Statement of
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The focus of my remarks is on the prevention of adolescent pregnancy. Once a pregnancy occurs to an adolescent, all of the available options are difficult and impose costs on individuals and/or on society. Therefore, the prevention of adolescent pregnancy should have high priority for policy makers. The U.S. teen birth rate was nearly one-quarter higher in 1992 than in 1986. Moreover, the current U.S. teen birth rate (61 births per 1000 females aged 15-19 in 1992) is the highest teen birth rate by far among comparable industrialized democracies. We need to do some hard and clear thinking about ways to prevent adolescent pregnancy.

What is required to prevent adolescent pregnancy?

Broadly speaking, there are three types of factors that need to be addressed:

- information,
- contraceptive services, and
- motivation.

Information. By information, I mean education about sexuality that takes place in the home, in a religious setting, a school, or a community organization that goes beyond the mere clinical facts of reproduction. Research to date indicates that the most effective sex education approach is one that both encourages abstinence and also discusses contraception. Numerous studies have found that discussing contraception does not seem to encourage teens to have sex. Research has also found that combining messages about abstinence with messages about the importance of contraception when sex is eventually initiated is more effective that either pushing abstinence alone or pushing contraception alone.

Services. By services, I mean accessible and affordable contraceptive services. There is no question that abstinence is the most effective way to prevent not only pregnancy but also sexually transmitted diseases, including AIDS. However, there is also no question that some teens are going to have premarital sex in this country, as they do in many other countries, and that tax payers as well as the teens will be better off if teens are protected from pregnancy, AIDS and other sexually transmitted diseases. Curtailing funds for family planning during the 1980s doesn't seem to have had much effect on adolescent sexual behavior. Despite significant cutbacks in funds for family planning, the proportion of teens who initiated sex increased during the 1980s. On the other hand, funding cutbacks have made contraceptive services less accessible and affordable for some teens, and the teens who are the least likely to surmount barriers to access are the teens who are the least motivated to prevent parenthood.

Motivation. Motivation is the third critical component. While sex education and contraceptive services are needed and do not seem to cause teens to initiate sex when they would not otherwise have done so, the provision of information and services does not address the more fundamental question of motivation.

Teens who are bound for college or another form of post-secondary education, who look forward to good jobs and a comfortable family life, will postpone having sex or diligently use contraception in order to avoid pregnancy (and, if they do become pregnant, the majority have abortions). Teens who lack hope for the future are likely to drift into sexual activity at a young age; they may not avail themselves of contraceptive services even when services are made readily available in a school-based clinic. These kids are taking risks with AIDS; it is not surprising that they are taking risks with pregnancy as well.

The notion of "drift" is very important here. We know from numerous studies that the overwhelming majority of pregnancies to teenagers, particularly those to unmarried adolescents, are unintended (in fact, nine in ten pregnancies to unmarried teens are unintended). Thus, there is really much more common interest between policy makers, taxpayers, parents, and teens than is commonly supposed. Most adolescents, even those who experience pregnancy, don't want or intend their pregnancies. Rather, they seem to drift or be pressured, or even coerced, into sex without much consideration of the long-term consequences. It isn't that they are seeking pregnancy in order to qualify for welfare benefits, or for any other reason. The problem seems to be that the teens who experience pregnancy are not seeking or planning for much of anything. It takes a lot of motivation to resist pressures for sex, or to obtain a method of contraception and use it consistently and correctly over time. The fact is that the probability of pregnancy among sexually active couples who do not use contraception is very high; about nine in ten will experience pregnancy in a year's time. Moreover, even among that majority of teens who do use contraception, failure rates are high, particularly for young, poor and single women. Thus, in the absence of substantial motivation, pregnancy is, unfortunately, quite likely.

How, then, can we increase the motivation of teens?

It is my considered opinion that cutting welfare benefits to adolescent parents will have little effect on the sexual behavior of teens, in part because their pregnancies are unintended, in part because cutting benefits has no effect on the incentives faced by their male partners, and in part because the research literature so clearly identifies other factors as the underlying causes of early sexual initiation and pregnancy.

We know from studies conducted throughout the world that economic opportunity, educational opportunity, and opportunity for women are associated with postponing childbearing, longer intervals between births, and smaller family sizes.

