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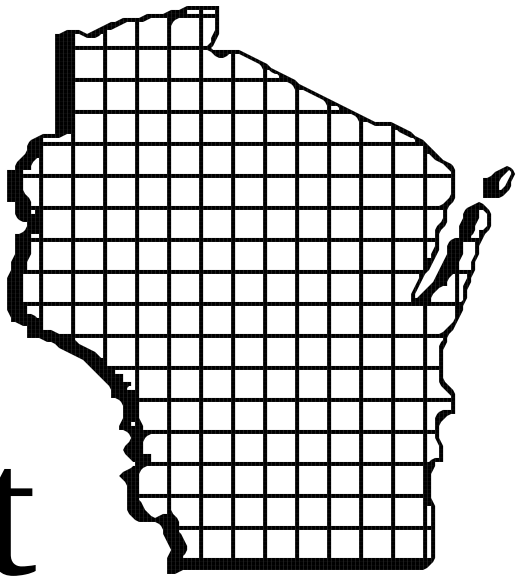
Report



December 1999 Volume 12, Number 8

TEEN PREGNANCY IN WISCONSIN:

Can Prevention Work?

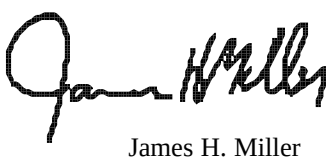
REPORT FROM THE PRESIDENT:

One issue that has been discussed in Wisconsin for the last generation is teen pregnancy. It is interconnected with many other social matters, such as welfare, education, crime and drug use, and health. We contracted with Dr. Naomi Farber to examine the current state of teen pregnancy in Wisconsin, and whether prevention programs are actually effective. Dr. Farber is an Associate Professor in the University of South Carolina's College of Social Work and an Associate of the Institute for Research on Poverty at the University of Wisconsin-Madison.

In this study, Dr. Farber examines the current literature and quantitative data on adolescent pregnancy in Wisconsin. She also examines current state prevention programs and evaluates their potential to contribute to the national trend towards less teen pregnancy. One can view her data in terms of good news and bad news. The good news is clearly that Wisconsin's adolescent pregnancy rate dropped by fourteen percent over the last seven years. This decrease mirrors national figures. The bad news is the issue of illegitimate births. In 1987, twenty-five percent of teen births to Wisconsinites were to married couples, yet by 1997 this number had dropped to fifteen percent. Conversely, that means we have witnessed a rise in teenage illegitimacy rates from seventy-five percent in 1987 to eighty-five percent in 1997.

Higher risks of illegitimacy are shared over several groups. One group consists of girls under fifteen, in which illegitimacy has not declined, but rather increased slightly. The illegitimacy rates of Hispanic adolescents have decreased nationwide, but since 1991 comparable rates in Wisconsin have increased by twenty-two percent. While Hispanic teens have traditionally tended to marry upon pregnancy, this trend is reversing, which comports with their rates of illegitimacy rising. Lastly, while adolescent pregnancy and childbearing in Milwaukee has declined slightly in recent years, it has not matched the decline in other large cities. Milwaukee today ranks fifth nationally among large cities in the level of teen childbearing. Yet so as to not dwell on the negative, Dr. Farber examines the major prevention programs in Wisconsin, especially the "Brighter Futures Initiative," which she lays out in terms of current programs and future potential, both politically and administratively.

Dr. Farber leaves the impression that if the State of Wisconsin continues to be serious about the issue of teen pregnancy, it can sustain the downward trend. The real problem is what do we do about illegitimacy rates that continue to trend upward, even while overall teen pregnancies drop. That is the million dollar question. Hopefully over the next several years, someone will come up with a practical answer to this social problem.



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TEEN PREGNANCY IN WISCONSIN:

Can Prevention Work?

NAOMI FARBER, Ph.D., M.S.W.

EXECUTIVE SUMMARY

Teen motherhood is associated with long-term negative consequences for both mothers and their children. Because the vast majority of births to teens are illegitimate, these difficulties are magnified by the severe disadvantages of single motherhood. In addition to the costs borne by these young families themselves, there are tremendous costs to society in the form of lost productivity and the need for wide-ranging social and medical services and economic support.

In Wisconsin over the past seven years the rate of adolescent pregnancy fell by 14 percent. The state ranks nationally forty-second in its rate of adolescent pregnancy and forty-third in its rate of adolescent births. Balancing this good news in Wisconsin are some troubling trends. Illegitimate births to teens continue to rise steadily, and certain groups of youth are still at great risk for early pregnancy. These high-risk youth include:

1. Girls under age 15

The greatest decrease in pregnancy and childbearing has been among older adolescents. In contrast, pregnancy and childbearing among younger teens in Wisconsin have declined less and have even begun to increase slightly.

2. Hispanic adolescents

Rates of pregnancy and childbearing among Hispanics, which have fallen nationwide, have increased 22% in Wisconsin since 1991. While historically Hispanic teens tended to marry to legitimize their pregnancies, the trend is reversing and their rates of illegitimacy are rising.

3. Hmong and Laotian adolescents

Rates of adolescent pregnancy and childbearing among Hmong and Laotian adolescents are much higher than Wisconsin state averages. Because these young women tend to be married and are likely to remain in school, the economic and social consequences of early motherhood currently are not as negative. However, as these Asian youth become more acculturated to American society, the cultural patterns buffering negative outcomes for young mothers and their children may change and leave these young families vulnerable to poverty and dysfunction.

4. Adolescents in Milwaukee

Although adolescent pregnancy and childbearing in Milwaukee have declined slightly in recent years, the decline has not matched that of other large cities. It currently ranks fifth among large cities in teen childbearing.

Primarily in response to federal polices encouraging states to reduce teen pregnancy and childbearing, the Wisconsin State Departments of Health and Family Services and of Workforce Development developed the Brighter Futures Initiative. Brighter Futures proposes to decrease teen pregnancy 15 percent by 2001 through two major strategies. First, it proposes to restructure state funding of prevention programs into county-level block grants and impose measurable benchmarks to evaluate outcomes. Second, it directs counties to infuse a uniform youth development perspective into public and private sector agencies that serve youth in Wisconsin.

The Brighter Futures Initiative as an ideal vision represents an impressive compromise among groups of stakeholders holding divergent positions on politically and morally sensitive issues concerning adolescent sexuality. Yet the process of implementation has just begun and already there is some indication that some controversial and potentially potent objectives of the Plan may be abandoned. If key participants in the Plan's implementation back away from such challenges, the results will be too superficial to have a widespread impact on youths' sexual behavior.

However, given that youth face identifiably different levels of risk, the real success of Wisconsin's Brighter Futures depends largely on whether decentralization in funding and the youth development emphasis result in counties targeting those youth most likely to have early sex and become pregnant. To provide services more effectively under these proposed policies, counties will need to be provided clearer direction on how programs should incorporate youth development than currently exists. Without such clarity and consistency, Brighter Futures will accomplish little besides forcing counties to re-package existing services in order to secure funding according to the new rules.

INTRODUCTION

Between 1991 and 1998 the rates of both teen pregnancies and births fell across the nation: among teenagers ages 15-19, the birthrate dropped from 62 to 52 per 1,000 youth, a decline of 12 percent.[1] In Wisconsin the news was even better by 1997: there was a statewide drop in the birth rate from 44 to 35 per 1,000 teenagers ages 15-19, a decline of over 14 percent. (See Table 1.)[2] Although the overall rate of adolescent pregnancy in Wisconsin is among the lowest in the nation, some troubling facts remain. As new policies affecting Wisconsin's efforts to prevent adolescent pregnancies and childbearing are currently being developed through the Brighter Futures Initiative, these facts should directly affect how the state's resources will be allocated.

TABLE 1 WISCONSIN AND UNITED STATES TEEN BIRTH RATES (PER 1000), 1980-1997

	1980	1990	1991	1992	1993	1994	1995	1996	1997
Wisconsin	40	42	44	42	41	39	38	37	35
United States	53	60	62	61	60	59	57	55	53

Sources: Wisconsin Bureau of Health Information, Maternal and Child Health Statistics for the years 1989-1994; Birth to Teens in Wisconsin, 1994; Wisconsin Births and Infant Death, for the years 1995, 1996 and 1997.
United States rates are from the National Vital Statistics Report, Vol. 47, No. 4, 1997. Hyattsville, Maryland National Center for Health Statistics, 1998.

First, over the last 30 years the continual flux in the rates of pregnancy and births to teenagers should caution against complacency about having finally "fixed" the problem. For example, the number of births to women under age 20 in Wisconsin peaked in 1975, but today the number of teen births is still higher than 1970.[3] Second, the proportion of teenagers under 17 who have children is increasing.[4] Third, the proportion of births to teenagers who are unmarried continues to rise steadily.[5] Finally, despite the general decline in teen births since 1991, rates of pregnancy and childbearing among certain groups of young women in Wisconsin have *not* matched the general downward trend:

- *Rates of pregnancy and childbearing among girls under 15 have remained steady and even begun to increase slightly;*[6]
- *Rates of pregnancy and childbearing among Hispanic and Southeast Asian teenagers are significantly higher than statewide averages;*[7]
- *Though rates of pregnancy and childbearing have come down among teenagers in Milwaukee, the city still ranks among those cities with the highest incidence of teen births;*[8]

These worrisome exceptions to the positive trends in Wisconsin require targeted approaches to prevention among those teenagers at highest risk of early conception and illegitimate childbearing.

Policy Context

The recent changes in federal policies designed to reduce welfare dependence and enhance work activity include the objectives of reducing rates of out-of-wedlock childbearing and teenage pregnancy and births. The Teen Parent Provisions contained in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) provide three primary competitive financial incentives to states to achieve these objectives. They include: (1) the "Bonus to Reward a Decrease in Illegitimacy"; (2) funds for Abstinence-Only prevention programs; and (3) the "Bonus to Reward High Performance States" with reduction of illegitimate births being one of four performance criteria.[9] In addition, The Secretary of the Department of Health and Human Services expects all states to submit their strategies for accomplishing these objectives, including the requirement that at least 25 percent of all communities have programs in place to prevent adolescent pregnancy.

