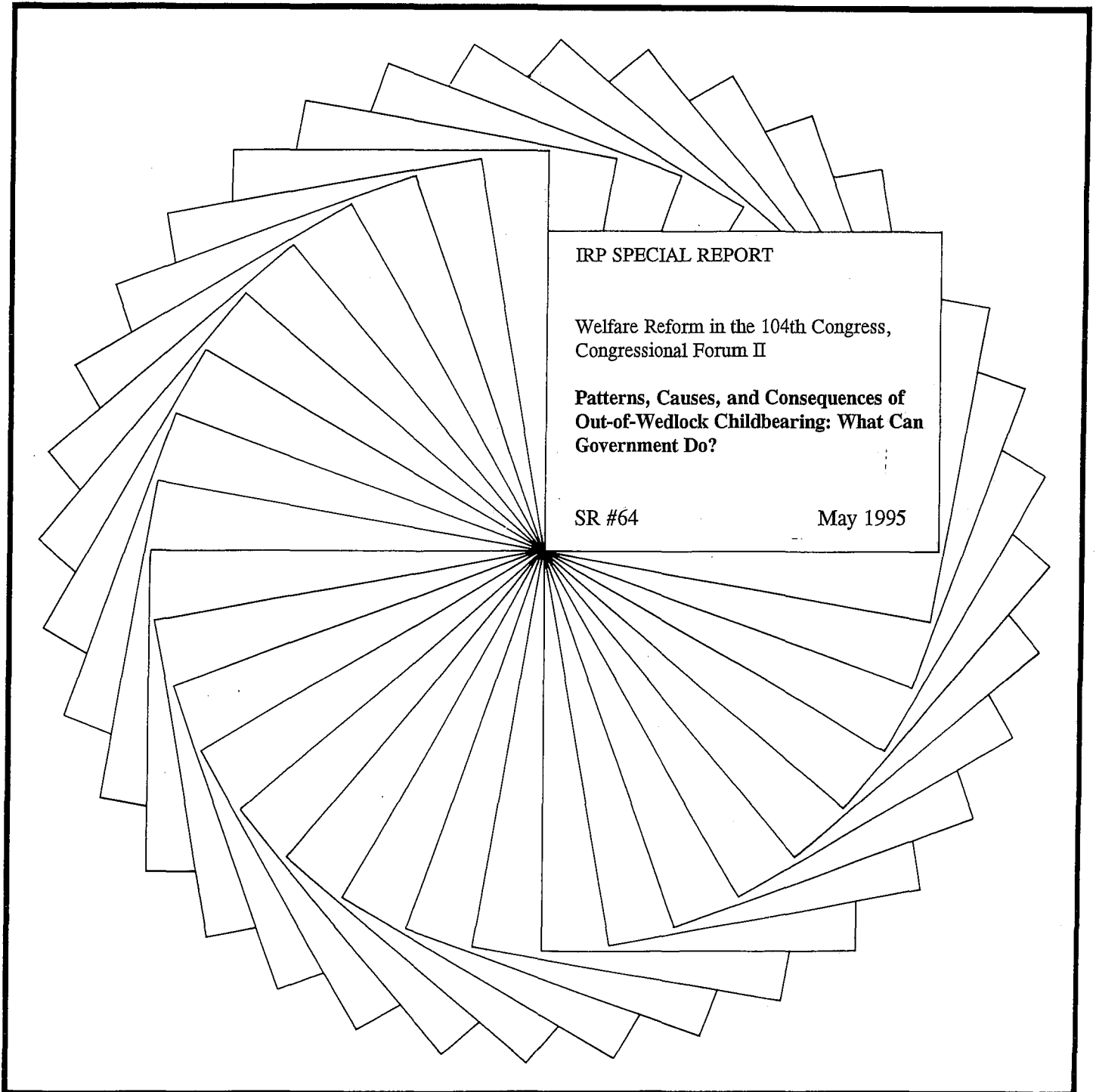


Institute for Research on Poverty

Special Report Series



IRP SPECIAL REPORT

Welfare Reform in the 104th Congress,
Congressional Forum II

**Patterns, Causes, and Consequences of
Out-of-Wedlock Childbearing: What Can
Government Do?**

SR #64

May 1995

***Welfare Reform in the 104th Congress:
Goals, Options and Tradeoffs***

Lessons from Research and State Experience

Forum II: Patterns, Causes, and Consequences of Out-of-Wedlock Childbearing:
What Can Government Do?

March 24, 1995

*A new series of forums for Congressional staff
cosponsored by the*

Institute for Research on Poverty

and the

Family Impact Seminar

Institute for Research on Poverty

Family Impact Seminar

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A new series of forums for Congressional staff

Welfare Reform in the 104th Congress: Goals, Options and Tradeoffs

Lessons from Research and State Experience

These forums are designed to provide staff of the 104th Congress with the opportunity to learn about and discuss with researchers and state welfare administrators the complex issues involved in current welfare reform proposals. The information will be presented in a non-partisan format. Special emphasis will be placed on what can be learned from recent and past experience of state welfare experiments and on the consequences of reform for parental responsibility, family integrity and child well-being. The first three forums will focus on the following topics: welfare block grants; adolescent out-of-wedlock childbearing and parental responsibility; jobs and labor market strategies for welfare reform.

Institute for Research on Poverty (IRP), University of Wisconsin

The Institute is a national, university-based center for study of the nature, causes and consequences of poverty and policies aimed at its elimination. Nonpartisan and interdisciplinary in nature, it has operated since 1966. It collects and analyzes information from state and national data on the evolving condition of the low-income population. IRP has been a leader in developing concepts, methods and evaluation procedures needed to advance the understanding of the changing nature of poverty in U.S. society. A recent book review in The Washington Post (1/1/95) described IRP in these words: "The members enjoy a reputation for work that is methodologically sophisticated, empirically sound and as close to politically neutral as research in this volatile field can be."

Family Impact Seminar (FIS), AAMFT Research and Education Foundation

The Family Impact Seminar is a non-partisan policy research and education institute founded in 1976, which seeks to promote family-centered policy at federal, state and local levels through seminars, conferences and publications. FIS is best known in Washington for its series of family policy seminars held since 1988 on Capitol Hill. Invitees include congressional and executive branch staff and policy researchers. The series has covered a wide range of topics including adolescent pregnancy and parenting, family poverty and welfare reform, literacy, child care, foster care and integrated services. Each seminar is accompanied by a comprehensive background briefing report.

IRP and FIS gratefully acknowledge the financial support of The Ford Foundation, The Annie E. Casey Foundation, The Foundation for Child Development, and The Joyce Foundation.

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The Panelists

Researchers

Kristin A. Moore is a social psychologist and Executive Director/Director of Research of Child Trends, Inc. She has studied trends in child and family well-being, the effects of family structure and social change on children, the determinants of early sexual activity and parenthood, and the consequences of adolescent parenthood. She co-edited the third wave of the National Survey of Children. Under a subcontract with the Manpower Demonstration Research Corporation, Child Trends is conducting an evaluation of the impact of the federal JOBS program on young children whose mothers receive AFDC.

Larry Bumpass is Professor of Sociology at the University of Wisconsin-Madison, Co-Director of the National Survey of Families and Households, and an affiliate of the Institute for Research on Poverty. A past president of the Population Association of America, he is currently a member of the Board on Children and Families of the National Academy of Sciences and a member of the Committee on Unintended Pregnancy of the Institute of Medicine. His research focuses on the social demography of the family, including cohabitation, marriage, the stability of unions, fertility, and the implications of these processes for children's living arrangements and subsequent lifecourse development.

Barbara Wolfe is Director of the Institute for Research on Poverty and Professor in the Departments of Economics and Preventive Medicine, University of Wisconsin-Madison. Her research areas include health economics, disability, and the effect of children's circumstances on their success as young adults. She is co-author, with Robert Haveman, of Succeeding Generations: On the Effects of Investments in Children (New York: Russell Sage Foundation, 1994).

Gary Sandefur is Professor of Sociology at the University of Wisconsin-Madison and an affiliate of the Institute for Research on Poverty. His most recent work concerns single-parent families, poverty, and public policy. He is the co-author, with Sara McLanahan, of Growing Up with a Single Parent: What Hurts, What Helps and a co-editor, with Sheldon Danziger and Daniel Weinberg of Confronting Poverty: Prescriptions for Change (both published in 1994 by Harvard University Press).

State Panelists

Rudolph Myers is Assistant Director, Division of Family Development, New Jersey Department of Human Services, where he is responsible for coordinating the research, quality control, and program evaluation activities of the state's public assistance programs, including welfare reform. Previously Myers directed human services research operations for the city of Philadelphia. He has a doctorate in anthropology.

Barbara Kemp Huberman is the President of the Adolescent Pregnancy Prevention Coalition of North Carolina and has been actively involved in human sexuality education and adolescent sexuality for over 25 years. She is one of the founders of the Mecklenburg Council on Adolescent Pregnancy, the nationally recognized model of comprehensive community-based teen pregnancy prevention programs, and served as the 1989-90 President of the National Organization on Adolescent Pregnancy and Parenting. She holds degrees in nursing and education.

Preface

The welfare debate of the past three decades focused in large part on moving adult recipients from welfare dependency to self-sufficiency by increasing their labor force participation. More recently, the discussion has centered on individual choices and behaviors that allegedly have longer-term consequences: in particular, births to teenage and unmarried mothers. Concern is increasing that young women having children before they are emotionally and economically prepared to raise them has adverse consequences for society and the parties involved, consequences that are very difficult to remedy.

The overall numbers give us a contradictory message. Teen births fell from 587,000 in 1960 to 505,000 in 1992 and the birth rate (number per thousand females aged 15-19) fell from 89.1 in 1960 to 60.7 in 1992. However, the proportion of teen births outside of marriage increased from 15 percent in 1962 to over 70 percent in 1992.

These general numbers do not fully convey the complexity and character of the issue. Teenage childbearing means that young mothers face major difficulties in fulfilling goals for their children. It often results in a life of poverty for both mothers and children. Five years after giving birth, 43 percent of teen mothers are living in poverty. Poverty rates are especially high among those living on their own (81 percent) and those not employed (62 percent); yet these rates remain relatively high among those employed (27 percent) and those living with a spouse (28 percent) or adult relative (34 percent). Children growing up in poverty, particularly chronic poverty, face diminished opportunities throughout life.

Teenage childbearing consumes a large share of welfare dollars--over \$34 billion a year for the major income support programs alone. Nearly half of all recipients are current or former teenage parents. It is seductive to look to welfare reform for a solution to teenage child-bearing, particularly outside of marriage. It would save money in both the short run, by reducing welfare expenditures, and in the long run, by reducing the number of at-risk children. If, however, the relationship between welfare and basic fertility or family formation decisions is more complex, the result of reform efforts might prove disappointing. In the meantime, other promising interventions might be ignored.

This report summarizes the empirical evidence presented at a congressional staff briefing on March 24, 1995. Kristin Moore reviews commonly held beliefs and provides facts that support or dispute those beliefs. Larry Bumpass places the issue in a broader societal and demographic context. Barbara Wolfe discusses the explicit link between economic incentives and teen childbearing. Gary Sandefur examines consequences for children growing up in at-risk households. Finally, two practitioners, Rudolph Myers and Barbara Huberman, discuss current interventions.

Commonly held beliefs about teenage childbearing

Kristin A. Moore, Ph.D.
Child Trends, Inc.

March, 1995

1. Teens who become pregnant want to have babies.

FACT: Among all pregnancies to teens aged 19 and younger, only 14 percent end in intended births. Among married teens, one in four pregnancies ends in an intended birth. Among unmarried teens, only one in ten pregnancies ends in an intended birth. However, ambivalence and low motivation are common among teens, and are associated with a higher probability of a birth.

2. Virtually all teens are sexually active.

FACTS: By their fifteenth birthday, 19 percent of girls and 28 percent of boys have had sex. By their seventeenth birthday, 53 percent of girls and 59 percent of boys have had sex. Children with highly-educated parents are much less likely to have sex early in adolescence. Thus, by age 15, 11 percent of girls with a college educated parent have had sex, compared with 25 percent of girls whose parent had not completed high school; for boys, the comparable proportions are 19 and 36 percent.

3. Most non-marital births are to teens.

FACT: only 30 percent of all non-marital births are to teens.

4a. Rates and trends for teenage childbearing are similar in the United States to other comparable westernized democracies.

FACT: The birth rate among U.S. teens is two to eight times higher than the teen birth rate in comparable nations. For example, in 1992, U.S. teens had 61 births per 1000 females; the birth rate was 6 in the Netherlands, 9 in France, 15 in Norway, and 32 in Great Britain.

4b. The U.S. teen birth rate is high because of minority teens.

FACT: The U.S. teen birth rate among non-Hispanic white teens, at 42, is higher than the rate in any comparable industrialized nation.

4c. The U.S. teen birth rate is high because U.S. teens don't obtain abortions as often as teens in other industrialized countries.

FACT: U.S. teens not only have a high birth rate but a high abortion rate. The problem is a high U.S. teen pregnancy rate.

5. The teen birth rate is higher than it has ever been before.

FACT: The U.S. teen birth rate has declined substantially from a post-War high of 90 births per 1,000 females 15-19. What is surprising is that after declining to 50 in 1986, the teen birth rate began to rise again, to 62 in 1991 and 61 in 1992. It is the case, however, that the non-marital birth rate is at an all time high. Seventy-one percent of the births to teens under age 20 occur outside of marriage.

6. Sex education causes teens to initiate sex.

FACT: Researchers have not found that sex education increases the risk of early sex. Indeed, adolescents participating in several programs that combine instruction regarding abstinence with information about contraception have tended to delay having sex.

7. Most teen mothers are black.

FACT: Among mothers 19 or younger in 1992, for whom race and ethnicity are known, 46.2 percent were non-Hispanic whites, 29.4 percent were non-Hispanic blacks, 21.5 percent were Hispanic, and 2.9 percent were from other race/ethnicity groups.

8. Welfare is an important incentive for teens to have babies.

FACTS: The teen birth rate has risen while cash benefits have fallen, and European nations with much more generous benefits have far lower teen birth rates. Furthermore, most teen births are not intended for any reason.

9. The fathers of babies born to teen mothers are also teens.

Among babies born to mothers aged 19 or younger, two-thirds of the fathers are aged 20 or older.

10. Most welfare recipients are teenage mothers.

Estimates vary slightly, but analyses of varied data bases indicate that few recipients are currently in their teens. Data from the Survey of Income and Program Participation indicate that only about 5 percent of the women receiving Aid to Families with Dependent Children are age 19 or younger. Four percent are 18-19 and one percent are 17 and younger. [Preliminary estimates from case record data suggest that as many as 7.8 percent of all recipients may be 19 or younger. Six percent are 18-19, and 1.8 percent are 17 and younger.] However, about 55 percent of all recipients were teenagers when their first child was born. The disproportionate representation on welfare of women who began childbearing as teenagers reflects their low levels of education and job skills, their somewhat larger family sizes, and their lower likelihood of marriage.

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February, 1995

TO: Individuals and Organizations Concerned
About Teenage Pregnancy and Childbearing

FROM: Kristin A. Moore, Ph.D.

SUBJECT: Release of *Facts at a Glance*, reporting 1992 data
on teen fertility in the United States

Data for 1992 show that a slight decline occurred in the U.S. teen birth rate, from 62 in 1991 to 61 births per 1,000 females aged 15-19 in 1992.

The number of births to teens declined slightly as well. In 1992, females 19 and younger had 517,635 births, compared to 531,591 in 1991.

Although the decline in the teen birth rate is very small and the teen birth rate remains 21 percent higher than it was in 1986, the decline occurred in most states. Moreover, the teen birth rate declined slightly among non-Hispanic whites and blacks, while remaining stable among Hispanic teens.

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A microcomputer data file providing state data for 1992 and previous years and another providing detailed national data will also be available in March from Child Trends (\$25 for one, or \$35 for both). Files can be ordered, or further information can be obtained by writing or faxing Child Trends.

Child Trends staff will complete two reports in March on the topic of teenage childbearing. *Adolescent Sex, Contraception and Childbearing: A Review of Recent Research* reviews recent scientific studies on the antecedents of adolescent sexual activity, contraception use and pregnancy resolution. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations* provides an overview of recent evaluations and discusses the need for new intervention efforts with stronger evaluations. Ordering information can be obtained by writing or faxing Child Trends.

If this fact sheet has reached an inappropriate office, please forward it to the appropriate person. If you would like to add someone to our mailing list, or if you would like to have an address corrected or deleted, please write or fax us with the corrected information. We can also be reached by e-mail at 73252.3431@compuserve.com.

This informational effort is funded by the Charles Stewart Mott Foundation of Flint, Michigan.

FACTS FACTS FACTS

AT A GLANCE

February, 1995

TEEN BIRTH RATE. Between 1986 and 1991, the teen birth rate rose by one-quarter. In 1992, this increase stopped, and a tiny decline was registered. Although the decline in the teen birth rate was small, it occurred in nearly every state and among both black and white teens. It is too soon to know whether this slight decline represents the beginning of a sustained downturn.

	Teen Birth Rate (Births per 1,000 Females Aged 15-19)										
	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992
All Females											
15-19	89.1	68.3	53.0	51.0	50.2	50.6	53.0	57.3	59.9	62.1	60.7
Whites*	79.4	57.4	45.4	43.3	42.3	42.5	44.4	47.9	50.8	52.8	51.8
Blacks*	156.1	140.7	97.8	95.4	95.8	97.6	102.7	111.5	112.8	115.5	112.4

*Before 1980, race of child; from 1980 onward, race of mother.

NUMBER OF BIRTHS TO TEENS. The number of births to teens also declined slightly in 1992. However, this decline was concentrated among older teens. The number of births to adolescents 14 and younger actually rose slightly.

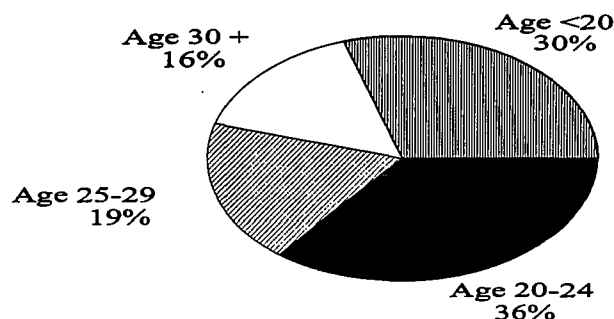
Age	Number of Births to Females Under Age 20										
	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992
Under 15	6,780	11,752	10,169	10,220	10,176	10,311	10,588	11,486	11,657	12,014	12,220
15-17	182,408	223,590	198,222	167,789	168,572	172,591	176,624	181,044	183,327	188,226	187,549
18-19	404,558	421,118	353,939	299,696	293,333	289,721	301,729	325,459	338,499	331,351	317,866
Under 20	593,746	656,460	562,330	477,705	472,081	472,623	488,941	517,989	533,483	531,591	517,635

In 1992, one-quarter of all teen births were not first births. This represents a 12.5% increase in repeat teen childbearing compared to 1985.

NON-MARITAL BIRTHS. In 1992, the percent of teen births that occurred outside of marriage continued to increase.

Percent of Births to Females Under Age 20 that Were Non-marital	1960	1970	1980	1985	1986	1987	1988	1989	1990	1991	1992
	15	30	48	59	61	64	66	67	68	69	71

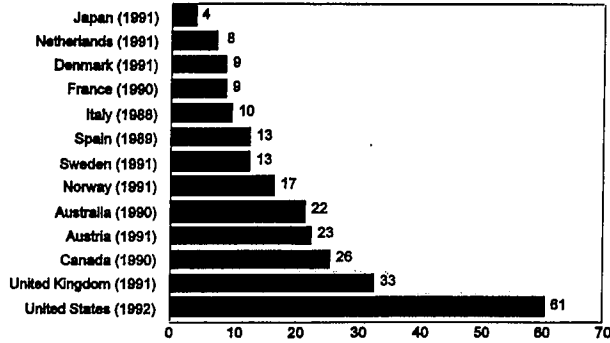
**Births to Unmarried Women, 1992
Percent to Women in Varied Age Groups**



Although the rate of births among unmarried teens has risen substantially over the past several decades, most non-marital births occur to women who are age 20 or older. In 1992, females under age 20 had 30% of all non-marital births.

