

# Promising Approaches to Preventing Teen Pregnancy

## What's behind high rates of teen pregnancy?

Growing up today is challenging. Teens live in a culture that sends them mixed and often destructive messages about sexuality, relationships, and developing a mature identity. Even the most advantaged teen faces pressure to make unwise and unhealthy decisions about sex.

About one million teens get pregnant each year, and each teen pregnancy has its own story. Many teens grow up in the inhospitable environments of poverty, unsafe neighborhoods, inadequate schools, and troubled families. They see career or economic opportunities as out of their reach and have little motivation to remain abstinent and delay pregnancy and parenting. Some teens have sex and get pregnant or cause a pregnancy because they are trying to prove they are adults. Others get pregnant by accident or because they lack the information that can help them avoid a pregnancy.

Research has identified a host of factors—related to individual behavior, family and community situations, and cultural pressures—that contribute to teen pregnancy. Most programs to

prevent teen pregnancy focus on one of these groups of factors.

### Individual behavior: risk-taking by teens

Teens who get pregnant or cause a pregnancy are often engaged in a pattern of poor choices. Teens who use or abuse drugs and alcohol, who have had a history of violence and delinquency, or are failing at or dropped out of school have higher rates of sexual activity. Teens using drugs and alcohol are more likely to put themselves in sexually risky situations and are much less likely to use contraception. Teen girls whose first partners are older teens or adult men are also less likely to use contraception and are more likely to report that their first sexual experience was involuntary or unwanted. And, teens who begin intercourse at a young age have a higher risk of getting pregnant or causing a pregnancy.

**Despite recent declines, the U.S. continues to have the highest teen pregnancy rate in the industrialized world.**

Giving teens the skills and motivation to make informed decisions about sexuality can reduce sexual risk-taking. Helping teens avoid other risk-taking behaviors may also help teens avoid a pregnancy.

### **Community: fragmented or abusive families and unstable communities**

The environments that children grow up in have an important influence on their risk of teen pregnancy. As one researcher recently wrote:

“Research shows that youths at greatest risk [for teen pregnancy] are more likely to live in areas with: high poverty rates, low levels of education, high residential turnover, and high divorce rates. Their parents are more likely to have low levels of education, to be poor, to have experienced a divorce or separation, or to never have married, and their mothers and older sisters are more likely to have given birth as adolescents” (Kirby, 1997).

Increasing the capacity of families and communities to nurture teens and help them stay in school and set goals for their lives may contribute to lower rates of teen pregnancy. Young people who feel supported by parents, school, and community during their adolescence are

buffered against the risk of too-early pregnancy.

### **Culture: negative cultural and media messages**

Teens are barraged by TV shows, films, songs, and advertising in which sex has little meaning, unplanned pregnancy seldom happens, and sexual partners are rarely married, let alone committed to each other. Sexual themes permeate the pictures and plot lines. Teens may spend more time in the presence of these messages than in the presence of alternative messages that value staying in school and preparing for adulthood.

Teen pregnancy is just one problem young people face in our culture today—and perhaps not the most pressing one. Parents identify violence, gangs, drugs, and pressure from peers to engage in unhealthy behaviors as even greater risks than early pregnancy (National Campaign to Prevent Teen Pregnancy, 1998a).

Communities can help prevent teen pregnancy even when that issue is not the primary focus of an initiative. Pregnancy prevention can be adopted as part of a strategy that focuses on more immediate concerns of that community.

## Strategies for preventing teen pregnancy

Most teen pregnancy prevention programs have emphasized education, skills, abstinence, and access to contraception. However, the definition of what constitutes teen pregnancy prevention is best expanded to include activities that seek to instill teens with confidence and a sense of the future. This speaks to motivation to avoid pregnancy, a critical element in a pregnancy-free adolescence.

Many different kinds of programs exist to help teens avoid pregnancy. They can be divided into several categories:

- education for teens about sex, relationships, pregnancy, and parenthood;

- reproductive health services for teens;
- programs to strengthen teens' bonds with family and community;
- youth development and school-to-career programs;
- media campaigns; and
- multiple component campaigns.

Each is described here along with examples of specific programs. Contact information for these programs can be found at the end of the chapter.

### Education for teens about sex, relationships, pregnancy, and parenthood

Sometimes, what teens need most to avoid pregnancy is information. In schools, community centers, and houses of worship, teachers and other practitioners have developed a broad range of education programs to teach young people of all ages to avoid too-early pregnancy. These programs come in many different varieties, but they are generally described in terms of their emphasis on abstinence or sexuality education. Most of these programs focus on delaying sexual activity. Some are considered

#### Teen pregnancy prevention efforts focus on many different issues:

- education
- reproductive health
- family and community bonds
- youth development
- media
- all of the above

#### BEST BET:

**Give teens access to many types of programs.**

“abstinence-only,” while others are called “abstinence-plus” because they include discussion of contraception. Those called “comprehensive” concentrate more on contraception—the many methods now available, how to use them, and where to get them.