In an effort to fulfill the new requirements under Temporary Assistance to Needy Families (TANF), Wisconsin's State Department of Health and Family Services (DHFS) has developed a comprehensive pregnancy

prevention plan, the "Brighter Futures Initiative." The long-range goal of the Initiative is to reduce rates of adolescent pregnancy in the state by 15 percent by year 2001 through encouraging various pubic and private groups of influential "stakeholders" to enhance youth development in a more integrated manner. The Initiative provides a comprehensive set of recommendations for local communities, defines outcomes or "benchmarks" to be achieved and also seeks to consolidate funding sources for adolescent pregnancy prevention with selected other youth services under DHFS. This is consistent with the general direction of Wisconsin's welfare reform in departing from the traditional categorical allocation of social welfare resources. As the Initiative is being implemented, it will be important to assess how these changes are expressed programmatically at the county and agency levels. Ultimately, the success of the Initiative will rest on counties' abilities to target services to those youngsters indicated above who remain at highest risk of early pregnancy while simultaneously enhancing youth development.

THE PROBLEM OF TEENAGE PREGNANCY

There is compelling evidence that the rising public concern over illegitimate childbearing among adolescents is warranted. The birth rate among teenagers across Wisconsin, like the national rate, is lower today than it was at its record in 1955. Nevertheless, the specific problems surrounding adolescent pregnancy have worsened in some respects: more adolescents today are actually at risk of pregnancy because of their increased sexual activity, occurring at ever earlier ages and prior to marriage. The result of the drastic decline in marriage among pregnant teenagers combined with many fewer pregnant teenagers giving up their children for adoption is that illegitimate childbearing and single motherhood among adolescents have increased dramatically. The "problem" of teenage pregnancy increasingly is one of illegitimate childbearing among those youth with least ability to support their children.

Voluminous research shows unequivocally the potentially negative consequences of early and out-of-wedlock motherhood.[10] **The adverse effects of early childbearing on young women are seen particularly in their lowered educational attainment and greater poverty**. While these long-term problems have been widely recognized for some time, current research is discovering a disturbingly wide range of problems among the children of teenage mothers over their lifetime. These children are more likely than children of older mothers:

- to be of low birth weight and suffer numerous medical and developmental problems;
- to have behavioral problems;
- to be at higher risk of being abused and neglected;
- to achieve lower levels of education and be poorer as adults;
- to become young unmarried parents themselves, thus potentially perpetuating their own disadvantages over future generations.[11]

The reasons that teenagers become pregnant and the likelihood of their bearing children out of wedlock vary among individuals. Given what we know about such factors, we should focus prevention efforts on teenagers in communities suffering from greater economic and social disadvantage, and also those youth whose individual characteristics make them more likely to engage in multiple high-risk behaviors that include early sexual activity. Policies that allow for programs that target these youth will more successfully address the complex motivations that lead young people to become parents prematurely.

At the same time, the responsibility for and the ability to influence our youth's sexual behaviors do not lie exclusively or even primarily with architects of public policy, with human service providers, or with formal educators. Efforts within these public arenas must act to supplement and to reinforce efforts of families to teach their children to make healthy decisions. Both common sense and research tell us that most American parents do not want their children to have children too young. Although recent research finds that parents do play a larger role in their teenagers' lives than many people assume, there are still many forces outside of the family that exert negative influences on young people's choices about sex and childbearing.[12] Indeed, in a recent survey of youth and parents in Milwaukee, fully 81 percent of parents expressed the belief that they have less influence over their children today than ever.[13]

The benefits of partnership between public policy and the private sector can be enhanced by accurate information about which adolescents are at greatest risk of becoming pregnant and through programs that are closely suited to their individual needs and their particular family and community contexts. Following is a summary of these patterns of risk of early pregnancy and childbearing among adolescents in Wisconsin and across the nation.

Trends in Adolescent Fertility and Risk Factors

Behind both the recent decline in adolescent fertility and the skyrocketing rate of illegitimacy among teenagers in Wisconsin lie several separate but integrally related trends. In order to determine how best to target youth in need of prevention services it is important to identify each of these distinct trends and their inter-relations.

1. Following a precipitous rise in sexual activity generally among teenagers and teenagers at younger ages, the proportion of teenagers who are sexually experienced is stabilizing.

During the early 1970s, nationwide 27 percent of young women and 55 percent of young men reported having had sexual intercourse by age 18. By 1994 the rates had risen to 56 percent and 73 percent respectively.[14] The higher incidence of sexual initiation during teen years was accompanied by a steady decline in the age at which both teenage girls and boys begin to have sexual intercourse.

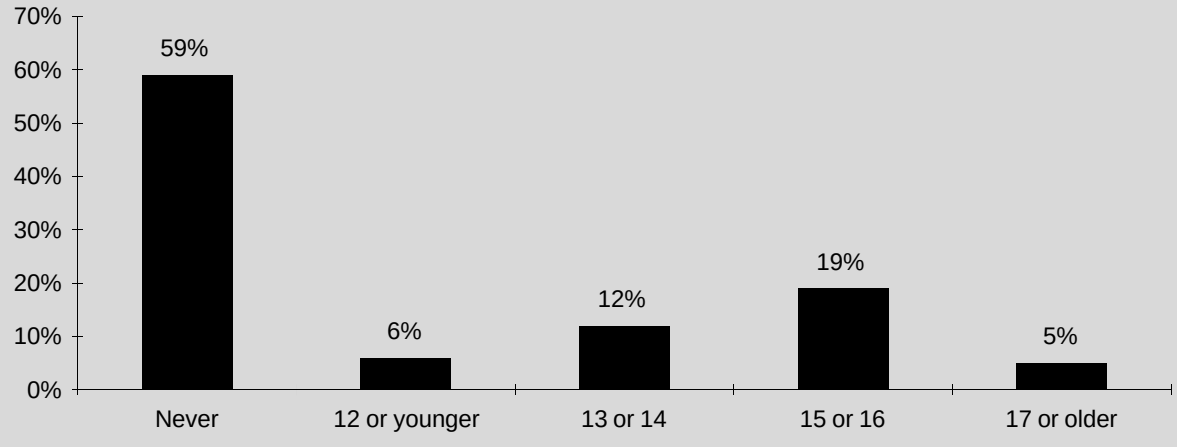
Recently there has been some decrease in reported sexual activity among teens. The nationally representative Youth Risk Behavior Survey found that the proportion of high school students reporting sexual experience fell between 1991 and 1997 — from 51 percent to 48 percent for females and from 57 percent to 49 percent for males.[15] While the level of sexual activity among older teenagers appears to have stabilized, sexual activity among younger girls has fallen less.

According to the statewide study of high school students in Wisconsin, the 1997 Wisconsin Youth Risk Behavior Survey, 40 percent of students reported having had sexual intercourse, a decrease of about 6 percent since 1993.[16] While about half of that 40 percent became sexually active at age 15 or 16, 12 percent of all students began to have sex when they were 13 or 14. (See Table 2.) Not surprisingly, the percentage of students ever having intercourse increases by grade level, so that by twelfth grade, 62 percent of youth have become sexually active. (See Table 3.) Over 25 percent of sexually active students (11 percent of all students) reported that they had had four or more sexual partners.[17]

A 1997 study of youth ages 10-19 who reside in five high-risk neighborhoods of Milwaukee found levels both of sexual activity and of sexual activity at younger ages to be much higher than state levels. “Fully 80 percent of the respondents had experienced intercourse by age 16, and 22 percent were sexually active before they turned 13. Moreover, nearly one-quarter of the 15-19 year-olds reported having six or more sexual partners since becoming active.”[18] Such patterns of sexual behavior place these urban youth at alarmingly high risk for early pregnancy and also for AIDS and other sexually transmitted diseases.

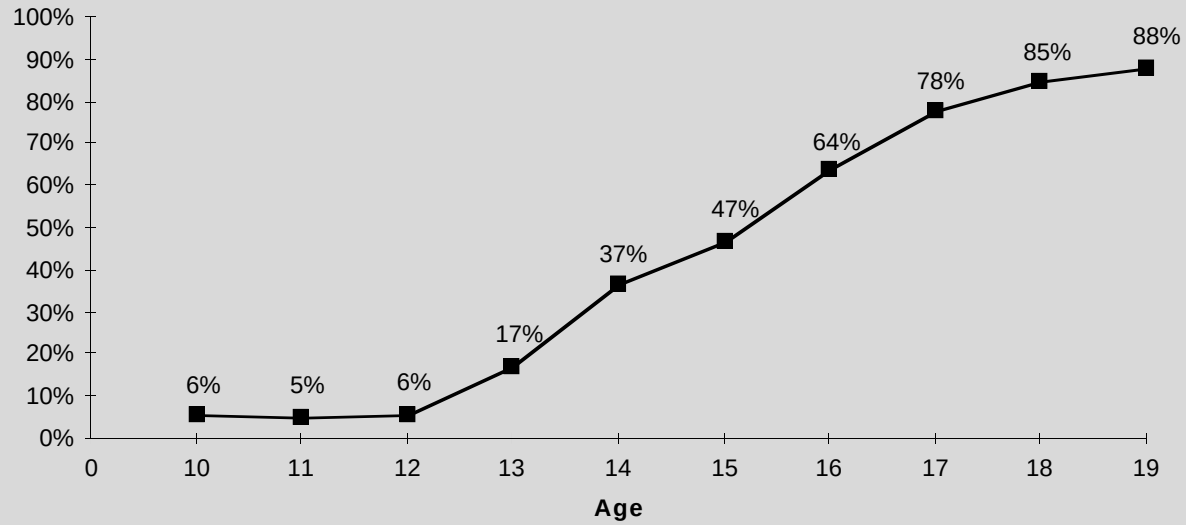
While current social norms condoning non-marital sex contribute to younger teenagers engaging in intercourse, there is also disturbing evidence that the majority of girls under age 15 who are sexually active began to have

TABLE 2 FIRST SEXUAL INTERCOURSE BY AGE - WISCONSIN, 1997



Source: Youth Risk Behavior Survey Table of Contents, State of Wisconsin, Department of Public Instruction

TABLE 3 YOUTH SEXUAL ACTIVITY BY AGE - WISCONSIN, 1997



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sex involuntarily. The Gutmacher Institute reports that "while the vast majority of teenage women characterize their first intercourse as voluntary, one-quarter of these young women say that it was unwanted."[19] There is also increasing evidence that young women who experienced sexual abuse as children are sexually active at younger ages.[20] The threat of unwanted early intercourse is evident in Wisconsin in that, "the average age of a sexual assault offender in Wisconsin in 1996 was 25; the average age of a sexual assault victim was 15.14 years of age."[21]

Although younger teenagers are especially vulnerable to sexual coercion by predatory older men, the fathers of children born to adolescents frequently are over age 20. Most sexually active teenage women have partners within two years of their age, but those sexually active teenagers who become pregnant often conceive by men who are considerably older. Upward of two-thirds of the fathers are 4-6 years older than the young women whom they impregnate. This age gap tends to be greater among white than among black teenage mothers.[22] Concern over sexual exploitation of young girls has contributed to the recent Federal mandate that the U.S. Attorney General undertake a study of the relationship between statutory rape and teenage pregnancy. Wisconsin, like many other states, is attempting to be more stringent in enforcing existing statutory rape laws.

