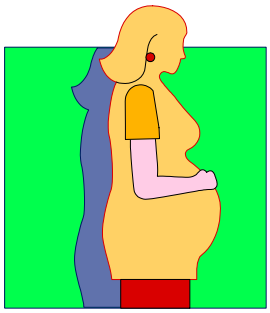
Introductory Packet

Teen Pregnancy Prevention and Support

Revised 2016



*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA,
Box 951563, Los Angeles, CA 90095-1563
(310) 825-3634
E-mail: Ltaylor@ucla.edu
Website: http://smhp.psych.ucla.edu

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Teen Pregnancy: Prevention and Support

"Adolescent pregnancy, always a feature of American life, has traditionally been a private family matter. What makes it a pressing public issue today is the changing social environment in which it is occurring and the growing awareness of its wider social consequences."

Brindis & Jeremy

Introduction

Teen Pregnancy Prevention and Support for Parenting Teens

There are few areas related to adolescents and schools that are as controversial as reproductive education. Mirroring society's debate about freedom of choice regarding pregnancy, people have strong opinions and beliefs about these matters and these are reflected in programs and practices for youth.

Because of the controversy in this areas, we have framed this document around the arguments. We hope to show evidence-based information that will be helpful in program planning and policy development to responsibly address the problem of unintended teen pregnancy.

Too often the politics or the traditional approaches to providing information is the end of the discussion. Because psychological and social factors play such a prominent role in youngsters' sexual behavior and decision making, we have tried to bring information related to these matters into the discussion.

We are interested in your response to these materials and invite you to share information you feel should be included.

I. Conflicts and Controversy

A. Is teen pregnancy a problem?

B. Is it the school's business?

C. The impact of social and psychological factors on teen pregnancy

D. Understanding risks/protective buffers/promoting full development

E. Controversies about the best approach

I. Conflicts and Controversy

A. Is teen pregnancy a problem?

Teen Pregnancy Prevention and United States Students

http://www.cdc.gov/HealthyYouth/yrbs/pdf/us_pregnancy_combo.pdf

What is the problem?

The 2013 national Youth Risk Behavior Survey indicates that among U.S. high school students:

Sexual Risk Behaviors

- 47% ever had sexual intercourse.
- 6% had sexual intercourse for the first time before age 13 years.
- 34% had sexual intercourse with at least one person during the 3 months before the survey.
- 41% did not use a condom during last sexual intercourse. (1)
- 14% did not use any method to prevent pregnancy during last sexual intercourse. (1)
- 75% did not use birth control pills; IUD or implant; or shot, patch, or birth control ring to prevent pregnancy during last sexual intercourse. (1)

Alcohol and Other Drug Use

- 22% drank alcohol or used drugs before last sexual intercourse. (1)

What are the solutions?

Better health education • More comprehensive health services

What is the status?

The School Health Policies and Practices Study 2014 indicates that among U.S. high schools:

Health Education

- 88% required students to receive instruction on health topics as part of a specific course.

As part of a required health education course:

- 72% taught how to prevent pregnancy.
- 64% taught how to find valid information or services related to pregnancy or pregnancy testing.
- 76% taught abstinence as the most effective method to avoid pregnancy, HIV, and other STDs.
- 61% taught methods of contraception.
- 53% taught how to obtain contraception.
- 35% taught how to correctly use a condom.
- 50% taught how to obtain condoms.
- 76% taught the relationship between alcohol or other drug use and the risk for HIV, other STDs, and pregnancy.

Health Services

- 11% provided contraceptives at school.
- 7% made condoms available to students at school.
- 41% provided pregnancy prevention services at school in one-on-one or small-group sessions.
- 12% provided contraceptives to students through arrangements with providers not located on school property.

1. Among students who were currently sexually active.

Where can I get more information? Visit www.cdc.gov/healthyyouth/data/ or call 800-CDC-INFO (800-232-4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

I. Conflicts and Controversy (Cont.)

B. Is it the School's Business?

"Stay out of my business!"

"It's none of your business!"

While adolescents frequently feel that well meaning adults intrude into matters that they wish to keep confidential, if sexual behavior leads to pregnancy, it's everyone's business.

Schools have an opportunity to address reproductive health and enhance academic outcomes for students.

1. **Excerpt from "Partners in Progress: The Education Community and Preventing Teen Pregnancy"**

2. **Working with Schools**

3. **Education Laws and Pregnant and Parenting Students**

B. Is it the School's Business?

1. Excerpt from:
Partners in Progress: The Education Community and Preventing Teen *Pregnancy*

AMCHP's National Campaign to Prevent Teen Pregnancy and the Joint Work Group on School-Based Teen Pregnancy Prevention, May 2002

http://www.teenpregnancy.org/resources/reading.pdf.partnersprogress.pdf

Introduction

Because the relationship between academic failure and teen pregnancy is so strong, and because young people spend so much of their time in school, the education community and the teen pregnancy prevention community should see themselves as natural allies.

Too often, however, schools find themselves caught in the middle of community controversies over sex education, in particular, and the potential for schools to help reduce teen pregnancy gets lost. In response, this document offers simple ideas on ways the education community can help prevent teen pregnancy — most of which are not at all controversial — without sacrificing its core mission of education.

The Relationship Between Academic Failure and Teen Pregnancy.

Although all students are at risk for engaging in early sexual activity and childbearing, school failure is often the first sign of trouble that can end in teenage parenthood. In fact, half of teen mothers drop out of school before becoming pregnant. Recent studies make clear that students who feel a strong connection to their school are much more likely to postpone sexual activity and other risky behaviors. Teenage parenthood is also a leading correlate of school failure — less than one third of teens who begin families before age 18 ever complete high school. All of which suggests that the most important role for schools in preventing teen pregnancy is to prevent school failure and drop-out and offer all students the opportunity to succeed and to become deeply engaged in their own education.

Is Teen Pregnancy Still a Concern?

Since the early 1990s, teen pregnancy and birth rates have declined nationwide, in all states, and among all age and racial/ethnic groups — the result of less sexual activity and better contraceptive use. This good news shows that efforts to prevent teen pregnancy are paying dividends. Despite these encouraging declines, the United States has the highest rates of teen pregnancy and birth among comparable nations. And it is still the case that four out of ten girls in the U.S. become pregnant at least once before age 20.

The Consequences of Teen Pregnancy.

Teen pregnancy and childbearing have adverse academic consequences for teen parents and their children. In addition to a higher drop-out rate for the young mothers and fathers, early parenting limits a young mother's likelihood of a getting the post-secondary education that is increasingly necessary to qualify for a well-paying job. Not surprisingly, limited educational achievement increases the chances that teen parents will live in poverty. Teen fathers tend to complete an average of one semester of school less than young men who delay father-hood until at least age 21. The children of teen mothers are also at risk compared to those born to older parents. They are 50 % more likely to repeat a grade, they perform worse on standardized tests, and ultimately they are less likely to complete high school than if their mothers had delayed childbearing.

Ways Schools Are Helping Prevent Teen Pregnancies.

Schools play a vital role in the lives of 50 million children each year. By promoting educational success, developing skills that help build a positive future, and by helping young people to feel a strong sense of purpose, schools can help strengthen young people's motivation to delay pregnancy and parenthood. Schools can — and should — also provide sexuality education, and clearly schools are doing so. Although curricula vary widely in both focus and intensity, nearly every teenager in the United States receives some form of comprehensive sex or abstinence education. For their part, parents have expressed consistent and strong support for school-based sex education that stresses abstinence as the first and best choice for youth and provides information about contraception. Parents also want schools to go beyond just the "birds and the bees" and address such issues as how to manage pressure to have sex and the emotional consequences of becoming sexually active. For those concerned that discussing sex and contraception with young people might have a negative impact, there is good news. The over-whelming weight of the evidence is that sex education that addresses both the benefits and limitations of contraception does not hasten the onset of sex, increase the frequency of sex, nor increase the number of sexual partners. In addition, several sex and HIV education curricula have now been shown to delay the onset of sex, reduce the frequency of sex, reduce the number of sexual partners among teens, and/or increase the use of contraception.

Two important caveats: (1) When it comes to preventing teen pregnancy, schools can do more than just offer sex education classes. For instance, schools can host parent forums or can provide health clinic services. (2) Regardless of the type of sex education curriculum that schools offer, it is important to recognize that teens receive information and guidance about sex from a variety of sources — parents, television, the Internet, friends, and faith communities, to name just a few. Consequently, it is unreasonable to expect that the education community alone should shoulder the entire burden of the sexual education of young people or be responsible for putting all of the complex issues of love, sex, and relationships in just the context that each family prefers. Moreover, there is very strong agreement within the education community that schools alone cannot address the issue of adolescent pregnancy. While there are a variety of approaches for pre-venting teen pregnancy through schools, support from families, in particular, and the community in general, is essential if prevention programs are to work successfully.

The following tips are designed primarily to help those in the education community strengthen their existing commitments to preventing teen pregnancy and to provide new ideas. It is our hope that these tips also provide some guidance to those outside of schools who are also concerned with how to reduce teen pregnancy but need new ideas for constructive partnerships with schools.

Tips for Success

•Set High Academic Standards for all Students.

Students respond best to a strong education program that is stimulating, establishes expectations for all students, and clearly articulates what each student should know and be able to accomplish.

•Involve Parents.

Teens consistently cite parents as having the most influence over their sexual decision-making. A solid relationship between a teen and his or her parents is positively related to healthy emotional development and self-esteem. Ongoing, sustained communication between parents and their teens can help prevent teen pregnancy, as well as a host of other risky behaviors.

•Involve Youth.

Giving young people meaningful roles in developing and running a teen pregnancy prevention program is critical to the success of such efforts. Their input helps ensure that a program is relevant and that messages, products and methods reach their intended audience.

• Do Your Homework.

Become and stay informed about teen pregnancy and about promising interventions. Gather data on the need for pregnancy prevention in your community — make the issue local.

- Prepare Teachers.

  Students cite teachers and counselors as second only to their families as the most reliable sources of sex-related information.

- Use the Youth Development Framework.

  Evidence increasingly supports the view that after-school activities, community service, and other youth development programs help to foster self-esteem, "resiliency," and academic achievement. In fact, current research suggests that programs that include community service by teens and structured time for preparation and reflection before, during, and after such service (e.g., group discussions, journal writing, and papers) may have the strongest evidence of any intervention that they actually reduce teen pregnancy rates while the youth are participating in the program.

- Create an Environment for Success.

  When designing and operating programs that address teen pregnancy, make sure to find friends and advocates outside the education community, such as state and local coalitions focused on preventing teen pregnancy.

- Let Research Help Guide Your Efforts.

  When designing, assessing, and evaluating policies and programs that address teen pregnancy, it is helpful to know that there exists an increasing body of science that can help guide your decisions and efforts.

AMCHP: http ://www.amchp.org

Healthy Teen Network

2. Working with Schools

http://www.healthyteennetwork.org/working-schools

Healthy Teen Network Resources

- Summary: Systematic Literature Review of the Association Between School Climate and Adolescent Sexual and Reproductive Health
- Summary: Systematic Literature Review of the Association Between School Climate and Adolescent Sexual and Reproductive Health (PowerPoint)
- Instructor Interview Tool
- Instructor Observation Tool
- What's going on in the classroom? Tips for assessing the implementation of sexuality education
- Art of Storytelling
- Instructor Competency Assessment Tool

Other Resources

- School-Based Health Centers Literature Database
- Evidence-Based Sexuality Education Programs in Schools: Do They Align With the National Sexuality Education Standards?
- Measuring School Health Center Impact on Access to and Quality of Primary Care
- How Pregnancy Planning and Prevention Help Students Complete College
- Differences in Adolescent Relationship Abuse Perpetration and Gender-Inequitable Attitudes by Sport Among Male High School Athletes
- Teacher's Guide: Interesting, Fun, and Effective Classroom Activities To Influence Teen Dating Violence Awareness and Prevention

- Sexual Assault Risk Reduction Curriculum
- Evaluation of a Statewide Youth-Focused Relationships Education Curriculum
- Impact of a School-Based Dating Violence Prevention Program among Latino Teens: Randomized Controlled Effectiveness Trial
- Unwanted Sexual Contact on Campus: A Comparison of Women's and Men's Experiences
- Family Homework and School-Based Sex Education: Delaying Early Adolescents' Sexual Behavior
- The Relationship Between Parental Involvement and Urban Secondary School Student Academic Achievement: A Meta-Analysis
- Parent Engagement: Strategies for Involving Parents in School Health
- School Connectedness: Strategies for Increasing Protective Factors Among Youth
- Answer: Sexuality Education Policy by State
- Centers for Disease Control and Prevention: School Health Policies and Practices Study (SHPPS)
- Improving Outcomes for Teen Parents and Their Young Children by Strengthening School-Based Programs. Challenges, Solutions, and Policy Implications
- Promising Outcomes in Teen Mothers Enrolled in a School-Based Parent Support Program and Child Care Center
- Access to and Use of Vocational Education in Teen Parent Programs
- Prepped for Success? Supporting Pregnant and Parenting Teens in Chicago Schools
- Promoting Sexual Responsibility: A Teen Pregnancy Prevention Resource for School Employees
- Beyond Teacher Training: The Critical Role of Professional Development in Maintaining Curriculum Fidelity
- Building the Missing Link between the Common Core and Improved Learning
- Success by Ten: Intervening Early, Often and Effectively in the Education of Young Children
- Listening to Latinas: Barriers to High School Graduation
- How to Work with Schools to Conduct STD Screening

NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

Resource

3. A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students

http://nwlc.org/resources/a-pregnancy-test-for-schools-the-impact-of-education-laws-on-pregnant-and-parenting-students/

Parenthood is not the end of the road for teen moms. Quite to the contrary, motherhood can serve as an educational motivator for many young women. Unfortunately, educational barriers and discrimination often thwart this drive and determination. Title IX of the Education Amendments of 1972 is the landmark law that bans sex discrimination in federally funded education programs and activities. Despite Title IX's prohibition against sex discrimination, there are schools across the country that continue to bar pregnant and parenting students from activities, kick them out of school, pressure them to attend alternative programs, and penalize them for pregnancy-related absences.

A Pregnancy Test for Schools outlines the ways that federal, state, and local laws, policies, and programs can change the landscape for pregnant and parenting students and ranks how well the state laws and policies address the needs of these students. The report describes the particular challenges faced by pregnant and parenting students, highlights the requirements of federal laws, reviews relevant state laws and policies (some promising and others sorely lacking), and concludes with recommendations for both policymakers and for schools.

Below we've also provided resources for advocates and service providers who work with these youth; download our toolkit to find out how you can help to make a difference.

- **Full Report** **Executive Summary** **Toolkit** **Fact Sheet for Schools**
- **Pregnant & Parenting Students Bill of Rights Wallet Card**

PUBLISHED ON: June 18, 2012

ASSOCIATED ISSUES: Education & Title IX, Pregnancy & Parenting, Pregnant & Parenting Students, School Discipline & Dropout Prevention

I. Conflicts and Controversy (cont.)

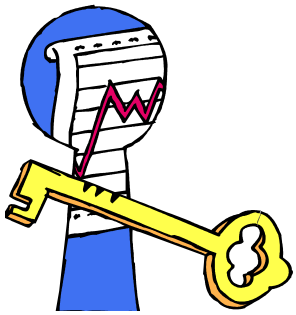
C. The Impact of Social and Psychological Factors on Pregnancy

1. **Social Factors**

   a. **Poverty/culture/families**

   b.**Media impact**

2. **Psychological Factors**



I. Conflicts and Controversy (cont.)

C. The Impact of Social and Psychological Factors on Pregnancy (cont.)

1. *Social Factors*

a. Poverty/culture/Families

The Impact of Social and Psychological Factors on Pregnancy

Teenage pregnancy is both a personal issue and a societal issue; thus, a number of psychological and social factors have important effects on adolescent childbearing. From a psychological point of view, it is important to examine the factors which lead teens to engage in risky sexual behavior; substance abuse, exposure to violence, sexual victimization, and "nothing to lose"attitudes all make a teen more susceptible, while a good relationships with parents serves as a protective factor. From a sociological point of view, it is important to acknowledge the strong relationship between socioeconomic disadvantage (e. g , poverty, low educational attainment) and teen pregnancy; it is both a risk factor for and consequence of adolescent parenthood. It is also important to consider the role of a media which emphasizes the importance of sex with little mention of the risks associated with it. The following excerpts, taken from a variety of sources, examine teen pregnancy in the context of these important social and psychological factors.

I. Conflicts and Controversy (cont.)

C. The Impact of Social and Psychological Factors on Pregnancy (cont.)

1. Social Factors (cont.)

a. Poverty/culture/families (cont.)

