

The background features several overlapping rectangular shapes in various shades of blue. A dark blue rectangle is in the top-left corner. A medium blue rectangle is in the center, containing the title. A light blue rectangle is on the right side, extending from the top to the bottom. The title text is centered within the medium blue rectangle.

Leveraging Youth Employment Systems to Prevent Unintended Pregnancy

Center for Law and Social Policy

Marie Cohen

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FOREWORD

In the last two years, the Center for Law and Social Policy has been looking at ways in which social service systems can be “leveraged” to address unintended pregnancy. In a report entitled *Making the Link: Pregnancy Prevention and the New Welfare Era*, CLASP describes the work of welfare agencies that try to link recipients with needed family planning information and services by co-locating family planning workers at welfare agencies, developing referral relationships, and training welfare caseworkers about family planning needs and resources. A logical extension of this work is a search for other systems that can be “leveraged” in a similar way. The research described in this report has turned up some exciting examples of youth employment programs that are recognizing the relationship between pregnancy prevention and their other goals:

- At the Albuquerque Job Corps Center, male participants are trained as peer educators to lead workshops for their peers on contraception, sexually transmitted diseases and drug abuse issues. Through an arrangement with the state Department of Health, the center also offers a full range of family planning and reproductive health services on site.
- Columbia Heights YouthBuild, in Washington, D.C., has worked out an arrangement with a neighboring clinic so that participants can receive family planning services. In counseling sessions, the case manager encourages participants to plan their childbearing as an integral part of making educational and career plans.
- The Vocational Foundation Inc. in New York has a nurse on staff who refers clients for contraceptive services at New York City’s adolescent health clinics. She and the other staff also encourage the use of birth control in individual counseling sessions with clients.

Unanswered questions about this little-explored linkage between youth employment programs and pregnancy prevention remain, including questions about the extent of such linkages, the impact of unplanned pregnancy and parenting on youth employment programs, and the opinions of program staff about linkages between the two systems. In order to obtain some preliminary answers to these questions, CLASP surveyed youth employment programs around the country, analyzed data from almost 150 local programs (out of about 500 that received our survey), interviewed national program officials and youth employment experts, interviewed staff of selected local programs that are already making the link, and reviewed the youth employment evaluation literature.

To our knowledge, this survey is the first attempt to gather program-level information about the intersection between youth employment and reproductive health and the most detailed summary of the youth employment literature as it relates to pregnancy and childbearing. In general, the data we provide should be taken not as a complete picture of what is going on in the field but as an indication about what is happening and what questions should be asked by further research. It is our hope that this report will spark a dialogue between practitioners in these two fields and the additional research necessary to address the many questions that are as yet unanswered.

OVERVIEW

Unplanned pregnancy can have serious consequences for parents and children. Not just a problem for teenagers, it is an issue for women and men throughout their fertile years. Unplanned pregnancy and childbearing are not limited to the young and the poor, but they are more common for these vulnerable populations. Unplanned pregnancy can affect youth employment programs to the extent that clients drop out of the programs or are unable to secure or retain employment. Leveraging youth employment programs to give clients access to family planning information and services could help in the continuing effort to address the challenge of unplanned pregnancy and parenthood.

Leveraging Youth Employment Programs to Prevent Unplanned Pregnancy is the first effort to identify whether youth employment programs around the country view unintended pregnancy as an issue for their programs and their clientele; to describe a handful of initiatives from different youth employment networks around the country; and to learn what actions youth employment programs believe would help in meeting the challenge of reducing unintended pregnancy. Survey responses from 145 local programs and interviews with staff of national program networks and several local program staff indicate that:

- Program staff see unplanned pregnancy and childbearing as a barrier to successful program completion and transition to the labor force for some participants, and, therefore, as a problem for their programs. They are interested in addressing this challenge.
- Many programs are beginning to address this challenge with initiatives that range from modest informational efforts to sophisticated referral arrangements with reproductive health providers. To conduct these activities, youth employment programs rely heavily on linkages with agencies that specialize in family planning and sex education.
- Youth employment programs want to do more to help participants prevent unplanned pregnancies; they believe that additional technical assistance and funding would enhance the ability to develop new strategies such as male-focused pregnancy prevention.

Leveraging Youth Employment Programs is also the first in-depth summary and analysis of the youth employment evaluation literature as it relates to fertility, including the existence of fertility-related goals, activities, and impacts. In general, this literature suggests that youth employment programs, with or without pregnancy prevention goals or activities, have had little impact on pregnancy and birth among participants. However, most of these programs had very limited-if any-pregnancy prevention activities. More research is needed to test the effect of more intensive family planning and educational activities for youth employment program participants. Moreover, evaluations of general teen pregnancy prevention programs have identified a number of proven and promising programs. This report is intended to spur a dialogue between the two fields about how these promising teen pregnancy prevention approaches can be adapted to meet the needs of youth employment program participants.

YOUTH EMPLOYMENT PROGRAMS AND UNINTENDED PREGNANCY

There is a strong link between the goals of helping out-of-school youth prepare for good jobs and helping them avoid unplanned pregnancy and parenthood. Becoming a parent too soon can make it more difficult for a young man or woman to gain the skills and experience required for success in today's economy. Conversely, having a career goal that seems within reach can provide the motivation that a youth needs to plan the timing and spacing of parenthood so that it fits in with other life goals.

*"I manage our
Welfare-to-Work
grant, and I know
that unintended
pregnancies are a
huge problem with
my 10 sites."*

**Ann Wright,
Grant Manager
Welfare-to-Work
YouthBuild, U.S.A.**

Nearly half of all pregnancies in the United States are unintended. About half of these pregnancies are terminated by abortion and about half result in a birth; the result is that almost a third of births in the U.S. are unintended. Unintended pregnancies occur to women of all ethnic groups, social classes, and ages. However, the younger a woman is, the more likely it is that her pregnancy was unintended. Thus, for women aged 15 to 19, 78% of pregnancies and 66% of births are unintended. For women aged 20 to 24, 59% of pregnancies and 39% of births are unintended. Low-income women and unmarried women are also more likely to have unintended pregnancies.¹⁻¹

An unplanned pregnancy or birth can be particularly problematic for a young woman in her teens. Although most births to teens are unplanned, even a planned pregnancy for a teenager can be problematic, especially when she is still in high school. Pregnancy or birth at this stage of a young woman's life can make it very difficult for her to obtain the schooling and training she needs to succeed in the workplace, particularly if she does not have a high school degree. Adolescent parenthood is associated with lower levels of educational attainment, higher rates of single parenthood, larger family sizes, and greater reliance on public assistance among the young mothers.¹⁻² Young fathers often do not experience the same negative consequences, perhaps because they often do not take on the amount of responsibility for the children that the mothers assume. When differences in the characteristics of teen fathers and older fathers are taken into account, researchers found only modest effects of becoming a teen father on a young man's life chances.¹⁻³ Yet, young unmarried fathers often discover belatedly that they are financially obligated to support their children until their children reach adulthood. Failure to pay child support can lead to a variety of adverse consequences for young fathers, such as loss of driving privileges or even incarceration.

For the children of teen parents, the consequences can be severe. Children born to teen mothers are more likely to suffer from low birth weight and related health problems, to have childhood health problems, to have insufficient health care, to be abused or neglected, to grow up in homes with less emotional support and cognitive stimulation, and to do poorly in school.¹⁻⁴ While teen birth rates have been declining since 1991, there is reason for continued concern. Almost 5% of American girls aged 15 to 19 gave birth in 1999.¹⁻⁵ The United States still has the highest teen birth rate in the industrialized world.¹⁻⁶

But even when the parent is not a teenager, an unintended birth can have serious negative consequences. Unintended pregnancies have been associated by research with poor consequences for the child, such as insufficient prenatal care, smoking and drinking during pregnancy by the mother, low-birthweight babies, child abuse, and developmental problems.¹⁻⁷ For the parents, the birth of a child can interfere with schooling, training, and the attainment of career goals. While the employment rate of single mothers under 200% of the poverty level with children under six has increased from 34.8% in 1992 to 54.6% in 1999,¹⁻⁸ low-income single mothers often face considerable obstacles to retaining and advancing in their jobs. These obstacles may include childcare, child health problems, and other factors that are related to family size. Although issues connected with child rearing can impose complications for all families that are in the workforce, these issues may become even more difficult when a pregnancy was unplanned

Teen and unplanned pregnancies are not the only problems addressed by reproductive health services and information. High rates of AIDS and other sexually transmitted diseases (STDs) among disadvantaged young people are also reasons to focus on providing reproductive health information and services to this population. A new report from the White House Office of National AIDS Policy¹⁻⁹ indicates that half of all new HIV infections are thought to occur in young people under 25. The report states that more than 123,000 young adults have developed AIDS in their twenties, which means that most of them were originally infected with HIV in their teens. The report notes that 65% of teens are sexually active by the 12th grade, with 20% of these young people having four or more sexual partners. About 25% of sexually active teens—a total of three million adolescents—contract sexually transmitted diseases each year. Adolescent women are particularly at risk: about 63% of the individuals aged 13 to 19 who were infected with HIV last year were women, while 44% of the 20- to 24-year-olds infected were women. Minority youth are also disproportionately affected by HIV and AIDS. Although African-Americans and Hispanics each make up only 15% of U.S. teens, African Americans account for 49%, and Hispanics 20% of the AIDS cases reported among teenagers. The report concludes that lack of knowledge, as well as lack of hope for a rewarding future, can contribute to young people's complacency about HIV prevention.

Out-of-school youth are particularly at risk for unplanned pregnancy and sexually transmitted diseases. About four million young people (12% of those aged 16 to 24 in the United States) are not enrolled in a high school program and have not completed high school. Compared with youth who are in school, out-of-school youth are significantly more likely to have had sexual intercourse, to have had more than four sex partners, and to have failed to use a condom the last time they had sex.¹⁻¹⁰ In its report about youth and AIDS, the White House cites a “dangerous dearth” of prevention services for high-risk youth, including school dropouts.

Another group that can benefit from services that address unintended pregnancy are very young people who already are parents. It is the second or later birth that may reduce the life chances of a mother and children even more than the first birth. Compared to teen mothers with only one child, teen mothers with two or more children are more likely to be poor, have lower educational attainment, and have children with health problems.¹⁻¹¹ For young people beyond their teenage years, decisions about the timing and spacing of children help shape parental careers and family well-being. As will be shown in Chapter 2, many youth employment program participants are already parents. By leveraging youth employment programs to give these young parents access to family planning information and services, we can help them improve their life chances rather than impede them further with a subsequent unplanned birth.

There is also a need to pay attention to the differing needs of women and men. Young women still tend to take on more of the responsibility for controlling fertility and caring for the children that are born, whether planned or unplanned. Fueled in part by stronger child support requirements, there is increasing interest in programs that encourage young men to take on increased responsibility both for controlling their fertility and for caring for the children once they are born. Efforts to enforce child support obligations are often coupled with employment and training programs to give young men the vocational skills necessary to provide for their families. The idea of leveraging these employment programs to *prevent* unplanned childbearing also merits attention.

Leveraging youth employment programs to prevent unplanned childbearing is desirable for the youth employment community, the family planning community, and the youth themselves. From the point of view of a youth employment program, pregnancy and STD prevention are among the many support services (such as counseling, mental health services, and child care) that a young person may need to be successful in the program. Providing such support services helps programs protect their investment in clients by enabling them to stay with the program and successfully enter the labor force. While Title VII of the Civil Rights Act of 1964 prohibits programs from dismissing clients because of pregnancy,¹⁻¹² the medical complications of some pregnancies and the child care responsibilities after the child is born may make it more difficult for participants to complete their training and obtain and retain employment.

Some might argue that the role of youth employment programs is not to provide pregnancy prevention services directly but to have an indirect effect on fertility by creating work opportunities and hope for the future. Even if youth employment programs motivate participants to delay parenthood, young people also need the information and the technology to control their own fertility. Many youth policy makers and researchers have argued that the problems affecting at-risk youth, such as school dropout, premature parenthood, crime, and drug use, are interrelated and have criticized the tendency of programs to focus on a single problem. Instead, they have recommended more multi-focused approaches.¹⁻¹³

From the point of view of a sex education or family planning professional, the importance of leveraging youth employment programs to prevent unplanned childbearing is clear. These programs are a good place to find out-of-school youth, who are at high risk for early pregnancy and parenthood. These are young people who might not easily navigate the health care system to obtain family planning services on their own. Leveraging other systems that already have contact with these youth may be one of the best ways to offer them the education and services that they need to make informed choices about childbearing. For educators, this is an opportunity to offer age-appropriate and individually-tailored information about issues ranging from the benefits of abstinence to the relative efficacy of different contraceptive methods.

From the point of view of a youth employment program participant, life is often very complicated. These young people often face a number of challenges. Information may be difficult to obtain, and services may be difficult to access. Only 40% of young women go to a doctor or clinic for contraceptive services within the first year after they become sexually active.¹⁻¹⁴ The Alan Guttmacher Institute estimates that only 39% of all women in need of publicly funded contraceptive services receive them.¹⁻¹⁵ Leveraging youth employment services to help participants obtain important reproductive health information and services makes it more likely that a young person will be able to access these needed supports. Most importantly, young people need the power to make choices about their own lives. When to have children, and how many, are important choices that young people should be able to make, not simply have happen to them because they lack the information, education and services they need to make the choice.

Youth employment experts interviewed for this report stress the need for programs to be holistic and meet all the needs of their participants, including education and services related to sexuality and family planning. They emphasize the importance of partnerships addressing all the needs of youth. However, these experts also encourage those who want to make the link between the two program areas to keep certain principles in mind:

- Youth employment programs should operate from a youth development perspective, which focuses not on changing behaviors or reducing problems, but on increasing competencies, including those related to preventing pregnancy.
- Programs should address the multiple needs of youth that may affect their success in employment and training, including reproductive health.
- Programs must make sure that the pregnancy prevention services they provide are of sufficient intensity and quality to make a difference. Often youth employment programs bring in outside speakers for short-term programs that may have no lasting impact.

- When youth employment staff are not prepared to address sexuality and family planning issues, they should form partnerships with other organizations that have expertise in these issues. These partnerships should be stronger than simple referral arrangements and should include meaningful discussions between the two sets of organizations to ensure that services are tailored to meet the needs of youth employment program participants.
- Young people who come to an employment program want to focus on preparation for employment. Programs must make clear the relevance of pregnancy prevention services to employment and career plans.

A review of major youth employment evaluations, described in Attachment 2, shows that most assessed fertility outcomes, indicating that evaluators saw a link between the fields of youth employment and pregnancy prevention. In general, the youth employment program evaluations suggest that youth employment programs with or without activities specifically directed at pregnancy prevention have not usually reduced fertility among participants. However, the pregnancy prevention activities in most of these programs were quite limited and often from an earlier generation of interventions. Further research is needed to determine whether more intensive and well-designed reproductive health and educational approaches could be effective. The evaluation literature on teen pregnancy prevention, as described further in Chapter 4, has identified some promising approaches that might be incorporated into youth employment programs.

THE VIEWS AND EXPERIENCE OF YOUTH EMPLOYMENT PROGRAMS

“Teenage pregnancy in our job training program is a major problem, and growing. With funding, we would develop a pregnancy prevention program from which we and our students would benefit tremendously.”

**Samuel E. Kelly,
President
Portland OIC/Rosemary
Anderson Middle
and High School
Portland, Oregon**

Too-early pregnancy and parenthood is a problem, according both to local program staff who responded to a national survey and to national program administrators CLASP interviewed. Program staff cited pregnancy, childcare problems, stress, and other issues as reasons why pregnant women and young parents often drop out of their programs. Their concern about this issue was striking in view of the short length of many programs—six months or less. Respondents from most of the 145 programs responding to the survey said that preventing unplanned pregnancy was either an explicit goal or a desired outcome of their program. Not only do most programs hope to prevent unplanned parenthood, but most are beginning to leverage their youth employment services to prevent unplanned pregnancies and give young people the information and services they need to make choices about their futures. Almost 70% of programs said that they offer or link to some type of pregnancy prevention service, whether it is information, sexuality education, family planning services or something else. Most of these programs offer more than one service; however, most surveyed programs would like to provide at least one additional service. Not surprisingly, pregnancy and parenthood seem to be more disruptive to program participation among females, yet programs are particularly interested in services designed for males, in accord with the increased interest in male responsibility for prevention of childbearing and support for their children. More funding, information, technical assistance, and training head the list of factors that would help the programs achieve their goals of providing more services.

CLASP mailed surveys to approximately 500 youth employment programs belonging to seven national networks. CLASP analyzed data from a total of 145 programs from the seven national networks that responded to the survey.²⁻¹ The services most commonly offered by these programs were work experience, job placement services, counseling, basic education or GED preparation, and vocational training, all of which were offered by more than half of the programs.

SEVEN YOUTH EMPLOYMENT NETWORKS

1 **The National Association of Service and Conservation Corps (NASCC)**

represents 110 sites that provide paid, full-time work to young people, generally aged 16 to 25. All corps projects address community needs, whether they are in rural settings like national parks or in urban areas working in parks, housing revitalization, or human services. Corps members devote part of each week to improving their basic academic skills and preparing for future employment. Most corps offer GED and pre-GED courses, as well as life skills classes. A number of corps now offer high school diplomas either through their own charter schools or affiliations with other charter schools.

For more information, see:
www.nascc.org

2 **The National Urban League (NUL)** is a nonprofit, nonpartisan, community-based movement with a mission of enabling African-Americans to secure economic self-reliance, parity, power, and civil rights. The heart of the Urban League movement is the professionally staffed Urban League affiliates in over 100 cities. The NUL affiliates operate programs in education, job training and placement, housing, business development, crime prevention, and many other areas.

For more information, see:
www.nul.org

3 **The Opportunities Industrialization Centers of America (OICA)** is a decentralized network of independent employment and training organizations serving both youth and adults. OICA affiliates offer pre-vocational and job training in many different skills areas.

