WHAT ABOUT THE BOYS?
TEENAGE PREGNANCY PREVENTION STRATEGIES

A PUBLICATION OF THE ADOLESCENT PREGNANCY PREVENTION CLEARINGHOUSE

JULY 1988
CHILDREN'S DEFENSE FUND
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INTRODUCTION

Intercourse is not a problem for males.... Pregnancy is defined by society as the problem. Males can have as much intercourse as they like... a problem occurs only when intercourse results in pregnancy. But what transcends this issue is responsible behavior, responsible sex.

Arthur Elster

How does one define "responsibility"?

Robert Johnson

The Children's Defense Fund exists to provide a strong and effective voice for the children of America, who cannot vote, lobby, or speak for themselves. CDF pays particular attention to the needs of poor, minority, and handicapped children and families. CDF's goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, or get into trouble. A private, nonprofit organization supported by foundations, corporate grants, and individual donations, CDF is based in Washington, D.C., maintains four state offices (in Mississippi, Ohio, Minnesota, and Texas), and reaches out to communities across America.

The Adolescent Pregnancy Prevention Clearinghouse is part of CDF's ongoing effort to prevent teen pregnancies and alleviate the range of problems facing adolescent- and female-headed households. CDF's first priority is to prevent a teen's first pregnancy. The second priority is to ensure that a teen who already has had one child does not have a second child. The third priority is to make sure that babies born to teen mothers receive adequate prenatal care.

Underlying CDF's adolescent pregnancy prevention effort is the need to come to grips with the opportunities for all young people in our society and their need for adequate skills and gainful employment. Young people with hope and positive life options are more likely to delay early parenting.

CDF welcomes your suggestions for how to improve this publication series and how to carry out effective teen pregnancy prevention programs.


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TEENAGE PREGNANCY PREVENTION STRATEGIES

Program descriptions by Sharon Adams-Taylor and Mary Morich
Text by Karen Pittman and Gina Adams

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Male responsibility programs came about because we did not make the necessary reductions in the teenage pregnancy rate, not because people decided to do something for the boys. We found out the hard way that by not including males in pregnancy prevention programs, we jeopardized and undermined any efforts made with young women.

There is particular concern that young men are no longer assuming the responsibilities of parenthood when they father children. For example, in 1985 there were about 478,000 births to teenagers, down from 656,000 births in 1970. However, only four out of 10 of the babies born to teens were born to married teens in that year, down from seven out of 10 in 1970. Only one out of every 10 babies born to black teens in 1985 was born to a married teen. (Today, an unmarried pregnant black teen has a greater chance of miscarrying than she has of marrying before she gives birth.) As marriages between pregnant teens and their partners have decreased, the perceived responsibility of parenthood when they father children is, however, an oversimplification. In reality, the perceived change in young males' willingness to be responsible for the children they father may be a reflection of changes in their ability to provide adequate financial support, whether single or married. Changes in the labor market—an increase in entrance requirements (skills and education levels) and a sharp decrease in remuneration in entry-level jobs—have made it increasingly difficult for all young men, but particularly young men who lack skills and credentials, to earn wages that would support a family above the poverty line ($8,700 for a family of three in 1986). Research shows that regardless of education or race, young men who earn enough to support a family of three above poverty dollars, I wish we could be more generous with our concerns...

Elster

The belief that young men are simply refusing to take responsibility for their children is, however, an oversimplification. In reality, the perceived change in young males' willingness to be responsible for the children they father

Acknowledgments

Despite increased attention, relatively little is known about young men and adolescent pregnancy prevention. Research about adolescent males and their sexual and reproductive behavior is scarce compared with that for young women, and successful programs for males are much less common.

Consequently, in preparing this report, we drew extensively on the experience and knowledge of experts who work with young men or who conduct research on issues of adolescent male sexuality. In particular, we wish to thank the researchers and program experts who attended a meeting convened by the Children's Defense Fund in the fall of 1987 for their insight, time, and wisdom. Participants were: Arthur Elster, associate professor of Pediatrics at the University of Utah Medical Center and a well-known researcher on adolescent fatherhood; Luis Garden-Acosta, founder and chief executive officer of El Puente, a holistic development and empowerment program in Brooklyn, New York; Robert Johnson, director of Adolescent Medicine, New Jersey Medical School and a staff physician at The Door in New York City; Courland Lee, head of the Department of Counselor Education at the University of Virginia at Charlottesville and a researcher studying the effects of group counseling on the psychosocial development of black adolescent males; Angel Martinez, a sex educator and member of the Western Regional Hispanic Task Force of Planned Parenthood; and Mercer Sullivan, a senior research associate at the Vera Institute of Justice in New York City and an anthropologist who has conducted detailed ethnographic research on young fathers. Their comments from the fall 1987 meeting are quoted in this report. We also are grateful for the cooperation of Michael Carrera, a professor of Health Sciences at Hunter College and the director of the Dunlevy-Milbank program in New York City. Carrera was unable to attend CDF's meeting, but we have included some of his comments from a speech he delivered in 1986 to the Third State Conference on Teenage Pregnancy and Parenting in Maryland.

In writing the section on the sexual and contraceptive behavior of adolescent males, we made extensive use of the work of two researchers—Joy G. Dryfoos and Freya L. Sonenstein—who compiled much of the research on these topics. Specifically, we used Putting Boys in the Picture: A Review of Programs and Services for Adolescent Males by Dryfoos and Risking Paternity: Sex and Contraception Among Adolescent Males by Sonenstein (published in Adolescent Fatherhood, edited by Arthur Elster and Michael Lamb).

Finally, for their candor, knowledge, and time, we also thank the numerous other people who spoke at length with us about programs, public education campaigns, and curricula.

Correction

On page 13, Table 2, of the May 1988 Adolescent Pregnancy Prevention Clearinghouse report, Adolescent and Young Adult Fathers: Problems and Solutions, the percentage of all young men who were high school dropouts should read 16.0%.
The perceived change in young males’ willingness to be responsible for the children they father may be a reflection of changes in their ability to provide adequate financial support.

are three to four times more likely to be married than those with inadequate earnings. (See the May 1988 issue of the Clearinghouse report series, Adolescent and Young Adult Fathers: Problems and Solutions, for more information on this subject.)

But public sentiment falls heavily on the punitive side, reflecting the belief that young males, irresponsible by nature, are out from the start to “hit and run.”

We’re moving away from seeing pregnancy and pregnancy prevention as solely a female problem, but we’re moving toward a view that is equally offensive—referring to male responsibility as if males were totally to blame for the pregnancy.

Because of this perception, too often what gets public applause and media attention are get-tough male responsibility seminars and stiffened child support enforcement plans. Each of these is a valid and important strategy that demands continued attention. But in the absence of other, broader efforts to address young men’s needs or even hear their concerns, these efforts can take on a bloodthirsty hue and prove futile. Is society helping young families or righting past wrongs? Educating boys or issuing threats? There is a need to examine the events behind the growing awareness of these forgotten partners and the assumptions that are shaping plans for them. Knowing more about young men’s needs and hopes is the key to their enlistment in preventing pregnancies. As Michael Carrera, director of the Dunlevy-Milbank program, said in his 1986 speech to the Third State Conference on Teenage Pregnancy and Parenting in Maryland:

Young men have gotten a bad rap, as far as I’m concerned. Adolescent males have been done violence to in our programs and in the literature.... They’re described, “trembling with tumescence, raging with libidinal energy.”... They’re only interested in having intercourse and then [leaving] uninterested about their own feelings and the feelings of their sex partner....

If we’re going to generalize about teen males, we need to start to talk to them. I know that this creates difficulty because the litany that we hear around the country is how do we get to teen boys? Well, we need to be more creative about this issue. But let’s not paint the picture about teen males with a broad brush if we haven’t talked to them.

Success at reducing the incidence and consequences of unintended teen pregnancy hinges largely on finding ways to get young males to take greater responsibility in preventing pregnancies and in caring for the children they father. The need for increased male involvement is obvious; the question is, “How?”

The May 1988 issue of the Clearinghouse report series focused on adolescent and young adult fathers—who they are, the extent to which they are exhibiting any responsible behavior toward their partners and children, and their reasons for failing to provide support. The report also reviewed strategies for increasing young fathers’ responsibility and for addressing the larger needs of young families.

This issue focuses on prevention. It is a response to the many people who have called the CDF Adolescent Pregnancy Prevention Clearinghouse to ask, “What about the boys? What programs work with them to prevent adolescent pregnancies?” This report contains brief descriptions of 27 programs that address young males’ needs for sexuality-specific information, counseling, and services. The programs vary in structure, length, content, goals, target group, and institutional base. Some are church-based workshops, others are freestanding community-based programs. Some have open enrollment, while others are intensive but time-limited programs. This report also includes information about public education initiatives and resource guides that focus (or include information) on pregnancy prevention and adolescent males.

However, after months of discussions at CDF and conversations with a number of people, it became clear that more was needed than a simple catalogue of promising programs and resources. Perceptions vary enormously of how much and why young men’s reproductive attitudes and behaviors differ from young women’s. Yet these perceptions directly influence opinions about prevention strategies for boys and opinions about how and how much they should differ from those developed for girls.

Equally important, there has been a sizable qualitative shift in thinking about the causes of early sexual activity and pregnancy that has had a noticeable impact on recommendations for the content and delivery of pregnancy prevention services. It is important to ensure that the strategies proposed for helping young men cope with their sexuality in responsible ways reflect, to the extent appropriate, the best of the new thinking on pregnancy prevention in general.

To examine these issues, CDF convened a meeting in the fall of 1987 with six researchers and program experts who have had a long-standing interest in the problems facing young males. At this meeting, the participants examined many of the developmental, social, cultural, and economic issues involved in crafting prevention strategies for young men. Their comments from the meeting are quoted directly throughout this report. In addition to their
Summary

What Is Known?

Sexual activity

When compared with adolescent girls, adolescent boys:
- Are more likely to be sexually active and to have initiated sexual activity at earlier ages;
- Rank sex as a higher priority, although not as their top priority;
- Are more likely to think that becoming sexually active at an early age or before marriage is acceptable;
- Are less likely to require commitment to their partner as a prerequisite to becoming sexually involved;
- Are less likely to cite pressure from partners as the reason for becoming sexually active;
- Are more likely to be proud of having lost their virginity, and much less likely to regret it.

Contraceptive use

- Adolescent boys are slightly less likely than girls to report using contraception during their most recent intercourse.
- The younger the couple, the less likely they are to use contraception, and if they do, they are more likely to use male contraceptive methods.
- Many sexually active teenage couples who use contraception rely on male contraceptive methods (condoms and withdrawal)—two out of five teen women report that they relied on these methods during their most recent intercourse.
- Society’s double standard of acceptable sexual behavior sends mixed signals to teens. Girls are more likely than boys to have the motivation and knowledge about contraception to prevent pregnancy. But they are unlikely to have contraceptives available when intercourse might occur because the double standard signals that it’s wrong for girls to have, or plan to have, sex.
- Boys know less than girls do about contraception and pregnancy risk and are more likely to be misinformed.
- The popular misconception that boys are unwilling to listen to information about sexuality and contraception appears to be inaccurate.
- There are a number of perceived barriers to condom use for adolescent boys, including embarrassment and the inaccurate belief that parental permission is needed to buy condoms. Other barriers include the expense of condoms and the belief that condom use interferes with sexual pleasure.

Pregnancy and parenthood

- For both physiological and societal reasons, the connections between sexual activity, pregnancy, and parenthood are weaker for boys than for girls.
- Societal response to unintended pregnancy for boys is much less critical and stigmatizing than it is for girls.
- Societal definitions of responsible parenthood link responsibility to financial support for boys and to nurturing for girls, making it difficult for young men who do not have jobs or employment prospects to see themselves as “responsible” parents either now or in the future.

What Should Be Done?

- Increase young males’ capacity to delay pregnancy by increasing their knowledge about sexual activity and its possible consequences, as well as their knowledge about how to avoid these consequences; by increasing their ability to make mature decisions about sexual behavior; and by fostering use of male contraceptive methods.
- Change the negative individual and societal attitudes about sex, sex roles, pregnancy, and parenthood that flow from society’s double standard of appropriate sexual behavior by changing the link between sex and manhood by showing positive alternative images of what it means to be a man and by strengthening the link between pregnancy and the responsibilities of parenthood.
- Help all young men, but particularly disadvantaged young men, have positive life options that give them clear and compelling reasons to delay parenthood by increasing their access to high-quality education and remedial instruction, improving access to comprehensive health care services, providing experiences that build work-related skills, providing a range of opportunities for success outside of the classroom, and giving teens opportunities for personal growth.
- Reach more young men with pregnancy prevention services and messages by developing new approaches for delivering sexuality-specific messages and services and by combining sexuality-specific education, counseling, and services with nonsexuality-specific activities.
- Recognize that youths who are at risk of early sexual activity and pregnancy also tend to be experiencing other problems by designing programs that attract the “whole” adolescent rather than programs aimed at educating or serving a particular aspect of the adolescent and by developing a comprehensive service approach.
- Respond to young men’s immediate needs for productive activities and productive roles by expanding access to after-school, weekend, and summer activities; expanding community service opportunities available to teens, particularly young teens; and by increasing the number of community institutions and agencies that serve adolescents and improving coordination between them.

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ideas, a number of other experts and studies were consulted for information and assistance (see Acknowledgments and References for more information).

This report is organized around three areas of inquiry:

1. How great are gender differences in adolescent sexual and contraceptive attitudes and behavior? What causes and promotes the differences? To what extent do individual differences between boys and girls reflect larger societal differences in definitions of "appropriate"—and tolerance of "inappropriate"—sexual attitudes and behavior for girls versus boys, and in the development of sexuality-specific programs and services for the sexes?
2. How does the ability to escape the responsibilities of parenthood affect boys' motivation to be sexually responsible?
3. Given what is known, what should be done for boys? Are new and different programs needed? Male-only programs? How can boys be encouraged to participate in adolescent pregnancy prevention programs? And what should be done with and for them when they do participate? Does current thinking about what youths need to delay sexual activity and pregnancy and how those needs are best met apply equally to boys and girls?

As communities respond to the calls for increased male involvement in preventing unintended adolescent pregnancies with proposals for new or expanded pregnancy prevention strategies, it is essential that any proposed strategies be built solidly on facts, not misconceptions, about young males' attitudes and behaviors and about what young people need to improve their ability to avoid early sexual activity and pregnancy. There is an absence of rigorous program evaluations of what works for boys to guide the selection of strategies. What is needed, therefore, is a rigorous conceptualization of what should work based on available data and research. This report offers both descriptions of a range of programs that have male pregnancy prevention as a goal and a factual and analytical backdrop against which to assess strategies for reaching and educating young men.

**SEXUAL ACTIVITY AND CONTRACEPTION: GENDER DIFFERENCES IN ADOLESCENT ATTITUDES AND BEHAVIOR**

Society promotes a double standard of sexual behavior—what is considered appropriate sexual behavior for males is something quite different for females. Despite increased awareness of its pervasiveness and impact, that double standard continues to stand as one of the most serious threats to efforts to help teens delay sexual activity and pregnancy. Boys are expected to perform, to compete, and to seek sexual gratification. They also often are taught to associate intercourse with manhood. As Mercer Sullivan said at CDF's meeting on adolescent males and teen pregnancy:

"There are problems that go across our culture and our society that have to do with the messages ... all young men get about sexuality—it's held up as a challenge, like an athletic challenge, or it's something that's preached against in a moralistic context. What we lack are enough positive images of what it means to be a good man... of healthy sexuality conveying the connection between sexuality and nurturing.

Girls, on the other hand, are expected to be loving, supportive, and nurturing. They are cautioned that marriage (or at a minimum, love) is a prerequisite for sexual intercourse. Another meeting participant, Angel Martinez, puts it this way:

"We provide stricter guidelines for young women: biological changes are more defined, pregnancy is possible, and different things are expected of them in terms of behavior.

To the extent that teens are socialized in this way—and to the extent that efforts to provide sexuality-specific information and services are based on these assumptions—it would be expected that girls and boys have substantial differences in their attitudes about becoming sexually active, using contraception, and becoming pregnant, as well as in their actual behaviors.

Despite the common stereotype, it is not true that every American boy is sexually active, that all sexually active boys are promiscuous (or would like to be), and that boys never use or encourage their partners to use contraception. There are, however, significant gender differences in attitudes, motives, behaviors, and reactions to initiating and continuing sexual activity and contraceptive use—differences that have important implications for pregnancy prevention efforts.

**Sexual Activity**

Most boys become sexually active because they feel that's what you're supposed to do. I often ask young people, "Do your parents know that you're having sex?" The boys say, "Well, they should know because I'm 15," meaning that if you're 15 you're supposed to be sexually active. To many of them, sex is a given... We have to help them make sure that this given does not result in a limitation of the life options open to these young men.

Robert Johnson

Adolescent boys are more likely to be sexually active—that is, to have ever had intercourse—than are adolescent girls. They also are more likely to have initiated intercourse at a younger age. By age 18, almost two-thirds of young men have had sexual intercourse, compared with less than one-half of young women (Table 1). A study by Melvin Zelnik and John Kantner of Johns Hopkins University found that the mean age of first intercourse is 16.2 years for girls and 15.7 years for boys.

Interestingly, it appears that both male and female teens tend to have their first sexual experience with partners older than themselves. Regardless of race, girls tend to have their first sexual experience with partners who are, on average, three years their se-
nior, and boys tend to have their first sexual experience with girls about one year older. These findings suggest that older girls may initiate younger boys who, as they age, initiate younger girls. While little information is available about age differentials between sexu­ally experienced teens (who are having sex after the first time), there is reason to suspect that, in general, boys are older than their partners. Vital statistics data, for example, show that the fathers of the children born to teen mothers are usually some years older than the mothers.

Attitudes About Sex

As is often the case, behavior reflects attitudes. Behind the gender differences in age of initiation of sexual intercourse are differences in a range of assumptions, attitudes, and reactions.

• Perceived importance of sex. A survey of teenagers in New York City revealed that sex does not head the priorities list for either boys or girls—indeed, both boys and girls ranked “having sex” far behind other goals such as getting a job, preparing for the future, making it on their own, getting good grades, and getting along with their families. However, the survey did find that about twice as many boys as girls said that having sex was a high priority (55 percent, compared with 27 percent).

Additionally, a national survey of young adolescents (fifth through ninth graders) conducted by the Search Institute revealed that boys showed more interest in sex than girls at every grade level although, in general, such interest increased with age among both genders. Boys reported that they thought about or talked about sex “often” or “very often” significantly more than did girls. They also were much more likely to express interest in R- or X-rated movies than were girls their age (Table 2).

