

The National Campaign to Prevent Teen Pregnancy

Welfare Reform Resource Packet

March 1997

PHOTODUPLICATION
PRESERVATION

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, NW, SUITE 500, WASHINGTON, DC 20037

Direct Dial: 202-857-8655
Fax: 202-331-7735

March 4, 1997

Dear Colleague:

The National Campaign to Prevent Teen Pregnancy is a non-profit, non-partisan initiative aimed at preventing teen pregnancy by supporting values and actions that are consistent with a pregnancy-free adolescence. Formed in 1996, the Campaign's goal is to reduce the teenage pregnancy rate by one-third by 2005. A primary focus of the Campaign is to support and foster state and community activity to prevent teen pregnancy.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 has provisions that are serving as catalysts for states to reduce adolescent pregnancy and develop comprehensive teen pregnancy prevention plans. **In response to many requests for information, we have assembled the enclosed resource packet.**

This packet was designed to provide background information on the legislation, teen pregnancy, and what we know about program effectiveness. It also addresses issues related to developing state plans to prevent teen pregnancy and to the abstinence education provision of the welfare legislation.

As you will see, we have included a few state plans to prevent teen pregnancy. In response to the welfare reform provision that offers a "bonus to reward decrease in illegitimacy" (that is, a special grant to the five top states that demonstrate a reduction in out-of-wedlock births as well as a reduction in abortion rates), many states are designing plans that focus both on teen pregnancy prevention and decreasing out-of-wedlock births. It is important to note that while the majority of out-of-wedlock births are not to teens, the majority of women who have children out-of-wedlock had their first child as a teen (see enclosed *Non-marital Childbearing Among Adult Women*); thus, preventing teen pregnancy does ultimately reduce out-of-wedlock births.

Attached to this letter is a list of "Suggestions for Developing a Plan to Prevent Teen Pregnancy." This document is based on our discussions with people at the state level and our observation that reducing teen pregnancy requires intensive, ongoing, comprehensive strategies.

Feel free to share these resources with colleagues, and please contact us if you need additional information. We would also like to know if you have information or strategies that you think would help other states.

Best of luck in your work to prevent teen pregnancy.

Sincerely,



Tamara Kreinin
Director of State and Local Affairs

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

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Suggestions for Developing a Plan to Prevent Teen Pregnancy

The following suggestions are based on our discussions with people at the state level and our observation that reducing teen pregnancy requires intensive, ongoing, comprehensive strategies.

- Stimulate the formation of a broadly based coalition of leaders throughout the state to work on teen pregnancy prevention over a sustained period of time. Such coalitions often include leaders from the education and health professions, religious and community leaders, researchers, parent groups, press, corporate leaders, and policymakers.
- Develop a strategy for involving new leaders at various junctures so that there is always new energy and commitment to the issue over time.
- Using a coalition, develop a comprehensive state plan to prevent teen pregnancy involving as many public and private sector stakeholders in the plan development as possible. Along with the leaders mentioned above, coordinate all public sector departments involved in any way with teen pregnancy prevention, including the department of social services, the department of health, and the department of education.
- If the state health agency decides to apply for the abstinence education funds, the plan for use of these funds should be a part of an overall state plan. The funds will have far greater impact if used in concert with other efforts to reduce teen pregnancy.
- As you discuss applying for the abstinence funds, it is important to determine the source of the state match: new money or funds from another program? If you move funds from another program, what is the relative impact of doing this? Which program would have the greatest impact on preventing teen pregnancy?
- Begin plan development by determining what data needs to be collected. Use this data for planning and action. Consider collecting the following: information on sexual activity of teens, average age of first intercourse, state and county ranking, teen birth rates, teen pregnancy rates, and abortion rates (by county and age). Identify areas of concentration of teen pregnancy and publicize the extent of the problem.
- Map out what programs and strategies exist to prevent teen pregnancy. What sources of information and services are available to teens to help them make responsible choices? What programs and support services are available to give teens a reason not to get pregnant? Youth development, mentoring, tutoring, and jobs programs may all give teens reasons to make responsible decisions.
- Involve youth in the planning process on an ongoing basis and in a meaningful way.
- Consider who is minding the six to eighteen-year-olds. Particularly in a "welfare to work" environment, many parents may end up working two jobs and be away from home during the afternoon and evening hours. Without sufficient supervised activities of high quality for youth, the teen pregnancy rate can rapidly increase. The Illinois Caucus for Adolescent Health has had a state bill introduced to create a task force that will collect information on the status of recreational activities for children and teens.
- If the plan includes development of a media campaign, decide on your goals, target your audience(s), research your audience with the help of a pollster and focus groups, and if teens are one of the target audiences, have them preview the ads.
- Monitor replications carefully. If you replicate an existing program, be cognizant of the need to replicate all components of a program to get the same outcomes and that, given a different environment, it still may not have the same impact.
- Track and evaluate your efforts.

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Welfare Reform Resource Packet Contents

Section I - Resources on Welfare Reform and Teen Pregnancy Prevention

- Resource List - Information on organizations dealing with teen pregnancy prevention and/or welfare reform.

Section II - Questions and Answers

- O & A - To help you answer questions about welfare reform and teen pregnancy from the press, policymakers, and the public.

Section III - Background Information on Welfare Reform

- Teenage Pregnancy Prevention Provisions in the Welfare Reform Bill, by Jamie Tullman of the National Campaign to Prevent Teen Pregnancy. An overview of the provisions related to teenage pregnancy prevention.
- Teen Parent Provisions in the Personal Responsibility and Work Opportunity Reconciliation Act, by Jodie Levin-Epstein at the Center for Law and Social Policy (CLASP). Provides details on all aspects of the welfare reform bill that impact teenagers.

Section IV - Background Information on Adolescent Pregnancy and Childbearing

- State Variation in Rates of Adolescent Pregnancy and Childbearing - Executive Summary, by Kristin Moore and colleagues. Examines state-level policies and their impact on adolescent pregnancy and fertility at the state level.
- Non-Marital Childbearing Among Adult Women, by Gesine Hearn and colleagues. Compares fertility and economic outcomes of women with three types of non-marital births.
- Report to Congress on Out-of-Wedlock Childbearing, Executive Summary, by Kristin Moore of Child Trends, Inc. Discusses the trends in non-marital childbearing; the consequences of non-marital childbearing for children, adults and the public; causes of the dramatic increase in non-marital fertility; and prevention and policies to deal with the negative consequences of non-marital childbearing.

Section V - Abstinence Education Provisions

- Implementing the Abstinence Education Provision of the Welfare Reform Legislation, by Ron Haskins and Carol Statuto Bevan. Discusses Congressional intent for the Abstinence Education Provision.

- A draft of the application guidance for The Abstinence Education Provision of the 1996 Welfare Law P.L. 104 - 193.

Section VI - Abstinence Program Evaluations

- Adolescent Abstinence Promotion Programs: An Evaluation of Evaluations, a draft report by Brain Wilcox et al. Discusses evaluations of both AFLA funded and non-AFLA funded abstinence programs.
- Evaluating Sex Education and Abstinence Programs, a draft paper by Sarah Brown of the National Campaign to Prevent Teen Pregnancy for the American Enterprise Institute Conference on Evaluating Sex Education and Abstinence Programs. Examines not only what works but how we can organize ourselves to learn more in the next few years.

Section VII - U.S. Department of Health and Human Services Strategy

- The National Strategy to Prevent Teen Pregnancy of the U.S. Department of Health and Human Services, January 1997. Includes state-by-state statistics.

Section VIII - "Best Bets"

- Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing, by Child Trends, Inc. Outlines 11 principles derived from available research and from program experience that provide a starting point for designing the next set of interventions.
- **Section IX - State Plans**
- Maryland - Maryland has been working to prevent teen pregnancy for many years through a variety of strategies, including a media campaign. As part of their state welfare reform plan, they now seek to address out-of-wedlock births. The Governor's Council on Adolescent Pregnancy continues its work to prevent teen pregnancy.
- New Hampshire - New Hampshire, which has the lowest teen birth rate in the country, has developed a plan that includes a community demonstration project, a kick-off conference, outreach to schools, and a statewide public education and media campaign.
- Oregon - Oregon has been following (and continues to revise) a comprehensive state plan prior to welfare reform. Recently they have developed a very thorough approach to developing a media campaign.

(The Campaign has many more state plans on hand. Inclusion in this packet should not necessarily imply endorsement by the National Campaign. These are examples from states with significant activity to prevent teen pregnancy.)



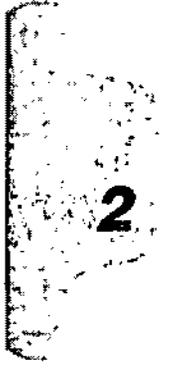


Welfare Reform Resource Packet
Section I

The National Campaign to Prevent Teen Pregnancy
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Resources on Welfare Reform and Adolescent Pregnancy Prevention

- Advocates for Youth**
1025 Vermont Avenue, NW, #200, Washington, DC 20005 202-347-5700
Background information, research, technical assistance on programs, advocacy and training
- Alan Guttmacher Institute**
1120 Connecticut Avenue, NW, #460, Washington, DC 20036 202-296-4012
Background information, research and publications
- American Enterprise Institute**
1150 17th Street, NW, Washington, DC 20036 202-862-5800
Resources, research, publications and conferences
- Association of Maternal and Child Health Programs**
1350 Connecticut, NW, Suite 803, Washington, DC 20036 202-775-0436
Background information and technical assistance
- Center for Law and Social Policy (CLASP)**
1616 P Street, NW, Suite 150, Washington, DC 20036 202-328-5140
Publications, research, audio conferences and technical assistance
- Center on Budget and Policy Priorities**
820 First Street, NE, Suite 510, Washington, DC 20002 202-408-1080
Research, policy analysis and technical assistance
- Child Trends**
4301 Connecticut Avenue, NW, #100, Washington, DC 20008 202-362-5580
Background information, statistics, trends, research and publications
- Sociometrics Corporation**
170 State Street, Suite 260, Los Altos, CA 94022-2812 415-949-3282
Research and information on evaluated programs
- The National Campaign to Prevent Teen Pregnancy**
2100 M Street, NW, #500, Washington, DC 20037 202-857-8655
Background information, research, publications and technical assistance
- The National Organization on Adolescent Pregnancy, Parenting and Prevention**
1319 F Street, NW, #401, Washington, DC 20004 202-783-5770
Background information, information on promising programs, annual conference, technical assistance, audio conferences, newsletter and advocacy
- Welfare Information Network**
1341 G Street, Suite 820, Washington, DC 20005 202-628-5790
Policy analysis, technical assistance and research



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Welfare Reform Resource Packet
Section II

The National Campaign to Prevent Teen Pregnancy
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THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037, 202/857-8655 Office, 202/331-7735 Fax

WELFARE REFORM AND TEENAGE PREGNANCY:

Frequently Asked Questions and Answers

To help you answer some of the most commonly-asked questions about welfare reform and teen pregnancy, the Campaign has drafted some simple answers to help get the facts straight with reporters, legislators, and members of the community. Please refer to the enclosed paper on Teen Pregnancy Provisions in the Welfare Bill for detailed information.

Q: Isn't the teen pregnancy rate declining because of the new welfare law?

A: The recent decline in the teen birth rates is not related to the new welfare reform law as the law was passed only recently and has not been fully implemented. In addition, although the teen birth rate has declined over the last four years, it remains significantly higher than teen birth rates in other industrialized countries (such as Great Britain, Canada, Sweden, France, Spain and Japan) despite the fact that many of these countries have more generous welfare benefits than the United States. In fact, the evidence supporting any clear relationship between welfare benefits and teenage childbearing is inconclusive. Many factors have probably contributed to the slight decline in our teen birth rate, but no research is available to understand the magnitude of any particular influence.

Q: Isn't the large number of out-of-wedlock births mostly attributable to teens?

A: No, only 30 percent of out-of-wedlock births are to teens. Most out-of-wedlock births are to adult women: 35% are to women aged 20-24, and 35 percent are to women 25 and older.¹ However, adolescence is the time when many unmarried women begin having children--of all first births to unmarried women, 47.8% are to teenage moms.²

¹ Moore, Kristin A. "Nonmarital Childbearing in the United States." *Report to Congress on Out-of-Wedlock Childbearing*. U.S. Department of Health and Human Services. September, 1995.

² Wasem, Ruth Ellen. "Welfare Reform: Adolescent Pregnancy Issues." Congressional Research Service. July 10, 1996.

Q: Isn't there a significant bonus for states that reduce their out-of-wedlock birth rates, while also reducing their abortion rates?

A: Yes: \$20 million will be available to the five states that demonstrate the greatest decrease in out-of-wedlock births *and* decrease in abortions. If fewer than five states qualify for the bonus, the eligible states will receive \$25 million. The biggest problem with this "bonus" money is that assembling the needed data will be very challenging. For example, some states do not have accurate abortion data, and many states define out-of-wedlock in different ways, so accurate comparisons will be very hard to make.

Q: What does the new focus on abstinence mean in the welfare law?

A: A pool of \$50 million exists to fund abstinence education, which is strictly defined in the legislation, but may be accomplished through several mechanisms from curriculum to media-campaigns. In order to draw down the funds a state must meet the matching requirement (three state dollars for every four federal dollars). Funds will be distributed based on the proportion of poor children in that state to the number of poor children in the nation. Most likely, states will be required to adhere to the strict language specified in the welfare bill, which states that an abstinence educational or motivational program must have as "its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity". Final regulation governing these uses and distribution of these monies has not yet been released.

Q: Does the welfare bill give states the freedom to deal with their own teen pregnancy problems in the way that best suits them?

A: Many states now have an important opportunity to help their state governments design teen pregnancy prevention programs that work best for the populations they serve. That's why it is very important for local coalitions to know the facts and to work with their legislators now when plans are being drafted and new ideas have the potential to make a positive difference.

Q: Given that opportunity, what should states be focusing on? What works?

A: Not surprisingly, there is no "magic bullet," no single program that will eliminate teen pregnancy. As far as specific programs go, there is still a great need for thorough, scientific program evaluation across the board to best inform us about which approaches are working in specific communities. We do know that those programs which are sustained over a long period of time, are developmentally appropriate for the kids involved, are comprehensive, and which address a variety of antecedents to teen sexual risk-taking (including poverty) are more apt to make an impact. One particularly promising strategy is the youth development approach, which offers kids a sustained relationship with a caring adult, an opportunity to build life skills, and the ability to reach for a promising future that motivates them to avoid pregnancy.

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Welfare Reform Resource Packet
Section III

The National Campaign to Prevent Teen Pregnancy
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THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500, WASHINGTON, D.C. 20037. 202/857-8655 Office. 202/331-7735 Fax

Teenage Pregnancy Provisions in the Welfare Reform Bill

SUMMARY

The Personal Responsibility and Work Opportunity Act of 1996 ("Act") (Public Law 104-193) was signed into law by President Clinton on August 22, 1996. The new law ends the federal guarantee of cash assistance to the poor and replaces the 61-year-old Aid to Families with Dependent Children (AFDC) and its education, work, and training program (JOBS) with capped block grants to states, giving states a large amount of discretion to design their own programs. The law creates a single cash welfare block grant - Temporary Assistance for Needy Families (TANF) - to replace AFDC and other related programs and imposes a general five-year time limit on the duration of benefits. After two years, the law requires individuals to work in order to receive benefits. The Act is to take effect July 1, 1997 (some major provisions, including the end of AFDC, take effect October 1, 1996). However, states will be allowed to continue waiver-based programs that were approved before enactment, even if provisions of the state programs are inconsistent with the new law. Approximately 40 states have waivers which have been approved by the federal government.

TEENAGE PREGNANCY PROVISIONS

The relationship between teenage pregnancy and welfare is complex and will be discussed later on in this memorandum. However, it is clear that supporters of the Personal Responsibility and Work Opportunity Act of 1996 view out-of-wedlock births, especially those to teenagers, as "both a central cause of welfare dependency and a direct result of the 'culture' it creates".¹ References to out-of-wedlock births and teenage pregnancy exist throughout the legislation

¹ Kaeser, Lisa. *Washington Memo*. The Alan Guttmacher Institute. August 7, 1996.

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including in the Act's statement of purpose and findings. Specific provisions dealing with teen pregnancy and out-of-wedlock births include:

- restrictions on benefits to unwed teenage parents under age 18 who do not live at home and attend school;
- bonuses to the five states that rank highest in decreasing out-of-wedlock births while decreasing abortions;
- a \$50 million abstinence education program;
- a requirement that states outline how they intend to establish goals and act to prevent and reduce the incidence of out of wedlock pregnancies, with special emphasis on teen pregnancies;
- a requirement that the Secretary of the Department of Health and Human Services (HHS) establish national goals to prevent teen pregnancy and ensure that at least 25 percent of the communities in the U.S. have teenage pregnancy prevention programs in place;
- and a requirement that the Attorney General study the linkage between statutory rape and teenage pregnancy and educate State and local criminal law enforcement officials on the prevention and prosecution of statutory rape.

While much emphasis is placed on reducing out-of-wedlock and teen pregnancies, the 20-year-old mandate that states make family planning services (to prevent/reduce the incidence of births out of wedlock) available to welfare recipients is deleted. Under the Act, states may spend a portion of their block grant money on "prepregnancy family planning services" while spending on other medical services (i.e. abortion) is prohibited.

Findings

A number of findings included in the Act relate to teenage pregnancy and out-of-wedlock childbearing. Some of the findings are included here. For a complete list of findings please see Appendix A.

- "Promotion of responsible fatherhood and motherhood is integral to successful child rearing and the well-being of children."

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- "The number of individuals receiving Aid to Families with Dependent Children (in this section referred to as 'AFDC') has more than tripled since 1965. More than two-thirds of these recipients are children. Eighty-nine percent of children receiving AFDC benefits now live in homes in which no father is present."
- "The total of all out-of-wedlock births between 1970 and 1991 has risen from 10.7 percent to 29.5 percent and if current trend continues, 50 percent of all births by the year 2015 will be out-of-wedlock."
- "Between 1985 and 1990, the public cost of births to teenage mothers under the Aid to Families with Dependent Children program, the food stamp program, and the Medicaid program has been estimated at \$120,000,000,000."
- "An effective strategy to combat teenage pregnancy must address the issue of male responsibility, including statutory rape culpability and prevention. The increase of teenage pregnancies among the youngest girls is particularly severe and is linked to predatory sexual practices by men who are significantly older."
- "It is estimated that in the late 1980's, the rate for girls age 14 and under giving birth increased 26 percent."
- "Data indicates that at least half of the children born to teenage mothers are fathered by adult men. Available data suggests that almost 70 percent of births to teenage girls are fathered by men over age 20."
- "Surveys of teen mothers have revealed that a majority of such mothers have histories of sexual and physical abuse, primarily with older adult men."
- "Mothers under 20 years of age are at the greatest risk of bearing low birth weight babies."
- "The younger the single-parent mother, the less likely she is to finish high school."
- "Young women who have children before finishing high school are more likely to receive welfare assistance for a longer period of time."
- "Children of teenage single parents have lower cognitive scores, lower educational aspirations, and a greater likelihood of becoming teenage parents themselves."

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Statement of Purpose

The stated purpose of the Temporary Assistance for Needy Families Block Grant program is to increase the flexibility of States in operating a program designed to 1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and 4) encourage the formation and maintenance of two parent families.

States that are most successful in meeting the legislation's stated goals will be eligible for a total of \$1 billion in performance bonuses (about \$200 million yearly) from fiscal year 1999 to 2003. State performance is to be measured by a formula developed by the Secretary of Health and Human Services in consultation with the National Governors' Association and the American Public Welfare Association.

Block Grants to States for Temporary Assistance for Needy Families Eligibility

In order to be eligible for the block grant program a State must submit to the Secretary of HHS a written document that outlines how the State intends to establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies, with special emphasis on teenage pregnancies, and establish numerical goals for reducing the illegitimacy ratio of the State for calendar years 1996 through 2005. The "illegitimacy ratio" is defined as the number of out-of-wedlock births that occurred in the State divided by the number of births. In calculating grants, the Secretary must disregard any difference in illegitimacy ratios or abortion rates attributable to a change in State methods of reporting data.

Bonus to Reward Decrease in Illegitimacy

The Act provides a bonus to the five states that demonstrate the greatest net decrease in out-of-wedlock births for the fiscal years 1999, 2000, 2001, and 2002. In order to be eligible to receive a bonus grant a State must demonstrate that the number of out-of-wedlock births that occurred in the State during the most recent 2-year period for which such information is available decreased as compared to the number of such births that occurred during the previous 2-year period. In addition, a State's abortion rate for the fiscal year must be less than the abortion rate in the State for fiscal year 1995. If five states are eligible for a grant in a bonus year the grant will be \$20,000,000. If there are fewer than five eligible states for a bonus year, the amount of the grant

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will be \$25,000,000.

Eligibility of Teenage Parents

The new law gives states the option to deny welfare benefits to unwed teenage parents under age 18. States may not use federal grant funds to provide assistance to unmarried parents under age 18 who have a child at least 12 weeks of age and did not complete high school unless they attend high school or an alternative educational or training program. Unmarried teenage parents must also live with a parent or in another adult-supervised setting such as a "second-chance home". States may, under certain circumstances, use federal funds to assist teenage parents in locating and providing payment for a second-chance home or other adult-supervised living arrangement.

Family Planning Services

Current law requires that states provide family planning services to all AFDC recipients who request them. (The Secretary of Health and Human Services will reduce AFDC payments by one percent for failure to offer and provide family planning services to those requesting them.) The Personal Responsibility and Work Opportunity Act of 1996 does not contain this provision. Instead, states are prohibited from using any part of the grant to provide "medical services." States may, however, use federal funds to provide "pregnancy family planning services".

Establishing National Goals to Prevent Teenage Pregnancies

The new law requires the Secretary of Health and Human Services to establish and implement, no later than January 1, 1997, a strategy to: 1) prevent out-of-wedlock teenage pregnancies, and 2) assure that at least 25 percent of the communities in the United States have teenage pregnancy prevention programs in place. The Secretary is required to report to Congress no later than June 30, 1998, and annually thereafter, on the progress that has been made in meeting the two goals.

Note: No funds are appropriated for this purpose.

Enforcement of Statutory Rape Laws

The Act requires the Attorney General to establish and implement, no later than January 1, 1997, a program that: 1) studies the linkage between statutory rape and teenage pregnancy, particularly by predatory older men committing repeat offenses; and 2) educates State and local criminal law enforcement officers on the prevention and prosecution of statutory rape, focusing in particular on the commission of statutory rape by predatory older men committing repeat offenses, and any links to teenage pregnancy.

The Attorney General is also required to ensure that the Department of Justice's Violence Against Women initiative addresses the issue of statutory rape by predatory older men committing repeat offenses.

Note: No funds are appropriated for this purpose.

Abstinence Education

The Act appropriates \$50 million (in the form of a capped entitlement, referred to as Section 510, under the auspices of the Maternal and Child Health block grant) for each of fiscal years 1998-2002 for grants to states for abstinence education programs and "at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock." "Abstinence education" refers to an educational or motivational program which:

- "A) has as its **exclusive purpose**, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health programs;
- D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

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F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

H) teaches the importance of attaining self-sufficiency before engaging in sexual activity."

The Maternal and Child Health Block Grant's (Title V of the Social Security Act) state matching requirement will apply to the abstinence funds (requiring three state dollars for every four federal dollars). If a state chooses not to draw down the funds they will go back to the Treasury (as opposed to being redistributed among participating states).

The funds will be distributed according to the following formula: the number of poor children in a state/number of poor children in the nation. No mitigating factors or issues will be considered. (Please see Appendix B for the list of state allocations for FY 1998 under Section 510.) The Office of State and Community Health in the Maternal and Child Health Bureau of HHS is responsible for drafting requirements and providing guidance to states with respect to the abstinence provision. These guidelines are expected to be completed by January, 1997. A draft of the guidelines may be available sooner. It is expected, however, that the federal role with respect to this provision will be kept to a minimum, leaving interpretation of the narrowly-drawn provision to the states. In the meantime, states should examine their current programs in light of the abstinence language in order to determine if they will be applicable for funding under the new program.

Restricting Welfare and Public Benefits for Immigrants

The new law denies legal immigrants who arrive after the law's enactment most federal means-tested public benefits for five years. Federal public benefits include: any grant, contract, loan, professional or commercial license, and any retirement, welfare, health, disability, food assistance, unemployment or similar benefit provided by an agency or appropriated funds of the United States. Exceptions to the five-year limited eligibility provision include emergency medical services, non-cash emergency disaster relief, school lunch and nutrition benefits, immunizations and testing and treatment of communicable diseases, foster care and adoption payments under parts B and E of Title IV of the Social Security Act, community programs necessary for the protection, of life or safety, certain means-tested elementary and secondary education programs, Head Start, the Job Training Partnership Act, and programs of student assistance under titles IV, V, IX, and X of the Higher Education Act of 1965, and titles III, VII, and VIII of the Public

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Health Services Act. All legal immigrants, regardless of entry date, are denied Supplemental Security Income (SSI) and food stamps until they have become citizens or have worked for 10 years. States are also given the option of denying Medicaid, cash assistance, and Title XX social services until they become citizens or have worked for 10 years.

Family planning organizations are concerned that legal immigrants will no longer be eligible to receive Title X family planning services, which are offered to low-income individuals according to a sliding fee schedule. It is not clear how far the restrictions on means-tested public benefits will go and whether Title X services will be included. However, if, in fact Title X family planning services are denied to low-income immigrants the birthrate of teen and unwed mothers may actually increase.

Research, Evaluations, and National Studies

The Act requires the Secretary of HHS to conduct research on the benefits, effects, and costs of operating different State programs funded under TANF, including time limits relating to eligibility for assistance. "The research shall include studies on the effects of different programs and the operation of such programs on welfare dependency, illegitimacy, teen pregnancy, employment rates, child well-being, and any other area the Secretary deems appropriate." The Secretary is also required to annually rank state out-of-wedlock ratios for families that receive TANF benefits. Based on this ranking, the Secretary is to review the programs of the five states ranked the highest and the five states ranked the lowest in the nation. There are no bonuses or penalties associated with this section.

TEENAGE PREGNANCY AND THE WELFARE DEBATE

The link between teenage pregnancy and welfare dependency is well documented. What is not clear, however, is the extent to which the two are related in a causal way. Does the existence of welfare inadvertently foster teenage pregnancy? Or is teenage pregnancy responsible for welfare dependency? The sponsors of the Personal Responsibility and Work Opportunity Act of 1996 believe that both are true, and the legislation targets teen pregnancy and out-of-wedlock births.

The increasing number of births to unmarried women in this country has focused a great deal of attention on the problem of teenage pregnancy and childbearing. The rate of nonmarital birth in 1993 was more than six times the rate in 1940, and the proportion of births that occur

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outside of marriage has risen from 4 to 31 percent.² Contrary to popular belief, however, only 30 percent of all out-of-wedlock births in the United States occur to teenagers. Thirty-five percent of out-of-wedlock births are to women aged 20-24, while 35 percent are to women 25 and older.³ But while teenage childbearing should not be viewed as synonymous with out-of-wedlock births, adolescence does appear to be the time in life that most unmarried women start having children. Today, teen mothers make up the largest single group (47.8%) of all first births to unmarried women. In 1992, more than half of unmarried women who had a baby had given birth previously.⁴

Surprisingly, however, teen birth rates are lower today than they were in 1960. In 1960, 89 out of 1000 women ages 15-19 had a child. In 1992, the rate had decreased to 61 per 1000 births. But while birth rates to teens have not increased in recent years, births rates to unmarried teens have tripled. In 1960, 15 per 1000 births occurred to unmarried women aged 15-19. In 1992, the rate had increased to 45 per 1000 births.⁵ It is this statistic, along with increasing rates of child poverty and the rising cost of public assistance, which has prompted legislators to take action.

The Link Between Teenage Childbearing and Welfare Dependency

Every year in this country, almost one million teenagers (approximately 10 percent of all 15 - to 19-year-old women) become pregnant. One-third of these pregnancies result in abortion, 14 percent in miscarriage, and 52 percent in birth. Of the half a million teenagers who give birth

² Moore, Kristin A. "Nonmarital Childbearing in the United States." *Report to Congress on Out-of-Wedlock Childbearing*. U.S. Department of Health and Human Services. September, 1995.

³ Ibid.

⁴ Wasem, Ruth Ellen. "Welfare Reform: Adolescent Pregnancy Issues." Congressional Research Service. July 10, 1996.

⁵ Sonenstein, Freya L. and Gregory Acs, "Teenage Childbearing: The Trends and Their Implications." In *Welfare Reform: An Analysis of the Issues*. Isabel V. Sawhill (ed). The Urban Institute, 1995, pp. 47-50.

each year, 72 percent are not married and 175,000 are 17 years old or younger.⁶ These young women and their children are particularly vulnerable to severe adverse social and economic consequences. Their weak educational and skill levels, low rates of marriage, and inadequate support from nonresident fathers of their children make it extremely difficult to provide for their children. Very few will complete high school before their child is born. During the first 13 years of parenthood, teenage mothers earn an average of approximately \$5,600 a year, less than half the poverty level. These women spend much of their young adult years (ages 19 to 30) as single parents (fewer than half of them will get married within 10 years). And only a small percentage of the fathers of children born to teenage mothers will provide any ongoing financial support for their children.⁷

A recent report estimated that teenage childbearing costs taxpayers \$6.9 billion annually. This estimate includes: \$2.2 billion in welfare and food stamp benefits; \$1.5 billion in increased medical care expenses; \$1.3 billion in lost tax revenue (due to the effect of teenage childbearing on the fathers' work patterns); \$1.0 billion in increased incarceration expenses (the teenage sons of adolescent mothers are reportedly 2.7 times more likely to end up in prison); and \$0.9 billion in additional foster care (an estimated 5 percent of children of teenage mothers end up in foster care).⁸

Although teenagers make up only a small fraction of the welfare caseload, many older women on welfare had their first child as teenagers. In 1992, women under the age of 20 made up only eight percent of AFDC cases, but 52 percent of the mothers on AFDC had their first children as teenagers.⁹ Data from the National Longitudinal Survey of Youth shows that almost half of all teenage mothers began receiving AFDC within five years of the birth of their first child. And over three-fourths of unmarried adolescent mothers began receiving AFDC within five years

⁶ Maynard, Rebecca (ed), *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, The Robin Hood Foundation, New York, 1996. Note: The findings of this report are currently being reviewed for accuracy. The revised version will be published by the Urban Institute.

⁷ *Ibid.*

⁸ *Ibid.*

⁹ Sonenstein, Freya L. and Gregory Acs, "Teenage Childbearing: The Trends and Their Implications." In *Welfare Reform: An Analysis of the Issues*. Isabel V. Sawhill (ed). The Urban Institute, 1995, pp. 47-50.

of the birth of their first child.¹⁰

A recent study of the Survey of Income and Program Participation (SIPP) by Nicholas Zill found that 55 percent of AFDC mothers were teenagers at the birth of their first child compared to 31 percent of non-AFDC mothers. The study also found that 44 percent of AFDC mothers were unmarried teens at the time of their first birth while only 17 percent of non-AFDC mothers were unmarried teens at the time of their first birth.¹¹

Welfare Benefits as an Incentive

The evidence indicates that teenage childbearing often results in welfare dependency but does the existence of welfare promote teenage and out-of-wedlock childbearing? Many argue that welfare plays an important role in a woman's childbearing decisions and that reducing or eliminating benefits would reduce the number of out-of-wedlock births substantially. Researcher Charles Murray maintains that welfare has promoted out-of-wedlock childbearing because it reimburses young women for having children and relieves fathers and other family members of financial responsibility.¹² Others disagree, arguing that young women do not consider the financial implications of their childbearing and that most pregnancies of young women are unintended. In addition, they point to the lack of correlation between the amount of a state's AFDC benefit and the state's nonmarital teen birth rate.

If women do consider welfare as a financial incentive to have children, we would expect to see women in higher benefit states having more children out-of-wedlock. State comparisons have shown, however, that out-of-wedlock births are more common in states with lower benefit levels.¹³ While these comparisons may have some flaws in terms of controlling for differences among women and differences among states, many studies using different data sets and methodologies have come up with a relatively consistent finding: "white women living in

¹⁰ Wasem, Ruth Ellen. "Welfare Reform: Adolescent Pregnancy Issues." Congressional Research Service. July 10, 1996.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ Acs, Gregory. "Do Welfare Benefits Promote Out-of-Wedlock Childbearing?" In *Welfare Reform: An Analysis of the Issues*. Isabel V. Sawhill (ed). The Urban Institute, 1995, pp. 51-54.

states with higher welfare benefit levels are a little more likely to have children out-of-wedlock than white women living in lower benefit states. But nonmarital births among black and Hispanic women are not significantly correlated with the generosity of welfare."¹⁴ Studies which have examined the impact of welfare on subsequent births have not found a connection between childbearing decisions and welfare benefits either. However, New Jersey began denying benefit increases to welfare recipients who have additional children while on welfare. Studies which examine this policy may yield different results. Although researchers have not found welfare benefits to influence the childbearing decisions of young women, they have found that in some cases welfare does deter marriage. Young mothers and pregnant women are slightly less likely to marry in states with higher welfare benefits.¹⁵

Another common argument against welfare is that it allows teenage mothers to set up separate households and gain independence from their families (and a responsible adult) while becoming dependent. In reality, however, very few welfare mothers under age 18 set up separate households. According to the 1990 census, 58 percent of these women live with their parents. Eighteen percent live alone with their children. Twelve percent live with a spouse, and 12 percent live with other adults, which can include cohabiting partners. Older teens (18 and 19) are more likely to live alone with their children (46 percent) and less likely to live with a parent (33 percent).¹⁶

CONCLUSION

The Personal Responsibility and Work Opportunity Act of 1996 contains a number of provisions which require states to come up with (if they have not already) goals, plans and actions to reduce out-of-wedlock births and teen pregnancy. The National Campaign to Prevent Teen Pregnancy hopes to work with states and communities to identify available means for accomplishing the goals set out in the new law. A paper on effective teen pregnancy prevention programs is being prepared by the Campaign's Task Force on Effective Programs and Research

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Sonenstein, Freya L. and Gregory Acs, "Teenage Childbearing: The Trends and Their Implications." In *Welfare Reform: An Analysis of the Issues*. Isabel V. Sawhill (ed). The Urban Institute, 1995, pp. 47-50.

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and will be made available upon its completion¹⁷. The Campaign's Task Force on State and Local Action will work closely with communities across the nation as they develop and implement their own plans and programs.

While we do not know if the new law will be successful in reducing teen pregnancy, it should lay some important groundwork. The welfare law provides a strong incentive to invest funds in reducing welfare dependency by preventing out-of-wedlock teen pregnancy and encouraging delayed childbearing. Under the block grant, states will be given the opportunity to experiment with teenage pregnancy prevention as well as an incentive to be successful. States that are successful in reducing out-of-wedlock teen pregnancy will be eligible for both "illegitimacy" and performance bonuses. Furthermore, by stemming the flow of young women to welfare, states can free up resources which can then be invested in helping those already on the rolls and eventually reduce state caseloads.

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¹⁷ For additional sources on teen pregnancy and related issues please see Appendix C.

APPENDIX A

Findings In The Personal Responsibility and Opportunity Act of 1996

- "1) Marriage is the foundation of a successful society.*
- 2) Marriage is an essential institution of a successful society which promotes the interests of children.*
- 3) Promotion of responsible fatherhood and motherhood is integral to successful child rearing and the well-being of children.*
- 4) In 1992, only 54 percent of single parent families with children had a child support order established and, of that 54 percent, only about one-half received the full amount due. Of the cases enforced through the public child support enforcement system, only 18 percent of the caseload has a collection.*
- 5) The number of individuals receiving Aid to Families with Dependent Children (in this section referred to as 'AFDC') has more than tripled since 1965. More than two-thirds of these recipients are children. Eighty-nine percent of children receiving AFDC benefits now lives in homes in which no father is present.*

A) 1) The average monthly number of children receiving AFDC benefits--

- I) was 3,300,000 in 1965;*
- II) was 6,200,000 in 1970;*
- III) was 7,400,000 in 1980; and*
- IV) was 9,300,000 in 1992.*

ii) While the number of children receiving AFDC benefits increased nearly threefold between 1965 and 1992, the total number of children in the United States aged 0 to 18 has declined by 5.5 percent.

B) The Department of Health and Human Services has estimated that 12,000,000

children will receive AFDC benefits within 10 years.

C) The increase in the number of children receiving public assistance is closely related to the increase in births to unmarried women. Between 1970 and 1991, the percentage of live births to unmarried women increased nearly threefold, from 10.7 percent to 29.5 percent.

6) The increase of out-of-wedlock pregnancies and births is well documented as follows:

A) It is estimated that the rate of nonmarital teen pregnancy rose 23 percent from 54 pregnancies per 1,000 unmarried teenagers in 1976 to 66.7 pregnancies in 1991. The overall rate of nonmarital pregnancy rose 14 percent from 90.8 pregnancies per 1,000 unmarried women in 1980 to 103 in both 1991 and 1992. In contrast, the overall pregnancy rate for married couples decreased 7.3 percent between 1980 and 1991, from 126.9 pregnancies per 1,000 married women in 1980 to 117.6 pregnancies in 1991.

B) The total of all out-of-wedlock births between 1970 and 1991 has risen from 10.7 percent to 29.5 percent and if current trend continues, 50 percent of all births by the year 2015 will be out-of-wedlock.

7) An effective strategy to combat teenage pregnancy must address the issue of male responsibility, including statutory rape culpability and prevention. The increase of teenage pregnancies among the youngest girls is particularly severe and is linked to predatory sexual practices by men who are significantly older.

A) It is estimated that in the late 1980's, the rate for girls age 14 and under giving birth increased 26 percent.

B) Data indicates that at least half of the children born to teenage mothers are fathered by adult men. Available data suggests that almost 70 percent of births to teenage girls are fathered by men over age 20.

C) Surveys of teen mothers have revealed that a majority of such mothers have histories of sexual and physical abuse, primarily with older adult men.

8) The negative consequences of an out-of-wedlock birth on the mother, the child, the family, and society are well documented as follows:

A) Young women 17 and under who give birth outside of marriage are more likely to go on public assistance and to spend more years on welfare once enrolled. These combined effects of 'younger and longer' increase total AFDC costs per household by 25 percent to

30 percent for 17-year-olds.

B) Children born out-of-wedlock have a substantially higher risk of being born at a very low or moderately low birth weight.

C) Children born out-of-wedlock are more likely to experience low verbal cognitive attainment, as well as more child abuse, and neglect.

D) Children born out-of-wedlock are more likely to have lower cognitive scores, lower educational aspirations, and a greater likelihood of becoming teenage parents themselves.

E) Being born out-of-wedlock significantly reduces the chances of the child growing up to have an intact marriage.

F) Children born out-of-wedlock are 3 times more likely to be on welfare when they grow up.

9) Currently 35 percent of children in single-parent homes were born out-of-wedlock, nearly the same percentage as that of children in single-parent homes whose parents are divorced (37 percent). While many parents find themselves, through divorce or tragic circumstances beyond their control, facing the difficult task of raising children alone, nevertheless, the negative consequences of raising children in single-parent homes are well documented as follows:

A) Only 9 percent of married-couple families with children under 18 years of age have income below the national poverty level. In contrast, 46 percent of female-headed households with children under 18 years of age are below the national poverty level.

B) Among single-parent families, nearly one-half of the mothers who never married received AFDC while only one-fifth of divorced mothers received AFDC.

C) Children born into families receiving welfare assistance are 3 times more likely to be on welfare when they reach adulthood than children not born into families receiving welfare.

D) Mothers under 20 years of age are at the greatest risk of bearing low birth weight babies.

E) The younger the single-parent mother, the less likely she is to finish high school.

