

Faith-Based versus Fact-Based Social Policy: The Case of Teenage Pregnancy Prevention

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The Clinton administration's 1996 welfare reform legislation (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA], P.L. 104-193) contained a "charitable choice" clause, a provision that encourages states to increase the involvement of religious organizations in federal programs such as Temporary Assistance to Needy Families. The administration of George W. Bush has intensified and extended this policy shift with a major effort to direct federal social services funding to religious institutions as part of his faith-based policy initiative (Leonard, 2003). George W. Bush will be remembered as one of the most overtly religious presidents in U.S. history. His public speeches are filled with religious references to "good and evil." It is clear that many of his policy positions, including those on abortion, embryonic stem cell research, and gay marriage have been influenced significantly by his religious convictions.

The social work profession has a historical relationship with organized religion, and many religious institutions have developed excellent social services. However, politically driven, faith-based social policy threatens to further erode the quality of the U.S. social welfare system and the professional status of social work. An understanding of, and appreciation for, the historical significance of professional social work is needed, which, in turn, might produce a renewed emphasis on "fact-based" social policy development.

Let's take a brief look at the emergence of social work as an important profession in the United States (Marx, 2004). Much of the private U.S. health and human services system derived from organized religion. The Puritans in 1620 brought their version of the English poor relief system to America. The church was seen as an extended family, helping poor families by providing basic health and human services to their needy members. Over time, religion

in the United States became more diverse, with numerous groups, such as the Quakers, Anglicans, Baptists, and Catholics, becoming influential. These religious groups gradually developed a sophisticated network of health and human services for their respective denominations. During the 1800s, many private nonprofit agencies were established to help people in need, organizations inspired by religious values, if not directly connected to a denomination. These voluntary efforts (including the Young Men's Christian Association in 1851; the Young Women's Christian Association in 1866; the Salvation Army in 1880) were an extension of the colonial role of the church in providing for people who were poor.

As these private nonprofit organizations proliferated, members of the business and professional classes, increasingly solicited for support, felt that the entire health and human services system needed to be more professionally operated, using the latest information from the social sciences. In so doing, these reformers began to challenge a health and human services system primarily based on religious doctrine.

Charity organization societies, stressing "scientific philanthropy," began to emerge to better coordinate and deliver services to people in need. Aiming to be more scientific, professional, and businesslike, the charity organization societies used volunteers called "friendly visitors" to do individual needs assessment, case histories, case conferences, service referrals, and community services coordination. In contrast to earlier forms of relief, the charity organization societies aimed to separate health and human services from religion. At this point in U.S. history, being simply moralistic, as the friendly visitors were, yet not requiring a religious conversion to receive aid, was another step toward professionalization.

The charity organization societies' dedication to research, documentation, and technical skills led to

the conclusion that part-time volunteers were not adequately educated. As a result, charity organization societies helped establish professional social work education programs at universities such as Indiana University, Ohio State University, University of Minnesota, and Columbia University.

The establishment of settlement houses in rapidly growing industrial cities was another important development in the professionalization of health and human services. Like charity organization societies, settlement houses were founded on the principle of scientific philanthropy. Observation, information gathering, and documentation were believed to be prerequisites to social intervention. Residence, research, and reform were the three "Rs" of settlement house work.

This movement toward professionalism in health and human services occurred during the Progressive Era (roughly 1900 to 1920) reform of patronage government and the professions, calling for greater emphasis on technical expertise, empirical information, and rational planning.

Given this history, recent federal promotion of faith-based initiatives threatens the social work profession. That is, a significant reliance on faith-based social policy and services represents a step back in time to the colonial system of church-administered relief, a system that viewed immorality as a primary cause of poverty. We question whether today's church organizations are willing and able to substantially increase services. Even if such organizations are funded under the charitable choice clause of PRWORA, are these religious organizations the best-qualified providers of health and human services? Social work history argues that they are not! The prioritization by the Bush administration of abstinence-only pregnancy prevention programs over more empirically based programs offers a case of faith-based moralizing taking precedence over fact-based interventions.

