

TEEN PARENTS AND WELFARE REFORM

HEARING
BEFORE THE
COMMITTEE ON FINANCE
UNITED STATES SENATE
ONE HUNDRED FOURTH CONGRESS
FIRST SESSION

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MARCH 14, 1995
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TEEN PARENTS AND WELFARE REFORM

TUESDAY, MARCH 14, 1995

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC.

The hearing was convened, pursuant to recess, at 9:30 a.m., in room SD-215, Dirksen Senate Office Building, Hon. Bob Packwood (chairman of the committee) presiding.

Also present: Senators Chafee, D'Amato, Murkowski, Moynihan, Bradley, Rockefeller, Conrad, Graham, and Moseley-Braun.

OPENING STATEMENT OF HON. BOB PACKWOOD, A U.S. SENATOR FROM OREGON, CHAIRMAN, COMMITTEE ON FINANCE

The CHAIRMAN. Good morning.

If there is anything this Committee has heard about in its welfare hearings, it is teenage pregnancy, teenage pregnancy, teenage pregnancy, and the relation between teenage pregnancy and the likelihood of being on welfare for a long period of time.

We could not have four better experts than we have today to give us some advice on this. So our minds are open.

We are not exactly sure which way we ought to go. We are talking about block granting welfare, maybe not block granting it. Or, if we do, do we set some kind of requirements, such as can you give welfare payments to teenage mothers, or can you not? It is entirely up in the air. And what you say to us will probably have more effect than anything else we may hear in the rest of these hearings.

Senator Moynihan.

OPENING STATEMENT OF HON. DANIEL PATRICK MOYNIHAN, A U.S. SENATOR FROM NEW YORK

Senator MOYNIHAN. Thank you.

Mr. Chairman, if you would indulge me just a moment to brag on our staff.

On June 14 last year, President Clinton announced his welfare proposals in a speech in Kansas City, and he made the point, and I quote, "At the rate we are going, unless we reverse it, within 10 years more than half of our children will be born in homes where there has never been a marriage."

And the statement was not much noticed at the time. It was sort of reported, but never commented on, as if we had gotten used to an idea that would have been unthinkable just a generation ago. The illegitimacy ratio had always been about 4 percent, 5 percent. That ratio started to rise in the 1960's here, as it did in other countries. It was 10 percent in 1969 and, since then, the rise has been

a virtual straight line that reached 30 percent in 1992, and is presumably past that point now.

As I think our panel will recognize, the correlations are quite astounding. We have a trend line, and here it is, Mr. Chairman. I want to put that in the record.

The CHAIRMAN. Without objection.

[The information appears in the appendix.]

Senator MOYNIHAN. We have a correlation of .993 with our straight line. And I do not think anyone has ever produced such a correlation. Does anybody here recognize one? Apart from the sun coming up and the sun going down, that is as close to a perfect fit as you would get. And it fits with the curve that rises at .864 percent a year, which is almost 1 percent a year.

And we told the President about this. We just worked it out, our distinguished Javits Fellows and others.

And it is worth noting that the Federal establishment never did any of this. All those vast bureaus never noted anything happening out of the ordinary, never produced any correlations, never questioned this. Never, to my knowledge, did anyone ask the President where he got this information.

This is the sweep that comes from an exponential curve when it really begins moving upwards, and we have one of those too. But, in any event, something altogether out of the range of social variance is taking place now in the States. It is also taking place elsewhere. To what extent, I do not know that I could say, but the ratios are higher in France and England, lower by a tic in Canada. They are virtually nonexistent in Japan and, I suspect, generally speaking, in Asia.

But, in the North Atlantic, there has been transformation of the social system in this regard. And it is still going on.

But the most important thing, as the Chairman said when we began, is that unless our understanding is transformed this morning, we do not know much about what is going on.

Just 2 months ago, William Bennett, Glen Lowry of Boston University, and James Wilson of the University of California at Los Angeles, told the House Ways and Means Committee that there was little reason to believe that we know how to reverse the rise in illegitimacy. It can be done, but we have no evidence that it will be.

So I very much thank you, sir, for having these hearings, and look forward to our panel.

The CHAIRMAN. Thank you.

We will start in the order that you appear on the witness list. So we will talk first with Douglas Besharov, who is the Resident Scholar at the American Enterprise Institute.

If you all would hold your statements to 5 minutes, we will put your entire statements in the record.

Thank you.

STATEMENT OF DOUGLAS J. BESHAROV, J.D., RESIDENT SCHOLAR, AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH, WASHINGTON, DC

Mr. BESHAROV. Thank you very much, Chairman Packwood and Senator Moynihan. It is a pleasure to be here.

I thought I would do two things while I am here: try to set the stage for the importance of this discussion about teen parenthood; and then stick in my own two cents about what I think would be the best policy resolution.

In my prepared statement, I have five charts. And I am going to talk from them, if you want to refer to them. I apologize to the large audience if there are not sufficient copies.

The first chart is the growth of the AFDC basic program. And I point this out to you because we are looking at a substantial change in reality that occurred sometime between 1980 and 1993, a one-third increase in the total number of families on AFDC—a one-third increase.

Now, when this was taking place, our first response was to say, "It is the economy, stupid." But the Congressional Budget Office did an analysis about what was causing the increase in AFDC, and those results are on the next page. According to Jan Peskin and John Tapogna from CBO, when they analyzed very carefully the sources of that 30 percent increase in welfare caseloads, they found that only one-quarter of the increase between 1989 and 1992—only one-quarter—was because of the economy. One-quarter was for what they call the effect of other factors. That is largely immigration, by the way. And half of that increase was because of what they called family breakdown.

If you look at the chart between 1992 and 1995, they project that family breakdown will have an ever-increasing effect on the caseloads, compared to the economy. Indeed, even as the economy picks up, caseloads will increase because of what they call the growth of family breakdown.

On the next page, I present the data about what we mean by "family breakdown." Those of us who are old enough to remember the 1960's thought of family breakdown as divorce. Divorce has largely plateaued since about 1980 or 1981. In fact, the number of families caught up in divorce, and the number of children in divorce, has steadily declined for the last 15 years.

The same is not true for children born out of wedlock. As Senator Moynihan indicated, almost one in three children in this country is born out of wedlock. That number continues to grow. This chart reflects rates. And you see, by the way, for the black rate of out-of-wedlock births, there had been a 25-year decline from about 1960 to about 1985. And then there was an increase from 1985 to about 1990.

There are many explanations for that increase. My own, by the way, is that this is the effect of crack cocaine on our inner cities. If you look at where those babies are being born, you see a real connection there.

The larger story, of course, is that the white out-of-wedlock birth rate continues to increase.

Well, that has had an effect on AFDC caseloads. And that is the next page. We used to talk about how AFDC switched from a program for widows to a program for divorced women. That was true in the 1960's. AFDC is now largely a program for never-married mothers. And that has enormous consequences for society because never-married mothers tend to be younger, more poorly educated,

and much less capable of escaping the ties, the straight jacket, really, of welfare. And that is reflected on the next page.

On the next page, I first present data collected by David Ellwood, who is now the Assistant Secretary for Planning and Evaluation in HHS. He compared divorced women on welfare to never-married women on welfare. And what he found was that never-married women were three times more likely to be on welfare for 10 years or more.

My own sense is that this is an understatement of the long-term dependency of never-married mothers because a woman can have one, two or three children as an unwed teenager, and get married, and then divorce after a year, 6 months, or a month. She suddenly becomes a divorced mother for Census Bureau purposes.

So, never-married mothers are a significant part of the welfare problem. Now why do I use the words never-married when this hearing is about teen mothers? Because more than half of the babies born out of wedlock in this country are born to women who had their first baby as a teenager.

So, when we talk about never-marrieds, that cliché that we see in our minds is right. Not all of them, but at least half, maybe as much as 60 percent of these never-married mothers had their first baby as teenagers. So that is a central challenge for welfare reform.

What would I do? Well, I only have about a minute, so that is easy. I can leave most of this to the rest of the panel.

Let me say a few things. First, when you see a social change like this, you do have to look at values, stupid. We do have to restore values. I do not mean values about sexual rigidity or abstinence until marriage. But I do mean a value about responsible parentage. And how do you get there?

I think welfare reform helps get you there. It cannot solve the entire problem, but special rules for teenagers, for 16- or 17-year olds, are quite appropriate. Something that changes the idea that welfare is an alternative life style, that people can have babies and go on welfare instead of finishing their schooling and working, is central to reestablishing the value of responsible parenthood.

The problem is the behavior. Welfare is only one small answer, but it is part of the answer.

Thank you.

[The prepared statement of Mr. Besharov and articles written by Mr. Besharov relating to questions submitted by Senator Pressler appear in the appendix.]

The CHAIRMAN. Thank you.

Now we will take Dr. Granger, who is the Senior Vice President for Manpower Demonstration Research Corporation in New York.

STATEMENT OF ROBERT C. GRANGER, ED.D., SENIOR VICE PRESIDENT, MANPOWER DEMONSTRATION RESEARCH CORPORATION, NEW YORK, NY

Dr. GRANGER. Thank you, Chairman Packwood, Senator Moynihan, Senator Graham. It is indeed a pleasure to be able to address the Committee this morning on this important topic.

For the past 20 years, the Manpower Demonstration Research Corporation, and other organizations, have conducted a number of rigorous studies of policies and programs meant to improve the

self-sufficiency of young mothers on welfare. This work relates to the current debates regarding teen parents and welfare reform.

Teen parents are diverse in important ways to policy makers, and we have some reliable and useful evidence about this group, and about some successes for at least two-thirds of the members of this group.

In addition, I want to focus on the fact that it is possible, given this complex problem, to make some of these problems decidedly worse by our policy moves.

My testimony is based largely on interim results from three studies: (1) a New Chance demonstration that I direct, a 16-site study of a comprehensive set of services for teen mothers who are drop-outs, and had their first children when they were teenagers; (2) MDRC's evaluation of the Learnfare Program in Ohio (LEAP) is a program that uses sanctions and bonuses, manipulations in the welfare grant level, as well as case management and support services to encourage school attendance and completion; and (3) a Teenage Parent Demonstration, or TPD, a well-run JOBS-type program for teens which was employment focused, but also encouraged school attendance for teen mothers who began the program while they were in school.

What do we know, reliably, from the demonstration studies that I have just mentioned? Several things, I think, that are important.

First, complex community-based initiatives like New Chance, or large-scale reforms like the Teen Parent Demonstration in three cities, or the LEAP program in Ohio, can be well implemented. Indeed, LEAP and the Teen Parent Demonstration have changed the nature of the welfare bureaucracy and how it responds to teen parents.

Programs have increased high school graduation rates and high school attainment, at least for some. This is important because, from the intervention studies that I am citing, about one third of teen mothers are high school graduates. About one third are in school, and about one third are dropouts. Much of our concern about the group seems to be driven by a lack of success with just one third of the population, the dropouts. But we have successes with students and with graduates.

For example, LEAP and TPD, in some sites, increased the high school attainment for those people that began those interventions as students.

As a result of these programs, more teens worked. And some got higher earnings than they would have otherwise. In both the Teen Demonstration and New Chance, about 40 percent of the young women in these studies work.

It belies the stereotype of young mothers sitting at home doing nothing. Teen Parent Demonstration actually increased those employment rates across its sample for all of the people who were in the program group, regardless of whether they were students, drop-outs or graduates. And, in fact, for the graduates, that increased participation translated into increased earnings for that group.

These programs have shown that some welfare savings were achieved. In the Teen Parent Demonstration, welfare benefit levels were cut by about \$15 to \$30.

Sanctions and bonuses have been shown to be a useful tool. Indeed, they do change the behavior of some teens, particularly the more advantaged dropouts. They have not been particularly successful in changing the behavior of the more disadvantaged teen mothers, the dropouts.

And there have been, as many people will tell you this morning, no positive effects on pregnancies or births from these particular interventions.

In my opinion, this is due to many intertwined factors driving such things as the illegitimacy ratio, that Senator Moynihan described. Poor economic prospects, a desire of these women to achieve adult status, ignorance about contraception, few marriageable men, changing norms that accept unwed motherhood, aggressive males, sexual abuse, and, perhaps, public policies that encourage pregnancy and discourage marriage.

This is not the kind of area that calls out for simple solutions.

Three questions, and then I will close. Should teen mothers be denied cash benefits? It seems like a logical question to pose, given that many people are believing that cash assistance is encouraging out-of-wedlock births. Our work suggests that a categorical denial of public assistance to certain teens will have many effects. Some women will not become pregnant. Others will abort. Some will have children and work. Some will have children and marry. And many will have children and be much poorer.

We do not know the distribution of those effects, but we do know, by any standard, the last group is going to be very large.

What can we do to reduce long-term dependency? I would suggest four things. Do everything we can to keep the teens in school and on track to graduation. As I have cited, some of these programs have shown that they can make a modest difference in this area.

Second, encourage high participation in JOBS or JOBS-type programs for teens who have finished school, or who are over 16 and will not attend school. TPD's performance with graduates and information from welfare to work studies with older women, such as California's GAIN program, support that approach.

Third, protect the children. These mothers and children are families. Cut public assistance, you cut public assistance for all. Raise income for one, you raise income for all.

While recommending mandatory programs, I worry about the families that get their grants continuously reduced for noncompliance. And we have evidence from the LEAP evaluation that such families exist in fairly large numbers, particularly in the dropout population.

There may also be negative consequences when changes in child care are driven by participation mandates. Given the mixed record for teens, participation mandates will not always produce results. But, because an obligation to participate in school or work helps some mothers succeed, mixed success is tolerable if the child care for the children is of decent quality.

We know that the child care often is not. That suggests, gentlemen, that policies that set standards of part-time, as opposed to full-time work are sensible.

And, finally, test new ideas. There is no need to push untested ideas to national, or even statewide scale. A reasonable dictum might be, the more radical the proposal, the more necessary the test of that proposal.

We have learned a lot from the work that I have cited. That work has been Federally supported. Regardless of the future structure of welfare, the knowledge generated to date has been useful, and such funding becomes even more important under a decentralized system.

Thank you very much.

[The prepared statement of Dr. Granger and answers to questions submitted by Senator Pressler appear in the appendix.]

The CHAIRMAN. Thank you very much.

Now Dr. Rebecca Maynard, who is the Trustee Professor of Education and Social Policy at the University of Pennsylvania.

Dr. Maynard.

STATEMENT OF REBECCA A. MAYNARD, PH.D., TRUSTEE PROFESSOR OF EDUCATION AND SOCIAL POLICY, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA

Dr. MAYNARD. Thank you, Mr. Chairman. It is a pleasure to have the opportunity to speak before this distinguished Committee on one of the most important concerns facing this Nation today.

What I want to do is emphasize some important facts regarding the causes and consequences of teenage childbearing, and talk a little bit about what the research evidence is telling us about the likely responses of adolescent and teenage parents to various policy changes that are being contemplated.

As noted in my written statement, my remarks draw heavily on a major Federally-funded demonstration, the Teenage Parent Demonstration, that Dr. Granger spoke about, which was evaluated by me and my colleagues at Mathematica Policy Research. However, I also do draw heavily on the broader literature on this topic.

The high and increasing incidence of teenage pregnancy in this country is due to three different factors. One is the high and increasing rate of sexual activity among teenagers. The second is a low contraceptive use rate among sexually active teenagers who are not yet parents. And the third is a high contraceptive failure rate among adolescents.

The low contraceptive use rate among teenagers relates to their impulsive and risk-taking behaviors, and to their early denial that they are sexually active. This is just adolescent behavior.

The research suggests that the high failure rates, which are double the rates for all sexually active adults, regardless of the contraceptive method we are talking about, derives from three sources: First, disorganization and impulsiveness that characterizes the lives of many of these young, largely poor, teenagers; the second is poor counseling regarding the side effects of various contraceptive methods and a lack of support to help teenagers in their transitions from one method to another method of contraception and; third, an unwillingness on the part of many of the males to cooperate with contraceptive use, at least to do so consistently.

There is no evidence that welfare itself is responsible for the higher teenage birthrate in the United States, relative to other

countries. And I would call to your attention the fact that our welfare policies tend to be less generous than those of many of the other industrialized countries with which we compare our birthrates.

Moreover, if you look within this country, we see no positive correlation between State welfare benefits and teenage birthrates. Indeed, the teenage birthrates had tended to move in the opposite direction from real welfare benefits in this country.

The birthrates have gone up in periods when real welfare benefits have gone down, and vice versa.

The CHAIRMAN. Say that again. The vice versa, say that once more.

Dr. MAYNARD. In periods of time when the real welfare benefits have been rising, the teenage birthrate was falling. When real benefits were going up, the birthrate was falling, and vice versa.

The CHAIRMAN. Right. Then it was going down.

Dr. MAYNARD. We were going in opposite directions.

The CHAIRMAN. And this correlation, this is statistically solid evidence?

Dr. MAYNARD. It is just looking at time trends, just aggregate statistics, year to year.

Senator MOYNIHAN. It is here you want to cling to the proposition that correlation is not causation.

Dr. MAYNARD. That is right. Yes. Teenage birthrates are especially high among poverty populations, which are groups that fare relatively poorly in this country, whether or not they have children at a young age.

What having a child at a young age does is exacerbate the problems faced by youths in general, and particularly poor youths, in large part because the poor youths who have births at early ages have low levels of education, poor job skills, and limited and inconsistent support from families and the fathers of their children.

Adolescents are adolescents, and are going to exhibit the risk-taking and impulsive behaviors that are typical of adolescence. Those having babies during early adolescence will, by definition, not have completed school. If you are under 18, you likely will not have completed school. And most are going to have limited basic skills. Their chances of completing school and attaining skills that will prepare them for jobs near or above living wages are seriously curtailed by the parenting responsibilities. They can be overcome, but they are curtailed.

And few of these young mothers have male partners who have the capacity and/or the willingness to help them support their child. Part of the reason for this is the low level of education and earnings capacities of these males. And part of it is just a lack of support ethic.

Preventing early childbearing is going to require successful value campaigns and resistance training, as well as improvements in the reliability of contraception for this population.

The underlying problem for teenagers is not information about and access to contraception. We have had experiments that have tested that, and that is not the issue.

We do have some promising models that have tested values campaigns and abstinence programs, but we have not had rigorous tests of these models. We need to do that.

In thinking about effective ways to help those who are early childbearers, and end up on welfare, onto a path to self-sufficiency, it is important to understand that employment is really the only route out of poverty for the vast majority of these teenage parents on welfare.

Moreover, at least a high school education is necessary in order to earn a wage that approaches a nonpoverty income for even full-time employment.

The implication is that effective programs are going to be those that emphasize employment preparation and support.

Having such programs for males, as well as females, would improve the marriage prospects of these young women, which presently are exceptionally low, as well as increase the potential to garner high levels of support from the noncustodial parents.

Unconditional welfare benefits promote dependency, while welfare tied to education and employment mandates will promote transitional assistance by the truly needy.

We estimate that 5 to 10 percent of teen parents on welfare will have, or will find, alternative means of support if they are required to do something active as a condition of getting welfare benefits.

Most of the remaining recipients will indeed actively participate in school, work or training if there is a severe financial penalty for not doing so, and if they are given proper supports.

Let me just end by saying that most of the current approaches to second chance education and training programs have been marginally effective, in large part because these programs are very poor quality, and very low intensity.

In fact we have mounting evidence that the GED is not an effective alternative to a high school diploma, and we ought to really rethink whether or not we want to encourage that as an alternative.

Finally, let me just say that if there is no cash assistance for these young families, there will be serious consequences for many of the young mothers and their children. And the best available evidence suggests that reducing or capping welfare benefits is not going to eliminate the pregnancy problem. In fact, it is going to have very modest to no effect.

What it might do is lead to an increase in the abortion rate. If we had more drastic action, such as totally eliminating benefits for this population, we may get some reduction in the birthrate. But we will also have many young mothers living in circumstances that we would not like, or they will find means of support that we would not approve of.

Thank you.

The CHAIRMAN. Thank you very much, doctor.

[The prepared statement of Dr. Maynard appears in the appendix.]

The CHAIRMAN. We will conclude with Dr. Kristin Moore, who is the Executive Director and the Director of Research at Child Trends in Washington, DC.

STATEMENT OF KRISTIN A. MOORE, PH.D., EXECUTIVE DIRECTOR AND DIRECTOR OF RESEARCH, CHILD TRENDS, WASHINGTON, DC

Dr. MOORE. Good morning.

The focus of my remarks is on the prevention of adolescent pregnancy. Once a pregnancy occurs to an adolescent, all the available options are difficult, and impose costs on individuals and society. Therefore, the prevention of adolescent pregnancy should have high priority for policymakers.

What is required? Broadly speaking, there are three types of factors that need to be addressed—information, contraceptive services and motivation.

By information, I mean education about sexuality that takes place in the home, the religious setting, the school, or a community organization that goes beyond the mere clinical facts of reproduction.

Research to date indicates that the most effective sex education approaches are ones that encourage both abstinence and contraception. Numerous studies have found that discussing contraception does not seem to encourage teens to have sex.

Research has also found that combining messages about abstinence with messages about the importance of contraception, when sex is eventually initiated, is more effective than either pushing abstinence alone, or pushing contraception alone.

By services, I mean accessible and affordable contraceptive services. There is no question that abstinence is the most effective way to prevent not only pregnancy, but sexually transmitted diseases, including AIDS.

However, there is also no question that some teens are going to have premarital sex in this country, as in other countries. And that taxpayers, as well as teens, will be better off if teens are protected from pregnancy, AIDS, and other sexually transmitted diseases.

Despite significant cutbacks in funds for family planning, the proportion of teens who initiated sex increased during the 1980's. On the other hand, funding cutbacks have made contraceptive services less accessible and less affordable.

Motivation is the third critical component. While sex education and contraceptive services are needed, and do not seem to cause teens to initiate sex when they would not otherwise have done so, the provision of information and services does not address the more fundamental question of motivation.

How can we increase the motivation of teens? It is my considered opinion that cutting welfare benefits to adolescent parents will have little effect on the sexual behavior of adolescent girls, in part because their pregnancies are unintended, in part because cutting benefits has no effect on the incentives faced by their male partners, and in part because the research literature so clearly identifies other factors as the underlying causes of early sexual initiation and pregnancy.

We know from studies conducted throughout the world that economic opportunity and educational opportunity are associated with postponing childbearing. Research on teenage childbearing in the United States similarly identifies socioeconomic opportunity as a very strong predictor of early childbearing.

In several reviews of research conducted in the United States, we have identified four broad sets of factors associated with early childbearing among adolescent males and females. These are poverty, school failure, being involved in other forms of risk-taking or behavior problems, and family problems.

While youth having school and behavior problems need structure and rigor in their lives, purely punitive policies are unlikely to convert them to an abstinent lifestyle, or transform them into diligent contraceptors.

Teens at risk need to have hope for the future. They need to be embedded in the structure of incentives that includes negative sanctions for undesirable behavior, combined with positive sanctions that support and encourage desired behavior.

This structure of incentives needs to be directed at males as well as females. The fathers of the babies born to teenagers are generally older than the young mothers. And two-thirds of them are not themselves teenagers.

The primary method policymakers have to affect male incentives is enforcement of child support. Fathers, even younger fathers, should contribute to the support of their children. And, if they are unemployed, fathers as well as mothers should receive education and job training, and be subject to workfare to enable them to provide child support.

If Congress wants to send a message intended to discourage teen parenthood, child support enforcement would be my number one recommendation.

Another element in the prevention of pregnancy is the prevention of subsequent pregnancies. One quarter of all births to teens are repeat births. Intervention programs find that it is very difficult to prevent the occurrence of second and later pregnancies.

Several studies have found that repeat childbearing and larger family sizes predict a higher probability of welfare entry, and a lower probability of welfare exit.

Consequently, the fact that programs have been unsuccessful in delaying second pregnancies is disturbing. On the other hand, very few Americans prefer to have only one child. I suspect that this very strong preference to avoid having an only child is at least part of the reason we see so many second births in short order.

Again, it is a matter of low motivation, combined with the disorder and difficulties inherent in the lives of young single parents that leads to pregnancies that are not wanted or intended, but which are not prevented either.

In summary, there are no silver bullets or quick solutions. However, we have a number of leads. Sex education can encourage teens to delay sex and use contraception. But the effects today are rather small.

Declining funding for family planning services has not resulted in less sexual activity. Increased support for contraception represents a good investment.

Finally, rather than focusing a set of severely punitive measures on younger mothers, public policy should structure a set of positive, as well as negative, sanctions, including child support enforcement, that are constructive, and that apply to young men as well as adolescent females.

Thank you.

[The prepared statement of Dr. Moore appears in the appendix.]

The CHAIRMAN. Dr. Moore, I am interested in this chart included with your prepared statement. I want to make sure I understand this. You have got the teenage birthrate per thousand females age 15 to 19 going down from 1960 until 1986, in all categories, including race.

Dr. MOORE. Yes.

The CHAIRMAN. Then it starts going up in 1986.

Dr. MOORE. Yes.

The CHAIRMAN. Why is that?

Dr. MOORE. Well, it was a surprise, I believe, to everyone. The teen birthrate went down substantially from World War II, and then it plateaued. We were just waiting for it to continue its downward trend. The fact that it started to go up was really a surprise.

And, as Mr. Besharov said, it may be crack in some circumstances. It clearly has something to do with migration of Hispanics. It may have something to do with access to abortion. It certainly has something to do with increased sexual activity, family planning funding.

In other words, it is not one single thing.

The CHAIRMAN. But the thing that intrigues me is that we had all been operating on the assumption that this was getting steadily worse from the 1960's onward. Then we go through the 1970's, hippie free love, and we just thought things were getting worse and worse. And they were getting better and better until 1986.

Dr. BESHAROV. Wait a minute. That is all teen births.

Dr. MOORE. All births.

Dr. BESHAROV. In marriage, as well as out. The tricky thing here is that we have had two trends going on at the same time. Total births, until recently, for teenagers, were going down.

The CHAIRMAN. Right.

Dr. BESHAROV. But the percentage of those births that were out of wedlock, the percentage that were a direct ticket to welfare, was going up.

Senator MOYNIHAN. Rate against ratio.

The CHAIRMAN. Thank you.

Dr. GRANGER. Mr. Chairman, could I comment on that—

The CHAIRMAN. Yes.

Dr. GRANGER [continuing]. To perhaps make a confusing issue more confusing?

The illegitimacy ratio that Senator Moynihan refers to accurately as climbing, really is driven by three things. One is the birthrate to single women. The other is the birthrate to married women. The illegitimacy ratio is in fact arrived at by taking the number of single births and dividing it by the number of total births.

So the birthrate for married women drives this illegitimacy ratio in a particular way.

Then, finally, the ratio is affected by the relative proportion of single and married women.

Now, just one comment about teens. What you find is that the teen birthrate is, in fact, increasing. But much of this illegitimacy ratio's skyrocketing is due to decreasing marriage rates, in fact more, perhaps, than the increase in the birthrate.

That is particularly the case among black teenagers, where the birthrate has not been increasing markedly across the last 20 years. But, in fact, the marriage rate has dropped considerably.

For example, the illegitimacy ratio of 15- to 19-year-old black women right now is 91.7 percent. That means 9 out of every 10 births to a black teenager are to single women.

On the other hand, if the marriage rates had stayed at 1970 levels, that rate would be 64 percent, a huge decrease. I just say this for clarification, because many things are going on within this ratio at the same time.

The CHAIRMAN. I just want to make sure I understand. The number of births, therefore, can be level, but the ratio can be different, depending upon marriage.

Dr. GRANGER. That is exactly right.

Dr. MOORE. That is right. Actually, I might note that I will leave a packet of statistics for the Committee. But the number of births has varied far less than the number of marital births. Actually, in about 1980, the lines crossed. In other words, the number of marital births has been declining steadily, and the number of non-marital births has been increasing. And now the number of non-marital births is 354,000. The number of marital births is 151,000. So there is an absolute majority. Seventy-one percent are outside of marriage now.

The CHAIRMAN. Seventy-one percent are what?

Dr. MOORE. Are outside of marriage now. Seventy-one percent of all births to females 19 and younger are outside of marriage.

The CHAIRMAN. Senator Moynihan quoted statistics in Continental Europe and Canada not unlike ours, in terms of trends. So this is not something uniquely American.

Dr. MOORE. That is correct.

Senator MOYNIHAN. Well, sir, I think the panel might agree that our teenage births are distinctive.

The CHAIRMAN. As opposed to European?

Senator MOYNIHAN. Yes.

Dr. BESHAROV. I think the most striking difference is that, in European countries, what we are seeing is adults—and I use the term loosely when I talk about people over 21—who are cohabiting in long-term relationships. They are the ones who are much more likely to have a baby out of wedlock in Europe.

So in Europe older couples are having babies out of wedlock, in longstanding relationships, whereas our out-of-wedlock births in this country are much more likely to be less long-term. And we have many more teen births out of wedlock than the Europeans do.

The CHAIRMAN. Let me ask the generic question. Everybody has views on welfare. Every time you go to a public meeting, somebody has views on welfare. It does not matter if they have any knowledge about it, they have views on it.

As to whether we should let China build the atomic bomb, very few people have views. It is distant and removed.

But the general feeling is that something has gone wrong. I look around this panel, and we are not that far different in age. We grew up in a different milieu. The woman that had a child out of wedlock was unusual.

What, over 30 or 40 years, went wrong, assuming the direction is wrong? It cannot be just our welfare system. Give us some ideas.

Dr. GRANGER. I would like to start that conversation, Mr. Chairman. And perhaps this is driven as much by the fact that I have two teenage daughters, one 16 and one 13, as anything else.

I think one thing that has changed a lot is the nature of the situation that men find themselves in during this period of time. And I think that is a factor underlying the decreasing marriage rates across all racial and ethnic groups.

And I would make the observation that, when we look at things like "illegitimacy ratios"—and it is a term that I tend to put in quotes because it is a hard term for me to say—you have got to recognize that, if we could be doing something about the marriageability of men, I think we could be doing something significant about illegitimacy.

The CHAIRMAN. About the marriageability of men?

Dr. GRANGER. Yes, sir. For example, increasing their ability to support a family. I think the test of manhood, when you and I were teenagers, was whether or not you could get a job and go out and support a family. I think the test of manhood has changed markedly in the last 30 years, as that option has been removed for many people in our society.

And I think that there is evidence on employment and training programs, and other policies that in fact would improve the economic prospects of men.

I would encourage the Committee to hold hearings, and think about what we can do for the other side of the equation, because too much of this is placed at the feet of the teenage mother, rather than men who are teenagers or older.

The CHAIRMAN. Other comments?

Dr. BESHAROV. One thing to think of there is that it is not necessarily all bad. As the parent of a 17-year-old daughter, I am not sure I would want her to marry the bum. [Laughter.]

Now, part of the change that has occurred is there has been a sharp reduction in what we used to call "shotgun weddings," which the Census Bureau calls post-conception marriages. And, we will have a short test after this to see if you have all these numbers and ratios down pat.

That is to say, if a young woman gets pregnant today, she is much less likely to get married.

Senator MOYNIHAN. They were also called "engagement babies."

Dr. BESHAROV. And, in some respects, the decline of marriage is a sign of the greater empowerment and freedom of women to make an alternate life choice. And I think that is for the good. We should not forget that.

Having said that, we should look at the other factors that are driving this: We have a society that is progressively investing less of its time in children in the middle and upper class. So why not in the welfare class?

I use the phrase "irresponsible parenthood" because I think there is something about that here. We used to say that you should have enough money before you have a child, male or female. And here I agree with Bob. That is gone.

In the 1930's, the entire country reduced its birthrate because it was broke. You do not see that now. What you see instead, among many of our opinion leaders, is a notion that, just because someone does not have money, does not mean they should not have a full family. That is a tough nut to crack, but I think that is where the problem is.

You may remember that Marion Barry, about 6 years ago, was forced to apologize when he said to a woman on welfare who had 13 children, "Maybe it was time for a breather." He had to go on the Donahue show and apologize.

There is a question here of what we believe about the rights of people to have children. And that is connected to welfare and welfare benefits, and so forth. If we do not come to terms with that, we should not be surprised if the more helpless in our society have not come to terms with it.

Dr. MOORE. I would like to respond to your question on two levels.

I think you can make a distinction between a sexual revolution, which has happened among all Americans, among affluent teenagers, as well as low-income teens. And that is driven by a change in values. You can see it reflected in the media, in the behavior of adults, as well as children. You can also see it in the alterations of role of women, and in the value of marriage. Delayed marriage and childbearing is a really major change that has occurred across all socioeconomic groups in this society.

And you can also look at the changes in the underclass. There I think it is quite a different phenomenon, in part strongly driven by male opportunities for employment. The most promising hypothesis is the "nothing to lose" hypothesis. If you have nothing to lose, then why would you go to the effort to abstain from sex, and to contracept diligently year after year after year? I think that is the single most important difference across the two socioeconomic groups.

Dr. MAYNARD. Let me add just one thing to this. Part of the problem is the economic and social segregation in this country that has taken place in the last 20 years. We now have high concentrations of poor people in our inner cities. And, in these communities, there is a new norm. Welfare has indeed, for many young people, become an entitlement, and an acceptable alternative.

When faced with bearing a child, you have little education, you have no earnings potential, your family may or may not be willing to support you, may or may not be able to support you, welfare is there, and it is just acceptable as a way of getting through that difficult period.

That was not the case 20 and 30 years ago. Welfare was the last place you went. And a large part of this is the community, and the fact that nobody in an inner city area has employment opportunities, whether male or female, and these young women certainly do not. And the easiest and best option for many of these young mothers is welfare.

The CHAIRMAN. Senator Moseley-Braun, you had a question?

Senator MOSELEY-BRAUN. Thank you very much, Mr. Chairman. I have a question.

Senator MOYNIHAN. How are you feeling?

Senator MOSELEY-BRAUN. Miserable. Thank you for asking.

My question is this. This conversation is really fascinating, and I want to thank the Chairman for giving us this opportunity to have this debate this morning. The emphasis on teen pregnancy, it is like the new catch phrase, and everybody has gotten excited about teen pregnancy.

It seems to me that teenagers have been getting pregnant for a long time. This is not new. What is new, however, is that, for the individual, the education and employment opportunities get short circuited by teen pregnancy. And, for society as a whole, we have the welfare costs on the one hand, and what it means in terms of social disintegration on the other. So it has got different consequences now than previously.

Everybody has been dancing around this a little bit, in terms of the issue of marriage. To what would you experts attribute the obsolescence of marriage as a primary building block of our social organization? What has made the marriage rates go down? Is it just employability, or the economic prospects of males, as one of the witnesses testified? Or is there more to this trend. Is it that young people do not see marriage as being a necessary part of the program to form a family unit before starting off and having a family? There were always steps in this, and our society was predicated on those steps.

