[redacted]

Nicole R. Rabner

04/27/99 10:30:43 AM

Record Type: Record

To: Ruby Shamir/WHO/EOP@EOP

cc:

Subject: Campaign To Prevent Teen Pregnancy Event 4/28

---------- Forwarded by Nicole R. Rabner/WHO/EOP on 04/27/99 10:30 AM ----------

[redacted]

Nicole R. Rabner

02/23/99 11:11:57 AM

Record Type: Record

To: Patricia Solis-Doyle/WHO/EOP, Margaret L. Buford/WHO/EOP

cc: Neera Tanden/WHO/EOP

Subject: Campaign To Prevent Teen Pregnancy Event 4/28

Molly and Patti: This would be a good thing to do -- Campaign to Prevent Teen Pregnancy event on 4/28, drop-by in the Indian Treaty Room. Let's raise at our next scheduling or issues meeting. Thanks.

---------- Forwarded by Nicole R. Rabner/WHO/EOP on 02/23/99 10:10 AM ----------

Andrea Kane [redacted] 02/22/99 05:50:58 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc: Cynthia A. Rice/OPD/EOP

Subject: Campaign To Prevent Teen Pregnancy Event 4/28

Each year, the Campaign to Prevent Teen Pregnancy holds events at the end of April to to kick off May as National Teen Pregnancy Prevention Month. As they did last year, the Campaign will honor several groups and individuals who have made particular contributions to reducing teen pregnancy (while the honorees have not all been finalized, they look to be an impressive group). We've reserved the Indian Treaty Room from 3:30 - 5:30 p.m. for the reception to honor these individuals and groups. A tentative description of the honoree reception and forum the next day on the Hill is attached below.

Last year, Secretary Shalala made brief remarks at the reception, and we'll again encourage her to participate this year. In addition, Sarah Brown, the Campaign's Executive Director, would love to have participation from the President, Vice President, First Lady or Mrs. Gore -- either as a drop-by or in a more formal role. The focus this year will be on teens themselves and there should be a wonderful group of young people at the event. If announcements are needed, one or more of the deliverables currently

scheduled for release at the Public forum the following day could be moved up. Please let me know if this looks like an opportunity that might work out for any of the principals.


eventsum.wpd

And, here's a description of last year's honorees to give you a flavor.


98honor.wpd

Message Sent To:

Karin Kullman/OPD/EOP
Nicole R. Rabner/WHO/EOP
Neera Tanden/WHO/EOP
Sarah A. Bianchi/OVP @ OVP
Audrey T. Haynes/OVP @ OVP
Lee Ann Brackett/OVP @ OVP

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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Nicole

FAX TRANSMISSION

TO: SHIRLEY SAGAWA **DATE:** 4/20/99

FAX NUMBER: 456·6244

FROM: SARAH BROWN

SENDER'S PHONE: 202.261.5692

SENDER'S FAX: 202-331-7735

NUMBER OF PAGES INCLUDING COVER: (6)

MESSAGE:

Shirley: After you're looked this over, let me know what you'd like to do re time of Mrs. Clinton's arrival and what role she'd like to play.

Thanks so much.

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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202-966-9792

April 20, 1999

Memorandum:

To: Shirley Sagawa
From: Sarah Brown SB
Re Honors reception

We are delighted that Mrs. Clinton might be able to stop by the Campaign's honors reception. You all have been so consistently helpful to us -- please know how grateful we are and how much your support means to the laborers in this particular vineyard! Here are the key points:

1. **Time and place**. This event will be in the Indian Treaty Room on Wednesday, April 28, beginning at 3:30 until 5:30 at the latest.

2. **The First Lady**. Any time that Mrs. Clinton is able to drop by will be terrific and we work around whatever interval you suggest. As the attached timed agenda conveys, our suggestion is that she join us after the formal program is completed -- **around 4:50.** We thought that this would reduce pressure on her (and you) as all the remarks, thanks and gift giving will have been completed. This means she could literally walk through, say a word or two if she wishes (there will be a podium and microphone) and leave quite quickly. Of course, if she wants to have a more formal role in this relatively informal event -- for example, to open it, introduce Sec. Shalala or even comment on the honorees -- we'd be thrilled and will adjust the program accordingly. Just let us know.

Patti

3. **Guests.** About 150 people will be there: the honorees themselves (more on them below), many of our Board members including Gov. Tom Kean and Belle Sawhill (the Campaign's chair and president respectively), representatives of many of the Campaign's funders, members of our four task forces, various leaders on this and related issues from Washington and some from out of town as well, numerous DHHS officials and staff, some Hill staff, some DPC and White House staff, and the Campaign staff, too. Let us know if you'd like a list of those who have said they are attending.

4. **Honorees.** I have attached a brief list of our five sets of honorees. If you want more extensive information on them let us know. You may remember that Mrs. Clinton met Pat Fili-Krushel, one of our honorees, at the December 1 lunch in New York. Pat is President of ABC

Television, was one of the December luncheon co-hosts, and has been just terrific in helping the Campaign gain access to major media leaders.

5. **Program.** Sec. Shalala has graciously agreed to help us "do the honors." I have attached a timed agenda for the event that should give you a pretty good idea of the flow. In essence, Sec. Shalala will make some opening remarks and then individual Campaign Board members will say a few words about each of the honorees.

6. **Press.** This event is closed to the press (as far as I know).

After you've digested this, please let me know the First lady's preference on time and role so that we can finalize the schedule. Again, I know this is will be tentative down to the wire. Whatever the end result, we remain very appreciative of your support.

Attachments: List of 1999 Campaign Honorees
Draft timed agenda for honors reception

National Campaign To Prevent Teen Pregnancy 1999 Honorees

The National Campaign to Prevent Teen Pregnancy is pleased to honor individuals and organizations whose work embodies goals and themes that we believe are essential to preventing teen pregnancy.

Theme: **Preventing Teen Pregnancy Through Youth Development**
Honoree: **YWCA of the USA**

For celebrating the value and potential of young women, the National Campaign honors the YWCA of the USA. Too often, teen girls are treated as pregnancies waiting to happen. The YWCA has long realized that promoting values, teaching responsibility, and fostering a sense of belonging and self-worth are critical for helping girls negotiate a safe passage through adolescence.

Theme: **Becoming Part of the Solution: Media Leadership**
Honorees: **Pat Fili-Krushel, President of the ABC Television Network**

For her efforts in putting teen pregnancy prevention in the national spotlight, the National Campaign honors Pat Fili-Krushel, President of the ABC Television Network. Ms. Fili-Krushel has taken a leadership role in showing that television can be a powerful force for good, and has found numerous ways for ABC in particular to highlight the problem of teen pregnancy.

Theme: **Involving Boys and Men in Preventing Teen Pregnancy**
Honorees: **The Male Involvement Program of the Mexican American Community Services Agency, Inc.**

For their efforts to substantively involve boys and men in reducing teen pregnancy, the National Campaign honors the Male Involvement Program of the Mexican American Community Services Agency, Inc. (MACSA). By teaching sexual responsibility and offering young men options for their future, MACSA is helping them avoid early parenthood and reach their potential.

Theme: Building Common Ground
Honoree: Glendale Community Council

For their efforts to reduce conflict and build common ground, the National Campaign honors the Glendale Community Council of Arizona. Earlier this year, the Council brought together groups and individuals with profoundly differing views about teen pregnancy, led them in a discussion of both values and remedies, and developed community-wide plans to combat teen pregnancy.

Theme: Solving Problems Through State Leadership and Action
Honoree: South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly

For their efforts in finding creative ways to support local activities to prevent teen pregnancy, the National Campaign honors the South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly. Every community in the state benefits from their investment in preventing teen pregnancy, and, with their support, every county in the state now receives special funds to work on this problem, in ways of their own choosing.

The National Campaign to Prevent Teen Pregnancy is a private, non-profit, non-partisan organization committed to preventing teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. Our goal is to reduce the teenage pregnancy rate by one-third between 1996 and 2005. The Campaign emphasizes five strategies to reach this goal:

- taking a clear stand against teenage pregnancy and attracting new and powerful voices to this issue,
- enlisting the help of the media,
- supporting and stimulating state and local action,
- leading a national discussion about the role of religion, culture, and public values in teen pregnancy prevention in an effort to build common ground, and
- making sure that everyone's efforts are based on the best facts and research available.

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1999 Honoree Reception
April 28, 1999 from 3:30 to 5:30 p.m.

3:00 - 3:30	Campaign staff and leadership meet and greet the honorees in the photo room we have reserved next door to the Indian Treaty Room. Campaign photographer takes some pictures of honorees with Campaign leadership.
3:30	Campaign leadership and honorees go to Indian Treaty Room.
3:30-3:55	Guests arrive. General mix and mingle in the Indian Treaty Room.
3:55-4:05	Campaign staff usher honorees and Gov. Tom Kean, Isabel Sawhill and Sarah Brown back into the photo room in preparation for Secretary Shalala's arrival.
4:05-4:15	Secretary Shalala arrives in the photo room; photos of Secretary taken with the honorees.
4:15	Secretary Shalala, Campaign officials, and the honorees return to the Indian Treaty Room.
4:16-4:18	From the podium, Gov. Kean introduces Secretary Shalala.
4:18-4:23	Secretary Shalala offers general remarks for 5 minutes.
4:24-4:44	Gov. Kean thanks the Secretary, then he and selected Campaign Board members speak briefly about each of the honorees, who are then invited to the podium to accept their award and say a 30-second thank you.
4:45 -4:50	Belle Sawhill recognizes the teens in the room who have helped the National Campaign (members of our youth leadership team and some focus group participants), concludes the formal program and introduces the First Lady.
4:50-??	Possible walk through by the First Lady, who offers informal remarks and greets the honorees and others to the extent she wishes.
5:30	Event concludes.

DRAFT HHS RELEASE FOR
THURSDAY, APRIL 29, 1999

PREVENTING TEENAGE PREGNANCY

Overview: Despite the recent decline in the teen birth rate, teen pregnancy remains a significant problem in this country. Most teen pregnancies are unintended. Each year, more than 900,000 pregnancies occur among American teenagers aged 15-19. And almost 190,000 teens aged 17 and younger have children. Their babies are often low birth weight and have disproportionately high infant mortality rates. They are also far more likely to be poor. About 80 percent of the children born to unmarried teenagers who dropped out of high school are poor. In contrast, just 8 percent of children born to married high school graduates aged 20 or older are poor.

In his 1995 State of the Union Address, President Clinton challenged "parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference." A group of prominent Americans responded to that challenge, forming the National Campaign to Prevent Teen Pregnancy.

On January 4, 1997, President Clinton announced a comprehensive effort by his Administration to prevent teen pregnancy in this country. The new initiative, led by the Department of Health and Human Services, responds to a call from the President and Congress for a national strategy to prevent out-of-wedlock teen pregnancies and to a directive, under the new welfare law, to assure that at least 25 percent of communities in this country have teen pregnancy prevention programs in place.

Building on the variety of efforts already underway, the national strategy works to prevent out-of-wedlock teen pregnancies and encourage adolescents to remain abstinent. The strategy sends the strongest possible message to all teens that postponing sexual activity, staying in school, and preparing to work are the right things to do. It will strengthen ongoing efforts across the nation by increasing opportunities through welfare reform; supporting promising approaches; building partnerships;
Improving data collection, research, and evaluation; and disseminating information on innovative and effective practices.

Recent Trends

After rising steadily from 1986 to 1991, the birth rate for teens aged 15-19 declined for the sixth straight year in 1997, from a high of 62.1 per 1,000 teens aged 15-19 in 1991 to 52.3 in 1997. The decline was 16 percent between 1991 and 1997. All 50 states had a decline in their teen birth rates between 1991 and 1997, and 10 of these states had declines of more than 20 percent over this period. In addition, from 1991 to 1995, the
pregnancy rate for 15- to 19-year-olds fell 12 percent. Recent declines in both birth and abortion rates indicate that teen pregnancy rates are continuing to fall.

The National Strategy to Prevent Teen Pregnancy

Building on our current efforts to prevent teen pregnancy, the national strategy announced by President Clinton on January 4, 1997 is designed to strengthen the national response to prevent out-of-wedlock teen pregnancies and support and encourage adolescents to remain abstinent:

Implementing New Efforts Under Welfare Reform. Under the welfare law signed by President Clinton on August 22, 1996, unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting, in order to receive assistance. This approach was proposed by President Clinton in 1994, and incorporated into numerous state demonstration projects approved by the Administration prior to the new welfare law. The law also supports the creation of Second Chance Homes, which will provide teen parents with the skills they need to become good role models and providers for their children, giving them guidance in parenting and in avoiding repeat pregnancies. The welfare law also provides $50 million a year for five years in new funding for state abstinence education programs. The Balanced Budget Act of 1997 provides funding for a national evaluation of the program. Finally, the new welfare law includes the tough child support enforcement measures President Clinton proposed in 1994, which will send the strongest possible message to young girls and boys that they should not have children until they are ready to provide for them.

Supporting Promising Approaches. The Clinton Administration continues to support innovative teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs in this area already reach about 30 percent, or 1,410 communities in the United States. HHS programs are based on five principles: parental and adult involvement; strong messages of abstinence and personal responsibility; clear strategies for young people's futures; involvement by all facets of the community; and a sustained commitment to young people.

Building Partnerships. As part of the strategy, HHS is working to build partnerships with national, state, and local organizations. HHS is working with national youth-serving organizations to use their networks to promote activities that provide girls and boys opportunities for the future, including encouraging abstinence; with organizations working on behalf of teenagers with disabilities; and with the National Campaign to Prevent Teen Pregnancy, the private-sector group that has responded to President Clinton's challenge on this issue.

Improving Data Collection, Research, and Evaluation. The national strategy is working to improve data collection, research, and evaluation to further our understanding of the magnitude, trends, and causes of teen pregnancies and births; to develop targeted teen pregnancy prevention strategies; and to assess how well these strategies work.

Disseminating Information on Innovative and Effective Practices. Sharing information about promising and successful approaches is critical to expanding teen pregnancy prevention efforts across the country. Through the national strategy, HHS continues to work with its partners to highlight innovative practices at the federal, state, and local levels and to disseminate new research and evaluation findings. The Department is also working to disseminate new information on the developmental needs of youth and on the use of broad-based activities to help teenagers avoid risky behaviors leading to teen pregnancy.

Sending a Strong Abstinence Message. The national strategy places a special emphasis on sending a strong abstinence message. As part of this effort, Secretary Shalala in May 1997 announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program is aimed at teenage girls and the other at teenage boys. The grant program for girls is also part of the Secretary's Girl Power! campaign. Each of the grant programs totals about $1 million per year, and involve public-private partnerships organized by individual communities.

In addition, the national strategy is focusing on boys and young men, by working to increase understanding of motivations for both abstinence and fatherhood and by developing effective prevention strategies for boys. These efforts include working with the Administration's Fatherhood Initiative to ensure that men, including pre-teen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. The strategy
is also building on existing HHS efforts, such as the Title X Adolescent Male Initiative, that promote responsible behavior among teenage boys.

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NATIONAL CAMPAIGN ACCOMPLISHMENTS

Founded in 1996, the National Campaign to Prevent Teen Pregnancy seeks to reduce the teen pregnancy rate by one-third between 1996 and 2005 by supporting values and stimulating actions nationwide consistent with a pregnancy-free adolescence. We are pleased to offer this partial list of our achievements:

Building a Strong Campaign

Little more than three years after its first planning meeting, the National Campaign has grown into a strong organization led by accomplished and influential individuals:

- The distinguished Board of Directors, chaired by former New Jersey Governor Tom Kean, includes business and philanthropy executives; current and former state and national political leaders; community, religious, and volunteer sector leaders; entertainment figures; experts from health care and economics; and leading practitioners in the field of teen pregnancy prevention.
- Four task forces — Media, Religion and Public Values, Effective Programs and Research, and State and Local Action — made up of national and community-based leaders in each field.
- Bipartisan Congressional Advisory Panels, chaired by Mike Castle (R-DE) and Nita Lowey (D-NY) in the House and Joseph Lieberman (D-CT) and Olympia Snowe (R-ME) in the Senate.

Working with the Media

Through its energetic Media Task Force, the National Campaign has developed partnerships with leading entertainment powerhouses to help them reach their audiences with teen pregnancy prevention messages, including: ***Teen People* magazine** ("Take a Stand Against Teen Pregnancy" PSA contest, readers poll, and extensive editorial coverage of teen pregnancy prevention), **Black Entertainment Television** (a series of *Teen Summit* shows on teen pregnancy issues, PSAs), **ABC Television** (*One Life to Live* story arc on teen pregnancy and PSAs), ***People* magazine** (luncheon hosts for the Campaign at which First Lady Hillary Rodham Clinton encouraged media, entertainment, and corporate leaders to join the fight to prevent teen pregnancy), ***Parenting* magazine** (editorial coverage and PSAs), **MTV** (PSAs, briefings on research with youth for pregnancy prevention leaders), **NBC** ("The More You Know About Teen Pregnancy" PSAs and public service contest), **Warner Brothers and the WB network** (briefings for television writers and producers), and **Ogilvy & Mather** (strategic advice, posters promoting adult involvement, and a video, *Imagine That*, for use in briefings for media leaders).

