaches are particularly crucial for youth in foster care who face a barrage of social and health risks.

In 2005, research conducted by the New York City Public Advocate's Office found that one in six of the young women in the city's foster care system is either pregnant or parenting. The primary recommendation of the report is to reduce the teen pregnancy rate through enhanced sex education programming. Further recommendations to the state Legislature include increased funding for support services for pregnant and parenting youth and their children in the foster care system.<sup>34</sup>

Illinois is one of a few states that extends state foster care responsibility for youth to age 21 (although many others extend Medicaid eligibility to that age). This policy approach can offer the support older teens need to avoid unwanted pregnancies. A study by University of Chicago researchers indicates that the extended stay in state care

significantly contributes to more educational attainment, higher earnings, and fewer unplanned pregnancies.<sup>35</sup>

Florida created the *Enabl* program (Education Now and Babies Later) in statute in 1995.<sup>36</sup> The program provides state matching funds to local and community organizations that target at-risk populations, including foster youth, for pregnancy prevention efforts.

In California, county-based independent living programs provide pregnancy prevention education to youth up to age 20 who are making the transition from foster care; it is supported in part by state TANF funds.<sup>37</sup>

## Conclusion

No single remedy or program will prevent all unplanned teen pregnancies, nor is there one solution or program that can effectively prevent pregnancy for diverse groups of teens. Recognizing that teen populations respond to pregnancy prevention programs that are sensitive to their cultural backgrounds and varying lifestyles is crucial to developing and implementing successful programs.

Policymakers thus can consider targeted interventions that focus on at-risk populations such as those described here. Creative use of funding streams and innovative partnerships with local organizations can help young people when they are most vulnerable, such as when they age out of foster care. Prevention programs can target multiple risk factors at once, such as pregnancy or sexually transmitted infection risk and gang involvement.

At the policy level, use of available funding for family planning services—and the necessary outreach to ensure teens know that services are available—helps teens access the services they need to prevent unintended pregnancies. Expanding support services for youth in foster care, where possible, also has proved effective in achieving the same goal.

A significant reduction in teen pregnancy and birth rates will improve the health of American teens, and also will reduce both their and their children's reliance on publicly funded programs, thus lessening long-term health expenditures. This will help improve the quality of life of all American teens.

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