



***TEENAGE PREGNANCY:
A SUMMARY OF PREVENTION PROGRAM
EVALUATION RESULTS***

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Teenage Pregnancy: A Summary of Prevention Program Evaluation Results

The attached table summarizes the results from 20 teenage pregnancy prevention program evaluations and divides programs into two main categories:

- Those intended to prevent a **first** pregnancy.
- Those intended to prevent **subsequent** pregnancies.

The table shows that:

- Programs directed at younger adolescents, before they were sexually active, were generally more effective than programs directed at older adolescents.
- Programs that were interactive, such as those that had youth practice concrete "refusal skills" or become involved in volunteer service, were more effective than programs that provided only lectures.
- Programs that included, but were not limited to, access to family planning services led to a decrease in teen births.

The table groups programs by:

- **effectiveness.**
- **type of evaluation design.**

Evaluations that use an experimental design, which randomly assigns individuals to an experimental group and a control group and then measures the differences in outcomes, provide the most reliable information about a program's impact. Evaluations that use a quasi-experimental design, which compares groups, sites, or schools, provide less accurate results. Evaluations that use a pre-test and a post-test of participants, without a control group or a comparison group, generally provide the least accurate results.

Table of Contents

Programs for prevention of a first pregnancy that have some effect	1
<i>Evaluated using:</i>	
<i>Random assignment of classrooms or schools</i>	1
<i>Quasi-experimental, matched site, or matched school design</i>	1
<i>Pre-post or comparison group design</i>	3
Programs for prevention of first pregnancy that have little or no effect	4
<i>Evaluated using:</i>	
<i>Random assignment of individuals</i>	4
<i>Random assignment of classrooms or schools</i>	5
<i>Quasi-experimental, matched site, or matched school design</i>	5
<i>Pre-post or comparison group design</i>	5
Programs for prevention of subsequent pregnancies that have some effect	6
<i>Evaluated using:</i>	
<i>Random assignment of individuals</i>	6
Programs for prevention of subsequent pregnancies that have little or no effect	7
<i>Evaluated using:</i>	
<i>Random assignment of individuals</i>	7
<i>Quasi-experimental, matched site, or matched school design</i>	7
References for evaluations.....	8

TEENAGE PREGNANCY: PREVENTION PROGRAM EVALUATION RESULTS

PROGRAMS FOR PREVENTION OF FIRST PREGNANCY THAT HAVE *SOME EFFECT*

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Classrooms or Schools</i>			
Reducing the Risk <i>(California)</i> 46 classes in 13 high schools.	A 15-session sex education curriculum that emphasized avoiding unprotected sex.	Random assignment. (Total N = 758)	Gain in sexual information. Sexually inexperienced teens were abstinent longer. Fewer consistent effects for some lower risk groups of sexually active teens.
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design</i>			
Pregnancy Prevention for Urban Teens <i>Johns Hopkins Program</i> <i>(Baltimore, Maryland)</i> 1981-1984 Junior and senior high schools.	Utilized class presentations, group, and individual discussions on reproductive health; additional counseling plus medical services offered in adjacent clinic.	Matched school design. (Total N = 3,944)	Postponement of sexual intercourse. Substantially lower pregnancy rates among sexually active teens and somewhat lower pregnancy rates among teens under 15.

