

Teenage Pregnancy Prevention: findings from research

Dr Simon Denny

**Kidz First Community Health - Centre for Youth
Health**

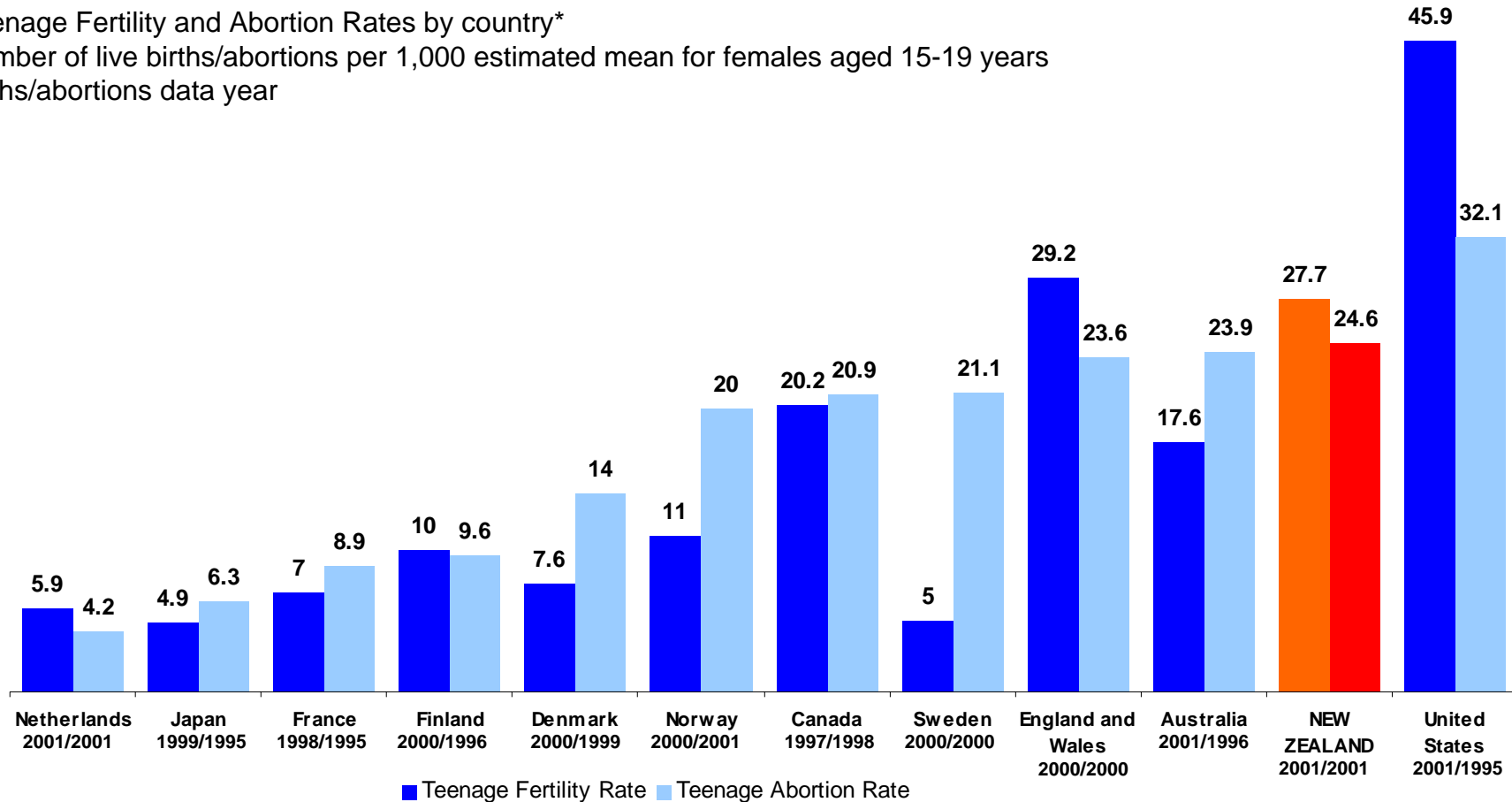


In comparison with other countries, New Zealand has high rates of teenage births and abortions

