



What Works in in Teen Pregnancy Prevention for Youth

Robert G. LaChausse, PhD
Department of Health Science & Human Ecology
California State University, San Bernardino



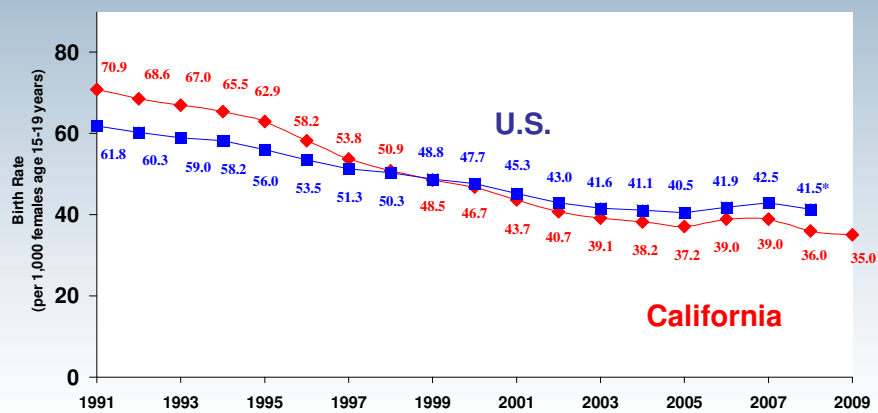
Objectives

1. Understand current local and national data associated with factors related to sexual activity among teens.
2. Understand what works and what does not work in school and community-based teen pregnancy prevention programs.
3. Understand the obstacles and opportunities to reduce teen pregnancies.
4. Understand how to advocate for effective TPP in schools.



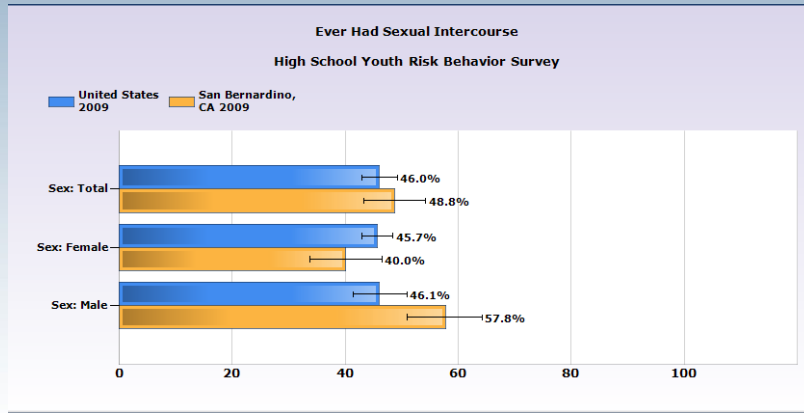
Current Data

California and U.S. Teen Birth Rates, 1991-2009

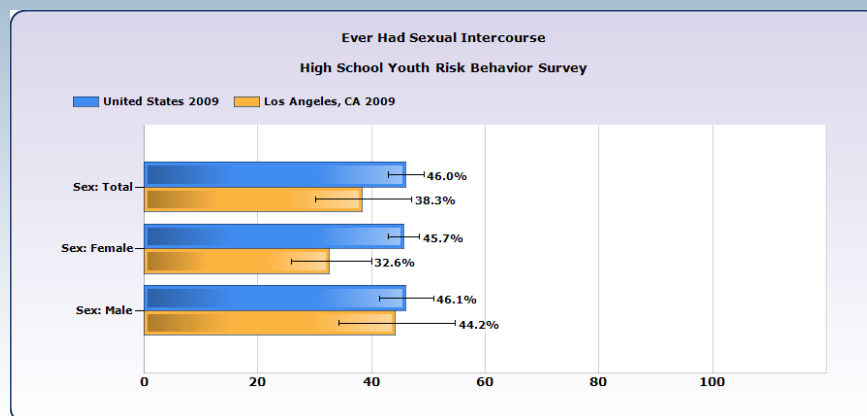


California Department of Public Health-Office of Family Planning (2010)

