



Office of Adolescent Health Webcast
***A Global Look at Adolescent Pregnancy
Prevention: Strategies for Success***

National Teen Pregnancy Prevention Month
May 2, 2013



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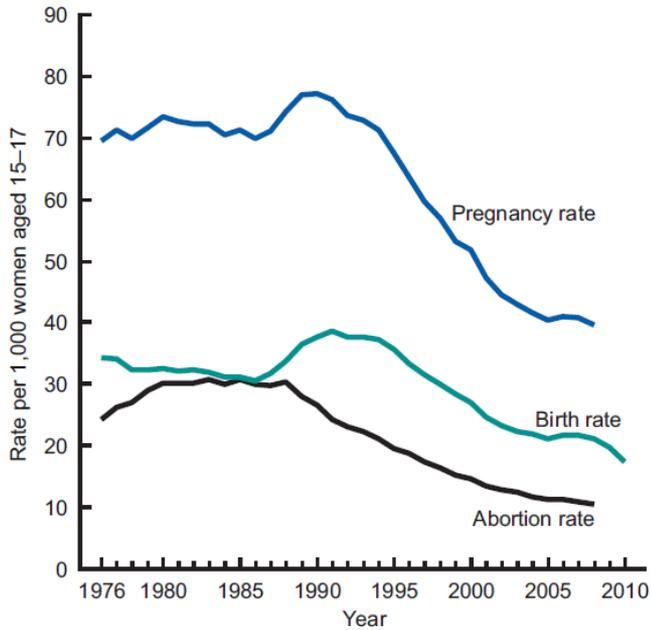
Director, Johns Hopkins Urban Health Institute
Johns Hopkins Bloomberg School of Public Health



US Trends

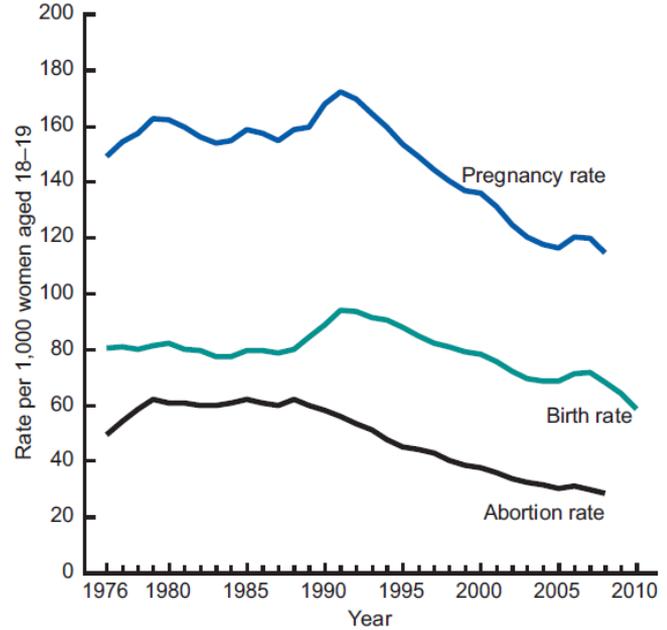
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- 750,000 pregnancies among women 15-19 years
 - 7% of the population
 - Pregnancy rate=68 per 1000
 - Birth rate: 40.2 per 1000 (35% lower than 1991)
 - Abortion rate: 17.8 per 1000 (59% lower than in 1988)

- Kost and Henshaw, 2012



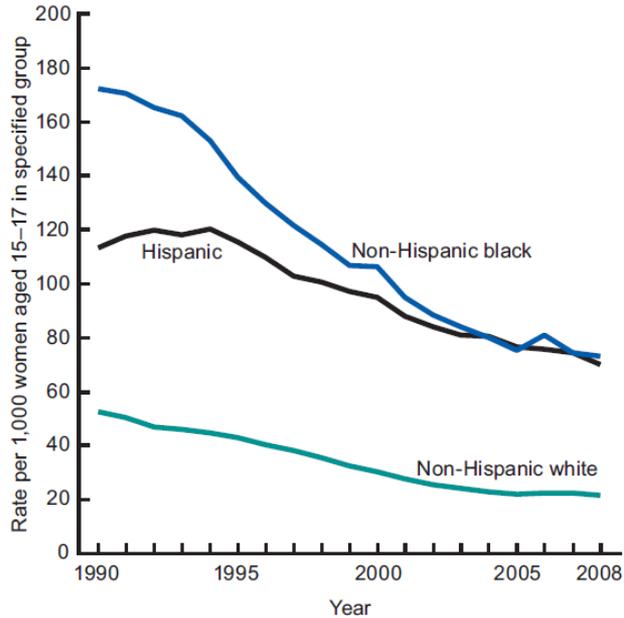
NOTES: See Table 2 and references 1 and 8. Birth rate for 2010 is preliminary.
 SOURCES: CDC/NCHS, National Vital Statistics System and National Survey of Family Growth; CDC's Abortion Surveillance System; and The Guttmacher Institute.

Pregnancy, birth, and abortion rates for teens aged 15-17: United States



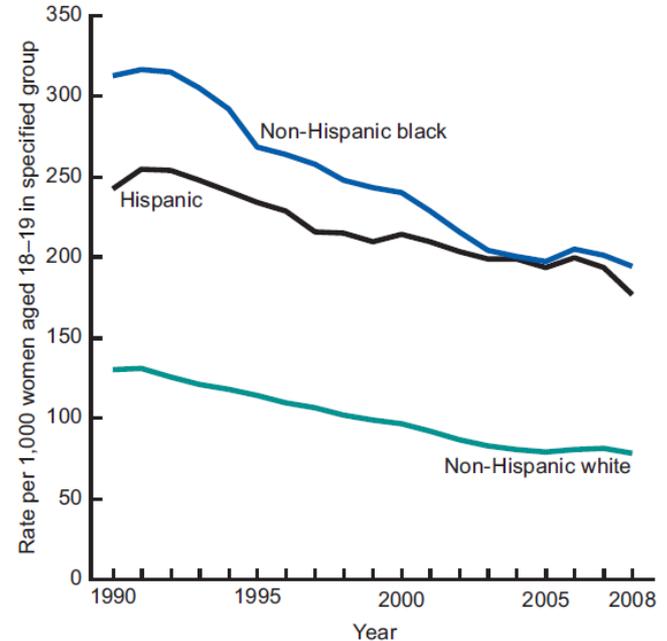
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Pregnancy, birth, and abortion rates for teens aged 18-19: United States



NOTE: See Table 2.
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Pregnancy rates for teens aged 15-17, by race and Hispanic origin: United States, 1990-2008



NOTE: See Table 2.
 SOURCES: CDC/NCHS, National Vital Statistics System and National Survey of Family Growth; CDC's Abortion Surveillance System; and The Guttmacher Institute.

