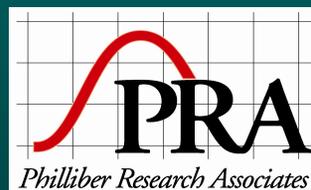


# What Works to Prevent Teen Pregnancy?



16 Main Street  
Accord, NY 12404  
845-626-2126  
Fax 845-626-3206

# Great growth in our knowledge



- 1997 – 29 programs in **No Easy Answers**
- 2001 – 44 programs in **Emerging Answers**
- 2005 – 54 programs in **developed and developing countries**

**By 2007--**

**A debate at the National Campaign to Prevent  
Teen and Unplanned Pregnancy as to whether  
to call the update Emerging Answers: 2007 or  
Answers Found**



# All of the programs that “work”

- Focused on adolescents
- Did not focus on pregnant and parenting teens
- Implemented in US
- Research had to be strong
- Sample size of at least 100
- Follow-up for at least 3 months
- Produced impact on behavior
- Published 1990 or after



# Types of Programs

---

- **Curricula—comprehensive**
- **Curricula—abstinence only**
- **Clinic protocols**
- **Community programs**
- **Service learning**
- **Mother-adolescent programs**
- **Multi-component programs**

# Two ways to reduce early pregnancy, birth or STIs

- Stop or reduce sexual intercourse
- Increase use of protection and/or contraception



# Potential Outcomes

- **Delay initiation of sex**
- **Reduce frequency of sex**
- **Reduce number of partners**
- **Increase condom use**
- **Increase contraceptive use**
- **Reduce pregnancy**
- **Reduce childbirth**
- **Reduce STDs**

# Curricula: Comprehensive

- Draw the Line, Respect the Line
- Making Proud Choices
- Safer Choices
- Reducing the Risk
- SiHLE (Sistas Informing, Healing, Living, Empowering)
- --and others



# Outcomes

---

- 15 of 32 programs delayed initiation of sex
- 6 of 21 programs reduced frequency of sex
- 11 of 24 programs reduced number of partners
- 15 of 32 programs increased condom use
- 4 of 9 programs increased contraceptive use
- 2 of 8 programs reduced pregnancy
- 2 of 6 programs reduced STIs

# Outcomes

- In one study, number of sexual partners increased
- In another, contraceptive use decreased
- No other negative outcomes occurred



# Characteristics of Effective Curricula

- **Good needs assessments**
- **Used a theory based approach based on risk and protective factors**
- **Pilot-tested**
- **Multiple activities**
- **Age and culturally appropriate**
- **Implemented with fidelity**

# Parent Teen Programs

---

- **Communication research confusing and conflicting**
  - the outcome variable is confused
  - the time order is not clear
  - parent and teen accounts do not agree

# Parent Teen Programs

- 4 programs increased condom use
- 1 program delayed initiation
- 1 reduced frequency of sex
- 1 reduced pregnancy
- 1 reduced STIs

**Weak but promising evidence.**

# Stand Alone Videos or Computer Games



- **Three such programs reviewed and well evaluated**
- **Short non-interactive videos alone do not appear to have any effect on behavior**
- **Longer interactive videos may have**

# Clinic Programs

- Contraceptives do prevent pregnancies



- The issue is—
  - how can we maximize this potential?

# Clinic Programs

- Takes more time
- Provide clear information
- One-on-one discussions
- Advance provision of emergency contraception
- Outreach, service, follow-up



# School Based Clinics



- Mixed results over time
- Access to condoms is increased when they are readily available in schools
- Little evidence that the school rates of pregnancy or births decrease—
  - has to do with use patterns
  - and mobility

# Community-wide Programs

- Mass communication, websites, community events, etc.
- The high bar of community rate change
- Still—4 of 6 studies found effects on delayed initiation, using condoms, using other contraceptives, or lowering pregnancy or birth rates.

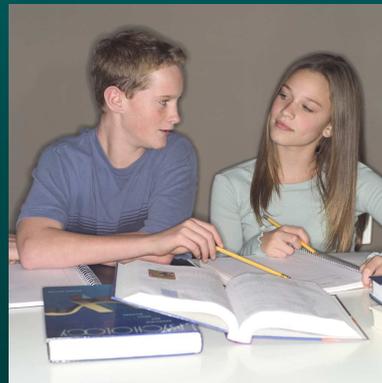
# Early Childhood Programs

- **Abecedarian—preschool and parent involvement**
  - delay in childbearing for a year
- **Perry Preschool**
  - significant reduction in teen pregnancy



# Service Learning

- Positive effects, especially while the programs are operating—
  - Teen Outreach
  - Learn and Serve