Current Data

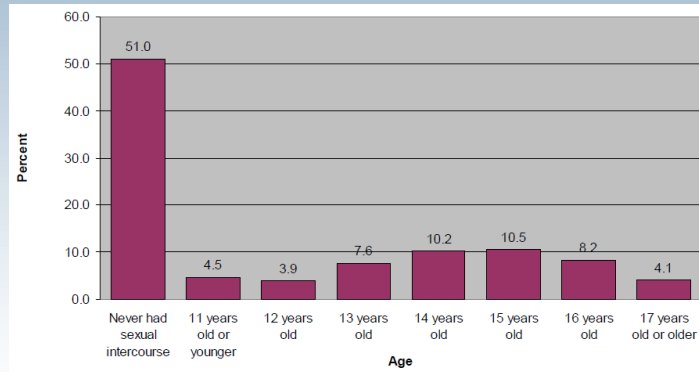


Current Data

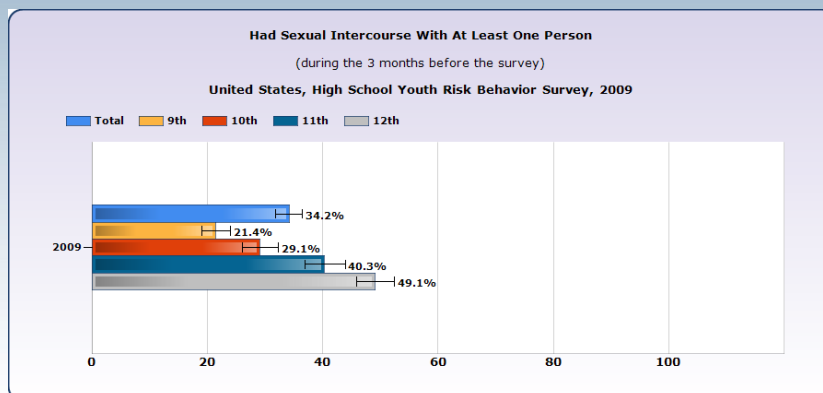


Current Data

Age at First Sexual Intercourse- United States



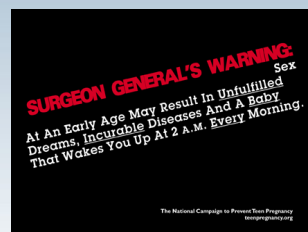
Current Data



Consequences of Teen Pregnancy

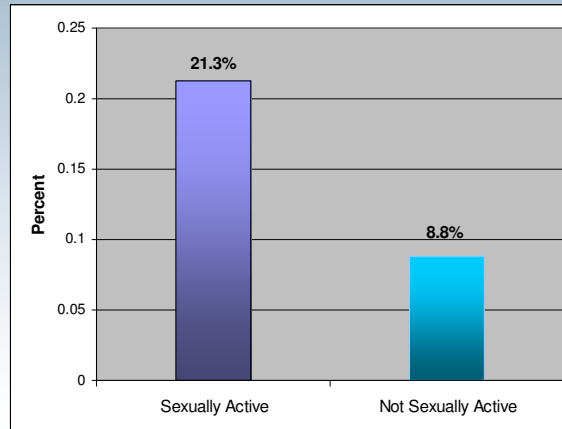
Consequences

- More likely to have more children sooner on a limited income
- More likely to abuse or neglect the child
- Low birth weight and premature
- Mental retardation and conduct disorders
- Poverty and welfare dependence
- Teen childbearing costs taxpayers \$9.1 billion annually.