There are those who say, well, it is the marriage tax, and the fees for getting married. I am serious, I have heard folks talk about the fact that there are all these impediments to marriage. If we got rid of the marriage tax, if we got rid of the fees the counties charge for marriage licenses, if we made it easy—if you could just jump over a broom, or something, at home and be done with it—would that help to resolve some of this?

Would enforcement of child support help? So, two questions. To what do you attribute the obsolescence of marriage as a primary social institution? And what can we do improve incentives for marriage among young people?

Dr. MOORE. I will begin. I do not believe that marriage is viewed as obsolete. I think most adolescents, when you ask them, do plan to marry. They think it is an important social institution.

Senator MOSELEY-BRAUN. Well, obsolescence in terms of a predicate to having a family.

Dr. MOORE. Yes. Most adolescents do think you should be married in order to have a family, by the way.

There is a certain subgroup who view the desired age at first birth is younger than their desired age at first marriage. But that is still a subgroup.

I think, despite the fact that they wish to marry, there is a great distrust of marriage. And I think that marriage is the thing that has changed more than fertility, really.

They have seen changes in the marital behavior of adults. As divorces become more and more common among adults, adolescents have been watching. And those who are from disrupted families themselves are even more distrustful.

So, while they want to marry, they are thinking very hard about whether or not it is a solution to their problems. They are watching the experience of older people. It is also not required by the com-

munity any longer. It is not forced on adolescents. I think the values of the larger community about marriage have very clearly changed.

Also, there is the economic opportunity element of this. And I think that is not trivial either. What are the gains to marriage for some populations?

Dr. MAYNARD. Let me say that, in working with a population of about 6,000 young mothers in three cities, we heard over and over again—and, I would say, by the vast majority of these young mothers—that marriage was not in their futures. They did not aspire to marriage.

Let me just read you a couple of quotes of what they say. This is fairly typical. "It don't seem like no marriage is going to work. I don't want to go through that. Two months later, he gets to seeing somebody else, then he ain't got no money or assets for you to collect." Another one says, "When you're single, it's better. They treat you so much better when you're not married."

And, if you look at the work of Eli Anderson, who has spent a lot of time with young males—

Senator MOYNIHAN. Elijah?

Dr. MAYNARD. Elijah Anderson, yes. He puts the other side to this, which is, why are the young males behaving in this manner that does not really make them a desirable marriage partner?

He attributes part of it to the economics. If the young man cannot keep house, as he calls it, he cannot provide for the woman and her child, he finds other ways to act out his manliness.

Senator MOSELEY-BRAUN. And their child.

Dr. MAYNARD. And their child, yes.

So I think one of the distressing facts is that these young women we were working with, who were all first-time teen mothers on welfare, did not aspire to marriage. They did not see this as something to look forward to.

Because the young men were not a reliable source of support they did, in fact, treat them better before they moved in and got married. These men are very controlling.

Dr. GRANGER. Senator, I think you rightfully point out that this is not being driven by one thing, but the many things you have heard about. You have heard some positive things from Doug Besharov like increased economic opportunities for women. In fact, it is a trend toward later marriage, across the age span.

If we look at the "illegitimacy ratios" for all women of childbearing age, 15 to 44, the increase there almost uniformly is being driven by decreasing marriage rates, rather than increasing birthrates among older women.

So I think that, when we speak to this issue, we speak to it from a variety of different vantage points, all of which hold some truth. I think the central thread that has run through our remarks is that it has something to do with the economic opportunities for males, perhaps more than anything else.

And, if I was going to make my bet on something to do, I would focus on that. You take a look at the increasing real wage differences, particularly between high school graduates and college graduates, or, more importantly, between high school dropouts and

high school graduates, you see greater wage disparity now than at any time within the last 40 years.

It seems to me that the answer is to try and figure out how to keep young men and women in school, finishing school, getting an education, and moving into the labor market.

Dr. BESHAROV. Well, I tend to disagree a little bit. First of all, I agree with everything that has been said, to a point. And, certainly, what Bob said about the importance of increasing earnings is central.

However, it is also the case, I believe, that among African-American men, those with more education have reduced their marriage rate more than those with less education. Which is to say, it is not just a function of earnings; there is something else in the air.

Which is to say, fewer of us are getting married, for many reasons. There are many different strands of this. You should not look for one answer. We have all given various ones.

I just want to tell you one story. I was in Cabrini Green a few months ago. There are men there living with their women and their children, and trying to do the best they can in those circumstances. And what I found so useful was to ask them, what would happen to their financial circumstances if they married?

So you can talk all you want about this other stuff, but the fact of the matter is that, almost universally, when I asked these couples what would happen to their financial circumstances if they do what we want them to do, which is get married, invariably their total family income would go down, by as much as a third.

They are likely to lose their apartment. They are likely to lose this benefit and that. I sat with one woman who told me she was going to get married. And she calculated for me how her child care benefit would go down, her cost of child care would go up. Her rent would go up, and so forth and so on.

So there is a tremendous marriage penalty built into our current welfare system. I cannot tell you whether it is 2 percent of the population or 20 percent that would be affected.

But the reality is that we do have a marriage penalty out there that sticks out like a sore thumb in our policy discussions. And we should realize that.

The CHAIRMAN. Senator Moynihan. Then Senator Graham.

Senator MOYNIHAN. Mr. Chairman, I think we have heard remarkably consistent testimony about complexity and caution.

I think we have to be a little bit open about this, open as you dare be. Which is to say that a more or less liberal establishment has presided over the onset of something like social calamity. They were hoping it would not happen, hoping it would reverse, hoping maybe nobody would know about it. And now, all of a sudden, it has lost all authority. And we have seen from the House side a proposal to solve this problem, coming out of the Ways and Means Committee, simply by repealing Title 4A of the Social Security Act.

If you have no welfare, by definition, you have no welfare problem. Right?

And that has happened. Something that could not have happened 5 years ago has happened. And it is making its way over here. And our response is going to be very important.

Almost the only defense we have is that we do not know enough to make changes of that consequence.

And, Dr. Granger, you estimated that, if we adopt the Committee bill in the House, which would deny all benefits to teenagers, you would put about 2.6 million children at risk. Assuming that somebody would look after a quarter of them, you would still have 2 million children who would probably be much poorer—I mean destitute in the most emphatic terms.

Would that be the general consensus of this group? Doug Besharov does not seem to agree.

Dr. BESHAROV. No. I think that is fiddlesticks. We are talking here about parents 18 years old and younger. And, as I understand, although the Republican bill on the House side shifts from day to day, what we are talking about is a denial of cash benefits to that newborn child for so long as the mother is under 18. That is the latest iteration of this.

Let us walk through that for a second. Medicare continues. Food stamps continue.

Senator MOYNIHAN. Medicaid.

Dr. BESHAROV. Medicaid, excuse me. Medicaid continues, WIC continues, food stamps continue. Just the cash portion of AFDC is denied the mother until she is 18.

Now, where would I want my daughter to be if she went and had that baby? I would want her living with me. What is the financial harm that has occurred? We have denied cash benefits to a child. Seventy percent of these mothers, or 60 percent, are already on AFDC. So there is a payment to that family. We would deny only the cash benefit until the mother turns 18.

That will create financial hardship, but it is not going to create social catastrophe. That kind of penalty or sanction is not the sort that drives people to the barricades.

I was talking to a mother whose daughter had a baby—

Senator MOYNIHAN. I am not talking barricades. That kind of talk does not work any more.

Dr. BESHAROV. Good. I was talking to a mother—

Senator MOYNIHAN. It drives them into the ground.

Dr. BESHAROV [continuing]. Whose child had had a baby out of wedlock. And I said, what is the plan? And she said, "I am fighting as hard as I can to keep my daughter off welfare." She said, "Every day when my daughter goes to school, her friends say why don't you go on welfare?"

And the mother said to me, "I know what will happen if she goes on welfare. It is the wrong direction in life." So this mother was fighting against it.

I can think of better things to do, but we should understand that the Republican plan is trying to address a serious problem. We have not heard any answers today about how to handle it. And to address it in the way that most parents would handle this, which is say: stay at home, finish school, take care of your kids, get a job, and we are not going to finance you in a separate apartment. Almost all American parents would say the same thing.

I am not sure that is so unreasonable.

Dr. GRANGER. Senator Moynihan, just to clarify, there are fiddlesticks, and then there are fiddlesticks, I guess.

The estimate that I included in my written testimony had to do with last week's proposal, not this week's proposal. Last week's proposal was to deny benefits for a lifetime to children born to minor mothers, and perhaps to mothers up to 20.

Senator MOYNIHAN. This week's version is, after 5 years, everybody is cut off.

Dr. GRANGER. That is right, sir.

Senator MOYNIHAN. Do you agree with that?

Dr. BESHAROV. Sure.

Senator MOYNIHAN. Oh, all right.

Dr. BESHAROV. What do you do with unemployment insurance? There is a cutoff.

And everyone is cut off only from cash benefits. We are talking about a cliff. We are talking about self-sorting. We are talking about a plan that is trying to send a very strong signal. Five years is a long time. As long as non-cash benefits continue, it seems to me not so unreasonable.

Senator MOYNIHAN. Thank you very much, Mr. Chairman.

The CHAIRMAN. Senator Graham.

Senator GRAHAM. Thank you, Mr. Chairman.

I wish to express my appreciation for what has been a very thoughtful and informative panel.

One of the papers indicated that 9 out of 10 teenage pregnant mothers did not want to be pregnant, that it was involuntary, but that it responded to certain frustrations or expectations or desires for adulthood, or other motivations.

What are some other things that society might emphasize, make more readily available, that would fulfill the needs that lead to the unintended and undesired pregnancy, other than pregnancy?

Dr. MOORE. I would respond to that with my statement. We do find in study after study that the vast majority of pregnancies to teens are unintended for any reason. And the question is then, why do so many get pregnant?

And there is a very interesting study done by Dr. Lori Zabin in Baltimore, in which she found that those teens who wanted to get pregnant and those teens who sort of did not care were equally likely to get pregnant. It was only the group of teens who really really did not want to get pregnant who were successful in avoiding pregnancy in that community.

And I think that is one of the things that makes me emphasize the importance of motivation so strongly. It takes a great deal of motivation for kids in disadvantaged circumstances to avoid sexual activity or to use contraception diligently.

And I think that success begins at a very young age. I think the approach that needs to be taken to prevent any teen pregnancy actually starts with preschoolers. You want kids to start school ready to learn. And that involves things like WIC and nutrition programs, adequate quality child care and preschool programs. It involves adequate education during the elementary years.

In other words, kids who are not experiencing school failure, who are not experiencing extreme poverty, probably involves helping families to communicate with their adolescents and create that structure of incentives that I talked about.

I think, in other words, that the process of providing that motivation starts very young, and then continues through the adolescent years when kids are hopefully enrolled in good strong education, and see the prospects for jobs out there.

It is absolutely true that a lot of the kids in disadvantaged communities do not see the house with the white picket fence or a good job, or a marriage at all in their futures. They have nothing to lose.

Senator GRAHAM. Any other members of the panel want to comment on that?

Dr. GRANGER. Senator, just one other observation. One of the things that seems to be a common thread running through some demonstrations and interventions that have made a positive difference, both for young men and women, is the presence of somebody who gets to know this kid, and stays with him or her over time.

It is the kind of case manager that probably existed in the Teen Parent Demonstration. I think this is remarkable, given that these were people who worked for the welfare bureaucracy, people that generally are viewed as somebody that is only concerned with income maintenance.

I think that there are other smaller studies, such as the Quantum Opportunities Program, that appeared on the front page of the New York Times the other day, that attribute the success more to the ongoing support by an individual, and perhaps to the financial incentives, or other kinds of services.

So I suggest that the one thing that public policy might take a look at is how to foster programs like that, and to foster knowledge about them.

Because it seems to me from my own background, and probably from yours, that some ongoing relationship with an older person who has taken a personal interest in my life, was something that was dramatically shaping.

Dr. MAYNARD. Let me just comment on that. There are two studies from the medical intervention field of testing weekly home visitation as a way to prevent repeat pregnancies among high-risk mothers, young mothers.

And these are the only intervention programs that have been rigorously evaluated, and shown to significantly reduce the incidence of repeat pregnancies. Part of the reason we think these program models are effective, whereas the more traditional case management models have not been effective, is because of the attitudes of the medical profession, which is to be dictatorial and bossy in what you tell people to do. You tell them to take their medication, to use their contraception, and use it regularly, and just stay in their face.

The home visitors are there weekly. With funding from the Department of Health and Human Services, we are now testing the application of this model to the teen parents in the welfare case-loads. We will see in the next few years whether or not this is effective.

The other thing that I want to emphasize is that we still have some ways to go on the technology. We have passive forms of contraception in Norplant and Depo-Provera, but both of these have significant side effects. And we are not doing a very good job of counseling our young people in how to respond to those side effects,

and to get them to maintain contraception while they are in transition between one method of contraception and another.

What happens when you get the side effect is you stop taking your pill, or you do not go back for your Depro shot. You have the implant removed, and you do not immediately pick up another form of contraception.

So we find a very high repeat pregnancy rate, even among teenagers who are contracepting. The contraceptive failure rate is very high among pill users, among condom users. It does not matter what the method is.

So we should work on the technology as well.

Dr. BESHAROV. Senator, if I had one non-welfare solution—and I think most of the solutions here are non-welfare solutions—it would be better high schools and, more particularly, high schools that are much more committed to what we once called vocational education, and what is now called Tech/Prep.

The CHAIRMAN. It is called what?

Dr. BESHAROV. Tech/Prep. You will hear about it from Ed and Labor. That is the new phrase. I am happy with Voc/Ed. I went to a vocational high school, Brooklyn Tech. It did me just fine, thank you.

But most of the young people we are talking about make it to the 9th and 10th grade. They are still in school. They leave because there is less there for them than outside. And I think that is in part because we have let them down when it comes to the kinds of jobs they can reasonably expect to get.

So I think the best non-welfare solution—and, unfortunately, it is not in the jurisdiction of this Committee—is the high schools and job-related education.

Senator GRAHAM. Mr. Chairman, if I could just make—

The CHAIRMAN. Yes.

Senator GRAHAM. —three quick comments. We used to have in rural America, under the county agent system, a program very similar to the one you just described. It was related to providing assistance to rural women and mothers in child care and other areas. I think that might be a model that we should look at in urban America.

Second, in terms of better high schools, particularly vocational, the Chairman and I were discussing our common knowledge of a high school in Portland, Oregon which has utilized the community as the training center. They do not have automobile mechanics in the high school. They send the students to the best automobile mechanic shop in the community, so that they are learning on the best equipment.

But they are also learning the culture of work, that you have to be there on time, how you relate to your fellow employees, those kinds of things that are extremely important, as well as indicating by direct association, what the possible future is of employment in this area.

So I appreciate your comments. And, whether it is in the jurisdiction of this Committee or not, it is still a good idea.

The CHAIRMAN. Interestingly, the school you mention is in suburban Portland, Clackamas County. It is a win-win-win.

To begin with, there are not enough good auto mechanics around. So the training is immediately useful. If you are trained at all well, there is a job, and a pretty good paying job. The school district cannot afford the equipment that most of the automobile dealers have, so you get better training when you are off site than on site. And it has just worked out as a win-win perfectly.

Senator Murkowski.

Senator MURKOWSKI. Thank you, Mr. Chairman.

I want to commend you and the professional staff for arranging this.

To hear the witnesses reflect on the reality of loss of benefits, unless we change the system, so to speak. And then the question of how do you change the system?

Having raised a family, I am convinced that you do the best you can. But, clearly, with those who are dependent on welfare, that is not adequate.

I would like to ask each panelist to respond to the generalization that drugs are the scourge of the low-income inner city. As a consequence of those drugs, it fosters a welfare system. And we need to address the rampant drug dealing which, unfortunately, this administration has certainly softened its position on. We have had no major statement from the President on it, no pressure.

And then the other part of the equation, if you will, is that we provide a public education, and that education offers young people an opportunity to prepare themselves for a lifestyle free of welfare. They should take advantage of that, pay attention, go to school, learn something.

Or is that process of instilling in the welfare recipient, or the child that comes out of that environment, that that is not the thing to do any more, or we should not take advantage of this opportunity? Or is the other side of it that we are giving them such a poor education that they do not regard it as an opportunity to try and pull themselves up by their bootstraps, so to speak?

Is that the responsibility of the NEA and our Congress, or the local school boards, or who? I wonder if you could enlighten me on the effect of drugs and education, as it addresses the dilemmas that you are proposing to this august group, who does not have the answers either.

Thank you.

Dr. BESHAROV. Drug use is a very serious problem in this country, particularly for the disadvantaged.

There are various estimates of how many people who are on welfare are disabled by their drug use. I use that word because, you know, we all use drugs. I had a little coffee this morning. I enjoy a glass of wine every now and then. But, in terms of disability, the estimates range from 10 percent to as many as 25 percent of welfare caseloads are disabled by their substance abuse problem.

That is a terrible problem, so much so, if my memory serves me correctly, that under the Family Support Act, participation in a drug treatment program was the equivalent of participating in job training. I think that was one of the ways you could satisfy the participation requirements. Have I got that right?

Senator MOYNIHAN. I am not sure on that.

Dr. BESHAROV. Or have I got it wrong? If not, it is close. That is how serious a problem it is.

Senator MOYNIHAN. You are quite right about the range.

Dr. BESHAROV. And, Senator, about your question of who failed whom?

I do not know. I think it depends. As you can tell, I am a real advocate of vocational education. There is a national survey of what has happened to vocational education. And the interplay you have heard here is typical of the findings of that commission, which is Voc/Ed is alive and well in the suburbs. Where it has shrunk is in the inner city.

So, here in D.C., there is no organized, mandatory program to teach young people office skills or business skills. Those are the kinds of jobs these young people can get, and they are good paying jobs.

Instead, it is mandatory that every child in the D.C. school system take an SAT preparation course, even though less than 55 percent of the entering freshman will even graduate high school, let alone go to college.

Well, I think we have let these kids down. I am not prepared to blame them until we get our act together.

Dr. GRANGER. Senator, two comments on the drug issue. I do not know what is the tail and what is the dog here.

It seems to me that poverty drives drug use, in part because of despair and people using drugs, and part because of the economics of selling them. And I think to suggest that drugs are necessarily driving poverty may have the relationship turned on its head.

And I do know that, in the New Chance demonstration that I direct, we worked with 2,200 young women who were dropouts, on welfare, had their first children as teenagers.

When people did not participate, we asked the case managers why they did not participate. Substance abuse was not a common reason. What was fairly common—in fact, in the case of more than half the people—was that non-participation was related to homelessness, being one argument away, if you will, from being out of the house, or out of a place to live.

Now, does drug use feed into that? It may well. Obviously, it is a complicated story.

Is it an issue of public education? I do know that, among this group of young women, 40 percent of these young women left high school before they became pregnant. They did not become pregnant and then leave high school. They left high school before they became pregnant.

And I think that there are very promising changes going on in secondary education reform. Doug has mentioned one of the models that falls under the general rubric of school-to-work transition programs. It is something called Tech/Prep. There are Career Academies. There are other kinds of approaches out there.

We at MDRC are actually doing a study of one of them, called the Career Academy. They seem to be very promising. What I would hope is that they are not narrowly Voc/Ed in their focus. It seems that the best ones serve tough kids that will not graduate without some help, and then try to open up opportunities, rather than steering kids narrowly toward any one particular profession.

So the Career Academies, which are State-funded in the State of California, do envisage post-secondary enrollment as an outcome, rather than just going directly into the labor market.

There are important things going on. Education and labor are partners in that legislation, and I think it has high promise.

Senator MURKOWSKI. Mr. Chairman, would you allow Dr. Maynard and Dr. Moore to respond to my questions on drugs and education?

The CHAIRMAN. Yes.

Senator MURKOWSKI. Thank you.

Dr. MAYNARD. My response on the drug issue is based on my working with a sample of young mothers first coming onto welfare.

At the time that these teenagers first come onto welfare as mothers, significant numbers of them do not have serious drug problems. Some of them do. I would put the number more down in the 10 percent range. That is not to say they do not use drugs, but we did not find this to be a major problem coming in. As they get older, it becomes a bigger problem.

On the issue of the schools, I would probably be less optimistic than either Mr. Besharov or Dr. Granger about what we are actually doing in the way of school reform today. Everybody is reforming schools, everybody is testing new models of education. The research that is coming out on these programs is not that encouraging.

The operational studies of school reform initiatives are showing that very very little is happening for millions of dollars of effort and years of work.

My experience, working with a number of school districts that were involved in implementing innovative programs, some of them vocational education programs, some of them alternative schools, some of them in school enrichment programs, was that we still have not turned the corner in terms of setting higher expectations and being insistent that we will address the many needs of these young people who are falling out of school.

I have been in demonstration vocational schools where the teachers talk openly about their low expectations for the students, because of their backgrounds. So I hope we can turn the corner here, but I do not think we have done it yet.

Dr. MOORE. Just quickly, I would similarly comment that I think, to prevent teen pregnancy, you really need to do the same things you do to prevent drug use and school dropout. You want to improve the early environments of children, help them start school ready to learn.

I agree that we do not know exactly how to pull that off. I am a little surprised that none of us have mentioned anything about the amount of media consumption that kids do, and how they spend their time. But I think improving the schools, vocationally and in every way, is an important component of solving all of these problems.

Senator MURKOWSKI. Thank you.

The CHAIRMAN. Senator Bradley.

Senator BRADLEY. Thank you very much, Mr. Chairman.

Thirty percent of all the children born in America are now born to unmarried mothers. That number is how much? Do you know what that number is?

Dr. BESHAROV. How many children that is?

Senator BRADLEY. Yes, how many children is that?

Dr. BESHAROV. About 1.3 million.

Senator BRADLEY. So, about 4 million are born every year, and 1.3 million are born to unmarried women. Of that, about what, 500,000 are born to teenagers and, of that, 300,000 are born to unmarried teenagers? So, this is the scope of the problem.

As Senator Moynihan has pointed out, the illegitimacy rate in England is 31 percent, and in France it is 33 percent. So this is not simply an American phenomenon, although the nature of it is quite different. And the distinguishing characteristic in the United States is that it occurs so young, and in such a concentrated area. Is that correct?

Dr. BESHAROV. Yes. That is right.

Senator BRADLEY. If that is the case, I would like each of you to give me the most radical thing that you would do to change this because you cannot continue to posit that, if an increasing percent of the unmarried mothers are too poor, too young, and too unloved, that you are going to have any prospect of turning it around.

So, what is the most radical—bold, if you choose to use that word instead of radical—thing that you would do to turn this phenomenon around?

Dr. MOORE. Well, I have a couple of things.

I would really focus efforts and attention on the males. As I mentioned earlier, two-thirds of the fathers are over the age of 20. Many of them are unemployed, but many of them are employed. They are able to pay child support, and really ought to.

I think we probably ought to be tougher even on those who are under the age of 20, insisting that they attend school, and that they in some way contribute and take responsibility for the child. I do not think we are going to make progress unless we deal with the male side of this equation.

Senator BRADLEY. Would you go so far as to say that, if a child is conceived, the father should have 15 percent of his wages for 18 years dedicated to the support of that child?

Dr. MOORE. I do not know if 50 percent is correct.

Senator BRADLEY. Fifteen percent.

Dr. MOORE. Oh, 15 percent.

Senator BRADLEY. Fifteen. The Wisconsin number is 17 percent for one child, 25 percent for two children.

Dr. MOORE. Yes. I do not know if that is exactly the precise percentage should be—

Senator BRADLEY. So this should be a very clear message to any father—

Dr. MOORE. Absolutely.

Senator BRADLEY [continuing]. Who fathers a child, that 15 percent of your wages are going directly to support the child.

Dr. MOORE. I think this is a very important thing.

Senator BRADLEY. All right.

Dr. Maynard, what is your idea on this?

Dr. MAYNARD. I would change the accountability system all around. I would insist that, if a young woman has a child, she knows who the father is, she should acknowledge who the father is. I would not provide any type of cash support to anybody who did not help us through that process.

And I would be worried there. Especially among young teens, there are significant incidents of rape and incest. We need to worry about those. It is one thing to say we do not have to establish paternity, but it is another thing to turn our faces and not look at those families, and think that that teenager who has borne a child as a result of rape or incest does not need our help.

So I would insist on the accountability of two parents to make contributions. I would insist that kids stay in school if I am going to provide support to them. If that really is not an alternative, or acceptable to the teen, I would probably allow employment as an alternative. But I would not allow nothing. You have made a choice to have a child. You need to work towards supporting that child.

And I would put much greater accountability on both the welfare system and the schools for insuring that there are no valid reasons for non-participation in these activities, leading to self-sufficiency.

Senator BRADLEY. All right.

Paternity establishment as a condition for receipt of benefits—

Dr. MAYNARD. Yes, for receipt of benefits.

Senator BRADLEY [continuing]. And requirement of school or employment?

Dr. MAYNARD. Yes.

Senator BRADLEY. All right. Dr. Granger?

Dr. GRANGER. My suggestion will make it possible for those men to pay 15 percent. I would enhance the Earned Income Tax Credit to the point where, if you are working full time, you will have earnings that will get you to 185 percent of the poverty line, with a sliding marginal tax rate.

When people cannot get such wages from the private sector employers, some form of subsidy would do more than anything.

Senator BRADLEY. Would you have a different tax rate for married?

Dr. GRANGER. Yes, sir. What we are doing, Senator, we are studying such an approach in Canada at the present time. It is called the Self Sufficiency Project. There the Canadians have put serious money on the table, topping up earnings for full-time employment, so you do not get a work reduction that would offset the value of the credit to society.

In fact, what we are finding, in a very preliminary way, is that this is much cheaper than people might imagine because you do get welfare savings and people leaving public assistance because a lower wage job is now, in fact, a living wage.

Dr. BESHAROV. Senator, I know the assignment is bold, but I do not do bold. I have seen too many bold ideas go the wrong way, and I worry about all these suggestions.

Child support, I think, is a can of worms. That 15 percent does not go to the child; it goes back to the taxpayers. That creates an incentive for all sorts of unhappy relationships between mother and father, father and child. And I would be glad to talk about that.

If I were doing one thing though, the one area that I would explore is what I was talking about with Senator Moynihan before. And that is a system that encourages self-sorting. We cannot decide who is disabled, who is unable to support himself or herself. In very few Government programs do we do that. When we do, we get in trouble.

So something like a cliff after 5 years, not a total termination of benefits, but a reduction of benefits that forces people to look to the future, and plan accordingly. It seems to me that this is an appropriate area for policy inquiry. Notice that I did not say do it. But we do that with unemployment insurance, and there are problems. But it is a terrific sorting mechanism. Comes that cliff, and a lot of people find jobs.

Senator BRADLEY. Could you imagine any system or form that put a major incentive for marriage and for work not costing money?

Dr. BESHAROV. I have not seen them work out the numbers, but I think that Governors like Weld of Massachusetts—

Senator BRADLEY. He just shifted them to the disability rolls, That is all he did. He just moved them from welfare to disability.

Dr. BESHAROV. No, no.

Senator BRADLEY. So talk about the real issue.

Dr. BESHAROV. No, no. I am getting to that part of it.

I think the idea of saying to someone who applies for welfare, we are going to give you day care, we are going to give you medical coverage, and we will give you some other added income while you work, as opposed to getting a check is something worth inquiry.

Now I started off by saying I do not do bold because what I have found is that, whenever you try one of these plans, what seems to work in one State does not exactly work someplace else. But I think there are new approaches to how we respond to welfare that are beyond—I hate to use the word—the paradigm of job training.

And there are many things happening out there, as people are talking about block grants, that are worth inquiry. I am not prepared to endorse one or the other. Will some of them cost more money? Some of them will cost marginally more money. Some will cost tremendously more money. That is why the Governors want food stamps.

Senator BRADLEY. Thank you.

The CHAIRMAN. Senator D'Amato.

Senator D'AMATO. Thank you, Mr. Chairman.

Senator Murkowski touched on a very interesting point, and I think one that is more important than some of the panelists indicated. And I was going to touch on the relationship between drug and alcohol addiction, not just casual use, to the teenage pregnancy rate.

Columbia University did a study in 1994 by the Center for Addiction and Substance Abuse. They indicated that 37 percent of the young mothers between the ages of 18 and 24 had a serious drug or alcohol problem, 37 percent of all those young mothers who are on welfare. I certainly think this is a valid study. And I have had some experience, going back to the 1960's, working then in the Children's Court, which became the Family Court in our State.

And, if you want to see child support, you had better get into the real world. I want to know how you are going to order a 16-year-

old to pay 50 percent of his non-earnings to support a child. I mean, it is just not going to be.

And I want to know what job he is going to hold. He is not even in school; he is in and out of school. Or the 20-year-old who does not work, and is a drug addict or an alcoholic in addition.

I know this all sounds great to say that we are going to order him to pay this support. Well, you order somebody to pay 50 percent. Fifty percent of nothing is nothing.

Senator BRADLEY. Fifteen percent.

Senator D'AMATO. Well I heard the 15 percent, but I also heard someone else say 50.

And, by the way, if you are going to do something, I would say, if somebody had employment, I would put it to them and make them pay a substantial portion of whatever they earn. If they had a job, I certainly would.

But then, let me tell you something, there is a thing called enforcement. And I lived with this. I prosecuted the people who did not pay. You have to send the Sheriff out to track them down. You talk about filling up your county detention facilities and city detention facilities for nonpayment, you will do it pretty quickly there.

Now I am not suggesting that we should allow the system to continue, but the system has broken down, it is not operating. The American public is fed up, as well they should be.

I think the President's system has encouraged an attitude of nonresponsibility. We had a guy called "The Cisco Kid." He had 30 some odd children born out of wedlock. It was a joke. And he held a high-paying job. He was a tire changer, a great mechanic, worked for one of the big construction companies. He had about six different women who claimed his paternity. He did not duck his responsibility.

There would be the judge, and here would come the Cisco Kid who, back in those days, earned about \$300 a week plus, and how much could you order for the 15th child? And they would withhold another \$2 a week from his salary. The Sheriff would regularly go out and pick him up, and bring him in, because that money went to the county welfare department to help defray the cost of his children.

That is the most graphic example that came to my mind. Obviously, Cisco Kid was not his name, but that was what they gave him. I guess he was pretty quick on the draw, and he had all these children.

I will just tell you one thing, if you do not tackle alcohol and drug abuse in this community, and if you are not serious about it, it certainly does exacerbate the problem. I do not say that alone will turn it around but, if you have a youngster who is 14 or 15, and she is getting high with the rest of her friends, she is going to get herself into a situation where she will have a little baby born. And where does she go from there?

And you talk about homelessness, Dr. Maynard. The chances are that they are thrown out of the house because the mother cannot handle the situation where some youngster of 14 or 15 comes in, and she is high, and brings in all kinds of other people.

Mr. Chairman, I can only say to you that this question has many many aspects.

Mr. Besharov spoke about education, trying to peg education to vocational training in certain communities where that is not available. I think it should be available. I am shocked to hear you say that in the District of Columbia there is no vocational education, but rather a mandatory program designed to help everybody go to college. You are not being practical.

So there are a whole series of things that have to get done. I do not know if passing any one bill is going to do it. But we are certainly watching a situation that continues to deteriorate. And it is much worse today than when I worked in the family courts 30 years ago.

The CHAIRMAN. Senator Rockefeller.

Senator ROCKEFELLER. Thank you, Mr. Chairman.

If we posit—and this is National Center for Health statistics, the other side of Senator Bradley's statistic—that 70 percent of births to teenage girls were fathered by men that were 20 years old or older—

Dr. MAYNARD. Right.

Senator ROCKEFELLER. Right. That is the other side.

Back several years, the National Commission on Children did a survey of parents and teenagers at risk, and particularly teenage girls. And what came through was an extraordinary time deficit problem. The kids said that they did not really have adults, parents, to talk to. The parents did not have time. There was nobody there to talk to.

And, in fact, 60 percent of the parents of the teenage mothers said that they regretted this, but they simply did not have enough time to talk, because they were trying to balance some of the other facets of their lives. And the business of talking is the business of mentoring, and it takes place over many years. And it is an incredibly important aspect of this.

Now there are two things. One, we talk a lot about how to encourage responsibility in teenage girls. The question that one of you touched on is how do we encourage responsibility in adult men who make teenage girls pregnant?

And, secondly, in countries like Canada—as Dr. Maynard mentioned, the Self Sufficiency Project—and Great Britain, and others, that only have half our teenage pregnancy rate, what are they doing about dealing with men who impregnate teenage girls and the whole spectrum of the time deficiency problem, which simply cuts off communication, and puts people into islands of blackness?

Dr. GRANGER. Senator, I am afraid I am just no help to you on the issue of international policy and adult men as they relate to teenage women. I do know that the statistic that you quote is accurate.

Senator ROCKEFELLER. But, do you think other countries are spending more public money on this problem?

Dr. GRANGER. I think that the social support system in most of the other comparison countries is greater, and it usually is used to argue that, in fact, social support systems are not driving the illegitimacy rate.

So, for example, if one looks at Canada, which has a much higher level of social assistance for people "on welfare," you do not find the illegitimacy rate at the same level as you find in the United States.

What I do know is that, the younger the woman, the greater the age difference between her and her partner. And I know that many of these men are considerably older than the young women that they impregnate.

The surveys that we do, Senator, do not really get at this, partly because I am working within the welfare system, and our focus is on the women. But, if you go to the works that Dr. Maynard referred to the Committee, by Elijah Anderson in Philadelphia, I think you get a little closer to it.

He paints a picture in work that Doug actually edited, and it was published by AEI, that suggests that until you start to change the economics for these men, what you are going to end up with is men acting out their manhood in ways that are entirely inappropriate. And I think that is the best answer I have seen.

I have seen it in Dr. Anderson's work with black males. And I have seen it in a companion article in the same volume with white Catholic males. The exact same phenomenon is occurring in two different communities. So that is where I would focus.

Senator ROCKEFELLER. Any other comments, Dr. Maynard?

Dr. MAYNARD. Well, let me just say that the striking international comparisons are really on the birthrates, the differences in the teen birthrate, as opposed to the out-of-wedlock issue. So we need to keep that distinction straight.

I, too, want to defer on the international, what other countries are doing for men, I do not know.

But I did want to pick up on the mentoring aspect. Mentoring is an intervention strategy that has gotten a lot of attention in this country. We have a lot of mentoring programs. Some are being evaluated, and some are just running on large scale. They are very very difficult and expensive to set up. It sounds cheap because the labor of the mentor is free, but the matching process is very difficult. The mentors are often unreliable, and the matches often do not work. We really have no research evidence to suggest that these programs are effective in achieving the outcomes that we want.

So it may be that we have not implemented them well, and maybe we have not researched the ones that are doing a good job. But we really do not have a solid research base to say that we should go large-scale mentoring.