For more information, see:
www.oicworld.org

4 **PEPNet** is a practice-based system for identifying and promoting what works in youth employment and development. In 1996, the National Youth Employment Coalition and a national working group of practitioners, policymakers, and researchers identified a set of criteria for what works in youth employment and training. These criteria are used annually to select awardees by the National Youth Employment Coalition and the U.S. Department of Labor. There are 58 PEPNet awardees.

For more information, see:
www.nyec.org/pepnet/index.html

5 **YouthBuild** programs offer job training, education, counseling, and leadership development opportunities to unemployed and out-of-school young adults, aged 16 to 24, through the construction and rehabilitation of affordable housing in their own communities. Trainees in the 145 YouthBuild programs alternate a week of classes with a week of on-site construction training. At the work site, young people are closely supervised and acquire skills that qualify them for apprenticeships or entry-level positions in construction-related work. The classes integrate academic skills with life skills, leadership opportunities, and vocational training. A strong emphasis is placed on building a positive peer group, and young people are involved in program governance as part of leadership development.

For more information, see:
www.youthbuild.org

6 **STRIVE** is an employment model that is based upon attitudinal training and long-term post-placement support. STRIVE's 20 operational sites across the country all provide intense workshops that attempt to prepare clients between the ages of 17 to 40 for the workforce. STRIVE's training focuses on helping clients develop both work-appropriate attitudes and behaviors, as well as the ability to make life choices. Following initial placement in unsubsidized employment, the organization commits to maintain contact with every graduate for two years and, upon request, to provide lifetime services to graduates. Post-placement services include case management, career development, counseling on housing and domestic issues, personal development, and educational advice.

For more information, see:
www.strivecentral.com

7 **The 11 Youth Opportunity Pilot Grants**

were awarded by the U.S. Department of Labor in 1996-1999 with the goal of saturating targeted high-poverty urban and rural communities with sufficient resources to bring about community-wide impacts on employment rates, high school completion rates, and college enrollment rates. These programs provide comprehensive employment and other services to youth between the ages of 16-24 in high-poverty communities. This program has been superseded by the Youth Opportunity Grant Program, which gave out grants to 36 sites in February 2000.

For more information, see:
www.yomovement.org

The survey included questions about participant characteristics, program services and respondents' opinions about the results of unplanned pregnancy and parenthood and the role, if any, that they would like their programs to play in addressing these issues. The highlights include:

PROGRAM AND DEMOGRAPHIC CHARACTERISTICS

Most programs last six months to a year. Of the sixty-two programs that said they had a fixed length, 19% had a fixed length of less than six months, 66% cited lengths ranging between six months and one year, and 6% cited lengths of more than a year. Of the ninety-five programs that said that they had a variable length, 18% said that they had an average length of less than six months, 57% cited an average length of 6-12 months, and 9% cited an average length of greater than a year.²⁻² These data suggest that the majority of programs generally involve participants for six months to one year, with sizeable minorities that are shorter or longer.

Most programs involved more males than females. Demographic information for participants in all of the programs that were able to provide this information shows that slightly over half of participants in the 145 programs were male [see Table 1]. However, in the average program, 60% of the participants were male, suggesting that the smaller programs tended to have a higher proportion of males. The proportion of male participants may have important implications for the types of pregnancy prevention education and services that are most effective.

About three-quarters of participants were under age 24. There is no general agreement on the meaning of the word "youth." For the purposes of this report, we followed the definition used by many programs that "youths" are between the ages of 16 and 24. However, as described in Attachment 1 at the end of this report, we did not confine our surveys to programs serving "youth" only. Some programs we surveyed included sizeable numbers of adults, as well as some young people who are under 16. In the 104 responding programs that were able to break out age by our categories, 7% of the participants were under 15, 24% of participants were age 15-17, 23% were age 18-19, 22% were age 20-24, and 24% were age 25 and older.²⁻³ [See Table 1 on page 25.]

Most participants were African-American or Hispanic. About 50% of total program participants were African-American, while 18% were white. In terms of ethnicity, 27% were Hispanic.²⁻⁴

Most female enrollees and many males entered the program as parents. Data from responding programs suggest that young parents are an important part of the youth employment program clientele. More than half (54%) of the female program participants from responding programs and about a quarter of the male program participants entered the programs as parents. Few of these parents were married: in the 81 programs that reported the data needed to make this calculation, 5% of the participants were married. Most of the parents do not seem to be paying or receiving child support. About 6% of program participants who were parents (in the minority of programs that were able to report data about both parenthood and child support) were paying child support, and 9% were receiving child support.

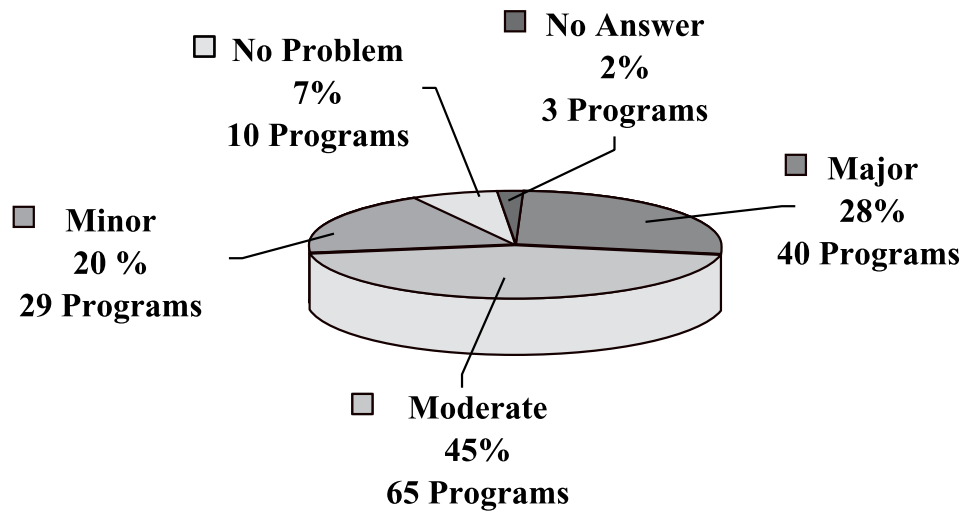
The proportion of participants who are parents is important because some youth employment evaluations, as discussed in Attachment 2, show that young people who are already parents have somewhat different outcomes from youths who do not have children. Some evaluations suggest that females who already had children upon entering the youth employment programs had better employment or educational outcomes. On the other hand, some evaluations found that girls who were already mothers were also more likely to have an additional child during the program or the follow-up period compared to those young women who entered the programs without children. As noted in Chapter 1, having a second child during adolescence may be particularly problematic for young families. An unanswered question is whether the positive employment outcomes for young mothers who enter employment programs extend to those young women who give birth or become pregnant during the program or shortly thereafter. While motherhood may provide a motivation for some young women to succeed in the program and to gain employment, becoming a mother during or immediately following the program may result in failure to complete the program or remain on a new job. The extent to which employment goals are met could rest not only on health but also on whether a birth is intended and whether plans are in place for child care and other supports.

UNPLANNED PREGNANCY AS A PROGRAM ISSUE

Almost three-quarters of responding programs said unplanned pregnancies were a major or moderate problem. We asked the respondents how much of a problem pregnancy and parenthood among participants is for the success of their employment, training and job placement efforts. Of 145 programs, 72% said unplanned pregnancy and parenthood was either a major or a moderate problem for the program, while 27% said it was either no problem or a minor problem for the program. [See Chart 1] These percentages stayed almost the same when programs that usually involved participants for three months or less were removed from the calculation.

CHART 1

Perception of Problem



Percentages sum to over 100 because two programs gave two answers

Different types of organizations perceived the problem differently. The degree to which programs saw pregnancy and childbearing as a problem varied by the type of program. The Youth Opportunity grantees were most likely to see unplanned pregnancy as a major or moderate problem, with 89% giving one of those two answers, followed by the OICA and YouthBuild programs and the PEPNet awardees, with 78 or 79% describing it as a major or moderate problem. [See Table 2 on page 26.]

In explaining why they responded as they did about the degree of the problem, respondents that cited pregnancy and childbearing as a major or moderate problem most often cited childcare difficulties, as well as other issues such as transportation and the stress of parenting, saying that these issues often led trainees to be absent frequently or to drop out of programs. The respondent from the Atlantic City/Cape May New Jersey Youth Corps cited as issues, “delay in training or goal completion, housing, health issues of babies born to teens,” and went on to say that the “responsibility of parenthood can be overwhelming, complicating all aspects of their lives.” According to the Urban Corps of San Diego respondent, “children increase the stress levels of corps members (worrying about food, formula, etc.), which inhibits corps members’ ability to focus and learn.” According to the YouthBuild program manager in Troy, NY, childcare is the most often mentioned reason for absenteeism. Several programs, especially those that place trainees in construction or other work requiring significant physical labor, reported that pregnant women often leave the program for health reasons.

Programs with more females were more likely to cite problems. Programs serving higher proportions of females were more likely to classify pregnancy and parenthood as a major or moderate problem (81% versus 69%) for program operations compared to programs serving higher proportions of males. [See Table 3 on page 27.] This reflects the fact that the pregnancy itself may affect program participation, and that women often take on the bulk of the responsibility for child care. On the other hand, some programs specifically mentioned consequences for males related to the need to support their children. For example, the director of the YouthBuild program at Community Teamwork, Inc. in Lowell, Massachusetts reported that “The moms can’t afford to pay day care so they stay home on assistance.” The dads drop out of YB to get a job making “real money.” According to the respondent from the Mile High Youth Corps in Denver, CO, “Child support payments for some of the men in the program are very high so they quit the corps for a job with higher wages. That’s the right thing to do except they also quit GED, which sets them back. They can never quite get ahead without the GED.”

Perception of a problem extends to all ages of clients, not just teens. Unplanned fertility is not just an issue for teens but for all youth and adults through much of their lives. And indeed, even among programs in which teens make up less than 25% of the clientele, more than half perceive unplanned pregnancy as a major or moderate problem. About three-quarters of the remaining programs ranked the problem as major or moderate, whether their clientele was less than 50% teenaged or more than 75% in their teens. The majority of programs see unplanned parenthood as an issue no matter what the age of their clients. [See Table 4 on page 27]

Programs reporting a “minor problem” usually said that few enrollees were getting pregnant or becoming parents. Most of the programs that described unplanned pregnancies as a minor problem or not a problem at all said that such pregnancies rarely occur. Some of these explained that they serve a population that is less at risk of early childbearing than many youth employment programs. The Associate Director of the Vermont Youth Conservation Corps reports that “We have extremely rare experience with pregnancies in my fourteen years of experience — perhaps because our program attracts a different type of youth: outdoors, adventurous...”

Having children may also motivate trainees to succeed. While most respondents saw unplanned childbearing as a problem, respondents from two programs also mentioned that childbearing may actually make a participant *more* likely to succeed in his or her employment goals. The respondent from the Vocational Foundation in New York reports that “A child is a strong self-motivator; young parent enrollees get more and longer periods of services. Statistics for parents for job retention are *better* than statistics for non-parents.” Staff in the national offices of NASCC and STRIVE also told CLASP that they have heard from local programs that young people who are already parents tend to be more engaged in programs. As mentioned in Attachment 2, a small number of youth employment program evaluations support the impression that young people who enter the programs as parents have better employment-related outcomes than their peers who do not have children. There is no way of knowing how often the motivation that parenthood may bring outweighs the logistical difficulties, stress, and other barriers to program participation posed by parenthood. One important factor may be whether the client has entered the program as a parent or become a parent while in the program. As mentioned above, more than half of the young women and a quarter of the young men in the programs providing this information entered the programs as parents. Such clients may have developed workable solutions to childcare and other issues. However, *becoming* a parent while in a program, rather than entering the program as a parent, may have deleterious effects on program participation. Another factor may be whether the birth was planned. Many of those clients who have planned the births of children may have anticipated the obstacles and developed solutions in advance.

A significant minority of program participants become pregnant or parents during the training period. Most programs do not track the number of participants who become pregnant or have a child while enrolled in the program, though some were able to give us an estimate. Thus, the percentages cited below should be viewed as a very rough estimate of the extent of pregnancy and childbearing in this set of programs. Based on the programs reporting an actual or estimated number, a rough estimate²⁻⁵ suggests that 9% of females became pregnant or had a child while enrolled in the program and 6% of males became parents while they were in the program. The actual numbers must be higher because programs might be unaware of some instances of pregnancy among females and, especially, parenthood among the males.

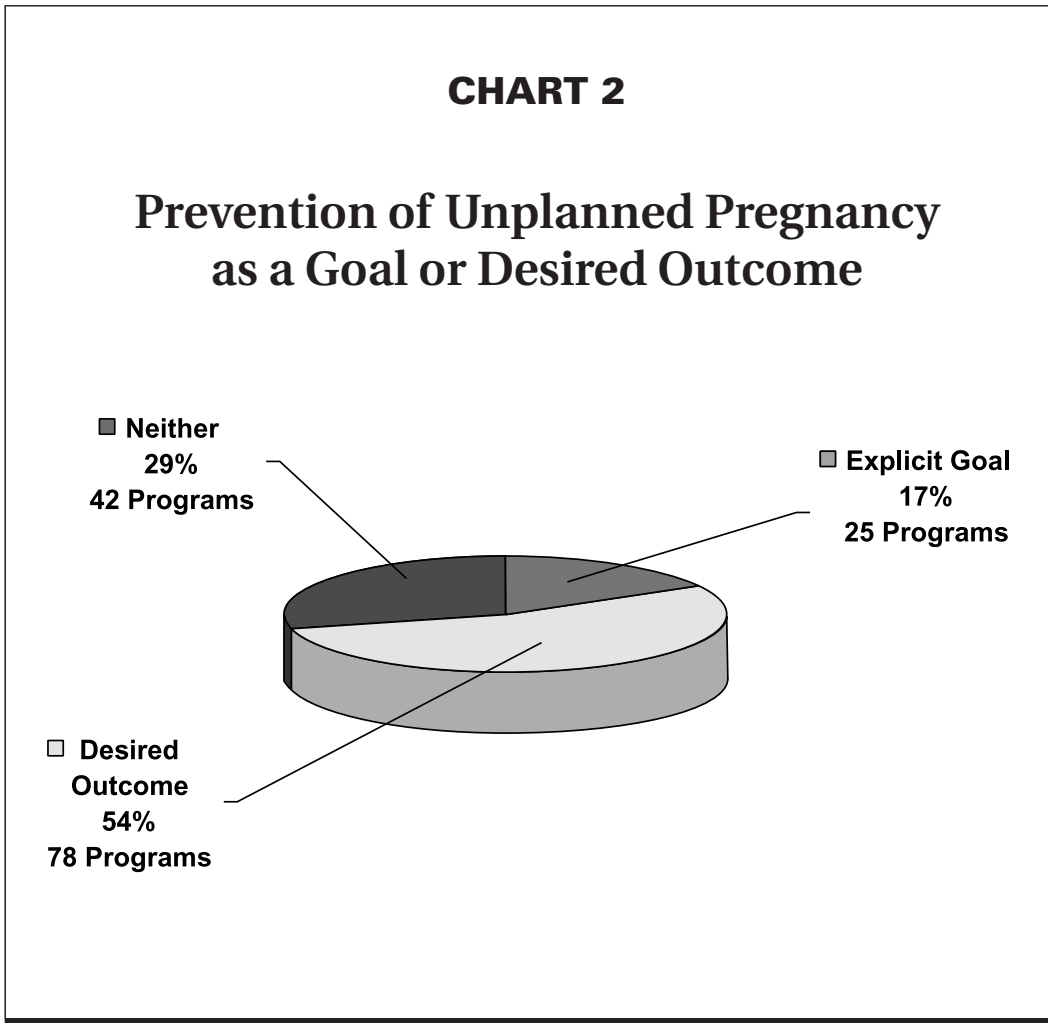
Many pregnant women and new parents drop out. Although data on this topic were limited and often imprecise, it appears that pregnant and parenting young women often drop out of youth employment programs, and sometimes young fathers do so as well. Programs that could track parenting status reported that 43% of the females who became pregnant or had a child and 26% of the males who had a child during the program left it early without finding a job or enrolling in further education or training.²⁻⁶ In contrast, the programs reported that 17% of *all* female participants and 19% of *all* male participants left the program early without finding a job or enrolling in further education or training.²⁻⁷ Thus, for those who get pregnant or have a child, program dropout is more common than for the general population, especially among women.

Little post-program data is available. Unplanned pregnancies or births shortly after a client leaves a program, when he or she is in a new job or looking for a job, could also disrupt career plans and negate the investment a program and its participants have made in their futures. We asked the programs to provide post-program data about how many clients lost a job or dropped out of school due to pregnancy, childbirth, or parenting responsibilities. However, only 36 out of 145 programs were able to provide such data, indicating that this issue is not usually tracked.

National program staff see reasons for concern. We also asked the national office staff of five of the networks and the Job Corps program about the extent and consequences of pregnancy and childbearing among program participants. Like the local program staff, the national office staff that we interviewed also felt that pregnancy and childbearing among participants was a concern for their programs. However, none of the program officials had a sense of the amount of childbearing among program participants during and immediately following participation in the programs.

None of the national youth employment organizations we surveyed collect this data from their local programs. As a result, national staff rely on anecdotes as the only source of information on this issue. For example, the NASCC official reported that Los Angeles Conservation Corps decided to establish a childcare program because so many people were dropping out when they had children. The OICA Southeast Regional Director reported that pregnancies happen often and interfere with program continuity. The manager of YouthBuild's Welfare-to-Work grant told us that "unintended pregnancies are a huge problem with my 10 sites." The national YouthBuild director did not perceive as large a problem at other YouthBuild sites across the nation, perhaps because females are only about 20% of participants in YouthBuild as a whole, while they make up 58% of participants in the Welfare-to-Work program. The Job Corps interviewee reported that "you hear about it being a big problem in some centers but when consultants go in and look at the statistics, the numbers are not large." The discrepancy between the perception of a large problem and the small number of people who may be affected raises important questions. It is possible that even a small number of pregnancies or births can be disruptive to local program operations by placing large demands on staff; job placement or job retention problems due to births that immediately follow program participation could also generate concern.