INTERNATIONAL COMPARISONS

Births Per 1,000 Females Aged 15-19 for Selected Countries



Birth rates among teenagers in other industrial nations are much lower than rates in the United States.

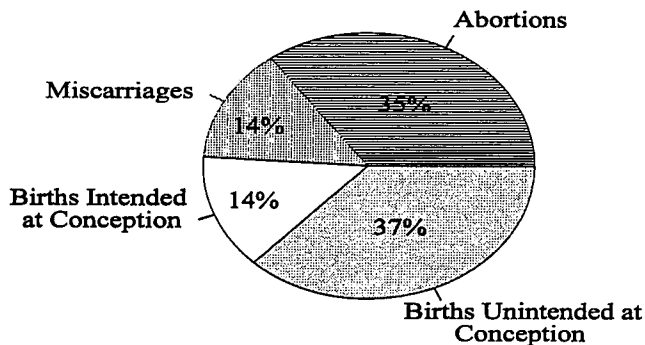
More generous welfare benefits are typical in Europe, yet rates of teenage childbearing are only one-eighth to about one-half of the U.S. rates. The much lower rates achieved by European nations casts doubt upon the contention that welfare benefits represent an incentive to teenage childbearing.

The birth rate among U.S. non-Hispanic whites was 42 per 1,000 females 15-19 in 1992. While lower than the overall U.S. teen birth rate of 61, the birth rate among white teens is still high compared to other nations.

ABORTION AMONG U.S. TEENS. The number of abortions, the rate of abortion, and the abortion ratio all declined slightly during the late 1980s.

	1973	1975	1980	1985	1986	1987	1988	1989	1990
Number of Abortions									
Age < 15	11,630	15,260	15,340	16,970	15,690	14,270	13,650	12,750	12,580
Age 15-19	231,900	326,780	444,780	399,200	389,240	381,640	392,720	370,900	350,970
Abortion Rate (Abortions per 1,000 females 15-19)									
Age 15-19	22.8	31.2	42.8	43.5	42.3	41.8	43.5	42.0	40.6
Abortion Ratio (Percent of births plus abortions, ending in abortion)									
Age < 15	47%	55%	60%	62%	61%	58%	56%	53%	52%
Age 15-19	28%	36%	45%	46%	46%	45%	45%	42%	40%

PREGNANCY INTENTIONS AND OUTCOMES



Of all pregnancies to teens in 1987, 35% ended in abortion, 14% ended in miscarriages, 37% ended in unintended births, and only 14% ended in births that were intended at conception.

Of all pregnancies among females aged 15-19 in 1987, 71% occurred to teens who were not using contraception when they became pregnant.

TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1992

	NUMBER OF BIRTHS TO MOTHERS AGED:				BIRTHS TO MOTHERS UNDER AGE 20:		HISPANIC ETHNICITY*		OF ALL FIRST BIRTHS IN STATE, PERCENT TO TEEN MOTHERS
	Under 15	15-17	18-19	Total Under 20	White	Black	# OF BIRTHS TO HISPANIC FEMALES UNDER AGE 20	% OF TEEN BIRTHS TO HISPANIC MOTHERS	
ALABAMA	347	4,116	6,844	11,307	5,585	5,684	69	1%	31%
ALASKA	21	409	851	1,281	727	77	52	4%	24%
ARIZONA	188	3,842	6,305	10,335	8,624	571	4,627	45%	30%
ARKANSAS	185	2,403	4,151	6,739	4,245	2,451	90	1%	35%
CALIFORNIA	1,595	26,010	43,391	70,996	58,855	8,215	42,100	59%	23%
COLORADO	125	2,423	3,978	6,526	5,693	617	2,435	37%	23%
CONNECTICUT	121	1,441	2,260	3,822	2,669	1,098	1,294	34%	14%
DELAWARE	55	545	720	1,320	672	632	97	7%	22%
DISTRICT OF COLUMBIA	81	699	1,005	1,785	59	1,666	133	7%	29%
FLORIDA	742	9,559	15,654	25,955	14,958	10,784	3,429	13%	24%
GEORGIA	542	6,662	10,800	18,004	8,437	9,470	412	2%	28%
HAWAII	35	660	1,296	1,991	328	60	379	19%	19%
IDAHO	30	748	1,481	2,259	2,173	10	373	17%	28%
ILLINOIS	662	9,129	14,852	24,643	13,284	11,212	4,474	18%	24%
INDIANA	201	4,081	7,587	11,869	9,162	2,655	368	3%	27%
IOWA	64	1,223	2,649	3,936	3,542	331	159	4%	21%
KANSAS	68	1,536	3,104	4,708	3,748	852	422	9%	25%
KENTUCKY	183	3,112	5,598	8,893	7,542	1,324	41	0%	30%
LOUISIANA	398	5,071	7,321	12,790	5,042	7,648	87	1%	34%
MAINE	15	509	1,116	1,640	1,610	9	13	1%	19%
MARYLAND	239	2,812	4,544	7,595	3,054	4,472	285	4%	18%
MASSACHUSETTS	120	2,448	4,110	6,678	5,163	1,317	1,741	26%	14%
MICHIGAN	374	6,478	11,896	18,748	10,867	7,647	881	5%	24%
MINNESOTA	109	1,804	3,406	5,319	3,970	764	268	5%	17%
MISSISSIPPI	345	3,662	5,148	9,155	3,230	5,854	20	0%	38%
MISSOURI	206	3,947	6,910	11,063	7,416	3,561	178	2%	27%
MONTANA	15	461	884	1,360	1,021	5	41	3%	25%
NEBRASKA	36	759	1,526	2,321	1,873	335	199	9%	21%
NEVADA	58	972	1,747	2,777	2,130	511	682	25%	24%
NEW HAMPSHIRE	10	294	768	1,072	1,047	18	--	--	13%
NEW JERSEY	274	3,439	5,823	9,536	4,813	4,614	2,489	26%	14%
NEW MEXICO	80	1,808	2,862	4,750	3,962	116	2,805	59%	34%
NEW YORK	641	9,658	15,705	26,004	16,169	9,485	7,756	30%	17%
NORTH CAROLINA	371	5,746	9,907	16,024	8,319	7,252	351	2%	26%
NORTH DAKOTA	8	239	572	819	621	9	24	3%	21%
OHIO	460	7,666	13,873	21,999	15,204	6,684	524	2%	26%
OKLAHOMA	155	2,778	5,080	8,013	5,644	1,295	391	5%	31%
OREGON	86	1,795	3,330	5,211	4,715	263	713	14%	24%
PENNSYLVANIA	452	6,308	10,527	17,287	11,317	5,783	1,518	9%	20%
RHODE ISLAND	33	500	881	1,414	1,077	251	268	19%	18%
SOUTH CAROLINA	268	3,434	5,618	9,320	4,106	5,174	83	1%	29%
SOUTH DAKOTA	11	424	821	1,256	797	8	19	2%	25%
TENNESSEE	325	4,460	7,667	12,452	7,949	4,439	102	1%	29%
TEXAS	1,238	19,296	30,509	51,043	40,339	10,323	24,876	49%	29%
UTAH	53	1,338	2,531	3,922	3,681	47	489	12%	24%
VERMONT	5	186	463	654	640	6	2	0%	17%
VIRGINIA	256	3,622	6,843	10,721	5,931	4,673	384	4%	20%
WASHINGTON	115	3,039	5,264	8,418	7,133	584	1,409	17%	21%
WEST VIRGINIA	53	1,299	2,459	3,811	3,619	186	10	0%	31%
WISCONSIN	159	2,427	4,623	7,209	4,532	2,192	466	6%	20%
WYOMING	7	272	606	885	812	14	108	12%	28%
U.S. TOTAL	12,220	187,549	317,866	517,635	348,106	153,248	110,136	21%	24%

Hispanic persons may be of any race. New Hampshire does not report births by Hispanic origin.

Source: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1992, Vol. 1, Natality*.

Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas.

TABLE 2: BIRTH RATES FOR TEENS 15-19 IN 1980, 1985 AND 1990-1992,
AND FOR TEENS 15-17 AND 18-19 IN 1992, AND PERCENT NONMARITAL IN 1992

	BIRTH RATES (BIRTHS per 1,000) TO TEEN MOTHERS AGED 15-19					BIRTH RATES (BIRTHS per 1,000) AGE 15-17 AGE 18-19		OF ALL BIRTHS TO MOTHERS OF ALL AGES, † NONMARITAL	OF ALL BIRTHS TO MOTHERS UNDER AGE 20, ‡ NONMARITAL
	1980	1985	1990	1991	1992	1992	1992		
	ALABAMA	68	64	72	74	73	46	110	33%
ALASKA	64	56	65	66	64	34	109	27%	70%
ARIZONA	65	67	76	81	82	51	128	36%	77%
ARKANSAS	75	73	80	80	75	47	117	31%	62%
CALIFORNIA	53	53	71	75	74	46	116	34%	69%
COLORADO	50	48	55	58	58	37	92	24%	70%
CONNECTICUT	31	31	39	40	39	26	59	29%	86%
DELAWARE	51	51	55	61	60	44	82	33%	86%
DISTRICT OF COLUMBIA	62	72	97	114	116	89	148	67%	96%
FLORIDA	59	58	69	69	66	42	102	34%	76%
GEORGIA	72	68	76	76	75	48	112	35%	73%
HAWAII	51	48	61	59	54	32	83	26%	77%
IDAHO	59	47	50	54	52	28	88	18%	54%
ILLINOIS	56	51	63	65	64	40	99	33%	82%
INDIANA	57	52	59	60	59	35	94	30%	74%
IOWA	43	35	41	43	41	21	72	24%	78%
KANSAS	57	52	56	55	56	30	96	24%	70%
KENTUCKY	72	63	68	69	65	39	103	26%	56%
LOUISIANA	76	72	75	76	76	52	112	40%	79%
MAINE	47	42	43	43	40	21	67	25%	76%
MARYLAND	43	46	54	54	51	33	77	31%	81%
MASSACHUSETTS	28	29	36	38	38	25	56	26%	88%
MICHIGAN	45	43	60	59	57	34	90	27%	68%
MINNESOTA	35	31	37	37	36	21	60	23%	84%
MISSISSIPPI	84	76	82	86	84	59	121	43%	75%
MISSOURI	58	54	63	64	63	38	101	32%	74%
MONTANA	48	44	48	47	46	26	78	26%	74%
NEBRASKA	45	40	42	42	41	23	68	23%	75%
NEVADA	59	55	73	75	71	43	114	33%	72%
NEW HAMPSHIRE	34	32	34	33	31	15	54	19%	80%
NEW JERSEY	35	34	41	41	39	24	61	26%	84%
NEW MEXICO	72	73	78	80	80	51	124	40%	75%
NEW YORK	35	36	44	46	45	29	69	35%	83%
NORTH CAROLINA	58	57	68	70	70	44	106	31%	72%
NORTH DAKOTA	42	36	36	36	37	18	68	23%	75%
OHIO	52	50	58	60	58	35	92	32%	79%
OKLAHOMA	75	69	67	72	70	41	113	28%	61%
OREGON	51	43	55	55	53	30	90	27%	70%
PENNSYLVANIA	41	40	45	47	45	29	69	32%	85%
RHODE ISLAND	33	36	45	45	48	30	72	30%	86%
SOUTH CAROLINA	65	63	72	73	70	46	105	36%	76%
SOUTH DAKOTA	53	46	47	48	48	27	82	27%	76%
TENNESSEE	64	61	73	75	71	45	110	33%	66%
TEXAS	74	72	76	79	79	51	120	18%	38%
UTAH	65	50	48	48	46	26	78	15%	53%
VERMONT	39	36	35	39	36	17	62	23%	75%
VIRGINIA	48	46	53	53	52	31	80	28%	72%
WASHINGTON	47	45	53	54	51	31	81	25%	71%
WEST VIRGINIA	68	54	58	58	56	32	91	28%	58%
WISCONSIN	40	39	43	44	42	24	70	26%	81%
WYOMING	79	59	56	54	50	25	90	24%	61%
U.S. TOTAL	53	51	60	62	61	38	95	30%	71%

Sources: Denominators for the 1985-1992 rates use the latest revised data from the U.S. Bureau of the Census, Population Estimates Branch. These revisions affect birth rates in some states in 1991 and 1990. Birth data are provided by the National Center for Health Statistics, Department of Health and Human Services. Data for 1992 are forthcoming in *Vital Statistics of the United States, 1992, Vol. 1, Natality*.

Nonmarital births are inferred for California, Connecticut, Michigan, Nevada, New York, and Texas.

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1992

City	BIRTHS TO TEENS			Of All Births for City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS		BIRTHS TO UNMARRIED TEEN MOTHERS			Of all Births to Mothers Under Age 20, Percent Nonmarital
	Total Under 20	17 and Younger	Ages 18-19		White*	Black*	Total Under 20	17 and Younger	Ages 18-19	
AKRON, OH	638	258	380	17%	298	335	561	246	315	88%
ALBUQUERQUE, NM	1,126	462	664	15%	1,024	48	911	408	503	81%
AMARILLO, TX	543	199	344	19%	456	78	197	89	108	36%
ANAHEIM, CA	834	301	533	12%	788	33	518	220	298	62%
ANCHORAGE, AK	499	161	338	10%	325	60	347	138	209	70%
ARLINGTON, TX	503	180	323	10%	416	78	169	78	91	34%
ATLANTA, GA	1,902	867	1,035	21%	170	1,725	1,798	838	960	95%
AURORA, CO	487	174	313	11%	330	138	352	154	198	72%
AUSTIN, TX	1,274	544	730	14%	948	315	455	232	223	36%
BAKERSFIELD, CA	1,269	544	725	17%	1,094	158	992	480	512	78%
BALTIMORE, MD	2,649	1,237	1,412	20%	398	2,239	2,298	1,094	1,204	87%
BATON ROUGE, LA	798	343	455	15%	202	592	691	320	371	87%
BIRMINGHAM, AL	959	445	514	21%	86	873	870	426	444	91%
BOSTON, MA	1,072	445	627	12%	399	644	1,010	423	587	94%
BRIDGEPORT, CT	503	227	276	18%	309	187	446	211	235	89%
BUFFALO, NY	977	445	532	16%	415	549	893	424	469	91%
CHARLOTTE, NC	1,003	453	550	14%	279	707	896	433	463	89%
CHATTANOOGA, TN	506	198	308	21%	184	322	421	183	238	83%
CHESAPEAKE, VA	328	126	202	12%	142	185	244	112	132	74%
CHICAGO, IL	11,116	4,869	6,247	19%	3,560	7,488	9,904	4,602	5,302	89%
CINCINNATI, OH	1,362	609	753	20%	411	944	1,256	592	664	92%
CLEVELAND, OH	2,210	966	1,244	20%	700	1,499	2,043	920	1,123	92%
COLORADO SPRINGS, CO	695	220	475	12%	570	96	432	191	241	62%
COLUMBUS, GA	699	284	415	21%	226	471	542	251	291	78%
COLUMBUS, OH	1,759	706	1,053	16%	915	823	1,481	656	825	84%
CORPUS CHRISTI, TX	827	356	471	18%	779	42	270	134	136	33%
DALLAS, TX	3,939	1,688	2,251	18%	2,128	1,772	2,220	1,040	1,180	56%
DAYTON, OH	741	313	428	20%	288	453	662	293	369	89%
DENVER, CO	1,449	620	829	16%	1,077	320	1,099	535	564	76%
DES MOINES, IA	503	180	323	14%	411	78	432	172	260	86%
DETROIT, MI	4,970	2,037	2,933	23%	545	4,399	4,636	1,960	2,676	93%
EL PASO, TX	2,360	946	1,414	17%	2,287	61	936	451	485	40%
FLINT, MI	823	350	473	23%	263	553	530	252	278	64%
FT. LAUDERDALE, FL	590	266	324	15%	114	475	531	249	282	90%
FORT WAYNE, IN	535	197	338	15%	311	218	449	187	262	84%
FORT WORTH, TX	1,566	650	916	17%	996	560	701	346	355	45%
FREMONT, CA	184	70	114	6%	152	11	128	55	73	70%
FRESNO, CA	1,803	823	980	17%	1,223	216	1,198	592	606	66%
GARDEN GROVE, CA	341	124	217	10%	289	1	204	86	118	60%
GARLAND, TX	445	163	282	13%	360	80	164	78	86	37%
GARY, IN	616	269	347	26%	72	544	588	267	321	95%
GLENDALE, CA	155	56	99	6%	147	0	104	45	59	67%
GRAND RAPIDS, MI	659	285	374	16%	343	306	366	182	184	56%
GREENSBORO, NC	369	143	226	13%	119	242	317	135	182	86%
HARTFORD, CT	711	327	384	23%	440	260	652	307	345	92%
HIALEAH, FL	297	96	201	10%	281	15	159	65	94	54%
HONOLULU, HI	430	143	287	8%	53	16	327	130	197	76%
HOUSTON, TX	6,607	2,734	3,873	16%	3,977	2,558	3,453	1,623	1,830	52%
HUNTINGTON BEACH, CA	185	70	115	6%	179	1	129	55	74	70%
HUNTSVILLE, AL	363	168	195	14%	135	223	304	157	147	84%
INDIANAPOLIS, IN	2,379	933	1,446	17%	1,267	1,105	2,040	877	1,163	86%
IRVING, TX	383	149	234	12%	335	41	155	74	81	40%
JACKSON, MS	713	306	407	21%	88	623	642	291	351	90%
JACKSONVILLE, FL	1,892	724	1,168	16%	880	1,004	1,447	633	814	76%
JERSEY CITY, NJ	644	280	364	14%	239	379	547	254	293	85%
KANSAS CITY, KS	590	230	360	22%	274	307	510	213	297	86%
KANSAS CITY, MO	1,291	524	767	17%	481	796	1,141	495	646	88%
KNOXVILLE, TN	435	160	275	17%	279	155	323	136	187	74%
LAS VEGAS, NV	1,232	478	754	13%	880	299	926	412	514	75%
LEXINGTON-FAYETTE, KY	452	177	275	13%	266	184	348	147	201	77%
LINCOLN, NE	255	89	166	9%	227	12	201	75	126	79%
LITTLE ROCK, AR	478	187	291	16%	105	372	410	171	239	86%
LONG BEACH, CA	1,363	529	834	13%	894	323	931	394	537	68%
LOS ANGELES, CA	11,380	4,571	6,809	13%	9,517	1,695	8,786	3,818	4,968	77%
LOUISVILLE, KY	1,249	538	711	19%	629	616	1,079	495	584	86%
LUBBOCK, TX	578	265	313	17%	461	116	214	114	100	37%
MADISON, WI	203	78	125	7%	113	79	179	73	106	88%
MEMPHIS, TN	2,564	1,089	1,475	21%	329	2,220	2,313	1,048	1,265	90%
MESA, AZ	689	232	457	12%	640	23	495	198	297	72%

(continued)

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE U.S. CITIES IN 1992 (continued)

