



ISSUE IN BRIEF

Youth Development & Teen Pregnancy, STI, and HIV Prevention



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Teen pregnancy rates remain higher in the United States than in any other industrialized country, and sexually transmitted infection (STI) rates have spiked considerably in recent years (Boonstra, 2002). After falling for several years, teen pregnancy rates began to rise again in 2005; this increase in the teen birth rate was sustained in 2007, yielding an overall rate 5% higher than 2005 (Hamilton et al., 2009). In promoting healthy adolescent sexual development, effective teen pregnancy prevention and/or support for pregnant and parenting, it is critical that our focus expand beyond basic reproductive health issues. Young people do not develop in a vacuum and are heavily influenced by their surrounding environments. Their health, safety, and well being intersect with their family life, school environment, and community stability, as well as access to services and supports; and disparities across race/ethnicity and socio-economic lines persist. These contextual layers demand that we consider adolescents within their various settings and society at large.

Youth Development is a framework that assumes that young people have fundamental, underlying needs for healthy development, some of which are unique to adolescence as a time of life (Resnick, 2006). Youth development programs address these needs and help youth navigate this important transition by meeting their personal and social needs, while allowing them to build skills and competencies that allow them to function and contribute in their daily lives (Pittman, 1998).

Youth development strategies recognize the multi-faceted nature of human development, and rely upon asset building and other measures that improve the lives of youth and help them navigate the potential pitfalls as they transition from adolescence to adulthood. Successful youth development programs inspire life goals, create support networks, encourage participation in constructive activities, and build self-esteem. Youth development strategies incorporate these networks and goals as both necessary aspects of adolescent development and strong motivating factors to improve overall life situations, decrease risky sexual behaviors and prevent pregnancies (Brindis et al., 1998). Research has shown that a variety of youth development programs are associated with more positive reproductive health behaviors, providing a framework for future programmatic interventions and goals for adolescent practitioners to integrate youth development into teen pregnancy, HIV, and STI prevention (Manlove et al., 2002).

BACKGROUND INFORMATION

Prevalence

After a fifteen-year decline in teen birth rates, the most recent data shows an increase of 3% between 2005 and 2006 (Hamilton, 2007). Currently the United States has one of the highest rates of teen pregnancy in the developed world, with a pregnancy rate of 79.8/10,000 women ages 15 to 19 and a live birth rate of 48.7/1000 women ages 15-19 (Boonstra, 2002).

Although youth ages 15-24 account for only 25 percent of the sexually active population, they represented 48% of all STIs during 2000 (Weinstock, 2004), highlighting the grave concern regarding safer sex practices among adolescents, as well as the increased risk that having a sexually transmitted infection (STI) can have on HIV transmission. It is estimated that more than half of all HIV positive adolescents have not been tested and are unaware of their infection (Branson, 2006). Clearly, the HIV/AIDS epidemic remains a significant issue for adolescents and young adults in the United States. Despite the focus on abstinence and delaying sex over the past decade, adolescents are still engaging in sexual behaviors and the number of newly infected adolescents continues to grow (CDC, 2005).

In countless communities across the country, teen pregnancy, HIV, and STI prevention efforts are disconnected, intermittent, and discontinuous. Schools provide sexuality education, family planning clinics supply contraceptive services and youth-serving professionals offer youth development opportunities (Brindis et al., 1998). Such categorization of services has resulted from categorical funding streams, forcing programs to narrowly focus their agenda and compete for funding (Brindis et al., 1998). The future success of community programs for youth in promoting adolescent development is dependent upon on reliable and broad-based support at the federal, state, and community level.

The Concern

Early parenting often has a negative impact on both young parents and their children. For example, young mothers and fathers are less likely to graduate high school, and the children of young parents frequently experience higher rates of poverty, drug abuse, incarceration, etc. (Klerman 2002). Young women who deliver babies prior to completion of high school are more likely than their peers to have had academic difficulty and school failure (Klepinger, 1995) as well as mental health problems such as depression and anxiety (Panzarine, 1995). While less is known about young fathers, they face the same risk factors of young mothers in their daily lives. Children born to young parents often have a unique set of needs which leave them at increased risk for repeating early parenting, thus perpetuating the cycle of poverty among future generations (Furstenberg, 1990; Maynard, 1996,).