Pregnancy rates for teens aged 18-19, by race and Hispanic origin: United States, 1990-2008

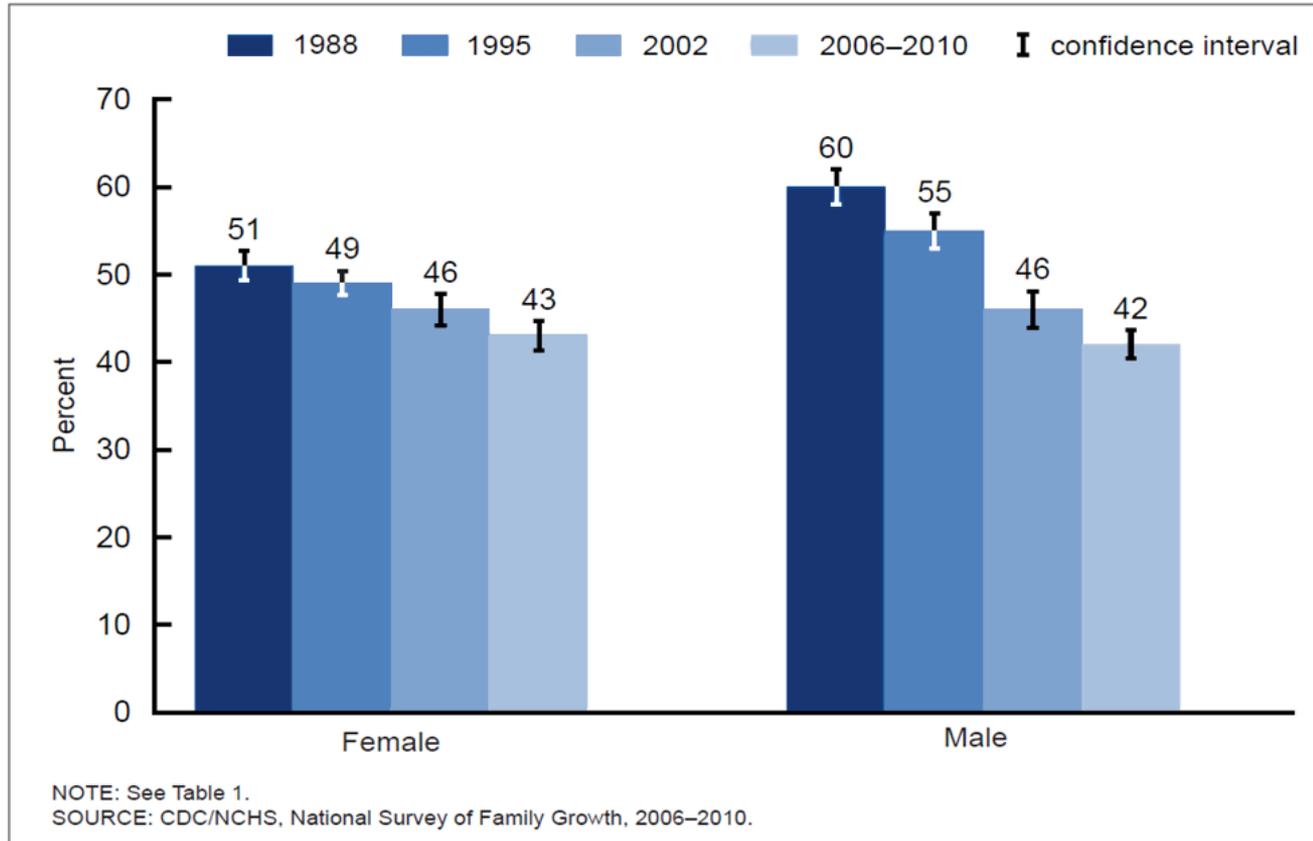


Figure 1. Never-married females and males aged 15–19 who have ever had sexual intercourse: United States, 1988–2010

