
Executive Summary

In 1994, 6,869 births occurred to Wisconsin women aged 15 to 19. Yet births represent only about three fifths of total estimated pregnancies (11,106) to women in this age group. Teen pregnancy is one of today's more prominent social issues, but it is not a well-documented one. Neither our state nor federal government gathers and publishes data on this issue in a consistent fashion. In this report, UW-Extension demographer Robert Young shares national data developed by a private institute. Using a well-recognized method for estimating pregnancies and state data on births and abortions, pregnancy trends were calculated for Wisconsin.

The national data show that the long-term trend has been significant increases in teen pregnancies, but with a recent downturn. Wisconsin rates are much lower than the national trend, but tend to follow the directions of the national trend. More current data are available at the state than the national level. Wisconsin rates showed a recent decrease similar to that of the nation, a downward trend that has continued from 1991 to 1994 (the latest year data are available). Despite the decline, the 1994 Wisconsin pregnancy rate of 62.7 pregnancies per 1,000 women aged 15 to 19 is disturbingly high.

Why do we have high rates of sexual activity among teens? Since delaying the onset of teen sexual activity is one of the surest ways to prevent unintended teen pregnancy, UW Professor and Extension Specialist Karen Bogenschneider identifies the risk factors for teens beginning to have sex too early. The risk-focused approach used to prevent heart disease has proven one of the most effective prevention models. Similarly, those teens at greatest risk of early sexual activity face many risks such as negative peer pressure and problems at home. More risk factors mean greater danger.

Those teens most likely to begin sex activity have the least support for delay, specifically, little support from family, church, and community, and heavy reliance on peers. Those teens at greatest risk experience the fewest restraints on sexual behavior due to poor parental monitoring, early and frequent dating, and unstable families and neighborhoods. These teens also have the fewest reasons to postpone sexual involvement (that is, limited success and involvement in school; few employment opportunities; limited aspirations; and permissive parent, peer, and societal values regarding teen sex). Finally, other behaviors and experiences place teens at risk, such as a history of physical and sexual abuse, poverty, alcohol or substance use, and involvement in other deviant behaviors.

Those prevention efforts most likely to be successful target multiple risk factors in several parts of the teen's world. Preventing early sexual experimentation requires comprehensive, multidimensional approaches rather than investing all efforts in a single solution. Examples are given of five rigorously evaluated prevention programs that delayed teen sexual involvement, increased contraceptive use, or prevented teen pregnancy.

In the next paper, Professor Marion Howard, Director of the Adolescent Reproductive Health Center in Atlanta, Georgia, describes a group of educational pro-

grams aimed at helping young people manage their sexual behavior, by both refraining from sexual activity and protecting themselves if they do have sexual intercourse. These programs are skill based, helping young people actually develop abilities to deal with social and peer pressures toward sexual involvement and unprotected intercourse. These programs try to change perceptions of peer norms—making it more acceptable to refrain from sexual activity or to use contraception. Such programs are value based—encouraging teens to avoid pregnancy at young ages. Some of the programs also are linked to health care settings that offer birth control services.

Howard’s flagship program, Postponing Sexual Involvement, was able to significantly delay sexual involvement in 8th and 9th grades among low-income male and female youth who participated in the program compared to youth who did not. Teen leaders provided information designed to help teens manage physical feelings within relationships. They also taught adolescents skills to resist social and peer pressure to become sexually involved. These teens served as role models of youth who were successful in the teen world without being sexually involved.

In the 8th grade, low-income youth who did not have the program were four to five times more likely to become sexually involved. At the end of the 9th grade, there was still a one-third reduction in sexual involvement among low-income boys and girls who had the program compared to those low-income youth who had not participated. Moreover, at the end of the 9th grade, low-income youth who had the combined program were more likely to use birth control and twice as likely to say they used it because of what they learned in school. Pregnancies also were reduced.

The final paper describes another model teen pregnancy prevention program that demonstrated an actual reduction in teen pregnancies in a poor rural county. This program, the School/Community Sexual Risk Reduction Program for Teens, is described by the program developer, Professor Murray Vincent of the University of South Carolina. This community-wide approach included a sex education curriculum; graduate level training for school personnel; training of peer leaders; a mini-course for clergy, church leaders, and parents; media campaign; employment and job placement; crisis intervention; and referrals to physicians or public health professionals. Numerous activities and programs promoted teen capacity building, family strengths, and community development.

In the 2nd year, the estimated pregnancy rate for girls between 14 and 17 years old dropped from 66.9 per 1,000 to 24.0. In the 3rd year, the estimated pregnancy rate was 25.0 per 1,000; in the 4th year it fell to 22.5. An external evaluation of the program credited this 50% reduction in teen pregnancies to the program’s focus on targeting multiple risk factors.

Several policy options for delaying early teen sexual involvement and preventing pregnancies are discussed. State and national resources are identified.