



# HHS Office of Adolescent Health's Teen Pregnancy Prevention Program

Investing in evidence-based and innovative programs to prevent teen pregnancy and promote adolescent health

## Why Teen Pregnancy Prevention Matters

Preventing teen pregnancy is critical to ensuring that youth are able to reach their educational and life goals. Teen girls who have babies are less likely to finish high school and are more likely to be poor as adults than are teens who don't have babies. Similarly, the children born to teenage mothers generally have poorer educational, behavioral, and health outcomes over the course of their lives than do children born to older parents. Teen mothers are also more likely to rely on public assistance than are older mothers.<sup>1</sup> Although research and data collection efforts have tended to focus on female adolescents, the behavior of adolescent males is also central to preventing teenage pregnancy.<sup>2</sup>

### **There has been tremendous progress in reducing teen births.**

The U.S. teen birth rate is currently at a record low—it decreased by more than half between 1991 and 2013.<sup>3</sup> The decline in teen births is due to the choice by many teens to delay sex, combined with

higher rates of contraceptive use by sexually-active teens.<sup>4,5</sup> Both of these behavioral changes can be shaped by effective teen pregnancy prevention programs.

### **But there is work to be done.**

In 2013, almost 275,000 babies were born to teen girls ages 15-19 in the United States.<sup>3</sup> Despite recent declines, the United States still has the highest teen pregnancy rate among industrialized countries.<sup>6</sup>

Every day in 2013, an average of 752 births occurred to women ages 15-19.<sup>3</sup> Based on 2013 preliminary data, about one in nine teen girls will give birth by her 20th birthday.<sup>7</sup> Not all teen births are first births. In 2013, 17 percent of births to teen girls ages 15-19 were repeat teen births.<sup>3</sup>

## Significant disparities exist.

Although there has been a significant decline in the rate of teen births, disparities continue to exist.

**Age.** Nearly three-quarters of adolescents who give birth are 18 or 19, but the decline in the birth rate among this group has not been as steep as among teens ages 17 and under.<sup>3</sup>

**Race and Ethnicity.** In 2012, the number of births per 1,000 females ages 15-19 was:<sup>8</sup>

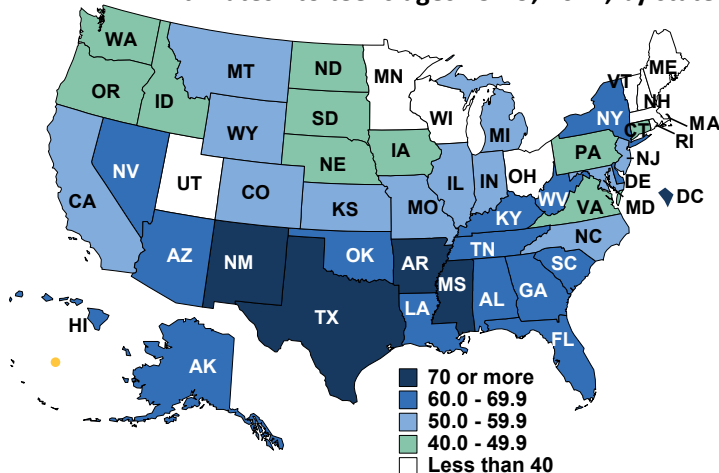
- 46.3 - Hispanic
- 43.9 - Black
- 34.9 - Native American
- 20.5 - White
- 9.7 - Asian or Pacific Islander

**Location.** In the United States, teen birth rates are generally lowest in the Northeast and highest in the South and Southwest (from 13.1 percent in New Hampshire to 47.5 percent in New Mexico, in 2012).<sup>8</sup> Within states, teens in rural areas are more likely to have a teen pregnancy than those in cities (birth rates of 43 per 1,000 females in rural areas versus 36 per medium metropolitan areas).<sup>9</sup>

### Vulnerable Youth

- Vulnerable or hard-to-reach youth such as those in the juvenile justice system or foster care, and runaway and homeless youth, have higher rates of teen pregnancy and childbearing.<sup>10,11</sup>
- Teens whose mothers gave birth as teens and/or who had only a high school degree are more likely than other teens to have a baby before age 20.<sup>12</sup>

Birth rates\* to teens ages 15-19, 2012, by state



## Reducing teen pregnancy requires a collective effort.

- Teens need access to medically accurate, age appropriate, and culturally appropriate information about their health and well-being.<sup>13</sup>
- Parents and other caregivers should talk to teens about the importance of preventing unintended pregnancy.<sup>14</sup>
- Schools, communities, and supporting organizations can implement evidence-based programs shown, through rigorous evaluation, to prevent teen pregnancy and/or associated sexual risk behaviors.
- Health care providers and organizations can ensure that teens have access to youth-friendly health care services.