### ***Abstinence education programs and curricula***

Abstinence education programs seek to help teens understand that the only fail-safe method of preventing pregnancy and sexually transmitted diseases (STDs) is sexual abstinence. “Abstinence-only” programs motivate young people to resist

media and peer pressures to have sex and actively support the many teens who choose to abstain from sexual activity. Some abstinence programs also encourage sexually active teens to renew their abstinence.

Abstinence education programs come in a few varieties. Some programs promote sexual abstinence until marriage. Others encourage abstinence at least through high school, but do not explicitly expect teens to refrain from sex until marriage. Still others (often termed “abstinence-plus”) deliver a strong abstinence message to younger teens, but offer information on contraception

## FIELD NOTES

### Promising abstinence education strategies

**Start early.** Messages about abstinence are more likely to work if they are delivered to teens when they are young and not sexually active.

**Talk about values.** Responsibility, self-control, self-respect, and respect for others are important values underlying a strong abstinence message.

**Do not be fear-based.** Teens are more likely to respond to positive messages about abstinence. Scare tactics may turn them off, preventing them from practicing skills that would keep them safe.

**Include youth development components.** Some of the most promising abstinence programs—like **Best Friends**—include mentoring, community service, and other youth development activities that create supportive networks for teens who choose abstinence.

**Address sexual abuse.** Given the connection between early sexual abuse and teen sexual activity, abstinence education programs should identify and help teens who have been victims of sexual abuse.

## RESEARCH SHOWS

**Sexuality education does not increase teen sexual activity.**

as well, recognizing that many teens become sexually active in later adolescence.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (federal welfare reform legislation) set aside \$50 million a year for grants to states for abstinence-only education. Researchers and practitioners are working to identify effective abstinence-only curricula and programs to replicate around the country. To date, few peer-reviewed evaluations of abstinence-only programs have been published. Existing evaluations are inconclusive about such programs' effectiveness (Kirby, 1997).

The federal government is funding an evaluation of the impact of selected abstinence-only education programs receiving funding from this new program. This evaluation began in late 1998. The goal of the evaluation is to determine the effects of these programs in achieving key results, including reduced teen pregnancy and reduced teen sexual activity.

### ***Sexuality and STD/HIV education programs and curricula***

Sexuality education programs teach young people about human sexual development, pregnancy and reproduction, and contraceptives and how they work. They also help teens

learn how to deal with sexual situations—that is, how to refuse sex if one is not ready for it, and how to negotiate contraceptive use. STD/HIV education programs focus especially on safer sex practices.

Despite the fears of some, research results are unequivocal: Sexuality education does not increase teen sexual activity (Kirby, 1997). In fact, some programs have been shown to delay the onset and reduce the frequency of intercourse and to reduce the number of sexual partners among teens. Certain HIV education programs, in particular, seem to delay sexual activity and increase the use of contraceptives, especially condoms. The condom use rate among teens has increased substantially in the last 15 years.

### **Reproductive health services for teens**

Teens who are sexually active must use some type of contraception to avoid pregnancy. This is why many teen pregnancy prevention programs offer access to reproductive health services and products, including condoms and emergency contraception. Teens can get these services in a number of ways.

### ***Family planning clinics***

Many teens and adults receive health and reproductive health care services from public and private family planning clinics.

Through its 137 private affiliates, the **Planned Parenthood Federation of America** offers reproductive health care and sexual health information to more than five million Americans in 900 local health centers. Planned Parenthood's many services include:

- family planning counseling and birth control;
- pregnancy testing and counseling;
- gynecological care, including Pap tests;
- breast exams;
- emergency contraception;
- HIV testing and counseling;
- age-appropriate sexuality education; and

## RESEARCH NOTES

### **Sexuality education programs**

Research has shown that those sexuality and STD/HIV education programs that have a positive effect on behavior share nine characteristics. They:

- Focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- Incorporate behavioral goals, teaching methods, and material that are appropriate to the age, sexual experience, and culture of the students.
- Are based on approaches that are proven to effectively influence other risky behaviors.
- Last long enough for participants to complete important activities adequately.
- Provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- Use teaching methods that involve the participants and personalize the information.
- Address social pressures related to sex.
- Practice communication, negotiation, and refusal skills.
- Select teachers or peers to deliver the program who believe in the approach and then provide them with thorough training, including practice sessions.

*Source: Kirby, 1997*

- screening and treatment for sexually transmitted infections.

### ***School-based health centers***

Some school districts offer reproductive health services through the approximately 1,200 school-based health centers in the United States. According to **Making the Grade**, a national program of the Robert Wood Johnson Foundation, comprehensive school-based health centers vary in the services they provide, but they share some common features, including:

- written consent from parents for their children to enroll;
- advisory boards of community representatives, parents, youth, and family organizations;
- cooperation with school nurses, coaches, counselors, classroom teachers, and school principals;
- clinical services offered by multidisciplinary teams of qualified health providers; and
- comprehensive services and referrals, including reproductive health care.