Highlighting Cutting-Edge Issues

The Campaign has hosted meetings and published reports on such important issues in teen pregnancy prevention as the roles of boys and men, the challenges of contraceptive use, state-based media campaigns, cultural messages that affect the self-image of girls and their sexual behavior, the roles of youth-serving and youth development programs, the challenges of evaluating abstinence education programs, the teen pregnancy provisions of the 1996 federal welfare reform legislation, and tips and resources for parents, faith community leaders, and teens.

Supporting State and Local Action

In visits by National Campaign leaders to communities in 40 states, we have learned about exciting new initiatives on the front line and have offered technical assistance to help communities and states mobilize local action, respond to welfare reform provisions, create media campaigns, build strong coalitions, and develop successful public relations activities, among other issues important to state and local practitioners. Under the leadership of its State and Local Task Force, the Campaign has also:

- Established a national network of more than 700 key contacts in the teen pregnancy prevention field, who receive regular mailings and updates from the Campaign, as well as access to an electronic discussion forum on teen pregnancy prevention.
- Published useful reports and guides for use at the local level, including the *Welfare Reform Resource Packet*; two editions of *Snapshots from the Front Line*, offering lessons from innovative programs; and directories of state-based media campaigns and of national organizations that provide technical assistance to states and communities.

Getting the Facts Straight

In keeping with our goal of making sure that everyone's efforts are based on the best information available, the Campaign's Task Force on Effective Programs and Research has commissioned several influential research reviews and statistical reports, including:

- *Power in Numbers* and *Peer Potential*—two papers focusing on the powerful and surprising ways teens influence each other.
- *No Easy Answers*—a definitive guide about what research says works to prevent teen pregnancy.
- *Families Matter*—a review of research on the influence of parents and families on teen pregnancy risk. This research was then translated into concise advice for parents in *Ten Tips for Parents To Help Their Children Avoid Teen Pregnancy*, the Campaign's best-selling publication.
- *Whatever Happened to Childhood?*—outlines the scope of the teen pregnancy problem, its consequences, and what must be done.
- *The Media and the Message*—what research says about the effectiveness of public service media campaigns.
- *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*—recent data from surveys of male and female adolescents.

Reducing Conflict

Too often, while the adults are arguing, the teens are getting pregnant. To deal with some of the conflict surrounding teen pregnancy issues, the Campaign's Task Force on Religion and Public Values has, among other things, launched a series of Structured Community Dialogues (SCD), which bring together community leaders with differing points of view to try to find common ground. The first SCD was held in March 1998 in San Bernardino, California; the second took place in Glendale, Arizona, in February 1999. The Campaign also published a primer on conflict reduction entitled *While the Adults are Arguing, The Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention.* As part of its efforts to involve religious leaders, the Task Force developed a pamphlet, *Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy,* that has been widely disseminated.

Involving Youth

In January 1999, 26 outstanding young people joined the National Campaign as our new Youth Leadership Team. This diverse group of teens from all over the nation are being asked to advise the Campaign on many aspects of our work and to give voice to the unique perspectives and opinions of teens. Already the group has played an integral role in developing two Campaign consumer pamphlets—*Thinking About the Right-Now: What Teens Want Other Teens to Know About Pregnancy* and *Talking Back: What Teens Want Parents to Know About Teen Pregnancy* (both available in Spanish, as are the *Ten Tips for Parents* and *Nine Tips for Faith Leaders* mentioned earlier).

Recognizing Leadership

In May 1997, the National Campaign inaugurated its Annual Honorees program, which recognizes national and community leaders from a variety of fields who have made a real difference in helping teens avoid pregnancy. Among the first year's recipients honored at a White House ceremony with the First Lady were the Planned Parenthood Federation of America; *People* Magazine; the Best Friends Foundation; Black Entertainment Television; Children's Express; *Sex Etc.*; the National Organization for Adolescent Pregnancy, Parenting, and Prevention; the Johnson & Johnson Family of Companies; Tillamook County, Oregon; the educational series Postponing Sexual Involvement; Wade Horn; and Ed Pitt. The 1998 recipients included the Teen Outreach Program; NBC's "The More You Know" Public Service Campaign; Project imPACCT of San Bernardino, California; SADD—Students Against Destructive Decisions; Target Stores; Governor Carper of Delaware; Jerry Tello; and Geoffrey Canada. The 1999 recipients are the Glendale Community Council of Glendale, Arizona; the Male Involvement Program of the Mexican American Community Services Agency; Pat Fili-Krushel, President of the ABC Television Network; Susanne Daniels, President of Entertainment, The WB Network; the South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly; and the YWCA of the USA.

Using Technology

The Campaign's website (www.teenpregnancy.org) receives, on average, nearly 3 million hits each year. The increasingly popular site allows users to download selected Campaign publications and order others. It also has an interactive weekly teen survey section, a discussion forum, and such other features as a facts and stats page, a daily message, and a section for the press.

4/99

April 27, 1999

DROP BY AT TEEN PREGNANCY AWARDS

Date:	**Wednesday, April 28**
Time:	**4:45 PM – 5:00 PM**
Location:	**Indian Treaty Room**
From:	**Ruby Shamir**

I. PURPOSE

To participate in the third annual honors reception of the National Campaign to Prevent Teen Pregnancy.

II. BACKGROUND

Teen Pregnancy Awards

Each year, the National Campaign to Prevent Teen Pregnancy holds events at the end of April to kick off May as National Teen Pregnancy Prevention Month including an event to honor groups and individuals that have made particular contributions to reduce teen pregnancy. This event will serve to recognize the 1999 honorees.

This year's honorees are:

- YWCA of the USA for preventing teen pregnancy through youth development programs which focus on teaching young people skills, helping them build relationships with adults, and boosting their confidence.
- Pat Fili-Krushel, President of ABC Television Network and Susanne Daniels, President of Entertainment for the WB Network for showing leadership in the media by incorporating teen pregnancy issues and positive messages into their programming. (We are asking Pat Fili-Krushel, who you met in December, to make a commitment from ABC for the Hispanic Convening).
- The Male Involvement Program of the Mexican American Community Services Agency, Inc for involving boys and men in preventing teen pregnancy by teaching young men about sexual responsibility and independent thinking, and offering personal counseling and peer education opportunities.
- Glendale Community Council of Arizona for by holding a carefully structured, community based discussion among groups with very different views about how to address teen pregnancy and trying to build common ground.
- South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly for solving problems through state leadership and action by allocating $10.5 million in TANF funds to support local pregnancy prevention efforts.

National Campaign to Prevent Teen Pregnancy

The National Campaign is a private, non-profit, and non- partisan effort. Former New Jersey Governor Thomas Kean serves as the board chairman, Isabel Sawhill serves as the president and Sarah Brown serves as the director of the National Campaign. Initiated by the President's 1995 challenge to reduce teen pregnancy, the goal of the National Campaign is to reduce the rate of teen pregnancy by one-third between 1996-2005.

New Teen Pregnancy Numbers

On Thursday, the Vice President will announce new HHS data showing that teen birth rates continue to decline in every state, and that the national rate has declined for the sixth year in a row, by a total of 16 percent since 1991. The VP will make this announcement at a White House roundtable discussion with a variety of experts and advocates. Attached is a draft of the HHS press release.

Event Program

Secretary Shalala will host the awards ceremony where Governor Tom Kean will give awards to each of the 1999 honorees. You will arrive after the formal program. Belle Sawhill will introduce you and you will make brief remarks. After you speak Belle Sawhill will formally close the program.

Audience

Approximately 150 people will attend including the 1999 honorees, many of the National Campaign board members, funders, and task force members, as well as teens who are peer leaders in the cause to reduce teen pregnancy.

III. PARTICIPANTS

Speaking Program

-- Belle Sawhill, National Campaign Chair
-- The First Lady

IV. SEQUENCE OF EVENTS

-- You will be greeted by Sarah Brown, National Campaign Director
-- Belle Sawhill will introduce you.
-- You will make brief remarks.

V. PRESS PLAN

-- Closed Press

VI. REMARKS

- Talking Points Attached

FIRST LADY HILLARY RODHAM CLINTON
TALKING POINTS FOR NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY
HONOREE RECEPTION
INDIAN TREATY ROOM
April 28, 1999

- Welcome to the White House. It's a pleasure to be here with so many friends and heroes in the cause of preventing teen pregnancy and improving the lives of countless young people. I want to thank the National Campaign to Prevent Teen Pregnancy for all of your extraordinary work, particularly for continuing to breathe new life into this important issue and reaching out to new partners, many of whom are gathered here today.

- I want to pay special tribute to: Gov. Tom Kean, Campaign Chair; Belle Sawhill, Campaign president, as well as several other Campaign board members present today. I also want to thank Sarah Brown and the staff of the Campaign for their hard work and dedication. Finally, I'd like to recognize the teens here with us today, who remind us of the theme of this year's event, which is the important positive role that teens can play in influencing other teens to prevent teen pregnancy.

- I particularly want to thank and congratulate this year's honorees. Today, we are gathered to recognize five extraordinary individuals and organizations for their important contributions: (1) the YMCA of the USA; (2) Pat Fili-Krushel (FEEL-LEE CREW-SHELL), President of the ABC Television Network; (3) the Male Involvement Program of the Mexican American Community Services Agency; (4) the Glendale Community Council; and (5) the South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly.

- Today's honorees represent the breadth and variety of strategies that we need to employ to continue to be successful in our efforts to reduce teen pregnancy. The honorees – from community-based organizations to leaders in the media to public-private partnerships – demonstrate that every sector of society has a role to play in tackling this important problem.

- Because of efforts like those we are saluting today and in large measure because of the extraordinary work of the National Campaign to Prevent Teen Pregnancy, we are at a turning point in our struggle against teen pregnancy. Fewer teens are getting pregnant; fewer teens are giving birth; and fewer teens are having abortions. And, perhaps the most important and best news of the last several years is that the birth rate for African American teenagers has dropped a full 21 percent.

- In fact, new HHS data that Secretary Shalala mentioned to you earlier tells us that teen birth rates continue to decline in every state, and nation-wide, teen birth rates have declined for the sixth year in a row -- by a total of 16 percent since 1991. Out-of-wedlock birth rates are also declining at record numbers. We should all feel enormously proud of these continuing positive trends.

- To make this success possible, the Administration, in partnership with the Campaign, has worked to use every weapon we have in our fight to prevent teen pregnancy and lift up the lives of our nation's young people. The Campaign has helped put the issue of teen pregnancy on the front covers of teen magazines, in the story lines of soap operas, and in the daily lives of the American people. And the Administration's teen pregnancy strategy includes abstinence education, more after-school programs, access to family planning, more male-focused programs, and a campaign called Girl Power that encourages adolescent girls to stay healthy, stay active and make the most of their lives.

- But of course we must do more. We need to do everything we can -- use every strategy at our disposal -- to try to reach every single teenager. We know that teen pregnancy is linked to poverty and school failure. Yet, as we all know too well, we still have four in 10 young women getting pregnant at least once in their teens, and our nation is still paying an annual cost of $7 billion related to health and social and other kind of needs. So I thank you for all your important work to date, congratulate today's honorees for this distinction they've received, and ask all of you to join me in redoubling our efforts to ensure that next year we will join again to celebrate more progress and greater success.

DRAFT HHS RELEASE FOR
THURSDAY, APRIL 29, 1999

PREVENTING TEENAGE PREGNANCY

Overview: Despite the recent decline in the teen birth rate, teen pregnancy remains a significant problem in this country. Most teen pregnancies are unintended. Each year, more than 900,000 pregnancies occur among American teenagers aged 15-19. And almost 190,000 teens aged 17 and younger have children. Their babies are often low birth weight and have disproportionately high infant mortality rates. They are also far more likely to be poor. About 80 percent of the children born to unmarried teenagers who dropped out of high school are poor. In contrast, just 8 percent of children born to married high school graduates aged 20 or older are poor.

In his 1995 State of the Union Address, President Clinton challenged "parents and leaders all across this country to join together in a national campaign against teen pregnancy to make a difference." A group of prominent Americans responded to that challenge, forming the National Campaign to Prevent Teen Pregnancy.

On January 4, 1997, President Clinton announced a comprehensive effort by his Administration to prevent teen pregnancy in this country. The new initiative, led by the Department of Health and Human Services, responds to a call from the President and Congress for a national strategy to prevent out-of-wedlock teen pregnancies and to a directive, under the new welfare law, to assure that at least 25 percent of communities in this country have teen pregnancy prevention programs in place.

Building on the variety of efforts already underway, the national strategy works to prevent out-of-wedlock teen pregnancies and encourage adolescents to remain abstinent. The strategy sends the strongest possible message to all teens that postponing sexual activity, staying in school, and preparing to work are the right things to do. It will strengthen ongoing efforts across the nation by increasing opportunities through welfare reform; supporting promising approaches; building partnerships;
Improving data collection, research, and evaluation; and disseminating information on innovative and effective practices.

Recent Trends

After rising steadily from 1986 to 1991, the birth rate for teens aged 15-19 declined for the sixth straight year in 1997, from a high of 62.1 per 1,000 teens aged 15-19 in 1991 to 52.3 in 1997. The decline was 16 percent between 1991 and 1997. All 50 states had a decline in their teen birth rates between 1991 and 1997, and 10 of these states had declines of more than 20 percent over this period. In addition, from 1991 to 1995, the
pregnancy rate for 15- to 19-year-olds fell 12 percent. Recent declines in both birth and abortion rates indicate that teen pregnancy rates are continuing to fall.

The National Strategy to Prevent Teen Pregnancy

Building on our current efforts to prevent teen pregnancy, the national strategy announced by President Clinton on January 4, 1997 is designed to strengthen the national response to prevent out-of-wedlock teen pregnancies and support and encourage adolescents to remain abstinent:

Implementing New Efforts Under Welfare Reform. Under the welfare law signed by President Clinton on August 22, 1996, unmarried minor parents are required to stay in school and live at home, or in an adult-supervised setting, in order to receive assistance. This approach was proposed by President Clinton in 1994, and incorporated into numerous state demonstration projects approved by the Administration prior to the new welfare law. The law also supports the creation of Second Chance Homes, which will provide teen parents with the skills they need to become good role models and providers for their children, giving them guidance in parenting and in avoiding repeat pregnancies. The welfare law also provides $50 million a year for five years in new funding for state abstinence education programs. The Balanced Budget Act of 1997 provides funding for a national evaluation of the program. Finally, the new welfare law includes the tough child support enforcement measures President Clinton proposed in 1994, which will send the strongest possible message to young girls and boys that they should not have children until they are ready to provide for them.

Supporting Promising Approaches. The Clinton Administration continues to support innovative teen pregnancy prevention strategies tailored to the unique needs of communities. HHS-supported programs in this area already reach about 30 percent, or 1,410 communities in the United States. HHS programs are based on five principles: parental and adult involvement; strong messages of abstinence and personal responsibility; clear strategies for young people's futures; involvement by all facets of the community; and a sustained commitment to young people.

Building Partnerships. As part of the strategy, HHS is working to build partnerships with national, state, and local organizations. HHS is working with national youth-serving organizations to use their networks to promote activities that provide girls and boys opportunities for the future, including encouraging abstinence; with organizations working on behalf of teenagers with disabilities; and with the National Campaign to Prevent Teen Pregnancy, the private-sector group that has responded to President Clinton's challenge on this issue.

Improving Data Collection, Research, and Evaluation. The national strategy is working to improve data collection, research, and evaluation to further our understanding of the magnitude, trends, and causes of teen pregnancies and births; to develop targeted teen pregnancy prevention strategies; and to assess how well these strategies work.

Disseminating Information on Innovative and Effective Practices. Sharing information about promising and successful approaches is critical to expanding teen pregnancy prevention efforts across the country. Through the national strategy, HHS continues to work with its partners to highlight innovative practices at the federal, state, and local levels and to disseminate new research and evaluation findings. The Department is also working to disseminate new information on the developmental needs of youth and on the use of broad-based activities to help teenagers avoid risky behaviors leading to teen pregnancy.

Sending a Strong Abstinence Message. The national strategy places a special emphasis on sending a strong abstinence message. As part of this effort, Secretary Shalala in May 1997 announced two new community grant programs to prevent teen pregnancy and promote responsible behavior. One program is aimed at teenage girls and the other at teenage boys. The grant program for girls is also part of the Secretary's Girl Power! campaign. Each of the grant programs totals about $1 million per year, and involve public-private partnerships organized by individual communities.

In addition, the national strategy is focusing on boys and young men, by working to increase understanding of motivations for both abstinence and fatherhood and by developing effective prevention strategies for boys. These efforts include working with the Administration's Fatherhood Initiative to ensure that men, including pre-teen and teenage boys, receive the education and support necessary to postpone fatherhood until they are emotionally and financially capable of supporting children. The strategy
is also building on existing HHS efforts, such as the Title X Adolescent Male Initiative, that promote responsible behavior among teenage boys.