Teenage Fertility and Abortion Rates by country*

Number of live births/abortions per 1,000 estimated mean for females aged 15-19 years

Births/abortions data year

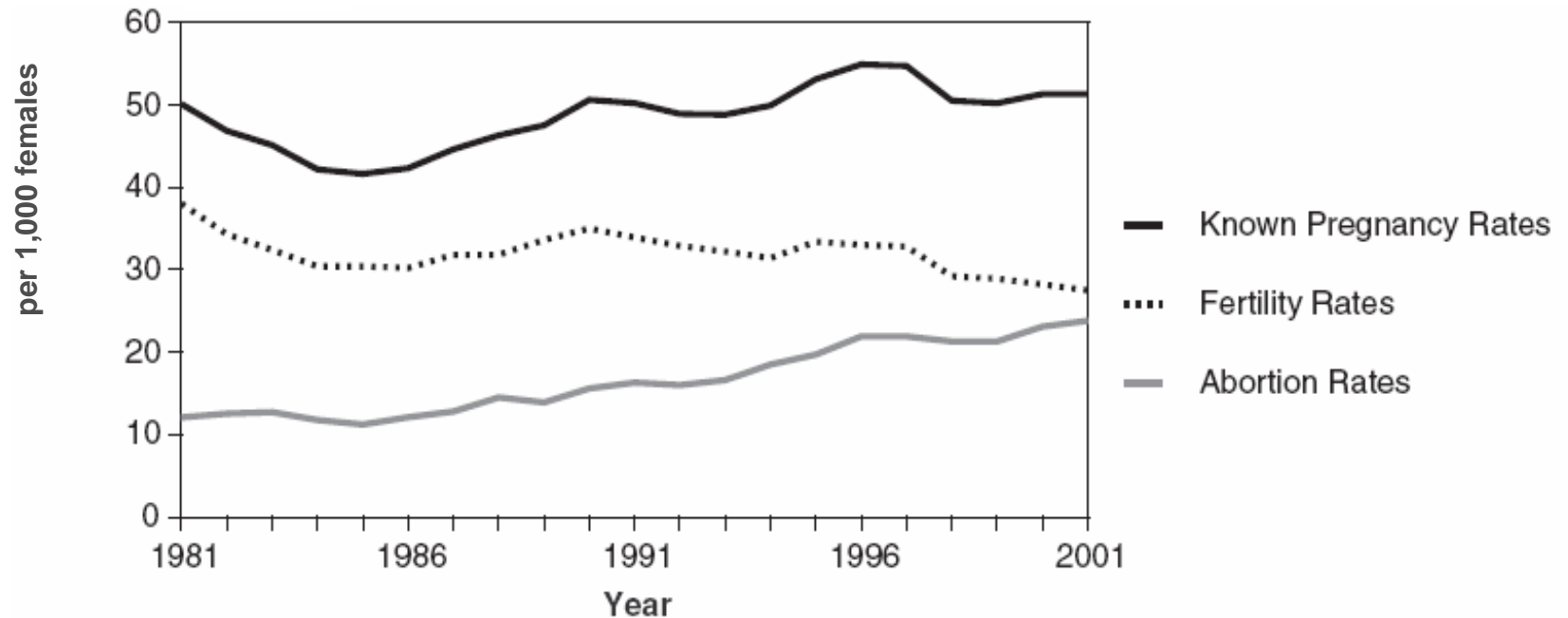


*Statistics New Zealand (2003). Teenage Fertility in New Zealand



While fertility rates(births) among teenage females has decreased, abortion rates have increased over the last 20 years

Fertility, Abortion and Known Pregnancy Rates*
Females aged 15–19 years, 1981–2001