Most program staff see preventing unplanned pregnancy as an explicit or implicit program goal. While only 25 programs (17% of the total) said that preventing unwanted pregnancy was an explicit goal of their program, 78 additional programs (54% of the total) said that it was a desired outcome. This left 42 programs, or 29% of the total, that do not consider prevention of unwanted pregnancies to be a goal or a desired outcome. [See Chart 2] STRIVE, PEPNet and YouthBuild programs were most likely to cite prevention of unplanned pregnancy as an explicit goal or desired outcome, and OICA affiliates were least likely to do so. [See Table 5 on page 28.]



PREGNANCY PREVENTION AS A PROGRAM ACTIVITY

Almost 70% of local programs recognize the need for pregnancy prevention. We asked the programs whether they provide or link to any sort of pregnancy prevention services and whether these services are provided directly or by another organization. These services or activities could include the provision of information, education, medical services, or anything else the organization deemed to be a pregnancy prevention service. The majority of programs responding are at least beginning to offer or link to services aimed at helping clients plan their childbearing. Of the 145 programs, about 69% reported that they offer or link to some type of pregnancy prevention services. The tendency to provide or link to services differed by the type of program. YouthBuild programs were most likely to offer or link to services, with 95% saying they do so. OICA affiliates were least likely, with only 37% saying they provide or link to pregnancy prevention services. For the other program types, the proportion saying they provide or link to services varied from 56% of the Youth Opportunity grantees to 79% of the PEPNet programs. [See Table 6 on page 28.]

Information and education are the services most commonly provided. We asked program staff to indicate which of a list of services they provided. The most commonly provided services were information (like brochures and posters) and life skills classes, as well as referral to family planning providers. Nearly 60% of all the programs provided each of these three services. Almost a third of the programs distribute condoms on-site and about 10% of the programs provide contraceptive prescriptions and supplies (beyond condom distribution). It is important to recognize that for each of the activities there is no way to assess the intensity of the service. Thus, referral to family planning can mean that if a participant asks about family planning she is given the address of a family planning clinic, or it can mean that the employment program staff has established an interagency agreement with a family planning clinic to facilitate participants' access to services. Similarly, "sexuality education including contraception" can be a one-hour workshop offered annually by Planned Parenthood or a course with several sessions delivered by program staff. [See Table 7 on page 29.]

Most programs offered more than one type of service or activity. Very few programs offered only one major category of service: only one program offered only information and two offered only education. None offered counseling or family planning only. Thus, most programs offered more than one of the four major categories of information, education, counseling, and family planning services.

Much is done through partnerships with other agencies. Youth employment programs often rely on the expertise of family planning and sex education organizations to provide pregnancy prevention activities and services to their clients. For example, education services are often provided by other programs, such as Planned Parenthood. Of the 92 youth employment programs providing some type of educational service, 74% reported that some or all of these services are provided by staff of another program. In some cases, programs deliver their own educational services, either from their own curricula

or from curricula developed by another organization. About a third of those providing education reported that their program developed the curriculum for some or all of these activities, and 23% reported purchasing or adapting a curriculum from another organization.

Using other programs has the advantage that the services are often free to the employment program and that a specialized organization often has more expertise to offer. However, there are potential drawbacks, including time limitations and services that may not be as tailored for the program's clientele as is possible when provided by the program's own staff. A respondent from one Youth Opportunity program wrote that "We have had other organizations come in, namely Planned Parenthood, but the efforts were not consistent or sustained. Additionally, staff training would be beneficial in providing this necessary service."

Youth employment programs also rely heavily on family planning providers to provide family planning services, rather than providing these services themselves. Family planning referrals are the most common family planning service (offered by 57% of programs), in contrast to on-site contraceptive prescriptions and supplies, which are offered by only 10% of programs. Of the 77 programs that said they provide family planning referrals and answered the question about the type of referral arrangement, seven programs (9%) reported that they have both a contractual and an informal relationship (perhaps with different providers), three (4%) reported a contractual relationship only, and 67 (87%) reported an informal relationship only.

Most national organizations report initiatives. Interviews with national program staff revealed several national initiatives to address pregnancy and childbearing among youth employment program participants. Each Job Corps center is required to have a Pregnancy Prevention and Family Planning program and to have a coordinator of that program. All centers provide family planning counseling and medical services to trainees on a voluntary basis. All young people entering the program are asked if they want family planning services. All centers have some health services, including birth control, on site and are connected with public health and family planning agencies in some way. Health education, including a module on sexuality and contraception, is included in the basic education all participants receive.

Several years ago, the National Association of Service and Conservation Corps produced a *Wellness Manual*, which was a resource to help corps promote physical and mental health among members, including ideas for life skills curricula, and to help supervisors assist their corps members in working through personal problems. Pregnancy prevention was included among many other issues. The release of the *Wellness Manual* was accompanied by training sessions. An evaluation based on interviews and focus groups with participants in one of the training centers suggested that the training spurred participants to initiate and expand wellness education at their corps.

YouthBuild's standards for local programs (80% of which a program must meet to be accredited as a YouthBuild program) include one that says "Issues related to sexuality, pregnancy and family planning, sexually transmitted diseases, and intimacy are given special attention." Another standard stresses the importance of peer group support, counseling, rap groups, and training in how to resist negative peer pressure. The national office encourages local sites to establish support groups where these issues are addressed. At the request of YouthBuild's Welfare-to-Work subgrantees, a workshop on Sexuality Responsibility and Family Planning was presented at YouthBuild's 2000 national conference for ten of its Welfare-to-Work subgrantees.

The OICA has addressed pregnancy indirectly through a workshop and a one-day meeting on AIDS as part of its 2000 national employment and training conference, and the organization is developing an AIDS prevention initiative. Some STRIVE sites are participating in the Partnership for Fragile Families, a major demonstration project funded by the Ford Foundation and the U.S. Department of Health and Human Services to help first-time fathers prepare for fatherhood. Sexual health and responsibility are addressed at the demonstration sites.

Most pregnancy prevention services end after participants leave the program. Ninety-five programs (or 66% of the total) reported that no pregnancy prevention services continue after the client is placed in a job or further education. The remainder indicated that at least some pregnancy prevention services continue after a client is placed in a job or in further education. In many cases, the client is still in the program when he or she is placed in a job, so this does not necessarily refer to services provided after program completion. Among the continuing services mentioned by programs are mentoring, counseling, and family planning. Some of the programs specified that the services are provided at client request, while others suggest that the program makes a pro-active effort to maintain contact with clients to continue offering services.

Most program staff don't think employment services alone delay pregnancy for most participants. The survey asked program staff if they believe that their programs themselves delayed pregnancy or parenthood, for example, by giving participants hope for the future or keeping them occupied. Only about a quarter felt that their programs have this effect for most participants. A bit more than half felt that their programs tend to delay childbearing for *some* participants, while 12% thought their programs had this effect for few participants. Interestingly, the 45 programs that do not provide or link to services explicitly geared at pregnancy prevention are no more likely than the other programs to believe that their programs by themselves have a "contraceptive effect" on most participants. As described in Attachment 2, a review of the youth employment and training literature also fails to support the theory that youth employment and training programs prevent unwanted pregnancies. [See also Table 8 on page 30.]

MORE SERVICES AS A PROGRAM NEED

Most programs want to do more, especially for males. Almost all of the programs (92%) would like to offer more of at least one service to help prevent unplanned pregnancy among participants. The largest number of programs (64%) wished that they could offer more services specifically designed for males. In displaying this concern, programs may be reflecting an increased societal interest in promoting male responsibility both for preventing unplanned childbearing and for supporting children once they are born. Yet, many programs do not have information about the types of programs that are available to help young men make good reproductive choices. Some programs accompanied their check-offs with one or more exclamation points and one respondent indicated that program staff had been searching in vain for educational programs and services designed for young men. Programs were also interested in beefing up other services: about half of the programs wanted to provide more information, and about the same proportion wanted to provide more education. About a third each wanted to provide more discussion of pregnancy prevention by staff, more on-site family planning, and more family planning by referral. About 11% of the programs mentioned other services they would like to provide, such as services specifically for females, discussions involving entire families, and on-site physicals. [See Table 9 on page 30.]

Like the local program staff, the staff from the national offices of NASCC, OICA, STRIVE and DOL's Youth Opportunity Office indicated that they would like to see their sites do more. They suggested that their offices could do things like providing technical assistance, information about what affiliates are already doing, curricula, and conference workshops; writing newsletter articles; and identifying resource people. However, the STRIVE official cautioned that although he would like to see local programs doing more to encourage planned childbearing, family planning messages would have to be delivered with sensitivity and in a nonjudgmental fashion. The YouthBuild official would want to take steps to learn about the extent of the problem at all local sites before asking them to do more than they are already doing about pregnancy prevention, insofar as they face other pressing issues like violence, court cases, drug abuse, and police harassment. The Job Corps respondent said that in general most programs are already working hard enough on this, but she would like to see more activities targeted to males.

Programs want funding and technical assistance. We asked programs which of a list of factors would be helpful in enabling them to provide the services that they would like to add or expand. [See Table 10 on page 31.] "More funding" was cited by the largest percentage of programs—68%. About half of programs said that technical assistance would be helpful, and about half said that information about how other programs have formed collaborations with others to provide such services would be useful. About 45% reported a need for staff training. About 39% would like to have data showing how many people drop out of school or leave jobs due to pregnancy or childbirth. About a fifth indicated that information about how other programs have overcome political obstacles would be helpful.

Among the staff in the national offices of the program networks, training, technical assistance (including identification of model programs) and good collaborative relationships were most frequently mentioned as factors needed to help local programs do more to prevent unplanned childbearing. The Job Corps respondent felt that in order for Job Corps centers to provide more male services, Job Corps would have to receive new funding or new programs would have to become available in the communities where Job Corps centers are located so that centers could develop linkages with these programs. The NASCC official stressed the importance of technical assistance, which could be as simple as connecting corps with national networks of family planning providers. The STRIVE respondent also mentioned the ability to measure outcomes as crucial if a pregnancy prevention component were to be adopted.

Few programs report staff reluctance to talk about family planning. We asked programs if their counselors or case managers are sometimes reluctant to talk to clients about the need to plan their families because they are uncomfortable with the issues or feel that they lack knowledge. According to our respondents, such reluctance is not widespread. Slightly more than half of the respondents said that few staff members are reluctant to talk about these issues. About a quarter of the respondents said that some staff are reluctant to talk about these issues. Only a few respondents felt that most staff are reluctant to talk about these issues. These survey results differ from results based on extensive fieldwork and staff interviews undertaken by evaluators of New Chance, a demonstration program for teen parents. Specifically, the evaluators concluded that front line staff were often reluctant to discuss sexuality and contraception in depth and that the reluctance reduced the effectiveness of the programs' efforts to prevent repeat pregnancy among teen parents. "Some case managers resisted this role [counseling about contraception] because they were uncomfortable dealing with the subject of sexuality. Others felt that they lacked the required expertise about family planning methods. Still others were comfortable with the subject but, given the limited time they had to spend with each participant, tended not to discuss family planning unless the young woman raised it as a specific problem."²⁻⁸ The differing conclusions on the topic of staff comfort may reflect the fact that field work and interviews can capture nuances not possible in a simple survey. [See Table 11 on page 31.]

CONCLUSION

This survey was the first attempt to gather information about the attitudes of local youth employment program staff about pregnancy, parenthood, and the prevention of unplanned pregnancy and parenthood. As with most first steps, some data are sketchy and imprecise, but they can help guide the next steps in data collection and program design. Based on the information discussed here, youth employment program staff are concerned about unplanned pregnancy and parenthood and consider it a barrier to successful program completion and employment among participants.

Programs are already taking steps to prevent unplanned pregnancy and parenthood: they are beginning to provide information, education, counseling, and family planning services and referrals. Much of what they do is through partnerships with other programs, such as bringing in other agencies to deliver educational workshops or developing referral relationships with other agencies.

While most programs are providing one or more discrete types of activities, the intensity of these activities is not captured by our surveys and probably varies a great deal. However, programs clearly report that they want to do more, and they need funding, information, and technical assistance in order to do so. Services for males are an area where programs are in particular need of assistance with identifying and implementing promising models. The next chapter provides more in-depth information about how a few local sites attempt to incorporate, or link with, pregnancy prevention activities.

TABLE 1
Participant Characteristics in Responding Programs

CHARACTERISTIC	NUMBER (PERCENT)*	PERCENT OF PROGRAMS REPORTING
Gender		
Female	12,642 (49%)	86%
Male	12,982 (51%)	86%
Age		
Under 15	1,490 (7%)	72%
15-17	5,056 (24%)	72%
18-19	4,883 (23%)	72%
20-24	4,729 (22%)	72%
25 & Older	4,966 (24%)	72%
Race/Ethnicity**		
African-American	12,425 (50%)	81%
Hispanic	6,358 (27%)	72%
White	4,389 (18%)	77%
Native American/Alaskan Native	381 (2%)	57%
Asian/Pacific	708 (3%)	60%
Other	364 (3%)	50%
Entered the Program as Parents		
Single Women	5,739 (54%)	75%
Single Men	2,651 (26%)	72%
Married	628 (5%)	56%
Paying child support	225 (6%)	37%
Receiving child support	300 (9%)	33%

**Percentages are based on different totals for different characteristics, because not all programs answered each question.*

***Each percentage is calculated from a different base because different numbers of programs provided data.*

CHAPTER TWO TABLES

TABLE 2
Programs' Perception of Problem by Organization

PROGRAM TYPE (# OF PROGRAMS RESPONDING)	MAJOR	MODERATE	MINOR	NO PROBLEM	NO ANSWER
NASCC (38) [*]	4 (11%)	17 (45%)	13 (34%)	4 (11%)	1 (3%)
NUL (18)	8 (44%)	5 (28%)	3 (17%)	1 (6%)	1 (6%)
OICA (19) [*]	3 (16%)	12 (63%)	2 (11%)	2 (11%)	1 (5%)
PEPNet (24)	7 (29%)	12 (50%)	3 (13%)	2 (8%)	0 (0%)
STRIVE (4)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	0 (0%)
YouthBuild (40)	14 (35%)	17 (43%)	9 (23%)	0 (0%)	0 (0%)
Youth Opportunity (9)	5 (56%)	3 (33%)	1 (11%)	0 (0%)	0 (0%)

**Percentages do not sum to 100 because one program gave two answers.*

TABLE 3

Programs' Perception of Problem by Gender Composition

PERCEPTION OF PROBLEM	MAJORITY-MALE PROGRAMS	MAJORITY-FEMALE PROGRAMS*
Major	17 (22%)	15 (42%)
Moderate	37 (47%)	14 (39%)
Minor	20 (25%)	7 (19%)
Not a problem	4 (5%)	2 (6%)
No answer	1 (1%)	0 (0%)

**Percentages sum to over 100 because two programs gave two answers.*

TABLE 4

Programs' Perception of Problem by Clients Under 20

PERCEPTION OF PROBLEM	PERCENT OF CLIENTS UNDER 20			
	LESS THAN 25% (21 PROGRAMS)	25 TO 50% (19 PROGRAMS)	51% TO 75% (26 PROGRAMS)	OVER 75% (39 PROGRAMS)
Major	5 (24%)	5 (26%)	8 (31%)	13 (33%)
Moderate	7 (33%)	10 (53%)	12 (46%)	16 (41%)
Minor	8 (38%)	2 (11%)	6 (23%)	8 (21%)
Not a problem	1 (5%)	2 (11%)	0 (0%)	2 (5%)

CHAPTER TWO TABLES

TABLE 5

**Prevention of Unplanned Pregnancy as a Goal or
Desired Outcome by Program Network**

PROGRAM NETWORK (NUMBER OF PROGRAMS)	NUMBER (PERCENT) OF PROGRAMS WITH GOAL	NUMBER (PERCENT) OF PROGRAMS WITH DESIRED OUTCOME	NUMBER (PERCENT) OF PROGRAMS WITH NEITHER
NASCC (38)	3 (8%)	22 (58%)	13 (34%)
NUL (18)	6 (33%)	6 (33%)	6 (33%)
OICA (19)	0	9 (47%)	10 (53%)
PEPNet (24)	5 (21%)	16 (67%)	3 (13%)
STRIVE (4)	1 (25%)	3 (75%)	0 (0%)
YouthBuild (40)	9 (23%)	25 (63%)	6 (15%)
YOG (9)	1 (11%)	5 (56%)	3 (33%)
Total	25 (17%)	80 (55%)	42 (29%)

TABLE 6

Pregnancy Prevention Services by Program Network

PROGRAM NETWORK (NUMBER OF PROGRAMS)	PERCENT OFFERING PREGNANCY PREVENTION SERVICES
NASCC (38)	66%
NUL (18)	61%
OICA (19)	37%
PEPNet (24)	79%
STRIVE (4)	75%
YouthBuild (40)	95%
YOG (9)	56%

TABLE 7

Number and Percentage of Programs Offering Various Services

TYPE OF PROGRAM & SERVICES	NUMBER (PERCENTAGE)	
Information		
(brochures, posters, etc.)	82	(57%)
Education		
Sexuality education including contraception	72	(50%)
Abstinence education including contraception	35	(24%)
Abstinence education with no mention of contraception	3	(2%)
Education about parenthood	68	(47%)
Life skills/decision-making skills/relationship skills	81	(56%)
Offered at least one of the above services	92	(63%)
Counseling		
Staff routinely discusses pregnancy prevention	56	(39%)
Family Planning Services		
Condom distribution	45	(31%)
Family planning information	53	(37%)
Family planning counseling	41	(28%)
Contraceptive prescriptions and supplies	14	(10%)
Family planning referrals	82	(57%)
Offered at least one of the above family planning services	91	(63%)
Other services		
Other services	9	(6%)

CHAPTER TWO TABLES

TABLE 8

Opinions on Whether Employment Services Delay Pregnancy and Parenthood

OPINION ON EFFECT OF PROGRAMS	NUMBER (PERCENT) EXPRESSING OPINION	
Delay parenthood for most participants	39	(27%)
Delay parenthood for some participants	82	(57%)
Delay parenthood for few or no participants	17	(12%)
No opinion	7	(5%)
Total	145	(100%)

TABLE 9

Desire to Provide More Services

TYPE OF SERVICE	NUMBER (PERCENT) OF PROGRAMS WANTING TO OFFER MORE	
Services for males	93	(64%)
Information	74	(51%)
Education	70	(48%)
On-site family planning	51	(35%)
Discussion	49	(34%)
Family planning by referral	48	(33%)
Other services	16	(11%)
At least one service	134	(92%)

TABLE 10

Factors that Would Help Programs Provide More Services

AIDS TO SERVICE PROVISION	NUMBER (PERCENT) OF PROGRAMS CITING FACTOR
More funding	98 (68%)
Information about collaborations	77 (53%)
Technical assistance	75 (52%)
Staff training	65 (45%)
Data on dropouts due to pregnancy and childbirth	57 (39%)
Information about overcoming political obstacles	32 (22%)
Removal of policies discouraging discussion or provision of family planning	12 (8%)
Other	6 (4%)

TABLE 11

Staff Willingness to Discuss Family Planning

STATEMENT	NUMBER (PROPORTION) AGREEING
Most staff reluctant to talk	13 (9%)
Some staff reluctant to talk	38 (26%)
Few staff reluctant to talk	77 (53%)
No answer	17 (12%)
Total	145 (100%)

LOCAL PROGRAM EXAMPLES

The synopses that follow offer a more concrete view than the survey results of what some local programs are actually doing to enable their clients to make informed reproductive health choices. This information provides a richer picture of how the services that are provided actually look. Partnerships are a major theme, with youth employment programs relying on other agencies with expertise in sexuality and contraception to provide education and services in these areas.