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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NATIONAL CAMPAIGN ACCOMPLISHMENTS

Founded in 1996, the National Campaign to Prevent Teen Pregnancy seeks to reduce the teen pregnancy rate by one-third between 1996 and 2005 by supporting values and stimulating actions nationwide consistent with a pregnancy-free adolescence. We are pleased to offer this partial list of our achievements:

Building a Strong Campaign

Little more than three years after its first planning meeting, the National Campaign has grown into a strong organization led by accomplished and influential individuals:

- The distinguished Board of Directors, chaired by former New Jersey Governor Tom Kean, includes business and philanthropy executives; current and former state and national political leaders; community, religious, and volunteer sector leaders; entertainment figures; experts from health care and economics; and leading practitioners in the field of teen pregnancy prevention.
- Four task forces — Media, Religion and Public Values, Effective Programs and Research, and State and Local Action — made up of national and community-based leaders in each field.
- Bipartisan Congressional Advisory Panels, chaired by Mike Castle (R-DE) and Nita Lowey (D-NY) in the House and Joseph Lieberman (D-CT) and Olympia Snowe (R-ME) in the Senate.

Working with the Media

Through its energetic Media Task Force, the National Campaign has developed partnerships with leading entertainment powerhouses to help them reach their audiences with teen pregnancy prevention messages, including: ***Teen People* magazine** ("Take a Stand Against Teen Pregnancy" PSA contest, readers poll, and extensive editorial coverage of teen pregnancy prevention), **Black Entertainment Television** (a series of *Teen Summit* shows on teen pregnancy issues, PSAs), **ABC Television** (*One Life to Live* story arc on teen pregnancy and PSAs), ***People* magazine** (luncheon hosts for the Campaign at which First Lady Hillary Rodham Clinton encouraged media, entertainment, and corporate leaders to join the fight to prevent teen pregnancy), ***Parenting* magazine** (editorial coverage and PSAs), **MTV** (PSAs, briefings on research with youth for pregnancy prevention leaders), **NBC** ("The More You Know About Teen Pregnancy" PSAs and public service contest), **Warner Brothers and the WB network** (briefings for television writers and producers), and **Ogilvy & Mather** (strategic advice, posters promoting adult involvement, and a video, *Imagine That*, for use in briefings for media leaders).

Highlighting Cutting-Edge Issues

The Campaign has hosted meetings and published reports on such important issues in teen pregnancy prevention as the roles of boys and men, the challenges of contraceptive use, state-based media campaigns, cultural messages that affect the self-image of girls and their sexual behavior, the roles of youth-serving and youth development programs, the challenges of evaluating abstinence education programs, the teen pregnancy provisions of the 1996 federal welfare reform legislation, and tips and resources for parents, faith community leaders, and teens.

Supporting State and Local Action

In visits by National Campaign leaders to communities in 40 states, we have learned about exciting new initiatives on the front line and have offered technical assistance to help communities and states mobilize local action, respond to welfare reform provisions, create media campaigns, build strong coalitions, and develop successful public relations activities, among other issues important to state and local practitioners. Under the leadership of its State and Local Task Force, the Campaign has also:

- Established a national network of more than 700 key contacts in the teen pregnancy prevention field, who receive regular mailings and updates from the Campaign, as well as access to an electronic discussion forum on teen pregnancy prevention.
- Published useful reports and guides for use at the local level, including the *Welfare Reform Resource Packet*; two editions of *Snapshots from the Front Line,* offering lessons from innovative programs; and directories of state-based media campaigns and of national organizations that provide technical assistance to states and communities.

Getting the Facts Straight

In keeping with our goal of making sure that everyone's efforts are based on the best information available, the Campaign's Task Force on Effective Programs and Research has commissioned several influential research reviews and statistical reports, including:

- *Power in Numbers* and *Peer Potential*—two papers focusing on the powerful and surprising ways teens influence each other.
- *No Easy Answers*—a definitive guide about what research says works to prevent teen pregnancy.
- *Families Matter*—a review of research on the influence of parents and families on teen pregnancy risk. This research was then translated into concise advice for parents in *Ten Tips for Parents To Help Their Children Avoid Teen Pregnancy*, the Campaign's best-selling publication.
- *Whatever Happened to Childhood?*—outlines the scope of the teen pregnancy problem, its consequences, and what must be done.
- *The Media and the Message*—what research says about the effectiveness of public service media campaigns.
- *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*—recent data from surveys of male and female adolescents.

Reducing Conflict

Too often, while the adults are arguing, the teens are getting pregnant. To deal with some of the conflict surrounding teen pregnancy issues, the Campaign's Task Force on Religion and Public Values has, among other things, launched a series of Structured Community Dialogues (SCD), which bring together community leaders with differing points of view to try to find common ground. The first SCD was held in March 1998 in San Bernardino, California; the second took place in Glendale, Arizona, in February 1999. The Campaign also published a primer on conflict reduction entitled *While the Adults are Arguing, The Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention.* As part of its efforts to involve religious leaders, the Task Force developed a pamphlet, *Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy,* that has been widely disseminated.

Involving Youth

In January 1999, 26 outstanding young people joined the National Campaign as our new Youth Leadership Team. This diverse group of teens from all over the nation are being asked to advise the Campaign on many aspects of our work and to give voice to the unique perspectives and opinions of teens. Already the group has played an integral role in developing two Campaign consumer pamphlets—*Thinking About the Right-Now: What Teens Want Other Teens to Know About Pregnancy* and *Talking Back: What Teens Want Parents to Know About Teen Pregnancy* (both available in Spanish, as are the *Ten Tips for Parents* and *Nine Tips for Faith Leaders* mentioned earlier).

Recognizing Leadership

In May 1997, the National Campaign inaugurated its Annual Honorees program, which recognizes national and community leaders from a variety of fields who have made a real difference in helping teens avoid pregnancy. Among the first year's recipients honored at a White House ceremony with the First Lady were the Planned Parenthood Federation of America; *People* Magazine; the Best Friends Foundation; Black Entertainment Television; Children's Express; *Sex Etc.*; the National Organization for Adolescent Pregnancy, Parenting, and Prevention; the Johnson & Johnson Family of Companies; Tillamook County, Oregon; the educational series Postponing Sexual Involvement; Wade Horn; and Ed Pitt. The 1998 recipients included the Teen Outreach Program; NBC's "The More You Know" Public Service Campaign; Project imPACCT of San Bernardino, California; SADD—Students Against Destructive Decisions; Target Stores; Governor Carper of Delaware; Jerry Tello; and Geoffrey Canada. The 1999 recipients are the Glendale Community Council of Glendale, Arizona; the Male Involvement Program of the Mexican American Community Services Agency; Pat Fili-Krushel, President of the ABC Television Network; Susanne Daniels, President of Entertainment, The WB Network; the South Carolina Council on Adolescent Pregnancy Prevention and the South Carolina General Assembly; and the YWCA of the USA.

Using Technology

The Campaign's website (www.teenpregnancy.org) receives, on average, nearly 3 million hits each year. The increasingly popular site allows users to download selected Campaign publications and order others. It also has an interactive weekly teen survey section, a discussion forum, and such other features as a facts and stats page, a daily message, and a section for the press.

4/99

It's time to change the conversation.

DC Campaign to Prevent Teen Pregnancy

FACSIMILE TRANSMITTAL SHEET

TO: Eric Massey

COMPANY:

FAX NUMBER: 456-2581

PHONE NUMBER: 456-2787

FROM: Brenda Miller (Jen Bissell)

DATE: 2/16/00

TOTAL # OF PAGES (including cover sheet): 15

Eric,

Brenda requested that the following materials be sent to you. I am including DC Campaign's Prospectus, Board of Directors, information about the local programs that we will be honoring, and our fact sheet.

More information will follow shortly - I hope this is enough to get you started.

Please contact me at 202-789-4666 to confirm that you received the following materials and if you have any questions.

Thank you,

Jen Bissell

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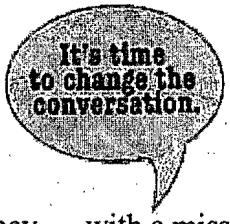
Campaign Home

CAMPAIGN UPDATE
WINTER 2000

DC Campaign to Prevent Teen Pregnancy Launched



The DC Campaign to Prevent Teen Pregnancy — with a mission to reduce the teenage pregnancy rate in Washington, DC, by 50 percent by 2005 — will be formally launched February 23-24, 2000. Former National Campaign Deputy Director Brenda Miller will serve as the Campaign's Executive Director. The Campaign seeks to counteract the "fatalism that says nothing can be done about teen pregnancy and the myopia that says teen pregnancy affects only a limited number of families," according to Miller.

In addition to a prominent Board of Directors, the DC Campaign will work though the efforts of five task forces: business, youth, religion and public values, media and entertainment, and local programs and research. The Campaign will focus primarily on the following strategies:

- Working with the natural institutions — family, church, schools, and neighborhoods — on which young people rely.
- Attracting the attention of every segment of the community to the importance of preventing teen pregnancy and persuading each to play a role in the work.
- Mobilizing District teens to guide and lead the work.
- Building on the many good programs that already exist.
- Creating a resource and clearinghouse for citizens, teenagers, colleagues, and the media.

The DC Campaign can be reached at (202) 789-4666 or info@teenpregnancydc.org.

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It's time to change the conversation.

DC Campaign to Prevent Teen Pregnancy

PROSPECTUS

Many youngsters in the District of Columbia are thriving, some overcoming long odds to do so. By any measure, however, too many are being left behind: more than half of them living in families earning less than the poverty threshold, thousands living in foster care, nearly half dropping out of school before graduation, too many young men lost in the juvenile justice system.

At the root of these troubling facts lies another reality: a large proportion of the children trapped in this cycle of poverty and dysfunction come from families begun by teens. **Each year one in every six teenagers becomes pregnant. Many of them will have a second child before they are 20.** Instead of enjoying adolescence, they are coping with adult pressures that far exceed their limited resources.

While teen pregnancy and birth rates in the nation's capital are beginning to come down from their peak in 1991, they are still nearly twice the national average. They are far higher than the rates in other Western countries, and indeed higher than some developing countries.

Recognizing the strong connection between the alarmingly high rate of teenage pregnancy and the social and economic health of the nation's capital, a large group of community leaders, organizations, and private foundations has worked together in a thoughtful and non-contentious coalition for the past two years. They are convinced that the District needs a powerful and innovative approach to attract a new concentration of resources and attention to this issue. They believe that preventing teen pregnancy is a high leverage intervention that is far more beneficial – and cost effective – than later efforts to cope with developmental disabilities, child abuse, school failure and poverty.

The momentum to respond to that challenge has now been established by the creation of a powerful partnership called DC Campaign to Prevent Teen Pregnancy.

Mission

DC Campaign to Prevent Teen Pregnancy has an ambitious mission to reduce the teenage pregnancy rate in Washington, DC by 50% by the year 2005.

Our most potent enemies are the fatalism that says nothing can be done about teen pregnancy and the myopia that says teen pregnancy affects only a limited number of families. In fact, solving the problem of teen pregnancy requires everyone's help.

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Strategy

Experience tells us that young people will make healthy and responsible choices about delaying pregnancy until they are adults *if they have reason to believe that postponing it will have some benefit for them – in the immediate as well as the more distant future -- as well as the skills to implement that decision.*

Research tells us that teen pregnancy is less likely when boys and girls, regardless of income or race, feel strongly connected with their parents and other caring adults, experience success in school from an early age, have a sense of belonging, are confident that they have safe places to learn and play and interact with their peers, have easy access to teen-friendly family planning information and services, and believe that they can reach economic security if they work for it.

Beyond that, however, all adults must recognize that they have a critical stake and role in making sure our teenagers are protected as they grow into healthy and productive adults. The high rate of adolescent pregnancy in Washington, DC limits our future workforce and the social and economic health of the city.

Messages and teaching about sex, love, relationships and pregnancy prevention must be embedded in a comprehensive, neighborhood-based youth development strategy that surrounds all young people with protection, support and opportunity for growth.

Going beyond the obvious remedies -- abstinence or contraceptives – DC Campaign will foster a multitude of positive connections between adults and children in this community so that every young person has the necessary support to finish high school and become self-sufficient before starting a family.

The leadership of DC Campaign is in place, initial funding of nearly $1 million in private support has been raised, and a formal launch of DC Campaign in February, 2000, will feature a Teen Town Hall meeting, a reception for outstanding local programs will be held at the White House, and a press conference will announce this new public-private partnership. DC Campaign is poised to concentrate a powerful new synergy on the pervasive problem of teen pregnancy.

Leadership Task Forces

DC Campaign will rely not only on its board and staff to accomplish its mission but also on the efforts of five task forces:

- Leadership Task Force on Business
- Leadership Task Force on Religion and Public Values
- Leadership Task Force on Media and Entertainment
- Leadership Task Force for Youth
- Leadership Task Force on Local Programs and Research

Each task force will be drawn from a diverse group of community and religious leaders, local service providers, researchers and activists, national organizations, the media and young people themselves. The task forces will operate in one or more fields of action.

- Working with the natural institutions – family, church, schools and neighborhoods – on which young people rely
- Attracting the attention of every segment of the community to the importance of preventing teen pregnancy and persuading each to play a role in the work
- Mobilizing District teenagers to guide and lead the work
- Building on the many good programs that already exist
- Creating a resource and clearinghouse for citizens, teenagers, colleagues and the media

Fields of Action

DC Campaign will not provide direct services. Instead, it will function as a catalyst for improved services across the spectrum of teen pregnancy prevention initiatives. DC Campaign will act as a transfer agent for skills, a lever to increase financial support for effective programs, a convener of experts and networks, a promoter of best practices, a training resource. In addition, it will convey powerful messages about teen pregnancy prevention and shine a high voltage spotlight on the issue.

(1) Working with the natural institutions - family, church, schools and neighborhoods - on which young people rely

Parental guidance and support is still the best deterrent to teenage pregnancy. Learning from parents about sex, love, relationships and interpersonal communication should be a normal part of every child's life. Teens who have caring, consistent adults, safe and supervised places to hang out, and who can talk about love, sex, and relationships in the context of values are less likely to become pregnant or be responsible for a pregnancy than teens who lack these supports.

DC Campaign will reinforce and multiply training opportunities for parents to help them make informed and deliberate efforts to teach children about healthy sexual behavior from their earliest years.[1] We will reach them in the workplace, in church and neighborhood settings, and will train community leaders to lead workshops using materials adapted to the District. Where parents are absent, or overwhelmed by the demands of survival, guidance needs to come from other adult mentors, and be reinforced by community associations, organizations, schools, and churches that can have a positive effect on the climate that surrounds each child.

DC Campaign is working with the eight neighborhood child and family support collaboratives, among other community based organizations, to provide them with materials and technical assistance on pregnancy prevention.

DC Campaign will build on the existing Clergy Roundtable of the Mayor's Committee to develop a **Leadership Task Force on Religion and Public Values.** The task force will engage faith institutions to participate in pregnancy prevention discussions with young people and parents in their congregations. DC Campaign will encourage faith leaders to make those discussions an integral part of all their programs, and to open their buildings more regularly to safe activities for young people.

[1] Ten Tips For Parents, National Campaign to Prevent Teen Pregnancy

DC Campaign will work with students and teachers in District schools on making sex education classes more effective. We are supporting, with technical assistance and materials, those organizations that want to use effective curricula like "Wise Guys" or "Sneakers" in collaborative programs between schools and community organizations.

We plan to join with the Department of Recreation and other local organizations to mobilize youth to "map" community assets, to identify strengths and gaps, and to improve community-school connections.

(2) Attracting the attention of every segment of the community to the importance of preventing teen pregnancy and persuading each to play a role in the work

DC Campaign intends to change the conversation about teenage pregnancy in the District. We will help everyone understand that our alarming teen pregnancy rates are as much a function of the climate that adults have created and the unavailability of adults in the lives of children as they are of irresponsible decisions by young people. We will create useful new ways for adults to spread the message that premature parenting is in no one's best interest, and to play a role in changing the situation.

The Leadership Task Force on Business will lead us in new strategies to increase the active engagement of businesses in the District with teenagers. Activities such as work place mentoring, adopting schools, and/or sponsoring brown bag lunches for employees about parent-child communication are all useful. We plan to enlist the DC Chamber of Commerce, the Board of Trade, and the Private Industry Council in our work. DC Campaign will also seek to enlist one major employer each year in a workplace mentoring project. This will bring young people into the workplace to expose them to new opportunities and experiences that will help broaden their mindsets and create new options for their future.

The Leadership Task Force on Religion and Public Values will foster a local and regional discussion about how religion, culture, and public values influence both teen pregnancy and our responses to it, hoping to engage every citizen in shifting the tide of opinion and knowledge regarding the causes and consequences of teen pregnancy. In its role as catalyst, DC Campaign will work with the faith community to expand "safe places" for young people. In many DC neighborhoods, there is a liquor store, a carry out and a church on every block. Unfortunately, in all too many situations, the latter is often closed when the former are open. Imagine for a moment how different the city might be if every church opened it doors to young people one more night a week.

The Leadership Task Force on Media and Entertainment, basing its work on the Lake, Snell, Perry research project, will help us design a professional media campaign that will communicate with the most powerful and influential voices in local radio, television, and newspapers to make sure they systematically and repeatedly emphasize the importance of preventing teen pregnancy. DC Campaign has much to gain from the related work of the National Campaign to Prevent Teen Pregnancy.

Using proven materials, we will reiterate our messages in schools, sports arenas, churches, community forums and businesses, as well as in newspapers and on radio and television. We shall engage local and national sports celebrities and entertainers both to visit our schools and to cut ads, and we'll count on the District's vibrant music community to carry the word to its fans.