### ***School-based condom distribution programs***

Recent studies have shown that making condoms available in high schools increases condom use a bit but does not increase sexual activity (Schuster et al.,

1998). Nonetheless, these programs remain controversial in many communities; only about 400 schools in the U.S. distribute condoms. In those schools with health clinics or condom distribution programs, many sexually active teens do obtain contraceptives, particularly condoms. Some evaluation research shows that increasing access to contraceptives at school does not have a marked effect on better contraceptive use or on reducing pregnancy or birth rates. This may be due to a “substitution effect”—students would have found condoms from other widely available sources if the schools had not provided them.

### ***Private physicians’ offices***

Many teens get regular health care from a family physician or pediatrician. In some cases, these doctors provide counseling and contraceptive services to their teen patients. Some teens are more comfortable getting care in such settings rather than in a family planning clinic.

These offices vary in their approach to counseling teens about sexuality and contraception. Several medical associations, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Nurses Association, have guidelines and best practices for their members to help

them work effectively with teens to prevent pregnancy.

### ***Teen medical clinics***

Some communities have established free-standing health clinics that serve the broad medical needs of teens. For example, a teen health center in Nashua, New Hampshire, provides health care for teens on a drop-in basis. While teens are waiting for medical care, peer counselors are available. The health center has become a popular hub of activity for teens in that community.

### ***Emergency contraception prescription***

Emergency contraceptives are “morning after” methods used following sexual intercourse, but before pregnancy is established. In early 1997, the Food and Drug Administration ruled that taking larger doses of regular contraceptive pills was a safe way to prevent a pregnancy within 72 hours of unprotected sex.

### **Programs to strengthen teens’ bonds with family and community**

Teens who have good communication with their parents and support from other adults and the community are at lowered risk for having or causing a teen pregnancy. Parents and families have a far greater influence on their teens’ sexual decision-making than they might think,

according to a recent research review (Miller, 1998).

Parents are children’s first and best teachers about love, sex, and relationships. Teens say they want to hear from their parents about sex and relationships, yet many parents do not believe they can make a difference in helping their teenage children avoid pregnancy.

### ***Communications programs for parents and teens***

Many brief interventions have been developed to help encourage better communication between parents and teens. There are programs for parents only, programs for parents and their children together, classroom homework in sexuality education classes requiring communication with parents, and videotapes and written materials for families to use at home.

Several evaluated programs demonstrate a clear short-term increase in parent/child communication and in parents’ and teens’ comfort with discussing sexual issues. Examples of efforts to encourage parent/teen communication about sexual issues include:

**The National Campaign to Prevent Teen Pregnancy** has published a fold-out brochure for parents, *Ten Tips for Parents to Help Their Children Avoid*

*Teen Pregnancy.* It includes a list of resources specifically for parents.

Girls Inc., a national youth development program, developed **Growing Together**, a four- to five-session curriculum that seeks to delay the onset of

teen sexual activity by fostering mother/daughter communication.

Since 1997, Advocates for Youth has promoted October as national **Let's Talk Month** to encourage parents in their roles as the primary sexuality educators of their children. They offer printed and video materials for practitioners and parents, and tips on how to develop seminars for parents.

## FIELD NOTES

### Improving reproductive health services

**Make services timely.** Teens should be able to schedule an appointment within 24 or 48 hours; waiting longer than that can feel like an eternity to teens.

**Make services accessible.** Clinic hours should fit with the schedules of students—after school, in the evenings, on the weekends. If teens have trouble getting to the clinic, the clinic should go to them.

**Ensure confidentiality** to teens, and let them know up front if something cannot stay confidential. Teens will be reluctant to use services if they fear their confidentiality might be breached.

**Offer counseling at negative pregnancy tests.** A negative pregnancy test is a great opportunity to offer teens in-depth counseling to prevent future pregnancies.

**Be “male-friendly.”** Reproductive health clinics are traditionally the province of women and

girls, but men and boys need counseling and services, too. Some clinics offer regular “male-only” clinic hours so that boys and young men feel comfortable coming in for services.

**Wrap other youth services around reproductive health.** Some reproductive health clinics offer youth development activities, including after-school activities such as tutoring.

**Get a teen perspective.** Programs should seek the advice of teens about how they should provide services. Some programs create formal teen advisory panels.

**Know the program's reputation.** Word travels fast among teens, particularly about issues of confidentiality and teen-friendliness. Teens will take the word of other teens about a program. Programs should check in with teens who do use services and those who do not to find out what they have heard.

## RESEARCH SHOWS

**Teens who are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners, and use contraception consistently.**

### **Sharing Healthy Adolescent and Parent Experiences**

**(SHAPE)** is a six-session course on human sexuality, relationships, and responsibility offered to parents and teens by the Coalition for Children, Adolescents, and Parents in Orange County, California. Offered in English, Spanish, and Vietnamese, SHAPE I is for 9- to 12-year-olds in daughter/parent and son/parent pairings. SHAPE II, which is co-ed, is designed for 13- to 15-year-olds and their parents.