City	BIRTHS TO TEENS			Of All Births in City, % to Mothers Under Age 20	NUMBER OF BIRTHS TO TEENS		BIRTHS TO UNMARRIED TEEN MOTHERS			Of all Births to Mothers Under Age 20, Percent Nonmarital
	Total Under 20	17 and Younger	Ages 18-19		White*	Black*	Total Under 20	17 and Younger	Ages 18-19	
MIAMI, FL	2,412	1,023	1,389	14%	932	1,474	2,047	940	1,107	85%
MILWAUKEE, WI	2,611	1,110	1,501	21%	687	1,823	2,414	1,070	1,344	92%
MINNEAPOLIS, MN	885	422	463	14%	270	448	815	408	407	92%
MOBILE, AL	603	263	340	17%	141	456	497	246	251	82%
MODESTO, CA	609	260	349	14%	520	24	408	193	215	67%
MONTGOMERY, AL	660	271	389	19%	118	538	574	254	320	87%
NASHV'L.-DAVIDSON, TN	1,231	530	701	15%	606	607	975	473	502	79%
NEWARK, NJ	1,085	487	598	20%	320	761	1,001	466	535	92%
NEW ORLEANS, LA	2,129	974	1,155	24%	91	2,024	2,036	958	1,078	96%
NEWPORT NEWS, VA	505	177	328	14%	209	295	369	154	215	73%
NEW YORK, NY	13,761	5,773	7,988	10%	7,402	6,152	11,613	5,228	6,385	84%
NORFOLK, VA	939	347	592	17%	328	594	673	310	363	72%
OAKLAND, CA	1,198	516	682	16%	308	800	925	421	504	77%
OKLAHOMA CITY, OK	1,264	504	760	17%	737	443	931	416	515	74%
OMAHA, NE	688	251	437	12%	368	300	598	239	359	87%
ORLANDO, FL	990	391	599	16%	475	506	825	358	467	83%
OXNARD, CA	628	246	382	15%	581	26	324	146	178	52%
PATERSON, NJ	587	232	355	18%	265	320	503	216	287	86%
PHILADELPHIA, PA	4,897	2,338	2,559	17%	1,392	3,416	4,661	2,287	2,374	95%
PHOENIX, AZ	3,398	1,404	1,994	17%	2,894	356	2,794	1,274	1,520	82%
PITTSBURGH, PA	843	369	474	16%	222	619	798	362	436	95%
PORTLAND, OR	831	352	479	12%	542	228	704	329	375	85%
PROVIDENCE, RI	511	207	304	16%	301	150	453	190	263	89%
RALEIGH, NC	348	151	197	10%	77	268	302	141	161	87%
RICHMOND, VA	602	269	333	17%	49	552	570	266	304	95%
RIVERSIDE, CA	821	323	498	13%	722	66	575	249	326	70%
ROCHESTER, NY	1,050	494	556	17%	402	637	976	474	502	93%
SACRAMENTO, CA	1,863	778	1,085	14%	1,081	498	1,307	577	730	70%
ST LOUIS, MO	1,923	874	1,049	25%	294	1,622	1,842	860	982	96%
ST PAUL, MN	711	284	427	14%	344	199	607	260	347	85%
ST PETERSBURG, FL	638	272	366	17%	246	380	553	259	294	87%
SALT LAKE CITY, UT	399	156	243	11%	354	11	244	117	127	61%
SAN ANTONIO, TX	3,479	1,427	2,052	17%	3,171	287	1,332	637	695	38%
SAN BERNARDINO, CA	945	393	552	18%	722	200	758	345	413	80%
SAN DIEGO, CA	2,459	942	1,517	11%	1,791	432	1,702	724	978	69%
SAN FRANCISCO, CA	728	289	439	8%	361	239	526	224	302	72%
SAN JOSE, CA	1,848	730	1,118	11%	1,549	112	1,317	561	756	71%
SANTA ANA, CA	1,536	600	936	14%	1,476	15	913	396	517	59%
SAVANNAH, GA	581	243	338	20%	119	462	494	225	269	85%
SEATTLE, WA	523	210	313	7%	242	186	425	189	236	81%
SHREVEPORT, LA	743	324	419	21%	144	599	656	310	346	88%
SPOKANE, WA	411	139	272	12%	363	15	327	120	207	80%
SPRINGFIELD, MA	537	240	297	19%	370	159	489	232	257	91%
SPRINGFIELD, MO	261	74	187	13%	248	9	163	55	108	62%
STOCKTON, CA	984	415	569	17%	615	148	671	306	365	68%
SYRACUSE, NY	581	265	316	19%	240	323	544	257	287	94%
TACOMA, WA	450	181	269	13%	283	103	367	170	197	82%
TAMPA, FL	1,281	549	732	17%	557	713	1,076	498	578	84%
TEMPE, AZ	184	62	122	9%	159	13	146	54	92	79%
TOLEDO, OH	1,162	475	687	19%	644	512	1,045	454	591	90%
TUCSON, AZ	1,315	480	835	15%	1,198	66	1,015	401	614	77%
TULSA, OK	942	365	577	15%	558	300	684	312	372	73%
VIRGINIA BEACH, VA	641	223	418	8%	396	222	433	187	246	68%
WARREN, MI	146	49	97	8%	140	4	90	37	53	62%
WASHINGTON, DC	1,785	780	1,005	16%	59	1,666	1,706	763	943	96%
WICHITA, KS	924	365	559	14%	635	259	723	326	397	78%
WINSTON-SALEM, NC	443	194	249	17%	119	322	400	183	217	90%
WORCESTER, MA	390	153	237	14%	336	40	352	144	208	90%
YONKERS, NY	271	115	156	9%	155	112	215	100	115	79%

Source: Unpublished data from the National Center for Health Statistics, Department of Health and Human Services; forthcoming in *Vital Statistics of the United States, 1992, Vol. 1, Natality*.

* Births are now reported by the National Center for Health Statistics by race of mother, not race of child as was done prior to 1989.

Sponsored by: The Charles Stewart Mott Foundation, Flint, Michigan

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TEENAGE CHILDBEARING IN THE CONTEXT OF SOCIETAL CHANGES IN FAMILY AND FERTILITY

Larry Bumpass, Professor of Sociology, University of Wisconsin-Madison

Teen fertility is an important topic and worthy of focused attention for a number of reasons: (a) the value of delaying sexual intercourse among younger teens, (b) the difficulties of providing timely and appropriate contraceptive services and information, (c) the financial, and social difficulties of parenting before adulthood, and (d) the potential for long-term consequences of experience at these ages. From a life-course perspective, not only are there negative effects of early parenting, there are potential benefits at later ages of early teen interventions on contraceptive and fertility behaviors.

Despite these special issues surrounding the teenage years, we can neither understand--nor successfully address--teen pregnancy apart from the changes in family and fertility in the society at large. Teens cannot be insulated from this larger society and they progressively become a part of it as they grow older. It is critical in this regard to recognize that over two-thirds of teenage births occur to those in an older age group, 18- and 19-year-olds. Dating, sex, and contraceptive behavior are more similar between older teenagers and persons age 20-24 than between younger and older teens.

Relevant Changes in Family and Fertility

Dramatic changes have occurred in U.S. family patterns, resulting in high levels of divorce, earlier age at first intercourse, delayed marriage, and increasing unmarried cohabitation and unmarried childbearing. These changes structure the social world of teens.

In thinking about potential social policy concerning teen fertility, it is essential to recognize that these changes have deep historical roots and are widely shared across Western industrial societies. It is extremely unlikely in this context that policies unique to the United States have caused these trends. They more likely have resulted from the individuating effects of industrialization and market economies, and from individualism as an independent cultural value with a long history. These factors have progressively reduced the relative attractiveness, and obligatory nature, of family roles. It is important to emphasize that family roles remain very important in American's lives, and at the same time they are becoming less so.

In addition, there are causal linkages among changes in family domains such as divorce, cohabitation, and nonmarital childbearing, as changes in one area facilitate further changes in others.

Divorce: Figure 1 illustrates that the current high level of divorce lies on a long-term trend line extending back over a hundred years. Despite the social contract "until death," well over half of all first marriages now end in divorce. More important, since the early 1970s, two-fifths of children born to married parents experience the disruption of that marriage. As a consequence, single parenthood by parental choice has become common and is no longer stigmatizing in itself. These facts, plus the recognition that marriage is only a weak guarantee of a stable family, are likely to increase the willingness of an unmarried woman to have a child without marrying.

Delayed Marriage: Marriage rates continue to decline. This decline, along with higher divorce rates, has resulted in an ever-increasing proportion of the population under age 30 which is

unmarried. For example, the proportion of women 25-29 who were unmarried has more than doubled in the last two decades, from 20 percent in 1970 to 46 percent in 1992.

Sex: Sex among the unmarried has become a part of our culture. This is a partial consequence of the delay of marriage to older ages, but it has also extended to progressively younger ages. Figure 2 documents the increasing proportion of girls sexually active at each age across successive birth cohorts. Levels are somewhat higher among males. Overall, about 85 percent of unmarried teens have had intercourse before they reach age 20. Hence marriage no longer signifies the point at which sexual intercourse is expected to begin, and we have to recognize this as a starting point in addressing teen pregnancy. Delaying sexual intercourse among younger teens is an extremely important objective. Nonetheless, even successful programs will not alter the reality that the vast majority of older teens are sexually active.

The common knowledge (and acceptance) of sexual relations among the unmarried has likely played a major role in reducing disapproval of cohabitation and unmarried childbearing. These behaviors were stigmatized historically, in part, because of the clear evidence each provided of strongly disapproved sexual behavior.

Unmarried Cohabitation: Cohabitation has continued to increase (Figure 3); half of Americans under age 40 have lived with a partner without being married. Half of all marriages are preceded by cohabitation, and this is even more likely after divorce than before first marriage. Marriage decreasingly signifies the point at which a couple establishes a joint household.

Unmarried Childbearing: An extremely important consequence of the conjunction of earlier sexual initiation with delayed marriage is that the number of years spent sexually active while unmarried has approximately doubled over the last two decades. This simple demographic fact would predict a dramatic increase in unmarried childbearing, even if nothing else changed.

Approximately one-third of all births are now to an unmarried mother (the steadily increasing proportion reached 30 percent in 1992, the last date available). Again, these family changes are not unique to the United States: levels are very similar in Canada, France, England and the former West Germany.

While rates are higher among African Americans, the increase has been largely concentrated among majority whites. Hence, the underlying dynamic lies in the society at large and not just among minorities.

Only one-third of all births to unmarried women are to teenage women. Teenage experience is clearly part of a broader social pattern. Nonmarital birthrates among majority whites have more than doubled at every age over the last two decades (Figure 4).

Almost two-thirds of out-of-wedlock births are not the consequence of intentional pregnancy. This is true despite the fact that half of all pregnancies to unmarried women are ended by abortion (accounting for about 80 percent of all abortions). This high level of unintended pregnancy has strong implications for how we should think about potential social policy effects on unmarried childbearing. Rather than resulting from intentional decisions to become pregnant, out-of-wedlock births more frequently involve decisions not to abort unintended pregnancies. Furthermore, half of all births to unmarried women are not first births. This is relevant because the increase in potential

welfare benefits associated with second and later births are extremely small compared to those associated with a first birth.

This high level of unintended pregnancies among unmarried women is a major window of opportunity for reducing levels of unmarried childbearing, including births to unmarried teens. It points to the potential for policy effects through a sustained and aggressive effort to address unplanned pregnancy among women of all ages, with special attention to the needs of teens.

While we usually think of out-of-wedlock births as creating mother-only households, a quarter of all births to unmarried mothers occur in two-parent families with cohabiting parents. (In Britain the proportion is 55 percent). Further, because teens usually live with a parent, three quarters of births to unmarried teens occur while they are still living in a parent's household (Figure 5), and these mothers tend to remain in the parental household for an average of almost 3 years.

Public Opinion: Finally, there is no singular "public opinion" on these family changes. There are large age differences in attitudes about these issues and this has clear implications about the likely future. Attitudes about cohabitation and unmarried motherhood show age patterns similar to those illustrated in Figure 6 with respect to teenage sex: only a one-fifth of persons age 20-29 disapprove of sex among unmarried 18-year-olds, compared with almost four-fifths of persons over age 70.

Our research shows that these differences reflect changing attitudes over successive cohorts rather than the result of attitude change with increasing age. As the younger cohorts move through the age structure, it is clear that the "average" level of disapproval of recent changes in family behavior will continue to decline.

Summary

This returns the discussion to my beginning point that recent family change in our country is part of a long-term process shared with other Western industrial countries. While policies may affect family patterns at the margin, the odds are strongly against the reversal of these dominant trends. Approaches to teen fertility must take as a starting point the recognition that these family changes in the larger society are the cultural context of teens' daily lives.

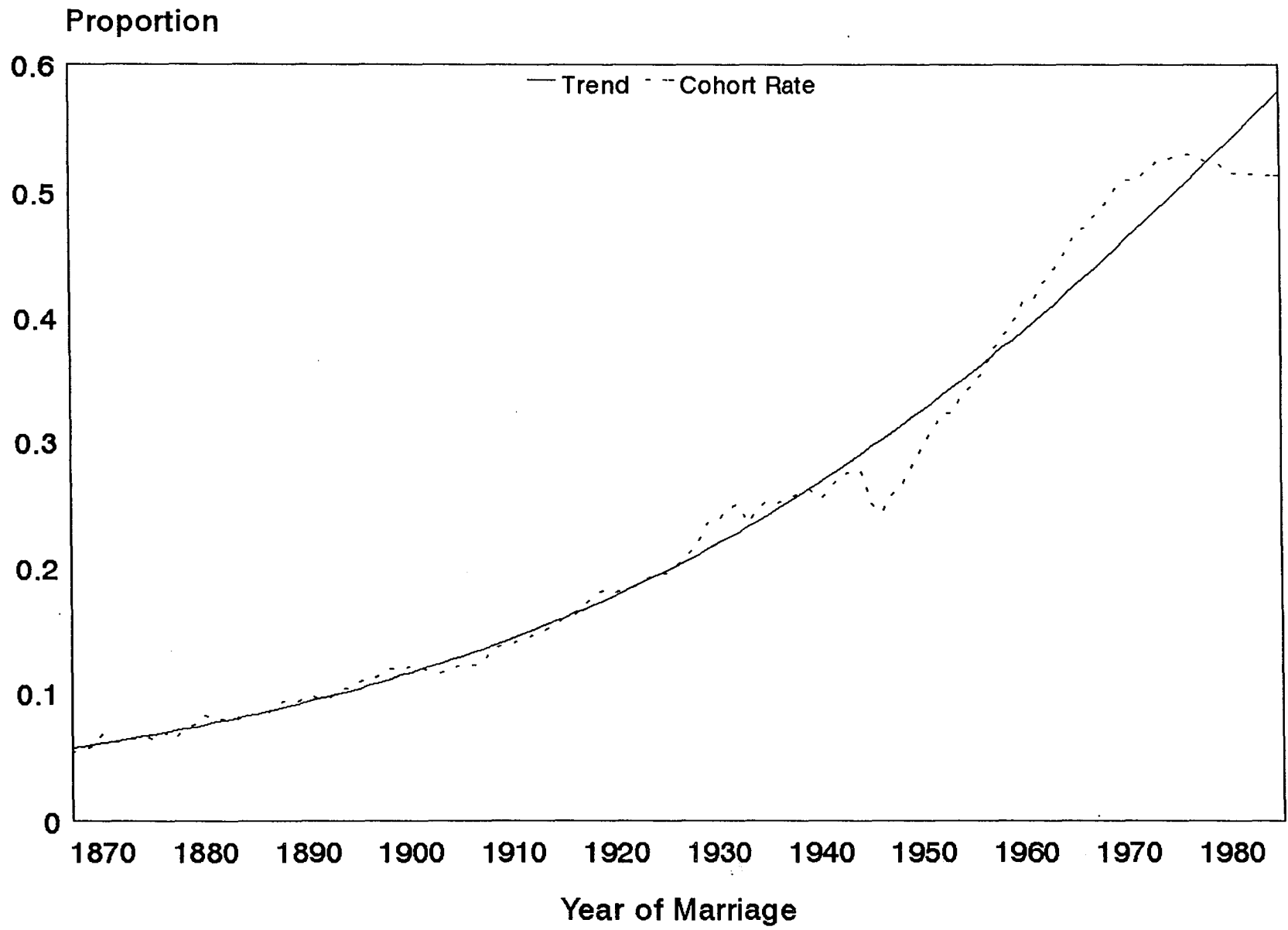
A Note on Sources:

The National Survey of Families and Households (NSFH) and the National Survey of Family Growth (NSFG) are the primary data sources for statistics cited above, together with various articles in the literature.

The NSFG is the source of data on pregnancy and contraceptive use among women of reproductive age in the United States. This survey is federally funded and is conducted by the National Center for Health Statistics. The most recent full survey was conducted in 1988; respondents were briefly reinterviewed by telephone in 1990. The next round will be conducted during 1995.

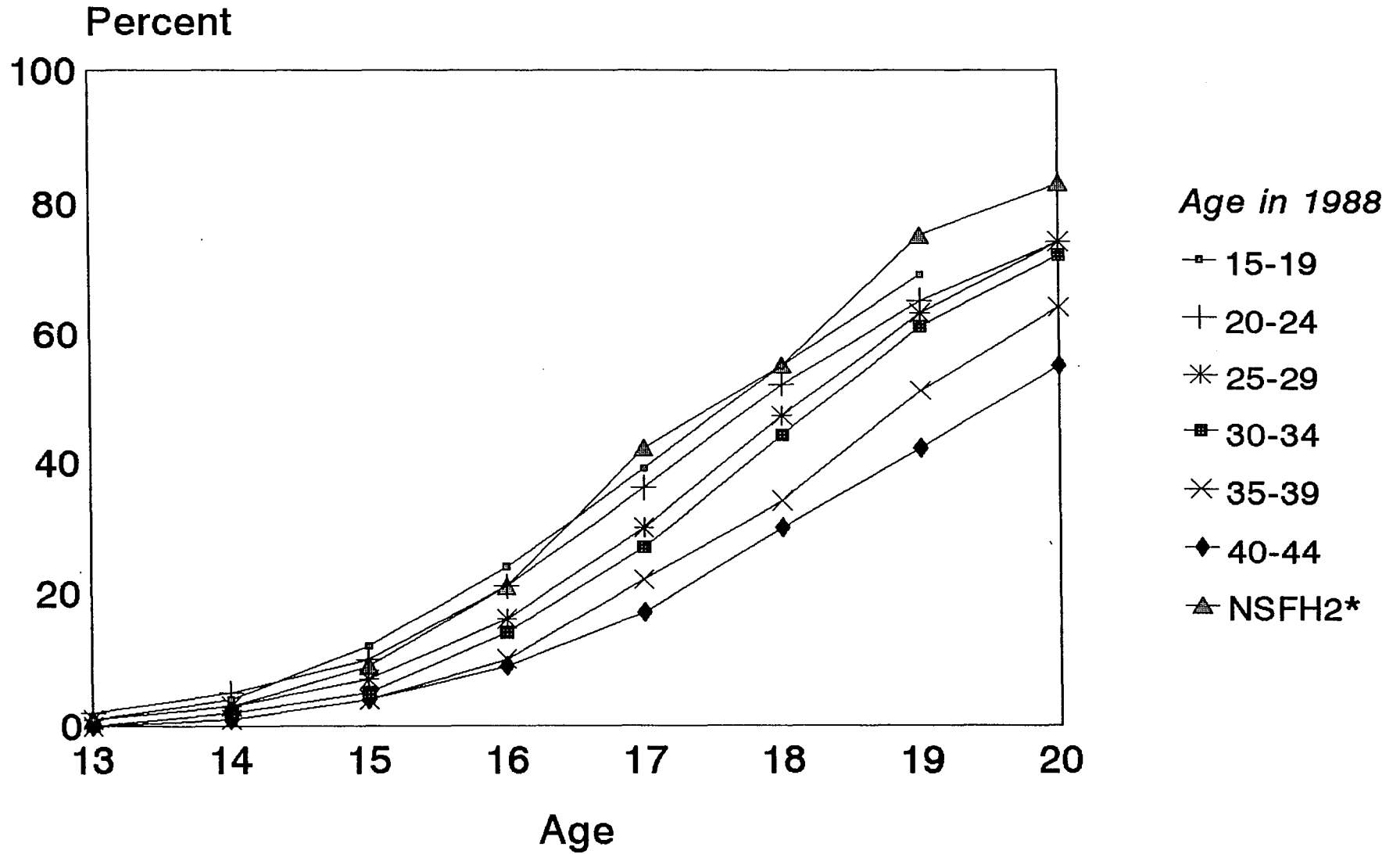
The NSFH, first conducted in 1987-88, is a national survey that interviewed 13,017 respondents. Topics covered in the interviews included details on household composition, family background, adult family transitions, couple interactions, parent-child interactions, education and work, economic psychological well-being, and family attitudes. Respondents were reinterviewed during 1992-94, along with interviews with spouses, former spouses, one of the primary respondent's children, and one of their parents. The survey is funded by the National Institute of Child Health and Human Development and the National Institute on Aging.