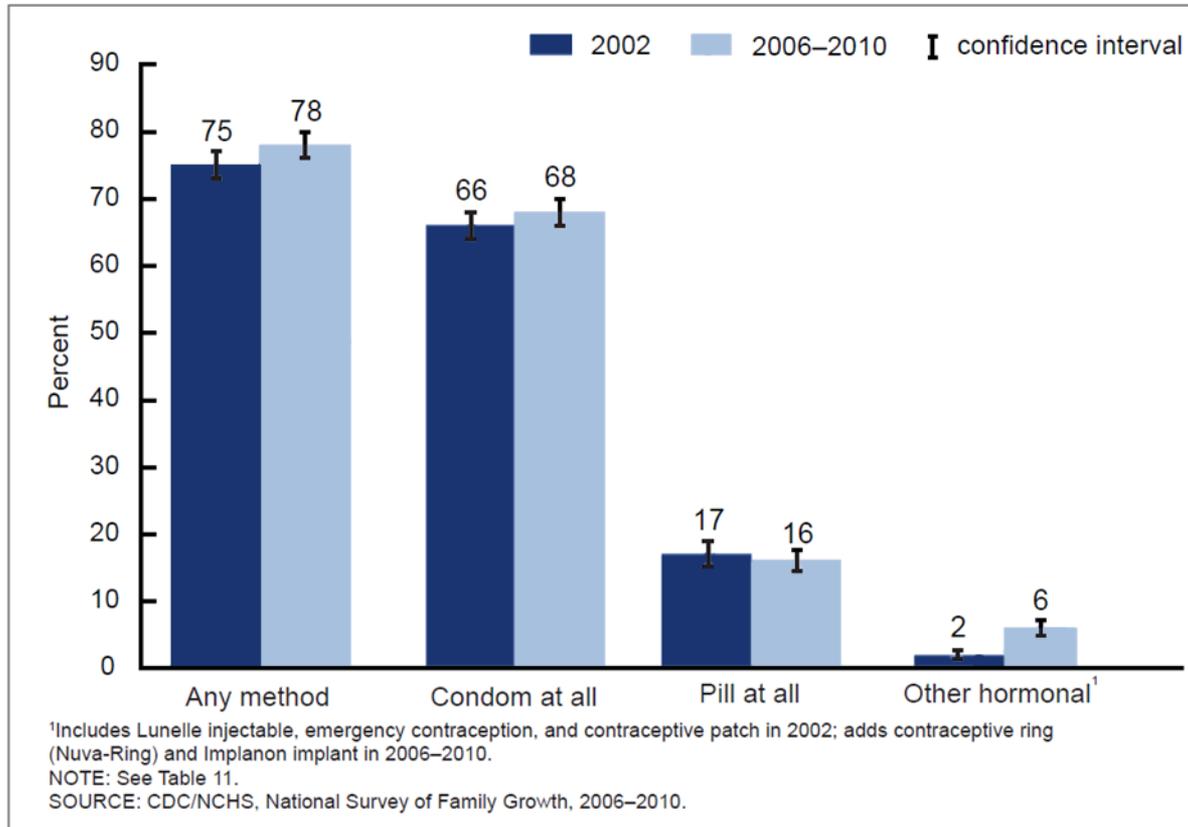
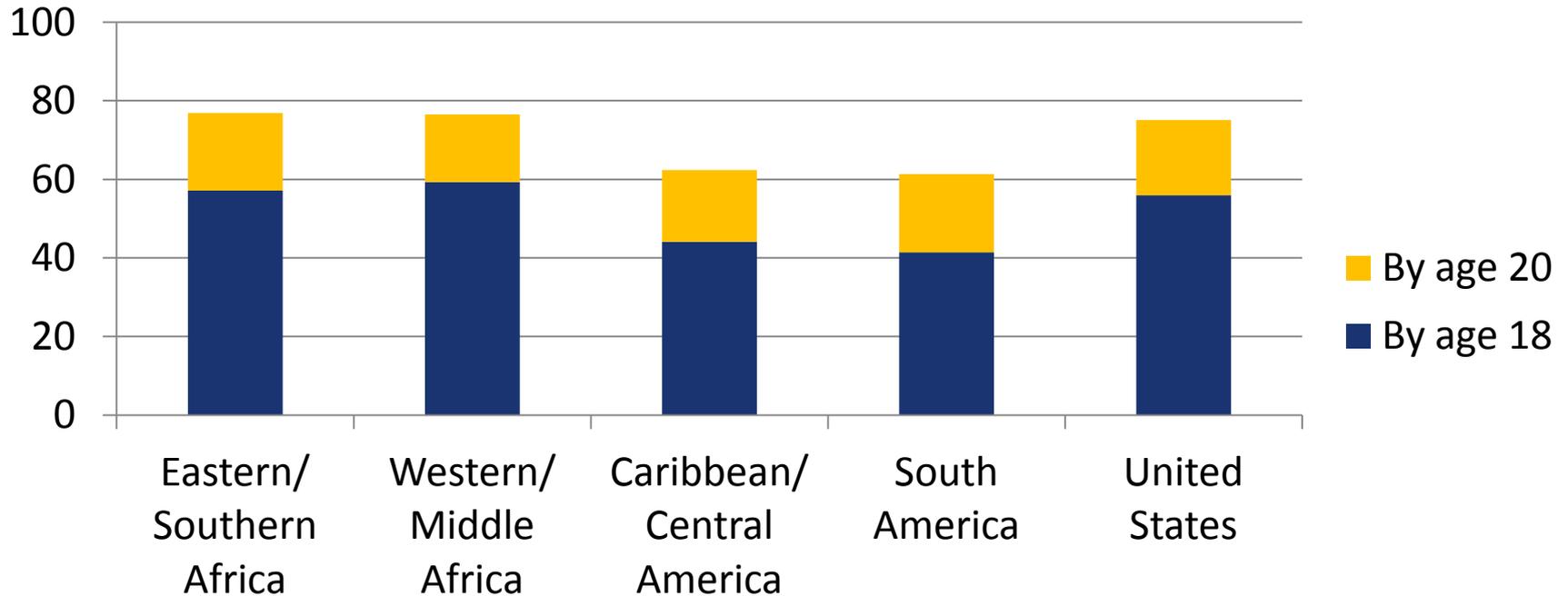