In addition to the concerns over young parenting, youth are at high risk for STIs and HIV/AIDS. Having an STI puts youth at greater risk for contracting additional infections, including HIV (Advocates for Youth, 2008). Nationwide, it has been estimated that only 12% of students have been tested for HIV, and that youth are more likely than many other population to not get tested (Advocates, 2008). Youth who have not been tested for STIs (including HIV) are at greater risk of transmitting the infection if they were to become pregnant, leading to prenatal transmission that could have otherwise been avoided. Undiagnosed and untreated STIs may also lead to infertility in both men and women, and increase the risk of developing certain cancers (Healthy Youth Network, 2007). Having an STI and or HIV may also have a negative impact on the health and general well-being of youth, which may be further hampered by their inability to seek adequate medical attention due to poverty, location, or other social factors (Healthy Youth Network, 2007).

Adolescent development does not occur in a vacuum, but instead is influenced by a number of complex and often interconnected experiences and environments. Behavior theory shows to varying degrees the influence of family, peers, neighborhoods, communities, and society on the healthy development of youth. The need to engage so

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many players in promoting healthy behavior requires cross-collaboration, long term commitment, and a comprehensive youth development approach. This type of holistic and long term commitment is necessary as so many of the risks to healthy development intersect within these multiple layers of context. A young person's ability to develop the skills needed to resist risk-taking behaviors—leading to substance abuse, unprotected sex, delinquency, and lack of school progression—often depend on the confluence of these factors. Youth development programs focus on building skills, attitudes, knowledge, and experiences, by integrating the principles of adolescent development, so youth can more easily negotiate a healthy future for themselves.

In recent years, a highly publicized debate has emerged about adolescent sexual and reproductive health, framing comprehensive sexual education in direct opposition to abstinence-only-until-marriage programs. Often, programs focused on teen pregnancy, HIV, and STI prevention lack the scope to incorporate the larger social and psychological issues contributing to risk-taking behaviors. As organizations and policy makers re-evaluate strategies, youth development provides a broader context in which to create and provide services to youth in order to strengthen ties to their families and communities, bolster their self-esteem, smooth the transition to adulthood, and ameliorate the factors that lead to risk-taking behavior. Using an asset-building approach, youth development programs provide broad support for young people for developing existing strengths, fostering feelings of self-worth, and building motivation to set and reach future goals.

*“The field of teen pregnancy prevention needs a new attitude. Rather than fixing teens’ problems, we need to nurture their potential.”
(Brindis, 1998)*

Furthermore, although many comprehensive sexuality education programs have been proven effective at reducing risk-taking behaviors in adolescents, youth development programs can supplement these efforts with a holistic and well-rounded approach. Youth development programs provide education, but they also help youth build other assets, such as self-efficacy, community linkages, and mentor relationships that enhance the effectiveness of educational programs. Information is critical to healthy development, but is not the only essential component in the decision making process. While youth do need information about their own bodies and sexual health options, they must also acquire the motivation and skill sets provided by youth development programs to implement and fully benefit from these resources.

The strategies used in youth development can play an important role in preventing teen pregnancies, HIV, and STIs. Hopes, dreams for the future, self-worth and motivation are important protective factors for reducing sexual risk-taking behaviors. These protective factors are the same that have been shown to improve in youth development programs, linking these programs to their impact on outcome. Youth development programs can include tutoring and mentoring, recreation, job training, social skill development, and community service programs, among others. Although common threads exist, there is no single agreed-upon model for youth development programs; groups and communities must assess their own needs, strengths and resources, with a special focus on youth (National Clearinghouse, 1996). Being flexible and tailoring services to meet the needs of youth has the greatest likelihood of success (Brindis et al., 1998).

