Implementation of a Teen Pregnancy Prevention Program for Youth in Foster Care
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Introduction

Globally, the sexual and physical health of adolescents is of paramount concern. Teen pregnancy has been linked with socioeconomic disadvantage (Bissell, 2000), increased maternal mortality (Nove, Matthews, Neal, & Camacho, 2014), and poor child outcomes (Chen et al., 2007); while sexually transmitted diseases threaten to shorten life spans, increase disease burdens, and compound pregnancy complications (Glasier, Gülmezoglu, Scmid, Moreno, & Van Look, 2006). Although national teen birth rates have decreased to a historically low rate of 22.3 per 1,000 girls, research suggests that teen birth rates among foster care youths are disproportionately higher (Carpenter, Clyman, Davidson, & Steiner, 2001; Dworsky & Courtney, 2010). The National Campaign to Prevent Teen and Unplanned Pregnancy (2015) reports that youths in foster care are nearly twice as likely to become pregnant compared with youths in the general population. Disparities faced by youths in the foster care system call for continued and focused work in the area of sexual health and pregnancy prevention.
Background

In 2010, the Southern Nevada Health District (SNHD) was awarded funding from the Federal Office of Adolescent Health to implement an evidence-based teen pregnancy prevention (TPP) program with the goal of reducing teen pregnancy and birth rates and reducing the rate of sexually transmitted infections among adolescents in Southern Nevada. The SNHD TPP program focused primarily on engaging youths at a higher risk for pregnancy and sexually transmitted infections, including youths in juvenile detention and probation and those aging out of the foster care system. In 2012, the Clark County Department of Family Services (DFS) was awarded funding from the Federal Office of the Administration of Children and Families Children's Bureau to implement the Determined, Responsible, and Empowered Adolescents Mentoring Relationships (DREAMR) project. The goal of the DREAMR project was to reduce pregnancy among foster care youths and build relationship capacity for youths already pregnant or parenting in Southern Nevada. Given that the two projects shared the goal of reducing teen pregnancy among foster care youths, a natural collaboration between the SNHD TPP program and the DFS DREAMR project was formed in 2013.

Prior to the implementation of the DREAMR project, SNHD worked directly with agencies contracted with DFS to provide independent living skills classes for youths aging out of the foster care system in order to recruit TPP program participants. Unfortunately, SNHD was not able to recruit as many youths through these agencies as anticipated because of the low number of youths referred to the independent living skills classes. Creation of the DREAMR project, which incorporated the TPP program as one of its core components, was expected to streamline foster care youth referral and participation in the TPP program. The collaboration between the DREAMR project and the TPP program meant that the DREAMR project could offer additional evidence-based teen pregnancy prevention programs to project participants, and the TPP program could more easily serve foster care youths in the community.

Be Proud! Be Responsible!

The evidence-based teen pregnancy prevention curriculum selected for implementation by SNHD for the TPP program was Be Proud! Be Responsible! Jemmott, Jemmott, and McCaffree developed this curriculum in 1989 with the intent to reduce positive perceptions of risky sexual behaviors among male African American youths (Jemmott, Jemmott & Fong, 1992). Be Proud! Be Responsible! has been shown to be effective in reducing the intention to engage in risky sexual behavior, increasing negotiation skills, and increasing knowledge of HIV/AIDS (Borawski et al., 2009; Jemmott et al., 1992, 1998; Morris, Ulmer, & Chinmmani, 2003). In 2012, Be Proud! Be Responsible! was expanded to include content on pregnancy prevention (Fitzpatrick, 2015). Data from a large-scale implementation of Be Proud! Be Responsible! in the state of New York indicated that the curriculum had a significant positive effect on self-report knowledge and behavioral intentions (Fitzpatrick, 2015). Foster care youths were a targeted population in the New York implementation (accounting for 1.4% and 1.2% of the population in 2012 and 2013, respectively); however, outcomes for this group were not explicitly discussed, further highlighting the need for current data on pregnancy prevention among foster care youths.
Implementation

Be Proud! Be Responsible! consists of six modules that address knowledge, attitudes, and skills regarding sexual decision making. The curriculum is delivered by a trained facilitator through the format of role-play, group discussions, games, videos, and demonstrations. In order to meet the scheduling needs of the DREAMR participants and the agency facilities where the curriculum was taught, SNHD was able to teach the 5-hour course to the participants within two or three days.

Between March 2013 and August 2015, SNHD TPP program staff scheduled the Be Proud! Be Responsible! curriculum to be taught exclusively to DREAMR participants on 18 different occasions. However, during this time, the curriculum was taught only 11 times because either too few youths showed up to participate or the sessions were cancelled by the agency where they were to be held. To maintain fidelity to the model, at least 6 participants are needed and the class size is limited to no more than 12. However, a larger class size can be accommodated with the addition of a trained facilitator.

The specific outcome goals of the SNHD TPP program were to (1) increase participant HIV/AIDS transmission and prevention knowledge, (2) increase participant intention to abstain from sex, (3) reduce the number of participant sex partners, (4) increase participant condom use, and (5) increase participant refusal skills.

