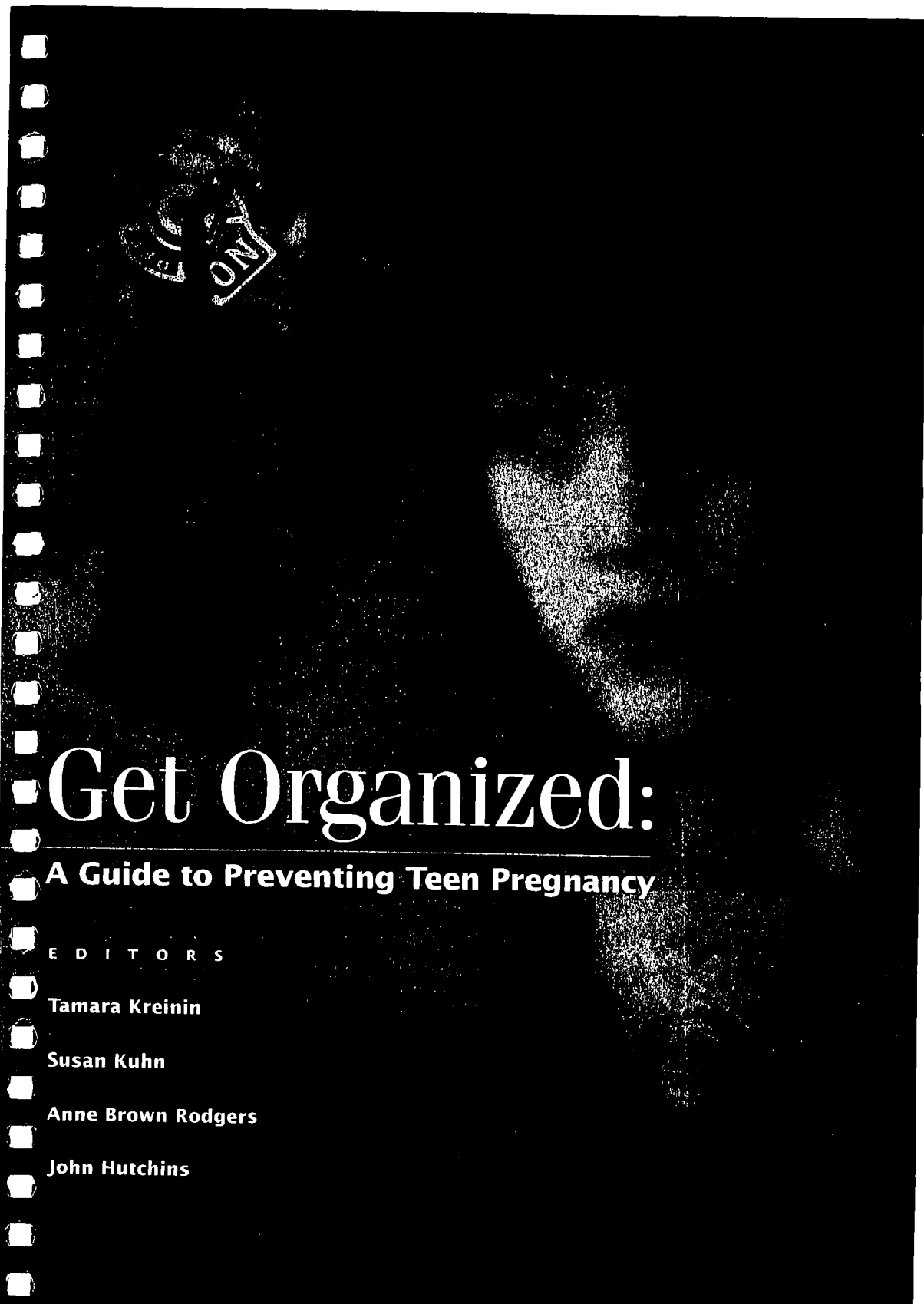




Get Organized:

A Guide to Preventing Teen Pregnancy

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Get Organized:

A Guide to Preventing Teen Pregnancy

V O L U M E 1

Focusing on the Kids

The National Campaign to Prevent Teen Pregnancy

U.S. Department of Health and Human Services

Johnson & Johnson Family of Companies

September 1999

The views expressed in this volume are those of the authors. They do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services.

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VOLUME 1 Focusing on the Kids

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PUBLICATIONS ORDER FORM

Introduction

The 1990s have brought some good news regarding teen pregnancy in the United States: after two decades of increasing teen pregnancy and birth rates, the numbers have declined. Overall, the teen birth rate declined by 16 percent from 1991 to 1997, with all states recording a decline in the birth rate of 15- to 19-year-olds. It is the sixth year in a row that the teen birth rate has declined. Nevertheless, 4 out of 10 American girls get pregnant at least once before they turn 20, leading to nearly one million teen pregnancies a year. Clearly, teen pregnancy remains a serious problem, and the economic, social, and personal costs for teens, their children, and society are great. As a nation, we are at a severe competitive disadvantage when our teen pregnancy and birth rates are at least double—even triple—those of other industrialized nations.

Communities around the country increasingly recognize that helping teens avoid pregnancy can't be accomplished by any single program or strategy. Because the causes of teen pregnancy are complicated and overlapping, solutions must have many parts and approaches. This means doing things differently: getting new people and organizations involved, committing for the long term, and measuring carefully the effectiveness of programs. This three-volume publication, *Get Organized: A Guide to Preventing Teen Pregnancy*, is meant to be a practical manual, a toolkit of sorts, for people at the state and local levels who are interested in taking action to prevent teen pregnancy in their communities. It covers a lot of ground—from strategies for collecting basic data and for reaching out to religious leaders to practical advice about how to raise money and conduct program evaluation. Yet it remains easy to read and simple to use, with many examples from promising programs around the country. We hope it will be useful as communities unite to address this issue and to design programs that are right for them.

Get Organized was developed primarily for those creating a state or local coalition or strategy to prevent teen pregnancy, although anyone interested in developing a single, small program to help teens avoid pregnancy should find valuable information in these chapters. Several overarching principles bind these chapters together:

- Multiple, mutually complementary strategies are more likely to make a difference. There are no easy answers to the problem of teen pregnancy.
- Involving new partners, like the business community, or traditional partners in new ways enhances any prevention strategy.
- Preventing teen pregnancy requires long-term, intense effort. One six-week program will not have much lasting effect, nor will a couple of classroom hours. And, because a new crop of teenagers arrives on the scene every year, prevention efforts must be constantly reinvented.
- Communities can unite around the *need* to address teen pregnancy without expecting unanimity about ways to prevent it. Different organizations and members of the community can adopt different strategies to reach the same end—fewer pregnant teens. Sometimes strategies even seem to conflict with each other, but that is not necessarily a problem. Teen pregnancy is a complicated—even messy—problem, and “messy” strategies can often be useful.
- Parents are important influences on their children’s decisions about sexual behavior. They should be supported in their roles and included in planning and developing strategies to prevent teen pregnancy. And, needless to say, involving teens themselves—the “target audience”—is always essential.
- Focusing on boys and young men is critical to any effort to prevent teen pregnancy. Girls are indeed the ones who get pregnant, but it takes two to cause a pregnancy.

As the accompanying matrix shows, *Get Organized* is divided into three complementary volumes:

Volume I: Focusing on the Kids opens with an overview of the promising programs that can help prevent teen pregnancy. The other chapters explain how to tailor programs to stages of adolescent development, create interventions for girls, involve boys and young men in prevention efforts, and involve young people themselves in developing and implementing programs.

Volume II: Involving the Key Players focuses on the roles of traditional participants in prevention efforts, like schools and health

Get Organized Matrix

Volume 1: Focusing on the Kids

1. Promising Approaches to Preventing Teen Pregnancy
2. Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development
3. Developing Pregnancy Prevention Programs for Girls and Young Women
4. Involving Teen Boys and Young Men in Teen Pregnancy Prevention
5. Involving Youth in Teen Pregnancy Prevention Programs

Volume 2: Involving the Key Players

6. Involving Parents and Other Adults
7. Involving the Faith Community
8. Involving the Business Community
9. Involving Schools
10. Involving Health Care Professionals

Volume 3: Making It Happen

11. Getting Your Community Involved in a Teen Pregnancy Prevention Project
12. Tailoring a Program to Your Community Through Needs Assessment
13. Planning and Carrying Out a Teen Pregnancy Prevention Project
14. Raising Funds for Teen Pregnancy Prevention
15. Working with the Media to Promote Teen Pregnancy Prevention
16. Building Evaluation into Your Work
17. Moving Forward in the Face of Conflict

care professionals, as well as some often overlooked players, including faith leaders, the business community, and parents.

Volume III: Making It Happen concentrates on the logistics of developing a state or local coalition—or any major effort—to prevent teen pregnancy, including involving the community, assessing the needs of the community, planning, fundraising, working with the media, evaluating initiatives, and dealing with conflict.

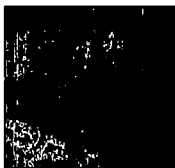
Each chapter of *Get Organized* follows a similar format. The tab divider briefly describes how the information is organized and lists a handful of the chapter's key ideas. Throughout the chapters, readers will find easy-to-read boxes, checklists, and nuggets of factual information. Boxes labeled "Research Notes" offer useful findings from published studies. "Field Notes" offer the best advice from practitioners in the field. "Case in Point" boxes illustrate specific issues with real-life examples. Every chapter concludes with a list of helpful references and resources. While the chapters and vol-

umes of *Get Organized* certainly work in tandem, each individual chapter is also meant to stand on its own as a resource.

Many talented people have worked on *Get Organized*, and they are recognized by name in the Acknowledgments, but I would like to thank, in particular, our partners and funders, the U.S. Department of Health and Human Services and the Johnson & Johnson Family of Companies, for their support.

Good work is being done around the country to prevent teen pregnancy. We at the National Campaign hope that *Get Organized* serves both to catalyze new initiatives and reinvigorate existing ones at the state and local levels.

Isabel V. Sawhill
President
National Campaign to Prevent Teen Pregnancy
September 1999



Promising Approaches to Preventing Teen Pregnancy

by John Hutchins

T H I S C H A P T E R

Gives some insight into three important factors that contribute to teen pregnancy—individual behavior, community, and culture;

Describes promising ways communities can prevent teen pregnancy—education programs, reproductive health services, efforts to strengthen family and community bonds, youth development programs, media campaigns, and multiple component campaigns; and

Provides references and resources for further information.

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Key Ideas in this Chapter

Give teens something to say “yes” to. Activities that provide teens with engaging activities and help them develop future goals also help them avoid teen pregnancy.

Don’t give up hope—teen pregnancy is not inevitable. Teen pregnancy and birth rates have declined in the 1990s, led by less sexual activity and more contraceptive use among teens. There are many good strategies for helping to further these trends.

Avoid looking for one “right” strategy. No single strategy alone is sufficiently powerful to reduce teen pregnancy rates very much. Teens need a constant message about pregnancy-free adolescence and need many types of assistance to reach adulthood without being derailed by pregnancy and childbearing.

Make a long-term commitment. The most successful programs are the ones that have multiple components, sufficient financial and leadership resources, and a real plan for being around for years.

Target teens most at risk before they become sexually active. Programs have the best chance of reducing teen pregnancy rates if they focus on the teens who are most at risk of unprotected sex and unplanned pregnancy.

Promising Approaches to Preventing Teen Pregnancy

What's behind high rates of teen pregnancy?

Growing up today is challenging. Teens live in a culture that sends them mixed and often destructive messages about sexuality, relationships, and developing a mature identity. Even the most advantaged teen faces pressure to make unwise and unhealthy decisions about sex.

About one million teens get pregnant each year, and each teen pregnancy has its own story. Many teens grow up in the inhospitable environments of poverty, unsafe neighborhoods, inadequate schools, and troubled families. They see career or economic opportunities as out of their reach and have little motivation to remain abstinent and delay pregnancy and parenting. Some teens have sex and get pregnant or cause a pregnancy because they are trying to prove they are adults. Others get pregnant by accident or because they lack the information that can help them avoid a pregnancy.

Research has identified a host of factors—related to individual behavior, family and community situations, and cultural pressures—that contribute to teen pregnancy. Most programs to

prevent teen pregnancy focus on one of these groups of factors.

Individual behavior: risk-taking by teens

Teens who get pregnant or cause a pregnancy are often engaged in a pattern of poor choices. Teens who use or abuse drugs and alcohol, who have had a history of violence and delinquency, or are failing at or dropped out of school have higher rates of sexual activity. Teens using drugs and alcohol are more likely to put themselves in sexually risky situations and are much less likely to use contraception. Teen girls whose first partners are older teens or adult men are also less likely to use contraception and are more likely to report that their first sexual experience was involuntary or unwanted. And, teens who begin intercourse at a young age have a higher risk of getting pregnant or causing a pregnancy.

Despite recent declines, the U.S. continues to have the highest teen pregnancy rate in the industrialized world.

Giving teens the skills and motivation to make informed decisions about sexuality can reduce sexual risk-taking. Helping teens avoid other risk-taking behaviors may also help teens avoid a pregnancy.

Community: fragmented or abusive families and unstable communities

The environments that children grow up in have an important influence on their risk of teen pregnancy. As one researcher recently wrote:

"Research shows that youths at greatest risk [for teen pregnancy] are more likely to live in areas with: high poverty rates, low levels of education, high residential turnover, and high divorce rates. Their parents are more likely to have low levels of education, to be poor, to have experienced a divorce or separation, or to never have married, and their mothers and older sisters are more likely to have given birth as adolescents" (Kirby, 1997).

Increasing the capacity of families and communities to nurture teens and help them stay in school and set goals for their lives may contribute to lower rates of teen pregnancy. Young people who feel supported by parents, school, and community during their adolescence are

buffered against the risk of too-early pregnancy.

Culture: negative cultural and media messages

Teens are barraged by TV shows, films, songs, and advertising in which sex has little meaning, unplanned pregnancy seldom happens, and sexual partners are rarely married, let alone committed to each other. Sexual themes permeate the pictures and plot lines. Teens may spend more time in the presence of these messages than in the presence of alternative messages that value staying in school and preparing for adulthood.

Teen pregnancy is just one problem young people face in our culture today—and perhaps not the most pressing one. Parents identify violence, gangs, drugs, and pressure from peers to engage in unhealthy behaviors as even greater risks than early pregnancy (National Campaign to Prevent Teen Pregnancy, 1998a).

Communities can help prevent teen pregnancy even when that issue is not the primary focus of an initiative. Pregnancy prevention can be adopted as part of a strategy that focuses on more immediate concerns of that community.

Strategies for preventing teen pregnancy

Most teen pregnancy prevention programs have emphasized education, skills, abstinence, and access to contraception. However, the definition of what constitutes teen pregnancy prevention is best expanded to include activities that 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.

Many different kinds of programs exist to help teens avoid pregnancy. They can be divided into several categories:

- education for teens about sex, relationships, pregnancy, and parenthood;
- reproductive health services for teens;
- programs to strengthen teens' bonds with family and community;
- youth development and school-to-career programs;
- media campaigns; and
- multiple component campaigns.

Each is described here along with examples of specific programs. Contact information for these programs can be found at the end of the chapter.

Education for teens about sex, relationships, pregnancy, and parenthood

Sometimes, what teens need most to avoid pregnancy is information. In schools, community centers, and houses of worship, teachers and other practitioners have developed a broad range of education programs to teach young people of all ages to avoid too-early pregnancy. These programs come in many different varieties, but they are generally described in terms of their emphasis on abstinence or sexuality education. Most of these programs focus on delaying sexual activity. Some are considered

Teen pregnancy prevention efforts focus on many different issues:

- education
- reproductive health
- family and community bonds
- youth development
- media
- all of the above

BEST BET:

Give teens access to many types of programs.

"abstinence-only," while others are called "abstinence-plus" because they include discussion of contraception. Those called "comprehensive" concentrate more on contraception—the many methods now available, how to use them, and where to get them.

Abstinence education programs and curricula

Abstinence education programs seek to help teens understand that the only fail-safe method of preventing pregnancy and sexually transmitted diseases (STDs) is sexual abstinence. "Abstinence-only" programs motivate young people to resist

media and peer pressures to have sex and actively support the many teens who choose to abstain from sexual activity. Some abstinence programs also encourage sexually active teens to renew their abstinence.

Abstinence education programs come in a few varieties. Some programs promote sexual abstinence until marriage. Others encourage abstinence at least through high school, but do not explicitly expect teens to refrain from sex until marriage. Still others (often termed "abstinence-plus") deliver a strong abstinence messages to younger teens, but offer information on contraception

FIELD NOTES

Promising abstinence education strategies

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.

RESEARCH SHOWS

Sexuality education does not increase teen sexual activity.

as well, recognizing that many teens become sexually active in later adolescence.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (federal welfare reform legislation) set aside \$50 million a year for grants to states for abstinence-only education. Researchers and practitioners are working to identify effective abstinence-only curricula and programs to replicate around the country. To date, few peer-reviewed evaluations of abstinence-only programs have been published. Existing evaluations are inconclusive about such programs' effectiveness (Kirby, 1997).

The federal government is funding an evaluation of the impact of selected abstinence-only education programs receiving funding from this new program. This evaluation began in late 1998. The goal of the evaluation is to determine the effects of these programs in achieving key results, including reduced teen pregnancy and reduced teen sexual activity.

Sexuality and STD/HIV education programs and curricula

Sexuality education programs teach young people about human sexual development, pregnancy and reproduction, and contraceptives and how they work. They also help teens

learn how to deal with sexual situations—that is, how to refuse sex if one is not ready for it, and how to negotiate contraceptive use. STD/HIV education programs focus especially on safer sex practices.

Despite the fears of some, research results are unequivocal: Sexuality education does not increase teen sexual activity (Kirby, 1997). In fact, some programs have been shown to delay the onset and reduce the frequency of intercourse and to reduce the number of sexual partners among teens. Certain HIV education programs, in particular, seem to delay sexual activity and increase the use of contraceptives, especially condoms. The condom use rate among teens has increased substantially in the last 15 years.

Reproductive health services for teens

Teens who are sexually active must use some type of contraception to avoid pregnancy. This is why many teen pregnancy prevention programs offer access to reproductive health services and products, including condoms and emergency contraception. Teens can get these services in a number of ways.

Family planning clinics

Many teens and adults receive health and reproductive health care services from public and private family planning clinics.

Through its 137 private affiliates, the **Planned Parenthood Federation of America** offers reproductive health care and sexual health information to more than five million Americans in 900 local health centers. Planned Parenthood's many services include:

- family planning counseling and birth control;
- pregnancy testing and counseling;
- gynecological care, including Pap tests;
- breast exams;
- emergency contraception;
- HIV testing and counseling;
- age-appropriate sexuality education; and

RESEARCH NOTES

Sexuality education programs

Research has shown that those sexuality and STD/HIV education programs that have a positive effect on behavior share nine characteristics. They:

- Focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- Incorporate behavioral goals, teaching methods, and material that are appropriate to the age, sexual experience, and culture of the students.
- Are based on approaches that are proven to effectively influence other risky behaviors.
- Last long enough for participants to complete important activities adequately.
- Provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- Use teaching methods that involve the participants and personalize the information.
- Address social pressures related to sex.
- Practice communication, negotiation, and refusal skills.
- Select teachers or peers to deliver the program who believe in the approach and then provide them with thorough training, including practice sessions.

Source: Kirby, 1997

- screening and treatment for sexually transmitted infections.

School-based health centers

Some school districts offer reproductive health services through the approximately 1,200 school-based health centers in the United States. According to **Making the Grade**, a national program of the Robert Wood Johnson Foundation, comprehensive school-based health centers vary in the services they provide, but they share some common features, including:

- written consent from parents for their children to enroll;
- advisory boards of community representatives, parents, youth, and family organizations;
- cooperation with school nurses, coaches, counselors, classroom teachers, and school principals;
- clinical services offered by multidisciplinary teams of qualified health providers; and
- comprehensive services and referrals, including reproductive health care.

School-based condom distribution programs

Recent studies have shown that making condoms available in high schools increases condom use a bit but does not increase sexual activity (Schuster et al.,

1998). Nonetheless, these programs remain controversial in many communities: only about 400 schools in the U.S. distribute condoms. In those schools with health clinics or condom distribution programs, many sexually active teens do obtain contraceptives, particularly condoms.

Some evaluation research shows that increasing access to contraceptives at school does not have a marked effect on better contraceptive use or on reducing pregnancy or birth rates. This may be due to a “substitution effect”—students would have found condoms from other widely available sources if the schools had not provided them.

Private physicians’ offices

Many teens get regular health care from a family physician or pediatrician. In some cases, these doctors provide counseling and contraceptive services to their teen patients. Some teens are more comfortable getting care in such settings rather than in a family planning clinic.

These offices vary in their approach to counseling teens about sexuality and contraception. Several medical associations, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American Nurses Association, have guidelines and best practices for their members to help

them work effectively with teens to prevent pregnancy.