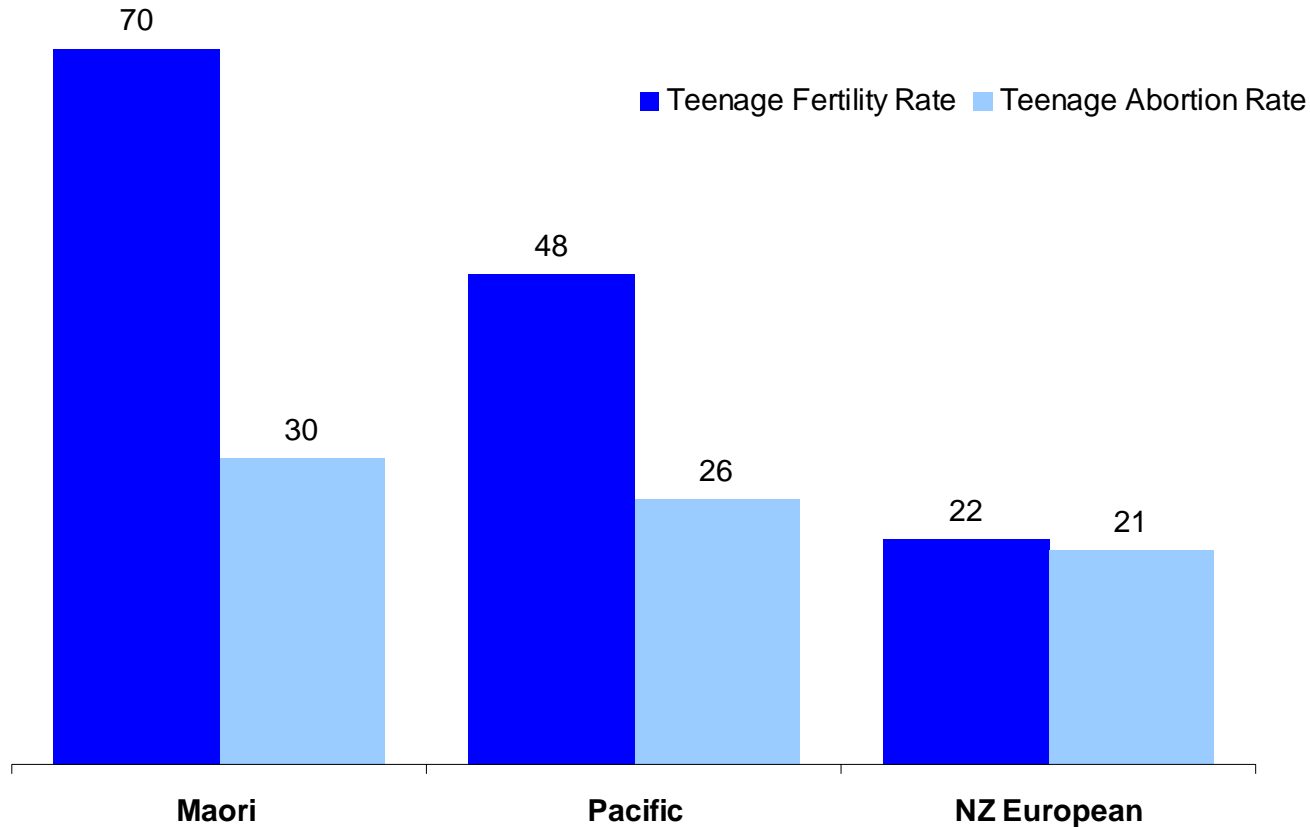


*Statistics New Zealand (2003). Teenage Fertility in New Zealand



While abortion rates are similar among Maori, Pacific and NZ European females aged 15 to 19 years, birth rates are higher among Maori and Pacific female teens