“Having a bowl of condoms available at the program site is simply not enough. Trainees need medical services, information, and support from program staff to encourage them to delay pregnancy and parenthood until they are well on the way to reaching their career goals.”

Mayra Figueroa,
Latin American Youth
Center YouthBuild,
Washington, D.C.

Community Youth Corps (CYC) in Norwalk, California, is a PEPNet awardee. CYC is a six-month program that provides GED training and basic skills enhancement; work experience; employability and life skills training; instruction on job search and job retention techniques; job placement; counseling and case management services; post-placement services; and support services to at-risk and out-of-school youth between the ages of 17 and 21. About 60% of 1999 participants were male and 83% were Hispanic. About 27% of the young women and 12% of the young men were already parents when they entered the program.

CYC staff believe in providing participants with a full range of information that they need to make informed choices about issues that concern them, so the corps has a long-standing relationship with the Los Angeles County Health Department (LACHD). LACHD staff visit the program regularly to deliver a one-day workshop on sexuality education, including abstinence, contraception, HIV, and sexually transmitted diseases. They also do on-site HIV testing for all corps members who are interested. A week later they come back with the test results and have individual counseling sessions with all who were tested, as well as others that may want counseling. This workshop is delivered about four times a year, to ensure that all students have the opportunity to participate.

CYC also has an arrangement with AltaMed, a social service agency that specializes in working with teen parents, to do a one-day parenting class for all corps members, whether or not they have children. This class includes information on the responsibilities of parenting, child development, and child care. By providing participants with this sort of information before they have children, Community Youth Corps believes they will be better equipped to make decisions about when to become a parent.

According to Michelle Zalazar, Career Development Specialist, the students find these workshops very helpful. Although program staff also discuss these issues, there is something to be gained from hearing the perspective of other professionals. The arrangements with the two agencies were not difficult to develop, and both were eager to have the opportunity to reach out to youth corps participants.

CYC addresses pregnancy prevention in other ways as well. These issues may be discussed in monthly counseling sessions, at lunch or in job skills and GED classes. The GED class in particular has a health unit where sexuality is discussed. Condoms are always available on site. Clients are frequently referred to the Health Department clinic that is just up the street. Zalazar notes that if they ask for “moral support,” CYC staff will go with them to the clinic. For more information, contact Michelle Zalazar, Career Development Specialist, (562) 406-2477 or michellez@selaco.com.

The **West Fresno Teen Connection** is an example of a teen pregnancy prevention program that includes employment services, rather than a youth employment program that includes pregnancy prevention services. Funded by California’s Department of Health as part of its teen pregnancy prevention program, it is run by a private nonprofit agency called the Economic Opportunities Commission (EOC). The program combines 16 hours a week of paid job shadowing with eight hours of paid family life skills education. Academic tutoring and domestic life skills training are incorporated into the family life education class. Participants must be 16 or 17 years old, have dropped out of school, and be enrolled in an alternative education program such as home studies. About 67% of members of the last program class were male. About 58% of participants were African-American and 29% were Hispanic. Approximately 70% of the young women and 14% of the young men were already parents when they entered the program. The 16-week program serves three groups of ten students annually.

The family life skills class includes sex education, family planning, HIV/AIDS prevention, domestic violence prevention, and domestic skills training in nutrition, sewing, and cooking. The program uses established curricula like Be Proud, Be Responsible from Select Media, Inc. The staff also brings in outside educators from county agencies, private and nonprofit organizations in fields such as family planning, employment preparation, non-violence, and continued education. In the second 8 weeks, the students are trained as peer educators for middle school students. One group develops skits and raps and the other group trains as a panel to answer questions from middle schoolers. Program participants have access to EOC’s family planning services and transportation is provided as needed. EOC’s family planning clinic staff also come in to screen participants for family planning and health related issues. For more information, contact Pearl Fraijo, Project Coordinator, (559) 237-2434 or pfraijo@pacbell.net.

The **Philadelphia OIC Youth Advocacy Program** relies on outside organizations to provide sexuality and family planning education to its participants. The program works with youth who are coming out of juvenile rehabilitation centers for delinquent youth. Most of these young people are male; about 60% are African-American and 17% are Hispanic. The participants are all between the ages of 15 and 19, with 70% being 18 or 19. The program provides counseling, case management services, some basic job skills training, and a GED

program for those who are not returning to high school. Participants meet on Tuesdays and Thursdays for 90 minutes to discuss major issues affecting their lives. Different organizations are invited to discuss issues in which they are expert.

The program has a longstanding relationship with three organizations: CHOICE, an arm of Planned Parenthood; the Black Women's Health Project; and Bebashi, an AIDS awareness project, which do presentations on topics such as contraception and sexually transmitted diseases. CHOICE also brings in peer counselors and presents plays that dramatize these issues. Both of these peer-based approaches are very well received by program participants. Although these programs are not formally evaluated, the Program Manager for Youth Advocacy Programs says the reactions of the youths suggest these programs are effective.

OIC staff talk in advance with the outside presenters to make sure the presentation is tailored to OIC's participants. The Program Manager for Youth Advocacy programs explains that using these outside programs is advantageous because their staff possess more expertise on these issues than the OIC staff. The services are provided for free. Moreover, using outside educators provides some insulation from those who are averse to sexuality education and would criticize the program for offering it. For more information, contact Alexander Prattis, Jr., Program Manager for Youth Advocacy Programs, (215) 236-1804 or aftrcare@concentric.net.

The mission of the **Vocational Foundation Inc.** in New York City, a PEPNet awardee, is to enable inner-city youth not only to get a job but also to succeed on the job, maintain long-term employment, increase their education, and advance along their chosen career path to achieve economic self-sufficiency. The Moving Up Career Advancement Program provides five months of job training and placement services followed by two years of intensive weekly job retention and career advancement counseling after job placement. Because of its unique features, the Moving Up program has not only been chosen to receive the PEPNet award, but has been written up by a major youth demonstration and research intermediary, Public/Private Ventures, in a manual for practitioners.³⁻¹ About 53% of participants are female; 18% are age 15 to 17, 54% are 18 to 19, and 28% are 20 to 24. Fifty-six percent are African-American and 40% are Hispanic.

Because of its comprehensive focus on all the needs of its clients, VFI has always included a focus on health. A distinctive feature of the program is its full-time nurse, who also acts as a source of referrals for any services a client may need. As part of the orientation curriculum for incoming clients, the nurse refers each client for a complete medical examination as needed and conducts a general health assessment, including a questionnaire and interview. In this questionnaire, clients (both male and female) are asked if they are sexually active, if they use birth control, and what method they are using, and in the interview the nurse discusses this issue and urges sexually active clients who are not using birth control to do so.

The only method of birth control available at VFI is condoms. The nurse maintains a close relationship to New York City's free adolescent health clinics, where she refers clients for prescriptions for other birth control methods. She may also refer those who have private insurance to private clinics. She has a "linkage agreement" with the Brooklyn clinic as well

as the city Board of Health STD clinic. These agreements state that the clinics will accept VFI referrals and that VFI will accept referrals from the clinics. The nurse makes the appointments for clients who want to visit a clinic and reschedules missed appointments. To maintain close ties with clinic staff, the nurse makes visits to the clinics, and clinic staff are invited to visit VFI to present workshops on topics like STDs and health careers.

The nurse also conducts weekly workshops on topics such as birth control, general health, relationship violence and budgeting. The birth control workshop, which consists of several sessions, includes information on all methods of birth control, their effectiveness, and how to use them. She also invites outside organizations such as the Board of Health to do workshops. The nurse reports that clients generally respond very positively to the workshops.

Each client has a case manager while in the classroom training component of the program and then a career advisor when she is on the job. In their meetings with clients, these counselors raise the issue of birth control frequently. As the authors of the Public/Private Ventures report put it:

Because pregnancy is one of the most likely reasons for a client to drop out of the program, the nurse and other staff consistently promote birth control with pointed questions about how frequently the client has sexual intercourse and what methods of birth control he or she uses. “It’s not enough to just ask them if they use it,” [the nurse] said. “You have to ask what kind they use and how often they use it. Did they use it last time? And the time before that?”

Despite the intensity of VFI’s efforts, Mary Bedeau, VFI’s Assistant Executive Director for Moving Up, says that results fall short of her “zero tolerance” expectations. “Our pregnancy prevention counseling has not achieved the result I want us to achieve, namely no pregnancies during enrollment and the practice of responsible sexual behavior. Some enrollees obtain abortions. I have concluded from discussions with staff that for these young people using a contraceptive seems to be synonymous with promiscuity—the thinking seems to be that ‘as long as no one important to me knows that I got pregnant I am OK’” Convincing male participants to take responsibility for pregnancy prevention is also a difficult challenge for program staff. “We give out condoms, and the men seem to be using them,” says Ms. Bedeau. “However, we haven’t seen a major change in their thinking about responsibility. A significant percentage still see the woman, and not themselves, as responsible for birth control.” However, Ms. Bedeau sees ways of meeting the challenges. “This is all speculation on my part, of course, but for me it speaks to the need for the development of a counseling methodology (not a curriculum—this type of work is more effective in individual sessions) that will focus both on the behavior and on the underlying causes for the behavior.”

For more information, contact Mary Bedeau, 718-230-3100 or MarRoma@aol.com.

The **Delaware Valley Job Corps Center** in Callicoon, NY, another PEPNet awardee, serves young people 16 to 24 years old (about half of whom are female) from New York City, the Virgin Islands, and Puerto Rico. About 46% of clients are aged 15-17, 29% are 18-19, and 24% are between 20 and 24. The average student is 19 and has a sixth grade reading level. Students in this residential program receive training in several occupational fields. They also learn general workplace skills and can take GED, college-level and advanced training courses.

The center places a high priority on health, including pregnancy prevention and reproductive health. This focus is addressed through the Job Corps health education curriculum, peer education, and the provision of health services on site. Peer education training is offered through Planned Parenthood and Rape Intervention Services (RISE). Once or twice a year, Job Corps staff pick 12 to 14 young people who are doing well in the program and have a good relationship with their peers to receive training as peer educators. The Planned Parenthood/RISE trainers come to the center to provide training in contraception, sexually transmitted diseases, and other aspects of reproductive health. At the end of the program, an awards ceremony is held involving all students at the center, so that they all know who the peer educators are. Other students seek them out to ask questions. This approach is particularly helpful, according to Health Services Supervisor Lynne Wilcox, because many students will ask their peers questions that they are reluctant to ask adults. The peer education program has existed for about three years. It was initiated by Planned Parenthood and RISE, who approached the Job Corps Center to ask if they were interested in this. The answer was a resounding yes. The education is provided free by Planned Parenthood and RISE. The peer education program has been very popular among the Job Corps students and has not aroused any serious opposition in the community.

The Delaware Valley Job Corps Center also offers health services on site, including contraceptive prescriptions and supplies, at its Wellness Center. Clients receive physical exams by a doctor and can get birth control services on site. However, the center does not have funding for some of the more expensive and popular methods such as Depo-Provera (an injectable contraceptive that is effective for three months) injections. If a girl has a Medicaid card, then Medicaid will pay for the shot, which will be administered at the Wellness Center. If she does not, the center will send her to Planned Parenthood to obtain the shot for free. If the center had funding for such methods, this would be very helpful, according to Ms. Wilcox. She also wishes she had funding to obtain “Baby Think It Over” dolls to help educate young people about the responsibilities of parenthood. For more information, contact Lynne Wilcox, Health Services Supervisor, 914-887-5400, ext. 119.

Columbia Heights YouthBuild is a five-year-old program run by the Latin American Youth Center in the Mt. Pleasant neighborhood of Washington, D.C. The program provides nine months of paid leadership development and training with a goal of preparing participants for meaningful careers and a sense of well-being in their communities. The program provides training in construction skills, as well as academic and leadership training, to 40 participants per year. Participants range in age from 16 to 27; about half are female, about half are African-American, and half are Hispanic.

When several trainees dropped out of the 1998-1999 session because they became pregnant, the staff began to confer about what they could do to help their clients make informed choices about childbearing. Columbia Heights YouthBuild already had a health class that touched on family planning and distributed condoms on site. But these efforts did not seem to be enough. Staff were also concerned about participants' lack of coverage for basic preventive health services such as Pap tests and eye exams. As a result, the staff decided that the program needed a relationship with a health care provider.

Mayra Figueroa, Columbia Heights YouthBuild's former case manager/counselor, approached Mary's Center, a clinic that is down the street from the YouthBuild program. She worked out a memorandum of agreement with the clinic to ensure needed services to her clients at consistent and reasonable fees. In the agreement, Mary's Center agreed to provide a list of services for specified costs. YouthBuild agreed to provide Mary's Center with a list of participants ahead of time, organize participants to ensure that participants comply with their initial appointment for a physical required by the YouthBuild program (a YouthBuild staffer actually escorts clients to this initial appointment), and provide a case manager for any referrals that are made after the initial visit.

With the help of Mary's Center, Columbia Heights YouthBuild now has a comprehensive pregnancy prevention strategy, which includes the following components:

- In counseling sessions with clients, the case manager discusses the value of planning childbearing to fit in with career goals. She discusses specific birth control methods and emphasizes the convenience of a method such as Depo-Provera, compared to methods like pills or condoms, which must be remembered daily or at each instance of intercourse.
- Because of the strenuous nature of construction work, YouthBuild trainees are required to get a physical, which takes place at Mary's Center. The physical, which is paid for by YouthBuild, includes a free Depo-Provera shot, if requested by the participant. Trainees must pay for future injections at a cost of \$12.50. They can also get a prescription for birth control pills at a subsidized rate if they prefer. While participants are waiting for their physicals at Mary's Center, they get instruction in condom use from teen peer leaders and watch a video about childbirth and AIDS. To help ensure that clients keep future health appointments, the clinic calls the case manager (with client permission) so that she can remind her clients of upcoming health appointments.
- A health class, which is required for YouthBuild participants and taught by a nurse under contract with LAYC, covers birth control as part of the curriculum.
- All participants take part in male or female-only support groups, each of which devotes time to gender and sexual relations.

According to Ms. Figueroa, most of the teens were not using contraception regularly before entering the program. While most participants enter the program as parents, postponing the birth of a second or third child can be a key factor in enabling them to achieve their dreams. “Having a bowl of condoms available at the program site is simply not enough,” says Ms. Figueroa. “Trainees need medical services, information, and support from program staff to encourage them to delay pregnancy and parenthood until they are well on the way to reaching their career goals.” The next challenge, according to Ms. Figueroa, is to reach the young men and help them understand their role in preventing unplanned pregnancies. For more information, contact Kevin Harris, Director, Columbia Heights YouthBuild, (202) 518-0601.

The **Albuquerque Job Corps Center** serves a population that is 55% male. About 44% of clients are Hispanic, 31% are Native American, 17% are white, and 8% are African-American. About a third are aged 16 or 17, a third are 18 or 19, and a third are between 20 and 25. The center used to send its students off-site for birth control and STD services. Some birth control methods were not available to trainees, and some were not addressed in counseling sessions. There was no effort to involve male trainees in family planning.

About 10 years ago, the Center Health Service Administrator began meeting with public health agency staff at the state and regional level to set up a program to enhance the family planning, reproductive health care, and immunization services that Job Corps was offering. They worked out a memorandum of agreement with the Department of Health. By this agreement, Job Corps pays for the counseling, physician hours, nurse hours, and clinic space. The health department provides 69 different items that are available for use by the clinic. These items include disposable supplies, medicines, contraceptives, pregnancy tests, Pap smears, syphilis tests, chlamydia evaluations, gonorrhea testing, vaccines, and other supplies. This arrangement frees resources for the Job Corps Center to strengthen the counseling component and increase the extent of medical services available to the trainees.