There are differences by race and ethnicity among adolescents in their patterns of sexual activity. By the age of 15, 25 percent of Hispanic girls, 26 percent of white girls and 39 percent of black girls have had sexual intercourse.[23] However, white — especially non-poor — and Hispanic teenagers are initiating sexual activity at earlier ages. This convergence by race in teenagers' rates of sexual initiation is significant in raising the overall risk of early pregnancy among young women.

A number of other characteristics are associated with the age at which young women begin to have sex. Greater religiousness is associated with initiating sex later.[24] There is a strong relationship between a young woman having low intellectual ability, low academic aspirations and achievement and having early sexual experience.[25] Teenagers who live in a single-mother family, have a mother who began to have sex and bore her first child at an early age, and who have sisters who were teenage mothers also tend to initiate sex earlier.[26] Consistent with these findings, in the Milwaukee study of youth in high-risk neighborhoods, those "whose mothers or fathers had been teen parents, who reported their parents to be poor role models for pregnancy prevention…were much more likely to be sexually active than their counterparts."[27]

How parents' styles of supervising and communicating with children influence youths' sexual behavior is not clear. Recent studies suggest that children who feel that their parents are supportive and concerned and who have open communication are more likely to begin being sexually active later than those whose parents are less available to them. In the Milwaukee study, teenagers whose parents had the highest degree of "consistent discipline and monitoring" were most likely to remain sexually abstinent.[28] Finally, young women whose parents, especially their moth-

ers, are a primary source of information about sexuality and those whose mothers unambiguously communicate disapproval of early sexual activity also tend to delay having sex until they are older.[29]

2. The age of puberty has decreased over generations, the result being that girls are able to become pregnant at younger ages.

Young women's increased risk of pregnancy results from physiological as well as behavioral changes. The average age of sexual maturity, the onset of menarche, has been declining over the past century. Earlier sexual initiation and later marriage place more girls at risk of non-marital pregnancy for a longer period between puberty and marriage. Young teenagers who reach menarche early are more likely than others of the same age to be sexually active.[30] These sexually mature youngsters who have intercourse are at especially high risk of conceiving because they tend to use birth control less effectively than older teenagers.

3. Contraceptive use by sexually active teenagers has risen significantly, though much less so among Hispanic youth.

Although adolescents' rates of pregnancy rose overall between 1970 and 1990, their more effective use of birth control helped minimize the increase and continues to mitigate the impact of sexual activity on pregnancy rates. That is, without a concomitant increase in contraception, the rate of teenage pregnancies would be even higher. The nationally reported rates of contraceptive use by teenagers at first intercourse rose from 48 percent to 65 percent during the 1980s to the current level of 78 percent.[31] Even more young women — about 80 percent — report using birth control on an ongoing basis, two-thirds of them report condom use.[32]

The Wisconsin Youth Risk Behavior Survey found that 70 percent of sexually active students reported using either condoms or birth control pills the last time they had intercourse, and 25 percent reported using withdrawal or no method.[33] This increased use of birth control mainly reflects the doubling in use of condoms, probably because of adolescents' very realistic fears of contracting AIDS or other STD's from unprotected intercourse.

Studies showing a rise in contraception do not always reveal the complexity of measuring accurately adolescents' contraceptive use. They underestimate how inconsistent teenagers are in their actual use of birth control over time. For example, while a teenager may report accurately that she used birth control at last intercourse, or that she "uses" the pill, it is not uncommon for a young woman to miss taking her contraceptive pill one day and then double up the next day, leaving her unprotected from pregnancy. Some research finds that 16 percent of teenagers who rely only on birth control pills do not take them consistently. Hispanic and black teenagers who use only the pill use it less consistently than white and other teenagers, as do those teenagers who recently began to use the pill and those who have already had an unplanned pregnancy.[34] Such inconsistent contraceptive use is evident in the fact that despite the high rates of reported contraceptive use, an estimated 78 percent of pregnancies are characterized by adolescents as being unplanned.[35]

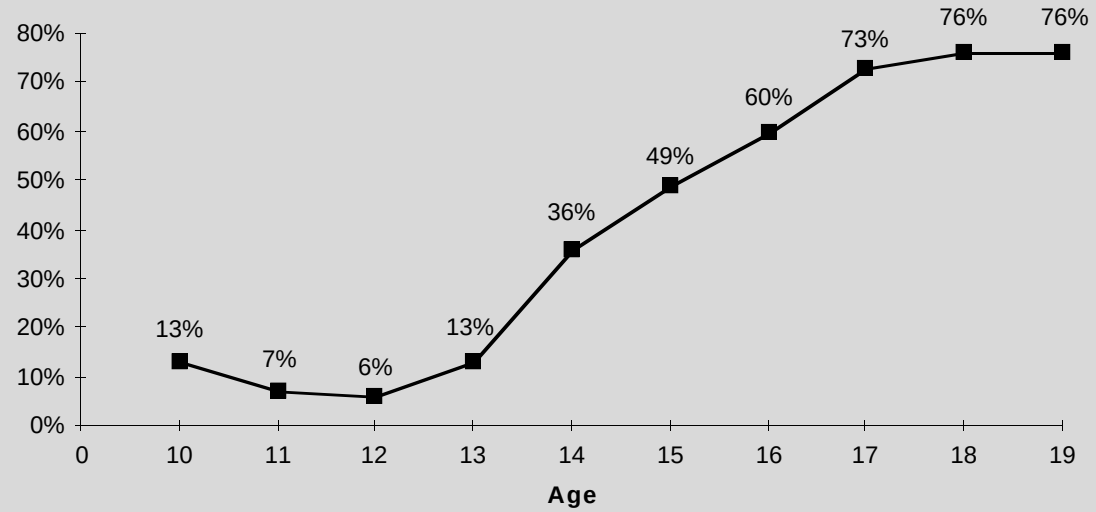
In general, black teenagers are less likely to use birth control than whites the first time they have sex, in part because they also tend to become sexually active at younger ages. Hispanic teenagers report lower-than-average use of birth control. Forty-two percent of all Hispanic girls report not using any contraception at first intercourse, in contrast to 24 percent of all girls. Among sexually active teen girls, 46.8 percent of Hispanic versus 30.9 percent of all sexually active girls report having unprotected sex.[36]

A teenager's age is perhaps the most important factor in her ability to prevent pregnancy. While teenagers generally are less effective at contraception than are older women, younger teenagers are even less so. Both the Wisconsin Youth Risk Behavior Survey and the Milwaukee study of high-risk youth find that increasing age is directly associated with greater use of birth control. (See Table 4.)

Differences in economic status also are associated with different patterns of contraception: among those who are sexually active, 78 percent of poor teenage women, 71 percent of low-income teenagers, and 83 percent of higher income teenagers report using birth control regularly.[37] Poor and low-income teenagers are twice as likely as more affluent teenagers to experience an unplanned pregnancy even while reportedly using the pill or a condom.

Older teenagers, white teenagers and higher income teenagers are most likely to use birth control and use it effectively. Other factors that are related to young women using birth control effectively include having a stable relationship with their sexual partner, having a greater acceptance of their own sexuality, having higher academic aspirations, and having open communication with their mothers.[38] Those sexually active teenagers who have better knowledge of reproduction and contraception also use birth control more effectively. Despite concerns to the contrary, there is no evidence that providing such information is associated with teenagers initiating sex earlier or with being more sexually active.[39]

TABLE 4 YOUTH USE OF CONTRACEPTION BY AGE - MILWAUKEE, 1997



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4. The overall rate of adolescent pregnancy has dropped modestly in the last six years, but not evenly among all groups of teenagers.

About 10 percent of all girls aged 15-19 in the United States become pregnant each year. Between 1970 and 1990 the adolescent pregnancy rate rose and fell at various points, but increased 23 percent overall.[40] However, between 1991 and 1995 the national pregnancy rate declined 17 percent, dropping from 117 to 97 pregnancies per 1,000 adolescents.[41] Among girls who are sexually active the pregnancy rate fell even more, about 20 percent in the past few years.[42]

While there remain significant differences by race in teenagers' rates of pregnancy, the greatest decline in pregnancy has been among black teenagers — 20 percent.[43] Hispanic teenagers have seen the least decrease in pregnancy rates, falling only 6 percent after rising dramatically nationwide. In 1996, the pregnancy rate for Hispanic teenagers ages 15-19 was 164.6, well above the national average of 97.3 per 1,000 girls.[44]

In 1996 about 11,550 girls in Wisconsin aged 15-19 became pregnant. (See Table 5.)[45] There were 4,250 pregnancies among girls 15-17 and 7,300 among 18-19-year-olds.[46] As elsewhere across the country, pregnancy rates have been declining statewide since 1991. ***Currently Wisconsin ranks forty-second among all states in pregnancies to teenagers***.[47] The greatest decrease has been among older teenagers, ages 18-19, followed by teenagers ages 15-17.[48]

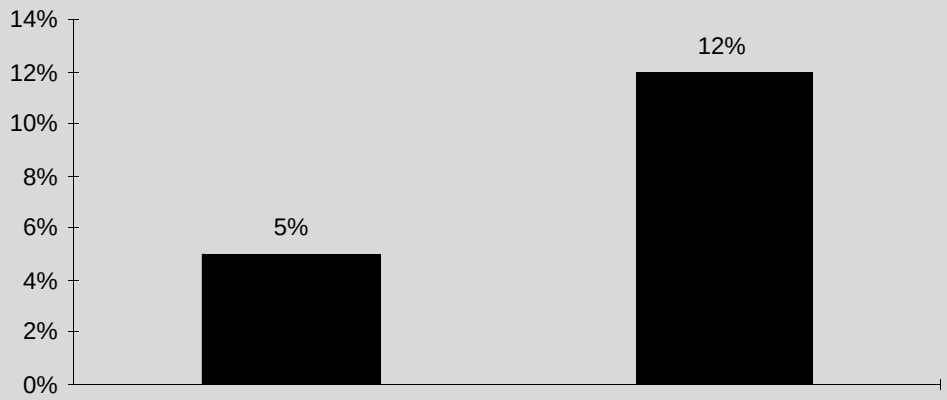
Two groups of teenagers in Wisconsin have not experienced the same significant decline in pregnancy. ***In contrast to older teenagers and to the national average, pregnancy rates have remained essentially unchanged for the youngest girls ages 10-14 at 1.4 per 1,000 teenagers.***[49] While pregnancy rates among very young teenagers are relatively low, they have not been helped by the factors contributing to the decline among older teenagers. Clearly we must pay more attention to this most vulnerable group of children.