Fertility and Abortion Rates by ethnicity
Females aged 15–19 years, 2000-2003

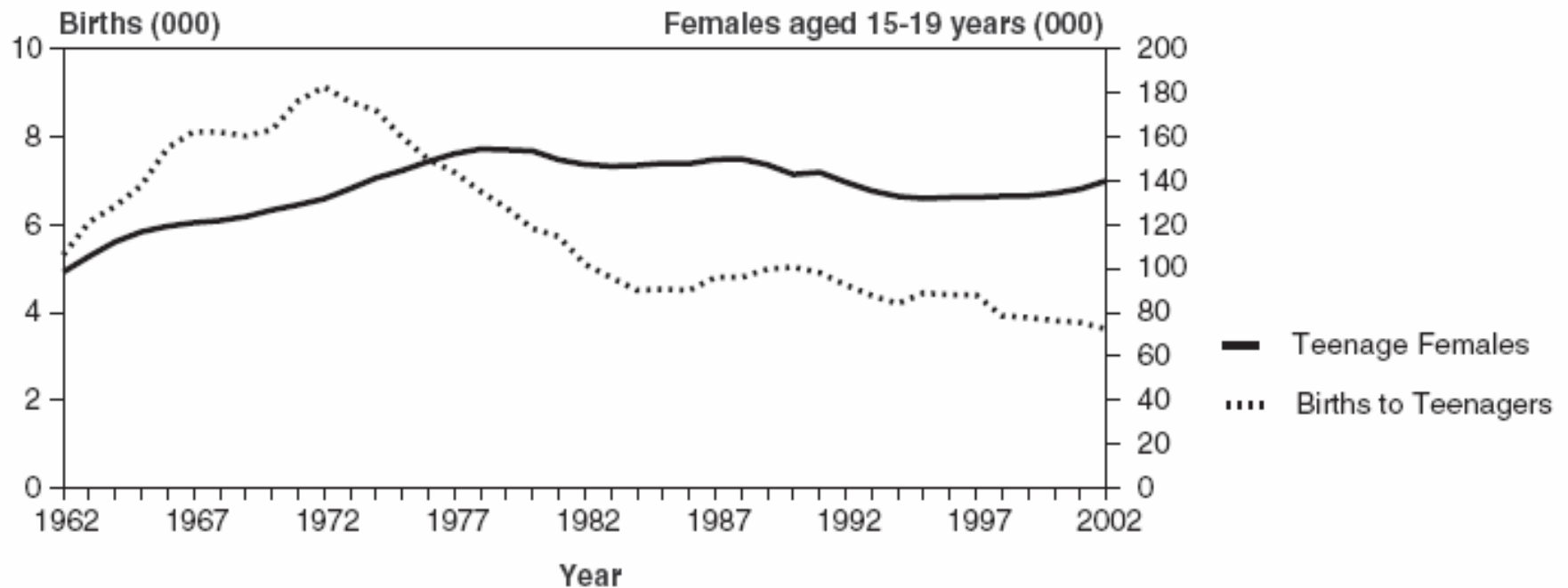


*Statistics New Zealand (2003). Teenage Fertility in New Zealand



Advances in understanding teen pregnancy

- **Costs associated with teen childbearing reflect changing contexts and society norms**



What are the known antecedents of teenage pregnancy?

- **Sexual antecedents**
 - **Sexual beliefs, attitudes and skills**
 - **Norms**
 - **Self efficacy**
 - **Intentions**

- **Nonsexual antecedents**
 - **Individual characteristics**
school performance, belief in the future, associated risk taking, emotional well-being
 - **Family characteristics**
socio-economic status, ethnicity, positive family support and attachment, family attitudes
 - **Community organisation**
levels of education, unemployment, income level, crime rate