Adolescent Pregnancy and Parenthood

http://www.actforyouth.net/sexual_health/behaviors/pregnancy.cfm

Sexual Behaviors and Health

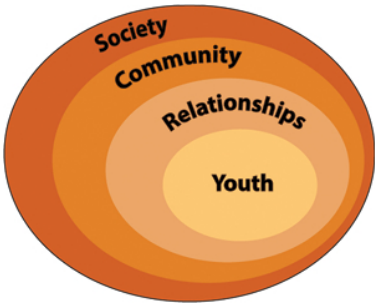
- Sexual Behaviors in Adolescence
- Risk and Protective Factors
- Sexually Transmitted Diseases
- HIV/AIDS
- Pregnancy and Parenthood
- Contraception

Related Resources

Sexual development is central to adolescence. For more information, visit:

- What is Sexual Health?
- Understanding Sexual Development
- Romantic Relationships in Adolescence

For statistics relating to adolescent sexual health, visit Demographics: Sexual Health.



Communities can provide the supportive context youth need to avoid unplanned pregnancies or succeed as young parents. By providing services, opportunities, and supports, communities foster positive youth development. By ensuring access to youth-friendly health care, they promote well-being. And by promoting comprehensive sex education, they give youth the knowledge and skills they need to navigate relationships and take control of their sexual and reproductive lives.

This is a tall order for any community -- especially those that are under-resourced and those where stigma against sex and sexuality runs high. However, the consistent decline in pregnancy rates suggests that this can be done.

How do environmental factors affect adolescent pregnancy?

Sex is a normal part of the teen years: in the U.S., two out of three people have sex before the age of 19. But sex is a complicated part of life, connected not only to family, relationship, and individual issues, but also to myriad social and economic pressures and policies. Consider how these pressures can weave through young people's lives:

- **Social stigma against teen sexuality** has affected Caroline in significant ways. Caroline's mother is uncomfortable talking to her about sex, and is embarrassed to ask anyone how to have that conversation. Because they fear potential objections from parents, Caroline's high school prohibits condom demonstrations in sex education classes as a matter of **school policy**. Caroline and her boyfriend Max want to use protection, but they don't know how. When the condom breaks, Caroline's friends tell her about emergency contraception, but she lacks **access to public transportation** and is unable to get to a clinic or pharmacy in time. She doesn't want to go to a health center in any case because of **confidentiality concerns**: it's a small town, and the odds are she will see someone she knows there.

- At 16, William is feeling the pressure of masculine **gender norms**: he is teased relentlessly for being a virgin. He would rather be working or doing something that will set him up for the future, but there are **no jobs** and **nothing interesting to do** where he lives. To pass the time, he and his friends just hang out and **get high** at the end of the school day. There's one girl who seems to like him, so he might as well get it over with. Among the guys, **peer norms** hold that condoms make sex less pleasurable; condom use is rare in his crowd, and no adults offer a different narrative to challenge that norm. In fact, no one seems to be paying attention at all.

- **Homophobia, violence, and poverty** have all contributed to the toxic stress that accompanies 15-year-old Ti through life. Identifying as queer, Ti **sees no need for contraception**, and doesn't even consider going to the free clinic. But she has learned it's not safe to be gay, so she covers her tracks by having boyfriends. Ti's school and neighborhood have no resources to provide her with **opportunities to develop her talents and plan for the future**. She lives one day at a time and prides herself on being a survivor. Kicked out of her family's home, she uses sex to **meet basic needs** for food and shelter.

Prevention

These stories suggest many points at which interventions -- from parent education to vocational opportunities to food and shelter -- could change the trajectory of teens' lives. When it comes to adolescent pregnancy, the power of influences beyond the individual or couple involved has been well-researched: hundreds of risk and protective factors for adolescent sexual health have been identified. Together, they suggest many pathways toward empowering youth to care for their health and plan the futures they desire.

Because the causes of adolescent pregnancy are so complex, researchers and funders recommend that comprehensive plans be developed and implemented at the community level. Every sector has a role to play in supporting a community's youth. Three overarching strategies can make a significant difference through:

- **Positive Youth Development**
  Positive youth development has been linked to decreases in adolescent pregnancy and to better adolescent sexual health. This section describes positive youth development principles and practices.

- **Evidence-Based Programming**
  Comprehensive sexual health education allows youth to build the knowledge and skills -- such as refusing sex and using a condom correctly -- that they need to protect their health and promote their well-being. This section focuses on how to prepare for successful implementation of evidence-based programs in adolescent sexual health.

- **Access to health care**
  Youth-friendly, confidential sexual health care is fundamental to pregnancy prevention.

It's also important to note that poverty is central to many of the risk factors for youth. To support young people, it is critical to address the burden of poverty carried by under-resourced neighborhoods, and activate the strengths and resources within these communities.

Support for Young Families

Prevention, of course, is not the end of the story: thousands of teens become parents each year. It's safe to say that in most communities in the U.S., adolescents who are parents are rarely supported in their own development. Coping with the pernicious effects of stigma, they face obstacles in completing their education and building the connections and competencies that support self-sufficiency and a healthy adulthood. At the same time, they must work to ensure the well-being of their children: finding safe housing and childcare, getting to health care appointments, and securing income.

When connected to supportive opportunities, young people who parent can meet their own developmental challenges while raising their children.

- **Supporting Young Parents: A Toolkit**
  This toolkit of online resources is for professionals who are helping young families address their most pressing challenges and needs.

Resources: Focus on Disparities

Adolescent pregnancy and parenting rates have declined dramatically since 1991. However, some groups remain disproportionately affected by unintended pregnancy, HIV, and STDs. To achieve health equity, the social determinants negatively affecting these groups must be addressed. See below for information and resources.

Youth of color

- Advocates for Youth: Young Women of Color Initiative
- Advocates for Youth: The Reproductive and Sexual Health of Young Men of Color (PDF)
- Advocates for Youth: Youth of Color - At Disproportionate Risk
- National Campaign: Latino Community

Rural youth

- National Campaign: Sex in the (Non) City: Teen Childbearing in Rural America

Lesbian, gay, and bisexual youth

- ACT for Youth: Pregnancy Risk Among Bisexual, Lesbian, and Gay Youth
- ACT for Youth: LGBTQ Inclusion in Youth Program Environments
- Advocates for Youth: Youth Resource

Youth in foster care

- National Campaign: Child Welfare and Juvenile Justice

Homeless and runaway youth

- Youth.gov: Physical and Reproductive Health

Additional resources

- Office of Adolescent Health: Engaging Select Populations

Abstract

Why is the teen birth rate in the United States so high and why does it matter?

M.S. Kearney & P.B. Levine (2012). *Journal of Economic Perspective, 26*, 141-166.

Teens in the United States are far more likely to give birth than in any other industrialized country in the world. U.S. teens are two and a half times as likely to give birth as compared to teens in Canada, around four times as likely as teens in Germany or Norway, and almost 10 times as likely as teens in Switzerland. Among more developed countries, Russia has the next highest teen birth rate after the United States, but an American teenage girl is still around 25 percent more likely to give birth than her counterpart in Russia. Moreover, these statistics incorporate the almost 40 percent fall in the teen birth rate that the United States has experienced over the past two decades. Differences across U.S. states are quite dramatic as well. A teenage girl in Mississippi is four times more likely to give birth than a teenage girl in New Hampshire--and 15 times more likely to give birth as a teen compared to a teenage girl in Switzerland. This paper has two overarching goals: understanding why the teen birth rate is so high in the United States and understanding why it matters. Thus, we begin by examining multiple sources of data to put current rates of teen childbearing into the perspective of cross-country comparisons and recent historical context. We examine teen birth rates alongside pregnancy, abortion, and "shotgun" marriage rates as well as the antecedent behaviors of sexual activity and contraceptive use. We seek insights as to why the rate of teen childbearing is so unusually high in the United States as a whole, and in some U.S. states in particular. We argue that explanations that economists have tended to study are unable to account for any sizable share of the variation in teen childbearing rates across place. We describe some recent empirical work demonstrating that variation in income inequality across U.S. states and developed countries can explain a sizable share of the geographic variation in teen childbearing. To the extent that income inequality is associated with a lack of economic opportunity and heightened social marginalization for those at the bottom of the distribution, this empirical finding is potentially consistent with the ideas that other social scientists have been promoting for decades but which have been largely untested with large data sets and standard econometric methods. Our reading of the totality of evidence leads us to conclude that being on a low economic trajectory in life leads many teenage girls to have children while they are young and unmarried and that poor outcomes seen later in life (relative to teens who do not have children) are simply the continuation of the original low economic trajectory. That is, teen childbearing is explained by the low economic trajectory but is not an additional cause of later difficulties in life. Surprisingly, teen birth itself does not appear to have much direct economic consequence. Moreover, no silver bullet such as expanding access to contraception or abstinence education will solve this particular social problem. Our view is that teen childbearing is so high in the United States because of underlying social and economic problems. It reflects a decision among a set of girls to "drop-out" of the economic mainstream; they choose non-marital motherhood at a young age instead of investing in their own economic progress because they feel they have little chance of advancement. This thesis suggests that to address teen childbearing in America will require addressing some difficult social problems: in particular, the perceived and actual lack of economic opportunity among those at the bottom of the economic ladder.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Social Determinants and Eliminating Disparities in Teen Pregnancy

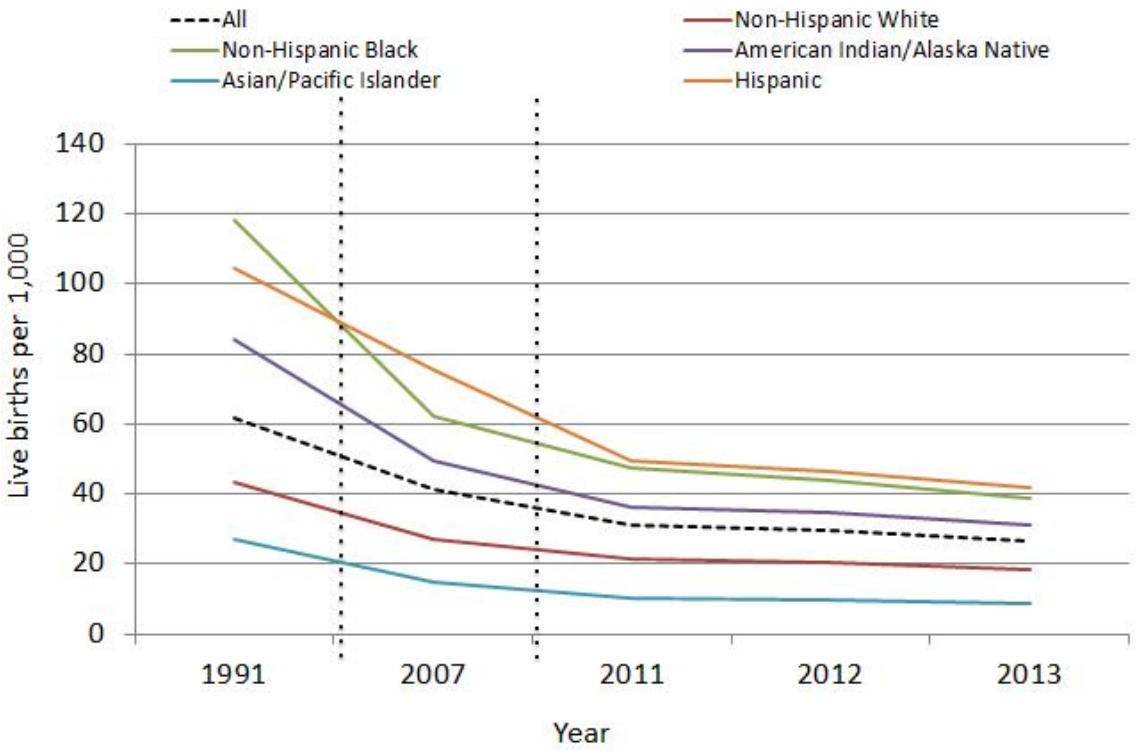
http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/social-determinants-disparities-teen-pregnancy.htm

Teen birth rates (live births per 1,000 15–19-year-old U.S. females) decreased 10% overall from 2012 (29.4) to 2013 (26.5).[1] Decreases occurred for all races and for Hispanics. Despite these declines, geographic, socioeconomic, and racial and ethnic disparities persist.

Disparities by Race and Ethnicity

From 2012–2013, teen birth rates decreased 9% for non-Hispanic whites, 11% for non-Hispanic blacks and American Indian/Alaska Natives (AI/AN), and 10% for Asian/Pacific Islanders and Hispanics.[1] However, in 2013, non-Hispanic black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained more than one and a half time higher than the white teen birth rate.

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years



Social Determinants of Health

Social determinants are the circumstances in which people are born, grow up, live, play, learn, work and age. They are the elements of a society's organization and process that affect the overall distribution of disease and health. Examples include education, housing and the built environment, transportation, employment opportunities, the law, and the justice system. The health care and public health systems are also social determinants of health.

Understanding Disparities: Looking Beyond Race

In addition to building the evidence to support programs and clinical services to prevent teen pregnancy through individual behavior change, research is shedding light on the complexity of social determinants of teen pregnancy.

Geographic Disparities

- While teen birth rates declined in 45 states and Washington, DC between 2012 and 2013, geographic disparities persist with state-specific teen birth rates ranging from 12.1 in Massachusetts to 43.5 in Arkansas.[1] Southern and Southwestern states have persistently higher teen birth rates than northern and eastern states. [2]
- Teen birth rates are higher in rural counties than in urban centers and in suburban counties regardless of race/ethnicity. In 2010, the teen birth rate in rural counties was nearly one-third higher compared to the rest of the country (43 versus 33 births per 1,000 females aged 15-19 years). [3]
- Between 1990 and 2010, the birth rate among teens in rural counties declined 32%, which was slower than the decline in urban centers (49%) and in suburban counties (40%). [3]

Socioeconomic Disparities

- Socioeconomic conditions in communities and families may contribute to high teen birth rates. Examples of these factors include—
  - Low education and low income levels of a teen's family. [4]
  - Few opportunities in a teen's community for positive youth involvement. [4]
  - Neighborhood segregation. [4]
  - Neighborhood physical disorder (graffiti, abandoned vehicles, litter, alcohol containers, cigarette butts, glass on the ground). [4]
  - Neighborhood-level income inequality. [4]
- Teens in child welfare systems are at increased risk of teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant compared to those not in foster care. [5]

Data Sources:

- Martin, JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2013. *Natl Vital Stat Rep.* 2015;64(1).
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last updated: April 15, 2015

I. Conflicts and Controversy (cont.)

C. The Impact of Social and Psychological Factors on Pregnancy

1. Social Factors

b. Media Impact

From the American Academy of Pediatrics

Policy Statement

Sexuality, Contraception, and the Media

The Council on Communications and Media

In *Pediatrics*. September 2010, VOLUME 126 / ISSUE 3
http://pediatrics.aappublications.org/content/126/3/576

Abstract

From a health viewpoint, early sexual activity among US adolescents is a potential problem because of the risk of pregnancy and sexually transmitted infections. New evidence points to the media adolescents use frequently (television, music, movies, magazines, and the Internet) as important factors in the initiation of sexual intercourse. There is a major disconnect between what mainstream media portray—casual sex and sexuality with no consequences—and what children and teenagers need—straightforward information about human sexuality and the need for contraception when having sex. Television, film, music, and the Internet are all becoming increasingly sexually explicit, yet information on abstinence, sexual responsibility, and birth control remains rare. It is unwise to promote "abstinence-only" sex education when it has been shown to be ineffective and when the media have become such an important source of information about "nonabstinence." Recommendations are presented to help pediatricians address this important issue.

2. Psychological Factors

Sexual Health Risks Among Adolescent Girls Hospitalized for Acute Mental Health Problems.

C. McIsaac & L. Horricks (2016). *Journal of Adolescent Health, 58*, S61–S62.
http://www.jahonline.org/article/S1054-139X(15)00530-3/abstract?rss=yes

Abstract

Adolescent girls with mental health disorders are at increased risk of negative sexual experiences, including exposure to sexually transmitted infections and unintended pregnancies (Brown et al., 2010). When admitted to an inpatient unit for deteriorating mental health, an opportunity exists to systematically ask about girls' exposure to sexual health risks. Yet comprehensive assessments of sexual experiences are generally not being done during an inpatient mental health stay, in large part because there is a paucity of literature to substantiate risky sex as a problem for this population, let alone guidelines for clinicians around how to approach this topic.