As a complement to its large media campaign to encourage teens to remain abstinent, **Not Me, Not Now** of Rochester, New York, has developed a booklet for parents, *Unlocking the Secret—A Parent Guide to Talking About Sex*.

The five cities in the Annie E. Casey Foundation's **Plain Talk Initiative**—Atlanta, Hartford, New Orleans, San Diego, and Seattle—have created innovative ways to get parents and teens to talk about sex. In New Orleans and Atlanta, parent-led Plain Talk Parties, built on the Tupperware party model, bring together parents in homes to learn how to talk more effectively with their teens about sex.

### **The Planned Parenthood Association of Hidalgo**

**County, Texas**, which serves a low-income Latino community near the Mexican border, has trained a cadre of Spanish-speaking health workers (*promotoras*) who go door-to-door to reach teens and their mothers.

### **Parent-teen and adult-teen programs**

Some programs help build teens' relationships with their parents and other adults in different ways. Parent-teen activities or classes can help strengthen relationships. Teens who participate in youth development activities, volunteer service, mentoring programs, and other similar activities have a chance to develop relationships with a range of adults and learn more about adult life. This contact is particularly important if teens have few positive role models in their lives.

### **Youth development and school-to-career programs**

Teens who have future educational or career goals are less likely to have or cause a teen pregnancy. Increasingly, communities are looking beyond interventions that focus solely on skill-building and access to contraception to programs that help teens develop their talents and interests and pursue long-term goals.

## ***Youth development programs***

Youth development programs provide youth with engaging activities and a chance to develop their talents and interests. They are sponsored by schools, churches, community organizations, civic groups, and local and state government, and involve young people in recreation, theater, sports, community service, and religious activities, among others. Many young people develop long-term interests and goals out of these kinds of activities.

Youth development activities are particularly powerful for young people who are vulnerable and who live in unstable families and communities. For example, research by the Search Institute found that in communities where youth are provided opportunities for structured activities, fewer youth are engaged in risk-taking behaviors (Blyth, 1992).

Most youth development programs focus on promoting good health behaviors, even if they do not specifically address sexual issues. Some seem to have a positive effect on reducing teen pregnancy and birth rates.

Many good youth development programs exist in every community, sponsored by familiar organizations. Some communities also have programs designed specifically to prevent

teen pregnancy. Two that have shown positive results are:

### **Quantum Opportunities**

**Program**—Begun in 1989 as a pilot program in five communities, the Quantum Opportunities Program is a four-year, year-round program for 9th-12th graders that provides educational activities (tutoring, computer-based instruction, and other educational services), development activities (learning about health, alcohol, drug abuse, sex, family planning, arts, career, and college planning), and community service opportunities and summer jobs. Students receive hourly stipends and performance bonuses. When rigorous evaluation showed positive effects, including higher graduation and lower teen birth rates, the U.S. Department of Labor began funding a national replication.

### **Teen Outreach Program**

Designed for 12- to 17-year-olds, the Teen Outreach Program seeks to promote teens' healthy behavior, life skills development, and sense of purpose. It has three components:

- community service for participants to teach them new skills and connect them to their communities and caring adults;
- classroom-based activities, including the Teen Outreach

Program curriculum, “Changing Scenes,” to help teens develop competencies to move from dependence to independence; and

- service learning, in which young people connect their community service experiences to classroom learning

through discussions, writings, research activities, and creative presentations.

### ***School-to-career programs***

A lack of future orientation is thought to contribute to some teen pregnancies. One way

## FIELD NOTES

## Working with parents to prevent teen pregnancy

**Emphasize the long-term conversation.** Programs and activities encouraging parent and adult involvement should stress that communication with children about love, sex, marriage, parenthood, and values is a lifetime conversation, not a one-time lecture.

**Remember that teens need their parents as much as infants and toddlers do.** The importance of parents does not diminish as children get older.

**Find ways to make talking about tough issues more comfortable for parents and teens.**

**Involve community organizations, schools, and businesses.** Changing the way these groups interact with families can generate long-term support for a program.

**Encourage parents to lead programs.** Sometimes the best way to get parents involved is to put them in charge.

**Reach parents where they are—at work and in their**

**neighborhoods.** Many parents cannot attend workshops at night, and evenings are often the only time parents have with their children.

**Get to know the community well.** Make sure a parent involvement program reflects the cultural language and values of the community.

**Involve other adults in the lives of teens.** These adults can be effective role models, mentors, and friends.

**Remember that intensity of effort matters.**

**Be creative in developing outreach efforts.** Paycheck stuffers, inserts in utility bills, and other creative, attention-getting promotions can boost attendance.

Reprinted with permission from the National Campaign to Prevent Teen Pregnancy’s *Snapshots from the Front Line II: Lessons from Programs that Involve Parents and Other Adults in Preventing Teen Pregnancy*, 1998b.

communities help teens set goals for their future is by connecting them with work and career opportunities.