- F) Young women who have children before finishing high school are more likely to receive welfare assistance for a longer period of time.*
- G) Between 1985 and 1990, the public cost of births to teenage mothers under the Aid to Families with Dependent Children program, the food stamp program, and the Medicaid program has been estimated at \$120,000,000,000.*
- H) The absence of a father in the life of a child has a negative effect on school performance and peer adjustment.*
- I) Children of teenage single parents have lower cognitive scores, lower educational aspirations, and a greater likelihood of becoming teenage parents themselves.*
- J) Children of single-parent homes are 3 times more likely to fail and repeat a year in grade school than are children from intact 2-parent families.*
- K) Children from single-parent homes are almost 4 times more likely to be expelled or suspended from school.*
- L) Neighborhoods with larger percentages of youth aged 12 through 20 and areas with higher percentages of single-parent households have higher rates of violent crime.*
- M) Of those youth held for criminal offenses within the State juvenile justice system, only 29.8 percent lived primarily in a home with both parents. In contrast to these incarcerated youth, 73.9 percent of the 62,800,000 children in the nation's resident population were living with both parents.*
- 10) Therefore, in light of this demonstration of the crisis in our Nation, it is the sense of the Congress that prevention of out-of-wedlock pregnancy and reduction in out-of-wedlock birth are very important Government interests and the policy contained in part A of title IV of Social Security Act (as amended by section 103(a) of this Act) is intended to address the crisis."*

APPENDIX B

FY 1998 Abstinence Education: State Allocations Section 510

Alabama	\$1,081,058
Alaska	78,526
Arizona	894,137
Arkansas	660,004
California	5,764,199
Colorado	544,383
Connecticut	330,484
Delaware	80,935
District of Columbia	120,439
Florida	2,207,883
Georgia	1,450,083
Hawaii	131,519
Idaho	205,228
Illinois	2,096,116
Indiana	857,042
Iowa	424,908
Kansas	391,185
Kentucky	990,488
Louisiana	1,627,850
Maine	172,468
Maryland	535,712
Massachusetts	739,012
Michigan	1,899,560
Minnesota	613,756
Mississippi	1,062,752
Missouri	969,291
Montana	186,439
Nebraska	246,177

FY 1998 Abstinence Education: State Allocations Section 510

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Nevada	157,534
New Hampshire	82,862
New Jersey	843,071
New Mexico	518,368
New York	3,377,584
North Carolina	1,151,876
North Dakota	126,220
Ohio	2,091,299
Oklahoma	756,837
Oregon	460,076
Pennsylvania	1,820,070
Rhode Island	129,592
South Carolina	811,757
South Dakota	169,578
Tennessee	1,067,569
Texas	4,922,091
Utah	325,666
Vermont	69,855
Virginia	828,619
Washington	739,012
West Virginia	487,536
Wisconsin	795,859
Wyoming	80,935
American Samoa	44,992
Guam	69,495
North Marianas	42,493
Puerto Rico	1,449,018
Trust Territories:	
Palau	13,501
Micronesia	47,492
Marshalls	21,000
Virgin Islands	136,509

FY 1998 Abstinence Education: State Allocations Section 510

October 23, 1996

Grants to States	\$50,000,000
SPRANS	0
CISS	0
TOTAL	\$50,000,000

Source: Levin-Epstein, Jodie. *Key Teen Parent Provisions: 1996 Welfare Law*. Washington, D.C.: Center for Law and Social Policy. Forthcoming.

APPENDIX C

Additional Sources of Information on Teen Pregnancy and Related Issues

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Teen Parent Provisions
in the
**Personal Responsibility and Work Opportunity
Reconciliation Act of 1996**

Jodie Levin-Epstein

November 1996

Center for Law and Social Policy

CLASP

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Foreword

The "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," P.L. 104-193, includes nine different titles that address a range of low-income programs from food stamps and child care to "temporary assistance for needy families" and child protection. **Teen Parent Provisions** attempts to identify provisions throughout the law that specifically relate to teens, teen parents and teen pregnancy prevention. In addition, provisions, while not specific to teens, that might have a special impact on teens are also highlighted.

Not discussed in this text are the full range of provisions that will likely affect teens but not dramatically more or less than other age populations. For example, **Teen Parent Provisions** does not address the ineligibility of legal immigrant teen parents for food stamps and other social safety net programs. The potential impact of ineligibility on the young family may prove significant and in those states with large numbers of legal immigrants, the impact on county and local resources may be large. Similarly, this publication does not address the more restrictive eligibility criteria in the SSI children's program even though some unknown number of participants are teen parents and another unknown number are the young children of teens. These provisions and others are important to the well-being of teens and their omission is not meant to minimize their significance.

Teen Parent Provisions focuses on the parts of the new law that will have a distinct impact on teens. Many of these provisions are directed at teen parents (e.g. stay-in-school requirements for minor teen parents); others apply to teens more generally (e.g. aspects of the abstinence education fund). Still others are embedded in provisions directed at the population as a whole (e.g. the bonus that rewards states which reduce total out-of-wedlock births and abortions).

Teen Parent Provisions is organized topically. Each section begins with "The Law" which summarizes the new provision, and where applicable, contrasts it with prior law. The full text of the provision is reprinted in a number of sections. The "Discussion" that follows offers highlights regarding related research and experience with the issue. The implications across systems created by the new provision have been noted to the extent possible. For example, in discussing the new law's requirement that minor teen mothers live in an adult-supervised setting in order to receive assistance (through the new Temporary Assistance for Needy Families funding stream which replaced the Aid to Families with Dependent Children program), we attempt to recognize the implications for the child protection system. Finally, some sections include "State Decisions" and many offer a list of resources.

Overview

The "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," P.L. 104-193, includes nine different titles that address a range of low-income programs from food stamps and child care to "temporary assistance for needy families" and child protection. Changes in these low-income programs that will affect teens and teen parent families are described in the full text of **Teen Parent Provisions**. Key provisions of the new law are intended to influence the behavior of teens and teen parents and address such issues as out-of-wedlock births, schooling, and living arrangements.

Data

The 1996 legislation comes on the heels of a steady decline in the teen birth rate. The teen birth rate has declined 8 % between 1991 and 1995.¹ The decline in teen births is part of a broader trend throughout the general population. During the same period, the birth rate for all women (ages 14-44) dropped 6 %.

The causes of this trend are not known. Teen birth rates dropped in 46 states between 1991 and 1994.² These declines occurred in the absence of any federal legislation newly targeted on the issue.³ Given that the decline occurred in 46 states, it appears credit belongs to broad societal trends rather than one state's program or another's policy. The five states with the greatest decrease in teen birth rates between 1991 and 1994 are: Alaska (15 percent decrease), Idaho (13 percent decrease), Maine (18 percent decrease), Michigan (12 percent decrease), and Montana (13 percent decrease). There was no decline in the teen birth rate in four states: Connecticut, Nebraska, New York, and Rhode Island. It is not obvious what these groups of states share in common.

The steady decline in the 1990's teen birth rate is a welcome, yet modest, drop. Nationally, the rate declined from 62.1 births (per 1,000 females ages 15-19) in 1991 to 56.9 in 1995. At the same time, it is useful to put the current birth rate in historical context. The adolescent birth rate in the 1950s was substantially *higher* than that of this decade. The 1955 adolescent birth rate was 90.3 — much higher than today's 56.9 (births per 1,000 females ages 15-19). However, while the rate of teen births is lower today than in the 1950s, the rate of teen out-of-wedlock births is much higher.

Last year, the out-of-wedlock birth rate declined for the first time in two decades. The birth rate for unmarried women (ages 14-44) dropped by 4 percent between 1994 and 1995, according to preliminary data.⁴ Teen out-of-wedlock births may or may not be part of this decline; the data is not yet disaggregated by age. If teen out-of-wedlock births are part of the 1995 decline, it will be the first decline in several decades: the teen out-of-wedlock birth rate has grown from 15% of teen births in 1960 to 76% in 1994⁵.

The new law includes a focus on teen parents yet they constitute a small percentage of the cash assistance caseload. The Department of Health and Human Services reports that about 7% of the women receiving cash benefits in 1995 were teen mothers⁶ and just under 2% were minor teen (under age 18) mothers.

AFDC Teen Mothers	
Total Under Age 20	267,000
Minors (17 and younger)	66,000
Minors (16 and younger)	26,000

Source: HHS/ACF/OFA. Aid to Families with Dependent Children: Characteristics and Financial Circumstances, October 1994-September 1995. Washington, DC; June 28, 1996. (numbers rounded)

While the number of teen mothers in the current caseload is relatively small, the role of teen parents is significant over time. This is because a significant percentage (42-55%) of AFDC households are headed by women who started families as a teenager.⁷ Many teen mothers do not receive cash grants while they are teenagers⁸ but a snapshot of the AFDC caseload reveals that adult mothers often began childbearing as teens.

Previous Legislation

Legislative interest in teen parents who receive public assistance pre-dates P.L. 104-193. The Family Support Act of 1988 included an educational requirement for teen parents who had not completed secondary school and a state option to mandate that minor teen parents live with an adult.

More recently, bills to replace AFDC have included provisions that sought to reduce of out-of-wedlock births. The Personal Responsibility Act of 1995, H.R. 4, the first version of legislation to implement the Republican Contract with America, sought to eliminate benefits to minor mothers with children born out-of-wedlock.⁹ The provision ultimately did not prevail in Congress. In part, opponents raised the specter of orphanages and the possibility of abortion as potential responses to the elimination of assistance. Opponents were concerned that some young minor teens with babies would, because of the legislation, be unable to provide basic food, clothing, or shelter and consequently, the policy would create a need for orphanages. Further, some opponents argued that pregnant minors who anticipated these economic difficulties might increase requests for abortion services.

Proponents of H.R. 4 contended that assistance to minor, unwed mothers should be eliminated because the availability of such assistance causes and/or enables out-of-wedlock births. Proponents also argued that out-of-wedlock births, the "sin" of "illegitimacy," cause or contribute to a range of social ills. There is ample evidence that children in two-parent families typically have better outcomes than those who grow up in single-parent families. Most research regarding single-parent families, however, neither distinguishes between types of single-parent families nor their outcomes by type. Indeed, the limited research that does make these distinctions suggests a broader perspective is appropriate; children born out-of-

wedlock and children from divorced families share poor outcomes to a greater extent than is perhaps appreciated.¹⁰

P.L. 104-193

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 includes a number of provisions that are directed at teen out-of-wedlock births and other teen behaviors including school participation and living arrangements.

Many of the new law's teen and teen parent provisions are included in Title I, Temporary Assistance for Needy Families (TANF). TANF is a block grant which replaces the Aid to Families with Dependent Children (AFDC) welfare program that was established by the Social Security Act of 1934. AFDC entitled states to open-ended federal funds; the federal government was always obligated to match state dollars. The TANF block grant is a frozen or near-frozen funding stream. TANF, in contrast to AFDC, is not necessarily a program of cash grants to families in need. States are expected to implement TANF within certain federal guidelines including several "strings" that restrict assistance to minor teen parents. TANF also includes significant provisions directed towards the reduction of out-of-wedlock births and, particularly, teen births.

The following highlights the key teen parent and teen-related provisions in TANF and throughout P.L. 104-193:

- **Purpose.** The purpose statement of TANF affects how the block grant monies may be spent. Two of the four purposes relate to marriage; a third states that TANF is to "prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies."
- **State Plan.** In order to receive TANF funds, states are required to submit state plans; two provisions that must be included directly relate to teen pregnancy. First, states are to describe the "special emphasis" they will give to teenage pregnancy as part of their effort to prevent out-of-wedlock births; second, the plan is to outline the state's statutory rape education program.
- **"Bonus to Reward a Decrease in Illegitimacy"**. \$100 million is available each year for up to 5 states that demonstrate that they have decreased rates of both "illegitimacy" as well as abortion in their state. The rates apply to the entire state's population, not only TANF recipients and not only teens. Bonuses are to be awarded in fiscal years 1999-2002.
- **"Bonus to Reward High Performance States"**. \$200 million is available each year for states (the number is not specified in the legislation) which have achieved the goals and purposes of the block grant. Bonuses are to be awarded for fiscal years 1999-2003.

- **Family Planning.** No TANF money is set-aside for family planning. However, "prepregnancy family planning" is specifically mentioned as an allowable expense under TANF. Thus states are allowed, but are not required, to use TANF funds for family planning.
- **Abstinence Education.** \$50 million is available each year for fiscal years 1998-2002 to be administered through the Maternal and Child Health Block grant. A state match is required. Part of the law's definition of abstinence education is that it "has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity."
- **Minor Teen Parent Required to Live in Adult-Supervised Setting.** States are precluded from spending TANF federal funds on minor, unmarried, custodial parents who do not live in an adult-supervised setting unless the state determines an exception is appropriate.
- **Minor Teen Parent Required to Stay in School.** TANF precludes minor, unmarried, custodial teen parents (with a child 12 weeks of age or older) from receiving TANF federal funds unless they "participate" in education. "Participate" is not defined in the statute.
- **Minor Teen Parents and Time Limits.** The 60 month time limit on receipt of TANF federal assistance applies to minor teen parents who the state determines are heads of household or are married to heads of household.
- **TANF Reports and Studies.** A number of mandated reports and studies relate to teens and teen parents including (1) a report and strategy by the Secretary that ensures that 25% of the nation's communities have teen pregnancy prevention programs; (2) a report on state achievements in meeting the objectives of the law including "decreasing out-of-wedlock pregnancies..."; (3) HHS research on the effects of different programs on "illegitimacy" and "teen pregnancy" among other effects; and (4) a ranking of states with regard to out-of-wedlock ratios among TANF participants.
- **Child Support.** States are given the option to develop special voluntary paternity procedures for teens; in addition, states are encouraged to require non-custodial teen parents under the age of 18 to "fulfill community work obligations." Another state option allows states to establish "grandparent liability" policies under which child support may be collected from the parent of a non-custodial, minor teen parent.
- **State Option Regarding Medicaid and TANF.** Under TANF, a state may terminate Medicaid to recipients of cash assistance who refuse to work, including minor parents who are heads of households. The state does not have the authority to terminate Medicaid to other minors on this basis.

- **Child Care.** No child care provisions are specifically tailored towards teen parents. As with adults, there is no guarantee of child care when needed to participate in mandated activities. A state may decide to exempt from the participation rate requirement a mother of any age with a child under the age of one. In addition, a state is prohibited from reducing or terminating TANF assistance to an individual who refuses to work if the reason the individual refuses to work is a demonstrated inability to secure child care. For a minor teen whose eligibility is conditioned on participation, the lack of child care and these two provisions raise a particular set of questions.

Block Grant Framework

TANF changes how states can approach assistance to families, including teen parent families. The key features of this new structure are:

- **Frozen Funds.** Each state will receive an amount of federal funds which will be frozen or near-frozen for the next six years; the level is primarily based on the amount received in FY 94 or FY 95. At least in the short run, since caseloads are declining around the country, most states will receive TANF block grant funds *above* the level they would have received under AFDC.
- **Maintenance of Effort.** As a condition of receiving a full block grant, the state must maintain 80% of its prior state spending, i.e., the state will be free to withdraw 20% of state spending without a penalty. If a state satisfies federal work participation requirements, the maintenance of effort level drops to 75%. For a state expenditure to count towards the maintenance of effort is must be spent on "eligible families" in a manner not prohibited by the statute and "reasonably calculated" to accomplish the purposes of the block grant.
- **No State Responsibility.** States are expected to design and implement a program of assistance to low-income families, but no family will be entitled to assistance under federal law; federal law prohibits using the funds to aid certain families, but states will have no duty to provide aid to any family for any period of time.
- **Participation Rates.** States will risk federal fiscal penalties if they do not meet steadily increasing federal work participation requirements.
- **Time Limits.** States will be prohibited from using federal funds to provide assistance to families for more than sixty months, subject to limited exceptions.
- **State Funds.** Some TANF requirements only apply to assistance provided with federal funds. For example, TANF's sixty month time limit applies to TANF federal dollars.
- **Assistance.** TANF requirements such as time limits, work participation, and child support apply to individuals who receive "assistance" through TANF; thus, the

requirements apply to cash aid or vouchers; it is not yet clear whether the requirements apply to services paid for through TANF.

TANF offers states vast new authority to establish basic program goals and to determine who will qualify for assistance, what that assistance will be, the terms under which assistance will be available, the systems for delivering the assistance, whether those systems will be operated at the state or the local level, and whether the systems will be managed by private or public entities. (See CLASP publications: A Detailed Summary of Key Provisions of the Temporary Assistance for Needy Families Block Grant of H.R. 3734: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and Structuring State Spending to Maximize State Flexibility Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996).

Key Questions for States

The teen related provisions in TANF and the other titles of the new law raise a number of fundamental issues for states. These issues apply to the specific teen parent "strings" attached to the new law and to a broader range of issues. The broader issues are not necessarily identified as state options in the law but rather are largely created by the absence of federal directives. Among the fundamental, key questions states now need to address are:

- **Should the state include or exclude teen parents from assistance?**

The state needs to decide whether it believes that assisting teen parents is better than excluding them. Is assisting and mandating activities better for the teen and child over time or does the evidence suggest that teen parents and children who do not access assistance have better outcomes?

- **Should the state use TANF funds for teen parents?**

If the state determines that it is more desirable to get a teen parent "into a system" the question becomes which one? Under TANF there are three ways to structure state spending and each structure has a different set of consequences. The three ways are: (1) blended state and federal funds within TANF; (2) administratively segregated state and federal funds within TANF; and (3) a separate state-only program.

The structure of state funds determines whether or not TANF provisions apply to the recipient. Time limits, school and living arrangement requirements apply to assistance received through TANF federal funds. Thus, when state funds are segregated within TANF or are a separate state-only program, these provisions do not apply. In contrast, work participation and child support requirements apply not only to assistance received through TANF federal funds but also to TANF state funds when they are blended and when they are segregated. Thus, work participation and child support requirements apply unless the assistance comes from a state-only funded program.

■ **Should the state use TANF funds to provide services/cash assistance/both?**

The state could decide that all qualifying teen parents (or teen parents of a certain age or in certain circumstances) should receive cash grants in order to learn and practice money management skills.

The state could also decide to use TANF federal funds for teen/teen parent services. For example, the state could establish a statewide after-school program for youth at-risk of becoming teen parents. TANF requirements (e.g., time limits, work requirements, child support assignment) might apply to all recipients of these services if HHS determines that TANF rules apply to services as well as vouchers and cash assistance.

■ **Should the state approach some teen parents differently than others?**

The state could decide that it wants to treat some teen parents differently than others. For example, the state could distinguish between teen parents by age and place minor teen parents in a separate state-funded program subject to state rather than TANF rules. Or, the state could decide that teen parents who are working belong in the TANF program while those with the most barriers should be in a separate state-funded program. Or, the state could decide that teen parents who are heads of households should be treated distinctly whether they are minors or not.

Teen parents could be distinguished by location as well. For example, the state could decide to use TANF funds for a pregnancy prevention or teen parent intervention program in a particular school district(s) because of a high concentration of at-risk youth.

■ **Should the state approach TANF for teen parent families differently than for other families?**

States will decide which families are eligible for TANF assistance. There is nothing that precludes a state from applying different eligibility rules for teen families. Among the factors that currently are weighed in determining eligibility are "deprivation" which often makes it difficult for fathers to be part of families receiving assistance, "deeming" in which the income of other members of the household, often grandparents, is counted, and "assets" or counting the value of cars and other assets. A state that believes it is important to get teen parents "into the system" might want not only to address "grandparent deeming" but also other asset/income rules in order that more teen parents might be part of the system and be part of mandated education/work or other requirements/supports.

States could decide that all teen parents (or some types of teen parents) need intensive case management services that most other families do not. As part of the specialized case management, the state could decide that the entire teen parent family would be the subject of services, not just the parent.

■ **How should the state approach support services needed by teen parent families?**

Like all families, teen parent families need a variety of supports in order to accomplish what is required of them. In addition to health care, these supports include child care and transportation. Teen parents, by definition, need child care for infants and toddlers - the most expensive type of child care. If no appropriate or affordable child care can be located by the teen parent, will she be given assistance to help her locate such care? How will the state treat the teen if there is no child care available - will she be exempt from TANF requirements and become part of the 20% "hardship" exemption allowed under TANF, will she be placed in a separately funded state program, or will there be some other response? How much will the state focus on the needs of the infant/toddler? If transportation is essential but unavailable, how will the teen parent family be treated?

■ **How should the state approach TANF's minor teen parent school requirement?**

While the new law mandates that all states require minor mothers to *participate* in educational activities in order to be eligible for assistance, states have considerable flexibility in designing the program for participants. Among the questions for state TANF agencies are: How will the state define participating (school attendance/ school enrollment/ satisfactory participation/other) for eligibility purposes? How to engage the state education agency? Should a waiver program be replaced with a new approach based on the findings of emerging research? Should those young teen parents for whom an alternative educational setting is needed but can not be provided receive support in a separate state-only program until a slot becomes open? How should the state treat those who can not secure affordable, appropriate infant care?

■ **How should the state approach TANF's adult-supervised living arrangement requirement for minor teen parents?**

While the new law mandates that all states require minor mothers to live in an adult-supervised setting, states maintain the ability to make exceptions to the requirement when warranted. Among the questions for state TANF agencies are: How to engage the state child protective services agency? What assessment procedures should be followed to weigh the appropriateness of the current living arrangement? Should assistance to minor mothers be provided during the period an assessment is being made? Should the state invest in "second chance" homes? Under what circumstances should the state make exceptions to the requirement? How will local staff be trained to implement these provisions and exceptions?

■ **How should the state approach the new abstinence education funds in P.L. 104-193?**

The new law significantly expands the federal funds available for abstinence education; however, the federal provision prescribes a narrow definition of abstinence education. Among the questions for states are: How to assess whether to pursue the funds? Does the law's definition of abstinence education fit with the state's approach towards sexuality education? Can the abstinence-only approach work alongside other approaches or are the messages contradictory? How to engage the state education agency and how to coordinate the efforts of the health agency with those of the TANF agency? Who should receive abstinence education - should certain age groups be targeted? Who should provide the abstinence education funded through P.L. 104-193 - should it be the school system, private contractors? Will the state evaluate the outcomes of the program? What funds will the state use to meet the state match requirements?

■ **How should the state approach the "illegitimacy" and "performance" bonuses?**

The new law offers two sources of bonus funds as incentives to states to address out-of-wedlock births and to address the overall purposes of TANF. Among the questions for states are: Should the state try to "win" bonus funds from either the "illegitimacy" bonus and/or the "performance" bonus? Will the focus be on teen out-of-wedlock births or such births at any age? Will the state pursue the "illegitimacy bonus" reduction in out-of-wedlock births and reduction in abortion on separate tracks or in an integrated fashion?

■ **Will the state invest in programs to reduce out-of-wedlock births?**

The new law provides incentives to reduce out-of-wedlock births. States could invest state funds in teen pregnancy prevention programs in an attempt to leverage federal bonus funds. If the state decides to invest in new and/or expanded pregnancy prevention programs among the questions are: Should there be a separate prevention program targeted at teens or might it be more effective targeted at unintended births at any age? How much attention should be given to prevention of a first teen pregnancy? How much attention should be given to the prevention of a subsequent pregnancy? What is the role of teen and older males in prevention strategies? Should the state promote wedlock?

■ **How should the state approach paternity establishment for the children of teenagers?**

The new law increases the paternity establishment rate requirement of states and imposes harsher penalties for the failure to cooperate in paternity establishment; at the same time, the statute includes provisions concerned with statutory rape and provisions that address older "predatory" males. Will the state establish particular

procedures to ensure the safety of teen mothers and their families who identify fathers who might be subject to statutory rape prosecution?

These are among the key questions that states will need to address in implementation of the new law.

Federal Law May Promote State Teen/Teen Parent Agenda

The Personal Responsibility and Work Opportunity Reconciliation Act includes a variety of provisions that will affect teens and teen parents. Much of the public's attention has been drawn to the law's prohibitions related to minor teen parents (i.e. the requirements to stay-in-school and to live in an adult-supervised setting). Yet, the Act also includes a number of financial incentives for states that could lead states to invest federal funds and existing or new state dollars in a range of other initiatives related to teens and teen parents.

The goal of the federal incentives is the reduction of out-of-wedlock births. The incentives are available through the "Bonus to Reward Decrease in Illegitimacy," the "Bonus to Reward High Performance States," and new "abstinence education" funds. These incentives typically focus on the entire state population - not only TANF recipients and not only teens.

The incentives should provoke a debate within the state. The first question is whether a state should pursue any or all of the incentives. The two bonuses are competitive and are available only to a "winning" state. Thus, a state needs to assess its odds in competing against other states. The abstinence education funds are available to any state interested in establishing abstinence programs as prescribed in the law. Thus, a state needs to assess whether it wants to pursue the statutorily defined abstinence education program.

A state that decides to pursue the federal incentive funds needs to consider that it may 'take money to get money.' The amount necessary for the abstinence education funds is straightforward - the program is a state/federal match so a state must identify a set amount of state funds to draw down the federal funds. In contrast, it is not clear how much a state should spend in order to effectively compete for the bonuses. The bonuses are pure federal dollars that do not require any match. However, a state that wants to be competitive is more likely to succeed if it spends some level of funds targeted on the issue of pregnancy prevention and out-of-wedlock births. A state could invest in such programs with TANF federal funds and/or with state dollars.

States that wish to invest in adolescent pregnancy prevention or the prevention of a repeat teen pregnancy may use TANF funds (subject to the law's prohibitions; e.g. the application of the time limit). For example, a state may decide that the school district with the highest concentration of teen births needs a special prevention initiative which the state could fund through TANF federal funds. Or, a state could identify a neighborhood with a high concentration of teens at risk of becoming premature mothers and undertake a mother-daughter counseling program that seeks to avert unintended teen births.

Alternatively, a state could decide that it needs to invest new state dollars in pregnancy prevention in order to enhance the possibility that the state might be awarded a federal bonus. Since all states could compete for both bonuses, those that do the best at achieving the bonus criteria will receive the federal funds. When the state is deciding whether to spend state funds to possibly "leverage" federal funds, it should consider whether it is pursuing one or both of the bonuses. A state that achieves the "Illegitimacy" bonus will likely score high in elements of the "Performance" bonus.

A state that pursues any or all of the federal incentives should consider whether sufficient resources are being spent on pregnancy prevention generally and the potential value of a focus on pregnancy prevention for teens and teen parents. A state that decides to invest in pregnancy prevention needs to identify programs and strategies that appear worthy of investment. State decisions will determine not only whether the state "wins" or receives a federal bonus but also whether teens and teen parents have better outcomes as a result.

Findings and Purpose

Findings: The Law

The "findings" section of a law is intended to list the facts which motivate Congress to pursue a new policy. While it has no force of law, it is instructive in understanding the impetus for the law. The "findings" section of the Temporary Assistance for Needy Families (TANF), Title I of P.L. 104-193¹¹ provides statistics regarding the national increase in out-of-wedlock births, rates of AFDC utilization (and asserts a relationship between the two), consequences of raising children in single-parent homes, teenage pregnancy outcomes and the incidence of older males impregnating young girls. The findings section concludes that *"it is the sense of the Congress that the prevention of out-of-wedlock pregnancy and reduction in out-of-wedlock birth are very important Government interests and policy contained in [...TANF] ¹² is intended to address this crisis in our Nation."*

Findings: Discussion

While each of the listed findings merit review, equally significant points may rest in what is not included in the section. Notably, the "findings" section cites many statistics related to the poor outcomes for children raised in single parent households. It fails, however, to distinguish between the consequences for children who were born out-of-wedlock and those raised in a single parent household because of divorce, separation, or death. Because the conclusion of the findings section is that the new law is designed to address out-of-wedlock births, the casual reader might assume that elimination of out-of-wedlock births would likely eliminate the cited societal problems such as high school drop-out and teen parenting. However, while only a few studies have examined the issue, the available research indicates that key outcomes for children in single parent homes due to divorce are similar to those of children from non-marital homes.¹³ As one researcher who has reviewed these studies notes, "Being born to married parents appears to carry no great advantage for children unless their parents remain together while the child is growing up."¹⁴

Also not included in the findings section are any statistics or facts related to the work components of the new law or the social supports needed for work (such as child care and health care) or, even, how work requirements might reduce or relate to out-of-wedlock childbearing. This omission may merely reflect the normal give and take of a legislative process in which proponents of the out-of-wedlock birth issue were "given" the findings section. In contrast, the "purpose" section, while still intent on addressing out-of-wedlock births, is broader and includes employment related themes.

Purpose: The Law

As stated in the law, TANF is designed to increase state "flexibility... to:

- provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- encourage the formation and maintenance of two-parent families."

Purpose: Discussion

The "purpose" section of this law¹⁵ specifically influences how funds can be spent; the law provides that states, subject to the established prohibitions and penalties, may use their grant "in any manner that is reasonably calculated to accomplish the *purpose* of this part..." (emphasis added). The purpose section also influences how much funding states might receive through special funding bonuses because the bill's provisions related to the use of federal funds and special bonuses are tied to the purpose section (see "State Bonuses").

The "purpose" section never mentions teens, but it does allow for their consideration in the context of general efforts to encourage marriage and to reduce out-of-wedlock pregnancies. The section does not tell states how to accomplish these purposes; however, it specifically calls upon states to "establish annual numerical goals" related to out-of-wedlock pregnancies.

Some Resources: Basic Teen Pregnancy Facts

Facts at a Glance. Child Trends, Inc. Washington, DC; October, 1996.

Sex and America's Teenagers. Alan Guttmacher Institute. New York; 1994.

Kids Having Kids: The Costs of Adolescent Childbearing. Rebecca Maynard; The Robin Hood Foundation. New York; 1996.

Growing Up With a Single Parent: What Hurts, What Helps. Sara McLanahan and Gary Sandefur. Harvard University Press. Cambridge, MA; 1994.

Facts & Stats. The National Organization on Adolescent Pregnancy, Parenting and Prevention. Washington, DC; January, 1995.

State Plans

State Plans: The Law

In order to receive TANF federal funds, states are required to submit state plans¹⁶; two provisions that must be included specifically relate to teen pregnancy. Once a state's plan is submitted to the Secretary of Health and Human Services, she merely determines that it includes the statutorily required information; in contrast, under prior law, the Secretary had the authority to approve or disapprove a state's plan. It is not clear whether there is any consequence if a state fails to follow its own plan.

Each state's plan must include two specific teen pregnancy provisions:

- First, each state is directed to give "special emphasis" to teenage pregnancy as part of its goal-setting and actions designed to prevent and reduce out-of-wedlock pregnancies for women of any age. Numerical goals for reducing the state's total "illegitimacy ratio" for calendar years 1996 through 2005 are to be noted.
- Second, each state is required to outline an education and training program that it will conduct regarding statutory rape. This program is to target professionals (educators/counselors) who work with teens as well as law enforcement officials; in turn, it is expected the program will lead to teenage pregnancy prevention programs being expanded "in scope to include men."

State Plans: Discussion

The "special emphasis" provision makes concrete Congressional intent that teenage pregnancy be considered a special target in the overall goal of preventing and reducing out-of-wedlock births. While the "findings" section is full of concerns about teen out-of-wedlock births, the state plan provision directs states to outline *how* the state expects to give "special emphasis" to teens in the prevention of out-of-wedlock births. Nothing defines the ways in which a state might plan to achieve this "special emphasis." A state's plan might merely be to follow the new law's "stay-in-school" and "live-with-adult supervision" provisions because the state views those policies as contributing to a reduction in out-of-wedlock births. Alternatively, the state could outline a range of new teen pregnancy prevention programs and policies.

Significantly, there is nothing in the state plan provision that directs states to limit their focus to teen pregnancy and births among recipients of TANF. Indeed, while other plan requirements specifically apply to families or individuals "receiving assistance" this part omits any such reference. Thus, while states are to give "special emphasis" to teen pregnancy,

it appears Congress wants to encourage states to address teen pregnancy throughout the state, not only among TANF recipients.

The "special emphasis" on teens, however, does not necessarily carry over to the requirement that a state's plan set numerical goals for reducing the state's "illegitimacy ratio." The state plan requirement simply directs states to establish overall numerical "illegitimacy" goals; the state may or may not establish specific goals for teens. The "illegitimacy ratio" is the formula used to determine whether a state may receive a funding bonus (see "State Bonuses") and reflects reductions in out-of-wedlock births, independent of the age of the mother or her welfare status. Numerical goals are to be set for calendar years 1996-2005 (while the bonus is available for fiscal years 1999-2002).

Under the "statutory rape" state plan provision, states are expected to "conduct" education and training on this issue. However, there are no special funds to undertake such an initiative.

Furthermore, a different provision in the law directs the Attorney General to "establish and implement" a Justice Department program on statutory rape by January 1, 1997.¹⁷ Part of the Justice Department program is to educate "State and local criminal law enforcement

officials on the prevention of and prosecution of statutory rape..." Like the state effort, there are no special monies set aside for this federal effort. It is unclear whether these two programs are to operate on parallel tracks or whether state programs are, at least in part, meant to implement the Justice Department program.

Very few of the first 20 state plans offer any information regarding implementation of the statutory rape provision. Massachusetts described the work of its State Police Domestic Violence Unit whose education classes around the state include some discussion of statutory rape. The state indicates it will update its current lesson plan. Maryland's plan noted that both a survey of professionals in the field and a statewide interagency task force would be initiated.

State TANF Plans

Of the first 20 state TANF plans submitted to the Secretary, 8 noted some type of numerical goal for the reduction of out-wedlock-births generally; of these, 6 identified a goal specifically for teens. Of the states noting a numerical goal for teen out-of-wedlock births, their plans typically cite pre-existing goals. For example, Ohio notes the goals it established through its Maternal and Child Health block grant. Connecticut's plan refers to the goal set by its Progress Council that the rate be reduced "to twenty-three births per one thousand girls age 10 to 17 by the year 2000." Few states are as detailed as Arizona which identified a general population goal and 3 separate goals for teens. The plan notes that Arizona's overall "goal for the year 2005" is a reduction in "out-of-wedlock births to no more than 37.5% (30,770)" ; with respect to teens, the state will seek to "maintain the birth rate in the under age 15 group at less than 1%; to lower the birth rate in the 15-17 age group to 3.5%; and to lower the birth rate in the 18-19 age group to 8.5%."

Some Resources: State Plans

Waivers and the New Welfare Law: Initial State Approaches. Mark Greenberg and Steve Savner. Center for Law and Social Policy. Washington, DC; November 1996.

Teen Parents and TANF Plans. Jodie Levin-Epstein. Center for Law and Social Policy. Washington, DC; Forthcoming, January 1997.

State Bonuses

"Bonus to Reward Decrease in Illegitimacy": The Law

The "Bonus to Reward Decrease in Illegitimacy" provides special grants to up to 5 states which demonstrate "a net decrease in out-of-wedlock births." The amount of funding available is \$20 million for each of the top 5 states, or if fewer than 5 states can demonstrate a "net" decrease then each of the rewarded states would receive \$25 million.¹⁸ Bonuses are to be awarded in fiscal years 1999-2002.

The formula for calculating whether a state has achieved a net decrease in out-of-wedlock births includes two parts. The first part addresses the calculation of out-of-wedlock births; the second addresses abortion data. The calculation applies to births and abortions within the state and is not limited to the TANF caseload. To receive a bonus, a state must *decrease* out-of-wedlock births *and* abortions that occur within the state.

A state must demonstrate a decrease in the number of out-of-wedlock births between the most recent two year period (for which data are available) and the previous two year period. The drop in a state's number of out-of-wedlock births is then compared to that of other states in terms of the "magnitude of the decrease".

In addition to establishing a decrease in out-of-wedlock births, a state must demonstrate that its "rate of induced terminations for the fiscal year" is less than it was in fiscal year 1995. There is no comparison between states' abortion data.

Finally, in determining that these two provisions have been achieved, the Secretary must disregard changes that are attributable to changes in a state's reporting methodologies. The comparison year for any changes is fiscal year 1995.

"Bonus to Reward Decrease in Illegitimacy"

PL 104-193

Title I, Sec. 403 (a)(2)

"(A) IN GENERAL.-Each eligible State shall be entitled to receive from the Secretary a grant for each bonus year for which the State demonstrates a net decrease in out-of-wedlock births.

"(B) AMOUNT OF GRANT.-

"(i) IF 5 ELIGIBLE STATES.-If there are 5 eligible States for a bonus year, the amount of the grant shall be \$20,000,000.

"(ii) IF FEWER THAN 5 ELIGIBLE STATES.-If there are fewer than 5 eligible States for a bonus year, the amount of the grant shall be \$25,000,000.

"(C) DEFINITIONS.-As used in this paragraph:

"(i) ELIGIBLE STATE.-

"(I) IN GENERAL.-The term 'eligible State' means a State that the Secretary determines meets the following requirements:

"(aa) The State demonstrates that the number of out-of-wedlock births that occurred in the State during the most recent 2-year period for which such information is available decreased as compared to the number of such births that occurred during the previous 2-year period, and the magnitude of the decrease for the State for the period is not exceeded by the magnitude of the corresponding decrease for 5 or more other States for the period.

"(bb) The rate of induced pregnancy terminations in the State for the fiscal year is less than the rate of induced pregnancy terminations in the State for fiscal year 1995.

"(II) DISREGARD OF CHANGES IN DATA DUE TO CHANGED REPORTING METHODS.-In making the determination required by subclause (I), the Secretary shall disregard-

"(aa) any difference between the number of out-of-wedlock births that occurred in a State for a fiscal year and the number of out-of-wedlock births that occurred in a State for fiscal year 1995 which is attributable to a change in State methods of reporting data used to calculate the number of out-of-wedlock births; and

"(bb) any difference between the rate of induced pregnancy terminations in a State for a fiscal year and such rate for fiscal year 1995 which is attributable to a change in State methods of reporting data used to calculate such rate.

"(ii) BONUS YEAR.-The term 'bonus year' means fiscal years 1999, 2000, 2001, and 2002.

"(D) APPROPRIATION.-Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated for fiscal years 1999 through 2002, such sums as are necessary for grants under this paragraph.

"Bonus to Reward Decrease in Illegitimacy": Discussion

What are some basic policy concerns about the bonus? Some pro-choice advocates are concerned that a state may respond to the abortion provision by restricting access to abortions; under this scenario, a state would seek new state legislation to create barriers to abortion (such as waiting periods) by teens as well as older women. These advocates are also concerned that the abortion part of the formula would be pursued independently of the out-of-wedlock part; thus, the possible increase in out-of-wedlock births that might result from barriers to abortion would not be anticipated. Some pro-life advocates are concerned that there may be an unintended consequence of the bonus; under this scenario, pregnant, unmarried teens (and older women) would be denied services in an attempt to "push out" of state out-of-wedlock births. Further, a state might view TANF assistance as contributing to out-of-wedlock births so it might deny any assistance to teen mothers with out-of-wedlock children, independent of the potential consequences for the mother and child.

What are some possible program responses to the bonus? The bonus formula's out-of-wedlock birth provision relates to the population as a whole, not only births to teens or TANF recipients. However, because teen births (by those who receive assistance as well as those who do not) are typically out-of-wedlock¹⁹, reducing teen births may be a key to the bonus. Since the bonus is "new" money "above" the basic block grant, it will be attractive to many states. A state, therefore, may invest in new - or augment existing - teen pregnancy prevention programs in order to win the bonus of federal funds.