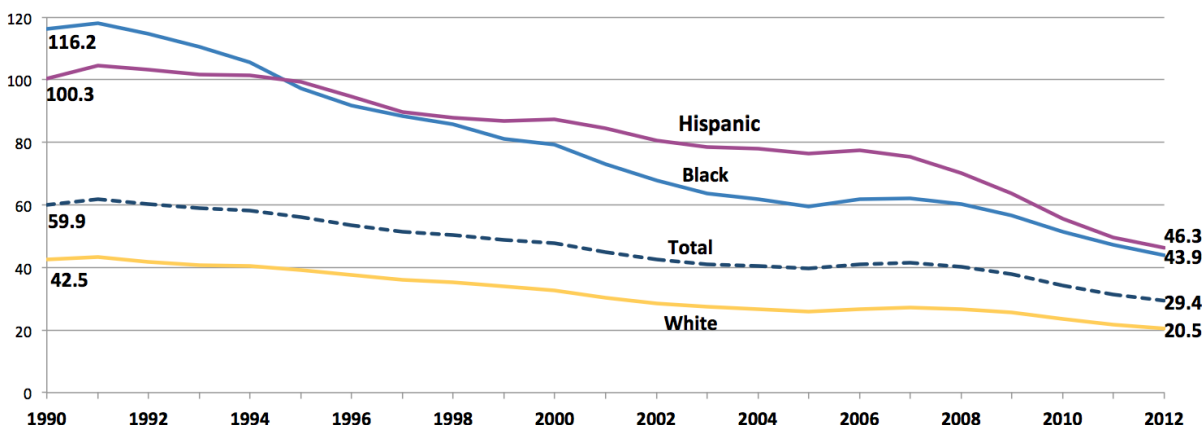
## The HHS Office of Adolescent Health: A Focus on Teen Pregnancy Prevention

The HHS Office of Adolescent Health (OAH) is dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults, by:

- Supporting the implementation and evaluation of evidence-based programs and innovative approaches to teen pregnancy prevention;
- Providing support services to expectant and parenting teens and their families through the Pregnancy Assistance Fund;
- Coordinating HHS efforts related to adolescent health promotion and disease prevention;
- Providing information about adolescent health to the public; and
- Supporting Adolescent Health: Think, Act, Grow (TAG), a national partner engagement agenda to promote adolescent health.

The OAH Teen Pregnancy Prevention (TPP) Program is one of six major evidence-based policy initiatives currently funded across the federal government.

Birth rates\* to teens ages 15-19, 2012



\*Births per 1,000 females.  
Source: Martin, J.A., Hamilton, B.E., & Ventura, S. J. (2013). Births: Final Data for 2012. Hyattsville, MD: National Center for Health Statistics.



# Investing in Teen Pregnancy Prevention

OAH invests in evidence-based teen pregnancy prevention programs, and provides funding to develop and evaluate new and innovative TPP programs. Evidence-based TPP programs are those that have been proven, through rigorous evaluation, to reduce teen pregnancy and/or sexual risk behaviors associated with teen pregnancy.

HHS periodically reviews rigorously-evaluated program models to identify those that have been found effective in preventing teen pregnancy or associated sexual risk behaviors. Out of more than 1,000 studies of program models reviewed to date, over 30 have been identified that meet the criteria for the HHS List of Evidence-Based Teen Pregnancy Prevention Programs.



## Replicating evidence-based programs

OAH provides funding to grantees to replicate evidence-based TPP programs that are medically accurate and age