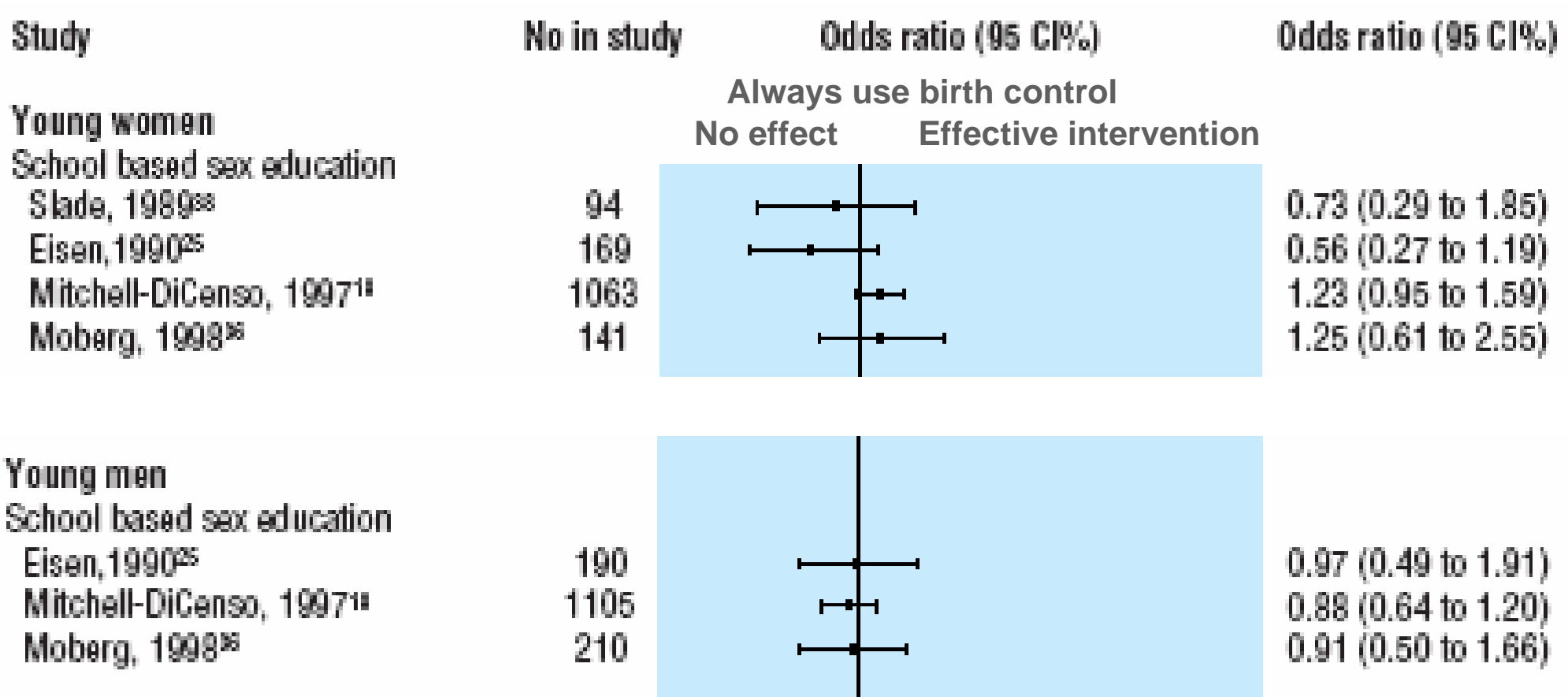


Approaches to preventing teenage pregnancy

- **Knowledge/ Curriculum-Based sexuality education programs**
 - Abstinence-only education programs
 - Sexuality and HIV education programs
- **Sex and HIV education programs for parents and families**
- **Clinic or school-based programs designed to provide reproductive health care or to improve access to condoms or other contraceptives**
 - School condom-availability programs
 - Family planning clinics
 - School-based and school-linked health cares clinics
- **Programs focusing primarily on non-sexual antecedents**
 - Early childhood programs
 - Youth development programs (e.g. service learning, vocational and employment programs)
- **Programs focusing on both sexual and non-sexual antecedents**
 - Multi-component programs with both sexuality and youth development components

