TEENAGE PREGNANCY PREVENTION: COMPARISON OF OUTCOMES FOR TEENAGE GIRLS AND BOYS PARTICIPATING IN AN EVIDENCE-BASED INTERVENTION

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Purpose

This presentation describes: global perspectives on teenage pregnancy prevention; and outcomes for teenage girls and boys in an evidence-based intervention, the Newark NJ Best Friends Adolescent Family Life Intervention, which promotes reduction in risky behaviors and abstinence from premarital sex.
Global trends indicate high rates of teenage pregnancy in the United States and other developed countries (Benton, Roberts-Gray & Lewis, 2011; Chin et al, 2012; Greene, Monahan, Ditmar & Roloson, 2011; National Campaign to Prevent Teen and Unplanned Pregnancy, 2009; Shah, 2012). Teenagers have high rates of risky behaviors which affect health including: drug and alcohol use (Ramirez et al., 2012; Tatchell et al., 2004); smoking (Panday, et al., 2007); and sexual activity contributing to STD’s, HIV/AIDS (Bearinger et al., 2007; Chin et al, 2012; Klein & Cord, 2011; Lloyd et al., 2012; Malone & Rodriguez, 2011; Maticka-Tyndale, 2001; Rector, 2002; Marti, Stice & Springer, 2010; Schinke, Schwinn & Fang, 2010). Early teenage sexual activity and risky behaviors are related to teenage pregnancy. Teenage risky sexual behaviors are increasing.
Risky Behaviors

High rates of risky behaviors exist among Newark teenagers including early sexual activity contributing to teen pregnancy, sexually transmitted diseases and HIV/AIDS.
STD’s

• The Center for Disease Control and Prevention (2008) reported nearly 3.2 million girls, ages 14 to 19, are infected with an STD.

• African American girls are at higher risk. Chlamydia rates among adolescent girls is up by 1.8 % in 2009, and African Americans represent 48% of all new cases of Chlamydia and 71% of all new cases of gonorrhea (CDC, 2009).

http://www.cdc.gov/std/stats09.adol.htm
http://www.cdc.gov/std/stats09.minorities.htm
HIV and STD Rates For Teenagers in New Jersey

Incidence of HIV among 13-24 y.o.
1998: 12.6  2002: 11.8

Incidence of chlamydia, females 15-19 y.o.
1998: 1873.8  2003: 1841.3

Incidence of gonorrhea, females 15-19 y.o.
1998: 622.7  2003: 619.0

Incidence of syphilis: 1998: 1.3  2003: 2.0

Per 100,000 of the population
Birth Rates For Teenagers in US

The U.S. has the highest rates of teen pregnancy and births of all developed nations. The teen birth rate per 1000 girls aged 15-19 in 2006 in the US was 41.9 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009).
Theoretical Framework and Intervention

Bandura’s Social Learning Theory guided the intervention which focused on sexuality discussions, mentoring and role modeling, health and fitness classes, and participation in cultural events, community service and a formal recognition ceremony.
Intervention

The intervention has a structured curriculum which is implemented in schools that provides support, role models and education on delaying sex, and avoiding risky behaviors.

The intervention reduces risky behaviors by providing supportive relationships, positive peer pressure, counseling, sexuality information and health lessons.
Methods

**Design:** Pretest post-test design.

**Sample/Setting:** Four intervention schools (n=388; n=223 girls; n=165 boys) and five comparison schools (n=309; n=151 girls; n=158 boys) participated. Participants were 6th, 7th, 8th grade students primarily of African American ethnicity. Intervention participants were randomly selected. Comparison participants were a convenience sample who did not receive the intervention. Comparison and intervention schools were matched on demographic variables.
Measures and Analyses

Measures

- Adolescent Family Life Core Baseline/Follow-up Questionnaires
- Demographic Questionnaire

Paper and pencil administration of the questionnaires was done by trained staff.

Statistical Analyses

Pearson Chi Square, Mann Whitney U statistical tests and a .05 level of significance were used.
Results

Demographic Characteristics

- 6th, 7th, and 8th grade high risk girls and boys largely of African American ethnicity
- high rates of poverty
- high unemployment
- single parent households
- violence in the community
Post-Test II Results: Significantly more intervention than comparison participants reported: important to remain abstinent until marriage ($p < .001$) and future spouse to remain abstinent ($p < .001$); premarital sex makes it harder for a good marriage and family life ($p < .001$); a problem with unmarried teens having sex even if no pregnancy results ($p = .031$); abstinence prevents pregnancy, STD’s and other health problems ($p = .047$).
Results

Intervention vs Comparison Participants

Post-Test II Results: Significantly more intervention than comparison participants reported: they admire teens who remain abstinent (p = .004); they have friends who think no sex until marriage (p < .001).
Results: Comparison vs Intervention Participants

Post-Test II Findings: Significantly more comparison than intervention participants reported: sex before marriage is okay if you have been dating a long time (p=.045).
Results: Intervention Girls vs Intervention Boys

Post-Test II Findings: Significantly more intervention girls than boys reported: dating and party rules (p = .002); asking parents/guardians more questions about their body/dating/alcohol/drugs (p = .001) and puberty (p < .001); saying no to drinking, drugs and sex (p = .01); higher age for going on a date alone (p = .001); it's important to remain abstinent until marriage (p < .001); there is a problem with having sex even when no pregnancy results (p = .001).
Results: Intervention Girls vs Intervention Boys

Post-Test II Findings: **Significantly more intervention girls than boys reported:** sex as a teen makes it harder to study ($p<.001$), have a good marriage and family life ($p<.001$), and develop emotionally and morally ($p<.001$); they admire teens who remain abstinent ($p=.003$).
Results: Intervention Boys vs Intervention Girls

Post-Test II Findings: Significantly more intervention boys than girls reported: it is okay for teens to date older/younger persons ($p = .031$); sex is okay if teens have been dating a long time ($p < .001$); and talking with father/male person about life ($p < .001$).
Conclusions

Intervention participants, especially girls, have more significant outcomes related to abstinence behaviors and attitudes than comparison participants. Findings suggest the intervention reduces premarital sex and risky behaviors which contribute to teenage pregnancy.
Implications

Findings have implications for practice, education, research, and policy on effective interventions for preventing pregnancy and promoting sexual health in teenagers.