Teen medical clinics

Some communities have established free-standing health clinics that serve the broad medical needs of teens. For example, a teen health center in Nashua, New Hampshire, provides health care for teens on a drop-in basis. While teens are waiting for medical care, peer counselors are available. The health center has become a popular hub of activity for teens in that community.

Emergency contraception prescription

Emergency contraceptives are "morning after" methods used following sexual intercourse, but before pregnancy is established. In early 1997, the Food and Drug Administration ruled that taking larger doses of regular contraceptive pills was a safe way to prevent a pregnancy within 72 hours of unprotected sex.

Programs to strengthen teens' bonds with family and community

Teens who have good communication with their parents and support from other adults and the community are at lowered risk for having or causing a teen pregnancy. Parents and families have a far greater influence on their teens' sexual decision-making than they might think,

according to a recent research review (Miller, 1993).

Parents are children's first and best teachers about love, sex, and relationships. Teens say they want to hear from their parents about sex and relationships, yet many parents do not believe they can make a difference in helping their teenage children avoid pregnancy.

Communications programs for parents and teens

Many brief interventions have been developed to help encourage better communication between parents and teens. There are programs for parents only, programs for parents and their children together, classroom homework in sexuality education classes requiring communication with parents, and videotapes and written materials for families to use at home.

Several evaluated programs demonstrate a clear short-term increase in parent/child communication and in parents' and teens' comfort with discussing sexual issues. Examples of efforts to encourage parent/teen communication about sexual issues include:

The National Campaign to Prevent Teen Pregnancy has published a fold-out brochure for parents, *Ten Tips for Parents to Help Their Children Avoid*

Teen Pregnancy. It includes a list of resources specifically for parents.

Girls Inc., a national youth development program, developed **Growing Together**, a four- to five-session curriculum that seeks to delay the onset of

teen sexual activity by fostering mother/daughter communication.

Since 1997, Advocates for Youth has promoted October as national **Let's Talk Month** to encourage parents in their roles as the primary sexuality educators of their children. They offer printed and video materials for practitioners and parents, and tips on how to develop seminars for parents.

FIELD NOTES

Improving reproductive health services

Make services timely. Teens should be able to schedule an appointment within 24 or 48 hours; waiting longer than that can feel like an eternity to teens.

Make services accessible. Clinic hours should fit with the schedules of students—after school, in the evenings, on the weekends. If teens have trouble getting to the clinic, the clinic should go to them.

Ensure confidentiality to teens, and let them 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.

Be "male-friendly." Reproductive health clinics are traditionally the province of women and

girls, but men and boys need counseling and services, too. Some clinics offer regular "male-only" clinic hours so that boys and young men feel comfortable coming in for services.

Wrap other youth services around reproductive health. Some reproductive health clinics offer youth development activities, including after-school activities such as tutoring.

Get a teen perspective. Programs should seek the advice of teens about how they should provide services. Some programs create formal teen advisory panels.

Know the program's reputation. Word travels fast among teens, particularly about issues of confidentiality and teen-friendliness. Teens will take the word of other teens about a program. Programs should check in with teens who do use services and those who do not to find out what they have heard.

RESEARCH SHOWS

Teens who are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners, and use contraception consistently.

Sharing Healthy Adolescent and Parent Experiences

(SHAPE) is a six-session course on human sexuality, relationships, and responsibility offered to parents and teens by the Coalition for Children, Adolescents, and Parents in Orange County, California. Offered in English, Spanish, and Vietnamese, SHAPE I is for 9- to 12-year-olds in daughter/parent and son/parent pairings. SHAPE II, which is co-ed, is designed for 13- to 15-year-olds and their parents.

As a complement to its large media campaign to encourage teens to remain abstinent, **Not Me, Not Now** of Rochester, New York, has developed a booklet for parents, *Unlocking the Secret—A Parent Guide to Talking About Sex*.

The five cities in the Annie E. Casey Foundation's **Plain Talk Initiative**—Atlanta, Hartford, New Orleans, San Diego, and Seattle—have created innovative ways to get parents and teens to talk about sex. In New Orleans and Atlanta, parent-led Plain Talk Parties, built on the Tupperware party model, bring together parents in homes to learn how to talk more effectively with their teens about sex.

The Planned Parenthood Association of Hidalgo

County, Texas, which serves a low-income Latino community near the Mexican border, has trained a cadre of Spanish-speaking health workers (*promotoras*) who go door-to-door to reach teens and their mothers.

Parent-teen and adult-teen programs

Some programs help build teens' relationships with their parents and other adults in different ways. Parent-teen activities or classes can help strengthen relationships. Teens who participate in youth development activities, volunteer service, mentoring programs, and other similar activities have a chance to develop relationships with a range of adults and learn more about adult life. This contact is particularly important if teens have few positive role models in their lives.

Youth development and school-to-career programs

Teens who have future educational or career goals are less likely to have or cause a teen pregnancy. Increasingly, communities are looking beyond interventions that focus solely on skill-building and access to contraception to programs that help teens develop their talents and interests and pursue long-term goals.

Youth development programs

Youth development programs provide youth with engaging activities and a chance to develop their talents and interests. They are sponsored by schools, churches, community organizations, civic groups, and local and state government, and involve young people in recreation, theater, sports, community service, and religious activities, among others. Many young people develop long-term interests and goals out of these kinds of activities.

Youth development activities are particularly powerful for young people who are vulnerable and who live in unstable families and communities. For example, research by the Search Institute found that in communities where youth are provided opportunities for structured activities, fewer youth are engaged in risk-taking behaviors (Blyth, 1992).

Most youth development programs focus on promoting good health behaviors, even if they do not specifically address sexual issues. Some seem to have a positive effect on reducing teen pregnancy and birth rates.

Many good youth development programs exist in every community, sponsored by familiar organizations. Some communities also have programs designed specifically to prevent

teen pregnancy. Two that have shown positive results are:

Quantum Opportunities

Program—Begun in 1989 as a pilot program in five communities, the Quantum Opportunities Program is a four-year, year-round program for 9th-12th graders that provides educational activities (tutoring, computer-based instruction, and other educational services), development activities (learning about health, alcohol, drug abuse, sex, family planning, arts, career, and college planning), and community service opportunities and summer jobs. Students receive hourly stipends and performance bonuses. When rigorous evaluation showed positive effects, including higher graduation and lower teen birth rates, the U.S. Department of Labor began funding a national replication.

Teen Outreach Program—

Designed for 12- to 17-year-olds, the Teen Outreach Program seeks to promote teens' healthy behavior, life skills development, and sense of purpose. It has three components:

- community service for participants to teach them new skills and connect them to their communities and caring adults;
- classroom-based activities, including the Teen Outreach

Program curriculum, "Changing Scenes," to help teens develop competencies to move from dependence to independence; and

- service learning, in which young people connect their community service experiences to classroom learning

through discussions, writings, research activities, and creative presentations.

School-to-career programs

A lack of future orientation is thought to contribute to some teen pregnancies. One way

FIELD NOTES

Working with parents to prevent teen pregnancy

Emphasize the long-term conversation. 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.

Remember that teens need their parents as much as infants and toddlers do. The importance of parents does not diminish as children get older.

Find ways to make talking about tough issues more comfortable for parents and teens.

Involve community organizations, schools, and businesses. Changing the way these groups interact with families can generate long-term support for a program.

Encourage parents to lead programs. Sometimes the best way to get parents involved is to put them in charge.

Reach parents where they are—at work and in their

neighborhoods. Many parents cannot attend workshops at night, and evenings are often the only time parents have with their children.

Get to know the community well. Make sure a parent involvement program reflects the cultural language and values of the community.

Involve other adults in the lives of teens. These adults can be effective role models, mentors, and friends.

Remember that intensity of effort matters.

Be creative in developing outreach efforts. Paycheck stuffers, inserts in utility bills, and other creative, attention-getting promotions can boost attendance.

Reprinted with permission from the National Campaign to Prevent Teen Pregnancy's *Snapshots from the Front Line II: Lessons from Programs that Involve Parents and Other Adults in Preventing Teen Pregnancy*, 1998b.

communities help teens set goals for their future is by connecting them with work and career opportunities.

In our increasingly high-tech society, teens need quality education and skills to succeed as productive, working adults. Teens who do poorly in school or drop out are not only more likely to get pregnant or cause a pregnancy, they are less able to provide for themselves and their families once they become adults.

School-to-career programs give teens opportunities to learn and train in and out of school. Under the rubrics of education reform, worker preparation, or economic development programs, communities are bringing together schools, business, labor, government, and community organizations. Community colleges also are pivotal players in the school-to-career movement.

The 1994 federal School-to-Work Opportunities Act provides seed money to states and local communities to develop school-to-work systems that offer:

- School-based learning—classroom instruction based on high academic and business-defined occupational skill standards.
- Work-based learning—career exploration, work experience,

YOUTH DEVELOPMENT ACTIVITIES ARE...

particularly powerful for young people who are vulnerable and who live in unstable families and communities.

structured training, and mentoring at job sites.

- Connecting activities—courses that integrate classroom and on-the-job instruction, matching students with participating employers, training mentors, and building bridges between school and work.

Two programs that highlight the potential of school-to-career opportunities for youth are:

Youth Corps—Youth Corps, typically, are full-time programs that provide young people with a combination of work experience and education within a framework of community service. There are approximately 120 Corps programs nationwide, serving 26,000 participants annually. Twenty-one states operate state-wide programs. Participants are enrolled for 6 to 12 months and receive a stipend, usually equivalent to the minimum wage or less. Educational stipends or cash awards are often available for those who complete the programs. Since 1993, many Youth Corps programs have received AmeriCorps funding. Research has shown that Youth Corps programs have positive effects on education and employment.

success and on pregnancy rates among unmarried young women (Jazirzab et al., 1997).

The **Maine Career Advantage (MCA)** is a program of the Maine Technical College System, in partnership with Maine high schools and businesses. MCA offers students two internship options: an eight-week summer internship and a two-year career internship. In the two-year internship, participants take academic classes as they master a series of specific occupational and workplace skills taught by employers. Interns work full-time in the summer

and part-time during the school year. They receive tuition-free classes at a technical college and a weekly stipend. Once they have successfully completed the program, students earn a Certificate of Skill Mastery, listing the specific skills they have mastered.

Media campaigns

The power of the media can help prevent teen pregnancy by inspiring positive change in attitudes and behavior. Teen pregnancy prevention media campaigns

RESEARCH NOTES

Youth development programs

The best youth development programs seek to:

- Enhance teens' sense of personal responsibility.
- Develop the capacity of teens to set goals, organize resources, and take positive action. Strong programs build on strengths, and assume that all teens have assets that can be used as building blocks for future growth and improvement.
- Build critical thinking skills so teens can independently assess situations, make important judgments, and take action.
- Enhance teens' sense of self-reliance and confidence.
- Help teens learn to accept themselves, embrace who they are, and recognize their own natural strengths.
- Understand teens in the context of their families and communities.
- Encourage teens to chart their own course in life. Teens who receive consistent and positive support view themselves as able to act on their own behalf.
- Provide opportunities for teens to contribute and get involved. Giving teens the chance to serve others helps them develop a sense of competence, power, attachment, and commitment to their most important environments: families, schools, peers, and communities.
- Provide a sense of belonging by creating positive social support networks for teens within their community.
- Encourage teens to have meaningful, supportive, and positive interactions with caring adults.

Source: Samuels, 1995.

directed at teens and adults have been launched or contemplated in more than 40 states.

Media activities rarely make a difference by themselves. However, as seen in these examples, when well-designed and properly executed, public service media campaigns can play a significant role in changing attitudes and behavior, particularly when combined with long-term complementary activities at the community or individual level (DeJong and Winsten, 1998).

Michigan Abstinence

Partnership—The Michigan Abstinence Partnership, a government-led public-private collaboration, targets 9- to 15-year-olds and their parents with a message of abstinence from sex, alcohol, tobacco, and drugs.

Maryland's Campaign for Our Children

—The state of Maryland has used TV, radio, print, transit, and billboard advertisements to reach 9- to 14-year-olds and their parents with messages about abstinence, male responsibility, and parent-child communication.

The South Carolina Council on Adolescent Pregnancy

Prevention developed a guide for youth agencies that includes tips for attracting the attention of the news media and state

officials through the use of inexpensive media strategies.

California has three multimillion-dollar teen pregnancy media campaigns that target different audiences with different, reinforcing messages:

- The **California Wellness Foundation** targets parents and policymakers with a message that teen pregnancy is an adult-driven social problem.
- A **Department of Health Services** campaign targets boys with a message of sexual responsibility.
- A **Department of Social Services** media project informs welfare recipients about access to family planning services.

Multiple component campaigns

Another promising approach that some communities have adopted is to develop campaigns that combine some or all of the education, access, and youth development strategies described above.

The few evaluation studies that have been completed on multiple component programs suggest that those initiatives that are the most intensive—that is, work intensely on several fronts simultaneously over a long period of time—have

MEDIA HAVE POWER—THEY CAN...

- **educate teens**
- **reach parents**
- **build support among community leaders**
- **encourage politicians to support teen pregnancy prevention programs**

the greatest likelihood of affecting teen pregnancy rates.

Two multiple component programs have shown particularly good results—as long as the intervention lasted (Kirby, 1997):

The School/Community Program for Sexual Risk Reduction Among Teens, centered in rural Denmark, South Carolina, included several components:

- sexuality education training for teachers, administrators, and community leaders;
- sexuality education in all school grades;
- training for peer counselors;

- initiatives by the school nurse to counsel students, provide males with condoms, and take female students to a nearby family planning clinic; and

- special events and clear messages about avoiding pregnancy promoted by local media, churches, and community organizations.

The result? The pregnancy rate for 14- to 17-year-olds declined significantly for several years.

Project Action, a community mobilization initiative in Portland, Oregon, that was designed to increase teen condom use included a public service announcement (PSA) TV campaign, installation of condom vending machines, and teen skills-building workshops. The program did increase the rate of teens using condoms with casual partners.

What can individual communities do?

Surveys show that most Americans believe that high school-age teens should not be sexually active, and a vast majority of both adults and teens believe that society should promote a strong abstinence message to teens. This is a good place to start in any community.

Many programs have found that expressing a strong preference for abstinence among teens—especially younger ones—is well-received by teens and enjoys widespread support in the community. The messages are often bold and direct—for instance, Campaign for Our Children's

motto is “Virgin: Teach Your Kids It’s Not a Dirty Word.”

Even though the majority of adults think teens should not have sex, most also say that sexually active teens should have access to contraception to avoid pregnancy as well as AIDS and other sexually transmitted diseases.

Each community must decide how best to promote a strong abstinence message while still dealing with the problem of teens who are sexually active—especially as efforts to prevent teen pregnancy intersect with schools. In general, a pregnancy prevention program must add value to what the community is already doing to help its teens, be targeted to the teens who are at risk, pursue the strategy most likely to work in that community, and, perhaps most importantly, fit with the community’s values and beliefs.

Given those guidelines, what approach should any one community take? The bottom line from research is that no single intervention is enough to prevent teen pregnancy. Programs that provide multiple avenues for action, including positive youth development activities, show the most promise.

The remaining chapters of the *Guide* will help communities and programs decide what actions to

take. They will describe more about the key players in effective programs and how to involve them, and they will offer ways to tailor an approach that meets the community’s—and especially their teens’—needs.

The remaining chapters of the *Guide* also will explain and demonstrate some basic principles that all successful teen pregnancy prevention programs should strive for:

Maintain a long-term, intense effort—of at least five years, if possible. Not only is teen pregnancy a tough, longstanding problem, but a new crop of teens arrives every year.

Avoid one-shot programs. Communities must address the teen pregnancy problem on multiple fronts simultaneously.

Involve the community. Programs must work from day one with parents and community leaders when designing and implementing prevention initiatives—their buy-in is essential to success and to avoiding controversy.

Start young. Begin prevention interventions with young people early. Teens report feeling pressure about sex by the start of middle school.

Tailor programs to teens’ age levels. What works for a 17-year-old is probably wrong for a 12-year-old.

THE BOTTOM LINE FROM RESEARCH

No single intervention is enough to prevent teen pregnancy—multiple approaches are best.

Use peer leaders. Peers can be an important influence on teens; peer education should tap into this power.

Be flexible. Be aware that different groups of teens need different types of interventions at various degrees of intensity and time.

Understand the audience. Respect and reflect the cultural, religious, and social traditions of the community in program activities. Learn about the community before designing programs for it.

Deal with drugs and alcohol. Sexual risk-taking by teens is often related to other risky behaviors, including drug and alcohol use and violence.

Include boys and young men. Involve the male partners of teen girls in prevention efforts.

Get outside the classroom. Remember that some of the teens

at highest risk are the least likely to be attending school.

Help teens postpone sex. The increasing number of teens who stay abstinent demonstrates that decreasing teen sexual activity is a realistic goal.

Encourage teens who are sexually active to use contraception consistently and correctly. Make sure teens know that they need to use contraception every time they have intercourse.

Teach sexual decision-making skills. Give teens specific skills to avoid pregnancy through abstinence and responsible contraceptive use.

Support and motivate teens. Abstinence and responsible contraceptive use both require daily motivation by teens.

Support parents in their roles as strong and loving influences on their teen children.

References

National Center for Education in Maternal and Child Health. Focus on abstinence education. (1997, August). *MCH Program Interchange*. Arlington, VA: Author.

Bhm, R.W., & Kinchart, P.M. (1997). *Reducing the risk: Connections that*

make a difference in the lives of youth. Minneapolis, MN: University of Minnesota Division of General Pediatrics and Adolescent Health.

Blyth, D. (1992). *Healthy communities, healthy youth*. Minneapolis, MN: Lutheran Brotherhood.

Brown, S.S., & Eisenberg, L. (Eds.). (1995). *The best intentions: Unintended pregnancy and the well-being of children and families*. Washington, DC: Institute of Medicine.

Center for Human Resources. (1995). *Quantum opportunities program: A brief on the QOP pilot program*. Waldheim, MA: Brandeis University.

DeJong, W., & Winsten, J. (1998). *The media and the message: Lessons learned from past public service campaigns*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Jaztrzab, J., Blomquist, J., Masker, J., & Orr, O. (1997). *Youth corps: Promising strategies for young people and their communities*. Cambridge, MA: Abt Associates, Inc.

Kaiser Family Foundation. (1997). *1997 national survey of Americans on emergency contraception*. Menlo Park, CA: Kaiser Family Foundation.

Kirby, D. (1997). *No easy answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Moore, K.A., & Sugland, B.W. (1996). *Next steps and best bets: Approaches to preventing adoles-*

cent childbearing. Washington, DC: Child Trends, Inc.

National Campaign to Prevent Teen Pregnancy. (1997a). *A summary of findings from national omnibus survey questions about teen pregnancy*. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1997b). *Sending the message: State-based media campaigns for teen pregnancy prevention. Pointers for practitioners and a state-by-state directory*. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1997c). *Snapshots from the front line: Lessons about teen pregnancy prevention from states and communities*. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1998a). *Where are the adults? The attitudes of parents, teachers, clergy, coaches, and youth workers on teen pregnancy*. A Focus Group Report. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1998b). *Parents of teens and teens discuss sex, love, and relationships: A sum-*

PREGNANCY PREVENTION PROGRAMS MUST...

- add value to existing community efforts
- be targeted to at-risk teens
- pursue most-likely-to-succeed strategies
- fit with the community's values and beliefs

mary of findings from national omnibus survey questions. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1998c). *Snapshots from the front line II: Lessons from programs that involve parents and other adults in preventing teen pregnancy.* Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy. (1998d). *Ten tips for parents to help their children avoid teen pregnancy.* Washington, DC: Author.

Philliber, S., & Namerow, P. (1995, December). *Trying to maximize the odds: Using what we know to prevent teen pregnancy.* Paper prepared for a technical assistance

workshop to support the Teen Pregnancy Prevention Program, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA.

Samuels, B. 1995. Positive youth development. [On-line]. Available on HandsNet website: www.igc.apc.org/handsnet/handsnet2/hn.weekly.digest/Articles/art.809209124.html.

Schuster, M.A., Bell, R.M., Berry, S.H., & Kanouse, D.E. (1998). Impact of a high school condom availability program on sexual attitudes and behaviors. *Family Planning Perspectives*, 30(2), 67-78, 88.

Programs mentioned in this chapter (grouped by program type)

Reproductive health services for teens

Making the Grade

1350 Connecticut Ave., NW
Suite 505
Washington, DC 20036
(202) 466-3396
Fax: (202) 466-3467
www.gwn.edu/~mlg

Making the Grade is a national grant program supported by the Robert Wood Johnson Foundation. Under this initiative, the Foundation has made \$17.5 million available to support state-community partnerships to establish comprehensive school-based health centers.