# Youth Development Approaches

---

- Sex and other good outcomes targeted
- Some work, some do not
- There are gender effects

# Abstinence Only Programs

- Pledging to be a virgin

Promising, IF, not too many pledge but enough do

- Abstinence until marriage

No effects in two programs



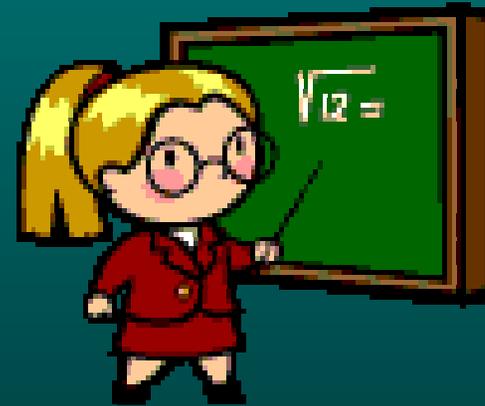
# Abstinence Only Programs

## Title V Abstinence Only

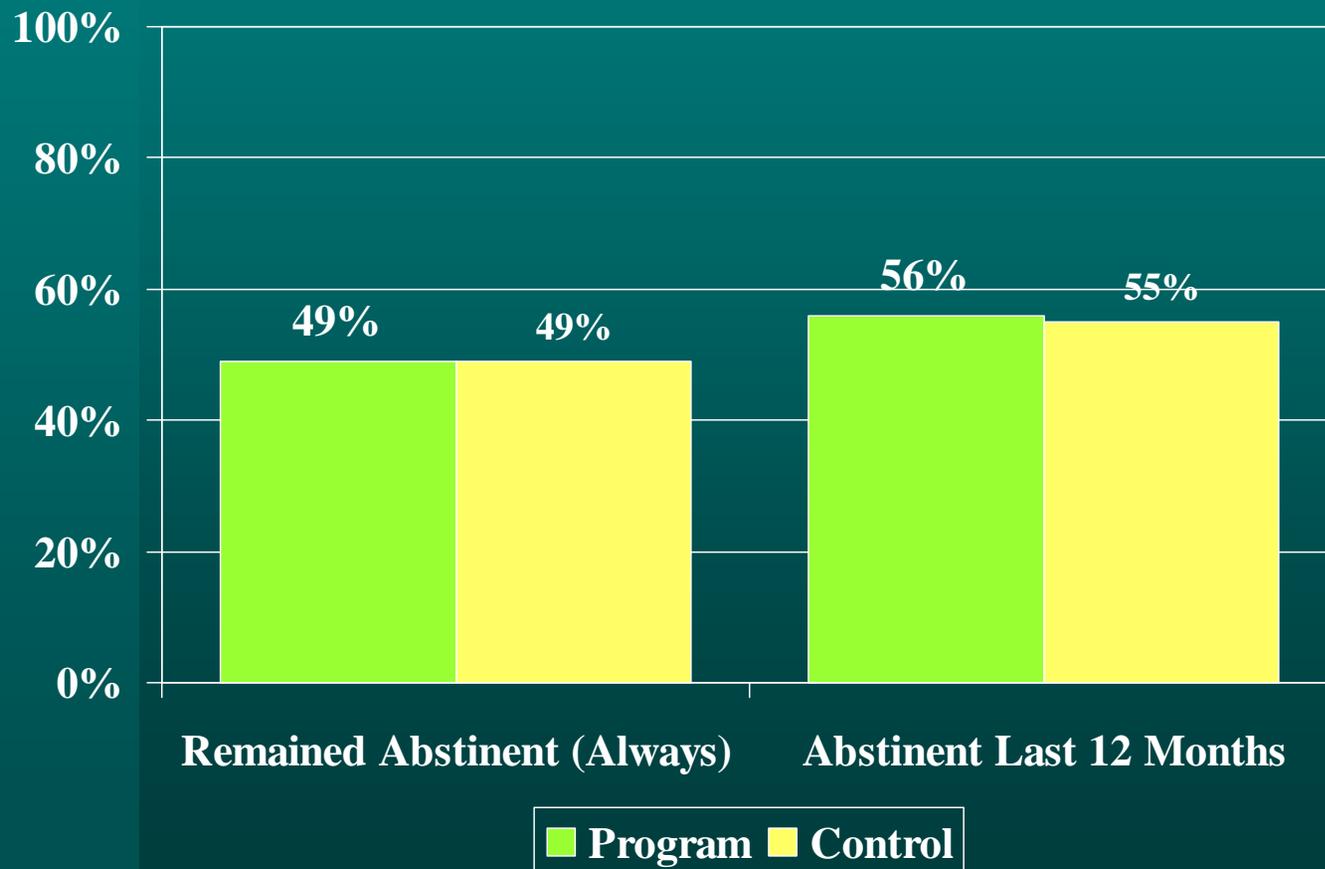
- exclusively teaches abstinence
- abstinence from sex outside of marriage is the expected standard
- only certain way to prevent pregnancy etc.
- mutually faithful monogamous marriage is expected standard
- sex outside of marriage is harmful
- children outside of marriage is harmful

