

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

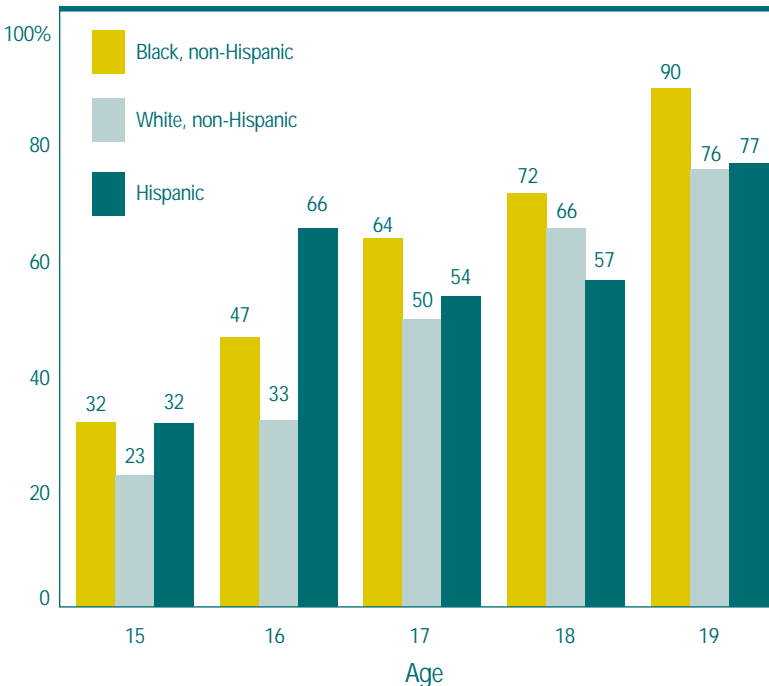
About one-half of teen girls aged 15-19 have had sex, and this proportion increases as they grow older. As the following graph illustrates, sexual activity rates among teenage girls vary by race and ethnicity. About one-third of both black and Hispanic 15-year-olds have had

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., & Rinehart, 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-Wellesley Publishing Company.
- D'Emilio, 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. *APA 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.bfriends.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

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(212) 876-9716
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“Girl Power!”

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National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
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(800) 729-6686
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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
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www.girlsinc.org

Program for Pregnant and Parenting Teens

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

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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,
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Planned Parenthood of Los Angeles
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www.planparent-socal.org

**Planned Parenthood of San Diego
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