• Perceived acceptability of sexual activity. Reflecting the pervasive double standard, boys are more likely than girls to think that early and premarital sexual activity are acceptable. When asked whether they thought they would have sexual intercourse before marriage, 69 percent of the sixth-grade girls in the Search Institute survey (but only 50 percent of the sixth-grade boys) reported that they would wait. The gender difference was even greater among ninth graders. The proportion of girls believing that they would wait until marriage to initiate sexual activity dropped to 61 percent; the proportion of boys fell to 36 percent. In a survey of junior and senior high school students in Baltimore, Maryland (analyzed by Laurie Zabin), the sexually experienced young men cited an ideal age for first intercourse (15.4 years) that was more than a year younger than that cited by sexually experienced young women (16.7 years).

• Attitudes about first sexual partner. Studies have found that young men are less likely than young women to have their first sexual experience with someone with whom they have a romantic interest. For example, a nationally representative survey of young men and women living in metropolitan areas (analyzed by Zelnik and Fatira Shah), showed that 47 percent of young men who were 15 to 17 years old at first intercourse said that they were “engaged” or “going steady” with their first partner, compared with about 71 percent of young women who were the same ages when they became sexually active. (This pattern remains evident in later relationships as well—for example, Zabin’s analysis of the Baltimore survey of male and female teens found that the young men

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Cumulative Sexual Activity Rates by Age at Initiation, Gender, and Race and Ethnicity</th>
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<tbody>
<tr>
<td>Cumulative Percentage Having Initiated Sexual Activity</td>
<td></td>
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<tr>
<td>Age</td>
<td>Boys</td>
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<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>Before age 15</td>
<td>15.1</td>
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<tr>
<td>Before age 16</td>
<td>25.6</td>
</tr>
<tr>
<td>Before age 17</td>
<td>35.5</td>
</tr>
<tr>
<td>Before age 18</td>
<td>45.4</td>
</tr>
<tr>
<td>Before age 19</td>
<td>55.3</td>
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<tr>
<td>Before age 20</td>
<td>65.2</td>
</tr>
</tbody>
</table>

NOTE: Sources were interviewed in 1983.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Gender Differences in Interest in Sex</th>
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</thead>
<tbody>
<tr>
<td>Percent Who Think About Sex Very Often or Often</td>
<td>Percent Who Talk About Sex Very Often or Often</td>
</tr>
<tr>
<td>Grade</td>
<td>Boys</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>5th Grade</td>
<td>24%</td>
</tr>
<tr>
<td>6th Grade</td>
<td>29%</td>
</tr>
<tr>
<td>7th Grade</td>
<td>38%</td>
</tr>
<tr>
<td>8th Grade</td>
<td>49%</td>
</tr>
<tr>
<td>9th Grade</td>
<td>50%</td>
</tr>
</tbody>
</table>

Few positive markers of adulthood exist for young men and few active role models are present to help them negotiate adolescence.

were about one-half as likely as the young women to say that they had a strong or close relationship with their most recent sexual partner.) Given the common negative stereotypes about the promiscuity of adolescent males, it is interesting that almost half of these young men had their first sexual encounter with someone to whom they were committed—only 11 percent said their first intercourse was with someone they “recently met,” 22 percent were “dating” their first partners, and 20 percent were “friends.”

**Attitudes toward first intercourse.** Not surprisingly, girls and boys have very different anxieties about and reactions to becoming sexually active. Although they have equal levels of anxiety about first intercourse, girls are likely to be worried about whether they are doing the right thing, while boys are worried about whether they are doing the thing right. Afterward, males are more likely to feel proud and experienced, while girls are more likely to worry about pregnancy.

A survey of teens in three urban communities in the United States found that 54 percent of the females felt regret after first intercourse, compared with only 18 percent of the males, and girls were more likely to regret that they did not delay having intercourse. Additionally, while there is no clear explanation for it, a large number of sexually active teens suggest an ideal age for initiating intercourse that is older than the age at which they began having sex—86 percent of the girls and 81 percent of the boys in the Baltimore survey suggested an ideal age for first intercourse that was older than the age at which they initiated intercourse.

**Motivations for first sexual experience.** Adolescent girls are more likely than boys to say that they initiated intercourse because of pressure from their partner or peers. A Planned Parenthood poll of school-age teenagers (ages 12 to 17) found that girls thought the main reason teens didn’t wait to start having sex was because of “peer pressure” (34 percent), followed by “pressure from boys” (17 percent), “everyone was doing it” (14 percent), and “in love with partner” (11 percent). Boys also cited “peer pressure” (26 percent) as important, followed by “curiosity” (16 percent), and “want sexual gratification” and “everyone is doing it” (10 percent each).

Furthermore, although young women have a clear marker of growing up (their first menstrual period), young men do not have a comparable event indicating a transition toward adulthood. Partially because of this, young men appear to view the initiation of sexual activity as an important marker of adulthood. The CDF meeting participants suggested that its significance as a “rite of passage” for young men—although perhaps not the most important rite—may have grown somewhat over time as others have faded. For example, Arthur Elster noted:

> [There has been somewhat of a shift] from more traditional and ethnically based landmarks, many of which were religious in nature, to landmarks which are much more peer oriented—such as your first ring, first intercourse, and possibly getting your driver’s license.

The participants also suggested that few positive markers of adulthood exist for young men and that few active role models are present to help them negotiate adolescence in an environment that sends mixed and often negative messages regarding sexuality.

Regardless of ethnic background, we do not teach—and I specifically stress the word teach—our boys how to be men. There are really no traditional rites of passage from boyhood to manhood except in the Jewish culture.

Courtland Lee

The anchors have been destroyed—the anchors that helped young people make the transition from childhood to adulthood. Our religious institutions have been redressed and are not really serving that purpose; our educational institutions have been devastated and criticized. Many of our families are dysfunctional. Informal institutions like the Scouts are not attracting the numbers of teens they used to attract. I really question what anchors we have for our kids as they make the transition to adulthood.

Elster

Furthermore, some argued that positive markers and active role models are even more important for poor males, who may have neither college nor careers in their futures.

The disadvantaged young male really doesn’t have a point of reference where he knows that he is, and is accepted as, an adult—he really doesn’t have an event that marks this, he really doesn’t have any sense of where he goes from here.

Martinez

**Contraceptive Behavior**

There isn’t anybody around saying to young boys, “Listen—when and if you decide to have sex, remember that it’s got to be somebody’s responsibility.”

Sullivan

If they get that message from anyone, it’s from their female partner, and they don’t often hear it from her.

Elster

Sexually active adolescent males are somewhat less likely to report using contraception than are sexually active females of similar ages. For example, Frank Mott, a researcher at Ohio State
Factors Affecting Contraceptive Use

Factors that can affect the contraceptive behavior of teenagers (male or female) include: their ages, the kind of relationship they have with their sexual partners, their partners’ attitudes toward contraception, their relative knowledge or ignorance about pregnancy risk or contraceptives, and their perception of the accessibility or acceptability of male contraceptive methods.

- **Age.** The younger the couple, the less likely they are to use contraception, and if they do, the more likely they are to rely on male contraceptive methods such as withdrawal and condoms. Studies of metropolitan-area teenagers, by Zelnik and Kantner and by Zelnik and Shah, found that less than half of the teens (male and female) had used contraception at first intercourse and that roughly 70 percent of those who had used contraception reported that they had relied on either withdrawal or condoms the first time they had sex. Although withdrawal is not considered effective in preventing pregnancy, its practice is a step in the right direction and shows the inaccuracy of the common belief that all adolescent males are sexually irresponsible.

One thing that is underestimated is that there are a lot of guys who practice withdrawal on a fairly regular basis. Obviously, it’s not such a great method, but we tend to think that if they don’t use condoms or make sure that the girl is on the pill, that they are not using any method. To the extent that we have to reach them to get them to be more effective [contraceptive users], we have to at least give them credit for where they already are.

Sullivan

The first decision step is to decide whether or not to use contraceptives. It represents a realization that sexual activity may have undesirable consequences. Contraception represents taking responsibility for one’s future.

Johnson

Table 3

<table>
<thead>
<tr>
<th>Method Used</th>
<th>Method Used</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>At First Intercourse</td>
<td>At Most Recent Intercourse</td>
<td></td>
</tr>
<tr>
<td><strong>Female Prescription Methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>19.4%</td>
<td>40.6%</td>
</tr>
<tr>
<td>IUD</td>
<td>0.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>0.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>21.2%</td>
<td>46.1%</td>
</tr>
<tr>
<td><strong>Other Female Methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foam</td>
<td>2.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Douche</td>
<td>1.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Rhythm</td>
<td>4.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>8.4%</td>
<td>11.8%</td>
</tr>
<tr>
<td><strong>Male Methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td>34.1%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>36.3%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>70.4%</td>
<td>42.1%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 4

Factors Associated With Pregnancy Risk, Teens Ages 12 to 17

<table>
<thead>
<tr>
<th>Age</th>
<th>Of Those Who Have Ever Had Sexual Intercourse</th>
<th>Percent of Respondents Who Score “Low” on Questions of Pregnancy Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>12-13 years</td>
<td>7%</td>
<td>56%</td>
</tr>
<tr>
<td>14-15 years</td>
<td>25%</td>
<td>59%</td>
</tr>
<tr>
<td>16-17 years</td>
<td>51%</td>
<td>30%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>Girls</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>24%</td>
<td>32%</td>
</tr>
<tr>
<td>Black</td>
<td>47%</td>
<td>58%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27%</td>
<td>55%</td>
</tr>
<tr>
<td>Economic Status Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>30%</td>
<td>49%</td>
</tr>
<tr>
<td>Medium</td>
<td>29%</td>
<td>40%</td>
</tr>
<tr>
<td>High</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>Living With</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both parents</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>One parent</td>
<td>31%</td>
<td>49%</td>
</tr>
<tr>
<td>Mother’s/Father’s Highest Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not high school graduate</td>
<td>32%</td>
<td>46%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>31%</td>
<td>40%</td>
</tr>
<tr>
<td>Some college</td>
<td>30%</td>
<td>48%</td>
</tr>
<tr>
<td>College graduate</td>
<td>19%</td>
<td>23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attend Religious Services</th>
<th>Of Those Who Have Ever Had Sexual Intercourse</th>
<th>Percent of Respondents Who Score “Low” on Questions of Pregnancy Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>18%</td>
<td>n.a.</td>
</tr>
<tr>
<td>Occasionally</td>
<td>29%</td>
<td>n.a.</td>
</tr>
<tr>
<td>Seldom, Never</td>
<td>38%</td>
<td>n.a.</td>
</tr>
<tr>
<td>Grade Point Average in School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A to B+</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>B to B-</td>
<td>25%</td>
<td>35%</td>
</tr>
<tr>
<td>C to F</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Plan to Go to College (a) or Have Some Career in Mind (b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who do</td>
<td>25%</td>
<td>39%</td>
</tr>
<tr>
<td>Those who do not</td>
<td>37%</td>
<td>54%</td>
</tr>
<tr>
<td>Presently Employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who are</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Those who are not</td>
<td>25%</td>
<td>49%</td>
</tr>
<tr>
<td>Sex Education In School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive sex education</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Noncomprehensive sex education</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>No sex education</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Talked with Parents about Sex and Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have not talked</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Who have talked</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Whose talk included</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

NOTE: “n.a.” indicates information is either not available or the question was not asked of the respondents.

Teens who have the least resources and who are at risk of other problems are the most likely to become sexually active at earlier ages and are the least likely to be effective contraceptive users.

- While data indicate that teenagers initiate intercourse earlier if they are male, other factors such as the earlier onset of puberty, more frequent dating, lack of religiosity, a lack of educational achievement and goals, and poverty have been found to be associated with the early initiation of intercourse.

- Results of the Planned Parenthood survey are consistent with these findings—the survey reports that those teens who have the fewest resources are likely to begin sexual activity earlier, are less likely to use contraception, and are the least knowledgeable about sexual activity and contraception. Teens whose parents are not college graduates or who themselves are not doing well academically or not planning to attend college are all more likely to be at risk of early parenthood.

Racial and ethnic differences in sexual activity, contraceptive use, and knowledge about sex and contraception, are likely to be at least explained partially by racial and ethnic differences in parental education, employment, and income, and in teens’ academic achievement and enrollment.

- Generally, with the exception of Hispanic female teens, minority teenagers initiate sexual activity at earlier ages than do white teens—on average, black teens appear to initiate intercourse nine to 18 months sooner than white teens. Data suggest that Hispanic teen girls initiate sexual activity later than black adolescent girls and at similar ages to white girls but that Hispanic teen males become sexually active slightly later than similarly aged black males and earlier than white teen males (Table 1).
types of sexually active adolescents—those who are involved sexually in a relationship that is perceived as stable and involves an emotional commitment (although it may be of uncertain duration), and those who are involved in sexual encounters with a number of partners without maintaining a stable relationship. Evidence suggests that while many boys do not fall in the latter category, they are more likely to fall in this category than are girls. Furthermore, teenagers in the latter group are less likely to use contraception. This appears to be true partially because these teens engage in a number of risk-taking behaviors, and partially because stable relationships allow teens to overcome two other problems.

First, given that teens are uneasy talking about contraception with their sexual partners, a stable relationship encourages more open communication about sexuality and contraception. For example, another study of teens in Baltimore that surveyed black adolescent males, conducted by Samuel Clark and researchers at Johns Hopkins University, found that one-third of the adolescents who said that they had had a girlfriend said that they found it difficult to discuss birth control with her. Ellen Kisker, who conducted a series of focus groups with teenagers about sex, pregnancy, and contraception (published in *Family Planning Perspectives*), found that “familiarity with the partner makes it easier to predict reactions if the subject of birth control is raised.” One male participant, an Indianapolis youth age 16 or 17, put it this way:

> It is easier to read if it is a girl you’ve been going out with—so then you are likely to bring [a condom] along, and she is probably not going to be so shocked.

The younger teen males in the focus groups felt that raising the subject of contraception might actually reduce their chances of having sex. The older males felt that it would make their partners angry.

Second, the more stable the relationship, the more likely the teen was to be able to anticipate having intercourse. Being able to plan ahead is quite important; sexually active teens often say that they did not use contraception because they had not planned to engage in intercourse and therefore were not prepared. For example, the reason cited most frequently for irregular contraception among the school-age teen respondents in the Planned Parenthood teen poll was that they were not planning to have sex. Researchers and service providers have suggested that sexually active teenagers—particularly those who only recently have become sexually active—are more likely to value spontaneity because it allows them to avoid facing the fact that they are going against conventional morality and to deny that they are sexually active. This may be especially true for girls, who often talk about the importance of being “swept away.”

A teenage woman from Indianapolis, who participated in the Kisker study, offered this viewpoint:

> Participant: If I did [use a contraceptive], then I’d have sex more. Then it would be too easy. The risk won’t be there; the risk won’t stop me.

Interviewer: Why do you need to stop? What’s wrong with having sex?

> Participant: I don’t feel it’s right. I haven’t been raised that way.

This issue brings up one of the unfortunate consequences of the sexual double standard our society has for teen girls and boys. Although girls have more knowledge and information about sexuality than do boys and are more likely to be motivated to use contraception because pregnancy has clearer negative implications for them, they are discouraged from being prepared for sex because they are told that they should not be having sex in the first place. As some of CDF’s panelists stated:
What Does It Mean to an Adolescent To Be Sexually Active?

[In our program] we had a 12-year-old abused boy come in whom we discovered had gonorrhea from servicing his drug addict mother's lovers. When this kid was asked if he was "sexually active," he said "no," and in his own mind at 12 years old he was not sexually active because what he was doing was not sex.

Luis Garden-Acosta

On the other hand, I've had some young people say they are sexually active and when I respond, "Do you have sexual activity with a partner of the opposite sex, the same sex, or both?" they answer, "No one, just with myself."

Robert Johnson

These quotes serve as a needed reminder that although adults assume concepts such as "sexually active" have a single, clear meaning, they actually describe a range of possible activities. This is a particularly important issue for those who work with teens, illustrating the range of possible meanings that such terms can have to those who are not adults, and emphasizing the importance of clarity and directness when discussing sexual issues.

When you ask young women why they don't carry condoms, they immediately say, "Are you crazy?" The issue is that they don't want to appear knowledgeable or sexually active... If she were to pull out a condom and say, "Here, use this," it would all be over.

Luis Garden-Acosta

She can ask the question, but she can't have the goods.

Martinez

Aside from the type of relationship the young couple has, the sexual partner is important because he or she can affect contraceptive use—In fact, research and anecdotal reports suggest that male partners are one of the primary influences on adolescent women's use of contraception. However, some studies have found that young women also play a role in preventing contraceptive use—although the results differ between studies, some have found that boys are more likely than girls to cite "pressure from their partner" as the reason for not using contraception. The reasons for this finding are not clear.

• Perceived responsibility for contraception. Some researchers have suggested that young men are less likely to use contraception because they think that it is primarily the female's responsibility. A teenage participant in the Kisker study expressed the kind of thinking that may be common among some young men:

Teen: You really can't tell [whether or not the girl is on the pill]. Why bring it up? You know sooner or later. You can ask if you want to and she can ask or tell you, but why do it? The girl is smart. I really don't think she would go through with it if she wasn't prepared. So hey, I wouldn't say anything.

Interviewer: So you are assuming that [if] she doesn't say anything, she is on something?

Teen: I don't care if she [is] or not. That's her problem.

On the other hand, some young men feel that contraception is their responsibility regardless of what the girl does. This point is illustrated by the statement of a young man who was interviewed by Mercer Sullivan (quoted in Sullivan's Teen Fathers in the Inner City: An Exploratory Ethnographic Study):

Interviewer: So you learned about sex making babies in school?

Zap: I learned, be do this, she take this, she get pregnant. That's when I started pullin' out all the time. I don't care. I just pulled out every time I got on.

Interviewer: So what about the girls, do you think they knew the consequences?

Zap: A lot of them don't care. The oldest ones know about it, the youngest ones don't. But a lot of them don't care any old way.

While it is difficult to know which of these young men are more representative of young men in general, some studies have found that high proportions of teen girls and boys thought that both partners were responsible to make sure that the girl did not get pregnant. In the Baltimore study of young black men, for example, 70 percent said that they felt that avoiding pregnancy was a shared responsibility. It is important to note, however, that the belief that contraception is a shared responsibility does not mean it is put into practice. For example, 62 percent of the sexually active young men in this study who never used contraception said both the girl and boy were responsible for contraception.