The Planned Parenthood Federation of America

810 7th Ave.
New York, NY 10019
(800) 829-PPFA
Fax: (212) 247-6269
www.plannedparenthood.org

Planned Parenthood provides reproductive and general health care services through its 137 affiliates and 900 health centers nationwide. It also offers education programs and curricula, publications, training, and technical assistance.

Programs to strengthen teens' bonds with family and community

Growing Together

Girls Inc.'s National Resource Center
441 West Michigan St.
Indianapolis, IN 46202
(317) 634-7546
Fax: (317) 634-3024

Let's Talk Month

Advocates for Youth
1025 Vermont Ave., NW
Suite 200
Washington, DC 20005
(202) 347-5700
Fax: (202) 347-2263
www.advocatesforyouth.org

Sharing Healthy Adolescent and Parent Experiences (SHAPE I and II)

Coalition for Children, Adolescents, and Parents (CCAP)
820 Town and Country Rd.
Orange, CA 92668
(714) 972-4859
Fax: (714) 544-4527

Not Me, Not Now

Monroe County Department of Communications and Special Events
39 West Main St.
Suite 204
Rochester, NY 14614
(716) 428-2380
Fax: (716) 428-3268
www.notmenotnow.org

Plain Talk

The Annie E. Casey Foundation
701 St. Paul St.
Baltimore, MD 21202
(410) 547-6600
Fax: (410) 223-2923
www.aecf.org

Promotoras Program

Planned Parenthood Association of Hidalgo County, Inc.
Martha Leos, Education Director
1017 Pecan
McAllen, TX 78504-4345
(956) 686-0587
Fax: (956) 648-3718

Youth development and school-to-career programs

Maine Career Advantage

The Center for Career Development
Southern Maine Technical College
Fort Rd.
South Portland, ME 04106
(207) 767-5210
Fax: (207) 767-2542

Quantum Opportunities Program

Opportunities Industrialization Centers of America, Inc.
1415 North Broad St.
Philadelphia, PA 19122
(215) 236-4500
Fax: (215) 236-7480

Teen Outreach Program (TOP)

Cornerstone Consulting Group
PO Box 7100882
Houston, TX 77271-0082
(215) 572-9463

Youth Corps

AmeriCorps, Corporation for National Service
1201 New York Ave., N.W.
8th Floor
Washington, DC 20525
(888) 507-5962
www.cns.gov

Media campaigns

Campaign for Our Children

Hal Donofrio, Executive Director
Campaign for Our Children
120 W. Lafayette St.
Suite 1200
Baltimore, MD 21201
(410) 576-9000
Fax: (410) 528-8809

Michigan Abstinence Partnership

Shelley Schadowald
Abstinence Coordinator
Michigan Department of Community
Health
3423 N. Martin Luther King Blvd.
Lansing, MI 48909
(517) 335-8908
Fax: (517) 335-9222

**South Carolina Council on
Adolescent Pregnancy Prevention**

P.O. Box 383
Columbia, SC 29202
(803) 777-1180

**Teen Pregnancy Prevention
Initiative**

The California Wellness Foundation
6320 Canoga Ave.
Suite 1700
Woodland Hills, CA 91367
(818) 593-6600
Fax: (818) 593-6614
www.tcwf.org

**Partnership for Responsible
Parenting**

Julie B. Linderman, Public Health
Education Consultant
California Department of Human
Services
714 P St.
Room 440
Sacramento, CA 95814
(916) 657-2949
Fax: (916) 657-1608

**AFDC Family Planning
Information Campaign**

Beverly Young, CalWORKS
Family Planning Information
Campaign
744 P St., MS 16-54
Sacramento, CA 95814
(916) 654-1806
Fax: (916) 654-1048

**Multiple component
initiatives**

Project Action

534 S.W. Third Ave.,
Suite 512
Portland, OR 97204
(503) 294-0554
Fax: (503) 294-0565

**The School/Community Program
for Sexual Risk Reduction Among
Teens**

University of South Carolina, School
of Public Health
Department of Health Promotion
and Education
Columbia, SC 29208
(803) 777-5152
Fax: (803) 777-6255

Other useful resources (grouped by program type)

Education for teens about sex, relationships, pregnancy, and parenthood

Be Proud! Be Responsible!

Published by Select Media
60 Warren St.
New York, NY 10007
(212) 752-4437

Becoming a Responsible Teen

Published by Select Media
60 Warren St.
New York, NY 10007
(212) 752-4437

Get Real About AIDS

Published by Altschul Group
1560 Sherman Ave.
Suite 100
Evanston, IL 60201
(708) 328-6700

Sociometrics, a research and development firm specializing in social science research applications, has developed the Program Archive on Sexuality, Health and Adolescence (PASHA), a collection of promising teen pregnancy and STD/HIV/AIDS prevention programs, which it sells to schools, clinics, and community-based organizations across the country. Among the programs it offers are

Be Proud! Be Responsible!,

Becoming a Responsible Teen,
and **Get Real About AIDS.** Contact:
Sociometrics Corporation 170 State St.,
Suite 260, Los Altos, CA 94022-2812.
(650) 949-3282. Fax: (650) 949-3299.
Web: www.socio.com.

Best Friends

The Best Friends Foundation
Ann Hingston, National Program
Director
4455 Connecticut Ave., NW
Suite 310
Washington, DC 20008
(202) 822-9266
Fax: (202) 822-9276
www.bffriends.org

Best Friends is a nationwide program that teaches adolescent girls about the importance of friendship and abstinence from sex, drugs, and alcohol.

Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV

ETR Associates
PO Box 1830
Santa Cruz, CA 95061-1830.
(408) 438-4060
www.etr.org.

ETR Associates provides comprehensive services for health and sexuality education, including teacher and staff training, research, project and program evaluation, development of model programs, technical assistance in program implementation, and curriculum and materials development.

National Center for Education in Maternal and Child Health

2000 15th St., North
Suite 701, Arlington, VA 22201-2617
(703) 524-7802
www.nccmch.org

The National Center for Education in Maternal and Child Health published The MCH Program Interchange, *Focus on Abstinence Education*, in August 1997. This special issue describes the major publications offering general information on abstinence education, as well as particular curricula and teaching materials. It includes an introduction by the head of federal Maternal and Child Health

Bureau, which administers the abstinence education program. Available free.

National Abstinence Clearinghouse

801 East 41st St.
Sioux Falls, SD 57105
(888) 577-2966
www.abstinence.net

The National Abstinence Clearinghouse publishes the *1998 Directory of Abstinence Resources*, an up-to-date catalog of programs and curricula.

Sex Information and Education Council of the United States (SIECUS)

130 West 42nd St.
Suite 350
New York, NY 10036
(212) 819-9770
Fax: (212) 819-9776
www.siecus.org

Founded in 1964, SIECUS affirms that sexuality is a natural and healthy part of living and advocates for the rights of individuals to make responsible sexual decisions. It offers programs and training in sexuality education.

American College Health Association

PO Box 28937
Baltimore, MD 21240-8937
(410) 859-1500
Fax: (410) 859-1510
www.acha.org
acha@access.digex.net

Reproductive health services for teens

The National Assembly on School-Based Health Care

1522 K St., NW
Suite 600
Washington, DC 20005
(202) 289-5400
Fax: (202) 289-0776

The National Assembly on School-Based Health Care is a membership organization supporting organizers,

providers, and advocates of school-based health care. Its members offer the following programs: adolescent health, clinical services for reproductive health, delaying second pregnancies, HIV/AIDS and STD education, parent/child communication, primary teen pregnancy prevention, and broad-based sexuality education.

The Henry J. Kaiser Family Foundation

2400 Sand Hill Rd.
Menlo Park, CA 94025
(650) 854-9400
Fax: (650) 854-4800
www.kff.org

The Kaiser Family Foundation, which promotes the use of emergency contraception, is an independent health care philanthropy that focuses on four main areas: health policy, reproductive health, HIV policy, and health and development in South Africa.

Youth development and school-to-career programs

School-to-Work Initiative of the U.S. Departments of Labor and Education

The National School-to-Work Learning and Information Center
400 Virginia Ave., SW
Room 150, Washington, DC 20024
(800) 251-7236, (202) 401-6222
Fax: (202) 401-6211
www.stw.ed.gov



Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development

by Leslie Kantor

T H I S C H A P T E R

Describes the physical, cognitive, and social and emotional changes that occur during the three stages of adolescence;

Presents principles of programs and educational strategies for all teens;

Provides suggestions for program strategies for teens at each stage of development; and

Provides references and resources for further information.

Key Ideas

in this Chapter

Fit the program to teens' developmental level.

Learn the key characteristics of each stage of adolescence (early, middle, and late) and match activities to the developmental stage of the teen participants.

Use peer educators in efforts to educate other adolescents.

Help parents understand adolescent development.

Encourage parents to stay involved in their children's lives during adolescence.

Use effective teaching techniques. Learning should be active and relevant to real situations in teens' lives.

Help teens stay in school. Dropping out of school increases the risk of teen pregnancy.

Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development

Stages of adolescent development

Adolescence can be summed up in one word: change. Only infants grow and change as rapidly and extensively as do adolescents. Understanding adolescent development—how children mature between the ages of 9 and 21, how those changes affect their families and other people around them, and how the surrounding culture and society influences that development—is critical to planning and implementing programs that can give teens the tools and skills they need to make and carry out responsible decisions.

Although adolescence is often discussed as one phase, teens actually pass through three distinct stages on their path to adulthood—early, middle, and late adolescence. Specific physical, cognitive, and social and emotional developments mark each of these stages. The changes that occur and the timing of those changes differ for boys and girls and vary greatly among individuals. However, in general, early adolescence is from the ages of 9–13, middle adolescence is from 13–16, and late adolescence is 16 and older.

Early adolescence

Physical changes and characteristics

Early adolescence is marked by significant physical changes. Girls develop breasts, grow underarm and pubic hair, and begin menstruating. Boys develop deeper voices, grow hair under the arms and around the genitals, and begin to show other physical signs of sexual maturity.

In response to these physical changes, young adolescents—girls in particular—begin to be treated in a new way by their families and by society. As their sexuality becomes more apparent, girls begin to feel differently about themselves and they engender new reactions from those around them. They may no longer be seen as just children, but as sexual beings to be protected—or targeted. Parents may become overprotective or begin to allow greater freedom.

EARLY ADOLESCENCE

9-13 years old

MIDDLE ADOLESCENCE

13-16 years old

LATE ADOLESCENCE

16 years old and older

These changes are complicated by the fact that girls mature at different ages.

Boys tend to receive less information about the physical changes that accompany their transition to manhood than do girls about their maturation. For example, school classes and parents will explain menstruation, but often leave out mention of wet dreams, erections, and ejaculation when talking to boys out of fear that these topics are too sexual or controversial. Boys may start to face pressure to differentiate themselves from their mothers and from female behavior. In addition, boys often face ridicule from peers if they are slower to develop physically.

Whatever the response from the people around them, girls and boys are treated differently as they move into adolescence because they look grown up and society has specific social expectations for how young men and women should behave.

These pressures can be difficult for teens to deal with, especially without guidance and support from caring, competent adults.

To further complicate this transition, recent studies have found that for some girls, adolescence is starting earlier. While the average age of onset of menstruation is close to 12.5 years, a small but growing minority of girls, particularly African American girls, are actually beginning to menstruate as early as age 8 (Marano, 1997).

For these children, the shift in how they are treated by the people around them may be even more difficult to cope with. New data from the National Longitudinal Study on Adolescent Health has found that looking older than one actually is constitutes a risk factor for early intercourse, although it does not place one at higher risk of teen pregnancy (Blum and Kinchart, 1997).

Cognitive changes and characteristics

Most early adolescents still think predominantly in concrete terms. They relate information and experiences to what they currently know and have a hard time thinking about the future or about things they have never been exposed to. Their ability to think abstractly—to project into the future and to understand

KEYS TO EARLY ADOLESCENCE

- **significant physical/sexual maturation**
- **concrete thinking**
- **increasing influence of peers**
- **growing independence in decision-making**
- **transition from elementary to middle or junior high school**

KEYS TO MIDDLE ADOLESCENCE

- **continuing physical/sexual changes**
- **intense focus on body image**
- **beginning of capacity to think abstractly**
- **enormous influence of peers/school environment**
- **risk-taking**

intangible concepts—develops as adolescence progresses.

The fact that most early adolescents cannot think abstractly has important implications for program planning and necessitates different program approaches than would be created for older adolescents. For example, pregnancy prevention programs that ask early adolescents to picture what future opportunities would be lost by becoming a teen parent will not be very effective with young people.

Social and emotional changes and characteristics

In the early teen years, the values that children have learned from their parents begin to be tested by peers. Peers start to exert a stronger influence, and young teens will begin to be preoccupied with how their peers dress and behave. Young adolescents will start to experiment with their identity, trying out different ways of acting and seeing how people around them react to these various strategies.

Young teens also begin to enjoy more freedom to make their own decisions and may receive less ongoing supervision. Because they have little experience with the consequences of their

actions, early adolescence can be a time when risks are taken unknowingly. These young teens may not appreciate the potential impact of their actions.

Young adolescents may also experience a transition within the school setting from elementary school to middle and junior high school. Middle and junior high school brings with it increased responsibility and independence for which some young people are not prepared. For some young teens, a difficult transition to middle school and an unsuccessful middle school experience increases the likelihood that they will drop out of school. This is associated with a higher risk of teen pregnancy. Young people experiencing difficulty in school merit special attention.

Middle adolescence

Physical and cognitive changes and characteristics

Middle adolescents are portrayed most frequently in the media and thought of by most adults as the “typical teenager.” In this stage, the physical changes continue. Middle adolescents begin to develop the capacity to think abstractly, but it will be several years before those habits of thought are firmly established.

One day a middle teen is able to think long-term and project his or her thinking far into the future. The next day, he or she is back at a very concrete level, focused on the here and now, the day to day.

Social and emotional changes and characteristics

Teen girls, in particular, become extremely susceptible to the cultural messages they receive about appropriate body size and grooming. One observer of contemporary teen women comments: "In the twentieth century, the body has become the central

personal project of American girls" (Brumberg, 1997). While a large percentage of American girls report dieting behavior as early as the 4th grade, middle adolescents sometimes develop eating disorders and other body image disturbances. Increasingly, boys in our society are also receiving pressure to look a certain way and some boys are also experiencing eating disorders and other body image problems.

FIELD NOTES

Tips for working effectively with teens

Ensure that program staff are trained in adolescent development, are comfortable with adolescents, and refrain from stereotyping teens.

Allow teens to develop outreach and marketing materials for programs. This will ensure that posters, flyers, and advertisements are in teen-friendly language and are culturally appropriate.

Appreciate the pressures and issues faced by today's teens. Provide opportunities to discuss these broad struggles and not just the single issue on which a program focuses.

Be sure program hours are convenient and that appropriate stipends, food, transportation money, or incentives are offered for participation.

Assure confidentiality to teens, and let them know up front if something cannot stay confidential. Teens are more likely to open up to adults when they trust that what they say or do will remain confidential.

Coordinate efforts with other youth-serving providers to try to eliminate duplication of services and to give young people the comprehensive information, skills, and opportunities they need to successfully negotiate adolescence.

Teens' focus on physical attractiveness is heightened by the huge effect of peers on one another during this stage of development. Parents and their beliefs now may be secondary to the norms and pressures—both positive and negative—of a teenager's peer group. Research has found that groups of friends have a greater influence than a best friend and that teens who choose positive peer groups fare much better than those who choose groups that may influence them to engage in negative behaviors.

Parents can also have an effect on how teens deal with friendships. An effective parenting style in helping to moderate peers' influence is an "authoritative parenting style" that combines control and warmth (McIntosh, 1996)—that is, parents who maintain a close, warm relationship with their teen and who set and monitor reasonable limits for his or her behavior.

For many teens at this stage of development, school can become a less hospitable place. More than 80 percent of public school students in grades 8-11 say that they have been the recipient of unwelcome sexual comments or advances, usually from another student (Blum and Rinchart, 1997). More than 12 percent of students report that they have carried a weapon to

school in the past month (Blum and Rinchart, 1997).

This is particularly problematic because "school connectedness"—a student's school attendance and perceptions that she or he gets along with and is close to teachers and students, and feels that other students are not prejudiced—can protect against many harmful behaviors, such as too early intercourse, emotional distress, suicidal thoughts and attempts, violence, cigarette use, alcohol use, and marijuana use (Blum and Rinchart, 1997). Young people who are being harassed or fear violence in school settings are less likely to remain connected and feel positive about that setting and are at risk for dropping out. This, in turn, puts young people at higher risk of early and unprotected sex.

Risk-taking is often associated with middle adolescence. Adults who work with youth must keep in mind that risk-taking behavior has positive as well as negative aspects. Adolescence is an appropriate time for trying new things and taking new risks. However, adolescents have often been portrayed as taking extreme, ill-considered risks. In fact, research shows that adolescents are about as good at assessing the actual risks of a situation or action as are their parents. This recent work

KEYS TO LATE ADOLESCENCE

- **physical/sexual changes complete**
- **capacity for abstract thought in place**
- **adult cognitive functioning**
- **family influence in balance with peer influences**
- **transition to work, college, independent living**

suggests that helping parents to be better judges of risk will also help young people.

Late adolescence

Physical, social, emotional, and cognitive changes and characteristics

Late adolescence is often thought of as early adulthood in our culture. Teens in this stage

are beginning to take on adult roles and responsibilities and may be living independently from their families. The physical changes of adolescence are complete. At this stage, family influence comes into balance with messages from peers. Most older adolescents have developed a sense of identity and a sense of both their similarities and their differences from parents. Late adolescents are firmly rooted in abstract thinking. They are thinking about the future and functioning, cognitively, as adults.

Reaching all teens: programs and educational strategies

Experience over many years and types of programs has shown that a few key program techniques and basic education strategies can help to increase the effectiveness of a teen pregnancy prevention effort.

Helpful program characteristics

Provide both single and mixed-gender settings

Many communities have debated the pros and cons of programs that work exclusively with girls or boys rather than dealing with

sexuality and related issues in mixed-gender settings. Those who promote single-gender programs point out the studies on girls in the classroom, which show that young women are often interrupted by young men or are not called on to speak as frequently. Those who advocate mixed-gender settings point out that for young people to successfully navigate their relationships with each other, they must be given opportunities to practice communicating in program settings. Without these opportunities,

young women may be left without the skills they need to deal with real-life situations.

Include a diversity of teens in programs as participants and peer educators

One key skill needed by adolescents is the ability to deal with difference and diversity in an increasingly pluralistic world. Programs that use a diversity of peer educators will appeal to a wider range of young people in the community. Sexually active youth, abstinent youth, and teen parents all have powerful messages to send to other young people.

Give teens strong role models

Role models for young people can help young women resist messages about passivity and stereotypical feminine behavior, and young men resist messages that emphasize conquest.

Girl Power!, an initiative of the U.S. Department of Health and Human Services, seeks to give young women a positive set of role models and a sense of broad possibilities. Program components, which include public service announcements and other materials featuring female athletes and other role models, were developed nationally but can be used locally in communities to begin building support for strong, assertive behavior on the part of young women.

The director of the Boston's **Youth Education and Development Program**, a school-linked initiative sponsored by the Urban League, credits his four young male staffers—who dress in suits and ties, speak professionally, and do not raise their voices—with attracting to the program young men who seek to emulate them.

Help teens postpone sexual intercourse

Postponing sexual intercourse is an important goal for any program that seeks to reduce teen pregnancy. Programs that have been most successful in achieving this goal are those that begin working with youth before they become sexually active, starting as early as late elementary or early middle school.

Reducing the Risk was one of the first sexuality education curricula to be rigorously evaluated. The evaluation found that among students who had not initiated intercourse before the class, the curriculum significantly reduced the likelihood that they would have had intercourse 18 months later. Among these students, effects seem to have extended across a variety of subgroups, including whites and Latinos, and lower-risk and higher-risk youths.

Promising educational strategies

Many promising strategies and techniques can be used to develop educational components for pregnancy prevention programs.

Involve teens in their own learning

Experiential learning techniques that get participants to role play, engage in small group discussion and decision-making, or require them to experience some activity are more effective than traditional educational approaches that rely on lectures.

Help teens examine their values and beliefs

Adolescents need opportunities to examine their own beliefs and attitudes. They also need a chance to develop the skills they will need to adopt healthy behaviors. Many programs simply provide information. In order to prevent pregnancy, young people need to explore their values and attitudes about relationships, sexuality, and personal goals and to have those beliefs challenged by people who care about them. They also need the skills to refuse unwanted sexual behavior and to communicate with

members of the opposite sex. They must be able to carry out their decision to avoid sex or to obtain and use contraception.

Effective education will give young people the opportunity to practice refusal, communication, and negotiation skills. It will also give them the chance to think about what they would do if faced with a sexual situation.

Make materials and examples relevant to the audience

Some curricula give examples of what young people can do on dates, such as go to the mall or go out to dinner, but these examples will not help people living in certain areas or people who do not have any money. Other programs have scripted role-plays that may use language that adolescents find silly.