Consequences

High School Drop Out Rates and Sexual Activity



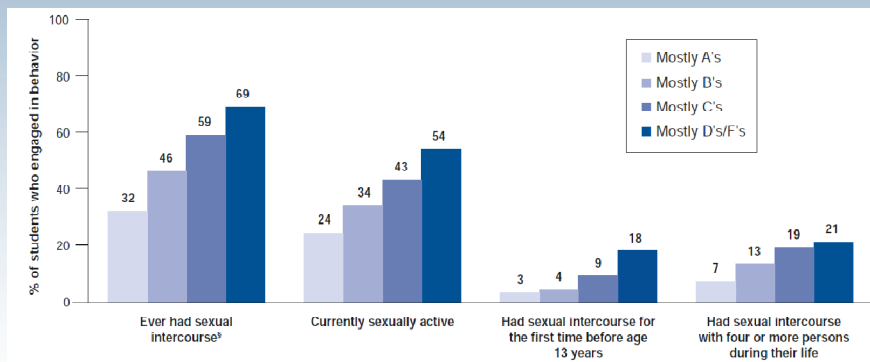
*Controlling for gender, ethnicity, grade level, and FRL

Add Health Survey, 2008

11

Consequences

Academic Achievement and Sexual Activity



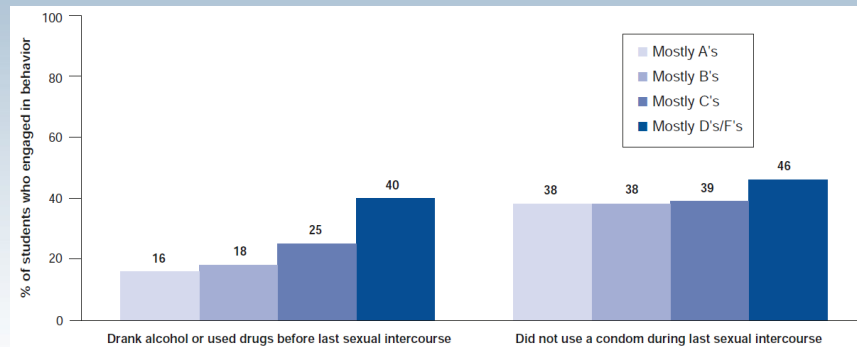
*Controlling for gender, ethnicity, grade level, and FRL

CDC, 2009

12

Consequences

Academic Achievement and Sexual Activity



*Controlling for gender, ethnicity, grade level, and FRL

Preventing Teen Pregnancies

- There has been dramatic growth in the number and variety of programs aimed at preventing adolescent pregnancy.
- Reviews of adolescent pregnancy prevention programs have concluded that few programs are effective.
 - Why?
 - What is “effectiveness”?
- We know some things about effective teen pregnancy prevention programs.

What Does the Research Say?

What Doesn't Work

- Abstinence-only programs
- One shot approaches
- Scare tactics (i.e. baby simulator)
- Bio-medical approaches
- Guest speakers
- Virginity pledges

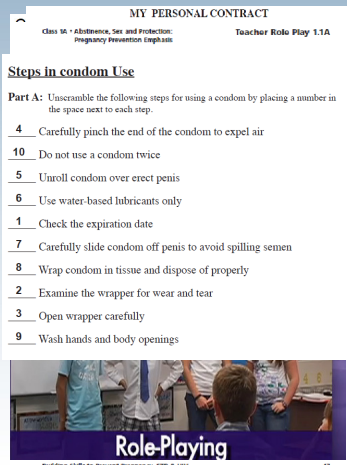


What Does the Research Say?

What Works

Comprehensive Sexuality Education

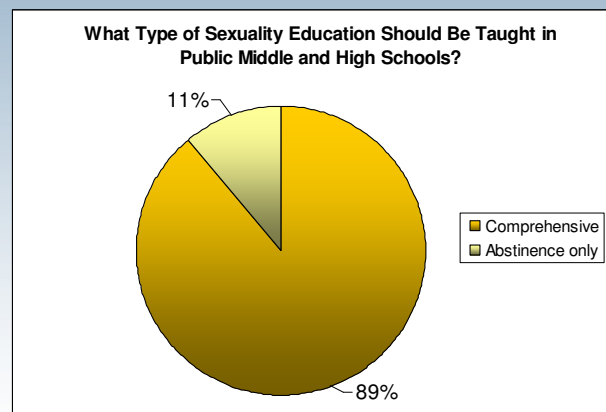
- Emphasize abstinence from sexual intercourse
- Increase skills to use birth control
- Focuses on skills rather than knowledge
- Allows students to practice decision making and assertive communication
- Increase parent-child communication
- Interactive teaching strategies



What Does the Research Say?

