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A JSI White Paper

***Teen Pregnancy Prevention Programs:  
Reflecting Backward to Bring Results  
Forward***

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*Despite the declining rates, more than four in ten girls still get pregnant at least once before age 20, which translates to nearly 900,000 teen pregnancies per year.<sup>1</sup>*

## Introduction

Research on the prevention of teen pregnancy continues to provide new data suggesting that programs designed to help teens understand their options concerning sex (including abstinence-only programs) actually help to delay the onset of teen sexual activity. “More rigorous studies of some sex and HIV education programs have found positive effects on behavior for as long as three years.”<sup>1</sup> However, it is also important to note that recently there has been a reversal among the previously decreasing rates of teen pregnancy, and statistically the incidence of pregnancy in teens is on the rise. Therefore, the research on teen pregnancy prevention does not always correlate with the statistical data examining the actual rates of teen pregnancy.

## Research Question

In order to reduce the pregnancy rates in teens it is important to begin understanding the problem by asking: What are the trends, both past and present, surrounding teen pregnancy, and what research is being conducted on this topic?

## Research Findings

One study, conducted by Douglas Kirby and the National Campaign to Prevent Teen Pregnancy, is helpful when trying to understand what types of research have been conducted on programs that try to reduce teen pregnancy rates. Kirby’s studies, taking place over a ten year period beginning in 1997, show that teen pregnancy prevention programs can only be helpful if they are part of a larger prevention effort. Kirby points out, “The research indicated that there were ‘no easy

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<sup>1</sup> Kirby, D. (2001). Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary). Washington, DC: National Campaign to Prevent Teen Pregnancy.

answers' to markedly reducing teen pregnancy in the United States."<sup>2</sup> Kirby's research focused on finding out how to delay the onset of teen pregnancy, concluding that, "Research has identified more than 500 risk and protective factors that influence teens' sexual behavior. Risk factors increase the likelihood of pregnancy or Sexually Transmitted Disease (STDs); protective factors decrease the likelihood."<sup>2</sup> Kirby's studies revealed that the most successful approach to reducing teen pregnancy rates lay in programs that acted on the risk and protective factors influencing sexual behavior.

Another study that is helpful in understanding research related to teen pregnancy prevention programs is Mathematica Policy Research, Incorporated's evaluation of four federally funded abstinence-only programs. Mathematica explored the estimated program impacts on youth behavior, including sexual abstinence, risks of pregnancy and STDs, and other related outcomes. Key findings from their research found that youth in the four programs evaluated for attitudinal impact were no more likely than youth not in the programs to have abstained from sex in the four to six years after they began participating in the study. Youth in both groups who reported having had sex also had similar numbers of sexual partners and had initiated sex at the same average age.<sup>3</sup>

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<sup>2</sup> Kirby, D. (2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

<sup>3</sup> Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc. Apr 2007. <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf>

### *Types of Research*

Both Kirby and Mathematica's research focused on different program criteria and risk/protective factors. Kirby's studies only assessed pregnancy and STD/HIV prevention programs that met a certain set of criteria, among which: the programs had to be conducted recently in the United States and examine the impact of teen sexual behavior and pregnancy or birth rates. Kirby then placed these programs into three broad categories: those that focus on sexual risk and protective factors, those that focus on nonsexual factors, and those that focus on both. Ideally, successful programs were found to exist in each category; however, comprehensive programs that support both abstinence and the use of condoms and contraceptives for sexually active teens, "had positive behavior effects, almost 30 percent [of comprehensive programs] reduced the frequency of sex, including a return to abstinence."<sup>2</sup>

Overall, Kirby's research focused on the three categories mentioned above and included many different types of programs for each category. In the first category—programs that focus on sexual risk and protective factors—Kirby studied: curriculum-based sex and STD/HIV education programs, including abstinence programs and comprehensive programs; sex and STD/HIV education programs for parents and their teens; stand-alone video- and computer-based instruction; clinic-based programs; school-based and school-linked clinics and school condom-availability programs; and community-wide pregnancy or STD/HIV prevention initiatives with multiple components. Programs focusing on nonsexual factors included: welfare reform for adults; early childhood development programs; and youth development programs for adolescents. In the third category—

programs that focus on both sexual and nonsexual factors—Kirby analyzed: programs that focus on violence, substance abuse and sexual risk-taking; and programs that focus on sexual risk taking, with sexuality and youth development components. In evaluating each of these types of programs, Kirby found that “to reduce teen pregnancy and STDs dramatically, communities may need programs that focus on the *sexual* risk and protective factors, for these are the most highly related to sexual risk behavior, and also programs that address *nonsexual* factors that are also related to sexual risk behavior.”<sup>2</sup> The best approach for programs aimed toward reducing teen pregnancy rates should encompass discussing both sexual and nonsexual factors in order to increase teen awareness and understanding.