(3) Mobilizing District teenagers to guide and lead the work

District young people are already engaged in a number of projects connected to DC Campaign's work, such as creating a video on male and female attitudes toward love, relationships and sex.

The next step is convening groups of young people around the city to define their own views about sexuality and parenting, and to train them to implement their own recommendations. Through the combined efforts of the **Leadership Task Force on Media and Entertainment** and the **Leadership Task Force for Youth**, DC Campaign to Prevent Teen Pregnancy will generate partnerships to produce two teen pregnancy prevention communications vehicles. In many developing countries, small, illustrated story books are used to communicate public health information. Using a similar comic book format, DC Campaign will work through its partners to design families of characters. The experiences of the parents and urban teens, with a backdrop of hip hop culture, will stress delaying intercourse, delaying pregnancy, staying in school, preventing STD's, communication about values, and the importance of using condoms and contraceptives whenever sexually active.

Similarly, an ongoing melodrama will be developed as a way to reach teens through the media they consume the most: radio. Short episodes that are written by teens will be broadcast on popular teen radio stations. DC Campaign is also organizing a one-act play festival to engage young people in dramatizing the impact of teen pregnancy on their lives.

There will also be internships, after school and summer jobs at DC Campaign for District teenagers. Teens will serve as a sounding board and reality check for all DC Campaign activities, and will act as messengers to their peers on this issue.

(4) Building on the many good programs that already exist

The Leadership Task Force on Local Programs and Research will spark collaboration with local organizations that focus on youth development, mentoring, adolescent health care and family planning, peer support, skill and self-esteem development, school success, job training, recreation, abuse prevention, and responsible parenting. We want to establish additional two-way relationships with the growing number of community-building and neighborhood initiatives in this city. Rather than provide services directly, we shall seek to make local efforts less fragmented and isolated, more deeply rooted in neighborhoods, and more recognized by the larger community. Together the impact of these programs can be multiplied.

We will maintain a database of such programs and attempt to coordinate their work by sharing information, publicizing what works and what doesn't, and assessing opportunities in particular neighborhoods and wards. Demand for networks of such organizations is very strong. For example, the new Making Connections project unites in a network of information sharing and mutual reinforcement many local organizations, large and small, that work with girls. We will help to reinforce such efforts, and to highlight gaps in services.

For example, DC Campaign sponsored in October, 1999, a Round Table titled "Boys to Men: Improving Access to Health Care", highlighting one simple but often overlooked reality: a healthy, sexually active teenage boy can cause multiple pregnancies over the course of one year, yet most teen pregnancy prevention efforts

focus exclusively on girls. It will publish a report and recommendations based on that discussion. It is also developing a series of workshops for primary care providers in Medicaid managed care settings about how to reach teens more effectively. We expect in time to document the gains in health outcomes and cost effectiveness that result from better prevention work.

(5) Creating a resource and clearinghouse for citizens, teenagers, colleagues and the media

We'll keep current articles, news and promising practices circulating through a newsletter and a Web site. We plan to have accessible several practical publications aimed at helping parents discuss sex, love and relationships with their children, at educating health care providers about teen friendly services, and at informing teenagers how to connect with health services.

The National Campaign to Prevent Teen Pregnancy and Advocates for Youth are here on our doorstep, and DC Campaign will channel their knowledge and materials into local settings.

A major research resource to DC Campaign is the survey and focus group research published in *Common Sense: Teens and Adults Speak Out about Teen Pregnancy in the District of Columbia*. Additional publications based on aspects of that research will follow.

A Fact Sheet with statistical information on teen pregnancy is now available, and will be updated periodically. A "news desk" at DC Campaign will provide a ready reference to facts, recent news, local activities, and access to expertise in the field.

In addition to our on-going collaboration with over 30 local leaders and organizations, we have already established fruitful working alliances with key national organizations in the field. Advocates for Youth has selected DC Campaign as one of five state coalitions to which it will give concentrated technical assistance and support during the coming year. Other national partners include the National Campaign to Prevent Teen Pregnancy, the Rutgers University Center for Family Life Education, the Opening Doors Project of the Robert Wood Johnson Foundation, the Academy for Educational Development, the Delta Research and Education Foundation, The National Family Planning and Reproductive Health Association, Child Trends Inc. and the Center for Law and Social Policy.

DC Campaign, officially launched in February 2000, is poised to create a national model of teen pregnancy prevention in which the opportunities and life choices of our young people are expanded, and our city's social and economic health is rejuvenated.

It's time to change the conversation.

DC Campaign to Prevent Teen Pregnancy

BOARD OF DIRECTORS

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It's time to change the conversation.

DC Campaign to Prevent Teen Pregnancy

Year 2000 Conversation Changers

Covenant House Washington Peer Supported Pregnancy Prevention Project
Vincent C. Gray, Executive Director
Stephen L. Urbanczyk, Chairperson

Funded by the D.C. Department of Human Services and the Alexander and Margaret Stewart Trust Foundation, the Covenant House Washington Peer Supported Pregnancy Prevention Project (PSPPP) aims to enable youth living in Anacostia and Congress Heights to confront teen pregnancy and pregnancy prevention among their peers.

Concentrated in Ward 8, the ward with the highest teen birth rates in the District, the program is based in 4 elementary schools and consists of 10 elementary-aged male and female peer educators. The students are trained in peer leadership and peer education with a specially designed curriculum. The PSPPP curriculum encourages youth to make value, moral, and information-based decisions about sexual relationships and creatively relays the effect of poverty, lack of opportunity and social disorganization on those relationships.

Once trained, the peer educators lead groups of 20-30 students in Abstinence Clubs. During Abstinence Club meetings peer educators discuss the issues addressed in the PSPPP curriculum and lay a groundwork for enabling their peers to make a deliberate decision to avoid pregnancy in their teenage years.

This new program displays a cutting-edge understanding of the best practices for peer education and teen pregnancy prevention. By beginning discussion about sexual decision-making in the elementary years, the Peer Supported Pregnancy Prevention Project significantly increases the likelihood that the participants will succeed in avoiding pregnancy in their teen years.

Teen Life Choices
Helena Valentine, Program Administrator

Teen Life Choices (TLC) is a program of Catholic Charities, and is located in Ward 7. Started in 1987 by citizens concerned with the alarming rates of teen pregnancy, TLC is a product of the Southeast Washington community.

Along with volunteers, the 6 person staff administers a Drop-In Center that provides counseling, pregnancy screening, and support for pregnant teens; After School Programs that consist of tutoring, supervised homework, daily sessions, snack, and recreation; a Summer Enrichment Program that includes field trips, sessions, snacks, and recreation;

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and an Outreach Program that does weekly outreach to 6 elementary, middle and high schools in addition to regular community outreach.

The primary goal of TLC is to prevent pregnancy among teens and reduce the incidence of infant mortality through a variety of educational programs and enhancement services. The program is designed to provide a holistic approach to addressing at-risk behaviors.

By approaching the problem of teen pregnancy from a holistic perspective, Teen Life Choices is providing an exemplary service to the teens of Ward 7.

The Generations Program at Children's National Medical Center
Dr. Tina Cheng, Medical Director
Brenda Shepard Vernon, Social Work Director

The Generations Program at Children's National Medical Center was developed to meet the needs of young teen parents and their children. Their staff includes a team of five physicians, a social worker, a project coordinator, a case manager, a developmental specialist, and a health educator who work together to provide support for teen parents and prevent them from becoming second-time parents. Generations receives funding from the Summit Fund of Washington, the Maddux Foundation, and the Graham Foundation.

The program addresses all aspects of teen parenting from education about child nutrition and development to family planning and prevention of sexually transmitted diseases. In addition to providing complete medical services for both teen parents and their children, Generations provides psychosocial support, employment counseling, parenting education, and nutritional support. Generations also connects teens with other social service agencies so that they can continue to get proper care after they are no longer eligible for the program.

By supporting teen parents Generations is sending the message that teen pregnancy prevention does not stop at the point of teen childbearing. According to the Annie E. Casey Foundation, 31% of the teen births in the District of Columbia in 1997 were to women who were already mothers[1]. Clearly, Generations is serving an important population.

Mary's Center for Maternal and Child Health
Maria Gomez, RN, MPH, Executive Director
Virginia Apodaca, Chair

Mary's Center for Maternal and Child Health provides women and children with no medical insurance with reproductive, perinatal, and pediatric health services in a bilingual, family oriented, and culturally sensitive environment. The mission of Mary's Center is to provide holistic and culturally responsive health care to women and their

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The Annie E. Casey Foundation. Kid Count Special Report: The Right Start: Conditions of Babies and Their Families in America's Largest Cities. (Baltimore, MD:1999) 35.

families, and to recognize the critical importance of the woman's social environment and emotional well-being.

One of the many programs at Mary's Center is a Teen Health Services Program. The Teen Program provides primary health care, pregnancy prevention, counseling and educational support to uninsured adolescents. Twice a month, the center hosts a Saturday Teen Clinic that allows teens to utilize the center for health education and other health care services in a teen centered environment. In addition, Mary's center has a team of 16 Peer Health Educators that perform outreach in local high schools.

By allowing teens to have their own time at the clinic and encouraging them to reach out to their peers, Mary's Center is promoting teens taking ownership of their health care and empowering them to become healthy and responsible young adults.

Life Pieces to Masterpieces
Larry Quick, Director

Life Pieces to Masterpieces works to empower boys and young men to realize the value of life's experiences and use the knowledge gained by experience to create a positive lifestyle. Its mission is to support challenged youth in gaining access to opportunities that further their development.

Life Pieces to Masterpieces emphasizes the values of Spiritual Principles, Mediation, Loving, Giving, Language, Arts, Discipline, and Leadership. Focusing on male youth from urban communities, Life Pieces to Masterpieces engages youth in the process of self discovery by providing mentoring relationships, encouraging artistic expression and rewarding that expression with recognition in the community.

Facts About Teen Pregnancy in the District of Columbia

DC Campaign to Prevent Teen Pregnancy

Each year nearly one million adolescent girls become pregnant. Roughly one-half of these pregnancies ends in a live birth. Recent declines in the rates of teen pregnancy, teen childbearing and teen abortion in the U.S. are encouraging. Despite these recent improvements, teen pregnancy remains an important problem. Early childbearing can diminish the long-term potential of teen parents, as well as the developmental and physical well-being of their children. Society also pays a cost in terms of higher expenditures on social and health services to support teen parents and their children.

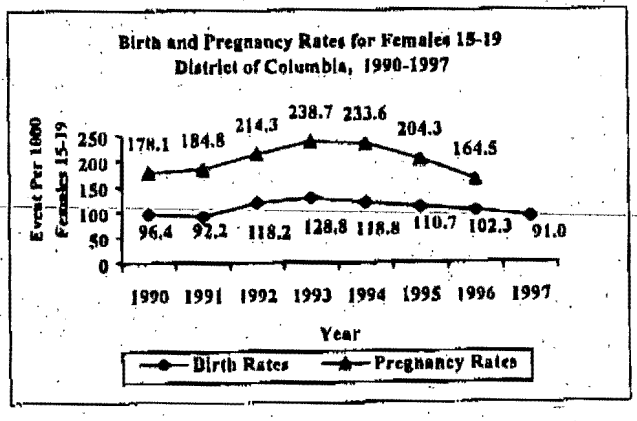
For the District, data on teen pregnancy, teen childbearing, and early risk-taking are sobering.

Estimated Pregnancy Rates for Teens in the District of Columbia

In 1996 (the most recent year for which pregnancy rates are available), the teen pregnancy rate in the District was 165 per 1000, down 31% from a high of 239/1000 in 1993. The pregnancy rate for the District remains substantially higher than the rate for the nation as a whole, which was 97.3/1000 in 1996.

Estimated Birth Rates for Teens in the District of Columbia

Birth rates for teens in the District declined during the 1990's as well, 29% from 1993 when the rate was at its highest. However, the 1997 teen birth rate of 91/1000 remains almost twice the rate for the total U.S. (52.3/1000).



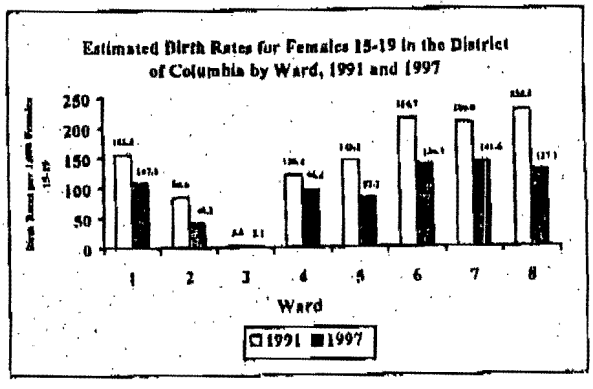
Number of Births to Teens

In 1997, 7,916 births occurred to women residing in the District.

- Roughly 16% or 1,233 births, were to girls under 20, most of them unmarried;
- 4%, or 50 births, were to girls under 15.

Teen Childbearing is Distributed Widely Across the District

Teen pregnancy and teen childbearing are occurring across all Wards in the District, although the rate of childbearing is greatest in Wards 6, 7, and 8. However, it is important to note that Wards 1 and 4 also show teen birth rates near or slightly above 100/1000.



What contributes to the problem?

Research suggests that four factors significantly contribute to the odds of pregnancy and childbearing during adolescence. These factors are:

- Poverty;
- Family problems and family dysfunction;
- Early school failure;
- Behavior problems.

Data for three of these four factors—poverty, early school failure, and behavior problems—are available for the District. Statistics suggest that these risk factors are particularly high among District children and youth, and may play a significant role in the risk of pregnancy and childbearing among teens in D.C. For example:

Poverty

- In 1996, 16 percent of all District residents and 40 percent of District children (17 and younger) were living in poverty;
- During FY 1999, an average of 37,283 District children under 22 years of age received Temporary Assistance for Needy Families (TANF), down roughly 10% from FY 1998.

Early School Failure

Reading

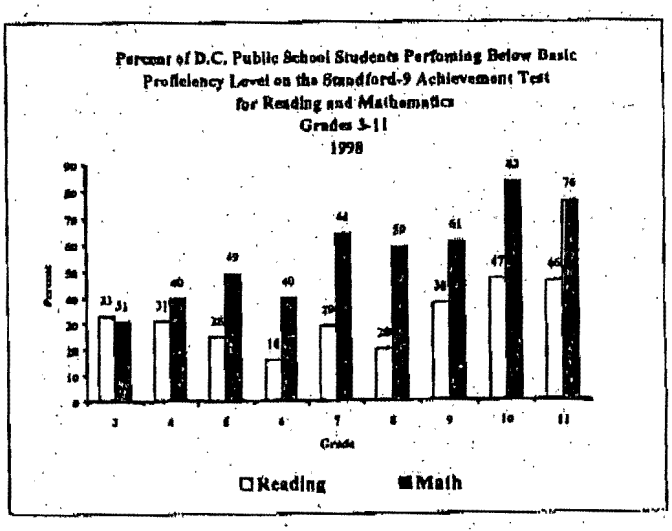
- Between one-third and one-fourth of students in the 3rd through 5th grades were below basic proficiency level in reading;
- About one-half of 10th and 11th graders performed below basic proficiency level in reading.

Math

- Between one-third and one-half of students in grades 3 through 5 performed below basic proficiency level in math;
- More than half of all students in grades 7 through 11 performed below basic proficiency in math;
- Test scores for 10th grade students were particularly low, with 83% of 10th graders performing below basic proficiency level in mathematics.

High School Graduation

- The graduation rate among district high school students declined slightly between 1994 and 1996 to less than 50%;
- By 1998, the graduation rate had increased to 55% and has remained fairly stable for the last two years.

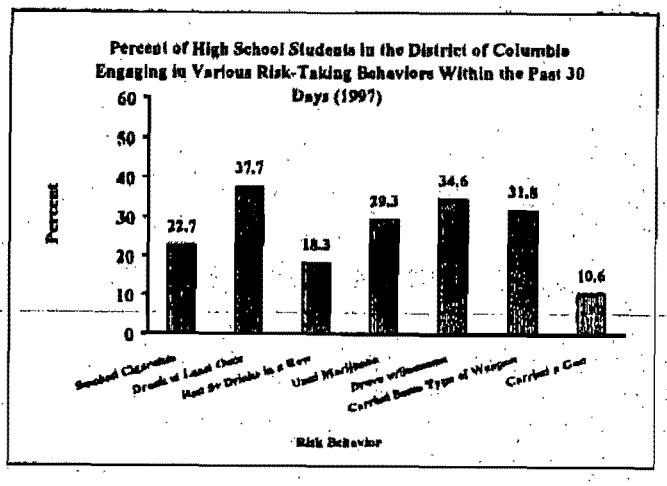


Behavior Problems & Early Risk-Taking

Early risk-taking behavior is a predictor of sexual activity and has been shown to increase the risk of pregnancy and early childbearing.

Data from the 1997 Youth Risk Behavior Survey (YRBS), conducted among District area high school students, show high levels of recent risk-taking. In the 30 days prior to the survey:

- 38% drank alcohol at least once;
- 35% rode in a car with someone who had been drinking;
- 32% carried some type of weapon to school;
- 30% had used marijuana;
- 23% had smoked cigarettes.