At the same time, one way to decrease out-of-wedlock births is to increase wedlock. A state could decide, for example, that a pregnant teen (or adult) could get a "wedding stipend" for getting married prior to the birth of the child.²⁰ A state policy to encourage "shot-gun" marriages might seem an attractive way to try and win federal bonus dollars. However, "shot-gun" marriages among teens may have undesirable social consequences. Teenagers who marry are five times more likely to divorce than older women.²¹ Furthermore, teen "shot-gun" marriages may convey "hidden" economic costs to a state. First, teen mothers who are married at the time of first birth are at a very high risk of having a second birth within two years of the first birth.²² Second, several studies also suggest that teen marriage raises the high school drop out rate for mothers.²³

The other part of the bonus calculation requires a reduction in the overall abortion rate within the state. Nationally, the teen abortion rate is declining significantly. The teen (ages 15-19) abortion rate has been declining steadily since 1985's peak of 43.5 per 1,000 women. The 1992 abortion rate of 35.5 is as low as the rate of the late 1970's. The adult abortion rate is declining as well but not as dramatically. The rate for adult women age 20 - 24 has dropped from 56.7 per 1,000 women in 1990 to 56.3 in 1992.²⁴ The rate for women ages 15-44 has dropped from 27.3 per 1,000 women to 25.9 in 1992.²⁵

A state could respond to the bonus formula by seeking to prevent the need for abortion (pregnancy prevention programs) or, as noted above, by making it more difficult to access abortion within the state. Just as it would be possible for a state to decide to "push out" of the

state pregnant unmarried girls so out-of-wedlock births did not appear in the state's vital statistics, it would also be possible to pursue "push out" policies with respect to abortion. There is some evidence that abortion parental notification provisions have had the effect of driving teens to seek abortions in neighboring states.²⁶ In the future, undocumented abortions may become more common because of the advent of non-surgical abortions (see discussion of RU 486 below). The absence of documentation might not trouble a state which is focussed on reducing its rate of abortion.

What are the key issues with respect to the bonus formula's data requirements? While a state which seeks the bonus will need to grapple with identifying the programs and policies that are most appropriate and effective, the Secretary will have the daunting task of assessing out-of-wedlock and abortion data that states submit. This assessment may be difficult because:

- between-state definitions vary;
- in-state data collection and reporting is imperfect;
- between-state data comparisons of differently defined, imperfect data is problematic; and
- between-state data comparisons of differently defined, imperfect data may be based on differing years.

With respect to out-of-wedlock birth data, there is no federal methodology for collecting, determining, or reporting this information; states use different methodologies for determining the data. While this may present no problem for within-state numbers, it makes the comparison of out-of-wedlock birth data between some states a comparison of apples and oranges.

Currently, out-of-wedlock births are determined by a direct marital status question on the birth certificates in 45 states and the District of Columbia; in the remaining 5 states, however, out-of-wedlock status is inferred from other information such as surnames.²⁷

In addition to different methodologies, the law allows each state to use the period "for which such information is available" regarding out-of-wedlock births. Thus, states with data from different years might be compared.

While these differences regarding out-of-wedlock data between states are allowable within the scope of the law, they may in practice prove politically difficult to balance. A 'sophisticated-data' state which decreased its out-of-wedlock births but not as much as a 'crude-data' state could argue the comparison is unfair.

Added to these difficulties is the provision that applies to new methodologies. The Secretary is directed to disregard differences in the number of out-of-wedlock births which are attributable to a change in methodology from the one the state used for fiscal 1995. A change in the methodology can have dramatic impacts. For example, the latest national report reveals that the birth rate for unmarried women dropped 4 percent between 1994 and 1995. It appears that about half of the nation's decline is due to a revised methodology in California regarding

the surnames of children born to Hispanic mothers. An inference of marriage is made more likely by the California revision.

The intent of the new methodology provision may have been to prevent states from achieving the bonus merely by changing their reporting methods. However, the disregard of changes may have some unintended consequences. Notably, a state which is contemplating an improved methodology (e.g. states which move from inferred information to direct questions on birth certificates; states which move from self-declaration of marital status to marriage licence confirmation) must now consider that a change in methodology may make pursuit of the bonus more complicated. Any change in the methodology may lead to disputes about whether the state qualifies for the bonus. The state has three choices regarding a new methodology: it could decide not to improve its system and simply maintain the existing one, however inadequate; it could simultaneously operate two methodologies; or, it could decide not to compete for the bonus. The issue is further complicated by the requirement that the comparison be made to the methodology in use in fiscal year 1995. For example, California's improved system took effect in calendar year 1995, not in fiscal year 1995. The data from the months in the fiscal year will need to be assessed.

With respect to abortion data, there is no federal law that requires collecting or reporting of state data. Two sources of national data are available. The federal Centers for Disease Control and Prevention and the Alan Guttmacher Institute (a private, non-profit organization) both issue reports on abortion. There is a significant difference in their state abortion numbers. The CDC data is drawn from state reported data in 45 states and CDC estimates for the remaining 5; the AGI data is based on a survey of abortion providers.²⁸

The formula calls for the Secretary to disregard differences in a state's abortion rate that are attributable to methodological changes since fiscal year 1995. This raises many of the same issues created by the out-of-wedlock new methodology provision. A potential difference is that more sophisticated abortion data is likely to demonstrate an abortion increase. Thus, the 'methodological change' provision protects a state that reports an abortion increase due to a new methodology.

Changes in technology may soon add to the difficulty in tracking pregnancy terminations. A new product, RU 486, has been provisionally accepted by the Food and Drug Administration as a non-surgical method of abortion; it is anticipated that the product will be available by late 1997. RU 486 is not an invasive medical procedure; therefore, more types of medical providers, in addition to abortion providers, will be able to administer RU 486. Thus, abortion data may become more difficult to track because data will need to be collected not only from abortion providers but also from a wider range of health providers.

The bonus formula's abortion provision parallels that regarding the out-of-wedlock data except in two respects. First, states are expected to compare their abortion rate to that of 1995. It is unclear how states that did not report data in 1995 are to be able to participate in the bonus. Second, there is no between-state comparisons of abortion data. Thus, while states are required to decrease their own abortion rate in order to be considered for the bonus, they are not competing against other states' abortion rates.

The "Bonus to Reward Decrease in Illegitimacy" is distinct from the law's "Annual Ranking of States and Review of Issues Relating to Out-of-Wedlock Births". The "Ranking" uses a different formula than the "Bonus" to compare states and it does not provide states with grants. (See "Reports/Evaluations/Studies").

"Bonus to Reward Decrease in Illegitimacy": State Decisions

- **Assessing the Odds.** A maximum of five states are awarded the "illegitimacy" bonus. The award is for those states with the greatest decrease in both out-of-wedlock births and abortions. Thus, a state needs to judge its capacity to effectuate change; the state need not focus on the absolute level of such births and abortions.
- **Defining the Target Group.** A state is not required to target the teen population. The issue of out-of-wedlock births is not limited to teens. Yet teens have a high rate of out-of-wedlock births. A state needs to decide whether to pursue efforts designed to reach the entire population (including men and women of all ages whether or not recipients of assistance) and/or whether to give priority to certain sub-groups. The sub-groups could be determined by age, geography or some other target definition.
- **Setting the Strategy.** The bonus requires a reduction in both out-of-wedlock births and abortions. Will the state pursue each reduction separately or in an integrated fashion? How will the state ensure against perverse effects such as a possible "push out" of citizens to another state for services?

Some Resources: Out-of-Wedlock Births

Report to Congress on Out-of-Wedlock Childbearing. Department of Health and Human Services. Washington, DC; November 1995.

Welfare, Out-of-Wedlock Childbearing, and Poverty: What is the Connection? Sharon Parrott and Robert Greenstein. Center on Budget and Policy Priorities. Washington, DC; January 1995.

"Bonus to Reward High Performance States": The Law

The "Bonus to Reward High Performance States" is an incentive to states to earn extra federal monies by becoming a "high performing state."²⁹ The average annual amount made available for the performance bonus is \$200 million to be divided among the rewarded states. A state will be ranked against other states' efforts in achieving the goals and purposes of TANF. Among the four purposes is one that addresses a reduction in out-of-wedlock births, one that calls for the "formation and maintenance" of two-parent families, and one that includes promotion of marriage, among other goals. (See "Purpose").

How state performance will be measured is yet to be determined. By August 22, 1997 the Secretary, in consultation with the National Governors' Association and the American Public Welfare Association is to develop a mechanism for measuring state performance in achieving the purposes of TANF. A state would then be given a "score" based on the formula.

The amount of the funding for each high performing state is determined by the score a state achieves but no state's bonus is to exceed 5 percent of the state's Family Assistance Grant.³⁰ The Secretary is responsible for setting a "performance threshold" so that each year the average annual grants equal \$200 million and that the total for all bonus years equals \$1 billion. The bonus is available for fiscal years 1999-2003 for those states which in the previous fiscal year equal or exceed the "performance threshold".

"Bonus to Reward High Performance States": Discussion

While the measurement of state performance has not yet been developed, the law establishes that it must reflect the purposes for TANF. Those purposes include issues of family formation and family structure. Thus, adolescent pregnancy prevention and the reduction in out-of-wedlock births may figure significantly in criteria designed to measure state performance under TANF.

The law does not set the number of states that should be considered "high performing" states. Until the criteria are public, it will be difficult to anticipate whether the formula will lead to a few or, possibly, all states sharing in the performance bonus.

"Bonus to Reward High Performance States": State Decisions

- **Link to "Illegitimacy Bonus."** A state which is interested in the "Bonus to Reward High Performance States" could view the "Bonus to Reward Decrease in Illegitimacy" as a complementary pool of potential funds since both will consider the state's performance regarding out of wedlock births. Will efforts related to the illegitimacy bonus be linked by the state to the performance bonus?

- **Link to In-state Performance Criteria.** A state which is interested in the "Bonus to Reward High Performance States" could apply to localities the same performance criteria that are used to weigh the performance of states. Should the performance criteria be used to determine allocations of funds within the state? Should the criteria be used as "markers" of performance rather than "triggers" of funds? Will rural and urban areas perform differently? Should the state create its own in-state performance criteria?

Family Planning and Abstinence Education

Family Planning: The Law

"Pregpregnancy" family planning services are explicitly authorized as a permissible state expenditure of TANF federal funds.³¹ The reference to "pregpregnancy" family planning services is the only TANF provision that alludes to family planning. The explicit reference to family planning is embedded in a provision that otherwise provides that medical services, including abortion services, may not be paid for with TANF federal funds.

Family Planning: Discussion

Under the dismantled AFDC law, family planning services were to be made available "to all individuals requesting such services."³² It is not clear whether or how states implemented this AFDC provision. The AFDC provision was contained in state plan requirements and was eliminated when TANF replaced AFDC.

Now, there is no longer a state responsibility to make family planning services available to those who request them; however, spending on family planning services is a permissible use of TANF funds. The statute is silent with respect to the source of such services; thus, it appears that TANF funds may be used to pay for either subsidized or unsubsidized contraceptive care. Contraception is recognized as an important component of reproductive health which helps avert unintended pregnancy.³³

Abstinence Education: The Law

The new law's "educational or motivational" program related to abstinence³⁴ is to be administered and funded through state Maternal and Child Health (MCH) agencies under a new section of the Maternal and Child Health Block Grant.³⁵ In addition to education, a state has the option to use the funds to undertake "where appropriate, mentoring, counseling and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock." A special yearly fund of \$50 million is appropriated for fiscal years 1998-2002. Each state's allotment is determined by the relative proportion of low income children (under poverty) living in the state.³⁶

The law defines what type of abstinence education may be funded through the program. Among the attributes of such abstinence education is that it "has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity" and "teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children" and "teaches the importance of attaining self-sufficiency before engaging in sexual activity."

Abstinence Education

PL 104-193

Title IX, Sec. 912

"SEC. 510. (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of-

"(1) the amount appropriated in subsection (d) for the fiscal year; and

"(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

"(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

"(2) For purposes of this section, the term 'abstinence education' means an educational or motivational program which-

"(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

"(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

"(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

"(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

"(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

"(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

"(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

"(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

"(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

"(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

"(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year."

Abstinence Education: Discussion

Where do the abstinence education funds come from? The new, separate fund of \$50 million per year for abstinence education is to be administered by a state under the MCH Block Grant. The monies are a capped entitlement above the appropriation available for the MCH Block Grant and are authorized for fiscal years 1998-2002. A state which operates the MCH Block Grant may choose not to operate the abstinence education program.

In order to access its allocation within the MCH block grant funds, a state is required to match federal dollars:³⁷ every four federal dollars must be matched with three state dollars. This match requirement will also apply to a state that wants to access the abstinence education allocation. No federal guidance has been issued regarding what counts towards state abstinence education match.

A state's request for its abstinence education allocation is to accompany the regular, annual application to the federal MCH Bureau. As part of the MCH application process, each five years, a state establishes goals that are to be consistent with the national goals published in Healthy People 2000 and each year report on any changes in those goals.

Reducing pregnancies among girls ages 17 and younger is one of 18 health objectives that MCH identified as the most critical for states to track in the effort to achieve the Healthy People 2000 goals.³⁸ The national health objective calls for a reduction in minor teen births from a baseline of 71.1 pregnancies per 1,000 to "no more than 50 per 1,000".

Thus, states, through their MCH block grants, may already have established goals with respect to pregnancy prevention among minor teens (See "State Plan"). Where states have established such goals, the programs and policies designed to help achieve the goals may or may not include abstinence education, more comprehensive sexuality education, or a range of family planning services.

There is another source of earmarked federal funds for abstinence education - the Adolescent Family Life Act. Statutory changes made to AFLA in 1996 augment its abstinence funding and changes its abstinence definition to parallel the one used in PL 104-193. Specifically, AFLA funds are divided between "prevention" services (such as abstinence education) and "care" (interventions for pregnant and parenting teens). "Prevention" services previously received one-third while "care" services received two-thirds of available funds. The 1996 AFLA law reverses the allocation; the result is that for FY '97 about \$9 million will be available for abstinence education through AFLA. Furthermore, the new AFLA abstinence education definition means that funds are to be spent on "abstinence-only" programs.

Who can receive abstinence education? The abstinence education provisions, while mentioning school-age children, do not preclude the funds from being used for the education of older individuals. Indeed, the provisions intend that abstinence educators teach that abstinence should be followed until an individual achieves "self-sufficiency;" thus, the legislation appears to envision that the initiation of sexual activity should not occur until

employment, marriage, or other means lifts the individual's income beyond a need for any public assistance. The legislation may intend abstinence education for those adults without employment or other resources. At the same time, many providers may view an abstinence education program as most appropriate for younger children and early-teenage populations.

What is to be included in an abstinence program? While the law defines abstinence education and stipulates that the funds are to be spent for that purpose, there is no prohibition on running an abstinence education program alongside of a separately funded, more comprehensive sexuality education program that recognizes the need for family planning information.

The apparent capacity to run side-by-side programs is an important consideration in light of research findings regarding the efficacy of abstinence-only programs. While few abstinence programs have yet been rigorously evaluated, available research was assessed in a 1995 report prepared for HHS, Adolescent Pregnancy Prevention Programs: Interventions and Evaluations:

What we do know from adolescent pregnancy prevention programs to date can be succinctly summarized. Numerous programs have been implemented, ranging from abstinence education to comprehensive, multi-faceted interventions that offer education, counseling, and a variety of support services. Studies have concluded that the provision of sex education to adolescents does not increase the likelihood of initiating sexual activity. However, abstinence-only prevention programs have not been shown to reduce sexual activity either.

Who can provide abstinence education? There is no legislated definition of who can provide abstinence education, but there is an explicit option for states to include "mentoring, counseling and adult supervision," as part of promoting abstinence. Since there are no apparent restrictions on "mentoring, counseling and adult supervision" such activities could be structured in any number of ways.

It is not yet known how states or service providers will approach these MCH abstinence education funds. Either or both might view the abstinence education program as a means of increasing the availability of abstinence education or augmenting the abstinence portion of a broader campaign related to sexuality education (funded from other sources). Alternatively, either or both might view the law's definition of abstinence education as inherently contradicting the education themes and messages already established as state goals.

Abstinence Education: State Decisions

- **Program Funds.** Should the state apply for the abstinence education funds? The abstinence education program established by P.L. 104-193 is precisely defined. A state may or may not believe in promoting abstinence education and may or may not

support the prescriptive definition in federal law. A state which believes the federal definition is out of keeping with the state's approach need not apply for the funds.

- **Side-by-Side Programs.** Should the state run the abstinence education program alongside another type of program? If a state receives abstinence education program funds the state must expend them in accordance with the statutory definition. However, nothing in the statute precludes this abstinence education program from running alongside another type of program. The decision may rest with an assessment of the research and the recommendations of service providers regarding whether potentially conflicting messages from multiple programs may prove counter-productive.
- **Link to MCH.** How extensively should the welfare agency coordinate with MCH? The abstinence education provision creates a direct link to the federal MCH agency. The likely existence of state MCH minor teen pregnancy prevention goals suggests the welfare agency should, at a minimum, consider coordinating with the state MCH agency not only regarding abstinence education but also in relation to the "illegitimacy" bonus and the "performance" bonus.
- **Evaluation.** Why should the state evaluate the program? If the abstinence education program is achieving the goal of reduced out of wedlock births, the state should know this so that it can invest fully in the approach. Alternatively, if the abstinence education program is not achieving its goal then it should be abandoned.

FY 1998 Abstinence Education: State Allocations: Sec. 510

Alabama	\$1,081,058	New Jersey	843,071
Alaska	78,526	New Mexico	518,368
Arizona	894,137	New York	3,377,584
Arkansas	660,004	North Carolina	1,151,876
California	5,764,199	North Dakota	126,220
Colorado	544,383	Ohio	2,091,299
Connecticut	330,484	Oklahoma	756,837
Delaware	80,935	Oregon	460,076
Dist. of Columbia	120,439	Pennsylvania	1,820,070
Florida	2,207,883	Rhode Island	129,592
Georgia	1,450,083	South Carolina	811,757
Hawaii	131,519	South Dakota	169,578
Idaho	205,228	Tennessee	1,067,569
Illinois	2,096,116	Texas	4,922,091
Indiana	857,042	Utah	325,666
Iowa	424,908	Vermont	69,855
Kansas	391,185	Virginia	828,619
Kentucky	990,488	Washington	739,012
Louisiana	1,627,850	West Virginia	487,536
Maine	172,468	Wisconsin	795,859
Maryland	535,712	Wyoming	80,935
Massachusetts	739,012	American Samoa	44,992
Michigan	1,899,560	Guam	69,495
Minnesota	613,756	Northern Marianas	42,493
Mississippi	1,062,752	Puerto Rico	1,449,018
Missouri	969,291	Trust Territories:	
Montana	186,439	Pilau	13,501
Nebraska	246,177	Micronesia	47,492
Nevada	157,534	Marshals	21,000
New Hampshire	82,862	Virgin Islands	136,509
TOTAL			\$50,000,000

Source: HRSA, Material and Child Health Bureau. October 1996.

Some Resources: Teen Programs

Programs to Reduce Teenage Pregnancy: The Implications of Findings from Research. Douglas Kirby. (Prepared for the National Campaign to Prevent Teenage Pregnancy, Task Force on Effective Programs and Research. Washington, DC; Forthcoming)

Adolescent Pregnancy Prevention Programs: Interventions and Evaluations. Kristin A. Moore, Barbara W. Sugland, Connie Blumenthal, Dana Gleib and Nancy Snyder. Washington, DC; June 1995. (Prepared for and funded by the Office of the Assistant Secretary for Planning and Evaluation, HHS; undertaken by Child Trends, Inc.)

Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing. Kristin A. Moore and Barbara W. Sugland. Washington, DC; January, 1996. (Prepared for the Manpower Demonstration Research Corporation; undertaken by Child Trends, Inc.)

Adolescent Pregnancy Prevention: Effective Strategies. Sara Peterson and Claire Brindis. National Adolescent Health Information Center, University of California, San Francisco. San Francisco; May 1995. (Supported in part by the Health Resources and Services Administration, HHS.)

Trying to Minimize the Odds: Using What We Know to Prevent Teen Pregnancy. Susan Philliber and Pearilla Namerow. Philliber Research Associates. New York; December 1995.

The Program Archive on Sexuality, Health and Adolescence. Sociometrics Corporation. Los Altos, CA; September 1996. (Sponsored by the US Office of Population Affairs; administered by the Sociometrics Corporation. On-going.)

Minor Teen Parent Eligibility and Restrictions

Stay-in-School: The Law

Under P.L. 104-193, a state can not spend TANF funds on an unmarried, custodial minor parent caring for a child 12 weeks of age or older if the minor mother has not completed high school (or its equivalent), unless she is participating in educational activities (standard high school or approved alternatives including training programs).³⁹

Prohibitions; Requirements.

P.L. 104-193
Title I, Sec. 408 (a)(4)

"(a) IN GENERAL.-

"(4) NO ASSISTANCE FOR TEENAGE PARENTS WHO DO NOT ATTEND HIGH SCHOOL OR OTHER EQUIVALENT TRAINING PROGRAM.-A State to which a grant is made under section 403 shall not use any part of the grant to provide assistance to an individual who has not attained 18 years of age, is not married, has a minor child at least 12 weeks of age in his or her care, and has not successfully completed a high-school education (or its equivalent), if the individual does not participate in-

"(A) educational activities directed toward the attainment of a high school diploma or its equivalent; or

"(B) an alternative educational or training program that has been approved by the State.

Stay-in-School: Discussion

What did prior law require regarding school for teen parents? The Family Support Act of 1988 required each state, to the extent that there were resources, to mandate participation in an education activity by non-exempt custodial parents under age 20 who had dropped out of high school (or its equivalent). States had the option to excuse parents under age 18.

In addition, in recent years, a number of states have sought and secured federal waivers regarding educational requirements for teen parents. Twenty-eight states have approved stay-in-school waivers, often called "Learnfare" programs.⁴⁰ While state waivers vary significantly in terms of target audience (some are for teen parents only, others are directed at all teens receiving assistance, others include younger students receiving assistance) and measures of school participation (e.g. different attendance standards or a standard based on satisfactory performance) they all differ from the FSA requirements by including both drop-outs as well as those who were enrolled in school.

What is known about stay-in-school waivers? There are a number of distinct "stay-in-school" models underway, e.g. Ohio's LEAP program, California's Cal-Learn program, Wisconsin's "Learnfare". States are now free to replicate these programs or create new models without prior federal approval. Evaluations of the Ohio and Wisconsin program are beginning to offer insights into the efficacy of each. These two programs are significantly different from each other. Ohio's program targets teen parents while Wisconsin's original program targeted all teens receiving assistance; Ohio's program for teen parents builds on an existing state program that provided teen parent specialists in many schools while Wisconsin had no similar case management for Learnfare participants when the program started; and, Ohio provides a cash assistance bonus or sanction based on participation while Wisconsin solely imposes sanctions. Among the findings to date are:

- Ohio LEAP⁴¹ three year impacts -
 - in-school teens: school completion (primarily GED) increased by 20% and employment by 40%;
 - drop-out teens: no improvement in school completion or employment
- Wisconsin Learnfare⁴² three semester impacts:
 - for all teens: no statistically significant attendance difference with control group;
 - for teen parents: no statistically significant attendance difference with control group.

States which have implemented a stay-in-school waiver can drop their waiver or continue it.

Who is required to participate under the new law? The prohibition on the use of TANF federal funds applies to assistance provided to unmarried minors caring for a child (12 weeks or older). Thus a minor custodial parent is exempt from the federal prohibition when her child is less than 12 weeks of age or when the minor is married.

A teen parent is always considered a minor through age 17; she is, as well, considered a minor through age 18 if she is a full-time student in secondary school (or the vocational/technical training equivalent). Minor non-custodial parents are also always exempt.

The prohibition on the use of TANF federal funds applies to the teen parent, not her child. A state could provide TANF funds to assist the child (as a child-only case or as a child embedded in another family, for example, a three-generation household). Further, the prohibition applies to federal funds, not state funds.

What does "participate" mean under the new law? The law does not specify what it means to "participate". States need to determine whether or not a minor teen mother does or does not participate in the approved activities in order to provide TANF federal assistance. In the

absence of federal guidance, states can decide what "participate" reasonably means. For example, it appears that it would be reasonable for a state to determine that attendance, performance or some other action constitutes participation for the purposes of eligibility. A state could also define the number of required hours and whether and what type of reporting must be followed. The state definition for purposes of eligibility may or may not be the definition the state follows for purposes of counting an individual towards the participation rate. The state decides not only how to measure participation but also what constitutes an appropriate education-related activity for the teen mother.⁴³ Both education and training are allowable.

How does eligibility relate to the participation rate? If a minor teen parent "participates" in an education/training activity she is eligible for TANF federal assistance (if she meets other eligibility requirements e.g. living arrangements). However, individuals who "participate" and are therefore eligible for assistance do not automatically count towards the state's all-families participation rate. To count in the rate, the unmarried teen parent must be a head of household and must "maintain satisfactory attendance at secondary school or the equivalent" or participate in employment-related education for the number of hours required for the year in question in order to count. Further, the participation rate provision includes a 20% cap on the number of teen heads of households in school and individuals in vocational education who can count (see Participation Rate).

How does the infant care exemption relate to minor teen parents? Minor teen parents often have infants that need care; a state has the option to exempt from the participation rate single individuals with children under the age of one. An impetus for this provision is the high cost of infant care. However, a state that wants to provide TANF federal assistance to minor teen parents must require them to participate in education. Thus, while a state could apply the participation rate exemption to minor teen parents, the state, nevertheless, must require that the minor teen parent participate in an educational activity in order to be eligible to receive TANF federal assistance.

How does the under age six provision relate to teen parents? Teen parents often have children who need child care; a state is not allowed to "reduce or terminate" TANF assistance based on a "refusal of an individual to work if the individual is a single custodial parent caring for a child who has not attained 6 years of age, and the individual proves that the individual has a demonstrated ability (as determined by the state) to obtain needed child care..."⁴⁴

A single teen parent head of household may count towards a state's participation rate if the individual satisfactorily attends secondary school, its equivalent, or employment directed education. If the teen parent can not secure child care is she protected from sanction in accordance with the under age six provision? It is unclear how this question will be resolved. The provision precludes a sanction of an individual "based on a refusal... to work." It is not clear if "work" applies to other required activities such as school or employment-related education.

This ambiguity has even greater consequences for minor mothers. States must require minor mothers to "participate" in education in order to be eligible for assistance. If the minor mother can not get child care, does the "under age six" provision apply or does the "participate in education" provision apply? In other words, can a minor mother be denied eligibility for TANF federal assistance because she needs, but can not find, child care? In the absence of federal guidance, states may want to minimize the number of situations in which the lack of child care is a barrier to participation. For example, a state could develop alternative educational programs with flexible and/or shorter hours that match available child care. Alternatively, a state could give minor mothers priority for available infant care slots so that minor mothers could enroll and attend school full time. States, of course, are free to deny any child care assistance to minor mothers (or any mothers).

What is known about school drop out and teen mothers? Teen mothers frequently drop out of school before they become pregnant. Among those young women (not just minor teens) who had a high school age birth, 25% dropped out of school prior to becoming pregnant. Another 37% dropped out after becoming pregnant while 38% did not drop out at all.⁴⁵

Stay-in-School: State Decisions

- **Definition of Participation.** The definition of participation is critical because it determines whether the minor teen parent is eligible for TANF assistance. Will the state consider attendance, academic performance or other criteria to define participation? How will the state treat the teen parent who would participate except that enrollment is not possible for some time period (e.g. due to summer vacation or school policies that preclude enrollment after September?) or an appropriate place to enroll is not available in the community?
- **Attendance.** In order to count towards the participation rate, a teen (under age 20) head of household must maintain "satisfactory attendance." How will the state define, monitor, and enforce an attendance standard? Will this attendance standard for the participation rate differ from any attendance standard used to define participation for eligibility purposes?
- **Sanctions.** What types of sanctions will the state impose on minor teens who, while eligible for TANF federal assistance, fail to meet an attendance or other program requirement? Will sanctions for minor teens and older teens be identical?
- **Appropriate Activities.** The state determines what type of education or training activity is required of the minor teen. Will the state decide that minor mothers of all ages must return their to "home" school, or that alternative settings must be made available? Will the state, instead, pursue individualized case-by-case determinations regarding appropriate participation activities? How will the state handle a situation in which no appropriate placement is available?

- **Education Agency Coordination.** Frequently, the design of stay-in-school rules have been shaped by the welfare agency which engages the education agency in logistical issues (e.g. attendance tracking and reporting). This need not be the case. There are a range of education agency policies that should be addressed in the design of a stay-in-school policy. For example, will the education agency allow the minor mother to enroll at any time of the year or must she enroll in September or at the beginning of the semester? Will the minor mother automatically fail for the semester if she misses classes for child birth delivery and recuperation? If the education agency does not change such policies, will it help design a set of participation activities for minor mothers who want to cooperate and want to continue their education but face policy barriers?
- **Child Welfare Agency Coordination.** The child welfare agency too often is not engaged in the early planning of stay-in-school policies. Yet data from some early programs suggest that the students who fail to meet the stay-in-school requirements are frequently from families known to the child welfare system.⁴⁶ Failure to meet stay-in-school requirements has resulted in grant cuts to such families. Should the child welfare system be engaged in preventive case management related to stay-in-school policies if the systems (welfare and child welfare) decide that a joint goal is averting, where possible, sanctions/ineligibility of fragile families?
- **Waiver.** A state might prefer to maintain its waiver rather than implement the stay-in-school provision in TANF. State waiver provisions that are "inconsistent" with TANF can continue. Should a state which requires teen parent participation when an infant is 16 weeks or older, in contrast with TANF's 12 weeks or older provision, continue the state policy or follow the federal provision? Should a state that enumerates a set of "good cause" reasons for non-participation (e.g. lack of transportation, lack of child care, court appointments, school expulsion) continue the state provision or follow TANF which does not provide for "good cause" (rather, TANF allows a state to define "participating"). Should a state re-tool its approach to the stay-in-school requirement based on new research regarding existing waivers?
- **Drop-out Retrieval.** The stay-in-school waiver programs to date suggest that the most difficult population to engage is the group that has already dropped out of school. Under TANF, this group is ineligible for TANF benefits unless they return to school. However, a question arises about whether the law prohibits the use of TANF funds to help such teens return to school. If a state engages minor custodial teen parents in an education retrieval program, could that be considered "participation" for TANF eligibility purposes? Or, must such school-related services be paid for by state dollars which may or may not count towards the maintenance of effort requirement?
- **Drop-outs.** Some minor teen mothers may not participate in any required activity. The state can not spend TANF funds on such mothers; however, it can spend state dollars. What are the reasons for assisting such minor mothers? What are the implications of not reaching such minor mothers?

- **Pilots.** Under TANF, a state has the capacity to spend funds differently in different parts of the state. Thus, a state could target several schools or school districts for more intensive services designed to address drop-out and school attendance. TANF requirements apply to receipt of TANF "assistance"; it is unclear whether "assistance" includes services. Thus, if TANF funds were used for after-school programs for minor teen mothers and their babies, it appears that all students who participated might be subject to TANF rules (e.g. time limits, work requirements, and child support provisions) depending on the HHS interpretation of the term "assistance".
- **Child Care.** In order for minor mothers to attend education-related activities, child care will often be needed; yet, nothing in the 1996 law requires a state to provide such assistance. Nothing precludes the state, however, from assuring that teen mothers will receive such services in order to attend. Should the state pursue such a policy for teens? For all participants?
- **Other Support Services.** TANF does not obligate a state to provide support services such as transportation. In contrast, under the Family Support Act's JOBS program, states were required to provide transportation assistance needed for participation in JOBS. Should the state give particular consideration to the transportation needs of teen parents who often need such help as well for their infants and toddlers?
- **Appeals.** Under TANF, state plans must explain how the state will provide opportunities for those recipients who have been adversely affected to be heard in a state administrative or appeal process.⁴⁷ TANF does not provide for "good cause" exceptions to TANF stay-in-school requirements. Thus, it is not now possible to say whether and what types of protections teen parents around the country might have with respect to the stay-in-school requirement. A state could always provide state assistance to a teen parent denied TANF federal assistance.
- **Evaluation.** Under TANF, there is no obligation for a state to evaluate the effects of its TANF-funded programs, including the stay-in-school requirement. In contrast, stay-in-school waivers contain an evaluation component. A state that elects to continue the state's stay-in-school waiver likely will be required to continue its waiver evaluation although HHS has not yet issued guidance in this area. Should the state seek to learn whether its stay-in-school policies are improving the educational outcomes of teen parents and the well-being of their children?

Some Resources: Stay-in-School

LEAP: Three-Year Impacts of Ohio's Welfare Initiative to Improve School Attendance Among Teenage Parents. David Long, Judith M. Gueron, Robert G. Wood, Rebecca Fisher and Veronica Fellerath. Manpower Demonstration Research Corporation (MDRC). New York. April 1996.

An Evaluation of Wisconsin's Learnfare Program. Wisconsin Legislative Audit Bureau. Madison, Wisconsin; March 1996.

Stay-in-School Rules and AFDC Teen Parents. Center for Law and Social Policy. Washington, DC; July 31, 1996. (A CLASP audio conference featuring David Long, MDRC; Judith Frye of the Legislative Audit Bureau, Wisconsin; and Charlene Clemens, Teenage Pregnancy and Parenting Project, San Francisco, CA)

Learning to Work Together: How Education and Welfare Agencies Can Coordinate Schooling/Training of AFDC Teen Parents. Center for Law and Social Policy. Washington, DC; October 1994.

The School Based Programs for Adolescent Parents and Their Young Children: Overcoming Barriers and Challenges to Implementing Comprehensive School Based Services. Susan Batten, Cynthia L. Sipe, Susan A. Stephens and Wendy Wolf. Center for Assessment and Policy Development. Bala Cynwyd, PA; 1995.

Live in Adult-Supervised Setting: The Law

TANF prohibits a state from spending TANF federal funds on assistance to an unmarried, minor, custodial parent unless the teen lives with a parent, legal guardian or other adult relative⁴⁸ subject to limited exceptions. TANF identifies when it is appropriate to make an exception. This includes situations in which a parent, legal guardian, or other adult relative is not available or when such a placement could result in harm to the minor teen and/or her child. Under these circumstances, a minor teen may be required to reside in an adult-supervised living arrangement. At that point, it is the duty of the state to "provide, or assist the individual in locating, a second chance home, maternity home, or other appropriate adult-supervised setting..." Alternatively, a state could determine that a teen mother's independent living arrangement is appropriate and it is in the "best interest" of the minor child to make an exception. The state can subsequently determine that a living arrangement ceases to be appropriate and require the minor to reside in an alternative arrangement. There are no special funds set-aside to support alternative living arrangements.

Live in Adult-Supervised Setting

PL 104-193

Title I, Sec. 408 (a) (5) (A)

"(i) REQUIREMENT.-Except as provided in subparagraph (B), a State to which a grant is made under section 403 shall not use any part of the grant to provide assistance to an individual described in clause (ii) of this subparagraph if the individual and the minor child referred to in clause (ii)(II) do not reside in a place of residence maintained by a parent, legal guardian, or other adult relative of the individual as such parent's, guardian's, or adult relative's own home.

"(ii) INDIVIDUAL DESCRIBED.- For purposes of clause (i), an individual described in this clause is an individual who-

"(I) has not attained 18 years of age; and

"(II) is not married, and has a minor child in his or her care.

"(B) EXCEPTION.-

"(i) PROVISION OF, OR ASSISTANCE IN LOCATING, ADULT-SUPERVISED LIVING

ARRANGEMENT.-In the case of an individual who is described in clause (ii), the State agency referred to in section 402(a)(4) shall provide, or assist the individual in locating, a second chance home, maternity home, or other appropriate adult-supervised supportive living arrangement, taking into consideration the needs and concerns of the individual, unless the State agency determines that the individual's current living arrangement is appropriate, and thereafter shall require that the individual and the minor child referred to in subparagraph (A)(ii)(II) reside in such living arrangement as a condition of the continued receipt of assistance under the State program funded under this part attributable to funds provided by the Federal Government (or in an alternative appropriate arrangement, should circumstances change and the current arrangement cease to be appropriate).

"(ii) INDIVIDUAL DESCRIBED.-For purposes of clause (i), an individual is described in this clause if the individual is described in subparagraph (A)(ii), and-

"(I) the individual has no parent, legal guardian or other appropriate adult relative described in subclause (II) of his or her own who is living or whose whereabouts are known;

"(II) no living parent, legal guardian, or other appropriate adult relative, who would otherwise meet applicable State criteria to act as the individual's legal guardian, of such individual allows the individual to live in the home of such parent, guardian, or relative;

"(III) the State agency determines that-

"(aa) the individual or the minor child referred to in subparagraph (A)(ii)(II) is being or has been subjected to serious physical or emotional harm, sexual abuse, or exploitation in the residence of the individual's own parent or legal guardian; or

"(bb) substantial evidence exists of an act or failure to act that presents an imminent or serious harm if the individual and the minor child lived in the same residence with the individual's own parent or legal guardian; or

"(IV) the State agency otherwise determines that it is in the best interest of the minor child to waive the requirement of subparagraph (A) with respect to the individual or the minor child.

"(iii) SECOND-CHANCE HOME.-For purposes of this subparagraph, the term 'second-chance home' means an entity that provides individuals described in clause (ii) with a supportive and supervised living arrangement in which such individuals are required to learn parenting skills, including child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and the well-being of their children.

Live in Adult-Supervised Setting: Discussion

What did prior law require regarding minor teen parent living arrangements? The Family Support Act gave each state the option to implement a living arrangement requirement for minor teen parents. If a state implemented the option, the state was to exempt minor teen parents in accordance with a statutory list.⁴⁹ A state that wished to deviate from the federal law could request federal approval for a waiver and eleven states have such waivers.⁵⁰

How many minor mothers currently live independently while receiving assistance? The national number of minor mothers receiving assistance and living independently of supervision is not known. While HHS data indicates how many mothers are heads of household by age, the code "head of household" does not necessarily mean the minor mother is living independently. That is because the minor mother may be receiving a grant while living in a larger household that does not receive a grant or receives a separate grant. The most recent HHS statistics indicate that 44,000 AFDC mothers are teens age 17 or younger who head households.⁵¹ It is impossible to say how many of that national number are currently living without adult supervision. Recent data from one state which identified the living arrangement of minor parents who are heads of households might offer some guidance. In Illinois⁵², 38.5% of the minor parents who head households live with a parent, adult relative or legal guardian and 2.6% live in an adult-supervised home. Thus, about 41% of the minor teen heads of households are clearly living with adult supervision. The remaining 59% are described in terms of the reasons for being a head of household rather than in terms of their living arrangement.

Living with parent, adult relative, or legal guardian	38.5%
Living in adult-supervised home	2.6%
Lived apart from parents at least 1 year	20.2%
Parent/guardian deceased or whereabouts unknown	4.4%
Parent/guardian will not accept them	21.6%
Parent/ guardian dangerous	3.6%
Good cause criteria met	9.1%

Source: Illinois Department of Public Aid, Bureau of Research and Analysis, October 15, 1996.

The Illinois experience may or may not be illustrative of the living arrangements of minor teen heads of household around the country. An extrapolation of the Illinois experience suggests that the majority of minor teen parents who are coded as heads of households may live without formal adult supervision.

While an accurate number of minor teen mothers living alone or without adult supervision is not available, the number is clearly modest. The challenges faced and posed by these minor mothers is large but the size of the group is small. The thrust of the living arrangement requirement is to make this number even smaller.

What does the new law require regarding exceptions to the living arrangements mandate?

While a state no longer has a choice about whether to implement a "live-in-adult-supervised setting" policy as it did under the 1988 Family Support Act, the state has substantial flexibility regarding the need for exceptions on a case-by-case basis.

The reason exceptions are important is that sometimes family living arrangements are not healthy; research indicates that teen mothers too frequently have been abused, often by family members.⁵³ The Illinois data indicates that about one-fourth of the parents of minor teens either would not accept the teen or were considered dangerous.

A Massachusetts study of teen parents placed in a "second chance" home offers additional insights into the appropriateness of family living arrangements. The state agency assessed participants in its Teen Living Program (TLP) and identified a range of reasons that a parent's home was considered unsuitable. While family violence was a major issue (44%), an even greater concern for these teen parents was housing and household overcrowding (56%).

