

*Susan Wile Schwarz: Hi, I'm Susan Wile Schwarz from the National Center for Children in Poverty at Columbia University's Mailman School of Public Health. Today I'm here talking with Dr. John Santelli, the Chairman of the Department of Population and Family Health at the Mailman School and an expert on adolescent reproductive health. Today we're going to be talking about teen pregnancy rates and other issues relating to reproductive health and adolescence. Thank you for being here today, Dr. Santelli.*

Dr. John Santelli: Good to see you again, Susan.

*Susan Wile Schwarz: Thank you. Just to get some context, how would you describe the state of the science today examining teen pregnancy and sexually transmitted infections among adolescents?*

Dr. John Santelli: I think that the state of knowledge is actually pretty good. The state of the science is pretty good. We know a lot about why young people get pregnant, we know a lot about why they get STDs, we know a lot at the behavioral level, in terms of the specific behaviors that lead up to these health outcomes. But we also know a lot about the social conditions that are very important; so, how does family, how does community, how does social policies, impact on these two important reproductive health outcomes for young people?

*Susan Wile Schwarz: What kind of programs have worked well in preventing teen pregnancies and sexually transmitted infections?*

Dr. John Santelli: There's actually a broad variety of programs that operate at different kinds of levels. So there are programs that are directed very much to the specific behaviors. So how do you get young people to delay initiation of sex, how do you get young people to be better contraceptors, how do you get them to use condoms? There really is a pretty broad variety of programs that work at those levels. So we know making contraception and condoms more available to young people through schools and communities. We know that programs that help young people actually to use contraceptives are very important. There are also a broad variety of other kinds of programs that look at youth development, youth empowerment, so programs that keep young people in school that improve their educational opportunities, those kinds of programs also can be quite effective, and obviously that's operated on a different level, but it's a level that seems to be effective in helping young people.

*Susan Wile Schwarz: What do you see as the biggest challenges coming into the next decade?*

Dr. John Santelli: Frankly I think we're not always using—we're not always putting our best foot forward. We're not always using the most effective kinds of programs. The federal government and many state governments have really emphasized for instance in the last ten years, abstinence, what's called abstinence-only education, which focuses really on that, and doesn't spend much time talking about contraception. I think we've learned pretty conclusively now that those programs seem to be much less effective. And there's a whole variety of other concerns that have been raised about those programs, that they withhold information from young people, that they misrepresent information about condoms and contraception, that those programs are not pretty responsive to, you know, gay, lesbian, bisexual youth, or other youth that haven't figured out their sexual orientation. So that I think has been one of the biggest challenges for the nation.

*Susan Wile Schwarz: When you talk about comprehensive programs, can you talk a little more about what that would include?*

Dr. John Santelli: Sure. I think comprehensive programs try to provide youth, young people, all the information they need to protect themselves, protect themselves from pregnancy, from STDs. So they talk about the behaviors, but they also talk about social situations, they talk about risk reduction ways to avoid, if you are sexually active, ways to avoid pregnancy, ways to prevent sexually transmitted diseases including the AIDS virus. The good programs provide a holistic sense of what sexual health might be for a young person. Because it's not just these bad outcomes. But it's, you know, a young person's healthy sense of self as a sexual being, how does one think about relationships that one might get themselves into. And these issues are interrelated. So that a young person who doesn't feel good about themselves, who is not happy, perhaps, is going to be less likely to practice behaviors that are going to be protective, but also is more likely to get themselves into relationships that are not going to make them happy. And so I hope we're moving in the direction, again, of developing a more comprehensive, more holistic understanding and approach to sexuality education for young people.