Early Sexual Activity

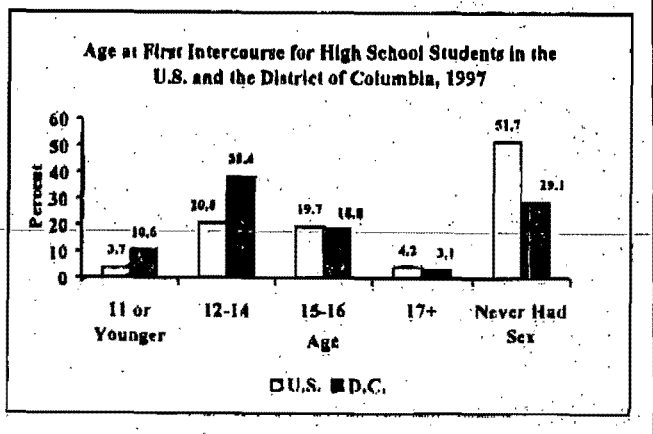
Data from the YRBS show that in 1997:

- 71% of District high school students had started having sex, compared with about half of students for the U.S. as a whole;
- 53% of District high school students were sexually active (had sex in the past three months);
- 49% began having sex by age 14, compared with 25% of high school students nation-wide;
- 27% of D.C. students started having sex before age 13.

Multiple Sexual Partners

Having multiple sexual partners increases the risk of pregnancy and sexually transmitted infections. Among District high school students:

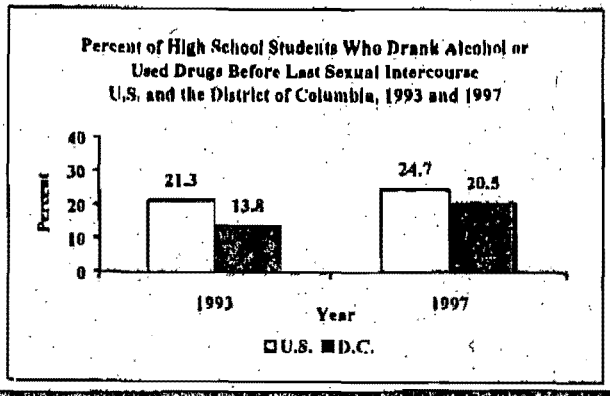
- 9% had 2 sexual partners in the past three months;
- 12% had 3 or more sexual partners in the past three months.



Use of Drugs or Alcohol Before Having Sex

Using drugs and/or alcohol increases the likelihood of unprotected sex. In 1997:

- 21% of D.C. high school students reported either drinking or using drugs the last time they had sex.



Contraceptive Use

Data on contraceptive use at last sex among District teens indicates that continued program efforts to increase method use, particularly condom use, are warranted. In 1997:

- 12% of District high school students reported not using any method of contraception at last sex;
- 68% reported using a condom at last sex, up from 65% in 1993;
- The proportion of students nation-wide reporting condom use at last sex was 57%.

Sexually Transmitted Infections

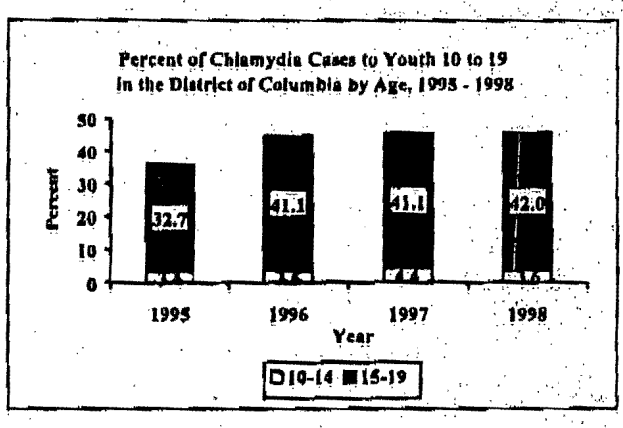
Early sexual behavior and sexual risk-taking among District teens has heightened their risk for sexually transmitted infections, such as gonorrhea, syphilis, and chlamydia. Chlamydia is the most common sexually transmitted infection in the U.S., and is particularly high among adolescents. By 1998:

- 3,182 chlamydia cases, 46% of all cases reported in the District, were to youth 19 and under. This represents an increase of 26% from 1995;
- 1,335 cases, 42% of all chlamydia cases in the District, were to teens between 15 and 19.

Sexually transmitted infections may have severe consequences, particularly for women, including cervical cancer and infertility.

The prevalence of HIV/AIDS among teens and young adults also reflects early, high-risk sexual behavior.

- 973 cases of AIDS were reported between 1992 and 1997 in the District;
- 823 (85%) were among young adults 20 to 29, indicating probable HIV infection during adolescence.



Youth Population in the District

According to the 1990 Census, there were 70,595 youth 10 to 19 in the District of Columbia nearly 10 years ago. The number of youth is expected to increase nearly 20% by 2005 to roughly 84,000.

Identifying appropriate and effective strategies for reaching District youth will be critical if significant reductions in teen pregnancy and teen childbearing are to be achieved.

Number of Cumulative AIDS Cases to Children, Youth, and Young Adults in the District of Columbia, 1992-1997

Age	1992-1997
0-12	95
13-19	15
20-29	863
Total	973

Note: Cumulative cases may include persons who are deceased.

Youth Population in the District of Columbia, 1990 and Projected Youth Population in the District, 2000 and 2005

Age Categories	1990	2000	2005	% Increase Between 1990 and 2000	% Increase Between 1990 and 2005
10-19 Years Old	70595	76432	83936	8.3%	18.9%

This fact sheet was made possible through the support of the Summit Fund of Washington. Data presented were compiled by Angela Papillo, Stephanie Williams, and Zakiya Thompson of Child Trends, Washington, D.C., under the direction of Barbara W. Sugland, M.P.H., Sc.D., Senior Research Associate at Child Trends. Data sources include: Bureau of Sexually Transmitted Disease Control; Department of Educational Accountability; D.C. Department of Health; D.C. Department of Human Services, Income Maintenance Administration; D.C. Office of Planning; D.C. Public Schools; The Institute of Medicine; Kids Count 1999; and the Youth Risk Behavior Survey. A detailed list of references is available upon request.

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE CITIES, 1997, AND PERCENT OF ALL BIRTHS THAT OCCURRED TO TEENS IN 1997 AND 1991, continued

CITY	Total Under 20	17 and Younger	Ages 18-19	Of all Teen Births for City, % that are Repeat Births	Number of Births to Teens Under Age 20 White	Black	Number of Births to Unmarried Teen Mothers Under Age 20	Of all Births to Mothers Under Age 20, Percent Nonmarital	Of all Births, % to Mothers Under Age 20 1991	1997
MIAMI, FL	2027	859	1168	23%	814	1189	1769	87%	15%	14%
MILWAUKEE, WI	2238	1046	1192	28%	638	1505	2102	94%	21%	21%
MINNEAPOLIS, MN	876	381	495	26%	303	406	782	89%	14%	15%
MOBILE, AL	610	254	356	27%	142	465	530	87%	19%	18%
MODESTO, CA	632	289	343	24%	538	31	507	80%	15%	17%
MONTGOMERY, AL	613	297	316	23%	106	502	546	89%	19%	19%
MORENO VALLEY, CA	400	145	255	19%	252	124	326	82%	--	17%
NASHV'L.-DAVIDSON, TN	1158	473	685	24%	561	579	989	85%	16%	14%
NEWARK, NJ	1017	460	557	24%	310	705	969	95%	20%	20%
NEW ORLEANS, LA	1579	626	953	27%	76	1496	1507	95%	23%	20%
NEWPORT NEWS, VA	427	153	274	22%	170	250	331	78%	14%	14%
NEW YORK, NY	11773	4573	7200	19%	5912	5572	10301	87%	10%	10%
NORFOLK, VA	686	274	412	25%	200	472	557	81%	17%	18%
OAKLAND, CA	875	375	500	19%	314	491	625	71%	15%	14%
OCEANSIDE, CA	402	121	281	27%	307	70	246	61%	--	11%
OKLAHOMA CITY, OK	1237	487	750	24%	820	326	948	77%	19%	16%
OMAHA, NE	743	289	454	23%	447	278	649	87%	13%	13%
ONTARIO, CA	467	178	289	22%	422	33	370	79%	--	14%
ORLANDO, FL	941	356	585	28%	517	417	793	84%	16%	15%
OVERLAND PARK, KS	62	16	46	18%	57	4	42	68%	--	3%
OXNARD, CA	538	226	312	23%	503	16	357	66%	15%	15%
PASADENA, CA	227	81	146	20%	158	58	172	76%	11%	9%
PATERSON, NJ	559	256	303	23%	282	273	500	89%	19%	19%
PHILADELPHIA, PA	4069	1759	2310	25%	1314	2673	3881	95%	18%	18%
PHOENIX, AZ	3754	1588	2166	25%	3322	288	3078	82%	16%	17%
PITTSBURGH, PA	644	267	377	25%	197	442	617	96%	16%	14%
PLANO, TX	150	54	96	21%	133	14	104	69%	--	5%
POMONA, CA	475	190	285	26%	413	47	375	79%	--	15%
PORTLAND, OR	765	294	471	19%	541	150	621	81%	12%	11%
PROVIDENCE, RI	516	247	269	26%	361	90	462	90%	16%	20%
RALEIGH, NC	380	159	221	20%	154	218	323	85%	11%	9%
RENO, NV	369	126	243	21%	331	16	248	67%	13%	13%
RICHMOND, VA	612	275	337	25%	89	518	582	95%	17%	19%
RIVERSIDE, CA	870	329	541	25%	763	82	714	82%	13%	15%
ROCHESTER, NY	745	333	412	26%	298	439	700	94%	17%	18%
ROCKFORD, IL	451	192	259	21%	276	169	391	87%	17%	17%
SACRAMENTO, CA	1482	620	862	27%	800	413	1192	80%	14%	14%
ST LOUIS, MO	1228	563	665	27%	211	999	1186	97%	23%	21%
ST PAUL, MN	722	303	419	29%	305	190	614	85%	13%	15%
ST PETERSBURG, FL	570	229	341	23%	242	305	510	89%	18%	17%
SALT LAKE CITY, UT	631	243	388	21%	567	25	445	71%	12%	11%
SAN ANTONIO, TX	3756	1716	2040	26%	3429	309	2394	64%	17%	18%
SAN BERNARDINO, CA	774	348	426	28%	580	181	653	84%	17%	18%
SAN DIEGO, CA	1769	713	1056	22%	1264	307	1401	79%	11%	10%
SAN FRANCISCO, CA	600	238	362	15%	323	175	440	73%	8%	7%
SAN JOSE, CA	1624	642	982	19%	1358	100	1258	77%	11%	10%
SANTA ANA, CA	1150	465	685	23%	1107	7	790	69%	14%	13%
SAVANNAH, GA	546	233	313	26%	113	429	490	90%	21%	21%
SCOTTSDALE, AZ	139	55	84	20%	110	1	112	81%	--	6%
SEATTLE, WA	436	167	269	18%	207	124	351	81%	8%	6%
SHREVEPORT, LA	637	240	397	26%	120	514	581	91%	21%	20%
SPOKANE, WA	424	139	285	17%	375	24	344	81%	13%	13%
SPRINGFIELD, MA	491	213	278	26%	365	119	453	92%	19%	21%
SPRINGFIELD, MO	308	93	215	19%	279	17	220	71%	15%	15%
STOCKTON, CA	943	388	555	30%	572	168	774	82%	17%	18%
SYRACUSE, NY	443	210	233	27%	208	224	410	93%	19%	19%
TACOMA, WA	564	220	344	22%	364	135	473	84%	13%	15%
TALLAHASSEE, FL	248	80	168	23%	73	172	216	87%	--	12%
TAMPA, FL	1176	503	673	24%	537	630	1016	86%	18%	17%
TEMPE, AZ	243	97	146	19%	204	19	196	81%	10%	11%
TOLEDO, OH	922	349	573	25%	529	381	864	94%	19%	17%
TORRANCE, CA	135	54	81	19%	116	11	105	78%	8%	6%
TUCSON, AZ	1380	507	873	22%	1250	67	1103	80%	16%	16%
TULSA, OK	1012	416	596	31%	575	350	799	79%	16%	16%
VIRGINIA BEACH, VA	624	208	416	17%	374	221	478	77%	9%	10%
WARREN, MI	162	52	110	15%	148	8	139	86%	9%	9%
WASHINGTON, DC	1236	528	708	31%	113	1118	1187	96%	17%	16%
WICHITA, KS	931	362	569	22%	696	198	723	78%	14%	15%
WINSTON-SALEM, NC	430	173	257	23%	200	227	370	86%	18%	15%
WORCESTER, MA	320	122	198	21%	260	43	294	92%	14%	14%
YONKERS, NY	246	83	163	24%	164	81	215	87%	9%	9%

Source/Notes: 1997 data ore unpublished data provided by Stephanie Ventura of the National Center for Health Statistics, Department of Health and Human Services; 1991 data are from the National Center for Health Statistics. Vital Statistics of the United States, 1991, vol 1, natality. Washington: Public Health Service. 1995; -- = not available.

Compiled by: Kristin Anderson Moore, Ph.D., Angela Romano Papillo, Stephanie Williams, Justin Jager, and Fanette Jones

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AT A GLANCE

December 1999

TEEN BIRTH RATE. Preliminary data for 1998 from the National Center for Health Statistics show that the teen birth rate has declined steadily since the early 1990s. The 1998 rate of 51.1 births per 1,000 females 15-19 is nearly 18 percent lower than the 1991 rate of 62.1. This rate is also very near the 1986 record low rate of 50.2. Declines have been seen in all adolescent age groups. The rate of 30.4 births per 1,000 females 15-17 in 1998 is a record low.

Teen Birth Rate (Births per 1,000 Females Ages 15-19, 15-17, and 18-19)

Ages:	1960	1970	1980	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
15-19	89.1	68.3	53.0	50.2	59.9	62.1	60.7	59.6	58.9	56.8	54.4	52.3	51.1
15-17	43.9	38.8	32.5	30.5	37.5	38.7	37.8	37.8	37.6	36.0	33.8	32.1	30.4
18-19	166.7	114.7	82.1	79.6	88.6	94.4	94.5	92.1	91.5	89.1	86.0	83.6	82.0

NUMBER OF BIRTHS TO TEENS. In 1998, there were 494,456 births to teens in the United States. This represents a 7 percent decline in the *number* of teen births since 1991, compared with an 18 percent decline in the *rate* since 1991. The smaller decline in the number compared with the rate is due to an increase in the number of teen females in the 1990s. In fact, despite a decrease in the teen birth rate, the total number of births to teens increased slightly between 1997 and 1998, reflecting an increase in the number of births to females ages 18 and 19.

Number of Births to Females Under Age 20

Ages:	1960	1970	1980	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
Under 15	6,780	11,752	10,169	10,176	11,657	12,014	12,220	12,554	12,901	12,242	11,148	10,121	9,481
15-17	182,408	223,590	198,222	168,572	183,327	188,226	187,549	190,535	195,169	192,508	185,721	180,154	173,252
18-19	404,558	421,118	353,939	293,333	338,499	331,351	317,866	310,558	310,319	307,365	305,856	303,066	311,724
Under 20	593,746	656,460	562,330	472,081	533,591	531,591	517,635	513,647	518,389	512,115	502,725	493,341	494,456

BIRTH RATES BY MARITAL STATUS. The marital birth rate of teens declined 23 percent between 1990 and 1997, to 323 births per 1,000 married teens. The non-marital birth rate peaked in 1994 and then declined 9 percent by 1997, to 42 births per 1,000 unmarried teens. In 1998, 79 percent of teen births occurred outside of marriage.

Young women between the ages of 20-24 have the highest rates of non-marital births. Specifically, the rate was 71 births per 1,000 unmarried women 20-24 in 1997. This rate has remained fairly stable over the last several years. Births to cohabiting couples are classified as non-marital; however, analyses of the National Survey of Families and Households indicate that, among all couples having a non-marital birth, 40 percent are living together.

Marital and Non-marital Birth Rate (Births per 1,000 Females)

Rate by Marital Status and Age:	1970	1980	1990	1991	1992	1993	1994	1995	1996	1997	1998
Marital, ages 15-19	444	350	420	410	398	388	351	362	344	323	--
Non-marital, ages 15-19	22	28	43	45	45	45	46	44	43	42	--
Non-marital, ages 20-24	38	41	65	68	69	69	72	70	71	71	--
Non-marital, ages 15-44	26	29	44	45	45	45	47	45	45	44	44

BIRTHS BY BIRTH ORDER. Twenty-two percent of teen births were repeat births in 1998. This proportion has declined from a peak of 25 percent in the early 1990s. Also, the rate of second births declined by approximately 21 percent between 1991 and 1997 (to 173.7 births per 1000 females who have had a first birth). The rate of first teen births declined by 10 percent between 1991 and 1997 (to 44.7 births per 1000 childless females).