In addition to younger girls, ***teenagers in Milwaukee continue to have very high rates of pregnancy — 150.2 for teenagers 18-19 and 70.1 for teenagers under 18, far above averages across Wisconsin, other states and other large cities***.[50] Their rates have declined modestly, but much less so than among other adolescents.

5. The rate of abortion among adolescents is declining.

Not all pregnancies result in a live birth. Fourteen percent of pregnancies to teenagers end in miscarriage, while 40 percent are aborted — 274,000 in 1996.[51] Abortions to teenagers account for about one-quarter of all abortions performed nationwide. During the years immediately after abortion became legalized in 1973, abortion rates among teenagers rose and then remained steady after 1980. Over the past few years the abortion rate among teenagers has declined nationally, though the most recent research finds that in a few states the trend is reversing.

TABLE 5 STUDENTS WHO HAVE BEEN PREGNANT - WISCONSIN, 1996



Source: Youth Risk Behavior Survey, Table of Contents, State of Wisconsin, Department of Public Instruction

The incidence of abortion among adolescents in Wisconsin has also declined and continues to be lower than the national average. ***At 21 abortions per 1,000 teenagers, Wisconsin ranks fortieth in rates of abortions to teenagers***.[52] For young women ages 18-19 abortion rates fell from 38.6 to 22.8 between 1991 and 1996. Recent estimates show a continuing downward trend. Among young women under 18, the abortion rate fell from a high of 13 per 1,000 youth in 1990 to 9.6 in 1996.[53]

The abortion rate among all minority adolescents is about twice that of white teenagers. This is mainly the result of their having higher rates of sexual activity, lower use of contraception and thus being much more likely to have an unintended pregnancy before age 20. About 41 percent of pregnancies among black teenagers ended in abortion in 1996, in contrast to 28 percent among Hispanic adolescents.[54]

An adolescent's decision to abort an unintended pregnancy is influenced by a number of factors. The more affluent the pregnant teen is, the more likely she is to seek an abortion. A pregnant teen is more likely to seek an abortion if the pregnancy was not intended, if she uses birth control more regularly, has higher educational aspirations, perceives positive attitudes of family members and peers toward abortion, and has greater access to abortion services.[55]

6. Since 1991, the teen birth rate in Wisconsin has declined among black and white teenagers but risen among Hispanic youth.

Despite the increase in adolescent pregnancy rates during the 1970s and 1980s, higher rates of abortion contributed to the adolescent birth rate falling from its high of 89.1 in 1955 to its low of 50.2 births per 1,000 girls ages 15-19 in 1986.[56] Births to teenagers began to rise again dramatically in 1987 and peaked in 1991 at 62 births among teenagers ages 15-19.[57] Since then, the teen birth rate has fallen to 52 in 1998.[58] Nationwide, birth rates have dropped for teenagers of all ages: 9 percent for teenagers aged 18-19, 13 percent for teenagers aged 15-17, and 14.3 percent for aged 10-14.[59]

The birth rates have fallen most of all among black teenagers — 21 percent for black teenagers ages 15-19 years old.[60] Hispanic teenagers as a group now have a higher birth rate than black youth and have the highest rates among all major racial and ethnic groups — 97.4 — almost twice the overall national rate. In 1997, about one-quarter of all teen births were to Hispanic women. It is important to differentiate among those youth categorized as Hispanic (or Latino) as there are major differences among sub-groups. Among Hispanics, Mexican Americans have the highest rates of teen childbearing, followed by those of Puerto Rican origin, of Central and South American origin, and finally Cuban Americans.[61]

Wisconsin mirrors national trends in that the birthrate to all teenagers has dropped 15.8 percent since 1991, placing it forty-third nationally in rates of teen births.[62] Across the state, the birthrates for white and for black teenagers have declined 18 percent and 25.45 respectively. Similarly the teen birth rate among American Indians dropped from 82.6 to 68.1 over the past decade. (See Table 6.)[63]

TABLE 6 NUMBERS OF BIRTHS TO TEENS BY AGE GROUP AND RACE/ETHNICITY, SELECTED YEARS, WISCONSIN

Year	<18	18-19	<20	Birth Rate <20
1987				
White	1,352	3,089	4,441	27.2
Black	911	991	1,902	173.4
American Indian	59	120	179	102.3
Hispanic, Any Race	116	154	270	68.1
1990				
White	1,208	3,252	4,460	29.6
Black	961	1,219	2,180	183.9
American Indian	63	106	169	92.2
Hispanic, Any Race	151	254	405	91.5
1997				
White	1,351	2,809	4,160	24.7
Black	865	972	1,837	136.8
American Indian	78	93	171	82.6
Hispanic, Any Race	268	384	652	106.5

Source: Wisconsin Bureau of Health Information, Maternal and Child Health Statistics (selected years); Wisconsin Births and Infant Deaths, 1997.

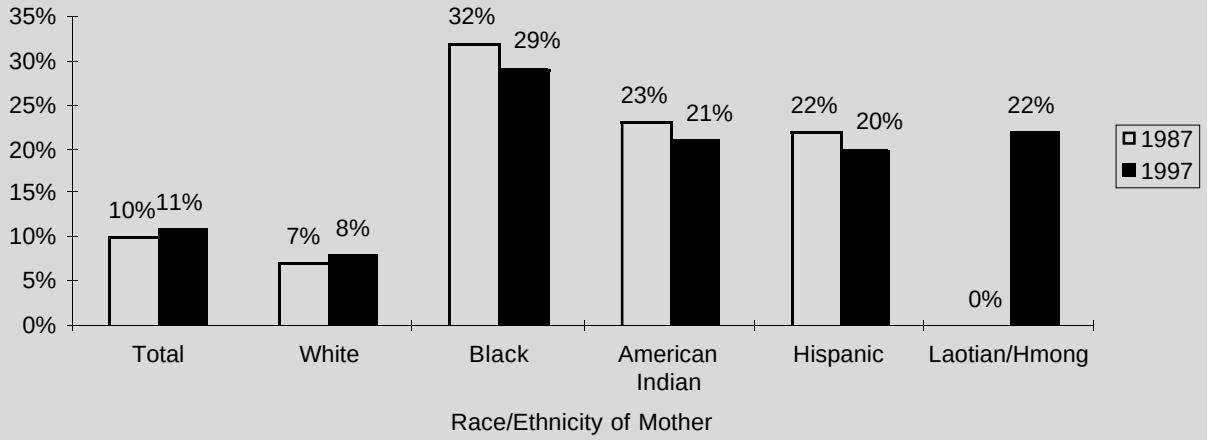
As positive as some trends are, these figures do not tell the whole story of teen births in Wisconsin and bear closer examination. ***The first issue of concern is the significant increase in the Hispanic teen birthrate***. In contrast to the 4.9 decrease nationwide in teen births to Hispanics, ***in Wisconsin the Hispanic teen birthrate rose by 21.9 percent between 1991 and 1996, from 93 to 113.4 births per 1,000 Hispanic youth***.[64] Although the percent of births to Hispanic teenagers as a proportion of all Hispanic births declined marginally between 1987 and 1997, from 22 to 20 percent, the rise in their birthrate is a dramatic shift.[65]

Among Laotian and Hmong residents of Wisconsin an even greater proportion of births are to teenagers — 22 percent of all births. (See Table 7.)[66] Unfortunately, there is insufficient information available to know in which direction the trend is going. We do know, however, that the social context of teen pregnancy and childbearing is often different among Laotian and Hmong youth than among other racial and ethnic groups. For example, early childbearing among the Hmong tends also to be associated with early marriage and is not as related to lower educational attainment as it is for other young mothers.[67] This means that the consequences of teenage childbearing may not be so negative for Hmong youth, at least in this generation. Strong family support helps mediate the impact of teenage motherhood on young women's aspirations and educational attainment.[68] As Hmong youth become increasingly acculturated to contemporary American society, however, they may suffer the more typical negative consequences of early childbearing.

Another issue of concern is the comparatively small decline in the birth rate among teenagers in Milwaukee. As in other major cities, births to teenagers in Milwaukee dropped in the past few years, from 112 to 107 births per 1,000 teenagers, down 5 percent.[69] Still, that decline is far less than the average drop of 14 percent among the 50 largest American cities, 13 percent nationally and 15.8 percent statewide. **Milwaukee continues to compare poorly to other large cities in teen births: *it ranks fortieth in its rate of decline between 1991 and 1996 and forty-***

fifth in its rate of teen births.[70] The reasons for the continuing high teen birth rates and numbers of teen births in Milwaukee are complex. It is likely that the relatively high concentration of racial minorities — about 45% — who continue to experience disproportionate rates of poverty contributes to the seeming intractability of the problem.

TABLE 7 BIRTHS TO TEENS UNDER 20 AS A PERCENT OF ALL BIRTHS BY RACE/ETHNICITY 1987 AND 1997 - WISCONSIN



Source: Wisconsin Bureau of Health Information, Wisconsin Births and Infant Deaths, 1997
Note: Births to mothers of Hispanic origin are excluded from race categories.

While younger age, being black or of Hispanic or Hmong ethnicity are strongly associated with teen childbearing, poverty is perhaps the greatest differentiating factor overall in rates of adolescent childbearing. The Gutmacher Institute reports that, "As a result of differences in pregnancy and abortion rates, poor and low-income teenagers account for 83 percent of adolescents who have a baby and become a parent and 85 percent of those who become an unwed parent. By contrast, higher income teenagers, who make up 62 percent of all women aged 15-19, represent only 17 percent of those who give birth."[71]

One of the major reasons Wisconsin has a low overall teen birthrate is the low statewide rate of poverty — 13 percent among children under 18.[72] In stark contrast, Milwaukee has a child poverty rate of nearly 30 percent.[73] However, the complexity of the relationship between poverty, early childbearing and its consequences is highlighted by the situation of Asians in Wisconsin. Poverty rates among Asians (48.1 percent for children) such as the Hmong are relatively high, as are their rates of early childbearing, but not their rates of illegitimacy or of school dropout.[74]

7. The proportion of all births that are to teens has remained stable.

If we look at the proportion of all babies in Wisconsin born to teen mothers, we see another perspective on teen births. In 1970, 3.4 percent of all births in Wisconsin were to girls under age 18; in 1997, 4.1 percent of births were to teenagers.[75] Essentially, despite very minor fluctuations, the proportion has remained constant over nearly 30 years and is higher now than it has been since 1978.[76] The proportion of teen births to girls under 15 has hovered around 2 percent since 1990 and is higher today than in 1970.[77] These relative proportions are, of course, influenced by fertility among all women, especially older women, who have been bearing fewer children. Nevertheless, these figures do suggest a degree of stability in teenage childbearing over many years with a shift in the proportion of teen mothers toward younger teenagers who continue to be at particularly high risk for pregnancy.