Relationship Between Depressive Symptoms and Birth Control Sabotage in Adolescent Females Initiating Contraception

J.K.R. Francis, K. Malbon, D. Braun-Courville, L.O. Linares, & S.L. Rosenthal (2015).
Journal of Adolescent Health, 56, S97–S698
http://www.jahonline.org/article/S1054-139X(14)00621-1/abstract

“Birth control sabotage,” or reproductive coercion by a partner who specifically interferes with contraceptive pursuits, has been associated with increased risk of unintended pregnancy and partner violence. [1] However, less remains known about psychosocial factors that might influence relationship dynamics and perhaps predispose an adolescent female to episodes of a partner attempting to sabotage one's birth control. We hypothesize that female adolescents with depressive symptoms likely have impaired motivations and lower self-efficacy within a relationship and therefore more likely to disclose a partner who has attempted “birth control sabotage” in the past.

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development

Understanding risks/protective buffers/ promoting full development

In order to prevent teen pregnancy, it is necessary to understand the factors that make teens more or less susceptible to it. Some important risk factors include poverty, family instability, poor educational performance, low expectations for the future, and external locus of control, while important protective factors include connectedness to family and school, positive family relationships, school achievement, and future orientation/hope. The far-reaching nature of these risk and protective factors suggest a need for multiple-level, community-wide approaches to teen pregnancy prevention. They also suggest a need for approaches that do not focus specifically on teen pregnancy, but rather have the broader aim of promoting full development by giving teens basic competencies essential to a successful transition to adulthood. Using excerpts from a variety of sources, the following section discusses risk and protective factors

1. **Examples**
2. **Discussion**
3. **What is Sexual Health?**
4. **Understanding Sexual Development**

1. Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

ENVIRONMENTAL CONDITIONS** **PERSON FACTORS****

I. Barriers to Development and Learning (Risk producing conditions)

Neighborhood	*Family*	*School and Peers*	*Individual*
>extreme economic deprivation >community disorganization, including high levels of mobility >violence, drugs, etc. >minority and/or immigrant status	>chronic poverty >conflict/disruptions/violence >substance abuse >models problem behavior >abusive caretaking >inadequate provision for quality child care	>poor quality school >negative encounters with teachers >negative encounters with peers &/or inappropriate peer models	>medical problems >low birth weight/ neurodevelopmental delay >psychophysiological problems >difficult temperament & adjustment problems

II. Protective Buffers (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

Neighborhood	*Family*	*School and Peers*	*Individual*
>strong economic conditions/ emerging economic opportunities >safe and stable communities >available & accessible services >strong bond with positive other(s) >appropriate expectations and standards >opportunities to successfully participate, contribute, and be recognized	>adequate financial resources >nurturing supportive family members who are positive models >safe and stable (organized and predictable) home environment >family literacy >provision of high quality child care >secure attachments – early and ongoing	>success at school >positive relationships with one or more teachers >positive relationships with peers and appropriate peer models >strong bond with positive other(s)	>higher cognitive functioning >psychophysiological health >easy temperament, outgoing personality, and positive behavior >strong abilities for involvement and problem solving >sense of purpose and future >gender (girls less apt to develop certain problems)

III. Promoting Full Development (Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life)

Neighborhood	*Family*	*School and Peers*	*Individual*
>nurturing & supportive conditions >policy and practice promotes healthy development & sense of community	>conditions that foster positive physical & mental health among all family members	>nurturing & supportive climate school-wide and in classrooms >conditions that foster feelings of competence, self-determination, and connectedness	>pursues opportunities for personal development and empowerment >intrinsically motivated to pursue full development, well-being, and a value-based life

***For more on these matters, see:**

Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm

Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.

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Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education*. Westport, CT: Praeger.

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)

youth.GOV

2. Risk and Protective Factors

http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors

Teen pregnancy can result in a number of negative consequences. It is necessary to understand the associated risk and protective factors in order to appropriately implement prevention efforts. Risk factors encourage, or increase, behaviors that increase the likelihood of teen pregnancy, while protective factors decrease these behaviors. These factors can occur in multiple domains, such as individual (teen's attitude), family (poverty status), and community (available resources).[1]

Key risk factors include living in poverty, limited maternal educational achievement, and having a mother who gave birth before the age of 20.[2] Additional risk factors include being from a single-parent home, living in a home with frequent family conflict, early sexual activity, early use of alcohol and drugs, and low self-esteem.[3] Lastly, a teen's race and ethnicity can be a risk factor for teen pregnancy.

Some protective factors include open communication with parents and/or adults about accurate contraception use, parental support and healthy family dynamics, and peer use of condoms. Protective factors also include positive attitudes towards condom use, intent to abstain from sex or limit one's number of partners, and accurate knowledge of sexual health, HIV infection, sexually transmitted infections, the importance of abstinence, and pregnancy. [4]

Identifying these factors is important because it can help effectively guide teen pregnancy prevention program planning and implementation by focusing on the specific and varied needs of the youth in the community. Learn more about teen pregnancy prevention efforts being supported by the federal government.

Resources

Centers for Disease Control and Prevention (CDC): Overview of Contraception
This web page from the CDC goes over the different types of contraception that are available, how they work, and the effectiveness of each method.

GirlsHealth.gov: Overview of Birth Control
This web page from GirlsHealth.gov gives an overview of possible questions young women may have regarding birth control and birth control options. It also links to an overview of types of birth control.

[1] Washington State Health Department, 2007
[2] Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health, 2011
[3] CDC, National Center for Chronic Disease Prevention and Health, 2011; Kirby, Lepore, & Ryan, 2005
[4] CDC, 2011c; Martinez, Copen, & Abma, 2011
- See more at: http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors#sthash.TdGF6fpH.dpuf

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)

3. What is Sexual Health?

http://www.actforyoutn.net/sexual_health/

Sexual Health and Development

What is Sexual Health?

Sexual Development

Sexual Behaviors and Health

Supporting Adolescent Sexual Health

Visit the ACT Youth Network Sexual Health Pages

Supporting Roles for Adults, Programs, and Communities

Adults have many roles to play in supporting positive sexual health for young people:

Positive **parent/family involvement in sexual health** may be extraordinarily effective in reducing risky behaviors/promoting healthy behaviors.

Sexual health programming can have a measurable impact on risk behaviors.

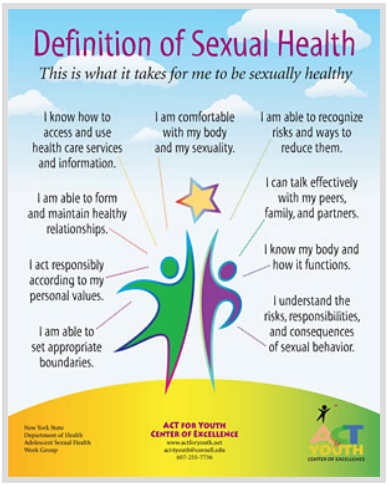
Communities can support young people's sexual health by using a positive youth development approach.

WHO Definition of Sexual Health

The **World Health Organization** defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Web

Often when we speak of adolescents, sex, and sexuality, we focus on what adults don't want young people to do. But sexuality is a normal, positive, and lifelong aspect of health and well-being, and it encompasses more than our particular behaviors. Healthy **adolescent sexual development** involves not only bodily changes, sexual behaviors, and new health care needs, it also involves building emotional maturity, relationship skills, and healthy body image.



What does it mean to be a sexually healthy adolescent?

The New York State Department of Health's Adolescent Sexual Health Work Group offers this answer:

"A sexually healthy adolescent is able to realize his/her individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body, gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual actions; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the health care system and other community institutions to seek information and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and forming and maintaining meaningful, healthy relationships" [1].

Put another way, a sexually healthy adolescent -- or adult -- could say:

This is what it takes for me to be sexually healthy:

- I am **comfortable with my body** and my sexuality.
- I can **talk effectively** with my peers, family, and partners.
- I **know my body** and how it functions.
- I **understand the risks, responsibilities, and consequences** of sexual behavior.
- I am able to **recognize risks and ways to reduce them**.
- I know how to **access and use health care services** and information.
- I am able to **set boundaries** when it comes to sex and sexual relationships.
- I **act responsibly** according to my **personal values**.
- I am able to form and maintain **healthy relationships**.

References

[1] New York State Department of Health: **Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations**

4. Understanding Sexual Development

http://www.actforyouth.net/sexual_health/sexual_development/

Sexual Development

Understanding Sexual Development

About Boys

Romantic Relationships

Find new resources each month in the ACT for Youth Update!

More on Sexual Health

For more information on adolescent sexual health, visit:

What is Sexual Health?

Sexual Health Programming

Sexual Health and Communities

Sexual Health Publications and Presentations

Symposium: Adolescent Sexual Health

ACT for Youth Highlight

The complete version of **Healthy Adolescent Sexual Development** is available as an online presentation, written and narrated by Richard E. Kreipe, MD, Golisano Children's Hospital at the University of Rochester Medical Center.

Narrated Presentation

PowerPoint Presentation (1.2M)

Healthy sexual development [1] involves biological, psychological, and socio-cultural processes. Like all aspects of **adolescent development**, sexual development occurs both within an individual and through interaction with the environment. For example, the biological triggers of puberty are genetic, and are also affected by the available food. Psychological and social processes occur through interactions with family, cultural institutions, and peers, and are also affected by brain development. Adolescent sexual development is likely to be healthy, and to lead to positive **sexual health**, when each of these processes is appropriately supported in a young person's environment.

Putting all of these factors together, healthy adolescent sexual development occurs not along a single path, but through many trajectories. It involves much more than a teenager avoiding sexually transmitted infections or an unintended pregnancy between childhood and adulthood. Healthy adolescent sexual development trajectories prepare a person for a meaningful, productive, and happy life.

For additional resources, visit **Toolkit: Domains of Development**.

Puberty

Puberty involves the physical changes of a girl becoming a woman, or a boy becoming a man. These changes lead to the ability to reproduce. The **changes of puberty** (narrated presentation: 17 minutes; **PowerPoint presentation**: 3.4M) occur on the inside and the outside of the body, but what is most noticeable both to the adolescent and the rest of the world are the external changes.

In both girls and boys, puberty starts in the central parts of the brain that control other functions in the body such as temperature, blood pressure, and heart rate. The brain controls puberty by producing hormones, which are chemical messengers that travel in the bloodstream to various organs.

- The sex organs -- also called gonads -- are stimulated to make sex hormones.
- A girl's ovaries are stimulated to make the female hormone estrogen. Estrogen causes the normal changes of puberty in girls, such as breast development, increasing height, widening of the hips, and an increase in body fat. Menstrual cycles are caused by the balance in estrogen and another hormone from the ovary, progesterone.
- A boy's testicles are stimulated to make the male hormone testosterone. Testosterone causes the normal changes of puberty in boys, such as growth of the penis, increasing height, widening of the shoulders, deepening of the voice, and growth of facial hair.
- Normally, girls' ovaries also make a little testosterone, and boys' testicles also make a little estrogen, but in different amounts.

Up to age 25, changes in brain development also have a significant impact on adolescents' ability to make decisions.

Identity Development

Developing a stable sense of one's self and one's role in society, **identity development**, is a key feature of healthy adolescent development. From the standpoint of sexual development, a strong sense of self prepares an individual for intimacy in young adulthood. As is true of all aspects of identity development, experimentation and role play are common ways in which teens develop their sexual self-concept. Although identity has many facets that influence sexuality, only two will be discussed here: gender identity and sexual orientation.

- **Gender identity** relates to an individual's perception of self as being male or female. Gender identity is formed very early in human development and, in its most fundamental sense, is not related to the way in which a child is raised. An internal sense of gender is a deeply engrained and enduring trait that presents challenges when not aligned with the physical sexual attributes of the body. For a lengthier discussion, see:
  - **Growing Up Transgender: Research and Theory** (PDF: 415K; **accessible format**)
  - **Growing Up Transgender: Safety and Resilience** (PDF: 344K; **accessible format**)
- **Sexual orientation** refers to the sexual attraction of an individual to others. The term "sexual preference" is misleading because it implies an option; sexual orientation is not a simple preference for one sex over another. Attraction may be toward the opposite sex, the same sex, or both.

Socio-Cultural Influences

Socio-cultural influences on adolescent sexual development may include an adolescent's:

- Family, peers, and social networks based on common interests and beliefs
- Traditions related to race, ethnicity, culture, or religion
- Neighborhood and neighbors; the immediate environment
- School, which forms a micro-environment for up to 10 hours a day for at least 180 days a year
- Faith community, which may have codes of conduct about sexual behaviors
- Involvement in youth-serving agencies or community service

Shaped by so many different factors, healthy sexual development may look very different from one individual to another.

Sexual Behaviors

There are a variety of common behaviors that, in and of themselves, have no negative health effects, and that many consider elements of healthy adolescent sexual development, preparing youth for positive sexual lives.

- **Masturbation.** Touching one's own genitals in masturbation is a normal part of sexual development. Overall, more adolescents masturbate than engage in sexual intercourse. Although it tends to be done alone in privacy, males sometimes masturbate in groups.
- **Same-sex touching.** Early in adolescent development, sexual exploratory behavior often occurs with members of the same sex. This behavior does not predict being gay or lesbian in the future.
- **Genital touching.** As adolescents get older, they are more likely to engage in genital touching.

Sexual intercourse is a common behavior among adolescents, but whether it represents healthy sexual development or not depends on a number of factors. Nonconsensual sex of any kind can never be considered healthy. Use of contraception decreases the risk of pregnancy, and use of condoms or dental dams (in oral, vaginal, and anal sex) decreases the risk of disease, including HIV. Anal intercourse, whether heterosexual or homosexual, carries an especially high risk of disease transmission.

Other factors affecting the health consequences of sexual activity may include an individual's ability to access health care services, cultural and familial contexts, motivations and self-awareness, risk behaviors, mental health, relationships, personal values, maturity, and capacity for coping with the possible consequences of sex.

References

[1] The content on this page is condensed from the ACT for Youth online presentation **Healthy Adolescent Sexual Development** by Richard E. Kreipe, MD. Dr. Kreipe is professor of pediatrics and a practicing physician in the Division of Adolescent Medicine at Golisano Children's Hospital at the University of Rochester Medical Center, an ACT for Youth Center of Excellence partner.

I. Conflicts and Controversy

E. About the Best Approach

1. **Abstinence**

2. **Reproductive Education**

3. **Male Responsibility**

4. **Multifaceted, comprehensive, starting early**

I. Conflicts and Controversy (cont.)

E. About the Best Approach

Most people agree that teen pregnancy is an important problem. But they disagree on the best way to bring about change. Abstinence education, reproductive education, and male responsibility approaches are all widely implemented, but how effective are they? In particular, the Federal Abstinence Education law encourages states to promote abstinence education, but it is unclear whether this is the best way to reduce teen pregnancy. The evidence suggests that the lower rate of teen pregnancy over the past few years is in part due to an increase in abstinence among teens, but it is in large part due to an increase in the use of birth control (Alan Guttmacher Institute). This suggests a need for reproductive education, in combination with abstinence education. While males have traditionally been excluded from pregnancy prevention efforts, there is a new emphasis on including both sexes. In short, there are a variety of different approaches available, and there is controversy surrounding each approach. These major approaches are reviewed in the following section, using excerpts from a variety of sources.