Reason Parents' Home is Unsuitable (may be more than one reason per teen)	
Overcrowding	47%
Abuse and/or domestic violence in parents' home	23%
Parent abuses alcohol and/or drugs	21%
Parent lives out of state/country	16%
parent rejects teen	11%
Parent or sibling conflict	9%
Parent has no permanent housing	9%
Parent is mentally ill	9%

Source: Improving Outcomes for Mother and Child: A Review of the Massachusetts Teen Living Program. Kathleen Reich. John F. Kennedy School of Government, Harvard University. Boston, MA; April 1996. (Submitted to the Commonwealth of Massachusetts.)

It may be most appropriate for a minor mother to live somewhere other than with a parent, guardian, or other adult relative. In those situations it may be best for the minor mother to live in a residential facility or some other adult-supervised setting. Furthermore, in some situations it may be that the adult-supervised setting requirement should be waived e.g. there is no such setting available; her current arrangement is successful such as when a 17 year old minor teen mother is succeeding in school and caring for her child yet an available residential

"slot" would require her to move away from all of the support networks that contributed to her success.

What does the new law require regarding state assistance in locating an alternative living arrangement? The law requires each state to "provide or assist in locating" alternative arrangements if the minor mother is unable to live with a parent, adult relative or legal guardian. However, nothing in the statute defines this requirement. It is possible that some states will view the requirement as an obligation of case managers who work with teen parents to help find alternatives or as an obligation of the state to fund "second chance" homes. Other states may respond to the requirement by providing minimal assistance e.g. providing the teen parent with a local phone book. At least one state, Arizona, has sought to avoid the "provide or assist in locating" requirement altogether. In its TANF Plan, Arizona states that it intends to continue its teen parent living arrangement waiver; this waiver does not include a requirement to "provide or assist in locating." Arizona is asserting that the TANF requirement to provide assistance in locating an adult-supervised setting is inconsistent with the state's waiver and that the waiver supersedes the TANF provision.

What does the "second chance" home provision require? The law defines the array of services that are to be included in a "second chance" home⁵⁴ but no separate funds have been provided. A state that wants to establish or expand existing "second chance" homes could use federal TANF funds for this purpose (except that prohibited individuals e.g. minor teen parents who fail to participate in an educational activity could not receive such assistance). However, "second chance" homes can be expensive. In Massachusetts, the state contracted for 18 homes under its Teen Living Program - slots and services are estimated to annually cost about \$40,000 per teen family. Despite the potential cost, a number of other states have recently passed authorizing legislation and some have funded "second chance" homes. According to the Progressive Policy Institute the following are some of the latest "second chance" home developments⁵⁵ :

- Maryland: A pilot project for no more than 20 mothers;
- Iowa: A feasibility study underway by the Department of Human Services;
- Michigan: Wayne County and community-based organizations awarded a \$2.8 million, three-year grant through the "supportive services" portion of the state's McKinney Act homelessness program. The funds are to support numerous, small grants for teen mothers with different needs;
- California: Legislation passed the Assembly; failed in the Senate.

Live in Adult-Supervised Setting: State Decisions

- **Assessment.** When a minor teen mother seeks assistance but she is not living with family or a guardian, who will make the judgement regarding the appropriateness of her living arrangement? Will it be the welfare agency? The child welfare agency? Will the state attempt to address a common perception among minor teen mothers that

the child welfare agency is dedicated to taking away babies from mothers? What criteria will the state develop to identify when it is appropriate to waive the living arrangement rule? Will the state ensure that lease arrangements regarding overcrowding are observed? Who will train staff regarding the criteria so that line-workers do not turn away teen parents who might meet the exceptions established by the state?

- **Return Home.** If the state determines that a minor teen living independently must return home, what, if any counseling for the teen and her family will be provided to ensure an effective transition? Will the state provide some time and some assistance during the transition?
- **Placement.** If the current living arrangement and parental home is deemed inappropriate, what alternatives will be explored? How much help will the state agency give in identifying other family/adult friends? Are foster care, kinship care, and the state's Independent Living Program able to effectively absorb teen parents and their babies? Are the placements of good quality for both the teen and her baby?
- **Investment.** How much state money is the state prepared to spend on alternative living arrangements such as second chance homes and cooperative living arrangements? How will the state ensure that the programs are quality programs? Will the state explore existing funding streams e.g. McKinney Act homelessness funds? Has the state's housing agency developed strategies for housing that could be made available for groups of minor/older teen mothers with and without adult supervision?
- **Deeming.** Will the state seek to assist poor families that include teen parents by changing "grandparent" or guardian deeming policies? A number of states have changed their deeming rules - which count the income of the grandparent/guardian in determining eligibility - in order to be able to provide support to teen parents living with grandparents and guardians. For example, Massachusetts has a waiver which disregards household income up to 200% of poverty; Massachusetts also disregards the earnings of the teen. In Nebraska, household income is disregarded up to 300% of the poverty; in Connecticut the disregard goes up to the poverty level. Vermont excludes parental income without limitation. While these deeming changes were made under federally approved waivers, under TANF, states are authorized to change their deeming rules on their own.
- **Head of Household.** The state determines whether a teen parent is coded as a "head of household." Once a teen is considered a "head of household" her TANF time limit clock begins to tick. A state needs to re-examine coding structures in light of TANF rules to determine if changes in the coding criteria need to be established.
- **TANF and State Funds.** If the state determines that a minor teen mother does not meet the TANF requirements regarding living arrangements, the state could determine (for this reason or any other) that the state should assist the minor mother

and her child with state funds. State funds may be spent on this group; however, it is unclear whether these expenditures will count towards the state's maintenance of effort. Another question is whether TANF funds can be spent on a minor teen mother during the period of the assessment or family re-unification.

- **Appeals.** Under TANF, recipients who have been adversely affected are to be heard in a state administrative or appeal process described in the state plan. Because the adult-supervised living arrangement requirement may involve issues related to the abuse of teen parents and/or their children, the rules that govern the appeals procedure are particularly important. No state wants to be in the position of mandating that a minor teen mother live in an abusive environment; the political and legal liability could be enormous. At the same time, minor mothers who have been subjected to abuse may not be readily forthcoming with this information. The appeals procedure must be particularly sensitive to these realities.
- **Evaluation.** Under TANF, the state is not required to evaluate its living arrangement requirement. State waivers included an evaluation component. The range of issues that a state might want to assess include what happens to those minor teen parents mandated to move back into an adult-supervised living arrangement, what happens to those minor teen parents allowed to live independently, what are the cost/benefits of 'second chance' homes, and has the living arrangement requirement reduced first and/or second births among teens?

Some Resources: Live in Adult-Supervised Setting

"Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." Family Planning Perspectives Vol. 24, No. 1, February 1992.. Debra Boyer and David Fine. Alan Guttmacher Institute. New York.

Live-at-Home Rules and AFDC Teen Parents. Audio Conference. Center for Law and Social Policy. Washington, DC; July 16, 1996. (Featuring Pat Baker of the Massachusetts Law Reform Institute and Kathy Tobin of the state of Michigan.)

Can They Go Home Again?: Requiring Minor Parents to Live at Home Is Unlikely to Reduce Welfare Dependency. Cara Lesser. University of California at Berkeley Graduate School of Public Policy. Berkeley, CA; May 1994. (Submitted to the U.S. General Accounting Office.)

Improving Outcomes for Mother and Child: A Review of the Massachusetts Teen Living Program. Kathleen Reich. John F. Kennedy School of Government, Harvard University. Boston, MA; April 1996. (Submitted to the Commonwealth of Massachusetts.)

Second-Chance Homes: Breaking the Cycle of Teen Pregnancy. Policy Briefing. Kathleen Sylvester. Progressive Policy Institute. Washington, DC; June 23, 1995.

Time Limit: The Law

The law limits a family with an adult who receives federal TANF assistance to 60 cumulative months of assistance subject to exemptions for up to 20% of the state's caseload.³⁶ Generally, the months in which TANF assistance is received as a minor child do not count against the 60 month limitation; however, months in which a minor child is the head of a household or is married to the head of a household do count against the 60 month limit. The time limit applies to receipt of federal funds; it does not apply to state funds.

Time Limit: Discussion

A minor teen mother is subject to the TANF time limit provision only in two situations: when she is the head of a household or when she is married to the household head. A minor teen parent is defined by the new law as an individual who is 17 or younger or is 18 years old and is attending secondary school (or an equivalent) as a full-time student.

Relatively few minor teen mothers head households under current law. The most recent HHS data indicates that nationally, an estimated 44,000 minor teen mothers are household heads.³⁷ The new law is likely to reduce that number further since it precludes any TANF federal funds from being spent on assistance to minor mothers who are not residing in an adult-supervised setting (states have the flexibility to make case-by-case exceptions to this requirement) and states have the flexibility to define head of household.

Minor mothers are also subject to the time limit on the receipt of TANF federal funds if they are married to a head of household. Thus, if a 16 year old is married (to a head of household of any age) her 60 month clock ticks.

Minor mothers are able to "bank" time best by staying with family members or a guardian; marriage, in contrast, "spends" time and causes the 60 month limit "clock" to "tick". This creates a tension for states which are attempting to reduce out-of-wedlock births. Assistance to married minor mothers occurs within a time constraint that is not imposed on minor mothers who remain unmarried and live at home (with relatives/guardian). "Banking" assistance time is particularly crucial for minor mothers because, by definition, they have the longest potential future period in which they might need assistance.

Some Resources: Time Limits

Limits on Limits: State and Federal Policies on Welfare Time Limits. Mark Greenberg, Steve Savner and Rebecca Swartz. Center for Law and Social Policy. Washington, DC; June 1996.

A Detailed Summary of Key Provisions of the Temporary Assistance for Needy Families Block Grant of H.R. 3734: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Mark Greenberg and Steve Savner. Center for Law and Social Policy. Washington, DC; August 1996.

Head of Household: The Law

The new law does not define head of household. This appears to give the state discretion in determining the treatment of custodial, minor mothers in certain situations. While the law does not define head of household, the definition is central to a number of key provisions.

Head of Household: Discussion

The definition of head of household is critical in the implementation of the following provisions:

Time limits: the 60 cumulative month clock on TANF funding "ticks" for a head of household. A minor mother who is coded as a head of household is subject to the time limit as is a minor mother married to a head of household (the spouse could either be a minor or an adult).

Adult-supervised living arrangement : under AFDC, if a minor teen parent was the recipient of a cash grant because she lived apart from her family in an adult-supervised living arrangement or a second chance home she may have been automatically coded as a head of household; the consequence of such coding under TANF is that the time limit provision automatically applies.

The participation rate: to count in the state's "all families" participation rate, a teen parent (both minor and older teens) must be a head of household (as well as meet other requirements).

The state option to deny Medicaid: a minor teen parent who is a head of household (and all adult teen parents) can be denied Medicaid if a state elects to terminate Medicaid to those cash assistance recipients terminated from TANF because of a refusal to work.

Head of Household: State Decisions

- **Untying the code.** Traditionally the code "head of household" has been synonymous with the recipient of the AFDC cash grant. TANF poses a broad policy question for states: when a grant (or a TANF service) is made available to a minor, custodial mother, should she automatically be considered a head of household? The state faces a tension because minor teen parents who are heads of household help the state meet the mandated participation rate; at the same time, the time limit applies to these young families and the state needs to weigh the implications over time for the teen and her child.
- **Living arrangements and the head of household code.** If the purpose of the living arrangement requirement is that the minor live under adult supervision (either a

parent, relative, guardian, or alternative adult supervision) is she really a head of household? While state systems may have historically "coded" such a minor mother as a "head of household" for tracking and dissemination of grants under AFDC, the new TANF rules carry a set of consequences when a teen parent is coded in this manner.

Another "head of household" policy question relates to a minor mother for whom the agency has made an exception to the living arrangement requirement. Is such a minor mother automatically a head of household in the traditional sense? The answer likely rests with state programs and policies regarding interventions for such a mother. If such a minor mother receives benefits only through third party payee arrangements or receives intensive case management that oversees money management, should the state code her differently from 18 year olds who are not subject to interventions of this type?

- **Medicaid.** A state that opts to terminate Medicaid to those TANF recipients whose cash assistance is terminated due to a failure to work needs to consider the potential implications for minor teen parents who are coded as heads of households. Minor teen parents who are not coded as heads of households must continue to receive Medicaid assistance. How should a state which takes the option weigh the potential implications for the minor mother and her young family? Should the state which has selected the option revisit its coding procedures?

Minor Definition: The Law

In the new law, a minor child means:

"an individual who-
(A) has not attained 18 years of age; or
(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training)."

Minor Definition: Discussion

The TANF definition of "minor" applies to those under the age of 18 and those 18 year olds who are full-time students. States must follow this definition in relevant provisions.

The new law's definition of minor is critical in the application of a number of the teen parent provisions within the new law. The three key areas where teen parents are defined as minors rather than by a particular age are:

The time limit: A month in which a teen parent receives federal TANF assistance as a "minor" does not count against the 60-month limit unless the minor is either a "head of household" or married to the head of household. Once the teen parent ceases to be a "minor", any month of assistance funded with federal TANF dollars counts against the 60-month limit.

The participation rate: To count in the state's "all families" participation rate, a teen parent must either be an "adult" or a "minor child head of household." A teen parent who is a "minor" does not count for purposes of the participation rate unless she is a "head of household."

The state option to deny Medicaid: A minor teen parent who is a head of household can be terminated from Medicaid if the state elects the option to terminate Medicaid to individuals whose cash assistance is terminated based on a refusal to work. The state may not terminate Medicaid to a minor under this provision unless the minor is a head of household who refuses to work.

In addition, two key provisions do not rely on the term "minor". The stay-in-school and live with adult-supervision provisions, instead, specify an age - under 18 years old. These two provisions apply only to younger teens under the age of 18; in contrast, the other provisions relate to all teens but may treat older and younger (minor) teens differently.

The state must follow the statute's under age 18 rule with respect to the stay-in-school and live with adult-supervision provisions; it appears a state could decide to expand the rule to apply to older teen parents (indeed, TANF allows a state to apply such a provision to teens who are not parents). However, the state has less flexibility with the provisions in which the term "minor" is used. For these provisions, the state can not treat a minor as an adult or vice-versa.

Finally, some states may have considered as adults, 18 years old who were full-time students; a state must now consider such an individual as a minor. Thus, an 18 year old full time student is considered a minor if she lives "embedded" in another household and is not subject to the time limit; in contrast, an "adult" teen parent always is subject to the time limit.

Teen Parent Requirements and Provisions in PL 104-93
--Implications of Age/Marriage/Household Status--

Provision	Applied To	Not Applied To
Required to stay in school	Teen parent who <ul style="list-style-type: none"> • is under 18 <i>and</i> • has child at least 12 weeks of age <i>and</i> • is not married 	Teen parent who is <ul style="list-style-type: none"> • 18 or 19 • 17 and younger <i>and</i> <ul style="list-style-type: none"> • married <i>or</i> • has child under 12 weeks
Required to Live with Adult Supervision ¹	Teen parent who <ul style="list-style-type: none"> • is under 18 <i>and</i> • has a child in care <i>and</i> • is not married 	Teen parent who is <ul style="list-style-type: none"> • 18 or 19 • 17 and younger <i>and</i> <ul style="list-style-type: none"> • agency determines current living arrangement is appropriate
Included in Time Limit	1. Adult ² teen parent <i>or</i> 2. Minor teen parent who is <ul style="list-style-type: none"> • head of household <i>or</i> • married to head of household 	Minor teen parent who is <ul style="list-style-type: none"> • not head of household
Counted in Participation Rate	1. Adult teen parent who is <ul style="list-style-type: none"> • in a countable work activity 2. Teen parent who is <ul style="list-style-type: none"> • under age 20 <i>and</i> • head of household <i>and</i> • not married <i>and</i> • in schooling 3. Minor teen parent who is <ul style="list-style-type: none"> • head of household <i>and</i> • engaged in work 	Teen parent who is <ul style="list-style-type: none"> • not a head of household <i>or</i> • married
Denied Medicaid at State Option	1. Adult teen parent 2. Minor teen parent who is <ul style="list-style-type: none"> • head of household 	Minor teen parent who is <ul style="list-style-type: none"> • not head of household

¹ The requirement for Adult Supervision falls into 2 basic tiers (states are allowed to make exceptions to the requirement):

- *First Tier:* Parent, other adult relative, or legal guardian.
- *Second Tier:* Adult-supervised living arrangement such as second chance home.

² The law sometimes uses the term "minor" and other times uses specific ages. This chart tracks the law. Both terms include those 17 and under; they differ in the treatment of 18 year olds. "Minor" includes an 18 year old who "is a full-time student in a secondary school (or in the equivalent level of vocational or technical training)." An adult is defined as an individual who is not a minor child. (Sec. 419)

Participation Rate

Participation Rate: The Law

The law requires a state to meet a minimum participation rate³⁸ in order to get its full block grant allocation; failure to meet the standard results in a penalty of up to 5% of the state's grant in the first year with higher penalties in subsequent years on non-compliance.

There are two participation rates that are calculated. One is for "all families" which includes both single and two-parent households; the other is a separate calculation just for "two parent" families.

The "all families" participation rate applies to families with:

- adults (including "adult" teen parents) and
- teen parents who are heads of household.

If an older teen parent (usually 18, always 19 years of age) has completed schooling, she can count in the participation rate if she is in one of the activities enumerated in the law³⁹ (i.e. unsubsidized employment, subsidized private or public sector employment, work experience, on-the-job training, job search/job readiness, community service, vocational educational training, job skills training directly related to employment and the provision of child care to individuals participating in community service).

In addition to counting by participating in one of the above activities, a single, teen parent household head who is under age 20 counts if she:

- maintains satisfactory attendance at secondary school or the equivalent during the month; or
- participates in education directly related to employment for at least the number of hours required for the applicable year, e.g. 20 hours a week (on average) in the years before FY '99, 25 hours a week in FY '99, and 30 hours a week in FY 2000 and thereafter.

The separate "two-parent" families participation rate applies to:

- any "two-parent" family that falls within the "all families" definition; this would include a minor teen parent with an adult head of household and a minor teen parent with a minor teen head of household.

The participation rate for "two parent" families is much higher than the rate for "all families." At the same time, there are greater restrictions on the activities which count towards the

participation rate. For example, in a two parent family, an individual is considered to be "engaged in work" if the individual is "making progress". This threshold of "making progress" is not required in the "all families" rate. In addition, individuals counting towards the "two parent" rate must be engaged in work for a greater number of hours. For example, in fiscal year 1997, an individual in the "two parent" rate must be engaged for at least 35 hours per week, not fewer than 30 of which must be in specified work activities; in contrast, in the same year, an individual in the "all families" rate must be engaged for at least 20 hours per week in the specified work activities.

Participation Rate: Discussion

Do "embedded" teen parents count towards the work participation rates? Teen parents who are "embedded" in an assistance unit typically will not count towards either the "all families" or "two parent families" rate. This is because in order to count towards either rate, a teen must meet the definition of "adult" or head-of-household. Minor teen parents who are "embedded" can not count because they are neither heads-of-households nor adults.

Older teen parents who are "embedded" may or may not count towards the rates. An older teen parent considered an adult could be counted if she is engaged in an appropriate activity. However, even if she is engaged in a countable activity, she may not count toward the "all families" or "two parent" families rate if another adult in the home also is participating in countable activities. This is because the participation rate calculation is not based on the number of *individuals* in countable activities, but rather on the number of *families* in which an adult or minor head of household is engaged in countable activities. Thus, in a family with two or more adults within it who meet the required activities, the state can only count the family once. Thus, an "embedded" teen parent who is considered an adult could be the individual counted (if engaged in required activities) or another adult in the family could be counted towards the participation rates.

Is there a marriage disincentive? A state that wants to promote marriage (and education) of teens who are parents faces a tension because of participation rate rules. Teen parents who are married generally can count towards the state's "all families" and "two parent" participation rates; however, married teens can not meet the participation rates by maintaining satisfactory attendance in an educational activity. The ability to count an educational activity for teen parents is limited to those who are single heads of household. Further, if the married teens are minors they are required to participate in education as a condition of eligibility; yet, by definition, this activity is not countable towards the participation rate.

Is there a head of household incentive? Teen parents who are heads of household and engaged in school completion activities are potentially attractive to states in their effort to meet their participation rates. This should enable states to view school completion on an equal footing with other work activities for these teens. However, to the extent that the head of household is a minor teen parent, a tension arises.

If a state considers a minor teen mother as a "head of household" to help the state meet its participation rate, the designation as a "head of household" starts her clock ticking. (see "Time Limit"). Should she need assistance beyond the allowable time, the state would only be able to access TANF funds if she and her family were aided as part of the state's 20% hardship group that is not subject to the time limit. In anticipation of this restriction, a state that wanted to count the teen in the participation rate, could choose to spend state dollars (which are not subject to the time limit restriction) on minor teen mothers who are considered heads of household.

How does the work participation rate provision relate to stay-in-school? "Satisfactory attendance" must be maintained for a single head-of-household under the age of 20 to count towards the work participation rate. Thus, a system must be in place that tracks attendance performance. Note that even if a state tracks attendance for purposes of the participation rate it need not use attendance (or the same standard of attendance) for other purposes such as determining eligibility.

"Satisfactory attendance" may or may not be part of a state's approach to determining TANF eligibility for minor teen parents. Minor teen parent eligibility is determined by whether or not she participates in an educational activity. There is no statutory definition of "participate" for purposes of minor teen parent eligibility. In the absence of federal guidance, states may establish a reasonable definition of "participate." It appears that this could be attendance⁶⁰, performance or another measure of participation in an educational activity.

Do teen parents who count compete with adults for limited education slots? There is a 20% cap on the total number of individuals who can count toward the participation rate when engaged in vocational educational training and teen parent school completion. Older and younger populations "compete" for these slots that count towards the participation rate. While the statutory language of the provision is worded to allow 20% of individuals in all families to count by participating in vocational education or by being single heads of households under 20 in school, it is unclear whether this was Congressional intent.⁶¹

Non-Custodial Parents and Grandparents

Paternity Establishment: The Law

The law increases the state's required paternity establishment rate from 75 to 90%; a state must improve each year by 2-6% until it reaches the 90% goal. The rate is based on a formula that compares the number of out-of-wedlock minor children for whom paternity has been established in a given year against the total number of children born out-of-wedlock in the preceding year. The state has a choice between measuring paternity rates statewide or in the state child support program caseload. A state must include in the state notice about the rights, responsibilities, and consequences of voluntary paternity acknowledgment "any rights afforded due to minority status."⁶²

Paternity Establishment: Discussion

Under the law, a state may tailor the state's voluntary procedures when one or both of the parents is a minor. Two central issues arise: the role of the parents of a teen and the role of the child's father if the teen mother is protected by statutory rape laws.

If one or both parents are minors, the question of whether an adult parent or guardian should be involved in the paternity establishment process needs to be considered. State laws usually preclude minors from entering into legally binding agreements without the consent of their parents or the appointment of a *guardian ad litem*; exceptions often exist for reproductive and medical decisions made by a teen. Signing a paternity affidavit - by either the mother or the father of the baby - may be considered subject to such a limitation. Thus, when a baby is born to parents and one or both is a minor, some decision has to be made as how to proceed to establish paternity for the baby. The state's interest in establishing paternity needs to be balanced with an interest in assuring that affidavits are accurate and can withstand legal scrutiny.

If one parent is a minor and the other is not, the state needs to develop a policy for situations where the state's statutory rape laws may be applicable. These laws make sexual intercourse with a person under a given age illegal, even if the sex was consensual. Every state has such a law but, until recently, they were rarely invoked. Much of the current interest has developed since new research indicates that many of the fathers of children born to teen mothers are not teens themselves. Half of the fathers of babies born to women ages 15-17 are 20 years of age or older according to one analysis. Of greater significance, may be relationships with large age differentials. One in five mothers ages 15-17 have a partner six or more years older. As the authors note, "The type of age difference suggests, at the least, very different levels of life experience and power, and brings into question issues of pressure and abuse. Data from the National Survey of Children indicate that about 18% of women 17 and younger who have had intercourse were forced at least once to do so."⁶³

If a state allows minors to sign affidavits, the state needs to examine its statutory rape laws. If a state allows for minors to sign affidavits and also presses criminal proceedings based on statutory rape laws, the state might use a paternity acknowledgment as evidence in a trial, proving the accused's guilt by his own admission. This could have the effect of making some young mothers and their older partners as well as parents of a minor, reluctant to sign paternity acknowledgments. A state needs to decide how it will resolve this potential tension.

More basically, a state needs to consider whether it should develop approaches to voluntary paternity establishment that are tailored to teens. How can the state best communicate with a teenager about the life-long advantages to the teen and her child of establishing paternity and child support when teens typically have little orientation to the future? Should a state work with teen parent service providers to design voluntary establishment procedures or should subcontracts be considered with such organizations to administer the procedures?

Some Resources: Child Support

Child Support Cooperation Issues: Implementing the Provisions of the Personal Responsibility and Work Opportunity Act of 1996. Paula Roberts. Center for Law and Social Policy. Washington, D.C.; November 1996

A Guide to Establishing Paternity for Non-Marital Children: Implementing the Provisions of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996. Paula Roberts. Center for Law and Social Policy. Washington, DC; August 1996.

Analysis of Child Support-Related Provision in the Personal Responsibility Act. Vicki Turetsky. Center for Law and Social Policy. Washington, DC; October 1996.

Child Support in H.R. 3734: Key Features. Vicki Turetsky. Center for Law and Social Policy. Washington, DC; September 1996.

Cooperation and Good Cause: The Law

The new law makes child support cooperation a condition of TANF eligibility and eliminates the current federal definition of cooperation. If the state child support agency determines that a custodial parent is not "cooperating in good faith" with the state in establishing paternity or obtaining child support by providing the name of and other information about the children's father (and the parent does not qualify for any good cause or other exception), the state must impose a sanction of at least 25% of the family's assistance, and may impose a full-family sanction. Both applicants and recipients of TANF are subject to the cooperation requirement.

The law gives the state greater discretion in determining whether an individual is "cooperating in good faith" in establishing paternity. In addition, the state defines what constitutes "good cause" and other exceptions, "taking into account the best interests of the child" for not cooperating. TANF gives each state the option to implement notice and screening procedures for victims of domestic violence. Under the new law, the child support agency will begin to make the cooperation determination regarding whether an individual is cooperating. A state can decide whether the TANF agency or child support agency will conduct the intake interview or determine whether there is "good cause" for a failure to cooperate. Nothing in the law is specific to teen parents but nothing precludes a state from creating special "good cause" criteria for teen parents.⁶⁴

Cooperation and Good Cause: Discussion

The new law requires a state to make a number of decisions about how to define cooperation and good cause exceptions and how to organize cooperation policies and procedures. While non-cooperation is popularly perceived as resistance from a custodial parent, two other reasons for the "non cooperation" label being affixed to a case is an inadequate interview of the a custodial parent and interagency fragmentation between the child support and TANF agencies. If a state has a problem with case information quality, some steps in the process that might be re-tooled include (a) the interview: is there enough time, is it thorough? (b) follow-up: does the child support agency re-interview the parent or have other protocols for dealing with missing information been developed? and (c) coordination between the TANF and child support agency.

With respect to teen parents, any new procedures should take into account two issues specific to teens: parental involvement and partner's age. While women of any age may be victims of abuse, when teens are victims, it may be particularly difficult to secure the information because the abuse may relate to the partner, or it may relate to the parent (who also may have sexually abused the teen). Thus, a state should consider whether caseworkers who interview teens should have special training or whether caseworkers from another agency should be "borrowed" to undertake the interviews with teens.

It may also prove helpful to learn whether teens fully appreciate the significance of the new cooperation rules. The teen years are often described as a period in which the individual is not yet future oriented. Consequently, there is a reason for asking whether a teen parent understands what the state's sanction for non-cooperation means in terms of future TANF assistance. Similarly, does she know exactly what needs to be done to cooperate now or in the future?

Community Service for Non-Custodial Teens: The Law

Under the child support title in the law, state child support programs must have the authority to seek an order against a noncustodial parent owing support to a child receiving TANF

either to require the non-custodial parent enter into a payment plan or participate in work activities.

The "Mandatory Work Requirements" section of the law includes a "Sense of Congress" provision that urges states to require minor (under the age of 18) non-custodial teen parents to "fulfill community work obligations."⁶⁵ In addition, states are urged to require that such non-custodial teen parents attend appropriate "parenting or money management classes after school."

Community Service for Non-Custodial Teens: Discussion

A "Sense of Congress" provision is not a federal mandate. It merely offers guidance with respect to Congressional attitude on a topic. In contrast, Congress could have used the new statute as an opportunity to impose school completion requirements on non-custodial minor teen parents as it does for custodial minor teen parents. On a practical level, since a state does not receive any "credit" for community work placements by non-custodial minor teen parents and because TANF assistance is limited to families with children, it is unclear whether a state will undertake this initiative.

Grandparent "Liability": The Law

The child support title of the law includes a grandparent "liability" provision⁶⁶ which gives states the option to enact a law⁶⁷ which makes collect child support orders enforceable against the parent of a non-custodial, minor teen parent if the custodial teen parent is receiving TANF assistance. The Miscellaneous title of the new law includes a "Sense of the Senate" provision⁶⁸ on the same topic. The "Sense of the Senate" provision encourages states to undertake pilot programs directed at the parents of the non-paying, minor, non-custodial teen parent. The pilot programs are to require such grandparents to pay the child support obligation or pay any financial obligations and fulfil other obligations required of the non-custodial parent such as work activities.

Grandparent "Liability": Discussion

There is limited experience with grandparent "liability" provisions and even less assessment of their efficacy. Arizona, Hawaii, and Wisconsin have enacted some type of grandparent "liability" legislation.⁶⁹ Wisconsin conducted an evaluation of its law which passed in 1985 and was sunsetted in 1989. Over a two year period, child support was ordered for grandparents in 13 cases. According to a state agency analysis, the low rate for orders "can be attributed to several factors, the most important of which is the lack of financial resources among grandparents." Other findings include that "the law does not appear to have led to a decline in the number of teen pregnancies" and "there is no evidence that the law led parents to pressure girls to have abortions or to pressure sons to deny paternity."⁷⁰

Reports/Evaluations/Studies

State Quarterly Reports: The Law

The quarterly TANF data collection and reporting requirements that states must provide the federal government do not specify information regarding teen parents.⁷¹ Among the variables that are potentially related are those that report the ages of the members in the family and those that report the relation of each family member to the youngest child.

State Reports: Discussion

The quarterly report by states will not "capture" complete information regarding how many teen parents receive TANF assistance. This is because teens who live within an assistance household are identified as parents only when their child is the youngest child in the home.

HHS Annual Reports/Research: The Law

Goals. Not later than January 1, 1997 the Secretary of HHS is to establish and implement a strategy for preventing out-of-wedlock teenage pregnancies and assuring that at least 25 percent of the communities in the United States have teenage pregnancy prevention programs in place.⁷² Not later than June 30, 1998 and each year thereafter, the Secretary is to report on the progress related to these goals.

Objectives. Each fiscal year, the Secretary is to submit a report to Congress regarding states' achievements in reaching certain objectives of the law. Among the objectives to be included in the report is whether states are "decreasing out-of-wedlock pregnancies and child poverty."⁷³

Research Effects. The Secretary is also directed to conduct research on the "benefits, effects, and costs of operating different State programs" and is to study the effects of these programs on such variables as "illegitimacy" and "teen pregnancy" among others.

Circumstances of Certain Children. A specific "Report on Circumstances of Certain Children and Families" is to be provided to the relevant Congressional committees by August 22, 1999 and annually thereafter. The report is to look at the circumstances of three groups affected by the new law: (a) children who reach a time limit; (b) children born to teen parents; and (c) teen parents.⁷⁴

Annual Ranking of State Out-of-wedlock Ratios. Finally, the Secretary is required to annually rank state out-of-wedlock ratios for families that receive TANF assistance. After ranking the states, the Secretary is to review the programs in the top and lowest 5 states.⁷⁵

HHS Reports/Evaluations/Studies: Discussion

The Secretary's research and reports, particularly those that look at effects and impacts, should prove more informative regarding teens and teen parents than the states' quarterly reports. Two reports merit particular comment:

The "national goals" that the Secretary is to implement by January 1, 1997 is designed to ensure that 25% of America's communities have teenage pregnancy prevention programs in place. However, there is no funding for this initiative. Absent any funds for this effort it is unclear what new activities can be undertaken. At the same time, the Secretary is required to report on progress towards the goals. The law offers no guidance with respect to a definition of a "community" nor what types of prevention programs should be in place. It may be that this report to Congress could spur some localities, which want to be highlighted, to invest further in existing or in new initiatives.

The annual ranking of state "out-of-wedlock" ratios differs from the "illegitimacy bonus" in a number of respects. First, it seeks to measure out-of-wedlock births among TANF recipients, not the state as a whole. Second, states do not receive bonuses (or penalties) as a result of the rankings. Third, the Secretary is supposed to review the ranked state programs and while no report is required, the review is probably intended to gain insights into performance.

Census Bureau SIPP and Grandparent Studies: The Law

SIPP. \$10 million is appropriated so that the Census Bureau can continue to collect Survey of Income and Program Participation (SIPP) data with particular attention to a number of issues including out-of-wedlock birth.⁷⁶

Grandparents as Primary Caregivers. The Census Bureau is required to expand an existing census question on households with grandparents and grandchildren.⁷⁷ The expanded question is to identify where grandparents are temporary caregivers and those where the grandparents are the primary caregivers.

Census Bureau Studies: Discussion

The SIPP data should prove helpful; the expanded grandparent question is designed to identify the nature of grandparent caregiving when the parent is absent - thus, it will not give insight into the circumstances of three or more generations living together (such as minor and older teen parents who live with their own parents).

Medicaid

Medicaid: The Law

Under the new law, a state has the option to terminate Medicaid if an individual's TANF cash assistance has been terminated based on a refusal to work.⁷⁸ Under this provision, a state may terminate Medicaid for a minor head of household, but the state does not have the authority to terminate Medicaid to other minors on this basis.

Medicaid: Discussion

A teen parent who is not a minor and a teen parent who is a minor head of household can, at state option, lose eligibility for Medicaid if as a recipient of TANF cash assistance she has been sanctioned for a refusal to work. Work for a minor parent typically means school completion activities. For an older teen parent it can sometimes means school or vocational training or standard work activities.

The option to terminate only applies to those individuals who receive *cash* assistance not those who receive in-kind services or near-cash.

It is unclear whether a state, if it opts to deny Medicaid, could apply the provision to some groups and not others. For example, might the state apply the disqualification to adults who "refuse to work," but not to teen parents or not to minor teen parents who are heads-of-household?

Child Care

Child Care Funding: The Law

The new law eliminates the AFDC child care, transitional child care, and at-risk child care along with the guarantee of child care assistance for families participating in welfare/work activities. Instead, the law creates a single program called the Child Care and Development Block Grant which provides funding through a capped entitlement and discretionary funding.⁷⁹

Child Care Funding: Discussion

Nothing in the child care title is specifically targeted at the teen parent population. There is a requirement that states use a minimum of 4% of their funds for improving child care quality, providing education, and "availability". In light of the law's stay-in-school provisions, states may be interested in developing school-based or near-school child care capacity; the set-aside might be tapped for this purpose.⁸⁰

Under Age One: The Law

Under the new law each state is given the option to exempt from participation a single custodial parent with a child under the age of one.⁸¹ A state that chooses this option can disregard the parent in the calculation of the state's participation rate.

Under Age One: Discussion

The relatively high cost of infant care provided the impetus for offering states the option to exclude custodial parents with a child under age one from the participation rate. If a state excludes these parents from participation, the state's participation rate is held harmless.

Minor teen parents who are heads of households can count in the participation rate. A state, however, might want to exclude such minors from the participation rate for the same reason a state might want to do so for older parents with children under one. For example, a state may find the high cost of infant care difficult to balance with the demands for child care created by the new law. However, a state that wants to provide TANF federal assistance to a minor teen parents must require them to participate in education. Thus, while a state could apply the participation rate exemption to minor teen parents, the state nevertheless, must require that the minor teen parent participate in an educational activity in order to receive TANF federal assistance.

Under Age Six: The Law

Under the new welfare law, there is no guarantee of child care. However, if a single custodial parent has a child under the age of 6, that parent cannot be sanctioned for a refusal to work if the parent "proves...a demonstrated inability (as determined by the State) to obtain child care".⁸²

Under Age Six: Discussion

A single teen parent head of household may count towards a state's participation rate if the individual satisfactorily attends secondary school, its equivalent, or employment directed education. If the teen parent can not secure child care is she protected from sanction in accordance with the under age six provision? It is unclear how this question will be resolved. The provision precludes a sanction of an individual "based on a refusal...to work." It is not clear if "work" applies to other required activities such as school or employment-related education.

This ambiguity has even greater consequences for minor mothers. States must require minor mothers to "participate" in education in order to be eligible for assistance. If the minor mother can not secure child care, does the "under age six" provision apply or does the "participate in education" provision apply? In other words, can a minor mother be denied eligibility for TANF federal assistance because she needs, but can not find, child care? In the absence of federal guidance, states may want to minimize the number of situations in which the lack of child care is a barrier to participation.

Food Stamps

Living at Home: The Law

The Food Stamp title makes a change in the food stamp program's treatment of children living at home.⁸³ Under the Food Stamp Act, food stamps are provided to eligible "households" and the law expressly defines who must be included in the household. Under prior law, part of the definition has been that "parents and their children 21 years of age or younger" were considered a single household when they lived together; however, an exception had been made when the 21 year old or younger individual was also a parent living with a child or was married. The exception was eliminated in the new law. As a result, a teen parent residing with her parent or parents cannot establish a separate food stamp household.

Living at Home: Discussion

The capacity to establish separate households in the food stamp program typically increases the amount of food stamps that are available. Accordingly, the restriction on separate household status means that married young couples (age 21 or younger) and unmarried parents (age 21 or younger) will receive fewer food stamps when they live with their parents than they would have under prior law. The food stamp household definition has not changed for those 21 and under who live with other relatives besides their parents.⁸⁴ Thus, 18 and 19 year old teen (and 20 and 21 year old) parents and married couples who live with relatives other than their parents may be able to have more food than if they lived at home with their parents.

Earnings of Students: The Law

The food stamp program considers the income of students in determining the household's food stamp allotment. Before the new welfare law, the earnings of students had been disregarded until the student turned 22. Under the new law, the food stamp program will only disregard earnings of students through age 17.⁸⁵

Earnings of Students. Discussion:

The food stamps available to a working teen or teen parent ages 18 and 19 who are also in school (as well as for young adults 20-21) will be reduced when the earning are treated as income. This could have several different effects. It could discourage work effort by students; alternatively, it could discourage education by young workers; or, it could provide less food assistance to young families where the parent is both a student and a worker. There is no similar requirement under TANF, where states are free to develop their own policies concerning treatment of earning of a teen or teen parent.

Organizations

The following lists some of the organizations around the country which publish materials related to adolescent pregnancy prevention and teen parents.