Senator ROCKEFELLER. Mr. Chairman, I would just posit this point. I have been working on this National Children's Commission. We went to see a lot of mentoring. I remember one at Cabrini Green in Chicago, which is working very well.

I do not know whether it was a group brought in that worked well, so that we could see that. This is run by Catholic nuns. You know, people want people's behavior to change—men over 20, young girls, young men. And they want it to be done through enforcement, through punishment. One could make a case on the impact television and some of the acts of sexual activity on that.

So it is an interesting question about whether more public money produces a better result, or whether in a sense, as you elliptically indicated, more public money does not necessarily produce a better result. And I think, as we work our way through this, it is going to be very interesting. Try another program, maybe it will work.

And you are suggesting that sometimes it does not. Mentoring is a huge program, and it is meant to work.

Dr. MAYNARD. Well, we also have some evidence that more money does not necessarily produce better results.

Senator ROCKEFELLER. Yes, but at some point we have got to—
Dr. MAYNARD. Right.

Senator ROCKEFELLER [continuing]. Go one way or another.
Thank you, Mr. Chairman.

The CHAIRMAN. Senator Chafee.

Senator CHAFEE. Thank you, Mr. Chairman.

If this question has been asked, please let me know, because I had to be at another hearing.

Mr. Besharov, there is a study out called "Sex and America's Teenagers," which concluded that teens use contraceptives as effectively as adults and, therefore, are not at any more increased risk of unintended pregnancy than adult women. Now I do not know whether you agree with that or not. But, as I understand it, that is what the study said.

But my question is, what do you think of the current Title X programs, the family planning programs? Could improvements there contribute some assistance in the problems we are discussing here today?

Dr. BESHAROV. As far as I know, there is no rigorous scientific evaluation of the effect of Title X programs on the actual contraceptive practices of young people. What I do know about the usage of those clinics, for example, is that, by and large, first usage of a Title X clinic is when a young woman thinks she is either pregnant or has an STD. Then she comes in for either a pregnancy test or STD treatment. And it is only after that the Title X clinic gets to the issue of contraception.

There is, of course, Medicaid funding that has filled in much of the gap in the reduction in Title X. Whatever we do about Title X clinics, and paying for contraceptives and the making of contraceptives available, that is a very small part of this problem. That is not to say it is not a problem.

But, when one looks at the behaviors involved, when one looks at the value of the programs that MDRC and Mathematica evaluated, these were programs that were spending hours with young mothers in family planning programs, passing to them as many contraceptives as they could possibly carry home—and I am only exaggerating a little bit.

And yet the birthrate of the mothers in those programs did not go down. In fact, for various reasons, it seems to have been up a little bit in the programs that offered this intensive family planning. I cannot help but conclude, as Imogene Coca used to say, "It's bigger than both of us."

Which is to say, it goes beyond the availability of contraceptives to the behavior of the young people involved. And, I think it is safe to say, you could quadruple the funding of Title X and not make a meaningful dent in this problem.

Senator CHAFEE. Do the others agree with that?

Dr. MOORE. I would like to respond to that. I think that the funding for contraceptive services is only a part of the problem, as well. But, I think it varies with the motivation of the teen.

Senator CHAFEE. I missed that. Did you say motivation?

Dr. MOORE. It varies by the motivation of the teen. If you have teens who, for whatever reason, have become sexually active, and they really do not want to get pregnant, they will do whatever is necessary to obtain contraceptives.

Teens who do not care one way or the other, you can put a school-based clinic right in their high school, and they will not go in the door.

It is the teens who are in that middle group, who are somewhat motivated, where I think access really does make a difference. The cost and accessibility of contraceptives can make a difference. And the cutbacks in Title X funding during the 1980's seem to have resulted in a real reduction in outreach and counseling on the part of clinics. They are so overwhelmed, they are not even trying to get additional clients in the door.

Senator CHAFEE. Dr. Maynard?

Dr. MAYNARD. Well, our research certainly shows that access and availability of family planning services is not the solution to the problem of repeat pregnancies among those who have already had a first birth.

We had 80 percent of our young mothers contracepting with some method, most of them on a notoriously ineffective method, and we had two-third of them pregnant again within 2 years to 30 months. They are ineffective contraceptives.

The statistics you cited regarding the contraceptive effectiveness of teens versus adults is a little bit misleading when we are talking about the welfare population, because the contraceptive failure rate is much much higher among poor individuals than it is among higher-income individuals. And, for the most part, we are dealing with poor teens.

Senator CHAFEE. My time is just about up.

I would like to follow up on a question Senator Rockefeller asked about the males.

We all talk about getting some responsibility into the males. It seems to me that the responsibility should extend beyond financial responsibility—and, in all too many instances, they cannot contribute, they are unemployed, or whatever the situation might be.

It seems to me that they should be forced—I do not know how you would do it—to get more involved with more of the parenting responsibilities, looking after a sick child, or being home when there are problems. Is there any experience on how you do that? And, obviously, these are unmarried fathers.

Dr. MAYNARD. We have a lot of experience in that, both in the work Bob has done, and the work we have done. About one-third of the fathers do participate in the rearing of the children when they are young. This is for the young teens. As the children get older, the fathers tend to drift away.

Also, the fathers are not reliable providers of child care, for example, for the same reason that they are not marrying and settling down. They also are not there every day. And adolescents have a lot of problems in relationships with one another. So what is a stable relationship with a male today, is not a stable relationship tomorrow.

So we have found it very difficult to encourage and promote involvement of the fathers in the rearing of these children, beyond that with which the mothers are comfortable.

Dr. GRANGER. Senator, I do not have anything to add to that, other than to observe that, once young poor women have children, it is very likely that they will have more children. That is the story that comes from the intervention studies we have described to you today. It is probably driven by larger macroforces than the welfare system per se. But it is certainly the story.

And I guess I would offer two things. One is that, if there is anything that should be tested, it should be other interesting approaches, outside of the welfare system, to prevention of first pregnancy, rather than prevention of the second or third. I think that is a more promising way to go than what we are trying to do.

Senator CHAFEE. And you were pointing out, Mr. Besharov, that Title X does not get those people. Title X does not get people before they are pregnant?

Dr. BESHAROV. Well, it could. It is legislated so that it could. What I was saying is that the young people do not come in. And there are many reasons for that. I did not mean to say erase the program but, as you look at what has an impact here, it is not that.

While I have the mike, let me just say that I would disagree a little bit with what Bob just said about second births.

What both Dr. Maynard and Dr. Moore said is, I think, very important. Having one child is not nearly as devastating to a young person's future as having two or three. Now, we do not know whether that is cause or selection, but it is the case that young women who have one baby out of wedlock do much better than those who have two and three. So it is an appropriate aspect of welfare policy to focus on questions of fertility here.

Secondly, if Senator D'Amato had been in the room, I would say that most of the teens we are talking about are not heavy drug users. They become drug users later in life, after years of being on welfare. I will emphasize, after years of being on welfare.

So, if you are talking about interventions and the failure of our welfare system, there is another one. We know that a certain percentage of these young mothers are going to get in trouble on drugs, and yet we do nothing preventive about that.

Senator CHAFEE. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Conrad.

Senator CONRAD. Thank you, Mr. Chairman.

I am sorry I have not had a chance to be here for this whole hearing, but I was in another committee, of which I am a member.

I have had a chance to review a summary of your testimony. I would be interested if you were to advise the Committee, and to tell us the thing that you absolutely think we should do, and something we should not do. What would those things be?

I would be interested in what each of the witnesses have by way of advice. If you wanted us to remember one thing that, at the end of this process, we should have accomplished, and one thing we should not have done, what would it be?

Dr. BESHAROV. I will start. Caveat child support. It is much more complicated. There are relationships between these men and women that go far beyond anything we understand, and can quan-

tify. And, before we get in there, and have any kinds of rules, we should understand it much more carefully.

Whenever everyone in Washington plays the same tune, you should worry. So I would worry about simplistic answers to child support enforcement.

Second, I feel as if I am over at the House now. There are not a lot of great ideas. You have listened to us. The administration's bill last year was not all that impressive, I think, to anyone.

The fact is that there are no great ideas out there. And this notion of letting the States have some degree of flexibility to experiment, I think is important.

So, be careful about child support. And let more experimentation take place.

Senator CONRAD. All right.

Dr. GRANGER. One thing that you should do is recognize that there is a need to sort this out more. And we ought to learn from the kind of experimentation that Doug Besharov just encouraged, at the State level.

Experimentation for experimentation's sake does not aggregate to any kind of information that other Governors or other Senators could use. So I would have some kind of ongoing support for a generation of information from this experimentation.

I think what you should not do, particularly focused on teen mothers here, is decide that a child born to an unwed teen mother is somebody that is going to be denied public assistance for the rest of that child's life. Nor should you, in a more micro way, decide that the only way that young family can get public assistance is if that woman is working 35 hours or more.

It seems to me that the issue for young women is to try to get them in school, keep them in school and, quite frankly, when we are talking about very young children, keep them around in the life of that child to some degree, while they are working or participating, so that young family can get off to a good start.

I know in the rush to be tough on employment, or to be tough on participation, proposals now seem to be that the only form of participation that will be appropriate is full-time, 35-hour participation.

A 17-year-old woman with a 2-year-old child is going to find it pretty hard, and it is going to be very costly to support that family participating in 35 hours a week of work.

Senator CONRAD. All right. Dr. Maynard?

Dr. MAYNARD. My number one recommendation to you is to establish high expectations for these young mothers, all of them, early. Do not let people come onto welfare and have exceptions, and collect benefits before you determine that they should be out working towards their futures.

And set the expectations for both the individuals and the system. Child care should not be a barrier for any young mother. It is not that costly to provide child care. Many of the teen mothers have access to free child care.

We found that 40 percent of our young mothers could rely on family members. And family members are much more willing to provide care when their babies are infants. What States tend to do is shy away from serving teens with infants because of the high

cost of infant care. What they miss is, if they wait a year or two, there are two children to care for, not one, and the grandmothers are no longer willing to provide the free care.

So I think we need to get in there early. We need to establish expectations that the check is not for nothing. The check comes with strings attached, and they are very simple ones—that you are working towards promoting your own self-sufficiency, and you should contribute to the highest level.

Senator CONRAD. And something we should not do?

Dr. MAYNARD. What you should not do is to make excuses for people, and to assume that large proportions of the welfare population, particularly teens, cannot contribute to their own support and the support of their children, that they cannot attend school. They can do all of those things, but they can do it only if somebody is there to help them when things go wrong. Lots of things go wrong.

So what you should not do is to assume that those who do not go to school are lazy or uninterested in going to school, or that those who do not keep their appointments with the caseworkers are not being responsive. Assume that there is something going wrong, and you need to investigate and find out what that is. And just insist that you, the welfare system and that client can deal with that program.

Senator CONRAD. Dr. Moore?

Dr. MOORE. What I would do is demonstration studies that are strongly evaluated. I think there are lots of things going on out there. We just do not know whether or not they work, because they have not been rigorously evaluated. We have lots of opinions, and very few facts, on what works. And I think a very rigorous program of demonstrations would be extremely productive.

What I would not do is cut benefits for young children. I think cutting child care, WIC nutrition, preschool would be a mistake. That would be a sure way to produce another generation of adolescent parents.

Senator CONRAD. Thank you.

The CHAIRMAN. Pat?

Senator MOYNIHAN. Thank you, Mr. Chairman.

I think we have learned—I certainly have learned—a great deal this morning. I would commend to all present, and my colleagues, Douglas Besharov's very eloquent Brooklyn summation, "I do not do bold."

Over the 30 years since the onset of this situation, it has grown worse by the year. We have begun to learn, through the Manpower Demonstration Research Corporation, that some results can be found, not dramatic.

Yesterday we read the original text of Peter Rossi's iron law, which is that the expected results of an evaluated social program will hover around zero.

And he said hover around, because they can as often be negative. Mildly negative is mildly positive, as Dr. Maynard mentioned.

And, in the urge to be tough, we just have to respect how little we know, and how much we have failed, and how we have denied the failure, or tried to avoid it, or hoped it would turn around. It has not.

And we have sudden urges to be tough on employment. Now, in the case of the mother of an 8-month-old child, is it best for that child that the mother be working? I do not think that is the experience of any parent in the room.

In the Family Support Act, we said that the obligation to begin employment training or work began at 3, with the State option for 1. But surely we know enough about child development to know that taking a child away from its mother, and putting the mother into a marginal job, is not necessarily a wise social investment at all.

And our capacity to move forward with experimentation and evaluation is there. It is in place. You represent it right here, all four of you. But to expect to transform this dazzlingly complex social development with one bill, and in 5 years, is beyond my understanding of the process.

Does anybody disagree. I see Dr. Moore nodding ruefully. That is about where we are, is it not?

Dr. MOORE. Thank you. Yes.

Senator MOYNIHAN. Speak up.

Dr. MOORE. Yes. Thank you. I appreciate the fact that I think you understood what people are trying to say, which is that it is complex. And there is no simple solution.

Senator MOYNIHAN. Yes. Dr. Maynard?

Dr. MAYNARD. Well, the one point that I would like to raise is that, if you put yourself in the position of being a teenage mother, living on welfare, living in a depressed neighborhood, it may actually be a very positive experience to be out of that home, with your child in the care of someone else for a certain number of hours a week.

We found that we were dealing with universal first-time mothers in three of our Nation's most depressed cities. And we found the mothers appreciated that. They viewed it as somewhat of a respite. So I think we need to be a little bit careful.

It was not 35 hours a week, typically, but it was significant out-of-home activity. And the care was not Cadillac care, but the care was probably equal or slightly better than what the mothers themselves would provide.

Senator MOYNIHAN. And cost as much as the mother's earnings.

Dr. MAYNARD. Well, the question really is investment. Do you want to do nothing in the way of investment for these young mothers until they have their second child, until they do get engaged in drugs, and so on?

We also did not see any detrimental effects on the children of these young mothers who, by changes in the welfare laws in these cities, were required to engage in out-of-home activities.

Senator MOYNIHAN. Some for half-time?

Dr. MAYNARD. Nominally, our mothers were supposed to be in out-of-home activities about 30 hours a week. I would say, on average, they were probably out there more like half time.

Senator MOYNIHAN. Dr. Granger?

Dr. GRANGER. Senator, I think one of the reasons that it is dazzlingly complex is because of the fact that the population we are describing is much more complex than we would like to typically describe.

So, as we think about policies, particularly for teens, I think it is important to remember that, indeed, many of these young mothers are high school graduates. Many of them are in school, but some of them are dropouts. It is important to craft policy responses to play to those different populations, rather than to assume some sort of homogeneity that just does not exist out there.

The other thing is that I do think there are some important things we can do before young women are on welfare. If I would leave you with one thing, it is perhaps Doug's acknowledgement that taking a look at the schools, and taking a look at interesting programs within the schools, seems to me to be the way to go.

Senator MOYNIHAN. Yes: But, according to Frances Coleman, we have a lamentable sequence of carefully managed studies, and find that our capacity to change schools is so very limited.

Douglas Besharov, is that not the case?

Dr. BESHAROV. It is certainly the case. But we should remember the old story about the drunk looking for his keys under the lamp-post. Someone came up and asked, "What are you doing?" And the drunk said, "I am looking for my keys." And the passerby said, "Let me help you. Where did you drop them?" And the drunk says, "Over there in that dark corner." So the passerby says, "Well, why are you not looking over there?" And the drunk says, "Because the light is better over here."

If the problem is over there, let us worry about over there. I said that I do not do bold. I do not. But I do do bills, which is to say, I think it is within the reach of the Congress this year to do meaningful work in welfare. I do not like to call it welfare reform.

There is, I think, an opportunity for fresh thinking, without getting revolutionary.

I think that we can drop or at least modify the old paradigm of job training, and maybe you will get a job, and guaranteed child care, and so forth.

These are other approaches to dealing with welfare. And I think they are within your reach this year.

Senator MOYNIHAN. I very much think that. I very much share that view, as long as we do not posit that a bill will put an end to this problem. There is no such thing.

Thank you, Mr. Chairman.

Senator CHAFEE. All right. Senator Graham.

Senator GRAHAM. Thank you, Mr. Chairman.

One of the questions that we will be wrestling with is whether the tradition of a Federal entitlement to these programs should be replaced with a series of block grants to the States.

In terms of the kinds of goals that you have been discussing, particularly underscoring the fact that we are dealing in large areas of ignorance as to what actually makes a difference, which approach would you recommend?

Would you recommend total block grants to the States, elimination of the Federal entitlement, as we know it today, or the Federal entitlement, with some modifications from the status quo, or some other relationship between the Federal Government and the States?

Dr. BESHAROV. I have given this some thought, Senator. The notion of an entitlement has two dimensions. One is the entitlement

to the client, the recipient, and the other is an entitlement to the State. And I think they call for very different policy responses.

First, I think we all feel that there is an obligation to meet the needs of recipients and their children, and I want to meet the needs of recipients, as well as their children.

The question is, does that mean an entitlement? Or does that mean a responsibility to do something with and about that recipient?

I think what we are hearing from the Governors, and from many people, including some of the people at this table, is that there are approaches to what we broadly call welfare reform that do not involve an automatic guarantee of a check every two weeks.

So, in that regard, the notion of an entitlement may not be as important as moving towards new ways of responding to the needs of these clients.

I said there was a second dimension of this word "entitlement," and that is entitlement to the States; that is, for Federal assistance when caseloads increase. And here, as I am sure most of you know, you have to make distinctions between and among programs.

The need to provide protection to the States, upside protection for increased caseloads, is very different than AFDC, food stamps and Medicaid.

Food stamps is very much driven by the economy. If the economy turns sour in one region of the country, food stamps go up, and can go up big time.

At least in recent years, we have not seen the same impact on AFDC. AFDC, as I said in my prepared testimony, is more related to demographic issues, family breakdown. It is increasing, but not because of—

Senator MOYNIHAN. And most demographics change in an upward direction very sharply, do they not?

Dr. BESHAROV. That is right. But they do not seem to be related entirely to the macroeconomic factors that we have involved.

Medicaid, as far as I can tell, is driven by the creativity of State budget officials. Whatever they can dump in there pushes those numbers up.

So, to me, you have three different issues or needs, when it comes to the entitlement for States. And it seems to me that, if we are going to give States more flexibility, the entitlement nature of AFDC has to end. Because, if it does not end, the States will abuse AFDC the way they abused the social services program under 4(b) in the past, the way they have abused every other open-ended entitlement that we have given them.

We have capped every open-ended entitlement when we have given them flexibility. You cannot give them flexibility and give them an open-ended entitlement.

Therefore, to oversimplify, and let my colleagues, speak, the fix is going to have to be a cap, plus something that ratchets up the total amount of money, whether it is based on the economy for food stamps, or demographics for AFDC, or whatever. But there is a direct relationship between the amount of discretion you give a State and the need to cap that entitlement.

Senator CHAFEE. Senator Bradley.

Senator BRADLEY. Thank you very much, Mr. Chairman.

Well, this is the second or third of the series of these hearings on welfare. And, I must say, there are a few things that I think are increasingly obvious. One of these is that we have to be firm about pathology.

There was a time when the fact that there were single parents, who were too poor, too unloved, and too young, was not thought to be a serious problem. It is now admitted to be a serious problem.

So, firm on pathology; taking Senator Moynihan's point, modest on our capacities to be able to produce the result that we would like to see, given any kind of policy mix; unimpressed by orthodoxy, meaning to try to experiment in as many different ways as possible, within the context of an overall direction.

And the last is most difficult, and that is restraint in our political rhetoric. Because it is so easy and take this issue and demagogue it. And the more you do that, the less likely you are to get at the other three aspects that I talked about.

And it is a question of whether the subtle adjustments, and the experimentation, and the willingness to be modest about what result we can have, and yet firm about the pathology, that occur in an atmosphere where the cry is that, if we simply eliminate the additional child benefit, that this will solve welfare.

So, with that as the preamble, let me focus you specifically on New Jersey, because we are in the midst of an experiment in New Jersey. And the purpose of the experiment is to try to move people out of welfare. And the experiment, in real terms, amounts to this. If you are a mother with two children, and you make \$8,000, you will lose welfare as soon as you make more than that. That is what the law said before the experiment.

The experiment now says that you can earn up to \$15,000 and not lose welfare. So there is now a major incentive for work.

The previous law also said that, if you were married, you lost welfare. Now you can earn up to \$21,000 as a married couple, and not lose welfare. So there are major incentives for work, and for marriage.

On the other side, if you are on welfare, and you have another child, you lose the per-child benefit, which is \$64 a month. So you lose \$760 a year, but have the opportunity to gain, nearly \$15,000 a year if you work and get married.

Now this seems to be a reasonable experiment. Do any of you, based upon your experience, want to predict its outcome?

Dr. MAYNARD. Well, let me take the first cut here, being a resident of New Jersey and, I guess, the only who qualifies on that count.

I think we are going to see very little impact in the short run on the birth of additional children, which is where the focus of this—

Senator BRADLEY. All the focus.

Dr. MAYNARD. All the focus has been on this.

Senator BRADLEY. That is why, every time I talk about this, I talk about work and marriage, so that people will have the understanding that there is a context here.

Dr. MAYNARD. Right. And I think it is unfortunate that that has been the focus. First, the \$64 a month is not a large sum of money. Second, the evidence that is in right now suggests, at best, a very

small impact on the birthrate. And that impact can only go down, as the data have improved.

The work incentives should have a positive impact on work effort, and movement off welfare. The real question is, what is the State doing to promote this? The fact that these provisions of the plan are not in the newspapers, they are not on the minds of people in New Jersey, I wonder if they are on the minds of the welfare recipients and the people who are in the service organizations charged with helping these recipients move off the rolls.

So, I think the real question there is implementation. They are certainly provisions in the right direction.

Dr. GRANGER. Just to add that I live in Montclair, New Jersey. I do indeed qualify for New Jersey citizenship too.

I think that Rebecca is right. The entire focus in the public discourse has been on the family cap element of this intervention. I think it is not going to have much, if any, independent effect, in part because of the marginal interaction between cash benefits and food stamps.

Indeed, that \$64 is probably \$44, rather than \$64, because food stamps rise. I have seen the affidavit prepared for the State about the impact of that cap. I agree with Dr. Maynard that indeed, in an early look at it, at best we have about a 1 to 1-1/2 percent decrease in birthrates.

And, in fact, if that is occurring, it is occurring for all the factors you identified, not because there happens to be a family cap pulled out of the rest of that bundle.

So, as a taxpayer, and a resident of New Jersey, I would hope that the political discourse shifts toward the work incentives and away from the family cap. I think it will make the proposal much more all-encompassing.

We have seen, in the programs we have run, many teen women trying to work, many teen women starting to work, many teen women falling out of those jobs after they start to work.

And the kinds of proposals that New Jersey is trying out are a step in the right direction for making that work.

Senator BRADLEY. Yes. Doug?

Dr. BESHAROV. My own calculations about what it takes—

Senator BRADLEY. Particularly with reference to the marriage aspect, because you were talking about that earlier.

Dr. BESHAROV. My own calculations of what it takes to bring a mother on welfare with two children into the labor force is that, nationally, she has got to be able to earn at least \$18,000, if not more.

And I have passed through New Jersey, used to summer in New Jersey, and I know that it is more expensive to live in New Jersey than other parts of the country. So my guess is that that break-even point is higher than \$18,000 a year.

That is a heck of a nut to crack, because their human capital is not high enough to earn that much, unless it is supported work, or unless they take a lower paying job and work at it for enough years so that they make more.

So \$15,000, although it seems a lot compared to their welfare, their cash AFDC benefits, is not enough, I think, to draw them into the labor force.

In terms of marriage, it is a funny provision. As you know, you cannot marry the father of the children; you have to marry someone else.

I think we are going to have to swallow hard, and recognize the nature of the somewhat loose parental relationships that have developed, and create legal structures that reflect them.

You asked before whether they will cost more money. They will cost more money, but there are other things that are connected with these programs that can be terminated, or whatever. And I am not talking just about aid to aliens. I am talking about loads of other programs associated with all this, like the hidden revenue sharing that child support provides to the States, not the welfare recipients, that you could well use to fund some kind of anti-marriage penalty.

Senator BRADLEY. To do what?

Dr. BESHAROV. To fund something to reduce the anti-marriage penalty.

Senator CHAFEE. Senator Rockefeller.

Senator ROCKEFELLER. Thank you, Mr. Chairman.

I was really struck by what Senator Moynihan said about the complexity of all this, and the fact that no one thing works. Also, how it is that we change our own views as we learn more.

When I was with the Children's Commission, I was really hard bitten on child support assurance, and then use the gradual phasing down of AFDC as money came in from the Government, a two-for-one phase down. The Government would provide a minimum for fathers who would not support.

And then I found myself, as I think Senator Bradley did also, as a couple of years went by, looking more at the questions of mediation and visitation of fathers who felt themselves unable to have a chance to see their children, and were therefore angry about paying support. And the earlier point that was brought up where, if you just take 15 percent of the salary, that can affect relationships. You get the money, but it can also affect relationships, which are important.

I was at three town meetings over the weekend. And I absolutely promise you that the popular view is that the solution to all problems in America is simply to end welfare, end Congressional perks, and end foreign aid. And that is it. If you do those three things, all other problems solve themselves. This is the incredible way we have of looking at things.

Senator MOYNIHAN. Foreign aid, which is 18 percent of the budget.

Senator ROCKEFELLER. Yes.

Senator MOYNIHAN. Yes.

Senator ROCKEFELLER. You mention \$18,000 as a working wage that could support a mother with an out-of-wedlock child. Who is going to get an \$18,000 job? You cannot get that.

I remember Senator Moynihan, again with the Children's Commission, going up to New Haven and looking at Jim Comer's experiment up there, which is being paid for by a foundation, not by the school system. We walked in and here were these five or six fourth- and fifth-graders, eyes just sparkling. There was no question that could be asked where all hands did not go up. And the mothers

were involved, the principal was strong. The line had been laid in the sand, teachers were motivated.

And I remember one father, sort of plastered against the wall, immobile, trying to get outside the wall. But he was there, somebody told him to be there, maybe because we were going to be there. So I could not decide if that was a majestic experiment, which had been pulled off by Jim Comer, who was with us for that week in New Haven, but which might not work in Washington or other places. So I could not tell. So, again, that is the complexity of it.

I have been to some CDF dinners, where they have spectacular children, who have overcome unbelievable problems. And they highlight them, and make them into heroes and heroines. And I always go away from that feeling worse, because you know that is not the way it is with most. Therefore, the question of expectations is falsely raised. And we are almost lulled to do less, as opposed to being inspired to do more.

I do not know if it has been discussed here this morning, but the whole question of our vast tolerance, First Amendment inspired I suppose, of 3,000 to 4,000 sexual incidents in movies and TV that the average teenager will see during the course of the year, no mention made of it.

You can spend billions on AFDC and other things, but not a peep about that. In the Children's Commission, in fact, we were proscribed as to what we could talk or write about. It was a piece of legislation; it was not a Presidential Commission, it was legislation. We were not really allowed to talk about values.

And I was the chairman, and just said the heck with it, we are going to write a chapter on values, the Bush administration, the far right, far left, everybody in between. Everybody agreed on the whole report, 32 to nothing. I think part of the reason was that we did take on values, the larger problems in America, that make all of this complex, that relieve us from our own sense of personal responsibility.

And the use of the term "personal responsibility." We do that so easily. I found myself doing that over the weekend, talking about if we only had more of a sense of personal responsibility, personal accountability in this country, everything would work out. It is so easy to say.

Then try to figure out what it means for the father who never is there, and the mother who is trying, who makes it for the first year, tries to get the \$18,000 job, ends up with the meaningless job that discourages and demeans her more than in the first place. And yet, on top of all that, we have to do something.

I have seen Donald Cohen up at Yale take a four-year-old child who is terrified about people sitting around him, and work that child into talking about his dreams, and the horrible things that came out of what those dreams were, and what the effect must be on that child as he grows older. Then you try to multiply that child by 15 or 20 million children, and what the child has experienced prior to the age of four.

Mr. Chairman, I am obviously not asking a question, but I am just establishing the vast complexity of this, and the enormous responsibility we have as we do this, to do it responsibly. I want to

say boldly but, I guess, my key word is responsibly. That for the actions we take, we have some sense that they can work, that we allow flexibility, and that we understand that this probably is a problem unique in human history, in terms of America, because we are both so rich and so permissive, unlike most other societies. And I will stop there.

Senator CHAFEE. Let me see if everybody agrees, because this was Mr. Besharov's statement that seemed to ring true with me, but I have limited experience. So would you just answer yes or no. Do you agree?

That is that, once the mother has the second child, the chances of getting her off welfare and on a successful path, if you want to use that term, are greatly reduced. Would you agree with that, Dr. Granger?

Dr. GRANGER. Yes. With Senator Moynihan's caveat that correlation and causation sometimes do not send you in the right direction.

That is true. The more kids, the more difficult it is to get off of public assistance.

Senator CHAFEE. In other words, the thing goes up—

Dr. GRANGER. It may be driven by something else.

Senator CHAFEE. What would you say to that, Dr. Maynard? Would you agree?

Dr. MAYNARD. Yes.

Senator CHAFEE. Dr. Moore?

Dr. MOORE. Yes, although we have not followed them for 10 years. One of the other possibilities is that they get their childbearing out of the way, and then they move into the labor market.

I am hopeful that what these programs do is reduce the birth of third and fourth children.

I think it is a matter of timing. They are all going to have at least—

Senator CHAFEE. All right. I can only speak from my own State's experience. We have limited capable social workers, we have only got so many jobs that are available. We do not have jobs floating around for everybody.

What would you think of a program that said, we are going to put our maximum effort on the mother who has had her first child. Get her quickly. The first child is born out of wedlock, a typical situation where she is from a broken home, the father has disappeared. So there she is, with not much education.

So we would decide that this is the group we really want to concentrate on, and do everything we can to discourage her from having further children, go all out on helping her get child care, a job, everything for self-esteem. Now what would you think of that? Just say that we will do the normal things for those who have had more than one child out of wedlock, but give the extra effort to this woman I have described. Is there any future to that? What would you say to that, Mr. Besharov?

Dr. BESHAROV. I think that is an important place to focus our attention. But what Dr. Maynard and Dr. Granger were reporting on was that, in our efforts so far to grab hold of that young mother and get her to do something different, we have been, at best, just a little successful and, at worst, irrelevant to their lives.

I think that is the place to look.

Senator MOYNIHAN. That is, just a little successful, and largely irrelevant?

Dr. BESHAROV. That is what I think.

Senator CHAFEE. Well, that sounds very discouraging. What would you say, Dr. Granger?

Dr. GRANGER. I would make two comments, Senator. One is that the tests you have heard about, about modest effects that come out of our work, are always the new thing against the status quo. Saying, for example, that a new program that is requiring people to stay in school and/or participating in work is having a modest effect, it is being compared to what else is going on. So that does not mean that the services per se are bad ideas.

Having said that, I think that, inevitably, if you focus on mothers who have had only one child, you will be focusing on younger mothers, as a rule. I think focusing on younger mothers gets you to the right population, if you are interested in trying to impact on long-term welfare receipt. I think it also gets you to the population that is the toughest one to move, on average.

So, if anything, one's expectations, one's political discourse, have to be more modest, more tempered. If that is the direction you are going, I think it is the right direction to go.

Senator CHAFEE. Dr. Maynard?

Dr. MOORE. Well I think, if you have limited resources, I would definitely advocate working on the front end of the problem, and trying to stop the problem as soon as possible.

It is true that the interventions we have tried have had only modest effects, but they are in the right direction. A major failing has been our inability to prevent the second birth. And we are, at this point, trying some additional modifications to the intervention model, to try to get at that issue.

We still need to experiment with what this model should look like. But it seems not to be in our best interest, if we really want to change the culture of welfare, or whatever we substitute for welfare in this country, to let people sort of flounder in that system for 2, 3, 4, 5, 10 years, before we actually come in and try to do something to help them out.

So I would say, with modest limited resources, absolutely target the first-timers.

Senator CHAFEE. Dr. Moore?

Dr. MOORE. With limited resources, I would target prevention of the first.

Senator CHAFEE. Well, as I understood the issue, yes, we all agree with that—prevention of the first. But, as I understand it, you are not going to get the young woman to come into a Title X family planning facility, so how are you going to do it?

Dr. MOORE. I would just like to comment that European countries are much more successful in that. Our birthrate is 61, and a country like Norway has a birthrate of 15. Other countries are successful in preventing teenage childbearing. And, actually, they are successful in preventing teenage pregnancy. So I think it can be done.

Senator CHAFEE. How do they do it?

Dr. MOORE. A variety of ways. They have limited differences. I think that is one of the most important emphases.

Senator MOYNIHAN. Or you start by being a Norwegian.

Dr. MOORE. I do want to point out, though, that the white birth-rate in the United States, the non-Hispanic white birthrate, is also appreciably higher than the birthrate in any European country, or Canada, or Australia. So it is not just a race problem.

Senator CHAFEE. You mean the out-of-wedlock birthrate? Is that what you are talking about?

Dr. MOORE. Yes. Well, the overall birthrate. But they also provide contraception for teens in those countries. They are actually opposed to early sexual activity but, once kids reach their middle teens, they may argue that abstinence is a good idea, but they provide contraceptives too.

Senator CHAFEE. Well, Mr. Besharov said that you could take these things, throw them out there, and a young person could take home a wheelbarrow load, and it would not make any difference.

Dr. MOORE. Well, I think that is why I focused much of my statement on the issue of motivation. I think, in the United States, there are substantial portions of the population that are not motivated, but not all teens. Many teens do prevent pregnancy. They are very successful. But, among disadvantaged teens, motivation is a real issue. They do not see why it makes a difference to them.

Dr. BESHAROV. If I could say, I was focusing on what we could do for welfare recipients, but I do not want you to think that I believe we should not be making efforts with young teens who are either not sexually active, or who are sexually active and not contracepting.

I do believe we should act there. I am not sure that the vehicle is this Committee. And I am not always sure that the vehicle is the Federal Government. But I hope I will not be interpreted as saying not to try anything there. It is just that we focus there so much, and yet we have this other group who are in our programs, which is the first-time mothers, and we have not given them the kind of attention that we should.

Senator CHAFEE. Thank you, Mr. Chairman.

Senator MOYNIHAN. Thank you, sir.

Can I just speak for this side, to say that you can see how interested we are, and how much we have learned. We are very respectful of small, modest results. That is the Lord's work and, with any luck, will be our future.

We have a lot of legislating to do.

Thank you, Mr. Chairman.

Senator CHAFEE. Well, thank you. This is an excellent panel.

I have been spending a great deal of my time watching double toe loops and triple jumps, as the world skating championship has been on. I would give this panel a 6.0, 6.0, 6.0. [Laughter.]