In our increasingly high-tech society, teens need quality education and skills to succeed as productive, working adults. Teens who do poorly in school or drop out are not only more likely to get pregnant or cause a pregnancy, they are less able to provide for themselves and their families once they become adults.

School-to-career programs give teens opportunities to learn and train in and out of school. Under the rubrics of education reform, worker preparation, or economic development programs, communities are bringing together schools, business, labor, government, and community organizations. Community colleges also are pivotal players in the school-to-career movement.

The 1994 federal School-to-Work Opportunities Act provides seed money to states and local communities to develop school-to-work systems that offer:

- School-based learning—classroom instruction based on high academic and business-defined occupational skill standards.
- Work-based learning—career exploration, work experience,

## YOUTH DEVELOPMENT ACTIVITIES ARE...

**particularly powerful for young people who are vulnerable and who live in unstable families and communities.**

structured training, and mentoring at job sites.

- Connecting activities—courses that integrate classroom and on-the-job instruction, matching students with participating employers, training mentors, and building bridges between school and work.

Two programs that highlight the potential of school-to-career opportunities for youth are:

**Youth Corps**—Youth Corps, typically, are full-time programs that provide young people with a combination of work experience and education within a framework of community service. There are approximately 120 Corps programs nationwide, serving 26,000 participants annually. Twenty-one states operate state-wide programs. Participants are enrolled for 6 to 12 months and receive a stipend, usually equivalent to the minimum wage or less. Educational stipends or cash awards are often available for those who complete the programs. Since 1993, many Youth Corps programs have received AmeriCorps funding. Research has shown that Youth Corps programs have positive effects on education and employment

success and on pregnancy rates among unmarried young women (Jaztrzeb et al., 1997).

The **Maine Career Advantage (MCA)** is a program of the Maine Technical College System, in partnership with Maine high schools and businesses. MCA offers students two internship options: an eight-week summer internship and a two-year career internship. In the two-year internship, participants take academic classes as they master a series of specific occupational and workplace skills taught by employers. Interns work full-time in the summer

and part-time during the school year. They receive tuition-free classes at a technical college and a weekly stipend. Once they have successfully completed the program, students earn a Certificate of Skill Mastery, listing the specific skills they have mastered.

### Media campaigns

The power of the media can help prevent teen pregnancy by inspiring positive change in attitudes and behavior. Teen pregnancy prevention media campaigns

## RESEARCH NOTES

### Youth development programs

The best youth development programs seek to:

- Enhance teens' sense of personal responsibility.
- Develop the capacity of teens to set goals, organize resources, and take positive action. Strong programs build on strengths, and assume that all teens have assets that can be used as building blocks for future growth and improvement.
- Build critical thinking skills so teens can independently assess situations, make important judgments, and take action.
- Enhance teens' sense of self-reliance and confidence.
- Help teens learn to accept themselves, embrace who they are, and recognize their own natural strengths.
- Understand teens in the context of their families and communities.
- Encourage teens to chart their own course in life. Teens who receive consistent and positive support view themselves as able to act on their own behalf.
- Provide opportunities for teens to contribute and get involved. Giving teens the chance to serve others helps them develop a sense of competence, power, attachment, and commitment to their most important environments: families, schools, peers, and communities.
- Provide a sense of belonging by creating positive social support networks for teens within their community.
- Encourage teens to have meaningful, supportive, and positive interactions with caring adults.

*Source: Samuels, 1995.*

directed at teens and adults have been launched or contemplated in more than 40 states.

Media activities rarely make a difference by themselves. However, as seen in these examples, when well-designed and properly executed, public service media campaigns can play a significant role in changing attitudes and behavior, particularly when combined with long-term complementary activities at the community or individual level (DeJong and Winsten, 1998).

**Michigan Abstinence Partnership**—The Michigan Abstinence Partnership, a government-led public-private collaboration, targets 9- to 15-year-olds and their parents with a message of abstinence from sex, alcohol, tobacco, and drugs.

**Maryland's Campaign for Our Children**—The state of Maryland has used TV, radio, print, transit, and billboard advertisements to reach 9- to 14-year-olds and their parents with messages about abstinence, male responsibility, and parent-child communication.

The **South Carolina Council on Adolescent Pregnancy Prevention** developed a guide for youth agencies that includes tips for attracting the attention of the news media and state

officials through the use of inexpensive media strategies.

California has three multimillion-dollar teen pregnancy media campaigns that target different audiences with different, reinforcing messages:

- The **California Wellness Foundation** targets parents and policymakers with a message that teen pregnancy is an adult-driven social problem.
- A **Department of Health Services** campaign targets boys with a message of sexual responsibility.
- A **Department of Social Services** media project informs welfare recipients about access to family planning services.

### Multiple component campaigns

Another promising approach that some communities have adopted is to develop campaigns that combine some or all of the education, access, and youth development strategies described above.