8. The rates of subsequent teen births have remained stable.

Births to teenagers that are "second order," that is births to teenagers who already have given birth to at least one other child, have not declined much among older teenagers. They have not declined at all among all teenagers under age 18 in the last four years and are higher than the national averages.[78] The problems associated with childbearing among this group are especially difficult to solve because these young mothers tend to be those whose futures were bleakest before their first child was born by virtue of poverty and/or personal pathology. Thus, future well-being is especially jeopardized by subsequent births. The lack of decline in second order births points to a group of teen mothers who have urgent need for assistance. They require help both to mitigate the potentially negative effects of teen motherhood on them and their children and also to prevent future unplanned pregnancies.

9. Very few pregnant adolescents choose to relinquish their children for adoption.

Although the vast majority of pregnant adolescents say that they did not intend to become pregnant, over 90 percent of teenagers who carry their pregnancy to term choose to keep their children. It is difficult to obtain reliable information about adoption rates, but current estimates are that about only 9 percent of white and 5 percent of black adolescents give up their children.[79]

Teenagers who choose formal adoption (in contrast to many teenagers whose family members provide long-term care through informal agreement) are similar in individual and family characteristics to those who choose abortion, and dissimilar from those teenagers who bear and keep their children. They tend to be older, have stronger academic achievement and aspirations, and be from more affluent families. They also tend to approve less of abortion, and to have more traditional attitudes about family life.[80]

10. While rates of pregnancy and childbearing among especially older teenagers are declining slightly, this decline occurs as the number of adolescents in the American population increases.

We should be encouraged by the overall decline in rates of adolescent pregnancy and childbearing. Unfortunately, however, not only are the absolute changes small, but they occur in the face of an important shift in the demographic composition of the United States. Even though the rate of childbearing has declined since 1990, in 1993 and 1994 the actual number of births to teenagers increased, reflecting an overall rise in the population of adolescents. The number of births to teens in Wisconsin has been steady since 1970, despite some changes in the rates.

Further, it is estimated that between 1997 and 2005, the number of young women ages 14-17 will increase by about 2 million.[81] Thus, even maintaining stable rates of pregnancy and childbearing will result in a greater number of adolescents having children in coming years. This represents perhaps as much as a 26 percent increase.[82] This demographic perspective bears close attention given the projected dramatic increase among Hispanics in coming years.[83]

11. The rate of illegitimate childbearing among teenagers has risen dramatically and steadily over the past three decades.

The prospect of greater numbers of children being conceived by teenagers occurs in the context of the increased acceptance of childbearing outside of marriage among older women: today, about one-third of all births in the United States are to unmarried women.[84] Mirroring this wider trend, the likelihood that a teenager who gives birth is married has decreased dramatically over the last three decades. Nationwide today about 76 percent of births to teenagers are out of wedlock in comparison to about 15 percent in 1960.[85] In Wisconsin the rate today is even higher: 84 percent of births to teenagers are outside of marriage, about 10 percent more than in 1987. (See Table 8.)[86]

Black teenagers are least likely to marry to legitimize a birth — less than five percent. Childbearing Hispanic teenagers are still more likely than black and white teenagers to get married, about 28.4 percent, but their rates of illegitimate childbearing are rising.[87] Of all major ethnic groups, Asian-American teenagers are least likely to bear a child out of wedlock. The Hmong represent a notable exception to the overwhelming trend toward illegiti-

TABLE 8 WISCONSIN BIRTHS TO TEENS BY MARITAL STATUS, SELECTED YEARS

Marital Status	1987	1990	1993	1994	1995	1996	1997
Married							
Number	1,740	1,475	1,265	1,139	1,171	1,146	1,095
Percent	25.2	19.9	17.5	16.2	16.5	16.1	15.4
Unmarried							
Number	5,168	5,934	5,967	5,897	5,937	5,957	5,993
Percent	74.8	80.1	82.5	83.8	83.5	83.9	84.6
Teen Births	6,908	7,410	7,232	7,307	7,110	7,103	7,088

Sources: Wisconsin Bureau of Health Information, Maternal and Child Health Statistics (selected years); Wisconsin Births and Infant Death (1995, 1996 and 1997).
Note: Marital Status was not reported for one birth in 1990 and 1994 and for two births in 1995.

macy among childbearing teenagers. Their rates of adolescent fertility are high but so are rates of marriage among teenagers.[88]

Pregnant teenagers across ethnic, racial and socio-economic groups and religious affiliations are less likely today to marry to legitimize a birth and also are less likely to marry subsequently. Consequently the problems of adolescent pregnancy and childbearing that result directly from the young age of the mother converge with those problems associated with single motherhood. Until recently social scientists tended to explain negative outcomes among children growing up in single-mother families mainly as the result of their greater poverty. However, recent evidence highlights the independent and serious consequences for children of living without two parents, particularly when the biological father is absent.[89]

Some observers interpret findings such as these to suggest the wisdom of using public policy to encourage pregnant teens and teen mothers to marry the fathers of their children, for example Wisconsin's so-called "Bridefare," the Parental and Family Responsibility project.[90] However, other and more compelling facts suggest that marriage, at least as a public policy objective, is not necessarily a desirable solution to an early pregnancy. One reason is that the men who father teenagers' children often already have children by other women. A second reason for caution is that the younger the age of marriage, the greater the likelihood of later divorce or separation. It is obvious that preventing pregnancy among teenagers in the first place is the preferable solution for all concerned.

Sources of Risk: Developmental and Social

Different Levels of Risk

The above summary of fertility-related trends suggests that teenagers in Wisconsin face differential risk of engaging in the multiple behaviors that lead to illegitimate childbearing. Not all young women engage in pre-marital intercourse; those teenagers who are sexually active do not all experience the same risk of pregnancy; and those who become pregnant do not all bear children outside of marriage. Different degrees of risk of each of these events are associated with young women's individual characteristics, the economic and social vitality of their communities, and common developmental features of adolescence.

We can conceptualize this risk in terms of multiple, nested levels of vulnerability to unwanted pregnancy and to early and unmarried motherhood. Each level of increased vulnerability represents a respectively smaller group of youth who experience more risk factors. Youth facing a greater number and range of risk factors require prevention strategies that include more comprehensive programs focusing on far more than their sexuality. In the context not only of limited resources but of the actual needs of youth, it is important to develop a rationale for targeting efforts at pregnancy prevention according to the level of their risk and also to the specific sources of risk.

Lowest Level of Risk

At the most inclusive level and at least risk are the majority of adolescents who are exposed to widespread cultural forces in contemporary American life that encourage youth to behave in adult ways. Of particular salience are the various forms of media that portray sexual behavior openly and often glorify non-marital sex. Distinct from the important moral issue of sex outside of marriage is the problem that the images that bombard adolescents do not distinguish between what is and what is not age-appropriate behavior. Many teenagers have sex because they have learned that today it is both appropriate for youth of any age and that it is acceptable regardless of marital status. Non-marital sex has come to be defined by many as a normal adolescent activity that serves to satisfy the common need for acceptance by peers and is part of experimenting with adult roles.

As such traditionally adult behavior has been defined "downward" chronologically, in some other respects adolescence as a stage of social development has become more extended than in the past, with the average age of marriage rising and more youth remaining in school longer. Despite changes in the social context of individual development, the teen years normally are characterized by psychological and physical features that distinguish them from both childhood and adulthood. That is, the 18-year old who is sexually active is different in important ways from her 12-year old counterpart. These differences have important implications for how best to help her prevent early pregnancy.

As a general rule, the younger the teen who engages in sexual intercourse, the greater her risk of unintended pregnancy. One major reason (among those teenagers whose sexual activity is voluntary) is that she is less likely to predict accurately the consequences of her risk-taking behavior. It is quite common, for example, for girls in early to middle adolescence to believe in a "personal fable" or a false sense of invulnerability to harmful consequences of her actions.[91] A young teenager can understand that having sexual intercourse without using birth control may, in theory, result in someone becoming pregnant. However, when faced with the decision herself of whether or not to have unprotected intercourse, she may miscalculate her own chances of "getting caught". She may feel herself to be exempt from the repercussions of an action that she knows could harm others in her same situation. This typical pattern of reasoning in which younger teenagers minimize their personal risk is one of the reasons that they are less likely than older teenagers to use birth control effectively. This is also an important reason why pregnancy prevention that rests primarily on giving information about reproduction and sexuality has very limited impact on the sexual behavior of younger girls.

While the cognitive capacity to prevent pregnancy in a planned way does increase over the course of adolescence, even older teenagers who are not ostensibly at high risk for pregnancy may face barriers to effective prevention if they become sexually active. Many of the most frequently-named reasons for having unprotected intercourse — such as not planning their sexual encounters and allowing it to "just happen" — are related to some teenagers' reluctance to take conscious responsibility for engaging in sexual activity. Some research shows that adolescent girls of various ages and backgrounds often feel deeply ambivalent about having sex.[92] Even though they are sexually active, many young women do not enjoy it. Young women often feel conflicted about their behavior because it contradicts their religious beliefs, their parents' or their own values, or because they simply feel personally unprepared or even scared. Many young women who have sex feel genuine regret over their actions and wish that they had waited until they were older. Thus, while they do not wish to become pregnant, some teenagers express their ambivalence about being sexually active by not taking the positive steps that are required to obtain birth control and use it regularly. This observation does not suggest that male partners do not have equal responsibility for pregnancy prevention, but does highlight the complexity of teenagers' sexual behavior.