• Knowledge about pregnancy risk or contraceptives. Young men need sexuality and contraceptive information, counseling, and services as much as females, yet this need often is underestimated. Tales told by many a young man about his sexual conquests and prowess often lead to the mistaken assumption that boys know it all and that only girls need their questions answered. However, although their exposure to formal sexuality education classes in school appears to be similar to that of young women, young men know less about pregnancy risk and contraception than do young women. Furthermore, their lack of knowledge is closely related to their not using contraception—sexually active teens who have greater knowledge about sexuality are more likely to use contraceptives consistently.

While both male and female teenagers often say the reason they did not...
use contraception was because they did not think that the girl could get pregnant, a number of small studies have found that teenage males are even less knowledgeable about pregnancy risk than teenage girls. For example, the Planned Parenthood teen poll found that almost one out of three teen boys scored "low" on a series of questions testing their knowledge about pregnancy risk, while fewer than one out of five teen girls scored in this category.

Teenage boys also know less about contraception than do teenage girls—for example, Zelnik and Shah found that 13 percent of the adolescent women and 20 percent of the young men in their study who did not use contraception during their first intercourse failed to do so because they did not know about it. Furthermore, even if young men know about contraceptive methods, they are likely to be misinformed about their particular health risks (for example, whether birth control pills increase the risk of cancer) and their proper usage. This ignorance is particularly unfortunate given their influence over their partners' use of contraception.

Teens get their information about the consequences of pregnancy and contraception from a number of sources: parents (especially for younger teens), friends, and courses or teachers at school are among the most common. However, there is some evidence that parents are less likely to talk to their sons than their daughters about these issues, and if they do discuss them, they are less likely to discuss birth control. For example, the Planned Parenthood poll found that twice as many boys as girls said their parents had never discussed sex or birth control with them (41 percent, compared with 20 percent), equal numbers said their parents had discussed sex but not birth control (33 and 34 percent, respectively), and roughly half as many boys as girls said their parents had discussed both sex and birth control. Furthermore, the poll found that sexually active teens who had received information on both birth control and sex from their parents, or who had received comprehensive sexuality education at school, were more likely to use contraception.

These findings show clearly that young men have a great need for information on sexuality and contraception. Unfortunately, there is a popular misconception that boys are not willing to listen to information about these issues. Instead, researchers have suggested that the problem is that information is being presented inappropriately. Thus, boys misunderstand how it applies to them. For example, Stan, a young man interviewed by Sullivan for his report, stated it this way:

"When I was in junior high school class, we had a science class. We used to talk about the male chromosomes and the women's eggs, and how many sperm cells, but they never said anything about, you know . . . only when we got to the subject of venereal diseases, then the subject of contraceptives would come up."

As researcher Joy Dryfoos suggests, "Young men are very receptive to educational interventions that deal with sexuality. They are quite aware of their own ignorance and are eager to learn the correct facts." In fact, the Search Institute survey found that boys in the sixth through ninth grades were somewhat more interested than girls in "understanding sex better"—32 to 36 percent of the boys and 26 to 31 percent of the girls reported "much interest" in this topic. Sullivan illustrated this point in his report when he described one young man's experience in trying to learn the basics about sexuality:

"Tom . . . said that he had a difficult time getting the facts in school. He reported that he listened with great interest to the sex education materials presented to him in the eighth, ninth, and tenth grades successively, each time getting a better understanding:

"Tom: Finally they gave us a book to study. And I took it home and kept it and studied it and that's how I finally learned.

- Barriers to condom use. Despite the fact that condoms are far easier to obtain than many female contraceptive methods that require prescriptions, a number of adolescent males say they do not use them because they are too expensive, too embarrassing to buy, or too difficult to obtain. For example, a study of middle-class male high school students (cited by Freya Sonenstein in "Risking Paternity: Sex and Contraception Among Adolescent Males") found that 44 percent of the young men who did not use contraception said they did not use condoms "because of embarrassment or the hassle." The Clark study of inner-city black males in junior and senior high schools in Baltimore found similar results. This study also found that many of the young men in the sample were confused about whether or not they needed parental permission to obtain birth control—39 percent mistakenly believed that they needed parental permission to go to a family planning clinic, and more than half believed that they needed parental permission to buy condoms and other nonprescription contraceptives. Finally, as Johnson mentioned, cost is an issue:

"Condoms have become so expensive that for the first time I'm beginning to hear kids say, 'I don't use condoms because they are too expensive.' In my experience, the kids who have jobs are the ones who can afford them, because in some places they cost a dollar each."

The other major barrier to male contraceptive methods is that they are thought to interfere with the couple's sexual pleasure. Adolescent males often base more on sexual myths than facts: condoms reduce your pleasure, sex should be natural and condoms interfere with that feeling; they are just not comfortable. As a young woman in the Kisker study put it:

"[Condoms are] inconvenient, of course. The guys don't like them. [They say,] 'It's unnatural, you know,' [or] 'I don't want to be cooped up,' [or] 'It's like having sex with a gym shoe.'"

Or, as one young man interviewed by Sullivan for his report described
PREGNANCY AND PARENTHOOD

Young men's attitudes about sexual activity and contraceptive use must be factored into any male-focused pregnancy prevention strategies. Perhaps a less obvious but no less important consideration in addressing young men's willingness or motivation to avoid irresponsible sexual behavior is the effect of different attitudes between men and women about the responsibilities of pregnancy, parenthood resolution, and parenthood.

Three differences stand out that have important implications for pregnancy prevention. First, for both physiological and societal reasons, the connections between sexual activity, pregnancy, and parenthood are weaker for boys than for girls. Second, societal response to unintended pregnancy for boys is much less critical and stigmatizing than it is for girls. Third, societal definitions of responsible parenthood link responsibility to financial support for boys and to nurturing for girls, making it difficult for young men who do not have jobs or employment prospects to see themselves as "responsible" parents either now or in the future.

Weak Links Between Sexual Activity, Pregnancy, and Parenthood

In addition to the sexual double standard, basic physiological differences between the sexes make the links between sexual intercourse, pregnancy, and parenthood weaker for males than for females. Young men impregnate; they do not become pregnant. They must be told about a pregnancy for which they are responsible—some never know—and, when presented with the news, they, unlike young women, have several options. They can deny responsibility for the pregnancy, question the claim that they are the father, or acknowledge that they are the father. If they acknowledge paternity, they can remove themselves from the situation by arguing that the pregnancy is the girl's problem or they can choose to participate in the decision-making process. In the event that parenthood occurs, the young man can withhold support from the mother and child ("step off"), provide informal or formal child support (in-kind and financial support) outside of marriage, or choose to marry the mother.

For males, the weakness of the links between sexual intercourse, pregnancy, and parenthood are most apparent when one looks at birth data. In 1985 there were about 478,000 births to women younger than 20—roughly 280,000 to unmarried teens. It is important to recognize that marriage is not the sole indicator of male responsibility. (See the May 1988 Clearinghouse report, Adolescent and Young Adult Fathers: Problems and Solutions for a full discussion of young fathers' responsibilities.) Nonetheless, because almost two-thirds of unmarried teen mothers are unwilling or unable to furnish information about their children's fathers on the birth certificates, it is evident that the links between sexual activity, pregnancy, and parenthood are distressingly weak. The rising proportion of teen births that are to unmarried mothers suggests that this link is getting weaker steadily.

This trend has particular implications for pregnancy prevention efforts directed toward boys. Successful pregnancy prevention requires equipping teens—boys and girls—with two things: the capacity to avoid parenthood and compelling reasons to do so. The formula is simple: Other things being equal, the greater the access teens have to sexuality-specific information and services, the greater the likelihood that they will take steps to avoid pregnancy—either by delaying sexual activity or by practicing contraception. Similarly, other things being equal, the stronger their reasons to avoid pregnancy and the greater the perceived impact of unintended pregnancy on their present activities and future plans, the greater the likelihood that teens will take steps to either refrain from sexual activity or to be responsible sexual partners. Teens who have limited life options are at
particular risk for early parenthood. The best strategy for encouraging teens to prevent pregnancies is to provide them with the capacity and the reasons to do so.

However, males have fewer incentives to avoid pregnancy than do females. Furthermore, their physiological distance from pregnancy is reinforced by weak formal systems that let boys “off the hook.” At every stage—paternity acknowledgment, formal paternity establishment (through marriage or other legal means), child support establishment, and child support payment enforcement—males can slip away. Although many young men do not consider “stepping off” an option, because of personal beliefs, familial values, community norms, or the perception of legal responsibility, denying paternity as a way of avoiding parenthood is a viable option for many young males. As long as young men have (or perceive that they have) this loophole, they will never be as motivated as young women to avoid pregnancy.

Reactions to Pregnancy and Parenthood

Although society does not condone the behavior of young men who set out to father children they cannot (or will not) support, just as it does not condone this behavior among young women, there is a difference in society’s response to unintended pregnancies. This difference flows directly from society’s double standard of what is considered appropriate sexual behavior.

Paralleling the attitude that boys can do what they want to but girls should be chastie is the attitude that boys who impregnate unintentionally are unlucky while girls who become pregnant unintentionally are, at least, unwise. In many communities, there is much less stigma attached to becoming pregnant out of wedlock now than there was even 10 years ago. But today, just as 10 years ago, the stigma almost always falls on the girls.

Perhaps equally important, some young men equate manhood not only with sexual activity but virility. There are numerous anecdotes about boys who brag about the number of girls they have gotten pregnant, presumably both to show that they are virile and to “leave their mark” on the world. For example, Harold, one of the young men quoted by Mercer Sullivan in his report, offered this account of some of his acquaintances:

...I know quite a few who say, “I got a daughter who lives over here and a son who lives over there,” and the way they say it, it seems like they don’t care. When you ask them about it, they may say, “Well, I don’t know how long I’m going to live, so I’m looking to have as many as I can while I’m able to.

Despite this common stereotype, there is little evidence to support the belief that large numbers of young men, even disadvantaged young men who are not certain how long or how well they are going to live, intentionally father children they do not plan to support. There is little approval of this behavior when it does occur. As Harold also said in Sullivan’s report:

Let’s put it this way. They don’t get no respect from me on that. I can understand if it happens, but it ain’t nothing to brag about.

Individual and Societal Definitions of Responsible Parenthood

Boys may not be chastized for the unintended consequences of their sexual activity but, as noted previously, there is strong sentiment in most communities that young men should be responsible for their mistakes. This sentiment stems in large part from the attitude that women are nurturers and men are providers. As one of CDF’s panelists said:

Two words come to mind that are somewhat universal in terms of rites of passage for males, regardless of background—the notions of providing and protecting. These seem to be very, very important in terms of male identification.

Courtland Lee

This view was reinforced later in the meeting during a discussion of paren-

Successful pregnancy prevention requires equipping teens with the capacity to avoid parenthood and compelling reasons to do so.

It’s a mistake to think that parents are not concerned about their males—they are. They’re worried about getting them through school and about what’s going to happen to them—if they’re going to get a job, be unemployed, that sort of thing. I think that deep down inside most parents know or feel that their young men are going to be [sexually] involved at some point and expect that. They just hope it’s not with the wrong person.

Luis Garden-Acosta

Not surprisingly, the importance of the provider role also extends into young men’s (and their communities’) sense of what it means to be a man—to be an adult. Garden-Acosta commented that although becoming sexually active was clearly one rite of passage into adulthood, it may not be the major marker.

[Sex] is a given, [but] it’s not what defines you totally as a man. I think . . . [manhood] has more to do with whether you can be responsible for your own economics, can contribute to the family. This is the impression I get from our members at El Puente, particularly the males. When they get their first job and it is a full-time job and they come back and say, “I am doing this,” they consider themselves a man. In some cases having a high school degree is like getting that full-time job . . . they come back and show...
me a diploma [and you know that they think], "This is it, I’ve made it."
Garden-Acosta

Angel Martinez and Garden-Acosta went on to explain that in Hispanic communities, a young man’s ability to provide is considered a key determinant of a “good” pregnancy.

As we use words like, “Who is to blame for the pregnancy” we need to ask, Are all adolescent pregnancies blameworthy? Are all adolescent pregnancies bad?

Martinez

In my community there is no such thing as teen pregnancy. It’s not an issue, it’s not real. There’s either a good pregnancy or a bad pregnancy. A good pregnancy is when you’re not too young, when the potential grandparent know and approve of each other, and when the male has a job. A bad pregnancy is the direct opposite.

Garden-Acosta

Poverty and Pregnancy: A Double-Edged Sword

As the educational requirements for entry into the labor market increase and the remuneration for entry level jobs declines, the close link between fatherhood and providing support threats to exempt increasing numbers of young men, especially disadvantaged young men, from being “responsible parents,” whether inside or outside of marriage. In his report, Sullivan interviewed one young man who described some young fathers in an inner-city black community as follows:

Some of them, they say they just stepped off. In order not to step off, you got to have a job, got to get you a job. Cause, if you don’t get a job, and you’re not supporting the baby, you ain’t see the baby.

While it is overly simplistic to suggest that there is a direct causal relationship between the earnings of young men and the number of young marriages, there is a correlation: research shows that young men in their early twenties who have earnings large enough to support a family of three above the poverty line are three to four times more likely to be married than are young men with below poverty wages.

Ironically, society’s reinforced definition of fathers as providers may not only push young men who are unable to provide for their children into “stepping off,” it also may decrease disadvantaged young males’ interest in preventing pregnancy—placing those least able to support children at greatest risk of fathering them.

Sexual activity, pregnancy, and parenthood are positively valued behaviors, unlike adolescent problems such as suicide, substance abuse, and delinquency. When discussing sexual activity and parenthood, the message to teens is not a blunt “don’t do it,” but a more subtle “wait until you are better prepared.” This message makes sense to teens whose futures hold promise, but for teens with poor academic skills, no high school diploma, and few job prospects, this message translates into “don’t ever have children”—a message that is unacceptable to most.

Although it is unlikely that the majority of disadvantaged young men are actively seeking to father children, it is also unlikely that the majority are consistently taking steps to avoid this event. Research suggests that, in general, teens with low basic skills, no high school diploma, or little or no job training may lack compelling reasons to prevent pregnancy and are therefore more likely to become parents at a younger age than are those who have a firmer grasp on their futures.

You have to be so old to be able to support a child in this society that it is not healthy. What happens for poor people is that they may not ever be able to expect to afford a child.

Sullivan

Given the societal emphasis on the father as provider, it is not surprising to hear some experts argue that, in many ways, improving young males’ life options should be the first line of defense against teenage pregnancy.

In order to change poor black and Latino young men’s attitudes about responsibility regarding sex and attitudes about sexuality, we have to provide some kind of hope ultimately. They have to have a sense that there is something beyond where they are.

Martinez

As long as the protector/provider role is the operative definition of responsible fatherhood, the rising educational requirements and declining financial rewards of entry-level jobs of the past decade will place all young men, but especially those in their teens, in jeopardy of being labeled “irresponsible.”

Furthermore, these changes effectively have demolished many disadvantaged males’ chances of ever behaving “responsibly”.

For the middle-class boys, there is the possibility that if they stay in school they will have productive roles at some point in the future. But for others there is very little sense that they ever will and, consequently, very little connection between being able to support a child and being able to make a child.

Sullivan

WHAT SHOULD BE DONE TO HELP YOUNG MEN DELAY PARENTHOOD?

While there is still no consensus in this country about whether we should encourage abstinence versus contraception as the primary method of adolescent pregnancy prevention, there can be little debate that the success of any prevention effort lies ultimately in impressing upon teens the absolute necessity and logic of doing one of these two things. Furthermore, as the preceding sections illustrate clearly, success also hinges on the ability to increase young men’s willingness to be active partners in pregnancy prevention. Specifically, it is important to increase young males’
capacity to delay pregnancy by the following actions:

- **Increase their knowledge about sexual activity and its possible consequences**, as well as their knowledge about how to avoid these consequences by providing timely, comprehensive, and relevant sexuality education;
- **Increase their ability to make mature decisions about sexual behavior** by providing general counseling services aimed at increasing communication and decision-making skills, as well as forums for male-only, coed, and parent/child discussions about these issues;
- **Foster use of male contraceptive methods** by improving access to comprehensive adolescent health care, as well as exploring innovative approaches to the delivery of adolescent reproductive health care and contraceptive services. Public education campaigns should decrease negative stereotypes about condoms.

In addition to these capacity-building strategies, increasing young men’s commitment to pregnancy prevention will require work on two broader fronts.

First, there is a need to change the negative individual and societal attitudes about sex, sex roles, pregnancy, and parenthood that flow from society’s double standard of appropriate sexual behavior. Some ways to do this include:

- **Changing the link between sex and manhood by showing positive alternative images of what it means to be a man.** This can be done by providing positive role models, starting public education campaigns, changing current images in the media, and fostering concrete discussions and group counseling about alternative views of manhood.
- **Strengthening the link between pregnancy and the responsibilities of parenthood.** Specifically, improving the current legal systems for paternity establishment and child support enforcement, starting public education campaigns to inform young men and women about these systems as they exist, and strengthening community messages that being a father and being a man involve more than simply fathering a child.

Second, there is a need to help all young men, but particularly disadvantaged young men, have positive life options and a real sense of a future. This is important because it gives them clear and compelling reasons to delay parenthood. It also allows them to believe that if they delay parenthood now they will be able to be better parents in the future. Ways to improve teens’ life options include:

- **Increasing their access to high quality education and remedial instruction** to build strong basic academic skills;
- **Improving access to comprehensive health care services** that include preventive health care and treatment of diagnosed problems, as well as mental health diagnosis and services;
- **Providing experiences that build work-related skills** and that give teens exposure to work experiences;
- **Providing a range of opportunities for success outside of the classroom**, including experiences that build their sense of social responsibility;
- **Giving teens opportunities for personal growth** both academically and nonacademically.

These recommendations are not new. They have been suggested by numerous researchers and program and policy developers. They also have been acted on in numerous programs and initiatives across the country. The write-ups of programs, public education campaigns, and curricula included in this report are concrete examples of how local and national organizations, cities, and states have begun to address these recommendations.

### Additional Issues and Recommendations

In addition, panelists at the CDF meeting raised three concerns that have important implications for the design and implementation of strategies developed or revamped in response to these recommendations.

First, while boys and girls may need the same basic information, counseling, and services to have the personal means to prevent pregnancy, service providers have been much less successful at reaching boys.

