Summary

Another Chance:

Preventing Additional Births to Teen Mothers

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Introduction

Although overall teen birth rates have declined dramatically in the last decade, additional births to teens who are already mothers are disturbingly common. In 2002, there were nearly 89,000 such births, representing 21 percent of all births to teenagers. Nearly one-quarter of teen mothers have a second birth before turning 20. These additional births impose significant burdens on the young mothers, their children, their families, and society generally.

These additional births also seem somewhat puzzling. After all, many teen mothers struggle with caring for their infant or toddler, whether alone or with help from family, and often with little or no help from the child's father. They regularly confront sleepless nights, crowded days, and restricted social activities. Attending school can be challenging, and graduating even more so. Given all this, why do such a large percentage become pregnant again and have a second child relatively quickly after the first, and what can be done to alter this pattern?

With these concerns and questions in mind, the National Campaign to Prevent Teen Pregnancy asked Dr. Lorraine Klerman, an expert on adolescent pregnancy and parenting, to summarize what is known about additional births to teen mothers—the dimensions of the problem, the factors that seem to increase the

This pamphlet summarizes some of the key findings from the full report—*Another Chance* (49 pages)—available from www.teenpregnancy.org

Inclusion criteria

An extensive search was conducted to locate evaluations of programs that had among their objectives postponing additional pregnancies or births to teen mothers. Many program evaluations were examined, but *Another Chance* reviews only those that met the following criteria:

- The program targeted pregnant teens or teen mothers exclusively or primarily, or conducted separate analyses for teens;
- The program was in operation in 1980 or later;
- The study was conducted in the United States;
- The study used an experimental or quasi-experimental design;
- The analyses were based on a sample size of at least 50 in the intervention group and at least 50 in the comparison group; and
- The teenage mothers were followed for at least 12 months after the initial birth.

chances of such births occurring to teen mothers, their consequences, and the potential for prevention. *Another Chance: Preventing Additional Births to Teen Mothers* presents the findings from Dr. Klerman's investigation and review; this summary presents the report's key findings.

The primary contribution of *Another Chance*—and the focus of this summary—is its critical review and assessment of various programs. Relying on evaluation research, this review tries to answer the simple question, "what works?" That is, what types of programs are most effective in preventing additional pregnancies and births to teen mothers? *Another Chance* provides those who work with pregnant and parenting teens some clues about effective programming; it also encourages others to explore, develop, and evaluate new and possibly more effective interventions for these young mothers.

In so doing, *Another Chance* joins a growing list of research reports published by the National Campaign to Prevent Teen Pregnancy on such topics as parent and peer influence, basic statistical facts and trends, the effectiveness of programs to prevent first teen pregnancies and births, and more. All of these reports reflect the commitment of the National Campaign to "getting the facts straight"—an essential task given that the field of teen pregnancy prevention seems to generate so much controversy and conflict.

What Does the Evaluation Research Show?

The results of the evaluation literature assessed in *Another Chance* are mixed. Over half of the 19 studies reviewed reported that they had been able to significantly postpone additional pregnancies or births to teen mothers for some time period. However, only three of the studies showing significant positive effects were based on randomized, controlled designs: two home visiting programs and one program in a medical setting. Moreover, the size of the effects was often small, and the rates of subsequent birth were often still large. With the exception of the studies based on teens who used the contraceptive implant, few programs that have been carefully evaluated have been able to reduce the percentage of additional births in the two years after the first birth to less than 20–25 percent. That rate is close to what would have been expected without any intervention at all.

Even so, the program evaluations point to several factors that may be especially important in programs trying to prevent additional births to teen mothers:

Service Location and Type. *Another Chance* looks at a variety of programs: multi-site, community-based programs; programs in medical settings; school-based programs; home-visiting programs; contraceptive implant programs; and a few miscellaneous others. No single site

or approach seems overwhelmingly better than any other. Instead, the most important factor in preventing subsequent pregnancies may be the strength of the relationship built between the teenage mother and the individual working with her. For instance, home-visiting programs may encourage strong relationships because each interaction is usually longer and the home environments may be less stressful than medical clinics, schools, or community-based agencies. Nevertheless, it may be possible to build close relationships in these institutional settings if sufficient time, privacy, and continuity can be assured.

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Program Personnel. There are some indications that the background of the individual who works directly with the teenage client may make a difference. For example, home-visiting programs that employed trained nurses appear to be more successful in reducing additional births to teen mothers than those that used workers who primarily had on-the-job training. Perhaps paraprofessionals, unless they are exceptionally well trained, do not have the confidence and authority to affect the behavior of the teen mothers.