Advocates for Youth
1025 Vermont Avenue
Suite 200
Washington, DC 20005
(202) 347-5700

The Alan Guttmacher Institute
121 Wall Street
21st Floor
New York, NY 10005
(212) 248-1111

Center for Assessment and Policy Development
111 Presidential Boulevard
Suite 234
Bala Cynwyd, PA 19004
(610) 664-4540

Center on Budget and Policy Priorities (CBPP)
820 First Street, NE
Suite 510
Washington, DC 20002
(202) 408-1080

Center for Law and Social Policy (CLASP)
1616 P Street, NW
Suite 150
Washington, DC 20036
(202) 328-5140

Children's Defense Fund (CDF)
25 E Street, NW
Washington, DC 20001
(202) 628-8787

Child Trends, Inc.
4301 Connecticut Avenue
Suite 100
Washington, DC 20008
(202) 362-5580

Education, Training and Research Associates (ETR)
PO Box 1830
Santa Cruz, CA 95061
(408) 438-4081

National Adolescent Health Information Center (NAHIC)
University of California- San Francisco, Dept. of Pediatrics, Div. of Adolescent Medicine
1388 Sutter Street
Suite 605-A
San Francisco, CA 94143
(415) 502-4856

The National Organization on Adolescent Pregnancy, Parenting and Prevention (NOAPPP)
1319 F Street, NW
Suite 401
Washington, DC 20004
(202) 783-5770

Planned Parenthood Federation of America
810 7th Avenue
12th Floor
New York, NY 10019
(212) 541-7800

Population Affairs, Dept. of Health and Human Services
4350 East West Highway
Suite 200 West
Bethesda, MD 20814
(301) 594-4000

Program Archive on Sexuality, Health and Adolescence (PASHA)
Sociometrics Corporation
170 State Street
Suite 260
Los Altos, CA 94022-2812
(415) 949-3282

Progressive Policy Institute (PPI)
518 C Street, NE
Washington, DC 20002
(202) 547-0001

The Rohin Hood Foundation
111 Broadway
19th Floor
New York, NY 10006
(212) 227-6601

Sexuality Information and Education Council of the United States (SIECUS)
130 W. 42nd Street
Suite 350
New York, NY 10036
(212) 819-9770

Endnotes

1. Child Trends, Inc. Facts at a Glance. Washington, DC; October 1996.
 2. State data are available through 1994; preliminary national data for 1995 indicates the trend has continued nationally. Child Trends, Inc. Facts at a Glance. Washington, DC; October 1996.
 3. Child Trends, Inc. Facts at a Glance. Washington, DC; October 1996.
 4. Harry Rosenberg, Stephanie Ventura, Jeffrey Maurer, Robert Heuser, and Mary Anne Freedman. "Births and Deaths: United States, 1995." Monthly Vital Statistics Report. Vol. 45, No 3, Supplement 2. October 4, 1996. (Preliminary Data from the Centers for Disease Control and Prevention/National Center for Health Statistics/U.S. Department of Health and Human Services)
 5. Child Trends, Inc. Facts at a Glance. Washington, DC; October 1996.
 6. 7% figure derived from: 267,181 AFDC teen parent recipients; 377,208 adult female recipients. HHS/ACF/OFA. Aid to Families with Dependent Children: Characteristics and Financial Circumstances, October 1994-Septembers 1995. Washington, DC; June 28, 1996.
 7. "...about 42 percent (of single women receiving AFDC) were or had been teenage mothers. This proportion remained roughly the same throughout the 17 year time period..."
GAO/HEHS 94-115. AFDC Women Who Gave Birth as Teenagers. Washington, DC; May 31, 1994.
- The proportion of all AFDC recipients who were age 19 or younger when they first became mothers was estimated at 54% in 1975; 55% in 1984; and 51% in 1990. Child Trends, Inc. Facts at a Glance. Washington, DC; March 1993.
8. The National Longitudinal Survey of Youth (1978-1984) showed that 51% of all adolescent mothers (ages 15-19 at birth of the child) did not receive AFDC benefits during the initial 5 years after their first birth; among single adolescent mothers, 50% received AFDC benefits within a year after giving birth; and 77% received AFDC benefits within 5 years after giving birth. Among married adolescent mothers, 7% received AFDC benefits within a year of giving birth and 25% received them within five years after giving birth. Congressional Budget Office. Sources of Support For Adolescent Mothers. Washington, DC; September 1990.
 9. H.R. 4, The Personal Responsibility Act, would have provided assistance to a minor teen parent as long as she married the other parent or the child was adopted by the spouse; thus, benefits would have been available if two 15 year olds married and were otherwise eligible or if a 14 year old married a 34 year old and the couple were otherwise eligible. Children born out-of-wedlock could not receive cash assistance, but at state option, could receive vouchers.

10. Sara McLanahan and Gary Sandefur. Growing up with a Single Parent: What Hurts, What Helps. Harvard University Press. Cambridge, MA; 1994.

11. Title I, Sec. 101

12. The provision reads, "...policy contained in part A of title IV of the Social Security Act (as amended by section 103(A) of this Act) is intended to address this crisis in our Nation."

13. The risk of high school drop out and the risk of teen birth is greatest for children born out-of-wedlock but the differences in these outcomes with children from divorced families is relatively modest. Relying on the National Survey of Families and Households researchers found that "children born to an unmarried mother are 6 percentage points more likely to drop out of high school than children whose parents divorce. The difference is statistically significant but not very large...A similar pattern appears when we look at teenage motherhood. Young women who were born out-of-wedlock have a slightly higher chance of becoming a teen mother as young women whose parents divorced." There is a "4 percentage point difference [that] is not statistically significant..." Sara McLanahan and Gary Sandefur. Growing up with a Single Parent: What Hurts, What Helps. Harvard University Press. Cambridge, MA; 1994.

14. Department of Health and Human Services. "The Consequences of Nonmarital Childbearing for Women, Children, and Society." Report to Congress on Out-of-Wedlock Childbearing. Washington, DC; September 1995.

15. Title I, Sec. 401

16. Title I, Sec. 402

17. Title I, Sec. 906 (b)

18. Title I, Sec. 403 (a)(2) is titled "Bonus to Reward Decrease in Illegitimacy." However no other part of the section uses the term "illegitimacy". Rather, in describing how the bonus system will work, states are supposed to pursue "out-of-wedlock" data. The term "illegitimacy" is controversial. It has been out of favor for decades because of its inherent suggestion that some children are "illegitimate" and a concern that this stigmatization is not helpful in the growth and development of children.

19. The younger the mother, the more likely it is that she first conceived and gave birth outside of marriage: 81% of first births to women ages 15-17 were non-marital; 59% of first births to women ages 18-19 were non-marital. In contrast, 27% of first births to women age 20-24 were non-marital. The Alan Guttmacher Institute. Sex and America's Teenagers. New York; 1994. Citing: A. Bachu. Fertility of American Women. June 1990.

20. Of the first births to women ages 15-17 an additional 11% conceived non-maritally were "legitimated" by a birth that occurred while married ; for women ages 18-19 there were an additional 19% and for women ages 20-24 an additional 15% were "legitimated". The Alan Guttmacher Institute. Sex and America's Teenagers New York; 1994. Citing: A. Bachu.

Fertility of American Women. June 1990.

21. Within five years of giving birth, those who married as adolescents (ages 14-17) were four times more likely to divorce or separate than those who married at age 20 or older. Congressional Budget Office. Sources of Support for Adolescent Mothers. Washington, DC; 1990.
22. Frank Mott. "The Pace of Repeated Childbearing Among Younger American Mothers." Family Planning Perspectives. Vol. 19, No. 1, 1986; p. 5-12.
23. Carol Roye and Sophie Balk. "The Relationship of Partner Support to Outcomes for Teenage Mothers and Their Children: A Review" Journal of Adolescent Health. August, 1996.
24. Stanley Henshaw. U.S. Teenage Pregnancy Statistics. The Alan Guttmacher Institute. New York; May 30, 1996.
25. Stanley Henshaw and Jennifer Van Vort. "Abortion Services in the United States 1991 and 1992." Family Planning Perspectives. May/June 1994.
26. Stanley Henshaw. "The Impact of Requirements for Parental Consent on Minors' Abortions in Mississippi." Family Planning Perspectives. May/June 1995.
27. The mother's marital status was inferred in five states that lack a direct question about marital status on the birth certificate (California, Connecticut, Michigan, Nevada, and New York). "Technical Notes." Monthly Vital Statistics Report. Vol. 45, No.3(S)2, October 4, 1996.
28. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." Family Planning Perspectives. July-August 1996. The 5 states which did not report data were Alaska, California, Iowa, New Hampshire, and Oklahoma. As of 1995, Alaska reports data leaving four states not reporting data (conversation with Jack Smith, Centers for Disease Control)
29. Title I, Sec. 403 (a)(4)
30. The "Family Assistance Grant" is the statute's term for the federal funds a state is to be paid under TANF.
31. Title I, Sec. 408 (a)(6)
32. 42 U.S.C. 602(a)(15)
33. Robert Hatcher, James Trussell, Felicia Steward, Gary Stewart, Deborah Kowal, Felicia Guest, Willard Cates, Michael S. Policar. Contraceptive Technology (16th Revised Edition). Irvington Publishers. New York; 1994.
34. Title IX, Sec. 912

35. Title V of the Social Security Act (42 U.S.C. 701)

36. Title V, Sec 502(c)(1)(B)(ii)

37. Title V, Sec. 503 (42 U.S.C. 703)

38. In "State Block Grant Application Guidance with Needs Assessment," MCH lists these 18 national objectives from among the many objectives contained in Healthy People 2000 and notes that "states are encouraged to consider these objectives."

39. Title I, Sec.408(a)(4)

40. HHS. Selected Major Provisions of Approved State Welfare Reform Demonstrations as of June, 1996. Washington, DC; 1996. See also: Mark Greenberg and Steve Savner. CLASP Guide to Welfare Waivers (updated edition forthcoming). Center for Law and Social Policy. Washington, DC.

41. Manpower Demonstration and Research Corporation. LEAP: Three Year Impacts of Ohio's Welfare Initiative to Improve School Attendance Among Teenage Parents. New York; April 1996.

42. Modest effects observed in the previous semester diminished by the third semester. Wisconsin Legislative Audit Bureau. Wisconsin's Learnfare Program. Madison, WI; May 1996.

43. A provision in the new law asserts that states "shall not be prohibited" from sanctioning an adult receiving TANF benefits who fails to ensure that a minor child attend school in accordance with state law. This provision, Sec. 404 (l) is redundant of the authority states automatically have under TANF. The provision also permits sanctions under the food stamp program because of a failure to ensure school attendance.

Another provision in the law, Sec. 404 (j) is redundant of the authority states automatically have under TANF. This provision allows states to sanction families with adults 21-50 who do not have or who are not working towards a secondary school diploma or equivalent. The provision also allows such sanctions under the food stamp program.

44. Title I, Sec.407

45. Child Trends, Inc. Facts at a Glance. Washington, DC; October 1996.

46. In Wisconsin, one study showed that 20 % of all youth sanctioned in Milwaukee County were in families identified as having possible or documented problems with abuse or neglect; and 21% of the teens sanctioned had been in the children's court system (either as children in need of protective services or as delinquents). In Maryland, one analysis found that 33% of the AFDC recipients that were sanctioned for four or more months had been in the child welfare system at some point between 1983 and 1993. Center for Law and Social Policy. Family Matters. Winter 1994, Vol. 6, No. 1, p. 14. Washington, DC.

47. Title I, Sec. 402 (a)(1)(B)(iii)

48. Title I, Sec. 408 (a)(5)(A)

49. 42 U.S.C. Sec 602 (a)(43)(A) and (B)(1-v). Under the FSA, a state could not impose the residency requirement if: the parent or guardian of the minor parent were deceased or absent or would not allow the minor parent to live with him/her; the physical or emotional health of safety of the minor parent and/or child would be put in jeopardy they lived with the minor parent's parent or guardian; the minor parent had lived on her own for more than one year prior to the birth of the child or the application for AFDC, or the state found that there was other good cause to waive the requirement.

50. HHS Selected Major Provisions of Approved State Welfare Reform Demonstrations as of June 1996. Washington, DC; 1996. See also: Mark Greenberg and Steve Savner. CLASP Guide to Welfare Waivers (updated edition forthcoming). Center for Law and Social Policy. Washington, DC.

51. HHS/ACF/OFA. Aid to Families with Dependent Children. Characteristics and Financial Circumstances October 1994-September 1995. Washington, DC; June 28, 1996.

52. Bureau of Research and Analysis, Illinois Department of Public Aid. Minor Parents Who Are Heads of Household: By Living Arrangement. Springfield, IL; October 15, 1996.

53. A National Center on Child Abuse and Neglect study undertaken in the state of Washington reviewed the life experiences of 535 young women who had become pregnant as adolescents. The study found that among the sample group:

- 66% reported that they had been sexually abused (molestation, attempted rape, or rape);
Regarding molestation:
- 55% reported having been sexually molested (including contact molestation or non-contact molestation - such as having sexual photographs taken when such activity was not wanted
- 54% of those who reported having been molested said they were victimized by a family member - 14% by their father, 21% by their stepfather, 9% by their mother's boyfriend, 16% by an uncle, 20% by a cousin, 9% by a grandfather, 6% by a brother and 5% by other relatives.

Debra Boyer and David Fine. Victimization and Other Risk Factors for Child Maltreatment Among School Age Parents: A Longitudinal Study. ACF/HHS No. 90-CA-1375. Washington, DC; 1990.

54. While the name may be new, the concept of second chance homes is not. In 1982, in Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing, Kris Moore and Martha Burt of the Urban Institute recommended a number of AFDC teen mother welfare strategies, including "shared housing with two or more teen mother/child pairs, sharing expenses and child rearing responsibilities."

55. Progressive Policy Institute. Second Chance Homes Update. Washington, DC; November 1996.

56. Title I, Sec. 408 (a)(7)(B)

57. HHS/ACF/OFA. Aid to Families with Dependent Children: Characteristics and Financial Circumstances, October 1994-September 1995. June 28, 1996.

58. Sec.407(b)

59. Title I, Sec. 407 (d)

60. Title I, Sec. 407 (h)

61. The legislative history, including the description of this provision in the Conference Report, suggests that Congress may have intended to more sharply restrict access to vocational educational training by limiting the number of such participants who might be counted as engaged in work (together with teen parents attending school) to 20% of all individuals who the state counts toward the participation rate for any month, rather than 20% of all individuals receiving aid.

62. Title III, Sec. 331

63. David J. Landry and Jacqueline Darroch Forrest. "How Old Are U.S. Fathers?" Family Planning Perspectives. Volume 27, Number 4, July/August 1995

64. Title III, Sec. 333

65. Title I, Sec. 407 (h)

66. Title III, Sec. 373

67. The statute is ambiguous regarding the option. It could mean the state has the option to enact a law; alternatively, it could mean the state is required to pass a law which gives the state the authority to impose a "grandparent liability" provision under circumstances the state determines.

68. Title I, Sec. 904

69. Arizona Revised Statute 12-850; Hawaii Revised Statute 584-15(f); Wisconsin Act 56, the "Abortion Prevention and Family Responsibility Act of 1985." At least two other states - South Dakota and Ohio - have enacted grandparent "liability" measures.

70. Bureau of Evaluation, Division of Policy and Budget, Wisconsin Department of Health and Social Services. Summary of the Final Report on The Grandparent Liability Provisions of 1985 Wisconsin Act 56. November, 1988.

71. Title I, Sec. 411 (a)
72. Title I, Sec. 905
73. Title I, Sec. 411 (b)
74. Title I, Sec. 413 (g)
75. Title I, Sec. 413 (e)
76. Title I, Sec. 414
77. Title I, Sec. 105
78. Title I, Sec. 114
79. Title VI, Sec. 418
80. Title VI, Sec. 658G
81. Title I, Sec. 407 (b)(9)
82. Title I, Sec. 407 (c)(2)(B)
83. Title VII, Sec. 803
84. 7 U.S.C. 2012 (I)
85. Title VIII, Sec. 807



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Welfare Reform Resource Packet
Section IV

The National Campaign to Prevent Teen Pregnancy
March 1997

STATE VARIATION IN RATES OF
ADOLESCENT PREGNANCY AND
CHILDBEARING

Executive Summary

March, 1994

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STATE VARIATION IN RATES OF ADOLESCENT PREGNANCY AND CHILDBEARING

EXECUTIVE SUMMARY

Sexual activity, pregnancy, abortion, and childbearing in the adolescent population are among the most intensely debated topics on the public policy agenda. Over the past decade, the proportion of teens who have had sexual intercourse has increased, as has the number of births to teens. Between 1986 and 1991, the teen birth rate increased by 24 percent¹, with increases in the birth rate occurring among both younger and older teens, in nearly all states across the nation, and among non-Hispanic whites, non-Hispanic blacks and Hispanics. Increases in sexual activity and early childbearing are troubling for at least two reasons. First, early pregnancy and childbirth are associated with a variety of social and economic difficulties for the mother and child, their families, and for society. Second, early sexual activity increases exposure to sexually transmitted diseases and infection from HIV.

Few Americans feel that childbearing among adolescents is desirable, yet public efforts to encourage youths to postpone sex and to prevent pregnancy and other sequelae of sexual activity have not been especially promising. Rigorous evaluations of existing programs and policies are limited, but among those that have been assessed, few demonstrate large or long-term impacts on sexual or contraceptive behavior. Furthermore, public funding for contraceptive services declined by 30 percent during the 1980s.² In fact, net of inflation, 37 states experienced a 50 percent or greater decline in public funding for contraceptive services per woman at risk of unintended pregnancy between 1979 and 1990.³ In response to fewer resources, many providers have opted to reduce the scope of services offered and have even eliminated certain services.⁴

These changes have called into question the efficacy of social policy and the role of contraceptive services in shaping adolescent reproductive behavior. Yet, while nearly all states witnessed an increase in the number of births to teens, considerable variation in adolescent fertility across states still exists. For example, births per 1000 adolescent females ranged from 34 in New Hampshire to 82 in Mississippi in 1990. One might therefore ask what factors are associated with this variation in rates of teen fertility. In particular, are there differences in state policy that contribute to the variations in the levels of teenage fertility that one observes?

In this study, associations are found between the overall funding for family planning services in states and lower levels of adolescent fertility. In addition, public funding for abortion in states is associated with lower teen birth rates, particularly among African American teens. Social and economic characteristics of the states are also strongly related to teen fertility. The effects of family planning and abortion funding hold over and above the effects of socioeconomic differences across states.

State Variation in Rates of Adolescent Pregnancy and Childbearing was a two-year research effort conducted to learn more about state-level policies and their impact on adolescent pregnancy and fertility at the state-level. Through the generous support of the Charles Stewart Mott Foundation, the project was designed to address the lack of up-to-date population-based studies on the impact of family planning policy and programs on fertility outcomes among youth. The specific goal of the project was to develop state-level measures of teen fertility and state-level measures of family planning availability and policies, along with social and economic indicators such as education and women's labor force participation, and then to examine which of these factors, if any, contribute to the state-level variations in teen fertility that are observed. In addition, because family planning services tend to be located in areas with the greatest need for contraceptive care, measures

of teen fertility in earlier years were also developed to control for varying levels of existing adolescent fertility. Family planning policy measures include: the percentage of teens at risk of unintended pregnancy served at Title X clinics, public expenditures on contraceptive services per woman at risk, abortion policies, AFDC benefit levels, and the presence of a state focus on adolescent pregnancy. Because of racial differences in rates of adolescent fertility, analyses of birth rates were conducted separately for blacks and whites.

Data for the study were obtained from a wide variety of sources, including the Natality Branch of the National Center for Health Statistics, the U.S. Bureau of the Census, the Alan Guttmacher Institute, and the Office of Population Affairs of the Public Health Service in the U.S. Department of Health and Human Services. A full description of our data sources is available in Appendix A of our final project report.

MAIN FINDINGS

State funding and policies for family planning

- *Greater overall public funding for contraceptive services in a state per woman at risk, predicts lower rates of adolescent fertility and lower rates of non-marital fertility among teens. However, funding for contraception does not affect pregnancy resolution for teens.*

Total public expenditures on contraceptive services (including Medicaid, Title X of the Public Health Services Act, and state funds) per woman at risk of unintended pregnancy, net of socioeconomic differences and differences in prior rates of teen fertility across states, predict lower rates of non-marital childbearing among young white and young black teens, and it predicts a lower total birth rate for white teens. It has no association with the total teen birth rate for blacks or with rates of pregnancy for all adolescent females. In addition, among teens who become pregnant, funding for contraception is unrelated to whether teens resolve pregnancy in abortion or birth. On the other hand, a more narrow measure of the proportion of teens at risk of unintended pregnancy who were served at Title X clinics was not related to lower adolescent fertility. By 1990, family planning funds provided under Title X of the Public Health Services Act accounted for only 22 percent of all public funds allocated to family planning, which may account for the absence of impact for this more narrow variable.

- *Public funding for abortion in states is associated with lower rates of childbearing, particularly among African American teens, and higher abortion rates.*

Availability of public funding for abortion is associated with fewer births among teens, particularly non-marital teen births and births among black teens. Funding for abortion is associated with a greater use of abortion among teens.

- *State laws restricting the availability of abortion to minors are unrelated to teen birth rates, abortion rates, or how teens choose to resolve their pregnancies.*

State laws limiting access to abortion for minors are not related to the level of fertility among teens, their use of abortion, or pregnancy resolution.

- *Coordinated state-level pregnancy prevention programs in 1985 predict lower pregnancy rates in 1988. Other state-level programs or policies related to family planning, such as school-based pregnancy prevention education programs, state-funded school-based clinics, or policies regarding AIDS or STD education, are not related to rates of childbearing, pregnancy, or abortion among teens.*

A measure indicating the presence or absence in a state of a coordinated program or policy for adolescent pregnancy prevention in 1985 was associated with lower pregnancy rates among teens in 1988. Other measures assessing the presence of state policy initiatives generally were not found to have an association with adolescent fertility. For example, the presence of a pregnancy prevention program in schools, or the presence of state-funded school-based clinics were not significantly related to rates of childbearing, pregnancy or abortion. These measures may have limited effects because they do not capture the intensity of these initiatives. These findings may also reflect the tendency of states with more serious problems to establish programs and policies to address teen fertility.

Economic and demographic context within the state

- *A state's economic climate has a strong impact on adolescent fertility. States with a high level of teen poverty demonstrate higher rates of non-marital childbearing among adolescents.*

Before controlling for prior teen fertility in a state, states with higher poverty rates have higher birth rates in general. When prior teen fertility is taken into account, the effect of poverty diminishes. Nonetheless, a higher incidence of poverty is weakly associated with a higher proportion of pregnancies ending in a non-marital birth, and fewer ending in abortion. However, among white teens, a higher poverty rate is weakly associated with fewer non-marital births.

- *Average annual pay for persons in a state and the proportion of households receiving AFDC are not related to fertility among teens, net of other factors. The level of AFDC benefits, however, is weakly associated with higher rates of childbearing among white teens and young unmarried white teens; no impact on rates of childbearing among African American teens was observed.*

Neither the average annual pay for persons in the state, nor the proportion of households receiving AFDC in the state were found to have an association with the likelihood of pregnancy or abortion among teens. On the other hand, larger AFDC payments in the state were found to be marginally associated with higher rates of white teen childbearing and non-marital childbearing among young white teens. However, no associations were found with rates of childbearing among black teens, with the abortion rate, or with the proportion of pregnancies ending in either abortion or in non-marital birth.

- *The proportion of the white population that is Hispanic in a state is associated with higher non-marital birth rates among white teens 15-17; however, the proportion of the state population that is African American does not influence the rates of teen fertility among blacks.*

Because rates of childbearing are higher among young people of color than white teens, it is important to consider the ethnic distribution of the state's population. Also, vital statistics data on births to whites include most Hispanic births. More than 90 percent of all Hispanics are defined as white, and the fertility patterns of Hispanic youth differ from those of non-Hispanic whites. Indeed, our analyses of the white teen birth rate indicate that a higher proportion of Hispanics in a state predicts higher non-marital birth rates among 15-17 year old white females. Variations in the proportion of the state population that is African American have no effect on birth rates among blacks. However, the proportion of pregnancies ending in non-marital births, which is calculated for teens of all races, is strongly related to the proportion of persons in a state who are African American.

Level of education within the state

- *The proportion of blacks who are college-educated among adults in a state significantly influences rates of childbearing and non-marital childbearing among African American teens. Fertility of white teens is unaffected by variations in educational levels of the white population across states.*

The proportion of college-educated white adults in the state population is unrelated to the fertility of white teenagers, but both the black teen birth rate and the non-marital birth rate among young black teens are lower when a higher proportion of the black population in the state is college educated. The proportion of the population who had completed high school in the state is unrelated to rates of teen pregnancy or pregnancy resolution among teens.

Social context within the state

- *Measures of social disorganization are correlated with higher rates of childbearing, pregnancy and abortion among teens.*

The rate of violent crime in 1988 was used as a proxy for the level of social disorganization in the state. States with a higher rate of violent crime also experience a higher birth rate among white teens, a higher non-marital birth rate among black teens, and higher rates of pregnancy and abortion for all teens.

- *The level of civic involvement in a state is associated with teen fertility, but the direction of the relation varies by race. The proportion of fundamentalists in a state contributes to fewer non-marital births among white teens, fewer abortions, and a lower proportion of pregnancies ending in non-marital births.*

Voting behavior is often regarded as an indicator of civic involvement and efficacy. States in which a high proportion of the population voted in the 1988 Presidential election demonstrated lower birth rates among white teens; however, the proportion voting is associated with a higher non-marital birth rate among young black teens. It is also associated with a higher proportion of teen pregnancies that terminate in non-marital

The proportion of the state population that was affiliated with a fundamentalist faith in 1990 (e.g., Churches of Christ, Latter-Day Saints, Southern Baptists, and Lutheran-Missouri Synod) is related to a lower rate of non-marital childbearing among young white teens. A greater proportion of fundamentalists in the state also predicts to a lower proportion of pregnancies ending in a non-marital birth and a lower proportion of pregnancies ending in abortion.

Female labor force participation

- *Rates of adolescent childbearing are higher in states where labor force participation among women is also high. Unemployment among women in a state is associated with a lower abortion rate and a lower propensity to abort given pregnancy.*

Higher rates of labor force participation among women are significantly related to higher rates of teenage childbearing among both white and black teens; however, the female unemployment rate is unrelated to rates of non-marital childbearing. High unemployment is related to lower pregnancy rates. However, given pregnancy, higher unemployment predicts a lower probability of abortion.

Prior rates of pregnancy, birth and abortion:

- *The prior teen birth rate in a state is the strongest and most consistent predictor of the 1990 birth rate in a state. Teen pregnancy rates and total abortion rates in 1985 are strongly predictive of 1988 rates of pregnancy and abortion.*

Prior fertility was shown to be a critical control variable: when this measure is included in our regression models, the positive association between several indicators, most notably services provided and the teen birth rate, becomes non-significant. States with relatively high birth rates in the mid-1980s retained their relative position in the late 1980s. A measure of the 1985 pregnancy rate is strongly predictive of the current pregnancy rate, and the prior abortion rate, as one would expect, is strongly predictive of the current abortion rate. In addition, the prior abortion rate is strongly predictive of the proportion of teen pregnancies that terminate in abortion as opposed to birth.

Quality of state-level data and statistics on teen fertility

- *Better data on Federal and state funding and policies are needed to support studies of policy and program outcomes.*

The capacity to carry out a strong study of the implications of public programs, policies, and funding on adolescent fertility is severely undermined by the inadequacies of the data currently available. In particular, appropriate data on family planning services, sex education, and child support were not found to be available. Moreover, because data on the proportion of teens in a state who are sexually active do not exist, it is not possible to control for this important confounding factor. Despite these weaknesses, the data suggest that social and economic disadvantages are associated with higher teen fertility, while greater funding for family planning and abortion are associated with lower teen fertility. With better data, a more precise understanding of this important issue may be forthcoming.

Endnotes:

1. Moore, K.A. and Snyder, N.O. (1994). "Facts-at-a-glance: 1991 Teen fertility in the United States." Washington, D.C.: Child Trends, Inc.
2. Gold, R.B. and Daley, D. (1991). "Public funding of contraceptive sterilization and abortion services. Fiscal Year 1990." Family Planning Perspectives, 23(5):204-211.
3. Moore, K.A., Blumenthal, C., Sugland, B.W., Hyatt, B., Snyder, N.O., and Morrison, D.R. (1994). "State variation in rates of adolescent pregnancy and childbearing." Final report to the Charles Stewart Mott Foundation. Washington, D.C.: Child Trends.
4. Sugland, B.W., Moore, K.A., and Blumenthal, C. (1994). "State family planning services delivery: Administrators' perspectives on service delivery and options for future family planning services." Washington, D.C.: Child Trends.

State Variation in Rates of Adolescent Pregnancy and Childbearing

Child Trends, Inc.

Child Trends, Inc. completed its final report on State Variation in Rates of Adolescent Pregnancy and Childbearing to the Charles Stewart Mott Foundation in March, 1994. Copies of that report are available from Child Trends, Inc. For further information or publications requests, contact: Child Trends, Inc., 4301 Connecticut Ave., N.W., Suite 100, Washington, D.C. 20008. (202)362-5580, or by FAX (202) 362-5533.

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Child Trends is a non-profit research firm that focuses on children and families. Established in 1979, with initial support from the Foundation for Child Development, Child Trends seeks to improve the quality, scope, and use of research and statistical information concerning America's children. Child Trends accomplishes this by:

- conducting basic research and evaluation studies on the factors that affect the development and well-being of children;
- educating the public, policy makers, and the media with respect to current trends in the circumstances of children's lives;
- improving the concepts and methods that guide research on the development and well-being of children in the United States, including the design and coordination of collaborative research projects in this field;
- fostering collaboration among social scientists and other professionals, including educators, medical researchers, policy makers and service providers to advance multidisciplinary approaches to understanding child development and well-being; and
- encouraging policy makers to use rigorous research and statistical information concerning children in the policy making process.

Child Trends employs a multidisciplinary research staff with expertise in social and developmental psychology, sociology, social demography, and public health. Child Trends maintains its own library of published materials, statistical reports and documents relating to children; and it disseminates numerous fact sheets, reports and papers as well as several compendia describing data on children and families. Requests for publications or further information may be directed to:

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Non-marital Childbearing among Adult Women

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Abstract

This paper compares fertility and economic outcomes of women with 3 types of non-marital births: those to women who never marry, those to women who marry soon afterwards, and those to women after a marriage. The sample is from the National Survey of Families and Households (NSFH). Estimates from logistic regression models suggest that among mothers who have another birth, never-married and post-marital mothers are more likely to have another non-marital birth. Additional non-marital births to never-married women are associated with high odds of being on welfare, low odds of working full-time and low household income.

Keywords: non-marital fertility, out-of-wedlock births, fertility history, pre-marital fertility, marital fertility

Introduction

Non-marital births account for nearly a third of all births in the United States today. The implications of this fact for the women who have these births, the children they represent and the society in which these events happen are momentous. Single mother households are more likely to be poor than two-parent households and more likely to have to rely on public assistance. Although most children of single mothers grow up to be well-adjusted, productive adults, as a group they are more likely to suffer poor outcomes than other children. Despite the importance of this topic, large gaps exist in the available research.

Most research on non-marital childbearing has focused on adolescent girls. Although three-quarters of teen births are to unmarried teens, non-marital teen births account for only 30 percent of all out-of-wedlock births; most non-marital births occur to women in their twenties. To address this gap, the current paper describes the characteristics of adult women who have non-marital births.

In most studies, all non-marital births are grouped together. In this paper, the circumstances under which a non-marital birth can occur are divided into three categories and incorporated into the analyses. Never-married women may (a) have a birth and remain unmarried or (b) they may enter into a first marriage after a birth. The third category captures (c) women who have a birth after a marriage and who have not (yet) remarried.

We first describe these women and then follow them longitudinally. First, we compare the subsequent fertility of women with different types of non-marital births using women with only marital births as a comparison group. The effect of these various fertility patterns on other outcomes, such as welfare receipt, employment status and household income is then measured.

Data are from the 1987-88 and 1992-94 waves of the National Survey of Families and Households (NSFH).

Background

Trends in Non-marital Fertility

Both the number and the percentage of non-marital births have risen dramatically in the past fifty years. Through the 1950s, non-marital birth rates were stable, rates then started rising steeply, particularly after the mid-1960s, so that while only 4 percent of births occurred to unmarried women in 1940, by 1994, 31 percent of all births in the United States were to single women. Two out of three births to black women and one out of four births to white women were outside of marriage. Although the starting point and magnitude of change in the level of non-marital births differs for various groups of women, the general trend is similar in direction and importance for all groups of women (U.S. Department of Health and Human Services, 1995).

Contrary to commonly held stereotypes, most non-marital births are not to teenagers, either black or white. Most women who have a non-marital birth are in their twenties. This important fact is often ignored or overlooked in discussions of trends and consequences of non-marital fertility. Trends in non-marital teen fertility are important, however, as many older unmarried women who give birth had their first birth during their teen years.

A number of post-war demographic trends have contributed to, or are related to, the rise in non-marital fertility, particularly changes in marriage patterns. Average age at first marriage has increased, divorce rates have risen, and remarriage rates have declined. Together, these patterns result in women spending more of their reproductive years outside of marriage than previous generations, putting them at greater risk of having a birth outside of marriage.

Specifically, the increasing tendency to marry later results in longer exposure to the risk of a pre-marital birth. A related trend is the decline in the percentage of women who married between a conception and a first birth over the past several decades (Bachrach, 1996). Meanwhile, higher divorce rates, which have mirrored a growing general acceptance of divorce (Thornton, 1989), and lower remarriage rates increase women's exposure to the chances of a post-marital birth (Wojtkiewicz, McLanahan & Garfinkel, 1990).

Consequences of Non-marital Fertility

The study of non-marital childbearing is important because of the many social and economic ramifications for children born to single women. The most serious outcome associated with non-marital fertility is the high rate of poverty faced by families comprised of unmarried women and their children.

In 1989, 63 percent of children who lived only with their mothers were in the bottom 20 percent of the income distribution, while only 2 percent of children of single mothers were in the top fifth. By contrast, only 14 percent of children in two-parent families were in the bottom fifth, while 21 percent were in the top fifth of the income distribution (Lichter & Eggebeen, 1993).

The shift in family structures from two- to one-parent households since the 1960s accounts for a significant proportion of the poverty experienced by children. The poverty rate of white children in 1988 would have been 26 percent lower if the distribution of family composition was the same in 1988 as it was in 1960. Similarly, if black children in 1988 were distributed across one- and two-parent households in the same proportions as they were in 1960, the 1988 poverty rate for black children would have been 38 percent lower (Eggebeen & Lichter, 1991). Thus, changing family structure among black and white children has exacerbated racial

differences in child poverty.

Children who are born into poverty, a common experience among those born to unmarried mothers, face very long periods of being poor. On average, poverty spells which start at birth last almost eight years; for black children the average length is 9.7 years (Bane & Ellwood, 1986). There are several potential pathways out of poverty for female-headed families: marriage, employment and public assistance. One-third of women who lift their families out of poverty over time do so through work. Marriage accounts for another 26 percent of exits from poverty spells for unmarried women with children (Bane & Ellwood, 1986). However, women with non-marital births are much less likely to marry by the age of thirty-five than other women; this is especially true if women who marry within six months of the baby's birth, who presumably marry the father of their child, are excluded from these calculations (Bennett, Bloom & Miller, 1995).

Children born to unmarried women often experience instability in their living arrangements while growing up. Just under three-fourths experience at least one transition, such as going from a single parent family to a step-family or to living with relatives. About 20 percent experience multiple transitions; these children are less likely than other children born to unmarried women are more likely to be living on their own and in the labor force by age 18 (Aquilino, 1996). Girls who experience frequent changes in family structure are at increased risk of having pre-marital sex during adolescence (Moore, Morrison & Gleib, 1995) and of having a pre-marital birth (Wu, 1996).

Studies also show that non-marital childbearing has significant influences on educational attainment. Analyses using the NSFH show that only 76 percent of children born to single

women either finish high school or earn a GED (Aquilino, 1996). Among the small fraction, about one in ten, who make a very early transition to a two-parent biological or adoptive family, the combined high school graduation or GED completion rate is 96 percent.

The timing of the experience of living in a single parent family may also be important in predicting educational outcomes. One study found a negative effect of living in a one-parent household on educational attainment by age 26 is greatest when it occurs during the pre-school years (Krein & Beller, 1988). This finding is especially pertinent to the study of the effects of non-marital fertility on children because the majority of even those children whose mothers eventually marry spend at least part of their pre-school years in female-headed households.

This paper seeks to extend previous research by examining patterns of subsequent fertility among single women and how these patterns affect the economic well-being of families over time.

Methods

Approach

All women aged 19 and older interviewed in the first wave of the National Survey of Families and Households (NSFH) who had a birth in the five years prior to the first interview constitute the sample for this analysis; these mothers were divided into two groups. Women who had only marital births constitute the first group, and, for many analyses, the comparison group. The second group is comprised of women who had a non-marital birth during that same period; this group is divided into three subgroups: a) women who were never married at the time of the birth and remained unmarried by the time of the Wave I interview; b) women who were also

never married at the time of the birth but had married by the first interview; and c) women whose non-marital birth followed a marriage ended by separation, divorce or death of a spouse. All four sets of women were then followed to the second interview which occurred approximately five years later.

Subsequent births are the first outcome of interest. We examine the likelihood that women in the various groups will have an additional birth(s) and, in particular whether the birth is a marital or non-marital birth. In turn, the occurrence of a birth, and whether such births are marital or non-marital, is hypothesized to be related to outcomes at Wave II that affect the well-being of these women and their children, such as welfare receipt, maternal employment and household income.

Data

The data used for this analysis are from the two waves of the NSFH. The first set of interviews was conducted in 1987 and 1988; the second wave was conducted from 1992 to 1994. The sample consists of 1,536 women who had a birth in the five years prior to the first interview. These women were categorized by whether that birth occurred inside or outside of marriage: 1,056, or 68.8 percent, had had a marital birth. The remaining 480, 31.2 percent, were not married: 18.6 percent had never been married at the time of the birth and were still unmarried at time of the Wave I interview (never-married birth subgroup); 4.0 percent were unmarried at the time of the birth but had married before the time of interview (pre-marital birth subgroup); and 8.6 percent had previously been married but were unmarried at the time of the birth (post-marital birth subgroup).

Overall, 80.9 percent of these women were re-interviewed at Wave II. The attrition rate

was lower for women who had had marital births than for those who had had non-marital births; 84.6 percent of the women with marital births were re-interviewed compared with 75.1 percent of the never-married birth subgroup, 67.7 percent of the pre-marital birth subgroup and 70.7 percent of the post-marital birth subgroup.

Analysis Plan

The first set of analyses is descriptive in nature and compares the demographic and background characteristics of women with marital births in the five years prior to Wave I with women who had a non-marital birth during this period. These characteristics include age, race, education, past fertility, family background, welfare history and family size preferences. Past fertility is operationalized as the total number of births prior to the Wave I interview. Whether a woman lived with both biological/adoptive parents continuously up to age 16 and whether her family received public assistance before she was 16 years old are used to describe family background. Number of years of welfare receipt in the five years prior to Wave I is used as a measure of women's recent economic situation. Two variables are used to describe family size preferences. The first measures whether women ever got pregnant sooner than they intended; the second measures whether women had more children by Wave I than they intended. Descriptive analyses of subsequent fertility of these groups are also presented.

The next set of analyses are multivariate and follow each group of women over time from Wave I to Wave II. First, the odds of a birth between Waves I and II are estimated. The key relationship being tested in this step is that between a woman's pre-Wave I fertility and her fertility history subsequent to Wave I - whether she had another birth and if so, whether it was a marital or non-marital birth. (Due to the small number of births to cohabiting women, it was not

feasible to analyze these births separately from women who were unmarried and not cohabiting at the time of a birth. Therefore, births to cohabiters and to single non-cohabiting women are combined in these analyses.)¹

Logistic regression models were run for three outcomes. They are: 1) the odds of having at least one birth, either marital or non-marital, versus no births by Wave II; 2) the odds of having a marital birth given any birth; and 3) the odds of having a non-marital birth given any birth.²

Each model includes relevant sociodemographic control variables along with dummy variables that describe whether a woman belonged to the marital birth group or to one of the non-marital birth subgroups. Women with marital births comprise the reference category.

The goal of the final set of analyses was to examine the relationship between fertility history, both before and after Wave I, and several Wave II outcomes -- the odds of receiving welfare at Wave II, the odds of being employed full-time, and household income. Each model includes sociodemographic controls and variables that categorize women's fertility based both on which pre-Wave I group women were in together with their fertility between Waves I and II.