Second, pregnancy prevention efforts need to be placed in the context of efforts to address the range of adolescent problems. This “whole adolescent” approach may be more important for boys than for girls.

Third, adolescents in general and young males in particular need structure, direction, and clear and frequent evidence that they are making progress toward adulthood.

### Sexuality-Specific Services: Reaching Young Men

To foster young men’s involvement in and awareness of sexuality-specific services and messages, it is important to design programs with young men in mind. Experts at CDF’s meeting made it very clear that although adolescent males may have a greater need for sexuality-specific information, counseling, and services than do young women (given that they know less), it is unreasonable to expect young men to come to programs that have been designed for young women.

**Boys and girls have the same problems broadly defined, but they need different kinds of services in some cases.** If there is a male problem, it stems from the fact that we have a lot more experience developing those services for females. Without rethinking the issues, we’re trying to develop sexual responsibility/pregnancy prevention programs for young men and are expecting them to show up for them. This is the real problem.

Mercer Sullivan

CDF’s panelists pointed out that although pregnancy prevention may be the top priority for service providers, it is not the main concern of most young men. While designing prevention efforts for young men, it is important to keep their needs and interests in mind.

*If we get closer to the young men we work with, maybe we will learn*
Comprehensive School-Based Clinics

Against a backdrop of public opinion ranging from vehement opposition to enthusiastic support, school-based clinics (SBCs) have emerged as a viable, innovative, and responsible approach to effective holistic health care delivery for teens. It has been shown that young people, both boys and girls, use needed health services more when such services are delivered in comprehensive settings designed to be both appropriate and accessible. The fact that a great number of young, at-risk males are found in schools supports this strategy as a way to reach teenage males with health and sexuality-related information and services.

The number of school-based clinics has grown from a single site in 1970 to 123 programs operating in 61 cities across 30 states. SBCs are a small fraction of all adolescent health clinics, but in contrast to the general lack of male participation in traditional health settings, SBCs have demonstrated that young men will use health care services in schools. Of the more than 50,000 students enrolled in SBCs in 1987, nearly four in 10 were male.

SBCs are potentially effective in several areas, including: increasing the utilization of basic health services, diagnosing previously undetected conditions, decreasing student absenteeism, improving mental health, decreasing substance abuse, reducing the number of births to teens, and improving pregnancy outcomes for teens who do bear children. Clinics offer primary health care services during the school day, including general health assessments, laboratory and diagnostic services, immunizations, first aid and acute care, and counseling and related mental health services. Some programs provide dental care, day care, and medical care for children of students; drug and alcohol abuse counseling; nutrition counseling; job, career, and family counseling; and any other services the community and the school deem necessary.

Reproductive health care is an essential part of the services provided by SBCs. These services may include sexuality education, family planning counseling and services, tests for pregnancy and sexually transmitted disease, and prenatal and postpartum care. Programs encourage the delay of sexual activity, emphasize students' responsibility in their sexual activity, and connect family planning and life planning decisions. Students learn that they are ultimately the ones responsible for maintaining their health and that attention to their reproductive system is an important part of total health care.

According to Sharon Lovick, director of the Support Center for School-Based Clinics, most of the controversy surrounding SBCs is a result of accusations that they are created primarily to deal with teen pregnancy prevention, in some cases by dispensing contraceptives. However, care related to reproductive health accounts for less than 25 percent of total monthly services provided by the clinics. A number of programs provide relatively little in the area of reproductive health, and the majority of programs (79 percent) do not dispense contraceptives.

The goal of SBCs is to help assure the well-being of young men and women by providing them with access to a range of services designed to meet their health and emotional needs. An evaluation of the impact of SBCs on a variety of health-related behaviors will be disseminated by the Support Center for School-Based Clinics in late 1988. For information on individual programs, contact:

Sharon R. Lovick, director
Support Center for School-Based Clinics
Center for Population Options
5650 Kirby Dr., Suite 203
Houston, Texas 77005
(713) 664-7400

something about who they are. I certainly do not and would not develop a program for teenagers or for teenage males without gathering information from them about the kinds of services they need.

Robert Johnson

Many young men apparently do not respond well to offerings of isolated male responsibility discussions or family planning clinic visits. What appeals to them instead are programs and activities that include recreation and employment opportunities. Maritza Caceres, director of El Centro in Milwaukee, Wisconsin, illustrated this point when she described the organization's experience in trying to reach boys:

When we attempted to introduce a male-only, sexuality-specific component into our program, we had little response from the guys. When we coupled that component with job readiness training and/or placement, the component filled to capacity.

Employment programs are particularly likely to appeal to young men, according to our panelists.

Employment is a key strategy for reaching disadvantaged young men... it is what's going to get them in the door. The ones who need help are going to respond to offers of employment... our services have to include some kind of immediate employment for those who need it.

Sullivan

These comments suggest that efforts to build young men's capacity for preventing pregnancy (for example, sexuality-specific education and services) need to be packaged differently for young men than they are for young women.

First, new approaches for delivering sexuality-specific messages and services must be developed that:
• **Package sexuality-specific information in innovative ways.** Sex educators and family planning specialists have realized that packaging sexuality-specific information, messages, and services in ways that are appealing to teens make outreach easier and may well increase information retention and service utilization. Teen theater, peer counselors, parent/child workshops, small group counseling, computer games, board games, workbooks, films, and media campaigns are new approaches to education that foster teen involvement, discussion, and parent/peer/partner communication. Films, rock videos, media campaigns, slogan contests, and student groups similar to Students Against Driving Drunk (SADD) are creating a more positive climate for discussing sexual issues including abstinence and contraception. Condom distribution programs, school-clinic linkages, hotlines, and aggressive follow-up are new approaches for getting teens into clinics for counseling and services, getting contraceptive services to teens, and increasing contraceptive continuation rates among those who are sexually active.

• **Take the messages or services to the young men or find young men where they naturally congregate.** Schools, basketball courts, pool halls, and employment and training programs are places where young men naturally congregate. Programs that seek to provide young males with sexuality-specific information, counseling, and services have increased their effectiveness by taking their services to these places or by going there to do outreach.

• **Change the environment of programs that offer sexuality-specific services to make young men more comfortable.** It is important to be sure that young men feel comfortable receiving sexuality-specific services. This can be done by having trained staff members, preferably male, with whom the young men can identify, and by making sure that the environment is one in which young men feel comfortable. These efforts can be as simple as showing sports videos in the waiting room.

Another approach is to have single-sex group sessions. Based on the assumption that young males may be more comfortable discussing matters of sexuality among themselves (and possibly more willing to heed the advice of their peers), some programs (even some serving both males and females) integrate males-only peer counseling into their approaches.

The second general approach to attracting young men into programs is to combine sexuality-specific education, counseling, and services with nonsexuality-specific activities such as recreation, general health care, tutoring, or employment. In particular:

• **Nonsexuality-specific activities can serve as a hook to get young males into sexuality-specific services.** Programs that offer sexuality-specific services can offer nonsexuality activities—such as sports, physicals, recreational activities, or academic instruction—to attract young men.

• **Sexuality-specific components can be placed in nonsexuality-specific programs that serve young men.** Sexuality-specific components can be combined with employment programs, recreation programs, comprehensive youth service programs, or general health care programs. The best-known example is the comprehensive school-based adolescent health clinic model. Because they provide general health services—which often include sexuality-specific services—clinics have no difficulty attracting young men into their programs. (See Comprehensive School-Based Clinics box.)

**Focusing on the Whole Adolescent**

All of the support systems in this country have to decide that male services are top agenda items and have to abandon the excuse that "males won't come," or that "we provide services for males, but they don't use them." The fault is with us...the problem is that we haven't designed services that will attract the adolescent male, programs that are truly responsive to them. One of our biggest errors is that we have focused on genitalia rather than the whole person.

_Louis Garden-Acosta_

Young men are not walking penises. They have a body, a mind, and a spirit. Why don't we design programs that deal with that? Why don't we support programs that deal with the entire person? Why don't we have a category called "total person"?

_Curt Davies, Illinois Male Adolescent Network (I-MAN) coordinator_

A second theme that surfaced during CDF's meeting is the "whole adolescent" principle. This principle dictates that regardless of the specific focus, objectives, or capabilities of a male involvement program, the total needs of the adolescent must be kept in mind. The "whole adolescent" concept is nothing new; experience gained from crafting pregnancy prevention strategies aimed at young women showed that it is important to broaden the approach and lengthen the time frame to meet effectively the needs of the whole adolescent. Unfortunately, when attention turned to boys, that experience was overwhelmed by the tendency to interpret "whole adolescent" as "whole girl," and to assume that narrow, quick-fix strategies could work as pregnancy prevention for males. Experts advise abandoning this course. Programs must be designed with the whole male in mind, and young men must be viewed as capable of more than impregnating and providing.

This comprehensive focus has become even more important given that researchers now are documenting what service providers have long observed: that adolescent problems cluster. Youths who are at risk of early sexual activity and pregnancy tend to
Programs should be designed with multiple entry points and multiple activities—programs that attract the whole adolescent rather than programs aimed at educating or serving a particular aspect of the adolescent.

be youths who also are experiencing school problems and are at risk of, or involved in, substance abuse or delinquency.

This suggests that programs should be designed with multiple entry points and multiple activities—programs that attract the whole adolescent rather than programs aimed at educating or serving a particular aspect of the adolescent. Multiservice, multifaceted programs have the ability to pull in a wide range of adolescents for general activities and do preventive assessments before they experience problems.

We have to recognize that there [are many] adolescents in this country and that most of them don’t have any identifiable problems at all. Most of them go through childhood and adolescence and into adulthood quite well. Yet they all need something, some type of service. Any service that is provided has to be broad enough that it will attract the problem and the nonproblem adolescent. . . . We do the best work if we can prevent that majority of adolescents [who do not have major problems].

Have major problems.

Johnson

There are [a variety of] programs and services that we can use to reach young men with [sexuality] messages and contraceptives. We must link services together. . . . [instead of approaching] them on a problem-by-problem basis. . . . [We have been] saying that we are going to prevent drug abuse today, prevent school drop out tomorrow, teen pregnancy the next day, and delinquency the day after that.

Sullivan

Furthermore, the panelists suggested that the whole child approach is particularly important when trying to reach young men with pregnancy prevention messages and services because they are less likely to be attracted by sexuality-specific services. Garden-Acosta described what he observed at El Puente:

[At El Puente] we don’t have a problem [attracting] males. There are as many males as there are females. They don’t initially come necessarily for contraception or even to deal with their bodies. They come for karate, piano, or theater, or any number of activities. A lot are coming in for their GED and only attend classes. But the process that we have [in place] is to ask kids to go through a series of steps [upon entering our program], and those steps . . . [include] a discussion with a counselor . . . a discussion with someone in the sexual health unit, and a [physical] examination.

There are two ways in which programs that deal with the whole adolescent can be fostered:

- Develop multiservice programs with multiple entry points. Multiservice programs that meet a range of adolescent needs (including the need for sexuality-specific information and services) attract a wide range of teens and can serve as mechanisms for the early identification of a wide range of problems.
- Develop a comprehensive approach even in programs that do not provide multiple services.

Focusing on the whole teen is probably easiest to accomplish with comprehensive service programs that offer a wide range of services and activities. The reality is, however, that the majority of programs available to young people are not comprehensive in nature—schools teach, health clinics do medical examinations, recreation programs offer sports, crafts, and organized leisure activities. Nonetheless, all programs can be comprehensive in orientation.

Program staff must be clear that the ultimate goal is to help young people get through adolescence. Even if the staff person working with the youngster is a physician or nurse practitioner treating a case of pneumonia, this should still be the ultimate goal. To settle for something less is not really having a program.

Johnson

One way to develop this philosophical base is to establish strong relationships with the teens themselves as well as with other adults in the community who work closely with the teens (for example, school counselors, coaches, and health care providers). Such relationships allow service providers to have a better sense of the needs and problems faced by teens. The programs then can try to meet identified needs by coordinating with other service institutions within the community and referring teens to the other services when appropriate.

Productive Roles, Community Connections, and Role Models

Related to but distinct from the issue of developing services that address the whole adolescent is the issue of helping adolescents make the transition to adulthood successfully. This means equipping them with the knowledge, skills, and experiences necessary for employment. But, more than that, it means helping them develop in broader ways—by providing role models, guidance, direction, and encouragement. Teens also need ample opportunities to apply what they have learned and to contribute to their communities.
Adolescents are looking for structure, looking for somebody to tell them what to do in terms of helping them make the transition to being an adult.

Courtland Lee

There was unanimous agreement among CDF's panelists that low-income youths face a more difficult time developmentally—that their adolescence is less planned or structured and their transition to adulthood less defined—among these teens may have its roots in the unconnectedness.

Martinez: There are two adolescent transitions. The biological adolescence that is common to all young people and social adolescence. Middle-class social adolescence lasts until about 24 or 25, when you finish your master's degree. Middle-class adolescents are protected within their families and have a specific framework within which to work. Disadvantaged adolescents are unprotected, they don't really have a cut-off point, an event... don't really have any sense of where they go from here.

Sullivan: The kids who have scripts, life paths laid out for them at a very early age, tend to become sexually active later and are less likely to become parents early...

Moderator: How do kids know that there are scripts for them?

Sullivan: From the way they are treated, from the kind of coordination that exists at the community level. The congruence or noncongruence of the messages that they get from parents, the schools, the churches, and other institutions in the communities create this script, this life path. The teens don't know what's going to happen in a couple of years in great detail, but they do have a sense of direction.

Also, it was pointed out that not every poor teen becomes pregnant, not every poor male is unemployed, and that success at helping disadvantaged teens avoid pregnancy and make a smooth transition into adulthood hinges on not losing sight of those teens who beat the odds.

In my community, we're trying desperately to bring young people together. We're trying to get males to learn from females and vice versa and to build open, caring, nurturing relationships. I think it is immoral to separate boys and girls.

Luis Garden-Acosta

Are Young Men's Needs Best Met in Male-Only Programs?

Effective pregnancy prevention programs—whether they deliver sexuality information and services or address more general adolescent needs—ultimately must involve both males and females. Acknowledging this, must services be designed specifically for males or can young men be included in existing programs? Are their needs best addressed in "for men only" programs or service components? Do boys and girls have different needs? Opinions vary:

Boys (and girls for that matter) figure out who they are by virtue of their relationships with others of the same sex. We try to make the environment a positive one...

Amos Smith, Always on Saturday program coordinator

You may need different techniques to involve male adolescents in a program, but once you get them in, the objectives are the same.

Arthur Elster

Although this program was developed for sex-integrated groups, there are times when we believe that it may be helpful to meet in sex-separate groups. There is some evidence that peer group pressures are greater in male groups and that there is a greater likelihood of changing male behavior and attitudes in the context of a peer group.

Introduction to the Mutual Caring, Mutual Sharing curriculum

In my community, we're trying desperately to bring young people together. We're trying to get males to learn from females and vice versa and to build open, caring, nurturing relationships. I think it is immoral to separate boys and girls.

Luis Garden-Acosta

Even in male-only programs, communication between males and females can be emphasized. Creating a shared sense of communication between boys and girls is the only sensible way to solve the teen pregnancy problem.

Curt Davies, 1-MAN coordinator

CDF's panelists stressed that it is important to be particularly responsive to young men's immediate needs for productive activities and productive roles.
We talk about productive jobs for adolescents, but we really should expand that to productive activity. Every teenager may not need a job, but every teenager needs something to do. Males have a more difficult time finding a productive activity that is acceptable to society. They can find things to do, but a group of six or more teenage boys standing on the corner are usually scattered by police. Unfortunately, they are provided with no alternatives. Teenagers are often prevented from engaging in activity that is productive because we think that it is a pretense to trouble.

Johnson

We need to look very hard at the way we give teenagers access or deny them access to productive roles, both in the short term and in the long term.

Sullivan

There are several reasons why improving young men’s access to productive activities can have at least an indirect effect on pregnancy prevention.

First, and most obviously, keeping them busy means that their time is more likely to be occupied and therefore they are more likely to stay out of trouble. Research suggests that many teens are sexually active during unsupervised after-school hours (for example, between 3 and 6 p.m.) and that much of their sexual activity takes place in their home or their partner’s home when adults are absent.

Second, providing teens with productive activities gives them the opportunity to do something positive with their time and their lives, something that gives them a sense of purpose and a sense of discipline. As Michael Carrera, director of the Dunlevy-Milbank program, said in a speech a few years ago:

“We need to understand that with some young people, intercourse is a coping mechanism. And in our prevention strategies, if we’re going to say to them, as I think we should, ‘It’s really best for you to delay as long as possible having intercourse,’ thereby taking away a coping mechanism, we need to replace it with something else. It needs to be concrete and it needs to make sense at that point in the young person’s development.

Third, being involved in productive activities enables teens to have experiences that allow them to feel more adult and that can ease their transition into adulthood and employment. What can be done to give teens greater direction and greater access to productive experiences?

• Expand access to after-school, weekend, and summer activities. Teens need things to do during unsupervised times—for example, when they are not at school and before their parents get home from work. Such activities are particularly important in low-income neighborhoods where teens may have few places to go after school or in the summer months, and few opportunities to sharpen their academic skills and develop others.

• Expand community service opportunities available to teens. An often forgotten element that can contribute heavily to adolescents’ development and sense of purpose is community service.

• Increase the number of community institutions and agencies that serve adolescents and improve coordination among them. Schools, churches, youth-serving agencies, recreation centers, and other community-based organizations need to expand and coordinate youth-focused programs to supplement and reinforce the schools.

Conclusion

It’s wonderful for people to focus on the question of teenage pregnancy. But whenever we begin to discuss it there comes a point when we are not talking about teenage pregnancy but about education, creative expression, jobs, and career development. . . .

Garden-Acosta

Currently, much of the attention in adolescent pregnancy prevention for young men has focused on very narrow, sexuality-specific approaches, but such approaches may not be effective. Among other reasons for this, two stand out. First, largely because society holds boys and girls to different sexual standards, there appears to be less societal support for reducing sexual activity and increasing sexual responsibility for adolescent boys than for adolescent girls. And second, there is no existing institution that allows delivery of sexuality-specific information and services to boys. Consequently, to reach young men with pregnancy prevention messages and services, broader efforts recognizing their general needs must be employed.

While there is a great deal of support for and merit in developing comprehensive, multiservice programs for young men—even as a response to direct concerns about males’ roles in preventing teenage pregnancy—the reality is that many programs have a specific focus and may be unwilling or unable to address the full complement of services that young men need. Also, comprehensive programs may not be cost-effective or ideal for some communities. However, communities should make commitments to guarantee that their youths have access to the full range of services, activities, and opportunities needed both to prevent pregnancy and prepare for adulthood.

