



THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Keeping the Faith:

THE ROLE OF RELIGION AND
FAITH COMMUNITIES IN
PREVENTING TEEN PREGNANCY

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SEPTEMBER 2001

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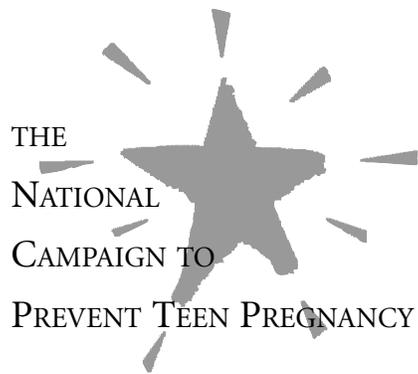
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Overview

Introduction

Preventing teen pregnancy is as much about moral and religious values as it is about public health. Teens, like adults, make decisions about their sexual behavior based in part on their values about what is right and wrong, what is proper and what is not. This is because sex is connected to aspects of our lives that we hold most dear: our understanding of family and children, the meaning of love, marriage, and commitment, the role of self-expression and self-fulfillment, and, for many people, our relationships with God. While common sense tells us that faith leaders and faith communities make a real difference in helping teens grow up healthy both physically and spiritually, a number of barriers have prevented the faith and secular sectors from working well together to meet their common goal of helping teens avoid too-early pregnancy and parenting.

This two-chapter report, *Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy*, addresses what's behind some of those barriers, examines what research says about the role religion plays in teens' decisions about sex, and

makes the argument for increased cooperation and understanding among secular and faith communities. In chapter one, social critic Barbara Dafoe Whitehead offers a reflection on overcoming the bridgeable divide between “faith talk” and “public health talk.” Chapter two, by Brian Wilcox, Sharon Scales Rostosky, and colleagues, provides a comprehensive research review of the role of religiosity in teen sexual behavior. In addition, the National Campaign has prepared a companion pamphlet, *Snapshots from the Front Line III: Lessons from Faith-Based Efforts to Prevent Teen Pregnancy*, which highlights the promising work of a handful of innovative faith-based programs around the country.

We hope this report helps faith leaders and communities to celebrate the good work they are already doing to prevent teen pregnancy and encourages them to do even more, convinces traditional players in the field of teen pregnancy prevention that religious leaders and institutions are allies not adversaries, and educates policymakers about the potential faith-based efforts have for helping young people.

Background

To help put the findings of this report in context, this overview briefly describes the recent interest in faith-based interventions to address social problems, reviews the latest trends in teen pregnancy, childbearing, and sexual activity, and highlights the National Campaign's efforts to reach out to faith communities and to encourage local and state secular leaders to collaborate with religious leaders and institutions.

Recent Interest in Faith-Based Interventions

Religion has always played an important role in American public life. As a nation settled by refugees from religious persecution, the United States has been justly proud of its guarantee of freedom of worship. Today, in fact, Americans are far more religious — as measured by affiliation, service attendance, and professed belief — than citizens of comparable industrialized nations. At the same time, the very provisions of our Constitution that protect freedom of religion — the separation of church and state — also make the relationship between institutions of government and institutions faith very complex.

In recent years, new political and policy interest has developed to support faith-based answers to social problems. Charitable choice provisions, which allow government funding of faith-based organizations without requiring them to give up their religious character, have been included in the welfare reform act, community services block grant, and other recent federal legislation. Both the Gore and Bush presidential campaigns made faith-based efforts a central issue of their candidacies. President George W. Bush has charged the new White House Office of Faith-Based and Community

Initiatives, with its parallel offices in five federal agencies, to lead a broad faith-based initiative.