[Whereupon, the Committee recessed at 12:02 p.m.]

A P P E N D I X

ADDITIONAL MATERIAL SUBMITTED

PREPARED STATEMENT OF DOUGLAS J. BESHAROV

Mr. Packwood, members of the committee, it is my great pleasure to come before you today to discuss the importance of teen parenthood to welfare reform.

As the nation debates the consequences of family breakdown, all single mothers tend to be lumped together as if they are a homogeneous group. Much of the commentary after former Vice President Dan Quayle's comments about Murphy Brown giving birth out of wedlock, for example, reflect this simplistic perspective. But single mothers are not all alike, and the failure to make distinctions between female-headed households created by divorce and those created by the birth of a child out of wedlock has obscured the nature of the problem.

There is good reason to be concerned about the condition of female-headed families. Almost half of all female-headed families with children under 18 have incomes below the poverty line. This is almost five times the poverty rate of two-parent families with children. Three-fourths of all time periods spent on Aid to Families with Dependent Children (AFDC) begin with the creation of a female-headed family.

This new form of poverty is not caused directly by racial discrimination or by structural deficiencies in the economy, but, rather, by a major and troubling change in the behavior of American parents—the creation of single-parent households.

Over the past 25 years, the number of female-headed families almost tripled. In 1965, there were 2.8 million female-headed families with children, compared to 8.2 million in 1992. If the nation had had the same proportion of female-headed households in 1985 as in 1959, there would have been about 5.2 million fewer persons in poverty. According to a special Census Bureau report, the poverty rate for black families would have been 20 percent in 1980, rather than the actual 29 percent, if black family composition had remained what it was in 1970.

Family breakdown and ensuing poverty give every indication of worsening. If present trends continue, about 60 percent of all children born in 1980 will spend part of their childhood in a family headed by a mother who is divorced, separated, never-married, or widowed. Some social scientists predict that, in the next generation, half of all children will be born out of wedlock, and that half of all children born to married parents will see their parents divorce before they are 18.

Out-of-wedlock births and divorces impoverish hundreds of thousands of American families. The median income for female-headed families is about one-third that of intact families. In 1993, the median family income for children living with both parents was \$43,578. For children living with their mothers only, however, median family income was \$12,073.

Lumping all poor female-headed families together is a deeply misleading rhetorical convenience. Hidden by aggregate statistics about their poverty and social dysfunction are substantial differences among female-headed families. As the following Census Bureau statistics establish, families headed by divorced mothers are, in general, doing much better than aggregate statistics suggest, and families headed by never-married mothers much worse.

- In 1993, the median family income for never-married mothers with children under the age of 18 was \$9,292, compared to \$17,014 for divorced women with children.
- Marital status also explains the income disparity between white and black female-headed families. In 1993, the median income of black female-headed families was only 64 percent of white female-headed families, \$9,300 versus \$14,589. But controlling for marital status, the gap narrows to about 25 percent. The relevant figures are: \$11,868 for divorced black mothers and \$18,512 for their

white counterparts; for never-married black mothers it was \$8,744 and \$10,112 for whites.

- When one considers that 66 percent of all out-of-wedlock births occurred to young women between the ages of 15 and 24 in 1988, it becomes easier to see why their financial situation is so much worse than their divorced counterparts. Never-married mothers are on the average 10 years younger than divorced mothers. The average age range of never-married mothers is 20 to 29; for divorced mothers, it is 30 to 39. The age spread for this second group is lower than it might otherwise be because it includes many unwed mothers who marry, but only for a short time.

Never-married mothers are also, on the average, much less educated. Only 61 percent of never-married mothers have a high school diploma compared to 83 percent of divorced mothers. This latter figure, too, is pulled down by the number of formerly unwed mothers who subsequently marry.

Thus, age, lack of education, and other demographic factors combine to give never-married women much poorer job prospects. In 1993, 58 percent of divorced mothers worked full-time, and an additional 12 percent worked part-time, but only 28 percent of never-married mothers worked full-time, and 11 percent part-time. And their lack of work experience is only exacerbated by the fact that young, single mothers have little chance of completing their education or acquiring job skills while having to care for a child.

IS THIS "MURPHY BROWN?"

These demographic differences between unmarried and divorced women translate into dramatically different rates of AFDC utilization. A much higher proportion of unwed mothers go on welfare than do divorced mothers. According to AET's Nick Eberstadt, almost three-fifths of children born out of wedlock in the United States were on AFDC in 1982, compared to just under a third of children of divorced mothers. In fact, children of never-married mothers are three times more likely to be on welfare than are children of divorced mothers.

Teens have the worst prospects of all unmarried mothers. In 1988, 65 percent of teen mothers were unmarried at the time of their first child's birth, compared to 15 percent in 1950. According to a Congressional Budget Office report, 77 percent of unmarried adolescent mothers were welfare recipients within five years of the birth of their first child. Sixty percent of AFDC mothers under the age of 30 had their first child as a teenager.

Never-married mothers not only go on welfare in greater numbers than divorced women, but they also stay on longer. While divorced women typically use welfare as a temporary measure until they get back on their feet, unmarried mothers become trapped in long-term welfare dependency. In a study of welfare mothers, Nicholas Zill, formerly of Child Trends, Inc., and his colleagues found that 43 percent of long-term AFDC recipients were 17 years old or younger at the time of their first birth, compared to 25 percent of short-term recipients.

According to a study by Harvard's David Ellwood, about half of the new entrants to AFDC will be off welfare within four years, most within two years. The other half, however, are on for much longer—on average, almost seven years. More than any other single factor, marital status determines whether a woman entering AFDC will become a long-term recipient. Forty percent of never-married mothers will receive AFDC for 10 years or more, compared to 14 percent of divorced mothers.

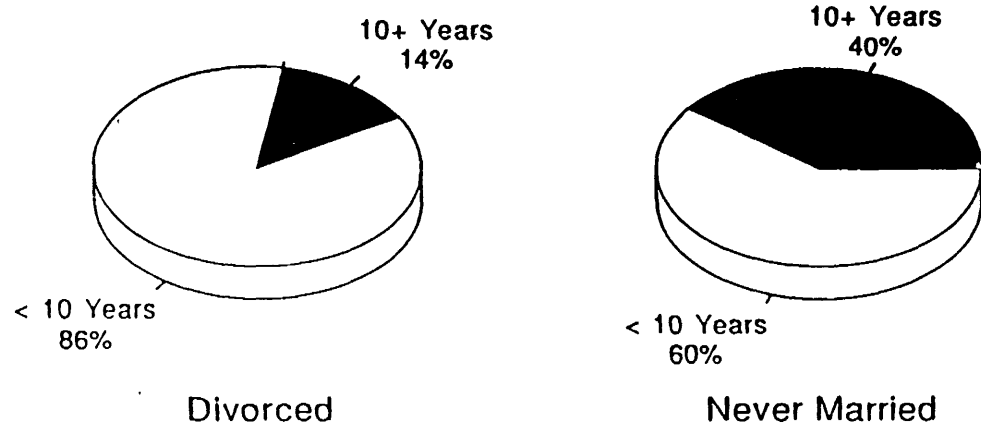
Levels of child support also vary markedly between these two groups of single mothers. In 1987, 77 percent of divorced mothers received child support awards, compared to only 20 percent of never-married mothers. The average annual payment to divorced mothers was \$3,073, while the average payment to never-married mothers was \$1,632.

Divorced mothers and their children suffer less severe poverty for shorter periods of time than do never-married mothers and their children. This is not to say that post-divorce poverty is not a serious problem; it is. But much more than a divorce, an out-of-wedlock birth to a young mother seems to be a direct path to long-term poverty and welfare dependency.

The economic consequences of our high illegitimacy rate seem beyond debate. It is one thing when a divorced, high profile television newswoman on a sitcom has a baby without her ex-husband's financial support; it is quite another when a teenager or a young mother on welfare does. The difference, to put it bluntly, is money.

Acknowledging this dichotomy between divorced and unwed mothers is the first step toward developing effective social welfare policies. Both groups deserve our attention. But policies developed for each need to be based on a realistic understanding of the deep differences between them.

AFDC Recipients: Spells of 10 or More Years*

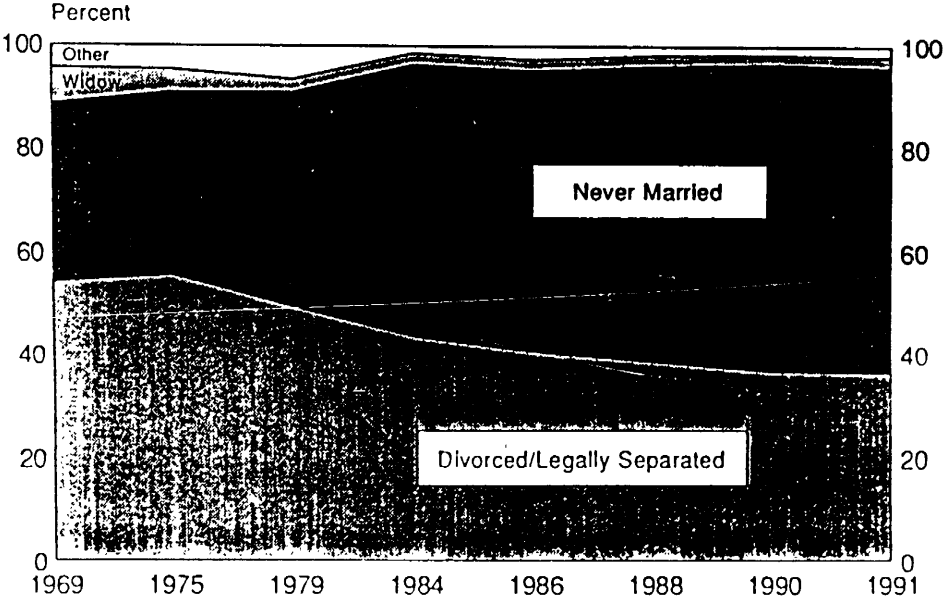


Source: David Ellwood, 1992 House Ways and Means Green Book
*By marital status at beginning of first spell

D Besharov/AFI

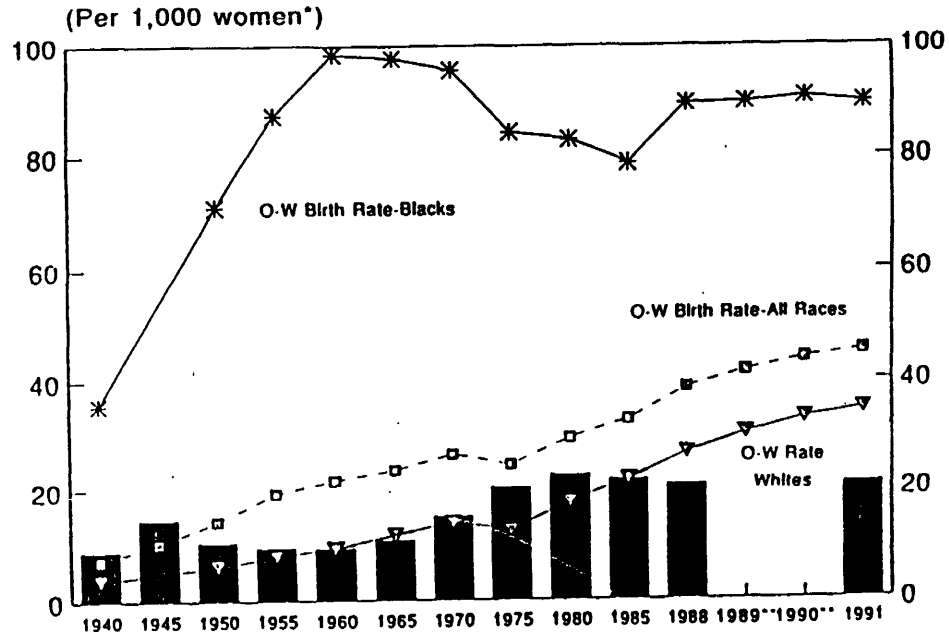
For your reference, I have included five graphs that illustrate these trends.
Thank you.

Distribution of AFDC Children By Basis for Eligibility, 1969-1991



Source: D. Besharov/AEI based on calculations from the Office of Family Assistance, Department of Health and Human Services; Congressional Budget Office

Out-of-Wedlock Birth and Divorce Rates



Sources: Census Bureau, NCHS

*Unmarried for out of wedlock rates and married for divorce rate

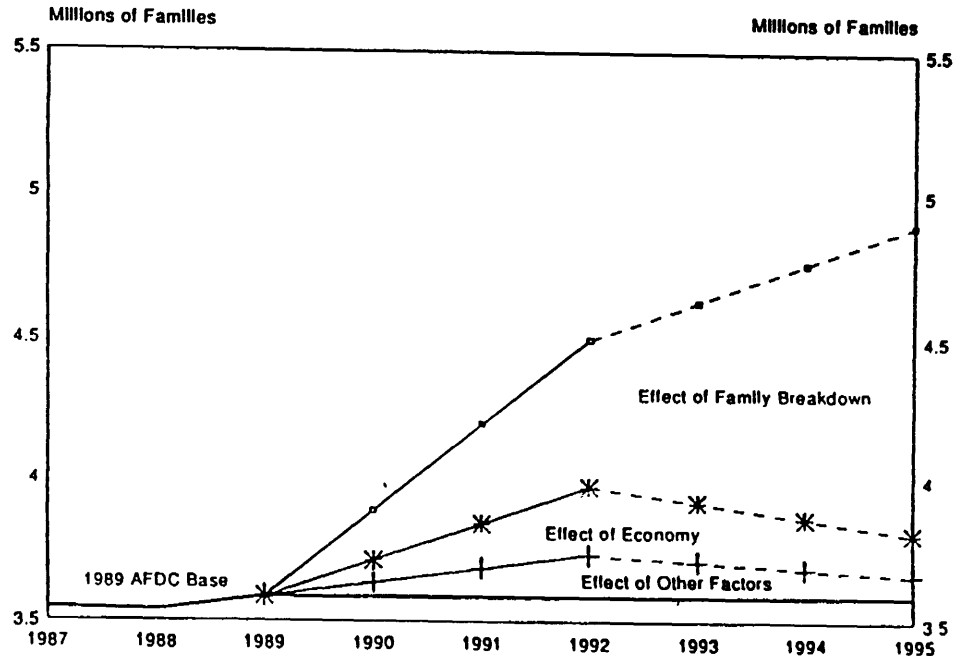
**NCHS did not compute divorce rates for these years



Divorce Rate All Races

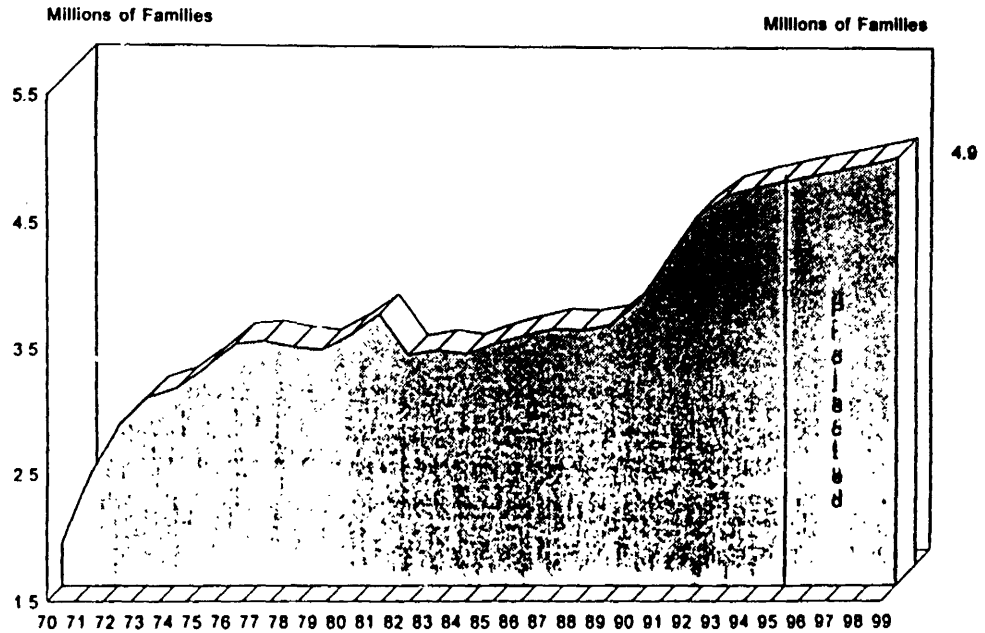
D Besharov/AFI

Causes of AFDC Caseload Growth



Source: D. Besharov/AEI, based on calculations by J. Peskin and J. Topogna, Congressional Budget Office, CBO Staff Memorandum: Forecasting AFDC Caseloads, July 1993

Growth in AFDC-Basic



Source: D. Besharov/AEI, based on calculations from the 1993 House Ways and Means Greenbook and John Tapogna, Congressional Budget Office

THE WALL STREET JOURNAL WEDNESDAY, FEBRUARY 9, 1994

Working to Make Welfare a Chore

By DOUGLAS J. BESHAROV

The nation is in the midst of yet another effort to reform the welfare system. But this time, after 30 years of denial, almost everyone now agrees that real reform requires doing something about out-of-wedlock births, especially among teenagers. And, for a change, there might be real money to spend. While welfare reform is not in the budget unveiled earlier this week, both Democrats and Republicans are talking about \$5 billion to \$10 billion a year for such a program, even under today's tight budget constraints.

Unfortunately, though, the president's welfare planners are seeking to use job training and public service jobs to make poorly educated unwed mothers self-sufficient, which won't work. Instead, training and work mandates should be used as tools to discourage out-of-wedlock births in the first place.

The problem has grown too large to ignore, as Charles Murray and others have noted on this page. In 1991, about 30% of American births were out of wedlock, reflecting a steady increase from 1960, when this figure was only 5%. Unwed mothers now head half the families on welfare, double the proportion in 1970. They average almost 10 years on welfare, twice as long as divorced mothers, thus swelling the ranks of long-term welfare dependents.

What to do? President Clinton would give all recipients up to two years of job training and education. But even the best job training programs have had little success in reducing welfare rolls. Five percent reductions—not nearly enough to “end welfare as we know it.” Bill Clinton's much-repeated campaign pledge—also considered a major accomplishment.

This is why Mr. Clinton also proposes to time-limit welfare benefits. He says that if, after two years, a welfare mother does not get a job, she should be placed in a public service job. The job is supposed to give her work experience and to serve as an incentive to get off welfare, since she will have to work anyway.

The evidence, however, suggests that work requirements do not reduce caseloads, at least not immediately. The Manpower Demonstration Research Corp. (MDRC) recently reviewed the mandatory work programs in West Virginia: Cook County, Ill.; and in two sites in San Diego, Calif. In no site did the work requirement reduce welfare payments.

Why do most single mothers stay on welfare, even after they are forced to work for their benefits? Their “welfare jobs” may be better than anything they can get

in the real world of work: they are probably less demanding than actual jobs; and there is little chance of being laid off or fired. Moreover, especially in areas of high unemployment, there may be no other jobs available for poorly educated women with little work experience.

Recognizing these realities, and to save money, the president's welfare reform working group is now suggesting that Mr. Clinton's proposed public service requirement be watered down. This would be a mistake. In fact, work requirements should be applied much earlier in the welfare careers of young, unwed mothers.

Surgeon General Joycelyn Elders often cites a 1988 survey in which 87% of unwed teen mothers said that their babies' births were “intended.” But this includes 63% who said that the birth was “mistimed.” And when clinicians ask the more telling question whether having a baby would disrupt their lives—that is, whether it would be inconvenient—few say “yes.” For example, in 1990, Laurie Zabin of the Johns Hopkins School of Public Health and Hygiene surveyed pregnant, inner-city black teens; only 31% said that they “be-

Making illegitimacy more inconvenient is the key to reducing out-of-wedlock births.

lieved a baby would present a problem.” Making illegitimacy more inconvenient, what economists would call raising its opportunity cost, is the key to reducing out-of-wedlock births.

Increasing the life prospects of disadvantaged teens is surely the best way to raise the opportunity costs of having a baby out of wedlock. A good education and real job opportunities are the best contraceptives. Nevertheless, different welfare policies could have a real impact. The ultimate “inconvenience,” of course, would be to deny welfare benefits altogether. But there is a less drastic way: impose an unequivocal requirement to finish high school and then to work.

From almost the first day that a young, unwed mother goes on welfare, she should be engaged in mandatory skill-building activities. The first priority should be that she finish high school, or at least demonstrate basic proficiency in math and reading. After that, if she is unable to find work, she should be assigned to a public service job, as the president promised.

The political pressure from unions, especially, will be for these public service positions to be “real jobs” at “decent wages.” This would raise costs to prohibitive levels and make recipients even less likely to leave the rolls. Instead, the focus should be on activities that are appropriate for inexperienced young women.

Examples of such activities were described by MDRC's Thomas Brock, who studied the four mandatory work programs mentioned above as well as six others. The activities “did not teach new skills, but neither were they ‘make work.’ Most were entry-level clerical positions or janitorial/maintenance jobs,” such as office aides and receptionists for a community nonprofit agency, mail clerks for city agencies, assistants in day-care programs for children or handicapped adults, helpers in public works departments sweeping and repairing streets, and gardening in city parks. And, although the work requirement did not immediately reduce caseloads, the value of the services rendered together with other savings exceeded the program's cost to taxpayers in three of the four sites.

Despite the real value of the services provided, such a program would be very expensive. But because of its prophylactic purpose, the work requirement could be applied to new applicants only. The long phase-in period would sharply lower initial costs—and allow modifications in program rules and administration based on what is learned during the first stages of implementation.

One hopes that such activities raise the skills and, therefore, the employability of current recipients. The fundamental purpose of mandated work, however, should be to raise the inconvenience level of being on welfare by requiring these young women to be someplace—doing something constructive—every day. The object would be to discourage their younger sisters and friends from thinking that a life on welfare is an attractive option. Strengthened child-support enforcement would increase the inconvenience level for their boyfriends who got them pregnant, but describing how to achieve that end is a complicated subject for another day.

Mr. Besharov is a scholar at the American Enterprise Institute in Washington and a visiting professor of public policy at the University of Maryland.

OUTLOOK

Commentary and Opinion

The Contraceptive Gap

Millions for Cosmetics, Pennies for Better Birth Control

By Douglas J. Besharov

LINDA HAD an abortion at age 17, her first baby the next year and two more by the time she was 21. With hundreds of thousands of unwed mothers like Linda who seem to have made welfare a way of life, the public and politicians are clamoring for tougher welfare rules. Proposals to deny benefits to minors, to deny additional benefits for additional children, to time-limit benefits altogether, to go after deadbeat dads and so forth, are all designed to undo the culture of illegitimacy that has taken hold in so many low-income communities.

Why are there so many Lindas? Culture

Douglas Besharov is a resident scholar at the American Enterprise Institute and visiting professor at the University of Maryland's School of Public Affairs. Karen Gardiner, a research associate at AEI, assisted in the preparation of this article.

and poverty play an undeniably powerful role. Western European countries, with rates of teen sexual activity as high as ours, for example, have rates of teen pregnancy and parenthood that range from a half to a sixth of the American rate. So a tougher response to irresponsible parenthood will undoubtedly make a difference.

But to stem the tide of out-of-wedlock births, another powerful factor must also be addressed: the inadequacy of current contraceptive methods. It's not that available birth control methods don't work, they just don't work well enough for the group most at risk. If contraception were easier and more reliable, pregnancy rates would likely drop.

Consider Linda's history. She tried condoms, but, as she told her counselor at a D.C. Planned Parenthood clinic, "they failed." Then she tried the pill, but she found its side effects debilitating. Two years ago, she had Norplant inserted in her arm, but she again

See CONTROL, C2, Col. 1

The Contraceptive Gap

CONTROL From C1

suffered from severe side effects. A few months ago she had the implant removed. Given her problems with hormonal methods, Linda is unwilling to try Depo-Provera. At age 25, she has now decided to be sterilized.

Linda is not alone. In a 1988 study, women told researchers from the National Center for Health Statistics that about 60 percent of their pregnancies were unintended. In an Alan Guttmacher Institute study the year before, about half of all abortion patients said that they had been practicing birth control during the month in which they became pregnant.

How unreliable are existing methods? Based on various studies, James Trussell of Princeton University estimates that the failure rate in clinical trials (usually involving married couples) was only 0.1 percent for the pill, 2 percent for the condom and 6 percent for the diaphragm. However, the failure rates among "typical users" were substantially higher: 3 percent for the pill, 12 percent for the condom and 18 percent for the diaphragm.

Poor women are 50 percent more likely to report that they experienced a contraceptive failure than are middle-class women. Still, problems with birth control are widespread throughout society. What's going on?

By now, the many ways that condoms can fail should be well known. But the reasons for high failure rates among pill users are less obvious. The modern birth control pill contains much lower dosages of estrogen than the pill used in the 1960s and 1970s. While these newer pills cause significantly fewer side effects, they also require more precise use. Missing even just one pill is an invitation to pregnancy, as Patty Aleman, formerly a nurse-practitioner at the Capitol Women's Center relates. "One college freshman came in for an abortion and said she was

taking the pill. When I pressed her about it, she said, 'Well, I did miss three days.'"

The lifestyles of many low-income women make it harder for them to use the pill consistently. Virginia Cartoof, a former social worker in inner-city Boston, found that many of her clients lived in crowded households where pills got lost. Often, there was no money to replace them immediately. Others moved from place to place and would forget to take their pills along.

Other women, like Linda, suffer side effects from the pill—and, if they have high blood pressure, may slightly increase their risk of stroke. Although the pill's side effects are real, they have become exaggerated in the minds of many women. For example, a Gallup poll commissioned by the American College of Obstetricians and Gynecologists found that 75 percent of women surveyed believed that the pill caused "serious health problems." One-third thought pills caused cancer while an additional 30 percent thought pills were linked to heart attacks and strokes. Actually, women who have used the pill have a lower rate of endometrial and ovarian cancer than women who have never used it.

The intra-uterine device (IUD), although among the safest and most effective (99 percent) of contraceptives, also suffers from an undeservedly negative reputation. The Dalkon Shield has not been sold for over 20 years, yet the catastrophic problems caused by it—pelvic inflammatory disease and subsequent infertility—still linger in the minds of many women. Today, only 2 percent of U.S. women using birth control use the IUD. In Western Europe, the IUD is 10 to 20 times more popular.

Well-founded or not, such health concerns deter many women from using the pill or IUD. Anomalously, poor women tend to be more concerned about these side effects and less likely to tolerate them than their middle-class counterparts.

Men don't help matters. Their aversion to

condoms is well-known. Seventy-five percent of 20- to 39-year-old men interviewed by researchers at Battelle Human Affairs Research Center in Seattle, for example, said that condoms reduced sensation. But some disadvantaged men don't want their girlfriends to use contraception either. Kay Armstrong, research director of the Southeastern Pennsylvania Family Planning Association, studied women in drug treatment programs; she found that many of the women were afraid to use birth control because it "implies something negative about the relationship," in the words of one client.

According to many women in Armstrong's study, birth control is often equated with prostitutes and trading sex for drugs. "Some women preferred to hide their use of contraceptives and avoid their partners' wrath One woman's partner cut up the condoms and sponges she had received from the family planning counselor," noted Armstrong.

For men who have had few successes in life, getting a girlfriend pregnant can be a way of showing masculine prowess like "so many notches on one's belt," according to Elijah Anderson, a University of Pennsylvania sociologist who studied disadvantaged black teens in a Philadelphia neighborhood. Patricia Stern, a graduate student at Penn, found that control was also a central theme in the sexual relations of white inner-city youths. "Boys 'get girls pregnant' to keep them from 'being with' other guys," she noted.

Is it any wonder, then, that Linda decided to be sterilized? Again, she is not alone. University of Pennsylvania sociologist Frank Furstenberg conducted an 18-year, longitudinal study of 322 primarily low-income women in Baltimore who gave birth as teenagers. He found that, by their late twenties and early thirties, an astounding 57 percent of these relatively young women had been sterilized.

Many people are uncomfortable with the idea of sterilization, especially when poverty and race are involved. Our history of involuntary sterilization comes too easily to mind. But that is not what is happening.

Lorraine Klerman, the director of the Maternal and Child Health Program at the University of Alabama, described how the inner-city adolescent mothers she has studied since the 1960s had a set number of children in mind. After that, "They got tired of getting pregnant, they got tired of having abortions, so they got sterilized."

In fact, sterilization is the most common form of contraception in the United States—for all racial and income groups. Of women ages 15 to 44 who use birth control, 40 percent rely on female or male sterilization, according to the National Center for Health Statistics.

As they pass their prime childbearing years, even larger proportions of women rely on male or female sterilization: 47 percent of women in their early thirties, 65 percent of women in their late thirties, and an astounding 73 percent of women in their early forties.

Sterilization rates do not differ by race. They are about 40 percent for both white and black women. The similar overall rates, however, mask an important racial difference: White men are 14 times more likely to have had a vasectomy than are black men.

Nor does sterilization differ by family income. Forty-one percent of women with family incomes below 150 percent of the poverty line rely on sterilization compared to 36 percent of women with family incomes above 300 percent of the poverty line.

But sterilization is no answer for women who have not yet completed their childbearing, let alone for those who have not even begun.

For a while, many people thought that Norplant might be a panacea. Norplant is 99 percent effective at preventing pregnancy; does not require a daily decision—or male approval; and is fully reversible. It is not, however, appropriate for women who have sex sporadically (like teenagers) and does not protect against sexually transmitted diseases. More importantly, Norplant's popularity seems to have dropped sharply in the wake of media reports describing the difficulty some women have had in getting the implant removed, and with the availability of Depo-Provera, the three-month injectable contraceptive. But the

latter, because of its short period of efficacy, does not provide the same level of protection.

For young teens abstinence is surely the best way to curb out-of-wedlock births. But only 12 percent of out-of-wedlock births are to teens under 18, only 30 percent to those under 20. Premarital sex seems to be here to stay, so if we are going to reduce the number of out-of-wedlock births (as well as abortions), we need to offer Americans better contraceptive choices.

A first priority should be an educational campaign to rehabilitate the IUD and the pill. But a technological fix is also necessary. Unfortunately little is being done to develop better contraceptives. Only one pharmaceutical company still conducts research on improved methods of birth control; the federal government adds a scant \$38 million annually for contraceptive research. Compare that to the estimated \$600 million spent to develop new cosmetics, fragrances and toiletries, and you can see where our priorities really are.

In 1990, the National Academy of Sciences Committee on Contraceptive Development concluded, "The product liability crisis which has emerged over the last decade has clearly limited the interest of the American pharmaceutical industry in the development of new contraceptive products. The extensive in-house research programs that most companies maintained until the mid-'70s are a thing of the past."

Reforming welfare to encourage more responsible childbearing is finally on the public agenda. But the high sterilization rates among all income groups demonstrates the parallel need for improved contraceptives, for the middle class as well as the poor.

A better condom would be a good place to start. Given the hostility of many men to the condoms currently available and the growing problem of AIDS and other sexually transmitted diseases, real improvements in barrier forms of contraception are sorely needed. As Dr. Vanessa Cullens of the Francis Scott Key Medical Center in Baltimore only half-jokingly says, "What we need is a condom that makes sex so wonderful that everyone will want to use it."

Well, you get the idea.

By Douglas J. Besharov

AFTER ALMOST a year of study, an administration working group has prepared its initial report on how to fulfill President Clinton's promise to "end welfare as we know it." The report starts in exactly the right place: the 30-year growth in out-of-wedlock births, especially among teenagers, and its relation to persistent poverty. Unfortunately, the report fails to pursue the logic of its own analysis.

The bulk of long-term welfare recipients are young, unmarried mothers, most of whom had their first baby as teenagers. About 50 percent of unwed teen mothers go on welfare within one year of the birth of their first child and 77 percent within five years, according to the Congressional Budget Office. Almost half of those on the rolls for three or more of the past five years started their families as unwed teens.

With poor prospects to begin with, these young women have further limited their life chances by systematically underinvesting in themselves—by dropping out of school, having a baby out of wedlock and not working. The administration working group assumes that an expanded educational and job training program will help large numbers of them become economically self-sufficient.

Past experience suggests this is wishful thinking. Even richly funded demonstration programs have found it exceedingly difficult to improve the ability of these mothers to care for their children, let alone to become economically self-sufficient.

A six-county evaluation of California's program, for example, found that over two years, average earnings for single parents increased by 20 percent—three or four times the usual experience for such programs. Still total earnings reached only \$4,620. The county with the greatest improvement, Riverside, was able to increase earnings by \$2,099, although average total earnings over two years were still less than \$6,000. The welfare rolls declined by only 5 percent in Riverside, and by a statistically insignificant amount across all of the other counties.

Why don't job training programs cut welfare rolls? Although many suffer from design flaws and administrative weaknesses, the main problem is that—for poorly educated young mothers—such programs cannot break the financial mathematics of life on welfare. The average annual earnings for female high school dropouts are extremely low. In 1992, 18- to 24-year old dropouts working full-time earned about \$12,900 a year; 25- to 34-year-olds earned about \$14,800. (Note that in 1992 the poverty line for a family of three was \$11,186.)

Even with the help of the current Earned Income Tax Credit (EITC) and other means-tested programs, earners at these levels net, after payroll and state taxes and work expenses, only \$15,563 and \$15,617, respectively. The major expansion in the EITC pushed through by President Clinton will, when fully implemented in 1996, raise these numbers significantly—to \$17,022 and \$16,948. But this increase will not be enough to break the hold of welfare. (Anomalously, under the Clinton EITC, the lower-earning mother will actually take home more money than the higher earner because of the way benefits decline with additional earnings.)

A welfare mother without any work experience probably couldn't match even these earnings records. But if

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Escaping the Dole

For Young Unwed Mothers, Welfare Reform

Alone Can't Make Work Pay

she could, she still might decide it didn't pay to work. Her current benefits—even ignoring the average \$4,307 in Medicaid for which a welfare recipient with two children is eligible—leave her only some \$2,674 worse off than the lower-salaried mother and \$2,728 worse off than the higher-earning mother.

In other words, should she be lucky enough to get the kind of job held by others of her educational attainment, she'd be working for a net wage of only about \$1.50 an hour. And to gain that, she'd have to sacrifice not only leisure time but the chance to hold down a job in the informal economy (in which unreported income is earned through anything from handiwork to illegal activities).

Even with the expanded EITC, after deducting the costs of benefits and of going to work, the net hourly wage would be only about \$2.30 or less. If a young parent were to go to work under these circumstances, it still wouldn't be for the money.