Impact on Behavior

Advocates and professionals working with youth have primarily focused on replacing abstinence-only-until-marriage education with comprehensive sexuality education in the schools. In addition to the importance of comprehensive sexuality education, evidence has emerged that youth may benefit most from programs with a multi-faceted approach. Although all adolescents have varying levels of risk, all could benefit from having “family life education and services linked with motivation to delay pregnancy and early childbearing, as well as viable alternative to early childbearing” (Brindis et al., 1998).

Bronfenbrenner’s Ecological Model (Bronfenbrenner, 1979) represents childhood and youth development as influenced by several layers of micro and macro systems. This model posits that one cannot significantly impact the behavior of a child or youth without considering and integrating the spheres of family, peers, neighborhood, community, and society. Youth development programs often rely on this theory of intersecting pathways and create programs that influence the complex contextual factors that can positively or negatively impact development.

Programs that include health education, counseling, social marketing, and other educational opportunities are thus well-suited to addressing and impacting youth behavior as they use a multi-faceted approach (Raneri, 2006). Although the term “youth development” is rather broad, research indicates that effective programs share certain similar characteristics as they motivate youth and increase positive asset building. Effective youth development programs integrate the ecological model by:

- Increasing the connectedness of youth with non-parent adults, as these relationships allow them to create lives more independent from their parents while still relying upon the advice and experiences of older adults (Grossman, 2006).
- Recognizing the importance of self-esteem and maladaptive coping mechanisms upon sexual health decisions, including the choice to use contraception. Interventions focused on improving general decision-making skills and “stimulating thinking around not only sexual issues but also on relationship and communication may facilitate more competent decision making” (Commendador, 2007).
- Encouraging youth to have goals, which, in turn, increase the likelihood that they will engage in safe sex practices. Youth provided with education, and information about pregnancy and parenting as an impediment to achieving these goals are more likely to abstain or use contraception (Jumping-Eagle, 2008).
- Helping to prevent subsequent pregnancies in young mothers when they rely upon a package of clinical and social services, including group meeting on parenting, service projects, participation in events, and sexuality education (Schaffer, 2008).

A youth development approach emphasizes providing opportunities for young people to participate in challenging and engaging activities that build their skills and competencies. Within this framework, youth are seen as able to contribute to their community. Youth development represents a resilience framework; that is, it builds on the inherent characteristics of youth to do well in the face of adversity. A youth development frame encompasses an ecological model in that it recognizes the domains that impact youth development and understands the complex and multi-faceted nature of development and includes many of the characteristics listed above.

Youth Development Programs

Currently, there are seven youth development programs proven to be effective at reducing sexual risk-taking behaviors. These science-based programs include Aban Aya, Children’s Aid Society Carrera Model, Familias Unidas (Families United), Keepin’ it R.E.A.L., Project AIM, Reach for Health, and Teen Outreach Program (TOP). Not all youth development programs proven to be effective thus far have been shown to be effective in reducing rates of teen pregnancy as well as STIs and HIV. Sexual risk-taking behaviors, however, were affected, including delayed initiation of sexual intercourse, reduced incidence of unprotected sexual intercourse, and reduced frequency of sexual intercourse. Given the similarities among sexual risk-taking behaviors that lead to teen pregnancy, HIV, and STIs, it is possible that youth development programs may also be effective at reducing the sexual risk-taking behaviors that lead to STI and HIV exposure and infection. Certainly, future research and evaluation methods can be rigorously applied to test this theory, as the field continues to advance.

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The Aban Aya youth project is a social development intervention program designed to reduce rates of sexual risk-taking behaviors among African American male youth in grades five through eight (Child Trends, 2003). The program consists of classroom-based lessons focused on improving cognitive-behavioral skills, in combination with parental support, community components, and a supportive school environment. During the classroom-based skills sessions, participants are encouraged to increase self-esteem and empathy, resist peer pressure, and develop both decision-making and goal-setting skills (Child Trends, 2003). Evaluation of the Aban Aya youth project found a significant reduction in increase of multiple risk behaviors for males, including violence, substance abuse and sexual activity in comparison to those youth enrolled in the control group (Child Trends, 2003). This reduction in risk, however, was only statistically significant for those youth deemed “high risk” at the beginning of the intervention and had no impact upon medium or low-risk groups (Segawa, 2005).