Higher Level of Risk

Facing greater vulnerability to early pregnancy and childbearing are those teenagers who, because of their own family and personal history and circumstances, are likely to engage in a variety of risk-taking behaviors that traditionally are not normative for teenagers. For them, early sex is just one of several high-risk behaviors. Consistent with other research, the Wisconsin Youth Risk Behavior Survey finds a strong connection between numerous high-risk behaviors including drug and alcohol use, smoking tobacco and sexual activity. There are also connections, to a lesser extent, with suicide, violence and vehicle safety.[93]

Like most other American teenagers, young people who engage in such risky behaviors are bombarded with public messages encouraging them to have sex. Unlike lower-risk teenagers who have strong family and other sources of social and emotional support, they have few positive countervailing influences and so are even more susceptible to the negative impact of those messages. While most American teenagers are exposed to such widespread cultural forces, those teenagers whose parents talk with them about what they see and hear are likely to be less sexually active than those whose parents do not communicate as closely with their children.

Young women in this higher risk group also are more likely to do poorly in school, have lower educational and occupational aspirations, and to be from lower-income and single-mother families. At each step from sexual initiation to becoming a single mother, lower socio-economic status is associated with higher rates of early initiation of sexual activity, contraceptive failure, unplanned pregnancy and illegitimate childbearing. Most of these young women also do not intend either to become pregnant or to have a child. However, their earlier sexual initiation diminishes their developmental capacities to prevent conception. In addition, they tend not to have the necessary motivation based on high achievement and aspirations to avoid pregnancy that would lead them to modify their sexual risk-taking behavior.

Highest Level of Risk

The greatest risk of adolescent childbearing is experienced by the very poorest youth, including those in poor rural as well as inner-city communities. In their study of adolescent childbearing in Baltimore, Hardy and Zabin found that, "the distribution pattern of adolescent births is essentially the same as those for infant mortality, homicide, and violent death among youth, violent crime and illicit drug use, all problems of high prevalence in poor and socially disadvantaged areas."[94]

The reasons for the profoundly disproportionate incidence of early and illegitimate childbearing among youth in impoverished urban ghettos continue to be a major focus of public policy and research. Very little research has studied similar questions among poor whites and in rural communities. We do know that adolescent pregnancy is higher in most economically depressed areas where, for example, traditional sources of working-class employment have declined through industrial failure. The lack of such comparison poses serious limitations to our analysis of the so-called black underclass and also leads us to pay insufficient attention to the problem of teen pregnancy in poor rural and small town communities. Nevertheless, theories abound. The unhappy fact remains that in many poor urban ghettos early motherhood outside of marriage has become the norm, as we continue to observe in Milwaukee.

Some theories emphasize how changes in the structure of urban economies have diminished blue-collar employment in the inner cities, especially for men.[95] Their chronic unemployment and under-employment erode the ability of low-skill and poorly educated men to support a family, presumably decreasing incentives to marry for both men and women. Young women in these physically and culturally isolated communities perceive limited educational and occupational opportunities and so feel they have little to lose in future achievement by having children as adolescents. At the same time, they feel they have something to gain by having children to love and who will fill their emotional needs and provide a way to make the transition to adulthood.

Other economic-based theories place responsibility for the prevalence of illegitimacy among poor youth on perverse incentives of welfare programs that reward non-marital childbearing and dependence on public largesse.[96] Certainly this assumption significantly underlay the 1996 welfare reform that seeks to remove such unintended rewards for deviant behavior. There is actually little empirical evidence that particular welfare programs have a direct impact on patterns of family formation. However, little research has explored with sufficient complexity and nuance how generations of welfare dependence may have shaped individuals' expectations and choices, virtually separating marriage and childbearing among so many poor inner-city families. It will be several more years until we can judge with any confidence the influence of changes in welfare policy on fertility-related behaviors.

Still other theories view patterns of early sex and illegitimate childbearing as evidence of distinctive cultural norms and values that have resulted from inter-generational poverty and reliance on welfare.[97]

From the perspective of adolescent (and even younger) women and men in the poorest communities making choices about their sexual behavior, the truth among these different perspectives probably includes aspects of each. All of the factors posited by the various theories exist to some degree. Together they combine to reduce drastically these poor youths' motivation and ability to remain childless throughout adolescence. These young women do not necessarily set out to conceive and become single mothers, though a minority of them do wish to become pregnant. At the same time, they also do not wish **not** to become single, teen mothers enough to take steps to avoid pregnancy.

Many observers incorrectly assume that these young women's families encourage them to have children as teenagers or do not care. On the contrary, most of their parents, even those who were themselves teen mothers, want their daughters to remain in school and delay motherhood.[98] Frequently, however, family dysfunction, cultural isolation and the stresses of chronic poverty render adults unable to provide the support their children need to resist the negative impact of the social disorganization surrounding them. For young women and men in these discouraging circumstances, prevention of early pregnancy requires providing them with a major reorientation in their self-images, their perceptions of and hopefulness about the future, and the concrete skills to forge a more productive future.

THE BRIGHTER FUTURES INITIATIVE AND ADOLESCENT PREGNANCY PREVENTION IN WISCONSIN

A hallmark of welfare reform is the high degree of autonomy granted states in devising their strategies to meet the federal government's objective of reducing adolescent pregnancy and illegitimacy. Each state is free to design prevention programs best addressing the local circumstances affecting rates of early conception.

The few universal policy elements include TANF restrictions to unmarried teen parents under age 18 who do not live at home and attend school; the financial incentives listed above; and the directive to enforce statutory rape laws. However, beyond the policies emerging from state welfare reforms in response to these expectations, there are many other actions that states can — and do — take to reduce their rates of teen pregnancy. Wertheimer and Moore (1999) identified the most promising of these and which states have adopted them. At this time, Wisconsin is employing most of the strategies they cite, including:

1. Set up coordinated statewide initiatives to prevent teen and illegitimate childbearing. The purpose of these initiatives is to coordinate the activities of the state government and private programs so that a similar philosophy is used by all institutions providing services, duplicative services are eliminated and the services reach the maximum number of persons needing them;
2. Design a model sex education curriculum intended for implementation by local school districts. Use of this model could be legislatively mandated, but in Wisconsin it is simply made available to local school districts;
3. Develop or expand programs designed to enhance the educational and social development of children and youth;
4. Educate health care providers about the need to be proactive in discussing sexual issues with their teenage patients, both male and female;
5. Increase health insurance coverage for teenagers so that more teenagers will have access to reproductive health care services;
6. Provide prenatal and infancy home visitation by nurses.[99]

These elements are present in the Brighter Futures Plan, and together form the largest part of Wisconsin's current state-level initiative to reduce teen pregnancy.

Brighter Futures' Goals

In April of 1997, the Executive Committee and the Subcommittee on Adolescent Pregnancy Prevention were formed and charged with the task of formulating Wisconsin's response to the federal requirement under TANF to submit a plan for reducing illegitimate and teenage pregnancies and childbearing. **"Brighter Futures, Wisconsin's Plan to Prevent Adolescent Pregnancy"** is a statewide initiative that resulted from collaboration between the Department of Health and Family Services (DHFS) and the Department of Workforce Development (DWD). The Plan was submitted to Governor Thompson in January of 1998 and currently is in the implementation stage.

According to Susan Dreyfus, representing DHFS, Division of Children and Family Services and Co-chair of the Subcommittee, the members were deliberately chosen in order to "put together people on all sides of issues."[100] The most difficult of these issues, of course, concerns abortion and, secondarily, family planning services for teenagers. These are issues that often, and elsewhere, divide policy-makers to the point of paralysis. Despite this potential for irreconcilable conflict, the committees were able to reach consensus on a set of recommendations for reducing the rates of teen pregnancy based on the following Vision Statement:

> The Wisconsin Community is committed to ensuring that every child has the opportunity to grow into a healthy, resilient and self-supporting adult. This includes the right to have a healthy family, a supportive community, a quality education and the opportunity to view him or herself as a valuable person.[101]

This vision is specified further in a Mission Statement that incorporates the Plan's goals and general orientation:

> Adolescent males and females will successfully navigate the passage to adulthood pregnancy free though Wisconsin's development and implementation of a state-wide plan which helps communities and families support adolescents, by building assets and resiliency and reducing risk factors in teenagers' lives.[102]

Implementation of this plan is expected to reduce the state's rate of teen pregnancy 15 percent by 2001 based on the 1995 rate of 50.7 pregnancies per thousand youth.

The first sub-goal of the Plan is to "Increase the percentage of youth that choose abstinence."[103] The second sub-goal is "for those youth that do not choose abstinence, increase the consistent and correct use of contraception."[104] The inclusion of the second sub-goal places the Plan in the category of so-called "abstinence based" rather than an "abstinence only" or "abstinence plus" pregnancy prevention. That is, while abstinence is the State's unambiguous goal for its unmarried teenagers, the Plan explicitly recognizes that "all teenagers will not be abstinent" and makes recommendations to help sexually active teenagers use birth control effectively without actually making birth control available, for example, in public schools. This moderate position represents a pragmatic compromise among the committee members' — and citizens' — conflicting values on very sensitive issues.

The Recommendations

The 10 Executive Committee and 23 Subcommittee members represented numerous categories of stakeholders. Each group of stakeholders formed a Work Group that developed a set of recommendations to be included in the Plan and which is expanded in the Implementation Plan. The Work Groups and selected key Recommendations include:

1. **Parents and Family**
   - Create and communicate high expectations for children and establish an environment where those expectations can be met.
   - Establish firm, yet achievable expectations relating to discipline, academic achievement and behavior.
   - Be actively involved in your child's education and school.
   - Communicate personal and family values on sexuality and other important issues to adolescents directly and repeatedly.
2. **Youth**
   - Delay sexual activity and practice abstinence, recognizing that failure to do so could result in numerous negative consequences such as pregnancy, sexually transmitted diseases, HIV/AIDS and legal problems.
   - If you choose to be sexually active, use contraception consistently and correctly.
   - Refrain from using alcohol or other drugs.
   - Become involved in after-school activities, youth groups, jobs, baby-sitting, sports, volunteer work, neighborhood activities and faith/value-based activities.
   - Talk to parents or parent figures about concerns, issues, and questions. Develop a relationship with a trusted and caring adult.
3. **Schools/Education**
   - Provide factual and developmentally appropriate human growth and development instruction to all students designed to promote abstinence among youth and provide the knowledge and skills needed to avoid unwanted pregnancies.
   - Assure access to pupil services staff, i.e., school counselors, nurses, psychologists, and social workers, to provide primary prevention, early intervention, and follow-up services and instruction to students and families.
   - Establish the practice and promote the image of being family-friendly and accessible to all cultures and ethnic groups.
   - Maintain and enhance the opportunities for specialized instruction and services for school age parents to help prevent subsequent pregnancies, including helping assure access to quality child care.
   - Establish and enhance working relationships with community organizations and the health care community.
   - Partner with county child protection agencies to establish and maintain up-to-date policies and procedures for reporting suspected child abuse.