Research on teenage childbearing in the United States similarly identifies socioeconomic opportunity as a very strong predictor of early childbearing. In several reviews of research conducted in the United States, we have identified four broad sets of factors associated with early

childbearing among adolescent males and females. These are: poverty; school failure; being involved in other forms of risk-taking or behavior problems; and family problems. Analyses that we have recently conducted among a sample of white high school students illustrate the magnitude of these factors. Among a sample of eighth grade girls, we found that only 1.6 percent had a birth during their high school years if they aspired to graduate from college, if their parent was a college graduate, and they had no serious behavior problems. On the other hand, among eighth graders who only aspired to complete high school or less, who were described as having at least one behavior problem at school, and whose parent had no more than a high school education, 28.5 percent had had a baby four years later.

I do not mean to imply that programs must necessarily get all teens through college. The point is that teens need to have some hope for the future. They need to be embedded in a structure of incentives that includes negative sanctions for undesirable behavior combined with positive sanctions that support and encourage desired behavior.

In addition, this structure of incentives, which combines both positive opportunities and negative sanctions, needs to be directed at males as well as females. The fathers of the babies born to teenagers are generally older than the young mothers, and two-thirds are not themselves teenagers. The primary lever policy makers have to affect male incentives is enforcement of child support. Fathers, even younger fathers, should contribute to the support of their children, and if they are unemployed, fathers as well as mothers should receive education and job training and be subject to "workfare" to enable them to provide child support. If Congress wants to send a message intended to discourage teenage parenthood, child support enforcement would be my number one recommendation.

Another element in the prevention of pregnancy is the prevention of subsequent pregnancies. Intervention programs find that it is very difficult to prevent the occurrence of second and later pregnancies. Indeed, in the United States, the occurrence of repeat births to teens climbed 12.5 percent between 1985 and 1992. Several studies have found that repeat childbearing and larger family sizes predict a higher probability of welfare entry and a lower probability of welfare exit; consequently the fact that programs have been unsuccessful in delaying second pregnancies is disturbing. On the other hand, very few Americans prefer to have only one child, and I suspect that this very strong normative preference to avoid having an only child is at least part of the reason that we see so many second births in short order. Again, it's a matter of low motivation, combined with the disorder and difficulties inherent in the lives of young, single parents that leads to pregnancies that aren't wanted or intended, but which are not prevented either. Data from a small-scale study in Baltimore indicates that, after several births, many young mothers resort to abortion and then sterilization to finally control their fertility. [National data indicate that 64 percent of black women and 54 percent of white women with less than a high school education had been sterilized in 1988.] The difficulty of delaying second births strengthens, for me, the importance of delaying the first birth.

In summary, while there are no silver bullets or quick solutions, we have a number of leads. Sex education can encourage teens to delay sex and use contraception, but the effects to date are rather small. Declining

funding for family planning services has not resulted in less sexual activity; and increased support for contraception represents a good investment. Finally, rather than focussing a set of severely punitive measures on younger mothers, public policy should structure a set of positive as well as negative sanctions, including child support enforcement, that are constructive and that apply to young men as well as adolescent females.

At present, the precise model for implementing such a structure of incentives is not clear. We have learned a great deal from the demonstrations that have been implemented to assist teens who are already parents. We need to learn more about how to prevent teenage pregnancy in the first place. Between 1995 and 2005, the number of females aged 14-17 is going to increase by 1.2 million. We need to reduce the rate of teenage childbearing before this surge in the number of adolescents pushes the number of teen births even higher.

133	BOTSKO	Chris
147	BROWN	Brett
131	BUTLER	Carla
112	CHANDRA	Anita
118	CONFERENCE	
136	CONSULTANTS	
135	DARDEN	Abeni
142	DION	Robin
120	DRISCOLL	Anne
125	EMIG	Carol
138	GREENE	Angela
116	GREER	Tawanda
114	HALLA	Charlie
128	HARPER	Michelle
136	HAWKINS	Felisha
130	JONES	Fanette
115	KAPUNGU	Chisina
148	KIRBY	Gretchen
117	KITCHEN	
121	MANGUM	Roy
144	MANLOVE	Jennifer
143	MARINER	Carrie
123	McGRODER	Sharon
126	MILLER	Suzanne
124	MOORE	Kristin
119	MOSS	Hazel
113	MURRAY	Georgene
151	NEW RECEPTION AREA	
134	OAKES	Cheryl
139	OLDHAM	Erin
146	RICHTER	Kerry
140	ROMANO	Angela
149	SMALL CONFERENCE	
137	SUGLAND	Barbara
129	WILDER	Kathleen
150	WERTHEIMER	Richard
132	WORKROOM	
127	ZASLOW	Marty

Jim Sweet
6/6/2018