Although there has been a nearly century-long tradition of public funding of religiously-affiliated organizations (e.g., Catholic Charities and Lutheran Social Services), these newer proposals have turned out to be quite controversial because they do not require the same kind of separation between a religious group's social goals and its religious mission. Polls show that while most Americans (75 percent) support the *idea* of government funding to faith-based organizations, there is much less consensus about the details. For instance, only 38 percent of those polled supported funding Muslim mosques or Buddhist temples, and 59 percent opposed funding groups that promote religious conversion. Interestingly, there seems to be more public support for the involvement of religious groups in preventing teen pregnancy than in other issues (including child care, substance abuse treatment, literacy, health care, and job training). When asked what organizations could do the best job of providing teen pregnancy prevention services, 39 percent said religious groups, 42 percent said non-religious community groups, and 12 percent said government (Pew Research Center, 2001).

Of course, faith congregations are already providing many social services, including youth activities in their communities — usually without public funding. A recent survey found that 90 percent of congregations offer programs for youths, 85 percent provide opportunities for community service, and more than 80 percent offer food and cash assistance to families in their communities. Many of these congregations are very small, however. Fifty percent of all religious congregations in the U.S. have fewer than 100 regularly participating adults, and one-quarter have fewer than 50 (Dudley & Roozen, 2001).

Recent Trends in Teen Pregnancy, Births, and Sexual Activity

In the last decade, teen pregnancy and birth rates have declined in all states and among all ages and racial and ethnic groups. Nationally, by 1997 (the most recent year for which data is available), the teen pregnancy rate among girls aged 15-19 had declined 19 percent from its peak in 1991 (Ventura et al., 2001). Between 1991-2000, the U.S. birth rate for girls aged 15-19 declined 22 percent, after reaching its highest point in two decades (Martin, Hamilton, & Ventura, 2001). Despite this encouraging news, however, the U.S. still has the highest rates of teen pregnancy and births among comparable nations — nearly twice as great as the next highest rates found in England, Wales, and Canada. Nearly one million teenagers get pregnant each year, and four in ten girls become pregnant at least once before turning 20. Today, 79 percent of births to teen mothers are out-of-wedlock — a dramatically different picture from 40 years ago when the vast majority of teen births occurred within marriage. A conservative estimate of the direct costs and lost tax revenue associated with teen pregnancy and childbearing to U.S. taxpayers is \$6.9 billion annually (National Campaign, 2001).

Why have teen pregnancy and birth rates declined in the past 10 years? The short answer is that fewer teens are having sex and those who are having sex are using contraception more consistently (Flanigan, 2001). This is good news because it demonstrates that we can make progress in encouraging young people to do the only two things that prevent teen pregnancy: remain abstinent or use contraception carefully every time they have sex. But why are teens being more cautious overall about their sexual behavior? Research is less clear on this question, but experts have offered several suggested causes, including increased efforts in

states and communities to prevent teen pregnancy, concern among teens about AIDS and other sexually transmitted diseases, more conservative attitudes about casual sex, better and more effective hormonal contraceptive methods, economic prosperity and welfare reform, and improved communication between parents and children about sex (National Campaign, 2001).

The recent improvement in teen pregnancy and births in the U.S. should not lead to complacency; rather it should inspire us to do more, especially when one considers some other sobering trends. For instance, one major data set shows that the only group of teen girls showing an increase in sexual activity is those under the age of 15 (Terry & Manlove, 2000). Because a new group of boys and girls turns 13 each year, we are constantly challenged to redouble our efforts to help them avoid pregnancy and parenting.

The National Campaign's Work with Faith Communities

This report builds on five years of work by the National Campaign's Task Force on Religion and Public Values (RPV) to reach out to faith communities and to encourage community-based coalitions focused on preventing teen pregnancy to work with local religious leaders and institutions. In the first two years of the National Campaign, the members of the RPV Task Force, representing various faith traditions and secular perspectives, collaborated on a paper, "Religion, Public Values, and the Debate Over Teen Pregnancy" (published in *While the Adults Are Arguing, the Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention*), which considered the range of religious and moral teachings on teen sexuality and related issues and the conflicts that often arise among these traditions. They concluded that faith communities, whatever

their particular stances on the issue, are uniquely positioned to offer teens and their families moral instruction, faith-based activities, and a sense of community that would help reduce teen pregnancy rates.