II. Conflicts and Controversies (cont.)

E. About the Best Approach (cont.)

1. Abstinence

Adolescent Protective Behaviors: Abstinence and Contraceptive Use

(http://www.advocatesforyouth.com/publications/publications-a-z/446-adolescent-protective-behaviors-abstinence-and-contraceptive-use)

A recent study found that 86% of the decline in U.S. teen pregnancy could be attributed to increased contraception use, while 14% was due to teens' increased abstinence. Although U.S. teens are increasingly adopting protective sexual behaviors, they face barriers to consistency in these behaviors

U.S. Teens Remain Abstinent Longer Than in the Past

In 2003 and 2005, 53 percent of U.S. high school students reported *never* having had sexual intercourse, up from 46 percent in 1991.[**2,3** (#references)]

Between 1991 and 2005, the percentage of U.S. youth that said they *never* had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they *never* had sex, compared to 53 percent in 2003 and 66% in 2005.[**2,3** (#references)]

Abstinence rates also increased between 1991 and 2005 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had *never* had sex, compared to 54 percent in 2005; among males, the numbers were 43 and 52 percent, respectively.[**2,3** (#references)]

Fifty percent of white students said they *never* had sex in 1991, compared to 57 percent in 2005; among Latino students, the numbers were 47 and 49 percent, respectively; among African American students, 19 and 32 percent, respectively.[**2,3** (#references)]

In one study, only 14 percent of gay, lesbian, and bisexual high school students had *never* had sex, compared to 52 percent of their heterosexual peers.[**4** (#references)]

In Many Industrialized Nations, the Typical Age of Sexual Initiative is Around 17.5

In the United States, the typical age at first sexual intercourse is 17.[**5** (#references)]

In Canada, the typical age at first sex is 17.3; in Great Britain, it is 17.5.[**5** (#references)]

In the Netherlands, the typical age at first sex is 17.7; in France, it is 18.0.[**5,6** (#references)]

Sexually Active Adolescents' Use of Condoms is Up But Leveling Off

In U.S. studies, 70 percent of women and 69 percent of men ages 15 to 19 reported condom use at first sex.[**7** (#references)]

Among sexually active U.S. high school youth in 2005, 63 percent reported using a condom during most recent sex—a significant increase over 1991's 46 percent.[**2,3** (#references)]

In 1995, fewer gay, lesbian, and bisexual high school students reported condom use at most recent sex, compared to their heterosexual peers (51 and 58 percent, respectively).[**4** (#references)]

In 2005, sexually active African American high school students were more likely than their white or Latino peers to report condom use (69, 63, and 58 percent, respectively).[**2** (#references)]

Among sexually active youth, only about eight percent of female teens and 17 percent of male teens reported using both condoms and hormonal contraception at most recent sex.[**7** (#references)]

Some Sexually Active Adolescents Use Other Contraceptive Methods

Overall, 18 percent of sexually active high school youth in the United States report use of birth control pills before most recent sex. Rates vary significantly among sexually active students by race/ethnicity: 22 percent of whites; 10 percent of Latinos; and 10 percent of African Americans.[**2** (#references)]

In one study, bisexual and lesbian teenage women, although about equally likely to have had sex as their heterosexual peers, reported more than twice as great the rate of pregnancy (12 percent versus five percent, respectively).[**8** (#references)]

Among sexually experienced U.S. teens, more women reported use of birth control pills before most recent sex than reported using no method (33 and 20 percent, respectively) compared to 59 percent and 12 percent of French adolescents, respectively.[**5** (#references)] In a German study, 73 percent of 14- to 17-year-old women used birth control pills before most recent intercourse while one percent used no protection.[**9** (#references)]

Youth's Attitudes & Behaviors Reflect Society's Confusion Around Sexuality

Pressure from partners and friends—In one study, eight percent of sexually experienced young women cited pressure from their partner as a factor in having sex for the first time; seven percent cited pressure from their friends; among young men, the percentages were one and 13 percent, respectively.[**10** (#references)]

Confusion in defining abstinence—In a study of youth ages 12 to 17 who had abstinence education, young people's definitions of abstinence included many sexual behaviors while consistently avoiding only (vaginal) intercourse. In a study of college freshmen and sophomores, 37 percent described oral sex and 24 percent described anal sex as abstinent behaviors.[**11** (#references)]

Virginity pledges—In a recent study on the effect of virginity pledges, researchers found that, in early and middle adolescence, pledging delayed the transition to first sex by as much as 18 months. Pledging only worked where some, but not more than about one-third, of students pledged. However, when they broke the pledge, these teens were one-third less likely to use contraception at first sex than were their non-pledging peers.[**12** (#references)] According to the lead researcher, *"If we consider the enhanced risk of failure to contracept against the benefit of delay, it turns out that with respect to pregnancy, pledgers are at the same risk as non-pledgers. There is no long-term benefit to pledging in terms of pregnancy reduction, unless pledgers use contraception at first intercourse."*[**13** (#references)]

Lack of knowledge about effective contraception—In a recent poll, 32 percent of U.S. teens did not believe condoms were effective in preventing HIV and 22 percent did not believe that birth control pills were effective in preventing pregnancy.[**14** (#references)]

Negative attitudes about using protection—In the same poll, 66 percent of teens said they would feel suspicious or worried about their partner's past, if the partner suggested using a condom; 49 percent would worry that the partner was suspicious of them; 20 percent would feel insulted.[**14** (#references)]

Lack of confidentiality—In a recent study among sexually active women under age 18, 47 percent indicated that mandatory parental notification would cause them to stop using family planning services. [**15** (#references)]

Homophobia and violence—Significant barriers to protective behaviors among lesbian, gay, bisexual, and transgender youth, as well as among young men who have sex with men, include homophobia and violence that damage their self-esteem, lack of access to health care, homelessness, and substance use.[**16** (#references)]

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Written by Sue Alford

This publication is part of **The Facts** (http://www.advocatesforyouth.com/component/advancedtags/?view=tag&layout=list&id=5&limit=100) series.

II. Conflicts and Controversies (cont.)

E. About the Best Approach (cont.)

2. Reproductive Education

Sex Education

(http://www.advocatesforyouth.com/sex-education-home)

Young people have the right to lead healthy lives. Providing them with honest.age appropriate comprehensive sexual health education is a key part in helping them take personal responsibility for their health and well-being.

That's why sex education programs need to be informed by evidence as well as include *all* the information and skills young people need to make healthy decisions. Providing young people with the skills and tools to make healthy decisions about sex and relationships is far more effective than denying them information and simply telling them not to have sex.

Respecting young people promotes personal responsibility far more effectively than denying them information. We should respect young people and treat them as partners, not problems.

If you are conducting research on sex education, check out **Advocates' Sex Education Research Guide** (http://researchguides.advocatesforyouth.org/content.php?pid=284938) (http://webmail.advocatesforyouth.org/exchweb/bin/redir.asp?URL=http://researchguides.advocatesforyouth.org/content.php?pid=170418) for the most recent news, scholarly research, and publications from a variety of sources.

The Future of Sex Education

The Future of Sex Education Project (FoSE) began in July 2007 when staff from Advocates for Youth, **Answer** (http://answer.rutgers.edu/) and SIECUS first met to discuss the future of sex education in the United States. In 2012 FoSE released the groundbreaking **National Sexuality Education Standards** (http://www.advocatesforyouth.com/publications/publications-a-z/1947-future-of-sex-education-national-sexuality-education-standards). FoSE continues to work create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools.

Visit **www.futureofsexed.org** (http://www.futureofsexed.org/) to learn more.

General Facts

Sexuality Education: Building an evidence- and rights-based approach to healthy decision-making
(http://www.advocatesforyouth.com/publications/publications-a-z/2390-sexuality-education)

Comprehensive Sex Education: Research and Results (http://www.advocatesforyouth.com/publications/1487?task=view)

Comprehensive Sex Education and Academic Success (http://www.advocatesforyouth.com/publications/1745-comprehensive-sex-education-and-academic-success)

The Truth About Abstinence-Only Programs (http://www.advocatesforyouth.com/publications/409?task=view)

Sex Education Programs: Definitions & Point-by-Point Comparison (http://www.advocatesforyouth.com/publications/655?task=view)

Characteristics of Effective Sex Education Programs (http://www.advocatesforyouth.com/topics-issues/sexeducation/832?task=view) (http://www.advocatesforyouth.com/topics-issues/sexeducation/832?task=view)

Adolescent Sexual Health in Europe and the U.S.—Why the Difference? (http://www.advocatesforyouth.com/publications/419?task=view)

Condom Effectiveness (http://www.advocatesforyouth.com/publications/416?task=view)

Support for Comprehensive Sex Education

Polls have shown that parents, teachers, health care professionals, and young people all support sex education that is comprehensive and provides information about abstinence as well as contraception and condoms.

Millennials Support Comprehensive Sex Ed (http://www.advocatesforyouth.com/press-room/millennials)

American Medical Association's Recommendation for Good Sex Ed (http://www.advocatesforyouth.com/topics-issues/sexeducation/833?task=view)

Speaking Out! Connecticut's Parents and Other Adults Want Comprehensive Sex Education in Schools (http://www.advocatesforyouth.com/publications/619?task=view)

I. Conflicts and Controversies (cont.)

E. About the Best Approach (cont.)

2. Reproductive Education (cont.)

Advocates' Curricula and Education Programs

(http://www.advocatesforyouth.com/curricula-and-education-programs-serced)

Advocates' education programs are packed with complete guides to implementation, interactive exercises, participant handouts, supple leaders' resources, and more!

Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum (http://www.advocatesforyouth.com/3rs-curriculum)

Fully meets the **National Sexuality Education Standards** (http://www.futureofsexeducation.org/nationalstandards.html)

Inclusive for issues related to sexual orientation and gender identity

Affordable (Free)

Flexible K-12 curriculum

Family homework activities

Resources for educators at every grade level

Training recommended, but not required and available on request

Based on Advocates' award-winning When I'm Grown and Life Planning Options

Life Planning Education: A Youth Development Program (http://www.advocatesforyouth.com/publications/555?task=view)

Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana
(http://www.advocatesforyouth.com/publications/393?task=view)

NOTE: *Life Planning Education (LPE) is currently being revised. The printed/for-sale version includes older versions of some lesson plans which may be significantly different in content from the ones in the "**Lesson Plans** (http://www.advocatesforyouth.com/for-professionals/lesson-plans-professionals?task=view) " section. Please make sure you have looked at the PDF of Life Planning Education before purchasing - that is the version that is available to buy. **The new lesson plans replace chapters 1-4 and may be downloaded for free here** (http://www.advocatesforyouth.com/publications/1453?task=view) .*

Advocates for Youth's popular family life education program, *Life Planning Education: A Youth Development Program*, includes chapters on sexuality, relationships, health, violence prevention, and community responsibility as well as chapters on skills-building, values, self-esteem, parenting, employment preparation, and reducing sexual risk.

Creating Safe Space for GLBTQ Youth: A Toolkit
(http://www.advocatesforyouth.com/publications/608?task=view)

A guide to creating a safe space for young people of all sexual orientations and gender identities. Because homophobia is a real problem, for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) and straight youth, this online toolkit is intended to assist you, the youth-serving professional,

Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI
(http://www.advocatesforyouth.com/publications/649?task=view)

Advocates for Youth's *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI* is a step by step guide to implementing an HIV/STI prevention peer education program in your school, faith community, AIDS service organization, and/or community-based organization.

Parent-Child Communication Basics An Education Program to Enhance Parent-Child Communication (http://www.advocatesforyouth.com/publications/1209?task=view)

A trainer's resource to provide parents with the information and resources they need to communicate effectively with their children.

There's No Place Like Home … for Sex Education (http://www.advocatesforyouth.com/publications/589?task=view) (http://www.advocatesforyouth.com/publications/573?task=view)

No hay lugar como el hogar … para la educación sexua (http://www.advocatesforyouth.com/publications/573?task=view) I

Reproducible newsletters to assist parents in talking about development, sexual health, and sexuality with their children and teens. Five newsletters are available for every age/grade level, pre-school through grade twelve. Each issue contains relevant, age-specific sexuality information, useful strategies, communication hints, and suggested resources to support you in your efforts.

OTHER COMPREHENSIVE SEXUALITY CURRICULA

Unitarian Universalist Association: Our Whole Lives (http://www.uua.org/religiouseducation/curricula/ourwhole/)

Our Whole Lives is a series of sexuality education curricula for six age groups: **grades K-1** (http://www.uuabookstore.org/productdetails.cfm?PC=718) , **grades 4-6** (http://www.uuabookstore.org/productdetails.cfm?PC=719) , **grades 7-9** (http://www.uuabookstore.org/productdetails.cfm?PC=720) , **grades 10-12** (http://www.uuabookstore.org/productdetails.cfm?PC=721) , **young adults (ages 18-35)** (http://www.uuabookstore.org/productdetails.cfm?PC=772) , and **adults** (http://www.uuabookstore.org/productdetails.cfm?PC=722) .

The Sexuality Information and Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade (http://www.siecus.org/_data/global/images/guidelines.pdf) (pdf)

The Guidelines, developed by a national task force of experts in the fields of adolescent development, health care, and education, provide a framework of the key concepts topics, and messages that all sexuality education programs would ideally include.

Public Health Department of Seattle and King County: The Family Life and Sexual Health curriculum (F.L.A.S.H.) (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx)

FLASH is a science-based, comprehensive sexual health curriculum designed to reduce teen pregnancy, STDs and sexual violence and to increase family communication and basic sexual health knowledge. It includes lesson plans for grades **4-6** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades456.aspx) , **7-8** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades78.aspx) , **high school** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/HighSchool.aspx) , and **special education** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/SpecialEducation.aspx) , as well as resources for **parents** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/parents.aspx) , **students** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/studentlinks.aspx) , **teachers** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/teachers.aspx) , and **school administrators** (http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/schooladmin.aspx) , all available free online.

For more information about effective programs, visit our Programs that Work section. (http://www.advocatesforyouth.com/for-professionals/sex-education-resource-center/89?task=view)

I. Conflicts and Controversies

E. About the Best Approach

3. Male Responsibility

Engaging Adolescent Males in Prevention

http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/engaging-males.html

An estimated nine percent — or 900,000 — of young men between the ages of 12 and 16 will become fathers before their twentieth birthday, based on a recent survey.[1] Research and data collection efforts have tended to focus on female adolescents. As a result, less is known about the strategies and approaches for effectively engaging males in preventing teen pregnancies or even about their attitudes toward being a father. Clearly, the behavior of adolescent males is also central to preventing teenage pregnancy and childbearing.[2] Research and programs are increasing the focus on the role of males in teenage pregnancy and childrearing. During May 2012, OAH held an event, "Let's Hear about the Boys: Engaging Adolescent Males in Teen Pregnancy Prevention" to elevate the importance of engaging adolescent males in preventing teen pregnancies. Read more about the event here.

In addition, some experts note that programs focused on responsible sexual behavior should also consider including information about how to build healthy romantic relationships overall.[3] This would include teaching emotional and interpersonal skills and reducing gender stereotypes.[4],[5]

Footnotes »

Last updated: January 04, 2016

DID YOU KNOW?

Hear from two young men about how an OAH teen pregnancy prevention program is making a real difference in their lives.

In Reproductive Health

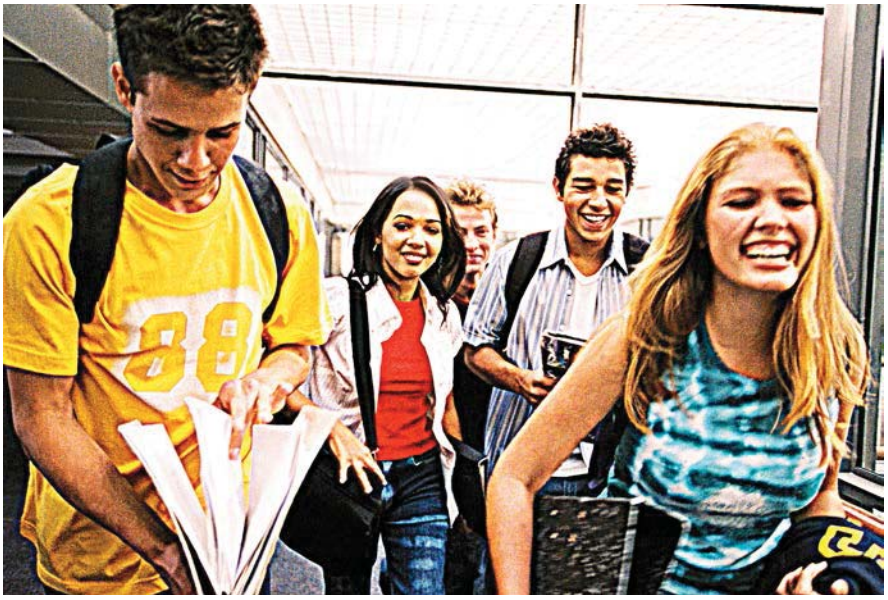
4. *Multifaceted, comprehensive, starting early*

SUMMARY:

A SYSTEMATIC LITERATURE REVIEW OF THE ASSOCIATION BETWEEN SCHOOL CLIMATE & ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

http://healthyteennetwork.org/sites/default/files/Summary_Systematic%20Lit%20Review_School%20Climate_ASRH.pdf

JESSICA APPELSON
EDUCATION & OUTREACH INTERN



Healthy Teen Network

BACKGROUND

Promoting positive sexual and reproductive health is an important aspect of helping adolescents thrive. Healthy Teen Network's Youth 360° model highlights the importance of addressing social determinants of health that occur in the school level, especially since youth spend most of their day at school. Youth 360° includes school factors in multiple levels of the model, and school climate is a community-level factor that encompasses a wide-range of characteristics regarding students' perceptions of their school. Addressing school climate should be considered as a way to

improve adolescent sexual and reproductive health (ASRH) outcomes. This systematic review sought to characterize the current state of the literature on school climate and ASRH. Implications for school-based programs and research are summarized below.