Hence, the EITC would have to be much larger to actually "make work pay" for unwed mothers. But by 1996, the credit will already cost about \$18 billion a year. Besides being very expensive, a further increase would create other distortions and inequities. Substantial benefits under the EITC are available only to low-income workers who have children. At some point, their fellow workers will question why those who have had children without being able to support them should get such a large government subsidy while those who have played by the rules do not.

And the larger the credit, the greater the incentive for abuse. Tax experts such as the Urban Institute's Gene Steuerle warn that the EITC is already so large that it provides an expensive incentive for people to overreport their earnings so as to get the maximum credit.

Thus, Clinton's off-stated goal of making work pay will not work for most unwed mothers. Recognizing this, both he and his working group have proposed to "time-limit" welfare. If, after two years, a welfare mother does not get a private job, she would be placed in a public job. The idea is that the job will both give her work experience and serve as an incentive to get off welfare since she will have to work anyway.

Although there is much merit to such mandatory work experience, creating a viable program is not easy. First, community service jobs are very expensive to create and administer. CBO estimates indicate that

The association between poverty, poor school performance and poor life prospects on the one side and out-of-wedlock births on the other is too obvious to ignore. As University of Pennsylvania sociologist Elijah Anderson notes, "Most middle-class youths take a stronger interest in their future and know what a pregnancy can do to derail it. In contrast, many [inner-city] adolescents see no future to derail—hence they see little to lose by having a child out of wedlock." The dearth of good jobs in the inner city, he argues, leads peer groups to emphasize sexual prowess as evidence of manhood, with babies serving as proof.

Because those young people who have the most to look forward to are the most responsible about their sexual practices, it does not seem an overstatement to say that good education and real opportunities in life are the best contraceptives. In fact, innovative programs like Best Friends in Washington base their appeal on the connection between sexual practices and opportunity. This program uses weekly group sessions, with an adult moderator, in which teen girls discuss boys, relationships and self-respect.

"We don't tell them that having sex is immoral," says Elaine Bennett, founder of Best Friends. "Instead, we tell them, 'If you want to get some place in life, you need to have a plan. This plan must include finishing school, and that means that you must not get pregnant.' And we tell them, 'The only guaranteed way to avoid pregnancy is to abstain from sex.'"

For this message to really take hold, though, young people need to feel that they have opportunities beyond low-paying, sporadic work. And this means a return to serious vocational education in our high schools.

The current emphasis on college preparatory courses in high school and on academic-like "basic skills" in job training programs leaves many disadvantaged youth without the skills for the well-paying jobs that are now available. Worse, seeing how few graduates from their neighborhoods seem to get good jobs makes them feel they have nothing to gain from staying in school. In high schools where more than three-quarters of students fail to graduate, what sense does it make to push 100 percent of the student body through college preparatory courses?

While everyone would like to see disadvantaged children grow up to be lawyers, doctors and accountants; or at least white-collar workers, the unalloyed truth is that most—like most Americans—are destined for more modest careers in service, clerical or manufacturing occupations. What is needed is renewed emphasis on vocational skills in high schools, supplemented by enhanced job-counseling and job-finding services and mentoring programs. This includes the newly popular "apprenticeship" programs, although the two-plus-two approach (two years in high school followed by two years in a training program or community college) comes too late for those who have already dropped out and may require too great an investment of time and energy for many others.

Reforming educational institutions, of course, may be even harder than reforming welfare. But that is where the solution lies. We should not try to fix welfare if the problem is caused by the education system. In the absence of good high schools—and good vocational education for young people who do not do well in classroom settings—no approach to welfare reform will work.

monitoring each job would cost \$3,300 annually, and day care would cost \$3,000 per participant—and perhaps much more. That means the cost of a mandatory work program would average \$6,300 per participant. Since the average Aid to Families with Dependent Children (AFDC) grant is about \$5,000 per year, welfare costs for those in the work program would more than double—without recipients receiving any increase in payments to them.

Second, mandatory community service will likely engender much opposition. When Sen. Russell Long (D-La.) proposed the idea in the 1970s, it was promptly labeled "slavefare" by welfare advocates. Hence, the administration is under intense pressure to deliver "real jobs" at "decent wages." But doing that would not only make the program even more expensive—it could also make it a magnet to attract and keep more young mothers on welfare. To counter that, the Clinton planners are also considering a plan to time-limit the community service program as well. After a set period, possibly 18 months, the mother would go back on regular welfare, although perhaps at a somewhat lower level—a feature that will also stir controversy.

Because our ability to help young women become self-sufficient once they have become mothers is so limited, the best strategy is to focus on postponing parenthood until these women are financially and emotionally ready. This is what leads many people, such as my colleague Charles Murray, to advocate ending welfare altogether.

The president's working group did not contemplate such a radical solution, but it does make a long-overdue connection between out-of-wedlock births and welfare dependency. Some options being considered by the group make sense. For example, providing contraceptive services to all AFDC recipients, prohibiting higher welfare payments for additional children born on welfare and requiring teen mothers to complete high school would all help discourage young mothers from having another child.

But the effects are unlikely to be dramatic, and they would do little to prevent the initial birth—which puts the mother on welfare in the first place. For this, the group is considering school-based sex education, condom distribution and abstinence programs. Again, the available research suggests that such efforts have modest impacts, at best.

OUTLOOK

Commentary and Opinion

Trapped in the Day-Care Maze Can the GOP Rescue Kids from a Byzantine System?

By Douglas J. Besharov

TWO-YEAR-old Andre was going to have a busy day. After spending the morning at the Keys of Life Child Development Center on 12th Street NW, he was supposed to make a crosstown trek to another day care facility in Kalorama. Instead, he was run over by the bus that was to take him there and died in a hospital bed a few hours later.

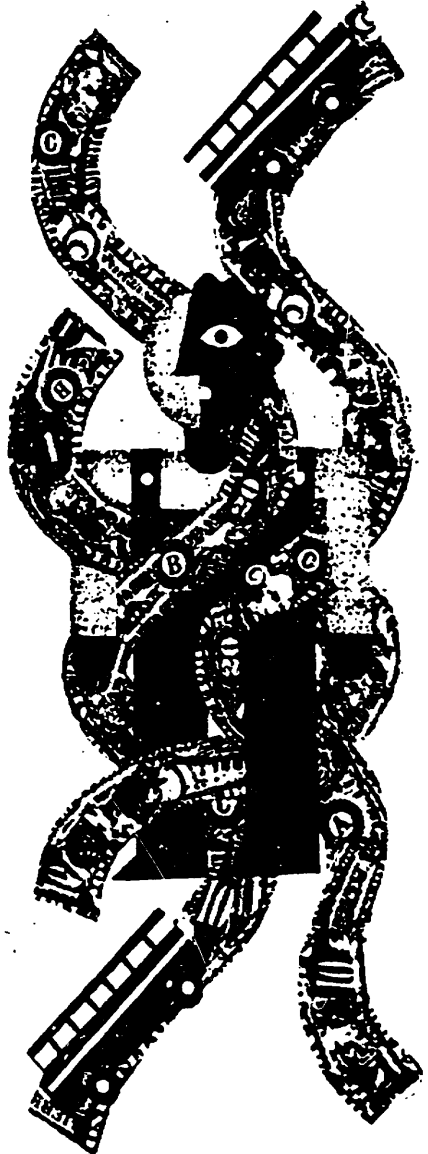
Andre's death was a rare tragedy, but it highlights a very common problem: Over the last 30 years, Congress has created a patchwork of nearly one hundred separate child care programs that forces children to bounce from one facility to the next and wastes scarce child care dollars by creating unnecessary overhead and bureaucracy.

Given the general Republican antipathy toward federal social programs, advocates for the poor fear their programs will be gutted by the incoming Congress. But there is good reason to think that the GOP will actually bring some much-needed reform to what has become a confusing maze of social welfare programs. The Republicans, less vested in the existing system since it was mostly created by Democrats, are poised to propose a series of huge block grants in such areas as job training, nutrition, social services and child care that could greatly streamline the current byzantine structure.

How bad is the child care situation and why would a block grant make sense? Over the past 20 years, federal funding for child care services has risen sharply, more than doubling to \$8 billion in the past four years alone. This increased funding has given rise to no fewer than 93 different federal pro-

See DAYCARE, C2, Col. 1

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The Day Care Maze

DAYCARE, From CI

grams, administered out of 11 agencies and 20 separate offices. The Department of Education alone, according to a new study by the General Accounting Office, has six offices that fund child care programs.

Nearly all of these programs serve essentially the same population of low-income children. Head Start, the largest with a budget of \$3.3 billion, serves children from families whose income is below the federal poverty line; the Child and Adult Food Program (\$1.3 billion) subsidizes meals and snacks for low-income children in child care; Child Care and Development Block Grants (\$893 million) give states funds to assist low-income families; AFDC/JOBS Child Care (\$528 million) provides assistance to children whose parents are on AFDC and either working or in a job training program. And the list goes on.

With so much overlap, one disadvantaged child could be eligible for as many as 13 programs, the GAO report noted. Unfortunately, the funds from those programs pass through numerous federal, state and local agencies—that can't or won't pool their funds to serve one child.

Worse, since eligibility is based on the work status of parents, children can be forced to leave a program in mid-year—if mom or dad gets a job or loses one, enters a job training program or completes one, goes on welfare or leaves it. Lucky children will qualify for another program, if there is room, but even then they will likely suffer a disruptive setback to their preschool development. "This is the revolving door of publicly funded day care," says Richard Ruopp, former head of the Bank Street College and director of the National Day Care Study.

"The turf battles were just horrible," recounts Jean Layzer who, as executive director of a Massachusetts commission on early childhood programs, was charged with developing a plan for a universal system. "There was early childhood money all over, in welfare agencies, in social service agencies, in education agencies, in mental health agencies and in places you would never expect. No one wanted to give up even a small program in order to create a unified system."

As a result, most communities are left with a disconnected array of small programs that often keep the child only part of the day. This is particularly burdensome to parents who work and is precisely why children like Andre are bused from center to center. Few children suffer Andre's fate, of course, but many young preschoolers pay a heavy emotional toll for all the moving around they are forced to endure.

As annoying as it is for the families, the morass of programs is a nightmare to administer. "Child care providers spend more time trying to coordinate programs than operate them," protests one agency executive. Fitting the various pieces of funding together is like trying to complete a huge jigsaw puzzle. Needless to say, federal funds don't simply flow in: Each comes with its own complicated application and approval process that forces many programs to employ at least one full-time staff person to coordinate funding and document eligibility—resources that would be better spent on the children.

To their credit, both the Bush and Clinton administrations tried to make it easier for localities to integrate the various federal funding streams, but their ability to do so was sharply limited by the explicit statutory language that created most of the programs.

How did we get so many child care programs in the first place? Often, advocates decided that the only way to expand services was to create yet another program. This happened in many social programs. For example, Sen. Edward M. Kennedy (D-Mass.) said he was "responsible for tagging job training on anything that went through here," claiming this was the only way to expand such programs under Reagan and Bush. Perhaps so, but the programs were added under Republican and Democratic presidents alike.

The real answer is that every congressional fielder seemed to need its own child care, job training or other social welfare program. Take, for example, the notorious process that four years ago led to the creation of the At-Risk Child Care and the Child Care and Development Block Grant programs. Essentially, these programs are the product of a fight for power over the issue of child care between the House Education and Labor Committee and the House Ways and Means Committee. Neither committee would give in, so the dispute was resolved by creating two new day care programs, one for each committee—but each serving the same pool of kids.

Repeat this process many times over and you see why six congressional committees and 11 subcommittees now oversee the major child care programs.

Child care is not the only area of federal social welfare spending that has turned into an irrational maze of disjointed programs. There are 154 job training programs, 71 social services and child welfare programs and—depending on how you count them—hundreds of nutritional programs, housing programs and health programs. Like child care, each comes with slightly different eligibility rules and services, but tremendous overlap. The result? Immense inefficiencies and confusion in the communities where the services are actually provided.

Under a federal system like ours, it is sometimes necessary to establish funding in a way

that makes clear our national priorities, but there is no justification for the current cacophony of programs. Right now we have a disparate array of programs that have grown in size and complexity like cobwebs in the nooks and crannies of committee jurisdiction—all because Congress has lacked the central leadership to prevent individual committees from becoming policy entrepreneurs.

Since the 1970s, reformers have repeatedly criticized the patchwork of separate federal social welfare programs and have called for the creation of fewer and more flexible funding streams. Up to now, however, their efforts have come to naught—because each program had its protector in the well-entrenched congressional establishment. Even President Clinton's much-vaunted effort to "reinvent government" did not take on the congressional satrapies that such micro-programming has created.

The incoming Republicans are vowing to clean out the congressional cobwebs built up over four decades. And it looks like they will.

"From here on, I want to review issues, such as child care, on a system-wide basis, instead of program by program, as has been the case for the past 40 years, says Rep. Bill Goodling (R-Pa.), soon-to-be-chairman of the House Economic Opportunity (formerly Education and Labor) Committee. "It's ridiculous how all these programs got created—individual members looking to bring home the bacon with a new program, or one program being split in two just to satisfy petty jurisdictional squabbles."

The Republicans are now rushing to develop legislation that would transform scores of existing programs into a series of social welfare block grants. The leadership hopes to move these bills in the first days of the new Congress—before the new majority becomes invested in the status quo.

Opponents are already calling these block

grants nothing more than a fancy excuse to cut spending. They claim that all we'll get is Reaganism revisited—with a vengeance. To an extent, of course, they are right. Some Republicans are talking about using the block grant approach to justify deep cuts in social spending. But forces of moderation are likely to limit any reductions.

State governors, especially the 30 Republicans, have a powerful voice on Capitol Hill these days. Most have expressed a willingness to see spending reduced in return for greater flexibility to administer programs as they see fit. New Jersey Gov. Christine Todd Whitman, for example, has said that she could accept a 5 percent cut in welfare spending in return for greater autonomy. But the governors have also signaled opposition to any cuts beyond what would be gained from saving administrative costs. After all, they would be under pressure to fill the gap in any budget shortfall created by reductions in federal funding.

Senate Republicans too are likely to support block grants—but, more moderate than their House counterparts, they also will be wary of undermining programs for the disadvantaged. Sen. Nancy Kassebaum (R-Kan.), who will take over from Kennedy as chairman of the Committee on Labor and Human Resources, has warned: "The point of block grants and program consolidation is not so much to save money—although that may happen—but to make programs work more effectively."

There is good reason, therefore, to hope that the Republicans will free localities from the straightjacket of federal bureaucracy without unreasonably cutting financial support. If that happens, then disadvantaged children will be the real beneficiaries of the new block grants. And even some liberals may conclude there is a positive side to the changeover in Congress. Who knows, they might even hold their collective noses and cheer.

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The end of welfare as we know it?

DOUGLAS J. BESHAROV with AMY A. FOWLER

ONE OF THE loudest—and most bipartisan—rounds of applause during Bill Clinton's 1993 State of the Union address came when he reiterated his promise to "end welfare as we know it." During the campaign, Clinton repeatedly said that welfare benefits should be time-limited, and that, after two years of job training and education, welfare recipients who can work should be required to do so. "We have to end welfare as a way of life," he told Congress and the nation, "and make it a path to independence and dignity."

Clinton's rhetoric taps into a deeply held feeling among the public and politicians that long-term welfare dependency is a serious and growing social problem. And it is. We often hear that about half of all new recipients are off the rolls within two years. This is true—but only because of the high turnover among short-term recipients. At any one time, about 82 percent of all recipients are in the midst of spells that will last five years or more. And about 65 percent are caught up in spells of eight years or more.

This reality propelled a decade of progressively more intense efforts to reduce welfare dependency. First came the state welfare-to-work demonstration projects of the early 1980s, then the Family Support Act in 1988, and, most recently, the state-initiated welfare reforms of 1991-92.

Clinton's campaign promise could be the next step in this evolutionary process. But the details of his proposal have never been spelled out. Any number of missteps—caused by misjudgment or political compromise—could cripple the program or, worse, could lead to even higher levels of welfare dependency.

Welfare then and now

Until the mid-1960s, welfare agencies tried to regulate the conduct (some called it the morals) of their clients. The man-in-the-house rule, along with the infamous midnight bed checks to enforce it, were only the best known of an array of policies designed to keep welfare mothers on the straight and narrow.

Then came a period of reaction against this paternalism. The poor, we were told, "are just like everyone else. All they lack is money." This attitude reached its high-water mark with talk about a negative income tax and the Nixon administration's proposed Family Assistance Plan.

By the 1980s, however, the political and intellectual consensus had turned again. Rising anxiety about the dependent and self-destructive behavior of the poor—be it school drop-out rates, teen pregnancy, nonwork, or drug addiction—gave liberals as well as conservatives a gnawing feeling that more decisive efforts to reshape the behavior of welfare recipients were needed.

It was in this context that Senator Daniel Patrick Moynihan introduced the Family Support Act. The Act, passed by a Democratic Congress and signed by Ronald Reagan, was the first major overhaul of the Aid to Families with Dependent Children program (AFDC) since its inception in 1935. It seeks to move welfare recipients into jobs—first, by making the receipt of benefits contingent on participation in education and employment programs; and second, by providing transitional health benefits and child care to those returning to work. Hence, its name: "JOBS," for Job Opportunities and Basic Skills Training Program.

Although mandatory education, job training, and work programs are at the heart of the Act, the obligations it places on recipients are actually quite modest. Liberals in Congress intensely opposed any work or training mandates, so a compromise was struck that requires participation by just 7 percent of mothers who receive AFDC (often for just twenty hours a week). By 1995, mandated participation will rise to a cap of 20 percent. Exempt from even these minimal requirements are large groups, such as mothers with children under age three (or age one, at state option).

Unfortunately, since the passage of the Family Support Act, AFDC rolls have risen, not fallen. AFDC rolls are higher than at any other time in our history. In August 1992, almost 13 million people were on welfare. That includes one in seven American children. Most startling, in just over three years (from July 1989 to August 1992), welfare caseloads rose by 27 percent.

The usual explanation given for this increase is the economy's weakness since the passage of the Act. While the impact of the economy is undeniable, the fact is that the upward trend in welfare cases began before the recent economic downturn and gives every indication of continuing afterward. Careful research by a number of analysts indicates that much of the increase in AFDC caseloads has been caused by the growth in out-of-wedlock births among young, disadvantaged women. Thomas Gabe of the Congressional Research Service, for example, found that the rise in unwed mothers accounted for over 70 percent of the additional welfare families that appeared between 1987 and 1991.¹

This should come as no surprise. About half of unwed teen mothers go on welfare within one year of the birth of their first child. More than three quarters end up on welfare within five years.

Long-term welfare dependency is worsening because, for thirty years, out-of-wedlock birth rates have been steadily increasing. Between 1960 and 1989, the number of children born out of wedlock tripled. One in four American children is now born out of wedlock.

¹Gabe used a database that reflected half of the total increase in AFDC cases.

The states react

Toward the end of 1991, into this mixture of rising out-of-wedlock births and concomitantly rising welfare caseloads, came mounting budget deficits caused by the recessionary economy. In state after state, governors started desperately looking for places to reduce spending. It was only a matter of time before the budget cutters turned to welfare programs.

As one looks back, the situation was like tinder waiting to be lit. Three governors provided the spark: one the moderate, Democratic governor of Maryland (close to the nation's capital, so that his plans were widely noted by those working for the national media); another the conservative, Republican governor of California (the nation's largest state); and the third the liberal, Democratic governor of New Jersey (located near the media center of New York).

In November of 1991, Maryland Governor Donald Schaefer—facing a daunting budget deficit—proposed an across-the-board 30 percent reduction of welfare payments that would not be restored unless parents proved that they had paid their rent, kept their children in school, and obtained preventive health care for them.²

Two weeks later, Governor Pete Wilson of California proposed that AFDC payments no longer be increased with the birth of additional children. He also proposed that grants to teenage mothers be given only if the teenager were living with her parent or legal guardian, with the grant going directly to the adult. Another provision of Governor Wilson's plan, known as "Cal Learn," would have awarded teenage parents a \$50 increase in their monthly AFDC grant if they attended high school and, conversely, a \$50 reduction if they dropped out.³

Wilson's proposals also included significant reductions in basic welfare funding: Grant levels were to be reduced 10 percent for all recipients, with an additional 15 percent reduc-

²As enacted, this became a monthly sanction of \$25 for recipients whose children are not vaccinated or in school, and small financial bonuses for families that receive annual check-ups (\$20 per person in the family) and for pregnant women who receive prenatal care (\$14).

³Similar "Learnfare" programs had been in operation in Wisconsin since 1988 and in Ohio since 1989, but neither was widely known to the general public or the national media.

tion after six months for families headed by an able-bodied adult.⁴

Within weeks of Wilson's proposal, Wayne Bryant, the outgoing Speaker of the New Jersey State Assembly, proposed his own welfare reform plan. Bryant's plan gained the media spotlight in part because he is a black man whose district includes Camden, the state's poorest area; half its residents are on welfare. After some initial hesitation, Governor James Florio became a strong backer. The final plan, as enacted in January 1992, eliminates the increase in a mother's AFDC grant following the birth of an additional child.

In addition, New Jersey's plan seeks to promote employment by allowing welfare families to earn as much as a quarter of their monthly grant (depending on family size) and still receive full benefits. It also abolished the "100 hour rule," which terminates the benefits of recipients in two-parent households if the parents work over 100 hours per month. Finally, the plan contains a "Wedfare" component, which in some cases allows a woman to retain a portion of her welfare grant after marriage.

To the surprise of many, these proposals (sometimes called the "New Paternalism") received largely favorable reviews in the press, despite the hardships they might inflict on recipients whose behavior did not change. Even the *New York Times*, for example, called the New Jersey proposals, including the cap on benefits for additional children, "a compassionate, realistic blueprint for dealing with an intractable problem."

Once it became clear that these three governors could propose drastic changes in welfare programs without being labeled anti-poor, racist, or worse, politicians in other states followed. Within months, governors and legislators in more than half the states had introduced similar legislation. The proverbial cat was out of the bag.

Some observers have attributed this spate of "get tough" welfare proposals to simple budget cutting. Clearly this motivated some of the states. But focusing only on possible budgetary savings underestimates the scope of support for these proposals,

⁴Wilson proposed his plan as part of a larger referendum on state spending, which was defeated this fall. In its place, the legislature passed a weaker law to reduce AFDC grant levels by 6 percent and create work incentives for AFDC-UP ("unemployed parent") recipients.

which is rooted in the public's worries about welfare dependency and its desire that something be done about it. In fact, many of these proposals were estimated to cost more money, at least in the short-term. This was certainly true for plans to encourage work or marriage by increasing earned-income allowances and loosening the "100 hour rule."

Unlike past efforts to reform welfare, this one was not led by Washington. Instead, in what comes close to being a spontaneous, grass-roots movement, governors and other state and local officials were the key movers. Liberals and conservatives alike supported these proposals, attesting to their widespread appeal.

As president, George Bush offered support to these state proposals, but he did not put forward major initiatives of his own. While there were good reasons to be wary—some of the ideas being heralded as the answer to welfare dependency had been tried before and had failed—Bush missed the political drum-beat. Candidate Clinton did not.

The Clinton plan

Throughout his campaign, Bill Clinton vowed to "end welfare as we know it." In an oft-repeated formulation, he promised to "provide people with the education, training, job placement assistance, and child care they need for two years—so that they can break the cycle of dependency. After two years, those who can work will be required to go to work, either in the private sector or in meaningful community-service jobs."

As proposed thus far, Clinton's plan would take the essential elements of the Family Support Act and give them a stronger bite. The Act does not force participants to work, simply requiring what is often a short stint in job training or other activities. Clinton, on the other hand, wants recipients to receive a full two years of training and education, which could include college classes. At the end of these two years, Clinton would require recipients to work or leave welfare, whereas now they can receive benefits indefinitely. Finally, all welfare recipients would be subject to the new rules, as opposed to only 20 percent under current law.

Clinton has succeeded in refocusing national attention on the problem of long-term welfare dependency. Like the state welfare reform proposals, his plan appeals to a large swath of

the public. But it will be expensive; the Clinton campaign estimated that new welfare expenditures will total \$7 billion a year by 1996. Moreover, there is no assurance that the plan will work. Here are some of the pitfalls Clinton faces:

A new welfare trap? Improving the skills of welfare mothers is essential. Without more to offer employers, many mothers will never be able to earn enough to support themselves and their families. This is a major reason why they are on welfare in the first place.

Unpublished documents from Clinton's campaign estimate that the expanded job training he proposes will reduce welfare caseloads by 14 percent over four years. This modest claim seems reasonable—if the two-year rule does not become an entitlement to two years of training and education.

But that is a big *if*. Clinton has promised to give welfare recipients up to two years of education, job training, job placement assistance, child care, and additional health coverage. Will this promise act as a magnet, attracting more people to welfare and keeping them on longer—so that they can get the benefits? There is some evidence that this happened in California before budget problems forced the state to trim the educational benefits in its welfare-to-work program.

Advocates of the two-year time limit say that it will reduce welfare dependency. However, maximums have a distressing tendency to become minimums. If the hundreds of thousands of new recipients who now quickly leave the rolls lengthen their spells to take advantage of a new training entitlement, caseloads will explode.

And why two years? Presumably because of the often-stated datum that half of all new recipients are off welfare within two years (see above). But there is no magic line at two years. It is just a convenient measure of dependency. Many recipients go off after much shorter periods.

One hopes, therefore, that the two-year time limit will not be applied literally but, instead, will be used to signal a new, overarching commitment to discouraging long-term dependency.

Can training do it? Those recipients who are already motivated to improve their lives, such as most divorced mothers,

will probably do well under Clinton's plan, especially if they are allowed to attend college or community college while receiving benefits. But, to make a real dent in welfare dependency, the training will also have to help unwed mothers, who form the bulk of long-term welfare recipients.

That will not be easy. Years of inactivity leave their mark. These young mothers, who start with poor prospects, further limit their life chances by dropping out of school, by having babies out of wedlock, and by not working. As a result, they do not have the education, skills, or work habits needed to earn a satisfactory living.

For many young mothers, training—at least as we now provide it—is too little, too late. Even richly-funded demonstration programs find it exceedingly difficult to improve the ability of these women to care for their children, let alone to become economically self-sufficient. Earnings improvements in the realm of 6 percent are considered successes for poorly educated young mothers with sporadic work histories. (Most programs don't even try to work with fathers.)

California's welfare-to-work program is a case in point. In 1985, the state established the Greater Avenues for Independence (GAIN) Program, an education and training project for women. A six-county evaluation found that, for single parents, average yearly earnings increased by only \$271. The county with the greatest improvement, Riverside, was able to increase earnings by about \$1,000, but average total earnings in Riverside were still less than \$2,500—not nearly enough to lift these single mothers off welfare. The welfare rolls declined by only 7 percent in Riverside, and by a disappointing 3 percent in the other counties.

Make-work jobs? After two years of education and job-training, most unwed mothers will still not be able to support themselves. Subjecting them to a work requirement will mean that a large proportion will end up in semi-permanent "community-service jobs," a euphemism for having them work to earn their welfare benefits (usually at the minimum wage).

The Clinton campaign estimated that under its reform plan, about 1.5 million young mothers would be required to take such jobs. Such a "workfare" program might, by itself, lower

caseloads. One of the few systematic evaluations of workfare took place in Ohio. Welfare recipients in eight counties were subject to a twelve-hour-per-week work requirement. For those in the welfare program for two-parent households, AFDC-UP, at least one adult was required to work up to forty hours. After five years, AFDC caseloads were 11 percent lower than would have been expected based on the experience of other counties in the state. AFDC-UP caseloads were a third lower.

A work requirement might also reduce the attractiveness of welfare for young people with poor earnings prospects. If young people know that the welfare agency is serious about mandating work, they will be less likely to view AFDC dependency as a possible life option. Over the long run, this could change behavior substantially—as the implications of the new regime sink into the consciousness of disadvantaged teens.

At least in the short run, however, a workfare program would be much more expensive than the current system, because of added costs for administration (to establish and monitor job placements) and child care (to free mothers to work). Clinton staffers estimate that monitoring each job would cost \$2,100 annually; child care would add \$1,300. The additional cost of \$3,400 per family is about equal to the average AFDC grant.

The biggest question, of course, is whether these would be real jobs, or simply the make-work jobs of the past. The Ohio program operated in only eight counties and was forcefully administered at the state and local levels. Conducting such a program on a nationwide scale will be much more difficult. Applying workfare to just half the welfare caseload could require a program at least five times the size of the present JOBS program, which the states have had great difficulty administering.

If the Clinton administration does succeed in introducing a national workfare program, it will take extreme shrewdness—and good luck—to avoid a replay of the results of CETA, the Comprehensive Employment and Training Act. Between 1973 and 1984, CETA spent \$60 billion dollars, and was widely perceived to be a failure. Lawrence Mead of New York University summarizes: "CETA was troubled by scandals. Local governments often used the slots for political patronage or to rehire displaced public employees, rather than give people with more

serious work problems a chance. {It} also had little impact on the intended clients, and this was more damaging in the long run."

The "slavefare" label? Key members of the welfare policy establishment have never liked the idea of requiring the poor to work at low-paying jobs to qualify for welfare benefits. To discredit earlier efforts to impose work requirements, they labeled them "slavefare."

This argument strikes a responsive chord among Americans who feel partially responsible for the situation facing these mothers and ambivalent about imposing "further hardship" and "our values" on them. But if not our values, whose? Certainly not those of a teenager who, by having had a child she cannot support, has already demonstrated that she does not make the wisest of decisions.

Strong opposition to the workfare component of Clinton's plan has already surfaced among his liberal constituencies. Given Clinton's very visible commitment to the idea, he is unlikely to abandon it, but he could well bend to pressure and emasculate the work requirement by adding various qualifications and exemptions.

The temptation to exempt? The opening would be Clinton's phrase "those who *can* work will be required to go to work" (emphasis added). As David Ellwood, assistant secretary-designate at the Department of Health and Human Services, has written: "it would not be difficult to create a set of exemptions that led to just 10 percent of the caseload being required to work." The possible exemptions? Mothers with children under three, mothers still in high school (or any school, for that matter), those with psychological problems or drug and alcohol addictions, and even those who are "socially" or "employment" disabled.

This would be a mistake. Mandated community service may be the only way to build the job skills and work habits of those who cannot support themselves in the regular job market. Inactivity is bad for everyone; it can be devastating for those only loosely connected to the labor market. Child abuse, drug abuse, and a host of social problems are associated with

long-term welfare dependency. A work requirement will help to reduce their levels.

Nevertheless, the problems of some young mothers will prevent them from satisfying even the minimal obligations of a part-time community service job. That's why Judith Gueron, president of the Manpower Demonstration and Research Corporation, the prime evaluator of much of the last decade's welfare reform programs, warned in the *New York Times* last year:

I think that if we introduce time limits on welfare, we'll have more women and children living in Grand Central Station... There are a great many welfare recipients who are very marginal in terms of their ability to work. Some are clinically depressed, or were abused as young women. This is not a group that just needs a good kick to get their act together.

But continued idleness would be an unwise accommodation. Their lives desperately need the structure that only the larger society can provide. These young mothers may need a modern version of the nineteenth-century settlement house, where counseling, education, child-development and parenting services, and other activities to structure otherwise idle time are all provided under one roof. The base for such a program could be the expanded Head Start program that everyone seems to support. Head Start professionals call this approach "two-generational programming."

Will we sanction? Most welfare recipients will not participate in these programs willingly, and many will drop out. Hence society, through welfare agencies, must be prepared to monitor compliance with work requirements and to sanction noncompliance.

But this is not simple. When Candidate Clinton spoke of cutting off benefits to mothers who fail to meet work and training requirements, most voters probably assumed that he meant to cut off *all* payments to them. But Clinton has been consistent in saying that it is only the mother's portion of the AFDC grant, and not the children's, that will be cut. Food stamps, Medicaid, housing, and other benefits would remain untouched.

Clinton may be overestimating the power of such a narrowly delimited sanction. In fact, we already have some idea

of how such a sanction might affect the behavior of young mothers. Between 1987 and 1991, the Department of Health and Human Services operated the Teenage Parent Demonstrations in Camden and Newark, New Jersey, and in Chicago, Illinois. These projects required that all teen mothers participate. If they failed to do so, they were subject to a reduction of their welfare grant by the amount allocated to the mother, generally a third to a half of the family's grant, or about \$160 per month.

The projects required participation in education, job-training, and work-placement programs. No exceptions were made for mothers with very young children or mothers still in school.

The first step was registration for the program, which included a preliminary session during which the mothers took a basic skills test and met program staff. There were high rates of compliance without the imposition of sanctions because the threat was real and readily apparent to the mothers. Over 30 percent of the teen mothers came in after receiving notice of the program, and another 52 percent came after they were warned of a possible reduction in their grant. Six percent had to be penalized before they would come in, and the remaining 12 percent never came at all.

After the initial assessment, the teen mothers were required to participate in workshops, public school classes, and education and training programs—activities that would presumably be included in the first two years of the Clinton plan. At this point, participation fell off sharply, dropping to about half. Even this low level of attendance was obtained only by heavy sanctioning. Sixty-two percent of participants who remained received formal warnings, while 36 percent had their grants reduced for at least one month.

Why this seeming lack of concern about receiving a full welfare grant? Some think it is because these women are unable to follow through with activities in their own economic interest. This is partly true, but there are also other forces at work. A study of welfare recipients by Kathryn Edin and Christopher Jencks found that AFDC and Food Stamps accounted for only 57 percent of their income. The rest came from friends, relatives, and absent fathers (21 percent), unreported work (10 percent), Supplemental Security Income and foster care (6 percent), illegal activities (3 percent), and other (3 percent). The evaluators of the Teenage Demonstrations believe that the mothers in their programs also had additional sources of support. It may be that some young mothers have decided that they do

not really need the money, or that it costs too much in foregone income to attend the programs.

There is another possibility, which is more disturbing: The young mothers came into the programs, willing to try them out, but did not like what they saw. That would help explain the difference between rates of initial and subsequent participation.

In any event, the Teenage Parent Demonstrations give us an indication of what it might take to enforce compliance with Clinton's plan. Most young mothers will come in during the initial stages for an assessment, but they are unlikely to continue participating without real prodding. And, despite multiple warnings, almost 40 percent will suffer at least one reduction in their grants. From 10 to 20 percent will simply drop out—acquiescing in a semi-permanent reduction in their grants rather than participating.

Will we, as a nation, be willing to accept the trade-off of some possible harm to the children whose parents do not participate in return for the benefit to those whose parents do? And will the program really benefit those who participate?

These are tough questions, but they do not mean that we should retreat from Clinton's proposal. They do mean, however, that caution is in order. The history of social engineering is strewn with examples of perverse and unintended consequences from even the most promising of programs. As all sides in the welfare-reform debate have come to agree, we need carefully controlled experiments to determine the effects of new policies.