# The Mathematica Study

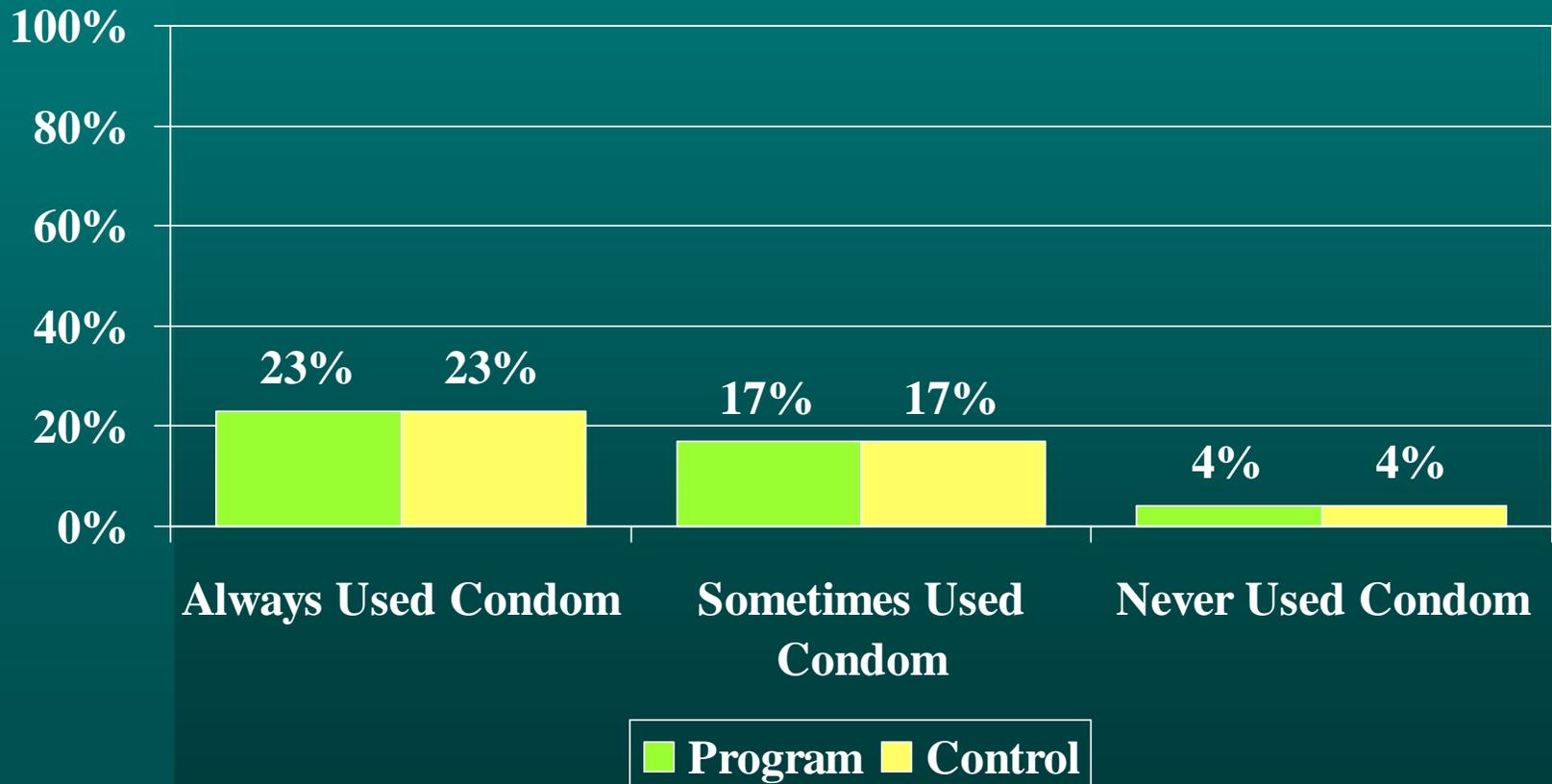
- Four programs, all relatively intense
- Random assignment
- Included 2,057 youth