RESEARCH METHODS

Articles about school climate and ASRH published between 1995 and 2014 were retrieved using ERIC, PubMed, and Scopus. Articles were included if they met the following criteria: US-based population of students 6th-12th grade, original research, measure school climate, and measure an ASRH outcome.

RESEARCH FINDINGS

The main findings of the analysis of the articles are described below:

- Eighteen of the 19 articles found that higher measures of school climate were associated with lower risk of adverse ASRH outcomes. Articles examined the following ASRH outcomes: ever having had sexual intercourse but recent sexual activity, early initiation of sexual activity, pregnancy, STI diagnosis, contraceptive usage, and sexual intercourse under the influence of drugs or alcohol.
- Most articles used a general measure of school climate, and a minority examined school norms or school structure, such as socioeconomic status (SES) and family structure. A variety of terms related to school climate were investigated in the articles, and the meanings and measurements methods for these different terms had significant overlap. The school climate concepts studies in the articles included: school connectedness, school bonding, social bonding, school belonging, school engagement and teacher support.
- There was some suggestion of differences in the relationship between school climate and ASRH based on gender, race, and ethnicity.

IMPLICATIONS FOR SCHOOL PROGRAMS

- School climate and other community-level factors should be considered in the design and evaluation of school-based health programs.
- School climate should be measured during evaluation, even if the program is not only targeting school climate.
- Additional research is needed on the different aspects of school climate and standardizing terminology.
- School climate may affect diverse student populations differently, and additional research is needed to disentangle the relationship

A significant limitation of the study is that 10 of the 18 articles used data from the same study (National Longitudinal Study of Adolescent to Adult Health started in 1994). However, despite the limitations, this review shows consensus in the field that school climate is an important determinant of ASRH.

Suggested Citation:

Appelson, Jessica. (2015). Summary: A systematic literature of the association between school climate and adolescent sexual and reproductive health. Baltimore: Healthy Teen Network.

II. Looking at the Facts

Statistics Including Socioeconomic and Ethnic Disparities

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

About Teen Pregnancy

http://www.cdc.gov/teenpregnancy/about/index.htm

On this Page

Teen Pregnancy in the United States

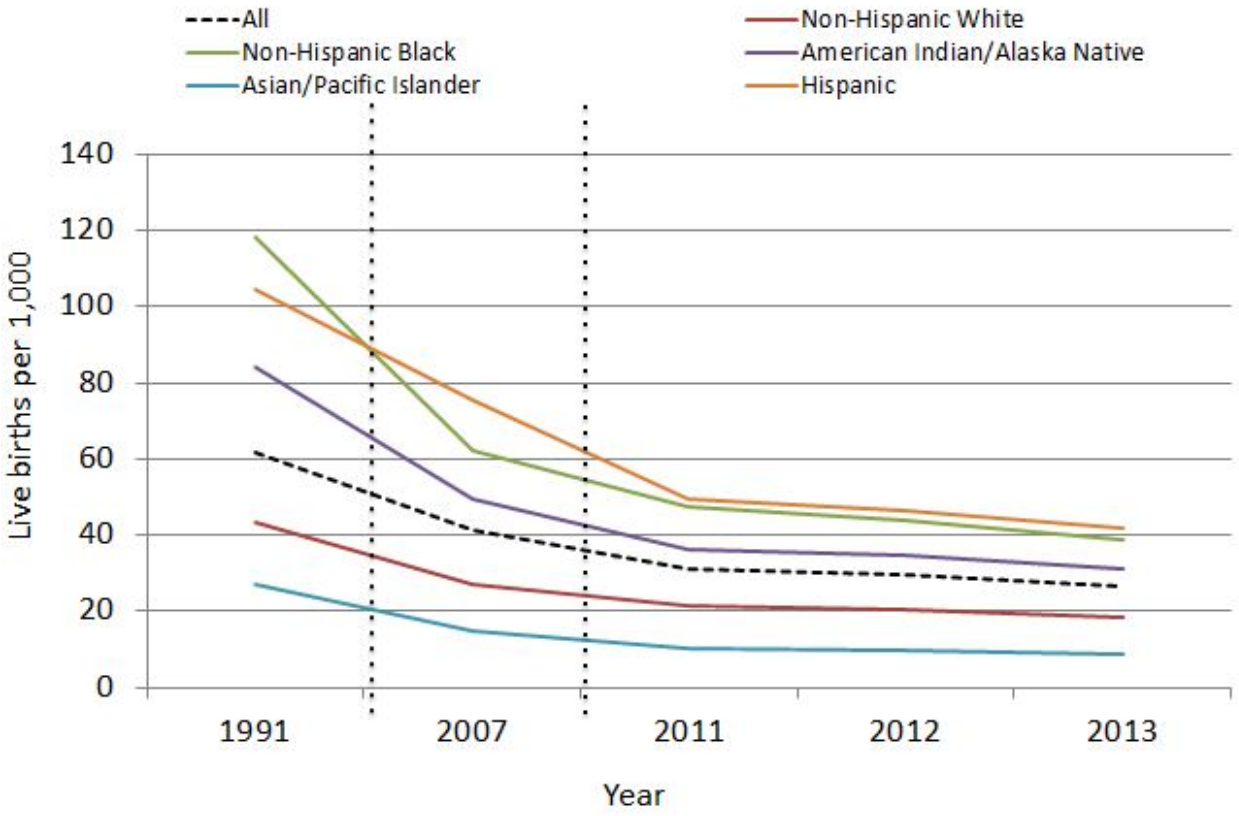
In 2013, a total of 273,105 babies were born to women aged 15–19 years, for a live birth rate of 26.5 per 1,000 women in this age group.[1] (http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#_edn1) This is a record low for U.S. teens in this age group, and a drop of 10% from 2012. Birth rates fell 13% for women aged 15–17 years, and 8% for women aged 18–19 years. Still, the U.S. teen pregnancy rate is substantially higher than in other western industrialized nations.[2]

Adolescent Reproductive Health
Healthy Teens, Healthy Communities

While reasons for the declines are not clear, teens seem to be less sexually active, and sexually active teens seem to be using birth control than in previous years.[3]

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years



Text version of this graph

Sources:

Source: Martin, JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2013. Natl Vital Stat Rep. 2015;64(1).

Disparities in Teen Birth Rates

Teen birth rates declined for all races and for Hispanics in 2013 from 2012. Among 15–19 year olds, from 2012–2013 teen birth rates decreased 9% for non-Hispanic whites, 11% for non-Hispanic blacks and American Indian/Alaska Natives (AI/AN), and 10% for Asian/Pacific Islanders and Hispanics.[1] Despite these declines, substantial disparities persist in teen birth rates, and teen pregnancy and childbearing continue to carry significant social and economic costs. In 2013, non-Hispanic black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained more than one and a half times higher than the white teen birth rate.

Non-Hispanic black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. Together, black and Hispanic teens comprised 57% of U.S. teen births in 2013.[1] CDC is focusing on these priority populations because of the need for greater public health efforts to improve the life opportunities of adolescents facing significant health disparities, as well as to have the greatest impact on overall U.S. teen birth rates. Other priority populations for CDC's teen pregnancy prevention efforts include young people in foster care and the juvenile justice system, and those otherwise living in conditions of risk.

The Importance of Prevention

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

- In 2010, teen pregnancy and childbirth accounted for at least $9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.[4]
- Pregnancy and birth are significant contributors to high school drop out rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.[5]
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[6]

These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.[6]

CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth

Teen pregnancy prevention is one of CDC's top six priorities, a "winnable battle" in public health, and of paramount importance to health and quality of life for our youth. Evidence-based teen pregnancy prevention programs typically address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy.

1. Knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention).
2. Perception of HIV risk.
3. Personal values about sex and abstinence.
4. Attitudes toward condoms (pro and con).
5. Perception of peer norms and sexual behavior.
6. Individual ability to refuse sex and to use condoms.
7. Intent to abstain from sex or limit number of partners.
8. Communication with parents or other adults about sex, condoms, and contraception.
9. Individual ability to avoid HIV/STD risk and risk behaviors.
10. Avoidance of places and situations that might lead to sex.
11. Intent to use a condom.[7]

In addition to evidence-based prevention programs, teens need access to youth-friendly clinical services. Parents and other trusted adults also play an important role in helping teens make healthy choices about relationships, sex, and birth control. Learn about what CDC and other federal agencies are doing to reduce teen pregnancy.

Citations

1. Martin, JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2013. *Natl Vital Stat Rep*. 2015;64(1).
2. Sedgh G, Finer LB, Bankole A, Eilers MA, Singh S. Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. J Adolesc Health. 2015;56(2):223-30.
3. Santelli J, Lindberg L, Finer L, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. American Journal of Public Health.2007;97(1):150-6.
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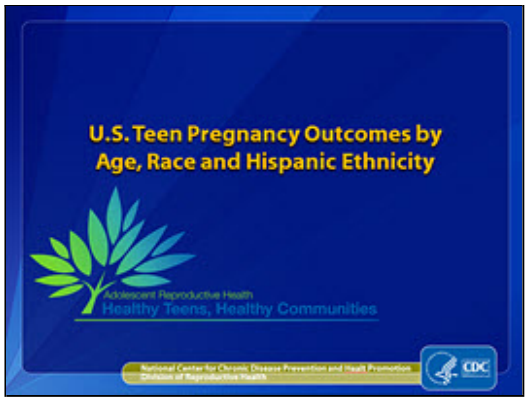
7. Kirby D, Laris BA, Rolleri L. *The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors Among Young Adults*. Scotts Valley, CA: ETR Associates; 2006.



Download U.S. Teen Pregnancy Outcomes by Age, Race and Hispanic Ethnicity [PDF - 561KB]

File Formats Help:

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site? (http://www.cdc.gov/Other/plugins/)

(http://www.cdc.gov/Other/plugins/#pdf)

Page last reviewed: June 9, 2014

Page last updated: May 19, 2015

Content source: Division of Reproductive Health (/reproductivehealth), National Center for Chronic Disease Prevention and Health Promotion (/nccdphp)

III. Reducing Teen Pregnancy

A. Policies

B. Programs and Guidelines

C. Evidence Based Practices

NOVEMBER 2012

ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Using Systematic Reviews to Inform Policy DecisionsES

Lessons from the HHS Teen Pregnancy Prevention Evidence Review

In fall 2009, the U.S. Department of Health and Human Services (HHS) launched a systematic review of the research literature on programs to prevent teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors. Findings have been used to inform two new federal policy initiatives aimed at supporting evidence-based approaches to teen pregnancy prevention. This research brief highlights six key lessons from the review, intended to help the growing number of other organizations and federal agencies considering similar policy-driven reviews.

Recent years have seen growing interest in the use of systematic reviews to inform new policy initiatives, especially at the federal level. In fall 2009, HHS launched a systematic review to identify evidence-based home visiting programs for support under the Maternal, Infant, and Early Childhood Home Visiting Program of the Patient Protection and Affordable Care Act (Avellar and Paulsell 2011). Around the same time, HHS also launched a systematic review of programs to reduce teen pregnancy, STIs, and associated sexual risk behaviors, to help guide two new federal funding initiatives: the Office of Adolescent Health Teen Pregnancy Prevention (TPP) program and the state Personal Responsibility Education Program (PREP).

Such reviews offer many potential benefits: grounding new policy initiatives in scientific research evidence, directing scarce public resources to programs with the strongest available evidence of effectiveness, and stimulating future research and program development by creating incentives for effective programs and rigorous research.

But they also bring new challenges. Conducting a high quality systematic review can require significant time and

ABOUT THIS RESEARCH BRIEF

This ASPE Research Brief on the use of systematic evidence reviews in policy initiatives was written by Brian Goesling of Mathematica Policy Research. Since 2009, Mathematica and its partner, Child Trends, have conducted the Teen Pregnancy Prevention Evidence Review under contract with HHS. The review aims to identify, assess, and rate the rigor of program impact studies on teen pregnancy and STI prevention programs.

Office of the Assistant Secretary for Planning and Evaluation

Office of Human Services Policy

US Department of Health and Human Services

Washington, DC 20201

resources, and the ultimate value of the review findings for policy depends on the quality of the supporting research evidence. Clear policy direction results only if the review uncovers a strong and consistent body of evidence.

Lesson 1: Don't Reinvent the Wheel

Many resources are now available for planning a new systematic review. For example, the Institute of Medicine (IOM) recently released a set of comprehensive guidelines for systematic reviews, covering everything from literature search methods to analysis and reporting (IOM 2011). The IOM guidelines were not available when this review of teen pregnancy prevention programs began in 2009. However, the review team achieved similar results by borrowing from the standards and procedures used by existing systematic reviews and evidence assessment groups, such as the Cochrane Collaboration, Campbell Collaboration, Blueprints for Violence Prevention, the Centers for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis, the National Registry of Evidence-Based Programs and Practices, and the U.S. Department of Education's What Works Clearinghouse (WWC).

Drawing on such existing resources is the easiest and most efficient way to start a new review, especially for projects on a short time line or with limited resources. It also helps to establish the credibility and rigor of the review by grounding it in accepted standards and procedures. By drawing on existing resources, researchers also help promote greater consistency across systematic reviews, which should ultimately make review findings easier for the public to interpret.

ABOUT THE HHS TEEN PREGNANCY PREVENTION EVIDENCE REVIEW

Conducted for HHS by Mathematica Policy Research and its partner, Child Trends, the review aims to identify, assess, and rate the rigor of program impact studies on teen pregnancy and STI prevention programs. The review is an examination of research evidence, not program content or approach. The review assesses the quality and rigor of each included study, without respect to program content or delivery method. An initial review of the evidence was conducted from September 2009 through April 2010 and released in conjunction with the Office of Adolescent Health TPP program grant announcements. The findings were also highlighted in the 2010 state PREP grant announcement. The review findings were updated in April 2012, with plans for periodic updates in the future.

These recommendations do not imply that one size fits all. Although the standards and procedures developed for this review of teen pregnancy prevention programs drew on those used by existing reviews and evidence assessment groups, they still had to be tailored to the specific goals of the project, the project's time line and resources, and the unique characteristics of the teen pregnancy prevention literature. The review team could not rely solely on existing resources to determine which outcome measures to examine, the range of program models to consider, or which journals or databases to include in the literature search. No two reviews are exactly alike, so some level of customization will always be needed.

Lesson 2: Take Care in Defining the Scope of the Review

A main challenge encountered in planning the review involved a seemingly basic task: defining the range of program models to study. The review initially aimed to cover the full universe of teen pregnancy prevention programs. Defining the universe of programs was difficult, however, because the research literature provides no clear guidance on where to draw the line. The most common teen pregnancy prevention programs feature classroom-based curricula delivered to middle or high school-age students. But studies suggest that a broad range of other types of program models, from early childhood education to broader youth development and service learning programs, can also shape teen pregnancy and associated risk behaviors.

Tying the scope of the review to an external benchmark, such as the particular policy issue or decision the review aims to inform, can be a more effective approach. In the case of teen pregnancy, this meant aligning the scope of the review with the range of program models eligible for funding under the new federal TPP program. The literature search was kept as broad and expansive as possible. But then when deciding which particular studies to include in the review, the focus was limited to only those programs falling within the scope of the TPP funding announcement, which included curriculum-based programs and youth development approaches. This strategy both avoided the need to define the full universe of program models and helped link the review to the motivating policy initiative.

Other reviews have addressed this challenge by limiting their scope to a defined list of program models. For example, both the WWC and Home Visiting Evidence of Effectiveness reviews begin by prioritizing a specific list of program models to include in the review. The review team then focuses on identifying and assessing studies relating only to the selected program models. As long as the programs are selected in advance and without respect to the study findings, this approach presents little risk of bias and avoids the challenge of drawing a line around the full universe of program models.

DEFINING FEATURES OF SYSTEMATIC REVIEWS

Systematic reviews differ from more informal literature reviews or evidence summaries in two key ways: rigor and transparency.

Rigor. Systematic reviews follow a defined set of rules for identifying and assessing individual studies and synthesizing a body of evidence. The expert opinions or judgments of the review team may factor into the initial definition of these rules. Once established, however, the rules—not the opinions or judgments of the review team—determine the outcomes of the review.

Transparency. Users of a systematic review should have the ability to replicate the review findings on the basis of the standards and procedures described in the review protocol. No review is perfect, and critics may question the choice of certain standards and procedures over others. But as long as the review protocol states these decisions clearly, the integrity of the review remains intact.