Before closing, we should give incrementalism its due. When the Family Support Act was passed in 1988, many were disappointed that it did not impose greater obligations on welfare recipients. No one who participated in that debate would have predicted that four short years later a Democratic president and a Democratic Congress would be poised to adopt a time-limited welfare system coupled with a universal work requirement.

We can now see that the Act codified a fundamental shift in public and professional attitudes. It legitimized discussions of behavioral poverty and of government's right (and obligation) to do something about it. By doing so, the Act opened the door to a second, much more ambitious wave of reform. Unless Clinton really fumbles, this is a tale to give incrementalism a good name.

PREPARED STATEMENT OF HON. ALFONSE M. D'AMATO

Mr. Chairman, I am pleased to join you this morning as we continue to examine welfare reform options in our committee.

This is the fourth hearing we have held on the subject of welfare reform this year, and the first to focus specifically on teen parenting and its effect on long-term welfare dependency.

The facts surrounding this issue are sobering:

- Births to teenage mothers are at record levels. In 1992, there were 517,635 births to teenage mothers—and more than 70.5 percent of these births occurred outside of marriage.
- Half of all adolescent mothers—and three-fourths of those who were unmarried when they gave birth—end up on welfare within five years of the birth of their first child; most experience multiple spells of dependency—8 to 10 years on average.
- The increase in teenage births exacts an enormous economic cost—roughly \$34 billion annually to cover the costs of AFDC, Medicaid and Food Stamps for families begun by unmarried teenagers—to say nothing of the enormous human costs.

I hope this hearing will help us to better understand the reasons behind the rise of teenage pregnancy in our nation, to more fully grasp its costs and consequences, and to explore strategies to mitigate its effects, and to prevent its continued rise in the future.

PREPARED STATEMENT OF ROBERT C. GRANGER

Good morning. I am Robert Granger, a Senior Vice President of the Manpower Demonstration Research Corporation (MDRC). During the past twenty years, MDRC and other organizations have conducted a number of rigorous tests of programs designed to improve the self-sufficiency of young mothers on welfare. Thank you for the opportunity to discuss with you how this work relates to current debates regarding teen parents and welfare reform.

Let me begin with my sense of how a sizable portion of the general public probably views this subject. While polls suggest that this vision is not the prevailing one, it seems to be capturing the tone of much of the current political discussion. The view is something like this: "Teens are having babies they can't support and are dropping out of school. While we don't want to punish their children, these mothers don't deserve our public support. In fact, that public support probably encourages this behavior. Since nothing we've tried seems to work, why dump more money into programs? Why not save the money and discourage this behavior?" This is a compelling set of generalizations, and like many generalizations they contain elements of truth. But they are much more wrong than right.

I am going to suggest, contrary to the apparent views of many, that teens on welfare are diverse in ways that are important for policymakers; that we have some reliable and useful evidence about policies for teen parents on welfare; and that this subject encompasses some complex problems that we could easily make much worse.

For the past several years, I have been directing MDRC's New Chance Demonstration, a large national study of one approach to self-sufficiency for teen mothers on welfare. The core of this testimony is a synthesis of the early results from this study and two others that are also still in progress: MDRC's evaluation of Ohio's statewide LEAP (Learning, Earning, and Parenting) Program and the Teenage Parent Demonstration (TPD), funded by the U.S. Department of Health and Human Services and evaluated by Mathematica Policy Research, Inc.

First, a caveat. On questions such as "who are the teens" and "what do we know from demonstration programs," there is a clear story. But in answering questions such as "how might we weaken the trend toward births to unwed teens" and "should unwed teen mothers be eligible for cash benefits," there is much more uncertainty. Research provides some clues, but these and many other questions about the consequences of various policies related to welfare, teen parents, and their children push beyond what we reliably know. This suggests caution and concern about the unintended consequences of certain policy options.

WHO ARE THE TEENS ON WELFARE?

Nationally, there are approximately 380,000 teen mothers on welfare (8 percent of the caseload). This number is an undercount because some teen mothers on welfare are not identified as such because they are "embedded" in their own mother's welfare case, but it is the best number we have. While we do not have detailed na-

tional information on the characteristics of these teens, information from evaluations of intervention programs gives us a feel for the diversity of this group. From these studies, we estimate that about one-third of the teen mothers on welfare are high school graduates, about one-third are in high school, and about one-third are dropouts. Among the dropouts, some left school recently (especially the 16- and 17-year-olds); others left school long ago, in many cases before they were pregnant. This distinction regarding the school status of teen mothers is important because we have had some success with two-thirds of this group: the graduates and those in school (henceforth "students"). Beyond this, the samples in the intervention studies suggest that the typical teen mother on welfare is about 18 years old, has not been married, has one child (who is about a year old), and reads at approximately the eighth-grade level.

These statistical averages mask considerable variety. For example, New Chance served only mothers who were ages 16 to 22, had their first child as a teenager, and were school dropouts. Their average demographics look like the picture painted above. But among the New Chance teen mothers, approximately one-third had completed less than the tenth grade, one-third had completed the tenth grade, and one-third had completed the eleventh grade or more. Nearly two-fifths had left school before their first pregnancy, with the rest having left school afterward. One-third never received AFDC while growing up, whereas about one-fifth received it nearly always; and while one-fifth hoped that their children would get as far as high school graduation, four-fifths hoped that their children would complete college or graduate school. Clearly, there are big differences—even within this group of dropouts. When we add in the current students and high school graduates, we get still more diversity. More importantly, as I will discuss shortly, the differences are policy-relevant.

WHAT DO WE RELIABLY KNOW FROM DEMONSTRATION PROGRAMS?

MDRC and others have been studying different approaches to welfare policy for unwed teen mothers, using research methods that provide reliable information about the effects of those approaches. For example, the New Chance Demonstration, the LEAP evaluation,¹ and the Teenage Parent Demonstration are all studies based upon random assignment of individuals to two groups. In this kind of study, one group (the "program" group) receives the intervention being evaluated, and the other group (the "control" group) does not. Follow-up comparisons of the two groups provide unbiased estimates of the effects of each intervention. The differences in outcomes between the program and control groups are referred to as "impacts." Each of these studies is in mid-stream, with more news to come.² But the findings to date are quite consistent: some modest successes for high school graduates or current students and less encouraging (but instructive) results for dropouts. Before these findings are described, here is a snapshot of each intervention.

New Chance. Developed by MDRC and supported by a broad consortium of public and private funders, this demonstration tested a program model intended to improve the economic prospects and overall well-being of low-income young mothers and their children through a comprehensive and intensive set of integrated services. New Chance targeted families headed by mothers aged 16 to 22 who gave birth during their teenage years, were on welfare, had dropped out of high school, and did not have a diploma or GED (high school equivalency certificate). The program ran as a demonstration between 1989 and 1992 at 16 locations in 10 states (12 sites are still operating). New Chance primarily serves young women who volunteer for the program, although some participants fulfill the participation requirements of the

¹The evaluation of Ohio's Learning, Earning, and Parenting (LEAP) Program is being conducted in 12 counties in Ohio. At this point, 12 months of follow-up data are available for the entire research sample, and approximately 30 months of data are available for the portion of the sample in Cleveland. (The Cleveland sample is about 25 percent of the whole research sample.) The Cleveland data are important because they include sufficient follow-up to fairly test LEAP's effect on educational attainment. Such data will be available on the entire sample in 1996. Throughout this testimony, the LEAP follow-up data presented are all from the Cleveland sample.

²For example, further information will be available on LEAP this summer (including the first news about the economic and employment effects), and in early 1996 MDRC will report on the three-and-a-half-year follow-up in New Chance, covering employment, earnings, welfare, and child development effects. The U.S. Department of Health and Human Services is scheduled to release five-year follow-up results on TPD in 1996. Those results will include economic and child development outcomes.

federal-state Job Opportunities and Basic Skills Training (JOBS) Program by participating in New Chance.³

LEAP. Developed by the Ohio Department of Human Services and operated since 1989 by county Departments of Human Services, LEAP is an unusual statewide initiative that uses a "package" of financial incentives and penalties, along with case management and some support services, to promote school attendance among pregnant and parenting teenagers on welfare. The program requires teenage mothers and pregnant teens who do not have a high school diploma or GED and who are on welfare to stay in school or, if they have dropped out, to return to school or enter a program to prepare for the GED test. It offers both positive and negative financial incentives for them to do so: A bonus is added to the household's monthly welfare grant to reward good attendance, while the grant is reduced to penalize poor attendance or dropping out. By improving the teens' school attendance in the short term, LEAP seeks to increase the likelihood that the teens will complete school and, in the longer term, find jobs and leave welfare.⁴

TPD. Funded by the U.S. Department of Health and Human Services, this demonstration, like the LEAP program, offers an opportunity to study the effectiveness of mandatory-participation programs for teenage parents. Operated from late 1987 to mid-1991 in Newark and Camden, New Jersey, and in the southern part of Chicago, the demonstration was aimed at all teenage mothers with one child who were first-time recipients of AFDC. The young mothers were divided almost equally into those who were in school at the time they were enrolled in the program, those who were dropouts, and those who had already graduated. The teens were required to work or participate in job search, training, or education programs; failure to register for the program or to comply with this requirement could result in a sanction removing the teen mother's portion of the AFDC grant. In addition, the teen mothers received case management and child care and transportation assistance.⁵

The interventions differ in illuminating ways. Think of TPD as a well-implemented, highly mandatory JOBS program for teens. As a JOBS-type program, it targeted dropouts, students, and high school graduates and tried to move all toward self-sufficiency by enforcing a participation mandate. LEAP is an example of a "learnfare" model (but one with rewards and some services as well as penalties), and therefore also enforces a mandate: that students and dropouts stay in (or return to) school and finish. New Chance, targeted on the dropouts, is a comprehensive and integrated package of services and generally serves volunteers. Thus, in these three studies, we have three approaches to serving dropouts (mandatory JOBS, learnfare, and comprehensive services for volunteers); two approaches to students (mandatory JOBS and learnfare); and one approach for graduates (mandatory JOBS). What have we learned so far across these studies?

- *Such interventions can be well implemented.* All three projects have been well implemented. This is no mean feat given New Chance's complexity and the scale of LEAP and TPD. LEAP and TPD successfully created changes in the welfare system, turning it from an income maintenance system for adults to one that identified teen mothers (sometimes teens embedded in the parent's welfare case) and responded to their behavior. In addition, LEAP showed that it is possible to create cooperation between the welfare system, schools, and community organizations.
- *The programs produced increases in high school graduation rates and GED attainment.* The news from the mandatory programs suggests that they can make a positive difference in rates of high school completion for teens who begin the interventions while still in school. This is the story for LEAP in Cleveland and at one of the three TPD sites (Camden). It is not a simple story because success is not guaranteed: TPD decreased high school graduation rates in Newark and made no net difference in Chicago. While there has been some success, the absolute levels of graduation rates found in these studies are worrisome (e.g., about one-fourth of those who were initially in school in the LEAP group in Cleveland went on to graduate). The mandatory programs have not been successful in getting dropouts to finish GED programs or high school. New Chance, on the other

³ See Janet C. Quint, Denise F. Polit, Hans Bos, and George Cave, *New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children*. New York: MDRC, 1994.

⁴ See Dan Bloom, Veronica Fellerath, David Long, and Robert G. Wood, *LEAP: Interim Findings on a Welfare Initiative to Improve School Attendance Among Teenage Parents*. New York: MDRC, 1993. See also David Long, Robert G. Wood, and Hilary Kopp, *LEAP: The Educational Effects of LEAP and Enhanced Services in Cleveland*. New York: MDRC, 1994.

⁵ See Rebecca Maynard, Walter Nicholson, and Anu Rangarajan, *Breaking the Cycle of Poverty: The Effectiveness of Mandatory Services for Welfare-Dependent Teenage Parents*. Princeton, N.J.: Mathematica Policy Research, 1993.

hand, serving volunteers who expressed a desire to get a GED, has raised GED attainment 16 percentage points (37 percent for the program group compared to 21 percent for the control group).

- *More teens worked, and some got higher earnings than they otherwise would have.* In Both TPD and New Chance, over 40 percent of the research sample worked during the follow-up period. TPD, the mandatory JOBS-like program, increased employment rates about 5 percentage points for dropouts, students, and graduates alike. New Chance emphasized earning a GED as a prelude to employment, and at the first follow-up, the program was found not to have made a significant difference in the employment rate. But the fact that over 40 percent of the mothers in each intervention were employed at some point belies the stereotype of teens just sitting at home doing nothing productive. There is no news yet from LEAP on this issue.

While TPD raised employment rates across the sample, the increase in employment led to higher earnings only for one group: the teens who were high school graduates when they began the program. For them, the employment rate increase translated into a modest earnings impact (\$38 per month, on average). TPD did not significantly affect earnings for the dropouts or those who started as students. It remains to be seen whether the investment New Chance participants made in getting GEDs will translate over time into increased employment and earnings.

- *Some welfare savings were achieved.* Welfare reform programs can create welfare savings in three ways—by increasing earnings, by administrative practices or other policies that lead recipients or would-be recipients to avoid the system, or by grant reductions (sanctions). TPD reduced average benefit levels across its sample on the order of \$15 to \$30 per month for different groups. From looking at earnings, employment, and sanctioning data, it appears that earnings were driving the reductions for the high school students and graduates in the sample, while sanctions were a significant factor in the reduction in AFDC monthly benefits for the dropouts.

While TPD reduced average monthly benefits, high percentages of the teen mothers were still on AFDC at follow-up in TPD and New Chance (no AFDC information is yet available from the LEAP study). In New Chance, approximately 80 percent of the sample were on AFDC 18 months after they entered the study; in TPD, about 70 percent were on AFDC 24 months after entering the study. Neither intervention reduced the proportion of program group members who were on welfare at the follow-up point.

- *Program staff think that financial incentives are useful, but some teens do not respond.* TPD and LEAP both use the possibility of AFDC grant reductions as a tool to shape behavior; LEAP uses bonuses also. The dollar amounts of the sanctions in the two programs are quite different. In LEAP, a sanction is \$62 per month (as is a bonus), and the benefit level for a mother and one child in Ohio during the time the research sample came into the program was \$274 per month. In New Jersey in early 1991 (when TPD was in operation), the monthly benefit for a mother and one child was \$322 per month and a sanction was \$160. At the TPD site in Chicago, the comparable monthly grant was \$268 and the sanction was \$166.

Staff in both TPD and LEAP have described how sanctions are a useful tool for shaping behavior, and the rates of sanctioning in each program show that the tool was used to a considerably greater extent than has been found in welfare programs for adults.⁶ In TPD, more than one-third of the program group members had their AFDC grants reduced one or more times for failure to comply with ongoing requirements. In LEAP, bonuses or sanctions were requested for 94 percent of the program group members in Cleveland.

Sanctions are in the same family of policy options as "family caps" and proposals to deny benefits to unwed teen mothers: They are all ways of tying the amount of public assistance to behavior. Given the current focus on such policies, it is useful to go behind the TPD and LEAP sanctioning numbers a bit. The story is one of a distribution of effects: Some teens respond, but some teens get sanctioned continuously. This implies that the latter group's behavior is not changing and that the net effects are an income loss to the family and a reduc-

⁶For example, the recent evaluation of California's JOBS program found that 19 percent of participants were referred for a sanction (county estimates ranged from a low of 2 percent in Alameda to a high of 34 percent in Los Angeles). The actual rates of sanctioning were estimated for only three of the six study counties and ranged from a low of 0 to a high of 6 percent. The recent evaluation of Florida's JOBS program showed that 24 percent of participants were referred for a sanction; however, only 3 percent were actually sanctioned for nonparticipation.

tion in welfare expenditures (but unknown effects on other public costs such as foster care).

There is evidence in LEAP that high rates of continuous sanctioning occur, and that they occur disproportionately for the dropouts. Within LEAP, about 10 percent of the sample experienced no bonuses and frequent sanctioning. Only 4 percent of the teen mothers who were students when they entered LEAP incurred frequent sanctions compared to 22 percent of those who had dropped out by that point. (It is not possible at present to pull the TPD data apart. However, the overall rate of high sanctioning in TPD—about 10 percent—was close to the rate found overall in LEAP. It may be that the dropouts in TPD had a much higher rate than that.) The distribution of effects suggests significant caution regarding some of the current proposals to deny benefits, because the distribution implies that the manipulation of benefit levels may not change behavior—but will substantially reduce income—for some significant portion of the teens.

- The large-scale programs have not been expensive. TPD was modest in cost, and LEAP is quite inexpensive. TPD cost, on average, about \$2,200 per year per program group member. This total was composed of direct program costs of about \$1,400 per year and about \$800 per year in costs borne by the other agencies that supplied some TPD services. In all three TPD sites, the major share of resource costs (40 to 50 percent) was associated with case management and support services. The direct cost of LEAP in Cleveland was \$537 per teen per year. Approximately 65 percent of the amount was for case management (including transportation reimbursement to teens) and about 35 percent was for child care.
- *To date, there have been no positive effects on pregnancies and births.* For some time, the average size of welfare families has been dropping. For example, the average size was 4.0 persons in 1969 and 2.9 persons in 1992. But one of the reasons why teen mothers have longer welfare spells is that they have larger families. Perhaps no other area generates more consternation; most Americans (myself included) believe that people should not have children if they cannot support them.

Research has identified many intertwined factors that contribute to the rising rate of unwed teen pregnancies and births. Examples include poor economic prospects, a desire to achieve "adult" status, ignorance about contraception, poor marriage prospects, aggressive males, changing norms that accept unwed motherhood, sexual abuse, and public policies that encourage early pregnancy and discourage marriage. All these reasons are part of our current policy discourse, and all are accurate to some degree.

Regarding births to unwed mothers, the most powerful finding from New Chance, TPD, and other interventions for young mothers on welfare is that none has increased marriage rates or decreased repeat pregnancy and birth rates. Typically, two-thirds of the young mothers have a pregnancy within two years after entering the intervention; there are no marriage effects; most of the pregnancies are characterized as "unintended;" and most of the pregnancies result in live births. This was the case for mothers in New Chance (a comprehensive, supportive program with family planning) and TPD, where pregnancy brought a temporary exemption from program requirements but subsequent nonparticipation brought nearly a 50 percent reduction in the AFDC cash benefit.

SHOULD UNWED TEEN MOTHERS BE DENIED CASH BENEFITS?

It is easy to understand why this question is being posed. Because people are concerned that cash assistance encourages out-of-wedlock births, it may seem that denying benefits could both save some money and lessen the problem. The intervention literature cited above is clear: A variety of welfare reforms have not made a difference in the rate of repeat pregnancies. This inability of welfare interventions to reduce the rate of either repeat pregnancies or births to unwed young mothers is consistent with the findings that are commonly cited on this subject: The combined real value of monthly benefits and food stamps has fallen sharply in the last 20 years, while the rate of births to unwed women has risen. Those births are part of an international increase in births to unmarried women of all ages and income levels, and that trend seems to be driven by forces such as an increase in the ability of women to support themselves and a decreasing ability of men with limited skills to support a family. Cross-national comparisons find lower teen pregnancy rates in countries with richer public assistance programs (e.g., Canada). The proportion of 15- to 19-year-olds who are married has fallen by more than 50 percent in the last 20 years. All this suggests that welfare policy is not driving this engine.

MDRC's work with young mothers suggests to me that if we implement a policy such as denying cash benefits to children born out of wedlock to young mothers, some young women will not become pregnant; others will abort; some will have the children and work; some will have the children and marry; and many will have children and be much poorer. The distribution of these effects is not known, but everything we do know tells us that the last group will be large. Regarding the current caseload, approximately 28 percent of the children receiving AFDC were born out of wedlock to teen mothers. That is about 2,660,000 children. Assuming that this policy change could cut that number by a quarter—an extremely high estimate, given the various findings described above—there would still be 2,000,000 children who would probably be much poorer. A categorical denial of public assistance to those families is a risky step to take when the consequences of a misstep could be more homelessness and deprivation and the potential for success is unknown.

WHAT CAN WE DO TO REDUCE LONG-TERM DEPENDENCY?

Up to this point, my testimony has focused on research findings. In these concluding remarks on policy implications, I move into the territory of my personal opinions—views shaped by research, but personal nonetheless. It seems to me that the welfare interventions that have been rigorously tested have produced some solid answers to the question of reducing long-term dependency—not sea-change, sound-bite, silver-bullet answers, but strategies that have empirical support. This list could easily be longer, but four items seem central.

- *Do everything we can to keep teens in school and on track to graduation.* LEAP and TPD have shown—at least in some sites, with those who entered the program while still in school—that it is possible to use the welfare grant, along with case management and other support services, to increase both attendance and graduation. While welfare policy can increase participation in school, it cannot guarantee that the time is productively spent. This reminds us how directly teen mothers are influenced by policies and practices in such areas as education, employment, and health.
- *Encourage high participation in JOBS or JOBS-like programs for teens who have finished school or who are over 16 and will not attend school.* TPD's performance with graduates, as well as findings from well-run JOBS programs for older women (such as the GAIN program), support this approach. The data from these studies also underscore the conclusion that many participants will still be on public assistance after several years, especially those who do not finish high school.
- *Protect the children.* The mothers and their children are families: Cut support for one and you cut support for the other; raise income for one and you raise it for the other. Policies that demand participation in school and then employment for teen mothers seem to increase the positive effects of well-run programs. But, fundamentally, my reference point is the children, and my primary concern is the improvement of their lives and life chances. While recommending mandatory programs, I worry about the children in families that get their grants continuously reduced for noncompliance. There is no ready answer, but protection probably takes aggressive case managers, who can judge whether a young mother cannot participate in school or work—or will not. The first case calls for an exemption (usually temporary) and regular review. The second may demand child welfare services.

There also may be negative consequences when changes in child care are driven by participation mandates. Given the mixed record with teen mothers, participation mandates will not always produce results. But because an obligation to participate in school or work helps some mothers succeed, mixed success is tolerable if the child care for the children is of decent quality (remember, with teens we are talking about very young children). However, we know that much of the current care is not good for children. This suggests that policies that set a standard of part-time, rather than full-time, work are sensible.

- *Test new ideas.* There is no need to push untested ideas to national, or even state-wide, scale. A reasonable dictum might be, "The more radical the proposal, the more necessary the test of that proposal." Solid studies of welfare interventions have taught us a lot. Some of the lessons help us see where to go; others raise cautions regarding untested proposals. Whether welfare retains its current structure or becomes a state-administered block grant, policymakers will still need to use every resource wisely. In either environment, it is possible to put policies to the test if there is a way to support such work. The knowledge generated to date has been federally supported, and such funding becomes even more urgent under a decentralized system.

Thank you for the opportunity to share my thoughts. I welcome your questions and reactions.

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To: Bruce Anderson, U.S. Senate Committee on Finance Date: April 3, 1995
From: Bob Granger *Bob Granger*
Subject: Responses to written questions posed by Senator Pressler regarding the Committee's hearing on Teen Parents and Welfare Reform, March 14, 1995

Below are responses to the questions posed by Senator Pressler. I would be pleased to discuss any of the responses with the Senator or members of his staff.

Broad Welfare Reform Policy Goals

1. Like many of my colleagues here, I have been involved in several welfare reform efforts during my tenure in Congress. In each of these debates, we keep coming back to the same questions. Namely, how do we move from welfare dependency to work and self-sufficiency? We've tinkered with the system around the edges, yet we're back again at square one. What will it take to permanently change the welfare system and the trend of increasing teen pregnancies?

Answer

Perhaps we are not back at "square one," although the public hopes the current system will substantially change. MDRC's work on programs for adults (e.g., our evaluation of California's JOBS program, called GAIN or many state programs in the 1980's), plus our work on programs for teen parents, shows that it is possible to change the message of welfare to make it much more focused on work and thereby produce welfare savings while increasing employment and earnings. Furthermore, programs such as GAIN, LEAP, and the Teenage Parent Demonstration, have shown that it is possible to change the way the welfare bureaucracy treats adult and teenage recipients.

It is true that these programs do not seem to be affecting the rate of teen pregnancies or the proportion of those pregnancies that are out-of-wedlock. To ask welfare policy to drive these rates is a tall order and nothing we know says that it is possible. Rather, pregnancy and marriage rates seem to be affected by larger economic and social trends, such as the real wages available to low-skilled men and the general incidence of poverty, particularly in urban communities.

2. We all agree on the need for increased state flexibility. States clearly understand their needs and should be given the freedom to find innovative and targeted solutions. One of the

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central questions in deciding how to send welfare reform to the states is, "What, if any, federal mandates should the states operate under?"

- Should any federal strings be attached to block grant or entitlement funds for the purposes of combating teen pregnancy?

Answer

I would not attach "strings" expressly designed to combat teen pregnancy. Such strings imply that we know how to use welfare policy to improve this problem. We do not. Because of this, there is an urgent need to encourage learning from new ideas.

This raises a more general point that pertains to the many open questions regarding the best way to structure welfare. It appears, regardless of the details, that states will soon have much more flexibility to try new ideas. Studies of state innovations during the past 20 years have shown that it is possible to get clear answers about whether or not certain policies and programs improve self-sufficiency and are cost effective. While the research findings do not always support politically motivated positions, they have provided a growing body of information about what works — and how.

Much of this research has been required and funded as part of the current 1115 waiver process; a set of procedures that states, perhaps rightfully, feel is too constricting. However, if states are encouraged to innovate, it is critical that the situation not reduce to a lot of variation with no reliable way to sort out what works, how it works, and for whom.

In a block grant environment, it is hard to imagine that states will conduct solid evaluations of reforms without some help. Thus, the federal government can continue to play a vital role by assuring some authority that requires certain changes be evaluated, and that provides some funding to do so. One idea on funding might be a higher federal match on state dollars, e.g., 90%/10%, for evaluations that promise to add important information.

It is also very difficult, even within current law, for states to mount and evaluate radical new approaches. Many are calling for such "sea changes," but most would encourage testing of such ideas on a limited basis before the changes become state-wide or federal policy. The federal government can continue to play a role here by providing special programmatic and evaluation resources to support ideas that truly "break the current mold."

On a final note, several of the questions you pose in this interrogatory will be addressed by on-going studies of state waivers. Future legislation should encourage that such studies are continued and completed or the public investment in this work will be lost.

Teen Programs

1. Much of the national debate over welfare reform has focused on teen pregnancies. However, South Dakota is unique in that we have a much lower percentage of teen pregnancies. South Dakota averages 21.6 births for each 1000 young women aged 12 to 18. The national average is 74.3 per 1000. However, our overall poverty problem is much greater - we have the lowest wages in the country, which affects mothers of all ages.

- Should states have the flexibility not to target their program to teenage mothers?

Answer

Yes, states should have such flexibility. We know that unwed teen mothers often rely on welfare for extended periods of time. We also know that situations vary by state, and some states may decide to phase-in reforms with other groups (perhaps using a location-based strategy). Such innovations should be encouraged.

2. Most of the research on teen pregnancy has focused on urban areas. Most demonstration programs, such as the New Chance program, also have concentrated their effort in urban areas.

- What can you tell us about the state of teen pregnancy in rural areas? Have any reform programs targeted young women in rural areas?

- How do rural areas differ? Do these areas need different solutions?

Answer

Unfortunately, very little. No New Chance or Teenage Parent Demonstration sites were truly rural.

In a much more circumscribed study, Dr. David Old's study of a visiting nurse program with a rural sample in Elmira, New York has shown some promise. With a population of very poor mothers, his intervention reduced incidences of child abuse and positively affected the rate of repeat pregnancies. He is currently replicating this relatively small study with a larger research sample in Memphis, Tennessee.

Rural and urban areas do differ and may well demand different solutions. This suggests supporting legislation that preserves flexibility.

3. I am also interested in trends in teen-age pregnancies among American Indians. South Dakota contains three of the five poorest counties in the nation. Shannon County, which contains the Pine Ridge Indian Reservation is the poorest county in the country. Fifty-eight percent of our AFDC recipients are American Indians. Clearly, this population has special needs which require creative and targeted solutions.

- What can you tell us about trends in teen-age pregnancy among American Indians?
- How do these trends compare to other minority groups?
- How can we best serve this special population?

Answer

I do not know about research related to teenage pregnancy and American Indians. However, I agree that this situation is special. As implied in your question, it seems appropriate to focus, perhaps for this group and others, on general poverty issues in addition to welfare reform.

4. Current welfare policy contains an inherent disincentive to marriage and a sound family structure. Women are more likely to receive benefits if they are unmarried and pregnant. The result is an entire class of children at home without fathers or male role models.
 - How can we reverse this disincentive to a sound family structure?

Answer

It is clear, from work by Sara McLanahan and others, that children do better -- on average -- with two parents. Most of the reason why is economic. But some of the reason is implied by the strengths that two parents can provide as role models.

States should be encouraged to try reforms that encourage marriage and family formation.

Relatedly, in my opinion, the welfare system should send messages about paternity establishment, and should in most cases require minor mothers to remain at home (not establish their own residence unless their safety or the safety of the children requires such a residence). However, the area is complicated and I encourage you not to seek simple, drastic solutions that might create more problems than they solve.

Child Care

1. South Dakota has a surprising claim to fame. We have the highest percentage of working mothers with children under the age of six in the United States. Quality child care obviously is an important variable in the welfare equation.
 - How should reform deal with the need to provide quality and readily available child care to those who need it?

Answer

What we need from welfare is a system that provides a floor of temporary support while it encourages employment and self-sufficiency. The system should also recognize its "clients" are mostly children. In my opinion the welfare system should provide sufficient child care funding (perhaps in the form of vouchers to parents) so that they can "purchase" safe, reliable care.

PREPARED STATEMENT OF REBECCA MAYNARD

I am pleased to have the opportunity to testify before this committee to help inform you in your deliberations regarding national policies for addressing the problem of teenage childbearing. I will address each of the four questions posed in Chairman Packwood's letter to me of March 1, 1995. However, I will devote particular attention to the lessons from demonstration programs involving teenage mothers. More specifically, I will pay particular attention to what we know about the responsiveness of teenagers to interventions aimed at preventing early childbearing, as well as ways of mitigating the adverse consequences of early parenthood for those who do not delay childbearing. The most detailed source in information about the characteristics of teenage parents on welfare and their responsiveness to program interventions is the Teenage Parent Welfare Demonstration, sponsored by the U.S. Department of Health and Human Services between 1987 and 1991.¹ However, this knowledge base is enriched by the results of a number of smaller, more narrowly targeted demonstrations, as well as from national data bases.

I stress nine important conclusions from this body of research that relate directly to your questions:

- (1) The single most important factors accounting for the adverse consequences of teenage childbearing are their youth, their low levels of education and job skills, and the limited and inconsistent support they receive from the fathers of their children and from their families.
- (2) Reductions in the teenage pregnancy rate will be achieved only through a combination of successful efforts to lower the rate of teenage sexual activity through values campaigns and resistance training and improvements in the reliability of contraception for this population. We have not yet demonstrated on a large scale effective abstinence programs or programs that promote use of more effective contraceptive methods for this population.
- (3) Employment is the only route out of poverty for most teenage parents on welfare. Thus, public policies for them should emphasize employment preparation and support. Earning a wage above the poverty level, even through full-time employment, generally will require at least the basic skills of a typical high school graduate with no college experience.
- (4) Unconditional welfare benefits promote dependency. An estimated 5 to 10 percent of teen parents on welfare have or will find alternative means of support if required to participate in an education or employment program in order to receive maximum benefits. Most of the remaining teens on welfare will participate in such programs, but only if there are real consequences of failing to work actively toward attaining self-sufficiency.
- (5) Welfare programs requiring teenage parents to contribute directly to the economic support of their families or to actively prepare to do so can promote increased contributions to family well being by the young mothers, with no identifiable adverse consequences for the children. Serious financial sanctions are effective in promoting cooperation among those who truly need the welfare support and in encouraging those with alternative means of support to use those other sources.
- (6) Traditional approaches to second-chance education and job training are marginally effective, at best. Among the reasons for the limited success of these programs is their low quality and limited access for this low-skilled population.
- (7) Support services, such as child care and transportation, are essential for promoting education and employment among teenage parent welfare recipients. They are, however, less costly to provide than generally assumed. The higher cost of infant care needed by a new welfare recipient is less than the cost of care for the two children most have within two years of coming onto welfare.
- (8) We have no direct evidence to address the question of the relative merits of cash versus noncash benefits for this population. The one study that has addressed this question in the context of targeted welfare programs serving primarily adult recipients suggests that in-kind transfers have slightly higher target efficiency.

What we do know is that if there is no assistance for these young families, there will be serious consequences for many of the young mothers and their children. The best available evidence suggests that reducing (or capping) benefits will not eliminate the pregnancy problem. It probably will not even reduce the

¹This demonstration is being evaluated by Mathematica Policy Research, Inc., under a contract with the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (HHS-100-86-0046).

birth rate to poor women much. It also will not directly alter the earnings potential of these young mothers.

There is no evidence that the exceptionally high teenage birth rate in the U.S. relative to other countries is due to our welfare policies. Our welfare policies tend to be less generous than those of most of the other industrialized countries. Within this country, we see no positive correlation between state welfare benefits and teenage birth rates. Moreover, we have seen the trends in teenage birth rates moving in the opposite direction from trends in real welfare benefits.

HIGH RATES AND LONG DURATIONS OF WELFARE DEPENDENCE

The likelihood that teenagers engage in unprotected sex, become pregnant, and give birth are highly correlated with multiple risk factors. These factors include growing up in a single-parent family, living in poverty and/or in a high-poverty neighborhood, having low attachment to and performance in school, and having parents with low educational attainment. For example, white teens living in single-parent households are twice as likely to become teenage parents as those in two-parent families; black teens living in single-parent families are one and a half times more likely to become teenage parents (Zill and Nord 1994). These probabilities increase even more for those with low educational aspirations, low aptitude test scores, and parents with low education levels.

High poverty rates and longer periods of dependency are caused by a combination of greater income needs, lower earnings potentials, and less support from other sources. Teenage childbearers have more children than older childbearers and have these children over a shorter period of time. This increases their income needs and adversely affects the likelihood of their school completion and, relatedly, their subsequent employment and earnings prospects (Nord et al. 1992; Rangarajan et al. 1994; Grogger and Bonars 1993; Geronimus and Korenman 1993; Hoffman et al. 1993; and Ahn 1994).

These early childbearers are increasingly likely to be single parents and the sole providers for themselves and their children. Five years after giving birth, most teenage parents are unmarried. This fact reflects a precipitous increase in the incidence of out-of-wedlock births among all age groups (U.S. Department of Education 1993). Only about 30 percent of these single mothers who give birth as teens live with adult relatives, and less than one third receive any financial assistance from the noncustodial fathers of their children (Congressional Budget Office 1990). In part, the low levels of support from family members and their children's fathers reflect the low employment and income rates of these other individuals.