Figure 1. Cumulative Proportion of First Marriages Ending in Divorce



From Cherlin (1993)

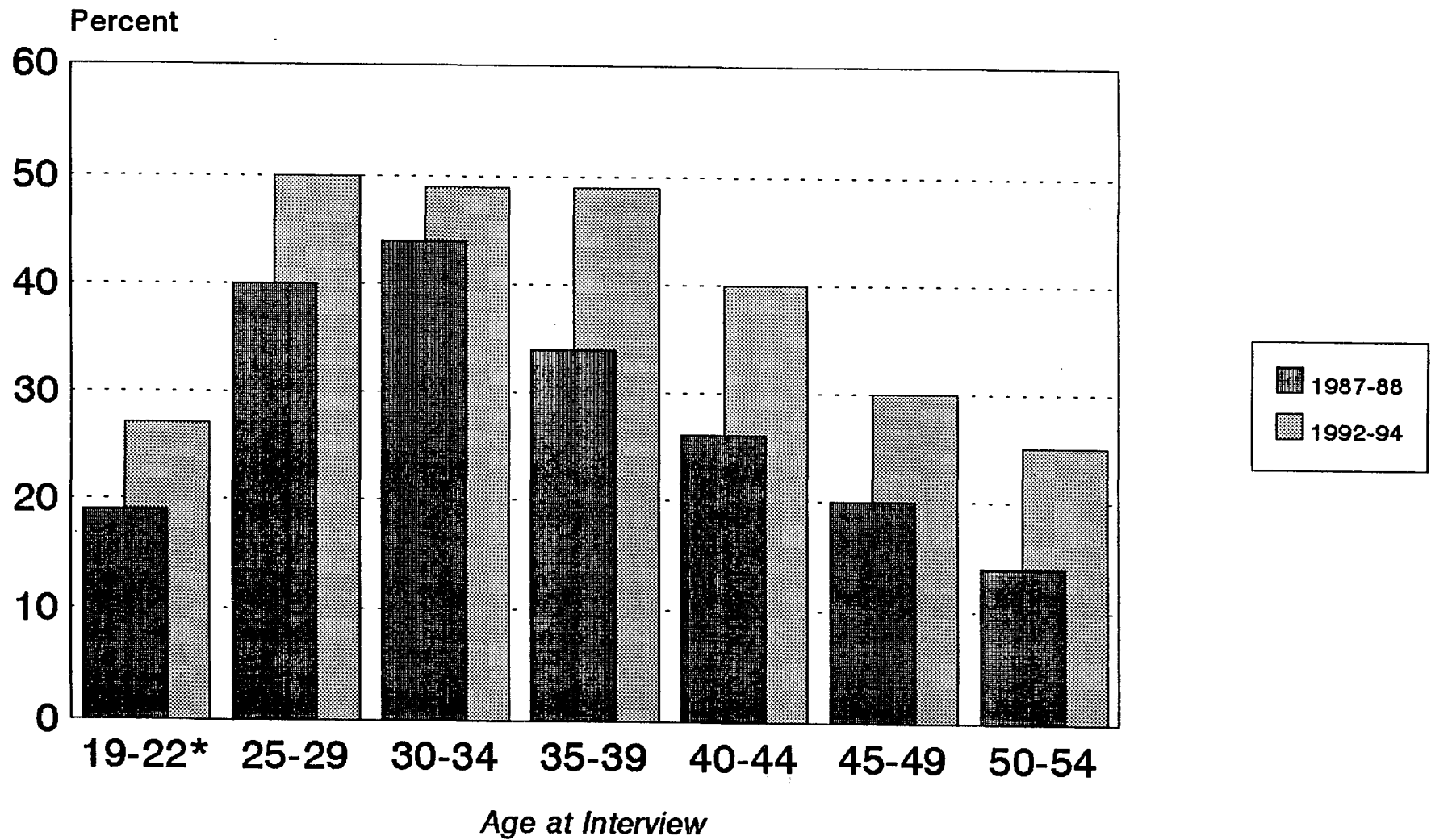
Figure 2. Cumulative Percent of Women Sexually Active While Unmarried



1988 National Survey of Family Growth

*1994 National Survey of Families and Household, approximately age 15-19 in 1988

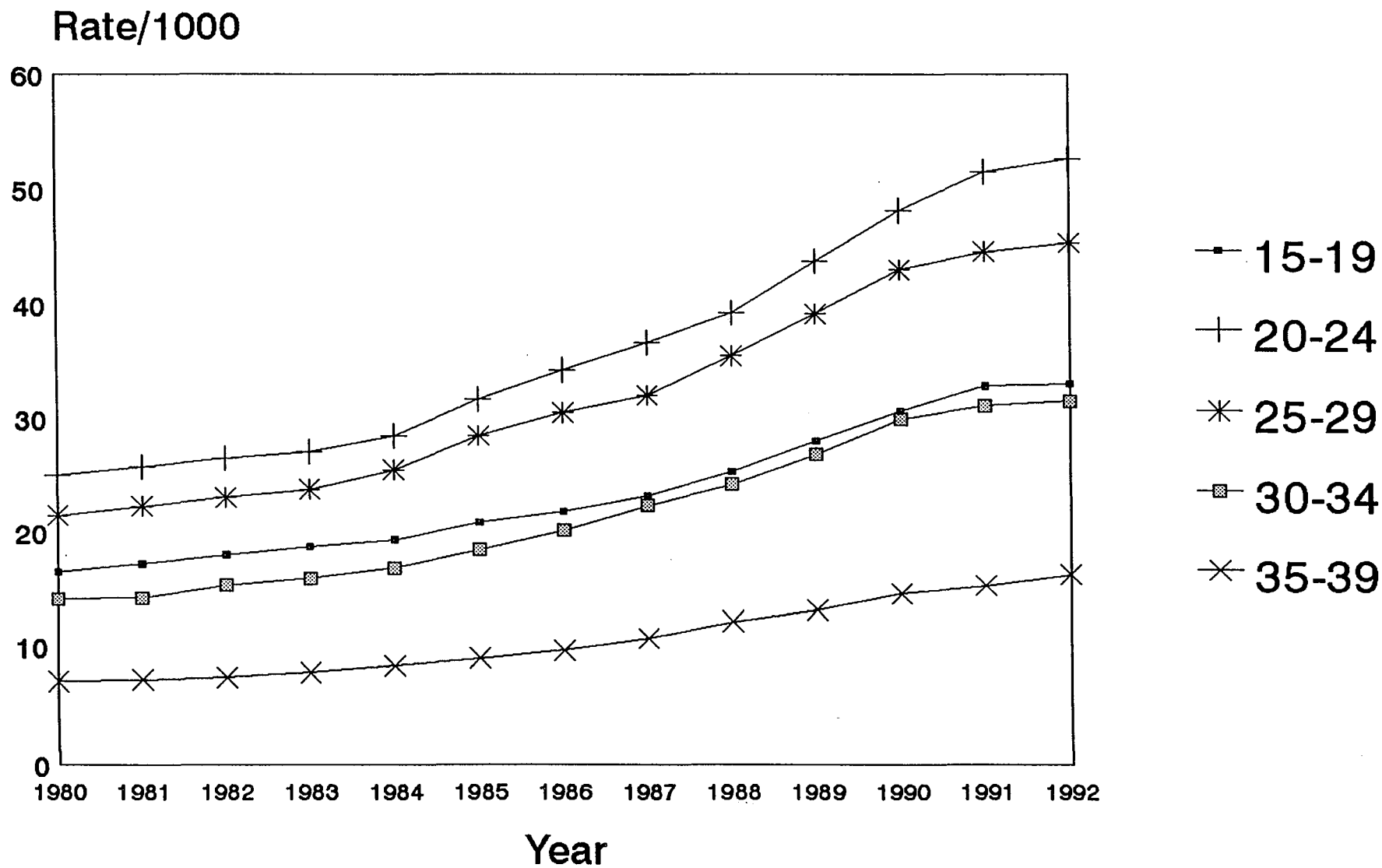
*Figure 3. Percent Who Have Ever Cohabited
1987-88 and 1992-94*



National Survey of Families and Households

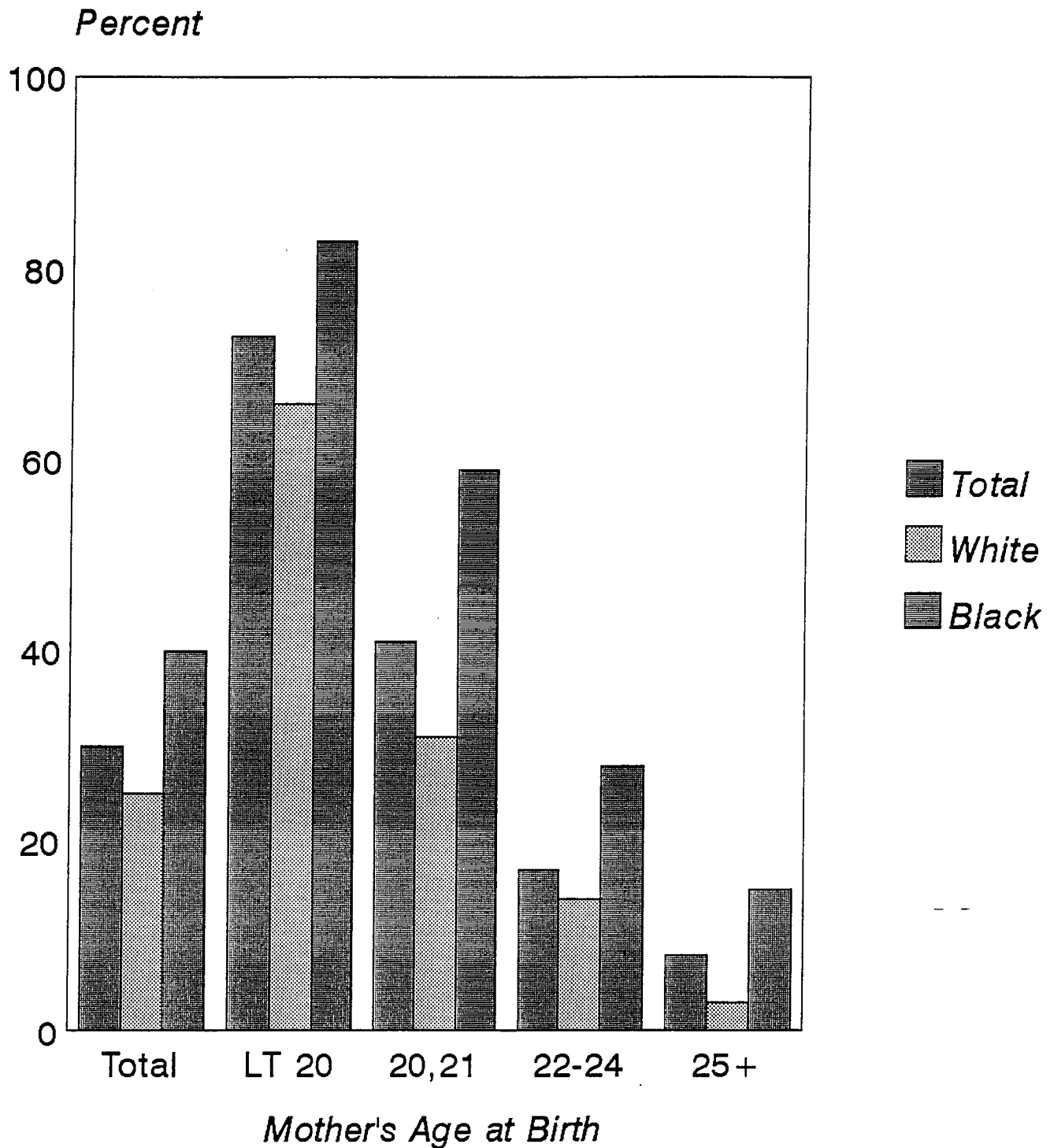
**NSFH2 figures for 19-22 from older child interviews*

Figure 4. Birth Rates to Unmarried White Women, 1980-92



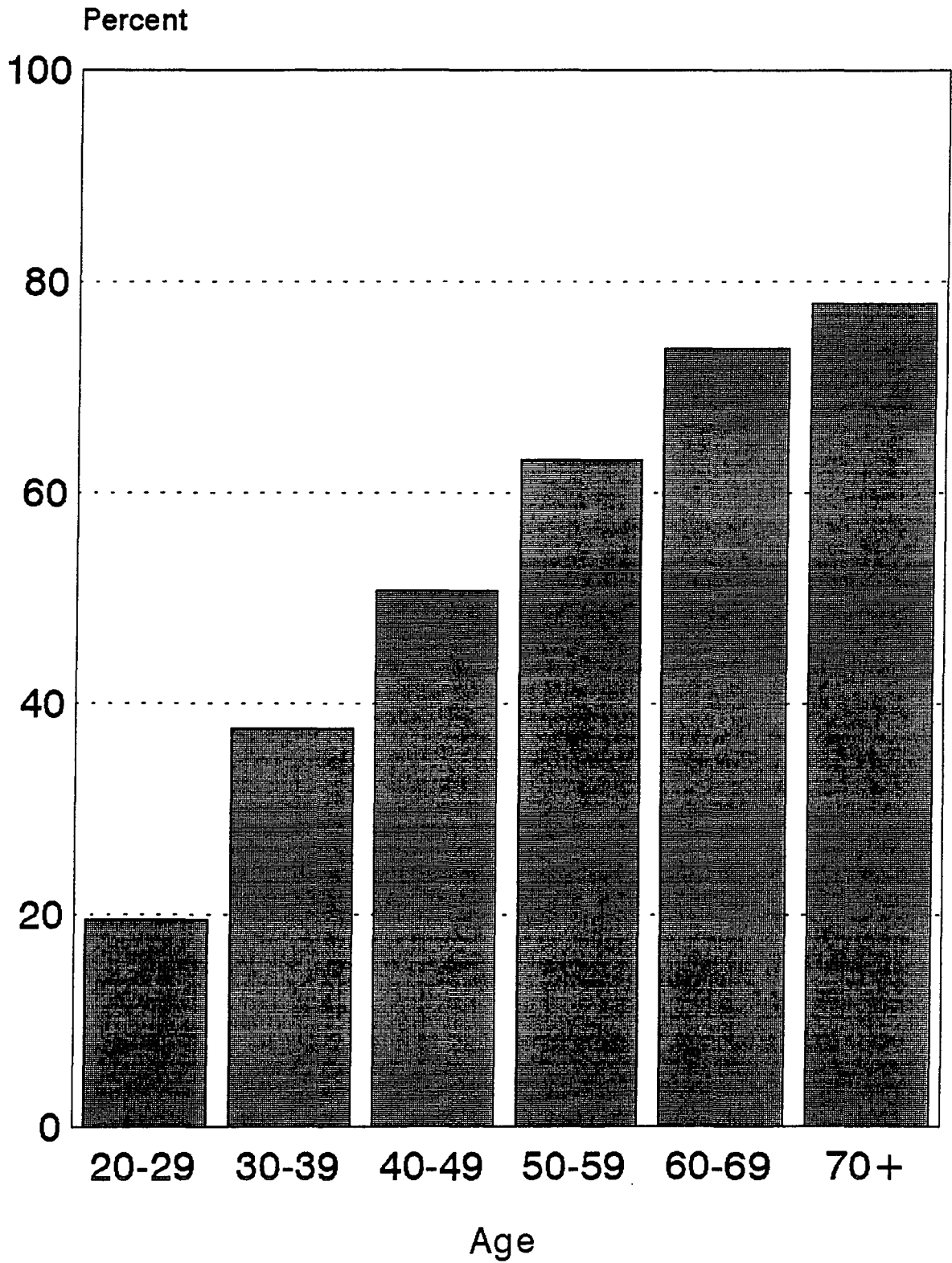
Source: Advance Report of Final Natality Statistics, 1992, Table 15.

Figure 5. Percent of Children Born to an Unmarried Mother Before She First Left Home



From Bumpass and Raley, 1995, Table 6.
1987-88 National Survey of Families and Households

Figure 6. Percent Disapproving of Sex Among Unmarried 18 Year Olds



TEENAGE CHILDBEARING AND ECONOMIC INCENTIVES

Barbara Wolfe, Director, Institute for Research on Poverty
Professor of Economics and Preventive Medicine
University of Wisconsin-Madison

Welfare Benefits and Teen Births

The best empirical evidence on the determinants of teenage childbearing and of teenage nonmarital births suggests that the generosity of welfare benefits has little or no effect on the probability of such a birth. This statement is based on the fact that current differences across states in welfare generosity are not related to increases or reductions in the number of births (or illegitimate births alone) to teenagers. A female teen is not more likely to become a mother in a state with generous AFDC benefits than in one with less generous benefits. This is not to say that eliminating benefits would have no effect on teenage childbearing, although it does suggest that result. We do not know what would happen if benefits were eliminated, because the existing empirical results apply to the range of benefits observed currently. (See the attached material on the study by Haveman, Wolfe, and Peterson and the chapter by Haveman and Wolfe from Succeeding Generations for more detail from two empirical studies.)

Family Planning Services

Availability of family planning seems to be associated with lower teen birthrates. The probability that a teenager will give birth, in or out of wedlock is reduced in states with higher family planning expenditures. Haveman, Wolfe, and Peterson construct a variable to measure state family planning expenditures for each young woman in their data set. The resulting estimates show, with statistical significance, that higher family planning expenditures are associated with a lower probability of an out-of-wedlock birth before ages 18, 19, or 20. Their estimates range from 0 to 17 percent. The impacts of higher family planning expenditures are greater for African Americans. Lundberg and Plotnick (1990, 1995) estimate the effect of public family planning expenditures on teen fertility by constructing state-specific indicators of abortion accessibility/costs and contraceptive availability. These variables are important factors in reducing the probability of nonmarital births. Among white adolescents, for example, moving from the average level of restrictions on public funding of abortions to the absence of public funds for abortions increases the probability of an out-of-wedlock birth by about 15 percent.

A girl living in a state in which Medicaid funds abortions is somewhat less likely to give birth as a teen. The estimated impact is larger for whites. Overall, the estimated reduction ranges from 1.4 to 7 percent.

Income Factors

Labor market opportunities seem to play a role in determining the number of teenage births, in and out of wedlock. Female teens living in neighborhoods with higher unemployment rates are more likely to give birth; and teens with greater expected personal income, which includes primarily earnings, from delaying births are less likely to give birth. A study by Greg Duncan and Saul Hoffman (1990) contains the most explicit structural model, with variables reflecting economic

opportunities (including the generosity of welfare benefits) available to black women who do and do not experience nonmarital birth as a teen. Both of these expected economic opportunity variables have the predicted sign: the statistical significance of the variable indexing economic opportunities to birth probabilities suggests that poor employment opportunities may encourage teen nonmarital childbearing. A 25 percent increase in the income-at-age-26-without-a-nonmarital-birth variable reduces the probability of a nonmarital birth by 2 percentage points (from 25 to 23 percent, or by about 10 percent).¹

Duncan and Hoffman focus on teen out-of-wedlock births associated with AFDC receipt within 2 years of the birth. Since these births seem the most likely of any teen births to potentially be related to welfare generosity, they may be of particular interest to policymakers. However, when individual background characteristics are included, Duncan and Hoffman find welfare receipt is statistically insignificant. Duncan and Hoffman also look at other economic opportunities available and find they are statistically significantly related to whether the woman has an AFDC-related out-of-wedlock birth while a teenager. Their logit regressions on AFDC out-of-wedlock teen births lead them to conclude: "Women with the least to lose are most likely to have children during their teen years." The estimated effects associated with this variable (like the estimated effects associated with adult unemployment in our research) suggest increasing economic opportunities will tend to lower adolescent births.