Based on these factors, six categories were designated:

- 1) marital birth prior to Wave I and no birth after Wave I (the reference category);
- 2) marital birth prior to Wave I and a marital birth after Wave I;
- 3) marital birth prior to Wave I and a non-marital birth after Wave I;
- 4) non-marital birth prior to Wave I and no birth after Wave I;
- 5) non-marital birth prior to Wave I and a marital birth after Wave I; and
- 6) non-marital birth prior to Wave I and a non-marital birth after Wave I.

This step of the analysis estimates the effect of fertility history on several aspects of the well-being of these women and, by extension, their children. All analyses are weighted.

Results

Descriptive Results

Women in the marital birth group tend to differ significantly and substantially, in terms of their background and demographic characteristics, from women with non-marital births. Further, within the non-marital birth group there are interesting differences between the three subgroups (never-married, pre-marital, post-marital) as well.

Table 1 presents these comparisons. Women with marital births are more likely to be white and are older than other women. They come from more advantaged family backgrounds, with most having lived with both parents while growing up; few had been on welfare³ when growing up. As adults they are also more economically advantaged, as evidenced by the very short average time spent on welfare, and their higher number of years of schooling. There are also significant fertility-related differences between women in the marital and non-marital groups. Fewer women with marital births were teen mothers, and fewer got pregnant sooner than they intended or had more children than they intended.

- Table 1 about here -

There are several consistent patterns across the three non-marital birth subgroups. They are disproportionately black and Hispanic, their educational attainment is low, and more than half of the women in each subgroup were teen mothers and reported ever getting pregnant sooner than they intended.

There are also some interesting differences across the non-marital birth subgroups. Overall, women in the never-married birth subgroup tend to come from the most disadvantaged backgrounds and to be economically disadvantaged adults. They are also disproportionately black and Hispanic. In general, women in the pre-marital birth subgroup are similar to those in the marital group, particularly in terms of family background characteristics and the small amount of time they spent on welfare as adults. There are some differences, however; women in the premarital group are more likely to be white, under age 25, and to have had a teen birth than the women in the other non-marital birth subgroups. Women in the post-marital birth subgroup are much older on average than other women with non-marital births; they are similar to women with marital births in this respect. They have the highest parity of any group and are more likely to report having a(nother) child when they had intended not to have any (more) children.

Between Wave I and Wave II, almost half of the women in the sample went on to have another birth. Table 2 presents these percentages by marital and non-marital birth categories. Among the 42 percent of women in the marital birth group who had another child, the vast majority (94 percent) of these births occurred within marriage. Women in the pre-marital birth subgroup were most likely to have another child; of those women who did, almost 90 percent had marital births. In contrast, 70 percent of the births to women who had never married by Wave I occurred outside of marriage; this was also the case for more than 60 percent of the births to previously married women. Probably due to both their already high average parity and their relatively older ages, women in the post-marital birth subgroup were the least likely to have additional births of any kind.

- Table 2 about here -

Longitudinal Results

Odds of a Birth

The first set of logistic regressions estimates the odds of a birth between Waves I and II (Table 3). The first column presents the odds ratios for any birth. We found that whether a woman had a birth of any kind, either a marital or a non-marital birth, after the Wave I interview is not related to the kind of birth she had before Wave I. Both desired family size and having had a mistimed pregnancy are correlated with the odds of a birth: women who said that they experienced becoming pregnant sooner than they intended had lower odds of another birth while women who said they wanted another child are much more likely to have another birth. However, there is no correlation between already having more children than intended and the odds of another birth. The longer a woman receives welfare the higher her odds of a birth; in the meantime, her odds of giving birth decline with age. Having had a teen birth increases the odds of having a birth between Waves I and II.

- Table 3 about here -

The next two models include only women who had a positive outcome in the first model, that is, women who had either a marital or non-marital birth between Waves I and II. Thus, the model presented in column 2 estimated the odds of having a marital birth between Waves I and II versus a non-marital birth for women who had had a birth during this time. Column 3 contains the estimated odds of having a non-marital birth between Waves I and II versus having a marital birth among women who had had a birth.

Among women who gave birth after Wave I, those in both the never-married and post-marital birth subgroups were much less likely to have a marital birth and much more likely to

have a non-marital birth than were women in the reference group after controlling for demographic and fertility variables. The third non-marital subgroup, women with pre-marital births did not differ significantly for either of the birth outcomes from women with marital births.

Race/ethnicity is a significant predictor of the odds of having a marital or non-marital births. Compared to white women, black and Hispanic women who gave birth were less likely to have a marital birth and more likely to have a non-marital birth. On the other hand, when the two types of births were analyzed separately, the relationship between age and fertility, seen for all births, vanished.

The desire to have another child is a significant and positive factor in the marital birth model, but decreases the odds of a non-marital birth. Length of recent welfare receipt is not associated with the odds of a marital birth but is positively associated with the odds of a non-marital birth. Net of other factors, women who were teen mothers were almost three times as likely to have a non-marital birth as other women, while this factor was not associated with the odds of a marital birth.

Wave II Outcomes

Welfare. The odds of being on welfare at Wave II were estimated using a model with a set of dummy variables which combine whether a woman was in the marital or non-marital birth group at Wave I with whether she subsequently had a marital birth, a non-marital birth, or no births between Waves I and II (as described above).⁴

The bottom of the first column of Table 4 shows that, compared to women with a marital birth before Wave I and no subsequent births (the reference group), women who ever had a non-

marital birth were significantly more likely to be receiving welfare at Wave II. This is not surprising given the well-established link between single motherhood and welfare receipt. The exception to this pattern is women whose non-marital birth occurred before Wave I and who subsequently had a marital birth, signaling a change in marital status. Women with more recent non-marital births, that is, births after Wave I, had higher odds of being on welfare at Wave II than women whose last non-marital birth was prior to Wave I. This result suggests both that having a non-marital birth has long-term consequences in terms of welfare receipt and that these consequences lessen over time.

- Table 4 about here -

Several control variables were significantly related to the odds of being on welfare at Wave II. As might be expected, past dependence on welfare, both during childhood and during the years immediately prior to Wave I, is correlated with increased odds of welfare receipt. On the other hand, years of education is inversely related to the likelihood of being on welfare. Net of other variables in the model, women whose first birth occurred before the age of twenty are 71 percent more likely to be on welfare at Wave II, a finding that suggests that teen births have long-lasting consequences for this particular outcome.

Employment. The odds ratios for full-time employment (30 or more hours per week) for the six fertility dummy variables are shown at the bottom of the middle column of Table 4. Overall, a recent birth, whether it be marital or non-marital, tends to lower the odds of working full-time. This is particularly the case for recent non-marital births; regardless of the type of birth prior to Wave I, women with a non-marital birth after Wave I are only about 30 percent as likely to be working as women in the reference category.⁵ Women with recent marital births

were also less likely to be working, although the difference is significant only for women whose births all occurred within marriage. These results suggest that the recent birth of a child has a more negative effect on a woman's likelihood of being employed than whether that birth occurred inside or outside of marriage, though it is intriguing that unmarried mothers are less likely to work than married mothers.

Women who lived with both parents during their childhood were less likely to be working full-time possibly because these women are more likely to be married and therefore under less economic imperative to work. Interestingly, becoming a mother while still a teenager increases the odds of working full-time at Wave II, as does each additional year of education. Number of years spent on welfare prior to Wave I is inversely related to the odds of being employed; women on welfare tend to have fewer job skills and lower human capital than other women.

Income. The OLS regression model predicting Wave II income, presented in log form, is shown in the third column of Table 4. Once again, having a recent non-marital birth is significantly associated with the outcome. In this case, a non-marital birth after Wave I is significantly and substantially related to lower Wave II income compared to that of the reference group, while the household income of women who had a marital birth during that time (whether or not their pre-Wave I birth was marital or non-marital) did not differ from those in the reference group. This result is due to the fact that most of the women in each of these three groups -- Wave I non-marital birth and Wave II marital birth, Wave I marital birth and Wave II marital birth, and Wave I marital birth only -- were married at Wave II.

Unless a woman marries following a non-marital birth, having a non-marital birth is

associated with lower financial well-being over the long-term. For example, women who had non-marital births between 1982 and 1987 and remained unmarried at Wave II still had lower incomes five to twelve years later, compared with women who had marital births during that time (and no subsequent non-marital births).

Race, education and welfare history are also correlated with household income at Wave II. Compared to whites, both black and Hispanic women have lower incomes. Years of education is positively associated with income, while both ever having been on welfare as a child and years of welfare receipt prior to Wave I are negatively related to this outcome.

Discussion

Several important patterns emerge from these analyses. Women who have marital births generally come from more advantaged backgrounds than women with non-marital births and married women are similarly more advantaged after a birth. This seems to reflect both background variables that are related to the chances of being married and to the economic benefits of marriage itself. It can, however, be misleading to lump all types of non-marital births into one category, as there are important differences among women who give birth prior to marriage, after marriage, or who never marry, on a variety of measures. For example, women who marry after a non-marital birth more closely resemble those with marital births than other women with non-marital births. This pattern suggests that the order of these events - birth and marriage - are not as critical for demographic and economic outcomes as the fact that both events do occur.

The analysis of subsequent birth patterns suggests that, with the exception of women who

marry soon after a non-marital birth, women with marital births do not generally go on to have a non-marital birth. The reverse pattern also appears fairly strong; subsequent births among women who already had one non-marital birth also tend to occur outside of marriage.

Women with non-marital births who never marry appear to have the grimmest outcomes. Having a non-marital birth has been shown to lower the odds of marrying (Bennett, Bloom and Miller, 1995) for never-married women, which means that long-term single motherhood is a likely fate for many of these women. Their relatively negative economic status is at least partially due to the very fact that they never marry. While becoming employed is the most common means out of poverty for female-headed households and the reason for more than two-thirds of welfare exits (Harris, 1993), the recent occurrence of a birth, marital or non-marital, lowers the odds of being employed for mothers.

The patterns seen in these analyses suggest that women's marital status at the time of a birth is related to the source and hence the amount of their household income. Women whose recent births occur outside of marriage are more likely to turn to welfare as a source of financial support while women with marital births, by definition, have a husband. The income from a husband not only lowers the need to work to support herself and her children and permits women to avoid reliance on public assistance, but husbands tend to contribute much more income to a household than does the state. In terms of household income, employment and welfare, women who had a non-marital birth before Wave I but went on to marry before having another birth are statistically indistinguishable from women with only marital births on the outcome measures examined here while other women with pre-Wave I non-marital births fare worse at Wave II. This pattern suggests that although a non-marital birth has enduring negative economic

consequences for women, and thus their children, marriage tends to improve economic outcomes.

In conclusion, these results strongly suggest that non-marital fertility is not a homogenous category; rather, the circumstances under which such births occur and their timing in the life course of women are important factors to consider when analyzing potential ramifications of non-marital childbearing, even in a sample limited to adult childbearers. Thus, when possible, it is important to keep this heterogeneity in mind when designing future research and policy on this topic.

1. With minor exceptions, multivariate results excluding women who had births while cohabiting did not differ appreciably. When cohabiting births were excluded from the analyses predicting the odds of a birth between Waves I and II, Hispanic women were significantly more likely to have a non-marital birth after Wave I given any birth. Years on welfare from 1982-1987 were significantly and inversely related to the odds of a marital birth, given any birth. In analyses of household income at Wave II, blacks no longer differed significantly from whites.

2. A small number of women had both marital and non-marital births, they were scored as being positive for all three outcomes. Thus, they prevent the conditional odds of a marital birth being the reverse of the conditional odds of a non-marital birth.

3. In the NSFH, welfare is defined as AFDC, Food Stamps, General Assistance, and heating subsidies.

4. If a woman had both a marital and a non-marital birth after Wave I, she was placed in the non-marital birth category.

5. These patterns held when the work outcome was defined as one or more hours per week (any employment) or 20 or more hours per week (at least part-time employment).

Table 1. Wave I demographic characteristics by marital status of birth among women who had a birth in the five years prior to Wave I (weighted).

Variable	Marital birth	Never married	Non-marital birth subgroups	
			Pre-marital	Post-marital
<i>Race*** (%)</i>				
White	83	33	69	59
Black	7	52	26	31
Hispanic	11	15	5	10
Education***	13.1 (2.4)	11.4 (1.4)	11.6 (1.3)	11.9 (1.3)
<i>Age*** (%)</i>				
≤19	3	16	17	4
20-24	14	44	58	12
25-29	34	24	23	33
≥30	49	16	2	51
<i>Family background</i>				
Lived with both parents*** (%)	69	42	64	47
Family ever on welfare*** (%)	10	36	10	28
<i>Fertility</i>				
Teen birth*** (%)	20	58	71	60
Any pregnancy sooner than intended*** (%)	44	75	79	63
Have more children than intended*** (%)	14	30	13	35
Parity at Wave I***	2.1 (1.1)	2.0 (1.1)	1.7 (0.8)	3.2 (1.2)
Years on welfare, 1982-1987	0.3 (0.9)	2.1 (1.7)	0.8 (1.3)	2.3 (1.8)
N	894	214	42	94

***p≤.001

Table 2. Percentages of women with marital and non-marital births prior to Wave I who had births between Wave I and Wave II (weighted).

<u>Wave I birth group</u>	<u>Any birth</u>	<u>Type of post-Wave I birth</u>	
		<u>Marital birth</u>	<u>Non-marital birth</u>
Marital birth	42	40	3
Non-marital birth			
Never married subgroup	53	16	38
Pre-marital subgroup	61	54	13
Post-marital subgroup	28	10	17
Overall	44	36	8

Table 3. Odds of a birth between Wave I and Wave II by marital birth and type of non-marital birth in the five years prior to Wave I (weighted).

Variable	Any birth	Given a birth: Marital birth	Non-marital birth
<i>Race</i>			
Black	1.13	0.12**	5.72***
Hispanic	0.79	0.25*	3.06
White (ref.)	1.00	1.00	1.00
Education	0.99	1.11	0.88
<i>Age</i>			
≤19	3.26*	0.72	1.14
20-24	2.19**	0.37	1.86
25-29	1.72**	0.68	1.51
≥30 (ref.)	1.00	1.00	1.00
<i>Family background</i>			
Lived w/both parents	0.94	0.84	1.81
Ever on welfare	0.73	0.64	1.50
<i>Fertility variables</i>			
Any pregnancy sooner than intended	0.56**	1.26	0.95
Want more children	9.79***	4.26**	0.26**
Have more children than intended	0.87	0.89	0.96
Teen mother	1.67*	0.49	2.74*
Wave I parity	0.89	1.36	0.71
Years on welfare, 1982-1987	1.16*	0.70	1.54**
Never married subgroup	0.80	0.12***	9.56***
Pre-marital subgroup	0.88	1.00	1.72
Post-marital subgroup	0.56	0.08**	8.36*
Marital birth group (ref.)	1.00	1.00	1.00
-2 Log likelihood (17 df)	325.50	190.12	190.91

*p≤.05 **p≤.01 ***p≤.001

Table 4. Wave II outcomes by type of birth prior to Wave I and fertility between Wave I and Wave II (weighted).

Variable	Odds of receiving welfare	Odds of working full-time	Log(household income)
<i>Race</i>			
Black	1.54	1.58*	-0.86**
Hispanic	1.37	1.33	-0.61*
White (ref.)	1.00	1.00	
Education	0.79***	1.08*	0.11**
<i>Age</i>			
≤19	1.14	0.66	-0.64
20-24	1.68	1.09	-0.23
25-29	1.03	1.16	-0.08
≥30 (ref.)	1.00	1.00	
<i>Family background</i>			
Lived w/both parents	1.21	0.70*	0.07
Ever on welfare	2.08**	0.76	-0.50*
<i>Fertility variables</i>			
Teen mother	1.71*	1.64*	0.44*
Wave I parity	1.04	0.92	0.08
Years on welfare	1.48***	0.81***	-0.33***
<i>Wave I -> Wave II</i>			
Non-marital B -> Non-marital B	9.50***	0.29**	-3.35***
Non-marital B -> Marital B	2.07	0.58	0.07
Non-marital B -> No birth	3.11**	1.16	-1.24***
Marital B -> Non-marital B	15.85*	0.31*	-2.75***
Marital B -> Marital B	1.66	0.48***	-0.09
Marital B -> No birth (ref.)	1.00	1.00	
-2 log likelihood	310.52	71.83	
Intercept			8.63***
adj. R ²			0.24

*p≤0.1 **p≤0.05 ***p≤0.01 ****p≤0.001

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Report to Congress on Out-of-Wedlock Childbearing

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics

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Introduction

The Violent Crime Control and Law Enforcement Act of 1994 requires that the Secretary, in conjunction with the National Center for Health Statistics, prepare an analysis of the increases in nonmarital (out-of-wedlock) births, provide comparative data from foreign nations, and identify potential causes, antecedents and remedial measures.

Staff from the Office of the Assistant Secretary for Planning and Evaluation, the National Center for Health Statistics/Center for Disease Control and Prevention and the National Institute for Child Health and Development/National Institutes of Health formed a department working group to oversee the completion of this report.

Using data collected by the Department, primarily Vital Statistics and AFDC data, as well as some additional survey data, the report summarizes the current status and trends in nonmarital childbearing. In addition, information on related trends such as sexual behavior and marriage is included. International comparison data are also provided.

In addition, in order to capture the complexity of issues surrounding out of wedlock childbearing, this volume contains a series of supplemental papers by experts from various social science disciplines. Because researchers from different fields approach the issue of nonmarital births from different perspectives, their analyses reveals varied and sometimes contradictory findings. Each author produced a paper that summarizes the major literature related to nonmarital (out of wedlock) fertility in their field. In addition, the experts critically analyzed research findings, identifying areas of consensus, disparity and gaps in knowledge.

The papers on antecedents of nonmarital childbearing include:

- a description of the determinants of marriage;
- an ethnographic analysis of the relationship between family structure and nonmarital childbearing;
- a synthesis of literature that uses multivariate analyses to examine the relationship between public transfer programs and nonmarital births;
- a similar summary that focuses on the role of individual and neighborhood opportunities;
- a discussion of how access to and utilization of preventive services relate to nonmarital childbearing;
- an analysis of how the incidence of nonmarital childbearing varies with changes in social norms, both over time and across populations; and
- a description of the interrelationship of risk factors that lead to nonmarital childbearing by adolescents and identifies the lack of similar research on adults.

Following the papers on antecedents is a paper that discusses the consequences of nonmarital childbearing on both parents and children. The final paper provides a framework for developing remedial measures.

Nonmarital Childbearing in the United States

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

Introduction

In 1993, 1,240,172 births occurred outside of marriage in the United States. These births accounted for nearly a third of all births and drew the attention of policy makers, researchers, the media and citizens alike. The purpose of this report is to summarize available scientific information on nonmarital fertility and specifically to address four broad but critical questions.

- First, what are the trends in nonmarital childbearing? What is the breadth and magnitude of the increase in nonmarital fertility? Who is having children outside of marriage? How do fertility patterns and trends vary across demographic and social sub-groups?
- What are the consequences of nonmarital childbearing for children, for adults, and for the public? What negative consequences can be attributed to nonmarital childbearing per se, as distinct from consequences due to the generally disadvantaged circumstances of the couples who have children without marrying?
- A third important question focuses on the causes of the dramatic increase in nonmarital fertility. What factors have contributed to the upsurge in childbearing outside of marriage? Any attempt to address the issues raised by the increased incidence of nonmarital fertility requires an understanding of those factors. Most social and family behaviors are affected by numerous complex forces. Research findings on a variety of individual, family, neighborhood, community and policy factors that might affect the incidence of non-marital childbearing are summarized.
- A fourth topic concerns prevention of pregnancy or childbearing among unmarried persons and policies and actions to ameliorate the negative consequences associated with parenthood outside of marriage. In particular, issues for federal, state, and local policy makers to consider are outlined, along with suggestions for policy initiatives that might reduce nonmarital parenthood.

Finally, reflecting the dramatic increases in nonmarital sex, pregnancy, and parenthood, the need for further research and better data is addressed.

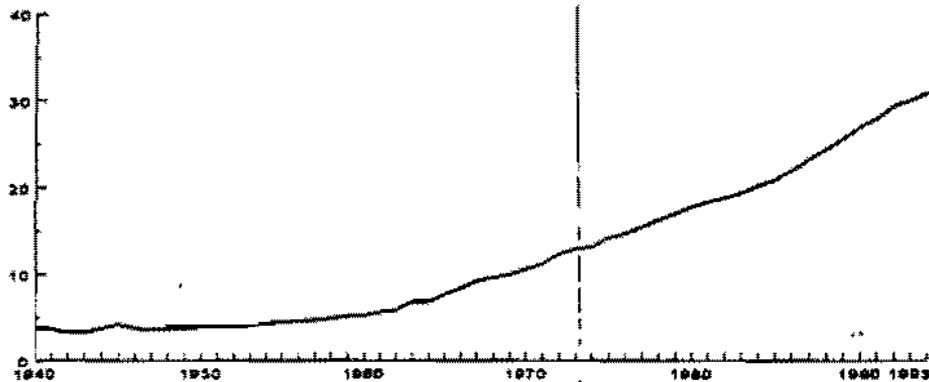
What Are the Trends and Patterns in Nonmarital Childbearing?

Every indicator points to substantial increases in non-marital fertility in recent decades, but a slowing of the rate of increase in the last several years.

- The number of nonmarital births has increased dramatically, from 89,500 in 1940 to 1,240,172 in 1993. However, the pace of the increase has slowed in the 1990s. Between 1980 and 1990, the number of nonmarital births rose on average by 6 percent annually. Between 1990 and 1993, the number rose by about 2 percent annually.

- The nonmarital birth rate, which measures the proportion of unmarried women who have a birth each year, has also increased. The rate rose from 7.1 births per 1,000 unmarried women in 1940 to 45.3 in 1993. However, after steady and dramatic increases in the late 1970s and the 1980s, the nonmarital birth rate has stayed the same since 1991.
- The nonmarital birth ratio describes the proportion of all births that occur outside of marriage. Between 1940 and 1993, the ratio rose from 38 to 310 per 1,000 births. Expressed as a percent, this means nonmarital births have risen from 4 percent to 31 percent of all births. This reflects both increases in nonmarital fertility and declines in marital fertility. Again, the 1990s have seen a slowing of the pace of increase. The nonmarital birth ratio rose by more than 4 percent annually during the 1980-90 decade, and by about 3 percent annually between 1990-93.

Figure 1. Proportion of Births to Unmarried Women: United States, 1940-1993



Source: Ventura, SJ. Births to Unmarried Mothers: United States, 1980-92. National Center for Health Statistics. *Vital and Health Statistics* 21(53). Ventura SJ, JA Martin, SM Taffel, et al. Advance Report of Final Natality Statistics, 1993. National Center for Health Statistics, 1993. National Center for Health Statistics. *Vital Statistics of the United States, 1993, Volume 1, Natality*. In preparation. See Appendix Table 1-3

The incidence of nonmarital childbearing has been rising for more than five decades. Between 1940 and 1960, increases were slow but clear. Since the 1970s, increases in the number, rate, and ratio of nonmarital births have been dramatic. Only in the last several years, however, has the pace of the increase slowed. Most notably, the nonmarital birth rate has not increased during the last three years for which data are available.

Increases in the rate of nonmarital childbearing have been steady for teenagers throughout this time period. Among women over age 20, however, nonmarital birth rates rose through the mid-1960s, declined, and then began to increase again in the late 1970s.

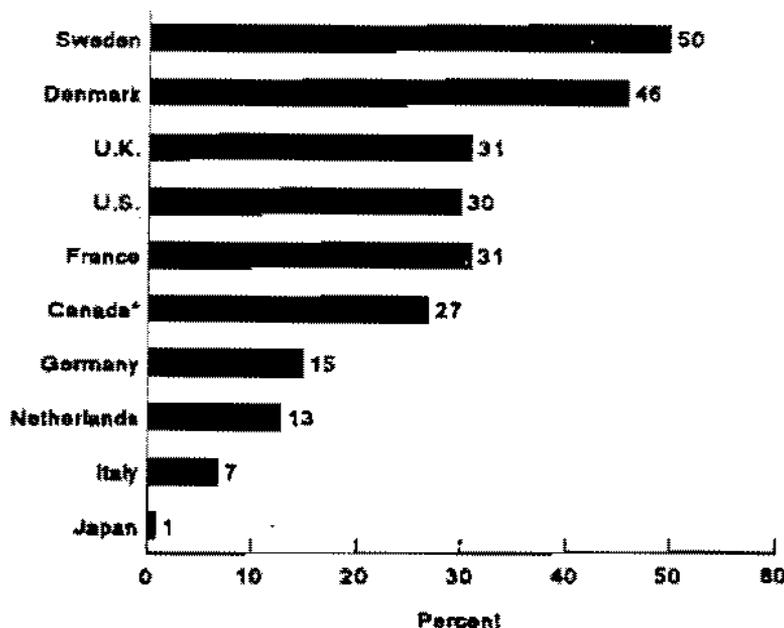
Increases in the proportion of all births that are nonmarital (the nonmarital birth ratio) reflect both an increase in the number of unmarried women in the population who are at risk of a nonmarital pregnancy and also higher rates of nonmarital childbearing. The larger population of unmarried persons is due primarily to delayed marriage among the large baby boom generation, as well as increases in divorce and separation. The combination of a higher rate of nonmarital childbearing together with a larger population of unmarried persons has resulted in a substantial increase in the number and proportion of nonmarital births.

Among all nonmarital births, the proportion that are first births has been declining. In 1993, less than half (48 percent) of all nonmarital births were first births.

It is important to recognize that not all births classified as nonmarital occur to women living alone. More than a quarter of nonmarital births occur to parents who live together without being legally married. Research indicates, however, that these cohabiting relationships are not as long-lasting as legal marriages. Although about four in ten cohabiting couples marry within three years of a birth, the majority do not; moreover, marriages preceded by cohabitation are more likely to dissolve than marriages entered by couples who did not cohabit first.

Other Western industrialized nations are also experiencing increases in the incidence of nonmarital childbearing. Trends toward delayed marriage, premarital sex, and cohabitation outside of marriage have occurred in a number of other countries. In 1992, the percent of births to unmarried women in the United States was 30 percent, but was higher in the United Kingdom, Denmark and Sweden. Americans are unique primarily because of relatively low levels of contraceptive use and very high rates of adolescent childbearing, compared with other industrialized democracies.

Figure 2. Percent of Births to Unmarried Women by Country, 1992



*1991 data.

Sources: Council of Europe. *Recent Demographic Developments in Europe, 1993*. Council of Europe Press, 1994; Statistics and Information Department, Ministry of Health and Welfare. *Vital Statistics of Japan, 1992*; Central Agency for Austrian Statistics. *Demographic yearbook, Austria, 1992*; Belle M. McQuillan K. *Births Outside of Marriage: A Growing Alternative*, *Canadian Social Trends*, Summer 1994. Statistics Canada.

Who Has Births Outside of Marriage?

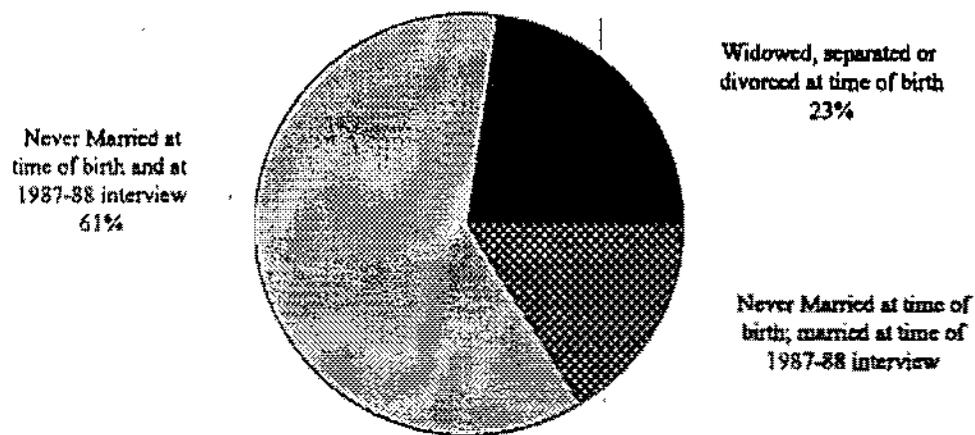
Contrary to commonly-held beliefs, only 30 percent of all nonmarital births in the United States occur to teenagers. Thirty-five percent of nonmarital births are to women aged 20-24, while 35 percent are to women 25 and older. On the other hand, teenagers account for about half of all *first* births to unmarried women. Although the nonmarital birth rate is higher for African Americans than for whites, the majority of nonmarital births (60 percent in 1993) are to white women and the rate is rising faster among white women.

Nonmarital birth rates are highest during the years from 18 to 29. Nonmarital birth rates tend to be higher among disadvantaged and less-educated women and those in urban areas. Among unmarried women aged 20 and older, women with less than a high school diploma are at least three times as likely to have a baby as unmarried women with some college. However, during the past decade, the nonmarital birth rate has risen in all age groups, in small towns as well as in cities, in all regions and states, and in all socioeconomic groups.

When they hear the phrase "unmarried parent," many Americans picture a teenage girl having a first child. However, there is no typical nonmarital birth. Nonmarital births can be first births, second births, or higher-order births. Nonmarital births can precede a first marriage; they can occur to a parent who is not married and who never marries; they can occur within a cohabiting relationship; or they can occur to a parent whose marriage has terminated. A woman with several children may have had one or more births within marriage and one or more births outside of marriage. It is important to note that more than 70 percent of single parent families have only one or two children.

Among the women interviewed in the National Survey of Families and Households was a substantial sub-sample who had a nonmarital birth between 1983 and the time of their interview in late 1987 or 1988. Of the women who had a nonmarital birth during the previous five years, 61 percent were never-married at the time they were interviewed; 16 percent had the birth outside of marriage but had married by the time of their interview; and 23 percent had the birth after the dissolution of their marriage.

Figure 3. Circumstances in which Nonmarital Births Occur: United States, 1987-88



Source: National Survey of Families and Households, 1987-88

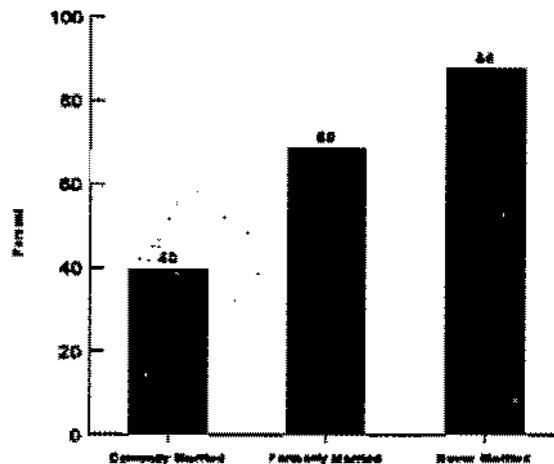
Path to Parenthood Outside of Marriage

Nonmarital parenthood is preceded by a series of decision points, including decisions about sex, contraceptive use, abortion, marriage, and adoption. Over the past several decades, premarital and nonmarital sex have become more common among adolescents and among Americans older than 20. Among women born between 1954 and 1963, who ever married, 82 percent had sex before they married. With delayed marriage and increasing rates of marital disruption, the size of the population at risk of having a nonmarital pregnancy has expanded substantially.

Despite increases in the proportion of unmarried sexually active persons who use contraception, data indicate that married women are more regular users of contraception than unmarried women. In 1988, among sexually active women, 17 percent of never-married women and 11 percent of previously married women were not using contraception, compared with only 5 percent of currently married women. These differences reflect a variety of factors, including more stable and predictable relationships among married couples, the higher incomes of married couples, and frequently a greater ease in discussing and planning for sex among married couples. Nevertheless, 82 percent of unmarried sexually active women were contraceptive users in 1988, primarily relying on the pill (39 percent), sterilization (19 percent) and condoms (12 percent). Couples who do not use any method of contraception contribute disproportionately to the incidence of unintended pregnancy; however, rates of method failure are also high, especially for methods that have to be used at the time of intercourse, such as spermicides.

The vast majority of pregnancies and births to unmarried women are unintended at conception. Data from the 1988 National Survey of Family Growth indicate that 88 percent of the pregnancies experienced by never-married women were unintended, as were 69 percent of the pregnancies to previously married women and 40 percent of the pregnancies to married women.

Figure 4. Percent of Pregnancies to Women 15-44 that are Unintended, by Marital Status, 1987



Source: Fursten J.D. 1994. Epidemiology of Unintended Pregnancy and Contract Use. *American Journal of Obstetric Gynecology* 170: 1485-1488.

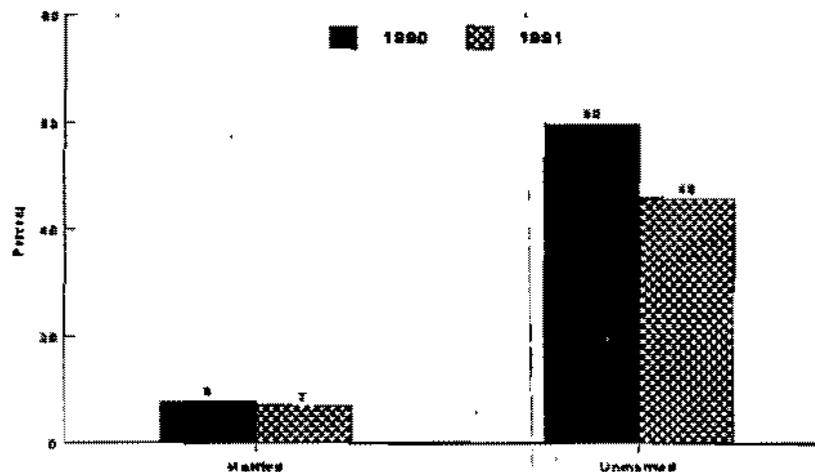
It takes sustained motivation to abstain from sex and/or contracept consistently, and for a variety of reasons such motivation is often lacking. Factors such as over-estimation of the risks of contraception, under-estimation of the likelihood of pregnancy, a lack of educational and career opportunities, passivity and/or impulsiveness, the

cost of contraception, and ambivalence about sex, birth control, and pregnancy undermine the motivation to prevent pregnancy. In addition, sexual intercourse is coerced in some cases. In fact, data indicate that, among girls 14 or younger when they first had sex, a majority of these first intercourse experiences were nonvoluntary. Evidence also indicates that among unmarried teenage mothers, two-thirds of the fathers are age 20 or older, suggesting that differences in power and status exist between many sexual partners. These differences may be another factor undermining contraceptive use, especially when the female is quite young. Consequently, many couples who don't seek pregnancy nevertheless experience pregnancy.

Little progress was made in reducing the rate of nonmarital pregnancies during the 1980s. The nonmarital pregnancy rate increased among white women between 1980 and 1991 (from 69 to 81 pregnancies per 1,000 unmarried women aged 15-44), while it declined slightly among women of other races between 1980 and 1991 (from 180 to 174 pregnancies per 1,000 unmarried women aged 15-44). Unmarried women experience an estimated 2.8 million pregnancies annually.

The probability that a nonmarital pregnancy resulted in a birth increased between 1980 and 1991, as the proportion of nonmarital pregnancies that ended in abortion declined from 60 to 46 percent. This decline in abortion was particularly large among white women. In 1991, nonmarital pregnancies were equally likely to end in birth or abortion; about one in ten ended in miscarriage.

Figure 5. Percent of Pregnancies Ending in Abortion by Marital Status among Women of all Races, Aged 14-55: United States, 1980 and 1991

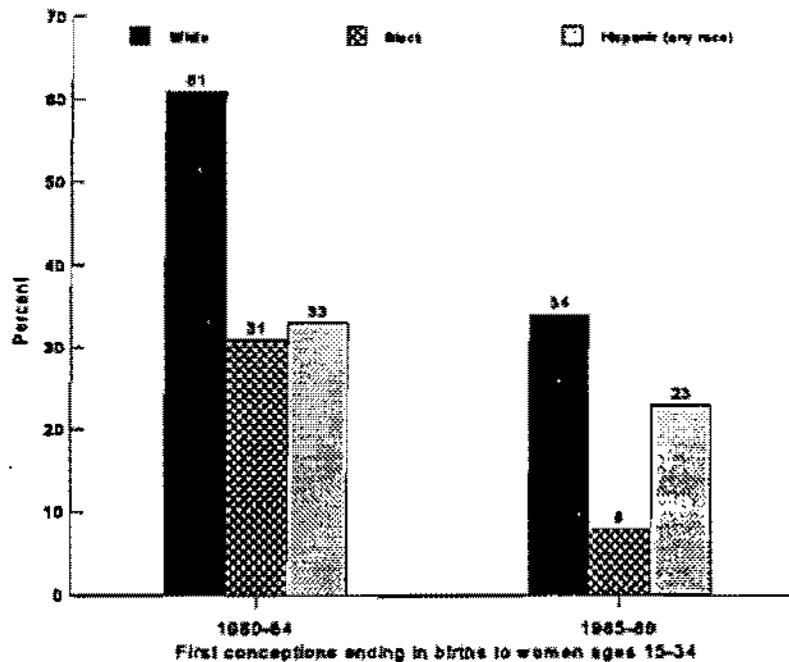


Source: Ventura et al. 1995. Trends in Pregnancies and Pregnancy Rates: Estimates for the United States, 1980-92. *Monthly Vital Statistics Report*, 43(11). Hyattsville, MD: National Center for Health Statistics.

The declines in marriage among couples experiencing a nonmarital pregnancy are as dramatic as the recent declines in abortion. If unmarried pregnant women who have a live birth had married at the same rate in the mid-1980s as they did in the 1960s, the increase in nonmarital births would have been quite small. However, "shotgun" marriages have become the exception rather than the rule. From the 1960s to the 1980s, the

proportion of nonmarital conceptions carried to a live birth in which the parents married before their child was born plummeted from 31 to 8 percent among blacks, from 33 to 23 percent among Hispanics, and from 61 to 34 percent among whites.

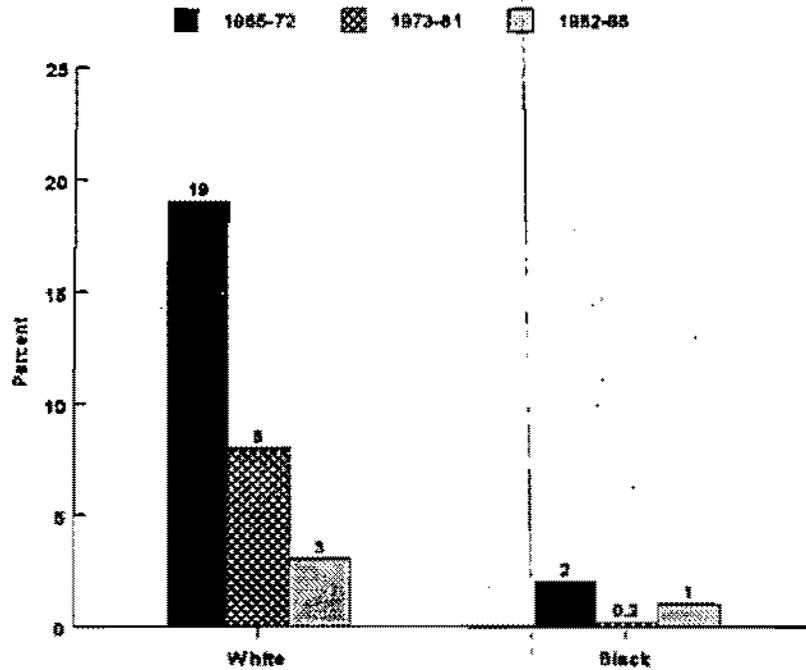
Figure 6. Among Women who Conceived Before Marriage, Percent Marrying Before Birth of Child



Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 454, *Fertility of American Women: June 1990*. Washington, DC.: U.S. Government Printing Office

Since adoption occurs after childbirth, it does not affect nonmarital birth rates; but the declining incidence of adoption has served to increase the number of unmarried persons raising children. Between 1960 and 1973, about one in five premarital births to white women were given up for adoption, compared to less than one in ten in the late 1970s and only one in thirty in the 1980s. Formal adoption is rarely chosen by unmarried black or Hispanic parents.