Programs need to be adapted to fit the age, geographical area, and teen culture of the participants. Even more important, programs should be ethnically appropriate and relevant.

Use instructors who are comfortable with the course material

Educators may need additional training related to sexuality, pregnancy prevention, or the particular groups with whom

THE BOTTOM LINE OF SUCCESSFUL PROGRAMS

Make them participant-centered, not planner-centered.

People remember about 10 percent of what they read and 20 percent of what they hear, but they remember nearly 90 percent of what they do.

they will work. Any program that deals with pregnancy prevention will bring up questions and issues related to sexuality. Educators must be comfortable dealing with the topics and providing referrals for further information when these issues arise.

Work with what participants already know

Repeating information that is already familiar to teens or jumping into information without laying a foundation will be ineffective. Programs should set up a mechanism for finding out about the group in advance or develop a quick assessment that can be used at the beginning of

a workshop to get a feel for what people already know and what they want to learn.

Match written materials to the literacy level of participants

Written materials for lower literacy groups should include many illustrations and appropriate vocabulary. If written materials are used as part of an exercise, the facilitator should read the selection out loud or suggest that someone in each group read aloud so that any participants who are unable to read can still get the benefit of the activity.

Reaching early, middle, and late adolescents: programs and educational strategies

Young people will turn to whatever opportunities exist that give them a feeling of being connected, important, and valued. When positive outlets do not exist, it is more likely that teens will look to less socially desirable ways of meeting their needs.

Successful youth development and enrichment programs that focus on sexuality and

pregnancy prevention need to be structured around the techniques and strategies outlined above. They also need to be focused on the specific needs and characteristics of the teens they serve. The following table describes strategies that programs can use to focus on early, middle, and late adolescents.

Early adolescents

Start programs younger. The groundwork for prevention must be laid in the early adolescent years. Early adolescents need tools and skills to deal with the messages they are already hearing.

Take concrete thinking into account. Focus on familiar, real-life situations, not abstract future possibilities (such as "what would your life be like if you had a baby"). Ask young teens to practice communication, decision-making, and negotiation skills using the situations they face every day.

Give the same information to boys and girls. Young teens need information about the other gender as well as their own. One reason for inappropriate language or activity around sexuality issues is that a person may be seeking answers to questions.

Teach about healthy and unhealthy relationships. This is a good time to help young teens think about the qualities friends should have, what healthy and hurtful friendships look like, and how to choose enhancing, not risky relationships. Program examples: **Best Friends** and **S.N.E.A.K.E.R.S.** (See Resources).

Middle adolescents

Use peer educators. Given the importance of peers for this group, peer educators can help create social norms around abstinence and contraception. Their modeling of good coping, negotiating, and decision-making behaviors can have a strong impact.

Include opportunities for safe risk-taking. Programs can provide protected settings for middle teens to take physical risks (ropes courses, field trips to new places, new types of activities) and emotional risks (role plays). These opportunities can help teens build relationships and learn about trust, responsibility, sharing feelings, expressing needs, and weighing and taking risks. Program example: **Outward Bound** (See Resources).

Help parents stay connected to their teens. Middle teens need independence as well as careful supervision. Parents struggle with finding this balance and with a sense of loss as their child grows up. Programs should allow parents to vent these feelings and provide opportunities for adults and teens to be together. Program example: **Growing Together** (See Resources).

Take cognitive changes into account. Programs need to be attuned to middle teens' shifts between concrete and abstract thinking. Hands-on learning is good; lectures are ineffective.

Late adolescents

Reach 18- and 19-year-olds where they are. Look beyond colleges. Reach late adolescents through their workplaces, churches, community organizations.

Use the media. TV, radio, advertising, print, and the Internet can be used to reach this audience and to illustrate the importance of establishing oneself before becoming a parent. Use media to publicize pregnancy prevention services and resources.

Re-cast ages 18 and 19 as part of adolescence. Most concern about teen pregnancy focuses on girls younger than 17. However, most teen pregnancies occur to 18- and 19-years-olds. Older adolescents also need the message that it is better to wait until one is established before having a baby.

Conclusion

A clear understanding and appreciation of adolescent development is necessary to implement effective prevention efforts. "One size fits all" programs are not as effective. When planning, programs need to consider the age range of participants. While the chronological ages in this chapter are general guidelines, particular teens will vary from this framework based on their experiences and background.

The key is to assess what the young people in a particular target population need, try out an intervention, and then continuously evaluate whether the program is meeting participants' needs and moving toward goals consistent with delaying pregnancy.

When programs match the developmental needs of adolescents and make use of effective teaching techniques, working with youth can be rewarding, powerful, and effective in reducing adolescent pregnancy.

References

Blum, R., & Kinchart, P.M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis, MN: University of Minnesota Division of General Pediatrics and Adolescent Health.

Brunberg, J.L. (1997). *The body project*. New York: Random House.

Marano, H.E. (1997, July 1). Puberty may start at 6 as hormones surge. *New York Times*, pp. C1.

McIntosh, H. (1996, June). Adolescent friends not always a bad influence. *APA Monitor*

National Commission on Adolescent Sexual Health. (1995). *Facing facts: Sexual health for America's adolescents*. New York: SIECUS.

Programs mentioned in this chapter

Best Friends

The Best Friends Foundation
Ann Hingston, National Program Director
4455 Connecticut Ave. NW, Suite 310
Washington, DC 20008
(202) 822-9266
Fax: (202) 822-9276
www.bfriends.org

Best Friends is a nationwide program that teaches adolescent girls about the importance of friendship and abstinence from sex, drugs, and alcohol.

Girl Power!

Eileen R. Fruch, Campaign Manager
U.S. Department of Health and Human Services
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
Fax: (301) 468-7374
www.health.org/gpower

Girl Power! is a national public education campaign sponsored by the Department of the Health and Human Services to help encourage and empower

9- to 14-year-old girls to make the most of their lives.

Growing Together

Girls Inc.—National Resource Center
Bernice Humphrey, Director, Healthy Girls Initiative
441 West Michigan St.
Indianapolis, IN 46202
(317) 634-7546
Fax: (317) 634-3024
www.girlsinc.org

Girls Inc., a national youth development program, has created **Growing Together**, a four- to five-session curriculum that seeks to delay the onset of teen sexual activity by fostering mother/daughter communication.

S.N.E.A.K.E.R.S.

Crystal Holland, Program Director
Florence Crittendon Services of Greater Washington
815 Silver Spring Ave.
Silver Spring, MD 20910
(301) 565-9333
Fax: (301) 565-0872

S.N.E.A.K.E.R.S. uses small group work to build relationships between participants and explores a variety of

aspects of growing up and forming friendships and romantic relationships.

Outward Bound

0110 Southwest Bancroft St.
Portland, OR 97201-4050
(800) 547-3312
Fax: (503) 274-7723
www.pcobs.org

Outward Bound provides many opportunities for rigorous outdoor experiences that teach young people about taking physical risks and learning about trust and responsibility.

Reducing the Risk

ETR Associates
PO Box 1830
Santa Cruz, CA 95061-1830
(408) 438-4060
www.etr.org

Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV is a classroom-tested program emphasizing that teens should avoid unprotected intercourse through abstinence or consistent and effective use of protection.

Youth Education and Development Program

Urban League
E. Franklin Miller
Program Director
Urban League of Eastern
Massachusetts
88 Warren St.
Roxbury, MA 02119
(617) 442-4519



Developing Pregnancy Prevention Programs for Girls and Young Women

by Leslie Kantor

T H I S C H A P T E R

Discusses the challenges facing young women as they navigate through adolescence, particularly with respect to gender roles and sexuality;

Suggests strategies for pregnancy prevention programs targeted to girls and young women; and

Provides references and resources for further information.

Key Ideas

in this Chapter

Help young women acquire information and skills to successfully negotiate relationships and avoid adolescent pregnancy, especially those young women at highest risk.

Work with young women as well as the people in their lives, including partners, parents, and such community institutions as schools and churches.

Pay special attention to *young* sexually active teen girls, who are at greater risk for unprotected intercourse than are older girls.

Make programs comprehensive and flexible to deal with the many influences that can lead to a pregnancy. The reasons that young women become pregnant and the choices they make when faced with a pregnancy are complex.

Be prepared to respond to girls who have specific risk factors, such as victims of sexual abuse or sisters of teen parents.

Developing Pregnancy Prevention Programs for Girls and Young Women

Teen women and the challenges of adolescence

How well do American girls progress through adolescence? Research indicates that before adolescence, girls are mentally healthier than boys. During adolescence, however, girls suffer more depression, disturbances about their appearance, eating disorders, stress, and other manifestations of distress than do boys. Girls also engage in more suicide attempts and lose ground academically.

A major challenge for adolescent girls negotiating the passage to womanhood is that gender role expectations for girls directly contradict the two skills a young woman needs to avoid pregnancy—refusing sexual intercourse or using contraception effectively. For a young woman to successfully postpone sexual behavior or engage in intercourse responsibly, she must first formulate her own preferences and then be able to assert them in her relationship with a boy or man.

What makes this particularly difficult is that adolescent women are encouraged to focus on other people's needs and

desires. As a result, they often lose touch with their own clear ideas. Carol Gilligan and other researchers have spent considerable time exploring this phenomenon. These researchers have spoken with girls across the country and have observed that adolescent girls face tremendous pressure to conform to specific ideas about femininity, including the idea that they should be agreeable and not assert their own needs, opinions, and desires.

Young women trying to negotiate this societal pressure often become unsure of themselves; even their patterns of speech change. Girls who once asserted themselves clearly may start to check everything with the person they are speaking with (punctuating sentences with "you know?") or even speak less and less.

Girls and boys often deal with the challenges of adolescence in different ways. For example, young men are more likely to be involved in violence or damage to other people or property, while young women tend toward

depression and eating disorders, behaviors that are less likely to be noticed by the people around them or by society at large. As a result, girls may not get needed attention until their problems become serious.

Teen sexual activity

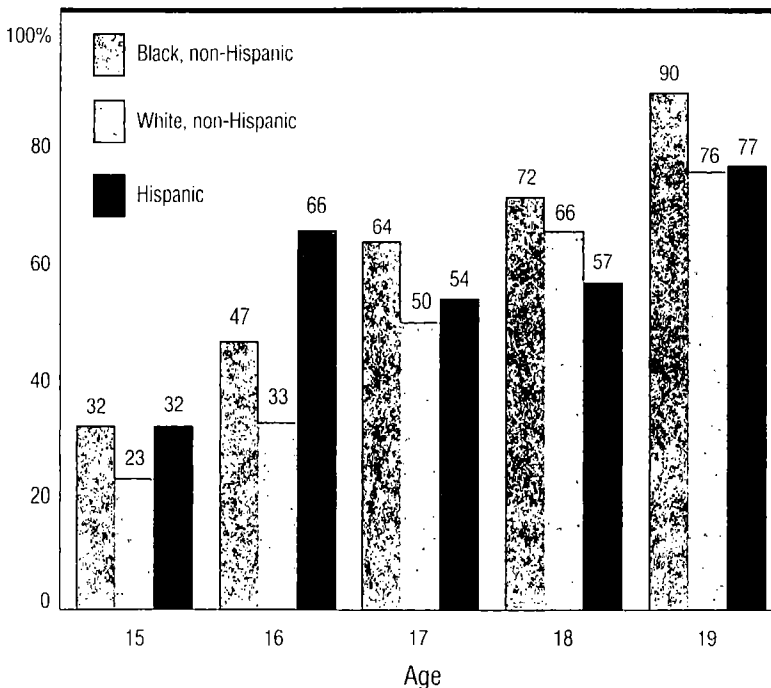
About one-half of teen girls aged 15-19 have had sex, and this proportion increases as they grow older. As the following graph illustrates, sexual activity rates among teenage girls vary by race and ethnicity. About one-third of both black and

sex, compared to one-quarter of white 15-year-olds. Among the oldest teens, about 75 percent of white and Hispanic and 90 percent of black 19-year-olds have had sex.

Teen pregnancy and birth

Rates of adolescent pregnancy and birth are major indicators of how well young women are doing in the United States. They help tell us whether young women are acquiring the support, information, and skills they need to make healthy decisions regarding their sexuality. Teen childbearing also indicates

Percent of Females 15-19 Who Have Ever Had Sex, by Race and Ethnicity



Source: Moore et al. Cross-tabulations of 1995 National Survey of Family Growth

TEEN PREGNANCY FACTS

- **almost one million adolescent women get pregnant every year**
- **one in five teen women has a child by the time she turns 20**

whether young women feel they have a future full of educational, career, and family life opportunities or whether they perceive that their circumstances provide few outlets (other than early motherhood) for self-esteem and satisfaction.

The U.S. birth rate was 62 births per 1,000 teen girls aged 15-19

in 1991, its highest point in two decades. Since then, the rate has declined by approximately 16 percent to 52.3 births per 1,000 teen girls in 1997. While this recent trend is encouraging, the U.S. rate remains at least twice that of other industrialized nations.

Developing pregnancy prevention programs for girls

Current knowledge about the cultural pressures on girls and knowledge about adolescent sexual behavior, contraceptive use, and pregnancy outcomes suggest a number of guidelines for programs centering on girls and young women.

Build healthy connections between young women and their families and communities

Promising programs for girls go beyond a focus on the young woman to an emphasis on building a healthy family and community environment around her.

Help young women build successful futures

Future orientation is a necessary component of being motivated to postpone pregnancy. Simply put,

a young person's life needs to be full of options more attractive and rewarding than early pregnancy and parenthood. Some young people may see little reason to avoid pregnancy if they live in impoverished communities with few opportunities for college or steady employment.

A number of teen pregnancy prevention programs are working to ensure young people a better future. Comprehensive programs that use a broad array of youth development strategies can help young women move toward successful futures.

The **Children's Aid Society** has developed a long-term, comprehensive approach that includes parental involvement, education, employment, guaranteed work

opportunities for all young people in the program, bank accounts, medical, health, and dental services, individual sports, creative self-expression, counseling services, and family life/sexuality education programs. All teens are guaranteed reproductive health services as needed. In certain programs, young people and their parents who participate in the program are guaranteed college admission to a school in their community.

Focus on couples, families, and communities

Many young women need support to communicate and negotiate with their boyfriends about sexual issues. Programs that work to influence community norms and support girls in behaviors that prevent teen pregnancy are helping to confront the complex factors that lead to adolescent pregnancy.

The Annie E. Casey Foundation's **Plain Talk** initiative works to engage the broader community in dealing with issues related to teen pregnancy. These programs do not try to prevent young people from exploring relationships and sexual behavior, but work to ensure that young people, their parents, and other adults have the tools to help young people avoid pregnancy. (For more information on current activities, see the Resource list at the end of the chapter.)

Programs should also work with teen couples to help them maintain responsible behaviors and communicate effectively within their relationships. Though few programs are working with couples as a unit, this approach is likely to have beneficial effects because it does not put the burden on one partner or the other and it allows both to learn the same information so that the accuracy of health messages is not an issue in the relationship. For example, many young women report that when they tell their partners to use condoms, the partner is suspicious about their motivation for doing so. Or teens have trouble knowing how to say "no" to sex. Giving couples information and interpersonal skills together is a way to help teen relationships be healthy and responsible.

Help teens to be abstinent

Helping all teens delay sexual initiation is an important pregnancy prevention strategy. Girls who initiate sexual activity at young ages are at high risk for teen pregnancy. Teens need to be reminded that not everyone is "doing it" and that there are a lot of good reasons for waiting.

Washington, DC's **Best Friends** program teaches young girls about the importance of friendship, and encourages girls to abstain from sex, drugs, and alcohol.

Discourage teen girls from relationships with much older men

An aspect of teen pregnancy that has received much attention is the age discrepancy that frequently occurs between teens who get pregnant and go on to have children and the men who father those children. Early adolescents with significantly older partners are less likely to use contraception than other teens.

Young women need opportunities to discuss the qualities of healthy and unhealthy relationships and the realities of their current relationships. Teens also need adults who will question aspects of relationships that are potentially detrimental or abusive.

Providers serving young women must be familiar with their state's existing laws related to statutory rape, particularly regarding reporting requirements. They must also determine the messages they want to communicate about the appropriateness of older male partners. Relationships between young teen girls and much older men should obviously be discouraged, and young women with older partners must be encouraged to take advantage of programs and services available to them.

Professionals in educational programs must be aware that the reasons young women enter such relationships are complex,

and range from the benign to the troubling. Programs should deal sensitively with the power differences in these relationships and understand that age differences that are acceptable between adult partners may not be appropriate for teen girls.

Work with parents, especially mothers

Mothers have a powerful role to play in helping their daughters have a healthy, successful adolescence. Research continues to affirm the importance of family connectedness to young people's health and well-being. Family connectedness means teens' feelings of closeness to their parents, their satisfaction with family relationships, and their sense of being loved and cared for. Family connectedness protects teens against emotional distress, including suicidal thoughts or attempts, smoking, alcohol use, marijuana use, and early intercourse.

Parents have the opportunity to be the primary sexuality educators of their children, and many

ONE STUDY SHOWED

- **for 15-year-old mothers, 30 percent of the fathers of their children are at least six years older**
- **for 17-year-old mothers, 18 percent of the fathers are at least six years older**

Source: Alan Guttmacher Institute, 1994

TALKING ABOUT SEX

- **one-third of 15-year-old girls in one study said neither parent has talked to them about how pregnancy occurs**
- **about half said a parent had not discussed birth control methods or STDs with them**

Source: Alan Guttmacher Institute, 1994

are. But some report that they do not have the necessary conversations because they are uncomfortable and do not know how to approach these sensitive subjects. Parents need education about how to raise issues related to sexuality throughout their children's lives and a forum to think about how they will respond to particular questions about values, sexual behavior, and their own sexual histories.

Some promising programs are working with parents to give them the information and confidence to address their children's need for sexuality information throughout their lives:

Promotoras programs run by Planned Parenthood affiliates in California and Texas train Latina mothers to speak with other mothers about sexuality and how to speak to children and teenagers about these issues.

Programs run by the Girl Scouts, Girls Inc., and other youth-serving organizations provide forums for girls and young women to communicate with their mothers.

Mother-Daughter Revolution: From Betrayal to Power,

a 1993 book by Elizabeth Debold and colleagues, provides strategies that can be developed into programs for helping mothers consider the messages they are sending to their daughters about femininity and appropriate roles for girls and women.

Deal with broader societal messages and myths

Valuable programs for girls help them understand many of the cultural influences that shape their lives; useful programs also give them accurate information about many aspects of sexuality, including abstinence and contraception.

Help young women resist negative media messages

Young women need skills to look critically at the messages being sent by the media about body image, appropriate gender roles, and relationships. For young teens, television is the major media consumed; for middle and older adolescents, music becomes predominant. On some popular television shows, girls learn that the ideal body type is thin yet buxom, and that girls ought to respond to boys with giggling and flirting. Rarely are girls shown as confident or assertive, equal to the boys and men around them.

Advertising can contribute to girls' negative feelings about

their bodies by promoting products using idealized images of the body and by featuring models who are thinner and more beautiful than most women will ever be.

Girl Power!, an initiative of the U.S. Department of Health and Human Services, seeks to give young women a positive set of role models and a sense of broad possibilities by developing public service announcements and other materials featuring female athletes and other role models.

Girls Re-Cast TV, a program developed by Girls Inc., gives teens the opportunity to look critically at the messages being sent by television and other media sources and encourages girls to advocate for new and different messages.

Learning to resist the stereotypical images of young womanhood and understanding that there are actions one can take to effect change can lead girls to feel more in control of their own lives and confident of their abilities. Programs such as those just noted can help teach young people critical skills they can use throughout their lives.

Provide accurate information about abstinence and contraception

It is not true that "everyone is doing it." In fact, about one-half

of teens aged 15-19 are not sexually active. It is important to express to teen girls that abstinence is the only 100-percent safe way to avoid pregnancy and sexually transmitted diseases. Abstinence programs that address a variety of topics, including relationships, life skills training, positive youth development, career development, and educational achievement, can help girls clarify their values and ideas about sex, love, and relationships.

Among sexually active teens, many couples fail to use contraception because of worrisome stories or myths they have heard about various methods. African American young women, in particular, may have a number of suspicions about the most effective methods because of ways that birth control has been promoted in their communities. Young women often express worries that they will gain weight on the pill, or will never be able to become pregnant later in life if they use Norplant or Depo-Provera.

CONTRACEPTIVE MYTHS AND CONCERNS

- **"The pill will make me gain a lot of weight."**
- **"I won't be able to become pregnant later if I use Norplant now."**
- **"My partner won't like it."**
- **"It's hard to use."**
- **"It will reduce pleasure."**

Others worry about how partners will react to these methods or feel that barrier methods are awkward to use and reduce pleasure and comfort. Clinic workers hear all these concerns and more—some young women have almost nothing positive to say about any method.