As a result, there is now a mini Department of Health (Title X) clinic at the Job Corps center. The on-site clinic provides everything that a Title X family planning clinic provides, including condoms, birth control pills, Depo-Provera, female condoms, STD treatment, and immunizations. Clients who want Norplant or an IUD are referred to another clinic.

The Albuquerque Job Corps center also provides extensive information and education on sexuality, family planning and STD prevention. In addition to the standard Job Corps health education curriculum, the center uses films, pamphlets, and peer education to provide clients with needed knowledge. An active male involvement program includes the training of male Job Corps participants as peer educators. They deliver workshops, films, and other presentations to their peers on STDs, contraception, and drug abuse issues. “Students appear to receive information from their peers much more readily than from an adult,” says Dianne Ortega, R.N., the Center Health Services Administrator. “The peer-led interactive groups are very informative. Students are much more versed on how to care for themselves and what things to avoid. Males come over and readily request condoms without feeling ashamed.”

One-to-one counseling is an important part of the strategy for delivering information and encouraging clients to avoid premature parenthood. This is provided privately by nurses and other health staff on an ongoing basis and also by request. Counseling covers all methods of birth control, STDs, testicular cancer, pelvic inflammatory disease, and other health-related issues.

Ortega credits the arrangement with the Department of Health for helping reduce the rates of pregnancy and STDs at the center. “This arrangement has greatly enhanced the Health Services program for all of the trainees who would otherwise not be able to afford the required treatment and education in order to care for themselves,” she says. “We are also able to borrow medications, supplies and information materials from other Health Department facilities.” For more information, contact Dianne Ortega, Health Services Administrator, 505-842-6500.

CONCLUSION

The descriptions above show the wide variety of ways that youth employment programs can choose to address pregnancy prevention. Partnerships with other agencies are very important to all the programs examined here, and most of them provide some combination of information, education and medical services (whether directly or by referral). However, aside from these similarities, there is great variation in the specific mix of services and how they are provided. No matter what they have chosen to do, program staff have shown ingenuity in the way that they have worked with other organizations to leverage available resources for the benefit of their clients. The struggle to find ways of reaching out to young men and convincing them that they have a stake in making informed choices about parenthood emerges from some of these local implementation stories, just as it did from the national survey. Peer education is an emerging approach that is endorsed by several of the programs, both for males and for females.

LOOKING AHEAD TO THE FUTURE

“I suspect that of the 20 people we graduated last year at least five have quit jobs because of childcare issues and a lack of coping skills associated with maintaining a single-parent household and working.”

**Diane Ponti,
YouthBuild Program
Manager, Commission on
Economic Opportunity,
Troy, New York**

Unplanned pregnancy can have serious consequences for parents and children. Not just a problem for teenagers, it is an issue for women and men throughout their fertile years. Unplanned pregnancy and childbearing are not limited to the young and the poor, but they are most common for these vulnerable populations. Unplanned pregnancy can affect youth employment programs to the extent that clients drop out of the programs or are unable to secure or retain employment. Leveraging youth employment programs to give clients access to family planning information and services could help in the continuing effort to address the challenge of unplanned pregnancy and parenthood.

Leveraging Youth Employment Programs to Prevent Unplanned Pregnancy is the first effort to identify whether youth employment programs around the country view unintended pregnancy as an issue for their programs and their clientele; to describe a handful of initiatives from different youth employment networks around the country; and to learn what actions youth employment programs believe would help in meeting the challenge. Survey responses from 145 local programs and interviews with staff of national youth employment networks and a few local programs indicate that:

- Youth employment programs are interested in addressing this challenge.
- Many youth employment programs are beginning to address this challenge with initiatives that range from modest informational efforts to sophisticated referral arrangements with reproductive health providers.
- Youth employment programs want to do more to help participants prevent unplanned pregnancies; they believe that additional technical assistance and funding would enhance the ability to develop new strategies, such as male-focused pregnancy prevention.

Leveraging Youth Employment Programs is also the most in-depth summary and analysis of the youth employment evaluation literature as it relates to pregnancy prevention. The findings about the success of past of youth employment programs in preventing early pregnancy and childbearing are not encouraging. However, most of these programs had limited pregnancy prevention activities if any; the effect of more intensive family planning, counseling, and educational activities remains to be tested. Moreover, evaluations of general teen pregnancy prevention programs have identified a number of proven and promising programs. While these programs served a population somewhat younger than that served by some youth employment programs, these evaluations may provide some ideas that could be applied by youth employment programs. A recent, exhaustive review of the teenage pregnancy prevention evaluation literature, *Emerging Answers* by Douglas Kirby, concluded that several types of programs showed promise in reducing teenage pregnancy:

- Several studies have found that sex or HIV education programs have resulted in delaying the onset of sexual intercourse, decreasing the frequency of intercourse, increasing contraceptive use, or decreasing the number of sexual partners among teenagers.
- Family planning clinics prevent a large number of teen pregnancies. Moreover, “when clinics provide improved educational materials (including media materials), discuss the adolescent patient’s sexual and condom or contraceptive behavior, give a clear message about that behavior, and incorporate other components into the clinic visit, clinics can increase condom or contraceptive use, although not always for a prolonged period of time.”
- School-based service learning programs that combine community service work with structured time for preparation and reflection have been found by several studies to reduce teen pregnancy during the academic year in which the service is completed, even when they did not address sexuality issues directly.
- One intensive, long-term program that had multiple components addressing both the reproductive health needs and other emotional and social needs of youth was found by a rigorous evaluation to have a substantial long-term impact upon pregnancy among girls.⁴⁻¹

Emerging Answers draws a number of conclusions about the characteristics of successful programs that could be useful to youth employment programs looking for effective approaches to pregnancy prevention. These conclusions include:

- “Effective programs that addressed sexual antecedents [of teen pregnancy] shared two common attributes: they focused clearly on sexual behavior and condom or contraceptive use, and they gave clear messages about abstaining from sex or using protection against STDs and pregnancy.”

- Among the curricula reviewed, “effective programs incorporated behavioral goals, teaching methods, and materials that were appropriate to the age, sexual experience, and culture of the students. For example, programs for younger youth in junior high school, few of whom had engaged in intercourse, focused on delaying the onset of intercourse. Programs designed for high school students, some of whom had engaged in intercourse and some of whom had not, emphasized that students should avoid unprotected intercourse; that abstinence was the best method of avoiding unprotected sex; and that condoms or contraception should always be used if they did have sex. And programs for higher-risk youth, most of whom were already sexually active, emphasized the importance of always using condoms and avoiding high-risk situations. Some of the curricula . . . were designed for specific racial or ethnic groups and emphasized statistics, values, and approaches that were tailored to those groups.”

- Among the curricula reviewed, “effective programs lasted a sufficient length of time to complete important activities.” The author found that the short programs that lasted only a couple of hours did not appear to be effective, while longer programs that had multiple activities had a greater effect. “More specifically, effective programs tended to fall into two categories: (1) those that lasted 14 or more hours and (2) those that lasted a smaller number of hours but recruited youth who voluntarily participated and then worked with these youth in small group settings with a leader for each group.”

- Effective educational programs “selected teachers or peer leaders who believed in the program they were implementing and then provided them with training.”

In addition to *Emerging Answers*, several resources are available to help youth employment programs at the national and local level that are looking for strategies that work to prevent unplanned pregnancy and childbearing, including programs for males.⁴⁻²

As youth employment programs at the national and local level consider whether and how to expand their capacity to meet the challenge of unintended pregnancy and childbearing, the findings in *Leveraging Youth Employment Systems to Prevent Unintended Pregnancy* raise a number of questions:

- **Incidence and impact of pregnancy:** How widespread is pregnancy and childbearing among youth employment participants and how often does it lead to program dropout or failure to find or keep a job? What is the impact on programs of pregnancy and childbearing among participants? How do the outcomes for those who bear a first or subsequent child during the program or the follow-up period compare to the outcomes for those who do not?

- **Client perspectives:** What do youth employment program participants think about the pregnancy prevention services currently available through their employment programs and the need for additional services and activities?

- **Effective Programs:** What activities are most effective in preventing unplanned pregnancy and childbearing among youth employment program participants? What lessons from successful teen pregnancy prevention programs can be translated into strategies for youth employment programs (with their frequently older populations) and their pregnancy prevention partners?
- **Counseling Strategies:** Are there particular counseling strategies that have been found to be effective in helping young people make informed reproductive decisions?
- **Differing populations:** How can youth employment programs tailor their pregnancy prevention services to the different populations they serve—males and females; parents and non-parents; younger and older; sexually active or abstinent; African-American, Hispanic, and other ethnic groups; more and less literate; urban and rural; and other groups with different needs?
- **Who Should Provide Services:** Are educational activities best provided by youth employment program staff or by outside organizations? What are the relative merits of referral versus on-site provision of family planning services?
- **Training:** What training do youth employment staff need to ensure effective referrals and direct service delivery?
- **Role of national organizations:** What can national youth employment organizations do to help their local affiliates adopt effective pregnancy prevention programs?
- **Role of Family Planning Providers:** What can family planning and sexuality education providers do to enhance collaboration with youth employment organizations?
- **Government Role:** Should government agencies facilitate the integration of youth employment with pregnancy prevention services and if so, how?

CLASP expects to continue to ask these questions and to identify lessons from local programs and research that can help inform new approaches to addressing unintended pregnancy.

METHODOLOGY

This attachment describes the methodology used to prepare this report. It consisted of a literature review, survey of local employment programs, and interviews with national program leaders, youth employment experts, and local program staff of a few selected programs. These activities are described in more detail below.

SURVEY OF LOCAL EMPLOYMENT PROGRAMS

We developed a survey instrument with questions about the services programs provide to help participants prevent pregnancy, their opinions about the extent to which unplanned childbearing among participants is a problem for the program, and any information they have about the extent of pregnancy and parenthood among their participants. The surveys were mailed out in May and June 2000 (mailings to different networks went out at different times) and were returned to CLASP between May and August 2000. A copy of the survey is included as Attachment 3. We sent the survey to programs that belong to national youth employment organizations with networks of local affiliates. In most cases, the surveys were sent out from the national offices of these organizations. Seven national organizations with local affiliates agreed to take part in the study. These include: the National Association of Service and Conservation Corps (NASCC), the National Urban League, Opportunities Industrialization Centers of America (OIC), STRIVE, and YouthBuild USA, the National Youth Employment Coalition (NYEC), and the U.S. Department of Labor Office of Youth Opportunities. NYEC sent surveys to the 58 programs that have received PEPNet awards for effective youth employment programming. The U.S. Department of Labor connected us with the 11 programs that received Youth Opportunity Demonstration grants from the DOL in 1996-1999. It is important to note that the National Urban League, OIC and STRIVE serve adults as well as youth in their employment and training programs. We chose to include them because they are considered important youth employment program providers, but as noted in Chapter 2, the programs that belong to these networks and responded to our survey actually served more adults than young people.

We sent the survey to approximately 500 programs belonging to these seven networks. We received 145 responses, giving us a response rate of 29%. A few additional responses were received but not included in the analysis because the programs that filled them out were not actually employment programs, did not serve youths, had already completed the survey, or arrived too late to be included in the analysis. It must be recognized that the high frequency of non-response might introduce some bias into the results. However, we can only guess at the direction of such a bias. It is likely that program staff that are more interested in pregnancy prevention would be more likely to complete the survey. As a result, our figures might overestimate the number of programs that see unplanned parenthood as a concern or the number of programs that are addressing it in some way.

In addition to the programs that did not return the surveys at all, some programs did not answer some of our questions. Non-response was most frequent for the questions that asked for quantitative data, especially the questions about numbers of pregnancies and births among participants and program outcomes such as dropping out. There were also cases when inconsistencies between different numbers submitted by a different program suggested that our questions were subject to misinterpretation. For example, some respondents provided a larger number for the number of pregnant or parenting participants who dropped out of the program than the total number of participants who dropped out of the program. Such omissions and logical contradictions gave us some dilemmas about whether to include such data in our calculations and whether to include such calculations at all when there was a lot of missing or inconsistent data. In most cases we decided to report the results and describe the limitations in endnotes. Because no other data on many of these questions exist, we feel that we should make available what we have, with the caveat that it is missing from many surveys and may often be of poor quality. In a few cases where the responses were very few or a high proportion were implausible, we did not report the results. The results of the survey are discussed in Chapter 2.

INTERVIEWS WITH NATIONAL PROGRAM LEADERS AND YOUTH EMPLOYMENT EXPERTS

We interviewed senior staff from the national offices of six national youth employment provider organizations: NASSC, OIC, STRIVE, YouthBuild USA, and the U.S. Department of Labor Office of Job Corps. We also interviewed four experts in youth employment. The names and affiliations of the people interviewed are listed at the end of this attachment. We used a structured interview format for both sets of interviews so that answers could be compared across programs. The results of these interviews are included in Chapter 1 (for the experts) and Chapter 2 (the national program staff). It is important to note that in these interviews, we asked about national policies regarding pregnancy prevention. When a national program administrator told us that the national office had a certain policy, we did not seek to determine how this policy is implemented at the local level. It is also important to note that we did not survey youth employment program clients, so we cannot say anything about their perception of the services offered and needed. This is an important item on the agenda for future research.

INTERVIEWS WITH LOCAL PROGRAM STAFF

We conducted in-person or telephone interviews with staff of seven programs that we identified (through the written survey, the interviews with national office staff, or in other ways) as integrating pregnancy prevention into youth employment programs. The purpose of the interviews was to find out more about how the link was being made and how well it was working. Chapter 3 discusses the results of these interviews. As in the case of the surveys, we do not claim to provide a complete picture of the role of pregnancy prevention in these youth employment programs because we did not speak with clients and gather their perceptions.

LITERATURE REVIEW

We reviewed 10 evaluations of youth employment programs to determine whether they assessed impacts of the programs on pregnancy or childbearing by participants. We reviewed more thoroughly the eight evaluations that did assess fertility impacts and we summarized these impacts. We also summarized their findings about the importance of pregnancy and parenthood as reasons for dropping out of programs early and the effectiveness of youth employment programs for youths who are parents, as compared to those who are not parents. The results of the literature review are described in Attachment 2.

PEOPLE INTERVIEWED FOR REPORT

National Youth Employment Provider Organizations

Paulette Donovan, Regional Manager, Opportunities Industrialization Corporation
Barbara Grove, National Nursing Director, Office of Job Corps,
US Department of Labor
David Lah, Office of Youth Opportunities, U.S. Department of Labor
Andy Moore, Vice President, Government Relations and Public Affairs,
National Association of Service and Conservation Corps
Joe Scantlebury, Senior Vice President, STRIVE
Dorothy Stoneman, President, YouthBuild USA

Youth Employment Experts

David Brown, Executive Director, National Youth Employment Coalition
Bret Halverson, Consultant
Howard Knoll, Regional Director (Region 1) Youth Services,
U.S. Department of Labor
Marion Pines, Director, Sar Levitan Center for Social Policy Studies

Local Program Staff

Mary Bedeau, Assistant Executive Director, Vocational Foundation Inc.,
New York, NY
Virginia Bierman, Nurse, Vocational Foundation Inc., New York, NY
Mayra Figueroa, Case Manager, Columbia Heights YouthBuild
Pearl Fraijo, Project Coordinator, West Fresno Teen Connection
Dianne Ortega, Health Services Administrator, Albuquerque Job Corps Center
Alexander Prattis, Jr., Program Manager for Youth Advocacy Programs,
Philadelphia Opportunities Industrialization Center
Lynne Wilcox, Health Services Supervisor, Delaware Valley Job Corps Center,
Calicoon, NY
Michelle Zalazar, Career Development Specialist, Community Youth Corps,
Norwalk, CA

LITERATURE REVIEW

This attachment summarizes eight evaluations of youth employment programs. Each of these evaluations assessed impacts on fertility, among other outcomes. These evaluations were selected from a group of ten major evaluations of youth employment programs, of which two did not measure fertility impacts.^{A2-1} Of the eight evaluations described here, five studies used an experimental design; the other three used some sort of comparison group or statistical techniques to estimate the effect of the program. Non-experimental studies provide results that are generally viewed as less conclusive than the results of experimental studies; findings from these studies are discussed separately in the text below. Most of the programs provided job training, education, community service or some combination of these services as the primary service.

Pregnancy prevention was mentioned in most of the program evaluations as either a goal or a set of activities, and most of the major youth employment evaluations attempted to assess impacts upon fertility in addition to employment-related and other outcomes. However, there is not much evidence that youth employment programs—whether or not they included activities specifically aimed at pregnancy prevention—have reduced pregnancy or childbearing among participants. Most of the experimental studies of youth employment programs did not find decreases in pregnancy or childbearing among participants, although some non-experimental evaluations found evidence suggesting there may have been such impacts. However, it is important to note that most of the youth employment programs studied relied on life skills classes and other educational approaches that may not have been very intensive and did not include access to effective contraception. Moreover, many of the programmatic approaches studied are relatively old—more than 20 years in some cases. Provision of more intensive educational, counseling or family planning services might have produced better impacts on childbearing. More research is needed to determine whether adding such components to youth employment programs can be effective.

These conclusions are described in more detail below, and are followed by a summary of each of the evaluations and a table summarizing the evaluations. All of the information in the summaries comes from the reports that are cited in the related endnotes.