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design (continued)</i>			
<p>Postponing Sexual Involvement <i>(Atlanta, Georgia)</i> 1985-1986</p> <p>8th grade students.</p>	<p>A 10-session curriculum on human sexuality that emphasized concrete refusal skills.</p>	<p>Matched school design. (Total N = 1,005)</p>	<p>Fewer pregnancies. Postponement of sexual intercourse for those not already sexually active; no measured effects on those already sexually active.</p>
<p>Teen Outreach <i>(30 states in the USA)</i> 1986-1987</p> <p>7th - 12th grade students at 35 sites.</p>	<p>School-based program with 2 components: small group discussions and volunteer community service.</p>	<p>Comparison group design with a small experimental random assignment sample. (Total N = 1,487)</p>	<p>Lower pregnancy rate. Volunteer service component more effective when students volunteered more hours. Program more effective for senior than junior high students.</p>
<p>Community-Based Education <i>(Denmark, South Carolina)</i> 1983-1988</p> <p>14- to 17-year-old females.</p>	<p>Sex education curriculum. A graduate level training program for school personnel, workshops for parents and ministers, media campaign, contraceptive-dispensing school nurse, and drop-in school clinic.</p>	<p>Matched areas, pre-post design. (Total female N in Denmark area = 292)</p>	<p>Pregnancy rates were lower when all components were used, but returned to near pre-program levels when contraceptives were no longer dispensed and when other components were emphasized less.</p>

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Either Pre-Post or Comparison Group Design</i>			
<p>Girls Incorporated <i>(Dallas, Memphis, Omaha, and Wilmington)</i> 1985-1988</p> <p>12- to 17-year-old girls.</p>	<p>A 4-part curriculum for 12- to 14-year-old girls:</p> <ul style="list-style-type: none"> <input type="checkbox"/> parent-daughter communication. <input type="checkbox"/> sexuality information, assertiveness, and refusal skills. <p>15- to 17-year-old girls:</p> <ul style="list-style-type: none"> <input type="checkbox"/> career planning, sexuality, and contraceptive information. <input type="checkbox"/> clinical services. 	<p>Compared volunteers to non-volunteers. (Total N = 343 for all components. N varies for individual components from 257 to 359.)</p>	<p>Participation in at least one program component <i>appeared</i> to reduce the volunteers' risk of pregnancy; however, the evaluation design could not separate the impacts of the program itself from the effect of preexisting differences between volunteers and non-volunteers.</p>

PROGRAMS FOR PREVENTION OF FIRST PREGNANCY THAT HAVE *LITTLE OR NO EFFECT*

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
<p>Direct Mail of Condoms <i>(Nationwide)</i> 1987-1988</p> <p>10- to 16-year-old males.</p>	<p>Participants were mailed condom order forms and sex education pamphlets.</p>	<p>Random assignment experiment. (Total N = 2,018)</p>	<p>6 - 7% of treatment group ordered condoms. Slight gain in information, but no measured effects on behavior.</p>
<p>Health Education for Young Men <i>(Portland, Oregon and Vancouver, Washington)</i> 1985-1987</p> <p>15- to 18-year-old males.</p>	<p>One clinic visit: ½ hour slide-tape program and ½ hour nurse consultation on reproductive health.</p>	<p>Random assignment experiment. (Total N = 971)</p>	<p>Gain in information and effective use of contraceptives. No measured effects on sexual activity.</p>
<p>Facts and Feelings <i>(Utah)</i></p> <p>7th - 8th grade students.</p>	<p>Sex education videos presented to families to encourage communication between parents and children and postpone sexual intercourse.</p>	<p>Random assignment experiment with a pre-post test. (Total N = 548)</p>	<p>Short-term gains in communication between parents and children, but no measured effects after 1 year.</p>
<p>Teen Talk <i>(Texas and California)</i></p> <p>1986-1988</p> <p>13- to 19-year-olds.</p>	<p>A 12 - 15 hour curriculum on sex education taught at community agencies and one school.</p>	<p>Random assignment of individuals or classroom units, depending on circumstances at site. (Total N = 1,444)</p>	<p>Some gain in information. Sexually inexperienced males were abstinent longer, females were not. No increase in effective use of contraceptives.</p>