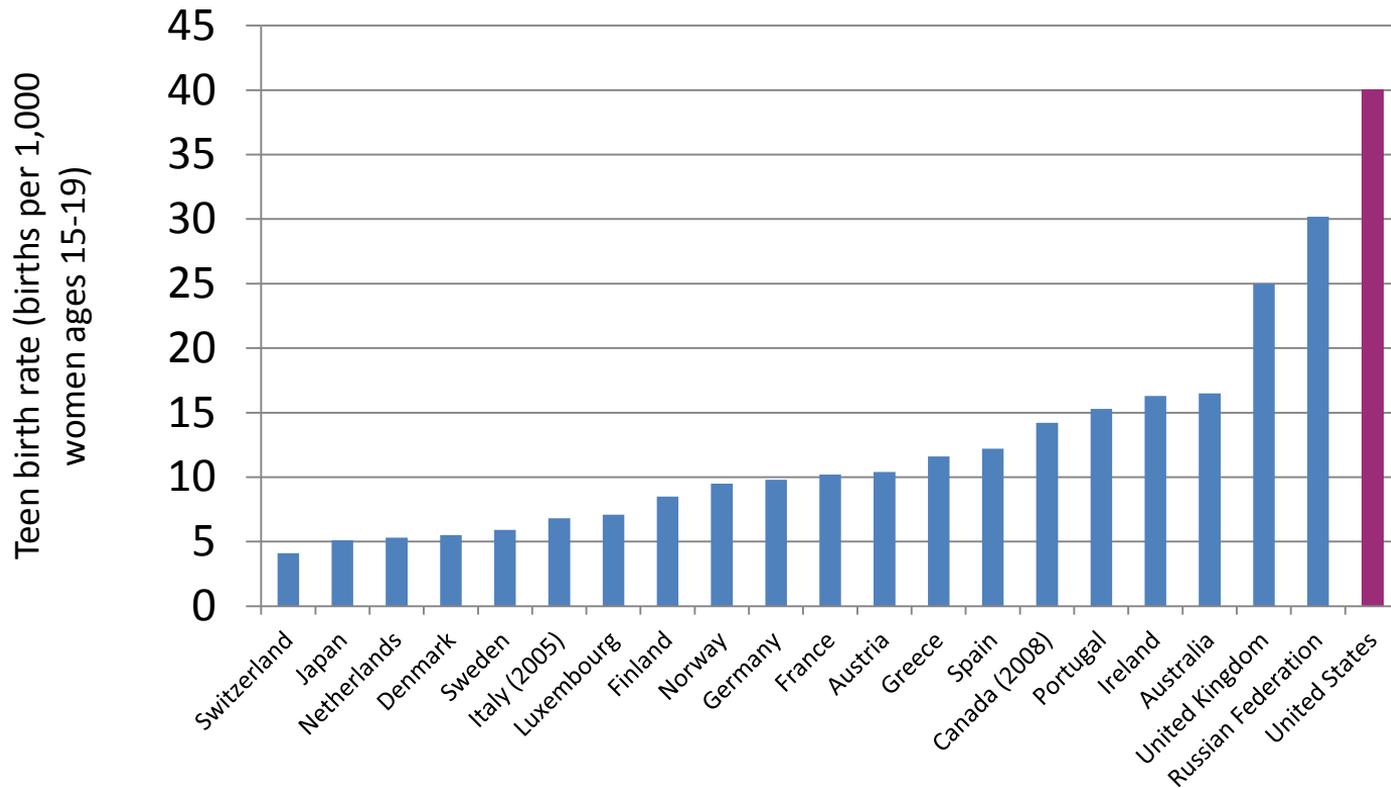
Figure 2. Use of contraception at first sex among females aged 15–19, by method used: United States, 2006–2010



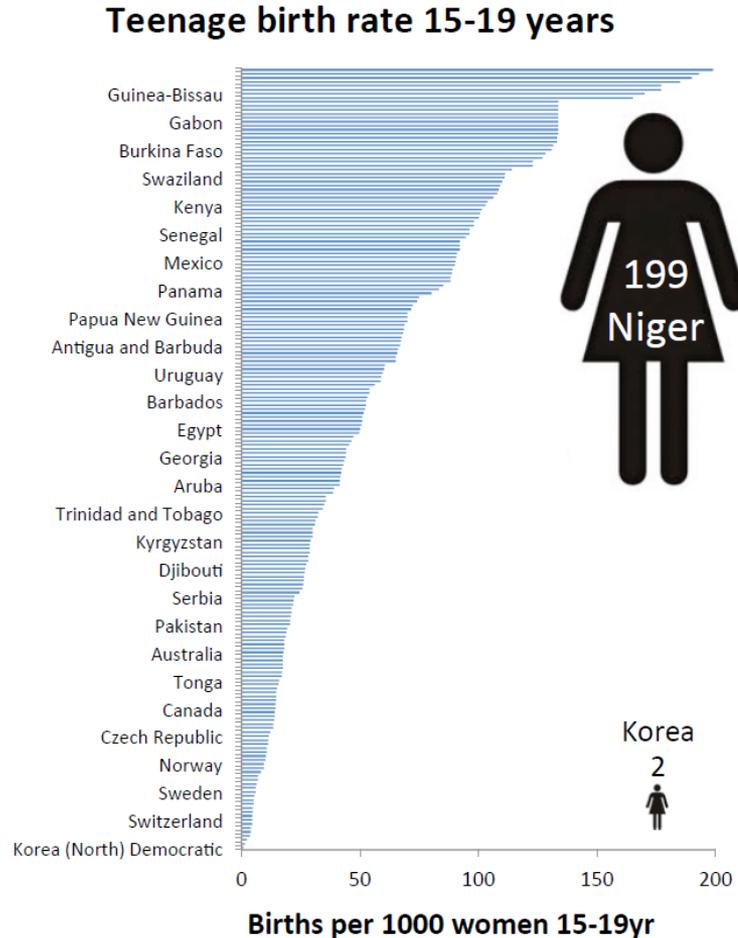
International Comparisons

Sexual debut during adolescence is the norm for females.





