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PLAN YOUR FUTURE, PLAN YOUR FAMILIES

Preventing Teen Pregnancies: Strategies for Success

PROMISING PREVENTION STRATEGIES

- **Multiple approaches that instill confidence.** Teen pregnancy prevention programs should include education, skills, abstinence, access to contraception as well as seek to instill teens with confidence and a sense of the future. This speaks to motivation to avoid pregnancy, a critical element in a pregnancy-free adolescence.
- **Start early.** Messages about abstinence are more likely to work if they are delivered to teens when they are young and not sexually active.
- **Talk about values.** Responsibility, self-control, self-respect, and respect for others are important values underlying a strong abstinence message.
- **Do not be fear-based.** Teens are more likely to respond to positive messages about abstinence. Scare tactics may turn them off, preventing them from practicing skills that would keep them safe.
- **Include youth development components.** Some of the most promising abstinence programs— like ‘Best Friends’—include mentoring, community service, and other youth development activities that create supportive networks for teens who choose abstinence.
- **Address sexual abuse.** Given the connection between early sexual abuse and teen sexual activity, abstinence education programs should identify and help teens who have been victims of sexual abuse.
- **Get a teen perspective.** Programs should seek the advice of teens about how they should provide services. Some programs create formal teen advisory panels.
- **Ensure confidentiality of reproductive health services,** and let teens know up front if something cannot stay confidential. Teens will be reluctant to use services if they fear their confidentiality might be breached.
- **Offer counseling at negative pregnancy tests.** A negative pregnancy test is a great opportunity to offer teens in-depth counseling to prevent future pregnancies.
- **Must include boys.** Teenage boys and men who share equal responsibility are often overlooked in teenage prevention programs. Strategies must be in place to address their need for prevention information and services.
- **Clear, consistent messages.** Teens need to hear strong and consistent messages about responsible sexual behavior. Certainly parents--through discussion and example--carry the primary responsibility for guiding their children, and they should be supported in doing so. But the larger community, and especially the media, must regularly reinforce parents with complementary rather than contradictory messages.

SEXUAL REPRODUCTIVE HEALTH EDUCATION

- There is no evidence to support the argument that Sexual Reproductive Health Education (SRHE) increases the onset or frequency of sex, or the number of sexual partners amongst young people.
- Instead, research from around the world has demonstrated that school-based SRHE, particularly when linked to contraceptive services, can have an impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates.
- Ten characteristics of an effective SRHE and HIV education program (Kirby 2001) are:
 - ➔ Focus on reducing sexual behaviours that lead to unintended pregnancy or HIV/STIs
 - ➔ Includes behavioural goals, teaching methods, and materials that are appropriate to the age, sexual experience and culture of the students
 - ➔ Employs theoretical models and approaches demonstrated to be effective in influencing other health-related risk behaviours – i.e. a clear rationale for the intervention
 - ➔ Delivers and consistently reinforces clear prevention messages about abstinence, condom use and other forms of contraception
 - ➔ Provides basic, accurate information about the risks of sexual activity and about ways to avoid intercourse or methods of protection against HIV/STI and pregnancy
 - ➔ Includes activities that address social pressures related to sexual behaviour
 - ➔ Provides modelling and practice of communication – include examples of and rehearse (e.g. role play) communication, negotiation, and refusal skills
 - ➔ Uses teaching methods that involve students and have them personalise the information
 - ➔ Lasts a sufficient length of time to complete a range of activities
 - ➔ Selects teachers or peer leaders who support the program and provides them with adequate training
- Both adult- and peer-led methods have an important place in effective education, including school-based programs.
- Peers should be considered as an option as they are an important influence on young people's behaviours and are considered credible role models and disseminators of social information. Peer educators however should be properly trained in sexual reproductive health to become effective agents of change.

ONE-TO-ONE COUNSELLING

- One-to-one education programs can be an option particularly for hard to reach groups such as homeless women, drug users, and young people from public care.
- Success of such programs will be dependent on accessibility and long-term implementation.

YOUTH DEVELOPMENT PROGRAMS

- Youth development programs provide a further opportunity to promote positive sexual health amongst adolescents.
- Instead of focusing exclusively on sexuality, these programs generally attempt to improve young people's life skills and belief in their future.
- Based on evidence about the influence of general education and socio-economic factors on young people's sexual behaviour, these programs address some of the antecedents of unprotected sex and teenage pregnancy.
- Additionally, some programs strive to provide mechanisms for youth to fulfil their basic needs including a sense of safety and structure, belonging to a community, increasing self-worth and control over their lives.
- These programs tend to be long-term as such tasks cannot be achieved quickly.

CONTRACEPTIVE SERVICES

- There is no evidence to support notions that use of family planning clinics, school-based health clinics and school-linked clinics increases sexual activity rates.
- Contraceptives, when used properly, are highly effective at preventing pregnancy.
- Contraceptive services should have the following characteristics:
 - ➔ Long-term provision
 - ➔ Clear, unambiguous information and messages
 - ➔ Services and interventions tailored to meet local needs
 - ➔ Focus on local high-risk groups
 - ➔ Key opportunities taken to deliver information and advice, eg negative pregnancy tests
 - ➔ Checks that interventions and services are accessible to young people
 - ➔ Selected and trained staff who are committed to program and service goals
 - ➔ Respect for the confidentiality of young people
 - ➔ Joined-up services and interventions with other services for young people, aimed at preventing pregnancy.

INVOLVEMENT OF PARENTS

- Research shows that teens who are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners, and use contraception consistently.
- Programs and activities encouraging parent and adult involvement should stress that communication with children about love, sex, marriage, parenthood, and values is a lifetime conversation, not a one-time lecture.

FAMILY SUPPORT AND PARENTING PROGRAMS

- Current studies show that when fathers are involved in the physical care of their children before the age of three, they are less likely to sexually abuse their own or any other child in the future.
- To break the cycle of sexual abuse which often leads to teenage pregnancy, intensive family support programs are needed to teach fathers about parenting and help them connect with their children from birth.

Sources:

Crisis Pregnancy Agency Report 2 - Promoting Positive Adolescent Sexual Health & Preventing, D. Fullerton, *July 2004*

Get Organized: A Guide to Preventing Teen Pregnancy - The National Campaign to Prevent Teen Pregnancy (US), *September 1999*