Figure 7. Among Children Born to Never Married Women Aged 15-44, Percentage Who Were Relinquished for Adoption, by Race and Year of Birth: United States



Source: Bachrach, C. et al. 1992. Relinquishment of Premarital Births: Evidence from National Survey Data. *Family Planning Perspectives* 24(1):27-33.

What Are the Consequences of Nonmarital Childbearing For Women, Children, and Society?

The central, and very difficult, task in identifying the consequences of non-marital childbearing is to disentangle the effects of a person's marital status at childbirth from the effects of the person's other characteristics. The men and the women who become parents outside of marriage tend to be disadvantaged even before pregnancy occurs. If their children have problems or they receive public assistance, researchers must distinguish whether these negative consequences occur because the child was born outside of marriage or because of the parents' pre-existing disadvantages.

The answer provided by research to date is that pre-existing factors account for much but not all of the difficulties experienced by children and adults in single-parent families. Despite consistent evidence of greater risk, the research also shows that the majority of children in single parent families develop normally. The exact magnitude of the effects that are caused by nonmarital childbearing has not been isolated, but effects have been characterized as small to moderate, depending on the outcome being examined.

To date, little research has specifically examined the consequences of nonmarital childbearing. Thus, although a great deal of research has examined outcomes for children and mothers in single parent families, most studies of family structure have looked at single parent families without distinguishing among divorced, separated, widowed, and never-married families. These studies have found that unmarried mothers are less likely to obtain prenatal care and more likely to have a low birthweight baby. Young children in single-mother families tend to have lower scores on verbal and math achievement tests. In middle childhood, children raised by a single parent tend to receive lower grades, have more behavior problems, and have higher rates of chronic health and psychiatric disorders. Among adolescents and young adults, being raised in a single-mother family is associated with elevated risks of teenage childbearing, high school dropout, incarceration, and with being neither employed nor in school.

Researchers find that these negative effects persist even when they take into account factors, such as parent education, that often distinguish single parent from two-parent families. Other pre-existing differences may, of course, still distinguish single-parent families from two-parent families. Researchers have increasingly attempted to take account of subtle and difficult-to-measure variations in motivation, values, aptitude, and mental and physical health. To date, such analyses continue to find poorer outcomes among children in single-parent families.

Up to half of the negative consequences for children associated with single motherhood appear to reflect the low incomes of these families. The remaining effects seem to be due to greater residential instability, pre-disruption conflict, and less parental supervision and/or involvement in childrearing. Studies do not find that (re)marriage resolves the negative consequences associated with growing up in a single parent family.

Single mothers themselves experience elevated rates of depression, low self esteem, poor health, and general unhappiness. In addition, their marriage prospects are reduced relative to women who do not have a premarital birth. They also have an elevated probability of receiving not only Aid to Families with Dependent Children but Food Stamps and Medicaid. In 1992, 58 percent of AFDC children were in families with never-married mothers.

As yet, little research has examined the consequences for men, though recent work indicates that men who do not marry experience few socioeconomic costs. Also, as noted only a few studies have compared outcomes for the children of never-married mothers with outcomes for children in other types of single-parent families. Results from these studies suggest that the consequences for children raised by never-married mothers are similarly negative to those of children in disrupted families. The optimum family situation for children is being born into and growing up in a family established by both biological parents, particularly if it is a low-conflict family.

Thus, the research to date indicates that, given current economic and social realities, nonmarital childbearing has negative consequences for children, for women, and for taxpayers. What factors account for the high and increasing incidence of nonmarital childbearing in the United States?

Causes of Nonmarital Childbearing

During the last several decades, when the incidence of nonmarital childbearing was increasing so dramatically, numerous other changes were witnessed in virtually every other sector of society. Consequently, not only is it difficult to disentangle what role these changes have played in increasing nonmarital fertility, it is unlikely that there is a single factor that explains this important social change. Rather, possible influences on nonmarital fertility range from individual and family characteristics, to peer, neighborhood and community influences, to local, state and federal policies and programs, and to larger influences such as the media and changes in attitudes,

values and norms. Few studies have examined the predictors of nonmarital fertility using all of these measures. Indeed, studies that focus specifically on nonmarital childbearing are not frequent, though the number of studies is increasing in response to the rising incidence of nonmarital childbearing and the concerns of policy makers. Findings from the available literature are summarized below.

The Role of Welfare

A commonly offered explanation for nonmarital childbearing is the availability of welfare benefits for single mothers. This proposition takes two forms. The first hypothesizes that variation in the generosity of welfare benefits over time and among states has contributed to the growth in the incidence of nonmarital childbearing. A second hypothesis focusses on the existence of the program *per se* and asks whether and how the incidence of nonmarital childbearing would change if welfare were not available to unmarried mothers. Researchers have little capacity to address the second question because welfare is available in all states. A number of studies have addressed the first question, however, by examining whether states with more generous programs have higher rates of nonmarital childbearing or, sometimes, of teenage childbearing.

States differ on a host of dimensions apart from their welfare policies and fertility rates which might also affect the nonmarital fertility rate. Therefore, varied statistical strategies have been used to make comparisons across states more appropriate. Results from these studies are inconsistent, but when an association is found between welfare benefit levels and nonmarital fertility it generally applies only to whites. Moreover, when associations are found, they tend to be small. Given that welfare benefits declined during the 1970s and 1980s, availability of benefits cannot provide more than a partial explanation for increases in nonmarital fertility.

Welfare policy has also been hypothesized to affect marriage decisions. Given trends toward delayed marriage, high rates of divorce and separation, declining remarriage rates, and more frequent cohabitation, half of U.S. women aged 15-44 had either never married or were no longer married in 1993. The possibility that welfare accounts for some of these marital trends has been examined in several studies with mixed results. Some studies find an association, while others do not. Again, the decline in marriage occurred during a time period when welfare benefits were also declining, making it unlikely that welfare represents a major cause of the decline in marriage.

An additional possible influence of welfare has received little research attention. The hypothesis is that receipt of welfare on the part of one generation increases the propensity to avoid marriage and/or to have births outside of marriage in the next generation. The limited evidence on this issue suggests that long-term intergenerational welfare receipt may increase the risk of nonmarital childbearing, but it should be noted that long-term recipients represent a small and uniquely disadvantaged portion of all women (less than 3 percent of all women).

In sum, the evidence linking welfare benefits with rising nonmarital fertility is not consistent and does not suggest that welfare represents an important factor in recent increases in childbearing outside of marriage. A number of other explanations for rising rates of nonmarital childbearing have also been explored.

Economic Opportunities for Women and for Men

It has been suggested that increased wages and levels of employment for women have freed women from economic dependence on marriage. However, empirical studies have not supported this expectation. Rather, while higher levels of women's education, income and employment have been associated with later marriage, they are related to higher levels of marriage and lower rates of nonmarital childbearing.

Similarly, marriage is more likely for men who are well-educated, employed, and who have stable and high earnings. In addition, the supply of marriageable men (e.g., employed men) is related to the nonmarital *ratio*; that is, the more employed men in a community, the lower the proportion of births that occur outside of marriage. Thus, better employment opportunities for men are associated with a higher proportion of births taking place within marriage.

However, studies regarding the effect of male employment opportunities on the *rate* of nonmarital fatherhood, that is, the frequency of fatherhood among unmarried males, are not consistent. Moreover, economic explanations do not fully explain racial differences in family formation, nor do they provide a complete explanation for rising rates of nonmarital childbearing, as marriage and fertility patterns have changed among all socioeconomic groups. One study estimates that the deteriorating employment and earnings position of young men, particularly those who are poorly educated and minority, accounts for about 20 percent of the decline in marriage between 1950 and 1980. Thus, employment opportunities do not completely explain decreases in marriage or increases in nonmarital fertility. Nevertheless, there is fairly consistent evidence that improved socioeconomic circumstances are associated with a greater likelihood of marriage for both women and men, and that deteriorating economic circumstances, particularly for poorly-educated men, provide at least a partial explanation for rising nonmarital fertility.

Neighborhood Influences

A variety of mechanisms have been suggested as ways that neighborhoods might influence marital and fertility behavior. For example, undesirable behaviors may be spread throughout a neighborhood by peer interaction. Adult role models may encourage negative or positive behavior. Positive behavior can be encouraged by the monitoring of behavior among neighborhood residents. On the other hand, the lifestyles and standards of better-off neighborhood residents may lead low-income residents to feel discouraged about their own prospects and thus willing to risk a nonmarital birth.

Some evidence has been found that neighborhoods affect behavior. For example, the absence of advantaged neighbors has been found associated with teenage childbearing, and the presence of high proportions of public assistance recipients has been found to be related to nonmarital childbearing. However, because disadvantaged neighborhoods tend to have multiple negative characteristics, while advantaged neighborhoods tend to enjoy a variety of positive attributes, it is difficult to distinguish among the various explanations. Moreover, most studies have found that individual and family characteristics are even more important than neighborhood and community characteristics as predictors of marital and fertility behavior.

Variations in neighborhood characteristics cannot fully explain the increase in nonmarital childbearing, since increases have occurred across socioeconomic and geographic groups. Although the increasing concentration of impoverished persons within extremely disadvantaged communities does not explain the broader retreat from marriage that appears to be occurring across socioeconomic groups, it may help explain the acutely high proportions of births that occur outside of marriage in extremely impoverished neighborhoods.

Individual and Family Characteristics

Although relatively little research has been conducted on the family and individual factors leading specifically to nonmarital childbearing, a host of studies have examined the predictors of teenage childbearing. This research consistently identifies several broad categories of factors that predict early sexual activity, pregnancy, and

adolescent nonmarital childbearing: school problems, behavior problems, poverty, and family problems. More specifically, school problems include low grades and low educational aspirations. Behavior problems include early smoking, use of illegal drugs, alcohol use, delinquency and discipline problems at school. Poverty at both the family and the community level predict adolescent nonmarital parenthood. Family dysfunction has been examined in many forms. Research indicates that early sexual abuse increases the risk of adolescent childbearing. In addition, frequent residential moves and experiencing parental marital disruption have been found to elevate the risk of adolescent parenthood. Also, varied measures of inadequate parenting, such as poor communication and a lack of monitoring and involvement in the child's activities, have been found to predict adolescent parenthood.

Unfortunately, there are few studies of older unmarried persons, limiting our capacity to provide an assessment of how educational and occupational goals and opportunities, risk-taking, family functioning, and socioeconomic status predict to the occurrence of first and subsequent nonmarital births among adults. Confirming the continuation of patterns identified among adolescents, or revising our understanding regarding older couples, represents a priority for future research.

Attitudes, Values and Norms

Dramatic changes have occurred in Americans' views of marriage and childbearing. It is difficult to assess whether changes in attitudes have occurred in response to changes in behavior or vice versa. Most probably, influences have occurred in both directions. Moreover, the changes that have occurred in attitudes to date represent a built-in support for sustaining the changes that have occurred, and may provide a momentum for additional increases in nonmarital childbearing.

Major changes have occurred in attitudes about marriage. Although the vast majority of teenagers and young adults expect to marry, only a minority feel that marriage is an essential part of life for them. For example, only one in three young people agree that "It's better for a person to get married than to go through life being single." Similarly, despite a widespread belief that children develop better when they grow up with both parents and negative feelings about divorce as a way to resolve marital problems, four in five young people accept marital dissolution when there are children in the family and parents do not get along. Also, only three in ten young people agree that "single women should not have children, even if they want to."

Living together without being married is also accepted by a majority of contemporary young people, and only one in five express strong moral disapproval. Concomitantly, most younger Americans accept premarital sex at least for older teens and non-teens. Despite strong disagreement on the acceptability of abortion for unmarried people, a substantial majority of Americans think that contraception should be available for teenagers and older persons.

In general, younger persons hold considerably more tolerant attitudes than older persons. Also, more religious persons, regardless of affiliation, tend to hold more traditional attitudes. While youth care about the views of their parents, they tend to be equally or more attentive to the values of their peers on some topics. Indeed, many youth report acceptance of nontraditional marital and fertility behaviors from friends, and some youth report peer pressure to become sexually experienced. Moreover, the greater tolerance in recent years for sex and childbearing outside of marriage extends beyond the individual to family members, religious institutions, the media, and the legal system. Despite this greater tolerance for childbearing outside of marriage, few young people, or their parents, describe adolescent parenthood or nonmarital parenthood as desirable or sought-after events. Rather they are tolerated.

In sum, the data paint a clear picture of increasing and substantial tolerance for nonmarital childbearing and the behaviors leading up to nonmarital childbearing. Even if these tolerant attitudes and values do not actively encourage parenthood outside of marriage for a given individual, they may increase its prevalence by reducing the personal, social and familial pressures that have discouraged nonmarital parenthood in previous generations.

Strategies to Prevent or Reduce the Incidence of Nonmarital Childbearing

Given that most pregnancies occurring outside of marriage are unintended at the time of conception, there would appear to be substantial common ground between the individuals who have children outside of marriage and the policy makers and citizens who seek a reduction in nonmarital fertility. Despite this common ground, available research doesn't identify any one factor as the reason for the upsurge in nonmarital childbearing. Consequently, an array of interventions must be considered. While varied possibilities are suggested, a number of questions might be considered as policies are formulated.

- Who or what system is the target of a given intervention? Are unmarried teenagers the target, or older unmarried persons as well? Are females the target, or males as well? Are poor persons the target, or all Americans? Are persons having unintended pregnancies the target, or is the target anyone who is not financially prepared to support a child without public assistance?
- What is the objective of the intervention? To delay sexual activity among teenagers? To delay sexual activity until the first marriage? To discourage all sexual activity outside of marriage? To encourage early marriage, to reduce the risk of nonmarital pregnancy? To encourage effective contraceptive use and pregnancy prevention? To encourage certain resolutions of nonmarital births, e.g., adoption, abortion, or marriage?
- What mechanisms that might affect the incidence of nonmarital childbearing are amenable to policy manipulation?
- Is the intervention based on a short-term or a long-term strategy? For example, approaches to increase marriage, abortion or adoption would represent short-term interventions, while structural interventions to enhance job opportunities, to change community norms, or to improve education in at-risk communities would represent long-term approaches.

How these questions are answered will presumably reflect considerations beyond the information currently available from statistics and analytic studies. Here, however, the goal is to draw upon available research to suggest a variety of strategies that might be considered by policy makers or program providers as they develop strategies to reduce the incidence of nonmarital childbearing.

Family Life and Sex Education

For youth who are enrolled in and attend school, sex education programs can be developed that provide much-needed information about the risks and responsibilities of sexual activity. Research to date suggests that the most effective programs combine the teaching of abstinence with information about contraception; however, as yet even the best programs have had only small to moderate impacts. To date, sex education has been found to increase knowledge, and it has not been found to have unintended effects, such as hastening the initiation of sexual activity. On the other hand, standard sex education has not been found to have very substantial intended

effects on behavior, though more comprehensive programs that combine elements such as role playing and assertiveness training have been found to have somewhat larger effects. Consequently, there is a need to develop, implement and evaluate stronger and more comprehensive curricula. In addition, there is a need to develop approaches that build knowledge and attitudes when children are in elementary school and which continue through high school. Parental and community involvement can help assure that programs address community needs and concerns.

However, many youth at risk of a first or second nonmarital pregnancy are not attending conventional high schools or junior high schools. In addition, most unmarried persons are not teenagers. Program providers might therefore consider introducing sex and family life education into job training and GED programs, programs for welfare recipients, television and radio, religious settings, correctional institutions, medical settings, and other places that unmarried people gather.

Programs to Improve Educational and Occupational Options

Research conducted among adolescents consistently indicates that those teens who become parents are more likely to be having trouble in school and are more likely to come from poor families and communities. Socioeconomic disadvantage also characterizes non-teen unmarried parents. Thus, correlational evidence suggests that enhancing the job skills, occupational prospects, and income of persons who face unstable and poorly-compensated employment opportunities might be a promising strategy for reducing nonmarital childbearing. Such programs may, for example, facilitate marriage by improving the economic prospects of prospective spouses. In addition, enhancing future opportunities for people who often feel they have "nothing to lose" may increase the motivation of disadvantaged persons for preventing early and nonmarital pregnancies. In addition, such programs could help absent parents provide economic resources to marry the children's other parent or at least to provide support for their children. Examining whether past or current job training programs affect not only employment and earnings but also marital and fertility behavior would be a useful addition to public policy discussions. At present, based on the available scientific evidence, it is reasonable to assume that increasing educational and job opportunities represents a promising strategy for promoting marriage and reducing the incidence of adolescent parenthood, unintended pregnancy, and nonmarital childbearing.

Contraceptive Services

Among all unmarried American women aged 15-44, less than one in ten are sexually active, do not want to become pregnant, and yet do not use contraception. However, these women account for about half of all unintended pregnancies in the United States. The remaining women who had unintended pregnancies were using contraception but experienced the failure of their method, or were not using their method correctly or consistently.

Contraceptives are not used or are inadequately used for a variety of reasons, including a lack of motivation and concern over side effects; however, the cost and accessibility of services constitute an important barrier to the use of effective methods of contraception. Many women lack health insurance, and even those who have insurance often find that family planning services are not covered. Medicaid serves primarily women who are already mothers and/or who receive Aid to Families with Dependent Children, while Title V of the Maternal and Child Health program also focusses primarily on women who are already mothers or who are having a child. Hence, Title X of the Public Health Service Act remains the critical federal source of funding for pregnancy prevention among people who are not already parents or on welfare. Although virtually all states also provide monies for

family planning, overall funding for subsidized contraceptive services has declined since 1980. Increased funding for family planning represents an important step in reducing the incidence of nonmarital childbearing.

Community Awareness and Information Campaigns

Attempts to change individual and community attitudes about nonmarital childbearing (as opposed to adolescent pregnancy) have rarely been initiated or evaluated. Such campaigns could be informational, providing information about services available in the community, or persuasive, attempting to change attitudes about issues such as male involvement in pregnancy prevention and/or childrearing. Community involvement is essential to determine what the message should be, the target of the message, and the manner in which the message is conveyed.

The Media

Research studies have repeatedly documented the differential attention given in all forms of media to nonmarital sex, sex without commitment, spontaneous unprotected sex, and nonmarital parenthood, compared with the attention given to abstinence, contraception, and marital parenthood. Little information is provided regarding the risks associated with nonmarital sex or the costs of nonmarital parenthood, and relatively few positive role models are provided for stable married sex and parenthood. Whether such differential attention reflects changes in societal attitudes or is a cause of changes in social behavior is not clear; but both directions of influence seem probable. Such one-sided coverage may cause increases in nonmarital childbearing, or may simply miss opportunities to provide accurate information about the responsibilities of parenthood or positive role models for adolescents and adults.

One possible response is for viewers to avoid programming that encourages nonmarital sex and parenthood. However, calls for parents to monitor the programming and reading of their children seem most likely to be responded to by those parents whose children are least at risk. Moreover, appropriate approaches for older unmarried individuals have not been developed and pose substantial complexities in a free market economy and a nation that upholds freedom of speech. The availability of alternative programming (e.g., educational television for children), rating systems, provisions for parents to suppress undesired television shows which can be easily implemented by parents, and the addition of more positive messages (e.g., popular actors and actresses who abstain from sex or who consistently use contraception) represent potential approaches.

Strengthening Families

Research indicates that children from single parent families face an elevated risk of themselves having an early, nonmarital birth. Thus, reducing nonmarital childbearing might ultimately lower adolescent childbearing.

Research indicates, moreover, that a majority of unmarried mothers had their first birth as teenagers. Numerous studies of adolescent sexual and fertility behavior suggest that family problems are a risk factor for early parenthood. Varied approaches to prevent sexual abuse, to support and preserve families, to involve members of the extended kin network in childbearing, and to strengthen the childrearing knowledge and practices of both mothers and fathers have been developed. Such approaches might prevent early nonmarital childbearing. They might also assist unmarried parents to provide a more supportive environment for their children. Whether such

interventions might have long-term impacts in preventing unintended and nonmarital childbearing is a question in need of rigorous evaluation.

Other approaches might focus on the marital bond, seeking to help parents form viable marriages. Couples who marry may need additional support to sustain positive, low conflict relationships. Programs that strengthen marriage would minimize the number of unmarried persons who are divorced or separated; they might also enhance the lives of the children in these married-couple families.

Pregnancy Resolution

Decisions about how to resolve an unintended nonmarital pregnancy are intensely personal, and most programs take a neutral, counseling approach. However, consideration might be given to any financial, legal and policy barriers to adoption, abortion or marriage that serve to increase the number of nonmarital pregnancies that end in nonmarital births. For example, declines in access and funding for abortion in some communities may have contributed to the declining proportion of nonmarital pregnancies that end in abortion. Also, dramatic declines in adoption have occurred in recent decades, in part reflecting changes in attitudes but possibly reflecting legal and program obstacles to adoption and a lack of counseling that involves all concerned parties in reaching a fully informed and thoughtful decision. In addition, programs may help couples who wish to marry to overcome the obstacles they experience to establishing a viable marriage.

Child Support

Males as well as females can be the target of all of the programs discussed. Given custody patterns, one program that is more likely to be directed at males is child support enforcement. Not only does stronger enforcement increase the income available to children and make employment a more realistic alternative to welfare for mothers, enforcement may provide an incentive to males to prevent pregnancy or to marry. Research shows that men who do not marry the mothers of their children experience few of the costs associated with childrearing. Increasingly strict and sure enforcement of child support obligations could change the balance of possible costs and benefits for unmarried males. Although some of the fathers of babies born outside of marriage are teenagers, even among teen mothers two-thirds of the fathers are older than age nineteen. Hence, it is realistic to expect the vast majority of these fathers to provide at least some level of support for their children. While establishing paternity and enforcing collection of child support require resources, a gain achieved by sending a message about responsible fatherhood could make more rigorous enforcement increasingly cost-effective. For fathers who are unemployed or have extremely low and erratic earnings, education and training may enable them to provide support for their children.

Public Policy

Research does not support the widespread contention that teenagers, unmarried women, or mothers already on welfare seek pregnancy in order to obtain welfare benefits or greater welfare benefits. Less research is available on incentives regarding marital decisions. The expansion of welfare eligibility to include two-parent families experiencing unemployment is intended to reduce any potential marriage effect; but it is not known how many unmarried fathers qualify under the work history provisions of the program. Research examining the effects of the expansion of AFDC to unemployed parents (AFDC-UP) seems warranted. Marriage penalties in other programs and in the tax code also merit re-thinking. Suggestions to cut back the Earned Income Tax Credit,

which assists married as well as unmarried employed parents, also deserve thoughtful debate. In addition, the implicit marriage penalty in the Earned Income Tax Credit warrants the attention of policy makers. As noted repeatedly, increases in nonmarital childbearing reflect changes in marriage as much or more than changes in fertility behavior, emphasizing the importance of considering how policies and programs affect not just fertility but marital behavior.

Research and Data Needs

Considerable research has been conducted on adolescent parenthood, but far less is known about fertility and marital behavior among adults. While available research indicates that nonmarital childbearing reflects a broad array of influences, little research has been conducted that incorporates the full array of influences. Moreover, because many of the changes that have occurred have been quite recent, there is a need for research to be equally up-to-date. Descriptive studies that chart the varied patterns of marital and fertility events over time are needed. In addition, contemporary studies which examine marriage, fertility, and economic factors in tandem, are much needed. The differential implications of being never-married as opposed to being separated, widowed, or divorced also need to be examined, and the effects of cohabitation versus legal marriage need more study. Also, the mediating links between family structure and negative child outcomes such as school and behavior problems require further analysis. Moreover, work is needed to understand the effects of media and the sources of recent changes in attitudes and values about marriage and childbearing. Since most research has focussed on teenagers and females, more studies are particularly needed of males and adults.

Surveys that support the tracking of changes in marital and fertility behavior need to be continued, for example, the National Survey of Family Growth. Comparative data for other industrialized countries also needs to be more readily available. In addition, studies that have labor force and economic topics as their central focus need to incorporate measures of marital and fertility behavior as well, e.g., the 1996 Cohort of the National Longitudinal Survey of Youth and the planned extension of the Survey of Income and Program Participation referred to as the Survey of Program Dynamics.

Research is also needed that examines the effect of natural and/or planned experiments not just on labor market and income outcomes, but on marriage and fertility behavior as well. Such studies can examine the effects of policies implemented during the 1980s and should also track the implications of changes currently being implemented. Finally, interventions designed to ameliorate the negative consequences associated with nonmarital childbearing need to be evaluated, e.g., programs that assist absent parents to provide economic and emotional support to their children.

Conclusions

The dramatic increase in unmarried childbearing in the United States reflects changes in marital behavior as much or more than changes in fertility behavior. Americans are not having more babies; they're having fewer marriages. The economic and social circumstances which make marriage less attractive, less necessary, or less feasible, are one of the root causes of the increase in single-parent families. With young people initiating sexual activity earlier than before, but delaying or rejecting marriage, they face many years at risk of unmarried childbearing. Higher divorce rates and more frequent cohabitation have also increased the size of the population at risk of nonmarital parenthood. Most nonmarital births are unintended, as parents are unable to obtain, do not choose, or fail to use effective contraception on a regular basis.

Today three in ten births is nonmarital. There is no typical unmarried parent, but nonmarital childbearing is higher among those who are less educated and poor. Rates are higher among black women but rising faster among white women. Rates of unmarried childbearing have increased in all groups and in all communities across the country. The majority of teen mothers are unmarried, but the majority of unmarried births are to women in their twenties or older.

Public concern tends to focus on adolescent parents, which is reasonable since half of all first nonmarital births occur to teens. Nevertheless, of all nonmarital births, seven in ten occur to women age twenty and older. Even among adolescent mothers, two-thirds of the fathers of the babies are twenty or older. Moreover, despite glamorous media portrayals of nonmarital sex and parenthood, most unmarried partners are economically and socially disadvantaged. Research studies indicate that single parenthood poses costs for the taxpayer and difficulties for mothers and for children that range from small to moderate in magnitude, depending on the outcome.

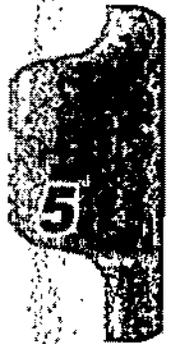
Programs and policies to reduce nonmarital childbearing must reflect the many causes or factors associated with childbearing outside of marriage. Welfare is often asserted to be a primary cause of increases in nonmarital fertility, but research to date indicates that welfare is at most a small part of the explanation. Current welfare and other public policies may affect the likelihood that couples marry, remain together or remarry, however, possibilities that should be studied by researchers and policy makers.

Given evidence that early and nonmarital childbearing are more common among disadvantaged persons, programs designed to improve educational and occupational opportunities -- for men and women -- represent a promising approach to reducing nonmarital fertility. Specifically, the presence of positive opportunities may provide the motivation to delay sex, use contraception, or not have a child outside of marriage.

The role of information about sex, pregnancy and pregnancy prevention, as well as access to contraceptive services also requires recognition. Misinformation about contraception, difficulty in obtaining access to contraception, and an inability to pay for contraception can increase the risk of unintended pregnancy, irrespective of individual motivation.

In sum, as there is no one cause or consequence, there is no one simple strategy certain to reduce the incidence of nonmarital childbearing or to address the negative consequences associated with childbearing outside of marriage. Rather, it must be recognized that marriage and fertility have complex causes, ranging from values, economic and educational opportunities, family problems, role models, peer and media influences, the availability of contraceptive services and information, and public policies.





Welfare Reform Resource Packet
Section V

The National Campaign to Prevent Teen Pregnancy
March 1997

DRAFT

Implementing the Abstinence Education Provision of the Welfare Reform Legislation

Ron Haskins and Carol Statuto Bevan

Introduction

The welfare reform bill signed into law by President Clinton on August 22 contained a provision that received little attention during Congressional debate on the bill. This provision, found in the miscellaneous title of the legislation, provided states with \$50 million per year in entitlement funding beginning October 1, 1997 to conduct abstinence education. The purpose of this paper is to review the legislative background of this provision, to discuss Congressional intent in drafting the provision, and to speculate about the initial stages of its implementation.

Legislative Background

Every version of the Republican welfare reform bill was marked by a host of provisions designed to reduce illegitimacy. A list of the provisions that were included in the final legislation is presented in Table 1. The decision by Congress to launch an explicit attack on illegitimacy makes an interesting story.

During Congressional debate, opponents of the welfare reform bill argued that the emphasis on nonmarital births was misplaced because there was no evidence that government policy could have an impact on illegitimacy. On this count, the opponents may be right, although the literature on the correlation between welfare benefits and illegitimacy rates contains a number of first-rate studies that link welfare benefits with high illegitimacy rates (Rosenzweig, 1996; Lundberg & Plotnick, 1990; Fossett & Kiecolt, 1993). Moreover, since passage of the welfare bill, a study has appeared in the highly regarded journal The Public Interest (Goertzel & Young, 1996) on the impact of the family cap (the policy of providing no additional money for families on welfare that have additional children) in New Jersey. According to the authors of this study, the combination of public debate on the irresponsibility of single mothers already on welfare having babies, led by a prominent black politician, and the initiation of the family cap policy was associated with a 4 percent reduction in two years in the number of births to mothers on welfare, an 8.5 percent decline in the state's 10 largest cities, and a 21 percent decline in Camden, the most welfare-dependent city in the state.. During the same period, total births in the state declined just 2 percent. If this study holds up, it would constitute strong evidence that the combination of bully pulpit and policy consequences can have an impact on nonmarital birthrates.

Regardless of one's views on the strength of evidence linking welfare with illegitimacy, there is little evidence, beyond the New Jersey study just cited, that any particular policy or program will reduce the frequency of nonmarital births. Even so, recent history contains many examples of federal policies, including highly controversial and expensive policies, that enjoyed little empirical support at the time of introduction. That there

TRAD

Table I
Provisions to Combat Rising Out-of-wedlock Birth Rates
Welfare Reform Conference Report on H.R. 3734

Cash welfare block grant

- Creates a \$100 billion cash welfare block grant for states to use to "prevent and reduce the incidence of out-of-wedlock pregnancies," among other purposes.
- Requires state plans to establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies, with special emphasis on teenage pregnancies, and establish numerical goals for reducing the illegitimacy ratio of the State for calendar years 1996 through 2005.

Added grants for reducing out-of-wedlock births

- Provides added grants of up to \$25 million annually for states that are most successful in reducing the number of out-of-wedlock births while reducing the rate of abortions.
- States that are successful in reducing illegitimacy and strengthening families are eligible for a share of a new \$1 billion "performance bonus" fund.

Family cap

- Allows any state to establish a family cap policy ending the practice of increasing federal cash welfare benefits when mothers on welfare have babies (the former provision setting a national family cap from which states could "opt-out" was deleted due to the Byrd rule).

Combatting teen pregnancy

- Allows state flexibility on limiting cash welfare for unmarried teens.
- Requires teens to be in school and living at home or with an adult to receive assistance.
- Allows states to use block grant funds to provide, or assist in locating, adult-supervised living arrangements, such as second-chance homes, for teen mothers.

Added funds for abstinence education

- Provides \$50 million in directly appropriated funding for each of fiscal years 1998 through 2002 for abstinence education.

Encouraging paternity establishment

- Requires states to reduce cash welfare payments by at least 25 percent for families that include a parent who fails to cooperate in establishing paternity or obtaining child support.

National goals to prevent teen pregnancy

- Requires the Secretary of HHS within 1 year to implement a strategy for preventing teen pregnancies, assuring that 25 percent of communities have prevention programs.

Annual ranking of states and review regarding out-of-wedlock births

- Requires the Secretary of Health and Human Services to annually rank all states according to out-of-wedlock birth ratios and changes in ratios over time, and must review the five highest and five lowest ranking states.

Congressional findings

- Includes section of findings on the crisis out-of-wedlock births pose for children, families, and the nation; states that an effective strategy to combat teen pregnancy must address the issue of male responsibility, including statutory rape culpability and prevention.

was little evidence of the expected impact of policy outlawing discrimination based on race did not stop Congress from passing strong civil rights legislation in 1965. Similarly, both government policy and public discourse on the evils of smoking were based far more on hope than evidence that the verbal attacks or warnings would actually reduce smoking rates. Nor was there good empirical evidence linking preschool programs with school achievement when Head Start was launched in 1965. Despite the fact that the federal government has now spent over \$30 billion on Head Start, we still lack solid empirical evidence that the program produces long-term impacts on children's development (Haskins, 1989).

What all these cases have in common is that public policy was based primarily on the judgment that the nation faced a serious social problem and that strong action was therefore justified, never mind the lack of solid evidence that the action would produce good effects. Similarly, the Congressional attack on illegitimacy is based far more on the value position that birth outside marriage is wrong and the consequences severe for mother, child, and society than on empirical evidence linking a particular policy with reduced nonmarital births.

Based on this reasoning, the new welfare reform law contains several different lines of attack on illegitimacy. First, the block grant structure of the legislation permits states both to employ the family cap and to stop paying cash to teen mothers who are not married. The latter policy received majority support in the House, but was rejected by a lopsided floor vote in the Senate. Thus, states are not required to end cash payments to unmarried teen mothers, but they are allowed to do so. It appears that several states will begin this policy within the next year. The family cap is already policy in approximately half the states; other states are expected to adopt the policy in the future.

The bill also requires the Secretary of Health and Human Services to rank the states according to their nonmarital birth ratios and changes in these ratios over time. The Secretary must review and write an annual report about the five highest and five lowest ranking states. This provision is intended to draw public attention both to states that are successful in controlling their illegitimacy ratios and to states that are unsuccessful. In addition, the Secretary's reports could serve to publicize the policies and other conditions that are associated with declining and with increasing illegitimacy ratios.

Although intended primarily to increase child support payments, the legislation also includes very strong provisions that increase the pressure on noncustodial parents to pay child support. This entire enterprise of state enforcement of child support can be seen as another approach to reducing nonmarital births. Many observers believe that allowing young men to father children without regard to whether they can support them is an invitation to irresponsible behavior. If child support enforcement becomes so effective that young men realize they will wind up paying child support for at least 18 years if they help conceive children outside marriage, they may be less likely to engage in premarital sexual activity.

The legislation also contains two provisions that provide states with financial incentives to reduce nonmarital births. Under one provision, states that reduce their nonmarital births while

also reducing their abortion rates receive a cash bonus of either \$20 or \$25 million, depending on the number of states that meet these two criteria. Under the other provision, states can qualify for performance bonuses totalling \$1.5 billion over 6 years if they excel at meeting the goals of the new block grant program. One of the four goals is the reduction of illegitimacy rates.

Finally, the legislation creates the abstinence education grant of \$50 million per year that is the subject matter of this paper. We turn now to a brief exploration of how and why Congress included this provision.

The Legislative Provision on Abstinence

It would appear that the individuals and groups trying to reduce teen birth rates can be roughly divided into two camps. The first -- we will call them the "Don'ts" -- hold that programs must give teens a single, unambiguous message that sex outside marriage is wrong and harmful to their physical and mental health. The second group, we will call them the "Maybes", also generally agree that programs should aim to prevent early sex. Even so, this group believes that it is impractical to "just say no." More specifically, the Maybes want to tell teens that they shouldn't have sex, but if they do, they should practice "safe sex." Perhaps a majority of Maybes would, in addition to emphasizing abstinence, both teach use of birth control, including condoms, as well as promote access to birth control devices.

The authors of the abstinence provision in the welfare reform bill were clearly Don'ts. The explicit intent of the legislation is to promote programs that feature the unambiguous message that early sex outside marriage is wrong. Moreover, because the Don'ts were concerned that their program might be captured or watered down by the Maybes, they spelled out the specific characteristics of programs that could be funded by the legislation in unusual detail (see the appendix for a copy of the provision). More specifically, every program funded by the provision must:

- have as its "exclusive purpose", teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teach that abstinence from sexual activity outside marriage is the expected standard for all school age children;
- teach that abstinence from sexual activity is the only certain way to avoid illegitimate births and sexually transmitted diseases;
- teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- teach that bearing children illegitimately is likely to have harmful consequences for the child, the child's parents, and society;
- teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

- teach the importance of attaining self-sufficiency before engaging in sexual activity.

The provision was introduced in the Senate on September 8, 1995 by Senator Santorum (R, PA) for Senator Faircloth (R, NC). Our discussions with a number of people involved in writing the initial legislation indicate that several family groups, led by Robert Rector of the Heritage Foundation, approached Senator Faircloth about introducing abstinence education. Senator Faircloth was interested in the legislation and directed his staff to work with the family groups in developing the specific legislative language.

Once the legislation had been passed in the Senate, there were attempts by groups representing Maybes to get Senator Faircloth to drop the language requiring eligible programs to have abstinence education as their "exclusive purpose". At one point during the House-Senate conference in December of 1995, conferees were contemplating dropping the "exclusive purpose" language and thereby allowing programs that combine the abstinence message with advice about birth control, or perhaps actual distribution of birth control devices, to participate in the program. After extensive discussion, and with strong encouragement from Representative Jim Talent (R, MO), Republican conferees decided to retain the original language. The major arguments on behalf of the original language were that previous abstinence programs were either poorly funded or included information about birth control thereby undermining the abstinence message and that federal law already contains several programs (Title X Family Planning of the Public Health Service Act, Medicaid, Title XX Adolescent Family Life Demonstrations of the Public Health Service Act) that emphasize the abstinence plus message favored by the Maybes.

To our knowledge, there was no formal attempt by Democratic conferees to change the language of the provision during the House-Senate conference that began in May of 1996. In any case, the final language was very similar to the original language and the law as passed is entirely consistent with the position taken by the Don'ts. The only major change in the legislation during the House-Senate conference was that the funding was changed from authorization language to entitlement language. The practical import of this change is that, unless the appropriations committees rescind the entitlement language, the provision will be automatically funded each year without being submitted to the appropriation process.

Implementation

Predicting in advance how this provision will be implemented is risky at best. Nevertheless, given the importance of abstinence education and the need for groups hoping to apply for the money to have at least a tentative idea of how the program may be implemented, we have put together a somewhat speculative account of how this program will probably begin.

Largely because the authors of the provision wanted it to be part of an established program in order to take advantage of existing procedures for getting money distributed, the

program was written as part of the Maternal and Child Health Services Block Grant (Title V of the Social Security Act). This program is administered by the Maternal and Child Health (MCH) Bureau. Under the basic MCH program, each state is allocated a specific amount of money within the annual appropriation (the authorization level is \$705 million; the fiscal year 1997 appropriation is \$681 million). In order to obtain the money, states submit a plan to the MCH Bureau describing the activities they will pursue to promote maternal and child health. At least 30 percent of each state's money must be spent on children's special health needs and 30 percent must be spent on preventive and primary care services for children; not more than 10 percent of the money can be spent on administration. States must match federal dollars by providing \$3 in state, local, or private money for every \$4 provided by the federal government.

Once states receive their share of the funds, they allocate the money to counties that in turn pass most of the money through to local health departments. These departments are the locations where the funds are actually spent on maternal and child health activities.

The \$50 million for abstinence education is separate from the \$705 million authorized for the MCH block grant. Table 2 presents the annual allocation of the \$50 million among the states and territories. Even though the abstinence education funds are separate from the regular MCH block grant, we assume that both at the federal and state level, the program will be administered by the same agencies as those that administer the MCH block grant.

In order to plan for implementation of the program, Officials at the MCH Bureau informed us they intend to convene a working group on abstinence education early in November. The working group will be composed of parent groups, federal, state, and regional MCH staff, MCH associations, and perhaps others. The working group will issue draft guidelines for the abstinence education programs before the end of November. The guidelines will provide states with information about how to apply for the abstinence education money, what qualifies as abstinence education, how much money each state is eligible to receive, what constitutes match money, and how and when states must submit their proposals. It seems likely that the MCH Bureau will allow states, organizations, and individuals about 45 days or so to comment on the guidelines. The Bureau will then revise the guidelines as appropriate and issue the final version sometime in January. After the guidelines are issued, responsibility for devising and submitting a plan for spending the money falls to states. Once the MCH Bureau approves the state plan, the states can begin providing money to appropriate projects beginning on October 1, 1997.