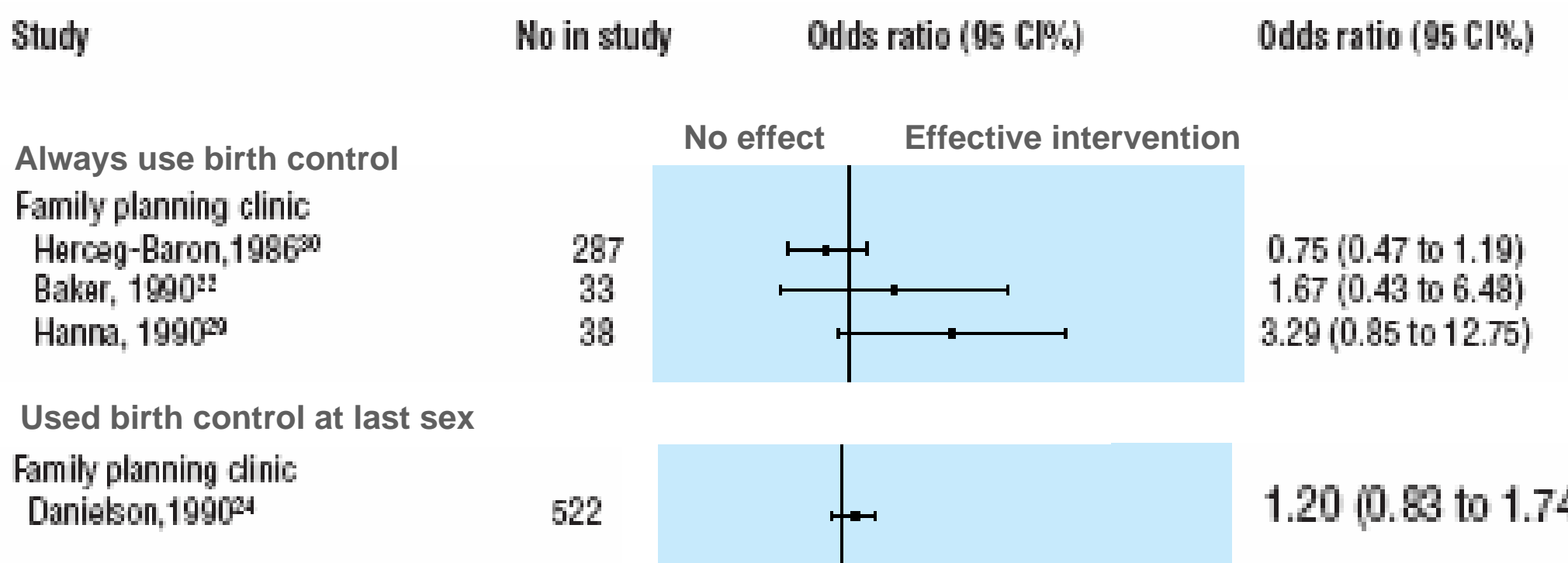
Kirby 2001

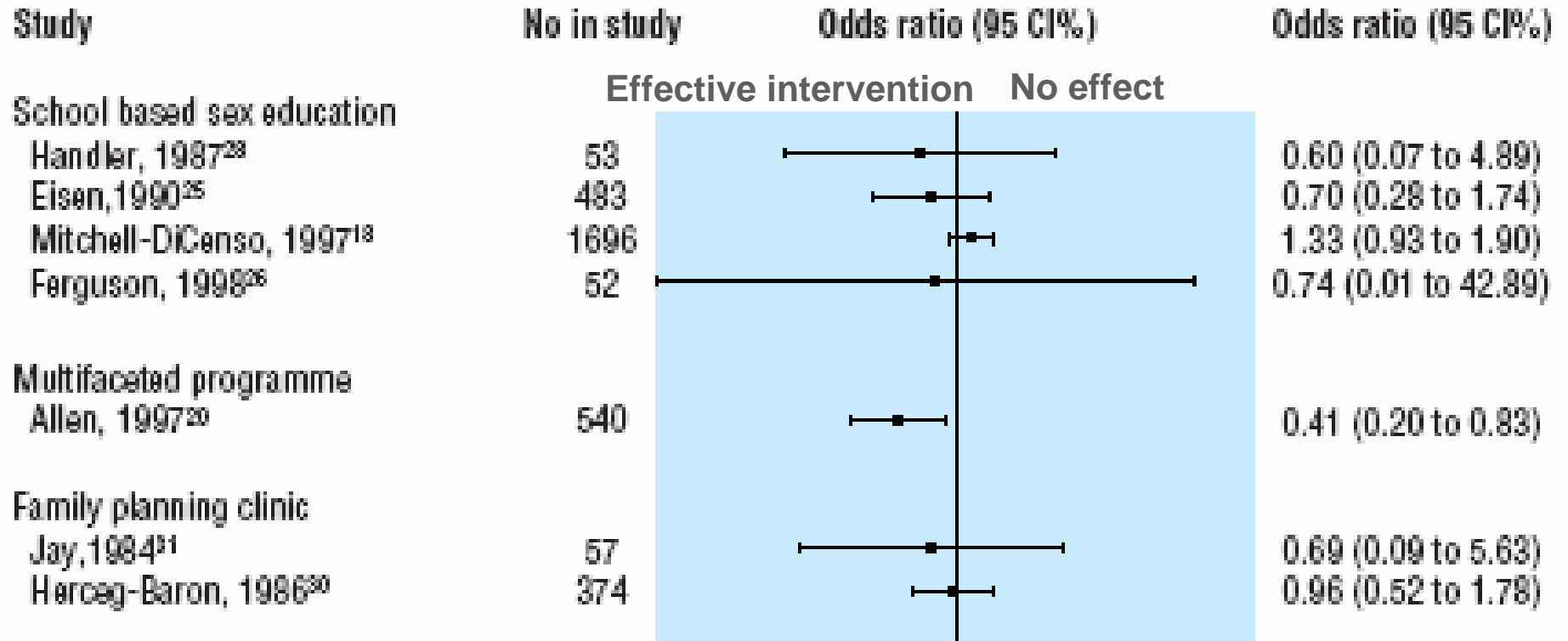




Kirby 2001







Kirby 2001



School-Based Health Clinics and teen pregnancy prevention

- **The number of pregnancies fell by over 40% in St. Paul high schools during a three-year period (Edwards, Steinman, Arnold, 1980).**
- **Males and females in school-based/school-linked program had an increased use of contraception at last intercourse and a significant decline in pregnancy rates among teenagers in a school-based/school-linked program (Zabin, et al., 1986).**
- **SBHC users were twice as likely to use contraceptive every time, and half as likely to never use contraceptives (Galavotti, Lovick, 1987).**
- **There was no significant impact on the rate of pregnancy among students being served by six SBHCs (Kirby, Waszak, Ziegler, 1991).**
- **There was a decrease in percent of students in SBHC schools using contraception and no significant impact on the pregnancy or birth rates at last intercourse compared to what would have been expected if they followed the trend of urban youths nationally (Kisker, Brown, 1996).**



Advances in understanding teen pregnancy

- **Sexual health education programs can increase the use of condoms or other forms of contraception if they have the following characteristics:**
 - **Skills based**
 - **Based on proven theoretical approaches**
 - **Use a clear message and provide basic accurate information**
 - **Include activities that address social pressures, practice of communication skills and employ a variety of teaching methods**
 - **Are of sufficient duration and intensity and utilise and train teachers and peers who believe in the program**
- **Youth development programs show the most promise in reducing teen pregnancy rates by addressing wider positive youth development issues**
- **School based health clinics are able to increase health access and when linked to wider school initiatives around healthy youth development and sexual education programs provide a possible solution to reducing teen pregnancies and sexually transmitted infections**

