

# Co-Occurring Risks in Adolescence

## Implications for Teen Pregnancy Prevention

### Introduction

Adolescence (generally defined as ages 10-19) is considered a time of relative health. However, it is important to note that many of the factors that increase the risk of injury, illness, and death among adolescents can also impact sexual risk taking. Being aware of those co-occurring risk factors can help teen pregnancy prevention (TPP) programs identify resources in the community that address risks not covered in their own programming while also identifying opportunities for partnerships with other organizations. While there are many outcomes that co-occur with teen pregnancy, this document focuses on exposure to violence, substance abuse, and mental illness and the implication of these experiences for TPP programs.



An adolescent with a history of **sexual abuse** is **2 x as likely** to become **pregnant** as an adolescent with no history of sexual abuse.

Madigan, 2014

– or as *protective factors* – reducing the risk of negative outcomes. For example, parental mental illness can place adolescents at increased risk for negative outcomes like substance abuse and depression (NRC, 2009), whereas positive parental monitoring is associated with reduced substance use and sexual activity (DeVore, 2005). Individual level factors such as mental health and broader contextual factors such as neighborhood safety and poverty can also impact adolescent behaviors and outcomes.

### Co-Occurring Risks Related to Teen Pregnancy

Teens may experience many different risk factors that impact their overall health, some of which are associated with an increased likelihood of an early pregnancy. For example:

- **SUBSTANCE ABUSE**: adolescents that use tobacco, alcohol and marijuana or other drugs are more likely to be sexually active and to experience an unintended pregnancy than their peers who do not use such substances (NCASA, 2011).
- **DATING VIOLENCE**: high school females who experience dating violence are four to six times more likely than non-abused peers to have ever been pregnant (Silverman, 2001).

### Risk During Adolescence

Underlying reasons for exposure to risk during adolescence are complex and are driven by a combination of factors including individual characteristics – like knowledge and attitudes – and contextual characteristics such as parental support, school quality, and peer behavior. Many of these factors can serve either as *risk factors* – increasing the risk of experiencing negative outcomes (e.g., teen pregnancy, school dropout)

High school students who are **current drinkers** are **1.7 x as likely** to have **been pregnant** or **gotten someone pregnant** as their non-drinking peers.

NCASA, 2011



- **ABUSE:** adolescents with a history of physical or sexual abuse have an increased risk of teen pregnancy. In fact, when adolescents experience both sexual and physical abuse, their risk of early pregnancy is increased four-fold (Madigan, 2014).
- **MENTAL HEALTH:** adolescent females with a major mental illness are three times more likely to become teen mothers than those without a major mental illness (Vigod, 2014).



An adolescent with a history of **physical abuse** is **1.5 x as likely** to become **pregnant** as an adolescent with no history of such abuse.

Madigan, 2014

### Programmatic Implications

In order to more strategically and holistically meet the needs of adolescents in your community, it is important to identify programming that is available to address risk factors that are not covered by your TPP program. Considering the risk factors adolescents in your program face – particularly those associated with multiple negative outcomes, some of which are highlighted in Figure 1 – can help you target your search for potential partnerships. For example, if many of the youth in your program are struggling with mental health issues, you might want to identify youth-friendly mental health service providers in your community and develop a referral system.

**Figure 1. Risk factors associated with multiple negative outcomes for adolescents**

Risk Factors	Teen Pregnancy	Violence	Substance Abuse	Depression and Anxiety
<b>Community</b>				
Extreme economic deprivation	✓	✓	✓	
<b>Family</b>				
Family history of the risky behavior	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓
<b>School</b>				
Academic failure, beginning in late elementary school	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	
<b>Individual/Peer</b>				
Early and persistent antisocial behavior	✓	✓	✓	✓
Friends who engage in the risky behavior	✓	✓	✓	
Early initiation of the risky behavior	✓	✓	✓	✓

Source: Adapted from Brooke-Weiss, B. (2008)

Thinking about adolescent programming in your community can also strengthen your own recruitment strategies, sustainability planning, and strategic partnership development. For example, you might choose to partner with a substance abuse prevention program that offers programming in the local schools, thus increasing awareness of your program among the students they reach. You might also find that developing these partnerships makes your organization eligible for new funding opportunities.

## **Strategically Addressing Co-Occurring Risk Factors**

As you think about how to achieve sustainable improvements in adolescent health in your community, use the questions below to guide a conversation with your team and/or partners about how to coordinate your efforts to strategically address co-occurring risk factors.

### ***Thinking back to your community needs assessment and considering other data you have collected during the project:***

1. What are key risk factors that adolescents in your program face? (e.g. low educational attainment)
2. What other programs are offered to adolescents in your community? (e.g. mentoring programs)
3. What other resources are available to adolescents in your community?(e.g. recreation center)
4. Which risk factors identified above are being addressed through your program? (e.g. attitudes toward teen pregnancy)
5. Which risk factors identified above are being addressed by other programming in your community? (e.g. tutoring for school improvement)

### ***Thinking about sustainability planning and performance management efforts:***

1. How have you identified partners who are addressing overlapping risk factors among adolescents in your program area?
2. How have you discussed how your programs might complement each other (e.g. are they serving different age groups, are they working on broad factors or issue-specific factors)?
3. How have you identified partners who are interested in reaching the same pool of adolescents as your program?
4. How have you coordinated efforts with these programs (e.g., are you offering programming on alternating days, are you offering programming at different times)?
5. How have you worked with systems (e.g. foster care or juvenile justice) that reach adolescents with multiple risk factors?
6. How have you offered to integrate your TPP program into their existing programmatic structure?
7. How have you shared data with key stakeholders in the community about the adolescents involved in your program?

## Related OAH Resources

### **National and state adolescent health facts**

<http://www.hhs.gov/ash/oah/resources-and-publications/facts/>

### **Needs assessments**

[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/tip\\_sheets/needs-assessment-508.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf)

### **Building collaborations**

[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/building-collaborations.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/building-collaborations.html)

### **Sustainability**

[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/sustainability.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/sustainability.html)

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