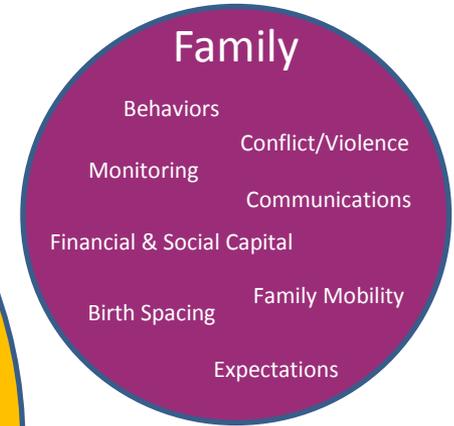
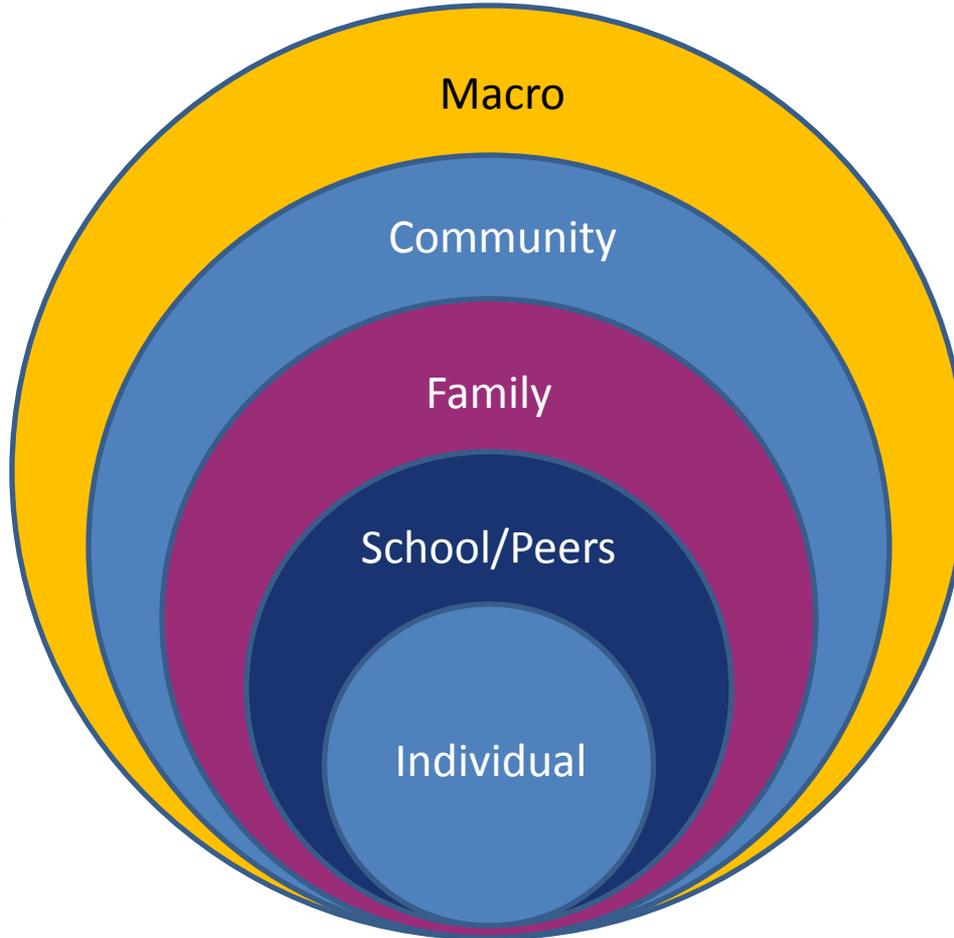
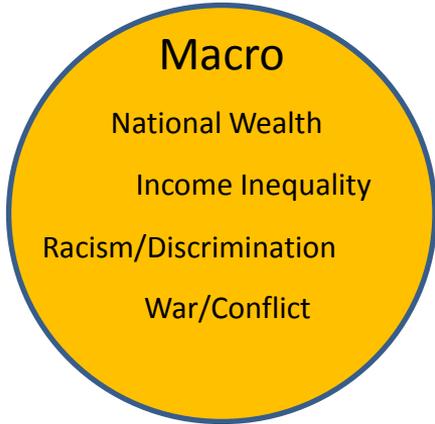
Teen birth rates in low and middle income countries compared with Switzerland at 4 per 1000 and U.S. at 40 per 1000



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- Teens in the U.S. are more likely to give birth than teens in any other industrialized country
 - The teen birth rate in the U.S. is comparable to a number of countries in the developing world



A social determinants model for understanding adolescent pregnancy risk





Macro

National Wealth

National Norms and Priorities

Political Events

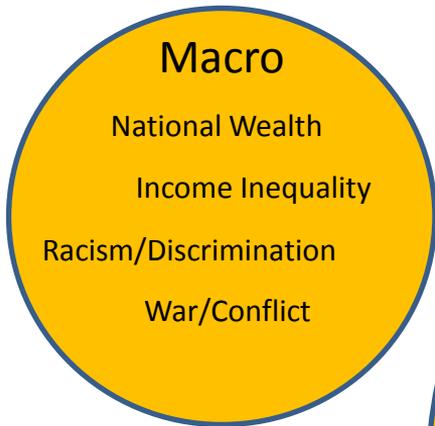
Income Inequality

Economic Forces

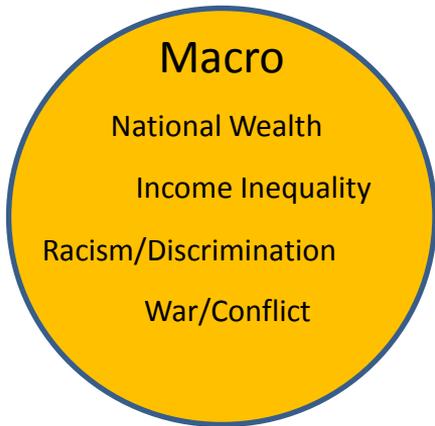
Racism/Discrimination

Historical Events

War/Conflict



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- Neighborhood institutional resources
 - Collective socialization
 - Neighborhood deprivation
 - Contagion or epidemic effects

