

Report Says Sex Ed Can Reduce Teen Pregnancy, Jury Out on Ab-Only

A new report analyzing the impact evaluations of more than 100 teenage pregnancy prevention programs across the country that were judged to have employed rigorous research methods concludes that eight individual programs, and three different program models, demonstrated “high evidence of success”; the most effective individual program was able to affect teen sexual and contraceptive behavior for up to three years. Authored by Douglas Kirby and released May 30 by the National Campaign to Prevent Teen Pregnancy, *Emerging Answers* examines a wide range of interventions to reduce teen pregnancy and childbearing, including some that do not directly address sex.

Echoing the findings of several earlier individual studies and “meta-analyses,” the report concludes that sexuality education programs can be successful in preventing teen pregnancy and, moreover, that encouraging abstinence and teaching about contraception are not incompatible. Specifically, it finds that comprehensive sexuality education programs that urge teens to postpone having intercourse but also discuss contraception do not accelerate the onset of sex, increase the frequency of sex or increase the number of partners, as critics of sex education allege, but they do increase the use of contraception when teens become sexually active.

On the other hand, the report concludes that there is no reliable evidence to date supporting the effectiveness of abstinence-only education. The jury is still out, Kirby says, because the quality of most abstinence-only program evaluations has been poor—notwithstanding the

fact that the federal government has funded “demonstration programs” under the Adolescent Family Life Act since 1981 specifically to test their effectiveness. Kirby notes that in conjunction with the 1996 welfare reform law, which vastly expanded federal funding for abstinence-only education, a “well-designed” study is currently underway to evaluate abstinence-only program models. (Congress, however, last year pushed the due date for this evaluation from 2001 to 2005—in other words until after the 2002 reauthorization of the 1996 law—with an interim report due next January.) Meanwhile, only three of the evaluations of abstinence-only programs were deemed rigorous enough to be included in *Emerging Answers*, and none of the three “showed an overall positive effect on sexual behavior, nor did they affect contraceptive use among sexually active participants.”

Among the eight individual programs demonstrating high evidence of success were five sexuality education programs, two “service learning” programs (which are designed to address nonsexual antecedents of teen pregnancy, such as economic disadvantage, detachment from work or school and lack of close relationships with parents or other adults) and one program that combines sexuality education and service-learning aspects in the context of providing comprehensive health care and social services.

The latter program, by far the most comprehensive, was also judged the most effective. The Children’s Aid Society–Carrera Program (named for its creator, Michael Carrera) demonstrated that it significantly delayed the onset of sex among teenage females, increased their use of contraception and reduced their pregnancy and birth rates. This program is as intensive as it is comprehensive, with components including

family life and sexuality education, individual academic assessment and tutoring, work-related activities, comprehensive health care, and sport and arts activities. The program also is expensive, costing up to \$4,000 per student, suggesting that a serious strategy to reduce teen pregnancy rates, at least among highly disadvantaged individuals, may require a substantial financial commitment.—E. Nash

Campaign Touts Family Planning Benefits for Mothers and Children

The international child development and relief organization Save the Children (STC) recently launched a major campaign to increase Americans’ awareness of the “inextricable link between mothers’ and children’s well-being.” In a series of television and print advertisements and community outreach activities, the *Every Mother/Every Child* campaign identifies family planning as one of four key health components in securing maternal well-being and child survival worldwide. According to STC, expanded access to contraception would save an estimated three million children’s lives every year simply by allowing mothers to space their pregnancies at least two years apart.

At the center of STC’s campaign is its *State of the World’s Mothers 2001* report, which ranks various countries’ “investment” in mothers and girls by examining such outcome indicators as women’s access to health care and education levels. In the STC mothers’ index, the United States, although the world’s wealthiest nation, ranked 11th out of 94 countries (see chart, page 14). The main reason for its low standing was its maternal mortality rate—one in 3,500 American women risk dying from pregnancy and childbirth over

THE UNITED STATES PLACED BEHIND OTHER INDUSTRIALIZED COUNTRIES IN MEETING THE NEEDS OF MOTHERS AND GIRLS

<i>MOTHERS' INDEX</i>	<i>GIRLS' INVESTMENT INDEX</i>
1. SWEDEN	1. FINLAND
2. NORWAY	1. SWEDEN
3. DENMARK	3. UNITED KINGDOM
4. FINLAND	4. DENMARK
5. THE NETHERLANDS	5. AUSTRALIA
6. SWITZERLAND	5. CANADA
7. CANADA	5. GERMANY
8. AUSTRIA	5. THE NETHERLANDS
9. AUSTRALIA	9. BELGIUM
10. UNITED KINGDOM	9. SINGAPORE
11. <i>UNITED STATES</i>	11. FRANCE
12. CUBA	12. SPAIN
12. CYPRUS	12. NEW ZEALAND
14. COSTA RICA	14. JAPAN
15. ARGENTINA	15. ICELAND
16. SINGAPORE	15. SOUTH KOREA
17. CHILE	15. NORWAY
18. RUSSIAN FEDERATION	18. IRELAND
18. URUGUAY	18. LUXEMBOURG
20. CZECH REPUBLIC	18. SWITZERLAND
21. MEXICO	21. SLOVENIA
22. SOUTH KOREA	22. GREECE
23. COLOMBIA	22. HUNGARY
24. BULGARIA	22. <i>UNITED STATES</i>
25. SOUTH AFRICA	25. CYPRUS

Source: *Save the Children, State of the World's Mothers 2001, Westport, CT: Save the Children, 2001.*

their lifetime, placing the United States behind northern European countries and fellow English-speaking ones, such as Australia, Canada and the United Kingdom. (Overall, the United States would likely have performed even worse if the STC mothers' survey had included other key industrialized countries, such as France, Germany and Japan.)

The STC girls' index examined female child mortality, girls' access to education and teenage birthrates in 140 countries. Despite its low infant and child mortality rates and equal levels of education among girls and boys, the United States came in 22nd place. What hurt the United States was its high teenage birthrate, cited as 59 births per 1,000 women aged 15–19. When STC compared teenage birthrates in the 140 countries, the United States placed in the bottom half—in 75th place behind numerous developing countries, such as Algeria and Cambodia.

The status of women and children in the world today is grim: Every year, notes STC, more than 500,000

women—at least one every minute—die from pregnancy-related causes that are usually highly treatable. Every day, 31,000 children younger than five die, often because of complications that date back to pregnancy. Accordingly, STC is calling for a multipronged solution to improving the lives of women and children, including greater access to education for girls, improved economic opportunities for women, policies that protect women and girls from gender-based violence and HIV/AIDS, and expanded family planning services. If the United States is serious about its commitment to reduce maternal and child mortality rates both at home and abroad, says STC, it must do more to ensure that contraception is available and affordable to women regardless of age or income level. Domestically, that would lower the teen pregnancy rate and birthrate. Internationally, it would help answer the call of the 150 million married women from developing nations who want contraception but cannot obtain or afford it.—V. Lin 