*Susan Wile Schwarz: Over the last decade or so, I think teen birth rates have been falling, and then recently they started sort of edging up again. Do you think we're sitting on the cusp of a major upswing in teen births, or is this maybe just a blip on the radar?*

Dr. John Santelli: That's a great question to me; that's actually the area of research that I work on, first you got to talk about the success then you got to talk about the turn around. The success was pretty unprecedented. We saw teen birth rates falling for about 15 years, from about 1990-91 and 2005, and they were substantial, about a third overall. But they were even larger for the youngest teens, those who are 15 to 17, or those before 15. So they had the largest decreases if you will. We also saw larger decreases among African American youth, who traditionally have had higher rates of teen pregnancy. You know, unfortunately in 2006, and we just got the 2007 teen birth data, and both years we saw an increase. And so the increase, as I said before, went down by about a third, the increase in the 2 years is about 5 percent. But on the behavioral level, it was very clear that there was small changes in sexual activity among teenagers, so that they, particularly in the 90s, we saw fewer kids having sex, again, because a lot of kids regret, we think that's a good—we think that's a good behavioral trend if you will. A larger change that we saw was an increase in contraception, in contraceptive use, primarily in the use of condoms, and that seems to be the largest piece of the explanation, if you will, for the decline in the teen birth and pregnancy rates in the 90s. So we've actually applied the same statistical methods to the increase, and what—the bottom line looks like there's been very little change recently in sexual activity, it's been very flat, very unchanged since about 2001 through 2007. But we've seen a small deterioration in contraceptive use. The bottom line is contraception and condoms was a big part of the decline, and it seems to be the major factor in explaining this recent increase. I think a few things are clear, and I think if you look at it, for instance, from the level of social policy, the big changes we saw in the 90s were the large increase in condom use, and the small delay in initiation of sexual behavior. And those, in a time sequence way, line up very directly with national efforts to prevent HIV infection among young people. So we saw similar big increases in condoms in the 80s. So in the early 80s we discover the AIDS virus; in the mid 80s there's an outpouring of concern about particular groups including young people; in the late 80s, Surgeon General Coop is now talking to the American family about the importance of this infection and how deadly it is, and how we need to have effective prevention. To me, the response of young people in the 90s is highly related to that epidemic, if you will, of, HIV. And so I think that is as good of an explanation on a social policy level as you can find. And I think we've

shifted away from that kind of focus on HIV prevention. I don't think we're as assiduous in making sure kids get information about condoms, and in fact, the major emphasis in the recent period of time is really been look at, this abstinence only education which spends little time talking about condoms, and when it does talk about condoms, essentially suggests they're not as effective as, as some people thought they were. So I think there's been this undermining, if you will, of condom use, you know, through social policy that I think we're now seeing the results of.

*Susan Wile Schwarz: So would you say the pregnancy message should be bundled with other messages about sexual health or should it stand alone?*

*Dr. John Santelli: I think it actually makes good sense to talk about these two outcomes at the same time. I mean, I think young people think about them at the same time. The age in which you can think about only pregnancy prevention has long past. We have a whole generation that's grown up with the threat of AIDS, the threat of STDs. I think it's very important that education address both of those. And I think they can be synergistic: we need to tell people that they don't have to have sex if they're not ready, but we also need to prepare them for when they are, and most human beings become sexually active in their late teens, early 20s. So we need to prepare them. So we need to talk about condoms as an excellent way to prevent sexually transmitted infection. But in addition to that I think we need to talk about what people are calling highly effective contraception. So there's many ways to get to highly effective contraception, one of which is using condoms consistently and correctly. But many of the contraceptive methods, the pill, the IUD, that are even more effective than the condom, and when used in combination, the two can be highly effective.*

*Susan Wile Schwarz: Just shifting gears for a second, what factors would you say put certain groups at higher risk than others? And what sort of mechanisms can we put into place to sort of help control for this?*

*Dr. John Santelli: I think we've seen some remarkable differences in the trends in teen birth and pregnancy rates among different groups. So the biggest, for instance, declines in teen pregnancy in the 90s and the early part of this decade were among African American youth, and much bigger declines overall, and very interesting. One can speculate on why that occurred. Much smaller decreases among young Hispanic women. My favorite explanation for the sort of bigger decrease in the African American community is – and I've worked a lot in inner city Baltimore, in Atlanta – to me it's a community that was very activated around the issue; it was a community that saw teen pregnancy as a barrier to social progress, to young people completing school, getting into the work force. And so it was perhaps an extension of social progress in that community. I think the explanation is different for the Hispanic community. I think we've seen, it's very much a community in transition in the sense that there's been huge immigration, particularly from Mexico, in the last 15 years, and much of that immigration is coming from parts of Mexico and parts of Latin America that have much higher fertility. So it's not surprising perhaps that we haven't seen the big progress we've seen in other... in other communities. Perhaps the messages, the way we design programs, the way we deliver programs needs to be different for different groups. We need to understand culture, we need to understand what's important to young women, to families, and particular communities, and we need to respond to that and listen to them, because it's got to be a partnership between the community and the public health world if we're going to be effective on any of these issues.*