Parental Factors

A number of other factors seem important in reducing the probability of teenage childbearing. Having a mother who graduated from high school is one. Haveman and Wolfe estimate that if all mothers were high school graduates, the probability that their daughters would experience a nonmarital birth by age 18 would fall by one half. Growing up in a household in which the parents separate or divorce is associated with a significant increase in the probability of such births. Household moves geographically (and hence changing schools) are associated with a much higher probability that a daughter will experience a teen nonmarital birth: were such moves (among ages 6-15) to be eliminated, the probability of having a nonmarital birth as a teen would fall by 31 percent, or nearly one-third.

Evidence from Demonstrations

The Teenage Parent Welfare Demonstration of the 1980s provided to teen AFDC mothers family planning workshops, family planning counseling, support from trained case managers as well as a mandatory jobs program, including case management to guide the mothers into jobs, job training, or education. Results showed that although schooling and employment increased moderately and small welfare reductions were achieved, the program did not reduce repeat pregnancies and births. More than half of these teen mothers were pregnant within two years of enrolling; two-thirds were pregnant within 30 months of enrollment.

¹See also Lundberg and Plotnick (1990).

A few demonstrations and programs have had some success in encouraging delays in sexual activity and/or childbearing among teens. These programs generally provide counseling in ways to resist peer pressure to engage in sex and using contraceptives effectively, once sexually active. Programs with promise include (1) Teen Services, in Atlanta, a school-based program which provides practice to teens to "refuse" peer pressure and encourage safe sex; (2) Children's Aid Society Teen Pregnancy Primary Prevention Program, in New York, which provides reproductive health education and counseling; (3) Reducing the Risk, in California, a school-based program that provides 15 sessions of sex education; (4) the Pregnancy Prevention for Urban Teens, in Baltimore (1981-84), another school-based program that fostered discussion among junior and senior high school pupils on reproduction and offered counseling and medical services (family planning); (5) Community-Based Education, in South Carolina, which provides sex education, a workshop for parents, administers a media campaign and dispenses contraceptives by school nurses (note: the program proved no longer effective when contraceptives were no longer given out).

What doesn't seem to work:

1. Programs providing pamphlets only.
2. Programs with only one clinic visit or video.
3. Health clinics providing family planning only.
4. A limited number of sessions on an abstinence-only curriculum.

References

- Duncan, Greg, and Saul Hoffman. 1990. "Welfare Benefits, Economic Opportunities, and Out-of-Wedlock Births among Black Teenage Girls." Demography, 27(4): 519-535.
- Lundberg, Shelly, and Robert Plotnick. 1990. "Effects of State Welfare, Abortion, and Family Planning Policies on Premarital Childbearing among White Adolescents." Family Planning Perspectives, 22(6): 246-251.
- Lundberg, Shelly, and Robert Plotnick. 1995. "Adolescent Premarital Childbearing: Do Economic Incentives Matter?" Journal of Labor Economics, in press.
- Moffitt, Robert. 1992. "Incentive Effects of the U.S. Welfare System: A Review." Journal of Economic Literature, 30 (March): 1-61. Available as Institute for Research on Poverty Reprint no. 668.

The Intergenerational Effects of Early Childbearing

Research by

Robert Haveman, Barbara Wolfe, and Elaine Peterson

Key findings:

- Children of teen mothers experience adverse effects which are associated, and likely due to, the mother's early fertility; these "teen motherhood" effects can be observed in the educational attainments, early fertility experience, and economic inactivity levels of the children some two decades after their mother's early fertility.
- As young adults, the children of teen mothers will tend to have lower education, will be more likely to be economically inactive, will be more likely to have children when they are teens, and will be more likely to have children out of wedlock when they are teens.
- Girls who give birth as teens on average have family backgrounds and personal characteristics that are associated with lower attainments for their children. Hence, even if they did not give birth as teenagers, their children would have somewhat worse "life chances" than the children of other women. However, including these characteristics in our analysis does not eliminate the estimated adverse effects on children's educational, fertility, and economic activity outcomes of having an early fertility mother.
- Despite the differences between women who are early teen mothers and women who first give birth at later ages, a policy to postpone their first birth is expected to have sizeable impacts on the future attainments of their children.
- Our simulations suggest that if mothers who gave birth before the age of 15 could be induced to postpone their first birth to age 22 or older:
 - the probability that their children would graduate high school would increase by about 14 percent, or from .733 to .838
 - the probability that their children would be economically inactive as young adults would decrease by about 32 percent, or from .399 to .272
 - the probability that their daughters would give birth before age 19 would decrease by about 39 percent, or from .319 to .193
 - the probability that their daughters would give birth out-of-wedlock before age 19 would decrease about 38 percent, or from .262 to .162
- Our estimations suggest that an increase in the unemployment rate tends to increase the probability of a teen nonmarital birth, while increases in state family planning expenditures tend to reduce the probability, but the generosity of state welfare spending appears to have no effect.

These results provide the quantitative evidence for answering the question: "What is the effect of having a teen mother on a child's attainments of education, child-bearing, and economic success?" They reveal that having a teen mother places children at a disadvantage in these areas. The implications for society of the resulting reductions in a generation's educational attainment and economic activity and increases in early fertility (teen childbearing) would seem to be very large.

However, placing dollar values on these "intergenerational attainment effects" is very difficult and problematic. Stipulating the cost to society of having some level of increased prevalence of economic inactivity or early childbearing in the next generation is no less difficult than stating the dollar cost of a small increase in the probability of say a nuclear meltdown in some Chicago facility in the year 2010.

Note: This research project utilize's data on a national sample of 1,705 persons aged 0-6 in 1968, who were surveyed each year for 21 years (1968-88) in the Michigan Panel Study of Income Dynamics.

CHILDREN IN SINGLE-PARENT FAMILIES: THE ROLES OF TIME AND MONEY

Gary D. Sandefur, Professor of Sociology, University of Wisconsin-Madison

Earlier presentations in this briefing focused on teen parenting and out-of-wedlock parenting. The children who reside with never-married mothers constitute a sizable proportion of children living with single parents. In 1993, over one-quarter of all children under 18 lived with a single parent (Saluter, 1994). Of these children, 35% lived with a never-married parent and 37% lived with a divorced parent (Saluter, 1994). Over one-half of children alive today will spend at least some part of their childhood residing in a single-parent family.

One reason that we are concerned about out-of-wedlock childbearing is that this exposes children to risks that may impede their social, emotional, and intellectual development. These risks include low income and limited parental time. Many of the problems experienced by children residing with never-married parents are similar to, but perhaps deeper, than those experienced by children residing with divorced single parents. For example, in 1992, 38% of divorced mothers with children under age 18 and 66% of never-married mothers with children under 18 had incomes below the poverty line, as compared to 21% of all families with children under 18 (Saluter, 1994).

The focus of my presentation is on the problems experienced by single parents and their children. It illustrates why we should be concerned about not only children whose parents have never married, but also children who live with a single parent for other reasons. I also hope to show why we should be concerned about efforts to reform welfare programs that constrain the ability of single mothers to spend time with their children without significantly increasing their income.

The Consequences of Growing Up in a Single-Parent Family

In Growing Up with a Single Parent: What Hurts, What Helps, Sara McLanahan and I use four large national data sets, the High School and Beyond Survey, the National Longitudinal Survey of Youth, the National Survey of Families and Households, and the Panel Study of Income Dynamics, to document the association between growing up in a single-parent family and several outcomes during late adolescence and early adulthood, and to examine factors that might account for this association. The results regarding the association between growing up in a single-parent family and educational attainment, labor market activities, and teen childbearing are unambiguous (see Figures 1, 3, and 4).

In the National Longitudinal Survey of Youth, for example, 29% of individuals who reside with one-parent families at age 14 have not graduated from high school by age 20, whereas 13% of individuals who reside with two-parent families at age 14 have not graduated from high school. Seventeen percent of young men from single-parent families experience extensive periods of not working and not being in school during early adulthood, relative to 12% of young men from two-parent families. Twenty-seven percent of young women from single-parent families give birth while teenagers, relative to 11% of young women from two-parent families.

The results using the other data sets and other outcome measures support the same conclusion: growing up in single-parent families increases the risk of experiencing adverse events during late adolescence and early adulthood.

Why Does Growing Up in a Single-Parent Family Have These Consequences?

As a group, the data sets that we use to address this issue allow us to ask several questions about why children who live apart from one of their parents are more likely to drop out of school, become idle, and have a child before reaching age 20 than children who live with both parents. Today, I want to focus on two of these questions: (1) Is it because single-parent families have lower incomes? and (2) Is it because single parents have less time to spend with their children?

1. Is It Because Single-Parent Families Have Lower Incomes?

The Panel Study of Income Dynamics is, for a number of reasons, the best of the four data sets for looking at the relationships among family structure, family income, and outcomes. In the PSID, we found that the median income for two-parent families with at least one child age 16 was \$61,135, while the median income for one-parent families with at least one child age 16 was \$27,065. Both of these figures are in 1992 dollars. We find that the lower incomes of single-parent families account for roughly one-half of the difference in the rate of high school graduation, over one-half of the difference in the rate of teen births among women, and over one-third of the difference in the rate of idleness among men. (See Figure 10.)

In other analyses we look at predivorce and postdivorce income. Although low-income couples are more likely to divorce, the lower incomes of divorced couples are not simply the result of their low predivorce incomes. Custodial parents and their children following a divorce experience substantial loss of income. Further, both the lower incomes of single-parent families and the loss of income that accompanies divorce are important in understanding the single-parent effect.

2. Is It Because Single Parents Have Less Time to Spend with Their Children?

Common sense suggests that single parents will have less time to spend with their children than two parents working together. One parent has less time and less authority than two parents who can share responsibility and cooperate with each other. Further, single-parent families are less stable in terms of personnel (grandmothers, mothers' boyfriends, and stepfathers are more likely to move in and out). This creates uncertainty about household rules and parental responsibility.

Our findings are that single mothers spend significantly less time with their children and provide less supervision than two parents. Results from the National Survey of Families and Households, for example, show that mothers in two-parent families report that they have dinner with their child an average of one more time during each two-week period than mothers in other types of families. Although this difference may seem small, the difference over months and years is sizable. Children's reports from the High School and Beyond Study show that mothers in single-parent families are less likely to help children with schoolwork or provide parental supervision than mothers in two-parent families. Single mothers and married mothers do not differ on all indicators of the quantity and quality of parenting, but they do on many.

In analyses with data from the High School and Beyond Study, we found that differences in parental involvement, supervision, and aspirations accounted for half the difference in the rate of dropping out of high school, 20% of the difference in the risk of teen births, and all of the differences in the risk of idleness. (See Figure 13.) We are unable to control for income in analyses using the High School and Beyond Study. Analyses with the National Survey of Families and Households

suggest that income and parenting are both important factors in explaining late adolescent and early adult outcomes.

Implications for Welfare Reform


Our results clearly show that children who grow up with single parents, regardless of whether these single parents are never married or divorced, are less likely to finish high school, more likely to experience sustained periods of idleness, and more likely to have children while teenagers. The results further indicate that two major factors that help account for the differences in outcomes for children from single-parent and two-parent families are income and time. Single parents have less money and less time to spend with their children than do two parents.

Most of us agree that in the long run, employment offers single mothers a better future than a life on welfare. Employment increases a mother's earning power, as well as her self-esteem. Having a mother who is attached to the labor force will also help the children when they are looking for jobs.

But the cost of full-time work for single mothers is that they have less time to spend with their children. The loss of parental time could mean less parental involvement and supervision, which is harmful to children, unless the children are placed in good day care and after-school programs. The end result of current welfare reform will depend a great deal on how it affects the number of hours the mother works, the net income of the family after deducting for child care and other expenses, and the quality of substitute care. If a child has less time with the mother and the family has no more income, the child is likely to be worse off under the new system. If the child has less time with the mother but good child care and more income, that child is likely to be better off.

References

- McLanahan, Sara and Gary Sandefur. 1994. Growing Up with a Single Parent: What Hurts, What Helps. Cambridge: Harvard University Press.
- Saluter, Arlene. 1994. "Marital Status and Living Arrangements." March 13, U.S. Bureau of the Census Current Population Report P20-478, Washington, D.C.: U.S. Government Printing Office.



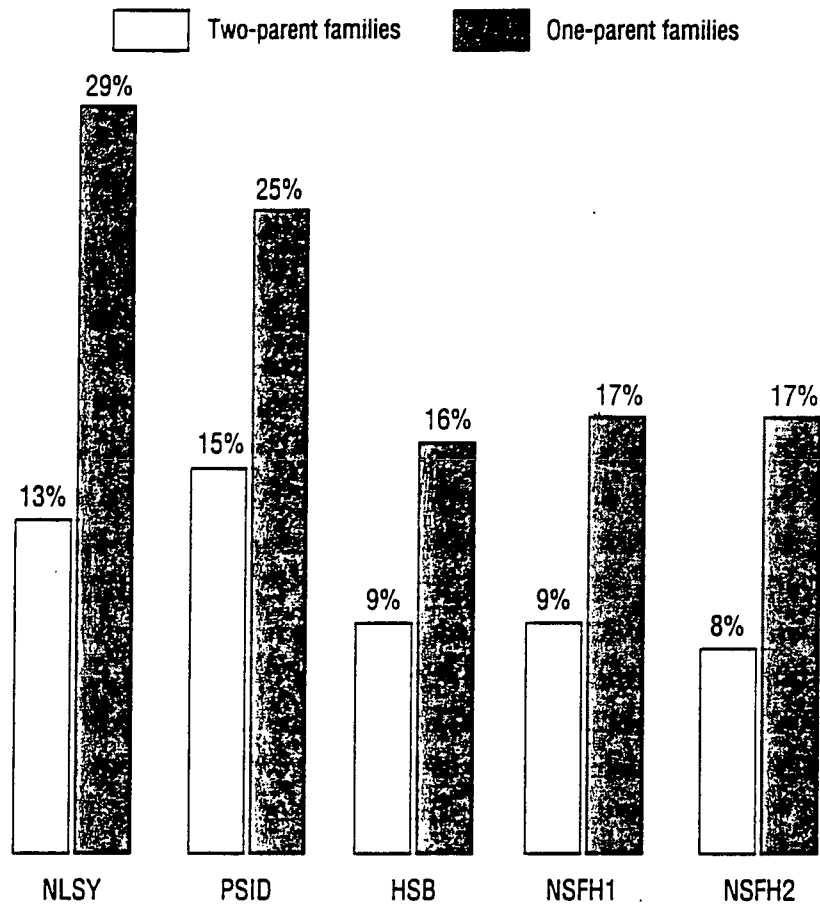
**GROWING
UP WITH A
SINGLE
PARENT**

What Hurts,
What Helps

Sara McLanahan
Gary Sandefur

HARVARD UNIVERSITY PRESS
Cambridge, Massachusetts
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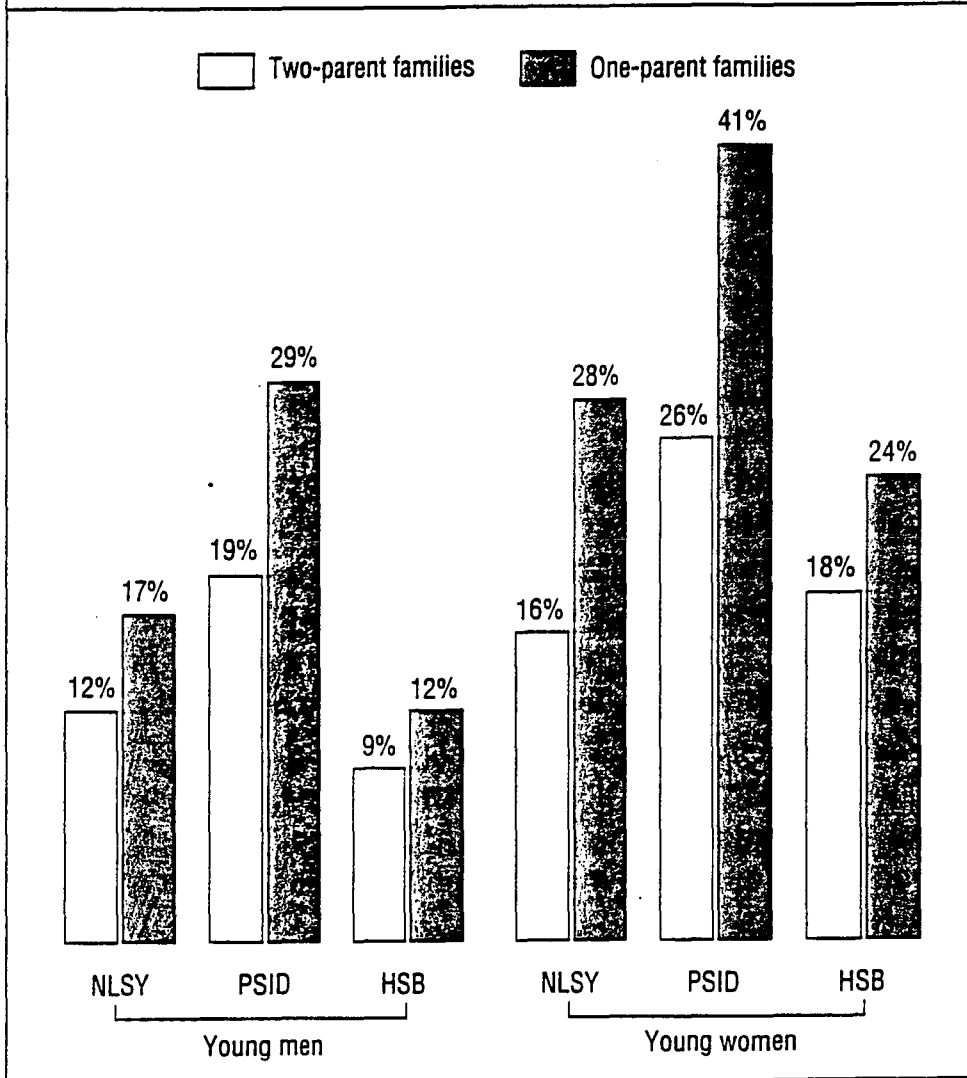
FIGURE 1
The risk of dropping out of high school.



SOURCES: National Longitudinal Survey of Youth, Panel Study of Income Dynamics, High School and Beyond Study, National Survey of Families and Households (1 = Cohort 1; 2 = Cohort 2; see text for a description of the two cohorts).

NOTE: One-parent families include stepfamilies. All numbers are adjusted for race, sex, mother's education, father's education, number of siblings, and place of residence. All differences from two-parent families are statistically significant.

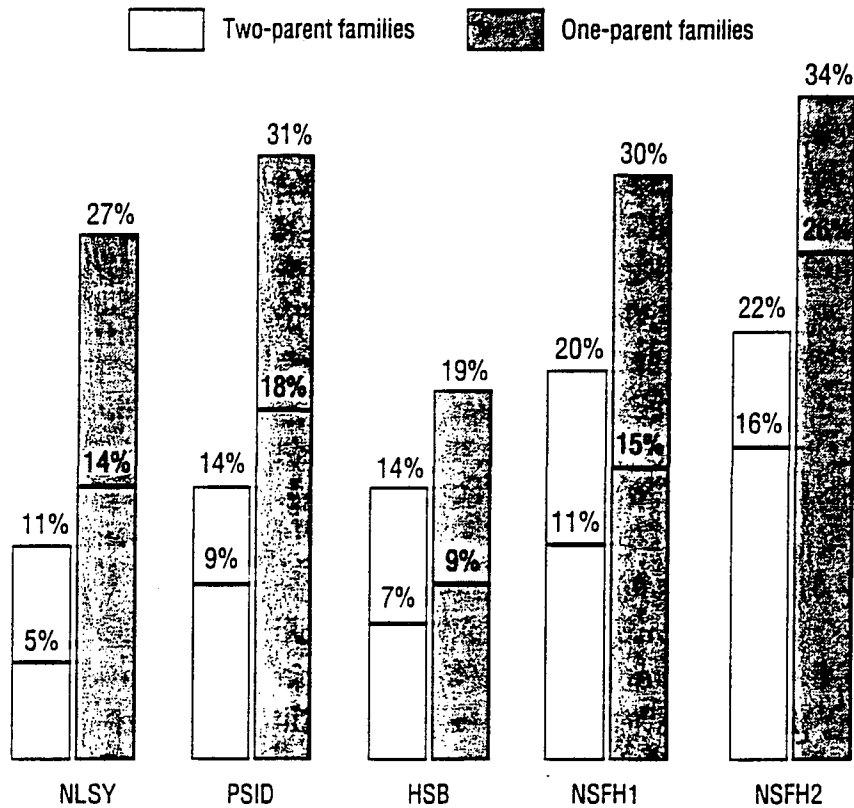
FIGURE 3
The risk of being out of school and out of work.



