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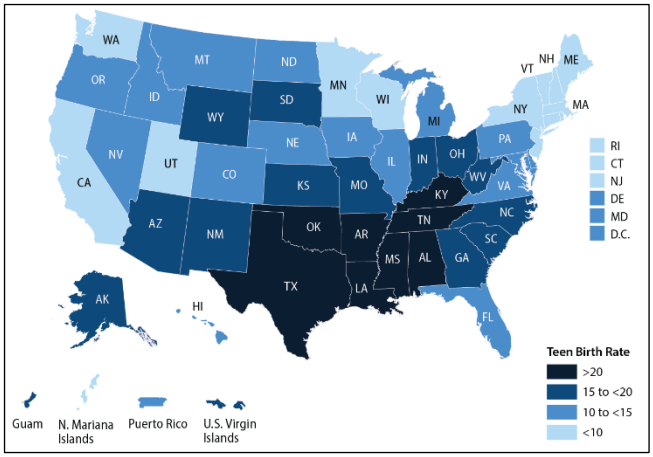
Federal Adolescent Pregnancy Prevention Programs

Background

The U.S. teen birth rate—or the number of births per 1,000 females aged 15 to 19 each year—has steadily declined since the early 1990s. The rate decreased by 78% from the most recent high of 61.8 in 1991 to the most recent low of 13.6 in 2022 (the most recent data available). Researchers suggest that multiple factors have influenced this decline; such factors may include decreasing adolescent sexual activity, particularly among younger teens, and increasing use of contraceptives among sexually active youth.

Despite the downward trend in births among youth, Congress continues to be interested in the issue of adolescent pregnancy because of associated adverse health, social, and economic challenges. Adolescent parents tend to have less education and are more likely to have low income than peers who are not adolescent parents. Children of adolescent mothers are more likely to have poorer educational and other outcomes than children of mothers who delay childbearing. Adolescent childbearing can have larger societal impacts, such as costs related to public sector health care and lost tax revenue. In addition, adolescent pregnancy rates vary substantially across racial and ethnic groups and by region. **Figure 1** displays adolescent birth rates across the 50 states; Washington, DC; and four of the insular areas in 2022. Eight states had the highest adolescent birth rates (20 or higher); Mississippi was the highest at 26.4. The rates for the insular areas ranged from 9.4 in the Northern Mariana Islands to 19.8 in Guam.

Figure 1. Teen Birth Rates by State and Territory, 2022



Source: Congressional Research Service (CRS), based on data from the Centers for Disease Control and Prevention (CDC).

Notes: Birth rates are per 1,000 females aged 15 to 19.

Adolescent Pregnancy Prevention Programs

Federal law authorizes four federal programs that focus exclusively on adolescent pregnancy prevention education: (1) the Teen Pregnancy Prevention program; (2) the Personal Responsibility Education Program; (3) the Title V Sexual Risk Avoidance Education program, authorized under Title V of the Social Security Act (SSA); and (4) the Sexual Risk Avoidance Education program, authorized under appropriations laws. The U.S. Department of Health and Human Services (HHS) administers the four programs, which generally target vulnerable adolescent populations. Youth receive pregnancy prevention education in schools and other settings. Grantees for the four programs include states and/or other public or private entities.

Teen Pregnancy Prevention (TPP) Program

P.L. 111-117 initially established and funded the TPP program, and subsequent appropriations laws have provided authority and funding through FY2024. The program competitively awards grants to public and private entities to implement a variety of evidence-based or innovative models that seek to influence adolescent sexual behavior. Such models focus on sexual abstinence or information about the use of contraception, among other approaches.

After funds are set aside for training and technical assistance, most of the remaining amount (75%) supports Tier 1 grants. Generally, these grantees replicate models determined to be evidence-based through rigorous evaluation studies. Another 25% of the remaining TPP program funds are used for Tier 2 research and demonstration grants. These grants are intended to develop and test additional strategies for reducing adolescent pregnancy. In FY2023, 53 Tier 1 grantees and 18 Tier 2 grants were awarded. Grantees served 140,935 youth in FY2023.

Personal Responsibility Education Program (PREP)

P.L. 111-148 established PREP under Section 513 (Title V) of the SSA. The program seeks to educate adolescents aged 10 to 20, and pregnant and parenting youth under age 21, on both abstinence and/or contraception to prevent pregnancy and sexually transmitted infections (STIs). PREP includes four types of grants: (1) State PREP grants, (2) Competitive PREP grants, (3) Tribal PREP, and (4) PREP–Innovative Strategies (PREIS). Grantees served 87,035 youth in FY2022 across all four grant types. Mandatory funding is provided through December 31, 2024.