Early childbearing reduces significantly the probability that young women will complete their schooling and thus weakens their employment prospects substantially. Just over half of all teenage mothers complete their high school education during young adulthood. Many of those who do complete high school have especially low basic skills (Strain and Kisker 1989; Rangarajan et al. 1992; and Nord et al. 1992). As a result of their low basic skills and the compounding effects of their parenting responsibilities, they have limited employment opportunities and opportunities primarily restricted to the low-wage market (Berlin and Sum 1988; Cohen et al. 1994; Moore et al. 1993; Hoffman et al. 1993; and Rangarajan et al. 1994).

Consequently, poverty rates for this group are extremely high, even for those who are employed. Five years after giving birth, 43 percent of teenage mothers are living in poverty (Congressional Budget Office 1990). Although poverty rates are especially high among those living on their own (81 percent) and those not employed (62 percent), the rates are still relatively high among those who are employed (27 percent) and those living with a spouse or adult relative (28 and 34 percent, respectively).

Nearly half of these young mothers, and 77 percent of those who were unmarried when they gave birth, end up on welfare within five years after becoming a parent. Moreover, the periods of welfare dependence are substantial for those who go onto welfare. Over 60 percent of initial welfare spells last two or more years, and 40 percent last at least four years (Gleason et al. 1994). In addition, most teenage parents experience multiple spells of dependence, which in total average 8 to 10 years (Maxfield and Rucci 1986; Ellwood 1988; and U.S. House Ways and Means Committee 1993).

These high poverty rates are accompanied by numerous other life-complicating factors, some caused by poverty and some contributing to its perpetuation. Teenage parents are disproportionately concentrated in poor, often racially segregated, communities characterized by inferior housing, high crime, poor

schools, and limited health services. The teenagers often have been victims of physical and/or sexual abuse. For example, recent studies of Washington State welfare recipients estimate that half of those who give birth before age 18 also have been sexually abused, and another 10 percent or more have been physically abused (Roper and Weeks 1993; Boyer and Fine 1992). A national study indicates that nearly 10 percent of all females ages 18 to 22 have experienced involuntary sexual intercourse by the age of 20 (Moore 1994). This underscores the importance of flexibility within the welfare system to allow alternative living arrangements for some teenage parents.

LESSONS FROM DEMONSTRATION PROGRAMS FOR WELFARE MOTHERS?

The lessons from prior research fall into three categories: (1) lessons about the population that becomes dependent on welfare—their potential to support themselves and their children, the nature of the support they have available from their families and partners, the reality of various means out of poverty, and their interest and ability to control their fertility; (2) the effectiveness of various other model programs aimed at addressing the consequences of early childbearing; and (3) what the research tells us about the prospects for prevention efforts.

The Population of Teenage Parents on Welfare

Teenage parents on welfare are diverse in terms of their barriers to and strengths for attaining self-sufficiency. As with teenage parents in general, most of those on welfare live in poverty, often in dangerous neighborhoods, and many have no or few role models in their communities to guide them toward social and economic independence. Yet, the mothers and their social settings differ substantially in terms of the specific barriers they face and the resources they have available to promote their self-sufficiency and help them control major life decisions, such as their fertility.

At the time of the birth of their first child, roughly equal numbers of teenage parents on welfare have completed high school, are still in school, or have dropped out (Maynard 1993). Overall basic skills levels are low, averaging about eighth-grade for reading and math. Roughly one-quarter have skills at the sixth-grade level or below and one-quarter have tenth-grade skills or higher. Still, one-third of those graduating from high school have reading skills below the sixth-grade level. Yet, at the other extreme, about one-fourth of the teenage parents coming onto welfare have fairly strong basic skills and could be expected to move into the work force or post secondary education with modest levels of transitional assistance.

Support from family members and other adults is limited for many teenage parents on welfare. Currently, only about half of the young mothers on welfare remain at home with other adults (usually a parent) who could provide economic and social support; less than 5 percent live with the fathers of their child. Some choose to live independently; others do so to escape abusive or otherwise inhospitable home settings. Regardless of living arrangement, only about 30 percent receive any child support from the noncustodial fathers, and less than 20 percent receive support regularly. Support from family members and the fathers of the teenage parents' children tends to be highly unstable.

Employment is the surest means of escape from welfare and poverty. It also provides teenagers with the highest probability of staying off welfare, as marriage rates are low and falling. In one large scale study, only 12 percent of first-time teenage parents leaving welfare within two years did so as a result of marriage or cohabitation. Nearly half left as a result of employment, and 41 percent left for various other reasons, such as administrative closings and geographic mobility. One fourth of first-time teenage parents on welfare who gained employment within two years of coming onto welfare were living in poverty, as contrasted with more than 95 percent of other teens (Maynard 1993).

The pattern of recidivism was similar for those leaving due to marriage or employment (Gleason et al. 1994). Nearly 30 percent returned to welfare within six months and two-thirds within three years. Although high, these rates are well below the rates for those leaving for other reasons such as residential mobility or administrative actions. More than half of this group returns to welfare within six months and 90 percent return within three years.

Fertility control is a major barrier to self-sufficiency for most teenage parents on welfare. Teenage parents understand the negative implications of having additional children before they are able to provide adequately for their own and their children's economic support. They try to act on this knowledge by postponing future childbearing, but they fail miserably. The majority of young mothers on welfare are adamant about not wanting more children in the foreseeable future, giving all the right reasons:

It's different when you don't know, when you don't have a kid . . . I know how hard it is with one—how in the world would you make it with two?

I just want to get into school and to work. I really don't want to take time off for no more children right now. I'm not ready for it now. When I have my own place, a full-time job, but not right now.

After the first child, most teens on welfare do use contraception (83 percent)—most often a relatively effective method like the pill or an IUD (75 percent) (Maynard and Rangarajan 1994). However, most also are pregnant again within a relatively short time. About one-quarter will be pregnant within a year after the birth of their first child, and about half are pregnant again within two years. Moreover, most of these pregnancies (75 percent) are carried to term.

The clear implication is that many who are using "effective" contraceptive methods are not using them "effectively," for a variety of reasons:

I didn't plan it, and then again I kind of knew that it was going to happen because I wasn't like really taking the pills like I was supposed to. I couldn't remember every day to take the pill. And, I still don't.

I really don't want to take time off for no more children right now But, I'm allergic to birth control pills.

My boyfriend thinks it (the pill) has something in there killing him.

These statements were made by teenage parents who participated in a program that provided family planning workshops, counseling, and services to teenage parents on welfare. The statements also were made by adolescents who have short time horizons, tend to take risks, and often act impulsively and in response to peer pressure.

Marriage is not a serious goal for many teenage parents on welfare. The young mothers cite a number of reasons for their lack of interest in or hope for marriage, including the unreliability of men, their own desires for independence, and the impermanence of marriage among their peer group and more generally within their communities.

It don't seem like no marriage is gonna work. I don't want to go through that. Two months later, then he gets seeing somebody else. Then he ain't got no money or assets for you to collect.

When you're single it's better. They treat you so much better when you're not married, you know When you're single, it's honey this and honey that. When you're married—do this, do that.

I want to be on my own, because you can never depend on a man Plus, if I go home with money, he and me is going to be arguing. So, it is best to be independent, because you never know that you and that man is going to be together forever.

These types of statements, from a study of teenage parent welfare recipients (Polit 1992), are fairly typical of the reactions of teen parents in other recent studies (Anderson 1994 and Quint et al. 1994a).

Field Test of a Reformed Welfare System for Teenage Parents

In the late 1980s, the U.S. Department of Health and Human Services launched a social experiment to test the implications of a major change in the welfare system for teenage parents. This experiment, commonly referred to as the Teenage Parent Welfare Demonstration, was a large-scale field test of a mandatory Job Opportunities and Basic Skills Training (JOBS)-type program for first-time teenage parents on welfare. The cornerstone of the intervention was case management to guide and support the young mothers in active participation in jobs or activities preparatory to jobs, such as education or job training. By design, the program was modest in cost (\$1,400 per participant-year) and operated through state welfare departments. The programs provided universal coverage, in that all first-time teenage parents on welfare were required to participate in the demonstration (or a randomly selected control group). There were no exemptions from participation, and temporary deferrals were discouraged.

Demonstration programs operated in three sites—the cities of Camden and Newark, New Jersey, and the South Side of Chicago. Over the course of two and a half years nearly 6,000 teenagers in these cities who had their first child and were already receiving or started to receive welfare were enrolled. Half were randomly selected to participate in a new welfare regime requiring them to engage in approved self-sufficiency-oriented activities or to risk a reduction in their welfare grants of about \$160 a month—the enhanced services program. These young mothers also received a fairly rich bundle of support services to facilitate and promote their compli-

ance with these requirements. The other half of the mothers received regular welfare services.

An ongoing, multifaceted evaluation of the demonstration is tracking the 6,000 young mothers longitudinally through administrative data and personal interviews. Throughout the four-year operational phase of the demonstration, researchers also conducted extensive on-site observations and individual and group interviews with program staff. Additionally, focus groups were conducted with the young mothers, and researchers conducted extensive case reviews with the program staff who assisted specific mothers during their participation in the new welfare regime. Special sub-studies examined child care needs and use and assessed parenting and child outcomes.

High participation was achieved only through the use of the financial sanction policy. About 90 percent of the eligible young mothers participated in the JOBS-type programs; the vast majority of those who did not participate left welfare relatively soon after being notified of their participation requirements. Yet, the high participation rate was achieved only with persistent outreach and follow-up by program staff and reliance on sanction warnings and grant reductions. Over two-thirds of all program participants entered the program only after one or more sanction warnings had been issued. During the course of the demonstration, two-thirds of the participants received one or more sanction warnings, and one-third had their grants reduced for noncooperation with participation requirements. Grant reductions were very effective in prompting the young mothers to resume their self-sufficiency oriented activities.

The demonstration had statistically significant, but modest effects in promoting school enrollment, job training, and employment. It also reduced welfare dependence. During the two years after enrollment, those receiving the enhanced services and subject to participation mandates were in school, job training, or employed 28 percent more of the time than those subject to regular AFDC policies. The largest gains were in school enrollment—a 13 percentage point increase from 29 to 42 percent. Gains in employment and job training rates were in the 4 to 5 percentage point range. Nearly half of those in receiving the enhanced services had some postenrollment employment, and just over 25 percent participated in job training.

The reformed system led to statistically significant, but small, increases in earnings and reductions in welfare. However, the size of the average earnings gains (\$20 a month, or 20 percent) was the same as the size of the average reduction in welfare benefits (\$20 a month, or 9 percent), leaving the mothers no better off financially.

Only those who found jobs experienced significant reductions in poverty. Only one-fourth of those who were employed two years after enrollment were poor, as compared with over 95 percent of those who were unemployed. Too few (less than 10 percent) got married or established stable relationships with male partners to contribute significantly to poverty reduction.

Neither the mandatory participation requirements nor the financial sanctions had adverse consequences for the children of these young mothers. The mothers were generally able to find child care they were comfortable with and care that did not seem to be inferior to the care the mother herself would provide (Kisker et al. 1990). Moreover, about 40 percent of this care was provided at no cost; the remainder cost about \$1 an hour, on average.

Those mothers attending school or training or who were holding jobs generally exhibited parenting skills that were comparable or better than other mothers. Consistent with this finding, measured developmental outcomes during their late preschool years for children whose mothers who had participated in the demonstration when the children had been infants were comparable with outcomes for children whose mothers received welfare under the old rules (Aber et al. forthcoming).

Major reform of our child support enforcement policies will be necessary to increase support from noncustodial fathers. Enhanced child support was a major part of the conceptual design for the demonstration welfare policy. Two sites increased paternity establishment rates by about 10 percentage points, but these increases did not translate into increased child support payments. Payments and awards were very low in all three demonstration sites for both those receiving the enhanced services and those receiving the regular welfare services. Awards averaged about \$120 to \$140 a month; payments averaged less than \$50 a month. In large part, the failing in this area was due to low cooperation by the local child support enforcement agencies who were skeptical of the pay-off. However, the limited financial benefit for the mothers (up to \$50 a month) and low earnings of the fathers also contributed to the poor results.

The reforms also failed to reduce the incidence of repeat pregnancies and births. Over half of the young mothers were pregnant within two years after enroll-

ing in the study sample, and two-thirds were pregnant again by the end of the first wave of follow-up data collection, which averaged about 30 months after enrollment. Yet, all programs offered workshops in family planning as well as trained case managers who provided family planning counseling and support to the teenage parents. The young mothers were simply poor contraceptors. Most who got pregnant carried the baby to term and few felt any stigma associated with having another child while still on welfare.

Other Demonstration and Program Initiatives for Teenage Parents

Over the past 10 years, several other demonstrations have tried to help teenage parents improve their basic skills and employment prospects and, thereby, mitigate the long-run adverse consequences associated with early childbearing. These have included special schools for pregnant and parenting teenagers; employment and training programs for disadvantaged youths; alternative schools for at-risk students, with special accommodations for parenting teenagers; community-based education and training programs, some offering substantial social support services; and health and social services delivered by home visitors.

The research on these other program models aimed at mitigating the consequences of teenage parenting also provides little guidance for developing effective interventions. The results of six especially noteworthy programs for teenage parents (in addition to the Teenage Parent Welfare Demonstration discussed above) that have been evaluated recently are summarized below.

Job Start was a 13-site demonstration of education, vocational training, and support services for disadvantaged, young school dropouts. The demonstration operated between 1985 and 1988 and served about 1,000 youths between the ages of 17 and 21; about one-fourth were teenage parents. The program, which was evaluated using an experimental design, increased significantly and substantially completion of the General Education Development (GED) certification requirements (Cave et al. 1993). However, it failed to increase earnings and led to large (13 percent) increases in repeat pregnancy rates.

New Chance was a national demonstration of small-scale, intensive, and comprehensive service programs for teenage parents on welfare who had dropped out of school. Between 1989 and 1992 the programs provided education, training, and extensive social support services for up to 18 months to 1,400 volunteers. The programs, which were evaluated using an experimental design, also increased the incidence of GED attainment significantly. However, they had significant negative impacts on employment and earnings and significantly increased the incidence of both repeat pregnancies and abortions (Quint et al. 1994b).

Project Redirection was a four-site demonstration of comprehensive services for teenage parents age 17 or younger. Between 1980 and 1981, community-based organizations provided a variety of services, including education, training, mentoring, job placement, child care, family planning, and parenting training to over 300 volunteers. The evaluation, based on a comparison site design, suggests that these programs led to modest (but significant) increases in earnings, had no impact on educational attainment, and large (20 percent) increases in birth rates (Polit and White 1996).

Ohio Learnfare is a state welfare program designed to keep teenage parent welfare recipients in school through a system of financial incentives and penalties. Some sites offer intensive case management and special support services to facilitate school retention, but the majority provided only minimal case management services. The early results from an experimental evaluation indicate that the program significantly increases the likelihood that in-school youths will remain in school and it prompts youth who otherwise would not return to school to do so (Bloom et al. 1993). However, there was no added benefit to the more intensive case management and support services. Results for earnings or repeat pregnancy rates are not yet available.

The Teenage Parent Health Care Program was an intensive, health-focused intervention for mothers under age 17 and their infants. It had no program services or component directed at promoting education or employment goals. Rather, it provided intensive case management by trained medical social workers for up to 18 months after delivery. The program served about 120 mothers and infants in the late 1980s and was evaluated using an experimental design. It had no measured impacts on school enrollment. However, it did reduce significantly (by 57 percent) the incidence of repeat pregnancies (O'Sullivan and Jacobson 1992).

The Elmira Nurse Home Visiting Program was a demonstration of nurse home visitation for socially disadvantaged women bearing their first child. The program served a total of 400 women, 47 percent of whom were teenagers. This program, which was evaluated using an experimental design, reduced significantly the

incidence of repeat pregnancies and showed hints of increasing employment rates for the teenage mothers (Olds et al. 1988).

None of these programs has succeeded in changing these young mothers' life courses dramatically. Yet, each provides important lessons to complement those from the Teenage Parent Welfare Demonstration.

All of these programs for teenage parents faced major challenges in getting young mothers to participate and remain in the programs. Only programs with welfare-linked participation requirements accompanied by financial sanctions—Ohio's Learnfare program and the Teenage Parent Welfare Demonstration—reached significant portions of the target population. Even these programs had to work diligently to recruit and retain participants, including judicious use of sanctions.

The impacts of the interventions on human capital development, employment, and fertility control have been modest, at best. Programs that focused on human capital development and support were successful in promoting GED completion. However, GED attainment did not, in turn, lead to increased earnings or economic well-being (see also Cohen et al. 1994).

None of the employment or welfare-focused programs succeeded in helping young mothers take control of their fertility. Only the two small-scale demonstrations of medically focused interventions with home visiting or extensive medical social work services show promise in achieving family planning goals. However, these programs did not generally succeed in addressing the economic needs of these young mothers and their children.

Prevention Programs

In response to the persistently high rates of teenage childbearing in this country and the worsening consequences for early childbearers, there have been numerous demonstration and program initiatives aimed at encouraging teenagers to delay sexual activity and/or childbearing. These include school-based health and education programs, as well as community wide efforts.

None of the school-based health programs has proven to have major impacts on the teenage pregnancy and birth rates. The research highlights only a few programs with promise for reducing sexual activity rates, increasing contraceptive use among those who are sexually active, and reducing overall pregnancy rates. "There is not sufficient evidence to determine if school-based programs that focus only on abstinence delay the onset of intercourse or affect other sexual or contraceptive behaviors. . . [or whether] school-based or school-linked reproductive health services, either by themselves or in addition to education programs, significantly decreases pregnancy and birth rates" (Kirby et al. 1994).

The most promising programs in this category provide clear messages on values. They also offer specific strategies and skills for resisting peer pressure to engage in sex and for using contraceptives effectively after youths become sexually active. Several promising models warrant further study, including the Children's Aid Society Teen Pregnancy Primary Prevention Program in New York and the Teen Services Program in Atlanta (Howard 1985). The former offers strong reproductive health education and counseling in the context of a more holistic approach to addressing the needs of teenagers from disadvantaged backgrounds. The latter program is a school-based initiative that combines reproductive health education with strong values development, stressing the importance of abstinence or protected sex for those who are sexually active. However, these programs have not been either rigorously evaluated or successfully replicated.

CASH VERSUS IN-KIND BENEFITS

We have not systematically tested the merits of substituting in-kind benefits for cash for poor teenage parents. The best available evidence on this point comes from a more general literature on various types of welfare policies and programs. The literature suggests that noncash benefits are a bit more effective than cash in achieving specific goals, such as improved nutrition, better quality housing, or better access to needed health care (Currie 1994). However, the target efficiency of a comprehensive package of in-kind versus cash benefits depends critically on the ability of the policymakers to define appropriate mixes of in-kind benefits for individuals who have very different needs.

A policy of eliminating benefits for teenage parents will indeed leave many of these young mothers with few options for supporting themselves and their children. The termination of welfare would prompt some families to provide additional support of their parenting teenage children. However, many of these families have limited financial means themselves; too many also do not provide homes that are supportive and safe for these young mothers and their children.

Similarly, some of the fathers could be encouraged to contribute more under a no-welfare policy for teenage parents. Yet, many of the fathers have limited work skills and few good job opportunities in their communities. For example, among a large sample of first-time teenage parents on welfare, more than 40 percent of the fathers of the young mothers' children had not completed high school and less than half of them were employed shortly after the birth of their child (Gleason et al. 1993).

THE CAUSE OF THE HIGH TEENAGE BIRTH RATE IN THE U.S. AS COMPARED WITH OTHER COUNTRIES

The rise in the incidence of teenage pregnancy and childbearing in the U.S. is largely a function of increases in the incidence of sexual activity and reductions in abortion rates. Teenage pregnancy and birth rates have been rising fairly rapidly over the past five years. In 1992, there were 62 births per 1,000 teenage girls, compared with only 50 births per 1,000 in 1986—a 24 percent increase (Moore 1994). During this period, the proportion of out-of-wedlock births to teenagers increased from 61 to 69 percent (13 percent).

Most of the increase in pregnancy and birth rates can be explained by the continued rise in the incidence of premarital sex among teenagers (up from 44 percent in 1985 to 52 percent in 1988), and by a decline in the abortion rate among teenagers. Indeed, a recent study reports a substantial increase in the both the rate of contraceptive use and its effectiveness (Alan Guttmacher Institute 1994). However, these strides forward have not kept pace with the rising sexual activity rates and the decline in abortion rates. This is especially true among low income families and teenagers, for whom the contraceptive failure rate is about double the national average, regardless of the method.

Adolescent childbearing is largely the result of unprotected sex among adolescents who, as a group, are prone to impulsive behaviors and risk-taking. Eighty-two percent of teenage pregnancies are unintended, and 69 percent of births to teenagers are the result of unplanned pregnancies (Moore 1994). A typical explanation is: "It simply happened." For example, among first-time teenage parents on welfare, over one-fourth had never used any form of birth control prior to having their first child, and more than two years after giving birth, half reported not using any contraception during their last intercourse even though over 80 percent had used contraception (Gleason et al. 1993).

Teenage birth rates have more to do with poverty than with the generosity of welfare benefits. For example, New Hampshire has the lowest teenage birth rate in the country (33:1000—a rate comparable to that in Great Britain), but it ranks 33rd in generosity of welfare benefits. At the other extreme, Mississippi has the absolute lowest AFDC benefit level, but has the second highest birth rate (86:1000). Moreover, as AFDC benefits increased throughout the 1970s and 1980s, the teenage birth rate fell. As welfare benefits began to fall in the 1990s, the teenage birth rate began to rise. The one study showing a significant relationship between benefit levels and the birth rate finds only a modest relationship and only for whites (O'Neill 1993).

Reductions in teenage childbearing will have compound benefits associated with lowering even further the rates for subsequent generations. Teenage childbearing not only interferes with the education and employment prospects of young mothers and their prospects for marriage, but it is associated with lower quality home environments for children (measured by factors such as children's books in the home and reading to children) (Nord et al. 1992; Zill and Nord 1994). All of these factors are strongly related to the teenage childbearing among subsequent generations. Indeed, nearly two-thirds of first-time teenage parents on welfare have mothers who also gave birth during their teen years (Maynard et al. 1993).

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PREPARED STATEMENT OF KRISTIN A. MOORE, PH.D.

The focus of my remarks is on the prevention of adolescent pregnancy. Once a pregnancy occurs to an adolescent, all of the available options are difficult and impose costs on individuals and/or on society. Therefore, the prevention of adolescent pregnancy should have high priority for policymakers. The U.S. teen birth rate was nearly one-quarter higher in 1992 than in 1986. Moreover, the current U.S. teen birth rate (61 births per 1000 females aged 15-19 in 1992) is the highest teen birth rate by far among comparable industrialized democracies. We need to do some hard and clear thinking about ways to prevent adolescent pregnancy.

What is required to prevent adolescent pregnancy?

Broadly speaking, there are three types of factors that need to be addressed:

- information,
- contraceptive services, and
- motivation.

Information. By information, I mean education about sexuality that takes place in the home, in a religious setting, a school, or a community organization that goes beyond the mere clinical facts of reproduction. Research to date indicates that the most effective sex education approach is one that both encourages abstinence and

also discusses contraception. Numerous studies have found that discussing contraception does not seem to encourage teens to have sex. Research has also found that combining messages about abstinence with messages about the importance of contraception when sex is eventually initiated is more effective than either pushing abstinence alone or pushing contraception alone.

Services. By services, I mean accessible and affordable contraceptive services. There is no question that abstinence is the most effective way to prevent not only pregnancy but also sexually transmitted diseases, including AIDS. However, there is also no question that some teens are going to have premarital sex in this country, as they do in many other countries, and that tax payers as well as the teens will be better off if teens are protected from pregnancy, AIDS and other sexually transmitted diseases. Curtailing funds for family planning during the 1980s doesn't seem to have had much effect on adolescent sexual behavior. Despite significant cutbacks in funds for family planning, the proportion of teens who initiated sex increased during the 1980s. On the other hand, funding cutbacks have made contraceptive services less accessible and affordable for some teens, and the teens who are the least likely to surmount barriers to access are the teens who are the least motivated to prevent parenthood.

Motivation. Motivation is the third critical component. While sex education and contraceptive services are needed and do not seem to cause teens to initiate sex when they would not otherwise have done so, the provision of information and services does not address the more fundamental question of motivation.

Teens who are bound for college or another form of post-secondary education, who look forward to good jobs and a comfortable family life, will postpone having sex or diligently use contraception in order to avoid pregnancy (and, if they do become pregnant, the majority have abortions). Teens who lack hope for the future are likely to drift into sexual activity at a young age; they may not avail themselves of contraceptive services even when services are made readily available in a school-based clinic. These kids are taking risks with AIDS; it is not surprising that they are taking risks with pregnancy as well.

The notion of "drift" is very important here. We know from numerous studies that the overwhelming majority of pregnancies to teenagers, particularly those to unmarried adolescents, are unintended (in fact, nine in ten pregnancies to unmarried teens are unintended). Thus, there is really much more common interest between policymakers, taxpayers, parents, and teens than is commonly supposed. Most adolescents, even those who experience pregnancy, don't want or intend their pregnancies. Rather, they seem to drift or be pressured, or even coerced, into sex without much consideration of the long-term consequences. It isn't that they are seeking pregnancy in order to qualify for welfare benefits, or for any other reason. The problem seems to be that the teens who experience pregnancy are not seeking or planning for much of anything. It takes a lot of motivation to resist pressures for sex, or to obtain a method of contraception and use it consistently and correctly over time. The fact is that the probability of pregnancy among sexually active couples who do not use contraception is very high; about nine in ten will experience pregnancy in a year's time. Moreover, even among that majority of teens who do use contraception, failure rates are high, particularly for young, poor and single women. Thus, in the absence of substantial motivation, pregnancy is, unfortunately, quite likely.

How, then, can we increase the motivation of teens?

It is my considered opinion that cutting welfare benefits to adolescent parents will have little effect on the sexual behavior of teens, in part because their pregnancies are unintended, in part because cutting benefits has no effect on the incentives faced by their male partners, and in part because the research literature so clearly identifies other factors as the underlying causes of early sexual initiation and pregnancy.

We know from studies conducted throughout the world that economic opportunity, educational opportunity, and opportunity for women are associated with postponing childbearing, longer intervals between births, and smaller family sizes.

Research on teenage childbearing in the United States similarly identifies socioeconomic opportunity as a very strong predictor of early childbearing. In several reviews of research conducted in the United States, we have identified four broad sets of factors associated with early childbearing among adolescent males and females. These are: poverty; school failure; being involved in other forms of risk-taking or behavior problems; and family problems. Analyses that we have recently conducted among a sample of white high school students illustrate the magnitude of these factors. Among a sample of eighth grade girls, we found that only 1.6 percent had a birth during their high school years if they aspired to graduate from college, if their parent was a college graduate, and they had no serious behavior problems. On the other hand, among eighth graders who only aspired to complete high school or less,

who were described as having at least one behavior problem at school, and whose parent had no more than a high school education, 28.5 percent had had a baby four years later.

I do not mean to imply that programs must necessarily get all teens through college. The point is that teens need to have some hope for the future. They need to be embedded in a structure of incentives that includes negative sanctions for undesirable behavior combined with positive sanctions that support and encourage desired behavior.

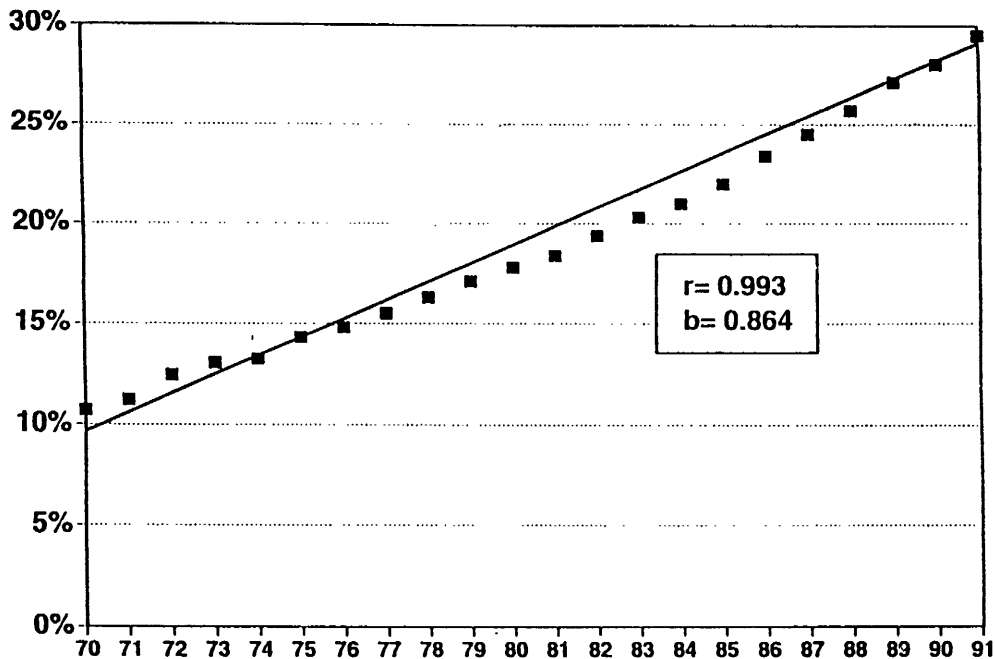
In addition, this structure of incentives, which combines both positive opportunities and negative sanctions, needs to be directed at males as well as females. The fathers of the babies born to teenagers are generally older than the young mothers, and two-thirds are not themselves teenagers. The primary lever policymakers have to affect male incentives is enforcement of child support. Fathers, even younger fathers, should contribute to the support of their children, and if they are unemployed, fathers as well as mothers should receive education and job training and be subject to "workfare" to enable them to provide child support. If Congress wants to send a message intended to discourage teenage parenthood, child support enforcement would be my number one recommendation.

Another element in the prevention of pregnancy is the prevention of subsequent pregnancies. Intervention programs find that it is very difficult to prevent the occurrence of second and later pregnancies. Indeed, in the United States, the occurrence of repeat births to teens climbed 12.5 percent between 1985 and 1992. Several studies have found that repeat childbearing and larger family sizes predict a higher probability of welfare entry and a lower probability of welfare exit; consequently the fact that programs have been unsuccessful in delaying second pregnancies is disturbing. On the other hand, very few Americans prefer to have only one child, and I suspect that this very strong normative preference to avoid having an only child is at least part of the reason that we see so many second births in short order. Again, it's a matter of low motivation, combined with the disorder and difficulties inherent in the lives of young, single parents that leads to pregnancies that aren't wanted or intended, but which are not prevented either. Data from a small-scale study in Baltimore indicates that, after several births, many young mothers resort to abortion and then sterilization to finally control their fertility. [National data indicate that 64 percent of black women and 54 percent of white women with less than a high school education had been sterilized in 1988.] The difficulty of delaying second births strengthens, for me, the importance of delaying the first birth.

In summary, while there are no silver bullets or quick solutions, we have a number of leads. Sex education can encourage teens to delay sex and use contraception, but the effects to date are rather small. Declining funding for family planning services has not resulted in less sexual activity; and increased support for contraception represents a good investment. Finally, rather than focussing a set of severely punitive measures on younger mothers, public policy should structure a set of positive as well as negative sanctions, including child support enforcement, that are constructive and that apply to young men as well as adolescent females.

At present, the precise model for implementing such a structure of incentives is not clear. We have learned a great deal from the demonstrations that have been implemented to assist teens who are already parents. We need to learn more about how to prevent teenage pregnancy in the first place. Between 1995 and 2005, the number of females aged 14-17 is going to increase by 1.2 million. We need to reduce the rate of teenage childbearing before this surge in the number of adolescents pushes the number of teen births even higher.

Births to Unmarried Women (All Races)



- The statistic "r", called the correlation coefficient, indicates how closely a particular regression line fits the data. The 0.99 correlation coefficient indicates an almost perfect fit.
- The statistic "b", called the slope, indicates how rapidly a line is rising or falling.

PREPARED STATEMENT OF HON. JOHN D. ROCKEFELLER IV

Mr. Chairman, as this Committee discusses welfare reform, I am struck by the gaps between what we know as facts and what we do not really know that much about.

This hearing deals with a problem—or a phenomenon—that can be described through all kinds of figures and facts. The United States is a country, though not the only country, where an astonishing number of teenagers become pregnant. That fact leads to other trends, like our high infant mortality rate, the overlap with out-of-wedlock births, the greater likelihood of the children growing up in poverty and, possibly, lives of misery or despair.

Teenage pregnancy is not limited to cities. It is happening in every state, in the most rural and the most urban sections of the country, including West Virginia. Despite everything that's known about how to not get pregnant, children are continuing to have children throughout America. In fact, public assistance is more generous in other countries, and yet it is our country that has one of the higher rates of single motherhood and the highest rate of teen pregnancy, among the industrialized world according to some recent studies.

When I chaired the National Commission on Children, we talked to teenage parents—and their parents. We never came up with a single approach to reduce the number of teenage parents and out-of-wedlock births. We concluded that the answers lie in better public policy and private action. Before teenagers reach the ability to have children, they themselves need to develop aspirations and expectations that make getting pregnant unacceptable to them—not just to the rest of us.

The statistics about teenage pregnancy tell us that their children are the ones who face all kinds of peril. Children in homes headed by a mother alone—who has not finished high school or married the child's father—are children who are going to have a tough, tough time growing up.

This is what we know.

My sense is that we do not know—and we should admit it—the sure-fire way to reduce teen pregnancy and out-of-wedlock births.

I agree that altering the welfare system is one of the ways to try to change the facts about teenage pregnancy. But it is just one of the ways.

Cutting off any kind of assistance to teen mothers or slapping on other kinds of penalties may convince some teenagers to not get pregnant. I think we're guessing it will do that. But the same changes will also hurt the children of the parents who do choose to give birth, potentially making their lives even harder.

I look forward to using this hearing to collect ideas on how to achieve the right balance. Denying AFDC benefits is on the table as a "stick." Are there other "sticks" to consider, and what about "carrots" to encourage more responsible behavior?

Senator Daschle has introduced a bill with some of us that requires teen mothers to live at home with a responsible adult and stay in school to still get AFDC benefits. That seems like an idea whose time has come. Doing more to promote child support enforcement and insisting that young men take responsibility—both financially and emotionally—for every child they father is another.

But as we candidly discuss the issues of teen pregnancy and family breakdown, I think we must keep in mind that many answers begin in the home, and in communities where parents and caring adults pass on basic values of personal responsibility to teens. Laws and policy might help in promoting morality and hope, but others need to do their share—from the entertainment industry to toy manufacturers to citizens generally.

Welfare reform is a chance to promote the right balance of programs and policies to move parents from welfare to work. And at the same time, I hope we can ensure that children will be not punished or harmed for what is not their fault.