SOURCES: National Longitudinal Survey of Youth, Panel Study of Income Dynamics, High School and Beyond Study.

NOTE: One-parent families include stepfamilies. All numbers are adjusted for race, sex, mother's education, father's education, number of siblings, and place of residence. All differences from two-parent families are statistically significant.



FIGURE 4
The risk of teen births for women.

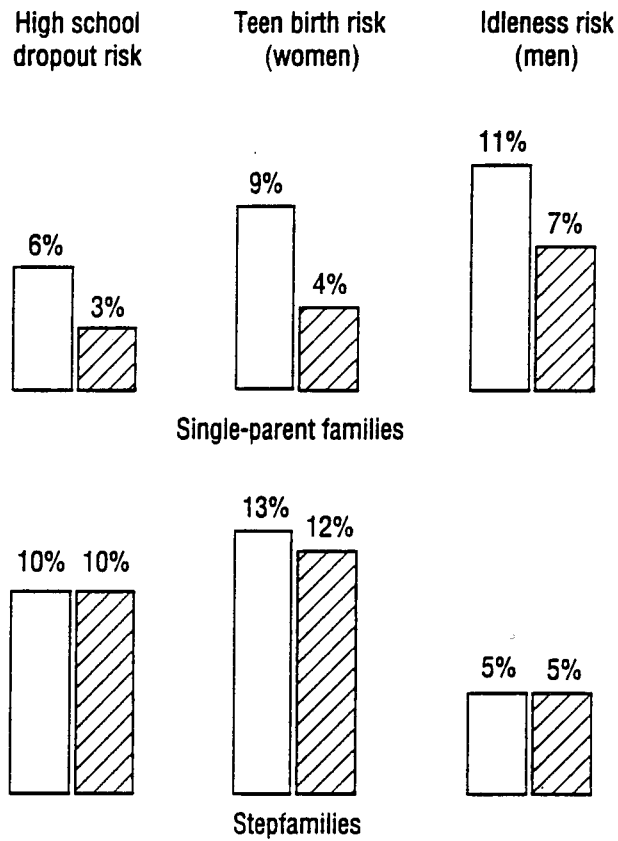


SOURCES: National Longitudinal Survey of Youth, Panel Study of Income Dynamics, High School and Beyond Study, National Survey of Families and Households (1 = Cohort 1; 2 = Cohort 2; see text for a description of the two cohorts).

NOTE: One-parent families include stepfamilies. The number at the top of each bar represents the percentage of women who had a teen birth. The number near the middle of each bar represents the percentage of women who had a teen marital birth. All numbers are adjusted for race, sex, mother's education, father's education, number of siblings, and place of residence. All differences from two-parent families are statistically significant except for teen nonmarital births in NSFH2.

FIGURE 10
Does income account for the difference in child well-being?



 Baseline difference between two-parent and one-parent families
 Difference, controlling for income

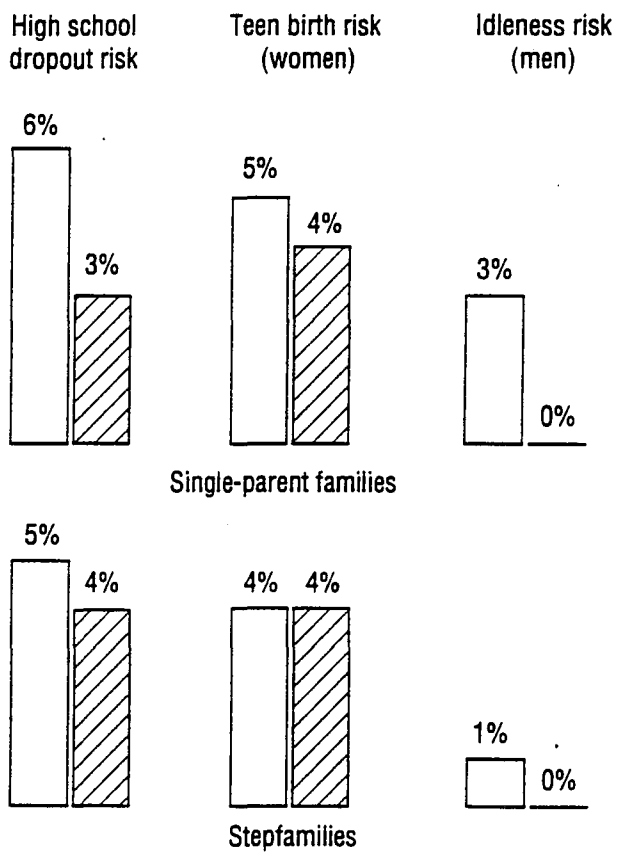


SOURCE: Panel Study of Income Dynamics.

NOTE: All numbers are adjusted for race, sex, mother's education, father's education, number of siblings, and place of residence. Income is measured at age 16.

FIGURE 13
Does parenting behavior account for the difference
in child well-being?

 Baseline difference between two-parent and one-parent families
 Difference, controlling for parental involvement, supervision, and aspirations



SOURCE: High School and Beyond Study.

NOTE: All numbers are adjusted for race, sex, mother's education, father's education, number of siblings, and place of residence. Parenting is measured during sophomore year.

State Welfare Reform Initiatives and the Family A Waiver Summary

Since 1992, 31 states have obtained waivers of provisions of the Social Security or Food Stamp Acts to permit experiments with modifications of the AFDC, Food Stamp, or Medicaid programs. An additional 9 states currently have waiver proposals under evaluation by the relevant federal agencies and efforts to develop demonstrations are underway in several more.

Since all of these demonstrations affect the terms under which public assistance is provided, they all affect children's and family well-being. Some create incentives specifically targeted at family relationships by supporting two-parent families, discouraging child-bearing, and reinforcing child support obligations.

Eighteen states have approved state welfare demonstrations that reduce the stringency of the ("100 hours") unemployment requirement for AFDC-UP eligibility for two-parent AFDC families. These include Alabama, California, Connecticut, Florida, Iowa, Illinois, Indiana, Michigan, Mississippi, Missouri, Nebraska, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Vermont, and Wisconsin. In addition five states have applied for waivers to permit experimental elimination of the 100-hours rule; these include Arizona, Delaware, Kansas, North Dakota, and Washington. News reports indicate that such changes are under consideration in Alaska, Minnesota, Oregon, Rhode Island, Utah, and West Virginia.

Fourteen states have received waivers for welfare demonstrations that eliminate or reduce the "labor force attachment" requirement for AFDC-UP eligibility for principal earners in two-parent AFDC families. These include Alabama, Connecticut, Florida, Iowa, Illinois, Michigan, Mississippi, Nebraska, Ohio, Oregon, Pennsylvania, South Carolina, Vermont, and Wisconsin. In addition, two states, Delaware and Kansas, have applied for waivers for similar demonstrations. Such initiatives are also under consideration in Oregon and Rhode Island.

Six states have received waivers for welfare demonstrations that eliminate or reduce benefit increases for additional children born to women receiving public assistance. These include Arkansas, Georgia, Indiana, Nebraska, New Jersey, and Wisconsin. Arizona, California, Kansas, Mississippi have submitted applications for waivers of this type. A similar "benefit cap" is under consideration in Illinois.

*Prepared for the Family Impact Seminar by Erin McGrath and Michael Wiseman, Institute for Research on Poverty, University of Wisconsin-Madison. These counts are based on newspaper accounts and information provided by the U.S. Department of Health and Human Services, Administration for Children and Families. Counts are approximate as of April 26th, 1995. Errors of fact and interpretation are the authors' responsibility and should not be attributed to FIS, IRP, or DHHS/ACF.

State Welfare Reform Initiatives and the Family, continued

Eleven states have received waivers for welfare demonstrations that require JOBS participation for non-custodial parents. These include Alabama, Florida, Illinois, Michigan, Mississippi, New Jersey, New York, South Carolina, Utah, Wisconsin, and Wyoming. Maryland, Missouri and North Carolina have waiver applications of this type pending, and a similar initiative is under consideration in Minnesota.

Note: Because most of these demonstrations are in the application state or have been approved only within the past three years, few results are available. Many have yet to be initiated. In most cases the experiments do not cover the entire state caseload.

APPENDIX

The New Jersey Family Development Program**

Rudolph Myers

The Family Development Act was enacted in January 1992 in New Jersey to institute new reforms in the state's welfare system. Media attention has focused almost entirely on the controversial provision disallowing increased AFDC benefits to additional children born while the family is receiving welfare payments--the so-called "family cap." In fact the initiative is an innovative, comprehensive reform package focusing on improving the well-being of all family members and investing in human capital. It aims to set a new direction of "individual responsibility, family stability, and self-sufficiency."

The Family Development Program (FDP) was a package of six welfare reform bills introduced by Assemblyman Wayne Bryant and passed by the New Jersey legislature. Three federal waivers were received for the program. It builds upon the state's JOBS program, known as REACH, and became operational in the three largest welfare counties--Camden, Essex, and Hudson--in October 1992. Five more counties were phased in by October 1993, and the 13 remaining counties started the FDP in January 1995. Rutgers University has been awarded the contract to undertake a five-year evaluation of the program, but at this time no results are yet available.

The FDP includes several unique components: an emphasis on assessing and providing for the needs of the whole family, a strong emphasis on investing in education, and the establishment of one-stop family resource centers in each county.

Family-Centered Approach

The FDP looks beyond the head of the household and is concerned with all the members of the family, realizing that numerous family circumstances and factors can impact on the success of the family's becoming economically self-sufficient. Thus when an AFDC client enters the FDP, the case manager assesses the needs of the whole family and provides services or makes referrals as appropriate--for example, for substance abuse treatment for an adolescent, early intervention services for a preschool child, and/or basic education for the parent.

Based on this assessment the AFDC client, together with the case manager, develops a family plan that outlines each family member's education and job goals (when relevant) and service needs. The case manager is then responsible for coordinating the service plan, monitoring progress, and reassessing the needs as necessary. Effective case management is viewed as critical to the success of the program.

The "Family Cap." Most of the popular interest in the "family cap" provision of the Family Development Act has focused on its impact on the birth rate among AFDC mothers. However the spirit of the law and the clear intent of its author, Assemblyman Bryant of Camden County, suggests that this focus is misdirected. When viewed in context, this

provision is but one part of a more comprehensive strategy of extending to AFDC families the same expectations of responsible decisionmaking as held for working families. Providing for their children's material needs is among the primary responsibilities of all parents. The "family cap" policy is intended to encourage responsible parental decisionmaking. Bryant points out that just as middle class (and working class) families must decide how, or whether, their resources can be made to stretch to cover the needs of an additional child, AFDC families should have to face the same decision. Meeting these additional needs is the parents' responsibility, not a public one.

The Act is in no way intended to abrogate the right of AFDC parents to have additional children. It is designed to emphasize that the exercise of that right brings with it certain responsibilities--primarily to the children involved, but also to the tax-paying citizens who should not be expected to bear the responsibility of the welfare recipient's additional children. Based on this reasoning therefore, the success of the "family cap" should not be measured solely by whether it succeeds in reducing additional AFDC births. Another important criterion is whether, if additional children are born, the AFDC parents act "responsibly" by increasing their hours of work, redoubling participation in training, and so forth.

Reducing the marriage disincentives. Two other provisions of the law have been implemented in order to promote family unity. First, two parent families not qualifying for federally assisted AFDC are placed in a 100% state funded AFDC segment and were previously given a grant equal to two-thirds of the grant received by the federally matchable segment. This provision has been liberalized so that these two parent families now receive assistance at the same rate as their federally assisted counterparts.

Second, New Jersey has eliminated the marriage penalty for single AFDC recipients. When a recipient marries, bringing a stepparent into the household, the stepparent's income disqualifies the adults from receiving assistance. But the children remain eligible for AFDC on a sliding grant scale provided the household income does not exceed 150 percent of the federal poverty income guidelines.

Focus on Education

The FDP is based on the principle that education is the key to self-sufficiency. The program assures that each participant and family member, as appropriate, has the opportunity to attain the equivalent of a high school education, if such education is consistent with the participant's employment goal.

This aspect of the plan is being implemented somewhat differently in various counties. In the northern counties, where levels of literacy tend to be below 5th to 6th-grade levels and many are non-English speaking, the education component invests heavily in ESL, GED, and ABE programs.

In other counties, the education is more focused on developing occupational skills. The program allows participants to attend higher levels of education, including four-year colleges and community colleges. Case managers assist participants in obtaining Pell grants or Tuition Assistance Grants to pay for the tuition.

State monies are used as a lever to encourage the school and other education agencies to adapt their regular programs for welfare clients, for example, by offering the programs during the day and offering more hours per week.

Family Resource Centers

Each county FDP program is required to establish a family resource center, which is a community-based facility that provides multiple, key services in a single location in a manner that provides the family with ease of access. Certain basic services are required to be offered at the Center in its first year of operation. These include case management, family counseling, child care counseling and referral, job development and job placement services, family support, educational resource development, and social and health services information and referral.

The ultimate goal of the family resource centers is to serve as a single point of entry for the major services of the workforce readiness system, providing the family with the support it needs to proceed through the system. Programs and services such as adult basic education are not necessarily provided on-site, but arrangements for participation are made at the center. Counties are encouraged to expand the services offered by these centers as they identify other needs and opportunities.

The development of family resource centers has fostered greater coordination and collaboration among state and local agencies. Center staff may include representatives from the social services department, income maintenance department, and the labor department.

For more information on the Family Development Program, contact Karen Highsmith, Acting Director, FDP, Division of Human Services, CN 716, Trenton, NJ 08625, 609/588-2000.

**Updated excerpt from the Family Impact Seminar background briefing report, Literacy and Welfare Reform: Are We Making the Connection?, July 1994.

NC ADOLESCENT PREGNANCY PREVENTION INITIATIVES

Barbara Huberman

OCTOBER 1994

PURPOSE

Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC) is a public-private partnership which assists individuals, groups, and communities to organize and implement programs which prevent adolescent pregnancy. The Coalition provides local, regional and statewide educational conferences, training, and resource materials for professionals and volunteers, coordinates statewide advocacy and public policy development and conducts research and data analysis to facilitate prevention strategies.

MISSION

To facilitate and promote the prevention of adolescent pregnancy in North Carolina.

"PARTNERS IN PREVENTION"

APPCNC believes a partnership between public agencies, private organizations, and community volunteers can maximize prevention efforts.

- o We support comprehensive planning that promotes innovative community-based prevention models.
- o We create opportunities for learning and sharing information among all groups involved in prevention.
- o We offer technical assistance and consultation to community volunteers who are interested in forming a local council on adolescent pregnancy prevention.
- o We provide statewide training and educational programs each year on adolescent pregnancy and childbearing for professionals and volunteers involved in prevention.
- o We publish materials such as our quarterly newsletter, The Advocate, "75 Each Day," The Facts About Teenage Pregnancy in North Carolina, and a Resource Directory of Adolescent Pregnancy Programs in the state.
- o We monitor legislative actions that impact on adolescent pregnancy and provide information and resources to elected officials who set policy.
- o We conduct awareness programs about the need for community-based prevention programs for clubs, organizations, the media, conferences and seminars.
- o We maintain a library and resource center with over 5000 resource materials related to adolescent pregnancy issues, audio visual materials, and curricula.
- o We conduct research and data collection that enhances our knowledge of the problem of adolescent pregnancy and the impact of prevention efforts.

APPCNC is a United Way Agency and is supported by funds from local United Ways, the North Carolina Legislature, foundations, special events, and contributions from supporters. Professional staff carry out goals and objectives determined by a 30 - member board of directors who represent three geographic areas and:

- o Local Councils on Adolescent Pregnancy Prevention
- o Private Agencies and Volunteer Organizations
- o State Departments and Public Agencies

The Coalition won the 1987 National Award for the Most Exemplary Sustained Public Information Project given by the National Healthy Mothers/Healthy Babies Coalition and has been recognized for its innovative, independent approach to statewide prevention efforts. In 1988 the Coalition received the Governors Award for Outstanding Community Service. APPCNC's publication "299 Ideas for the Prevention of Adolescent Pregnancy," was selected as one of 10 award winners for excellence in consumer education by the Federal Drug Administration.

In 1993, The Coalition received the "Pioneer" Award from the Governor's Commission on the Reduction of Infant Mortality and was chosen for the 1993 Achievement Award as an outstanding state coalition by the National Organization on Adolescent Pregnancy.

**DOLESCENT
REGNANCY
REVENTION**

alition of North Carolina

1300 Baxter Street
Charlotte, NC 28204
704.335.1313
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LOCAL COMMUNITY COUNCILS/TASK FORCES/COALITIONS

A local council is a group of individuals in a community that comes together with an organized, formal structure to address issues related to adolescent pregnancy prevention. The State Coalition (APPCNC) provides leadership, technical assistance and resources to develop local councils.

In North Carolina, local councils may also call themselves task forces, coalitions or any other name they feel reflects their purpose.

Local councils are independent, autonomous organizations and have no formal relationship to the Adolescent Pregnancy Prevention Coalition of NC. The local councils are not chapters nor is there any legal affiliation between the State Coalition and the local organizations. APPCNC feels strongly that this autonomy is vital to the local council's ability to respond to the needs, values, and interests of the community, without the restraint of a parent organization.

Each council is free to choose its philosophy and program priorities. Strategies that work and are supported in some communities may not be acceptable or desired in others. While we are all working for prevention, the State Coalition must be free to pursue its own goals and objectives and give that same freedom to each local council. Because APPCNC receives support from local United Ways and the State Legislature, local councils do not pay dues or make financial contributions to the State Coalition.

The State Coalition provides local councils with:

- 1) Resources, research, publications, and materials which promote effective and responsible prevention.
- 2) Technical assistance to develop strong viable organizations, build effective leadership and increase the capacity of the council to promote prevention.
- 3) Preparation of manuals, handouts and materials for local council development.
- 4) Training and educational opportunities to learn about effective programs and projects in the region, state and nation.
- 5) Resources for grant writing, fundraising, and financial strength.
- 6) Advocacy for and monitoring of the state adolescent pregnancy prevention project fund which provides grants for local community council and projects.
- 7) Opportunities for networking and sharing among local councils and projects.

As a statewide United Way Agency offering services to all 100 counties, Adolescent Pregnancy Prevention Coalition of North Carolina has no fees for most services, technical assistance and/or local council development activities. There are small fees for publications and some continuing education programs and conferences. Honorariums and contributions are always welcome.

EAST: APPCNC/Raleigh Patricia Yancey 1-919-787-1116

WEST: APPCNC/Charlotte 1-704-335-1313

THE ADOLESCENT PARENTING PROGRAM (APP)

The Adolescent Parenting Program (APP) was initiated in North Carolina in eight counties during FY 1984-85. The program is administered through the NC Departments of Human Services and provides individual services and group activities aimed at secondary adolescent pregnancy prevention. The target population is first-time adolescent parents 17 years of age or younger, and each program serves an average of 15 pregnant and/or parenting teens. The program's objectives are to (a) delay the teenage mother's second pregnancy, (b) help the teenager stay in school and complete her high school education, and (c) reduce the risk of abuse and neglect of children born to teenagers, and (d) improve prenatal and perinatal care.