4. Faith Based Community

- Provide educational opportunities for youth and parents.
- Join in local collaborations that support children and families.
- Provide activities for youth and families.
- Seek opportunities to encourage individuals to use the precepts of their faith's teaching regarding human growth and development, emphasizing respect for others and the importance of modeling appropriate behavior.

5. Business and Employers

- Provide resources in partnership with the community to implement the recommendations of this plan.
- Consider the benefit of family-friendly policies and practices and implement where feasible.
- Refrain from advertising messages that promote adolescent sexual activity and other high-risk behaviors.
- Participate in school-to-work transition and youth apprenticeship opportunities in the community.

6. Health Care Community

- Increase youth access to medically accurate and age-appropriate health care services and information, including developmentally and culturally appropriate outreach services.
- Provide comprehensive prevention programs geared to the specific needs of adolescents and /or their families.
- Assure confidentiality in health referral and health services issues.
- Promote abstinence and, for those adolescents who are sexually active, promote consistent and correct use of contraception.
- Provide counseling, parenting skills, and on-going support for young teenagers who are pregnant, to avoid high rates of subsequent births.
- Partner with county child protection agencies to establish and maintain up-to-date policies and procedures for reporting suspected child abuse.

7. Media and Public Information

- Wisconsin public information professionals, along with business, parents, youth, and community members, should develop a message and campaign that will increase the public's awareness of teen pregnancy prevention issues so that each Wisconsin citizen understands the role they can play and what works.
- The media should support statewide and local activity focusing on family and youth development.
- Local media should focus on youth success stories and other positive youth development.
- The media should refuse ads and endorsements that are contrary to the goals of this plan.

8. Government Agencies

- The state's Interagency Prevention Coordinating Committee, in partnership with the Subcommittee on Adolescent Pregnancy Prevention, will analyze this plan with an emphasis on the recommendations.
- The Division of Health will insure that ongoing subsequent adolescent birth rate data is collected on a timely basis and disseminated to local agencies.
- The Department of Public Instruction should continue to conduct the Youth Risk Behavior Survey for adolescent behavioral data and make the findings available to local and state agencies.
- The Wisconsin District Attorneys' Association will provide the leadership to develop a recommended policy for local District Attorneys to use in the prosecution of statutory rape and implement ongoing training for District Attorneys and other involved professionals and agencies.
- Develop additional resources for the Department of Public Instruction to provide funding and oversight to the CESAs for technical assistance and staff development in order to improve human growth and development instruction and programs, consistent with the abstinence-based local human growth and development principles and goals of this plan.
- Provide resources and technical assistance to regional consortiums, schools, and communities to establish locally determined comprehensive school health programs in order to build youth assets and reduce risk-taking behaviors.[105]

Proposed Policy Changes

The Plan's goals might be reached and the above recommendations carried out in a variety of ways. However, the Plan to reduce teen pregnancy rates was developed at a time of general re-examination of the relationship between state government and local entities in Wisconsin. In response to the federal mandates within this climate, Brighter Futures proposes a "new way of doing business" in the state's delivery of social welfare services to youth under DHFS.[106] Three key elements define the "new" direction proposed by Brighter Futures. **The first is an attempt to inject a uniform youth development philosophy into youth services across the state. The second and third elements would alter the structure of funding teen pregnancy prevention services under DHFS and the role of the state agency in designing and implementing those services.**

Youth Development

Traditional teen pregnancy prevention services emphasize directly discouraging youth from having sex and having unprotected sex. Brighter Futures shifts from this rather narrow behavioral focus to one of "asset building and resiliency" as broad developmental goals for all youth across the State. The Plan draws on the currently popular approach of the Search Institute in Minneapolis, Minnesota. This model specifies 40 internal and external "developmental assets" that are associated with children becoming "healthy, competent, and caring" adults, including delay of pregnancy and childbearing beyond adolescence.[107] The assumption is that, "expanding developmental assets and resiliency factors for young people has a positive effect on all adolescent risky behaviors, including sexual activity. Positive influences such as caring families, discipline, educational commitments, social skills and other building blocks are essential for healthy development. **Wisconsin's success in bringing down the adolescent pregnancy rate requires a strong emphasis on building assets and resiliency in youth**" (emphasis added).[108]

Subsequent to defining overall goals and specific recommendations, the subcommittee Work Groups began to develop the Implementation Plan, the final version of which is not complete. The most recent draft defines the "action steps/tasks" necessary to complete each recommendation; the responsible agency or staff; the resources needed; the current status regarding accomplishing the tasks; establishes a specific timeline with deadlines; and the outcome measure or indicator.

Many of the tasks contained within each Work Group's plan refer to programs and activities that were being carried out prior to Brighter Futures. For example, "Copies of Child Abuse and Neglect: A Resource and Planning Guide and DPI (Department of Public Instruction) Bulletin 92.4 on mandatory reporting requirements will be distributed upon request" is an "existing and ongoing activity."[109] However, this activity, which supports the above goal relating to children's safety, is a typical example of the concrete detail of the 101-page Implementation Plan. An administrator in the Department of Public Instruction observed that "youth asset building and development" has been the guiding philosophy of DPI for some time. Thus, their participation in Brighter Futures does not represent a new direction.[110] Nevertheless, the Implementation Plan makes some new and explicit linkages, albeit voluntary, among activities of different stakeholders that minimally may increase both coordinated action and the sense that the "right hand knows what the left hand is doing" in the larger prevention effort.

Consolidation of Program Funds

In addition to the asset building and resiliency model of prevention that is to be infused throughout the statewide system of youth services, the DHFS Plan proposed a structural shift in the separate Brighter Futures budget initiative. The Governor's budget proposal seeks to "create a single funding source for programs targeted at the development of positive youth behaviors, thereby reducing fragmentation and increasing program effectiveness."[111] This would be accomplished by a move to "consolidate categorical funding for ten separate programs for youth in the areas of drug and alcohol use/abuse prevention and adolescent services to develop self-sufficiency and prevent adolescent pregnancy."[112] Currently, individual programs are funded under discrete categories or streams that are associated with particular social problems (such as teenage pregnancy or drug abuse). DHFS proposes instead to award grants to counties on a competitive basis. This competition would take into account the counties' "composite risk score" and the number of resident adolescents. The counties would distribute funds according to their own cri-

teria of need. This devolution of social welfare governance is intended to increase effective use of limited resources based on more local — hence presumably accurate — assessment of need. While there is an expectation that counties will develop "comprehensive prevention initiatives," determining the foci and configuration of actual services is left to the counties' assessments of where the greatest deficits exist among its youth.

The $1,367,100 that currently funds adolescent pregnancy prevention services would be eliminated and replaced by a "corresponding increase in TANF block grant funds transferred from DWD" to be appropriated to Brighter Futures as a single funding source. Presumably in recognition of the continuing and disproportionate incidence of problems of inner city youth, DHFS proposes to create a separate Brighter Futures Implementation Committee for Milwaukee County and to allocate the lion's share of the resources — $769,500 — to Milwaukee.[113]

Outcome Benchmarks

The proposed legislation also requires that DHFS "provide a set of benchmark indicators to measure the outcomes expected of programs funded under Brighter Futures."[114] They include:

(a) the rate of participation in violence or other delinquent behavior;

(b) the rate of alcohol and other drug use and abuse;

(c) **the rate of nonmarital pregnancy and use of abstinence to prevent nonmarital pregnancy;**

(d) the rate of substantiated cases of child abuse and neglect;

(e) the development of self-sufficiency, as indicated by the rate of high school graduation, the degree of vocational preparedness, any improvements in social and other interpersonal skills and in responsible decision making and any other indicators that DHFS considers important in indicating the development of adolescent self-sufficiency; and

(f) any other indicators DHFS considers important in indicating the development of positive behaviors among adolescents.[115]

Although these benchmarks continue to differentiate among problem behaviors to be targeted by social services, the new funding structure would require local governing bodies and social service agencies to plan more comprehensively by considering the relationships among these outcomes.

The official language refers to decreasing "fragmentation" among services. That objective is to be clearly distinguished from a formal plan to "integrate" services, which requires profound changes in the very structure and delivery of all involved service sectors. The proposed change is rather an expectation that agencies plan together in a more coordinated fashion so that, for example, services are not duplicated within the community.

In the context of localizing control of adolescent pregnancy prevention efforts, state government is to shift its primary role from funding individual programs to that of providing "technical assistance, research, and evaluation to help local communities develop programs."[116] These goals include:

1. Design and implement a statewide youth and family development communications system;
2. Identify, summarize, and disseminate information related to:
3. Research-based best practices related to program strategies and approaches;
4. Strategies and management information systems that would benefit program managers and staff in data collection, outcome planning, evaluation tracking, progress reporting, and resource identification;
5. Effective policy development;
6. Funding and other resource opportunities:
7. Provide outreach services to help define local needs and facilitate community planning activities as needed.[117]

One subcommittee member characterizes the change as taking "the onus off government" as it becomes instead "outcome coordinators" who "look for [a county's] plan" of action.[118] He described the Plan as serving a "template" or standard by which counties are to judge the direction and adequacy of their efforts to develop a system of comprehensive youth services.

Other Existing Funding Sources

Brighter Futures is intended to parallel existing state-level efforts that promote adolescent pregnancy prevention. The Wisconsin Adolescent Pregnancy Prevention and Services Board (APPSB) "was created as an independent agency in 1985 through the Abortion Prevention and Family Responsibility Act. The Board's primary purpose is to fund comprehensive pregnancy prevention programs utilizing community-based organizations as service providers."[119] Members of the Board are appointed by the Governor and represent the full range of positions on abortion. Though the Director of the Board sits on the Brighter Futures subcommittee, the Board remains a freestanding agency that receives no federal abstinence funds. The Board has taken advantage of this relative independence by funding individual programs that they believe hold promise as models for serving at-risk teenagers rather than being tied to criteria of financial need alone.

The other major source of funding is the federal "Abstinence-Only" allocation of $795,859 to Wisconsin over five years.[120] Abstinence-only funds are restricted to programs that adhere strictly to the federal guidelines requiring interventions to encourage youth explicitly to delay sexual activity until they are married. Unlike programs under either Brighter Futures or the APPSB, programs receiving Abstinence-Only funds are limited in choosing program objectives and content.