The Children’s Aid Society Carrera Model is characterized by its holistic and comprehensive approach. Program components include daily after school activities, summer programs, comprehensive health care (including dental and mental care), family involvement, and access to social services (Philliber, 2001). The program has activity and service components, with most participants in the Carrera model rotating through various social and recreational activities while also receiving daily academic assistance (Alford, 2008). Female youth involved in the program were found to be more knowledgeable about sexual health issues, have delayed initiation of sexual intercourse, and reduced rates of teen pregnancy (Alford, 2008). Despite non-significant results in these knowledge and behavioral outcomes in young men, the data suggests, “reaching young men sooner may strengthen outcomes” (Alford, 2008).

The Familias Unidas (Families United) program is one of the few interventions that has been shown to be effective at increasing parental involvement, positive parenting, and family support in Hispanic families (Prado et al., 2007). The program relies upon the assumption that parental involvement is “essential to promoting adolescent development and to prevent substance use and unsafe sex” among Hispanic teenagers (Prado et al., 2007). Evaluation has established that Familias Unidas works as a multilevel prevention intervention to positively engage participants and alter “important parenting practices linked to later adolescent problems” (Coatsworth, 2002). The parenting skills of the program have been shown to be flexible enough to impact a variety of outcomes, and the focus on risky sexuality is thought to be effective at reducing unsafe behaviors in youth (Coatsworth, 2002).

The Keepin’ it R.E.A.L. (Responsible, Empowered, Aware, Living) program is an HIV prevention project developed to work with mothers and their adolescent children. Parents are taught about reproductive health, HIV prevention, and techniques to inform their children about these issues with the ability to individualize and reinforce these important messages (Dilorio et al., 2002). It was found that parents are an important and often underutilized source for sexual health information dissemination and HIV prevention. Specifically, studies on the effectiveness of the program have shown that the key components of these parent/adolescent programs are linked to the interventions that help bolster the confidence of adolescents, their ability to manage stress, and ability to promote positive attitudes about delaying the initiation of sexual intercourse (Dilorio et al., 2002).

Project AIM (Adult Identity Mentoring) is a ten-session curriculum using the idea of possible selves; youth in the program are encouraged to articulate possible future self-identity and to develop self-promotion skills (Clark, 2007). The program is unique in that it focuses on positive outcomes, and modified sexual risk without providing instruction on sexually explicit topics. 19 weeks after the initiation of the program, youth were surveyed about their sexual activity. Survey and evaluation results showed that those in the AIM project showed decreased intention to “engage in sex and increased abstinence compared with students not receiving the intervention” (Clark, 2007). At a one-year follow up, only AIM male participants were shown to have an effect on their sexual behavior (Clark, 2007).

The Reach for Health program targets African-American and Hispanic youth living in urban areas; it combines a classroom teaching component with a community service work component (Alford, 2008). After studying the effectiveness of the intervention, it was found that students in the intervention group showed less risky behavior (ever had sex, recent sex, recent sex without condom, recent sex without birth control) than did their peers in the control group (O’Donnell et al., 2002). Overall, Reach for Health was found to help delay initiation of sexual intercourse and reduce risky sexual behaviors over several years of follow-up (O’Donnell et al., 2002).

The Teen Outreach Program (TOP) is considered a school-based program for teen pregnancy prevention and school dropout prevention. The program, for high school-aged youth, consists of three interrelated components: supervised community service, classroom discussion of service experience, and classroom discussion and activities related to the

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social and developmental aspects of adolescents. The Teen Outreach Program is based upon the “helper-therapy” principle and the theory of empowerment as a tool for teen pregnancy prevention (Alford, 2008). Evaluation of TOP found a reduced rate of teen pregnancy, reduced repeat pregnancy outcomes, and a reduced risk of suspension from school (Alford, 2008).