Initially, the Adolescent Parenting Program was funded with 75% federal Title IV-B (Child Welfare Services) and a 25% match from the eight counties that participated in the APP. The sum of \$23,500 in Title IV-B money was awarded to each program, and the required match was added for a total of



\$32,334 per program. To expand the program in 1991, the General Assembly appropriated \$366,291 through the Infant Mortality Legislative package. The appropriation allowed for the addition of 8 new programs which received \$31,825 in state funds plus the 25% required local match of \$7,834 for a total of \$39,659. Each of the eight original programs received \$8,325 in state funds thus making their total budget \$39,659 when the 25% match is included. In 1993, expansion funds will create eight new projects and any non profit agency public or private is eligible to apply.

Burke	Durham	McDowell	Robeson
Caldwell	Forsyth	New Hanover	Rutherford
Cleveland	Franklin	Onslow	Stanly
Cherokee	Gaston	Orange	Union
Craven	Green	Pasquotank	Vance
Cumberland	Johnston	Pender	Wilkes

Coordinator: Vanessa Jeffries 1-919-733-4622

NORTH CAROLINA ADOLESCENT HEALTH CARE CLINICS/CENTERS

In 1987, Adolescent Pregnancy Prevention Coalition of North Carolina held the first statewide conference on school based health care, showcasing programs in other states. At the time, North Carolina had only one teen health center. Utilizing our advocacy, technical assistance and resources, we now have 28 adolescent health centers in 17 counties.

In 1992, The North Carolina General Assembly provided funding for 4 adolescent health care centers.

Grants were available for \$12,000 for start up and planning and then \$50,000 for year one of a five year funding period. The \$50,000 will decrease by a percentage each year of year 2-5. The program is administered by the Department of Health, Environment and Natural Resources. Twenty-nine counties submitted proposals in 1993. Those funded for new implementation were Yancey and Pasquotank Counties. Guilford and Swain Counties were grant recipients for expansion of services in existing centers.

In 1993, The General Assembly appropriated expansion funds of \$375,000 in 1993 and \$750,000 in 1994 for an additional ten clinics. Grants were increased to \$75,000.

Buncombe	Durham	Mecklenburg*	Wake* (2)
Catawba	Gates	Orange	Wilkes
Chatham	Greene*	Pasquotank*	
Cleveland*	Guilford*	Robeson*	
Davie	Lenoir*	Surry	

*State AHCC grant

Coordinator: Duncan Shaw 919/715-3423

THE NORTH CAROLINA ADOLESCENT PREGNANCY PREVENTION PROGRAM (APPP)

The North Carolina Adolescent Pregnancy Prevention Program (APPP) was created in 1985 by the North Carolina Legislature to give local communities the opportunity to design, implement and support prevention projects. The Legislature annually appropriates over \$1,400,000 which is distributed to projects that have been selected through a proposal process. Grants are for five years and begin with a maximum of \$60,000 which descends each year as a required local match increases each year. It is administered by the Department of Environment, Health, and Natural Resources. The Legislature has designated the Commission for Health Services as the final selector of projects based on Department review.



Adolescent Pregnancy Prevention Coalition of North Carolina serves as the lead advocate for this exemplary legislative initiative to address adolescent pregnancy prevention and monitors its implementation and effectiveness. APPCNC provides the Legislature with guidance and information concerning the program as needed. APPCNC provides technical assistance and support to APPP projects as well as hundreds of others in the state. While the Coalition has no authority or control over the Department administration of the program, APPCNC is strongly vested in this program and collaborates with the Department in every way possible to insure the program is a success and the projects have the resources and support needed to achieve their goals. Evaluation annually is required of each project for continued funding. New projects are chosen annually as the fund replenishes itself from descending grants to the older projects. As of January 1994, there are 35 projects funded.

Alamance (2)	Davie	Henderson	New Hanover (2)	Wake (3)
Bertie	Forsyth	Hertford	Orange	
Buncombe	Gaston	Hoke	Randolph	
Caldwell	Gates	Macon	Robeson	
Catawba	Greene	Martin	Rutherford	
Cleveland	Guilford (3)	Mecklenburg	Swain	
Cumberland	Haywood	Moore	Vance	

Coordinator: Vicki Gerig 1-919-715-3391

EACH DAY IN NORTH CAROLINA

- ◆ 72 TEENAGERS GET PREGNANT
- ◆ 68% TEENS BECOME MOTHERS
- ◆ 32% TEENS WILL HAVE AN ABORTION
- ◆ ONE IN 4 TEENS WILL HAVE SEXUALLY TRANSMITTED DISEASE BY 19
- ◆ 70% OF OUR NC TEENS ARE SEXUALLY ACTIVE
- ◆ TEEN PREGNANCY AND PARENTING IS ONE OF THE LEADING CAUSES OF SCHOOL DROPOUT
- ◆ TEEN PREGNANCY COSTS NC \$457,800,000 EACH YEAR. THIS IS A 96% INCREASE IN FIVE YEARS (1987-1991).
- ◆ OF EACH OF THESE DOLLARS ONLY 1 CENT IS SPENT ON PREVENTION



PRESS RELEASE
CONTACT: BARBARA HUBERMAN
PRESIDENT
704/335-1313

NC TEEN PREGNANCY RATE DROPS THIRD YEAR IN A ROW

The Adolescent Pregnancy Prevention Coalition of North Carolina is excited to announce that the pregnancy rate in North Carolina has again decreased. This decline started in 1990 (105.4 pregnancies per 1000) which indicates that realistic and relevant prevention programs are beginning to make a difference. Teens are utilizing family planning services, and/or more teens are choosing to abstain for a longer period of time. North Carolina has become a national model for how other states can address prevention of adolescent pregnancies. This complex problem requires comprehensive solutions which do not show results over night. North Carolina has achieved a reputation for its public - private - volunteer collaboration to design, fund and implement these comprehensive programs.

The following are key ingredients in our success.

- 1) The Governor and The North Carolina Legislature have provided leadership, wisdom and long term commitment to prevention programs. Annually \$1.4 million dollars is utilized by 37 (1994) selected projects operated by non profit organizations who offer unique and successful prevention projects in schools, health agencies, youth serving organizations and community agencies. In addition there are now 24 adolescent parenting grant projects that have been evaluated and proven to reduce repeat teen pregnancies, child abuse and neglect, and school dropout. We now have 28 adolescent health centers and 16 of them receive operational grants from the North Carolina Legislature.

Other state initiatives like Smart Start, S.O.S. and Family Resource Centers also have the capacity to reduce adolescent sexual risk taking if they include it in their agendas.

- 2) The 78 United Ways of North Carolina not only support the State Coalition but also many of our local councils on teen pregnancy and a significant number of local programs that are addressing prevention. Their involvement and funding sends a strong message that prevention is a priority and a community responsibility.

**ADOLESCENT
 PREGNANCY
 PREVENTION**

Coalition of North Carolina

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- 3) The Public and Private Agencies and Organizations of North Carolina, both state and local, are important to our prevention success. Working with local municipal agencies such as schools, health departments, and social services, we are seeing the value of collaboration. We have exemplary program models in some of our religious institutions and youth ministries. Local and state needs are also met by such important "partners" as Cities In Schools, March of Dimes, Children's Home Society, Florence Crittenton Services, Planned Parenthood, YWCA's and YMCA's, Salvation Army Boys and Girls Clubs, PTA's and forward thinking foundations like Blumenthal, Z. Smith Reynolds and Mary Reynolds Babcock.

Without the health departments, schools and social service providers, prevention would be very difficult. Our "public" partners have long been charged with preventing teen pregnancies, but are now grateful to be involved in our "Community Partnership" approach with our local councils in over 60 counties. Building and supporting these councils is one of the focuses of the state Coalition.

The Adolescent Pregnancy Prevention Coalition of North Carolina is celebrating our 10th Anniversary in 1995 and has been a vital coordinator and catalyst for prevention policies, programs and funds. Our advocacy in the General Assembly has made possible the multifaceted support that is needed to produce effective prevention programs. We are one of the three strongest State Coalition's in the country in influence and impact.

Together we are all "making a difference."

1993 Data & Analysis Attached

NORTH CAROLINA ADOLESCENT PREGNANCIES BY OUTCOME 1970-1993 (9-19 years)

<u>YEAR</u>	<u>TOTAL PREGNANCIES</u>	<u>LIVE BIRTHS</u>	<u>ABORTIONS</u>	<u>FETAL DEATHS</u>
1993	23,040	15,537	7,342	161
1992	23,711	16,011	7,515	185
1991	25,068	16,516	8,388	164
1990	26,204	16,830	9,190	184
1989	26,700	16,676	9,849	175
1988	26,268	15,468	10,624	176
1987	25,054	14,707	10,208	139
1986	24,460	14,351	9,962	147
1985	24,421	14,319	9,943	159
1984	24,848	14,199	10,499	150
1983	24,491	14,410	9,930	151
1982	24,672	15,203	9,305	164
1981	25,199	15,164	9,813	222
1980	26,421	16,187	10,058	184
1979	26,464	16,725	9,515	224
<u>1978*</u>	<u>26,339</u>	<u>17,335</u>	<u>8,774</u>	<u>230</u>
1977	27,245	18,209	8,781	255
1976	27,129	18,358	8,535	236
1975	27,919	20,163	7,474	282
1974	27,837	21,302	6,179	356
1973**	26,768	22,328	4,100	340
1972	25,942	22,554	3,043	350
1971	24,328	22,490	1,443	395
1970	23,503	22,721	395	387

*NOTE: ABORTIONS PRIOR TO 1978 ARE OCCURRENCES, RATHER THAN RESIDENTS OF NC, DATA RELIABLE ONLY AFTER 1978

SPONTANEOUS ABORTIONS BEFORE 20 WEEKS GESTATION ARE NOT REPORTED. AFTER 20 WEEKS GESTATION, THEY ARE CONSIDERED FETAL DEATHS.

**1973: ABORTIONS LEGAL

NORTH CAROLINA PREGNANCY, ABORTION AND BIRTH RATES BY AGE GROUP 1978-1993

Year	Pregnancy Rate		Abortion Rate		Birth Rate	
	10-14	15-19	10-14	15-19	10-14	15-19
1978	3.4	97.8	1.8	30.8	1.6	62.6
1979	3.9	97.8	1.9	33.2	1.9	59.7
1980	3.4	95.7	1.8	35.0	1.6	57.5
1981	3.3	91.5	1.7	35.2	1.5	55.3
1982	3.1	92.3	1.7	34.1	1.4	56.9
1983	3.5	93.7	2.2	36.9	1.4	55.1
1984	4.0	95.3	2.4	39.6	1.6	55.1
1985	3.8	95.1	2.3	38.1	1.5	56.5
1986	3.9	94.0	2.3	37.6	1.6	55.8
1987	3.5	96.2	2.0	38.7	1.5	57.0
1988	3.7	100.4	2.0	40.1	1.6	59.6
1989	3.8	101.4	1.9	37.0	2.0	63.7
1990	3.7	105.4	1.8	36.5	1.9	68.1
1991	3.6	101.1	1.7	33.4	1.9	67.0
1992	3.3	98.3	1.6	30.7	1.7	66.8
1993	3.3	96.4	1.3	30.5	2.0	65.2

**Excerpts from:
Adolescent Pregnancy Prevention Programs:
Interventions and Evaluations
(forthcoming by Child Trends, Inc. under contract by ASPE)**

- A systematic review of the literature finds no "silver bullet" programs to reduce adolescent pregnancy and childbearing.
- A few well-designed and well-evaluated programs have been conducted. Most of the evaluations that have been conducted have been lacking in methodological and statistical rigor.
- The existing body of basic research on adolescent sexual and fertility behavior suggests the primary factors that are associated with early sexual initiation, ineffective contraception, and teenage parenthood are socioeconomic disadvantage, school failure, behavior problems and risk taking. More nebulous but also important are the absence of a set of family strengths including nurturance and love, monitoring and discipline, clear values and authoritative communication which instill in children and adolescents the will and capacity to postpone parenthood until they have themselves formed strong and stable families. However, the interventions mounted to prevent adolescent parenthood only rarely focus on these risk factors.
- The most promising approach to preventing pregnancy based on the scientific literature is within programs designed to provide educational and economic opportunities to children and adolescents.
- Numerous programs have been implemented ranging from sexuality education, to comprehensive, multifaceted interventions offering education, counseling and a variety of support services.
- Studies have concluded:
 - Traditional sex education increases knowledge in the short-term, but seems to have minimal effects on actual fertility-related behavior. The provision of sex education to adolescents does not increase the risk of sexual activity.
 - Theory-based sex education combined with skill-building activities demonstrate somewhat stronger and more sustained impacts. Specifically, programs with a specific and narrow message, combined with contraceptive information, and activities concerned with social and media influences, modelling, communication and negotiation, encourage a delay in sexual initiation slightly and have modest effects in improving contraceptive behavior.

preliminary - not for quotation or citation

- Family planning services also have been found to reduce unwanted births, primarily because of pregnancy prevention and perhaps also due to increased access to abortion.
- Services that offer tailored approaches to reduce barriers to receiving care among adolescents are most likely to affect contraceptive use.
- At present, there is no evidence that abstinence-alone programs delay sexual activity. There is evidence that programs combining abstinence education with contraceptive education serve to both delay sexual initiation and improve contraceptive use.
- School-based clinics are a source of health care, but have not been found to consistently reduce sexual activity or pregnancy, with the exception of the Self-Center clinic in Baltimore; the Self-Center uses a case-management approach to link school sex education with contraceptive and other support services at an outside health facility.
- Other examples of promising initiatives include a program for adolescent girls which combines a curriculum with volunteer work and has been linked to lower pregnancy rates.
- Also, the enriched pre-school development program provided in the Perry Pre-School Program has been found to reduce teenage childbearing more than a decade later.

To order a copy of the final report, please send your name and address to:

Penny Clark
 HHS - ASPE
 Room 450 G
 200 Independence Ave. SW
 Washington, DC 20201

FAX: 202-690-5514

***TEENAGE PREGNANCY:
A SUMMARY OF PREVENTION PROGRAM
EVALUATION RESULTS***

Prepared for the evaluation of teenage pregnancy prevention programs funded under Engrossed Substitute House Bill 1408, passed by the Washington State Legislature in 1994.

Carol Webster and Greg Weeks

**Washington State Institute for Public Policy
The Evergreen State College
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January 1995

Teenage Pregnancy: A Summary of Prevention Program Evaluation Results

The attached table summarizes the results from 20 teenage pregnancy prevention program evaluations and divides programs into two main categories:

- Those intended to prevent a **first** pregnancy.
- Those intended to prevent **subsequent** pregnancies.

The table shows that:

- Programs directed at younger adolescents, before they were sexually active, were generally more effective than programs directed at older adolescents.
- Programs that were interactive, such as those that had youth practice concrete "refusal skills" or become involved in volunteer service, were more effective than programs that provided only lectures.
- Programs that included, but were not limited to, access to family planning services led to a decrease in teen births.

The table groups programs by:

- **effectiveness.**
- **type of evaluation design.**

Evaluations that use an experimental design, which randomly assigns individuals to an experimental group and a control group and then measures the differences in outcomes, provide the most reliable information about a program's impact. Evaluations that use a quasi-experimental design, which compares groups, sites, or schools, provide less accurate results. Evaluations that use a pre-test and a post-test of participants, without a control group or a comparison group, generally provide the least accurate results.

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Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design (continued)</i>			
Postponing Sexual Involvement <i>(Atlanta, Georgia)</i> 1985-1986 8th grade students.	A 10-session curriculum on human sexuality that emphasized concrete refusal skills.	Matched school design. (Total N = 1,005)	Fewer pregnancies. Postponement of sexual intercourse for those not already sexually active; no measured effects on those already sexually active.
Teen Outreach <i>(30 states in the USA)</i> 1986-1987 7th - 12th grade students at 35 sites.	School-based program with 2 components: small group discussions and volunteer community service.	Comparison group design with a small experimental random assignment sample. (Total N = 1,487)	Lower pregnancy rate. Volunteer service component more effective when students volunteered more hours. Program more effective for senior than junior high students.
Community-Based Education <i>(Denmark, South Carolina)</i> 1983-1988 14- to 17-year-old females.	Sex education curriculum. A graduate level training program for school personnel, workshops for parents and ministers, media campaign, contraceptive-dispensing school nurse, and drop-in school clinic.	Matched areas, pre-post design. (Total female N in Denmark area = 292)	Pregnancy rates were lower when all components were used, but returned to near pre-program levels when contraceptives were no longer dispensed and when other components were emphasized less.

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Either Pre-Post or Comparison Group Design</i>			
<p>Girls Incorporated <i>(Dallas, Memphis, Omaha, and Wilmington)</i> 1985-1988</p> <p>12- to 17-year-old girls.</p>	<p>A 4-part curriculum for 12- to 14-year-old girls:</p> <ul style="list-style-type: none"> • parent-daughter communication. • sexuality information, assertiveness, and refusal skills. <p>15- to 17-year-old girls:</p> <ul style="list-style-type: none"> • career planning, sexuality, and contraceptive information. • clinical services. 	<p>Compared volunteers to non-volunteers. (Total N = 343 for all components. N varies for individual components from 257 to 359.)</p>	<p>Participation in at least one program component <i>appeared</i> to reduce the volunteers' risk of pregnancy; however, the evaluation design could not separate the impacts of the program itself from the effect of preexisting differences between volunteers and non-volunteers.</p>

**PROGRAMS FOR PREVENTION OF FIRST PREGNANCY
THAT HAVE *LITTLE OR NO EFFECT***

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
Direct Mail of Condoms <i>(Nationwide)</i> 1987-1988 10- to 16-year-old males.	Participants were mailed condom order forms and sex education pamphlets.	Random assignment experiment. (Total N = 2,018)	6 - 7% of treatment group ordered condoms. Slight gain in information, but no measured effects on behavior.
Health Education for Young Men <i>(Portland, Oregon and Vancouver, Washington)</i> 1985-1987 15- to 18-year-old males.	One clinic visit: ½ hour slide-tape program and ½ hour nurse consultation on reproductive health.	Random assignment experiment. (Total N = 971)	Gain in information and effective use of contraceptives. No measured effects on sexual activity.
Facts and Feelings <i>(Utah)</i> 7th - 8th grade students.	Sex education videos presented to families to encourage communication between parents and children and postpone sexual intercourse.	Random assignment experiment with a pre-post test. (Total N = 548)	Short-term gains in communication between parents and children, but no measured effects after 1 year.
Teen Talk <i>(Texas and California)</i> 1986-1988 13- to 19-year-olds.	A 12 - 15 hour curriculum on sex education taught at community agencies and one school.	Random assignment of individuals or classroom units, depending on circumstances at site. (Total N = 1,444)	Some gain in information. Sexually inexperienced males were abstinent longer, females were not. No increase in effective use of contraceptives.

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Classrooms or Schools</i>			
McMaster Teen Program <i>(Ontario, Canada)</i> 1982 7th - 8th grade students in 21 schools.	School curriculum, small group sessions led by trained public health nurses and teachers.	Random assignment of schools: 11 treatment and 10 control schools. (Total N = 3,290)	No measured effects.
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design</i>			
School-Based Health Clinics <i>(6 states)</i> 1984-1985 High schools.	Health clinics.	A matched comparison school design was used for 4 of the sites, and a pre-post design was used for the other 2.	Increased contraceptive use associated with clinics in some of the schools. No measured effects on pregnancy rates.
<i>Evaluated Using Either Pre-Post or Comparison Group Design</i>			
School Clinics <i>(St. Paul)</i> 1971-1986 High schools.	Health clinics that provided physical exams, birth control, and pregnancy testing.	A pre-post design. School birth rates were calculated using county birth records.	No measured effects.
Taking Charge <i>(Delaware, Mississippi, and Ohio)</i> 1989 7th grade low income students.	A 6-week curriculum for students and 3 workshops for parents to promote family communication and sexual abstinence.	A pre-post design. One post-test after completion of curriculum and second post-test at 6 months. (Total N = 91)	Some increase in sexual information. No measured effects on behavior.
Success Express <i>(8 sites)</i> Middle school students.	A 6-session abstinence-only curriculum.	Compared students. (Total N = 320)	Increase in pre-coital sexual activity for treatment group.