Programs that give young people accurate information about contraception as well as skills for discussing appropriate pregnancy prevention strategies with their partners are critical to efforts to reduce teen pregnancy.

Positive Images: Teaching about Abstinence, Contraception, and Sexual Health includes lessons and exercises to give young people information and the chance to practice refusal, communication, and negotiation skills. The lessons can be used in school or community-based settings, and can be taught as a stand-alone program or in the context of a more broadly based effort.

Provide referrals for family planning and reproductive health services

Any program addressing teen sexuality should expect that some teens will ask for help in finding reproductive health services. Even in those that stress abstinence, it is likely that some girls will become sexually active

while still in the program. It is important that sexually active young women be connected with good counseling and care. Some may elect to cease sexual activity; others will continue. However, many sexually active teens have sex less frequently than adults would guess, sometimes only a few times a year.

Even if staff anticipate little need for reproductive health services, advance planning and decision-making will help programs deal with participants consistently and effectively. Preparation can include:

- creating policies on referrals for family planning and other reproductive health services and informing participants and parents of these policies;
- reviewing national and available local data about the onset of intercourse; even programs for middle school students will include some young people who are sexually active and who will need preventive clinical services; and
- developing referral lists and, when possible, cultivating relationships with referral sources so young people can get accurate, complete information about available services, fees, and other issues.

Tailor programs for young women with special needs

Given the societal pressures young women face, it is clear that all young women need some assistance in successfully avoiding too-early pregnancy. However, several groups of girls have particular needs and will benefit from more intensive programming.

Young women who have experienced sexual abuse

Programs should expect that some female participants will have been sexually abused. This is especially likely to be true among young sexually active girls. Experiencing sexual abuse can lead to higher pregnancy risk in a number of ways. Young women who have learned about sexual behavior from nonconsensual experiences may learn patterns that make them more prone to repeated victimization. They may feel that it is normal to give into the sexual demands of men. They need to learn about what is appropriate and inappropriate in a relationship.

Sexual abuse is also linked to school performance problems and school dropout, which are associated with teen pregnancy. Young women who have been abused may also use alcohol or drugs to deal with the pain of their experiences, and this can lead to unsafe sexual situations.

RESEARCH SHOWS

- **74 percent of young women who had intercourse before age 14 reported having had intercourse involuntarily**
- **7 percent of all young women ages 15-19 report that their first sexual experience was not voluntary**

*Sources: Alan Guttmacher Institute, 1994;
Moore et al., 1998*

Thus, these young women have a cluster of needs and issues that place them at particularly high risk of adolescent pregnancy.

Programs for sexually abused teens will need to be more intensive and long term than interventions for other young women. Professionals serving this population will need to be particularly sensitive about trust, because early sexual abuse often takes place with family members or other people who are known to the young woman. Only skilled staff with training in dealing with sexual abuse survivors should work with this population and attempt to deal with their myriad issues.

Daughters and sisters of teen mothers

Young women whose mothers were themselves teen parents are much more likely to become teen mothers themselves. Similarly, the younger sisters of teen mothers are also at higher risk of becoming teen mothers. There are a number of reasons for this:

- Because sisters are raised in the same household, some factors that contributed to the older sister's pregnancy will also be part of the younger sister's experience.
- Younger sisters may be socialized toward early motherhood through the experience of caring for an older sister's baby.

Younger sisters of teen mothers may be identified through programs serving pregnant and parenting teens and can benefit from intensive interventions.

Young women with disabilities

Although there are no data showing that young women with mental or physical disabilities have higher rates of teen pregnancy than other teens, these girls have special needs that warrant attention. Often, young women with disabilities are assumed to be uninterested in or incapable of engaging in sexual behavior.

Programs that provide information on sexuality tend to assume that sexual activity will be forced on young women with disabilities and that they will not have their own desires to form relationships and explore sexual intimacy. Sometimes, materials for people with disabilities are extremely explicit, out of concern that young people must avoid sexual victimization.

Young women with disabilities need to be seen as sexual, with the same developmental needs as other adolescents. However, programs must be crafted to their particular needs. Care must be taken not to confuse physical disabilities and mental disabilities.

Meet the special needs of parenting teens

Data have shown that teen mothers with more than one baby have a difficult time finishing high school. Services for

FIELD NOTES

Considerations in working with girls

Pay attention to the values girls express about motherhood and education—programs should help girls examine the relationship between these often conflicting aspects of life.

Become familiar with the way gender roles are defined, particularly in different cultures.

Stay open and ask questions—programs should try to broaden their view of young women and their cultural background and values.

parenting teens tend to focus on the needs of the baby, ignoring the fact that young mothers need information and education, too.

The good news is that the rate of second births to teens has also declined—by 21 percent between 1991 and 1996. While numerous programs have worked to reduce the rate of second births to teens, few have been proven successful. To help adolescent mothers avoid another pregnancy, communities should pursue several strategies.

Help young mothers stay in school or return to school

Completing high school is essential to the economic well-being of both the teen mother and her baby. To support continued school participation, services—including child care, transportation for both mother and baby, and social services—need to be in place. Social services should be accessible, either by being located at the school or by being easily reached outside of school hours.

The **Program for Pregnant and Parenting Teens** is a multi-service program under the Superintendent of Alternative High Schools, Adult and Continuing Education of the New York City Board of Education. Designed to assist pregnant and parenting adolescents to graduate

YOUNG MOTHERS NEED EDUCATION ABOUT...

- **skills for negotiating contraceptive use in their relationships**
- **the consequences of having a second child while still an adolescent**

from high school, this varied program includes health care facilities for students at risk of dropping out of school (Babygram Program), five alternative school programs for pregnant and parenting teens (Family Centers), 41 on-site infant-toddler day care centers, and the Teenage Outreach Pregnancy Prevention Program. A teen parent resource center provides staff development, ongoing field support, and student leadership and empowerment training.

Include the teen mother's partner

Many policies and programs ignore the role of the baby's father and assume that teen mothers are unattached. Keeping the young father involved can be key to reducing parenting pressure on the young mother, improving parenting, and providing economic stability. Partners of teen mothers need to be counseled about not causing additional teen pregnancies.

Conclusion

Young women in our society face many challenges in negotiating the passage from childhood to adulthood. Pressures from peers, the media, and society at large encourage young women to be agreeable and meet the needs of others. To successfully resist too-early sexual intercourse, pregnancy, and early parenthood, young women must be given the information and skills

they need and they must have opportunities to participate in effective programs taught by well-trained, accessible adults.

Using what is known about young women's development and effective programming, communities can implement learning opportunities for young women that ensure a successful passage to adulthood.

References

- Blum, R., & Kinchart, P.M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis, MN: University of Minnesota Division of General Pediatrics and Adolescent Health.
- Brumberg, J.J. (1997). *The body project*. New York: Random House.
- Debold, E., Wilson, M., & Malave, I. (1993). *Mother-daughter revolution: From betrayal to power*. New York: Addison-Wesley Publishing Company.
- D'Enillio, J., & Freeman, E. (1988). *Intimate matters: A history of sexuality in America*. New York: Harper and Row.
- East, P.L. (1998). Breaking the cycle of teenage pregnancy: Prevention opportunities focusing on the younger sisters of teen mothers. *Education and Urban Society*, 30(2), 151-171.
- Geronimus, A. (1997, Fall). Teenage childbearing and personal responsibility: An alternative view. *Political Science Quarterly*, 3, 405-430.
- Gilligan, C., Taylor, J.M., & Sullivan, A.M. (1995). *Between voice and silence: Women and girls, race and relationship*. Cambridge, MA: Harvard University Press.
- Luker, K. (1996). *Dubious conceptions: The politics of teenage pregnancy*. Cambridge, MA: Harvard University Press.
- Michael, R.T., Gagnon, J.H., Laumann, E.O., & Kolata, G. (1994). *Sex in America: A definitive survey*. New York: Little Brown and Company.
- Moore, K.A., Driscoll, A., & Lindberg, L.D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Murray, B. (1996, November). Self-esteem varies among ethnic-minority girls. *AFA Monitor*.

The Alan Guttmacher Institute. (1994). *Sex and America's teenagers*. New York and Washington: Author.

Programs mentioned in this chapter

Best Friends

The Best Friends Foundation
4455 Connecticut Ave., NW
Suite 310
Washington, DC 20008
(202) 822-9266
Fax: (202) 822-9276
www.bfrinds.org

Best Friends is a nationwide program that teaches adolescent girls about the importance of friendship and abstinence from sex, drugs, and alcohol.

Children's Aid Society

Dr. Michael Carrera, Director
National Adolescent Sexuality
Training Center
350 East 88th St.
New York, NY 10128
(212) 876-9716
Fax: (212) 477-3705
email: casntc@ibm.net

"Girl Power!"

Eileen R. Fruch, Campaign Manager
U.S. Department of Health and
Human Services
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
Fax: (301) 468-7374
www.health.org/gpower

"Girls Re-Cast TV" and "Preventing Adolescent Pregnancy"

The National Resource Center of
Girls Inc.
441 W. Michigan St.
Indianapolis, IN 46202
(317) 634-7546 ext. 24
Fax: (317) 634-3024
blumphrey@girls-inc.org
www.girlsinc.org

Program for Pregnant and Parenting Teens

Marie Torchia, Principal
NYC Board of Education
22 East 128th St.
New York, NY 10035
(212) 427-5060
Fax: (212) 831-7302

Plain Talk Initiatives—5 sites (Hartford, Seattle, New Orleans, San Diego, Atlanta)

Cheryl Boykins
Plain Talk Coordinator
Center for Black Women's Wellness
477 Windsor St., SW, Rm. 309
Atlanta, GA 30312
(404) 688-9202
Fax: (404) 880-9435

Angela Winfrey
Plain Talk Initiative
812-814 St. Andrew St.
New Orleans, LA 70130
(504) 524-1700
Fax: (504) 529-1798

Marta Flores
Plain Talk Coordinator
Logan Heights Family Health Center
1643 Logan Ave.
San Diego, CA 92113
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Fax: (619) 239-5178

Howard Martin
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10041 6th Ave., SW
Seattle, WA 98146
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Flora Parisky
Chief Operating Officer
Hartford Action Plan on Infant Health
30 Arbor St., North
Hartford, CT 06106
(860) 236-4872
Fax: (860) 232-8321

Debra Delgado
Senior Associate
The Annie E. Casey Foundation
701 St. Paul St.
Baltimore, MD 21202
(800) 222-1099
Fax: 410-223-2983

These **Plain Talk** programs, funded by the Annie E. Casey Foundation, are currently developing publications describing the various program components and lessons learned from each of the communities in the course of implementing their multicomponent interventions. The Annie E. Casey Foundation is also developing a *Voices from the Field* document to provide the residents' and local partners' perspectives on working together to improve adolescent reproductive health outcomes. In addition, most of the sites are producing manuals that describe local strategies, implementation challenges, and outcomes.

"Positive Images" curriculum
Planned Parenthood of Greater
Northern New Jersey
Center for Family Life Education
575 Main St.
Hackensack, NJ 07601
(201) 489-1265
Fax: (201) 489-8389
www.plannedparenthood.org

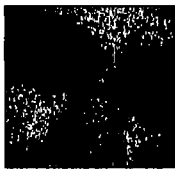
**"Promotoras" Programs—
3 sites (Los Angeles, San Diego,
McAllen TX)**
Planned Parenthood of Los Angeles
Melinda Cordero, Coordinator
1920 Marengo St.
Los Angeles, CA 90033
(213) 223-4462
Fax: (213) 225-5844
www.planparent-socal.org

**Planned Parenthood of San Diego
and Riverside Counties**
Maria Miercz, Coordinator
1075 Camino del Rio South
Suite 200
San Diego, CA 92108-3538
(619) 683-7545 x133
Fax: (619) 291-0255

**Planned Parenthood Association
of Hidalgo County**
Martha Leos, Education Director
1017 Pecan
McAllen, TX 78501-4345
(956) 686-0587
Fax: (956) 618-3718

"Younger Sisters" Programs
California Department of
Health Services
Maternal and Child Health Branch
The Adolescent Sibling Pregnancy
Prevention Program
Terrence Smith, M.D.
Program Policy Section Chief
(916) 657-1363
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Involving Teen Boys and Young Men in Teen Pregnancy Prevention

by John Hutchins

T H I S C H A P T E R

Explains the increasing focus on boys and young men as a key element of pregnancy prevention efforts;

Provides background on the sexual behavior and contraceptive use of boys and young men;

Suggests strategies for involving boys and young men in pregnancy prevention efforts;

Provides references and resources for further information.

Key Ideas

in this Chapter

Most young men want to be sexually responsible.

Teen sexual activity has leveled off—perhaps even decreased a bit—and condom use has increased. Most teen males agree that they *should* discuss contraception before sex, use contraception to protect against unwanted pregnancy, and take responsibility for a pregnancy.

Boys influence girls' sexual behavior. It is not enough to teach girls about sex and sexual decision-making if boys are not learning the same things.

Male involvement is a philosophy—not a program.

It means making males a part of teen pregnancy prevention efforts, making programs comfortable for males, and making efforts to reach young men and boys who do not attend programs.

Go to where boys and men are. Use employment, job training, or sports as a way to connect with young men. Pregnancy prevention work can be done informally in community settings.

Help teen males define what manhood is. Many of the ideas teen males hold about what it means to be a man and to relate to a woman increase the chances of unintended pregnancy and other relationship problems. Challenge those ideas and help young men come to a clearer sense of who they are as men.

Involving Teen Boys and Young Men in Teen Pregnancy Prevention

The increased interest in teen boys and young men

Long a neglected piece in the teen pregnancy puzzle, boys and men are increasingly recognized as a key part of prevention efforts. Much has happened in just the last few years:

- Forty states are implementing or planning to implement strategies to prevent unwanted or too-early fatherhood, according to the National Center for Children in Poverty.
- More than half these states are adopting school- or community-based initiatives, often by adding a male component to existing activities to prevent teen pregnancy. Several states report developing curricula for middle school students to teach responsible fatherhood.
- Some family planning clinics that have traditionally served girls and women are now teaching young men to be effective users of contraception.
- Community-based programs, led by adult men, are helping adolescent boys negotiate the difficult passage to responsible manhood.
- Male juveniles in the criminal justice system are being included in prevention efforts.
- Media campaigns are encouraging teen boys to abstain from sex and to use contraception if they are sexually active.
- Led by a broad initiative in California, seven states are enforcing statutory rape laws against adult men involved with much younger minor girls as a way to reduce teen pregnancy.

This new focus on the male role in teen pregnancy prevention comes at a time of renewed interest in the importance of responsible fatherhood. States and the federal government have stepped up child support enforcement and efforts to

The author is indebted to Knitzer et al. (1997), Moore et al. (1997), and Sonenstein et al. (1998), whose work is the basis for much of the material in this chapter.

establish paternity. Family service providers whose programs have traditionally focused on mothers and their children—such as Head Start—are beginning to reach out to include fathers. A grassroots fatherhood movement has emerged, led by small, community-based support groups for fathers as well as by national initiatives like the National Fathers' Network for

fathers of children with disabilities, the National Fatherhood Initiative, and Vice President Gore's Father-to-Father Initiative. In addition, in the wake of the HIV epidemic and increases in other sexually transmitted diseases, public health efforts increasingly encourage males to be more consistent users of condoms.

10 reasons to include boys and men in teen pregnancy prevention

1. It takes two to create a pregnancy.
2. Boys and men should be held responsible for their sexual behavior. Just because they cannot get pregnant does not mean they should be irresponsible.
3. Boys and men want to be more responsible about their sexual behavior. In one recent survey, more than 90 percent of teen males agreed that male responsibilities include talking about contraception before sex, using contraception to protect against unwanted pregnancy, and taking responsibility for a child they father.
4. Most boys and men are more likely to make better decisions about sex if they are given reasons to do so and are treated with respect.
5. Male partners strongly influence what decisions teen girls make about sex and contraception, especially when they are older than the teen girl.
6. Older men who become sexually involved with much younger minor girls can be held criminally accountable through statutory rape laws.
7. Prevention programs that provide mentoring and youth development activities can help young men by offering education, skills, employment opportunities, and hope, all of which build self-respect.
8. Building young men's self-respect helps them respect their partners.
9. Older teens and adult men are an untapped resource as leaders for teen pregnancy prevention programs.
10. Involving boys and men makes programming for girls more effective by addressing both sides of the teen pregnancy equation.

Source: Sonenstein et al., 1998.

Boys and men, sexual behavior, and teen pregnancy

Reaching out successfully to boys and men requires knowing how males think and react. And how they think depends, in part, on how old they are. For example, teen boys age 14 and under are less likely to feel the "male invulnerability" of middle adolescence and are more likely to listen to what their parents or other adults say. By their late teens, males generally develop a more realistic sense of the risks of irresponsible sexual behavior.

Of course, boys and young men differ in many ways—class, race, family environment, and where they live. They share a lot as well, including a similar search for their place in the world. Throughout their teenage years, young men are developing a sense of identity—in terms of gender (what does it mean to be a man?), vocation (what skills do I have? what work can I do?), and relationships (whom will I love? who are my friends?). They strive for autonomy and independence, yet need to stay connected with their families. They learn more abstract modes of thinking and gradually develop the ability to weigh present gains against future costs.

Results from recent surveys of both teen boys and girls tell much about men's and boys' sexual behavior and attitudes and have important implications for male involvement programs (Moore and Driscoll, 1997; Moore et al., 1998; Ooms, 1997; Sonenstein et al., 1998).

Sexual activity

Although rates of sexual activity among teens have leveled off in recent years, males continue to become sexually active at young ages. More than half of all males 15 to 19 years old have had sexual intercourse. Among 19-year-olds, 85 percent of males have had sex, while only 77 percent of females have. Teen males who have used drugs, been involved with crime, or are behind in school are more likely to be sexually experienced at younger ages.

Teen males tend to be quite monogamous. Most sexually experienced teen males have no

**FOR MORE INFORMATION
ABOUT ADOLESCENT
DEVELOPMENT...**

**See Chapter 2 (Volume 1),
"Tailoring Pregnancy Prevention
Programs to Stages of
Adolescent Development."**

more than one sexual partner in a year. Only 20 percent have three or more partners a year.

There are differences regarding sexual activity by racial and ethnic groups. For instance, African American males tend to initiate sexual activity earlier; they are also a bit more likely to use condoms.

Contraceptive use

Perhaps the greatest recent change in teen males' sexual behavior has been their increased use of condoms. Between 1988 and 1995, condom use at first intercourse by males aged 15-19 increased from 55 percent to 69 percent. Nonetheless, about half do not use condoms every time they have sexual intercourse. It is unclear whether the increased use of condoms is related to fear of HIV or concern about causing a pregnancy.

In recent surveys, teen males acknowledge a clear sense of responsibility for contraceptive use (Sonenstein et al., 1998).

More than 90 percent of teen males agree that male responsibilities include talking about contraception before sex, using contraception to protect against unwanted pregnancy, and taking responsibility for a child they father.

Although most teen males report being fairly comfortable using and talking about condoms, many also say they are embarrassed buying them and are concerned about reduced physical pleasure.

Age differences between teen girls and male partners

On average, the male partners of teen girls tend to be only two to three years older—an age difference common among older couples, too. Most sexually experienced *teen* males have sexual partners close to their own age—the average age difference is less than six months.

Most adult men who have sex with teens are in their early twenties and their partners are likely to be 18 or 19 years old. Nineteen percent of men ages 20 and 21 report having sex with a minor female in the last year; most of the girls were 17 years old. About one-quarter of sexually active men ages 22 to 26 report have sex with a teenage female in the past year; however, only 4 percent had sex

TEEN BOYS AND PREGNANCY

- **about 14 percent of sexually experienced males aged 15-19 report having caused a pregnancy**
- **6 percent say they have fathered a child**

with a minor. Nonetheless, some teen males—and some young men—have sex with significantly younger girls.

WHEN DOES AN AGE GAP BECOME A PROBLEM?

The wider the age difference between a girl and her partner, the more likely that first sex was involuntary or unwanted

Developing pregnancy prevention programs for boys and young men

While most male involvement programs are too new to have been properly evaluated, experienced practitioners have learned a thing or two about what strategies work best—and what pitfalls to avoid. Male involvement initiatives in teen pregnancy prevention come in several varieties:

- programs exclusively for teen boys and young men;
- male-focused additions to programs that primarily serve teen girls;
- media campaigns encouraging responsible male behavior; and
- programs that encourage young unwed fathers not to cause additional pregnancies.

The experience of these programs suggests that whatever form the male involvement effort takes, the following principles are important guideposts.

Get to know young men, their families, and their communities

Good programs find out about young men, their families and their communities before they even begin to develop activities and outreach strategies. To be effective, these information-gathering activities need to involve members of the community directly. This has important benefits for all concerned. Community members, for example, are often able to:

- share their valuable perspectives and insight; and
- learn about a program and its goals and objectives and, as a result, become a program's best advocate.