The few evaluation studies that have been completed on multiple component programs suggest that those initiatives that are the most intensive—that is, work intensely on several fronts simultaneously over a long period of time—have

## MEDIA HAVE POWER—THEY CAN...

- educate teens
- reach parents
- build support among community leaders
- encourage politicians to support teen pregnancy prevention programs

the greatest likelihood of affecting teen pregnancy rates.

Two multiple component programs have shown particularly good results—as long as the intervention lasted (Kirby, 1997):

The **School/Community Program for Sexual Risk Reduction Among Teens**, centered in rural Denmark, South Carolina, included several components:

- sexuality education training for teachers, administrators, and community leaders;
- sexuality education in all school grades;
- training for peer counselors;

- initiatives by the school nurse to counsel students, provide males with condoms, and take female students to a nearby family planning clinic; and
- special events and clear messages about avoiding pregnancy promoted by local media, churches, and community organizations.

The result? The pregnancy rate for 14- to 17-year-olds declined significantly for several years.

**Project Action**, a community mobilization initiative in Portland, Oregon, that was designed to increase teen condom use included a public service announcement (PSA) TV campaign, installation of condom vending machines, and teen skills-building workshops. The program did increase the rate of teens using condoms with casual partners.

## What can individual communities do?

Surveys show that most Americans believe that high school-age teens should not be sexually active, and a vast majority of both adults and teens believe that society should promote a strong abstinence message to teens. This is a good place to start in any community.

Many programs have found that expressing a strong preference for abstinence among teens—especially younger ones—is well-received by teens and enjoys widespread support in the community. The messages are often bold and direct—for instance, Campaign for Our Children's

motto is “Virgin: Teach Your Kids It’s Not a Dirty Word.”

Even though the majority of adults think teens should not have sex, most also say that sexually active teens should have access to contraception to avoid pregnancy as well as AIDS and other sexually transmitted diseases.

Each community must decide how best to promote a strong abstinence message while still dealing with the problem of teens who are sexually active—especially as efforts to prevent teen pregnancy intersect with schools. In general, a pregnancy prevention program must add value to what the community is already doing to help its teens, be targeted to the teens who are at risk, pursue the strategy most likely to work in that community, and, perhaps most importantly, fit with the community’s values and beliefs.

Given those guidelines, what approach should any one community take? The bottom line from research is that no single intervention is enough to prevent teen pregnancy. Programs that provide multiple avenues for action, including positive youth development activities, show the most promise.

The remaining chapters of the *Guide* will help communities and programs decide what actions to

take. They will describe more about the key players in effective programs and how to involve them, and they will offer ways to tailor an approach that meets the community’s—and especially their teens’—needs.

The remaining chapters of the *Guide* also will explain and demonstrate some basic principles that all successful teen pregnancy prevention programs should strive for:

**Maintain a long-term, intense effort—of at least five years, if possible.** Not only is teen pregnancy a tough, longstanding problem, but a new crop of teens arrives every year.

**Avoid one-shot programs.** Communities must address the teen pregnancy problem on multiple fronts simultaneously.

**Involve the community.** Programs must work from day one with parents and community leaders when designing and implementing prevention initiatives—their buy-in is essential to success and to avoiding controversy.

**Start young.** Begin prevention interventions with young people early. Teens report feeling pressure about sex by the start of middle school.

**Tailor programs to teens’ age levels.** What works for a 17-year-old is probably wrong for a 12-year-old.

## THE BOTTOM LINE FROM RESEARCH

**No single intervention is enough to prevent teen pregnancy—multiple approaches are best.**

**Use peer leaders.** Peers can be an important influence on teens; peer education should tap into this power.

**Be flexible.** Be aware that different groups of teens need different types of interventions at various degrees of intensity and time.

**Understand the audience.** Respect and reflect the cultural, religious, and social traditions of the community in program activities. Learn about the community before designing programs for it.

**Deal with drugs and alcohol.** Sexual risk-taking by teens is often related to other risky behaviors, including drug and alcohol use and violence.

**Include boys and young men.** Involve the male partners of teen girls in prevention efforts.

**Get outside the classroom.** Remember that some of the teens

at highest risk are the least likely to be attending school.

**Help teens postpone sex.** The increasing number of teens who stay abstinent demonstrates that decreasing teen sexual activity is a realistic goal.

**Encourage teens who are sexually active to use contraception consistently and correctly.** Make sure teens know that they need to use contraception every time they have intercourse.

**Teach sexual decision-making skills.** Give teens specific skills to avoid pregnancy through abstinence and responsible contraceptive use.

**Support and motivate teens.** Abstinence and responsible contraceptive use both require daily motivation by teens.

**Support parents in their roles as strong and loving influences on their teen children.**

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## PREGNANCY PREVENTION PROGRAMS MUST...