**PROGRAMS FOR PREVENTION OF SUBSEQUENT PREGNANCIES
THAT HAVE SOME EFFECT**

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
<p>Visiting Nurse Program <i>(Rural New York)</i> 1978-1980</p> <p>Young at-risk mothers.</p>	<p>Nurses conduct bi-weekly 1-hour home visits from pregnancy through 2nd year of postpartum. Nurses discuss health related behavior, education, jobs, birth control, and infant care.</p>	<p>Random assignment experiment. (Total N = 400)</p>	<p>Fewer pregnancies and a delay of next birth, especially for poor, unmarried women in sample.</p>
<p>Well-Baby Clinic <i>(Large eastern US hospital)</i></p> <p>First-time unwed mothers under 17 years old on Medicaid.</p>	<p>Well-baby clinic.</p>	<p>Random assignment experiment. (Total N = 243 mother-infant pairs.)</p>	<p>Fewer repeat pregnancies. (12% v. 28% in control group.)</p>

**PROGRAMS FOR PREVENTION OF SUBSEQUENT PREGNANCIES
THAT HAVE *LITTLE OR NO EFFECT***

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
Teenage Parent Demonstration <i>(Chicago, Newark, and Camden)</i> 1987-1991 Young welfare recipients.	After birth of first child, mothers attended workshops on education, jobs, and contraception. AFDC grants were reduced for non-participation.	Random assignment experiment. (Total N = 3,412)	No measured effects.
New Chance Demonstration <i>(16 sites in 10 states)</i> 1989-1992 16- to 22-year-old mothers.	Mothers were given GED preparation, health education, family planning, childcare, and pediatric services using case-management approach. Also, employment and job search assistance was provided.	Random assignment experiment. (Total N = 2,322)	Gain in obtaining GED, no change in welfare use, employment and health outcomes. Participants were <i>more</i> likely to have had another pregnancy during the follow-up period.
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design</i>			
Project Redirection <i>(Boston, New York, Phoenix, and Riverside)</i> 1980-1983 Young at-risk teen mothers.	Mothers were given employment training, school completion, and pregnancy prevention services.	Matched site design. (Total N = 758)	At five-year follow-up, no measured effects on pregnancy rates.

REFERENCES

Programs for Prevention of First Pregnancy

<u>PROGRAM</u>	<u>CITATION</u>
Reducing the Risk <i>(13 Schools in California)</i>	Richard P. Barth, Nancy Leland, Douglas Kirby, and Joyce V. Fetro. "Enhancing Social and Cognitive Skills." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. <i>Preventing Adolescent Pregnancy: Model Programs and Evaluations</i> , Newbury Park, CA: SAGE Publications, Inc.: 53-82, 1992; and Douglas Kirby, Richard P. Barth, Nancy Leland, and Joyce V. Fetro. "Reducing the Risk: Impact of a New Curriculum on Sexual Risk-taking." <i>Family Planning Perspectives</i> , 23(6): 253-263, 1991.
Pregnancy Prevention for Urban Teens <i>Johns Hopkins Program (4 Schools in Baltimore)</i>	Laurie Schwab Zabin. "A School-linked Reproductive Health Services Program: The Johns Hopkins Programs." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. <i>Preventing Adolescent Pregnancy: Model Programs and Evaluations</i> , Newbury Park, CA: SAGE Publications, Inc.: 156-184, 1992.
Postponing Sexual Involvement <i>(Atlanta, GA)</i>	Marion Howard and Judith A. McCabe. "An Information and Skills Approach for Younger Teens: Postponing Sexual Involvement (PSI) Curriculum." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. <i>Preventing Adolescent Pregnancy: Model Programs and Evaluations</i> , Newbury Park, CA: SAGE Publications, Inc.: 83-109, 1992; and Marion Howard and Judith Blamey McCabe. "Helping Teenagers Postpone Sexual Involvement." <i>Family Planning Perspectives</i> , 22(1): 21-26, 1990.

PROGRAM**CITATION****Teen Outreach***(35 sites, 30 states in the US)*

Susan Philliber and Joseph Allen. "Life-options/Community Service: Teen Outreach Program." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. *Preventing Adolescent Pregnancy: Model Programs and Evaluations*, Newbury Park, CA: SAGE Publications, Inc.: 139-155, 1992; and Joseph P. Allen, Susan Philliber, and Nancy Hoggson. "School-based Prevention of Teen-age Pregnancy and School Dropout: Process Evaluation of the National Replication of the Teen Outreach Program." *American Journal of Community Psychology*, 18(4): 505-524, 1990.

Community-Based Education*(Denmark, SC)*

Helen Koo, George Dunteman, Cindee George, Yvonne Green, and Murray Vincent. "Reducing Adolescent Pregnancy Through a School and Community-based Intervention: Denmark, South Carolina, Revisited." *Family Planning Perspectives*, 26(5): 198-205, 217, 1994; and, Murray L. Vincent, Andrew F. Clearie, and Mark D. Schluchter. "Reducing Adolescent Pregnancy Through School and Community-based Education." *Journal of the American Medical Association*, 257(24): 3382-3386, 1987.

Girls Incorporated*(Dallas, Memphis, Omaha, and Wilmington)*

Heather Johnston Nicholson and Leticia T. Postrado. "A Comprehensive Age-phased Approach: Girls Incorporated." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. *Preventing Adolescent Pregnancy: Model Programs and Evaluations*, Newbury Park, CA: SAGE Publications, Inc.: 110-138, 1992.

Direct Mail of Condoms*(Nationwide)*

Douglas Kirby, Philip D. Harvey, David Claussenius, and Marty Novar. "A Direct Mailing to Teenage Males About Condom Use: Its Impact on Knowledge, Attitudes and Sexual Behavior." *Family Planning Perspectives*, 21(1): 12-18, 1989.

Health Education for Young Men*(Portland, OR and Vancouver, WA)*

Ross Danielson, Shirley Marcy, Anne Plunkett, William Wiest, and Merwyn R. Greenlick. "Reproductive Health Counseling for Young Men: What Does it Do?" *Family Planning Perspectives*, 22(3): 115-121, 1990.

PROGRAM

CITATION

Facts and Feelings
(Utah)

Brent C. Miller, Maria C. Norton, Glen O. Jensen, Thomas R. Lee, Cynthia Christopherson, and Pamela K. King. "Impact Evaluation of *Facts and Feelings: A Home-based Video Sex Education Curriculum.*" *Family Relations*, 42: 392-400, 1993.

Teen Talk
(Texas and California)

Marvin Eisen and Gail L. Zellman. "A Health Beliefs Field Experiment: Teen Talk." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. *Preventing Adolescent Pregnancy: Model Programs and Evaluations*, Newbury Park, CA: SAGE Publications, Inc.: 220-264, 1992.

McMaster Teen Program
(21 Schools in Ontario, Canada)

B. Helen Thomas, Alba Mitchell, M. Corinne Devlin, Charlie H. Goldsmith, Joel Singer, and Derek Watters. "Small Group Sex Education at School: The McMaster Teen Program." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. *Preventing Adolescent Pregnancy: Model Programs and Evaluations*, Newbury Park, CA: SAGE Publications, Inc.: 28-52, 1992.

School-Based Health Clinics
(In 6 States)

Douglas Kirby and Cindy Waszak. "School-based Clinics." In Brent Miller, Josefina J. Card, Roberta L. Paikoff, and James L. Peterson, eds. *Preventing Adolescent Pregnancy: Model Programs and Evaluations*, Newbury Park, CA: SAGE Publications, Inc.: 185-219, 1992.

School Clinics
(St. Paul)

Douglas Kirby, Michael D. Resnick, Blake Downes, Thel Kocher, Paul Gunderson, Sandra Potthoff, Daniel Zelterman, and Robert William Blum. "The Effects of School-based Health Clinics in St. Paul on School-wide Birth Rates." *Family Planning Perspectives*, 25(1): 12-16, 1993.

Taking Charge
(Delaware, Mississippi, and Ohio)

Stephen R. Jorgensen. "Project Taking Charge: An Evaluation of an Adolescent Pregnancy Prevention Program." *Family Relations*, 40 (October): 373-380, 1991; and Stephen R. Jorgensen, Vicki Potts, and Brian Camp. "Project Taking Charge: Six-month Follow-up of a Pregnancy Prevention Program for Early Adolescents." *Family Relations*, 40 (October): 401-406, 1993.

Programs for Prevention of Subsequent Pregnancies

<u>PROGRAM</u>	<u>CITATION</u>
Success Express (8 Sites in US)	F. Scott Christopher and Mark W. Roosa. "An Evaluation of an Adolescent Pregnancy Prevention Program: Is 'Just Say No' Enough?" <i>Family Relations</i> , 39 (January): 68-72, 1990. Also see: Karen Smith Theil and Dennis McBride. "Comments on an Evaluation of an Abstinence-only Adolescent Pregnancy Prevention Program." <i>Family Relations</i> , 41 (October): 465-467, 1992; and Mark W. Roosa and F. Scott Christopher. "A Response to Theil and McBride: Scientific Criticism or Obscurantism?" <i>Family Relations</i> , 41 (October): 468-469, 1992.
Visiting Nurse Program (Rural New York)	David L. Olds, Charles R. Henderson Jr., Robert Tatelbaum, and Robert Chamberlin. "Improving the Life-course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation." <i>American Journal of Public Health</i> , 78(11): 1436-1445, 1988.
Well-Baby Clinic (Large Eastern US Hospital)	Ann L. O'Sullivan and Barbara S. Jacobsen. "A Randomized Trial of a Health Care Program for First-time Adolescent Mothers and Their Infants." <i>Nursing Research</i> , 41(4): 210-215, 1992.
Teenage Parent Demonstration (Chicago, Newark, and Camden, NJ)	Rebecca Maynard and Anu Rangarajan. "Contraceptive Use and Repeat Pregnancies Among Welfare-dependent Teenage Mothers." <i>Family Planning Perspectives</i> , 26(5): 198-205, 1994.
New Chance Demonstration (16 sites in 10 states)	Janet C. Quint, Denise F. Polit, Hans Bos, and George Cave. "New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children." New York: Manpower Demonstration Research Corporation, 1994.
Project Redirection (Boston, New York, Phoenix, and Riverside, CA)	Denise F. Polit and Janet R. Kahn. "Project Redirection: Evaluation of a Comprehensive Program for Disadvantaged Teenage Mothers." <i>Family Planning Perspectives</i> , 17(4): 150-155, 1985; and Denise F. Polit. "Effects of a Comprehensive Program for Teenage Parents: Five Years After Project Redirection." <i>Family Planning Perspectives</i> , 21(4): 164-169, 1989.

Table 1. Statistics on Child Support and AFDC, by State, 1993

	Child Support Collected per Dollar of Child Support Administrative Costs, 1993	Total Child Support IV-D Collections 1979	Total Child Support IV-D Collections 1993	Percentage of AFDC Payments Recovered Through Child Support Support Collections 1993
Alabama	3.27	6,854,000	113,273,000	23.80
Alaska	3.71	3,844,000	39,148,000	11.90
Arizona	1.79	6,411,000	66,580,000	7.10
Arkansas	3.20	3,921,000	49,147,000	28.00
California	2.54	199,944,992	736,854,976	7.10
Colorado	2.47	4,020,000	67,723,000	16.70
Connecticut	3.19	23,033,000	93,454,000	11.20
Delaware	2.39	5,814,000	26,663,000	19.80
D.C.	2.51	1,086,000	21,798,000	4.60
Florida	3.78	10,524,000	289,976,000	9.60
Georgia	4.47	5,544,000	205,566,000	20.10
Hawaii	3.79	5,150,000	37,327,000	6.70
Idaho	3.43	2,501,000	32,127,000	35.30
Illinois	2.36	10,740,000	183,888,992	6.60
Indiana	6.45	9,073,000	141,164,000	24.50
Iowa	5.14	13,017,000	109,278,000	24.30
Kansas	2.57	3,975,000	59,601,000	19.70
Kentucky	3.05	4,881,000	103,587,000	20.00
Louisiana	3.19	12,678,000	103,054,000	15.30
Maine	3.39	4,574,000	44,963,000	24.50
Maryland	4.56	20,856,000	219,084,992	16.90
Massachusetts	4.30	36,338,000	195,374,000	11.40
Michigan	8.43	248,414,000	874,483,008	16.60
Minnesota	4.20	21,370,000	214,480,000	17.30
Mississippi	2.20	1,662,000	53,505,000	24.90
Missouri	4.30	5,829,000	189,160,992	18.90
Montana	2.76	1,213,000	20,150,000	15.00
Nebraska	4.17	2,468,000	71,708,000	16.90
Nevada	2.39	3,487,000	37,641,000	16.60
New Hampshire	2.87	2,089,000	31,497,000	14.40
New Jersey	4.02	94,005,000	407,848,992	16.40
New Mexico	3.08	1,680,000	27,117,000	11.60
New York	3.10	136,360,992	536,374,016	7.00
North Carolina	3.20	9,168,000	197,254,000	20.50
North Dakota	4.05	1,723,000	18,693,000	24.10
Ohio	5.48	22,832,000	714,131,968	12.20
Oklahoma	3.13	1,826,000	52,170,000	11.10
Oregon	4.95	88,502,000	124,929,000	13.40
Pennsylvania	9.09	186,718,000	814,480,000	13.70
Rhode Island	4.35	3,575,000	26,671,000	11.60
South Carolina	3.88	3,545,000	79,280,000	21.10
South Dakota	4.90	1,407,000	18,112,000	19.50
Tennessee	5.42	8,976,000	116,152,000	15.70
Texas	2.31	8,207,000	309,502,016	12.90
Utah	2.86	6,624,000	56,199,000	26.20
Vermont	3.06	1,449,000	15,831,000	14.70
Virginia	3.09	9,197,000	151,919,008	17.30
Washington	3.42	27,018,000	307,251,008	20.80
West Virginia	2.77	1,592,000	49,016,000	18.20
Wisconsin	7.15	34,267,000	332,814,016	17.00
Wyoming	2.34	520,000	13,810,000	17.00
United States	3.98	1,332,846,976	8,909,165,568	12.00

Source: U.S. House of Representative Committee on Ways and Means, 1994 Green Book (Washington, D.C.: GPO, 1994): column 1, p. 514, Table 11-12; columns 2-3, p. 506, Table 11-14; column 4, p. 12, Table 11-20.

Table 2. Statistics on Birth Rates, by State, 1990-91

	Birth Rates per 1,000 Women Aged 15-19, 1990	Births to Unmarried Women, 1991	Percentage of Paternities/births, 1991
Alabama	71.0	20,000	33.05
Alaska	65.0	3,148	21.38
Arizona	76.0	23,899	11.19
Arkansas	80.0	10,601	44.36
California	71.0	204,229	27.87
Colorado	55.0	12,684	22.76
Connecticut	39.0	13,581	39.09
Delaware	55.0	3,559	20.46
D.C.	93.0	7,806	49.90
Florida	69.0	64,101	27.94
Georgia	76.0	38,116	73.50
Hawaii	61.0	5,195	32.18
Idaho	51.0	2,924	53.04
Illinois	63.0	63,225	33.46
Indiana	59.0	24,294	25.90
Iowa	41.0	8,657	21.99
Kansas	56.0	8,746	35.73
Kentucky	68.0	13,796	49.41
Louisiana	74.0	27,694	40.07
Maine	43.0	4,180	32.92
Maryland	53.0	24,292	49.73
Massachusetts	35.0	22,873	25.10
Michigan	59.0	40,941	68.28
Minnesota	36.0	14,984	51.35
Mississippi	81.0	18,317	65.24
Missouri	63.0	23,736	92.59
Montana	48.0	2,898	23.36
Nebraska	42.0	5,181	24.71
Nevada	73.0	7,016	23.59
New Hampshire	33.0	2,996	21.53
New Jersey	41.0	31,972	33.14
New Mexico	78.0	10,445	15.33
New York	44.0	99,738	30.28
North Carolina	68.0	32,340	56.23
North Dakota	35.0	1,952	47.90
Ohio	58.0	50,826	41.04
Oklahoma	67.0	12,973	38.07
Oregon	55.0	11,324	33.87
Pennsylvania	45.0	51,360	44.90
Rhode Island	44.0	4,073	18.76
South Carolina	71.0	200,000	30.33
South Dakota	47.0	2,720	25.26
Tennessee	72.0	24,026	42.91
Texas	75.0	56,528	34.72
Utah	49.0	5,196	47.81
Vermont	34.0	1,811	24.19
Virginia	53.0	27,125	58.88
Washington	53.0	19,861	43.31
West Virginia	57.0	6,040	21.92
Wisconsin	43.0	18,235	70.91
Wyoming	56.0	1,546	23.93
United States	59.9	1,213,769	38.78

Source: 1994 Green Book: column 1, pp. 1132-33, Table G-20; columns 2-3, p. 519, Table 11-27.

Table 3. AFDC Families: Percentage Nonmarital, Percentage with Paternity Established, by State, 1991-92

	Total Families	Percentage Nonmarital ^a	Paternity: Percentage Established
Alabama	50,631	92.5%	22.9%
Alaska	10,807	86.0%	16.3%
Arizona	63,598	94.8%	17.5%
Arkansas	26,769	95.3%	34.8%
California	806,086	0.775	13.3%
Colorado	42,081	92.9%	15.2%
Connecticut	55,499	95.9%	39.8%
Delaware	10,661	93.7%	40.6%
Dist. of Columbia	22,566	93.5%	17.0%
Florida	221,205	96.6%	24.4%
Georgia	135,972	96.1%	57.5%
Hawaii	16,530	86.0%	24.5%
Idaho	7,335	86.3%	19.3%
Illinois	228,625	95.2%	14.8%
Indiana	69,134	93.6%	33.9%
Iowa	37,158	90.6%	25.0%
Kansas	28,741	89.1%	17.2%
Kentucky	83,133	78.4%	16.0%
Louisiana	92,200	96.1%	16.8%
Maine	23,919	82.3%	23.9%
Maryland	79,807	96.4%	52.1%
Massachusetts	111,448	91.8%	25.9%
Michigan	225,609	90.1%	30.2%
Minnesota	63,656	86.4%	39.6%
Mississippi	60,810	97.2%	21.8%
Missouri	85,176	90.3%	25.6%
Montana	10,909	85.7%	19.8%
Nebraska	16,551	90.2%	13.7%
Nevada	11,867	94.1%	13.3%
New Hampshire	10,499	90.9%	21.0%
New Jersey	125,847	95.1%	36.9%
New Mexico	28,764	90.3%	16.2%
New York	397,172	93.8%	32.6%
North Carolina	121,427	95.7%	37.5%
North Dakota	6,394	93.1%	34.7%
Ohio	264,271	86.1%	13.6%
Oklahoma	46,837	95.1%	16.5%
Oregon	41,460	88.8%	23.4%
Pennsylvania	200,699	91.8%	27.0%
Rhode Island	21,288	92.9%	23.0%
South Carolina	49,710	96.1%	18.1%
South Dakota	7,223	97.5%	26.8%
Tennessee	95,179	91.9%	20.8%
Texas	265,819	93.7%	11.0%
Utah	17,882	95.3%	20.3%
Vermont	10,047	78.4%	26.3%
Virginia	70,677	95.3%	26.2%
Washington	96,407	80.7%	16.4%
West Virginia	40,469	71.3%	10.3%
Wisconsin	81,680	85.4%	30.0%
Wyoming	6,625	95.1%	11.7%

Source: 1994 Green Book, pp. 418-419, Table 10-35.

^aNonmarital families are assumed to be those not in AFDC-UP and those in AFDC-Basic where one parent is not incapacitated.