

Adolescent Sibling Pregnancy Prevention

Program description:

Adolescent Sibling Pregnancy Prevention Project was conducted in California to prevent pregnancy among adolescents with a pregnant or parenting teenage sibling, a group identified as high risk of early pregnancy. The intervention is delivered by non-profit social service agencies, school districts, and public health departments to youth 11 to 17 years old. There is no prescribed intervention except for a once-a-month face-to-face meeting with the youth and a case manager; most locations offer a variety of activities.

Typical age of primary program participant: 14

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
						First time ES is estimated			Second time ES is estimated		
			ES	SE	p-value	ES	SE	Age	ES	SE	Age
Teen pregnancy (under age 18)	P	1	-0.19	0.05	0.00	-0.09	0.05	14	-0.09	0.10	24
Initiation of sexual activity	P	1	-0.28	0.06	0.00	-0.14	0.06	14	-0.14	0.12	24
Truancy	P	1	-0.08	0.04	0.07	-0.04	0.04	14	-0.04	0.09	24

Benefits and costs were not estimated for teen pregnancy prevention programs.

Discount Rates Applied to the Meta-Analysis

Type of Discount	Discount Rate
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., instrumental variables).	0.75
4- Random assignment, with some implementation issues.	0.75
5- Well-done random assignment study.	1.00
Program developer = researcher	0.5
Unusual (not "real-world") setting	0.5
Weak measurement used	0.5

Studies Used in the Meta-Analysis

East, P., Kieman, E., & Chavez, G. (2003). An evaluation of California's Adolescent Sibling Pregnancy Prevention Program. *Perspectives on Sexual and Reproductive Health*, 35(2), 62-70.