Chart: Science-Based Programs that Integrate Youth Development & Teen Pregnancy, STI, and HIV Prevention

PROGRAM	Aban Aya	Children’s Aid Society—Carrera Program	Familias Unidas (Families United)	Keepin’ It R.E.A.L.	Project AIM	Reach for Health	Teen Outreach Program (TOP)
FORMAT	<i>School-Based + Comprehensive Community, Males only</i>	<i>Comprehensive Care (Health Services etc.)</i>	<i>Parent-Based</i>	<i>Parent-Based</i>	<i>School - Based</i>	<i>School-Based + Community Service</i>	<i>School-Based Curriculum</i>
Increased Sexual Health Knowledge	✓ (Males only)	✓ (Females only)	✓ (Reduced unprotected sex)		✓	✓	
Delayed Initiation of Sexual Intercourse		✓ (Females only)		✓	✓ (Males only)	✓	
Reduced Rates of Teen Pregnancy		✓ (Females only)					✓
STI/HIV Prevention or Reduction	✓ (Males only)		✓ (Reduced unprotected sex)	✓			
Other	✓ <ul style="list-style-type: none"> • Reduced substance abuse • Reduced violence (Males only) 		✓ Reduced substance abuse			✓	✓ <ul style="list-style-type: none"> • Reduced rate of repeat pregnancy • Reduced school dropout rate • Reduced risk of suspension

Although the programs mentioned above have been largely shown effective for specific youth populations, they all share common characteristics due to their commitment to providing comprehensive educational and social services. As new programs are developed and tested it will be important to maintain this focus on a holistic approach to health, and the ability to minimize risky youth behaviors that lead to unplanned pregnancies, STIs, and HIV through asset building and the reinforcement of protective factors.

DEFINITIONS

Asset building: acknowledges that certain internal or external characteristics such as supportive family members, self-esteem and educational motivation can have a significant impact upon behavior. Assets are thought to be cumulative or additive (i.e., the more the better), and programs focus on improving or creating new assets for youth in order to positively impact their lives (Oman, 2004).

Comprehensive Sexuality Education (CSE): programs promote abstinence as the most effective way of preventing pregnancy and sexually transmitted infections (STIs) and HIV, while also teaching about healthy relationships, contraception, and STI and HIV prevention.

Science-Based Approaches: include the application of the following approaches: 1) the use of social science research to assess the needs and resources of the youth to be served by the program; 2) integration of health education and behavior change theory; 3) logic models to select, design, and/or improve programs; 4) implementation of science-based programs with fidelity 5) adaptation of science-based programs while maintaining core components; 6) implementation of promising programs, identified using the 17 Characteristics of Effective Programs; and 7) process and outcome evaluation. These approaches allow providers to use best practices and proven research in their development programs to prevent teen pregnancy, STI, and HIV.

Youth Development: is a framework that assumes that young people have fundamental, underlying needs for healthy development, some of which are unique to adolescences as a time of life (Resnick, 2006). Youth development programs address these needs, and help youth navigate this important transition by meeting their personal and social needs, while allowing them to build skills and competencies that allow them to function and contribute to their daily lives (Pittman, 1998). Youth development strategies recognize the multi-faceted nature of human development, and rely upon asset building and other measures that improve the lives of youth and help them navigate the potential pitfalls as they transition from adolescence to adulthood. Successful youth development programs inspire life goals, create support networks, encourage participation in constructive activities, and build self-esteem.

ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health—specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy, and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

RESOURCES

Healthy Teen Network
www.healthyteennetwork.org

Advocates for Youth
www.advocatesforyouth.org

Forum for Youth Investment
www.forumforyouthinvestment.org/

Healthy Youth Development
Prevention Research Center
www.prc.umn.edu/peds/ahm/programs/home.html

National Campaign to Prevent Teen
Pregnancy
www.teenpregnancy.org

Search Institute
www.search-institute.org/

Youth Asset Study
www.coph.ouhsc.edu/coph/hps/YAS.htm

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