Pregnancy prevention was linked to youth employment through program goals, activities, and evaluation designs. Preventing teen pregnancies or reducing risk taking behaviors such as unprotected sex were explicit goals of three of the ten programs whose evaluations were initially reviewed: Career Academies, Summer Training and Employment Program (STEP), and Youth Opportunities Unlimited/Youth Fair Chance (YOU/YFC). The other programs did not have a specific fertility-related goal, even though staff of some of these programs may have considered pregnancy prevention to be part of a broad overall goal, such as Job Corps' goal of "helping disadvantaged youths become more responsible, employable, and productive citizens." Moreover, some of the programs without explicit pregnancy prevention goals offered activities aimed at pregnancy prevention. Four

programs (Job Corps, JOBSTART, STEP, and YOU/YFC) offered pregnancy prevention activities in at least some sites. The other six evaluations were silent about whether the programs offered any sexuality education, family planning counseling, or medical services. Regardless of whether the programs offered any specific pregnancy prevention activities, evaluators of eight of the ten youth employment programs attempted to measure impacts on fertility. Of the youth employment evaluations reviewed here, only two, the supported work and the Job Training Partnership Act (JTPA) evaluations, did not look at program effects on pregnancy or childbearing. Hence, these programs are not included in the following analysis.

There are logical reasons to believe that youth employment programs in themselves, even if they never discuss family planning, may cause reductions in pregnancy and childbearing by participants. Many researchers who study teen childbearing have noted that some low-income teens seem to lack reasons to delay childbearing until adulthood, since they have little hope for the future.^{A2-2} Employment programs might give such young people cause for hope of achieving a good career if they defer childbearing for long enough to complete their training and gain some work experience. Employment programs might also prevent childbearing by keeping young people busy at times when they might engage in sexual activity. An alternative theory that is sometimes advanced is that youth employment programs might actually introduce participants to prospective sexual partners and thus increase childbearing.

There is little evidence that youth employment programs—with or without a pregnancy prevention component—have reduced early pregnancy and childbearing. Despite the reasons to expect fertility reductions among employment program participants, the evaluation literature does not indicate that youth employment programs have usually had significant effects on fertility. Only five evaluations assessed fertility outcomes using a random assignment research design that allows us to conclude with some confidence that the program was the cause of the differences between the experimental and control groups at follow-up.^{A2-3} Of these five evaluations, only one (service and conservation corps) found significant reductions in fertility, and that was for African American women only.^{A2-4} One of the studies (JOBSTART) found significantly *increased* childbearing among women who were custodial mothers when they entered the program. Of the four random assignment studies that found no fertility impacts or increased fertility, two (Job Corps and Summer Training and Education Program) had a pregnancy prevention component, one (JOBSTART) had pregnancy prevention education incorporated in the life skills curriculum in at least some sites, and the evaluation of the last program (Career Academies) is silent on the issue of whether pregnancy prevention was part of the curriculum. The one program evaluation that found some evidence of reductions in fertility (service and conservation corps) also did not answer the question of whether pregnancy prevention activities were included.

Of the three non-experimental studies that looked at fertility outcomes, two (YIEPP and YOU/YFC) concluded, based on comparisons with control sites or statistical techniques, that there was some reduction in fertility, but the methodologies used do not allow us to conclude definitively that these reductions were due to the programs. The evaluators of

the other program (Youth Fair Chance) found no result, but said the follow-up period was too short to have confidence that this result is valid. Only one of these studies (Youth Opportunities Unlimited/Youth Fair Chance) has information on pregnancy prevention activities. This was the only study reviewed that attempted to assess the effect of providing extensive pregnancy prevention services as compared to no services or more limited services. The evaluators attempted to discover whether the sites that offered more pregnancy prevention related activities had a better impact (as measured by changes over time in adolescent births compared to national and citywide rates) on adolescent pregnancy rates, but concluded that such a relationship was difficult to show. Of the four sites that had extensive services aimed at preventing adolescent pregnancy and supporting adolescent parents through health and other services, three achieved a reduction in adolescent birth rates. At the site that did not yield an impact, however, the full scope of pregnancy prevention services was not implemented until about the time of follow-up. Of the other seven sites that did not provide extensive pregnancy prevention and teen parent services, four also had substantial reductions in adolescent birth rates.

Despite the discouraging nature of these results, it is important to note that the pregnancy prevention efforts that have been included in the evaluations of youth employment programs have been quite limited. Of the programs evaluated using an experimental design, only Job Corps provided access to contraceptives. The pregnancy prevention activities provided by other programs consisted of life skills classes (where pregnancy prevention was one of many topics and the evaluations do not describe the content and depth of the education) and—at some JOBSTART sites—counseling. It is possible that a strong family planning component that provided access to effective contraceptives, combined with counseling and follow-up, would result in reductions in pregnancy and childbearing by youth employment participants. Moreover, program evaluations described in Chapter 4 suggest that educational programs with certain types of characteristics (such as intensity, clear messages, and use of a variety of teaching techniques that are appropriate to the audience) can be effective in reducing risky sexual behavior by teens. More research is needed to test whether such family planning or educational components would indeed be effective for youth employment program participants.

Employment program enrollees and graduates often have high pregnancy and birth rates, suggesting that early childbearing is an issue that needs to be addressed. The evaluators of the JOBSTART and YIEPP programs commented on the high birth rates among former program participants or eligibles at follow-up, compared to the general population in their age group. About 68% of custodial mothers and 53% of other women in JOBSTART had given birth by 48 months after random assignment, when they were aged 21 to 25. The evaluators of the Youth Incentive Entitlement Pilot Project (YIEPP) found that the proportion of young women eligible for the program who had children increased from 5% in 1977, when they were aged 14 or 15, to 45% in 1981, when they were aged 18 or 19. One weakness of the evaluation data is that it does not tell us how many of the births to program participants occurred during program participation and how many occurred after participants left the program.

It would also be useful to know whether program participants who get pregnant or have children during program participation tend to drop out of programs or stay in. While none of the evaluations reported on that question, two evaluations reported on how many program dropouts cited pregnancy and/or childcare issues as the reason for dropping out. The evaluators of one program (YIEPP) found that about 2.5% of the participants who resigned cited pregnancy and less than 1% cited childcare as reasons for leaving. Unfortunately, they did not report separate results for males or females and we do not know how many of the dropouts were female, but pregnancy was clearly a reason for dropout for more than 2.5% of the females. The Job Corps evaluators found that about 7% of the females who failed to complete the program cited pregnancy or childcare issues as the main reason they dropped out.

Youth who enter the programs as parents have somewhat better employment and education outcomes, but higher fertility rates. The importance of working with young people who are already parents was discussed in Chapter 1. Two evaluations—Job Corps and JOBSTART—compared the effects of the programs for young people who were already parents when they entered the program to the effects for those who did not have children when they entered the programs. Both of these studies found evidence that employment or education effects for youths who entered the programs as parents were somewhat better than for those program enrollees who were not parents when they entered the programs. The Job Corps evaluators found that the program was especially effective at raising the earnings of females who came into the program as parents. For example, in the tenth quarter following random assignment, the impact per participant on earnings per week was \$18 for the full sample (an 11% gain) but \$30 for females with children, (a 24% gain). The JOBSTART evaluators found a bigger impact on GED receipt among custodial mothers as compared to other young women. About 42% of the custodial mothers in the experimental group completed high school or passed the GED examination, as opposed to 27% of controls, for an impact of about 15 percentage points. Among all other women in the sample, the figures were 42% of experimental group members and 31% of controls, for an impact of 10 percentage points. These results suggest that having a child may provide motivation to stay with the program and do better, as some people who work with teen parents believe. (See Chapter 2 for discussion of opinions about this among program staff.) However, these studies do not tell us about outcomes for those who *become* parents while in the program; these could very well be less positive than for those who enter the program as parents.

In contrast to the better employment or education effects for parents in some studies, *fertility* rates for those who entered the programs with children were higher than for those who enter the program without children, according to the two evaluations that assessed this (Job Corps and JOBSTART). During the 30-month follow-up period, about 31% of the Job Corps women who had no children at random assignment had a child, as compared to 38% of the women who came into the program as parents. Job Corps had no statistically significant impact on the birth rate for either of these groups. During the four-year follow-up period for JOBSTART, about 53% of women who were not custodial mothers when they entered the program gave birth, as compared to 68% of the custodial mothers in the experimental group. Moreover, while there was a slight but not statistically significant

reduction in childbearing due to the program among the women who were not custodial mothers when the program started, the rate of childbearing among those who entered the program as custodial mothers actually showed a significant *increase* due to the program.

The coexistence of better employment and education outcomes along with higher fertility rates among women who already have children may seem puzzling in light of the research findings that a second or higher-order birth is often a major impediment to exiting poverty for young mothers. However, it is important to note that the evaluators did not disaggregate employment and education outcomes for those parents who have an additional child as opposed to those who did not. It could be that the parents who did not have a subsequent child had better educational and employment outcomes than those who did have a child. Alternatively, it could be that some of those in the programs are making the choice to have a second or subsequent child at this point because they are in a good position to do so: they already have child care arrangements for the first child which can accommodate a subsequent child, for example.

The evaluations are often outdated and leave key questions unanswered. Several of the youth employment program evaluations that include fertility outcomes were conducted as long ago as the 1970's (YIEPP) and the 1980's (JOBSTART and STEP). Three of the studies, as mentioned above, used non-experimental designs which did not enable evaluators to attribute conclusively differences between program and comparison groups to the program. In addition, most evaluations reported the number of children born to program and control groups between random assignment (or the beginning of the study) and a certain date. They did not measure (or at least report) on *when* program enrollees had their children. Thus, it is possible that a program may have delayed childbearing by a year or two without reducing the total number of children that experimental group members had at the time of follow-up, and such delays could have positive effects on mothers and children. Another limitation of the evaluations is that while some look at different impacts on young people who came into the program as parents and those who did not, they do not report on the different outcomes for those who *became* parents or had an additional child while in the program or later in the follow-up period.

The evaluations are summarized in more detail below.

CAREER ACADEMIES^{A2-5}

Date of Study: Information on the program and control groups was collected between 1993 and 1996.

Program Goal: Career Academies aim at preventing students from dropping out of high school, helping them meet graduation requirements, enhancing their achievement, helping them achieve college entrance requirements, providing necessary steps to apply for and be accepted into college or a job, promoting constructive use of non-school hours, reducing risk-taking behaviors, and ultimately, leading to higher levels of post-secondary education and to higher-skilled and higher-paying careers.

Program Design: Career Academies are schools within high schools that combine classroom and work-based learning integrated around an occupational theme. Academies establish partnerships with local employers in an effort to build connections between school and work and provide students with a range of career development and work-based learning opportunities. Like traditional high schools, they are four-year programs.

Pregnancy Prevention Component: The evaluators did not report on whether the Career Academy programs included any components directed at pregnancy prevention.

Research Design: The Manpower Demonstration Research Corporation studied nine career academies over six years. Students applying for one of the academies were randomly assigned to the program group or the control group that did not participate in the Academies. Thus, differences in outcomes for the two groups can be attributed to their participation in the career academies. Students in the study sample were identified at the end of 8th or 9th grade. The evaluators followed them for three or four years through the end of their scheduled 12th grade year.

Clientele: About 45% of Career Academy students were male. About 7% were 13 or younger at the time of application, 36% were 14, 47% were 15, and 10% were 16 or older. About 31% were African-American, 6% were white, 56% were Hispanic, and 8% were Asian or Native American.

Site Uniformity/Variation: The study included ten Career Academies offering a range of occupational themes. There was a high degree of variation between the sites on factors such as the cohesiveness of the school-within-a-school, the degree of personal and instructional support they offered students, and their investments in employer partnerships.

General Outcomes: For the entire sample of Career Academy students, the evaluators report that “it appears that the Academies produced only slight reductions in dropout rates and modest improvements in students’ progress toward high school graduation.” But they find that these modest results mask a high degree of variation in outcomes between different subgroups. Among students at high risk of school failure (based on background characteristics and prior school experiences indicating that they were disengaged from

school), Career Academies significantly cut dropout rates and increased attendance rates, credits earned toward graduation, and preparation for post-secondary education. Among students least likely to drop out of high school, Career Academies increased the likelihood of graduating on time. On average, Career Academies produced little or no change in outcomes for students in the medium-risk subgroup. However, in sites where the Academies produced particularly dramatic enhancements in the interpersonal support that students received from teachers and peers, the Career Academies reduced dropout rates and improved school engagement for both high-risk and medium-risk subgroups.

Fertility-related Outcomes: The evaluators found little impact of Career Academies on teen pregnancy and childbearing. For the subgroup considered at high risk of dropping out, there was a small but not statistically significant decrease in the proportion of male and female students that had become a parent or was pregnant, as compared to the control group. Among this group, about 21% of both the career academy students and the controls had become a parent or were pregnant by the end of 12th grade. For the medium and low risk subgroups, there was actually a small but not statistically significant *increase* in pregnancy and childbearing among career academy students.

JOB CORPS^{A2-6}

Date of Study: The evaluation included all youths who applied to Job Corps between November 1994 and December 1995 and were found eligible by the end of February 1996.

Program Goal: The goal of Job Corps is “to help disadvantaged youth become more responsible, employable and productive citizens.”

Program Design: Job Corps provides intensive education, vocational skills training, job placement, health care and education, counseling, child care and other support services at residential and nonresidential centers around the country. The average period of participation per enrollee calculated by the evaluators was eight months.

Pregnancy Prevention Component: All Job Corps centers provide a basic health education program, which is usually presented in a self-paced, open entry open exit approach. Topics covered include human sexuality, sexually transmitted diseases, and HIV/AIDS. Regardless of whether they are parents, all students must also take a parenting course. All Job Corps centers provide students with a variety of counseling services. These include educational guidance; vocational, personal, sexuality, drug/alcohol and placement counseling; family planning, and social skills development. Small-group counseling sessions are often used to cover topics such as sexuality and pregnancy. All centers offer basic medical services on-site, including routine medical, dental and mental health care. Some centers also offer additional specialty services, including ob-gyn, while others contract to provide these off-site.

Research Design: The evaluators used random assignment to assign applicants to experimental and control groups. With a few exceptions, the members of the program and control groups were randomly selected from all youths who applied to Job Corps in

the contiguous 48 states and the District of Columbia and who were found eligible for the program. Approximately one eligible applicant in 14 was randomly assigned to the control group. Sample intake occurred between November 1994 and February 1996. The analysis relied mainly on interview data covering the 30-month period after random assignment.

Clientele: In order to be eligible for Job Corps, youths must be legal U.S. residents between the ages of 16 and 24. They must be disadvantaged, which is defined as living in a household that receives welfare or has income below the poverty level, and living in an environment that substantially impairs prospects for participating in other programs. They must need additional education, training and job skills and possess the capacity and aspirations to benefit from Job Corps. They must also be free of serious behavior and medical problems. The study's program and control groups were established at the point where each youth had been determined to be eligible for Job Corps. Of this group of eligible youth, 60% were male, 40% were 16 or 17 years old, nearly one-third were 18 or 19 years old, 50% were African-American, 18% were Hispanic, 4% were Native American, and 2% were Asian or Pacific Islander. Nearly 80% lacked a high school credential. About 18% had children,^{A2-7} and nearly 60% received some form of public assistance during the year prior to random assignment. About a quarter reported that they had ever been arrested, and about 30% reported having used illegal drugs in the year preceding random assignment.

Site Uniformity/Variation: Although there is a high degree of uniformity in program form and content among Job Corps Centers, there are some differences between centers. Thirty centers in the evaluation were operated by government agencies and 80 were operated by private contractors. Different types of occupational training are offered by different centers. Also, while most centers are residential, some are nonresidential.

General Outcomes: Job Corps participation led to increases of about one school year in education and training, substantial increases in the attainment of GED and vocational certificates, and modest short-term earnings gains by the beginning of the third year following random assignment. Job Corps also led to reductions of about 20% in arrests, convictions, and incarcerations and small beneficial impacts on the receipt of public assistance and self-assessed health status. The evaluators also found that program impacts on employment and earnings were somewhat larger for females who came into the program as parents. For example, while the impact per participant on earnings per week in quarter 10 following random assignment was \$18 for the full sample (an 11% gain), it was \$30 for females with children, (a 24% gain).

Fertility Related Outcomes: There were no impacts on fertility. About 25% of those in both the program and control groups had a child during the 30-month follow-up period: 19% of the men, 31% of the women who had no children at random assignment, 38% of the experimental group women who came into the program as parents, and 34% of the control group women who came into the program as parents. The Job Corps evaluators surveyed program dropouts and found that about 7% of the females cited pregnancy or childcare problems as their main reason for dropping out. Various aspects of dissatisfaction with the program were more frequently cited as reasons for dropping out.^{A2-8}

JOBSTART^{A2-9}

Date of Study: The demonstration was implemented between 1985 and 1988.

Goal: To increase the employment and earnings and reduce the welfare receipt of young, low-skilled school dropouts.

Program Design: JOBSTART offered some of the same components as Job Corps but in a nonresidential program. The four central program components were instruction in basic academic skills based on individualized, self-paced curricula; occupational skills training; training-related support services; and job placement assistance. The average length of stay in JOBSTART was 6.6 months.

Pregnancy Prevention Component: According to the evaluators, site staff used a variety of strategies to increase participants' motivation and commitment to the program: personal counseling, peer support, time management training, and group recreational activities. Staff at most sites provided training in life skills, which included topics such as health, personal finances, and workplace routines. Six of the sites incorporated two to three hours of life skills classes into the regular program day. The life skills curricula in these sites included units on health education, sexuality and family planning, goal-setting and planning, and improving self-esteem, among other topics. The other seven sites did not have such a systematic focus on life skills. Instead, they incorporated these topics into the vocational training curriculum, counseling, group discussions, or occasional lectures.

Research Design: Applicants to the program were randomly assigned to treatment and control groups. Control group members were free to seek other services in the community. Follow-up surveys attempted to reach all members of both groups 12, 24, and 48 months after they were randomly assigned.

Clientele: The eligible population included 17 to 21 year old, economically disadvantaged school dropouts who read below the eighth grade level and were eligible for JTPA Title II programs or the Job Corps. About 54% of the experimental group members were women; 9% were white non-Hispanic, 44% were black non-Hispanic, and 44% were Hispanic. About 73% of participants were aged 16-19; 27% were aged 20 or 21. About half of the women and 13% of the men were living with their own children.