Programs benefit because these information-gathering activities allow them to:

- consult with parents—a group often excluded—as they

develop their teen pregnancy prevention efforts; and

- learn about other agencies and programs in the community, thus paving the way for collaboration and effective outreach to teens and young men.

Brothers to Brother, a family life education and peer mentoring program, works with African American 9- to 14-year-old boys in Wake County, North Carolina, public housing projects and middle schools. In its early days, staff members went door-to-door to tell community members about their plans. Today, the program is well-established, serving 100 young men a year. Brothers to Brother also hosts two Parents Days as part of its family life education curriculum.

Conducting a neighborhood survey, convening focus groups of teens and adults, or creating a panel of teen advisors are all good ways to find out about the boys and young men in a community. The box on the opposite page provides a checklist of topics to cover.

Collaborate with other agencies

The most promising male involvement initiatives embed themselves in their communities by creating partnerships with local leaders, parents, service agencies, schools, churches,

youth development programs, and other community institutions. Collaboration builds constituencies for a program, generates a network of referrals, and creates credibility in the community, which can be invaluable when trying to maintain funding, a constant struggle for these programs. For initiatives not affiliated with health programs, for example, it is critical to be able to refer males to reproductive health services.

Collaboration is made easier when programs go to groups and experts in their community who have already developed networks of young men.

Project Alpha, a pilot project in San Jose, California, sponsored by a national college fraternity, began by getting support from local teen service organizations, churches, Planned Parenthood, the Native American Community Center, and the African American Community Center.

Actively reach out to teen males and young men

Most teen pregnancy prevention programs for both boys and girls are either in schools or linked to them. While school may offer a captive audience of teens, school-linked teen pregnancy prevention programs do not reach the late-teen and adult partners of teen girls. Nor do they reach younger

CHECKLIST

Learning about young men in the community

- ☐ What are the local rates of teen pregnancy and single-parent births?
- ☐ What issues are young men interested in?
- ☐ Where do young men hang out?
- ☐ What programs and activities are currently available to males?
- ☐ What is the job situation for young men like in the community?
- ☐ What do parents and other adults in the community worry most about in relation to boys and young men?

teens who have dropped out or attend alternative schools.

To reach such boys and men—and as a general recruitment strategy—male involvement programs should consider adopting inventive outreach strategies that appeal to young men's interests—using employment, job training, or recreation services as a means of connecting participants to programs focused on reducing teen pregnancy.

Sports activities

Many young men participate in athletic activities, both in and out of school.

Male staff members at **Hablando Claro** in San Diego have initiated discussions about sex and responsibility on buses while traveling to sporting events.

The **Healthy Teens Center** in Landover, Maryland, offers free sports physicals for middle school and high school boys.

Once in the clinic, the staff draw them into discussions of sports stars' good and bad sexual behavior and offer them reproductive health information. The male involvement coordinators recruit teen males on basketball courts and in community centers.

Clubs or youth groups

Some programs partner with existing clubs or start their own youth groups.

Planned Parenthood of Southern New Jersey's **Teens On Track** hosts teen nights, cultural events, and basketball and swimming leagues at a local YMCA. Before each event, participants attend a one-hour program, including informal rap sessions, outside speakers, and workshops on male responsibility, self-esteem, and communication. This program found that although the teens may come for the fun activities, they'll also participate in a lively, relevant discussion.

Employment and job training efforts

Unemployed young men and school dropouts are particularly at risk for teen pregnancy. Some programs reach this population through job training and employment activities.

The **Young Dads Program** of the Employment Action Center in Minneapolis, which works primarily with unemployed and home-

BEST PLACES TO REACH TEEN MALES

- **school**
- **sports activities**
- **clubs and youth groups**
- **employment and job training activities**
- **criminal justice efforts**
- **drug treatment programs**
- **health care centers**

less young fathers, focuses first on employment training, then draws participants into education about parenting and health.

Criminal justice and drug treatment programs

Many young men in trouble with the law or in drug treatment can benefit from male involvement programs.

Planned Parenthood of Nassau County, New York, takes its **Male Involvement Program** workshops into group homes for boys, substance abuse programs, runaway homes, and juvenile detention centers in an effort to target high-risk males.

The **Teen Parenting Skills** project in Albuquerque's Bernalillo County Juvenile Detention Center attracts incarcerated teens to the program with the incentive of more visits with their girlfriends and family. They seek to make the teens "family men," more responsible in all aspects of their lives.

Health care centers

According to surveys, although most young men have received medical care in the last 12 months, doctors and nurses are the least frequent sources of contraceptive information for them. Practitioners say that young men are less likely to get preventive health care than are young women.

Baltimore's Healthy Start, which provides prenatal care, pediatric care, and family planning to low-income families, has made men a central focus of its mission through its **Men's Services Program**.

Focus programs on the audience

Tailoring pregnancy prevention programs to the audience means recognizing that males at different stages of development respond to different approaches. It also means ensuring that the program is truly male-friendly and not just a casual add-on to a program fundamentally designed for girls. The checklist on the next page highlights aspects of programs that can help boys and young men feel welcome and at home.

Tailor programs to the age of participants

Scare tactics about AIDS, other sexually transmitted diseases, or pregnancy are unlikely to motivate a 15-year-old who feels invulnerable. Keeping the developmental stages of adolescence in mind when crafting content and approaches can help ensure success.

In Washington, DC, the **Male Youth Enhancement Project** of Shiloh Baptist Church runs an after-school program for African American males, mostly from low-income homes. Boys of

Making sure a program is male-friendly

- ☐ Does it employ male staff or recruit male volunteers?
- ☐ Are female staff comfortable working with men and boys?
- ☐ Do program messages affirm the value of men?
- ☐ Do staff avoid using judgmental language about males?
- ☐ Is the program site inviting to boys and men? Are there pictures of young men on the walls?
- ☐ Can young men get to the program easily? Does the program offer activities that attract young men?
- ☐ Are participants recruited in places where young men hang out?
- ☐ Are young men in the program planning group?

various ages work on their homework for the first hour, then break into life skills workshops grouped by age:

- 8-10—focusing on doing well at home and in school and growing up without a father at home;
- 11-13—focusing on communication and decision-making, sexuality, and peer teaching; and
- 14-18—focusing on a 16-part Rites of Passage program, including sexuality, contraception, job training, financial management, community service, and African American history.

Reach boys by late elementary or early middle school

Waiting until a young man reaches mid-adolescence is usually too late. For example, by age 15, boys begin to reject messages about postponing sexual involvement and they may also begin to believe that they “know everything” about contraception. Programs need to get to them early—before they become sexually active.

The **Not Me, Not Now** media campaign in Monroe County, New York, which promotes sexual abstinence for teens, targets middle-school aged boys and girls.

Provide male-only discussion time and services

Many young men are shy about discussing sexual issues and reproduction, particularly in the presence of women. According to many practitioners, this means keeping things male-only, at least for part of the program.

The Young Adult Clinic in New York found that the only way to get men and boys in the door was to create the **Young Men's Clinic**, a men-only session held once a week at night.

Recognize the full potential of staff and volunteers

Program staff and volunteers do more than organize programs and lead activities. Just by being themselves, they can have a strong and positive impact on a program's ability to attract, keep, and influence the teen boys and young men who participate.

Use older boys and men as mentors and role models

Young men, especially those without a strong male figure in their lives, respond well to program staff and volunteers who offer positive models of responsible manhood. Local men also offer a critical link to the community.

Always on Saturday, a Hartford, Connecticut, program that serves low-income, minority teen boys, found a local gang

violence expert who volunteered to negotiate an agreement with gang leaders to leave program participants alone.

Recruit peers to deliver the message

Programs should take advantage of the fact that teens listen to what their peers say. Training peers to work in program activities can be an effective strategy.

HiTOPS (Health-Interested Teens' Own Program on Sexuality)

in Princeton, New Jersey, uses peer leaders to run entertaining and educational co-ed programs on sexuality, contraception, and date rape. HiTOPS invests heavily in training, taking new peer leaders on a retreat to build cooperation, trust, and a strong, supportive group.

Use positive messages with boys and young men

The language of teen pregnancy prevention can be off-putting to young men—especially if it implies all men are predatory. Even seemingly neutral language may not appeal to teen boys. For example, Iowa's **It Takes Two** program uses the term "male investment" rather than "male responsibility" to avoid the assumption that males are irresponsible.

The best messages appeal to boys' and men's hopes—for instance, "Be Proud, Be

Responsible, Be a Man," from California's state-wide male involvement program. Messages should be playful, entertaining, and nonthreatening; be jargon-free; and use clear, concise, and concrete language.

Target the message to young men's primary needs

Working with young men means understanding and valuing their perspectives. It's important to realize that teen pregnancy prevention may not be the first thing on the minds of boys, especially those most at-risk—those who are homeless, unemployed, or substance abusers.

Educators in the Male

Outreach Program of the Valley Community Clinic in San Fernando Valley, California, found that it is sometimes better to talk first about protection from sexually transmitted diseases—a more real concern for boys than pregnancy.

In communities beset by violence, programs should deal directly with young men's fatalism and the sense that they must become fathers before they die, which, they feel, could occur at any time.

Recast manhood as respect for self, family, and community

Any male can have sex, but a man demonstrates sexual

A KEY MESSAGE FOR YOUNG MEN

Male responsibility means respecting women, but first it means respecting one's self.

responsibility. Program practitioners report that young men are hungry to learn what it is to be a man. That is why rite-of-passage programs have become popular in many communities.

In Los Angeles, the **Hombres Jovenes Con Palabra** program, which serves Latino males aged 13 to 25, uses the traditional Latino concept of "El Hombre Noble," which redefines "manhood" to mean taking responsibility for one's family and community.

The **Young Dads Program** in Minneapolis works first to get young men to feel good about themselves, the first step in valuing others and maintaining responsible health behavior.

Many youth development programs offer teens opportunities to perform community service. By giving something back, young men can earn self-respect and self-esteem.

Help young men to be abstinent

Not all teens are sexually active—especially those who are still in school. In fact, one national survey shows that only 27 percent of 15-year-old boys have ever had sex (Moore et al., 1998). Helping teen boys delay sex is an important way to prevent teen pregnancy.

True Love Waits, a program developed by the Southern Baptist Church, encourages young people to be sexually abstinent until marriage.

Help teen males overcome their concerns about condom use

While most sexually active young men have used condoms, many do not do so consistently. Some are embarrassed about buying condoms or discussing them with their girlfriends. Some say they are concerned that condoms will reduce their physical pleasure.

Help boys and young men connect sex with fatherhood

Because boys and young men do not become pregnant, it's easy for them to disassociate sex and fatherhood. Reestablishing that connection is an important element of successful pregnancy prevention efforts.

Dads Make a Difference, a school-based, peer-led paternity education program in Minnesota, found through focus group research that teens did not connect sex with parenthood. This led the program to develop teen male/female pairs to run discussions on the consequences of early sexuality. The peer leaders describe in detail the legal,

financial, and emotional responsibilities of fatherhood.

Speak the cultural language of participating boys and men

Teens tune out messages that do not sound credible. A message that reflects a teen boy's culture gains credibility and depth of meaning. Programs should ask questions and learn what boys and young men think about what it means to be a man—every culture has its own perspective.

Los Compadres in Santa Barbara, California, teaches Latino young men the true meaning of machismo—that is, being a responsible man.

Baltimore's Rites of Passage

Collective draws upon African concepts of social hierarchy and respect for elders in its rituals of manhood development.

Teach young men to understand, communicate with, and respect women

Supervised mixed-sex peer groups help boys and girls learn to respect each other and communicate in nonsexual ways, according to some experts. Some male-only programs also instruct young men about how to communicate better with girls and women.

A recent increase in dating violence in the community led **Wise Guys**, an abstinence-based program of the Family Life Council of Greater Greensboro, North Carolina, to add a focus on sexual abuse.

POSSIBLE SOURCES OF FUNDING

- **traditional teen pregnancy funding**
- **Weed and Seed grants for local housing authorities**
- **national fraternities**
- **AIDS education funding**
- **state and federal child support enforcement grants**
- **agricultural extension money**
- **federal and state juvenile justice grants**
- **private foundation funding**
- **Temporary Assistance to Needy Families funds**
- **Title XX**
- **Title X**

Be creative to stay afloat

Male involvement programs face several unique hurdles as well. Boys and men can be hard to reach and harder to keep in a program. It is important for programs to be both flexible and persistent in recruitment strategies. And because men and boys can be a reluctant population to serve, investing in high quality front-line staff is essential.

In addition, little federal, state, or private funding is earmarked specifically for programs to work

with teen boys and young men in pregnancy prevention. Male involvement initiatives must be creative in securing support from a wide variety of sources.

Some funding, however, has become available. In 1998, the Office of Population Affairs at the U.S. Department of Health and Human Services awarded ten new research grants, through the Title X Family Planning Program, to support community-based organizations in developing, implementing, and testing approaches for involving young men in family planning education and reproductive services programs. Examples of these programs include:

The **Fifth Ward Enrichment Programs' Adolescent Life Project** in Houston targets inner-city minority male youth, ages 9-19, who are in school. Most have experienced either academic or behavioral problems. The project uses a comprehensive approach to provide reproductive health education and referrals, including mentoring by role models who help in decision-making about reproductive health issues; community service; cultural and recreational activities; and life skills instruction, specifically providing information about health and reproductive issues.

Youth Opportunities Unlimited, Inc., in Marks, Mississippi, operates the **Boyz-to-Men Male Mentoring Program** for 10- to 14-year-old males in three rural school districts. This project provides education in reproductive health, family planning, responsible fatherhood, and self-esteem through mentoring, community service, and recreational and cultural activities. Youth mentors, aged 15 to 18, are paired with adult mentors. Together, each pair provides counseling to five younger adolescents on male sexual health, family and community responsibility, and education, job, and career opportunities.

The **El Joven Noble Male Responsibility Project** at the Bienvenidos Children's Center, Inc., in Altadena, California, targets young males aged 16-25 years, focusing its efforts on an underserved and high-risk Latino population. The Project offers activities in three areas: prevention, culturally-appropriate family planning services, and adult males as community educators and supporters. The "Hombres Jovenes con Palabra" curriculum has been piloted and revised to meet the needs of the project's population in preventing unintended pregnancy and STDs and in promoting male responsibility. Substantial effort is being put in to developing a local kinship network.

The National Organization of Concerned Black Men's **Peer Education and Reproductive Counseling for Young Men Project (PERCY)** targets young males in the third to eighth grades living in the District of Columbia; Alexandria and Richmond, Virginia; and Willingboro, New Jersey. The project is focused on increasing young males' knowledge of human anatomy and sexuality and the risks of early sexual

involvement and adolescent parenthood, as well as on developing skills with respect to decisionmaking, effective communication, and responsible behavior. Educational sessions are held not only for the young males but also for their parents, adult volunteers, and the older adolescents who provide mentoring and peer counseling. Referrals for health and social services are available.

Conclusion

Involving boys and men in teen pregnancy prevention is challenging. Being successful requires more than just hiring male staff and developing a few new programs; it means putting the issue of male responsibility at the center of prevention efforts

and bringing a male-friendly sensibility to every initiative. The good news is that young men are responsive to programs that take their concerns seriously, offer them good reasons to participate, and appeal to their sense of responsibility.

References (selectively annotated)

National Campaign to Prevent Teen Pregnancy. (1997). *Sending the message: State-based media campaigns for teen pregnancy prevention. Pointers for practitioners and a state-by-state directory*. Washington, DC: Author.

Knitzer, J., Bernard, S., with Brenner, E., & Gadsden, V. *Map and*

track: State initiatives to encourage responsible fatherhood. New York: The National Center for Children in Poverty, 1997.

This comprehensive survey of state fatherhood initiatives offers an overview of trends across states, profiles specific state strategies to encourage fathers to be responsible, and summarizes state-by-state fatherhood-related data. One of the

six trends it emphasizes is preventing unwanted or too-early fatherhood. Available for \$19.95 (prepaid) from The National Center for Children in Poverty, Columbia School of Public Health 154 Haven Avenue, New York, NY 10032. (212) 304-7100. Make checks payable to Columbia University

Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A statistical portrait of adolescent sex, contraception, and childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Moore, K.A., Driscoll, A.K., & Ooms, T. (1997). *Not just for girls: The roles of boys and men in teen pregnancy prevention*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

A two-chapter report, *Not Just for Girls* offers concrete, new information from the 1995 National Survey of Family Growth on the roles men and boys play in causing and preventing teen pregnancy. It carefully explains the controversial issue of age difference between pregnant teens and their often older partners. It also emphasizes the importance of understanding male physical, sexual, and psychological development when designing prevention initiatives, highlights lessons

learned from practitioners, and offers some suggestions for funding opportunities. Available for \$15 (prepaid) from the National Campaign to Prevent Teen Pregnancy, 2100 M St., NW, Suite 300, Washington, DC 20037. (202) 261-5655, www.teenpregnancy.org.

Sonenstein, E.L., Stewart, K., Lindberg, L.D., Parnas, M., & Williams, S. (1998). *Involving males in preventing teen pregnancy: A guide for program planners*. Washington, DC: The Urban Institute.

This excellent guide includes new information on young men and their sexual behavior from the 1995 National Survey of Adolescent Males, descriptions of 24 exemplary male involvement programs, a chapter of practical advice for program planners, and very useful appendices on program resources. Available for \$5.00 from the Urban Institute Press, 2100 M St., NW, Suite 500, Washington, DC 20037. (202) 833-7200, www.urban.org.

Sonenstein, E.L., Ku, L., Lindberg, L.D., Turner, C.E., & Pleck, J.M. (1997). *New data on the sexual behaviors of teen males. Sexual activity declines, contraception use increases from 1988 to 1995*. Washington, DC: The Urban Institute.

Programs mentioned in this chapter

Always on Saturday

Flora Parisky
Chief Operation Officer
Hartford Action Plan
30 Arbor St.
Hartford, CT 06106
(860) 232-0641

Baylor Teen Clinic

Peggy B. Smith
Clinic Coordinator
Baylor Teen Health Clinic
8111 Lawn, Box 2
Houston, TX 77088
(713) 793-3601

Brothers to Brother

Delmonte Jefferson
Project Coordinator
Wake County Health Department
P.O. Box 14049
Raleigh, NC 27620
(919) 250-3990

Dads Make a Difference

Gary Greenfield
Project Coordinator
University of Minnesota Extension
Service
2020 White Bear Ave.
St. Paul, MN 55109
(612) 704-2060

El Joven Noble Male Responsibility Project

Bienvenidos Family Services
205 E. Palm Street
Altadena, CA 91001
(323) 728-9577
Fax: (323) 728-3483

Fifth Ward Enrichment Program

Ernest McMillan
Fifth Ward Enrichment Program
4014 Market St.
Houston, TX 77020
(713) 229-8353

Hablando Claro

Marta Flores
Director
Logan Heights Family Health Center
353B 30th St., Suite B
San Diego, CA 92104
(619) 6883-7563, ext. 145

Healthy Teens Center

Darryl Bryant
Male Involvement Coordinator
Healthy Teens Center
7824 Central Ave.
Landover, MD 20785
(301) 386-0134

HiTOPS

Bonnie Parke
Director
HiTOPS, Inc.
21 Wiggins St.
Princeton, NJ 08540
(609) 683-5155

Hombres Jovenes Con Palabra

Jerry Tello
Director
15865-B Gale Ave., Suite 1004
Hacienda Heights, CA 91745
(818) 333-5033

It Takes Two

Tom Klaus
President
Legacy Resource Group
155 N. First St., Suite 2
P. O. Box 700
Carlisle, IA 50047
(515) 989-3391

Los Compadres

Project Manager
Los Compadres: The Young Men's
Project
401 North Milpas St.
Santa Barbara, CA 93103

Male Involvement Program— Planned Parenthood

Matthew Buscemi
Male Involvement Program
Coordinator
Planned Parenthood of Nassau
County
540 Fulton Ave.
Hempstead, NY 11550
(516) 483-3193, ext. 3018

Male Outreach Program—Valley Community Clinic

Connie Kruzan
Director
Valley Community Clinic
5648 Vineland Ave.
North Hollywood, CA 91601
(818) 763-1718, ext. 210

Male Youth Enhancement—Shiloh Baptist Church

Rev. Barry Hargrove
Director
Shiloh Baptist Church Family
Life Center
1510 9th St., NW
Washington, DC 20001
(202) 332-0213

**Men's Services Program—
Healthy Start**

Joseph Jones
Director of Men's Services
Baltimore Healthy Start, Inc.
600 N. Carey St.
Baltimore, MD 21217
(410) 728-7470

Not Me. Not Now

John Riley
Director
Monroe County Department of
Communications
39 W. Main St., Suite 204
Rochester, NY 14614
(716) 428-2380
www.notmenotnow.org

**Peer Education and Reproductive
Counseling for Young Men Project
(PERCY)**

The National Organization of
Concerned Black Men
1511 K Street, NW, Suite 1100
Washington, DC 20005
(202) 783-6119
Fax: (202) 783-4842
www.libertynet.org/chmno

Project Alpha

Wilbur Jackson
Regional Coordinator, Project Alpha
6716 Indian Spring Ct.
San Jose, CA 95120
(408) 268-6171

Rites of Passage Collective

Ademola Eklona
President
Adisa Future Positive Systems
11 East Chase St.
Baltimore, MD 21202

Teen Parenting Skills

Bernalillo County Juvenile Detention
Center
Robert Pacheco
Program Manager
Juvenile Detention Center
5100 Second St., NW
Albuquerque, NM 87107
(505) 761-6606

Teens on Track

Planned Parenthood
Joyce Kurzweil
Executive Vice President
Planned Parenthood of Southern
New Jersey
317 Broadway
Camden, NJ 08103
(609) 365-3519, ext. 219

True Love Waits

Southern Baptist Church
True Love Waits
Sunday School Board
MSN 152
127 Ninth Ave. North
Nashville, TN 37234
(800) 588-9248
70423.3230@compuserve.com

Wise Guys

Family Life Council
Jeff Wilt
Male Responsibility Educator
Family Life Council of Greater
Greensboro
301 East Washington St., Suite 204
Greensboro, NC 27401
(910) 333-6890

Young Dads Program

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2104 Park Ave., So.
Minneapolis, MN 55404
(612) 871-6002

Young Men's Clinic

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Columbia University School of
Public Health
Center for Population and Family
Health
60 Haven Ave., B-3
New York, NY 10032
(212) 304-5247

Further resources on responsible fatherhood

Although the literature on male involvement programs in teen pregnancy prevention remains limited, there is a wealth of information available on responsible fatherhood initiatives, which may prove useful to programs. The organizations listed below subscribe to the tenet that the first step in being a responsible father is waiting until you are emotionally and financially ready to support a child.