Percentage of Teen Births that are Repeat Births (Second Births or Higher Order Births)

Age	1980	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
15-19	21%	23%	25%	25%	25%	24%	22%	21%	22%	22%	22%

First Birth Rate (Births per 1,000 Childless Females Ages 15-19)

Age	1980	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
15-19	45	42	48	50	49	49	50	49	47	45	--

Second Birth Rate (Births per 1,000 Females Ages 15-19 Who Have Had a First Birth)

Age	1980	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
15-19	188	193	218	221	217	204	190	178	174	174	--

Child TRENDS

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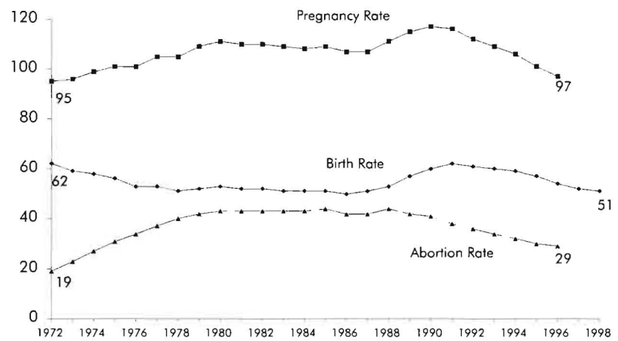
TEEN BIRTH RATES BY RACE/ETHNICITY. Teen birth rates have been declining in each major race/ethnicity group. The birth rate for black adolescent females declined 26 percent between 1991 and 1998, and the rate among non-Hispanic white teens declined by 19 percent. Though the birth rate for Hispanic adolescent females was stable between 1991 and 1995, the rate declined about 12 percent from 107 in 1995 to 94 in 1998.

Teen Birth Rate (Births per 1,000 Females Ages 15-19) by Race/Ethnicity

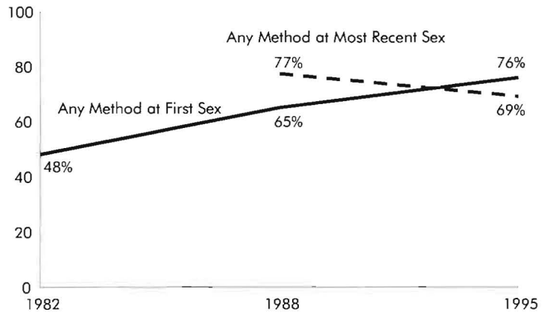
Race/Ethnicity:	1990	1991	1992	1993	1994	1995	1996	1997	1998
Hispanics	100	107	107	107	108	107	102	97	94
Blacks	113	116	112	109	105	96	91	88	85
Non-Hispanic Whites	43	43	42	41	40	39	38	36	35

TEEN PREGNANCY RATES, BIRTH RATES, AND ABORTION RATES. The teen pregnancy rate, birth rate, and abortion rate have all declined over the past several years. Thus, the decline in the birth rate is not due to an increase in abortion. According to the Alan Guttmacher Institute, the teen pregnancy rate declined by approximately 16 percent between 1991 and 1996. The abortion rate declined by 22 percent between 1991 and 1996. Both pregnancy rates and abortion rates increased substantially in the 1970s and 1980s, prior to declining. Data from the National Center for Health Statistics indicate pregnancy rates declined in the 1990s across race/ethnicity groups, including non-Hispanic white, black and Hispanic teenagers.

Pregnancy Rate and Abortion Rate for Females Ages 15 to 19, 1972-1996, and Birth Rate, 1972-1998



Trends in Contraceptive Use at First Sex and Most Recent Sex Among Females ages 15-19



TEEN CONTRACEPTIVE USE AT FIRST AND MOST RECENT SEX. Data from the National Survey of Family Growth show different trends in contraceptive use at first and most recent sex among teens. There has been a dramatic increase in the percentage of adolescent females who report using any contraceptive method at first sex, from 48 percent in 1982 to 76 percent in 1995. However, there has been a decline in contraceptive use at most recent sex among sexually active teen females (those who had sex in the last 3 months). The proportion of sexually active teen females who used contraception at most recent sex declined from 77 percent in 1988 to 69 percent in 1995. Other analyses indicate that non-Hispanic black teen females were the only racial/ethnic group that did not show a decline in contraceptive use at most recent sex.

SEXUALLY TRANSMITTED INFECTIONS (STIs) reported to CDC. Adolescents and young adults are at high risk for contracting STIs because, over time, many have multiple sex partners and unprotected intercourse. Rates of chlamydia have remained constant over the last two years among adolescent males and females, and adolescent gonorrhea rates have declined over the last four years. In 1997, among all women, females ages 15-19 had the highest rates of chlamydia (2044) and gonorrhea (718) per 100,000 females. Male rates are higher at ages 20 to 24 than among teens.

Rates of Sexually Transmitted Infections (per 100,000 population), 1997

	Chlamydia Rates			Gonorrhea Rates		
Ages:	Total	Male	Female	Total	Male	Female
10-14	64	6	125	31	8	54
15-19	1126	266	2044	530	354	718
20-24	985	373	1634	544	533	555

TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1997 BY AGE, AND RACE/ETHNICITY, PERCENT OF TEEN BIRTHS TO UNMARRIED MOTHERS, PERCENT OF TEENS WHO ARE CURRENTLY SEXUALLY ACTIVE, AND PERCENT OF TEEN BIRTHS THAT ARE REPEAT BIRTHS (SECOND OR HIGHER ORDER BIRTHS)

	NUMBER OF BIRTHS TO MOTHERS AGED				NUMBER OF BIRTHS TO MOTHERS UNDER AGE 20 Non-Hispanic			PERCENT OF TEEN BIRTHS TO UNMARRIED	PERCENT OF TEENS WHO ARE CURRENTLY	PERCENT OF TEEN BIRTHS THAT ARE
STATE	Under 15	15-17	18-19	Total Under 20	White	Black	Hispanic	MOTHERS	SEXUALLY ACTIVE**	REPEAT BIRTHS
ALABAMA	269	4033	6428	10730	5399	5110	152	72%	NA	23%
ALASKA	19	370	729	1118	545	68	75	77%	NA	19%
ARIZONA	221	4295	6740	11256	3844	493	5886	80%	NA	23%
ARKANSAS	185	2437	4398	7020	4314	2359	271	69%	44%	24%
CALIFORNIA	1257	23096	36859	61212	12535	6484	38667	75%	NWT	22%
COLORADO	103	2519	4126	6748	3200	485	2875	73%	NWT	19%
CONNECTICUT	83	1344	2154	3581	1207	888	1277	89%	33%	20%
DELAWARE	35	524	819	1378	621	640	94	90%	NWT	21%
D.C.	52	476	708	1236	27	1089	93	96%	53%	31%
FLORIDA	603	9449	15719	25771	11224	9544	4730	80%	NWT	23%
GEORGIA	473	7091	10756	18320	7880	9098	1087	77%	NA	24%
HAWAII	24	582	1151	1757	189	45	397	82%	26%	17%
IDAHO	35	742	1588	2365	1769	16	473	58%	NA	20%
ILLINOIS	464	8642	13559	22665	8046	9114	5307	85%	NA	24%
INDIANA	170	4138	7439	11747	8793	2233	617	81%	NA	20%
IOWA	40	1333	2555	3928	3249	280	243	81%	33%	18%
KANSAS	70	1655	3103	4828	3290	731	675	75%	NA	21%
KENTUCKY	148	3008	5516	8672	7286	1208	122	64%	39%	21%
LOUISIANA	296	4499	7464	12259	4922	7042	163	84%	NA	23%
MAINE	7	407	971	1385	1255	6	16	84%	36%	16%
MARYLAND	203	2755	4247	7205	2678	4015	334	90%	NA	20%
MASSACHUSETTS	103	2107	3698	5908	2931	905	1809	90%	31%	18%
MICHIGAN	278	5396	9987	15661	8235	5236	994	86%	34%	22%
MINNESOTA	93	1918	3665	5676	3622	741	509	86%	NA	18%
MISSISSIPPI	270	3390	4917	8577	3057	5414	42	81%	52%	25%
MISSOURI	166	3559	6536	10261	7154	2687	297	79%	37%	20%
MONTANA	17	428	883	1328	887	5	63	78%	32%	15%
NEBRASKA	50	829	1568	2447	1618	333	333	81%	NA	19%
NEVADA	77	1374	2185	3636	1628	481	1283	76%	34%	22%
NEW HAMPSHIRE	5	338	773	1116	991	12	35	87%	NWT	14%
NEW JERSEY	199	3233	5410	8842	2175	3577	2952	90%	NWT	21%
NEW MEXICO	93	1873	2833	4799	1123	101	2993	81%	NA	20%
NEW YORK	420	8081	14116	22617	6234	7031	7378	87%	29%	19%
NORTH CAROLINA	327	5581	9451	15359	7453	6169	1228	76%	NWT	22%
NORTH DAKOTA	10	219	532	761	527	8	29	83%	NWT	15%
OHIO	372	6935	12959	20266	13784	5548	663	85%	34%	21%
OKLAHOMA	143	2867	5191	8201	5154	1210	616	69%	NA	22%
OREGON	105	1890	3466	5461	3829	200	1139	74%	NA	19%
PENNSYLVANIA	306	5264	9427	14997	8509	4581	1617	90%	NA	21%
RHODE ISLAND	25	512	801	1338	598	138	370	89%	31%	20%
SOUTH CAROLINA	203	3238	5103	8544	3829	4464	180	81%	42%	21%
SOUTH DAKOTA	17	401	823	1241	798	15	29	85%	29%	16%
TENNESSEE	253	4280	7609	12142	7622	4136	289	73%	NWT	22%
TEXAS	1193	21104	31624	53921	15601	9081	28599	67%	NA	24%
UTAH	56	1443	3060	4559	3470	54	825	61%	NA	19%
VERMONT	7	153	398	558	521	2	2	84%	31%	14%
VIRGINIA	237	3456	6394	10087	5027	4284	641	79%	NA	20%
WASHINGTON	142	2967	5454	8563	5456	553	1712	76%	NA	19%
WEST VIRGINIA	26	1081	2187	3294	3086	193	10	70%	40%	19%
WISCONSIN	163	2544	4389	7096	4167	1837	653	85%	29%	20%
WYOMING	8	298	598	904	738	12	111	71%	31%	16%
U.S. TOTAL in 1997	10121	180154	303066	493341	222097	129956	120955	78%	35%	22%
U.S. TOTAL in 1998	9481	173252	311724	494456	221437	131156*	124176	79%	NA	22%

*The total number of births in 1998 for black females under age 20 includes Hispanic black females.
**Students (in grades 9-12) self report of sexual intercourse during the 3 months preceding the 1997 survey.

NWT = Unweighted data, which are not representative, are the only data available.
NA = Not Available

Source/Notes:
Birth data are unpublished data provided by Stephanie Ventura of the National Center for Health Statistics, Department of Health and Human Services.
Sexual activity data are for in-school teens in grades 9-12 from the Youth Risk Behavior Survey, 1997 (collected by the Centers for Disease Control and Prevention).

TABL
STATE
ALABAMA
ALASKA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DELAWARE
FLORIDA
GEORGIA
HAWAII
IDAHO
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MARYLAND
MASSACHUSETT
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHI
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROL
NORTH DAKOT
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLI
SOUTH DAKOT
TENNESSEE
TEXAS
UTAH
VERMONT
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING
U.S. TOTAL

Sources/Notes:
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TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE CITIES, 1997, AND PERCENT OF ALL BIRTHS THAT OCCURRED TO TEENS IN 1997 AND 1991

CITY	Total Under 20	17 and Younger	Ages 18-19	Of all Teen Births for City, % that are Repeat Births	Number of Births to Teens Under Age 20 White	Number of Births to Teens Under Age 20 Black	Number of Births to Unmarried Teen Mothers Under Age 20	Of all Births to Mothers Under Age 20, Percent Nonmaritol	Of all Births, % to Mothers Under Age 20 1991	Of all Births, % to Mothers Under Age 20 1997
AKRON, OH	613	227	386	24%	280	319	552	90%	18%	17%
ALBUQUERQUE, NM	1176	492	684	17%	1071	39	976	83%	14%	16%
AMARILLO, TX	578	222	356	23%	515	52	350	61%	19%	20%
ANAHEIM, CA	756	295	461	27%	708	18	563	74%	12%	11%
ANCHORAGE, AK	394	142	252	19%	237	47	296	75%	10%	10%
ARLINGTON, TX	590	221	369	24%	440	137	455	77%	10%	11%
ATLANTA, GA	1592	776	816	30%	209	1376	1448	91%	21%	19%
AURORA, CO	480	164	316	19%	342	121	313	65%	11%	11%
AUSTIN, TX	1487	618	869	27%	1200	274	1080	73%	15%	14%
BAKERSFIELD, CA	1211	527	684	25%	1036	148	999	82%	17%	18%
BALTIMORE, MD	2225	1054	1171	26%	304	1912	2138	96%	21%	23%
BATON ROUGE, LA	798	324	474	26%	154	641	726	91%	15%	16%
BIRMINGHAM, AL	926	366	560	24%	135	789	810	87%	21%	22%
BOISE CITY, ID	319	90	229	20%	307	5	201	63%	11%	12%
BOSTON, MA	841	351	490	18%	325	480	780	93%	11%	11%
BRIDGEPORT, CT	423	176	247	26%	246	170	393	93%	18%	18%
BUFFALO, NY	859	355	504	27%	357	491	795	93%	17%	18%
CHARLOTTE, NC	951	379	572	27%	310	614	848	89%	14%	11%
CHATTANOOGA, TN	455	188	267	29%	182	272	385	85%	23%	20%
CHESAPEAKE, VA	291	113	178	21%	136	153	249	86%	13%	11%
CHICAGO, IL	9280	4076	5204	29%	3462	5751	8272	89%	19%	18%
CHULA VISTA, CA	281	93	188	17%	238	29	211	75%	--	9%
CINCINNATI, OH	1141	443	698	32%	325	811	1077	94%	21%	20%
CLEVELAND, OH	1949	831	1118	28%	628	1311	1837	94%	20%	21%
COLORADO SPRINGS, CO	775	272	503	17%	631	116	556	72%	12%	12%
COLUMBUS, GA	524	218	306	28%	163	361	450	86%	21%	20%
COLUMBUS, OH	1657	624	1033	22%	858	777	1487	90%	16%	15%
CORPUS CHRISTI, TX	978	425	553	30%	914	57	782	80%	18%	20%
DALLAS, TX	3841	1637	2204	29%	2362	1450	3125	81%	18%	17%
DAYTON, OH	633	255	378	19%	292	337	575	91%	22%	21%
DENVER, CO	1471	643	828	23%	1198	208	1141	78%	16%	16%
DES MOINES, IA	441	181	260	23%	341	86	361	82%	14%	13%
DETROIT, MI	3344	1373	1971	27%	388	2928	3178	95%	24%	20%
DURHAM, NC	353	135	218	22%	99	252	310	88%	14%	13%
EL PASO, TX	2140	906	1234	23%	2080	49	1358	63%	16%	16%
FLINT, MI	658	262	396	31%	217	438	622	95%	22%	23%
FORT LAUDERDALE, FL	557	251	306	30%	128	428	507	91%	15%	15%
FORT WAYNE, IN	546	200	346	22%	320	219	482	88%	16%	15%
FORT WORTH, TX	1652	683	969	28%	1111	516	1245	75%	17%	17%
FREMONT, CA	154	52	102	15%	118	24	106	69%	6%	5%
FRESNO, CA	1716	770	946	27%	1280	185	1330	78%	17%	19%
GARDEN GROVE, CA	271	118	153	17%	234	4	200	74%	11%	9%
GARLAND, TX	502	223	279	23%	407	89	381	76%	12%	14%
GLENDALE, AZ	559	227	332	22%	500	36	444	79%	--	13%
GLENDALE, CA	122	44	78	15%	114	2	88	72%	7%	5%
GRAND RAPIDS, MI	590	272	318	27%	353	227	534	91%	16%	15%
GREENSBORO, NC	358	151	207	20%	117	226	312	87%	14%	12%
HAMPTON, VA	283	107	176	21%	106	174	230	81%	13%	14%
HIALEAH, FL	243	93	150	17%	232	11	168	69%	10%	10%
HONOLULU, HI	324	103	221	16%	61	15	259	80%	7%	7%
HOUSTON, TX	6485	2733	3752	24%	4302	2113	4656	72%	16%	16%
HUNTINGTON BEACH, CA	161	63	98	12%	150	2	107	66%	6%	6%
HUNTSVILLE, AL	326	146	180	27%	120	204	276	85%	15%	15%
INDIANAPOLIS, IN	2106	818	1288	23%	1205	892	1876	89%	16%	16%
IRVING, TX	376	158	218	22%	330	38	266	71%	12%	11%
JACKSON, MS	738	336	402	31%	57	679	704	95%	19%	23%
JACKSONVILLE, FL	1708	658	1050	24%	783	898	1402	82%	16%	15%
JERSEY CITY, NJ	569	224	345	22%	218	327	522	92%	15%	15%
KANSAS CITY, KS	573	249	324	28%	304	261	512	89%	21%	22%
KANSAS CITY, MO	1180	486	694	26%	494	663	1062	90%	17%	16%
KNOXVILLE, TN	396	153	243	24%	266	127	296	75%	17%	15%
LAKEWOOD, CO	176	80	96	18%	167	3	140	80%	8%	10%
LAREDO, TX	785	366	419	25%	784	1	394	50%	--	16%
LAS VEGAS, NV	1466	594	872	21%	1104	274	1151	79%	14%	13%
LEXINGTON-FAYETTE, KY	375	162	213	17%	235	138	297	79%	14%	11%
LINCOLN, NE	299	119	180	16%	255	29	254	85%	9%	10%
LITTLE ROCK, AR	427	174	253	24%	85	339	377	88%	19%	15%
LONG BEACH, CA	1149	452	697	26%	754	278	849	74%	13%	13%
LOS ANGELES, CA	8389	3466	4923	23%	7054	1196	6003	72%	13%	12%
LOUISVILLE, KY	1185	503	682	26%	618	552	1051	89%	20%	18%
LUBBOCK, TX	661	284	377	26%	545	112	416	63%	19%	21%
MADISON, WI	215	84	131	17%	103	89	184	86%	7%	8%
MEMPHIS, TN	2402	1037	1365	29%	344	2041	2244	93%	21%	21%
MESA, AZ	850	302	548	21%	791	28	649	76%	12%	13%

continued on page 6

TABLE 3. BIRTHS TO TEENAGE MOTHERS IN LARGE CITIES, 1997, AND PERCENT OF ALL BIRTHS THAT OCCURRED TO TEENS IN 1997 AND 1991, continued