Lesson 3: Engage Study Authors and Outside Experts

As a part of this review of teen pregnancy prevention programs, the review team has made several efforts to involve study authors and other outside experts in different stages of the review: distributing a public call for studies; giving professional conference presentations; hosting a public webinar; organizing a one-day panel meeting with experts in research methodology and systematic reviews; and corresponding with study authors to request clarifying details or additional information about studies under review.

These efforts to engage study authors and outside experts have demanded significant time and resources. The call for studies has required developing a system for distributing the call and receiving electronic submissions, monitoring and processing submissions, and responding to questions from study authors. Each time a new call has been released, about six weeks have been provided for responses, lengthening the project schedule. To receive outside comment on the review, the review team has had to identify or create venues to present the review findings and devote staff time to preparing and giving public presentations. Corresponding with study authors has been especially time- and resource-intensive, as each contact must be individualized to the particular author and study. Corresponding with study authors has also lengthened the review schedule, as it is unrealistic and burdensome to demand immediate responses.

Despite these challenges, the process of seeking expert guidance and contacting study authors has been worth the effort. The call for studies has helped to identify new or unpublished research—important for avoiding the risk of reporting bias that results from focusing only on published journal articles (IOM 2011). Public presentations and expert consultations have provided useful feedback on the review and helped increase the transparency of the review process. Corresponding with study authors has proven particularly important, as published research articles often lack the level of detail needed for systematic reviews. Even when the requested information is unavailable or an author is unresponsive, the process of asking for additional information and detail helps make the review as thorough as possible.

Lesson 4: Report on More than Just Positive Findings

A main goal of this review is to identify programs with evidence of effectiveness in reducing teen pregnancy, STIs, and sexual risk behaviors. The review findings thus highlight a list of programs meeting the review criteria for study quality and evidence of effectiveness. For the programs on this list, the review findings highlight the specific outcomes the program has been shown to affect: teen pregnancy, STIs, or associated sexual risk behaviors. But the review also reports null findings—that is, outcomes tested but found *not* to show evidence of favorable program effects. In addition, the review reports findings for programs that did *not* make the evidence-based list, including the program name, study citation, and a brief explanation of why the study fell short. For the few program models that have been evaluated more than once (see box on next page), the review reports on all prior studies of the program, not only those reporting positive effects.

This type of full reporting is an expected standard of systematic reviews—both to increase the transparency of the review process and to ensure an accurate interpretation of the review findings

(IOM 2011). Full reporting also makes the review findings useful for different audiences. Whereas some users are interested only in the programs that meet the review criteria, others want to know why a particular program model or study did not meet the criteria. Full reporting also helps to uncover gaps in the literature and directions for future research. For example, about half of the studies in this review of teen pregnancy prevention programs failed to meet the review criteria for study quality, identifying a general need for improved research quality beyond the specific findings reported for any one particular program model.

To help document these findings, the review team assessed each study in two steps. First, the team examined each study for methodological quality and rigor, focusing especially on the risk of bias in the study's impact estimates. For studies passing this quality bar, the team then made a second assessment, examining the impact findings for evidence of favorable effects. This two-step process enables users of the review to better understand why certain programs fell short of the review criteria. Some programs were excluded because they failed to meet the review criteria for study quality, whereas others met the quality standards but did not show evidence of favorable program effects.

SUMMARIZING FINDINGS ACROSS STUDIES

Most teen pregnancy prevention programs have been evaluated only once, so the review has so far avoided the challenge of having to combine or summarize findings across multiple studies of a single program or intervention. Other reviews have addressed this challenge by conducting a formal meta-analysis—that is, statistically averaging program impacts across multiple studies. Another approach is to simply count the number of studies showing positive, null, or negative effects—the vote counting method of summarizing review findings. Review authors also face the challenge of determining when two studies are similar enough to combine or when they must be kept separate. Currently, there are no universal standards for addressing these challenges, so review authors must address them separately for each new review.

Lesson 5: Expect that Some Review Findings Might Not Be Implementation-Ready

In using systematic reviews to inform new policy initiatives, program offices and sponsors should prepare for the possibility that not all programs, policies, or practices identified as effective by the review will be ready for replication on a wider scale. Systematic reviews are good for assessing the quality and strength of a body of research evidence, but they generally do not account for the content of a particular policy, program, or practice, or how well or quickly it can be implemented. For this review of teen pregnancy prevention programs, some program models that met the review criteria had most or all of the necessary training and materials available for immediate implementation. Others, however, were still under development or had no formal materials available. In other cases, program materials were available but outdated—either factually or in the cultural references used in the materials.

There are two potential ways to address this challenge. One is to provide time for assessing program content and implementation readiness after release of the initial review findings. This

assessment might draw in part from information collected during the review, but it also likely requires additional contact with program developers to collect more detailed information on implementation experience and available training and materials. As an alternative approach, the initial review could be limited to only those programs, policies, or practices deemed ready for implementation. This second approach would require additional work during the initial planning and screening stages of the review, but it would save time later when the review findings are released.

Lesson 6: Use the Review Findings to Encourage Improved Research Quality and Reporting

One useful byproduct of this review has been a comprehensive and objective assessment of the relative strengths and weaknesses of the teen pregnancy prevention literature. On the plus side, the review findings show that the evidence base on such programs has grown substantially in recent years, and that researchers have had notable success in implementing randomized controlled trials with a range of different program models and in diverse settings. But the review findings have also uncovered areas needing improvement. Many teen pregnancy prevention studies provide incomplete information on study design and execution, effect sizes are often missing for key outcomes, more than half the studies reviewed did not meet the review standards for methodological quality, and few program models have been subject to replication studies.

Such findings can be used to encourage improved methodological quality and reporting standards in future research. At the simplest level, disseminating the review findings in public reports, journal articles, and conference presentations can make researchers more aware of current gaps in the field and shape the direction of future research. Stronger incentives can be achieved by adding new standards or requirements to future updates of the review. For example, to address the problem of incomplete reporting or missing effect sizes, future review updates could specify a minimum set of reporting requirements to qualify for review. To maximize these incentives and keep the review process fair and transparent, any changes to the review standards should be announced before they are implemented and should be clearly documented in the review protocol.

Summary and Conclusions

Lessons from the HHS review of teen pregnancy prevention programs suggest that systematic reviews can play an important role in shaping the direction of new programs and policy initiatives. Several keys to success are grounding the review in existing guidelines and standards, defining the scope of the review as clearly as possible, engaging study authors and other outside experts in key stages of the review process, and reporting the full range of review findings, not just evidence of positive effects. Review sponsors should prepare for the possibility that not all program models or practices meeting the review criteria will be ready for immediate implementation. They should also seek to use the review findings to encourage improved research quality and reporting standards. All systematic reviews will encounter unforeseen challenges, but they offer the best available method for synthesizing a body of evidence and grounding new policy initiatives in scientific research.

References

Avellar, Sarah and Diane Paulsell. "Lessons Learned from the Home Visiting Evidence of Effectiveness Review." Washington, DC: Office of Planning, Resear ch and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2011

IOM (Institute of Medicine). "Finding What Works in Health Care: Standards for Systematic Reviews." Washington, DC: The National Academies Press, 2011.

III. Reducing Teen Pregnancy

B. Programs that Work

(http://www.advocatesforyouth.com/programs-that-work-publications)

Decades of research haveidentified dozens of programs that are effective in helping young people prevent pregnancy, HIV, and STDs. These programs provide young people with accurate, honest information about abstinence as well as contraception. Effective programs include school sex education programs, community-based programs, and clinic-based programs which reach a variety of audiences including young people at all school levels and in many contexts, including minority youth. Read on for guides to effective programs.

Science and Success

In the Science & Success series, Advocates for Youth identifies evaluated programs that have been proven to reduce teenage pregnancies and/or sexually transmitted infections (STIs) or to cause at least two beneficial changes in sexual risk behaviors.

SCIENCE & SUCCESS—PROGRAMS THAT WORK TO PREVENT TEEN PREGNANCY, HIV & SEXUALLY TRANSMITTED INFECTIONS IN THE UNITED STATES

This 2008 publication highlights 26 U.S.-based programs that have been proven effective at delaying sexual initiation or reducing sexual risk taking among teens. 14 of the 26 programs demonstrated a statistically significant delay in the timing of first sex. 14 programs helped sexually active youth to increase condom use and nine programs demonstrated success at increasing use of other contraception. 13 programs showed reductions in the number of sex partners and/or increased monogamy. Seven programs assisted sexually active youth to reduce the frequency of sexual intercourse, and 10 programs helped sexually active youth to reduce the incidence of unprotected sex.

Full Study Report [**HTML** (http://www.advocatesforyouth.com/publications/367?task=view)]
Executive Summary [**HTML** (http://www.advocatesforyouth.com/publications/2094)] [**PDF** (http://www.advocatesforyouth.com/storage/advfy/documents/thirdeditionexecutivesummary.pdf)]

Other Reports:

Science and Success: Clinical Services and Contraceptive Access [**HTML** (http://www.advocatesforyouth.com/publications/1501?task=view)] [**PDF** (http://www.advocatesforyouth.com/storage/advfy/documents/ss%20clinical%20service.pdf)]

Science & Success: Programs that Work to Prevent Subsequent Pregnancy among Adolescent Mothers (http://www.advocatesforyouth.com/publications/1324?task=view)

Science and Success: Science Based Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections among Hispanics/Latinos [**HTML** (http://www.advocatesforyouth.com/publications/1505?task=view)] [**PDF** (http://www.advocatesforyouth.com/storage/advfy/documents/sslatino.pdf)]

SCIENCE AND SUCCESS IN DEVELOPING COUNTRIES: HOLISTIC PROGRAMS THAT WORK TO PREVENT TEEN PREGNANCY, HIV & SEXUALLY TRANSMITTED INFECTIONS

This 2005 publication highlights 10 programs from seven developing countries around the world. All 10 programs produced beneficial changes in sexual risk behaviors among sexually experienced youth while six of these programs also delayed the initiation of sex. Two of the programs showed a reduction in incidence of STIs or pregnancy.

Full Study Report [**HTML** (http://www.advocatesforyouth.com/publications/366?task=view)]
[**PDF** (http://www.advocatesforyouth.com/storage/advfy/documents/thirdeditionexecutivesummary.pdf)]
(http://www.advocatesforyouth.com/storage/advfy/documents/sciencesuccess_developing.pdf)
Executive Summary [**HTML** (http://www.advocatesforyouth.com/publications/610?task=view)]
[**PDF** (http://www.advocatesforyouth.com/storage/advfy/documents/thirdeditionexecutivesummary.pdf)]

Emerging Answers

Dr. Kirby reviewed 115 program evaluations to determine the characteristics shared by effective programs. He found that many programs which support both abstinence and contraceptive use have been proven effective; that none of the programs led to increased sexual activity or earlier onset of sex; and that as yet no abstinence-only program has been found effective.

Emerging Answers (http://www.thenationalcampaign.org/ea2007/)

Effective Programs Recommended by the White House Teen Pregnancy Prevention Initiative

In fiscal year (FY) 2010 appropriations, Congress funded the President's proposed new community Teen Pregnancy Prevention Initiative. Of the funds made available, not less than $75 million is for funding the replication of programs that have been proven effective through rigorous evaluation. Under a contract with the Department of Health and Human Services (HHS), Mathematica Policy Research conducted an independent systematic review of the evidence base for programs to prevent teen pregnancy. **Learn more about the review and the programs deemed effective** (http://www.hhs.gov/ophs/oah/prevention/research/index.html)

Read *Emerging Answers* (http://www.thenationalcampaign.org/EA2007/)

Effective Programs from the Centers for Disease Control and Prevention

Replicating Effective Programs Plus
(http://www.cdc.gov/hiv/topics/prev_prog/rep/index.htm)

The CDC's collection of tested, science-based behavioral interventions with demonstrated evidence of effectiveness in reducing risky behaviors, such as unprotected sex, or in encouraging safer ones, such as using condoms and other methods of practicing safer sex, packaged as products so that they can be easily replicated. **Read *Replicating Effective Programs Plus***
(http://www.cdc.gov/hiv/topics/prev_prog/rep/index.htm)

2008 Compendium of Evidence-Based HIV Prevention Interventions (http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm)

These interventions represent the strongest HIV behavioral interventions in the literature to date that have been rigorously evaluated and have demonstrated efficacy in reducing HIV or STD incidence or HIV-related risk behaviors or promoting safer behaviors. **See the programs in the 2008 Compedium** (http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm) .

Sociometrics Effective Programs

Sociometrics Corporation has a large collection of effective or promising teen pregnancy and HIV/STI prevention programs. Visit them here:

Teen Pregnancy (http://www.socio.com/pasha.php)

HIV Prevention (http://www.socio.com/happa.php)

All Effective Programs (http://www.socio.com/effectiveprograms.php)

Or try the PASHA selection tool for help picking the program that's right for you: **http://www.socio.com/pashasearch.php** (http://www.socio.com/pashasearch.php)

Promising Programs

Everyday new programs are being developed and field tested. While many of these programs have yet to be fully evaluated, many offer promising approaches to the promotion of adolescent reproductive and sexual health. **Read more about Promising Programs** (http://www.advocatesforyouth.com/for-professionals/programs-that-work/1058?task=view)

III. Reducing Teen Pregnancy

C. Evidence-Based Practices

TPP Resource Center: Evidence-Based Programs

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html

Resources to Help

- Searchable database of evidence-based program models
- Choosing an evidence-based program or curriculum
- HHS Teen Pregnancy Prevention Evidence Review

One approach communities use to help reduce teen pregnancies is implementing evidence-based programs in schools, clinics and other community settings. The Department of Health and Human Services (HHS) conducts a Teen Pregnancy Prevention Evidence Review which uses a systematic process for reviewing evaluation studies against a rigorous standard in order to identify programs shown effective at preventing teen pregnancies, sexually transmitted infections, or sexual risk behaviors.

The evidence review, first conducted in 2009 and updated periodically, is led by the HHS Office of the Assistant Secretary for Planning and Evaluation. The most recent update was released in August 2014. Read more about the evidence review process, procedures, and findings.

Since 2010, the Office of Adolescent Health (OAH) has funded the Teen Pregnancy Prevention Program to support replication of evidence-based programs that were included on the HHS Teen Pregnancy Prevention Evidence Review at the time the grant was funded. Organizations requesting grant funding selected the programs most appropriate for use in their community.

Read more about each of the evidence-based programs, its content, and implementation requirements below or visit the searchable database of evidence-based program models. You can use this database to find programs that were developed and shown effective for certain target populations, settings, ages, and more.

EVIDENCE-BASED PROGRAMS MODELS

Listed on the following pages

Go to the site and click on the program title for more information

Program Name	Evaluation Setting
Aban Aya Youth Project	Middle school
Adult Identity Mentoring (Project AIM)	Middle school
All4You!	High school, Specialized setting
Assisting in Rehabilitating Kids (ARK)	Specialized setting
Be Proud! Be Responsible!	After school program or community-based organization
Be Proud! Be Responsible! Be Protective!	Middle school, High school
Becoming a Responsible Teen (BART)	After school program or community-based organization
Children's Aid Society (CAS) -- Carrera Programs	After school program or community-based organization
¡Cuídate!	After school program or community-based organization
Draw the Line/Respect the Line	Middle school
Families Talking Together (FTT)	Clinic-based
FOCUS	Specialized setting
Health Improvement Projects for Teens (HIP Teens)	After school program or community-based organization
Heritage Keepers Abstinence Education	Middle school, High school
HORIZONS	Health clinic
It's Your Game: Keep it Real (IYG)	Middle school
Making a Difference!	After school program or community-based organization
Making Proud Choices!	After school program or community-based organization
Project IMAGE	Health Clinic
Project TALC	After school program or community-based organization
Promoting Health Among Teens! Abstinence-Only Intervention	After school program or community-based organization
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	After school program or community-based organization
Raising Healthy Children (formerly known as the Seattle Social Development Project)	Elementary school
Reducing the Risk	High school
Respeto/Proteger	After school program or community-based organization
Rikers Health Advocacy Program (RHAP)	Specialized setting

Program Name	Evaluation Setting
Safer Choices	High school
Safer Sex	Health clinic
SiHLE	Health clinic
Sexual Health and Adolescent Risk Prevention (SHARP) (formerly known as HIV Risk Reduction Among Detained Adolescents)	Specialized setting
Sisters Saving Sisters	Health clinic
STRIVE	After school program or community-based organization
Teen Health Project	After school program or community-based organization
Teen Outreach Program (TOP)	High school
Seventeen Days	Health clinic

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[3] United Nations Statistics Division. (2011). Demographic Yearbook 2009-2010: Live births by age of mother. New York, NY: United Nations. Retrieved May 12, 2014, from http://unstats.un.org/unsd/demographic/products/dyb/dyb2009-2010.htm

Last updated: April 29, 2015

In TPP Resource Center

- Training Topics
- Resources

Training Topics

- Building Collaborations
- Choosing an Evidence-Based Program and Curriculum
- Cultural Competence
- Engaging Select Populations
- Implementation
- Performance Management
- Recruitment, Retention & Engagement
- Strategic Communications & Dissemination
- Sustainability

Talking with Teens

Visit our site for parents

IV. Working to Improve Policy and Practice

A. Addressing Gaps

B. Broadening Supports

IV. Working to Improve Policy and Practice

A. Addressing Gaps

Promising Strategies and Existing Gaps in Supporting Pregnant and Parenting Teens

Summary of Expert Panel Workgroup Meetings
January and July 2012
Washington, D.C.