BRIGHTER FUTURES: THE CHALLENGE OF IMPLEMENTATION

How likely is it that Brighter Futures will significantly contribute to a decrease in adolescent pregnancy in Wisconsin? As Claude Gilmore observed, the Plan "is only as good as we can make it." That is, as he adds, "It's the little things that make the difference."[121] In the context of Wisconsin's efforts to reduce adolescent pregnancies, these "little things" are to be found in the details of implementation of the Initiative, including passage of the budget initiative. Given what we know generally about the dynamics of adolescent pregnancy and parenting, and Wisconsin's particular patterns of teen fertility, three major aspects of implementation are especially critical to the success of the Plan.

A Meaningful Change in Priorities

The first aspect is to what degree the Brighter Futures Plan is actually implemented as conceived as a statewide shift in priorities and perspective. Dreyfus characterized the Plan's objectives in terms of a "change in environment, a culture, embracing a way of thinking across systems."[122] This does not require that each specific detail be carried out faithfully as originally defined. However, if real change, beyond alluring rhetoric, is to be achieved as she claims it is already (a view that is not shared by all members of the Subcommittee), the stakeholders representing various agencies, organizations and sectors must be willing to make the overall well-being of Wisconsin's youth a priority in making consequential decisions. This requires choosing among competing values and priorities, sometimes at real expense. For example, in the Brighter Futures Plan, the Media and Public Information Work Group recommended that, "The media should refuse ads and endorsements that are contrary to the goals of this plan."[123] This recommendation does **not** appear in the Implementation Plan. Obviously the recommendation is inherently controversial in raising legitimate conflicts about freedom for the communications industry versus the social responsibility to protect youth from exposure to potentially harmful influences. Nevertheless, retaining the objective of changing the content of public media, despite the difficulty of implementing it, would represent the serious commitment to altering social forces contributing to teen pregnancy that is necessary to see sustained behavior change among youth.

In fact, teen pregnancy among the general population of Wisconsin's youth is already relatively low. In addition, it is virtually impossible to imagine preventing all teen pregnancies. However, maintaining a low incidence overall and reducing risk for those groups with higher pregnancy rates in the face of widespread cultural forces leading to early sex will require an "all-out" effort that goes beyond the provision of social services and public education.

The Impact on Programs

Another major factor that will influence the ultimate success of Brighter Futures is how it concretely affects the development and funding of individual programs by the state. In the end, it is through the personal experiences of youth in their daily lives — at school, in after school programs, in social service programs, in recreational settings, in places of worship — that policies have their real impact.

Specifically, will the content of services delivered change to incorporate uniformly the highest degree of knowledge regarding "best practices" of adolescent pregnancy prevention? Programs generally fall into one or more of five general categories. These include: 1) abstinence-only programs that promulgate the value that teenagers should delay having sex until they are married; 2) sex education programs that provide information about reproduction, contraception and other health-related topics such as prevention of AIDS/STD; 3) family planning services for sexually active teenagers, including providing birth control; 4) parent-child programs that attempt to encourage greater communication about sexual topics between parents and their children; and 5) comprehensive youth development programs that provide a range of life skills and enhance youths' motivation to continue their education. Programs in all of these categories share the overall goal of reducing adolescent pregnancies but differ in their program objectives, their assumptions about how to influence teenagers' behavior, and where they are located, such as schools, medical facilities and community agencies.

Evaluations of these various types of adolescent pregnancy prevention programs show unequivocally that there is no magic bullet to shoot at the problem of teen pregnancy to make it disappear. Nor is there a vaccine that can inoculate youth from the forces that make them vulnerable to having sex before they are ready to handle the consequences.[124] On the one hand, despite the concerns of those who fear that exposure to sex education or greater access to birth control will increase adolescents' sexual activity, there is absolutely no evidence of such unintended consequences. On the other hand, few programs show significant ability to actually reduce teenage pregnancy either.[125] Though some program evaluations find modest impact on teenagers' attitudes and knowledge, far fewer show significant impact on their sexual behavior. No single model has been successful enough to warrant widespread replication.

Despite the lack of sure knowledge, there is wide agreement on the common elements of those few programs that have been rigorously evaluated and are effective. In brief, they include:

1. Strong one-on-one support from a responsible adult;
2. Attention to basic cognitive skills and educational achievement;
3. Attention to the world of work;
4. Attention to the specific knowledge and skills necessary to avoid pregnancy;
5. Involvement of community members so as to increase the likelihood of choosing culturally appropriate and locally relevant interventions;
6. Attention to the importance of peer influences;
7. Intervening with some children very early.

The Need to Target Youth

Current research shows that it is important to design prevention services according to the specific needs of the population rather than taking a "one-size-fits-all" approach. Such targeting involves two levels: identifying those youth with highest need of prevention services, and also designing programs according to the particular characteristics of that population. How many and which of these generic elements a program includes should depend directly upon the population of youth being targeted — for example, their age, race or ethnicity, economic status, neighborhood location and its characteristics. This is an essential point to be considered by those at the county level who are responsible for coordinating the block grant applications to the State, one that will determine the impact of any single program. The cumulative impact of each program, in turn, will determine the county's ability to meet the benchmark standards of behavior change set by DHFS.

Based on the current needs in Wisconsin, poor youth, especially black and Hispanic youth in Milwaukee should remain high priority for prevention resources. These same young women are also at highest risk for subsequent births. Thus, secondary prevention must be a clear service goal. We know that these youth are best helped through comprehensive services that incorporate many, if not all, of the listed program elements. In addition, younger teenagers, whose birth rates have not fallen as much as those of older teenagers, are more responsive than older youth to programs that stress abstinence. However, abstinence as the primary focus must also be part of highly intensive programs of considerable duration.

Defining Youth Development

A third challenge to implementation is refining the currently loose definition of "youth development" as an objective, as a program philosophy, and its application to county service systems. Youth development as a guiding idea for planning services has many meanings as applied across the country and in the literature. Indeed, Nic Dibble, of the Department of Public Instruction, describes the current approach as incorporating elements from a variety of understandings or models of youth development.[126] He meant this to indicate strength of a philosophy based on flexibility. Yet failure to develop a clear operational definition could easily result in conflict or lack of direction regarding funding decisions on individual counties' plans for youth development.

In addition to lack of a clear definition of what youth development is, the initiative also does not specify how the philosophy should be applied in assessing counties' plans. Must each program in the county proposal be based on a youth development model? Alternatively, should the range of programs within each county represent a variety of services that together will enhance youth development? Under the first model, individual programs will likely have to significantly re-examine and re-design their objectives and services to be more comprehensive. Under the second model, counties may simply focus on how they package the array of existing services in order to be competitive in the initial granting phase. Failure to address these basic definitions could lead to confusion at the county and state levels and ultimately damage the chance to make substantive change in youth outcomes.

CONCLUSION

Not all teenagers in Wisconsin are in need of significant additional formal intervention to attain the knowledge, skills and motivation that will protect them from early sex and pregnancy. Low-risk teenagers, whose families, communities and schools already provide the structure and support that facilitate normal and healthy development, have an orientation toward education, work and marriage that deters them from taking chances with their futures. For these young people, if Brighter Futures attains even part of its objectives by focusing adults' attention more closely on the daily influences on children, Wisconsin ought to be able to maintain its traditionally modest rates of teen childbearing, assuming stable economic conditions.

However, teenagers at greater risk of early pregnancy require more active intervention. They need intensive programs geared to help them solve the problems that increase their chances of having early and unprotected sexual intercourse and unintended conceptions. Pregnancy prevention for these youth should be conceived as an integral part of efforts to reduce school failure and drop out, drug and alcohol abuse, mental illness, suicide and other problems that plague many youngsters as the Initiative is intended to achieve. Youth experiencing these kinds of difficulties are less likely than other teenagers to have a relationship with a caring adult, to be committed to continuing their education, and oriented toward productive work, to gain the knowledge and skills that they normally should receive in school. Consequently, those interventions that would help them achieve better functioning overall are also those that should serve to reduce the youths' risk of early pregnancy and childbearing.

For the highest-risk group, we know that early sexual activity, pregnancy and childbirth are all aspects of numerous closely related factors associated with poverty and social and family disorganization. While many young women and men in communities of concentrated poverty and social problems such as inner city Milwaukee do engage in the high-risk behaviors described above, the meaning of early pregnancy and parenthood differs somewhat for them. Unlike the youth whose risky behavior is deviant in his or her community, these most disadvantaged young women and men are behaving in ways that are, to some extent, normal, even expected among youth in their schools and communities. Early sex and childbearing outside of marriage are not only statistically normal, they are a way of life. Thus more comprehensive approaches that focus both on present behaviors and future expectations are essential.

It would be unrealistic to judge the impact of Wisconsin's particular welfare reform on individual behavior by the small decline in teen births in Milwaukee after only a few years. Still, the relative failure to bring down these rates in comparison to other large cities with significant populations of minority poor deserves close attention. It may be that the relationship between these welfare policies and fertility behaviors is more complex than many anticipated, a viable explanation. It may also be that there are social, cultural and economic characteristics particular to Milwaukee that require more accurate analysis in order to address them more effectively. In any case, the problem of teen pregnancy and its associated ills in Wisconsin's major urban center clearly require interventions that more effectively address the local circumstances.

Wisconsin's Brighter Futures Initiative as an ideal vision of local control represents an impressive achievement in moving beyond many of the intense value conflicts that surround the prevention of adolescent pregnancy and illegitimacy — especially abortion, sex education, and provision of birth control. Nevertheless, the inclusive process that resulted in the hierarchy of objectives for youth, namely to reduce their sexual activity and also to arm them with necessary knowledge and skills to prevent pregnancy, has not yet achieved implementation. The Plan's Youth Specialist observed that part of the "first year's growing pains" were evident in that some subcommittee members were "shocked" to see what finally was included in Implementation Plan.[127] This suggests that as the process continues toward actual "changes in how business is conducted," conflict is likely to increase. As counties develop their plans for comprehensive prevention services difficult decisions will have to be made. Correct decisions will require inter-agency cooperation, strong county-level leadership, and clarity of vision and strength of purpose by the state. In the absence of these, Brighter Futures will be just a good idea.

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Under the new federalism, government policy increasingly is made at the state and local levels. These public-policy decisions affect the life of every citizen in the state. Our goal is to provide nonpartisan research on key issues affecting Wisconsinites, so that their elected representatives can make informed decisions to improve the quality of life and future of the state.

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