CITY	Total Under 20	17 and Younger	Ages 18-19	Of all Teen Births for City, % that are Repeat Births	Number of Births to Teens Under Age 20 White	Number of Births to Teens Under Age 20 Black	Number of Births to Unmarried Teen Mothers Under Age 20	Of all Births to Mothers Under Age 20, Percent Nonmaritol	Of all Births, % to Mothers Under Age 20 1991	Of all Births, % to Mothers Under Age 20 1997
MIAMI, FL	2027	859	1168	23%	814	1189	1769	87%	15%	14%
MILWAUKEE, WI	2238	1046	1192	28%	638	1505	2102	94%	21%	21%
MINNEAPOLIS, MN	876	381	495	26%	303	406	782	89%	14%	15%
MOBILE, AL	610	254	356	27%	142	465	530	87%	19%	18%
MODESTO, CA	632	289	343	24%	538	31	507	80%	15%	17%
MONTGOMERY, AL	613	297	316	23%	106	502	546	89%	19%	19%
MORENO VALLEY, CA	400	145	255	19%	252	124	326	82%	--	17%
NASHV'L.-DAVIDSON, TN	1158	473	685	24%	561	579	989	85%	16%	14%
NEWARK, NJ	1017	460	557	24%	310	705	969	95%	20%	20%
NEW ORLEANS, LA	1579	626	953	27%	76	1496	1507	95%	23%	20%
NEWPORT NEWS, VA	427	153	274	22%	170	250	331	78%	14%	14%
NEW YORK, NY	11773	4573	7200	19%	5912	5572	10301	87%	10%	10%
NORFOLK, VA	686	274	412	25%	200	472	557	81%	17%	18%
OAKLAND, CA	875	375	500	19%	314	491	625	71%	15%	14%
OCEANSIDE, CA	402	121	281	27%	307	70	246	61%	--	11%
OKLAHOMA CITY, OK	1237	487	750	24%	820	326	948	77%	19%	16%
OMAHA, NE	743	289	454	23%	447	278	649	87%	13%	13%
ONTARIO, CA	467	178	289	22%	422	33	370	79%	--	14%
ORLANDO, FL	941	356	585	28%	517	417	793	84%	16%	15%
OVERLAND PARK, KS	62	16	46	18%	57	4	42	68%	--	3%
OXNARD, CA	538	226	312	23%	503	16	357	66%	15%	15%
PASADENA, CA	227	81	146	20%	158	58	172	76%	11%	9%
PATERSON, NJ	559	256	303	23%	282	273	500	89%	19%	19%
PHILADELPHIA, PA	4069	1759	2310	25%	1314	2673	3881	95%	18%	18%
PHOENIX, AZ	3754	1588	2166	25%	3322	288	3078	82%	16%	17%
PITTSBURGH, PA	644	267	377	25%	197	442	617	96%	16%	14%
PLANO, TX	150	54	96	21%	133	14	104	69%	--	5%
POMONA, CA	475	190	285	26%	413	47	375	79%	--	15%
PORTLAND, OR	765	294	471	19%	541	150	621	81%	12%	11%
PROVIDENCE, RI	516	247	269	26%	361	90	462	90%	16%	20%
RALEIGH, NC	380	159	221	20%	154	218	323	85%	11%	9%
RENO, NV	369	126	243	21%	331	16	248	67%	13%	13%
RICHMOND, VA	612	275	337	25%	89	518	582	95%	17%	19%
RIVERSIDE, CA	870	329	541	25%	763	82	714	82%	13%	15%
ROCHESTER, NY	745	333	412	26%	298	439	700	94%	17%	18%
ROCKFORD, IL	451	192	259	21%	276	169	391	87%	17%	17%
SACRAMENTO, CA	1482	620	862	27%	800	413	1192	80%	14%	14%
ST LOUIS, MO	1228	563	665	27%	211	999	1186	97%	23%	21%
ST PAUL, MN	722	303	419	29%	305	190	614	85%	13%	15%
ST PETERSBURG, FL	570	229	341	23%	242	305	510	89%	18%	17%
SALT LAKE CITY, UT	631	243	388	21%	567	25	445	71%	12%	11%
SAN ANTONIO, TX	3756	1716	2040	26%	3429	309	2394	64%	17%	18%
SAN BERNARDINO, CA	774	348	426	28%	580	181	653	84%	17%	18%
SAN DIEGO, CA	1769	713	1056	22%	1264	307	1401	79%	11%	10%
SAN FRANCISCO, CA	600	238	362	15%	323	175	440	73%	8%	7%
SAN JOSE, CA	1624	642	982	19%	1358	100	1258	77%	11%	10%
SANTA ANA, CA	1150	465	685	23%	1107	7	790	69%	14%	13%
SAVANNAH, GA	546	233	313	26%	113	429	490	90%	21%	21%
SCOTTSDALE, AZ	139	55	84	20%	110	1	112	81%	--	6%
SEATTLE, WA	436	167	269	18%	207	124	351	81%	8%	6%
SHREVEPORT, LA	637	240	397	26%	120	514	581	91%	21%	20%
SPOKANE, WA	424	139	285	17%	375	24	344	81%	13%	13%
SPRINGFIELD, MA	491	213	278	26%	365	119	453	92%	19%	21%
SPRINGFIELD, MO	308	93	215	19%	279	17	220	71%	15%	15%
STOCKTON, CA	943	388	555	30%	572	168	774	82%	17%	18%
SYRACUSE, NY	443	210	233	27%	208	224	410	93%	19%	19%
TACOMA, WA	564	220	344	22%	364	135	473	84%	13%	15%
TALLAHASSEE, FL	248	80	168	23%	73	172	216	87%	--	12%
TAMPA, FL	1176	503	673	24%	537	630	1016	86%	18%	17%
TEMPE, AZ	243	97	146	19%	204	19	196	81%	10%	11%
TOLEDO, OH	922	349	573	25%	529	381	864	94%	19%	17%
TORRANCE, CA	135	54	81	19%	116	11	105	78%	8%	6%
TUCSON, AZ	1380	507	873	22%	1250	67	1103	80%	16%	16%
TULSA, OK	1012	416	596	31%	575	350	799	79%	16%	16%
VIRGINIA BEACH, VA	624	208	416	17%	374	221	478	77%	9%	10%
WARREN, MI	162	52	110	15%	148	8	139	86%	9%	9%
WASHINGTON, DC	1236	528	708	31%	113	1118	1187	96%	17%	16%
WICHITA, KS	931	362	569	22%	696	198	723	78%	14%	15%
WINSTON-SALEM, NC	430	173	257	23%	200	227	370	86%	18%	15%
WORCESTER, MA	320	122	198	21%	260	43	294	92%	14%	14%
YONKERS, NY	246	83	163	24%	164	81	215	87%	9%	9%

Source/Notes: 1997 data are unpublished data provided by Stephanie Ventura of the National Center for Health Statistics, Department of Health and Human Services;
1991 data are from the National Center for Health Statistics. Vital Statistics of the United States, 1991, vol 1, natality. Washington: Public Health Service. 1995; -- = not available.

Compiled by: Kristin Anderson Moore, Ph.D., Angela Romano Papillo, Stephanie Williams, Justin Jager, and Fanette Jones

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TABLE 1: BIRTHS TO MOTHERS UNDER AGE 20 IN 1997 BY AGE, AND RACE/ETHNICITY, PERCENT OF TEEN BIRTHS TO UNMARRIED MOTHERS, PERCENT OF TEENS WHO ARE CURRENTLY SEXUALLY ACTIVE, AND PERCENT OF TEEN BIRTHS THAT ARE REPEAT BIRTHS (SECOND OR HIGHER ORDER BIRTHS)

	NUMBER OF BIRTHS TO MOTHERS AGED				NUMBER OF BIRTHS TO MOTHERS UNDER AGE 20 Non-Hispanic					
STATE	Under 15	15-17	18-19	Total Under 20	White	Black	Hispanic	PERCENT OF TEEN BIRTHS TO UNMARRIED MOTHERS	PERCENT OF TEENS WHO ARE CURRENTLY SEXUALLY ACTIVE**	PERCENT OF TEEN BIRTHS THAT ARE REPEAT BIRTHS
ALABAMA	269	4033	6428	10730	5399	5110	152	72%	NA	23%
ALASKA	19	370	729	1118	545	68	75	77%	NA	19%
ARIZONA	221	4295	6740	11256	3844	493	5886	80%	NA	23%
ARKANSAS	185	2437	4398	7020	4314	2359	271	69%	44%	24%
CALIFORNIA	1257	23096	36859	61212	12535	6484	38667	75%	NWT	22%
COLORADO	103	2519	4126	6748	3200	485	2875	73%	NWT	19%
CONNECTICUT	83	1344	2154	3581	1207	888	1277	89%	33%	20%
DELAWARE	35	524	819	1378	621	640	94	90%	NWT	21%
D.C.	52	476	708	1236	27	1089	93	96%	53%	31%
FLORIDA	603	9449	15719	25771	11224	9544	4730	80%	NWT	23%
GEORGIA	473	7091	10756	18320	7880	9098	1087	77%	NA	24%
HAWAII	24	582	1151	1757	189	45	397	82%	26%	17%
IDAHO	35	742	1588	2365	1769	16	473	58%	NA	20%
ILLINOIS	464	8642	13559	22665	8046	9114	5307	85%	NA	24%
INDIANA	170	4138	7439	11747	8793	2233	617	81%	NA	20%
IOWA	40	1333	2555	3928	3249	280	243	81%	33%	18%
KANSAS	70	1655	3103	4828	3290	731	675	75%	NA	21%
KENTUCKY	148	3008	5516	8672	7286	1208	122	64%	39%	21%
LOUISIANA	296	4499	7464	12259	4922	7042	163	84%	NA	23%
MAINE	7	407	971	1385	1255	6	16	84%	36%	16%
MARYLAND	203	2755	4247	7205	2678	4015	334	90%	NA	20%
MASSACHUSETTS	103	2107	3698	5908	2931	905	1809	90%	31%	18%
MICHIGAN	278	5396	9987	15661	8235	5236	994	86%	34%	22%
MINNESOTA	93	1918	3665	5676	3622	741	509	86%	NA	18%
MISSISSIPPI	270	3390	4917	8577	3057	5414	42	81%	52%	25%
MISSOURI	166	3559	6536	10261	7154	2687	297	79%	37%	20%
MONTANA	17	428	883	1328	887	5	63	78%	32%	15%
NEBRASKA	50	829	1568	2447	1618	333	333	81%	NA	19%
NEVADA	77	1374	2185	3636	1628	481	1283	76%	34%	22%
NEW HAMPSHIRE	5	338	773	1116	991	12	35	87%	NWT	14%
NEW JERSEY	199	3233	5410	8842	2175	3577	2952	90%	NWT	21%
NEW MEXICO	93	1873	2833	4799	1123	101	2993	81%	NA	20%
NEW YORK	420	8081	14116	22617	6234	7031	7378	87%	29%	19%
NORTH CAROLINA	327	5581	9451	15359	7453	6169	1228	76%	NWT	22%
NORTH DAKOTA	10	219	532	761	527	8	29	83%	NWT	15%
OHIO	372	6935	12959	20266	13784	5548	663	85%	34%	21%
OKLAHOMA	143	2867	5191	8201	5154	1210	616	69%	NA	22%
OREGON	105	1890	3466	5461	3829	200	1139	74%	NA	19%
PENNSYLVANIA	306	5264	9427	14997	8509	4581	1617	90%	NA	21%
RHODE ISLAND	25	512	801	1338	598	138	370	89%	31%	20%
SOUTH CAROLINA	203	3238	5103	8544	3829	4464	180	81%	42%	21%
SOUTH DAKOTA	17	401	823	1241	798	15	29	85%	29%	16%
TENNESSEE	253	4280	7609	12142	7622	4136	289	73%	NWT	22%
TEXAS	1193	21104	31624	53921	15601	9081	28599	67%	NA	24%
UTAH	56	1443	3060	4559	3470	54	825	61%	NA	19%
VERMONT	7	153	398	558	521	2	2	84%	31%	14%
VIRGINIA	237	3456	6394	10087	5027	4284	641	79%	NA	20%
WASHINGTON	142	2967	5454	8563	5456	553	1712	76%	NA	19%
WEST VIRGINIA	26	1081	2187	3294	3086	193	10	70%	40%	19%
WISCONSIN	163	2544	4389	7096	4167	1837	653	85%	29%	20%
WYOMING	8	298	598	904	738	12	111	71%	31%	16%
U.S. TOTAL in 1997	10121	180154	303066	493341	222097	129956	120955	78%	35%	22%
U.S. TOTAL in 1998	9481	173252	311724	494456	221437	131156*	124176	79%	NA	22%

*The total number of births in 1998 for black females under age 20 includes Hispanic black females.
**Students (in grades 9-12) self report of sexual intercourse during the 3 months preceding the 1997 survey.

NWT = Unweighted data, which are not representative, are the only data available.
NA = Not Available

Source/Notes:
Birth data are unpublished data provided by Stephanie Ventura of the National Center for Health Statistics, Department of Health and Human Services.
Sexual activity data are for in-school teens in grades 9-12 from the Youth Risk Behavior Survey, 1997 (collected by the Centers for Disease Control and Prevention).

TABLE 2: BIRTH RATES FOR FEMALES 15-19 IN 1970, 1980, 1985, 1990-1997, AND FEMALES 15-17 AND 18-19 IN 1997; AND PREGNANCY AND ABORTION RATES FOR FEMALES 15-19, 1996, BY STATE