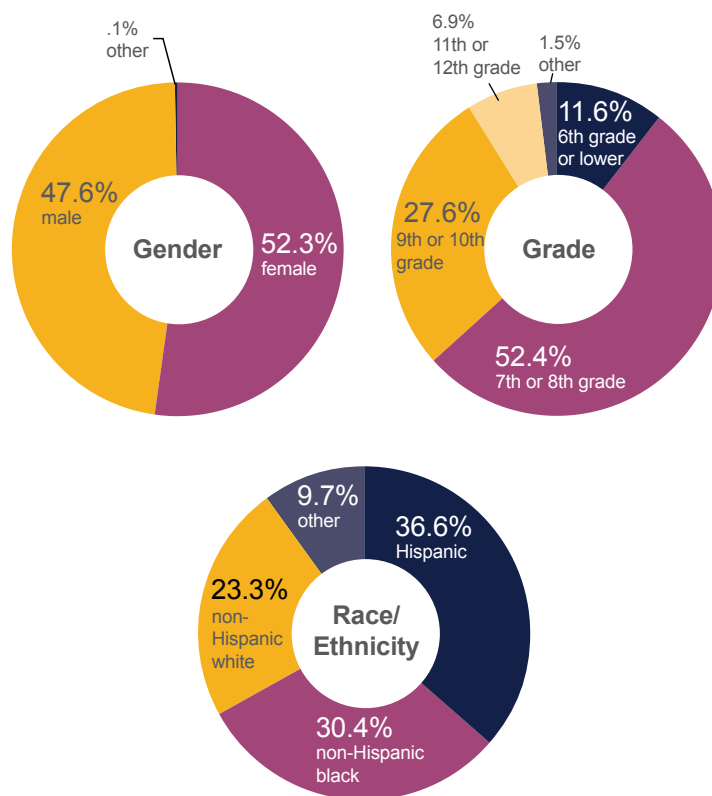
appropriate. These programs take place in a range of settings, from clinics to schools, and represent a range of approaches, including abstinence education, comprehensive sex education, youth development, and more. Some programs target specific vulnerable populations, including expectant and parenting teens, and youth in the juvenile justice system or alternative schools.

OAH grantees serve over 140,000 youth each year, in 39 states and the District of Columbia (see a map of grantees at <http://www.hhs.gov/ash/oah/grants/grantee-map.html>). The majority of youth served are ages 11-16 (91 percent). Nearly half are male (47 percent). Approximately 37 percent are Hispanic, 31 percent are non-Hispanic black, and 23 percent are non-Hispanic white.

## Investing in new and innovative approaches

OAH provides funding to grantees to test new and innovative approaches to preventing teen pregnancy. Programs target youth ages 10-19, with a particular focus on high-risk, vulnerable, and ethnic/racial minority youth. All programs are being rigorously evaluated by an independent evaluator, and will be packaged to be implementation-ready and available for replication if found to be effective.

## Program participants in 2012-2013



## Key elements of implementation-ready, evidence-based programs

- **Evidence of effectiveness**—A description of evidence of the program's effectiveness
- **Core components**—Program characteristics related to achieving outcomes
- **Logic model and theory**—A logic model and knowledge of the theory used to develop the program
- **Information on program implementation**—Background on how the program was implemented
- **Curriculum and facilitator materials**—All materials needed to implement the program, including the curriculum, facilitator guide, and any supplemental materials
- **Training materials**—All materials needed to train staff to implement the program
- **Allowable adaptations**—Guidance on what adaptations can and cannot be made
- **Monitoring and evaluation tools**—Tools for monitoring adherence to the program model and for tracking outcomes

# Impact of the OAH TPP Program



OAH is committed to implementing evidence-based TPP programs with fidelity (i.e., as the program model intended) and quality, ensuring high levels of youth engagement in TPP programs, and expanding the amount and quality of research

about what works to prevent teen pregnancy. OAH requires all TPP grantees to collect and report on a uniform set of performance measures, which includes independent observation of 10 percent of all sessions delivered to measure fidelity and quality. In addition, OAH has made a significant investment in rigorous evaluation of TPP programs, supporting numerous grantee evaluations and two large, multi-site federal evaluations focused on replication of evidence-based TPP programs, and development of new and innovative approaches to prevent teen pregnancy to determine what works.

Recent findings from the OAH TPP program:

- Nearly 80 percent of youth participants attended three-quarters or more of the program;
- Independent observers rated over 90 percent of sessions as having been implemented with high quality;
- 95 percent of sessions were implemented with fidelity; and
- TPP grantees have partnered with over 3,000 organizations.

To learn more, visit <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees>.

“The Teen Pregnancy Prevention program is a model worth emulating. It illuminates the challenges that local agencies face and suggests how these challenges might be overcome by a thoughtfully structured approach such as the one OAH designed.” -The Bridgespan Group

## Resources

To help implement high-quality, engaging programs, OAH provides grantees with training materials, e-learning modules, informative podcasts, webinars, and technical assistance. The Teen Pregnancy Prevention Resource Center houses these resources, which are also available to the general public, online at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/).