California Male Involvement Initiative

Barbara Marquez
Chief, Health Education Section
DHHS/Office of Family Planning
714 P St., Room 440
Sacramento, CA 95814

This is a state program that funds many California male involvement pregnancy prevention programs.

National Center on Fathers and Families

University of Pennsylvania
Graduate School of Education
3700 Walnut St., Box 58
Philadelphia, PA 19104-6216
(215) 573-5500

The National Center hosts FatherLink (www.ncoff.gse.upenn.edu/fatherlink), which offers access to the Center's comprehensive research, policy, and practice-related database on fathers and families.

The National Practitioners Network for Fathers and Families

The Fatherhood Project
Families and Work Institute
330 Seventh Ave., 14th Floor
New York, NY 10001
(212) 465-2044
www.fatherhoodproject.org

The National Practitioners Network is a national network of community-based practitioners designed to facilitate and promote local activities that support fathers and strengthen family support for children. Its web site provides links to other fatherhood initiatives. The Fatherhood Project, which houses the Network, publishes:

Levine, J.A., & Pill, E.W. (1995). *New expectations: Community strategies for responsible fatherhood*. New York: Families and Work Institute.

New Expectations is a hands-on guide for people working in early childhood programs who want to involve fathers and other significant males in children's lives. The first part outlines four stages of reaching and working with men and includes over 100 practical strategies. The second part profiles 14 exemplary programs throughout the United States.

To order, send \$22.00 (add \$3.50 for shipping and handling) to Publications, c/o James Levine, Fatherhood Project, 330 Seventh Avenue, 14th Floor, New York, NY 10001



Involving Youth in Teen Pregnancy Prevention Programs

by Donna Butts

T H I S C H A P T E R

Defines meaningful youth involvement
and explains why such involvement is
crucial to the success of teen pregnancy
prevention efforts:

Describes the different ways in which
youth can be involved in pregnancy
prevention initiatives:

Provides strategies for youth involvement;
and

Provides resources for further
information.

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Key Ideas in this Chapter

Youth involvement is key to any teen pregnancy prevention program. Young people's contributions will make a program relevant, credible, and accessible.

Young people are resources and valuable partners in helping to solve problems in a community.

Young people who feel connected to and invested in their communities are at less risk of a host of problems, including teen pregnancy.

Don't necessarily call a program "teen pregnancy prevention." It may be better to highlight its positive youth development qualities—call the program the teen leaders' club or the youth theater group instead.

Involve young people earlier rather than later in program development. Consult them on all significant program decisions.

Youth is a generic term, but not all young people are the same. Programs should be tailored to the teens' needs and interests. They need to offer opportunities that fit teens' age, ethnicity, gender, existing support systems, and individual history.

Involving Youth in Teen Pregnancy Prevention

Why involve young people?

No matter how good adults are at empathizing, they cannot know what it is like to be young today. Involving young people in planning and directing a program helps the program be relevant to what is happening today in the lives of teens. It also benefits the teens themselves: recent research points toward youth development programs—which by definition emphasize the active participation of young people—as a significant and effective way to prevent teen pregnancy.

Authentic youth involvement means...

- involving lots of teens;
- giving them real authority over appropriate parts of a program or planning process;
- listening to them intently and helping them see how their opinions shape the decisions and views of others; and
- designing programs that accommodate the styles, schedules, and preferences of the targeted teens.

Authentic youth involvement is not...

- asking teens to react to an already formed idea;
- soliciting suggestions from only a few young people, then dismissing what they say if it doesn't seem to fit in;
- adding one young person to an advisory board; or
- inviting teens to join projects that were fully designed by adults.

Really involving youth is demanding. Having young people as true partners means active engagement. It means letting young people define what is needed and using adult skills to make it happen in a way that most benefits the teens. In this way, the adults in the program can become that special somebody in the life of a teen—someone who cares about them, takes their opinions and feelings

STUDIES SHOW

Sustained connections to the people and institutions around them help young people...

- **avoid risky behavior**
- **decrease the chance of early pregnancy**

seriously, holds them accountable, and believes in them.

Society too often looks at youth as a series of problems to prevent. We have largely come to ignore the natural give and take between

the generations. An effective program that really reaches out to young people and involves them sincerely can help restore the connection between adults and young people that has broken down in many communities.

Ideas for youth involvement

Youth involvement programs come in many varieties. Some are wholly independent entities; others are attached to an established youth organization. While some youth involvement programs explicitly address ways to avoid problems like teen pregnancy, most concentrate on engaging young people in activities and encouraging active planning for a brighter future. Programs may want to mix and match several

different types of youth involvement or try several activities over time. This section describes the major categories of youth involvement and provides examples of existing programs.

Boards, committees, and advisory groups

Young people serve in many ways on boards, committees, and commissions in full partnership with adults. Many cities

8 reasons to involve youth in pregnancy prevention programs

1. Youth involvement itself can help prevent teen pregnancy.
2. Teens can design authentic programs that speak to their real needs.
3. Teen involvement may create a favorable reputation for a program among teens.
4. Teens themselves often are the best recruiters for a program.
5. Teens can help develop messages that make a difference.
6. Teens can help hire staff
7. Teens can help design an accessible program. Teen suggestions for sites, activities, and hours of service will help create a program that works.
8. Teens can help keep a program strong. Regularly asking teens for feedback can help staff make the ongoing, small improvements that maintain a successful program.

and states have separate youth boards or councils whose role is to advise on issues and provide a youth perspective.

Options for boards, committees, and advisory groups:

- establishing an adolescent pregnancy prevention youth advisory board within an organization
- establishing a youth planning committee to develop a youth-led program or project
- teaching a cadre of young people about serving on local boards, helping to place them on a variety of boards, and providing ongoing support
- developing a youth committee to review publications, meet with editorial boards, and comment on community events. Peer counselors, such as older adolescents or teen parents, work directly with other youth. Generally, they are assisted by one or more adults, who provide specific training. Regular support group meetings give them a further mechanism for discussing their work and learning new information.

These groups are primarily made up of youth, but may include some adults. Local government can provide information on what already exists and can help

programs determine if there is a need for such a group in a particular area. A Massachusetts organization, **Youth on Board**, provides technical assistance and publications to help programs recruit youth to serve in these governance and advisory roles (see Resources for more information).

The **National 4-H Council** began gradually by adding two youths to its board, which was primarily composed of corporate members. The young representatives proved to be such a rich addition that the board later added two more and recently voted to increase the number to ten. Not only has the National 4-H Council board created a place for youth, they have committed to financially support youth participation in national board work. While some parts of the organization were skeptical in the beginning, the young members quickly proved their merit.

YOUTH CAN BE INVOLVED IN MANY WAYS

- **boards, committees, and advisory groups**
- **peer counseling and education**
- **youth-led publications**
- **youth theater groups**
- **Internet and web site activities**
- **civic activism and media campaigns**
- **youth forums**
- **entrepreneurial programs**

An organization with a history of partnering with youth is the **National Network for Youth**, formally known as the National Network of Runaway and Youth Services. In addition to board, committee, and council representation, the Network features a strong youth presence at its annual symposium and includes youth as well as adult keynote addresses. The Network has a scholarship program that supports some youth participants. There are regional networks in every part of the country that provide technical assistance and may have resources to help programs.

Before enlisting youth to serve on boards or advisory groups, programs should find out whether there are any legal or other barriers. For example, many states require a person to be of voting age (18 years old) to serve on a board. To accommodate this requirement, programs can:

- develop a Memorandum of Understanding so youth can participate; or
- develop parallel youth and adult boards, with the youth board sending representatives to the adult board; the individual boards set priorities and then hold a "weaving session" to develop a common agenda.

Peer counseling and education

Peer education can be considered a tiered youth involvement program. The first tier is the peer counselors and educators. They are the group most likely to benefit from the program because it offers them a chance to use their leadership skills, connect with adults, and feel they are performing a valuable service.

Options for peer counseling and education:

- teaching in schools and shopping malls, on the streets, or in any number of other community locations
 - providing outreach in school or informal settings, such as churches, temples, or clubs
 - delivering adolescent pregnancy prevention information
 - working with younger adolescents
-

MEDIA LITERACY—A GREAT TOPIC FOR PEER EDUCATION

Young people may not be aware of the messages they are receiving and how to dissect them. Peer-led discussion groups can address the role of TV shows, movies, magazines, and billboards in promoting:

- **accurate (and inaccurate) images of males and females**
- **responsible (and irresponsible) sexual behavior**
- **violence**
- **substance abuse**

A TIP FOR PUBLICATIONS WRITTEN BY AND FOR YOUTH IN HIGH-RISK SITUATIONS

Use only the contributors' first names as bylines.

The second tier consists of the youth they reach. Even though the contact may be too brief to make a lasting difference, the intervention can help with a short-term problem. Peer leadership can help to change the norms in a school and support teens in certain behaviors, even if the contact is short-lived.

Since 1995, the Centers for Disease Control and Prevention (CDC) has been working cooperatively with 13 communities to delay adolescent pregnancy and childbearing. Youth development and involvement have been key components of the **CDC Community Coalition Partnerships Program for the Prevention of Teen Pregnancy**. In addition to peer counseling, young people help with needs assessments, resource mapping, and program planning, promotion, and implementation. Young people also help determine the "youth-friendliness" of some programs and services targeted to their age group by acting as clients. Staff share the findings with program managers and service providers, which leads to changes in program planning, training, services, and environment. They then issue a report to the service providers rating their "youth friendliness."

Peer workers need thorough training and ongoing support. Without accurate information,

their influence can be more harmful than helpful.

Youth-led publications

Youth can communicate on a variety of issues in a way that connects with other young people.

Options for youth-led publications:

- creating an ongoing newspaper or magazine for youth by youth
- working with youth to write one-time publications, such as a comic book or brochure
- developing a creative writing publication that includes short stories, poetry, and art

Sex Etc., published by Rutgers University's Network for Family Life Education, is one example of youth-led journalism. The newspaper features sexuality and health stories written by teenagers for teenagers. It is available to youth at no cost.

Comic books designed and written by young people for young people can be effective and fun education tools. Over the years, young writers have crafted comic books about sexually transmitted diseases, pregnancy prevention, and other topics. The

focus does not have to be adolescent pregnancy, but can be on other areas that interest young people. The publication can be a hook to draw youth into a discussion of teen pregnancy.

Some programs that work with youth in high-risk situations have developed excellent publications. These programs provide young people with a creative conduit to express the complex emotions they are experiencing. These can be juried and edited by a peer editorial board.

Youth theater groups

Many young people love theater. It appeals to their natural sense of drama and allows a creative release for writing, editing, and stage design skills. For those youth who are outside the mainstream in school, theater can provide a way of staying connected.

Options for youth theater groups:

- beginning a youth theater troupe to perform at community events
 - working with young people to perform street theater
 - offering an intergenerational theater program
 - training young people to work with younger adolescents in interactive theater
-

The Los Angeles Free Clinic sponsors a teen theater troupe called **Project ABLE** (AIDS Beliefs Learned through Education), which focuses on AIDS information and prevention.

Theater groups and approaches vary, and programs can focus on theater exercises or actually work toward putting on a public performance. One effective, and

CASE IN POINT

Two creative ways to help youth achieve meaningful involvement

- One community holds retreats to teach young people about governance structures, roles, and responsibilities. After this training, they meet weekly, before board meetings, to review and discuss the agenda. This helps youth prepare and participate more effectively.
- In another community, a board decided to provide adult mentors for each of its youth representatives. This worked so well, they expanded the program. Now, each new board member, regardless of age, gets an experienced board member as a mentor when he or she joins.

growing, approach is intergenerational theater.

The **Full Circle Theater**, operating out of the Temple University Center for Intergenerational Learning, boasts that its youngest actor is 15 and the oldest almost 90. The Theater performs interactive drama in schools, nursing homes, and other settings. Performances deal with tough topics such as aging, teen sexuality, and suicide. Discussions with the audience follow each performance.

Community theaters can be a good resource for information and assistance. They have a stage and may have volunteer actors and behind-the-scenes people who can work with a youth group. Another possibility is to integrate street performances into local festivals and art shows. A youth drama group can perform mime, act as clowns, or act out short skits. The local arts council can be a good resource and can work with programs to develop a schedule.

Surfing the Internet and creating web pages

The World Wide Web has opened up a new universe of communication. Many young people are more comfortable with computers and know more about the Internet than do adults. A computer club can work with those teens who might otherwise be

left behind in the cyber-arena. A program can put up its own web page to advertise its publications, report on its work, or create an interactive section for teens to talk.

Options for the Internet:

- working with young people to establish and maintain a web page
 - using the Internet to connect one youth group with others
 - using the computer as a vehicle for community service
 - beginning a youth-run business creating web pages
-

Teen participants in **Not Me, Not Now**, an abstinence program in Rochester, New York, have created an interactive web page: www.notmenotnow.org.

Baltimore's **Campaign for Our Children** has a web page and an on-line club house for adolescent discussion called Room 411 (www.cfoc.org/room411).

Programs can also use the Internet to connect their youth groups with other similar groups or to earn funds for activities by marketing their services in the community. For example, one California youth group charges a small fee to design web pages for nonprofits.

KEEP IN MIND...

not all home pages are appropriate for young surfers

- **establish ground rules for what youth can view and what is best left alone**
- **consider “watchdog” software packages that block access to inappropriate pages**

- work with young people to make their views public
- involve young people in fundraising visits

Computers also provide an opportunity for intergenerational service and this may appeal to some programs.

The University of Pittsburgh's **Generations Together** sponsors a program in which teens teach seniors how to access and surf the Internet. The program is so popular with seniors they have a hard time finding enough young people to participate.

Civic activism and media projects

Young people can be powerful and persuasive speakers, whether addressing youth concerns or general community issues. They offer a new voice and often a fresh perspective. **Toastmasters** has a youth program and can provide help in establishing a young speaker's program.

Options for civic activism:

- develop a youth speakers' bureau that can address a variety of topics, including teen pregnancy
- work with the media to use youth spokespeople
- involve youth in current issues in the community

Teens can become involved in any issue that concerns them—it does not have to be teen pregnancy. The connection to adults and community and the sense of value that young people will derive from working to benefit the community provide an important foundation that help young people make healthy choices and avoid too-early pregnancy.

From the start, **Earth Day** celebrations were planned with the involvement of all ages. In New Mexico, youth and older adults have successfully tackled several issues related to the environment. Currently they are working together to save whooping cranes.

Young people can become involved in civic issues in various arenas. They can do the research and report their findings on a particular issue. They can meet with local newspaper editorial boards to discuss important community issues. They can also work with teachers, who are often looking for ways to link classroom lessons to real-world problems. In helping youth become involved, however, programs need to be sure to prepare youth properly, by making sure the youth are

briefed in advance on the issue and by helping them communicate their thoughts clearly.

Young people also can be good media spokespeople. Editors, researchers, producers, and writers often search for the “youth viewpoint.” While any one young person does not represent all young people, working as a spokesperson can be a good way for teens to express themselves. Print media, such as newspapers and magazines, or electronic media, such as radio and television, can offer opportunities for young people in a program. Local newspapers may have regular high school correspondents.

The **National Campaign to Prevent Teen Pregnancy** publishes a useful guide, *Sending the Message: State-Based Media Campaigns for Teen Pregnancy Prevention*, which describes the efforts of many media campaigns that involve young people in their planning and implementation.

Youth forums

Town halls, youth summits, and focus groups all provide avenues for youth involvement.

Options for youth forums:

- holding a town hall on adolescent pregnancy prevention
- planning a youth summit on general issues of concern to young people
- working with youth focus groups to provide guidance to proposed programs

The **Community of Caring** in Kansas City, Missouri, uses this approach to integrate values in school curricula. Young people are brought together in student forums to share their ideas, experiences, and values with teachers, administrators, peers, and a variety of adults who represent the community. The meeting provides opportunities for participants to identify the difficult problems facing young people in school, family, and community. The meeting sets in motion active solutions to prevent and reduce the impact of the problems.

Entrepreneurial programs

Young people say employment opportunities and preparation for future employment are major concerns. Developing a youth-run business can teach valuable skills and provide financial support to a program. Many

FOR MORE ON MEDIA

See Chapter 15 (Volume 3), “Working With the Media to Promote Teen Pregnancy Prevention.”

successful youth-run businesses exist around the country.

Options for entrepreneurial programs:

- working with young people to develop a business plan for a youth-run business
 - creating a youth-run business
-

In Texas, one of Public/Private Ventures' **Community Change for Youth Development** projects helps young people run a concession stand in their Family Resource Center. They are responsible for maintaining the inventory and the accounts. They also meet as a group to decide how to spend the profits. In the warmer months they run a lawn care service.

In New Britain, Connecticut, the **Pathways Senderos** program has embarked on a youth-run bulk mail service. The program trains young people in technology, postal regulations, and other areas of business operations, including marketing. The business not only provides revenue for their pregnancy prevention program, but also keeps older teens involved in the program, its values, and philosophy.

Venture capital can be a concern in developing youth entrepreneurial programs; it takes money to make money. Many business opportunities require that money

be invested in the beginning to buy inventory and equipment. Programs should consider approaching local businesses or civic organizations for a loan, grant, or donation of materials to help get the effort started.

Several international web sites give encouragement and advice to young entrepreneurs, including

Aboriginal Youth Business Council (www.aybc.org) and **Canadian Youth Business Foundation** (www.cybf.ca/frames/index.htm).

Community service

Many school districts now require students to perform community service in order to graduate. They hope to encourage life-long civic involvement. Programs should contact local school districts to obtain further details and to determine how to recruit students who will receive credit for community service.

Options for community service:

- involving youth in efforts to combine service and learning
 - contacting national volunteer groups to begin a local chapter
-

Several current national efforts have local or state chapters.

America's Promise, created at the April 1997 President's Summit for America's Promise in Philadelphia, encourages

youth and adults to volunteer in their communities. Many states have had or are planning to have their own summits.

Created in 1993, **The Corporation for National Service** is a public-private partnership that oversees **AmeriCorps** and **Learn and Serve America**. Learn and

Serve America provides models and assistance to help teachers integrate service and learning from kindergarten through college. State commissions on national and community service (which can be contacted through a governor's office or a state's higher education board) can provide more information on Learn and Serve America programs.

Program strategies for involving youth in pregnancy prevention

Results of research and experience from many different types of youth development programs suggest a number of strategies for programs to follow in creating and sustaining meaningful youth involvement in pregnancy prevention initiatives. Some programs can start from scratch and can choose a locale best suited to kids, hire staff, and set teen-friendly hours; others have less flexibility because they are part of larger institutions or have other restrictions. Both types of programs should find the following strategies for involving youth helpful.

Plan deliberately

Communities and organizations that are creating or expanding a teen pregnancy prevention effort—or a more general youth

development program—need to lay the groundwork for successful youth involvement.

Determine what kind of program to offer

Pregnancy prevention efforts do not necessarily need to be, and in some cases should not be, labeled as pregnancy prevention. Young people are more likely to come to the “Youth Leadership Club” than the “Let’s Not Get Pregnant Group.” They can tell their friends and family about the activity without feeling stigmatized.