Based on discussions with Don'ts and Maybes both inside and outside government, it is clear to us that how states handle the abstinence education money will be an important determinant of whether Congressional intent is fulfilled. Many state MCH officials are likely to have bigger issues to worry about than abstinence education. Thus, particularly in states with fairly small abstinence education allocations (21 states receive less than \$500,000 per year; see Table 2), MCH officials may use the money for fairly modest activities such as conducting a conference on abstinence education.

Table 2
Annual State-by-State Allotments for Abstinence Education Programs
1998-2002

State	Amount	State	Amount
Alabama	\$1,081,058	New Jersey	\$843,071
Alaska	78,526	New Mexico	518,368
Arizona	894,137	New York	3,377,584
Arkansas	660,004	North Carolina	1,151,876
California	5,764,199	North Dakota	126,220
Colorado	544,383	Ohio	2,091,299
Connecticut	330,484	Oklahoma	756,837
Delaware	80,935	Oregon	460,076
District of Columbia	120,439	Pennsylvania	1,820,070
Florida	2,207,883	Rhode Island	129,692
Georgia	1,450,083	South Carolina	811,757
Hawaii	131,519	South Dakota	169,578
Idaho	205,228	Tennessee	1,067,569
Illinois	2,095,116	Texas	4,922,091
Indiana	857,042	Utah	325,666
Iowa	424,908	Vermont	69,855
Kansas	391,185	Virginia	828,619
Kentucky	990,488	Washington	739,012
Louisiana	1,627,850	West Virginia	487,536
Maine	172,468	Wisconsin	795,859
Maryland	535,712	Wyoming	80,935
Massachusetts	739,012	American Samoa	44,992
Michigan	1,899,560	Guam	69,495
Minnesota	613,756	Northern Marianas	42,493
Mississippi	1,062,752	Puerto Rico	1,449,018
Missouri	969,291	<u>Trust Territories:</u>	
Montana	186,439	Palau	13,501
Nebraska	246,177	Micronesia	47,492
Nevada	157,534	Marshall's	21,000
New Hampshire	82,862	Virgin Islands	136,509
		TOTAL:	\$50,000,000

Source: Department of Health and Human Services.

However, having participated in the Congressional development of the abstinence education provision, we believe state MCH offices are obligated by the new law to take reasonable steps to create abstinence education programs in their state. Although Congress leaves the precise steps of implementation up to the Administrative branch of government, at least five actions by state MCH offices seem appropriate. First, the state MCH offices should make a substantial effort to publicize the availability of the abstinence education funds. Local departments of health, YWCAs and YMCAs, agricultural extension programs, hospitals, universities, public school systems, religious groups, non-profit community-based groups, independent contractors, and Boy Scout and Girl Scout organizations should all be contacted about the availability of the money. Second, the MCH offices should issue clear instructions and timelines about what these organizations must do to qualify for the money. Third, to the extent feasible, MCH offices should provide some assistance in proposal development to groups that want to apply for funding. Fourth, it must be made clear to potential applicants that only proposals that meet the terms of the legislation, especially the definition of abstinence education outlined above, will be considered. Fifth, all of these activities should be conducted in a timely fashion so that potential applicants receive information by the end of January and have at least 5 or 6 months to write and submit their proposals. Selections should be made in time to give projects 2 or 3 months to prepare for the actual initiation of their abstinence education activities.

Even if state offices make a good faith effort to implement Congressional intent, we believe there are two potential obstacles that may have the effect of reducing the number of organizations that apply for funds. The first impediment is the match requirement of \$3 in state funds for every \$4 in federal funds. As in all cases in which federal legislation requires matching funds, a desirable impact of the match is that more funds are available to conduct the program. On the other hand, either the states themselves or the organizations conducting the programs must figure out a way to obtain the matching funds. Several of our informants were concerned that states or individual projects would have difficulty obtaining funds to meet the match requirement. In this regard, it would be a good idea for state MCH offices and potential applicants to begin exploring the possibility of obtaining funds with state legislators, state administrators with budget authority, foundations, schools systems, and other potential donors.

The second concern is that several of the state officials and others with whom we spoke believe the detailed definition of abstinence education is too restrictive. In their view, few projects will be able to faithfully implement all components of the definition (see the list above and section (b)(2) of the legislation in the appendix). One element of the definition came in for especially strong criticism; namely, the requirement that abstinence programs teach "that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity." Many professionals appear to believe that it will be difficult enough to convince adolescents that they should refrain from sex during the school years. Convincing them to wait until marriage, which now occurs at age 27 for males and 25 for females, seems so far removed from current practices (and perhaps even standards)

that abstinence education programs would have a better chance of success if they concentrate on the school years.

Regardless of how one feels about the standard of no sex outside marriage, we believe both the statutory language and, based on our talks with the authors of this provision, the intent of Congress are clear. This standard was intended to put Congress on the side of the social tradition -- never mind that some observers now think the tradition outdated -- that sex should be confined to married couples. That both the practices and standards in many communities across the country clash with the standard required by the law is precisely the point. As in the cases of civil rights and smoking, the explicit goal of the abstinence education programs is to change both behavior and community standards for the good of the country. It follows that no program that in any way endorses, supports, or encourages sex outside marriage can receive support from the abstinence education money. Both officials at the MCH Bureau and state officials administering the program have the legal responsibility to ensure that none of the money from this grant is used to support projects that violate this standard.

Nonetheless, it may be possible to live with this aspect of the definition without great difficulty. Projects funded by the new abstinence education money certainly do not need to place equal emphasis on every aspect of the abstinence definition. We believe that projects that do not violate any aspect of the definition, and that emphasize abstinence as the expected standard for school age children (which, by the way, is an actual requirement stated in subparagraph (B) of the definition in the legislation) are eligible for funding. As long as the specific curriculum and teaching of the project do not violate the abstinent until marriage standard, the project should qualify for funds.

On this and many similar issues, reasonable people of differing views can find accommodations. We have already referred to the split between the Don'ts and Maybes. From the perspective of the Don'ts, the federal programs that currently provide funds for sex education, birth control, and even abstinence education are dominated by the Maybes. As a result, the Don'ts hold that real abstinence education, by which they mean abstinence education that does not dilute the abstinence message by including instruction on birth control, has rarely been supported by federal dollars. Congressional intent in funding this new program was not to disrupt any ongoing programs, including those that feature birth control instruction or distribution. Rather, Congress wanted to ensure that there is a source of federal dollars that must be used exclusively to support true abstinence education programs. As long as the new programs are not conducting activities that violate any aspect of the statutory definition of abstinence education, they should not be determined to be ineligible for funds because they choose to emphasize particular aspects of the definition.

An example raises even more difficult distinctions. Assume that a given public school system now conducts a one year sex education class for tenth graders. During the course of the year, the class curriculum calls for presentation of information about birth control, including instruction in the use of various birth control devices. Now assume that the school

officials decide that they would like to revise the course to include a 6-week unit that exactly follows the definition of abstinence education outlined in the new statute. Can state MCH officials use their abstinence education dollars to fund this unit of instruction even though other parts of the course teach birth control?

We believe it would be illegal to fund this project under the abstinence education statute. The language clearly states that abstinence education is a program which has as its "exclusive purpose" teaching the various principles outlined above. If this unit is part of a course that teaches use of birth control, then it violates the "exclusive purpose" criterion.

This example, of course, is less than definitive. The "exclusive purpose" criterion is clear enough, but a lack of clarity is introduced by the various possible meanings of the term "program". The school example illustrates that a set of abstinence activities within the broader context of a single program that includes teachings that violate the abstinence definition is not acceptable. But how far away from activities that cannot be supported by the grant must a program be to legally qualify for funding?

Realizing that a definitive clarification will be nearly impossible to achieve, we nonetheless assume that the MCH guidelines will deal with this question as clearly as possible. To err on the side of caution, however, programs that qualify as abstinence education should be conducted by different people at a different time and with separate materials than programs that violate any tenet of the statutory definition of abstinence education. In addition to meeting these conditions, state officials must assure that the people who plan and conduct the program are making a sincere attempt to create activities that are consistent with the statutory definition of abstinence education. Thus, program operators must make serious efforts to convince students that sexual activity can cause a host of diseases, that only abstinence is certain to prevent pregnancy, that abstinence is the correct standard for schoolage children, that nonmarital births to teens have harmful consequences for both mother and child, and so forth.

Evaluation

Congress did not write any provisions for evaluation into the abstinence education statute. The lack of provisions for evaluation, however, should not be taken as indicating that Congress in any way opposed evaluation. Rather, given the modest sum of money available, Congressional sponsors intended all the money to be used to actually deliver abstinence education services. Hopefully, states or individual projects will be able to attract money from state legislatures, from foundations, or from other sources to support evaluation of these programs.

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Legislative Language and Report Language for Abstinence Education Provision

A. Legislative Language

SEC. 911. ABSTINENCE EDUCATION.

Title V of the Social Security Act (42 U.S.C. 701 et seq.) is amended by adding at the end the following section:

***SEPARATE PROGRAM FOR ABSTINENCE EDUCATION**

***SEC. 510. (a)** *For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—*

“(1) the amount appropriated in subsection (d) for the fiscal year; and

“(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

“(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

“(2) For purposes of this section, the term ‘abstinence education’ means an educational or motivational program which—

“(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

“(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

“(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

“(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

“(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

“(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

“(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

“(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

“(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

“(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

“(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year.”.

B. Report Language

13. ABSTINENCE EDUCATION

Present law

The Maternal and Child Health (MCH) block grants (title V of the SSA, 42 USC 701) provides grants to States and insular areas to fund a broad range of preventive health and primary care activities to improve the health status of mothers and children, with a special emphasis on those with low income or with limited availability of health services. Sec. 502 includes a set-aside program for projects of national or regional significance. (The FY1995 appropriation for MCH was \$684 million.) See also: Title XX of the Public Health Service Act establishes the Adolescent Family Life (AFL) program to encourage adolescents to delay sexual activity and to provide services to alleviate the problems surrounding adolescent parenthood. One-third of all funding for AFL program services go to projects that provide "prevention services." The purpose of the prevention component is to find effective means within the context of the family of reaching adolescents, both male and female, before they become sexually active to maximize the guidance and support of parents and other family members in promoting abstinence from adolescent premarital sexual relations. (The FY1995 appropriation for AFL was \$6.7 million.)

House bill

Increases the authorization level to \$761 million for FY 96 and each subsequent fiscal year. Adds abstinence education to the services to be provided. Defines abstinence education as an educational or motivational program which:

(A) teaches the gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children;

(C) teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems;

(D) teaches that a monogamous relationship in context of marriage is expected standard of human sexual activity;

(E) teaches that sexual activity outside of marriage is likely to have harmful effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences;

(G) teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Senate amendment

Amends the Maternal and Child Health (MCH) block grants (title V of the SSA) to set aside \$75 million to provide abstinence education—defined as an educational or motivational program that has abstaining from sexual activity as its exclusive purpose—and to provide at the option of the State mentoring, counseling and adult supervision to promote abstinence with a focus on those groups most likely to bear children out-of-wedlock. Also increases the authorization level of MCH to \$761 million. (This provision was deleted due to the Byrd Rule.)

Conference agreement

The conference agreement follows the House bill with modification that \$50 million for each of fiscal years 1998-2002 is directly appropriated for this purpose.





Maternal and Child Health Bureau

Health Resources and
Services Administration
Rockville MD 20857

FEB 27 1997

Dear Colleague:

The welfare reform legislation, P.L. 104-193, created a new Section 510 of Title V (Maternal and Child Health Block Grant) of the Social Security Act establishing a separate program for abstinence education. Enclosed is a draft copy of the Abstinence Education Block Grant Guidance prepared in response to this legislation. I would appreciate your suggestions for improvements.

In addition, the existing Title V Block Grant guidance is currently being updated to respond more directly to the Government Performance and Results Act (GPRA) and the Department's emphasis on performance measures. I would also like to include performance measures for the new Section 510 and invite your suggestions for performance objectives which could both measure program progress in each State and, after aggregation, measure national performance.

Your thoughtful input is welcome and should be sent to the Office of State and Community Health, at e-mail: "abstinence@hrsa.dhhs.gov" or fax (301) 443-1797. Comments received by close of business March 19 will be considered.

Thank you.

Sincerely yours,

Audrey H. Nora, M.D.

Audrey H. Nora, M.D., M.P.H.
Assistant Surgeon General
Director

Enclosure

DRAFT

BLOCK GRANT APPLICATION GUIDANCE FOR

THE ABSTINENCE EDUCATION
PROVISION OF THE 1996 WELFARE
LAW P.L. 104-193

New Section 510 of Title V of
the Social Security Act

January 1997

Application Due Date July 15, 1997

Office of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services

2/27/97

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I. PURPOSE

Public Law 104-193, signed into law on August 22, 1996, added a new formula grant program (Sec. 510) to Title V of the Social Security Act. Its purpose is to "enable the State to provide abstinence education, and at the option of the State, where appropriate mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out of wedlock." Abstinence education is further defined in the law. (See Appendix 6.1)

II. INTRODUCTION - MATERNAL AND CHILD HEALTH BUREAU

Title V of the Social Security Act is the only Federal legislation directed specifically toward improving the health of all mothers and children. It has been redesigned many times to better achieve this goal between its passage in 1935 and 1993. Two recent major redesigns occurred in 1981 and 1989. In 1981, the Maternal and Child Health Services Block Grant (Block Grant) [Public Law 97-35-Omnibus Reconciliation Act (OBRA) '81] consolidated six programs with the programs created in 1935 by Title V of the Social Security Act. Title V encompasses a program of formula grants to the States and two Federal discretionary grant programs: Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS).

The Maternal and Child Health Bureau's (MCHB) mission is to improve the health and well-being of all the Nation's mothers, infants, young children, and adolescents, with emphasis on children with special health care needs and low-income children and their families. To achieve its mission, the Bureau places the highest priority on establishing systems of family-centered, community-based, coordinated, comprehensive services that emphasize both prevention and primary care services.

The specific goals of the Bureau are to:

- Assure access to quality maternal and child health (MCH) services to women of childbearing age, infants, children, and adolescents (in particular those with low-income or with limited availability of health services).
- Reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children.
- Reduce the need for inpatient and long-term care services for infants, children, and adolescents.
- Increase the number of low-income children receiving health assessments and follow-up diagnostic and treatment services, and the number of children (especially preschool children) appropriately immunized against disease.

- Promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low-income, at-risk pregnant women.
- Ensure the provision of family-centered, community-based, culturally competent, coordinated care services for children and adolescents with special health care needs and their families, and promote the development of systems of such care.
- Ensure provision of services in areas of special concern, such as mental retardation, sudden infant death syndrome (SIDS), pediatric AIDS, genetic and metabolic disorders, hemophilia, childhood injury, and adolescent pregnancy.
- Support and promote the education of health professionals for leadership roles in addressing the health care needs of families and children.
- Support and promote the development of new knowledge through research for effective MCH leadership.

In order to fulfill its mission and meet its goals, the Bureau has pursued a four-part strategy. It:

- Assesses, in conjunction with its regional offices and the States, the health status and health needs of women of childbearing age, infants, young children, and adolescents, including children with special health care needs.
- Allocates resources to support the development and maintenance of an MCH infrastructure in order to ensure the delivery of appropriate and needed services at the State and local levels.
- Encourages and supports a variety of State, as well as community-generated programs, to ensure an MCH service system that is responsive to local community needs.
- Evaluates specific interventions and programs with regard to their impact on the performance of the health delivery system and on health outcomes for individual women and children.

III. APPLICATION AND REVIEW PROCESS

3.1 Electronic Access.

Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: <http://www.os.dhhs.gov/hrsa/mchb>. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh) or Wordperfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a Wordperfect 5.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Linda L. Schneider at (301) 443-0767, or "lschneider@hrsa.dhhs.gov".

3.2 Who Can Apply For Funds.

Grant applications will be accepted only from the State Health Agency responsible for the administration (or supervision of the administration) of the Title V Maternal and Child Health Services Block Grant.

3.3 Allocation of Funds.

The law provides for an appropriation of \$50 million for each fiscal year 1998 through 2002, beginning with October 1, 1997. The project period for this grant is one year. The \$50 million appropriation will be awarded each year by a formula determined by the proportion that the number of low-income children in the State bears to the total number of low-income children for all the States. A State allocation table for FY 1998 appears in Appendix 6.2. If a State chooses not to apply for a grant, that State's allocation will be returned to the Treasury; it will not be available for redistribution among the remaining States.

3.4 Non-Federal Match, Budget, and Carry-Over.

All of Title V, Block Grant Legislation, Sections 503 (Payments to States), 507 (Criminal Penalty for False Statements), and 508 (Non-Discrimination) apply to allotments of this appropriation. Some of these provisions are highlighted below.

There is a required match of 3 non-Federal dollars for every 4 Federal dollars awarded. The non-Federal match must be used solely for the activities enumerated under Section 510 and may be State dollars, local dollars, or in-kind support.

Any amount payable to a State for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligations during the next fiscal year.

Each State shall, not less often than once every two years, audit its expenditures from amounts received under this title. Such State audits shall be conducted by an entity independent of the State agency administering a program funded under this title in accordance with the Comptroller General's standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 30 days following the completion of each audit report, the State shall submit a copy of that audit report to the Secretary [506(b)(1)].

The existing maintenance of effort requirement for the MCH Block Grant [Sec. 505(a)(4)] must be maintained when allocating matching funds for the Abstinence Education grant.

The total budget for the application should be based on the federal dollar allocation in Appendix 6.2, the required State match, and all other funds expended or in kind support provided.

Of the amounts in the total budget described above, we strongly urge that, consistent with the remainder of Title V, not more than 10% be used for administering the grant.

The MCHB supports reasonable and necessary costs for grants within the scope of approved projects. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and others, as well as indirect costs. The MCHB adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

3.5 Overview of Application Forms SF-424.

Use the Application Forms SF-424 enclosed (Appendix 6.3). This generic form is used by many different programs funded through the Public Health Service (PHS). This section of the guidance is meant to direct you through the Application Forms and will be most useful if you refer to that document as you read through this section.

1. The first section is the Face Sheet, Face Sheet instructions, Office of State and Community Health special instruction, Funding Profile, and Budget Information Form 424A.
2. The second section contains SF 424B and SF 424D, and concerns **assurances**.
3. The third section, **Certifications**, set forth certain requirements for grantees which have been legislatively implemented since the SF-424 assurances pages were last revised. This section should be filled out by all applicants.

To correctly complete the application the accompanying instruction sheets for each of the forms should be followed. Due to revisions in the forms and because some applicants have overlooked or misinterpreted certain items, selected portions of the instructions are amplified and highlighted as follows:

- **Form 424** Item 10, enter "93.110;" for Program Title enter "Abstinence Education."
- **Form 424A** Use the accompanying instructions. This form has its own sections, A (Budget Summary) through F (Other Budget Information). For each part of Section B, Budget Categories, it is required that applicants must submit on supplemental sheet(s) a justification for each individual budget category itemized (6a-j). Applicants typically identify the specific needs but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan that would relate to how the requested dollar amount was developed.
- The Key Personnel form, Appendix 6.4, should be completed for project staff. Submit a Biographical Sketch (Appendix 6.5) for the project coordinator. The budget justification for personnel addresses time commitment and skills required by the project plans.
- Federal grant regulations permit grantees to use funds for contracts but not for subgrants. If the applicant decides to enter into a contract, the applicant's budget justification should include an itemized budget (direct and indirect costs) and proposed scope of work for each contractual agreement. The total of each contract's budget (direct and indirect) should be reflected in the applicant's itemized budget under the "Contractual" budget item.

3.6 Format Requirements for the Program Narrative.

The Program Narrative is to be no longer than 20 double-spaced typed pages. Margins should be 1 1/2 inches at the top and 1 inch at the bottom and both sides. Typeset must be no smaller than 12 characters per inch (cpi) and not reduced. Appendices are not included in the 20-page limit but should be used only to provide supporting documentation such as a literature review, maps, administrative charts, position descriptions, curricula vitae, curricula and letters describing participation and support. It is recommended that curricula vitae be limited to three pages in length.

3.7 Pro-Children Act of 1994.

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3.8 Application Details.

The application for FY 1998 must be postmarked by July 15, 1997, and mailed to:

HRSA Grants Application Center
40 West Gude Drive
Suite 100
Rockville, MD 20850
Telephone: 1-800-300-HRSA(4772)

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to the awarding of grants under Abstinence Education by contacting:

Grants Management Branch
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301 443-1440

Both Regional Office (Appendix 6.6) and Central Office MCHB staffs are available to provide assistance in developing project applications to the extent that time and resources permit. While not allowed to assist in the actual writing of the application, staff can comment on abstracts, outlines and drafts and can respond to specific questions. Additional information relating to technical and program issues is available from the Office of State and Community Health, MCHB, telephone: 301 443-2204.

3.9 Transmittal Letter.

A transmittal letter from the applicant agency should accompany the application and must include "Abstinence Education" as the priority area to which the application is responding.

3.10 Copies Required.

Applicants are required to submit one complete, original, ink-signed application and two additional ink-signed copies. All pages must be clearly numbered, be of standard size (8 1/2 x 11 inches), and be printed on only one side. The original and each copy to the application set must be **UNSTAPLED AND UNBOUND** so that additional copies can be made for review.

3.11 Application Review.

Applications will be reviewed by Bureau staff for consistency with the following elements:

- Describe the priority needs in the State for Abstinence Education programs.
- Meet the legislative priorities.
- Present the program plan and state overall goals and performance measures that are clear, and, as appropriate, measurable and time-framed. Propose activities which, if well-executed, are capable of attaining project objectives.
- Describe the process for parent/family/community involvement.
- Describe how the proposed project budget supports the administrative and programmatic activities necessary to manage the program and meet the proposed performance measures and objectives.
- Describe, as appropriate, the coordination of this project with other abstinence only education programs in the State.

IV REQUIREMENTS FOR PROGRAM NARRATIVE

4.1 Project Abstract.

A single-spaced, typed abstract not to exceed 2 pages must also be included using the format in Appendix 6.7. Format guidelines are as follows:

- Margins should be 1 inch at the top, bottom and right side with a 1-1/2 inch margin on the left side for binding.
- Typeset must be no smaller than 12 pitch and not reduced.
- Capitalize only the first letter of key words when filing in the lines at the top of the form. Be sure to include an area code with the telephone number and a full mailing address (including street and/or P.O. Box) with a zip code.
- Leave project period blank.
- The abstract should be proofread, camera-ready, clean and free of typos or corrections because it will be reproduced as submitted.
- Type section headings in all capital letters followed by a colon. Double-space after the heading and begin the narrative flush with the left-hand margin. Do not indent paragraphs, but do double-space between them. There is no space limitation on sections, but the abstract itself should not exceed two pages. Sections should be single-spaced with double-space between section headings.
- Section headings should be as follows:
 - a. **PROBLEM:** Describe the problem(s) the project is designed to address.
 - b. **GOALS AND OBJECTIVES:** State the major goals and objectives.
 - c. **METHODOLOGY:** Explain the project plan for achieving goals and objectives.
 - d. **COORDINATION:** Describe the coordination planned with the appropriate State or local agencies and/or other organizations in the area(s) affected by the project.
 - e. **EVALUATION:** Describe the techniques for tracking activities and measuring achievement of goals and objectives.

- **Annotation** - Prepare a three to five sentence description of your project which identifies the project's purpose, problems addressed, goals and objectives, and activities used to attain the objectives, and materials develop.
- **Key Words** - Key words are the terms under which your project will be listed in the subject index of the MCHB Abstract of Active Projects. Select the most significant terms that describe your project, including the population served.

This Summary of Project Narrative (e.g. Project Abstract) will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled Abstract of Active Projects. This publication, which includes summaries of all MCHB funded projects responds to Title V statutory reporting and oversight requirements [Sec 506(a)(1)], is updated annually and is an important mechanism for dissemination of information about MCHB funded projects. The abstract publication is widely distributed to MCHB grantees, Title V programs, academic institutions, and governmental agencies.

4.2 Project Narrative.

The narrative should be structured to respond to each review criterion and should include the sub-headings as they appear below. It should not exceed 20 pages, excluding appendices.

4.2.1 Describe the Priority Needs in the State for Abstinence Education Programs.

Document the priorities for Abstinence Education in your State. Describe existing programs and gaps in services. As appropriate, describe the needs by population subgroups; males and females <10, 10-14, 15-17, 18-19, 20-24, and >24 years of age, racial and ethnic groups, income groups, and children with special mental and/or physical health needs.

This section should conclude with a limited number of priority needs stated in short sentences and listed in priority order.

4.2.2 Meet the Legislative Priorities.

For a copy of Sec. 510, see Appendix 6.1. The purpose of the Abstinence Education project is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

For purposes of this section, the term "abstinence education" means an educational or motivational program which -

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

It is recognized that many States receive relatively modest funding under the legislative formula which will result in the development of programs with significant variation. It is not necessary to place equal emphasis on each element of the definition, however, a project may not be inconsistent with any aspect of the abstinence education definition

Describe how your proposed project meets these legislative priorities.

4.2.3 Present the Program Plan.

Address the important issues and state overall goals and performance measures that are clear and, as appropriate, measurable and time framed.

Present the State's overall plan for the project for the next year. Provide an overview of the proposed geographic area and target population. If your target is a subset of males and females, provide your rationale for selecting these sub-populations based on the priority needs.

Describe the mechanisms to be used to deliver services and the actual services themselves, and how they will respond to cultural characteristics unique to the populations to be served and address barriers identified in the priority needs.

Identify providers with which you plan to have formal arrangements and the types of services they will provide. Include in an appendix documentation of provider commitment for each of the services to be offered through subcontractors or through referrals. Documentation may include service agreements, memoranda of agreement, or letters indicating agreement to serve your clients.

Your plan and goals must address issues identified in the priority need section. Your overall plan should describe and provide your rationale for future directions and initiatives, and identify ongoing activities continuing from a prior year. There should be goals for each of the specific priority needs.

For each goal, there should be a set of activities and a description of methods and instruments used that, if well executed, can reasonably be expected to enable the project to attain its objectives.

4.2.4 Describe the Process for Consumer Involvement.

The State should make every effort (1) to publicize the availability of these funds, (2) to encourage the involvement of new providers, (3) to make clear the process, if any, for application and award of these funds, (4) to provide proposal development assistance, whenever possible, if requested by groups eligible for funding, (5) to provide this information on a timely basis, and (6) provide for the involvement of parents in the grant application and review process.

The application shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during its development and after its transmittal.

4.2.5 Describe how the proposed budget supports the administrative and programmatic activities necessary to manage the program and accomplish the proposal performance measures and objectives.

Describe how allocated and matching funds support programmatic and administrative activities to accomplish the proposed goals and objectives over the project period. If funds support staff, their skills and proposed activities should directly support accomplishments of goals. Staff should include a program coordinator. Key personnel should be listed on the enclosed supplemental budget form (Appendix 6.4). Please include a biographical sketch for the program coordinator (Appendix 6.5).

All contractual services must be justified by including the purpose, scope, and projected cost of the contract. Itemized budgets are required for all contracts, including in-kind support or other sources of funds.

Each major budget category must be justified with detail about how the funds will be used including non-Federal funds and in-kind support.

Projects may allocate funds to support parent/family/community involvement in the implementation of the proposed project.

4.2.6 Describe, as appropriate, the coordination of this project with other Abstinence Only Education programs in the State.

Describe in this section those special coordination efforts or other specific programs not already discussed in Section 4.2.3 above, including those abstinence only education programs funded by other sources.

V. REQUIREMENTS FOR PROGRAM REPORTING

Each State shall prepare and submit to the Maternal and Child Health Bureau an annual report on its activities at a time specified by MCHB. In order to properly evaluate and to compare the performance of different States assisted under Section 510, and to assure the proper expenditure of funds, reports will be submitted in standardized form (Appendices 6.8 and 6.9).

The reports will include at least the following information:

1. An unduplicated count of males and females served by the program by age groups <10, 10-14, 15-17, 18-19, 20-24, and >24 years of age, by race and ethnicity.
2. Total encounters by age group, by race and ethnicity.
3. State population numbers for each year from 1993 to most current for above age groups, by gender, race, and ethnicity.
4. State statistics for each year from 1993 to most current for numbers of births, unmarried births, birth rates, pregnancy rates, unmarried birth rates by age groups, and race and ethnicity.
5. A report of the progress made toward each measurable and time framed performance measure.

6. A report on the number and the location of the communities in the State with an abstinence education program funded by this project.
7. Other information as specified by the Maternal and Child Health Bureau.

SEPARATE PROGRAM FOR ABSTINENCE EDUCATION

SEC. 510. [42 U.S.C. 710] (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

- (1) the amount appropriated in subsection (d) for the fiscal year, and
- (2) the percentage determined for the State under section 502(c)(1)(B)(ii).

(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

(2) For purposes of this section, the term "abstinence education" means an educational or motivational program which—

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity ~~outside marriage~~ as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year.

¹Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services.

²Title V appears in the United States Code as §§701-709, subchapter V, chapter 1, Title 42.

³Regulations of the Secretary of Health and Human Services relating to Title V are contained in chapter 1, Title 42, and in subtitle A, Title 45, Code of Federal Regulations.

⁴See Vol. II, P.L. 78-410, §317A(a) and (c), with respect to confirmation required in lead poisoning prevention.

⁵See Vol. II, P.L. 88-352, §601, with respect to prohibitions against discrimination in federally assisted programs.

⁶See Vol. II, P.L. 95-521, §102(G), with respect to reporting of benefits received under the Social Security Act.

⁷See Vol. II, P.L. 101-239, §550F, with respect to a demonstration project on health insurance for medically underserviceable children; and §6509, with respect to a maternal and child health handbook.

⁸P.L. 78-410, P.L. 97-35, §2193(b)(1), 95 Stat. 827, repealed §§916, 1101, 1121, and 1131 of the PHSA.

⁹P.L. 95-626, Title VI, was repealed by P.L. 97-35, §955(b), 95 Stat. 292.

¹⁰P.L. 97-35, Title XXX, subtitle D [95 Stat. 818].

¹¹Vol. II, P.L. 97-35.

¹²As in original.

¹³See Vol. II, P.L. 94-135, Title III [89 Stat. 728].

¹⁴See Vol. II, P.L. 93-112.

¹⁵See Vol. II, P.L. 97-318.

¹⁶See Vol. II, P.L. 88-352.

¹⁷As in original. "and" should probably not appear.

¹⁸As in original. Probably should be "comply with".

FY 1998 Abstinence Education

	Abstinence Sec. 510		Abstinence Sec. 510
Alabama	\$1,081,058	Ohio	2,091,299
Alaska	78,526	Oklahoma	756,837
Arizona	894,137	Oregon	460,076
Arkansas	660,004	Pennsylvania	1,820,070
California	5,764,199	Rhode Island	129,592
Colorado	544,383	South Carolina	811,757
Connecticut	330,484	South Dakota	169,578
Delaware	80,935	Tennessee	1,067,569
District of Columbia	120,439	Texas	4,922,091
Florida	2,207,883	Utah	325,666
Georgia	1,450,083	Vermont	69,855
Hawaii	131,519	Virginia	828,619
Idaho	205,228	Washington	739,012
Illinois	2,096,116	West Virginia	487,536
Indiana	857,042	Wisconsin	795,859
Iowa	424,908	Wyoming	80,935
Kansas	391,185	American Samoa	44,992
Kentucky	990,488	Guam	69,495
Louisiana	1,627,850	Northern Marianas	42,493
Maine	172,468	Puerto Rico	1,449,018
Maryland	535,712	Trust Territories:	
Massachusetts	739,012	Palau	13,501
Michigan	1,899,560	Micronesia	47,492
Minnesota	613,756	Marshalls	21,000
Mississippi	1,062,752	Virgin Islands	136,509
Missouri	969,291	Grants to States	\$50,000,000
Montana	186,439		
Nebraska	246,177		
Nevada	157,534		
New Hampshire	82,862		
New Jersey	843,071		
New Mexico	518,368		
New York	3,377,584		
North Carolina	1,151,876		
North Dakota	126,220		

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|--|-------|--|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided:
— "New" means a new assistance award.
— "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.
— "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

OFFICE OF STATE AND COMMUNITY HEALTH

BUDGET FORMS FOR ABSTINENCE EDUCATION APPLICATIONS

For Abstinence Education purposes, the sub-groupings of funding categories under Section 15 of the Face Sheet of the Application For Federal Assistance (SF424) will be defined as follows:

15. Estimated Funding:

- a. Federal - The Abstinence Education Block Grant allocation only.
- b. Applicant - Carryover from previous year's Abstinence Education Block Grant allocation. The unobligated balance.
- c. State - The state match. The state's total matching funds for the Abstinence Education Allocation.
- d. Local - Total Abstinence Education dedicated funds from local jurisdictions within the state.
- e. Other - Other funds devoted solely to abstinence only education programs under the direction of the State Health Agency.
- f. Program Income - Funds collected by the state MCH agency from insurance payments, MEDICAID, HMO's, etc., if any.
- g. TOTAL - ALL the funds administered by the State abstinence only education program.

BUDGET INFORMATION — Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A — BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

SECTION B — BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$	\$
14. Nonfederal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS (sum of lines 16-19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1956, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFRA)

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the statements herein are true, accurate, and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION	DATE SUBMITTED	

STATE _____

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Signature of Authorized Certifying Official

Date

SUPPLEMENT TO SECTION F OF FORM 424A
KEY PERSONNEL

NAME AND POSITION TITLE	ANNUAL SALARY	NO. MONTHS BUDGET	% TIME	TOTAL \$ AMOUNT REQUESTED
	(1)	(2)	(3)	(4)
	\$		% \$	
FRINGE BENEFIT (Rate _____)				Total \$

Biographical Sketch

Give the following information for all professional personnel contributing to the project beginning with the Project Director.
 (DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

Name (Last, first, middle initial)	Title	Birth Date (Mo. Day Yr.)
------------------------------------	-------	-----------------------------

Education (begin with baccalaureate or other initial professional education and include postdoctoral training)			
Institution and Location	Degree	Year Completed	Field of Study

HONORS

OR PROFESSIONAL INTERESTS

RESEARCH AND PROFESSIONAL EXPERIENCE List in reverse chronological order previous employment and experience. List in reverse chronological order most representative publications.

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February 25, 1997

Instructions to new grantees:
How to prepare abstracts and annotations for the first time
 (different guidelines apply for abstracts prepared in subsequent years of the grant)

We have enclosed a sample abstract as an example of how to write your abstract.

Guidelines for preparing your abstract

Provide an abstract that can be published in the Maternal and Child Health Bureau's (MCHB) annual publication, *Abstracts of Active Projects Funded by MCHB*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects.

Guidelines follow to assist you in preparing acceptable abstracts for publication. In general, please note:

- Abstracts should be two- to four-page descriptions of the project
- Use plain paper (not stationery or paper with borders or lines).
- Double-space your abstract.
- Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- Use a standard (nonproportional) 12-pitch font or typeface such as courier.

1. Project Identifier Information

Project Title:	List the appropriate shortened title for the project.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
World Wide Web address:	If applicable, include the address for you project's World Wide Web site on the Internet.
Project Period:	Include the entire funding period for the project, not just the one-year budget period.

Sample NEW Abstract

(This abstract is presented as a sample format, not as a guide to content preparation.)

Project Title: Family Voices Partnership for
Information and Communication
Project Number: MCU 356088
Project Director: Polly Arango
Contact Person:
Grantee: Family Voices, Inc.
Address: P.O. Box 769
Algodones, NM 87001
Phone Number: (505) 867-2368
Fax Number: (505) 867-6517
E-mail Address:
World Wide Web address:
Project Period: 10/01/95-09/30/98

Abstract:

PROBLEM: The role of parents in maternal and child health policy making is still not fully recognized. Parents and parent organizations lack the information they need to participate fully in the development of health policies and implementation of programs that produce positive health outcomes for mothers and children. The formal mechanisms for ensuring a flow of information into the Maternal and Child Health Bureau (MCHB) do not currently provide for input from parents and their organizations. Health policymaking at local, State, and national levels is less effective than it could be because there is too little contact between key decision makers and representatives of parent organizations.

GOALS AND OBJECTIVES: The goal is to enhance two-way communication between MCHB and parent organizations about issues

influencing maternal and child health. The objectives are to:

1. Achieve recognition of the important role parents and parent organizations play in developing policies and programs that influence maternal and child health;
2. Disseminate information about maternal and child health policy to parents and parent organizations in a format that will be most useful to them as they participate in the development of policies and programs influencing maternal and child health;
3. Increase understanding by MCHB of the family perspective on issues influencing maternal and child health; and
4. Increase two-way communication between parent organizations and other members of the interorganizational consortium.

METHODOLOGY: Possible activities include the formation of a coalition of national, regional, and State parent organizations concerned with issues influencing maternal and child health; formation of a steering committee to advise Family Voices and CAPP on strategies and programs; participation in PIC interorganizational consortium meetings; establishment of two-way communications between Family Voices and consortium members; preparation and implementation of a publications programs that alerts parents and parent organizations to issues in maternal and child health, and roles that parents and parent organizations can play in developing policy at local, State, and national levels; consultation regularly with the MCHB regarding the family perspective on issues affecting maternal and child health; a

meeting of parent organization leaders to review and if necessary improve project strategies; participation in other parent organizations' conferences and training events; and the use of links to other PIC interorganizational consortium members to build roles for parents and parent organizations in maternal and child health policymaking and program implementation at the local level.

COORDINATION: The project will be conducted by Family Voices in NM and the CAPP Project of the Federation for Children with Special Needs in Boston, MA. Actual activities will be determined by negotiation between Family Voices and the MCHB.

EVALUATION: In general, progress can be determined through the use of clear project milestones. The ultimate effect of the project could be determined by answering the following questions: Is there greater recognition of the role parents and parent organizations play in developing policies and programs that influence maternal and child health? Has information about maternal and child health issues been disseminated to parents and parent organizations in useful formats? Have parents and parent organizations had a positive influence on the development of maternal and child health policies and programs? Does the MCHB have a better understanding of the family perspective? Has two-way communication between parent organizations and other members of the interorganizational consortium increased?

Keywords:

.i.Children with Special Health Needs;.i.Information Networks;.i.Dissemination;.i.Families;.i.Advocacy;.i.Public Policy;.i.Family Professional Collaboration;.i.Information Services;

Annotation:

Enhancement of two-way communication between the Maternal and Child Health Bureau (MCHB) and parent organizations about issues influencing maternal and child health is the project goal. Possible activities include the formation of a coalition of national, regional, and State parent organizations concerned with issues influencing maternal and child health; preparation and implementation of a publications programs that alerts parents and parent organizations to MCH issues, and roles that parents and parent organizations can play in developing policy at local, State, and national levels; consultation regularly with MCHB regarding the family perspective on issues affecting MCH; and a meeting of parent organization leaders to review and if necessary improve project strategies.

Appendix 6.8

Maternal and Child Health Bureau
Abstinence Education Program

Total Encounters by Clients

Age in Years

	< 10	10 - 14	15 - 17	18 - 19	20 - 24	> 24	TOTAL
MALES							
Non-Hispanic White							
Black							
Hispanic							
Others							
FEMALES							
Non-Hispanic White							
Black							
Hispanic							
Other							
TOTAL							

Appendix 6.9

Maternal and Child Health Bureau
Abstinence Education Program

Unduplicated Count of Clients Served

		Age in Years						
		< 10	10 - 14	15 - 17	18 - 19	20 - 24	> 24	TOTAL
MALES								
	Non-Hispanic White							
	Black							
	Hispanic							
	Others							
FEMALES								
	Non-Hispanic White							
	Black							
	Hispanic							
	Other							
TOTAL								