It is unrealistic and perhaps unwise to expect that every program that reaches youths take on the delivery of sexuality education, set up small discussion groups, or provide on-site reproductive health counseling or services, but it is not unrealistic to ask that programs recognize that adolescents are sexual beings and acknowledge and address adolescents’ needs for sexuality information, even if in informal ways. The same can be said about sexuality-specific programs. It is unrealistic to expect them all to be able to incorporate employment training, recreation, or community service activities into their core services. But it is not unrealistic to ask those service providers to be aware that nonsexuality-specific issues affect the sexuality-specific attitudes and behaviors of their clients.

Teens need information, counseling,
and services to help them delay sexual activity and avoid pregnancy; they also need compelling reasons to believe that delaying these behaviors will make a difference in their lives. Their need for both capacity and motivation suggests that the best course of action is one in which every institution, program, or individual interacting with youths acknowledge the fact that they are dealing with all facets of an adolescent's life.

**PROGRAMS AND RESOURCE GUIDES**

All of the programs and resources in this section focus directly or indirectly on teen pregnancy prevention and deal with adolescent and young adult males. The programs vary widely along a number of measures, including their sponsorship or base of operation, the length of time they have been in operation, the intensity of the services they deliver, their target group, the ages they serve, the kinds and range of services they provide, their primary focus, and their funding source (see Table 5). For more information on any of the programs or resources, contact the individual(s) listed.

Most of the programs serve both sexes (together or separately) and address more than the sexuality-specific needs of teens. This reflects CDF's belief (and the belief of many of CDF's meeting participants) that the problem of adolescent pregnancy goes beyond teen sexuality; it is a problem of the whole adolescent and involves teens of both sexes. The programs and resources described here are meant to be seen as examples of a variety of approaches rather than as a definitive set of program models.

**Adolescent Male Responsibility Program**

National Urban League, Inc.
500 East 62d Street
New York, New York 10021
(212) 310-9083

Contact: Ed Pitt, project director

In 1982 the National Urban League implemented a wide-scale Adolescent Pregnancy Prevention and Parenting Program to reduce the number of young people who parent too soon and to reduce the suffering of teen parents and their children. This initiative developed in three main areas:

- Affiliate development of adolescent pregnancy and parenting projects—offers direct primary prevention services in 10 sites throughout the country;
- Reducing the incidence of pregnancy among minority youths (ended in 1987)—developed curricula designed to teach parents how to communicate with their children about sexuality;
- Adolescent male responsibility program—directs greater attention and resources to the needs of adolescent males by increasing services and programs in local communities that help young men move toward adulthood without becoming parents. The two main components of the program are the male responsibility media campaign (see Marketing the Message section in this report) and the program promotion development effort.

Through the program promotion, the National Urban League provides technical assistance to any of its affiliates interested in a male responsibility project or in adding a male responsibility component to an existing pregnancy prevention program. Out of its 112 affiliates, approximately 40 are running male responsibility programs or have male responsibility components.

**Always on Saturday**

Hartford Action Plan on Infant Health Church/Givic Mobilization Project
30 Arbor Street
Hartford, Connecticut 06106
(203) 236-4872

Contact: Amos Smith, coordinator

Always on Saturday, designed for nine- to 13-year-old boys, encourages abstinence and helps participants deal with feelings, problem solving, and decision making through life experiences. Established in 1985 as a part of a citywide infant mortality and teen pregnancy prevention program, the project provides traditional prevention components for males; fostering decision making, goal setting, problem solving, and life planning; addressing feelings about community, peers, family, life experiences, and gender roles; and dealing with practical life skills such as friendship, self-esteem and self-worth, sexual involvement, and basic information on AIDS.

The sessions run for two hours on Saturdays for 15 to 36 weeks and serve up to 25 males per session. They include group discussions, lectures, slide shows, films, and field trips to museums and other cultural centers.

An Always on Saturday program targeting 14- to 18-year-old Hispanic males was initiated recently. It is an extension of the existing program and is designed to focus on current life challenges and opportunities that exist for these young men.

The program sessions are run for males, by males. This important characteristic of the program increases its effectiveness in reaching young men. According to program coordinator Amos Smith, "Boys figure out who they are by virtue of their relationships with others of the same sex. We try to make the environment for those relationships a positive one. They need a structure in which they can positively identify with older men and each other."

**Athletes Coaching Teens: Phase I (ACT-I)**

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services
PO. Box 1797
Richmond, Virginia 23214
(804) 786-1530

Contact: Tamara Lucas Stovall, director of prevention, promotion, and library services

ACT-I, a three-school pilot project, uses student athletes as peer counselors and discussion leaders on the subject of male responsibility in preventing teen pregnancy. Initiated in
Table 5

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<th>Program</th>
<th>Sponsor/ Base</th>
<th>Year Initiated</th>
<th>Frequency/ Duration</th>
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<td>local ed. ag.</td>
<td>1986</td>
<td>two hours daily for one school year</td>
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</table>

1 Organizations that sponsor/fund the programs are listed before the slash (/), actual program site(s) listed after slash.
2 When available, the frequency of the services is listed before (and the duration of the program listed after) the slash (/).
3 Race is listed only when the program targets a particular racial/ethnic group. Other programs may also serve these populations.
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<td>12-22</td>
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<td>13-24</td>
<td>youth services, job training, education</td>
<td>sexuality as one of several concerns</td>
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</table>
December 1986, the goals of ACT-I include: increasing goal-setting and life-planning skills, increasing sensitivity to and awareness of the problems faced by teen fathers, increasing communication among parents and students, creating new volunteer and peer groups to prevent adolescent pregnancy, and promoting male responsibility.

Selected high school athletes participate in six training sessions that focus on goal setting, responsible decision making, and goal attainment. Once their training is complete, these student counselors lead four 50-minute workshop sessions with small groups of junior high school students.

In addition to the workshops, which form the core of the ACT-I program, well-known adult sports figures are invited to address junior and senior high school male-only assemblies. They are also available to address parent groups and the schools' PTAs on issues of male responsibility.

### Awareness and Development for Adolescent Males (ADAM)

School Age Pregnancy Program
Bureau of Pupil Personnel Services
Chicago Public School System
1819 W. Pershing Road 6Cc
Chicago, Illinois 60609
(312) 890-8299

Contact: Doris Williams, coordinator

The Chicago Public Schools' Awareness and Development for Adolescent Males (ADAM) project, funded since 1986 through a grant from the State of Illinois' Parents Too Soon Initiative (administered by the Ounce of Prevention Fund), is a junior high school-based, early intervention, primary pregnancy prevention program for at-risk boys.

Prompted by high numbers of school dropouts and high teen pregnancy and infant mortality rates, the project established a goal of reducing the incidence of early sexual involvement and paternity among participants. ADAM served 300 boys in four schools during its first year and expanded into seven additional schools in 1987-1988, including three predominantly Hispanic junior high schools. ADAM's objectives are to:

- Enhance the development of self-esteem among participants;
- Increase human sexuality and adolescent development knowledge among participants;
- Develop motivation and responsible decision-making skills in the areas of school achievement, career planning, and interpersonal relationships;
- Improve school attendance;
- Improve awareness of and access to community resources.

Twenty junior high school boys are selected randomly at each school to participate in the project. Parental consent is required and parental involvement is strongly encouraged. The project operates one day a week for two hours throughout the school year; the first hour, in which students participate in group guidance, is the last hour of the school day. The after-school hour is devoted primarily to extracurricular activities. Students sign contracts indicating their intent to put forth their best efforts to be successful in school and to be positive school and community peer leaders.

ADAM has four components: (1) adolescent health awareness, implemented through group guidance and community health awareness activities; (2) life skills enrichment, implemented through creative arts, field trips, and basic skills tutorial activities; (3) life options exploration, implemented through group guidance and career awareness activities; and (4) parent involvement, implemented through an open-door policy and quarterly parent workshop sessions.

As a part of the program, the boys must prepare a prevention project for their school. This is often done in cooperation with the Peer Power Project, a similar school-based program that focuses on girls.

ADAM provides prizes or awards for participants who have good attendance and no discipline problems throughout the 10-week grading period. Additional measurement criteria include pre- and post-testing of sexuality and adolescent development knowledge, attitudes, and behaviors.

Project staff receive ongoing training and support provided by the School Age Pregnancy Prevention Program. A special effort is made to recruit and train male staff to work in the ADAM project. In each school the staff consists of a counselor or teacher who is the group leader; a teacher aide, school/community representative, or a career service employee, who is the coleader; and a parent from the community. In addition, parents, senior citizens, community members, and community agency representatives are recruited as volunteers to provide support and expertise to enhance the success of the ADAM project.

### Black Male Youth Health Enhancement Project

Shiloh Baptist Church
Family Life Center
1510 Ninth Street, N.W.
Washington, D.C. 20001
(202) 232-4200

Contact: Andre L. Watson, project director

The Black Male Youth Health Enhancement Project is a year-round program designed to assist young black men in their transition from boyhood to manhood. The project serves approximately 80 youths between the ages of 11 and 17 and is sponsored jointly by the Shiloh Family Life Center and the D.C. Department of Human Services.

According to project director Andre L. Watson, the focus is on black males because they tend to have unmet health needs. The project encourages participants to develop and maintain healthy lifestyles through knowledge, attitude, and behavior changes.

The participants are divided into three teams according to age. One team is made up of 10- to 12-year-olds, a second of 13- to 14-year-olds, and a third includes those participants 15 and older. Every Wednesday night a workshop is held at the center and a team must make a presentation. Topics include such subjects as teenage pregnancy prevention, drug abuse, self-esteem, decision making, job preparation, and interviewing. Attendance is high at these voluntary workshops.

A parent support group also meets
Activities for the boys in the program for one hour per day during the school year include, but are not limited to, two basketball teams, an open gym, board games, health workshops, weightlifting, karate, racquetball, and weekend field trips. Computer training is available off site. Study hall for one hour per day during the school year is required of each participant. Youths also are required to maintain a 2.0 grade point average. The project has access to the students’ report cards, which are made a part of permanent files. In this way, the project tracks student progress and notes the courses in which students are having difficulty. Appropriate remedial services then are provided during the study period.

Body, Mind and Soul
169 Ruffner Hall
University of Virginia

Funding Male Involvement Programs

Finding adequate, sustained funding to involve males in teen pregnancy prevention is difficult because male involvement programs often are considered experimental and are the first to be cut when funds become scarce.

Sexuality-specific programs are primarily funded by Title X federal family planning funds. In 1978 male involvement was designated as a special initiative of family planning programs, and in 1979 a five-year expansion in services to males was called for and funded with approximately $600,000. By 1980 the special initiative had all but disappeared. The fact that none of those first generation Title X programs exists today attests to the difficulty of continuing a male involvement program past the demonstration phase. In 1984 a new male initiative was launched that allotted $50,000 for each of 10 federal regions to provide family planning services to males. The $50,000 was divided among a number of agencies so that the grants for each effort were quite small.

Foundations have been more likely to support programs for young fathers and general adolescent programs than sexuality-specific efforts. However, much of the funding for general programs that add on sexuality-specific components has been limited.

The experts at the CDF meeting support increased general, not categorical, funding for primary pregnancy prevention programs that involve young men and young women.

Arthur Elster

The literature clearly indicates that in terms of primary prevention, there are few programs open to the general community that have multiple points of entry and that are not problem-oriented...but there are few ways to fund these programs. You have to work the teen pregnancy angle and most of the time, it's the sexuality angle or the drugs angle that will get you the money. And this is called primary prevention, which makes no sense to anyone who has ever done research on this issue. But people are still doing it and will keep on doing it until someone says, "Let's begin to practice what we preach."

Luis Garden-Acosta

I don't think funding for general programs is ever going to happen because the people who make the money decisions haven't had the direct experience that we have...so we need to develop strategies that show funders the direct link between general adolescent needs and pregnancy prevention. Then we can use the categorical money to continue to do the magical things that many agencies have been able to do.

Robert Johnson

We need to look foundations and other funding agencies in the face and say, "Look, we need more support for generic programs that help youths make transitions."

Elster

I want us to be very clear with funders; to keep telling them and keep telling them that categorical funding is not the way to go. And we need to provide other programs with the training needed to address kids' needs holistically. When agencies develop programs without the understanding of young people's general needs and the programs don't work, funders come back and say, "See, we gave you the money and it didn't work." We have to call for broader programs at the outset. We have that responsibility.

Garden-Acosta

about once a month. These meetings center on what the boys are doing in the program and focus on the same topics as the Wednesday workshops.

These youths also have the benefit of using the Family Life Center's cultural, educational, and recreational facility. Activities for the boys in the program include, but are not limited to, two basketball teams, an open gym, video games, board games, health workshops, weightlifting, karate, racquetball, and weekend field trips. Computer training is available off site. Study hall for one hour per day during the school year is required of each participant.
development of a manhood identity among black male adolescents ages 12 to 18. This model represents a nontraditional and innovative group counseling approach that is designed specifically to increase awareness and promote skills associated with a positive black masculine identity.

The basis of the approach is a small-group experience facilitated by a skilled counselor. Given the importance of role models, a black male facilitator is critical for this counseling experience.

The multisession model is preventive in nature and is designed to help young black men develop positive masculine identities through a strengthening of body, mind, and soul. This strengthening is accomplished by helping participants understand and appreciate the role of the black man in history and culture, thereby developing achievement motivation and fostering positive and responsible behavior.

Body, Mind and Soul features the use of black art forms as educational aids. It has been implemented at the Greater Liberty Baptist Church and the Urban League, both located in New Orleans, Louisiana, and will be used in the male component of Teen Link, a holistic health promotion program in Durham, North Carolina.

Formal evaluations are not complete, but at Greater Liberty Baptist Church, changes were noted in the participants’ attitudes and perceptions of sexuality.

Boys and Babies

1728 Meadowood Street
Sarasota, Florida 34231
(813) 922-7478

Contact: Sharon Winkler, creator

Boys and Babies is an educational program based on the premise that tenderness and caring are natural responses to infants’ helplessness and dependency. It was developed for sixth-grade boys and attempts to reach them before they experience puberty or the capacity to become fathers. The program underscores the importance of changing boys’ attitudes toward sex as a way of reducing the number of teen pregnancies.

Since 1982 the course has been taught to boys in the youth club of the Presbyterian Church of the Palm, using babies from the church’s infant care center. While the boys are learning to diaper, feed, and talk to “their” babies, they also are learning how males are involved in contraception and fathering. Parents are enthusiastic about the program and report that Boys and Babies has made it easier for their sons to talk with them about sex and having babies.

The 12-week course includes assignments on infant care, nutrition, prenatal care, babysitting, human growth and development, puberty, and human reproduction. The boys receive a packet at the beginning of the course that includes booklets and worksheets. These resources encourage parent-child communication.

Although this program is for males only, there is a Girls and Babies program, as well. The programs are kept separate because single-sex groups facilitate questions and discussion. Enrollment is limited to five students per course.

El Centro de la Comunidad Unida

United Community Center
1028 S. Ninth Street
Milwaukee, Wisconsin 53204
(414) 384-3100

Contact: Maritza Caceres, coordinator

El Centro, a Hispanic youth-serving agency, provides social, recreational, vocational, educational, health, counseling, cultural, and community development services. Through seven program components, El Centro serves a wide range of youths and families.

One of the programs at El Centro that began in 1979, Decisions for Youth, provides bilingual (Spanish and English) human sexuality prevention and intervention services. These include information, education, counseling, and referrals presented in individual counseling sessions, group discussions, and workshops for Hispanic youths and their parents. In addition, El Centro also attempted to add a male-only, sexuality-specific component with little success. When sexuality information was coupled with job readiness training and job placement, the component filled to capacity.

Other programs at El Centro include a career exploration and employment program, a sports and fitness program, a streetwork/delinquency program, a homework center, a cultural arts teen center, and a drug and alcohol prevention intervention program.

Like The Door, El Centro sees technical assistance as an important part of its mission. The training and technical assistance program provides technical assistance, such as grantsmanship, research, evaluation, program planning, and development services to other community-based organizations.

City Volunteer Corps

842 Broadway, Fourth Floor
New York, New York 10003
(212) 475-6444

Contact: Suzanne Goldsmith, public affairs officer

The City Volunteer Corps (CVC) was initiated in 1984 by New York City Mayor Edward Koch to “tap the commitment and energy young people can bring to the challenges of the day” and as a model of national youth service. This city-funded program recruits 17- to 20-year-olds and places them in seven to nine service projects during their one-year commitment to the corps.

The youths are placed into teams of 15 (along with a staff leader). Projects include working with homeless children, elderly persons, and developmentally disabled persons; participating in construction and renovation to improve parks and neighborhoods; and conducting public education campaigns. Training is provided by the sponsoring agency for the project and varies from a few hours to a couple of weeks. The youths participate in a one-week training camp in upstate New York that includes intensive physical activities, sessions on health and wellness (where sexuality issues often come up), and communications skills building. This training prepares youths for field work and tests participants’
abilities to meet the corps' challenges. The teens work eight hours per day. In addition, they are required to enroll in an education program that meets one night per week and Friday mornings. Several programs are offered, such as GED preparation for dropouts, college preparation for high school graduates, English as a second language, and adult education for volunteers whose reading ability falls below a certain level. On average, youths in the program for six months experience an improvement in their reading ability equal to 1.4 grade levels.

Friday afternoons are reserved for corps-wide issue forums, covering such topics as the political process, environmental awareness, and career development.

Volunteers receive $81 per week for expenses. After they complete the year, they can receive either $5,000 toward higher education or $2,500 in cash. Partial scholarships are available to those who leave after a period of six months. After nine months, volunteers are counseled about their future academic and career preparation.

Since the program began, more than 3,500 youths have participated in the program; currently, there are 525 volunteers. CVC recruits volunteers through the high schools, youth-serving agencies, GED programs, and community-based organizations. CVC also has started a television and radio public service announcement campaign.

To broaden participation in the corps, CVC asked a pilot group of students from academically competitive high schools to join for full-time service during the summer and part-time service during the school year. The scholarship award for one semester and one summer is $750. If a student re-enrolls in CVC for an additional semester and summer, the scholarship award is $2,000 and the cash award is $1,000. CVC received a grant from the U.S. Department of Education to expand this part-time/full-time program to include college students.

