

Teen Pregnancy Prevention

Adolescents Need Comprehensive Youth Development and Approaches that Work



ON THE Issues
POLICY RECOMMENDATIONS



The Children's
Aid Society
www.childrensaidsociety.org

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Executive Summary

Teens need information and reasons to avoid risky sexual behaviors that can have devastating consequences. In a country that still has the highest rate of births to teenagers in the industrialized world, The Children's Aid Society believes that future aspirations are powerful contraceptives to help young people avoid such high-risk behaviors. Abstinence-only approaches do not work. Intensive youth development approaches that help instill a positive sense of future aspirations in young people and provide quality health care and sexuality education do work.

Adolescence can be a tumultuous period of life, one marked by emerging independence and profound biological, physical and behavioral transformations. During this time, adolescents face social challenges and temptations to engage in risk-taking activities that could have devastating consequences, among them, unintended pregnancy. While peers and parents have significant influence, youth who live in underserved or low-income communities can benefit greatly from youth leadership organizations and age- and stage-sensitive health care providers.

Within this realm, there is much discussion and controversy as to *how* to effectively engage adolescents and successfully reduce rates of teenage pregnancy, sexually transmitted infections (STIs) and other consequences of risk-taking behaviors. Research and evaluation offer compelling possibilities that use many varied approaches.

Teen Pregnancy Robs Society and Families of a Sound Future

Despite well publicized declines in adolescent pregnancy rates, each year 84 out of 1,000 American teenagers still become pregnant;ⁱⁱ 20,000 young people are infected with HIV annually, and STIs affect nearly four million 15-19 year-olds.ⁱⁱⁱ

The consequences of early pregnancy are both devastating to the teen and costly to society^{iv}:

- **Health and developmental risks.** Young people who engage in early sexual activity often engage in other risky behaviors, including alcohol, tobacco and drug use. They are also more susceptible to STIs.^v
- **Limited educational achievement and earning potential.** Teen mothers are less likely to complete school. Fewer than one-third of

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teens who begin their families before age 18 ever earn a high school diploma, and only 1.5 percent earn a college degree by the age of 30. With their earning potential thus limited, they often face a life of poverty and welfare dependency.

- **Reduced chances of marriage.** Teen pregnancy is associated with a lower likelihood of marriage, and unmarried mothers are at a greater risk of poverty. Furthermore, teen fathers are less likely to be involved in their children's lives.^{vi}

While much credit should be given to single parents who provide a sound upbringing for their children, research suggests that children do best when they are raised by two parents in a stable home. In fact, children in two-parent families have almost three times the resources available to them than children in one-parent families.^{vii}

- **Children of teenaged mothers are more likely to be poor and less educated.** Children of teenagers are more likely to grow up in poverty. Academically, they are 50 percent more likely to repeat a grade than their counterparts. They also perform worse on standardized tests, and they are less likely to complete high school.^{viii}

The two key factors contributing to adolescent pregnancy are a perceived lack of opportunity and a lack of knowledge about, or the

skills to prevent, pregnancy. There is no doubt that the adolescents who have children and the children who are born to them face significant threats to their well being.

Future Aspirations are Powerful Contraceptives

Without a strong sense of self-efficacy and a belief in their future, young people have little impetus to avoid risk-taking activities. For

young people from low-income, minority families, many simply do not have the material or emotional resources to envision a future that is different than what they know and have experienced—a future that includes higher education and careers.

Youth development organizations have important roles to play:

- **Prevent teen pregnancy.** Neighborhood organizations should offer proven models for teen pregnancy prevention that promote positive life options, giving youth reasons to avoid risky behavior and delay the onset of sexual activity. The Children's Aid Society-Carrera model described below is a scientifically proven program with statistically significant data to support its outcomes.^{ix}
- **Provide sound sexuality education.** Educate teenagers about the consequences of sexual activity in the context of realistic and positive alternatives. If the sexuality message is

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going to have long-lasting meaning, it must be presented in the context of their lives and stages of development.

- *Understand the importance of a strong foundation.* Impart to teens the importance and benefits of completing one's education, obtaining employment, getting married and establishing a stable home *before* having children.^x
- *Promote meaningful, long-term relationships.* Teaching critical skills for managing conflict, effective communication and long-term goal planning are means of developing and sustaining life-long adult partnerships and two-parent families.^{xi}

Health Care and Education Professionals Must Be Gatekeepers

Teens present unique issues during this very dynamic stage of development that merit specialized teaching and medical care.

- *Provide adolescent health care.* Health professionals have a primary responsibility for reaching and treating this population. They must ensure access to reproductive health care that is age-appropriate and respectful of confidentiality, especially for those adolescents who have already had sexual intercourse.
- *Utilize peer education.* Adolescents are influenced, both positively and negatively, by their peers. Training students to become peer educators is an important strategy in reaching other young people with information regarding their health as well as the services available to them.

- *Support school-based sexuality education.* The N.Y.C. Department of Education (DoE) has not fully implemented a comprehensive sexuality education curriculum that would provide children in grades K-12 with age- and stage-appropriate information. In order to reach all students, a curriculum should be developed and endorsed at the DoE level, with training for high-level staff and teachers and information for parents. In this way, children and youth could obtain meaningful and relevant information at each stage of their development, not just receive a stand-alone course offered sporadically among some high schools.
- *Educate middle and high school teachers.* There should be prescribed education for middle and high school teachers as part of their in-service training that helps them to understand adolescent sexuality.
- *Establish a high visibility school campaign.* Every high school should have signage with information appropriate to the teenage years that conveys messages of responsibility and maturity in innovative and engaging ways.