- **add value to existing community efforts**
- **be targeted to at-risk teens**
- **pursue most-likely-to-succeed strategies**
- **fit with the community's values and beliefs**

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## Programs mentioned in this chapter (grouped by program type)

### Reproductive health services for teens

#### **Making the Grade**

1350 Connecticut Ave., NW  
Suite 505  
Washington, DC 20036  
(202) 466-3396  
Fax: (202) 466-3467  
[www.gwu.edu/~mtg](http://www.gwu.edu/~mtg).

**Making the Grade** is a national grant program supported by the Robert Wood Johnson Foundation. Under this initiative, the Foundation has made \$17.5 million available to support state-community partnerships to establish comprehensive school-based health centers.

### The Planned Parenthood Federation of America

810 7th Ave.  
New York, NY 10019  
(800) 829-PPFA  
Fax: (212) 247-6269  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

Planned Parenthood provides reproductive and general health care services through its 137 affiliates and 900 health centers nationwide. It also offers education programs and curricula, publications, training, and technical assistance.

## **Programs to strengthen teens' bonds with family and community**

### **Growing Together**

Girls Inc.'s National Resource Center  
441 West Michigan St.  
Indianapolis, IN 46202  
(317) 634-7546  
Fax: (317) 634-3024

### **Let's Talk Month**

Advocates for Youth  
1025 Vermont Ave., NW  
Suite 200  
Washington, DC 20005  
(202) 347-5700  
Fax: (202) 347-2263  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

### **Sharing Healthy Adolescent and Parent Experiences (SHAPE I and II)**

Coalition for Children, Adolescents, and Parents (CCAP)  
820 Town and Country Rd.  
Orange, CA 92868  
(714) 972-4859  
Fax: (714) 541-4527

### **Not Me, Not Now**

Monroe County Department of Communications and Special Events  
39 West Main St.  
Suite 204  
Rochester, NY 14614  
(716) 428-2380  
Fax: (716) 428-3268  
[www.notmenotnow.org](http://www.notmenotnow.org)

### **Plain Talk**

The Annie E. Casey Foundation  
701 St. Paul St.  
Baltimore, MD 21202  
(410) 547-6600  
Fax: (410) 223-2923  
[www.aecf.org](http://www.aecf.org)

### **Promotoras Program**

Planned Parenthood Association of Hidalgo County, Inc.  
Martha Leos, Education Director  
1017 Pecan  
McAllen, TX 78501-4345  
(956) 686-0587  
Fax: (956) 618-3718

## **Youth development and school-to-career programs**

### **Maine Career Advantage**

The Center for Career Development  
Southern Maine Technical College  
Fort Rd.  
South Portland, ME 04106  
(207) 767-5210  
Fax: (207) 767-2542

### **Quantum Opportunities Program**

Opportunities Industrialization Centers of America, Inc.  
1415 North Broad St.  
Philadelphia, PA 19122  
(215) 236-4500  
Fax: (215) 236-7480

### **Teen Outreach Program (TOP)**

Cornerstone Consulting Group  
PO Box 7100882  
Houston, TX 77271-0082  
(215) 572-9463

### **Youth Corps**

AmeriCorps, Corporation for National Service  
1201 New York Ave., N.W.  
8th Floor  
Washington, DC 20525  
(888) 507-5962  
[www.cns.gov](http://www.cns.gov)

## **Media campaigns**

### **Campaign for Our Children**

Hal Donofrio, Executive Director  
Campaign for Our Children  
120 W. Lafayette St.  
Suite 1200  
Baltimore, MD 21201  
(410) 576-9000  
Fax: (410) 528-8809

**Michigan Abstinence Partnership**

Shelley Schadewald  
 Abstinence Coordinator  
 Michigan Department of Community  
 Health  
 3423 N. Martin Luther King Blvd.  
 Lansing, MI 48909  
 (517) 335-8908  
 Fax: (517) 335-9222

**South Carolina Council on  
Adolescent Pregnancy Prevention**

P.O. Box 383  
 Columbia, SC 29202  
 (803) 777-1180

**Teen Pregnancy Prevention  
Initiative**

The California Wellness Foundation  
 6320 Canoga Ave.  
 Suite 1700  
 Woodland Hills, CA 91367  
 (818) 593-6600  
 Fax: (818) 593-6614  
[www.tcwf.org](http://www.tcwf.org)

**Partnership for Responsible  
Parenting**

Julie B. Linderman, Public Health  
 Education Consultant  
 California Department of Human  
 Services  
 714 P St.  
 Room 440  
 Sacramento, CA 95814  
 (916) 657-2949  
 Fax: (916) 657-1608

**AFDC Family Planning  
Information Campaign**

Beverly Young, CalWORKS  
 Family Planning Information  
 Campaign  
 744 P St., MS 16-54  
 Sacramento, CA 95814  
 (916) 654-1806  
 Fax: (916) 654-1048

**Multiple component  
initiatives****Project Action**

534 S.W. Third Ave.  
 Suite 512  
 Portland, OR 97204  
 (503) 294-0554  
 Fax: (503) 294-0565

**The School/Community Program  
for Sexual Risk Reduction Among  
Teens**

University of South Carolina, School  
 of Public Health  
 Department of Health Promotion  
 and Education  
 Columbia, SC 29208  
 (803) 777-5152  
 Fax: (803) 777-6255