### Other resources:

- **OAH TPP Resource Center** – Organizations working to prevent teen pregnancy will find training material and resources at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/).
- **HHS Teen Pregnancy Prevention Evidence Review** – To find an evidence-based teen pregnancy prevention program, visit [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/tpp-searchable.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html).
- **Resources for Parents** – For parents, more resources are available at <http://www.hhs.gov/ash/oah/resources-and-publications/info/parents/>.
- **Teen-Friendly Healthcare Services** – Health care providers can learn more about how to provide teen-friendly reproductive health visits with this infographic: [http://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic\\_8.5x11.pdf](http://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic_8.5x11.pdf).
- **OAH Adolescent Health Library** – For more on teen pregnancy and childbearing, visit OAH's Adolescent Health Library at <http://www.hhs.gov/ash/oah/resources-and-publications/publications/reproductive-health.html#TeenPregnancyandChildbearing>.
- **OAH Events** – For recent OAH events related to teen pregnancy prevention, go to <http://www.hhs.gov/ash/oah/news/events.html>.

### Social media:



Follow the Office of Adolescent Health on Twitter  
[@TeenHealthGov](https://twitter.com/TeenHealthGov)



Sign up for our regular e-updates, at  
<http://www.hhs.gov/ash/oah/news/e-updates>

## References

- 1 Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.
- 2 Manlove, J., Terry-Humen, E., Ikramullah, E., & Holcombe, E. (2008). *Sexual and reproductive health behaviors among teen and young adult men: A descriptive portrait*. (Research Brief). Washington, DC: Child Trends. Retrieved September 6, 2013, from <http://www.childtrends.org/wp-content/uploads/2008/10/Teen-Sexual-Health.pdf>
- 3 Hamilton, B. E., Martin, J. A., Osterman, M. J. K., & Curtin, S. C. (2014). *Births: Preliminary data for 2013*. Hyattsville, MD: National Center for Health Statistics.
- 4 Kost, K., & Henshaw, S. (2014). *U.S. teenage pregnancies, births and abortions, 2010: National trends by age, race and ethnicity*. Guttmacher Institute. Retrieved August 6, 2014, from <http://www.guttmacher.org/pubs/USTPTrends10.pdf>
- 5 Martinez, G., Copen, C. E., & Abma, J. C. (2011). *Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth: National Center for Health Statistics*. Vital Health Stat 23(31). Retrieved August 6, 2014, from [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_031.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf)
- 6 Roan, S. (2012, January 19, 2012). U.S. teen pregnancy rate remains highest in developed world. *Los Angeles Times*.
- 7 Child Trends. (2014). *Child Trends analysis of 2013 preliminary birth data*. Bethesda, MD.
- 8 Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Curtin, S. C., & Mathews, T. J. (2013). *Births: Final data for 2012*. Hyattsville, MD: National Center for Health Statistics. Retrieved January 8, 2014, from [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf)
- 9 Ng, A. S., & Kaye, K. (2013). *Teen childbearing in rural America*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved August 6, 2014, from [https://thenationalcampaign.org/sites/default/files/resource-primary-download/ss47\\_teenchildbearinginruralamerica.pdf](https://thenationalcampaign.org/sites/default/files/resource-primary-download/ss47_teenchildbearinginruralamerica.pdf)
- 10 Perper, K., & Manlove, J. (2009). *Vulnerable youth: A closer look at reproductive health outcomes*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- 11 Thompson, S. J., Bender, K. A., Lewis, C. M., & Watkins, R. (2008). Runaway and pregnant: risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents. *Journal of Adolescent Health*, 43(2), 125-132. from <http://linkinghub.elsevier.com/retrieve/pii/S1054139X0800092X?showall=true>
- 12 Kirby, D. (2007). *Emerging Answers 2007: research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved September 12, 2013, from [http://www.thenationalcampaign.org/EA2007/EA2007\\_full.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf)
- 13 Centers for Disease Control and Prevention. (2013). *A teen-friendly reproductive health visit*. Retrieved August 6, 2014, from <http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html#elements>
- 14 Centers for Disease Control and Prevention. (2013). *Parent and guardian resources*. Retrieved August 6, 2014, from <http://www.cdc.gov/teenpregnancy/parents.htm>