The Door—A Center for Alternatives

618 Avenue of the Americas New York, New York 10011 (212) 691-6651

Contacts: Julie Glover, associate director of programs; Steven Knoblauch, training associate for replication

The Door is a widely known, well-respected, multiservice, community-based center serving adolescents between the ages of 12 and 20. It was conceived by a group of young idealistic professionals in the early 1970s as a safe harbor for troubled youths. At the end of the day, evening meetings often ended with a folk song. But as times changed and the youngsters it served changed, The Door changed, too. According to Robert Johnson, who has been a physician at The Door for 14 years, "Our population changed from white kids who were homeless by choice to black kids who were homeless by force."

The Door operates free programs run in the afternoon and in the evening. A variety of services are presented with a holistic approach that takes into account the physical, emotional, intellectual, and interpersonal dynamics of the person. Ongoing structured services offered at The Door include primary health care and health education services, family planning, food services, mental health services, crisis intervention and legal services, an alternative school, employment, on-site vocational training and information, referral, nursery services for teen parents, drug and alcohol abuse treatment programs, and rehabilitative workshops in arts, crafts, poetry, music, theater, dance, martial arts, gymnastics, and other recreational arts programs.

The Door seeks to prevent unwanted adolescent pregnancies by engaging young people in individual and group counseling sessions focusing on contraception, pregnancy, responsible sex, decision making, and other sexual health related issues. A male involvement project offers general discussion and support groups run by a male sexual health counselor. The young men explore issues of peer pressure, role models, gender roles and stereotypes, and the responsibilities of fatherhood. These counseling and support services at The Door are accompanied by the medical and mental health services young people need to avoid unwanted pregnancies. Through the wide variety of activities available, The Door also presents young people with alternatives to premature sexual activity and pregnancy.

In addition to serving youths who come into the program, The Door's staff trains and consults with other youth-serving agencies and parent groups. A replication unit is now in place that provides technical assistance to a wide variety of groups in the United States and abroad. The unit assists groups in working through the stages of organizing, collecting data, program planning, and implementation.

The Door currently serves more than 200 youths per day, has an operating budget that approaches $5 million, and will move into its own building this summer.

Dunlevy-Milbank Children's Aid Society Center

14-32 West 118th Street New York, New York 10026 (212) 369-1223

Contacts: Michael Carrera, project director; Patricia Dempsey, program coordinator

The Children's Aid Society sponsors a primary pregnancy prevention program with three New York City sites. Its program philosophy and staff attitude reflect the organizing principles upon which the program operates:

- Young people are capable of doing good deeds—they have more within them than the ability to stay out of trouble;
- Primary pregnancy prevention programs are for boys as well as girls;
- Parents play an important role in influencing the sexual development of their children;
- The community must be respected, informed, and involved;
- It is better for young people to delay sexual intercourse for as long as possible.

The three centers operate simultaneously with program components
The center offers several other program components, including a job club, an employment preparation class that guarantees its graduates get jobs; an entrepreneurial apprenticeship program, a work-learning experience for 12- to 15-year-olds (both of these components require youngsters to open bank accounts); a performing arts program that enhances problem-solving skills and encourages self-expression; and an individual recreation program involving sports that require youths to master self-discipline and control.

The center provides approximately $750 per person per year in the program. Support is provided by the New York State Department of Social Services, family foundations, corporations, and individuals.

**Family Guidance Center**

910 Edmond, Suite 100  
St. Joseph, Missouri 64501  
(816) 364-1501

Contacts: Bob Linebarger, family life educator and coordinator for community education; Jean G. Brown, assistant director

Since 1976 the Family Guidance Center, part of the Community Mental Health Center in St. Joseph, Missouri, has offered parent/child sexuality education sessions. The program’s primary goal is to have parents discuss sexuality with their children in a relaxed, fun, and instructive course setting. Other objectives of the course include increasing knowledge of sexuality, strengthening parent/child communication, increasing decision-making skills, promoting self-esteem, and facilitating the exploration and discussion of personal sexual feelings, attitudes, and values. The center has mother/daughter and father/son sessions.

The two-hour father/son sessions run weekly for five to six weeks. The males are divided by age, with nine- to 12-year-old boys in one group and 13- to 17-year-old boys in the other, both paired with the fathers. Topics such as decision making, anatomy, pregnancy, dating, birth control, and the impact of running in cycles similar to semesters. All programs are offered on two levels—one for adolescents and one for their parents.

A family life and sex education program emphasizes taking care of your body. Director Michael Carrera refers to it as “... an above-the-waist program about sexuality in its broader sense... about roles, relationships, and feelings. We talk to them not so much about intercourse as outer-course—how they relate to the outer world, including their needs and concerns about education, jobs, and health.”

A medical and health program provides physical examinations to all participants and dispenses contraceptives to youths who are having intercourse. Each participant who is having sexual intercourse is counseled each week by a worker who answers all questions and encourages consistent contraceptive use.

An education program offers homework assistance and tutoring after school. Education managers serve as case managers for each student enrolled in the program. Each manager is responsible for helping a group of students complete high school and, when desired, to prepare for college.

One of the most unique features of the center is a college admission program. It guarantees admission to Hunter College of the City University of New York to every teen and every parent who participates in the program, who also has a high school diploma or a GED. A scholarship fund exists to supplement financial aid.
parenthood are covered through creative games.

The parent sexuality education courses are cosponsored by community agencies such as the PTA, Girl Scouts, YMCA, YWCA, continuing education programs, and local churches. The Family Guidance Center's manual, *Parent-Child Sex Education: A Training Module*, includes a brief discussion of how to set up the program in a community, class outlines, lecture materials, and directions for games and activities.

The parent/child communication sessions are part of a broader sexuality education program that includes presentations in high schools and junior high schools. The Family Guidance Center serves nine counties in a predominantly rural area, which since 1980 has seen a 30 percent reduction in teenage pregnancies.

Fifth Ward Enrichment Program (FWEP)
Urban Affairs Corporation (UAC)

1700 Gregg Street
Houston, Texas 77020
(713) 223-5108
(713) 222-8788

Contacts: Ernest McMillan, program coordinator (FWEP); Donna Bryant, executive director (UAC)

The Fifth Ward Enrichment Program (FWEP), one of four programs operated by the Urban Affairs Corporation (UAC), began in June 1984 with the concept of getting males to be sexually responsible. FWEP is a school-based holistic approach to health care and education for boys ages 11 to 15. According to FWEP founder and coordinator Ernest McMillan, the program seeks to equip inner-city boys with the skills and motivation they need to become independent, healthy, and socially responsible young men.

FWEP is located at H.P. Carter High School, which shares the campus of E.O. Smith Middle School. FWEP serves only the E.O. Smith students and is not considered part of either school. Participants are primarily from female-headed households and low-income families, and have behavioral or academic problems. They participate in a 10-week summer program and continue through the following school year. This, however, does not preclude entry into the program at other times. Academics are a crucial part of the program. Volunteer tutors work to improve students' math and reading skills. Health education and life management skills also are stressed.

Although FWEP was established as a conduit of information for boys and serves only males, the program is integrated into UAC's other programs. Boys who participate in FWEP are automatically eligible for UAC's other programs; they receive health care, including contraceptives through the health center, and can receive additional counseling, educational guidance, and employment skills. Recently, FWEP helped institutionalize a similar enhancement program for young girls called Sisters in School.

In existence since 1972, UAC is a Texas-based, nonprofit, social service agency that was established in the Fifth Ward area of Houston to help young mothers on welfare complete their education, find employment, and find low-cost, quality child care.

In addition to FWEP, UAC operates three other programs that address teenagers and young families in that community:

- A primary comprehensive health clinic was established in 1981 at H.P. Carter High School. The clinic now provides a full range of medical services to males and females from nine high schools and middle schools in the community.
- The Training and Education for Adolescent Mothers (TEAM) program serves 250 teen mothers between the ages of 13 and 19. TEAM offers courses leading to a GED and also offers pre-employment, counseling, enrichment activities, subsidized employment, family planning, and parenting skills. Participants are either in school or have dropped out and are enrolled in an education or employment preparation course.
- UAC operates three child care programs. Two are community-based and are open to low-income mothers (regardless of age) in the community.

A school-based child care center is available for 92 children of teens in school.

The UAC programs are funded through the state; corporate and private foundations also provide support. The Hogg Foundation is a major supporter of the FWEP component and maintains a multiyear funding commitment to the program. As a part of that funding, Hogg provides program evaluation consultants to the program.

The Hub—A Center for Change for South Bronx Teens

349 East 149th Street
Bronx, New York 10451
(212) 292-8000

Contact: Sally Kohn, project director

The Hub began in 1982 as a joint project of Planned Parenthood of New York City and the Bronx-Lebanon Hospital Center. It is a multiservice center that offers 10- to 19-year-olds a range of programs and services designed to prevent too-early pregnancy, school drop out, drugs, and violence and to build self-esteem, self-worth, and strong skills.

Components of the program include:

- The health center, which offers general and reproductive health services, prenatal care, family planning services, and general discussion about sexuality and parenthood;
- The learning center, which encourages teens to stay in school and offers peer tutoring, computer training, job and college counseling, and a library with information on colleges and job training opportunities;
- The recreational center, which offers sports and recreational activities.

The Hub also holds community workshops in local churches and neighborhood centers in an effort to involve and communicate with the parents.

Original funding came from the Robert Wood Johnson Foundation, and the program currently is funded by private foundations, the New York City Youth Bureau, New York State Health Department, and the U.S. Department of Health and Human Services.
Male Adolescent Program

Adolescent Family Program (AFC)
Rush-Presbyterian-St. Luke's
Medical Center
1725 West Harrison, Suite 436
Chicago, Illinois 60612
(312) 942-6068

Contact: B. Stanley Graham, project coordinator

Teaching adolescent males the consequences of pregnancy, how to prevent it, and how to prepare for fatherhood if pregnancy already has occurred are the goals of the Male Adolescent Program at the Adolescent Family Program (AFC). Family planning counseling and services, prenatal and parenting counseling for young fathers-to-be, and consultations for the parents of teenage males form the core sexuality-specific services of the program.

Feeling that young men needed more than sexuality-specific information and services in order to be responsible sexual partners, a decision-making, problem-solving, and values clarification program, For Teenage Men Only, was developed. Originally intended to serve 1,500 young males yearly, For Teenage Men Only reached 4,000 young men in 1987. It uses group counseling and workshops in neighborhood centers, churches, and schools, including the Cook County Jail High School, to engage young men in discussions on a range of issues, including sexuality.

The Male Adolescent Program serves primarily youngsters from the West Side of the city. However, services are available to any adolescent in Chicago younger than 21 years old. The program is a complement to AFC's Parents Too Soon program and is funded by the statewide Parents Too Soon program and the Joyce Foundation.

The Males Place

Mecklenburg County Health Department
2845 Beatties Ford Road
Charlotte, North Carolina 28216
(704) 399-2501, x-236

Contact: B. Stanley Graham, project coordinator

The Males Place is a family planning program for young men ages 15 to 24. When the Males Place opened in 1981, it was the first program of its kind in North Carolina and one of fewer than 15 others in the nation.

The program provides medical, counseling, and education services. Services include laboratory tests, physical examinations, group education on reproductive anatomy, prevention of sexually transmitted diseases, and responsible sexuality. All services are free of charge.

Although the primary goal of the clinic is to impart sexuality-related knowledge, the Males Place markets itself successfully as a health center that offers free sports and camp physicals. Using the clients' needs as a draw, clinic workers are able to attract a large number of participants. Once the clients are there, they are informed about sexuality issues. What makes the difference, according to project coordinator B. Stanley Graham, are the attitudes and commitment of the organization and people involved in serving the young men.

You have to take the clinics, go where the guys are, and offer services at appropriate times...not just between 9 and 5. Kids know when someone wants to sincerely help them...their needs have to be top priority and workers have to feel comfortable with these guys. If they don't trust you, they won't come in.

Graham

In addition to its clinic work, the Males Place conducts family planning and human sexuality workshops throughout the country for churches, neighborhood and community groups, schools, and youth-serving agencies, among others. Through the workshops, the Males Place has reached several thousand young men.

As a part of its program, the Males Place holds a "Teen Role Model All-Star Basketball Classic," an annual event in which coaches and team players from the parks and recreation and church league teams select the "all-star" team based on qualities of a good teen, on and off the court. School basketball players, selected at the end of the season, are used as coaches and judges for the big games held during spring break. Another special event of the program was Teen Fest '86, a one-day event designed to help teens learn about the problems of adolescent pregnancy and to promote family planning. A rap contest and disco were held to attract participants. Balloons, posters, and other prizes were given away.

Plans for Teen Fest '88 are under way.

The Males Place received federal Title X funding for its first two years of operation but currently is funded entirely by the county.

Project Alpha

Alpha Phi Alpha Fraternity, Inc.
4432 South Martin Luther King, Jr. Drive
Chicago, Illinois 60653
(312) 373-1819

Contact: Michael Price, director of communications and programs

Alpha Phi Alpha Fraternity, in conjunction with the March of Dimes, has initiated pregnancy prevention programs for young black men. Project Alpha, first piloted in Chicago in 1980, has the goal of promoting responsible manhood by providing young black leaders with information about male responsibility in preventing too-early childbearing. The program involves black teenage males in discussions about sexuality, values, and responsibility.

Project Alpha consists of three major components:

• Knowledge building—to provide adolescent males with information on the reproductive system and the psychosocial consequences of teen pregnancy;
• Motivation—to encourage teens to clarify values, set goals, and make decisions;
• Taking the message back—to urge participants to share information with peers, family, and community.

Young men who participate in the program must be nominated by a community organization, church, or educational institution.
Men Acting Responsibly for Contraception and Health (Project MARCH)

Planned Parenthood of Southeastern Pennsylvania
1220 Sansom Street
Philadelphia, Pennsylvania 19107
(215) 351-5500

Contact: Susan Segall, manager of educational resources

Project MARCH, an educational outreach program sponsored by Planned Parenthood of Southeastern Pennsylvania, grew out of the realization that most programs dealing with the issues of adolescent sexuality and teen pregnancy are designed for young women.

Project MARCH has designed its program around treatment for sexually transmitted diseases as a hook for their other educational services. Educational programs are available to any interested school, community organization, church group, or agency in Philadelphia that serves young men ages 13 to 21. Since its inception in May 1984, Project MARCH has presented workshops to more than 65 agencies and organizations, reaching almost 3,000 young people. The presentations are made to coed groups as well, but the focus is on male responsibility and sexuality. Program topics include anatomy and physiology of reproduction, sexual values, attitudes, decision making, sexual relationships, birth control, and sexually transmitted diseases. Any young man may attend the clinic and receive free birth control information and supplies; medical treatment and physical exams, however, are limited to young men who are partners of the females who use the clinic. In 1988 two of the clinic sites will begin to explore the possibility of beginning male-only reproductive health care clinics that would be open to all males, regardless of their partners' connection to Planned Parenthood.

Promotional efforts for Project MARCH include the development and distribution of flyers, brochures, and transit system media campaigns.

El Puente—A Holistic Center for Growth and Empowerment

211 South Fourth Street
Brooklyn, New York 11211
(718) 387-0404

Contact: Luis Garden-Acosta, chief executive officer

In my community, we're trying desperately to bring young people together. We're trying to get males to learn from females and vice versa and to build open, caring, nurturing relationships.

Luis Garden-Acosta

El Puente is seen by the community it serves as a place where young people can grow, become empowered, and reach their potential. Serving what may be New York City's poorest Latino neighborhood, El Puente is the outgrowth of community concern and general dissatisfaction with the level of health, education, and social services available in the community. According to Chief Executive Officer Luis Garden-Acosta, "We did not want to create an oasis of high-quality services for a small number of people. El Puente is not a teen pregnancy prevention program, per se, or a crime prevention program...the entire society is at risk...everyone in our community was at risk for something." Drawing on the community as a base, El Puente opened its doors in 1983.

El Puente functions as a consortium of five service centers working together as a "bridge" to nine other independent service agencies. True to its beginnings, El Puente emphasizes individual, family, and community empowerment. A variety of activities is provided within a holistic framework that focuses on all aspects of young people's lives: health, education, achievement, and personal and social growth. A medical/fitness center, an arts center, a mental health and social services center, and an alternative school are all consolidated under one roof.

Arts, education, and physical fitness are the programs that draw youths into El Puente. Upon admission, a four-month plan is developed with the youths, organizing their schedules to incorporate their initial interests with other programs that might be of interest or benefit. At the end of the four-month period, youths and staff develop an ongoing plan for continued participation.

The delivery of services is not the sole purpose of El Puente. The guiding force behind all that they do is the belief that growth cannot occur without empowerment. To this end, youths also participate actively in planning, designing, and implementing programs and services.

Smart Moves

Boys' Clubs of America
National Prevention Program
771 First Avenue
New York, New York 10017
(212) 351-5910

Contact: Gale Barrett-Kavanagh, program director (National Prevention Program)

The Smart Moves program, sponsored by the Boys' Clubs of America, incorporates strategies for teaching the skills needed to recognize and resist peer pressure, media, and other social pressures. This curriculum-based model addresses young people and gives them the opportunity to improve such skills as decision making, coping with stress, and communicating with peers and adults. It provides peer support groups for young people to help them say "no" to alcohol, drugs, and early sexual activity.

The 10-session model is based on a small group approach that includes teaching age-appropriate skills, role playing, and club and community events. The Start Smart component is geared toward 10- to 12-year-olds; Stay Smart is geared toward 13- to 15-year-olds. The Keep Smart component is geared toward parents, and gives them the same information their teens receive as well as information on communication skills and the importance of parents seeing themselves as role models. A fourth component, Be Smart, is geared toward club staff persons to make them aware of their role model status in the participants' lives and the importance of their behavior both
inside and outside of teaching the curricula. The fifth and final component, Smart Ideas, is a collection of ideas and suggestions that are meant to help clubs get the curricula in place and develop ideas on where to offer it, how to recruit participants, and how to increase program awareness in the community.

Each component uses a team composed of a club staff person, two older peer leaders, and one community representative. These people attend a two-day training, add more community representatives to their team as appropriate, and implement the program into their community. The Smart Moves project can be implemented in a variety of settings, including clubs, schools, churches, and housing projects, among others.

Smart Moves began in October 1985 with 10 demonstration sites and is now in place in more than 200 clubs throughout the country. Most of the local clubs receive a mix of public and private funding. Evaluations of the program's effectiveness are under way.