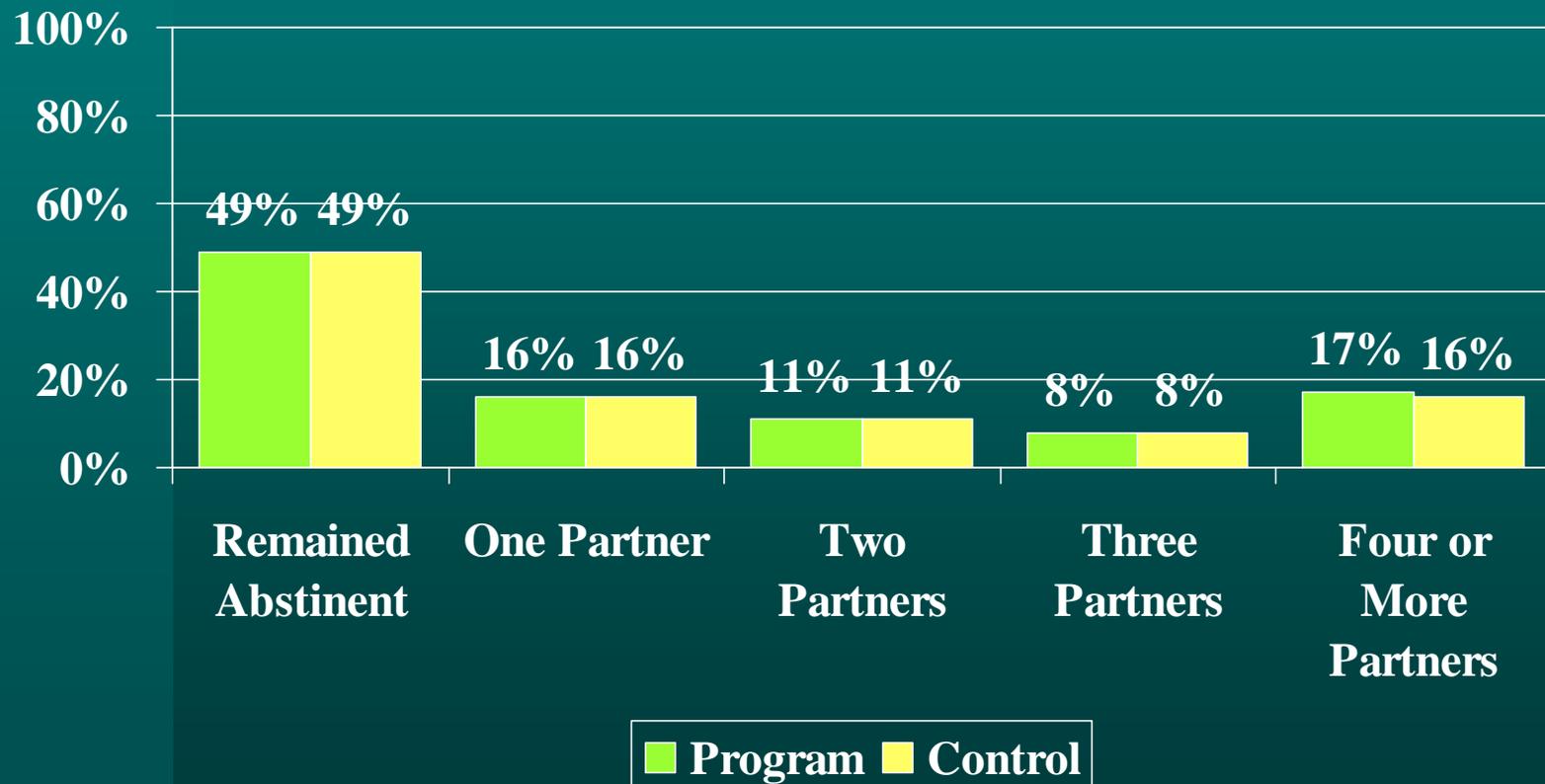
# Estimated Impacts on Sexual Abstinence



