Research Question
Do teen pregnancy prevention programs that include education for the teenagers’ parents show positive results?

Bottom Line
Evidence-based programs that include parent education, discussion, and the opportunity to practice new skills have shown promising results for promoting behaviors that lead to positive sexual health outcomes for youth.

Background
State-level policy makers requested a review of evidence to determine whether parent education contributed to positive sexual health outcomes for youth. There is a significant body of research demonstrating that increased parent-child communication and connectedness are protective factors for adolescent sexual risk behavior (Albert, 2010; Dittus et al., 1999; Dutra et al., 1999; Hacker, 2000; Karofsky et al., 2001; Kotchick et al., 1999; Leland & Barth, 1993; Lezin et al., 2004; Martino et al., 2009; Miller et al., 1998; Resnick, 1997; Schuster et al., 2006; Weinman et al., 2008). A recent systematic review (Burrus et al., 2012) found that parent education interventions that involved direct, person-to-person contact between program staff and parents or caregivers decrease adolescent risk behaviors, increase protective behaviors, and improve adolescent health outcomes by improving caregivers’ parenting behaviors. The common components of successful programs were: education about reproductive health, discussion, and opportunities to practice new communication skills.

Methods
Search parameters were limited to evidence-based programs for youth over 12 that included a parent component, were conducted in the U.S. since 1980, tested with experimental or quasi-experimental design, and demonstrated evidence of success in delayed sexual initiation, increased contraceptive use and/or decrease in teen pregnancy. Program databases searched included:
- The United States Office of Adolescent Health Teen Pregnancy Prevention Initiative’s list of 31 evidence-based programs found to be effective at preventing teen pregnancies or births, reducing sexually transmitted infections, or reducing rates of associated sexual risk behaviors (www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/resources/db/programs.html);
- 32 programs reviewed by the National Campaign to Prevent Teen and Unplanned Pregnancy (http://thenationalcampaign.org/sites/default/files/resource-primary-download/WhatWorks.pdf; Suellentrop, 2011); and
- 8 parent-child communication programs reviewed by the nonprofit organization Advocates for Youth (www.advocatesforyouth.org/parent-child-communication-programs).

Findings
After removing duplicates, ten programs meeting the search criteria were identified (Table 1). These programs included a parent or caregiver component, and were evaluated with positive youth outcomes. However, specific results related only to the inclusion of parents or caregivers were not identified, and the scope of this review did not include programs for adults without a youth component.

Conclusion
Several evidence-based programs for teen pregnancy prevention include a parent component, and have shown modest positive results for protective behaviors. However, there are challenges to implementing interventions with parents or caregivers, including the need for resources to engage parents in these activities.
Table 1. Programs with a parent education component that reported positive youth outcomes

<table>
<thead>
<tr>
<th>Program</th>
<th>Length</th>
<th>Results</th>
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<tbody>
<tr>
<td><strong>Children's Aid Society - Carrera Program</strong></td>
<td>7 years, includes a Parent Family Life and Sexuality Education program that facilitates parent / adult ability to communicate more effectively with youth about important family life and sexuality issues.</td>
<td>Three years after the program started: Female adolescents participating in the intervention were significantly less likely to report having been pregnant or being sexually active.</td>
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<td><strong>Draw the Line/Respect the Line</strong></td>
<td>19 lessons over grades 6-8 with parent-child homework component in grade 8</td>
<td>At the end of the program in the spring of eighth grade: Boys participating in the intervention were significantly less likely to report ever having had sexual intercourse and having had sexual intercourse during the previous 12 months. They reported a lower frequency of sexual intercourse and having had fewer sexual partners in the previous 12 months.</td>
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<tr>
<td><strong>Families Talking Together</strong></td>
<td>9 sessions</td>
<td>Results included increased communication about sex between mothers and teens, and delay sexual initiation among teens whose mothers participated in the program.</td>
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<td><strong>Keepin' it REAL and REAL Men</strong></td>
<td>7 sessions</td>
<td>Both programs were found to increase condom use and REAL men decreased sexual health initiation. Mothers showed an increase in self-efficacy and comfort in talking with teens over time; youth who were sexually active showed a greater increase in condom use.</td>
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<td><strong>Plain Talk</strong></td>
<td>Community-based intervention with variable session number and length</td>
<td>Evaluation results include increased youth- adult communication, and among youth who discussed sexuality with trusted adults more consistent contraceptive use by youth, and youth less likely to be involved in a pregnancy or diagnosed with and STI.</td>
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<td><strong>Project TALC (Teens and Adults Learning to Communicate)</strong></td>
<td>24 sessions over 12 Saturdays, first 8 sessions for parents only, with remaining sessions for both teens and parents</td>
<td>Four years after the program started, adolescents participating in the intervention were significantly less likely to report being a teenage parent.</td>
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<td><strong>Safer Choices</strong></td>
<td>20 youth lessons over two years. Parents are involved through newsletters and homework assignments</td>
<td>Evaluation results showed increased parent-child communication, increased youth condom use and use of effective contraception, a delay in sexual initiation and increase in knowledge about HIV/STI.</td>
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<tr>
<td><strong>Saving Sex for Later</strong></td>
<td>3 parts for parents on CD</td>
<td>Evaluation indicated increased communication by parents with teens about risk behaviors; parent self-efficacy; fewer behavioral risks; increased communication and family support.</td>
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<td><strong>Teen Health Project</strong></td>
<td>Two 3-hour workshops with two follow-up sessions, one 90- minute and weekly leadership council meetings for 6 months session of parent education</td>
<td>Twelve months after the workshops ended: Adolescents participating in the intervention who were sexually inexperienced at baseline were significantly more likely to report having remained abstinent at the time of follow-up.</td>
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<td><strong>Youth AIDS Prevention Program (YAPP)</strong></td>
<td>10 youth sessions with parent homework and optional parent workshop</td>
<td>Youth in the program were more comfortable in talking with parents about sexuality compared with youth in the control group. Sexually active students were more likely than the control group to use condoms and showed greater intention to use them in the future.</td>
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</tbody>
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Bibliography
Leland, N.L., & Barth, R.P. (1993). Characteristics of adolescents who have attempted to avoid HIV and who have communicated with parents about sex. Journal of Adolescent Research, 8, 58-76.

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For an overview of the review process, please see Systematic Translation Review Description at www.bctr.cornell.edu?attachment_id=3965

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