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Executive Summary

In January and July 2012, the Office of Adolescent Health (OAH) convened a panel of experts in Washington, D.C. to discuss strategies and gaps in the field of support for pregnant and parenting teens. The discussion focused on *What Works for Pregnant and Parenting Teens*. The experts were tasked with summarizing the state of the field, prioritizing gaps and challenges, and identifying opportunities to support pregnant and parenting teens. Included among the experts were physicians, university faculty, medical directors, psychologists, researchers, federal staff, and directors of programs and organizations serving pregnant and parenting teens. The biographies of this diverse group of experts are provided in the appendix of this report.

In recent years, the federal government has made investments toward building a scientific evidence base of effective programs and models addressing teen pregnancy prevention. Additionally, funding was made available to provide services to pregnant and parenting teens. One such initiative, the Pregnancy Assistance Fund (PAF) program, funds states and tribes to provide pregnant and parenting adolescents and women with a network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. However, there continues to remain a lack of knowledge of the core components of successful programs for pregnant and parenting teens and, moreover, programs specifically designed to support pregnant and parenting teens are scarce. Pregnant and parenting are often poor, need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults[i]. A few of their unique needs may include locating supportive housing, assistance in reaching educational goals, and accessing adequate health care for themselves and their babies.

The purpose of the expert panel was to enhance the knowledge of promising practices, when working with pregnant and parenting teens. During the first meeting, the experts were posed the question "what works?" More specifically, they were asked about the lack of an existing evidence base, criteria that should be used in determining what works, existing program models and the risk and protective factors on which programs focus, and the gaps and challenges that exist in this field. The second workgroup meeting sought to expand the core components of emerging successful programs, suggest promising practices for reaching, retaining and engaging pregnant and parenting teens, help inform the practice, policy and program needs in the field, and inform OAH's future planning for the PAF program.

This summary presents findings from the workgroup meetings, including 1) promising practices in reaching, engaging and retaining pregnant and parenting teens 2) effective program components when working with pregnant and parenting teens, and 3) concrete examples for implementing those core components.

Promising Practices for Those Serving Pregnant and Parenting Teens

To reach pregnant and parenting teens, programming efforts need to occur in school and out of school. Not all pregnant and parenting teens are served through traditional approaches, like a classroom curriculum, or in conventional settings, such as schools or community centers. For pregnant and parenting teens who may be disengaged from mainstream society, traditional youth programs may not be effective or meet their needs. Teen parents may not find the activities relevant, interesting, or useful and may feel disconnected from participants in traditional youth programs. Supporting pregnant and parenting teens can prove challenging, particularly if they are facing added vulnerabilities, including being out of school or at risk of dropping out of school, involved in the juvenile justice or foster care system, immigrant youth, disabled youth, or runaway and/or homeless youth. These particularly marginalized youth generally have less access to the education, services, and supports they need to develop into fully productive, healthy, and engaged adults. This is not to say that all youth are not equally capable, but rather that all youth are not equally able to access the information, guidance and support they need to act on their full capabilities[ii].

The expert panel was tasked with identifying strategies to reach, engage, and retain pregnant and parenting teens in programs. While several studies have examined the effects of programs on outcomes for teen parents, the evidence-base varies widely as does the quality and rigor of research methods. Since few rigorous studies have been completed analyzing results on pregnant and parenting teens, the following descriptions are "promising practices", or practices that have expert consensus or other support but which have not been as rigorously evaluated scientifically.

Reaching pregnant and parenting teens

In the first meeting, the experts considered issues and challenges related to reaching pregnant and parenting teens. There has yet to be developed a deep bench of research and best practices when it comes to serving highly vulnerable and at-risk youth, such as homeless youth, very young adolescents, youth who have experienced domestic or intimate partner violence, youth who are in the foster care system, and other marginalized youth. The experts acknowledged reaching pregnant and parenting teens, particularly these marginalized groups, as a critical gap, as these youth are most often at greater risk for the negative outcomes associated with teen pregnancy.

To address this gap, the experts cited the following as promising practices for reaching pregnant and parenting teens:

- Develop partnerships with pediatrician offices -- pediatric waiting rooms offer an opportunity for reaching out to teen parents either to provide resources or to introduce subsequent pregnancy prevention materials. The information could be presented on the screen in the waiting room or in the form of flyers and brochures. Additionally, the information should be culturally and developmentally appropriate as well as friendly and enriching.

- Visit hospital emergency rooms -- for those teen mothers without health insurance, babies are often seen in emergency rooms; therefore hospital emergency departments could provide opportunities for reaching out to pregnant and parenting teens.
- Offer services at Women, Infants, and Children (WIC) programs -- teens use this federal program for food and health assistance, education about nutrition, and obtain help with finding health care and other community services. Offering programs or services at WIC sites may be an avenue for reaching pregnant and parenting teens.
- Work with the criminal justice system -- children of incarcerated parents are at higher risk of teen pregnancy. Targeting this group could be a good avenue for reaching youth and offering services to pregnant teens and their families.
- Go where teens congregate -- youth gathering places, which will vary widely, offer a direct way to reach youth where they congregate. Examples could include shopping malls, nail salons or Native American youth powwows.
- Use social media -- utilizing social media sites that youth frequent to advertise programs could be helpful. Given today's technology driven youth, social media could be used to reach out to youth virtually. (Popular sites will vary regionally but may include sites such as Foursquare, Facebook, Craigslist, Twitter, Meetup, LinkedIn, Friendster, etc.).
- Develop partnerships with the faith-based community -- religious communities and programs to prevent teen pregnancy can work together productively. Programs to reduce teen pregnancy and the faith community have a shared interest in strong families and in the healthy development of young people. This partnership provides an excellent foundation for mutually beneficial activities.

Engaging pregnant and parenting teens

During the first meeting, the experts discussed gaps and challenges related to engaging pregnant and parenting teens. In addition to noting that promising program approaches should be documented, evaluated, and replicated. The group also emphasized that existing programs may not be appropriate for certain groups of vulnerable teens. Programs are not necessarily one-size-fits-all, and it should not be assumed that a program developed for adults will work for adolescents, or a program developed for older teens will work for younger teens, or a program developed for general population teens will work for at-risk youth. Lastly, the experts also addressed the lack of teen involvement in the planning of programs and identifying services that are delivered to pregnant and parenting teens.

To address these gaps and challenges, the experts identified the following promising practices for engaging pregnant and parenting teens:

- Build relationships -- relationships are important for engaging youth. Youth are more likely to actively engage when they feel connected to project staff or program leaders.
- Implement engaging activities -- participants engage more in a program if the content is not only provided in didactic modes, but uses interactive approaches and skill building activities. When teens observe scenarios or participate in activities that build skills, they become more engaged.

- Model positive behavior -- program staff should model healthy relationships by treating each other with respect and courtesy. Staff should model positive behaviors when interacting with teens and adults, with the intent of teens mirroring this behavior.
- Conduct motivational interviewing -- the technique of motivational interviewing seeks to help teens think differently about their behavior and ultimately to consider what might be gained through change. The strategy is to help teens envision a better future and become increasingly motivated to achieve it.
- Encourage creativity -- it helps to think outside the box when trying to engage pregnant and parenting teens. Creative examples that have been tried include: using art projects to engage LGBTQ youth at homeless shelters, Zumba or belly dancing classes offered to teens, teaching English in ESL classes using pregnancy prevention content, Twitter chats with teen parents, and hosting various social events.
- Engage program alumni -- programs should use their alumni to build relationships with current participants. These relationships can be formal or informal.
- Empower current participants -- program leaders can empower current participants to serve as program ambassadors to share their stories with other youth and encourage participation.
- Allow for flexibility -- programs can engage participants more effectively if they are flexible in the times they offer services, provide food during meeting times, and are bi-lingual and/or bi-cultural. Programs should strive to be gender diverse to engage male and female youth – such that both are able to participate in activities.
- Allow for adaptability -- participants need to connect to the material conveyed. Ensuring that the programs are culturally sensitive may mean making cultural adaptations such as modifying role plays in existing curricula to fit the population.

Retaining pregnant and parenting teens

Developing effective strategies to retain pregnant and parenting teens is vital for the success of programs and encourages long-term program participation by the youth. The experts brought up the issue of numerous successful strategies that have been sparsely documented, including: gender-focused or gender transformative programs; family-systems approaches; residential programs and maternal group homes, such as Second Chance Homes; phone-check-in programs; mediation; education coaches or school continuation programs; parenting skill-building programs; mentoring programs and peer-to-peer programs; reunification programs; motivational interviewing; and social media or social networking approaches.

The following retention promising practices were identified by the expert workgroup:

- Build relationships- - if teens feel connected to program staff or have established an ongoing positive adult relationship, the teen is more likely to continue in the program.

Encourage staff to practice healthy behaviors –program staff need to be physically and emotionally healthy and learn positive ways to manage stress and conflicts. Staff serve as role

models for healthy lifestyle choices and these choices will help build credibility and stronger relationships with teens.

- Reach out to community partners -- teens will remain in programs if their needs are being met. Programs need to develop capacity/partnerships in the community to respond to the concrete needs of pregnant and parenting teens (e.g. food, health care, paying apprenticeship opportunities).
- Maintain a safe environment -- similar to adults, youth want to feel respected. This is especially important with marginalized pregnant and parenting teens. Programs should seek to provide a non-threatening environment where teens feel safe and welcomed.
- Use technology -- programs should maximize phone and web-based strategies to retain youth. Some programs have provided virtual counseling as a way to keep connected to their teens.
- Offer incentives -- use incentives to encourage teen participation in program activities. Some examples of incentive programs include: food, gas cards, diapers, location guides, or condoms.
- Celebrate milestones -- programs can have periodic celebrations for completion of an activity or completion of a pre-determined number of program sessions. These mini-celebrations give teens a sense of accomplishment.
- Involve teens -- programs should involve teens in activities and provide opportunities where youth serve in leadership roles.

Implementing Core Components of Successful Programs

The experts were asked to discuss ways in which their own research or practice has been successful in working with pregnant and parenting teens. Experts focused on core components, or those most essential and indispensable components of an intervention, practice or program that are integral to success. In addition to identifying core components of success, the experts also described specific ways to implement these components.

Education

Pregnant and parenting teens often fail to complete or continue their education. A high priority for programs should be to promote the completion of their education and develop literacy – both health literacy and literacy, in general. There is a need for comprehensive education (including college and workforce preparation) in conjunction with services (such as health education and health care).

Concrete suggestions for advancing education:

- Holding students to higher expectations -- programs that work with pregnant and parenting teens need to create an environment of high expectations and rich opportunities. High school diploma attainment should not be the end goal; rather more emphasis should be placed on post secondary education.
- Using an intergenerational approach -- programs can involve multiple generations of the teen's family in roles of academic support – involving grandparents, for example.

- Modeling success -- programs can showcase success by highlighting successful college students who were once teen parents or current teen parents who are successfully pursuing their education.
- Working together -- school districts and higher education leaders can work collaboratively to make sure that the needs of pregnant and parenting teens are prioritized.
- Providing support -- wrap around services, such as child care and housing, will help keep teen parents in school.

Integrated services and referrals

Integrated services and referrals are needed to fully meet the needs of pregnant and parenting teens. Many pregnant and parenting teens are confronted with a host of simultaneous risk factors that need to be addressed in tandem with the services that they receive related to health care. There is a need for parenting and co-parenting skill-building programs and services. Additionally, there is a need to provide access or referrals to legal services, housing, child care, transportation, and mental and physical health services.

Concrete suggestions for integrating services and referrals:

- Supporting teen parents' use of referrals -- programs can recruit advocates or volunteers to help support and accompany young parents to referral agencies. The end goal is to move beyond offering basic referrals to truly connecting teens with services.
- Using technology -- programs can collaborate more efficiently through database and web technology. Multiple service referrals and continuous follow-up can be streamlined.
    - For example, software can be customized to track feedback on the quality of the referral, the referral outcome, and recommendations for future services.
- Addressing mental health -- in providing basic needs for teen parents such as housing, parenting, and childcare, mental health services are often overlooked. Mental health assessments should be integrated into the basic health screenings for teen mothers.
- Making it worthwhile -- agencies may be more willing to work together if financial compensation or in-kind donations are given as incentives.
- Co-funding initiatives -- at federal, state, and county levels and across departments (e.g., education, justice, health, social services), efforts can be made to build and support collaborative efforts, and where possible, shared funding.

Strong participant-provider relationships

One of the most important aspects of working with pregnant and parenting teens is to develop positive and supportive relationships between teens and providers. Therefore, there is a great need to develop strong communication channels between both the teens and providers. In this way, a program can create a community environment for pregnant and parenting teens.

Concrete suggestions for strengthening participant-provider relationships:

- Staff retention -- maintaining a consistent staff and minimizing turnover provides continuity and makes it possible for participants and providers to develop strong relationships.
- Training on best practices -- providers could benefit from technical assistance and training that provides examples and case studies and success stories on successful strategies and best practices for communicating and building relationships with youth.
- Transparency and consistency -- participant-provider relationships will thrive when trust is present. With openness, consistency and honesty, teens and adults can develop trust within their relationship, which will facilitate strong working relationships.
- Use what you learn -- there needs to be deliberate inclusion of teen feedback in program planning. Programs should have a specific plan on how to include and foster the input teen parents provide. A stronger relationship if forged when teens feel their voice is heard and respected.

Well defined program goals and processes

A key component to successful work with pregnant and parenting teens is a clear and common understanding and articulation of program goals and processes. Those goals should be made operational through program procedures, standards, guidelines, and program logic models. It is critical that these goals and guidelines direct program implementation and evaluate program performance. Namely, the use of theoretical frameworks, a set of guiding best practices, and strong performance management tools are strongly encouraged.

Concrete suggestions to clearly articulate program goals and processes:

- Creating a common understanding -- programs benefit from strong technical assistance on building logic models, connecting activities to goals, connecting administrative data to activities and goals, and using data for program improvement to ensure goals are being achieved.
- Sharing a framework -- once developed, programs need to share this framework by clearly articulating their logic model and demonstrating specific goals, objectives, and roles. As one expert commented, “If you don’t know where you are going – you don’t know how to get there.”
- Monitoring staff -- programs should assess staffing periodically to track hiring and training needs and support staff with leadership, training, and mentoring.
- Being realistic -- place emphasis on realistic measurement of program process, dosage, and links to outcomes.
- Continuing to improve -- programs can use their own data strategically for continuous quality improvement. Programs should consider implications if they do not meet the goals and objectives as intended and strive for ongoing program improvement.
- Planning for sustainability -- programs should examine how to build capacity at the program level when establishing their sustainability plan.

- Articulating goals -- it is not enough to have a common understanding within a program; clearly articulating goals via outreach and public materials in terms that are realistic and culturally appropriate is also necessary.
- Recognizing failure -- acknowledge that failure is part of the process and adopt a "relentless engagement" model that plans for disruption and setbacks and chances to "fail".

Family relationships

Family relationships play a key role in the lives of pregnant and parenting teens. Family relationships may include multiple generations and should place emphasis on the role of grandparents and extended family as being essential in both understanding the context of these individuals' lives, and also recognizing their role in successful outcomes for the teen and the child. In particular, extended family, including grandparents can be included in services and educational programs, especially in the case of intergenerational teen pregnancy and families with negative or harmful home environments, including those homes that have been affected by domestic violence and/or substance use. Further, engaging fathers is critical when possible and when the inclusion of the fathers would not put the parenting teens or their children at risk (such as in the case of intimate partner violence).