# Estimated Impacts on Unprotected Sex, Last 12 Months



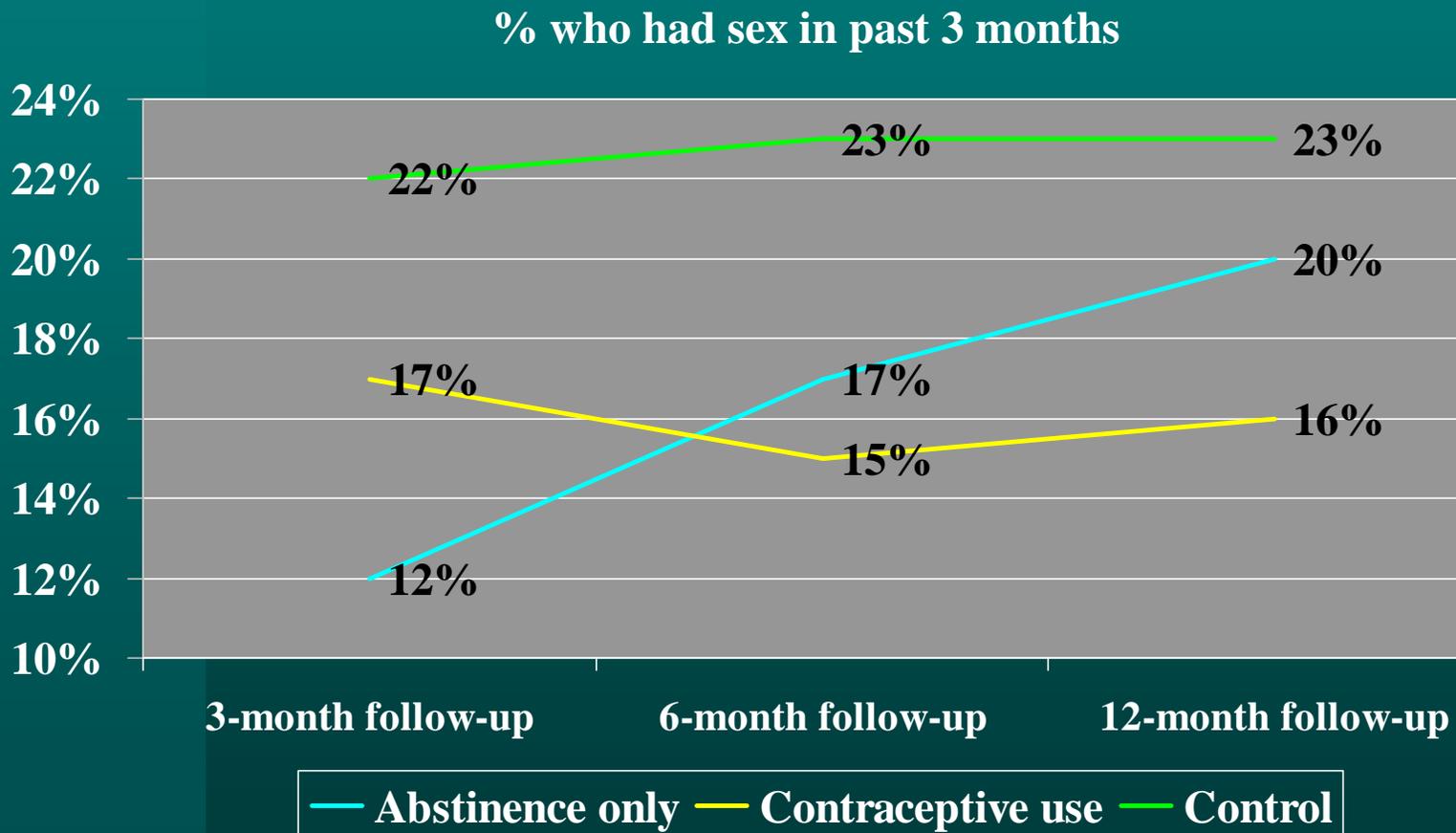
# Estimated Impacts on Reported Number of Sexual Partners



# Comparing Abstinence and More Comprehensive Programs

- Jemmotts' work—  
abstinence, comprehensive, health only

# Impact of Abstinence VS Contraceptive Use Education



# National Survey of Family Growth

---

- Study of 1719 youth aged 15-19
- Teens who received comprehensive sex education had a lower risk of pregnancy than those who received abstinence-only or no sex education.

# A word about the boys

- That's all it ever is—a word.
- Notice the absence of evidence here on what works with them.



# So...where does that leave us?

- We can delay sexual activity for a short time.
- “Abstinence only” in its present form does not seem to work.
- More comprehensive sexuality education is more effective.

# So...where does that leave us?

- There are lots of curriculum choices, some of which hardly mention sex at all.
- More teens than not are sexually active so that if we neglect protection or clinic services, we are putting them at risk of pregnancy, birth and even death.

# So...where does that leave us?

- Comprehensive youth development (-- the program equivalent to a middle class family life) can work if it goes on long enough.
- It seems wise to think of what a community can do at each age and grade, in and out of school—instead of picking one strategy. There are no vaccines here.

# So...where does that leave us?

- Perhaps we need to think of abstinence more broadly—
  - tutoring
  - college visits
  - healthy sports
  - self improvement activities
  - ...a future.