Site Uniformity/Variation: There were 13 sites in the study and the average sample at each site was about 150. Within the general program framework the local sites varied in terms of agency type, sequencing of education and training, stability of funding and program operations, and strength of the implementation of the core JOBSTART components.

General Outcomes: JOBSTART led to a substantial increase in the rate of GED certification or receipt of a high school diploma. The impact for custodial mothers was even greater than the impact for all other women in the sample. About 42% of the custodial mothers in the experimental group completed high school or passed the GED examination, as opposed

to 27% of controls, for an impact of 15 percentage points. Among all other women in the sample, the figures were 42% of experimental group members and 31% of controls, for an impact of 10 percentage points. In years three and four, the employment rates for experimental group members and controls were similar. However, the experimental group earned somewhat more than the controls, although the differences just missed being statistically significant under the usual tests. Employment and earnings impacts seemed to be slightly positive for both custodial mothers and other women. One site, the Center for Employment and Training, had earnings impacts over the four-year period that were statistically significant and substantially larger than those at any other site.

Fertility Related Outcomes: For women who were not custodial mothers when they entered JOBSTART, although the rate at which they gave birth during the four-year follow-up period was high (over 50%), the rate for experimental group members (52.7%) was slightly lower than for control group members (56.5%)—not a statistically significant difference. For women who were custodial mothers when they entered JOBSTART, experimental group members had significantly *higher* birth rates (67.8% vs. 57.9% for controls) over the four-year period.

NATIONAL AND COMMUNITY SERVICE PROGRAMS^{A2-10}

Date of Study: Random assignment of applicants to the program was conducted in 1993 and 1994. A follow-up survey was administered 15 months after application.

Program Goal: The researchers evaluated programs funded under Subtitle C of the National and Community Service Act of 1990. A primary goal for corps funded under this subtitle was to carry out activities “of a substantial social benefit in meeting unmet human, educational, or environmental needs.” Programs were also intended to improve the educational and employment prospects of participants and enhance their personal development.

Program Design: The major activity provided by the corps was the opportunity to participate in community service activities. Participants in the evaluated sites spent about four-fifths of their time in service activities. They spent about a fifth of their time in non-service activities, such as education and training. Half of those non-service hours were in basic education. The evaluators did not provide data on the length of time that participants spent in the corps. They do indicate that participants spent an average of 435 hours in community service (1,130 hours for those successfully completing the program) and that almost all of the corps members participated on a full-time basis (at least 30 hours per week). Assuming an average of 30 hours per week, this suggests that participants spent about 15 weeks in the program on average, with successful completers spending about 38 weeks.

Pregnancy Prevention Component: Just over 30% of the non-service hours were in community service learning and life skills classes. There is no information about whether or not these life skills classes, like many, touch upon pregnancy prevention and family planning.^{A2-11}

Research Design: The researchers studied eight of 91 year-round youth programs funded by the Commission on National and Community Service. To the extent possible, these “intensive study sites” were chosen to be representative of all corps receiving funding. Information was collected through on-site visits and surveys of participants, sponsoring agencies, and service beneficiaries. In order to measure the impact of corps on participants at four of the eight sites, information was also collected from individuals randomly assigned to a control group. Follow-up telephone interviews were conducted with treatment and control group members approximately 15 months after random assignment.

Clientele: Fifty percent of the participants in the intensive study sites were African-American, 25% were Hispanic, 14% were white, 5% were Asian, and 6% belonged to other ethnic groups. Fifty-seven percent were males, 56% lacked a high school diploma or GED, and 70% reported a household income of \$15,000 or less in the year prior to entry into the corps. 22 percent were less than 18 years old, 64% were 18-24 years old, 13% were 22-25 years old, and 1% were 26 years old or older.

Site Uniformity/Variation: There was considerable cross-site variation in program size in the intensive study sites, ranging from 70 to almost 1,000 participants. There is no information about other differences between the sites.

General Outcomes: During the follow-up period, treatment group members were more likely than control group members to have worked for pay: the program increased employment by 26 percentage points from 73% to almost 99%. Much of this impact is attributed to work while in the corps. Participation also reduced arrest rates by nearly a third. Corps members were also less likely to earn a technical certificate or diploma, suggesting that corps participation served as a substitute for enrollment in additional education. The “rather modest” results masked significant subgroup differences. The program had the most positive impacts on African-American males and affected a wide range of outcomes; impacts on African-American females and Hispanics were also positive.

Fertility-related Outcomes: While service and conservation corps were found not to have statistically significant effects on the proportion of participants who were unmarried and pregnant at follow-up, they were found to have a statistically significant effect on this indicator for African American women. Among this group, only 6% of the experimental group, as opposed to 21% of the control group, were unmarried and pregnant about 15 months after random assignment to the program or control group.

SUMMER TRAINING AND EDUCATION PROGRAM (STEP)^{A2-12}

Date of Study: The demonstration program operated in the summers of 1985 to 1988 and follow-up continued until 1993.

Program Goal: The goal of the STEP program was to stop summer learning loss and prevent teen pregnancy.

Program Design: STEP provided five days a week of work and classes for 6-8 weeks in two consecutive summers. Each summer's program included approximately 200 hours of program involvement, broken down into: 90 hours of work, 90 hours of academic remediation, and 18 hours of Life Skills and Opportunities. STEP youth were paid for the time spent in the classroom and on the job.

Pregnancy Prevention Component: The Life Skills and Opportunities class focused on "decision-making and the importance of responsible social and sexual behavior, avoiding substance abuse, and maintaining good health."

Research Design: Applicants for the program were randomly assigned to the treatment and control groups. Controls participated in the regular summer youth employment program. Evaluators looked at test scores, educational status, employment status, knowledge and behavior related to pregnancy, at several points for three-and-a-half years for one of the two cohorts that were followed up and four-and-a-half years for the other cohort.

Clientele: STEP served 14 and 15-year-old economically and educationally disadvantaged young people: about 57% were 14 or younger and 43% were 15 or older; 48% were male; 49% were African-American, 19% Asian, 18% Hispanic, and 14% were white; 43% were sexually experienced and 35% had had recent unprotected sex.

Site Uniformity/Variation: The program was implemented at five sites. There was a high degree of uniformity in program implementation.

General Outcomes: Participation in the program improved the reading and math scores of participants relative to controls, when measured at the end of the intervention. However, these impacts had disappeared by the time of the last follow-up, three-and-a-half or four-and-a-half years after enrollment. At this point, the experimental group did not differ from the control group with regard to education or employment status.

Fertility Related Outcomes: At the end of the intervention, participants showed a significant improvement in fertility-related attitudes and knowledge compared with their control group peers. However, evaluators were unable to detect a consistent pattern of change in social or sexual behavior. At the final follow-up, there was no difference between the experimental and control group in terms of how many were parents. Among the older cohort, who were interviewed four-and-a-half years after random assignment at the age of 18 or 19, approximately 33 percent of both experimental and control group members had children. In the younger cohort, aged 17 and 18 at follow-up, about 22% of both

experimental and control group members had children three-and-a-half years after random assignment. The evaluators speculated that the lack of long-term impacts could be due to several factors, including: the intervention may have come too late to prevent youths from dropping out and having children; the model did little to connect the summer experience to the school year or to other aspects of participants' lives; and the program did not seek to exert any major influence on participants' environments. "To achieve redirection in the life course of a poor young teenager already having problems will, in our judgment, require at a minimum an intervention with more sustained length and powerful reinforcements than STEP," the evaluators concluded.

YOUTH OPPORTUNITIES UNLIMITED/YOUTH FAIR CHANCE^{A2-13}

Date of Study: The programs began operations in 1990 and 1992 and were studied for two or four years.

Program Goal: Unlike traditional youth employment and training programs, the Youth Opportunities Unlimited/Youth Fair Chance program was designed to do more than improve youths' employability. The mission of the original demonstration—Youth Opportunities Unlimited—was to reduce the occurrence of several youth problems: poor school attendance, high dropout rates, high rates of juvenile arrests, high adolescent birth rates, low post-secondary enrollment rates, and high youth unemployment rates. In the second phase of the program, a goal of fostering positive youth development was added to the goals of reducing the problems listed above.

Program Design: Programs were required to provide educational and employment preparation for in-school and out-of-school youth; sports and recreation; transition assistance to college and employment; related support services; and a common intake, assessment, and case management system. Most sites had a community service center or alternative school as the focal point for service delivery. Most sites offered comprehensive employment and training programs, summer youth employment opportunities, a computer learning center, academic enrichment services, dropout prevention services, sports and recreation services, support services, case management and referral services, and to a lesser extent, health-related services or community development. Many sites offered several one-time activities serving large numbers of youth, as well as a few intensive and comprehensive programs serving small numbers of youth, so the evaluators did not report on average length of stay in the programs. Unlike most youth employment programs, the initiatives were to address all the youths living in a particular community rather than those meeting certain eligibility criteria. The sites were funded initially for three years; some sites received funding for a fourth and/or fifth year.

Pregnancy Prevention Component: By the third or fourth year of the study, seven sites had an adolescent parent program and five sites had health-related services. Some health services were funded through new federal grants, such as Healthy Start. A few sites

collaborated with local health departments for health screening and referral services and health care institutions for service delivery. Columbus was the one site that built its core initiatives around a series of health care services. Four local health services and health education agencies co-located services at the youth center, offering services including family planning and health assessment, education and counseling. While the greatest numbers of youth at all the sites received services designed to prevent delinquency and gang involvement, almost as many were served by adolescent pregnancy, parenting, and related health services. However, because pregnancy prevention and parenting services were lumped together, we do not know how many of these young people received services geared at preventing a first or later birth, as opposed to other types of services for teen parents.

Research Design: The Academy for Educational Development conducted a process evaluation and an impact assessment of the original seven sites which received funding in 1990 and four sites that were funded initially in 1992. Because the program was meant to have an impact on all youths in the community rather than just those who participated, the evaluators looked at community-wide impacts rather than only at impacts on those receiving services. The impact evaluation documented changes over time in the communities where sites were located using available measures of school attendance, dropping out and graduation, adolescent births and juvenile arrests. The evaluators compared these to comparable city, state and federal measures. Because of time lags in the collection and reporting of public information, only “mid-course” (primarily Year Four) outcomes were available for the seven original sites and only initial (primarily Year Two) outcomes were available for the four new sites.

Clientele: Unlike previous youth employment and training programs, the target population was all youth living in each target area, rather than those who met specific eligibility criteria. The target population was youth ages 14 to 21 living in a designated community with a population of approximately 25,000, of whom at least 30% were impoverished.

Site Uniformity/Variation: Some features of the YOU/YFC model were implemented by most or all sites. These features included using the target area focus to define service delivery, creating a community service center or alternative school as a physical presence in the community, operating some of the recommended services (high school completion, sports and recreation), and establishing an advisory committee. Sites differed from each other in which of the recommended services (such as health services) they offered, and in their ability to integrate services, link youths with post-secondary education, establish linkages with private sector employers, and form linkages with other public agencies.

General Outcomes: As mentioned above, impacts were measured at the community level rather than for individuals who received services. In general, the evaluators concluded that YOU/YFC had a somewhat to very positive impact on the communities it served. Dropout rates declined in six sites but increased in five sites between 1990 and 1994. Five of the 11 sites had reductions in juvenile arrest rates. Birth rate changes are described below.

Fertility-related Outcomes: Again, the evaluators measured community-level impacts only, rather than impacts only for those who received services. Between 1990 (before the demonstrations began) and 1994 (when they had been operational for two or four years), the proportion of adolescent women giving birth decreased in eight of the 11 sites by 12 to 38 percent. In one site there was insufficient site-specific data to determine birth rate reductions and at two sites the target area rates increased. At all of the eight sites where birth rates declined, the target-area birth rates declined more than did the rates for their cities as a whole. The proportion of adolescent girls aged 15 to 19 giving birth in the pilot communities ranged from 6% to 23% in the fourth year of follow-up. The evaluators found it difficult to show a relationship between the improved outcomes and specific activities of the initiatives. Four sites had extensive services aimed at preventing adolescent pregnancy and supporting adolescent parents through health and other services. Of those four sites, three achieved a reduction in adolescent birth rates. The fourth site, Columbus, which offered the most intensive adolescent pregnancy preventing and teen parent services, did not yield an impact on birth rates by year four, at the time of the final evaluation. However, it is possible that the Columbus impact would have been seen later on because the full scope of these services was not underway until about the time of the evaluation. Of the other seven sites that did not provide extensive pregnancy prevention and teen parent services, four also had substantial reductions in adolescent birth rates. The evaluators suggest that since teen parenthood is connected to other youth problems, the improved educational and recreational opportunities at these sites contributed to the reduction in adolescent parenthood.

YOUTH FAIR CHANCE ^{A2-14}

The programs were initiated in 1994 and the last data was collected in 1997.

Program Goal: Youth Fair Chance was a continuation, with some modifications, of the Youth Opportunities Unlimited/Youth Fair Chance program described above. The programs's key objectives were to: (1) ensure access to education and job training assistance for youth residing in high poverty areas of urban and rural communities; (2) provide a comprehensive range of education, training and employment services to disadvantaged youth who are not currently served or are under-served by federal education and job training programs; (3) enable communities with high concentrations of poverty to establish and meet goals for improving the opportunities available to youth within the community; and (4) facilitate the coordination of comprehensive services to serve youth in such communities.

Program Design: Local programs opened neighborhood-based centers where young people would receive services. Centers were designed as places where case managers could meet with young people to discuss their needs, refer them to appropriate services, and monitor their progress. YFC also worked with local middle and high schools to establish school-to-work features. All YFC programs also established community advisory boards. Centers offered a wide variety of services, including case management, training, job search

assistance, GED preparation and help with basic skills, counseling, and workshops on topics such as leadership skills, conflict resolution, and parenting. About one-quarter of participants were involved in YFC for one month or less, while about as many reported attending for one year or more. About a tenth were “intensively involved,” which was defined as having participated in YFC activities for two or more months and about five times per week or more, on average.

Pregnancy Prevention Component: Forty percent of participants in YFC received “social/life skills” services. However, the evaluators did not ask specifically about services aimed at pregnancy prevention or about health services, so it is impossible to tell if these issues were addressed.

Research Design: In 1994, DOL awarded grants to 16 urban and rural areas to implement YFC programs. As in the YOU/Youth Fair Chance evaluation, evaluators tested for the impact on the entire community, not just those youths who participated. Each YFC area was matched with a comparison area that was similar in size and population characteristics. Surveys were conducted of randomly selected eligible youths and young adults in the summer of 1995 and the summer of 1997. If an outcome followed different trends in a YFC area and its comparison area, the difference would be considered evidence of an impact of YFC. Regression models were used to adjust for differences between YFC and comparison areas. The evaluation was planned to extend for five years to measure the impacts at YFC two years after the program began, and again four years after the program began, when the program was more mature and might have started to change community outcomes. However, Congress eliminated future funding for YFC after providing only two years of funds for the program. As a result, impacts were measured only at the two-year point. According to the evaluators, the funding cuts created confusion and uncertainty, probably changing the shape of the programs. Because the programs operated for only two years, there were limitations in their ability to achieve impacts, and the evaluators stressed that findings need to be interpreted “carefully.” They also cautioned that other factors besides YFC, such as economic trends, may have affected differences between the YFC communities and the comparison communities.

Clientele: Young people aged 14 to 30 were eligible for services. YFC participants (those who actually came to the centers to receive services) were 58% female and 42% male. Forty-four percent were African-American, 28% were Hispanic, 13% were Caucasian, and 15% belonged to other racial or ethnic groups. Twenty-one percent were aged 15 or younger, 66% were 16 to 24, and 13% were 25 or older. Twenty-five percent were single parents, 59% received public assistance, and 28% lived in public housing.

Site Uniformity/Variation: Local programs all implemented the same basic model: neighborhood centers, collaboration with local schools, and community advisory boards. They differed in the timing of implementation and the approaches to service delivery.

General Outcomes: The evaluators compared employment, education, public assistance, crime, and substance abuse outcomes for all youths in the YFC communities (not just those who received services) to outcomes for all youths in the comparison areas. Almost

no outcome differences between YFC areas and comparison areas were statistically significant. However, the evaluators stressed that the evaluation was done too early to expect programs to have changed important community-wide outcomes.

Fertility-related Outcomes: The evaluators found that the comparison communities actually experienced a decline in single parenthood among youths as compared with no change in the Youth Fair Chance communities during the two-year follow-up period. The proportion of youths who were single parents was 16% in the YFC communities at follow-up. However, the evaluators strongly urged caution in interpreting these findings due to the short follow-up period and limitations in the methodology using comparison communities.

YOUTH INCENTIVE ENTITLEMENT PILOT PROJECTS^{A2-15}

Date of Study: The demonstration began in 1978 and ended full-scale operations in 1980.

Program Goal: To increase school participation of dropouts and youths in school, to enhance their opportunity to obtain a high school or equivalency diploma; to provide a work experience that would enhance the future employability of participants; and to create large numbers of jobs to help reduce teenage unemployment.

Research Design: There were 17 demonstration projects in areas selected for economic and regional diversity. Four of the 17 sites were chosen for the impact study. These sites were matched to four control sites with similar labor market and socioeconomic characteristics. The design for the impact evaluation was based on a comparison of youths eligible for the program (not just those who participated) at the four YIEPP pilot sites and four comparison sites, relying on longitudinal data from those sample members who completed face-to-face interviews in four successive waves in 1978 to 1981. Outcomes for the youths at the four pilot sites were compared to those at the control sites. The evaluators attempted to control statistically for other factors that might affect differences between the pilot and control sites. Differences in outcomes were then attributed to the YIEPP program. However, as described further below, the evaluators did not feel that such causal conclusions were possible regarding childbearing. For a variety of reasons,^{A2-16} the evaluators chose to focus much of the evaluation on African-American youths who were not living in Denver or its comparison site and who were 15 to 16 years old at the beginning of the program.