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Classrooms or Schools</i>			
McMaster Teen Program <i>(Ontario, Canada)</i> 1982 7th - 8th grade students in 21 schools.	School curriculum, small group sessions led by trained public health nurses and teachers.	Random assignment of schools: 11 treatment and 10 control schools. (Total N = 3,290)	No measured effects.
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design</i>			
School-Based Health Clinics <i>(6 states)</i> 1984-1985 High schools.	Health clinics.	A matched comparison school design was used for 4 of the sites, and a pre-post design was used for the other 2.	Increased contraceptive use associated with clinics in some of the schools. No measured effects on pregnancy rates.
<i>Evaluated Using Either Pre-Post or Comparison Group Design</i>			
School Clinics <i>(St. Paul)</i> 1971-1986 High schools.	Health clinics that provided physical exams, birth control, and pregnancy testing.	A pre-post design. School birth rates were calculated using county birth records.	No measured effects.
Taking Charge <i>(Delaware, Mississippi, and Ohio)</i> 1989 7th grade low income students.	A 6-week curriculum for students and 3 workshops for parents to promote family communication and sexual abstinence.	A pre-post design. One post-test after completion of curriculum and second post-test at 6 months. (Total N = 91)	Some increase in sexual information. No measured effects on behavior.
Success Express <i>(8 sites)</i> Middle school students.	A 6-session abstinence-only curriculum.	Compared students. (Total N = 320)	Increase in pre-coital sexual activity for treatment group.

PROGRAMS FOR PREVENTION OF SUBSEQUENT PREGNANCIES THAT HAVE *SOME EFFECT*

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
<p>Visiting Nurse Program <i>(Rural New York)</i> 1978-1980</p> <p>Young at-risk mothers.</p>	<p>Nurses conduct bi-weekly 1-hour home visits from pregnancy through 2nd year of postpartum. Nurses discuss health related behavior, education, jobs, birth control, and infant care.</p>	<p>Random assignment experiment. (Total N = 400)</p>	<p>Fewer pregnancies and a delay of next birth, especially for poor, unmarried women in sample.</p>
<p>Well-Baby Clinic <i>(Large eastern US hospital)</i></p> <p>First-time unwed mothers under 17 years old on Medicaid.</p>	<p>Well-baby clinic.</p>	<p>Random assignment experiment. (Total N = 243 mother-infant pairs.)</p>	<p>Fewer repeat pregnancies. (12% v. 28% in control group.)</p>

PROGRAMS FOR PREVENTION OF SUBSEQUENT PREGNANCIES THAT HAVE *LITTLE OR NO EFFECT*

Program	Program Description	Evaluation Design	Summary of Results
<i>Evaluated Using Random Assignment of Individuals</i>			
<p>Teenage Parent Demonstration <i>(Chicago, Newark, and Camden)</i> 1987-1991</p> <p>Young welfare recipients.</p>	<p>After birth of first child, mothers attended workshops on education, jobs, and contraception. AFDC grants were reduced for non-participation.</p>	<p>Random assignment experiment. (Total N = 6,000)</p>	<p>No measured effects.</p>
<p>New Chance Demonstration <i>(16 sites in 10 states)</i> 1989-1992</p> <p>16- to 22-year-old mothers.</p>	<p>Mothers were given GED preparation, health education, family planning, childcare, and pediatric services using case-management approach. Also, employment and job search assistance was provided.</p>	<p>Random assignment experiment. (Total N = 2,322)</p>	<p>Gain in obtaining GED, no change in welfare use, employment and health outcomes. Participants were <i>more</i> likely to have had another pregnancy during the follow-up period.</p>
<i>Evaluated Using a Quasi-Experimental, Matched Site, or Matched School Design</i>			
<p>Project Redirection <i>(Boston, New York, Phoenix, and Riverside)</i> 1980-1983</p> <p>Young at-risk teen mothers.</p>	<p>Mothers were given employment training, school completion, and pregnancy prevention services.</p>	<p>Matched site design. (Total N = 758)</p>	<p>At five-year follow-up, no measured effects on pregnancy rates.</p>

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PROGRAM

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(35 sites, 30 states in the US)

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Community-Based Education

(Denmark, SC)

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(Utah)

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(In 6 States)

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