Policy and Practice Should Have One Home

Policy makers and funders have a special obligation to learn from the experiences of practitioners on the front lines and support their efforts.

- *Programs that have demonstrated clear outcomes, based on scientific evaluation, should be considered for funding by federal and local governments.* Furthermore, comprehen-

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sive programs that deal with youth development as a pregnancy prevention model, rather than single-issue and narrow-in-focus programs like HIV prevention and abstinence-only, should be given fair consideration. Of the abstinence-only programs evaluated to date, none have demonstrated positive outcomes.^{xiii}

- *Professional organizations such as the American Academy of Pediatrics and the American Medical Association should advocate at the national and local levels for policy changes and legislation around adolescent health.* They should demand sensitive and appropriate care, expand adolescent access to confidential services, and increase public funding for after-school, youth development and youth employment programs.
- *While we commend the New York City Department of Health and Mental Hygiene for making emergency contraception available at public clinics, a public health campaign that effectively informs teens and women of its availability would support the initiative's intent.*
- *Title X Family Planning funding from the federal government that targets high-risk*

communities should be supported. Similarly, public funding for school-based health centers that provide comprehensive health care, including family planning and comprehensive sexuality education, should be promoted.

Conclusion

Teenage pregnancy is a complex issue that requires a complex approach, one that is delivered at multiple levels, from policy makers to direct practitioners to family and community members. Young people need accurate information in order to understand the biological changes they are experiencing, especially the consequences of their sexual activity and their options, including abstinence or contraceptive methods. They need access to health care where they feel safe and respected. They also need assurance that their futures hold meaning and that they have inherent interests and talents that they can and should pursue.

Simply put, teens need reasons to avoid the behaviors that lead to sexual tragedies. In an increasingly conservative political and fiscal climate that threatens to undermine the effective strategies outlined in this paper, policy plays a major role.

Children's Aid on Teen Pregnancy

The Children's Aid Society–Carrera Program is one of a handful of programs that have been proven successful in reducing adolescent pregnancy. The model consists of seven components: academic support, Job Club, Family Life/Sex Ed, self-expression through the arts, lifetime sports, counseling and comprehensive medical and dental care. Importantly, the approach embodies principles that provide adolescents with respectful, comprehensive and continuous support over the long-term. It fills young people with hope for a fulfilling future, thereby providing reasons to avoid risk-taking behavior.

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The results of a three-year program evaluation undertaken by Philliber Research Associates in 1997 and published in 2001 demonstrated that the CAS-Carrera Program was “one of only four for which evaluations based on random assignment demonstrated an impact.”^{xiii} Ongoing and current survey data further highlight the program’s success. More specifically, when compared to control group participants or youth nationally, program participants were:

- Less likely to have had sexual intercourse;
- Less likely to have ever impregnated someone or been pregnant, and
- For those youth who were sexually active, more likely to have used a method of contraception.

In addition to youth development, comprehensive sexuality education and access to adolescent health services are also critical strategies for strengthening teenage pregnancy prevention efforts. Ensuring comprehensive education that covers both abstinence and contraceptive methods and health services that are stage-appropriate and accessible must play prominently in policy considerations.

About Children’s Aid

For more than 150 years, The Children’s Aid Society has been assisting New York City’s children and their families without regard to race, religion, nationality or socio-economic status. Children’s Aid helps children in every aspect of their lives from infancy through adolescence, providing guidance and resources to ensure a child’s current well-being and future potential. With over 100 programs and more than 45 locations in New York that touch the lives of more than 150,000 children every year, Children’s Aid is one of the country’s largest and most innovative child and family social service agencies. Visit www.childrensaidsociety.org or contact policy@childrensaidsociety.org.

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- i One in a series of policy papers by The Children’s Aid Society, 105 E. 22nd St., New York, NY 10010, (212) 358-8930.
 - ii National Campaign to Prevent Teen Pregnancy, www.teenpregnancy.org, July 2006.
 - iii HIV/STI Prevention and Treatment Among Youth in the U.S., Advocates for Youth, July 2006.
 - iv Advocates for Youth. Trends in Sexual Risk Behaviors Among High School Students – Unites States 1991 to 1997 and 1999 to 2003. www.advocatesforyouth.org.
 - v “Science Says: The Sexual Behavior of Young Adolescents.” The National Campaign to Prevent Teen Pregnancy, Number 3, September 2003.
 - vi “Science Says: The Relationship between Teenage Motherhood and Marriage.” The National Campaign to Prevent Teen Pregnancy, Number 11, September 2004.

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- vii “Living at the Edge: Employment Alone is not Enough for America’s Low-Income Children and Families.” N. Cauthen, H. Lu, National Center for Children in Poverty, Columbia University, August 2003.
- viii Advocates for Youth. Adolescent Childbearing and Educational and Economic Attainment. www.advocatesforyouth.org/publications/factsheet/fsadlshd.htm.
- ix Teen Pregnancy Prevention Program, Michael Carrera, Ph.D., Philliber Research Associates, May 2001.
- x “Science Says: The Relationship between Teenage Motherhood and Marriage.” The National Campaign to Prevent Teen Pregnancy, Number 11, September 2004.
- xi Jarchow, C. “Strengthening Marriage and Two-Parent Families.” National Conference of State Legislators, February 2003.
- xii Advocates for Youth. Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact.
- xiii Philliber, Susan; Kaye, Jacqueline Williams; Herrling, Scott and West, Emily. “Preventing Pregnancy and Improving Health Care Access Among Teenagers: An Evaluation of the Children’s Aid Society-Carrera Program.” *Perspectives on Sexual and Reproductive Health*, 2002, 34 (5): 244-251.