Program Design: YIEPP offered a guaranteed job at the federal minimum wage—part-time during the school year and full-time during the summer—to all eligible youths residing in 17 demonstration communities. Jobs were offered only on condition that the youths remained in, or returned to, school or another educational program which would lead to a high school diploma or its equivalent. Among the youths who were 15 or 16 years old at the start of the demonstration, the average length of participation in the program was 13.4 months. About 13% participated for less than three months, 36% for three to 12 months, 38% for 13 to 24 months, and 13% for more than 24 months.

Pregnancy Prevention Component: It is possible that some sites provided services geared at pregnancy prevention, but the evaluators did not report on the receipt of any such services.

Clientele: Eligible youth included those aged 16 through 19 who came from disadvantaged families with incomes at or below the poverty level (or receiving cash welfare.) Of the total sample, about 46% were male and 54% were female; 20% were 15 or younger, 32% were 16, 25% were 17, 13% were 18, 9% were 19, and 1% were 20; 14% were white, 76.9% were African-American, and 9.5% were Hispanic. Seventy-seven percent were in school when they enrolled in the program. Eighty-six percent had no children, 12% had one child, and 2% had two children.

Site Uniformity/Variation: The model seems to have been fairly uniform across sites. However, the sites differed in quality of implementation, as well as in features such as additional services other than the core service of job placement. One site had management difficulties as a result of which it did not operate as an entitlement program. The results of this site were left out of most of the analysis.

General Outcomes: The program produced large increases in employment and earnings for the target population while the program was operating and smaller, but positive and statistically significant effects on youths' employment and earnings shortly after the program ended. However, the evaluators concluded that YIEPP probably had no positive effect on secondary school enrollment, secondary school graduation, or college enrollment.

Fertility Related Outcomes: The evaluators caution that the research design does not allow testing the impact of the program on variables like childbearing, because the pilot site/ comparison site match was not designed to account for all the factors that might affect such outcomes.^{A2-17} While the evaluators present childbearing data for pilot and comparison sites, they caution the reader to "avoid drawing any conclusions about causes of observed differences in behavior among the sites." For the youngest cohort of eligible girls in the pilot sites (those who were aged 14 or 15 in the fall of 1977), the proportion who had at least one child increased from 5% in 1977 to 45% in 1981, when they were 18 or 19, compared to an increase from 9% to 47% over the same period for comparison site females. The evaluators stress the enormous range among sites in the percentage of female teenagers in the young African-American cohort who had become mothers at different points in time. They conclude that "the noteworthy finding . . . is the high absolute rate among teenagers of having borne at least one child." Two of the evaluators^{A2-18} later employed a statistical model to attempt to tease out the effects of the program on fertility. This model enabled them to use the youth or her sister as the youth's own control, rather than using data from the comparison sites. The evaluators estimated that for every 20% increase in youth employment, the fraction of girls remaining childless at 18 increased by about 10%. They estimated that the typical YIEPP program reduced fertility to between 76% and 92% of what it would be in the absence of a program-induced employment rate change. The YIEPP evaluation is one of the few that reported reasons for dropping out of the program. Out of 10,210 male and female youths who resigned from the Youth Incentive Entitlement Pilot Projects, about 2.5% cited pregnancy and 0.8% cited childcare as reasons for leaving.^{A2-19} Reasons cited more frequently included desire for another job, needing more time for school, and dissatisfaction with work arrangements.

PROGRAM	GOAL	ACTIVITIES PREVENTION COMPONENT	PREGNANCY	CLIENTELE DESIGN	RESEARCH OUTCOMES*	GENERAL OUTCOMES*	FERTILITY
Career Academies	to prevent dropouts, enhance achievement, increase college entry, reduce risk-taking	classroom and workplace learning integrated around an occupational theme	none reported	high school students	random assignment at end of 8 th or 9 th grade; follow-up at end of scheduled twelfth-grade year	significant reduction in dropout rates, increased attendance, credits earned for group at highest risk of dropout	small, not statistically significant decline in fertility among highest risk group only
Job Corps	to help disadvantaged youths become more responsible, employable and productive citizens	education, vocational training, job placement, health care and education, counseling, child care and support services	basic health education including human sexuality and contraception; counseling on family planning and sexual issues, medical family planning services on-site or by referral	disadvantaged youths aged 16 to 21	random assignment; follow-up at 30 months	increases in education and training and modest earnings gains two years after random assignment	no impacts on fertility
JOBSTART	to increase the employment and earnings and reduce the welfare receipt of young, low-skilled dropouts	academic instruction, occupational skills training, support services, job placement assistance	counseling, life skills training varying by site	17 to 21 year old economically-disadvantaged high school dropouts who read below the eighth grade level	random assignment; experimental and control groups were interviewed at 12, 24, and about 48 months after random assignment	substantial increase in rate of GED certification or high school diploma receipt; no statistically significant increase in earnings	no statistically significant change for non-custodial mothers; increase in births for those who were already custodial mothers when they entered JOBSTART
National and Community Service Programs	to carry out activities that meet unmet human, educational, or environmental needs, to improve the educational and employment prospects of participants and enhance their personal development	Participants spent four-fifths their time on community service, with the rest of the time spent in activities like education and training.	Participants spent just over 30% of on-service hours in community service learning and life skills classes. Content of life skills classes was not discussed by evaluators.	no uniform eligibility requirements; 70% were out-of-school youths between 18 and 25; 70% had household income of \$15,000 or less and 56% lacked a high school diploma	random assignment with follow-up after 15 months.	Corps participation resulted in increases in employment and decreases in further education. Modest overall impacts masked larger impacts on African-American males.	significant decline in percent of African American women who were unmarried and pregnant at follow-up (from 21% to 6%)

*All outcomes described are statistically significant unless described to be otherwise.

PROGRAM	GOAL	ACTIVITIES PREVENTION COMPONENT	PREGNANCY	CUJENTELE DESIGN	RESEARCH OUTCOMES*	GENERAL OUTCOMES*	FERTILITY
Summer Training and Employment Program (STEP)	to stop summer learning loss and prevent teen pregnancy	five days a week of work and classes for 6-8 weeks in two consecutive summers	Each summer included 18 hours of life skills class focusing on decision making including responsible social and sexual behavior.	14 and 15 year old economically and educationally disadvantaged youth	random assignment with follow-up at several points for up to four-and-a-half years	no significant employment or education differences between experimental and control groups at last follow-up	improvement in fertility-related attitudes and knowledge at end of intervention, but no consistent impact on behavior and no difference in rate of parenthood at final follow-up
Youth Opportunities Unlimited/ Youth Fair Chance	to reduce the occurrence of poor school attendance, dropout, juvenile arrests, adolescent births, and unemployment and increase school enrollment; a goal of fostering positive youth development added in second phase of program	Most sites offered employment and training, summer youth employment, computer learning center, academic enrichment, dropout prevention, sports and recreation, support services, case management and referral, and to a lesser extent health-related services or community development.	Seven of 11 sites had an adolescent parent program and five sites had health-related services. One site had local health services and education agencies co-located at the youth center, offering services that included family planning.	Programs were open to all youth aged 15 to 21 living in each target area. Target areas had population that was at least 30% impoverished.	Changes over time (four years or two years, depending on site) in school attendance, dropping out and graduation, adolescent births and juvenile arrests for the community as a whole (not just those who participated) were compared to citywide and national changes.	In general, the evaluators concluded that YOUNG had a "somewhat to very positive impact" on the communities it served.	The proportion of adolescent women giving birth decreased at 8 out of the 11 sites, in all cases more than did rates for the city as a whole.
Youth Fair Chance	to ensure access to education and job training assistance for youth in high-poverty areas, provide a comprehensive range of services to youths currently under-served by federal employment and training programs, enable high-poverty communities to improve services to youth, facilitate coordination of services	Services, offered at neighborhood centers, included case management, training, job search assistance, GED preparation and help with basic skills, counseling, and workshops on various topics.	Forty percent of participants received "social/life skills" services but evaluators do not indicate whether this included sexuality and contraception.	Programs were open to all young people aged 14 to 30 living in designated area.	Each YFC area was matched with a comparison area similar in size and population characteristics. Regression models were used to adjust for differences between YFC and comparison areas. Because funding for the program was eliminated, impacts were measured at two years after implementation and not later.	Almost no statistically significant differences were found, but the evaluators stressed that the follow-up was done too early to expect significant outcomes.	The comparison communities experienced a decline in single parenthood among youths, as compared to no change in the YFC communities.

PROGRAM	GOAL	ACTIVITIES PREVENTION COMPONENT	PREGNANCY	CLIENTELE DESIGN	RESEARCH OUTCOMES*	GENERAL OUTCOMES*	FERTILITY
Incentive Entitlement Pilot Projects (YIEPP)	to increase school participation, enhance opportunities to obtain a high school or equivalency diploma, enhance the future employability of participants, and create large numbers of jobs to help reduce teen unemployment	YIEPP offered a guaranteed job at the federal minimum wage (part-time during the school year and full-time during the summer) to all eligible youths residing in 17 demonstration communities. Jobs were offered only on condition that youths attended school.	not reported	Eligible youth were those aged 16 to 19 who came from families with incomes at or below the poverty level or receiving cash welfare	Four of the 17 sites were matched to comparable sites with similar characteristics. Outcomes for youths <i>eligible</i> for the program at the 4 YIEPP sites were compared to those for youths at the 4 control sites who met the same eligibility criteria	The program produced large increases in employment and earnings while it was operating and smaller, positive and statistically significant effects shortly after the program ended. However, the evaluators concluded that YIEPP probably had no positive effect on secondary school enrollment, secondary school graduation, or college enrollment	The methodology used does not allow assessment of the program's impact on childbearing. However, a re-analysis of the data suggested that there were some reductions in fertility due to the program

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CHAPTER 1 NOTES

- 1-1 Henshaw, 1998.
- 1-2 Hotz, McElroy and Sanders in Maynard, 1997. However, the authors note that after netting out the effects of background and other factors closely linked to early childbearing (by using teens who experience miscarriages as a comparison group), adolescent mothers actually fare slightly better than their later childbearing counterparts in terms of their overall economic welfare, in part because they work and earn somewhat more than later childbearers in their late 20s and early 30s. However, because the authors had no data on teenage mothers or the comparison group after they reach the age of 34, we do not know whether later childbearers might eventually catch up or overtake those who became mothers in their teens.
- 1-3 Michael J. Brien and Robert J. Willis, “Costs and Consequences for the Fathers.” In Maynard, 1997.
- 1-4 Maynard, 1996, pp. 5-11.
- 1-5 Curtin and Martin, 2000.
- 1-6 Singh and Darroch, 2000.
- 1-7 Brown and Eisenberg, 1995, pp. 50-82.
- 1-8 U.S. Department of Health and Human Services, Temporary Assistance for Needy Families Program: Third Annual Report to Congress, August 2000, <http://www.acf.dhhs.gov/programs/opre/annual3.doc>.
- 1-9 Office of National AIDS Policy, 2000.
- 1-10 Ibid., page 4.
- 1-11 Kalmuss and Namerow, page 149.
- 1-12 42 U.S.C. 2000e et seq. In addition, other anti-discrimination legislation, such as Title IX of the Education Amendments of 1972 (20 U.S.C. 1687), protects women from discrimination on the basis of sex, including pregnancy.
- 1-13 For example, see Orr and Fancsali, pp. 3-5, 14-15.
- 1-14 Alan Guttmacher Institute, 1999.
- 1-15 Ibid.

CHAPTER 2 NOTES

- 2-1 This includes 38 surveys from NASCC programs, 18 surveys from National Urban League Affiliates, 19 from OICA affiliates, 24 from Pepnet awardees, 4 from STRIVE programs, 40 from YouthBuild programs, and 9 from Youth Opportunity grantees. Several of the PEPNet programs also belonged to other networks, such as YouthBuild and NASCC, which is why these numbers sum to more than 145. We also decided not to analyze information from a few surveys because they were duplicates or were not youth employment programs, as described in Attachment 1.
- 2-2 Six percent gave broader ranges, such as 9 months to 2 years. The data on program length were difficult to interpret. We asked programs if they had a fixed length or if the time to complete the program could vary, as in an open-entry, open exit program. However, 17 programs checked off both fixed and variable length. We guess that these programs may have a fixed length, but may have wanted to reflect the fact that some participants may leave early or stay longer. Some of the programs that said they had a fixed length also provided more than one length, suggesting that they may have more than one different youth employment program models within the same agency.
- 2-3 The programs that included the largest proportions of adults were the 7 National Urban League programs which reported the proportion aged 25 and older, in which 53% of participants were 25 or older; the 14 OICA programs reporting this data, in which 52% of participants were 25 and older; and the 4 STRIVE programs, in which 66% of participants were 25 and older.
- 2-4 Although we asked programs to tell us how many participants were AHispanic (of any race),@ the percentages we obtained suggest that some programs were treating White, Black and Hispanic as mutually exclusive categories.
- 2-5 There were 103 programs, out of the 145 programs that returned the survey, that provided us with a figure for both the total number of female enrollees and the number becoming pregnant or a parent. We used these figures to determine the percentage reported in the text. Of these 103 programs, 45 reported providing an actual number becoming pregnant or a parent, and the rest reported either that they provided an estimate or did not report on whether number was actual or estimated. For the males, 90 programs provided a figure for both the total number of male enrollees and the number becoming parents. We used their answers to calculate the percentage reported in the text. Of these 90 programs, 42 said they provided the actual number becoming a parent, and the remainder either said that they provided an estimate or did not specify whether they provided an actual number or an estimate.
- 2-6 One hundred and six programs out of the 145 responding reported both a number of females who became pregnant or had a child and the number of those who left the program early. Of these programs, we dropped 5 that gave us numbers resulting in a percentage greater than 100%, leaving us with 101 programs that we used to determine the percentage reported here. Of these 101 programs, only 17 reported that they provided an actual number for both the number becoming pregnant or having a child and the number leaving the program early. The rest reported that at least one of the two numbers was an estimate, or did not specify whether at least one of the numbers was actual or estimate. For males, 81 programs reported both the number who became a parent and the number of those becoming a parent who left the program early. Of those 81 programs, we dropped one that gave us numbers resulting in a percentage greater than 100%, leaving us with 80 programs that we used to determine the percentage reported here.
- Of these 80 programs, only 15 reported that they provided an actual number for both figures. The rest reported that at least one of the two numbers was an estimate, or did not specify whether one or both of the numbers was actual or estimated.
- 2-7 The figure for females is based on the 86 programs that provided figures for both the total number of female enrollees and the number that dropped out early. Thirty-nine of the programs told us that they were providing an actual number of dropouts, and the remainder either said that they were providing an estimate or did not specify whether their number was actual or estimated. The figure for males is based on 84 programs that provided figures for both the total number of male enrollees and the total number that dropped out early. Of these 84 programs, 39 said the number of dropouts was an actual count, and the rest either said that it was an estimate or did not specify whether it was actual or estimated.
- 2-8 Quint et al., 1994.

CHAPTER 3 NOTES

1. Proscio and Elliott, 1999.

CHAPTER 4 NOTES

1. See Philliber et al., 2000.
2. Eisen et al, 2000; Sonenstein et al, 1998.

ATTACHMENT TWO NOTES

- A2-1. CLASP identified these ten evaluations after reviewing several resources: a review of the youth employment evaluation literature (Lerman, 2000), a collection of articles about youth employment programs considered to be effective due to evaluations or other evidence (Pines, 1999) and a compendium of evaluations of a wide variety of programs for youth, including youth employment programs (American Youth Policy Forum, 1997; Walker-James, 1999.) Based on our study of these publications, these ten evaluations seemed to be the only ones that looked at outcome data and employed some sort of control or comparison group or a statistical technique to try to sort out changes that were due to other factors besides the program. Out of the ten evaluations, we selected eight to summarize because they assessed impacts on fertility.
- A2-2. The Annie E. Casey Foundation, page 15.
- A2-3. It is interesting that the one youth employment program for which an evaluation with an experimental design found fertility reductions, albeit for one subgroup, is quite similar to the service learning programs that have been found to be effective in reducing pregnancy among teens. (See Chapter 4 for a discussion of these programs.) There are distinctions between these two sets of programs, but the presence of positive results for both program types suggests an area that is ripe for further research.
- A2-4. The Summer Training and Education evaluation found an impact on fertility-related attitudes and knowledge but no differences between the experimental and control groups at follow-up in how many children they had.
- A2-5. Kemple and Snipes, 2000.
- A2-6. Schochet et al, 2000; Johnson et al., 1999.
- A2-7. At most residential Job Corps centers, participants' children cannot live on site (and applicants with children must sign a statement saying they have arranged a satisfactory child care arrangement in order to be accepted into the program), although a few centers have apartments where Job Corps participants can live with their children.

- A2-8. Peter Schochet, personal communications, May and July 2000.
- A2-9. Cave et al, 1993.
- A2-10. Jastrzab et al, 1996.
- A2-11. As discussed in Chapter 3, CLASP surveyed service and conservation corps for this study and found that the majority of those that completed the survey provide or link to some type of pregnancy prevention service, which could be the provision of brochures, workshops on contraception, referrals to family planning, or other types of information or services.
- A2-12. Walker and Villela-Vasquez, 1992.
- A2-13. Orr and Fancsali, 1997. The U.S. Department of Labor started the Youth Opportunites Unlimited demonstration with its first grant round of seven sites in 1990. The demonstration model was further refine and modified in two subsequent grant rounds in 1992 and 1994. The last round is not covered in this study but in Needels et al, which is described next.
- A2-14. Needels et al, 1998.
- A2-15. Diaz et al., 1982; Farkas et al., 1984.
- A2-16 . Farkas et al., pp. 39-41, 57 to 58.
- A2-17. Farkas et al., page 52.
- A2-18. Olsen and Farkas, 1986.
- A2-19. Diaz et al., 1982, p. 261.

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