And by balance, I mean the combination of steps that reflect fundamental American values of personal responsibility and work for parents with our concern for children. This is a framework for reform that deserves bipartisan support, and could help make a difference for both teen parents and their children.

COMMUNICATIONS

STATEMENT OF ADVOCATES FOR YOUTH

(SUBMITTED BY MARGARET PRUITT CLARK, PH.D., PRESIDENT AND EXECUTIVE DIRECTOR)

INTRODUCTION AND DESCRIPTION OF ORGANIZATION

Chairman Packwood, Ranking Member Moynihan and Members of the Committee, I am Margaret Pruitt Clark*, President and Executive Director of Advocates for Youth (formerly the Center for Population Options). On behalf of Advocates for Youth, I am pleased to submit testimony for the record of the Senate Finance Committee's series of hearings on welfare reform. Of special interest to my organization is the topic of "Teen Parents and Welfare," the subject of the hearing held on March 14, 1995.

Advocates for Youth, a not-for-profit agency here in the nation's capital, was founded 15 years ago with the mission of increasing the opportunities for and abilities of young people to make healthy decisions about their sexuality. We provide information, education and training about adolescent reproductive and sexual health to youth-serving professionals, policymakers and the media.

In light of Advocates for Youth's mission and the work our organization does with and on behalf of young people, particularly in the field of teen pregnancy prevention, our organization has a strong interest in government policies directed at adolescents, be they parenting or non-parenting teens. To this end, I would like to share some observations which I hope you will consider as you proceed through the difficult process of analyzing the shortcomings of and improving the welfare system so as to facilitate sustained independence.

You will note that I do not use the terms "illegitimacy" or "illegitimate" in my testimony. Simply put, no child should be called or considered illegitimate. Obviously, not all children are born to married people. But in a country where, ideally, the circumstances under which or into which an individual is born should not determine that person's identity or life outcome, labelling children with such a pejorative term is a step backwards in the realm of public policy debate. I will, therefore, use the terms "too-early childbearing" and "out-of-wedlock birth(s)" to describe the situation at issue.

FEDERAL GOVERNMENT'S ROLE IN ASSISTING FAMILIES WITH DEPENDENT CHILDREN

The Majority in the House of Representatives has stated that its recent welfare reform efforts are aimed at restoring the family, reducing out-of-wedlock births, controlling welfare spending and reducing welfare dependency. Indeed, the federal government has an interest in and responsibility to promote the general welfare of society. It is not, however, within the purview of government coercively to prevent unmarried women from bearing children. Likewise, the government should not de facto force women to bear children. To do either intrudes upon the individual's right to control her own reproductive health.

There is an appropriate governmental interest, however, in the well-being of children, their health and the equality of opportunity afforded them. This means that where needed the government should play a role in helping to ensure that children have the resources they need to be healthy and safe—including access to services that provide essentials such as food, clothing, shelter, health care, a safe home and community. In the context of welfare programs, specifically Aid to Families with De-

*Dr. Clark received her doctorate in sociology from the University of Texas at Austin. She has served as a state legislator in the Maine House of Representatives and as the Executive Director of the Maine Adolescent Pregnancy Coalition.

pendent Children (AFDC), the government would abdicate its responsibility if it were to withhold financial assistance to families for meeting children's basic needs.

CAUSES OF ADOLESCENT PREGNANCY AND CHILDBEARING

Since its inception in 1980, Advocates for Youth has studied the issues of unintended teenage pregnancy and out-of-wedlock teenage childbearing and effective ways to address both issues. You will note that I refer to these as two distinct issues because, although they are clearly related, each has unique causes and solutions. Teenage pregnancy does not necessarily lead to teen childbearing. Those cases where it does provide some important information about the complex problem of teen childbearing.

The punitive proposals contained in the House of Representatives' "Personal Responsibility Act," originally H.R. 4 and subsequently reintroduced as H.R. 1214, are based on the mistaken notion that there is a direct causal relationship between welfare dependency and out-of-wedlock births, particularly births to teens. We know that welfare, including AFDC, is not the cause of teenage pregnancy and childbearing. Poverty, poor schools, inadequate health care, lack of access to family planning services, lack of knowledge about sexuality, sexual abuse, parental neglect and lack of hope for the future are some of the myriad causal factors underpinning this nation's escalating number of teenage pregnancies. Welfare may enable many young women to support the results of poor decision-making or non-decision-making, in some cases. But AFDC cash payments themselves do not prompt the majority of adolescent girls to become pregnant or to give birth. Once we debunk these myths and appreciate why young women, especially poor young women, become pregnant and have children, then we will be able to move toward stemming the rising tide of too-early childbearing.

The first step in addressing the problems of adolescent pregnancy and childbearing is to acknowledge the reality of teenage sexual activity. The statistics on teenage sexual activity should be of some help in that regard. Approximately one-third of 15-year-olds in the United States have had sexual intercourse. Thirty-two percent of females and 58 percent of males age 16; 51 percent of females and 67 percent of males age 17, and 70 percent of females and 79 percent of males age 18 report having had intercourse.¹ Looking at rates of sexual activity broken down by race and ethnicity we see the following trends. Among unmarried 15- to-19-year-old males, 81 percent of African Americans, 60 percent of Latinos and 57 percent of European Americans have had sexual intercourse.² For unmarried females ages 15 to 19, 61 percent of African-Americans, 49 percent of Latinos, and 52 percent of European Americans have had sexual intercourse.³ Research has shown that the younger a woman is at the time of her first sexual experience, the more probable it is that the encounter was forced, that is, took place without her consent. Seventy-four percent of women who had intercourse before age 14 and 60 percent of women who had intercourse before age 15 report that it was involuntary.⁴

The decline in the average age at first intercourse has coincided with a rise in the average age at first marriage. In 1950 the average age at first marriage for men was 23 and for women it was 20. Four decades later the average age for men is 26 and 24 for women.⁵ Reflecting the worldwide trend toward marriage at an older age (if at all), the likelihood that a young woman will have intercourse before getting married has almost doubled in the past thirty years.⁶ In light of these changes, it is highly unrealistic to expect that young people will wait until marriage to become sexually active, and indeed, they do not. Therefore, the responsible approach is to provide access to reproductive health information and services to ensure that unintended pregnancies and unwanted births do not result once teens become sexually active. In addition, for some young women, African Americans in particular, the prospect of marriage is rapidly diminishing due to high unemployment rates and the lack of educational and labor opportunities for African American men. Still, for some young women, enhanced economic independence along with changing gender roles has made the desirability of marriage questionable.

Compared with other industrialized countries, the United States has the highest adolescent pregnancy, abortion and birth rates, with 43 percent of all adolescent females estimated to experience at least one pregnancy before they reach the age of 20.⁷ In 1989, an estimated 1,050,040 females under the age of 20 experienced a pregnancy. In 1989 the pregnancy rate for females under 20 was 118.8 per 1,000 women up from 98.9 in 1973.⁸ We know that approximately 2,800 adolescents become pregnant each day: 1,300 will give birth; 1,100 will terminate the pregnancy; and 400 will miscarry.⁹ Three quarters of all unintended pregnancies occur to adolescents who do not use contraception.¹⁰



Teen birth rates and marriage rates in the United States must also be considered in a larger global context. This country does not fare well when compared with other industrialized nations. In countries such as Sweden and the Netherlands, where the national government has made a philosophical and monetary commitment to family planning and comprehensive sexuality education, teen pregnancy rates and birth rates are significantly lower than in the United States. Yet the level of sexual activity among adolescents in those countries is similar to that in our country, indicating the beneficial effects of social and financial commitment to prevention and education instead of punishment when addressing teen sexuality.

TEENAGE CHILDBEARING AND WELFARE DEPENDENCY

This brings us to the relationship between too-early childbearing and welfare dependency. Contrary to the current negative rhetoric about teen mothers and the assertion that welfare benefits encourage young women to get pregnant, statistics suggest otherwise. Most teenagers do not want to become pregnant. In fact, at least 80 percent of teenage pregnancies are unintended, resulting from a variety of factors, including peer pressure, lack of self-esteem, poor communication between adults and adolescents, lack of understanding of reproductive health, lack of access to family planning information and resources, insufficient access to alternative constructive recreational activities, sexual abuse, or coercion arising from the significant age disparity between some young women and their partners. As a nation, we could make significant strides toward reducing the number of teen pregnancies by funding youth programs that are sensitive to and treat the multidimensional nature of the problem.

The causal relationship some have drawn between financial incentive and child-birth does not reflect an informed understanding of adolescents. Young women do not, as a general rule, have children in order to receive AFDC benefits or in order to set up their own households. If the incentive relationship between welfare payments and out-of-wedlock teen births were true, then we would expect to see higher teen birth rates in those states where AFDC payments are highest and lower birth rates where the payments are low. That is, the bigger the AFDC check the more likely an adolescent would be to have a baby. In fact, the numbers do not support this theory. For example, in 1990 the average AFDC benefit received per recipient in the state of Connecticut was \$206. The pregnancy rate (births per 1000 women) in the 15 to 19 age group in Connecticut that year was 38.8. Compare this with Mississippi, where the average per person AFDC payment in 1990 was \$40, less than one-fourth of the amount in Connecticut. Yet Mississippi's pregnancy rate was 81.0, more than twice the rate in Connecticut. Alaska made an average payment of \$246 per person. The pregnancy rate for 15- to 19-year-old women was 65.3. Louisiana, in contrast, paid AFDC recipients \$56 each on average. Yet the state's pregnancy rate was 74.2, higher than Alaska's. The average payment in both Arkansas and Tennessee was \$66. The birth rates for women age 15 to 19 were 80.1 and 72.3, respectively. In contrast, Massachusetts paid each AFDC recipient \$204 on average. Yet the birth rate was a relatively low 35.1.¹¹ These numbers are consistent with research indicating that teenagers are not motivated to become pregnant and give birth based on the potential for minimal financial gain.

The issue grows more complicated, however. While the majority of teenage pregnancies are unintended, as many as half of young women who become pregnant unintentionally are ambivalent about pregnancy and even about taking active steps to avoid pregnancy.¹² That is, they take an alarmingly indifferent "shrug the shoulders" approach to some very important life decisions. Again, the key to dealing effectively with teen pregnancy and early childbearing is to address young women's indifference about the future by providing options for the future in the form of educational resources and employment opportunities.

EFFECTIVE ADOLESCENT PREGNANCY PREVENTION STRATEGIES AND PROGRAMS

Efforts to reverse the growth trends in the number of unintended teenage pregnancies and too-early childbirths should not be just part of welfare reform, but should be the focus of a larger national policy initiative to give young people the attention, services and resources they need to be self-sufficient before problems arise. The focus cannot solely be on young women because they are only half of the equation when it comes to making babies. Male involvement at all levels must be part of the formula for solving these problems. I will outline below some of the steps we must take if we want to give all young women and men the chance to have healthy, productive futures.

We know that the first link in the chain of both issues is teen sexual activity. Young people—male and female—should be encouraged to delay sexual activity

until they are prepared to assume the obligations that it can bring. This means equipping adolescents with tools beyond "just say no." We have to teach adolescents how to say no. At that same time, many teens need to be given reasons to say no to early sexual involvement. Particularly in economically-depressed neighborhoods, adolescents need alternative recreational activities and other incentives not to engage in high-risk behaviors.

We must also encourage responsible behavior by those young people who do choose to be sexually active so that they will be at lesser risk for experiencing sexually transmitted diseases, HIV/AIDS and unintended pregnancy. As other industrialized nations have found, encouraging adolescents to delay having sex and informing them how to protect themselves should they choose not to delay are not contradictory goals. Rather, they complement each other because they respond realistically to the range of social behaviors in the adolescent population.

If we want young people to become responsible citizens who make thoughtful decisions about important life matters—educational pursuits, family formation, child-bearing—then we have to treat young people accordingly. They will live up or down to our expectations. Responsible adults—parents, relatives, teachers, guidance counselors, coaches, ministers, volunteer mentors, concerned friends—must help young people develop good decision-making skills which include identifying a desired goal, evaluating the merits of that goal, weighing the costs and the potential gains, considering the potential outcomes.

These are not "pie in the sky" ideas. There are concrete ways to bring them to fruition. First, federal resources should be directed at comprehensive school- and community-based youth service programs. These are places where young people learn social and academic skills, family-life education, family crisis intervention counseling, pre-employment training, conflict resolution and violence prevention skills, and participate in athletic and artistic activities. Examples of successful programs that could serve as model programs include: Meharry Medical College's "I Have A Future" program in Nashville; the Family Life Education and Adolescent Sexuality Program of the Children's Aid Society, created and run by Michael Carrera in New York City; and Grady Memorial Hospital's "Human Sexuality, Postponing Sexual Involvement," run by Marion Howard in Atlanta. (I would be happy to provide information about other programs if any of the Committee members are interested.)

Since we must attack these problems from all angles, other approaches include the promotion of abstinence-based (but not abstinence-only) sexuality education beginning no later than the fourth grade; funding for peer-based and adult mentoring programs for young people at highest risk for pregnancy, STD and HIV infection. In addition, adults, particularly those in the communications field, must send consistent messages that say early adolescent childbearing (as opposed to teenage sexual expression) is wrong.

Finally, other critical areas where the federal government can make a difference in reducing the number of teenage pregnancies and births include continued support for Title X; elimination of the Gag Rule and the Hyde Amendment restricting women's access to abortion counseling and abortion, respectively; increased support for school-based and school-linked health centers which provide reproductive health services; and removal of restrictions on condom availability.

CONCLUSION

Advocates for Youth objects to any anti-family, anti-youth, and anti-poor approach to reforming the welfare system. We hope that, in contrast to the House, the Senate will take a more thoughtful, compassionate and realistic approach to this serious issue. The guiding goal of welfare reform must be to help people become self-sufficient and to achieve sustained financial independence for their families. This means making sure that young people acquire marketable job skills and ensuring that there are jobs that provide not just a "survival wage" but a living wage. It also means that young people must be given adequate support to make it to the job market with their health intact and without premature responsibilities, such as children of their own.

Those of us who work with and on behalf of youth urge policymakers to abandon the flashy and empty political rhetoric and pay attention to the real reasons adolescents become pregnant and give birth. Once this country makes a true commitment to invest in human capital, starting with our youth, the results will be born out positively in the welfare system and our other safety net services.

ENDNOTES

- ¹ "Premarital Sexual Experience Among Adolescent Women—U.S. 1970-1988," *Mortality and Morbidity Reports*, Vol. 39, Nos. 51 & 51, January, 1991; Sonenstein, Pleck and Ku, "Levels of Sexual Activity Among Adolescent Males in the U.S.," *Family Planning Perspectives*, Vol. 23, No. 4 July/Aug, 1991.
- ² Alan Guttmacher Institute (AGI) *Facts in Brief*, "Teenage Sexual Reproductive Behavior," August 15, 1993.
- ³ Alan Guttmacher Institute, *Sex and America's Teenagers*, New York, 1994, p.26.
- ⁴ Alan Guttmacher Institute, *Sex and America's Teenagers*, New York, 1994, p. 28.
- ⁵ Alan Guttmacher Institute, *Sex and America's Teenagers*, New York, 1994, p. 25
- ⁶ Alan Guttmacher Institute, *Sex and America's Teenagers*, New York, 1994, p. 25.
- ⁷ Forrest, J.D. "Proportion of Girls Ever Pregnant Before Age 20," cited in the Cheryl Hayes (ed.) *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing*, National Academy Press, Washington, D.C., 1987.
- ⁸ Henshaw, S. "U.S. Teenage Pregnancy Statistics," Alan Guttmacher Institute, New York, 1993.
- ⁹ Calculated using Henshaw, S., "U.S. Teenage Pregnancy Statistics," Alan Guttmacher Institute, New York, 1992.
- ¹⁰ Westoff, C. "Contraceptive Paths Toward the Reduction of Unintended Pregnancy and Abortion," *Family Planning Perspectives*, Vol. 20, No. 1, Jan/Feb 1988.
- ¹¹ AFDC figures: U.S. House of Representatives, *Overview of Entitlement Programs: 1991 Greenbook*, Washington, D.C., May 7, 1991. Teen birth rates: U.S. Department of Health and Human Services, *CDC Morbidity and Mortality Weekly Report*, Vol. 42, No. SS-6, December 17, 1993, Table 3.
- ¹² Moore, K. and Snyder, N., "Facts at a Glance," Child Trends, Inc., Washington, D.C., January 1994.

STATEMENT OF THE NOW LEGAL DEFENSE AND EDUCATION FUND¹

I. "CHILD EXCLUSION" PROPOSALS

Some members of Congress have focused on "illegitimacy" as a purported cause of poverty. Among other things, these members propose to address "illegitimacy" by denying Aid to Families With Dependent Children ("AFDC") to children born to teen mothers out-of-wedlock. As discussed below, this proposal and others like it that condition receipt of welfare benefits on birth status are (1) unconstitutional; (2) unsupported by relevant social science data; and (3) likely to harm children.

Unconstitutionality

In *Levy v. Louisiana*, 391 U.S. 68 (1968), the U.S. Supreme Court first struck down a statute discriminating against "illegitimate" children. In *Levy*, the Court asked "[w]hy should the illegitimate child . . . be denied . . . rights which other citizens enjoy?" and held that such denial was unconstitutional. The Court has reaffirmed this view in subsequent cases, particularly when the purpose of the discrimination is to affect the behavior of the child's parents. For example, in *Clark v. Jeter*, the Court invalidated a classification burdening illegitimate children for the sake of punishing the illicit relations of their parents, because "visiting this condemnation on the head of an infant is illogical and unjust." 486 U.S. 456, 461 (1988) (O'Connor, J.) (quoting *Weber v. Aetna Casualty and Surety Co.*, 406 U.S. 165, 175 (1972)). Indeed, the Court has often held that

imposing disabilities on the illegitimate child is contrary to our basic concept of our system that legal burdens should bear some relationship to individual responsibility or wrongdoing. Obviously, no child is responsible for his birth and penalizing the illegitimate child is an ineffectual—as well as unjust—way of deterring the parent.

Weber, 406 U.S. at 175 (Powell, J.); see also *Trimble v. Gordon*, 430 U.S. 762, 769-70 (1977) ("we have expressly considered and rejected the argument that a State may attempt to influence the actions of men and women by imposing sanctions on the child born of their illegitimate relationships . . . [C]hildren can affect neither their parents' conduct or their own status").

¹ NOW Legal Defense and Education Fund is a legal advocacy organization committed to protecting women's rights, founded by members of NOW in 1970. NOW LDEF co-chairs the Child Exclusion Task Force, a coalition of nearly 100 diverse organizations opposed to proposals that would eliminate AFDC benefits for children. That coalition, which includes pro-choice and pro-life groups, children's rights, civil rights and women's rights organizations, and religious groups, is committed to defeating welfare reform proposals that include a child exclusion.

The "illegitimacy" provision of the PRA violates this established Supreme Court case law by denying benefits to children based on a birth status which they cannot control, in order to deter behavior by their parents.

Ineffectiveness

These "child exclusion" proposals rest on the assumption that benefit levels are determinative of poor individuals' childbearing decisions, i.e., that denying benefits will alter these decisions. However, numerous studies have demonstrated that childbearing decisions are much more complex, and are not significantly influenced by AFDC benefit levels. In light of this data, the denial of benefits to poor children born out-of-wedlock is unlikely to be effective in achieving the drafters' goal of deterring teen pregnancy. Instead, as set out more fully infra, it will simply harm innocent children.

The scholarly studies concerning the effect of benefit levels on welfare recipients' birthrates and childbearing decisions are numerous and remarkably consistent in their conclusions. Most recently, Greg Acs of the Urban Institute has published data indicating that receipt of AFDC has a "quite modest" impact on first births and out-of-wedlock births, while other factors such as education and demographic characteristics are much more likely to significantly affect women's childbearing decisions.² Further, Acs notes that the impact of supplemental AFDC for additional children on the decision to bear children is "statistically insignificant."³

In short, "welfare simply does not appear to be the underlying cause in the dramatic changes in family structure of the past few decades."⁴ This marked absence of a significant relationship between additional benefits and births likely holds true for those not receiving AFDC as well. Significantly, rates of out-of-wedlock births have been rising in all sectors of the population and internationally at comparable rates; AFDC is not certainly not driving this trend among upper class parents or parents in other countries.

Harm

While these child exclusion proposals are more extreme than any currently in effect, the experience of AFDC recipients subject to New Jersey's exclusion of children born to mothers receiving welfare is instructive.⁵ The exclusion of children based on "illegitimacy" will likely have the same impact on poor families.

In New Jersey, the significant AFDC reductions that occur when an excluded child is born have had a demonstrable impact on the life of the newborn baby, her siblings, and the child's parents. Families in New Jersey have experienced particular difficulty in obtaining adequate housing because their AFDC grant has been reduced to a level that is far below rents typically charged for suitable housing in their communities. Because New Jersey AFDC recipients must use all or nearly all of their AFDC for rent, the child exclusion has led to evictions, loss of housing, and homelessness.

The benefit reduction from the child exclusion has also affected AFDC recipients' ability to obtain other essentials of daily living for their babies and other children, such as medicine not covered by Medicaid, utilities, clothes, diapers, toiletries, furniture, and transportation. The inability to obtain these basic necessities has had a direct effect on excluded children's health. For example, one of the plaintiffs in *C.K. v. Shalala* could not afford over-the-counter medicines to treat flu, earache, fever and diarrhea suffered by his baby. Further, affected AFDC recipients often have insufficient food for their children, because food stamps do not meet a full month's costs.

These extreme hardships are all caused or exacerbated by denial of subsistence-level AFDC benefits to excluded children. The same hardships and harm to children can be expected to arise if the "illegitimacy" child exclusion is adopted.

² Gregory Acs, *The Impact of AFDC on Young Women's Childbearing Decisions*, 14, 21 (The Urban Institute, Washington, D.C., 1993).

³ Id. See also William J. Wilson & Kathryn M. Neckerman, "Poverty and Family Structure," in Sheldon H. Danziger & Daniel H. Weinberg, eds., *Fighting Poverty: What Works and What Doesn't* 249 (1986) (comprehensive studies reveal no relationship between receipt of welfare and pregnancy; in fact, several studies indicate that welfare recipients are less likely to get pregnant than non-recipients).

⁴ David Ellwood & Mary Jo Bane, *The Impact of AFDC on Family Structure and Living Arrangements* (Working Paper No. 92A082, 1984). See also Congressional Budget Office, *Sources of Support for Adolescent Mothers* 43 (1990) ([s]tudies of the effects of AFDC on the fertility of female teenagers find no evidence that benefit levels encourage childbearing").

⁵ NOW LDEF, with the Legal Services of New Jersey and the ACLU of New Jersey, represents a class of plaintiffs challenging New Jersey's child exclusion provision in the case of *C.K. v. Shalala*, No. 93-5354 (NHP).

Alternatives

Rather than focus on measures that punish children for their birth status, sound public policy should focus on alternatives that will provide long-term options for poor teens. As Marian Wright Edelman of the Children's Defense Fund has said, "the best contraceptive is a real future."

Our education system fails to fully meet the needs of women and girls, especially those from low-income families. Research shows that most teen parents were performing poorly in school prior to their pregnancy. Poor grades, dropping out, and low self esteem have all been linked to sex-biased stereotypes as well as teen pregnancy. Policymakers should focus on positive programs to encourage girls to achieve by providing viable training and job opportunities, the possibility of a college education, and resources to enhance child and youth development. Access to family planning counselling should also be a component of a comprehensive program to address teen pregnancy. If girls view their life options as limited, early motherhood appears to be more attractive. Child exclusion proposals will only serve to limit the options for both teen mothers and their children.

II. MANDATING THAT TEEN PARENTS LIVE AT HOME

Prominent among the welfare changes currently being advocated is a proposal to require "minor mothers" to live at home with a parent or other responsible adult. States are currently allowed this option under the Family Support Act of 1988, but only a handful of states have chosen to implement it.

As explained below, such mandating that teen mothers live at home ignores the realities facing young mothers on welfare. Indeed, it could be harmful to dictate adolescent mothers' living arrangements.

A. Myths about Adolescent Mothers

The idea that living at home or with another adult alleviates the problems facing teen parents is based on several myths about teen mothers and welfare benefits.

- **Myth:** Welfare Encourages Adolescent Mothers to Set Up Independent Households

Reality: The great majority of teenage mothers already live at home with their parents or with another responsible adult. A Congressional Budget Office study has shown that 82% of all unmarried mothers between the ages of fifteen and seventeen lived with their parents or relatives during the first year after the birth of their child.⁶

Significance: This proposal may be addressing a problem that doesn't exist.

- **Myth:** Parents or Guardians Will Provide a Healthy Supportive Environment for Teen Parents

Reality: A significant proportion of pregnant teenagers have a history of physical or sexual abuse by members of their families.⁷ A study done by the National Center on Child Abuse and Neglect found that of the teenage mothers they interviewed, 66% reported they had been sexually abused, while 54% of those who had been abused had been victimized by a family member.⁸ Data from another study shows that of those pregnant teens who had been physically abused, 40% had experienced abuse during pregnancy.⁹ Physical abuse, according to this study, was also more likely to come from a family member rather than a boyfriend or spouse.¹⁰

Significance: Given these statistics on physical and sexual abuse, the 18% of all unmarried minor mothers who decide to live independently of their parents or guardians may be choosing the safest alternative available to themselves and their children. Requiring adolescent mothers to live with their parents against their will could expose both teen mothers and their unborn or infant children to continued abuse.

⁶ Congressional Budget Office, *Sources of Support for Adolescent Mothers*, 19 (September, 1990).

⁷ Abbey B. Berenson, Virginia V. San Miguel, and Gregg S. Wilkinson, *The Prevalence of Physical and Sexual Assault in Pregnant Adolescents*, 13 *Journal of Adolescent Health* (1992); Mona McCullough and Avraham Scherman, *Adolescent Pregnancy: Contributing Factors and Strategies for Prevention*, 26 *Adolescence* (1991); Rosemary S. Hunter, Nancy Kilstrom, and Frank Loda, *Sexually Abused Children: Identifying Masked Presentations in a Medical Setting*, 9 *Child Abuse and Neglect* (1985).

⁸ U.S. Department of Health and Human Services, Administration of Children and Families, Deborah Boyer and David Fine, *Victimization and Other Risk Factors for Child Maltreatment Among School Age Parents: A Longitudinal Study, No. 90-CA-1375*, (Washington, D.C.: U.S. Government Printing Office).

⁹ Berenson, *supra*, at 467.

¹⁰ *Id.* at 468.

- **Myth:** Parents or Guardians are in a Position to Provide Financial Support to Teen Mothers
Reality: Some pregnant teens are unable to live with their parents or relatives because parents may be unwilling or financially unable to provide for a pregnant teen in their homes. In a study of pregnant teens done by policy analysts Martha M. Dore and Ana O. Dumois, when pregnant teens were living at home, "[l]iving arrangements tended to be precarious and crisis-prone, with clients constantly threatened with expulsion."¹¹ A mother who is still raising her own children may not have the physical or financial resources available to allow her daughter and grandchild to live at home.
Significance: Mandatory live-at-home proposals will increase stress on families that are already under tremendous stress.
- **Myth:** Teen Parents are Unable and Unwilling to Accept the Responsibilities of Caring for a Young Child
Reality: Sociologist Arline Geronimus has found that contrary to popular belief, many teen parents have had extensive child care experience and have made long-range plans for the future care of their children. Such teens faced the births of their children with a practical awareness of the demands of infant care as a result of their extensive participation in the child care activities of their families. This experience enabled them to plan for their own futures. According to Geronimus, [m]ost had concrete plans for how, with the help of their families, they would continue their education and work."¹² In contrast, those pregnant teens who had the least child care experience were predominantly white and had come from nuclear households. Many of these teens felt that despite their inexperience, they were expected to be the primary, independent caretakers of their children.
Significance: It is not welfare benefits, but social and familial expectations that encourage teenage mothers to set up independent households and become the full-time primary caretakers of their children.¹³
- **Myth:** Increased Education will Reduce Welfare Dependency of Teens.
Reality: While education is an important component of efforts to address poverty, for black women the difference between educational attainment and income is modest at best. Those women who delay childbearing are barely better off than those who had children as teenagers. "Black women [have] poor employment prospects regardless of whether or when they had children."¹⁴ Higher educational attainment, in this case, may not result in either increased employment possibilities or increased income. Requiring adolescent mothers to live at home will not decrease their need for welfare benefits.
Significance: Rather than focusing on punitive measures for minor parents, welfare reform should instead aim to improve education and job training programs, and increase job availability for mothers on welfare. Particularly when it results in employment and increased income, increased education can only help women avoid welfare dependence.

B. Conclusion

Ultimately, requiring adolescent mothers to live with their parents or other relatives in order to receive welfare benefits will not address the causes of poverty that young, single mothers face every day. This policy may instead require teen mothers and their children to live in situations where they could become the victims of physical or sexual abuse.

Regardless of state or federal requirements, if a pregnant teen has a good relationship with her parents or relatives, and they are willing to support her, she often makes the decision to live at home rather than to set up an independent household. By second-guessing her decision and requiring her to live at home, the government may be placing a teen parent and her children in a potentially abusive situation.

If we want to enable adolescent mothers to become self-sufficient members of society who are able to support themselves and their children, welfare reform efforts need to focus on improving educational and job training opportunities available to teenagers and women on welfare, rather than on punitive measures that will restrict the alternatives available to teenage parents. A list of model programs across

¹¹ Martha M. Dore and Ana O. Dumois, *Cultural Differences in the Meaning of Adolescent Pregnancy, Families in Society* 96 (1990).

¹² Arline T. Geronimus, *Clashes of Common Sense: On the Previous Child Care Experience of Teenage Mothers-To-Be*, 51 *Human Organization* 326 (1992).

¹³ *Id.* at 328.

¹⁴ Diane Scott-Jones and Sherry L. Turner, *The Impact of Adolescent Childbearing on Educational Attainment and Income of Black Females*, 22 *Youth and Society* 50 (1990).

the country that are accomplishing these goals, leading to long-term economic and educational gains for teens, is attached. Congress should adapt the strategies and lessons learned by these programs in developing sound welfare reform policies directed at teen mothers.



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Model Programs for Pregnant and Parenting Teens

Community Services YMCA Services for At-Risk (STAR) Families

The Sunset Teen Parent Program of Dallas, Texas is a component of a At-Risk Families (STAR) program administered by the YMCA. The program tapped community resources to help teen parents by leasing a child care center in a local church near the high school. Thirty parenting students aged 14 to 24 and eighteen children are enrolled in the Sunset Teen Parent Program and participate in weekly support groups that focus on life skills, job readiness and parenting and an eighteen month mentor program where teen parents are matched with nurses and social workers. The program staff includes: a Director, an Assistant Director of the Child Care Center, a Parent Education Director and several volunteer nurses from area hospitals. Funding is provided by United Way, the Children's Trust Fund (State monies), YMCA fundraising and other private grants.

Contact person: Liz Dawson
601 North Akard
Dallas, TX 75201
(214) 954-0655

New Vistas School

Opened in 1990, the New Vistas School for pregnant and parenting mothers in grades 10 through 12 is a Minneapolis Public School housed at the Honeywell, Inc, corporate headquarters. Twelve organizations provide services to the school. The Minnesota state University provides staff time, offers a critical thinking class and facilitates visits to college campuses. Big Brothers and Sisters provide an on-site social worker. IBM donated computer workstations and offers instruction. Honeywell provides space for the school as well as maintenance, utilities, staff time and general program management and oversight. Hennepin County pays for child care and the Health Department Center offers an on-site well baby clinic. Phillips Tender Loving Care provides free transportation for students and their children to medical appointments.

New Vistas has implemented an academic program that caters to the needs of parenting students. The curriculum addresses health care, counseling and parenting education, and students follow individualized academic plans to obtain a high school diploma. The school operates on a trimester system which allows for more flexible scheduling. Students spend 1/3 of their time working with computers. Students are able to start school later in the morning than a regular school program. One special program requires parenting students to spend a day in an intergenerational activity with their children in the child care center. Another program matches parenting students with mentors employed at Honeywell.

Families First

For over 100 years, Families First has provided family counseling and social services in Atlanta, Georgia. Presently in ten sites, programs offer individual and family counseling, adoption services, foster care, group homes, domestic crisis intervention and an employee assistance program. Programs for teen parents include counseling, social service referrals, parenting education and family planning. There is a group home for eight pregnant and parenting young women with counseling and childcare services.

Families First sponsors pregnancy prevention sessions with teenagers and their parents and conducts seminars on the prevention of teen pregnancy, single parenthood, child abuse prevention and other family related issues in schools, churches and workplaces. The agency is staffed by fifteen social workers and one nurse. Four of the social workers operate out of area schools. Funding is provided by United Way and other agencies.

Contact person: Don Devis and Peggy Baird
1105 West Peachtree St., NE
Atlanta, GA 30309
(404) 853-2800

Manpower Demonstration Research Corporation: New Chance Model

This New Chance site is one of sixteen MDRC sites across the country and one of three in California.

The New Chance program, located at Eastern Union High School in San Jose, serves welfare recipients ages 17-22 who are either teen parents or who had their first child during their teenage years. All have dropped out of high school. The program serves approximately 100 women a year.

Students take classes to prepare for the GED exam, participate in vocational skills training and work as interns. Also offered is a job placement assistance service, as well as follow-up and support on the job. New Chance participants receive health education services, life skills training and individualized case management counseling. They also participate in family planning and parent education workshops. There is free child care and transportation.

Evaluation: This site is routinely evaluated by the MDRC. The education component of this program was the most successful. In the first year of the program, 20 students passed their GED, 30 in the second year and 25 are expected to pass their diplomas this year. This site has had one of the highest number of GED recipients among the MDRC sites. They have had more difficulty, however, with job retention and school to college transitions.

Contact person: Mary Jacobs
Eastside Union High School District
Independence Adult Center
625 Educational Park Drive
San Jose, CA 95133

◆ *NOW Legal Defense & Education Fund* ◆

Very few pregnancies have occurred among participants in this program. In 1990, of the 250 clients that had been served since the program's founding, only 5 girls became pregnant and 1 boy fathered a child. Less than 10 percent of the participants have dropped out of school and a number are enrolled in Hunter College. All youngsters have part-time jobs and most have bank accounts.

Contact person: Gloria Daniels
Director
855 Columbus Avenue
New York, NY 10025
(212) 865-6337

Youth Impact Center/Lemmon Avenue Bridge

The Center is a multiservice agency in Dallas, Texas which houses 24 programs in one building. The programs provide a full range of services - daycare, counseling, case management, family life/sex education services and abstinence programs. They offer both prevention and intervention efforts, all of which are bilingual and multicultural.

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