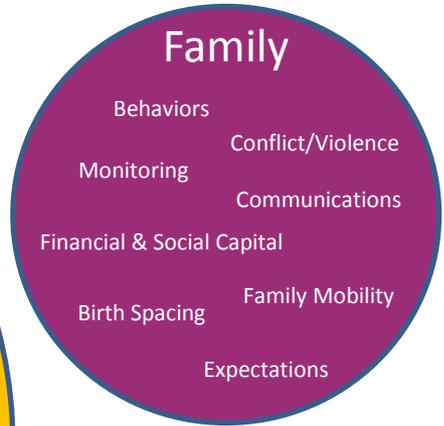
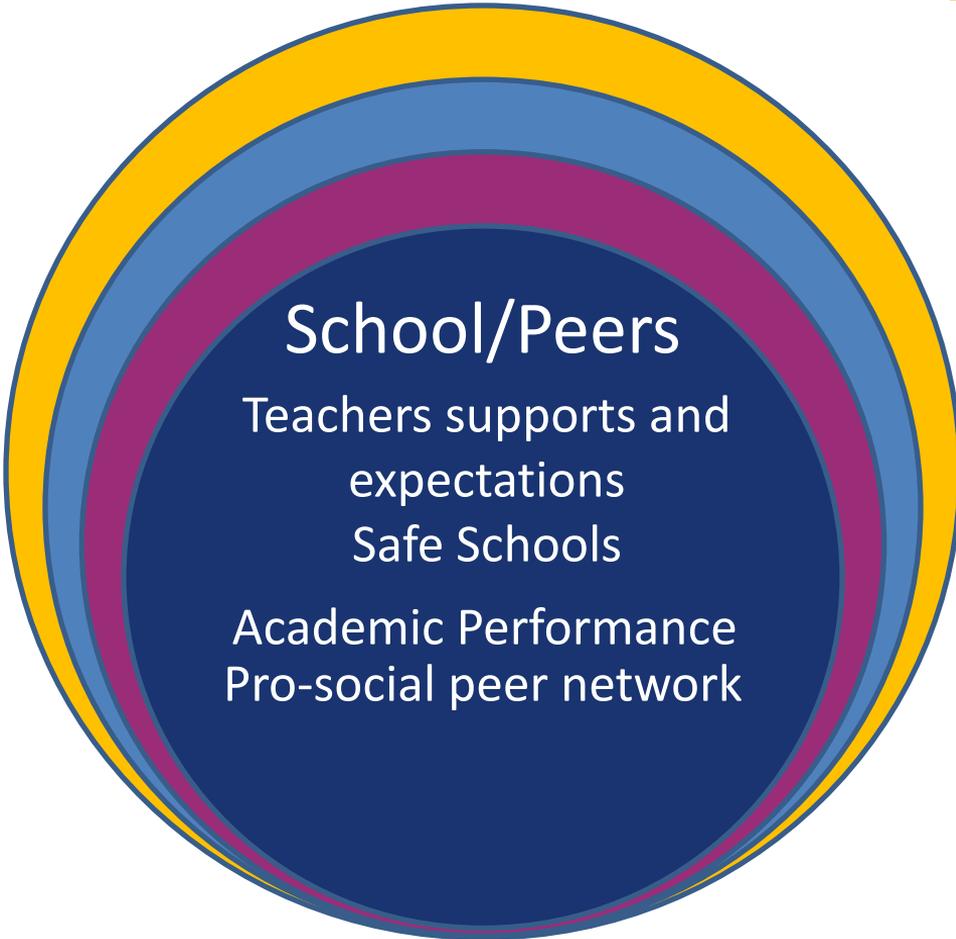


	Pregnant	Non-Pregnant	p value
Mother's education (primary school only)	63.8	39.8	$p < .01$
Father's education (primary school only)	67.5	38.2	$p = .002$
Low family cohesion	12.8	2.3	$p < .01$
Youth participates in family decision- making	36.9	56.8	$p = .004$

(Guijarro, Blum et al 1999)

	Males			Females		
	n	%	p	N	%	p
Smoking	79	9.8	.001	127	12.8	.001
Drug use	64	7.9	.001	44	4.4	.001
Age at 1st sex <15 yr	300	38.4	.01	110	11.2	.001
Pregnancy	13	1.9	.05	27	3.0	.01
Suicidal	164	20.3	.001	270	20.3	.001
Suicide attempt	54	6.6	.01	75	7.5	.001

(Anteghini, Blum et al 2001)



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- Increased contraceptive use
 - Later age of first pregnancy
 - Later age of marriage
 - Greater access to health information
 - Less substance use
 - Less depression/suicidality

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- Safety: physical, emotional and academic
 - High academic expectations coupled with support
 - Connectedness to adults in the school
 - Opportunities for social engagement