Despite a consistent decline over the past decade, the United States has one of the highest teenage pregnancy rates among all industrialized nations, as well as among many developing countries (Singh & Darroch, 2000; Ventura, Mathews, & Hamilton, 2001). The 1997 pregnancy rate among female adolescents in the United States was 93.3 pregnancies per 1,000; the teenage birth rate for the same year was 52.3 per 1,000 (Ventura et al.). In comparison, in 1992 the Netherlands, with the lowest rates in Europe, had a teenage pregnancy rate of

12.2 per 1,000 and a teenage birth rate of 8.2 per 1,000 (Singh & Darroch).

The social, economic, and personal costs of adolescent pregnancy and parenting are well known. Teenage mothers have lower rates of high school completion, lower lifetime earnings, higher rates of single parenthood, and higher rates of public assistance receipt than do nonteenage mothers (Holtz, McElroy, & Sanders, 1997). Teenage mothers are also less likely to receive child support from teenage fathers, who themselves have lower rates of educational attainment and lower lifetime earnings (Brien & Willis, 1997). Children born to teenage mothers are more likely to do poorly in school and less likely to graduate from high school (Haveman, Wolfe, & Peterson, 1997). Daughters born to teenage mothers are 22 percent more likely to be teenage parents themselves (Haveman et al.).

Given these data, there is a clear case to be made for prevention of unwanted teenage pregnancy and parenthood, and how to do this most effectively should be a priority for policymakers. In the past decade, and most markedly under the current Bush administration, there has been an unprecedented emphasis, with a corresponding increase in funding, on "abstinence-only-until-marriage" education as the best, and indeed, the only solution to this issue (National Campaign to Prevent Teen Pregnancy, 2004). Proposed federal funding for abstinence-only-until-marriage education programs in the upcoming fiscal year is the highest to date, with one of the largest and most restrictive grants slated to receive more than twice its current funding (National Campaign to Prevent Teen Pregnancy).

This emphasis on abstinence-only-until-marriage education exists without reliable scientific evidence to support it. Most of the studies claiming the effectiveness of abstinence-only-until-marriage education have contained weak evidence, have relied on nonexperimental data, been methodologically unsound, or contained bias (Kirby, 2001, 2002a, 2002b, 2002c). In the past three years, four leading research or advocacy organizations in the area of teenage pregnancy prevention, the National Campaign to Prevent Teen Pregnancy, Advocates for Youth, Child Trends, and the Sociometrics Corporation, have published reviews of what they deemed reliable evaluations of pregnancy prevention programs and lists of programs and curricula that have been evaluated as effective in delaying sexual intercourse, improving contraceptive use,

and preventing pregnancy. Each review author used a slightly different set of criteria to judge the reliability of a given evaluation, but all required that to be included, evaluations must have contained at least a quasi-experimental design. Three of the four reviews required that evaluations had a minimum follow-up period, and two of the four required that evaluations used a sample size of 100 or more. Among the evaluations reviewed, not a single abstinence-only-until-marriage education program received a positive evaluation. Such programs were found to have no impact, positive or negative, on the onset of sexual activity among participating teens (Alford, 2003; Kirby, 2001; Manlove et al., 2002; Solomon & Card, 2004).

Those reviews and other studies, also contain information about programs that are effective in preventing teenage pregnancy. Taken together, the four previously cited reviews found more than 50 curriculums or programs effective. These programs either used comprehensive sexuality education or HIV prevention strategies or did not address sexual behavior. (Alford, 2003; Kirby, 2001; Manlove et al., 2002; Solomon & Card, 2004). If we are to continue and expand the positive trend in teenage pregnancy and birth rates, we must use interventions that have been proven effective, rather than the politically and ideologically motivated and scientifically unproven abstinence-only-until-marriage education strategies.

The legitimacy of social work as a profession has always depended on evidence-based policy and practice; the future credibility of the profession demands that social workers loudly oppose any major return to a faith-based system of social welfare. Social science is premised on fact—not faith! **SW**

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