In 1998, the National Campaign and the RPV Task Force developed *Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy*, a reader-friendly pamphlet that offers lessons from faith communities. Nearly 50,000 copies of the brochure have made it into the hands of program providers and people involved in faith communities across the country. For instance, the National Conference of Catholic Bishops sent copies to every U.S. diocese.

In 1999, the Campaign launched a series of regional and local meetings with faith leaders throughout the country, particularly in those states with persistently high rates of teen pregnancy. To date, the Campaign has co-hosted six such gatherings — in New Orleans, Indianapolis, Phoenix, Tucson, Santa Fe, and Washington, DC. These meetings are designed to educate the Campaign and its local partners about existing faith-based programs and efforts, as well as the challenges experienced by faith leaders in addressing teen pregnancy and sexuality in a faith setting. In addition, they provide local religious leaders with the opportunity to meet with other faith leaders who share similar concerns about young people and sexual decision-making.

Finally, the National Campaign has been an advocate in the public health community for collaborating with faith groups. For example, in our comprehensive guide for communities, *Get Organized*, we published a chapter explaining the importance of including faith communities in teen pregnancy prevention, highlighting the many assets they can bring to prevention efforts, and describing specific ways in which

prevention programs and faith communities can collaborate.

Summary of the Report

Bridging the Faith/Health Divide

In chapter one, “What’s God Got to Do With Teen Pregnancy Prevention?” Barbara Dafoe Whitehead, Ph.D., a member of the National Campaign’s Task Force on Religion and Public Values, addresses a compelling question: why is it the case that so many efforts to reduce teen pregnancy have given only token representation — if any at all — to the perspectives of religion and faith? It’s a particularly perplexing situation when one considers that most teens — like most adults — describe themselves as religious or spiritual. In fact, the most prevalent reason that virgin teen girls give for not engaging in sex is that it is against their religion or morals (Moore, Driscoll, & Lindberg, 1998).

Whitehead begins with a description of what some have called “the health/faith divide” and investigates some of its historical origins. She ascribes much of the divide to the fundamental differences in the languages of faith and public health on sexuality — that is, the contrast between “God talk” and “health talk.” Even when the two sectors agree on the same goal — say, abstinence for unmarried teens — they draw on very different traditions and values to describe why teens should adopt that behavior. But the religious sector is hardly homogeneous either; Whitehead also discusses the great diversity in opinion among faith communities on issues of teen sexuality.

Whitehead notes that faith leaders and communities play an important role in preventing teen pregnancy in at least three ways:

- They help young people develop morally and spiritually by transmitting the teachings and observances of their faith.
- They engage in activities that guide and protect young people and give them hope for the future — including offering education, youth groups, summer camps, youth sports leagues, tutoring programs, rites-of-passage observances, mentoring, and after school programs. These youth development activities give teens productive things to do, offer them opportunities to gain knowledge, skills, and confidence, and, perhaps most importantly, connect them to caring adults.
- Some faith organizations explicitly address the issue of teen sexuality within the context of faith through sex and abstinence education, parent/child communication workshops, crisis pregnancy counseling, and referrals to family planning services.

Whitehead contends that faith communities have additional strengths to offer in the battle against teen pregnancy, including supporting hard-to-reach new immigrant parents and their children, as well as high-risk teens, especially young males, and building community-based coalitions across faiths and between faith groups and secular youth-serving organizations.

Finally, Whitehead offers hope that the divide between faith and public health is bridgeable. She suggests that adults look to teens themselves, who do not usually draw clear distinctions between the requirements of the body and the soul, for inspiration for how to bring the insights, perspectives, and efforts of faith communities to the broad-based campaign to reduce teen pregnancy in America.