among Caribbean youth

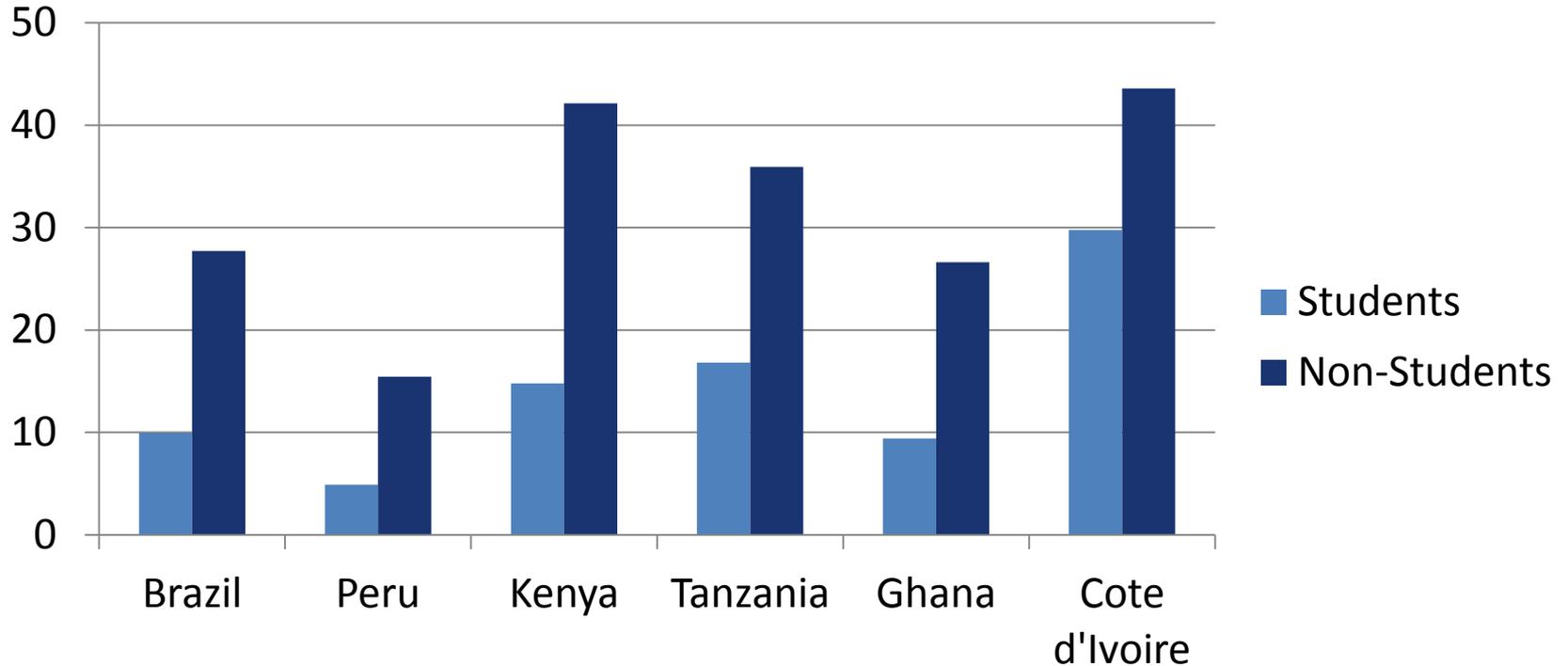


Risk Behavior	Males		Females	
	Low*	High*	Low*	High*
Sexual debut	79.0	49.2	84.8	19.6
Violence	68.1	39.9	71.9	11.6
Regular alcohol use	62.1	8.6	78.7	2.1
Smoke cigarettes	51.3	9.1	66.6	9.8

* Net of any other protective factors and holding risk factors constant

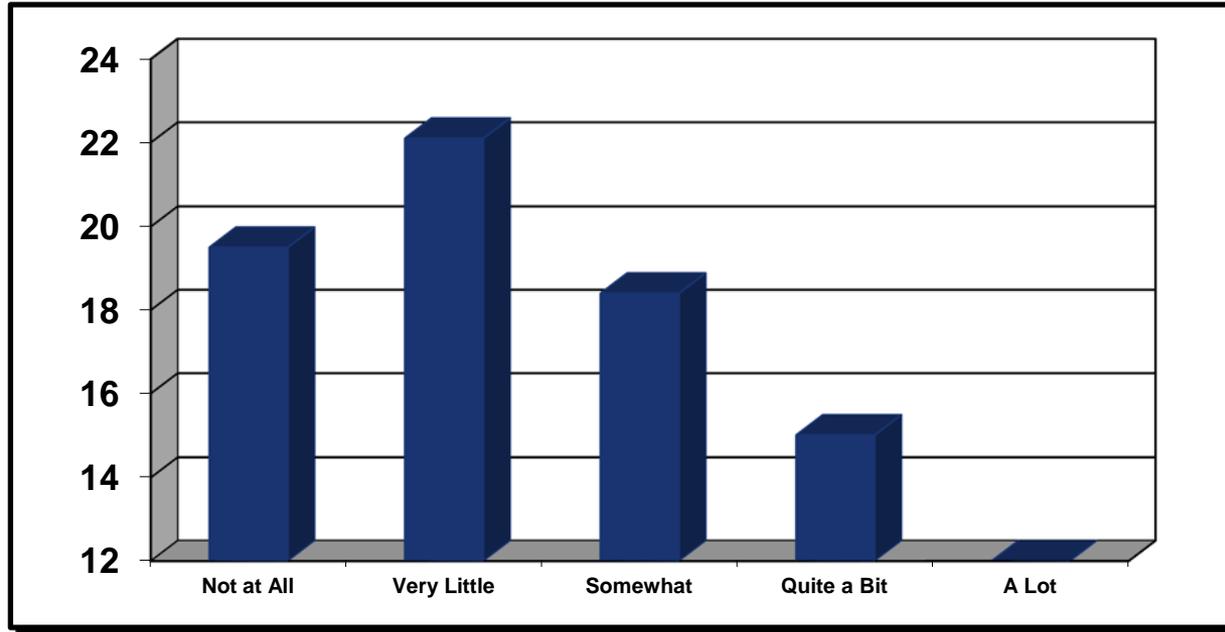
Blum, Ireland, 2004

Youth in school are *less likely* to have sex early.