*Susan Wile Schwarz: In your recent study, you mentioned that long-term trends in US teen fertility rates don't match up exactly with poverty rates or economic situations, which I think are widely recognized risk factors, could you talk about this a little bit?*

Dr. John Santelli: Sure. I mean it's a complicated set of circumstances. But for instance, we know poverty is highly related to teen pregnancy. We know poverty is also related to STD rates, OK? And those may relate to access to care, they may also relate to life opportunities for young people, so it's a complicated explanation, but it's a fairly reliable one. We understand that poverty is related to these outcomes. Well, we've seen big changes in outcomes without big changes in poverty rates. In fact, sometimes we have poverty going up and rates going down. That makes you wonder what the driving force is for the trends. So it may be true that a poor young person is at risk today and tomorrow, and 10 years from now, or 10 years ago, but still the trends may not relate much to poverty in and of itself, so then you have to look for broader explanations, or other explanations.

Susan Wile Schwarz: *It seems clear to some why abstinence only education initiatives haven't been so effective, but have the existing pro-contraceptive initiatives been as effective as we would like?*

Dr. John Santelli: I think the answer's pretty unequivocally no, from the data I've seen, I think it's pretty clear from those quality studies that ab[stinence] only has been designed in this country has no impact at all on, ever had sex, recency of sexual intercourse, age at which people initiate sex, it's... the data's remarkably consistent and remarkably dismal. So I don't know that we've ever had a pro contraceptive program in this country. If you look at the oral contraception views, which is what many young people use, and many young women in their 20s use, we've done very little, it seems to me, to promote the oral contraceptive. We've also seemingly done very little to promote IUDs. And in fact, I think in many ways, women in this country are much more concerned about the side effects of the pill, or side effects of the IUD, than they are worried about an unattended pregnancy. And I... I think some people have suggested the United States is an anti-contraceptive society, that there's a war on contraception in this country. And I think there's some truth in that. I think that cultural attitudes don't always support use of effective contraception for young women. I don't think that that's the expected standard oftentimes, the community standard, for what a responsible adolescent should be doing.

Susan Wile Schwarz: *How do STI and teen birth rates in the US compare to those in other industrialized countries, like in Western Europe?*

Dr. John Santelli: Well, frankly, rates are much worse in the US than they are in Europe. If you look at the US versus the UK, our rates were about twice as high in terms of teen pregnancy. If you look at us versus the Netherlands or Italy, our teen birth rates are 8 to 10 times higher than the birth rates in Europe, so there are pretty huge differences.

Susan Wile Schwarz: *Could you speculate for just a second as to what would account for such a huge disparity?*

Dr. John Santelli: Well, I think you can look at it from a behavioral point of view, you can look at it from a social point of view; and the behavior side, it's pretty clear that teens in Europe don't have sex at different rates, they... the age at which they initiate is about the same. What's vastly different though is use of contraception. Dutch teens, for instance, are much more likely to use the pill. So perhaps 10 percent of American teens in certain surveys are using the pill, and companion European survey, it may be 50 percent. Condom use is slightly higher in the Netherlands than it is here. And what's really a big difference is the so-called "double Dutch method," you know, pill and condoms, is much higher, and very few kids in the Netherlands don't use anything. And so you put that combination of behaviors together, what you see is essentially much lower pregnancy rates, much lower birth rates.