The Role of Religiosity in Teen Sexual Behavior

But what does research tell us about the roles religious faith and practice play in the sexual behavior of teens? In chapter two, “Reason for Hope: A Review of Research on Adolescent Religiosity and Sexual Behavior,” Brian Wilcox, Ph.D., Sharon Scales Rostosky, Ph.D., and their colleagues examine 50 studies. They find support for the idea that religiosity (variously defined) is associated with delayed sexual activity among some groups of teens, while at the same time suggesting that some religious teens may be less likely to use contraception when they do begin sexual activity. However, the state of the research in this area is generally poor, which limits the conclusions one can draw. Here are some of the highlights from the review:

- **American teens are religious.** Roughly 90 percent of teens report being affiliated with a particular religious denomination, although fewer say they regularly participate in religious services or youth groups.
- **Religion and age.** Teens are less likely to participate in formal religious activities as they get older, although older teens are as likely as younger teens to say that religion is important to them.
- **Religion and gender.** Girls are more likely than boys to participate in worship services and religious activities and to rank religion as important to them.
- **Religion and race.** Black teens are much more likely than white teens to attach great importance to religion and usually have higher rates of weekly religious observance.
- **The role of religious attendance.** Regardless of gender or race, teens who attend services frequently are less likely to have permissive *attitudes* about sexual intercourse. More frequent attendance is associ-

ated with later sexual initiation for white males and for females generally. It also appears that frequent attendance is associated with increased contraceptive use among boys but decreased contraceptive use among girls.

■ **The role of religious attitudes.**

Adolescents who are more religious hold more conservative views regarding sex. However, attitudes and expectations typically are only moderately predictive of future behavior.

■ **The effects of denominational affiliation.**

Girls who are affiliated with either Catholic or fundamentalist Protestant denominations are especially likely to delay sexual debut, although they are less likely to use contraception once they do initiate sex. Girls with no religious affiliation tend to be younger when they first have sex. Some evidence suggests that boys with no religious affiliation have higher rates of sexual activity and lower rates of condom use.

Unfortunately, the surprisingly weak state of research in this field — particularly its lack of a strong theoretical base, use of narrow measures of religiosity, and lack of longitudinal studies, as well as the challenge of applying experimental designs to religion and faith — makes it difficult to disentangle the effect of religiosity on sexual behavior from the effect of sexual behavior on religious faith and practice or the effect of other factors affecting both religiosity and sexual behavior. What is clear, however, is that there is value in further exploring the connections between religion and teen sexual behavior, because the potential for faith and religion to reduce risky sexual behavior seems so promising.

Conclusion

In some ways, this report raises as many questions as it answers. Wilcox and his col-

leagues find that religious affiliation, faith, and practice appear to be related to teen sexual behavior, but the research is not yet strong enough to tell us exactly how and under what circumstances. And if religiosity can protect teens from risky sexual behavior, as the research suggests, what does that mean for faith communities? For religious leaders? For secular policymakers?

It is undoubtedly true that exciting and innovative programs exist in faith communities around the country, but we know almost nothing about the effectiveness of these interventions. Learning more about how these efforts work would be a benefit to both faith communities and to the broader society, particularly with the current interest in public funding of faith-based solutions to social problems. Of course, as both chapters in this report have pointed out, religious leaders — like all leaders — do not make decisions based solely on research. In fact, some of the outcomes that faith communities may be most interested in — grace, forgiveness, salvation — are not amenable to empirical research.

In the final analysis, if moral values are at the center of the issue of teen pregnancy, then who better to involve in crafting solutions than faith leaders and faith communities? Issues of public funding aside, there is much that community coalitions to prevent teen pregnancy can do to help support the work of religious leaders and to harness the strengths of local institutions of faith. Similarly, given the disconnect between research on the role of religiosity on teen sexual behavior and polls that show that teens rank faith leaders low as important influences on their sexual decisionmaking, faith communities should feel challenged to do as much as they can to help teens make better decisions about sex.

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