	Birth Rates (Births per 1,000) to Females Aged 15-19											Birth Rates 1997		Pregnancy Rates Age 15-19	Abortion Rates Ages 15-19	Percent of Pregnancies Ending in Abortion
STATE	1970	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	Age 15-17	Age 18-19	1996	1996	
ALABAMA	89	68	64	71	74	73	71	72	70	69	67	43	100	106	21	20%
ALASKA	87	64	56	65	65	64	57	55	50	46	45	25	74	75	18	24%
ARIZONA	77	66	67	76	81	82	80	79	75	74	70	44	111	118	27	23%
ARKANSAS	91	75	73	80	80	76	74	76	74	75	73	43	119	108	16	15%
CALIFORNIA	65	53	53	71	75	74	73	71	68	63	57	36	91	125	45	36%
COLORADO	64	50	48	55	58	58	55	54	51	50	48	30	77	90	28	31%
CONNECTICUT	43	31	31	39	40	39	39	40	39	37	36	23	58	86	37	43%
DELAWARE	72	51	51	55	61	60	60	60	57	57	56	37	83	95	24	25%
FLORIDA	85	59	58	69	69	66	65	64	62	59	58	35	94	115	40	35%
GEORGIA	98	72	68	76	76	75	73	72	71	68	67	44	103	109	25	23%
HAWAII	60	51	48	61	59	54	53	54	48	48	44	25	70	101	39	39%
IDAHO	65	60	47	51	54	52	51	47	49	47	43	23	73	70	12	17%
ILLINOIS	66	56	51	63	65	64	63	63	60	57	55	34	88	106	34	32%
INDIANA	73	58	52	59	61	59	59	58	58	56	54	32	88	88	19	22%
IOWA	52	43	35	41	43	41	41	40	39	38	36	20	60	58	12	21%
KANSAS	61	57	52	56	55	56	56	54	52	50	49	28	82	79	18	23%
KENTUCKY	86	72	63	68	69	65	64	65	63	62	60	35	95	89	14	16%
LOUISIANA	85	76	72	74	76	77	76	75	70	67	66	42	101	97	15	15%
MAINE	65	47	42	43	44	40	37	36	34	31	32	15	58	57	18	32%
MARYLAND	68	43	46	53	54	51	50	50	48	46	44	28	69	106	46	43%
MASSACHUSETTS	38	28	29	35	38	38	38	37	34	32	32	19	51	79	37	47%
MICHIGAN	66	45	43	59	59	57	53	52	49	47	44	25	72	87	29	33%
MINNESOTA	42	35	31	36	37	36	35	34	32	32	32	18	55	56	16	29%
MISSISSIPPI	102	84	76	81	86	84	83	83	81	76	74	50	109	108	16	15%
MISSOURI	71	58	54	63	65	63	60	59	56	54	52	30	86	86	19	22%
MONTANA	58	49	44	48	47	46	46	41	42	39	38	20	65	65	17	26%
NEBRASKA	52	45	40	42	42	41	41	43	38	39	37	21	62	62	14	23%
NEVADA	90	59	55	73	75	71	73	74	73	70	68	42	109	140	51	36%
NEW HAMPSHIRE	55	34	32	33	33	31	31	30	31	29	29	14	53	57	20	35%
NEW JERSEY	48	35	34	41	42	39	38	39	38	35	35	21	57	97	50	52%
NEW MEXICO	77	72	73	78	80	80	81	77	74	71	68	44	106	110	22	20%
NEW YORK	49	35	36	44	46	45	46	46	44	42	39	23	62	108	53	49%
NORTH CAROLINA	86	58	57	68	71	70	67	66	64	64	61	38	97	105	26	25%
NORTH DAKOTA	43	42	36	35	36	37	37	35	34	32	30	14	55	50	10	20%
OHIO	63	53	50	58	61	58	57	55	53	50	50	29	83	81	18	22%
OKLAHOMA	81	75	69	67	72	70	69	66	64	63	64	37	107	90	13	14%
OREGON	56	51	43	55	55	53	51	51	51	51	47	27	78	90	26	29%
PENNSYLVANIA	52	41	40	45	47	45	44	44	42	39	37	22	61	70	20	29%
RHODE ISLAND	45	33	36	44	45	48	50	48	43	43	43	28	66	87	32	37%
SOUTH CAROLINA	89	65	63	71	73	70	66	67	65	63	61	40	93	98	20	20%
SOUTH DAKOTA	50	53	46	47	48	48	44	43	41	40	40	22	66	59	10	17%
TENNESSEE	87	64	61	72	75	71	70	71	68	66	65	39	104	100	18	18%
TEXAS	84	74	72	75	79	79	78	78	76	74	72	47	110	113	23	20%
UTAH	54	65	50	49	48	46	45	43	42	43	43	24	68	60	8	13%
VERMONT	53	40	36	34	39	36	35	33	29	30	27	12	51	60	22	37%
VIRGINIA	72	48	46	53	54	52	50	51	49	46	44	26	71	87	30	34%
WASHINGTON	58	47	45	53	54	51	50	48	48	45	43	25	71	85	29	34%
WEST VIRGINIA	72	68	54	57	58	56	56	54	53	50	49	28	80	73	11	15%
WISCONSIN	44	40	39	43	44	42	41	39	38	37	36	21	59	61	15	25%
WYOMING	69	79	59	56	54	50	50	48	47	44	43	23	76	74	20	27%
U.S. TOTAL	66	53	51	60	62	61	60	59	57	54	52	32	84	97	29	30%

Sources/Notes: The pregnancy rate is the sum of the birth rate, abortion rate, and an estimated miscarriage rate (which is not shown here). The 1985 birth rates were calculated by Child Trends. Denominators use the latest revised data from the U.S. Bureau of the Census, Population Estimates Branch. These revisions affect birth rates in some states. Population denominators for D.C. and less populated states are small and therefore some instability in rates can occur. Birth rates for 1970, 1980, and 1990 are published by the National Center for Health Statistics, Department of Health and Human Services. The 1970 rate represents the average for 1969-1971. Birth rates for 1990-1994: Ventura, S.J., Clarke, S.C., and Mathews, T.J. (1996) Recent declines in teenage birth rates in the United States: Variations by state, 1990-1994. National Center for Health Statistics. Birth rates for 1995: Ventura, S.J., Curtin, S.C. and Mathews, T.J. (1998). Teenage births in the United States: National and State trends. National Center for Health Statistics. Birth rates for 1995: Ventura, S.J., Mathews, T.J., and Curtin, S.C. (1998). Declines in teenage birth rates, 1991-1997: National and State patterns. National Center for Health Statistics. Birth rates for 1997: Ventura, S.J., Mathews, T.J., and Curtin, S.C. (1999). Declines in teenage birth rates, 1991-98: Update of National and State Trends. National Center for Health Statistics. Pregnancy and Abortion data: Teenage Pregnancy: Overall trends and State-by-State Information. (1999). Alan Guttmacher Institute: www.agi-usa.org

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December 1999

To: Individuals and Organizations Concerned About Teenage Childbearing

From: Kristin A. Moore, Ph.D.

Subject: Release of Facts at a Glance, reporting trends in teen childbearing in the nation, states and large cities

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During the 1990s, rates of teen childbearing have declined, returning to the levels reached in the mid-1980s. While additional declines are needed, it is important to note that the declines that are occurring reflect decreased rates of pregnancy and abortion. Thus, the declines are not due to more abortions but to a lower proportion of teens having sex and greater use of contraception.

The decline in the teen birth rate has been largest among younger teens, black teens and teens who have already had a baby. Specifically, data tabulated by the National Center for Health Statistics indicate that since 1991 the birth rate has declined 21 percent among adolescents ages 15-17, compared with 13 percent among older teens ages 18-19. Also, the birth rate per 1000 females ages 15-19 has declined 26 percent among blacks, compared with 19 percent among non-hispanic whites and 12 percent among hispanics. The rate of second births has declined 21 percent among teens who have already had a baby, compared with 10 percent among childless teens. The rate has declined 21 percent among married teens, compared with 6 percent among unmarried teens. Nevertheless, rates among married teens and among teens who have had a first birth are much higher than among other teens.

Variation across the states continues to be enormous (see Table 2). Although rates have declined in all states, four states still have rates of 70 births per 1,000 females 15-19 or higher: Arizona, Arkansas, Mississippi and Texas. On the other hand, a number of states had rates well below the national rate of 51 per 1,000 females ages 15-19 in 1998 (52 in 1997). Vermont had the lowest rate in 1997: 27 births per 1,000 females ages 15-19, followed by New Hampshire at 29. Rates in these states compare favorably with other industrialized democracies, such as Great Britain and Canada. Other U.S. states with low birth rates (less than 40 births per 1,000 females 15-19) include North Dakota, Minnesota, Maine, Massachusetts, New Jersey, Connecticut, Iowa, Wisconsin, Pennsylvania, Nebraska, Montana, and New York.

 References for data cited are available upon request.

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pregnancy. Of unmarried teen girls aged 15 to 19 who did not use contraception at first sexual intercourse, approximately 50 percent became pregnant within 12 months, versus 13 percent of those who used contraception at first intercourse.) Among sexually active teen girls aged 15 to 19 (those who reported having had sex in the past three months), 46.8 percent of Latinas reported that they did not use contraception the last time they had sex, versus 30.9 percent of all sexually active teen girls.[16] Also in 1995, only 29 percent of sexually active Latino males aged 15 to 19 reported using condoms consistently (100 percent of the time) in the previous 12 months, versus 44 percent of all sexually active teen males aged 15 to 19.[17]

NOTES

1. This fact sheet is the first in a series of fact sheets from the National Campaign to Prevent Teen Pregnancy on teen pregnancy and childbearing among various subgroups in the United States.
2. Estimated as of November 1, 1998. Yax, L. K. (December 28, 1998). Resident population of the United States: Estimates, by sex, race, and Hispanic origin, with median age. [Online] U.S. Bureau of the Census. Available: <www.census.gov/population/estimates/nation/intfile3-1.txt>.
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7. Rates are rounded to the nearest whole number. Ventura, S. J., Mathews, T. J., & Curtin, S. C. (1999). Declines in Teenage Birth Rates, 1991-97: National and State Patterns. *National Vital Statistics Reports*: 47(12).
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9. Ibid.
10. Ibid.
11. Ibid.
12. The Alan Guttmacher Institute (1999). *Teenage pregnancy: Overall trends and state-by-state information*. New York: Author.
13. Moore, K. A., Driscoll, A. K., & Lindberg, L. D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
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17. Moore, K. A., Driscoll, A. K., & Lindberg, L. D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

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THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

FACT SHEET

Teen Pregnancy and Childbearing Among Latinos in the United States[1]

MAY 1999

Highlights:

- The Latino population is the fastest growing major racial/ethnic group in the United States.
- Latinas have the highest teen birth rate among the major racial/ethnic groups in the United States.
- The teen birth and pregnancy rates for Latinas have not decreased as much in recent years as have the overall U.S. teen birth and pregnancy rates.
- Teen birth rates vary among Latina subgroups.

Latinos and the U.S. Population

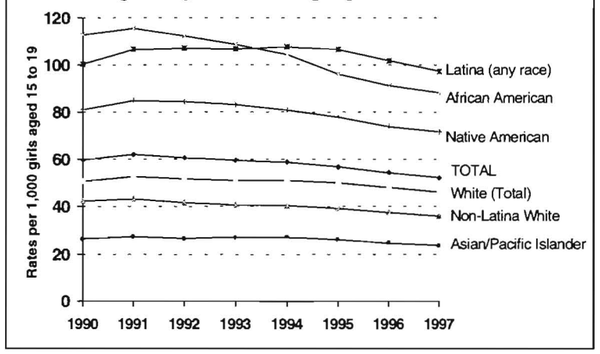
Latinos currently constitute approximately 11 percent of the total U.S. population.[2] In 1998, an estimated 1.3 million girls between the ages of 15 and 19 were Latina, approximately 13 percent of all 15- to 19-year-old girls.[3] Of the 1997 Latino population, approximately 63 percent were of Mexican descent, 14 percent were of Central or South American descent, 11 percent were of Puerto Rican descent, 4 percent were of Cuban descent, and 7 percent were of other Latino origin.[4]

The Latino population is the fastest growing major racial/ethnic group in the United States. By 2010, Latinos will be the largest minority group (at present, the African-American population is larger), and by 2050 approximately one-quarter of the U.S. population will be Latino.[5]

Latina Teen Birth Rates

Since 1994, Latina teens have had the highest teen birth rate among the major racial/ethnic groups in the United States. In 1997, the birth rate for Latina 15- to 19-year-olds was 97.4 per 1,000, nearly double the national rate of 52.3 per 1,000 (Figure 1). Approximately one-quarter of the births in 1997 to teens aged 15 to 19 were to Latinas.[6]

Figure 1: Since 1994, Latina teens have had the highest teen birth rate among the major racial/ethnic groups in the United States.[6]



Latina teen birth rates vary substantially at the state level: for the 40 states with Latino populations large enough to calculate birth rates in 1996, rates for teens aged 15 to 19 ranged from 41 per

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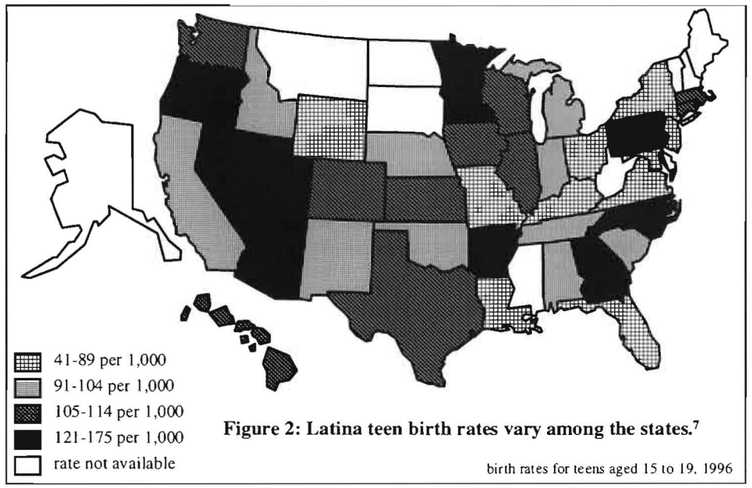


Figure 2: Latina teen birth rates vary among the states.[7]

1,000 in Louisiana to 175 per 1,000 in North Carolina (Figure 2).[7]

Teen birth rates also vary among Latino subgroups. Of the four subgroups for which rates were available in 1997, Mexican Americans had the highest teen birth rate (112.4 per 1,000) among Latina 15- to 19-year-olds. Teens of Puerto Rican origin had the next highest birth rate (74.9 per 1,000 teen girls aged 15 to 19), and Latina teens of "other/unknown" origin (including Central and South America) ranked third with a birth rate of 72.1 per 1,000 teen girls aged 15 to 19. Cuban-American 15- to 19-year-olds had the lowest teen birth rate among these subgroups in 1997, 38.3 per 1,000 (Figure 3).[8]

Although Latina teen mothers are more likely to be married than the average teen mom, the majority give birth out-of-wedlock (Figure 4). In 1997, 71.6 percent of Latina teens aged 15 to 19 who gave birth were unmarried, versus 77.8 percent of all teens aged 15 to 19 who gave birth.[9]

The birth rate for Latina teens is decreasing, but not as much as the birth rate for all teens. Between 1991 and 1997, the overall birth rate for 15- to 19-year-old girls dropped 15.8 percent; the rate for Latinas aged 15 to 19 dropped 8.7 percent. Among the major Latino subgroups, the birth rate for Cuban Americans aged 15 to 19 increased 38.3 percent between 1991 and 1997, but the other three subgroups experienced declines. The birth rate for Mexican Americans aged 15 to 19 decreased 4.2 percent, the birth rate for 15-

Figure 3: Teen birth rates vary among Latina subgroups.[8]

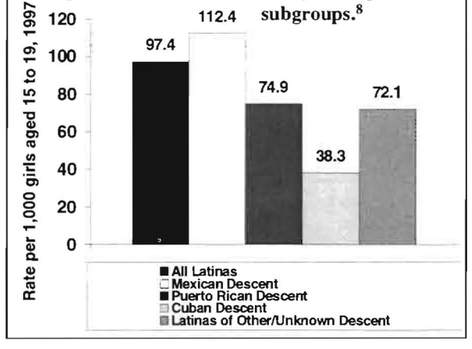
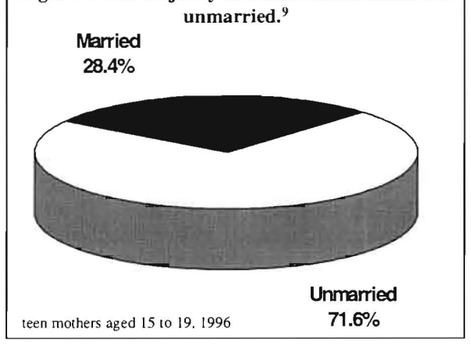


Figure 4: The majority of Latina teen mothers are unmarried.[9]



to 19-year-olds of Puerto Rican descent declined 27.1 percent, and the birth rate for 15- to 19-year-olds of "other/unknown" Latina descent decreased 18.2 percent between 1991 and 1997.[10]

Latina Teen Pregnancy Rates

Between 1992 and 1996, the pregnancy rate for Latina teens aged 15 to 19 decreased 6 percent, while the pregnancy rate for all teen girls aged 15 to 19 dropped 13 percent.[11]

In 1996, Latina teens aged 15 to 19 had a pregnancy rate of 164.6 per 1,000, well above the national average of 97.3 per 1,000 15- to 19-year-old girls but below the rate for African-American teens in the same age bracket. The pregnancy rate for African-American teens is higher than the rate for Latina teens, even though the birth rate for African-American teens is lower, because pregnant African-American teens are more likely to have an abortion: an estimated 41 percent of pregnancies among African Americans aged 15 to 19 ended in abortion in 1996, versus approximately 28 percent of pregnancies among Latina 15- to 19-year-olds.[12]

In 1995, 19 percent of sexually experienced 15- to 19-year-old Latino males reported having caused a pregnancy, versus 14 percent of all sexually experienced males aged 15 to 19.[13]

Sexual Activity and Contraceptive Use

Latino youth report higher than average rates of sexual activity and lower than average rates of contraceptive use. In 1995, 50 percent of all girls aged 15 to 19 and 48 percent of unmarried girls aged 15 to 19 reported ever having had sexual intercourse. Rates for Latinas in the same age bracket were slightly higher than average: 55 percent of all Latina teen girls aged 15 to 19 and 52 percent of unmarried Latina teen girls aged 15 to 19 reported ever having had sexual intercourse.[14] A 1995 survey of teen males showed a similar pattern: 61 percent of 15- to 19-year-old Latino males reported ever having sex, versus 56 percent of all males aged 15 to 19 (Figure 5).[15]

In 1995, 41.7 percent of all Latina teen girls aged 15 to 19 reported that they did not use any form of contraception at first sex, versus 24.1 percent of all sexually experienced girls in this age bracket (Figure 6). (Nonuse of contraception at first sex is a strong predictor of

Figure 5: More Latino teens report ever having had sexual intercourse.[14,15]

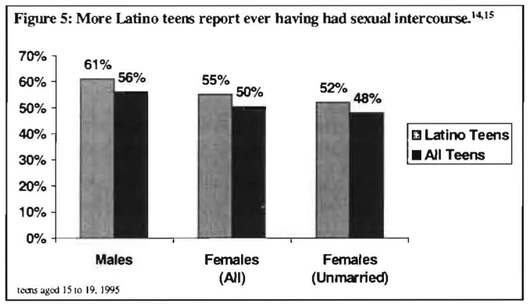


Figure 6: Fewer Latina teens report using contraception at first sex.[16]