A majority of PREP funding is allocated to states and insular areas via the State PREP grant. The 50 states, Washington, DC, and eight insular areas are eligible for funding. Funds are allocated by formula based on their relative share of youth aged 10 to 20. A total of 51 jurisdictions applied for and received FY2022 State PREP funding. Competitive PREP funding is available to local entities in jurisdictions that declined the formula grant. In FY2022, HHS noncompetitively continued grants for 27 entities to carry out PREP programming in seven

jurisdictions. State PREP and Competitive PREP grantees must replicate evidence-based teen pregnancy prevention programs or substantially incorporate elements of effective programs.

Tribal PREP grants are available for tribal entities to support projects that educate American Indian and Alaska Native youth on teen pregnancy prevention. Grantees are to support culturally and linguistically appropriate teen pregnancy programs, including those that are promising or evidence-based. Seven tribal grants were noncompetitively continued in FY2022. PREIS grants are intended to build evidence for promising teen pregnancy prevention programs for high-risk youth. The grants are awarded on a competitive basis to public and private entities to implement and evaluate innovative youth pregnancy prevention strategies that have not been rigorously evaluated. PREIS supports 12 grantees in 10 jurisdictions (noncompetitively continued for FY2022).

Title V Sexual Risk Avoidance Education Program (Title V SRAE)

P.L. 104-193 established the Separate Program for Abstinence Education under Section 510 in Title V of the SSA. Now known as the Title V Sexual Risk Avoidance Education program, its purpose is to provide youth aged 10-19 with education that focuses on sexual abstinence. Any information provided about contraception is strictly limited and may not include demonstration, simulation, or distribution of contraception. Title V SRAE grantees served 240,055 youth in FY2023. As with PREP, mandatory funding for Title V SRAE is provided through December 31, 2024, with the same entities eligible to apply for Title V State SRAE funds.

States are eligible to request Title V SRAE funds if they submit an application for Title V State Maternal and Child Health (MCH) Block Grant funds. After funding is set aside for HHS administrative costs, funds are allocated to jurisdictions based on their relative shares of low-income children. A total of 38 jurisdictions applied for and received FY2023 State SRAE funding. Competitive SRAE funding is available for eligible entities in jurisdictions that do not apply for the state funds. Thirty-four Competitive SRAE grants to entities in 14 jurisdictions were awarded for FY2023. A state/territory or other entity receiving funding under the Title V SRAE program may use up to 20% of such allotment to build the evidence base for sexual risk avoidance by conducting or supporting research.

General Departmental Sexual Risk Avoidance Education Program (GD SRAE)

P.L. 114-113 established and funded the GD SRAE program, and subsequent appropriations laws have provided authority and funding through FY2024. The program supports projects for implementing sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program targets youth populations that are at risk for non-marital sexual activity, such as juvenile justice-involved youth and youth in or aging out of foster care. HHS estimates that approximately 54,000 youth participated in the GD SRAE program in FY2019.

Multiple entities may apply for GD SRAE funding, including states and other jurisdictions such as local governments, educational, nonprofit, for-profit, and tribal entities. HHS noncompetitively continued funding for 79 grantees for FY2023. GD SRAE grantees are advised to review evidence-based program models, but do not have to use them. Prior to the GD SRAE program, appropriations laws provided funding for similar abstinence education programs, the Community-Based Abstinence Education program from FY2001 to FY2009 and the Competitive Abstinence Education program from FY2012 to FY2015. These provided competitive grants to public and private entities to develop and implement youth abstinence-only education programs.

Funding

Table 1 shows recent funding levels for the four current programs. The TPP program and GD SRAE program are supported by discretionary funds. The PREP program and Title V SRAE program are supported by mandatory funds.

Table 1. Final Funding for Teen Pregnancy Prevention Programs: FY2020-FY2024 (dollars in millions)

	TPP	PREP	Title V SRAE	GD SRAE
FY2020	$101.0	$75.0	$75.0	$35.0
FY2021	$101.0	$75.0	$75.0	$35.0
FY2022	$101.0	$70.7	$70.7	$35.0
FY2023	$101.0	$70.7	$70.7	$35.0
FY2024	$101.0	$75.0	$75.0	$35.0

Source: CRS review of appropriations and authorizing laws.

Teen Pregnancy Prevention Evidence Review

Multiple HHS agencies established the Teen Pregnancy Prevention Evidence Review (TPPER) pursuant to P.L. 111-117. The TPPER identifies program models with statistically significant impacts on at least one of five outcomes: (1) sexual activity, (2) number of sexual partners, (3) contraceptive use, (4) STIs or HIV, and (5) pregnancies. The review was initially active from 2010 to 2019; after a pause in activity, the latest findings were released in 2023.

Some of the adolescent pregnancy prevention programs are encouraged or required to select from among the program models in the TPPER. HHS categorizes the models based on certain key features. For example, three of the models use a sexual risk avoidance approach; other models focus on healthy relationships, positive youth development, or sexual health education. The models also differ based on their outcomes, settings (e.g., schools, clinics, homes, communities), session length or duration, and target population (e.g., race/ethnicity group, age or grade level, gender, sexually active youth).

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