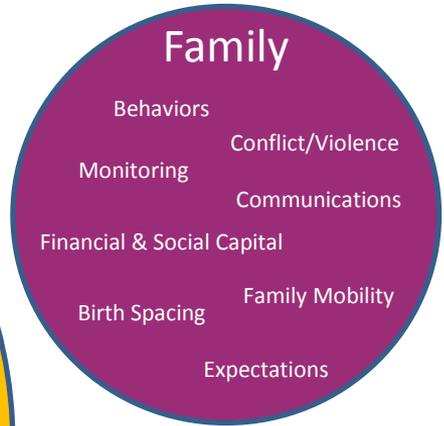
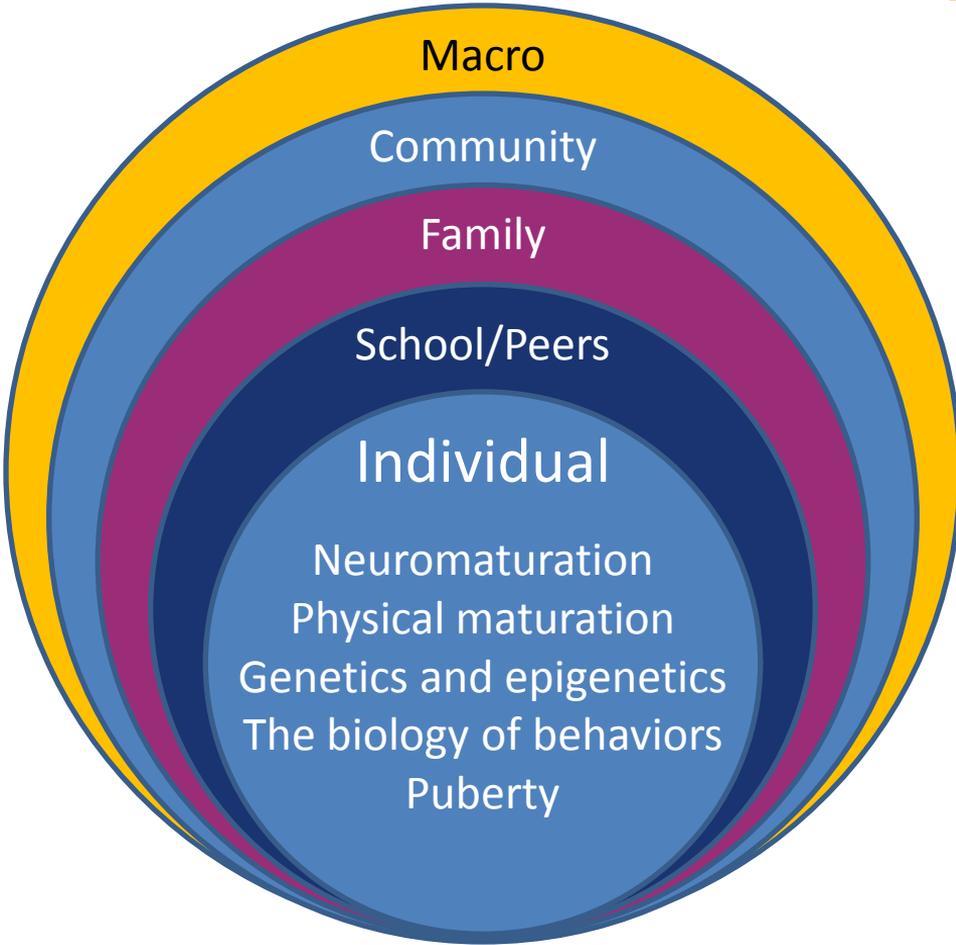
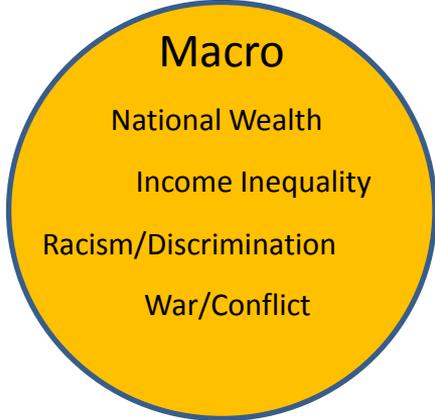


Students who feel connected to school are less likely to become pregnant

Percent ever
Pregnant



Levels of connectedness





Risk and Protective Factors for Adolescents	Early Sex	Substance Use	Depression
Positive relationship with parents			
Conflict in the family			
Positive school environment			
Friends who are negative role models			
Positive relationship with adults in the community			
Having spiritual beliefs			
Engaging in other risky behaviors			

“Broadening the Horizon” Evidence from 52 countries: http://www.who.int/child_adolescent_health/documents/en



Effective programs: What do we
know? What can we learn?



- Group-Based Comprehensive Sexual Risk Reduction Interventions reduces HIV, STI and pregnancy risk
- Access to family planning services increase contraceptive use
- Parental or spousal requirements for consent to services impede contraceptive use
- Over-the-counter access to hormonal and barrier contraception increases contraceptive use
- STD/HIV testing and treatment combined with family planning services improves contraceptive use

- 
- **Multifaceted programs** are most effective: education, skill-building, positive youth development and contraception promotion (any one of these alone does not appear to work).
 - **Abstinence or sexual delay interventions** show limited evidence of effectiveness.
 - **Post-partum counseling** increases contraception use and reduces second births (Nepal, Pakistan).
 - **Home visitation programs** reduce repeat pregnancies within 2 years (USA). OR 0.35. So does **enhanced well-child visits** (OR 0.35).

(Oringanje, et al.,Cochrane Systemic Review Database, 2009)



- Nations with the most sex-positive sexual instruction have best outcomes
- Societal acceptance of adolescent sexual relationships
- Comprehensive information about sexuality
- Clear expectations about preventing pregnancy and STIs



Focus on the doable and where
the evidence is strongest!

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- Universal access to contraceptive services
 - Provision of HPV vaccine for adolescent males and females
 - Condom education and provision
 - School retention
 - Life skills training

The Office of Adolescent Health's Teen Pregnancy Prevention Resource Center:

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

Also:

- National Center for Health Statistics
www.cdc.gov/nchs
- Youth Risk Behavior Surveillance System
www.cdc.gov/yrbs
- Office of Adolescent Health
www.hhs.gov/ash/oah/

The screenshot shows the homepage of the Office of Adolescent Health's Teen Pregnancy Prevention Resource Center. The header features the organization's logo and a search bar. A navigation menu includes links for Home, About Us, OAH Initiatives, Adolescent Health Topics, News, and Resources & Publications. The main content area is titled "Grants" and features a large image of diverse young people. Below the image, the text reads: "Teen Pregnancy Prevention Resource Center. The Teen Pregnancy Prevention Resource Center provides training materials and resources for TPP grantees and other organizations working to reduce teen pregnancy in the United States. It offers: E-Learning modules, informative podcasts, webinars, and training materials." To the right of this text is a vertical list of links: About TPP, Training Topics, Resources, Grantee Map and Descriptions, Grantee Success Stories, and Connect. Below the main content area are two "SUCCESS STORY" sections. The first is titled "SUCCESS STORY - UTHSC AT HOUSTON" and features an image of a young man in a classroom setting, with the caption: "Forging strong partnerships to reduce teen pregnancies in Harris County, Texas". The second is titled "SUCCESS STORY - DENVER HEALTH AND HOSPITAL AUTHORITY" and features an image of three young women looking at a smartphone, with the caption: "Using Text Messaging to Reduce Teen Pregnancies in Denver, Colorado". At the bottom of the page is a banner for a "JOIN THE NETWORKING GROUP FOR PREVENTING TEEN PREGNANCY" with the LinkedIn logo and the tagline "Let the world know what you think." On the right side of the page, there is a blue sidebar titled "TRAINING TOPICS" with a list of topics: Building Collaborations, Choosing an Evidence-Based Program and Curriculum, Cultural Competence, Engaging Select Populations, Evaluation, Implementation, Performance Management, Recruitment, Retention & Engagement, Strategic Communications & Dissemination, and Sustainability.

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