**STEP: Summer Training and Education Program**

Public/Private Ventures  
399 Market Street  
Philadelphia, Pennsylvania 19106  
(215) 592-9099

Contacts: Natalie Jaffe, director of communications and public affairs; Michael Bailin, president of Public/Private Ventures

Public/Private Ventures, a national nonprofit organization, designs, implements, and evaluates efforts to improve the education and employability of disadvantaged young people. In 1984 it began testing an experimental program called STEP (the Summer Training and Education Program). In 1985, four-year demonstration sites were set up in Boston, Massachusetts; Seattle, Washington; Portland, Oregon; and San Diego and Fresno, California.

To decrease dropout and teen pregnancy rates, STEP operates in the summer, a time of year that is educationally barren for most at-risk youths. STEP also strengthens a work experience program for poor youths that is already in place—the federal Summer Youth Employment Program (SYEP). STEP provides 14- to 15-year-old youths from poor families who are behind in school with four separate, but related, components:

- **Remediation**—provides 90 hours of basic skills instruction, primarily in reading and math, with the aim of producing gains or at least decreasing the losses usually experienced during the summer months;
- **Work experience**—provides part-time employment during the summer;
- **Life planning**—presents an 18-hour curriculum aimed at developing responsible social and sexual attitudes and behavior among participating youths. This segment covers such topics as decision making, workplace behavior, job equality issues, the consequences of teenage parenting, and a variety of ways to avoid pregnancy, including abstinence;
- **Social support**—seeks to ensure that participating youths maintain gains achieved during the summer; continue academic achievement during the school year; and return to STEP the subsequent summer.

Youths are eligible to participate for two consecutive summers in a program combining the first three of these components. The fourth, the social support component, operates during the school year and provides a bridge between the two summers. The entire STEP experience is 15 months long.

Results from 1986 show that for the third consecutive summer, STEP participants scored better in math and reading tests (about a half grade higher) than a control group of similar youths with summer jobs only. Participants also revealed substantial improvements in their knowledge of the consequences of various life decisions, including those related to sexual activity. The STEP research also documented a significant decline in test scores among poor youths not involved in educational activities during the summer.

Based on STEP’s short-term results, the U.S. Department of Labor is supporting the implementation of a STEP-like educational remediation component in the federal Summer Youth Employment Program (SYEP). With Public/Private Ventures’s assistance, the STEP model will be replicated in multiple locations in several states during the summer of 1988. If replication proves successful, Public/Private Ventures will examine the feasibility of an even broader effort for 1989.

The STEP demonstration projects are supported by public funds from local governments and the federal SYEP. STEP also receives financial backing from private and corporate foundations, including a large grant from the Ford Foundation.

**Teen Choice: Pregnancy Prevention Counseling**

Inwood House  
320 East 82d Street  
New York, New York 10028  
(212) 861-4400

Contacts: Mindy Stern, director of community outreach program; Lora Moses, assistant director

Inwood House, a New York City-based community agency serving young single women and their children, was invited to provide pregnancy prevention services in the New York City public schools in 1978. Today, Teen Choice serves youths ages 12 to 21 and operates in two junior and five senior high schools in Brooklyn and Manhattan.

Teen Choice offers information, counseling, and referrals on human sexuality, family planning, pregnancy, and parenting to teenage girls and boys through individual and group counseling and classroom presentations. A sex education curriculum that incorporates small group activities, continuing for one or two semesters, is presented to males-only, coed, and females-only groups within the public school system. The staff encourages students to postpone parenthood beyond the teenage years, to postpone intercourse as long as possible, and to make informed, nonpressured decisions (which include using contraceptives if choosing to be sexually active). Additionally, staff members stress the importance of male-female communi-
cation and equality between members of the sexes.

The Teen Choice social worker in each school recruits and leads discussion groups in physical education classes. Participation is voluntary.

Teen Choice social workers also are available for individual counseling about sexuality and pregnancy-related concerns, general mental health evaluation and counseling, suicide intent, family problems, and general social service referrals. In the 1984-1985 school year, 407 students received individual counseling (16 percent were boys). Additionally, 142 classes were visited in 232 sessions during the 1984-1985 academic year, reaching more than 3,000 students.

Evaluation of the program was done by Columbia University and Inwood House. The major findings of the study were that Teen Choice recruits and reaches adolescents who are at high risk of unplanned teenage pregnancy and affects their attitudes and behavior. Participants leave the program with more knowledge about contraception than when they entered and have more mature and responsible attitudes about the use of birth control. Additionally, the evaluation showed that participants reduced the frequency in which they engage in unprotected intercourse.

**Teen Outreach Program (TOP)**

Association of Junior Leagues, Inc.
825 Third Avenue
New York, New York 10022
(212) 355-4380

Contact: Nancy Hoggson, coordinator of adolescent pregnancy programs

Teen Outreach is a school-based teenage pregnancy prevention program designed to decrease teenage pregnancies and increase high school graduation rates for at-risk teenagers. Teen Outreach places teens as volunteers in community agencies. In addition to their volunteer experience, teens of both sexes participate in weekly small group discussions led by a trained facilitator/teacher who guides them through a curriculum on life management skills that focuses on learning to set goals for the future. The curriculum includes discussions and activities centered around such topics as self-esteem, values, communication, human growth and development, families, relationships, and parenting. Currently, it is being expanded to include more comprehensive information on sexuality and more complete information on AIDS.

Teen Outreach began in 1978 as a collaborative effort between the Danforth Foundation and the St. Louis public schools. After an independent evaluation in 1983 demonstrated the success of the program, the Junior League of St. Louis, with the support of the Association of Junior Leagues, sought and was granted funding by the C.S. Mott Foundation to begin national replication of Teen Outreach for three years (1984 to 1987).

Since the implementation of the national replication project, Teen Outreach has grown from the original eight sites to more than 50 programs operated by 17 Junior League affiliates and involving more than 1,000 students in the United States and Canada.

The Association of Junior Leagues (AJL) and the American Association of School Administrators (AASA) are joining forces in a three-year effort (1987 to 1990) to continue the replication of Teen Outreach and to work toward institutionalizing the program in participating schools and throughout school systems. They are planning to develop materials targeted to school system executives and state education departments. The AJL/AASA collaboration will target students in middle school because research has shown that these students are especially receptive to activities designed to help them expand their personal horizons and delay early parenthood.

Teen Outreach monitors its success by using five behaviors as outcome measures: school failure, suspension, dropping out of school, the occurrence of pregnancies, and births. The evaluation depends on the use of common forms at all sites. Each site also must recruit a comparison group at the start of the school year.

The results of the Teen Outreach evaluation have been encouraging. In 1984-1985, Teen Outreach was able to show that its program resulted in significantly fewer pregnancies among its students than among the comparison group (3.4 versus 10.0 percent). Teen Outreach students also were significantly less likely to have failing grades in school than were comparison students. Post-program follow-up of this first cohort indicated that pregnancies were still less frequent among Teen Outreach participants, although this difference was not statistically significant.

The 1985-1986 program participants experienced fewer pregnancies, fewer births, and fewer dropouts among them, compared with the other students. The program was cited recently in a report issued by the National Research Council as one of the few programs able to document its impact on preventing teen pregnancy.

**Three For Free**

Division of Family Planning
Department of Health and Mental Hygiene
P.O. Box 13528
Baltimore, Maryland 21203
(301) 225-6727

Contact: Sam Clark, community health educator

Three For Free, a condom distribution program, is funded and administered by the Maryland State Health Department's Division of Family Planning in cooperation with the State AIDS Administration. It has been in existence since 1983 and has nearly 250 distribution sites statewide. In 1987 the program distributed more than 600,000 condoms and expects to distribute more than 1 million in 1988.

More than 90 agencies are responsible for distributing the condom packets (which consist of three to 15 condoms and specific instructions for usage), including health centers, youth centers, community centers, and job training centers. One of the unique features of this program is that condoms are distributed with no questions asked. This eliminates the fear and embarrassment often cited by young people as a barrier to purchasing condoms.

At the initiation and during the first
Twi ce Together concept and to allow students to get to know each other in an informal setting, a weekend retreat is held. Before the retreat is over, students make a commitment to attend all group meetings held once a week after school, to study at least 30 minutes a day, to never skip school, and to stick together as a support group. Twelve Together is a dropout prevention program for ninth-grade students. The program costs approximately $70,000 per year and community health educator Sam Clark states: "If we prevent one case of AIDS, the program has paid for itself for one year." A detailed packet, which includes sample materials and describes the program, is available from the Department of Health and Mental Hygiene for a $5 contribution.

Twelve Together
Metropolitan Detroit Youth Foundation, Inc.
11000 West McNichols Road, Suite 222
Detroit, Michigan 48221
(313) 864-0700
Contact: Donna Lovette, director of educational services

Twelve Together is a dropout prevention program for ninth-grade students. The program is divided into groups, composed of an equal number of males and females, representing the school's racial composition and a balance of at-risk and not-at-risk students. In the 1987-1988 school year, there were 41 Twelve Together groups in 22 Detroit public high schools.

Students apply for the program through the Metropolitan Detroit Youth Foundation. Once a Twelve Together group has been selected, an equal number of students are identified as a control group.

To acclimate new students to the Twelve Together concept and to allow students to get to know each other in an informal setting, a weekend retreat is held. Before the retreat is over, students make a commitment to attend all 30 group meetings held once a week after school, to study at least 90 minutes a day, to never skip school, and to stick together as a support group.

Each group is led by two volunteer group facilitators who are trained by foundation staff. Students select the topics for discussion that range from general academic concerns to personal problems including sexuality, peer pressure, and family life. Many businesses have "adopted" groups—providing meeting space, snacks, rewards for achievement, and other supports.

The groups are monitored for only a one-year period, but the students tend to continue meeting on their own and stay together throughout the tenth to twelfth grades. Twelve Together has been successful in keeping its participants in school. Since the program began, the graduation rate of participants has been 12 to 15 percent greater than that of the control group.

The program costs approximately $5,000 per group per year. Twelve Together is funded principally by the C.S. Mott and Skillman foundations and the U.S. Department of Health and Human Services.

The program has been replicated by nine organizations, resulting in 22 additional groups throughout the country. The Metropolitan Detroit Youth Foundation offers technical assistance to those interested in replication.

Young Black Scholars
Coalition of 100 Black Men
Sperry Building, Suite 600
10920 Wilshire Blvd.
Los Angeles, California 90024
(213) 206-1362
Contact: Linda Ferguson, director

The Young Black Scholars (YBS) program, sponsored by the Coalition of 100 Black Men of Los Angeles, Inc., is designed to increase the number of academically prepared black high school graduates in Los Angeles County. The objective of the program is to have 1,000 black students graduate in 1990 with a grade point average of 3.2 or higher.

In July 1986, approximately 1,600 ninth-grade students in public, private, and parochial schools in Los Angeles County were invited to participate in the voluntary program. The program monitors individual student achievement, provides academic learning support services, offers enrichment learning experiences, furnishes periodic rewards for academic achievement and guarantees scholarships of $1,000 for each student who meets YBS objectives, and provides counseling to students and parents on college/university enrollment and career opportunities.

YBS has been well-received in the community and enjoys sponsorship of 25 organizations, including civic, fraternal, and education groups. Some of its sponsors, including Alpha Phi Alpha and The Links, conduct teen pregnancy prevention programs, in which YBS members may participate.

Young Men's Clinic
Center for Population and Family Health
Columbia University
60 Haven Avenue
New York, New York 10032
(212) 305-6960
Contact: Bruce Armstrong, program coordinator

The Young Men's Clinic (YMC), an offshoot of the Young Adult Clinic, has been providing reproductive health services to adolescent males since 1985. Located in the predominantly Hispanic Washington Heights area, the clinic works closely with neighborhood youth groups and schools and includes community education and outreach as an integral part of its services.

Monday nights are set aside for males at the clinic, which is located at Presbyterian Hospital. Staff members attempt to change the decor and general tone of the clinic (for example, by showing sports videos) to make it more attractive to the young men.

An outreach technique the YMC uses in the summer involves videotaping young men playing basketball on street corners and neighborhood courts. YMC staff members talk to them about health and sexuality and invite the youngsters to the clinic on Monday night to see themselves on videotape. At the clinic, the boys watch the tapes, talk to counselors, receive physical
examinations, learn more about health and sexuality, and receive condoms if necessary. The clinic's health education services are largely provided by student volunteers from Columbia University's College of Physicians and Surgeons.

By establishing itself as a part of the community, YMC has made its services and message both visible and viable. The clinic has sponsored neighborhood sports teams and provided team T-shirts, and student volunteers have refereed the local games.

Such strong relationships with individuals and institutions within the community are key to YMC's outreach efforts. The clinic maintains relationships with school coaches, counselors, police officers, and other adults who are already a part of the boys' lives and a respected part of the community. These adults help motivate the youngsters to use YMC's services, often through referrals, and sometimes by bringing the young men into the clinic. YMC's success in motivating young men to use its services also can be attributed, in part, to its "multiservice mindset," which the clinic defines as "being accessible to the young men on a multitude of levels." For example, if a participant needs a work or sports camp physical, the clinic provides that service and integrates reproductive health information into the visit. The clinic's coordinator, Bruce Armstrong, feels that all institutions can have this "mindset." He takes every opportunity to encourage other community-based organizations, such as schools, to create opportunities that allow young men to discuss their role in teen pregnancy prevention.

Youth Action Program

1280 Fifth Avenue
New York, New York 10029
(212) 860-8170

Contact: Dorothy Stoneman, director

In 1978 there were not many opportunities for youths in Spanish Harlem, where the number of dropouts often exceeds the number of high school graduates, and where high unemployment and drug addiction are commonplace. That same year, Dorothy Stoneman founded the Youth Action Program (YAP) with the goals of empowering neighborhood teens, instilling in them a sense of community, providing them with an education and with job skills, and helping them help themselves.

YAP seeks to empower youths through various projects:

- Youth Employment in Housing Rehabilitation for the Homeless. Between 1979 and 1984, 250 young people fully rehabilitated a four-story building to create housing for homeless youths. Currently, YAP is engaged in the rehabilitation of three more buildings to provide 30 units of permanent housing for homeless young adults. Construction teams spend one week at the site and the alternate week participating in an educational program that combines leadership training and job skills workshops with an academic program designed to help participants pass equivalency tests. Participants also are helped with job placement.

- Coalition for Twenty Million Dollars. The success of the initial construction project inspired a coalition of 150 community groups to join YAP in a citywide effort advocating the employment of young people to rebuild communities. Known as the Coalition for Twenty Million Dollars, it was able to secure city government commitments of $4.75 million for youth employment activities in 1985 and $12.25 million in 1986.

- Youth Action Homes Away From Home. This project sponsors three transitional residences for young men and women and one for young mothers with their children. The Young Mothers' Cooperative has a child care center built into its living room. The New York City Coalition for the Homeless has adapted this model as an optimal approach to helping homeless young people make the transition to independent living.

- East Harlem Youth Congress. The Youth Congress has run seven youth leadership conferences and has developed an East Harlem Youth Agenda for the Eighties. In 1987 the Youth Congress initiated a major program to prevent teenage pregnancy in three junior high schools.

Other YAP projects include the establishment of a resource center that provides after-school activities and tutorials for young adolescents; the provision of contact, support, and motivation for the teenagers—now in the eleventh grade—who will receive college scholarships as a part of Eugene Lang's well-known "I Have A Dream" Project; establishment of an activity center for the elderly in a local housing project; literacy classes and GED preparation; and Outward Bound-style retreats.

YAP serves young people ages 13 to 24 years old, with the age range varying by project. It has no problem recruiting young people, especially young men, for its programs. Several days of advertising in the newspaper brings six times more people than it can accept. Because YAP satisfies the need of young people to have an important and productive role in their community, it is effective at bringing alienated teens back onto a constructive path of community and self-development.

Components of YAP have been replicated by various state and city agencies in New York. The program has generated extraordinary public support in the city and also receives some private funds.

MARKETING THE MESSAGE: PROMOTING MALE RESPONSIBILITY THROUGH PUBLIC EDUCATION CAMPAIGNS

Both electronic and print media play pervasive roles in the lives of most children and adults. The media provide messages about sex roles, friendship, body image, parent-child communication, pregnancy, and childbearing, and have the potential to influence either positively or negatively the sexuality knowledge and attitudes of teens. In a recent Planned Parenthood poll, teens ranked television/movies and magazines/books as
the fourth and sixth most important source of information about sex and birth control; more than 40 percent of teens felt that television portrayed an accurate picture of sexually transmitted diseases, pregnancy, and the consequences of sexual activity.

A major concern about the power of the media is that they have been used to promote the messages of popular culture, selling sex as bliss without consequence and as a surrogate for intimacy, loving, caring, and sharing. The media have been accused of corrupting morals and contributing to the teen pregnancy problem.

Kids get pregnant because they have sex. They have sex because either it feels good or it's the thing to do. We ascribe it to peer pressure, but I ascribe it to the most powerful force in our society—advertising. We advertise sex as being good and wonderful, and when you have no other alternatives, no other things that give you direction, then it's an easy thing to pick up and act upon.

Angel Martinez

In recent years, growing numbers of organizations and individuals concerned about adolescent pregnancy have begun to work to change sexual messages presented in the media and to use the power of the media to contribute to the development of responsible adolescent sexuality, attitudes, and behaviors. Many are familiar with the Parents' Music Resource Center, a group organized by Tipper Gore to encourage the music industry to rate or display the lyrics of rock songs so that parents can monitor their children's exposure to music with strong sexual content. Working with the film and television industries, the Center for Population Options' California-based media project has been successful at increasing the depiction of re-

Adolescent Pregnancy Prevention Media Campaign

Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001
(202) 628-8787

Contact: Margaret Williams, senior media specialist

If this was a real client product or service, we'd say, "Don't waste your money. This target audience isn't your best prospect. Concentrate your advertising investment where you can make the most difference and stick to advertising aimed at girls. You've got a much better chance of making something happen." But we can't take that approach because this is a social issue; we need to fire some shots even if we recognize that the target is "wrong" in the traditional marketing sense.

Fred Senn, Fallon McElligott advertising agency

Fallon McElligott, a Minneapolis-based advertising agency, created CDF's adolescent male-targeted campaign as well as an adolescent female-targeted campaign that features a series of dramatic black and white posters adapted for subways, buses, and other displays. Fallon McElligott understood the difficulty of developing effective advertising that is in direct conflict with popular culture messages to "score and enjoy the conquest." Focus groups and individual interviews with younger adolescent and teenage males confirmed that for many of them, having sex was a rite of passage into manhood. For others, sex was viewed as recreational, without thought of the possible consequences. There was little recognition that their lives, too, might be changed drastically by their actions.