Susan Wile Schwarz: *What sort of policies would you like to see in place that would really make a difference?*

Dr. John Santelli: I guess I'd like to see two things. I'd like to see we really expand access to contraception for young people in this country, I think that's essential. But it's not only making the pills more available by lowering prices or by making condoms more available. It's really trying to change an understanding about the importance of using condoms and contraception for young people. So I think we need to think about how we can use the power of the media, how we can use the Internet, and importantly, how we use our public health education in the school system to change some of those attitudes. We know the pill is very safe, you know, there are specific side effects but major health risk from the, you know, sort of modern birth control pill are pretty minimal, certainly the risks are much less than the risks for getting pregnant, for instance, So, but I think most young people would probably tell you the pill is much more dangerous than pregnancy. So I think we need to change those attitudes. The second half of that is really doing something effective about sexuality education in this country. I think a lot of schools are not delivering comprehensive holistic sexuality education. Many are not talking about condoms and contraception, and I think we need a whole communications message about that. We need the schools reinforcing that, the importance of protecting yourself. We need to get physicians reinforcing that message. We need to get the media. We need to get the Internet. So I think the strategies really are linked, I think we really, the fundamental issue if we really want to make a difference in both STIs and teen pregnancy is to do something around condoms and contraceptive use. There's other strategies obviously that are very important, we need to expand STD treatment services. We've got these wonderful new vaccines, both for hepatitis B, which has been relatively successful and the one against the Human Papillomavirus, which is also highly efficacious and safe and seems to be 100 percent protective in preventing cervical cancer. So there's a lot we know works in public health. I think what we really need is a commitment, a political commitment, a community commitment, a commitment on the part of adults in America, because kids can't fund these programs, to do what's effective and to do what we know works.

*Susan Wile Schwarz: What can adolescent health specialists, and those who work with adolescents, do differently for the kids that they do reach, in order to improve outcomes?*

Dr. John Santelli: I think adolescent-trained physicians do a remarkably good job. They counsel, they talk to young people about health risks, they talk to them about family, they ask about how they're doing in school. I think there's a lot of guidance counseling education that goes on in an adolescent medicine office. I think the problem is that many young people don't get quality health care as recommended by the American Medical Association and its guidelines for adolescent preventive services, or by the Academy of Pediatrics. So many young people are not getting quality adolescent care. And so I think the people that are trained are doing a great job, there's just not enough of them, and not enough people that are wanting to take care of young people. And we're working on trying to improve that supply of adolescent friendly physicians.

*Susan Wile Schwarz: Moving into the next decade, what new research priorities would you like to see in this field?*

Dr. John Santelli: I think we need a more profound understanding of adolescence, and we need to do long term studies, because adolescence is a developmental period, and to say they're doing fine at 14 does not mean they're doing fine at 16 or 18. So I think we need to do more work around that. I think we need to do more work around effective prevention. Health is one outcome of adolescence, but there are many. You want to see young people healthy, you want to see them happy, you want to see them being... becoming productive citizens, you want to see them entering the workforce, you want to see them doing interesting and useful things for their communities. So I think we need to learn more about what promotes health in addition to what causes disease among young people.

And I think those are some of the important research priorities in the coming decade. We need to figure out better ways to get to young people with health care, and with information. So I think the Internet, there's a whole lot of work going on today, trying to figure out how to use the Internet, not as a way to buy stuff on eBay, but as a way to do, you know, health promotion. So there's all kinds of innovative new programs. We don't know they work yet, but they seem great, they look good. We know young people go on the Internet to get health information. We're still trying to figure out what is going to work best to do health promotion for young people.

*Susan Wile Schwarz: Well it's been really great speaking with you today. Thank you so much for coming in. I think we've covered a lot of really interesting ground, and hopefully people will take a lot away from this. It's been a pleasure speaking with you.*

**Dr. John Santelli:** Well, Susan, thank you very much, I'm really pleased that the National Center for Children in Poverty is interested in young people, interested in adolescence, and interested in figuring out how to make them healthy and happy, so it's been fun talking to you today.

*Susan Wile Schwarz: For more information about this interview series or the Improving the Odds for Adolescents Project please go to: [www.nccp.org](http://www.nccp.org).*