Service Initiation and Length. It may be easier to build close relationships between teens and program personnel if contact begins during pregnancy —an interval when the teenagers may be under less pressure than after the infant is born. In addition, longer involvement in a program by teen mothers may also contribute to postponing additional births. For instance, success in an alternative school for teen mothers was attributed in part to keeping the teenage mothers in the special school for several months postpartum.

Major Emphasis. Although all the evaluations reviewed in *Another Chance* included preventing additional pregnancies and births among their goals, it appeared that many programs were primarily concerned with healthy pregnancies and infants, return to school, and high school graduation. Several programs had a welfare-to-work focus and enrolled only teenagers whose households received cash assistance. With the possible exception of the nurse home visiting programs —with their emphasis on maternal and child development—the major emphasis of the programs did not seem to make a difference in their effectiveness in preventing additional pregnancies or births.

Incentives and Disincentives. Several programs offered modest financial incentives to young people for avoiding pregnancy or enforced financial penalties for program non-participation. Neither condition yielded positive results, although perhaps larger incentives and/or

disincentives might have led to different results.

Attention to Family Planning. The amount of time and effort devoted to family planning varied among the programs reviewed. Programs that provided contraceptive implants appeared to be successful in reducing additional births to teen mothers, but these studies were based on self-selected populations. The nurses in the home visiting programs were possibly more comfortable emphasizing contraceptive use, but other programs with a major family planning focus were not successful, perhaps because some workers resisted dealing fully with this subject.

Fidelity of Implementation. Some programs may not have shown positive results because of their inability to actually carry out their proposed interventions, rather than because the interventions themselves were not effective. Teen mothers are often difficult to engage in programs. For instance, some programs reported that teen participants did not attend sessions for which they were enrolled or skipped scheduled home visits. Other programs reported that some staff completed fewer home visits than expected.

Other Measures of Success. Even the programs without positive results in preventing subsequent births should be placed in context. Many of the programs that did not claim success in delaying additional pregnancies and births—as well as some that did—reported success in other aspects of their programs, including better rates of returning to school and graduating or improved maternal-child relationships.

What Would a Good Prevention Program Look Like?

Taken as a whole, the evaluation research offers clues about what a successful program to delay additional births among first-time teenage mothers should probably do:

- Develop close and sustained relationships with pregnant teenagers and young mothers.
- Begin when teenagers are pregnant with their first child and continue until the first child is at least two years old and the mother is 18 years of age or older.
- Employ personnel who have the training and the authority to counsel in such sensitive areas as family planning and domestic violence—and who are willing to do so.
- Avoid relying on groups for education or counseling. Teenage mothers appear to need more intense, individualized attention that does not just tell them what they should do, but actually affects their thinking and judgment.
- Discuss with teen mothers the detrimental effects of two or more births

before the age of 20 and of closely spaced births. Establish mutually agreed-upon, specific targets for future births—for example, waiting until they reach certain milestones (e.g., high school graduation, employment, and/or marriage).

- Help the teenagers select a contraceptive method, describe its good points as well as its possible side effects, and provide intense, ongoing, specific support to encourage its proper and consistent use. This may include taking teen mothers to family planning facilities for their initial visits, and perhaps for follow-up visits as well.

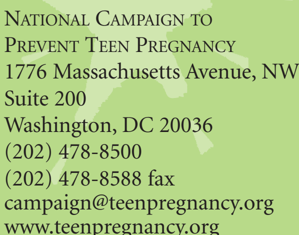
- Make teenagers aware that they might decide to stop using a certain contraceptive method because of its side effects or other reasons. They should be advised to get help in choosing another contraceptive rather than to stop using contraception altogether.

- Encourage teen mothers to use a long-lasting, non-coital-dependent contraceptive, such as periodic hormonal injections (i.e., Depo-Provera). This method should be accompanied by condom use to avoid sexually transmitted diseases including HIV/AIDS.

- Encourage teen mothers to return to school after a birth and to complete the education and training needed for economic self-sufficiency. In some instances, the unique educational needs of pregnant teenagers and teenage mothers require special services.

- Provide childcare for teenage mothers who are attending school or are in employment training.

- Encourage teen mothers to live with their parents or other adults who can provide economic and social support. Living with a boyfriend should be discouraged. Second Chance Homes—maternity group homes that provide housing and on-site social support services for pregnant teenagers and new mothers who cannot live at home—may be one solution to the housing problems of teen mothers who cannot live with their parents.



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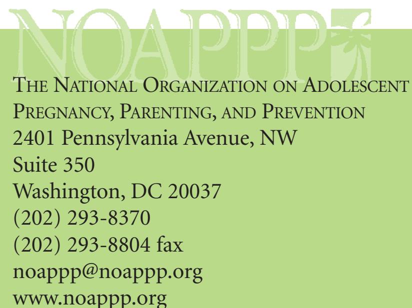

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