Still others, particularly younger males, had difficulty linking intercourse to pregnancy. Based on discussions with diverse groups of young men, younger males (12- to 15-year-olds) were selected as the primary target for the campaign.
sponsible decision making about sexual activity and contraceptive use. Planned Parenthood pioneered using the media to raise public awareness about sexuality-specific issues and policies.

Much more recently, the media are being used to promote male responsibility in teen pregnancy prevention. National organizations such as the Children’s Defense Fund and the National Urban League; states such as Delaware, Georgia, and Maryland; localities and local program affiliates such as New York City and Planned Parenthood; and even individuals are responding to the need for positive voices, talking about issues of sexuality in a way that young men can hear. The themes of these campaigns range from abstinence and general responsibility to very specific messages on condom use and on child support.

Competing with sophisticated messages in the popular culture, many of these public education campaigns use posters, radio and television public service announcements, transit advertisements, and brochures to get the word out. It is difficult to quantify the success of campaigns in which the desired result is a change both in minds and behaviors. It is also difficult to determine what proportion of the target population is being reached by such messages. Large-scale campaigns have proven to be successful at raising consciousness about male involvement and at raising an awareness of the need for contraception. However, there is little or no evidence that these campaigns have been successful at changing male attitudes or behaviors.

Adolescent Male Responsibility Media Campaign

CDF’s task was to create a series of messages that say, “Sex doesn’t make you a man; sex can lead to pregnancy; parenthood should not be taken lightly.” The challenge was to frame and deliver these messages in ways that reach an audience that has been told that these messages do not apply to them.

For 18 months, CDF examined many approaches to message creation. The messages selected reflect a synthesis of three approaches: adolescent self-interest, targeting people who influence young males, and profiling the target by activity.

Through its focus groups, CDF learned that adolescent males, like most people, are self-interested. They want what they perceive as good for themselves—nice clothes, clear skin, good times. Commercial advertisers have long known that teenagers are easy prey for those who sell jeans, lipstick, and acne cream and have exploited that self-interest accordingly. The media campaign seeks to convince young men that too-early parenthood may force them to trade in the good times of freedom and youth for the tough times of fatherhood and responsibility.

Fred Senn, senior partner at Fallon MccElligot, suggested that CDF take on the popular culture by targeting those persons who influence young men. He recommended a media campaign modeled on political advertising that changes the agenda. "Maybe the culture itself is our primary audience. Maybe the goal of the advertising is to mobilize others to put pressure on young males—in other words, simply get the talk value up on the issue and move male responsibility up on the overall agenda." The CDF ads feature teens who have a boy-next-door quality that elicits an emotional response. This represents an effort to convince adults who influence young people that even the young males they know can be at risk of early parenthood.

There has been some difficulty in profiling the adolescent male in terms of what a young teenage male is likely to think or feel. Advertisers targeting teenage men profile them by activity and then use the profile as the basis for creating and delivering a message. Copy for one CDF poster reads, "An extra seven pounds could keep you off the football team" (in reference to the average weight of a newborn baby). The young man in the ad has the broad shoulders and muscular build of an athlete; but instead of carrying a football, he’s balancing a baby in the crook of one arm. The activity, football, was used as the point of reference for the message; that is, boys who like to play sports do not want anything to interfere with that activity. Copy below the photograph reads, "Become a father before you’re ready and you may always wonder what else you could have been," the message being that parenthood also has long-term consequences.

In light of growing concerns about sexually transmitted diseases, including AIDS, CDF’s male campaign graphically raises the consequences of unprotected sexual activity. The ad, "Sleep around and you could wind up having more than a good time," cautions boys that sexually transmitted diseases can be deadly.

In October 1987, CDF launched its male print campaign on subways in Washington, D.C., with plans to expand it in other parts of the country. Young men may not get the message that they have a responsibility to prevent teen pregnancy and halt the spread of sexually transmitted diseases from television or movies. But maybe they will look up while riding a bus or a subway somewhere in the country and read the copy of a CDF poster. Maybe it will open their eyes and influence both their sexual attitudes and behaviors.

CDF also has prepared a series of radio and television public service announcements that can be tailored to a community’s specific needs. Contact CDF-Media for details. CDF posters are available to community groups, churches, and other organizations. Contact Orlando Bugarin at CDF about prices and delivery arrangements.
The National Urban League's (NUL) male responsibility media campaign is part of a six-year diversified strategy to address teen pregnancy prevention. As an integral component of NUL's concern about the black family, the campaign reaches out to black teenage males with a message they can believe. "Don't make a baby if you can't be a father," carries the dual message of male responsibility in preventing pregnancy and responsible male involvement in parenting.

With a minimum amount of up-front money, but a wealth of support from black entrepreneurs, corporate executives, media organizations, and the community, this initiative was given life. The campaign uses posters, print ads, a television public service announcement, and radio commercials featuring recording artists James Ingram and Howard Hewitt to get the message across. A program development guide, intended for use by organizations, agencies, and civic and social groups interested in involving males in pregnancy prevention and parenting, completes the package. Since its creation, the campaign has been awarded a Gold Medal by the International Radio Festival and has received the top award for public service as the recipient of the Communications Excellence for Black Audiences (CEBA) award.

The continuation and expansion of the media campaign is made possible by a two-year grant from the Carnegie Corporation of New York. Along with the means to provide for wider distribution of campaign materials, NUL is able to assist its affiliates vigorously (all of which disseminate campaign materials to their communities) and other community-based organizations in the area of program development.

**Campaign For Our Children**

Maryland Department of Health and Mental Hygiene
120 W. Fayette Street
Baltimore, Maryland 21201
(301) 576-9015

Contact: Lisa Kissing, corporate relations manager

Alarmed at the teen pregnancy and birth rates in the state, a coalition of public and private organizations in Maryland came together to develop a multiyear program that combines public education and a media campaign with education and services to teens. The campaign focuses both on boys and girls and centers around a message that promotes abstinence among 10- to 14-year-olds. "Make sex a game and it'll make you a loser," is the message that targets young males. Posters featuring a long-faced young man with his pregnant girlfriend, looking enviously at his carefree friends, depict the campaign's slogan, "You can go farther when you don't go all the way."

The message has been produced in different formats, including television and radio public service announcements, transit advertisements, a music video, and posters. The posters have been distributed to all Maryland public middle and junior high schools.

The media campaign is one component of the state's plan to reduce adolescent pregnancies. The state Department of Health and Mental Hygiene provides preventive services for teens including counseling, family planning, school-based health clinics, and condom distribution programs.

**Male Responsibility Media Campaign**

Office of Adolescent Health Services (OAHS)
Division of Public Health
P.O. Box 637
Dover, Delaware 19903
(302) 736-4787

Contact: Lucille Siegel, OAHS director

A 12-poster series on male responsibility is a major component of Delaware's teen pregnancy prevention efforts. The posters are placed in all high schools in the state, community centers, and other community-based organizations.

The campaign uses common-sense arguments to get males to think before they act. "When 1,400 babies are born to teenagers in Delaware in one year, simple math tells you that 1,400 males were involved." The posters' tag line suggests that young men "get in touch," and lists the toll-free number of the OAHS information system that carries special recorded messages for males. This toll-free number has been in place since September 1985 and although there are only 15,000 teens in Delaware, it averages more than 3,000 calls per month. Technical assistance has been given to other states interested in using this system to disseminate information among teens, and a similar toll-free number has been set up in Virginia Beach, Virginia.

Response from both the adult community and youth groups has been favorable. A special follow-up to the campaign uses physicians to answer teenagers' questions about sexual activity and contraceptive use as a part of their physical examinations for sports.

**Looking Beyond Teenage Pregnancy**

Georgia Department of Human Resources
878 Peachtree Street, N.E.
Atlanta, Georgia 30309
(404) 894-5839

Contact: Celia Boswell, public relations manager

The State of Georgia's Office of Child Support Recovery initiated this public education campaign in 1985 to address the misunderstandings and general lack of knowledge about the financial responsibilities of young fathers. Specifically, the campaign provides information on welfare, paternity, and unemployment issues through a tabloid featuring eight cartoons and captions. The campaign primarily targets junior and senior high school males, with females and adults who influence teens as secondary targets.

The tabloid is distributed statewide through the school system, social service agencies, and community-based organizations. In 1987, Governor Joe Frank Harris publicly endorsed the campaign and wrote each of the state's 200 school superintendents, urging...
them to support the use of the tabloid. The Office of Child Support Recovery has received endorsements of the campaign from the National Governors' Association, the U.S. Department of Health and Human Services, and the National Conference of State Legislators.

Looking Beyond Teenage Pregnancy has been replicated in Alabama, California, Colorado, Kentucky, Mississippi, South Carolina, and West Virginia, and has nationwide distribution that reached 3.5 million copies in the first six months of 1988. The Office of Child Support Recovery will supply other agencies or jurisdictions interested in replicating the campaign with camera-ready copy of the tabloid.

Males Preventing Pregnancy, Inc.

P.O. Box 8435
Portland, Maine 04104
(207) 879-8376

Contact: Carol Schiller, director

A poster featuring a disgruntled baby and a package of condoms poses the question—"Which Can You Afford?"—in this media campaign developed by Carol Schiller. Awarded an American Express Project Hometown America grant for innovative solutions to community problems, she launched this campaign to heighten awareness of the male role in preventing teen pregnancy.

Schiller raised $20,000 to match the American Express award and conducted basic market research that resulted in a campaign focused on contraceptive issues. "If you are thinking about sex, think about condoms," illustrates the heart of the campaign's focus. Posters, television and radio public service announcements, buttons, a booklet on Maine's paternity laws, and a documentary on male involvement in preventing teen pregnancy make up the media package.

The past two years have been banner years for the campaign. It sparked such interest around the state that male involvement was the focus of a statewide conference in 1987. That same year, Males Preventing Pregnancy became a nonprofit affiliate of the Osteopathic Hospital of Maine.

As an incorporated nonprofit organization, Males Preventing Pregnancy provides consulting and media production services to communities nationwide that are seeking to increase male involvement in adolescent pregnancy prevention. Media materials may be ordered from Males Preventing Pregnancy as is or customized to meet an organization's or a community's specific needs. Males Preventing Pregnancy also can provide consulting services, including market research, campaign development, production, and public relations to communities wishing to develop their own campaigns. Recently, Males Preventing Pregnancy assisted the National Family Planning Council in launching a multimedia effort focused on young men and preventing teenage pregnancy. Contact the Males Preventing Pregnancy office for a catalogue.

Males & Babies & Michigan Law

Planned Parenthood
4201 W. Michigan Avenue
Kalamazoo, Michigan 49007
(616) 372-1200

Contact: Louise Saffron, executive director

The Males & Babies & Michigan Law brochure was developed in response to the need for paternity education for young men. The idea was borrowed from an affiliate in Toledo, Ohio, which originated the brochure. It is intended for use by nine Planned Parenthood affiliates in Michigan.

Copies of the brochure, which carry a strong message about the financial responsibilities of fatherhood, were made available at a teen sexuality conference held in Kalamazoo. Response to the brochure was unexpectedly strong with more than 75 school systems, colleges, social service, and community-based agencies requesting copies of the brochure. More than 35,000 have been distributed.

There has been no formal evaluation of the effectiveness of the brochure. However, agencies using it have noted an increase in knowledge among young men and young women.

Adolescent Pregnancy Prevention Media Campaign

Adolescent Pregnancy and Parenting Services
Office of the Mayor
250 Broadway, Room 1410
New York, New York 10007
(212) 566-3450

Contact: Alice Radosh, coordinator

New York City's media campaign features posters as direct and alluring as an ad for designer jeans. The posters feature photographs of hauntingly beautiful teens saying "come-ons", often used to pressure young people into unplanned sex. Classic lines such as, "Trust me, I won't get you pregnant," came from interviews with teens at a local high school.

The media campaign is one component of the citywide initiative on teen pregnancy prevention that targets both males and females. The media campaign consists primarily of posters, which have been adapted for use as television public service announcements. The campaign's radio announcement features rap star L.L. Cool J. singing the "Smart Sex Rap," written specifically for this media effort.

The campaign uses the language of teens to promote the use of health services. "Before you fall for a line like this, call us for help," follows each come-on, along with the telephone number of the Healthline, the city Department of Health's information and referral hotline. The six Healthline operators talk to teens, answer their questions, provide them with information on contraceptive services, and suggest ways to resist peer pressure.

The Office of Adolescent Pregnancy and Parenting Services is monitoring the response to this effort and hopes to use the information as the basis for evaluating the media campaign.

Teen Pregnancy Advertising Campaign

Planned Parenthood Federation of America
810 Seventh Avenue
New York, New York 10019
(212) 603-4658
Contacts: Roberta Synal, media relations coordinator; Kathleen Stack, media relations coordinator.

In 1986 Planned Parenthood Federation of America (PPFA) launched a comprehensive national advertising campaign to combat teenage pregnancy. The goals of the campaign include dispelling the myths teens harbor regarding sex and contraception, encouraging parents to talk openly with their children about sexuality-related issues, urging television network officials to revise their ban on contraceptive advertising, and persuading elected officials to support programs necessary to help teens avoid unintended pregnancy.

The ad campaign consists of 16 full-page newspaper and magazine ads and eight television and radio spots. As a separate piece, PPFA also developed a television public service spot in August 1987, which features popular singer Anita Baker encouraging family communication around the issue of sexuality. It appeared during an episode of the prime time series The Cosby Show. The campaign targets male and female teens, parents, the general public, and policy makers.

The four full-page newspaper ads appeared in major newspapers, including USA Today, the New York Times, the Washington Post, the Los Angeles Times, the San Francisco Chronicle, and the Houston Post. Two of the newspaper ads included coupons—that expressed an opposition to the ban on contraceptive advertising and censoring information about birth control from entertainment programming—for readers to clip and mail to network executives. Network officials received more than 20,000 coupons.

The campaign received extensive nationwide print media coverage and generated PPFA interviews with several national television and radio programs. It was created by the Public Media Center, a nonprofit advertising and public relations agency in San Francisco.

Additional Resources

Program and Resource Guides

The following guides have been developed in response to the growing need to address male involvement in delaying parenthood. Some resources include information on programs, pamphlets, books, periodicals, films, videos, and posters for or about young men; others are designed for persons interested in developing programs for young men and include information on funding sources, community support, staff training, parent involvement, and recruitment.


Adolescent Male Responsibility Program
National Urban League
500 East 62d Street
New York, New York 10021
(212) 310-9083

Condom Sense
NCW Resource Center
5433 Manila Avenue
Oakland, California 94618
(415) 891-0455

Male Involvement in Family Planning: A Bibliography of Project Descriptions and Resources

The Center for Health Training
400 Tower Building
1609 Seventh Avenue
Seattle, Washington 98101
(206) 447-9538

1987 Annotated Guide to Men's Sexual and Reproductive Health Resources

MRH Publications
P.O. Box 661
Capitola, California 95060
(408) 427-3628

Putting Boys In The Picture: A Review of Programs and Services for Adolescent Males, by Joy G. Dryfoos (forthcoming late 1988)

Network Publications
P.O. Box 1830
Santa Cruz, California 95061-1830
(408) 438-4060

Sexuality Programs for Young Men in Youth-Serving Agencies

MRH Publications
P.O. Box 661
Capitola, California 95060
(408) 427-3628

Young Men and Teenage Pregnancy Fact Sheet

Center for Population Options
1012 14th Street, N.W.
Washington, D.C. 20005
(202) 347-5700

Curricula and Training Modules

The decision to become sexually active, because of its obvious risk—parenthood—is perhaps one of the most important decisions an adolescent will make. Schools, churches, and youth-serving organizations are becoming actively involved in creating a climate in which young people feel comfortable seeking information, discussing concerns, and making responsible decisions about sexuality. Listed below are examples of curricula and training modules designed to educate teens about adolescent sexuality and decision making.

Challenges: A Young Man's Journal for Self-Awareness and Personal Planning

Girls' Clubs of America, Inc.
National Research Center
441 West Michigan Street
Indianapolis, Indiana 46202
(317) 634-7546

Boys and Babies

Boys and Babies
1728 Meadowwood Street
Sarasota, Florida 34231
(813) 922-7478

It Takes Two

Salvation Army
Booth Memorial Center
2794 Garden Street
Oakland, California 94601
(415) 532-3345

Life Planning and Education

Gretchen Wooden
Senior Program Associate
Life Planning Education
Center for Population Options

42 WHAT ABOUT THE BOYS?
Rite of Passage Experience (ROPE)

Mutual Caring, Mutual Sharing

Men C.A.R.E.

The Dynamics of Relationships

you need to prevent teen pregnancy in your community.

examination of a single aspect of America's teen pregnancy crisis

and its solutions.

CDF's Adolescent Pregnancy Prevention Clearinghouse publishes six valuable reports a year, each offering an in-depth

monitor the latest developments in the national effort to

prevent children having children, with the facts and action steps

you need to prevent teen pregnancy in your community.

Recent issues include:

Preventing Adolescent Pregnancy: What Schools Can Do
(September 1986)

Welfare and Teen Pregnancy: What Do We Know, What Do We Do? (November 1986)


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Frank L. Mott, Fertility-Related Data in the 1982 National Longitudinal Survey of Work Experience of Youth: An Evaluation of Data Quality and Some Preliminary Analytical Results (Columbus, OH: Center for Human Resource Research, Ohio State University, 1983).


Laurie S. Zabin et al., "Adolescent Sexual Attitudes and Behavior: Are They Consistent?" Family Planning Perspectives 16 (July/Aug. 1984).


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Welfare and Teen Pregnancy: What Do We Know, What Do We Do? (November 1986)


Child Care: An Essential Service for Teen Parents (March 1987)

Declining Earnings of Young Men: Their Relation to Poverty, Teen Pregnancy, and Family Formation (May 1987)

Opportunities for Prevention: Building After-School and Summer Programs for Young Adolescents (July 1987)

Teens in Foster Care: Preventing Pregnancy and Building Self-Sufficiency (September 1987)

Child Support and Teen Parents (November 1987)

Teenage Pregnancy: An Advocate’s Guide to the Numbers (January/March 1988) ($5.95)

Adolescent and Young Adult Fathers: Problems and Solutions (May 1988)

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I'll receive six issues in one year for just $23.95
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To Order: Please fill in this form, detach, and mail with payment to: 
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122 C Street, N W
Suite 400
Washington, D.C. 20001