## Other useful resources (grouped by program type)

### Education for teens about sex, relationships, pregnancy, and parenthood

#### **Be Proud! Be Responsible!**

Published by Select Media  
60 Warren St.  
New York, NY 10007  
(212) 752-4437

#### **Becoming a Responsible Teen**

Published by Select Media  
60 Warren St.  
New York, NY 10007  
(212) 752-4437

#### **Get Real About AIDS**

Published by Altschul Group  
1560 Sherman Ave.  
Suite 100  
Evanston, IL 60201  
(708) 328-6700

Sociometrics, a research and development firm specializing in social science research applications, has developed the Program Archive on Sexuality, Health and Adolescence (PASHA), a collection of promising teen pregnancy and STD/HIV/AIDS prevention programs, which it sells to schools, clinics, and community-based organizations across the country. Among the programs it offers are

**Be Proud! Be Responsible!**, **Becoming a Responsible Teen**, and **Get Real About AIDS**. Contact: Sociometrics Corporation 170 State St., Suite 260, Los Altos, CA 94022-2812. (650) 949-3282. Fax: (650) 949-3299. Web: [www.socio.com](http://www.socio.com).

#### **Best Friends**

The Best Friends Foundation  
Ann Hingston, National Program  
Director  
4455 Connecticut Ave., NW  
Suite 310  
Washington, DC 20008  
(202) 822-9266  
Fax: (202) 822-9276  
[www.bfriends.org](http://www.bfriends.org)

**Best Friends** is a nationwide program that teaches adolescent girls about the importance of friendship and abstinence from sex, drugs, and alcohol.

#### **Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV**

ETR Associates  
PO Box 1830  
Santa Cruz, CA 95061-1830.  
(408) 438-4060  
[www.etr.org](http://www.etr.org).

ETR Associates provides comprehensive services for health and sexuality education, including teacher and staff training, research, project and program evaluation, development of model programs, technical assistance in program implementation, and curriculum and materials development.

#### **National Center for Education in Maternal and Child Health**

2000 15th St., North  
Suite 701, Arlington, VA 22201-2617  
(703) 524-7802  
[www.ncemch.org](http://www.ncemch.org)

The National Center for Education in Maternal and Child Health published *The MCH Program Interchange, Focus on Abstinence Education*, in August 1997. This special issue describes the major publications offering general information on abstinence education, as well as particular curricula and teaching materials. It includes an introduction by the head of federal Maternal and Child Health

Bureau, which administers the abstinence education program. Available free.

### **National Abstinence Clearinghouse**

801 East 41st St.  
Sioux Falls, SD 57105  
(888) 577-2966.  
[www.abstinence.net](http://www.abstinence.net)

The National Abstinence Clearinghouse publishes the *1998 Directory of Abstinence Resources*, an up-to-date catalog of programs and curricula.

### **Sex Information and Education Council of the United States (SIECUS)**

130 West 42nd St.  
Suite 350  
New York, NY 10036  
(212) 819-9770  
Fax: (212) 819-9776  
[www.siecus.org](http://www.siecus.org)

Founded in 1964, SIECUS affirms that sexuality is a natural and healthy part of living and advocates for the rights of individuals to make responsible sexual decisions. It offers programs and training in sexuality education.

### **American College Health Association**

PO Box 28937  
Baltimore, MD 21240-8937  
(410) 859-1500  
Fax: (410) 859-1510  
[www.acha.org](http://www.acha.org).  
[acha@access.digex.net](mailto:acha@access.digex.net)

## **Youth development and school-to-career programs**

### **The National Assembly on School-Based Health Care**

1522 K St., NW  
Suite 600  
Washington, DC 20005  
(202) 289-5400  
Fax: (202) 289-0776

The National Assembly on School-Based Health Care is a membership organization supporting organizers,

providers, and advocates of school-based health care. Its members offer the following programs: adolescent health, clinical services for reproductive health, delaying second pregnancies, HIV/AIDS and STD education, parent/child communication, primary teen pregnancy prevention, and broad-based sexuality education.

### **The Henry J. Kaiser Family Foundation**

2400 Sand Hill Rd.  
Menlo Park, CA 94025  
(650) 854-9400  
Fax: (650) 854-4800  
[www.kff.org](http://www.kff.org)

The Kaiser Family Foundation, which promotes the use of emergency contraception, is an independent health care philanthropy that focuses on four main areas: health policy, reproductive health, HIV policy, and health and development in South Africa.

## **Youth development and school-to-career programs**

### **School-to-Work Initiative of the U.S. Departments of Labor and Education**

The National School-to-Work Learning and Information Center  
400 Virginia Ave., SW  
Room 150, Washington, DC 20024  
(800) 251-7236, (202) 401-6222  
Fax: (202) 401-6211  
[www.stw.ed.gov](http://www.stw.ed.gov)