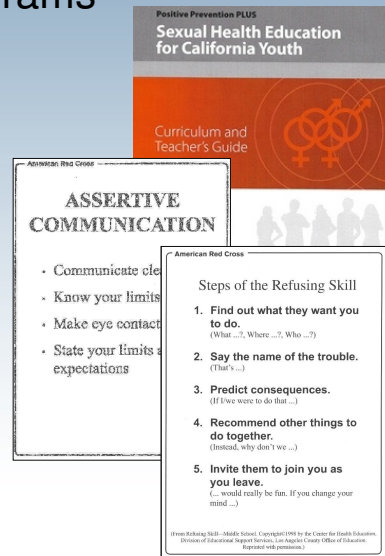
- **Comprehensive sex education is effective.**
 - Students who received comprehensive sex education were half as likely to become pregnant as compared to students who received abstinence-only sex education and 40% as likely to become pregnant as those students who received no sex education (Kohler et al., 2008, Kirby, Laris, & Roller, 2007).
- **Comprehensive sex education does not hasten or promote sexual activity.**
 - No comprehensive program increased the initiation of sex or increased the frequency of sex (Kirby, 2009).
- **Comprehensive sex education does not send a confusing message to adolescents.**
 - Emphasizing both abstinence and protection for those who do have sex (Kirby, 2007).
- **Abstinence-only programs are not effective.**
 - The Congressionally mandated evaluation of the federal abstinence program found that the abstinence-only education had no effect at all on students' behavior (Mathematica, 2007).
- **Comprehensive sex education programs extend to many areas of decision-making and confidence building among adolescents.**
 - ATOD use, academic achievement, peer & parent relationships, etc.

Support for Comprehensive Sexuality Education in California



List of Effective Research- Based TPP Programs

1. Reducing the Risk
2. Draw the Line/Respect the Line
3. Keepin' It R.E.A.L.!
4. Positive Prevention PLUS



Characteristics of Effective Sexuality Education Programs

1. Focus on reducing unintended pregnancy and HIV/STD infection.
2. Are based on theoretical approaches.
3. Deliver a consistent message about abstaining from sexual activity.
4. Provide limited but basic and accurate information.
5. Include activities that address the social pressures that influence sexual behavior.
6. Provide practice with communication, negotiation, and refusal skills as well as using birth control.
7. Employ teaching methods that involve participants and allow them to personalize the information.
8. Incorporate behavioral goals, methods, and materials that are developmentally and culturally appropriate.
9. Last a sufficient amount of time (at least 10 hours/lessons).
10. Provide teachers/facilitators with adequate training.

Obstacles, Opportunities, and Next Steps

- Budget costs
 - Mandated reimbursement from CDE (http://www.sco.ca.gov/ard_mancost.html)
- Mandated TPP/STD/HIV prevention education
 - California Education Code
- Altering programs may reduce behavioral impact.
 - Deleting key activities may reduce impact (LaChausse, 2006).
- District-level leadership
 - Need a champion for kids
 - Site-level leadership
 - Lack of training/ competency
- Myths
- Educational Codes and laws provide unprecedented opportunities.
- Need parent and community advocacy for effective TPP.
 - Keep issue in public (i.e. news stories, etc)
- Need community-school-university partnerships.
 - Media advocacy

Contact Information

Robert G. LaChausse, PhD
Department of Health Science and Human Ecology
California State University, San Bernardino
Email: rlachaus@csusb.edu
Phone: (909) 537-7229