Mathematica’s scientific research highlighted the challenges faced by programs aimed at reducing adolescent sexual activity and its consequences by focusing on four selected programs that offered a range of implementation settings and program strategies. All of the programs reflected the goals of Title V Section 510 programs which support abstinence-only sexual education. The programs served youth living in a mix of urban communities and rural areas. In three of these communities, the youth served were predominantly African-American or Hispanic and from poor, single-parent households. In the fourth program, the youth served were mostly white, non-Hispanic youth from working- and middle-class, two parent households. Young people in these communities were assigned either to the program group (those people who participated in the abstinence-only programs) or a control group. Young people in the control group did not participate in a specific program,

but, instead received the sexuality education resources and services available in their community which varied widely. In total, there were 2,057 participants; 1,209 of those young people were enrolled in the abstinence-only programs and 848 were part of a control group. The survey was conducted roughly four to six years after the young people had participated in the programs. The average age of participants at the time of the survey was 16.5. Researchers surveyed both groups about their sexual attitudes, knowledge, and behavior and found very few differences. In summary, this study brought scientific rigor and knowledge to designing and implementing teen pregnancy programs that are successful in reducing nonmarital, sexual activity and childbearing.<sup>4</sup>

### **Looking Toward the Future**

The research on teen pregnancy is being conducted, but there are still challenges to overcome. After assessing the various amounts of information provided by Douglas Kirby and the National Campaign to Prevent Teen Pregnancy and Mathematica Policy Research, Inc., it is also important to try and determine where the research is lacking. Are there other areas that could be focused on to reduce teen pregnancy rates? Programs aimed at reducing teen pregnancy can only be effective when they are viewed as part of the entire solution, as “Teen pregnancy is a very complex problem influenced by many factors, including individual biology, parents and family, peers, schools and other social institutions, religion and faith communities, the media, and the list goes on.”<sup>1</sup> Gaps where research is lacking might include some of these factors, indicating that no single approach will

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<sup>4</sup> Trenholm, C. et al. Abstinence Education Programs. Princeton, NJ: Mathematica Policy Research, Inc. April 2007.

solve the problem of teen pregnancy. It is vital to make programs geared toward reducing teen pregnancy rates are part of a combined effort in the community to keep success rates high.

### Summary

Overall, research indicates that programs designed to reduce teen pregnancy and STD/HIV rates have been successful at delaying teens from becoming sexually active by increasing their understanding of the issues. However, recent data also shows the number of teen pregnancies is on the rise. In order to combat this problem, it is important to focus on which programs work best at reducing teen pregnancy. It is also important to look at these programs as part of a bigger picture. Now, more important than ever before, the responsibility should be a combination of preventative programs as well as community approaches. Research suggests a comprehensive approach will be much more effective than a single approach. By conducting research in other areas surrounding teen pregnancy, and combining the efforts of the community, there is hope that the teen pregnancy rate will reverse, and again decrease.<sup>5</sup>

### Resources

The following section includes resources that you may find useful in researching more about teen pregnancy in terms of prevention, trends, resources and research.

#### ***Teen Pregnancy Prevention Websites:***

- <http://thenationalcampaign.org>
- <http://www.advocatesforyouth.org/teenpregnancy>
- <http://www.pregnantteenhelp.org/articles2.html>

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<sup>5</sup> Moore, A. (2008). *Teen Births: Examining the Recent Increase*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

- <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm>
- [http://www.marchofdimes.com/professionals/14332\\_1159.asp](http://www.marchofdimes.com/professionals/14332_1159.asp)

#### ***Print Resources***

- Alford, S. (2006). *Science and Success: Supplement I- Additional Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, DC: Advocates for Youth.
- Hauser, D. (2004). *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*. Washington, DC: Advocates for Youth.
- Kirby, D. (2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Moore, A. (2008). *Teen Births: Examining the Recent Increase*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc. April 2007.