Listen to youth

Before describing a program’s goals, intentions, and activities or promising anything, its leaders need to make time to hear

what the young people in a community think. What is on their minds? What are their interests? What do they worry about?

Other ideas for listening to youth:

- get to know teens through their churches, schools, or other clubs or institutions;
- get to know youth workers and youth-serving organizations and talk to teens who are active in those groups;
- volunteer in a school or youth-serving organization;
- organize informal focus groups over pizza; and
- gather teens to provide feedback about the program and, more generally, talk about their lives and needs.

Assess what the program has to offer teens

Assessing the characteristics, talents, and resources of a pro-

gram and its staff and volunteers will help a program determine its focus, activities, and approaches. Staff in an existing program may be talented as artists, entrepreneurs, activists, or athletes. Or, a staff member or volunteer may be a teacher with lots of experience working with teens. The program may be housed in a church that does community service, or it may be a business looking for a way to become involved in the community. The program could be a newly established effort or be part of an existing teen pregnancy prevention or other youth program looking to strengthen its work. Whatever these special strengths, programs should know what they are so that they can be made available in a meaningful way to the young people in the target audience.

CASE IN POINT

Creative listening

One program staffer spent five evenings a week; including Fridays and Saturdays, on a town's main strip where young people hung around parking lots and drove their cars back and forth. Several months went by, and the teens realized that she was not going to go away. She wanted to talk with them about creating alternative recreation programs. The young people that

she recruited to help plan dances, car shows, and late night softball games would have never responded to a flyer posted at school or a story in the local newspaper. They did respond to her actual presence, her personal invitation, and the way she listened to their ideas and supported them as they designed their own activities.

Plan for a multi-year commitment

Sustained commitment is critical to the success of any teen pregnancy prevention work or youth development activity. To be effective, programs must be involved over the long term. Long-term involvement with a small group of young people will have far greater potential to prevent early pregnancy and other ills than large, one-time-only activities that last only a few months. Instability and change are not uncommon for young people and the participating young men and women need to know they can depend on the program to be there. Moreover, the underlying causes and attitudes that can lead to teen pregnancy are often complicated, and it would be unrealistic to think that a brief intervention could make much difference.

One highly-regarded program developed by Dr. Michael A. Carrera, Director of the **National Adolescent Sexuality and Pregnancy Prevention Training Center** at the Children's Aid Society in New York, begins with young people in the sixth grade and continues with them until they graduate from high school.

Determine the target group of young people

Programs need to tailor their approaches and activities to the

age group they plan to work with. Research suggests that preventing teen pregnancy requires interventions that begin sooner rather than later—waiting until teens are in high school may be too late. Part of designing an intervention is determining what age groups most need activities in the community. For example, most communities lack programs for late elementary and middle school youth. Yet these are the ages when young people most need support. Risky behavior, including sexual activity, first start at this age for many young people.

Other considerations include:

- Will it be possible to mix ages and backgrounds? Often, older teens will want to spend time with younger teens only if they are in a service or leadership role. For recreational or social activities, older teens would rather be with their own age.
- What are the social and economic backgrounds of youth in the community? Just like adults, youth will feel more comfortable spending time with young people from similar circumstances.
- What are the gang structures in the community? It's wise not to compromise the safety of young people by bringing together youth from different neighborhoods who, but for

C H E C K L I S T

Before planning a youth program

- ☐ List five things staff members (or the organization) love to do.

- ☐ List five things staff members (or the organization) do well.

- ☐ What days and times of the week could staff members be available to work with young people?

- ☐ What age group would the organization prefer to work with?

- ☐ List others who could be recruited to participate.

the program, would not otherwise mix socially. The local police department's gang unit, or officer who has responsibility for gang monitoring can be a good source of information on this issue.

Learn from existing efforts

Many community groups already work with or have access to young people. New programs being organized to reduce teen pregnancy may want to take advantage of the infrastructure, expertise, and community connections of existing efforts. These groups include, for example:

- schools, including alternative schools for youth who are not in mainstream settings;
- churches, temples, and other houses of worship;
- community-based organizations, such as YWCAs, YMCAs, Boys and Girls Clubs, Girls Inc., Girl Scouts, Boy Scouts, and Camp Fire Girls;
- government-funded groups, such as a County Extension's

4-H youth development program, youth employment programs, mayor's and governor's youth councils, juvenile court programs, foster care, and child welfare systems; and

- sports programs.

Programs focused on pregnancy prevention should consider attaching their efforts to existing organizations that promote positive youth development, especially because a broader youth development approach is increasingly recognized as effective in reducing teen pregnancy. Even if a formal association does not result, meetings with members of the groups to discuss ideas and learn about what they do will help a program refine its plans and determine whether it can go it alone or should operate inside an already existing organization.

Work with young people to create and sustain program efforts

Outlined below are some of the many special considerations for

JOINING WITH AN EXISTING ORGANIZATION THAT PROMOTES YOUTH DEVELOPMENT CAN BE A GOOD IDEA BECAUSE IT...

- **enables faster start-up**
- **can provide an immediate source of credibility and trust with youth**
- **offers an existing knowledge base of best practices**
- **may offer risk management policies and practices**
- **may offer insurance**

GOOD PLACES TO RECRUIT YOUTH

- **amusement parks**
- **concerts—especially flyers in the bathrooms**
- **outdoor skating parks and indoor rinks**
- **music stores**
- **schools and alternative schools**
- **parks and beaches**
- **shopping malls**
- **coffee shops**
- **movie theaters**

working with youth in a sustained and meaningful way.

Recruit a core group of young people who can recruit others

Recruiting young people is not necessarily difficult, but it does usually require a personal invitation from an adult or a teen. Programs should start their recruitment efforts by building a core group of young people who can then reach out and involve

other youth. Peer recruitment can be effective and gives the recruiters a sense of ownership in the program. The message they give other teens about the program will be stated in a way that appeals to their peers.

A core group can also help programs identify where they should concentrate their recruitment efforts. These teens can help through a process called "youth mapping," which involves developing a map of the area that highlights the various locations youth congregate. The map should include demographic information such as age, socioeconomic data, racial and ethnic make-up, and gang boundaries.

It may take several attempts for a core group to successfully reach out to their peers, especially ones who are socially isolated or disconnected. Staff can help the group persist and be creative. Young people have many demands on their time. They may or may not be in school. Some are so bright they find school boring and drop out. Others are slower and give up. They may spend time hanging out on the street, in malls, and at parks or coffee shops. They may or may not work, and they may have responsibilities at home for younger siblings or other family members. To make contact with youth, especially those who are not already

PEOPLE WHO CAN HELP WITH RECRUITMENT

- **school activity directors**
- **school counselors**
- **special education teachers**
- **parents**
- **juvenile probation officers**
- **juvenile court judges and lawyers**
- **teachers in alternative schools**
- **police**
- **owners or managers of businesses that attract young people (music stores, clothing stores, coffee shops)**

participating in other youth development programs—and often more at risk of early pregnancy—programs will need to reach out and meet them on their own turf. Reaching higher-risk youth may well require intense efforts, but the difficulty of doing so should not be a deterrent. Disconnected youth are the teens most at risk, who often need attention and intervention the most, even if they don't know it yet. Persistence will pay off.

Be a guide and a coach

Young people need support in their leadership roles in programs. Often, the best way for adults to work with teens is to act as a guide or coach.

Sometimes young people in a program come up with ideas that staff may think are crazy. The goal should be to help the youth fully explore the merits and feasibility of an idea, not to make the decision for them. Staff should ask questions, probe gently, and help teens reach conclusions for themselves. Of course, there may be times when an adult needs to assert more direct authority.

Staff should ask the teens to help establish the goals and the rules under which the youth group will operate. This list can be posted at meetings or printed and included in materials group members receive. Teens will be more likely to follow the rules if they help decide what they are rather than have a list.

FIELD NOTES

Getting started with young people

- Determine the general type and focus of the group you want to form.
- Work with your core group of young people to organize the first meeting or event.
- Get contact information on all those present and discuss how you can reach each other.
- Ask those who participate to help identify and recruit other young people.
- Follow up on commitments made during the first meeting or contact.
- Arrange to contact parents, school officials, or other

responsible adults to tell them about the group, answer any questions, and provide contact information.

If a youth involvement group is being formed within an existing program or organization, there may be some additional tasks:

- Talk with adult staff about how the youth involvement program will benefit the organization.
- Train adult staff in how to bring in teen voices (see Ideas for Youth Involvement).

imposed on them. The group can then amend or change the rules as it evolves. Depending on the purpose of the group, rules may include:

- confidentiality—what is said in the group, stays in the group;
- mutual respect—each member is respected as an individual;
- value for each contribution—there are no dumb ideas;
- careful listening—each person will have an opportunity to talk and when not talking, will listen;
- promptness—meetings and other events will begin and end on time;
- no swearing;
- no gang colors or markings;
- no violence or weapons; and
- no drugs or alcohol—no one under the influence will be allowed to stay.

Expect young people to outgrow the program

Young people do not stay young forever. They grow up and become adults. One of the biggest challenges youth organizations face is losing teens as they progress into high school and beyond. A program may be well-received by a teenager for a year or two and then he or she will decide to move on to other things. Programs need to be continually reinvented. A good way to do this is to let the young people continue to change the program and recruit new members.

Make the program accessible and “teen-friendly”

Arrange transportation

How do young people get to the program? If it is located in an urban area with good mass transit, teens may need help covering the cost of public

FIELD NOTES

Considerations for adults in working with young people

Listen openly to what young people have to say—which may mean suspending judgment for awhile.

Focus on building a relationship with the young people based on mutual respect—respect is gained when it is given.

Share information about themselves—young people are curious about adults, how they think and how they make decisions; this kind of personal connection can be the most powerful part of a program for a young person.

transportation. Young people in smaller towns and rural areas face a major barrier when it comes to getting to and from activities. Middle school youth in particular may need help with carpooling and rides. Older youth may be able to share driving responsibilities.

Survival Skills, a collaboration between Planned Parenthood and the YWCA in Lincoln, Nebraska, that was replicating a teen pregnancy prevention program in New York, found that the program model was fine, but the lack of transportation locally was a big potential problem. They ended up using the YWCA's van to get young people to and from the program, but this required funds to pay for the driver and mileage.

If the program takes place right after school, transportation is

less of a problem because the young people will already be there. This frees staff to concentrate on how they will get home.

Provide food

Providing free food is a near-certain requirement for a well-attended meeting, particularly with young people. As with all other aspects of the program, staff should be sure to find out what the young people want—healthy snacks and meals may be preferable, but if that's not what they want, they won't eat it. If buying food is too costly, the group can work together to raise a little money for a food fund. Some young people or their families may be able to contribute personally, but others will not have the resources. Programs need to be sensitive to the individual situations of members.

Retaining youth is the key to success

Recruitment is the easy part—the harder part is keeping young people involved. Young people are pulled in many directions. They may be in school full time. They may also work for pay part time or have other volunteer commitments. Sports, drama, church or temple, and clubs all vie for attention. And, just like adults, young people want to see their friends and have fun.

Recruitment and retention strategies work hand in hand.

Programs can successfully retain youth by:

- involving teens early in developing the program
- listening to their ideas
- remembering that the teens are equal partners
- accepting and caring about each teen
- encouraging staff to become trusted mentors
- having high expectations for each and every teen
- letting teens grow with—and out of—the program

Arrange accessible meeting times and locations

Young people should help determine meeting times. This may mean Saturday mornings or Friday nights. Recruit staff who are able to work during times they might normally save for themselves.

Program times also will depend on the age group. Young adolescents may not be able to stay out as late as older teens.

Friday nights can be bad during football season and Wednesdays, a traditional church night, can be bad all year round. Once established, the meeting time and day should stay the same unless the group requests a change. The location may also help staff determine the hours—some areas may not be safe after dark, for instance.

If a program is partnering or working with the support of an existing youth group, such as a YWCA, YMCA, Boys and Girls Club, religious institution, school, community theater, or community center, space may already be available for the program. If there is a fee involved, the existing organization may be willing to waive it as part of their contribution to the program. When choosing a particular space, programs should consider the following:

- Does the space need to be swept and cleaned up afterward?
- Will there be heat or air conditioning?
- How will participants and leaders lock up when they are done?
- Will young people be able to safely wait around outside for their transportation?
- Is it safe to walk to the subway?
- Is it on a bus line?
- Is it in any gang's territory that would keep it from being safe for all the young people who might be involved?

Conclusion

Chances are that in every successful person's youth an adult stepped forward to make a difference. The adults who staff pregnancy prevention programs have a chance to be that adult for a young person, a chance to change someone's life. Teens need adult involvement. They

need adults to care enough to provide the safe environment that is necessary for learning, growth, and development. Involving youth in meaningful and significant ways in planning and carrying out programs can ensure that all young people get a vital chance to succeed.

Programs and resources mentioned in this chapter

America's Promise

909 N. Washington St., Suite 400
Alexandria, VA 22314
(888) 55-YOUTH
www.americaspromise.org

Newsletter, information about local and national activities.

Campaign for Our Children

120 W. Fayette St., Suite 1200
Baltimore, MD 21201
(410) 576-9000
www.cfoe.org/room411

CDC Community Coalition

Partnerships Program for the Prevention of Teen Pregnancy
Teen Pregnancy Prevention Program
Centers for Disease Control and Prevention
4770 Buford Highway NE
Atlanta, GA 30341-3724

Community of Caring

1325 G St., NW, #500
Washington, DC 20005
(202) 824-0215

Corporation for National Service

1201 New York Ave., NW
Washington, DC 20525
www.nationalservice.org

AmeriCorps and Learn and Serve America information.

Full Circle Theater

Center for Intergenerational Learning
Temple University
1601 North Broad St., Room 206
Philadelphia, PA 19122
(215) 204-6970

Generations Together

University of Pittsburgh
121 University Place
Pittsburgh, PA 15260
(412) 648-7150

National 4-H Council

7100 Connecticut Ave.
Chevy Chase, MD 20815-4999
(301) 961-2800
www.fourhcouncil.org

National Network for Youth

1319 F St., NW, Suite 401
Washington, DC 20004
(202) 783-7949
www.nn4youth.org

Regional networks and individual members; new training/consultation subsidiary called Strategic Innovations Group; national conference. The National Network also publishes *New Designs for Youth Development*, a quarterly journal dedicated to voicing progressive, humane, and caring approaches to the development of youth and community. Annual subscription rate: \$29.

Not Me, Not Now

John Riley, Director
Monroe County Department of Communications and Special Events
39 W. Main St., Suite 204
Rochester, NY 14614
(716) 428-2380
www.notmenotnow.org

Pathways Senderos

Greater New Britain Teen Pregnancy Prevention, Inc.
100 Arch St.
New Britain, CT 06051
(860) 229-2776

Project ABLE

Mill Street Loft
20 Maple St.
Poughkeepsie, NY 12601
(914) 471-7477

Public/Private Ventures

One Commerce Square
2005 Market St., Suite 900
Philadelphia, PA 19103
(215) 557-4400

Publications and information on mentoring, including information on its Community Change for Youth Development project.

Search Institute

Thresher Square West
Suite 210
700 South Third St.
Minneapolis, MN 55415
(612) 376-8955
www.search-institute.org

Healthy community characteristics, developmental asset framework, publications, training.

Sending the Message: State-Based Media Campaigns for Teen Pregnancy Prevention

The National Campaign to Prevent Teen Pregnancy
2100 M St., NW, Suite 300
Washington, DC 20037
(202) 264-5655

Sex Etc. (a free newsletter for teens by teens)

Network for Family Life Education
Rutgers University
Building 4161
Livingston Campus
New Brunswick, NJ 08903
(732) 445-7929
(732) 445-4154 Fax
sexetc@rci.rutgers.edu

Youth on Board

58 Day St., Third Floor
Somerville, MA 02144
(617) 623-9900

Technical assistance and publications, including the new book, *Youth Governance: 14 Points to Involving Young People Successfully on Boards of Directors*.

Other helpful resources

Academy for Educational Development

Center for Youth Development and Policy Research
Academy for Educational Development
1875 Connecticut Ave., NW
Washington, DC 20009-1202
(202) 884-8267
email: cyd@acd.org

Youth development publications, free *Center Connections* quarterly newsletter.

Advocates for Youth

1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
(202) 347-5700

Mentoring clearinghouse, annual conference, resource library, publications.

Lessons for Lifeguards: Working with Teens When the Topic Is Hope

Donkey Press
PO Box 20583
New York, NY 10021-0071

An inspirational book by Dr. Michael A. Carrera for people who care about teens.

National Youth Leadership Council

1910 West County Road B
St. Paul, MN 55113
www.nylc.org

Service learning, conference, publications, clearinghouse.

The New Community Collaboration Manual

The National Assembly
1319 F St., NW, Suite 601
Washington, DC 20004
(202) 347-2080

Includes a chapter on youth involvement.

Reducing the Risk: Connections that Make a Difference in the Lives of Youth

Add Health
c/o Burness Communications
7910 Woodmont Ave., Suite 1401
Bethesda, MD 20814

Research based on the National Longitudinal Study of Adolescent Health published in 1997.

Some Things Make a Difference for Youth: A Compendium of Youth Programs and Practices

American Youth Policy Forum
1001 Connecticut Ave., NW, Suite 719
Washington, DC 20036-5541
(202) 775-9731

Young and Old Serving Together: Meeting Community Needs through Intergenerational Partnerships

Generations United
440 First St., NW, Suite 480
Washington, DC 20001
(202) 662-4283
www.gu.org

Contributors—Volume I

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Donna Butts is the Executive Director of Generations United, the only national organization working to foster intergenerational cooperation and support in public policy initiatives and programs. For more than 25 years she has held leadership positions in the nonprofit world working with and on behalf of children and youth. She is the author of numerous articles and is a strong national advocate for children, youth, and the elderly. She is also a Certified Fund Raising Executive (CFRE).

John Hutchins

John Hutchins is Senior Editor for the National Campaign to Prevent Teen Pregnancy. He has worked for the past twelve years as a writer, editor, policy analyst, and public relations professional for health care associations and public policy organizations in Washington, DC. Hutchins is the author of *Coming Together for Children and Families: How Cabinet-Level Collaboration is Changing State Policymaking* (Family Impact Seminar, 1998) and co-editor of *Charting a Course for the Future of Women's and Perinatal Health* (Johns Hopkins University, 1999).

Leslie M. Kantor

Leslie M. Kantor is the Co-Chair of the State and Local Action Task Force of the National Campaign to Prevent Teen Pregnancy and the Vice President of Education at Planned Parenthood of New York City. In this latter role, Kantor gives overall direction to a department that provides workshops on sexuality to over 20,000 New Yorkers each year, and trains professionals and parents to be effective sexuality educators for youth. A widely acclaimed speaker on sexuality, Kantor is the recipient of the Jay S. Drotman Memorial Award from the American Public Health Association, which recognizes accomplishments in "challenging public health policy or practices in a creative or positive manner."

Tamara Kreinin

Tamara Kreinin, M.H.S.A., has worked extensively in health care and human services for over twenty years. Kreinin holds a master's degree in Health Services Administration from the University of Michigan. She is currently the Director of State and Local Affairs at the National Campaign to Prevent Teen Pregnancy. Kreinin started and served as Executive Director of The New Orleans Council For

Young Children. She is a spokesperson and resource for the press on issues of importance to children and families and she lectures and conducts workshops frequently on a variety of topics.

Susan M. Kuhn

Susan M. Kuhn is a Washington-based consultant who helps nonprofit organizations launch new activities and products. A 20-year veteran of the nonprofit and philanthropy fields, she has started new organizations, created new publications, authored and edited books, and designed and implemented new organizational strategies and structures. Kuhn's background is in development, editorial work, and strategic planning.

Anne Brown Rodgers

Anne Brown Rodgers has been a writer and editor for more than twenty years, working on publications for technical as well as lay audiences. Her primary focus is on health-related issues, and she has covered a broad range of topics, including women's health, prenatal care, HIV/AIDS, cancer, rural health care delivery, nutrition, and managed care. Since 1992, she has managed her own writing and editorial services business.

ORDERING *GET ORGANIZED: A GUIDE TO PREVENTING TEEN PREGNANCY*

Get Organized is a three-volume set:

Volume 1: Focusing on the Kids

Volume 2: Involving the Key Players

Volume 3: Making It Happen

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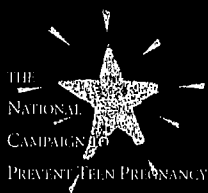
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Focusing on the Kids

Get Organized: A Guide to Preventing Teen Pregnancy

VOLUME 1: Focusing on the Kids



The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported almost entirely by private donations. The Campaign's two-part strategy involves (1) changing the culture by working with the entertainment media, parents, teens, and others, and (2) building a more coordinated and effective grassroots movement by working with local communities. Both components of our strategy are anchored in strong research on effective approaches and respect for the role of religion and values in shaping solutions.

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