

Teen Pregnancy Prevention: A New Paradigm

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Despite common myths, teen pregnancy and teen birth rates are decreasing in the United States.¹ The two most obvious reasons for this decline are that more teens are abstaining from intercourse and sexually active teens are increasingly using contraception. Despite this decrease, teen childbearing in the United States remains a public health issue. The cost for local, state, and federal taxpayers was at least \$10.9 billion in 2008, with most of the costs being associated with negative consequences for the children of teen mothers.² An increase in healthcare costs, increased rates of incarceration, and lost tax revenue caused by unemployment adversely affect the children of teen mothers, in addition to the high likelihood of the child's placement in foster care.³

When the lay public and media discuss solutions to this problem, often, highly politicized terms such as *abstinence only*, *abstinence plus*, or *comprehensive sex education* are used. These terms do not reflect whether a program is effective and these labels often do not truly describe the content of the program. As medical professionals, we often discuss evidence-based medicine and best practices; therefore, we should consider a similar paradigm with regard to sex education. There are more than 30 curricula found on the Web site of the Office of Adolescent Health (www.hhs.gov/ash/oah) that are considered evidence-based programs (EBPs). These programs have strongly influenced the behaviors and/or sexual health outcomes of youth exposed to a specific program. In addition, these programs have been shown to influence one or more of the following behaviors: delayed sexual debut, increased use of condoms and/or contraception, reduced frequency of sexual intercourse, and reduction of the number of sexual partners.⁴ That said, being labeled as an EBP does not define whether the program discusses contraception. It is behavioral change that is recognized as the most important point.

Instituting an EBP in a school can be difficult because of the subject matter (sex) and the time constraints of the school day. It is important to begin the process with a thorough needs

assessment to gather data with regard to social norms and attitudes about teen pregnancy within that community. The assessments can be as simple as scheduling informal meetings with key stakeholders, organizing focus groups, or assessing a process or program that has already been initiated. When conducting a needs assessment, it is important to engage the various stakeholders such as teens, parents, school administrators, teachers, and other organizational staff. Once the assessment has been completed, it is imperative that the data be shared with the involved groups so that a program can be chosen that best fit the community's needs.

EBPs are only one component of a community saturation or community-wide initiative to combat teen pregnancy. Community mobilization, stakeholder education, linking teens to preventive services, sustainability, and cultural competency are also required to gain success from a program. Engagement teams should be constructed to include youth, community members, and involved stakeholders. The terms *youth leadership team*, *community action team*, and *core partner leadership team* have been used to delineate their focus. These teams are used to mobilize the community and provide a grassroots component to ensure sustainability of the project. The stakeholders in a community effort could include superintendents, other teen pregnancy prevention groups, clinical providers, health departments, Women, Infants, and Children programs, probation offices, foster care systems, medical societies, and medical alliances.

Implementation of EBPs and mobilization of the community work best when there are both formal and informal linkages of teens to clinical services. Teens, in general, do not seek preventive services. Often, they are seen by a healthcare provider only if they need an immunization, need a sports physical, or have an acute illness/injury such as strep throat or a broken bone. It is important to advocate that all visit types with all providers include time alone to ask sensitive questions and to complete a sexual health history. More important, we must ensure that physicians and physician extenders are not completely responsible for all of this additional questioning. It is acceptable to "task-shift" the questions to a medical assistant or nurse, who can then alert a physician to key or trigger responses to the questions.⁵ Organizations such as the American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics have specific best practices for teen-friendly care. They include same-day appointments, streamlined clinic visits, and no Pap smear or pelvic exam for females younger than 21 years unless there are pelvic complaints. The Centers for Disease Control and Prevention's guidelines indicate chlamydia testing for all sexually active females younger than 25 years.⁶

Empowering parents—making sure parents know that they should be talking early and often to their teens, monitoring their teen's behavior and friends, and discouraging early dating—is an important component of any adolescent's care. Teens need to be counseled so they can begin to think ahead, value themselves, and know their emotional and physical limits. In

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many of the EBPs, role-playing is an integral part of the program, allowing teens to practice being in risky situations and handling them successfully. One can compare this to learning a surgical skill so that it becomes second nature, no matter where or when it happens. Parents should incorporate this role-playing into their daily conversations with their children.

Teen pregnancy prevention is no longer a one-time presentation advising teens to “just say no.” It needs to be a community effort to find common ground in providing the best evidence-based practices in schools, faith-based organizations, youth-serving organizations, and clinics. It is ensuring that parents are supported with knowledge and skills, and that teens are provided safe places to engage in healthy activities that allow them to take safe risks, which is part of normal adolescent development. It is a package that includes total teen health, which requires an entire community to embrace its philosophy and implementation.

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