Concrete suggestions for emphasizing family relationships:

- Changing perspective -- programs may need to broaden the client definition– from the individual teen, to seeing the whole family as a unit of service. For example, programs can include grandparent support groups, offer intergenerational parenting education, and target younger siblings who are at increased risk for pregnancy.
- Establishing healthy relationships -- teens may need to learn ways to maintain and, in some cases, re-establish healthy family relationships. Stable family relationships with the family of origin and the father of the baby may benefit maternal-child well-being.
- Involving dads -- teen fathers can be involved in programming and receive training on co-parenting. This means father-friendly programs or policies that are supportive and creative. For example,
    - Providing incentives for father involvement, using job training as an entry point, assessing unique needs for men, etc.
- Being flexible -- programs can accommodate complex family schedules by offering flexible hours of service or by making home visits.

Developmental influences

Teens do not develop in isolation, but rather are influenced by a variety of environmental systems including family, school, neighborhood, community, and culture. These ecological systems matter when working with pregnant and parenting teens. Specifically, keeping in mind the importance of using contextual approaches that acknowledge and value the diversity of the youth they serve with respect to age and life course stage, race/ethnicity, immigration status, geographic region, neighborhood context, and socioeconomic status, to name a few, is important. These diverse groups are faced with stigma, oppression, and marginalization.

Providers need to be aware of issues, such as current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, war, and human trafficking, and how they may impact the youth being served.

Concrete suggestions for considering developmental influences:

- Using an ecological model -- when working with pregnant and parenting teens, consider the influence of their context - family, peers, school, and community.
- Applying a holistic approach -- programs can ensure that the services provided integrate a holistic approach that accounts for pregnant and parenting teens' circumstances, including trauma-informed care, dating/intimate partner violence issues, cultural/racial/ethnic considerations, etc.
- Incorporating diversity -- this can include ensuring that all program materials reflect the diversity of the population being served.
- Tailoring messages -- many diverse groups need information specific to their needs. For example, substance abusing teens, who are homeless and Spanish speakers. Using examples of resilience within those groupings can be helpful.
- Recognizing triggers -- anticipate challenges when the context changes. Changes in a teen's family (loss of a parent) or peer group (a friend becomes pregnant) influences the teen and the risk for a repeat pregnancy.

Highly skilled staff and welcoming program environments

For both program staff and the pregnant and parenting teens being served, maintaining a culture of high expectations is essential. Specifically, the need to implement strengths-based approaches in working with pregnant and parenting teens is important. Other important considerations include: the need to develop and espouse cultural awareness; incorporate developmentally appropriate practices; recruit, retain, and compensate highly skilled staff; train program staff in systems and theory; identify ways to successfully recruit and retain pregnant and parenting teens; and set up a process to deal with and overcome challenges.

Concrete suggestions for developing high skilled staff and a welcoming program environment:

- Training staff -- a high functioning staff is well trained in topics relevant to their work – such as adolescent development, reproductive health, positive youth development and trauma-informed approaches.
- Valuing recruitment -- a staff that uses targeted and culturally appropriate recruitment strategies and focuses on friendly follow-up to interested participants, sets the stage for a welcoming program environment.
- Hiring selectively -- by implementing appropriate criteria and a thorough interview process, programs are more likely to hire the "right" people.
- Holding staff accountable -- programs should develop guidelines for accountability, monitor and track services provided, and evaluate staff performance.

- Maintaining staff morale -- direct service staff have articulated the following as desirable qualities for long term employment: relevant skills training, technical assistance, appropriate infrastructure supports, and comparable benefits and salary.
- Training staff -- staff may need to be trained and mentored to:
    - Understand and address the complex influences of family of origin - including risk factors that led to teen pregnancy.
    - Help teen recognize the positive and supportive resources that should be maximized and acknowledge where supplemental support is needed.
    - Espouse culturally sensitive practices and celebrate diversity.

Conclusion

The experts were convened to explore the knowledge of the supports and resources needed to best serve pregnant and parenting teens and begin to identify core components from successful programs. Specifically, experts described gaps and challenges for reaching, engaging and retaining pregnant and parenting teens and then identified several promising approaches to address those issues. Adding to the rich discussion, experts identified what they felt had emerged as the core components of successful programs serving pregnant and parenting teens. These core components include: emphasizing education – including financial literacy and post secondary schools, integrating services and referrals to fully meet the needs of teens, establishing strong participant-provider relationships, articulating well-defined program goals and processes, strengthening family relationships, giving consideration to influence of developmental factors, recruiting, training and retaining highly skilled staff and providing welcoming program environments. For each of these core components, suggestions were put forth to move them from an abstract idea to concrete examples to implement the component. The information contained within the report makes a great contribution to the field and provides practical approaches for providers and stakeholders.

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Appendix C: Additional Resources

- Related Publication -- What Works for Disadvantaged and Adolescent Parent Programs: Lessons from Experimental Evaluations of Social Programs and Interventions for Children, by A. Chrisler & K.A. Moore
  http://www.childtrends.org/files/Child_Trends-2012_08_20_WW_ParentPrograms.pdf

- Logic model for working with young families – by Healthy Teen Network
  http://healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBFBA6B3C-8481-4AEF-B1D0-2F68EFBCC406%7D.PDF

- Young families policy platform– by Healthy Teen Network
  http://healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B41458658-81E5-4F66-AB03-827353A1DE32%7D.PDF

- Framing teen pregnancy – by Healthy Teen Network
  http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBDBA09F7-BA51-4743-8CB8-2656A8904319%7D.PDF

- IPV/healthy relationships - Safe Dates evidence-based curriculum -sold by Hazelden Publishing
  http://www.hazelden.org/web/public/safedates.page

- Compendium of IPV measures on CDC website
  http://www.cdc.gov/ncipc/pub-res/IPV_Compendium.pdf

- Evidence-based co-parenting intervention - developed by Mark Feinberg and Marni Kan at Penn State
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178882/

- RTI developed resources shared with AFL programs
  http://www.hhs.gov/opa/familylife/tech_assistance/etraining/basics/framework/gather/instruments/index.html

- Theoretical frameworks -Glanz & Rimer textbook
  http://www.amazon.com/Health-Behavior-Education-Research-Practice/dp/0787903108

- Home visiting for teen moms - analysis of Olds data by Lorraine Klerman, article by Koniak-Griffin
  http://www.ncbi.nlm.nih.gov/pubmed/9611540

- Minimum evaluation data set for teen pregnancy prevention programs - J.J. Card article
  http://www.socio.com/pdf/EVAPUBL13.pdf

- Process evaluation instrument from AFL cross-site evaluation
  http://www.hhs.gov/opa/familylife/core_instruments/index.html

- National Campaign With One Voice annual study on National Campaign website
  http://www.thenationalcampaign.org/wov/

Appendix D: References

[i] Clay, P., Paluzzi, P., & Max, J. (2011). *Mapping Programs that Serve Pregnant and Parenting Teens in the US: Results and Hurdles.* Baltimore, MD: Healthy Teen Network.

[ii] Healthy Teen Network (2008). *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*. Baltimore, MD: Healthy Teen Network.

IV. Working to Improve Policy and Practice (cont.)

B. Broadening Supports

Working with Pregnant and Parenting Teens

Healthy Teen Network Resources

General

•Public Policy Recommendation: Expectant and Parenting Teen Access to Education
•Expectant and Parenting Students Provisions of the Every Child Achieves Act (S. 1177)
•Public Policy Recommendations: Summary
•"Picture Perfect": A Snapshot of What Helps Teen Families Grow & Thrive
•Tip Sheet: Best Practices for Working with Pregnant and Parenting Teens
•BDI Logic Model for Working with Young Families Resource Kit
•Keeping Pregnant and Parenting Teens from Dropping Out: A Guide for Policymakers and Schools
•Mapping Programs that Serve Pregnant and Parenting Teens
•A Policy Platform to Promote Health and Success among Young Families
  ° Executive Summary
  ° Suggested Action Steps
•Advocacy Resource Guide: Supporting Young Fathers
•Advocacy Resource Guide: Unique Development Needs of Children of Adolescent Parents
•Yes You Can: Eat Well, Look Good, and Save Money

Testimonials from Young Parents (YouTube Videos)

•Alba Speaks on the Lack of Financial Supports for Young Parents
•Uniqwa Speaks on the Challenges of Financially Supporting Her Son
•Lisette Speaks on PEARLS Program
•Uniqwa Speaks on Education
•Lisette Speaks on Education
•Alba Speaks on Education
•Uniqwa Speaks on Changing Relationships
•Alba Speaks on the Challenges of Finding Work

Framing

•An American Frame: Teen Pregnancy and Parenting
•Gaining Support for Teen Families: Mapping the Perceptual Hurdles
•Another Chance: Preventing Additional Teen Births to Teen Moms

Supportive Housing & Foster Care

•Core Components of Supportive Housing for Pregnant and Parenting Teens
•Core Components of Supportive Housing for Pregnant and Parenting Teens: Findi ngs from the Field
•Helping Pregnant and Parenting Teens Find Adequate Housing
•Advocacy for Pregnant and Parenting Teens in Foster Care
•Helping Teens Help Themselves: A National Blueprint for Expanding Access to Supporting

Other Resources

- Talking the Talk: Creating a Communications Strategy: A Guide for Community-Wide Teen Pregnancy Prevention Initiatives
- The Characteristics and Circumstances of Teen Fathers: At the Birth of Their First Child and Beyond
- The Magic of Everyday Moments: Seeing is Believing
- Supporting Adolescent Mothers: A Journey through Policies, Programs, and Research
- Fatherhood E-Learning Module
- Working With Pregnant & Parenting Teens Tip Sheet
- Office of Adolescent Health Webinars
- Together We Can Parent Together
- Preventing Teen Pregnancy Among Older Teens
- ABCs for Mommy and ABCs for Daddy: books to encourage building positive character traits in our lives
- MotherToBaby: Evidence-based information for mothers, health care professionals, and the general public about medications and other exposures during pregnancy
- text4baby: Free text messages with critical health and safety tips timed for your pregnancy and baby's age up until the first birthday

http://www.healthyteennetwork.org/working-pregnant-parenting-teens

V. Resources

A. References

B. Websites and Organizations

C. Quick Find

V. Resources

A. References

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V. Resources (cont.)

B. Websites and Organizations

Advocates for Youth – http://www.advocatesforyouth.org/

The Association of Maternal & Child Health Programs (AMCHP) – http://www.amchp.org/

Association of Reproductive Health Professionals (ARHP) – http://www.arhp.org/

Bureau for At-Risk Youth – http://www.at-risk.com

Centers for Disease Control and Prevention – http://www.cdc.gov/teenpregnancy/about/index.htm

Child Trends, Inc. – http://www.childtrends.org/

Child Welfare League of America: Florence Crittenton Division – http://www.cwla.org/

The Guttmacher Institute – http://guttmacher.org/

Health Teen Network – http://www.healthyteennetwork.org/

Kaiser Safe (Sex) Site – http://www.itsyoursexlife.com/

National Campaign to Prevent Teen Pregnancy – http://www.teenpregnancy.org/

National Family Planning & Reproductive Health Association (NFPRHA) – http://www.nfprha.org/

Planned Parenthood Federation of America -- http://www.plannedparenthood.org

Resource Center for Adolescent Pregnancy Prevention (ReCAPP) – http://www.etr.org/recapp/

Sex, Etc. – http://www.sexetc.org/

Sexuality Information and Education Council of the United States (SIECUS) – http://www.siecus.org

Society for Prevention Research – http://www.preventionresearch.org/

Sociometrics Corporation – http://www.socio.com

Teen Pregnancy – http://teenpregnancy.org

Thursday's Child Online for At-Risk Teens – http://www.thursdayschild.org/

U.S. Dept. of HHS, Office of Adolescent Health – http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/index.html

Because this topic is a basic concern of the Department of Health and Human Services' *Office of Adolescent Health*, here is an indication of the resources they offer.

- Home
- About Us
  - Vision
  - Leadership
  - Employment
  - Contact Us
  - Visitor Information
- OAH Initiatives
  - Adolescent Health: Think, Act, Grow
  - Evaluation and Performance Measurement
  - Pregnancy Assistance Fund Program
  - Resource Centers
  - Teen Pregnancy Prevention Program
- Adolescent Health Topics
  - America's Adolescents
  - Healthy Relationships
  - Mental Health
  - Physical Health and Nutrition
  - Reproductive Health
  - Substance Abuse
- News
  - E-Updates
  - Events
  - News Releases
  - Twitter Chats
  - Webinars
- Resources & Publications
  - Adolescent Health Social Media
  - E-Updates
  - Multimedia
  - Webinars
  - National and State Facts
  - Online Learning
  - Adolescent Health Library
  - HHS Resources
- Grants
  - Open Grants
  - Closed Grants

Here's an indication of what can be found on the website of the *National Association of Schools Nurses*

Sexual and Reproductive Health

NASN Position Statements

National Association of School Nurses (2011). *Position Statement. Pregnant and Parenting Students, The Role of the School Nurse*. Silver Spring, MD: Author.

National Association of School Nurses (2012). *Position Statement. School Health Education about Human Sexuality*. Silver Spring, MD: Author.

National Association of School Nurses (2012). *Position Statement. Sexual Orientation and Gender Identity/Expression (Sexual Minority Students): School Nurse Practice*. Silver Spring, MD: Author.

School Nurses in Action

Find ideas to raise awareness and a list of sexual and reproductive health observances.
Access this content.

E-Learning

Hosted by NASN In collaboration with the School-Based Health Alliance
Inviting (All) Young Men to Sit at the HealthCare Table: The Vital Role of SBHCs and School Nurses
Re-recorded April 8, 2013
Featuring Alywn Cohall, MD and Bruce Armstrong, MD of Columbia University Mailman School of Public Health

National Clinical Resources

Rapid Assessment for Adolescent Preventive Services
A risk screening system.

Screen, Test, Diagnose & Prevent: A Clinician's Resource for STDs in Gay Men and Other MSM
A 62-page toolkit to improve clinicians' knowledge, skills, and comfort in effectively diagnosing and managing STDs in gay men from the California Department of Health Services STD Control Branch and the California STD/HIV Prevention Training Center.

Montalto, N. J. (1998). Implementing the Guidelines for Adolescent Preventive Services. *American Family Physician. 57*(9):2181-2188.

State level adolescents resources
A web resource that includes information on minors' rights from the Guttmacher Institute.

The Adolescent Health Working Group
A website with toolkit resources for clinicians, parents, and adolescents.
Toolkits include policies applicable to California, but the majority of the checklists, posters, handouts, recommendations, etc. are universal.

Best Practices in Sexual and Reproductive Health Care for Adolescents
A 9-page publication from the New York City Young Men's Initiative at the Department of Health and Mental Hygiene

Healthy Teens Initiative: Seven Steps to Comprehensive Sexual and Reproductive Health Care for Adolescents in New York City
A 95-page toolkit and resource guide for health care providers from the New York City Department of Health and Mental Hygiene and the New York City Family Planning Providers Group

Website Resources

Bright Futures
A national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community.

Future of Sex Education and the National Sexuality Education Standards

Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention
From the Centers for Disease Control and Prevention

Reproductive Health
From the Office of Adolescent Health

National Resource Center for HIV/AIDS Prevention among Adolescents

The National Campaign to Prevent Teen and Unplanned Pregnancy

Sex Education Resource Center
From the Advocates for Youth

Sexuality Information and Education Council of the United States

Healthy Teen Network

Resources for Teens

Its Your (Sex) Life
A public information campaign from the Kaiser Family Foundation and MTV.

Sex, Etc.
Sex education information published by Answer, a national organization that provides and promotes access to sexuality education for young people and the adults who teach them.

Video, Pamphlet and Curricula Resources

Videos

From Scenarios USA, a national non-profit organization that uses writing and film to foster youth leadership, advocacy and self-expression.

Pamphlets and evidence-based teen pregnancy, STI, and HIV prevention curricula
From ETR Associates, a non-profit, science-based organization that works to improve the physical, social and emotional health of individuals, families and communities.

FREE resources

Sexual risk-taking prevention lesson plans, tools, and resources
From the Resource Center for Adolescent Pregnancy Prevention

Online comprehensive sexuality education curriculum
From King County in Washington State

Teen dating curricula, handouts, posters, etc.
From Break the Cycle, an agency that provides dating abuse prevention programs to young people.

"Get Yourself Tested" materials
From Its Your (Sex) Life

Lesson plans on bullying, bias, and diversity
From The Gay, Lesbian & Straight Education Network

Lesbian Gay Bisexual and Transgender (LGBT) inclusive lessons
From The Gay, Lesbian & Straight Education Network

V. Resources (cont.)

C. Quick Find

Quick Find On-line Clearinghouse
http://smhp.psych.ucla.edu/qf/p3005_02.htm

TOPIC: Teen Pregnancy and Prevention

The Center's Online Clearinghouse Quick Finds provide a sample of resources with direct links to Center developed materials and to resources from others relevant to the topic.