Outcomes

The Nevada Institute for Children’s Research and Policy (NICRP) served as the outcome evaluator for the SNHD TPP Program. NICRP used four self-report surveys (pre-survey, post-survey, 3-month follow-up survey, and a 6-month follow-up survey) to assess whether the TPP program was meeting its five outcome goals. Unfortunately, due to a small sample size (n = 56), participants not completing all survey items, and a low follow-up survey rate, DREAMR participant outcomes are reported only for the three goals that can be measured through pre-/post-survey comparisons.

HIV/AIDS transmission and prevention knowledge. Participant knowledge of HIV/AIDS transmission and prevention was measured through the administration of 10 true/false statements. The 10 true/false statements were administered to participants at pre-survey (prior to the start of the curriculum) and post-survey (immediately following the last module in the curriculum). An increase in knowledge was defined as correctly answering at least one additional question on the post-survey than was answered on the pre-survey. Of those DREAMR participants that completed the TPP program, had valid pre- and post-survey knowledge scores (i.e., answered the entire series of true/false statements on both the pre- and post-survey), and did not earn a perfect score (10/10) on the true/false statements at pre-survey, 80.0% (28/35) demonstrated an increase in knowledge about HIV/AIDS transmission and prevention immediately following completion of the TPP program.

Intention to abstain from sex. Participant intention to abstain from sex was assessed by comparing participant responses to the question, “Do you intend to have sexual intercourse in the next year, if you have the chance?” at pre-survey, to participant responses to the same question at post-survey. Response options ranged from 1 (Yes, definitely) to 4 (No, definitely not). Of the participants that completed the course, provided valid responses to the question on both surveys, and at pre-survey did not answer No, definitely not to the question, the intention to abstain score compared with pre-curriculum increased for 5.9% (2/34) of DREAMR participants immediately following TPP course completion.

Refusal skills. Refusal skills were assessed by participant responses to two questions administered on both the pre- and post-survey. These questions were “How easy or hard would it be for you to say no to sex?” and “If your partner wanted to have sex, how easy or hard would it be for you to get your partner NOT to have sex?” To calculate a refusal skills score, the responses to these two questions were numerically coded and averaged for each participant. Final refusal skills scores ranged from 1–5 (1 = very hard to refuse sex, 5 = very easy to refuse sex). Of those participants who completed the course and did not have a pre-survey refusal score of 5 (very easy to refuse sex), 47.2% (17/36) of DREAMR participants reported an increase in refusal skills from pre-survey to post-survey.

Summary

Overall, for DREAMR participants, the TPP program was most effective in increasing knowledge of HIV/AIDS transmission and prevention and in increasing refusal skills. The TPP program was not as effective in increasing DREAMR participants’ intention to abstain from sex. Table 1 below compares DREAMR participants with all of the youths who completed the TPP program with regard to the three outcome goals discussed. Comparing the results of the three outcome goals, for both DREAMR and all TPP participants, the TPP program was not as effective in increasing participant intention to abstain from sex as increasing HIV/AIDS knowledge and increasing refusal skills.
Challenges

It is unfortunate that, despite the positive outcomes resulting from DREAMR project youths participating in the TPP program, more DREAMR project youths did not participate. Two possible reasons for this lack of participation include the lack of referrals to the program and the accessibility of the program to the youths.

Although SNHD had some difficulties recruiting foster care youths to participate in the TPP program prior to the implementation of the DREAMR project, the number of referrals to the TPP program was even lower after the collaboration with DREAMR was formed. Prior to the collaboration, foster care youths participated in the TPP program as part of the independent living skills classes provided to youths aging out of the foster care system. The agency providing the independent living skills classes simply added a week to the schedule so that SNHD could teach the TPP Be Proud! Be Responsible! curriculum. Once the DREAMR project was implemented, the TPP program became one of the multiple interventions offered by the DREAMR project and was no longer taught in conjunction with the independent living skills classes. In order for foster care youths to be offered the TPP program, they first had to be referred to and agree to participate in the DREAMR project. Fewer youths were referred to the DREAMR project than expected, which meant fewer of them participated in the TPP program.

Foster care youths had greater access to the TPP program when it was held in conjunction with the independent living skills classes. It was expected that fewer DFS youths would be referred to the TPP program after DREAMR started because the DREAMR project was a randomized control trial which meant that those youths in the control group could not experience the same treatment as those in the experimental condition. Prior to DREAMR, any DFS independent living youth could experience the TPP program. By design, DREAMR youths were exposed to a multi-tiered intervention in which the SNHD TPP program was one component; thus, control group youths were purposefully not referred to the program.

Sustainability

Although the SNHD TPP program was funded only through August 2015, SNHD applied for and was awarded an additional Office of Adolescent Health grant to replicate teen pregnancy prevention programs to scale in communities with the greatest need. This funding was awarded in 2015 and is expected to continue until 2019. Funding from this grant has allowed SNHD to train and monitor select youth-serving agencies in the community to implement evidence-based programs aimed at reducing teen pregnancy, HIV, and sexually transmitted infections. Be Proud! Be Responsible! is one of the programs that the agencies have been trained to implement, and all of the agencies actively recruit foster care and other high-risk youths to participate in the program. It is anticipated that through 2019, with the help of these agencies, the current SNHD TPP program will reach approximately 3,200 unduplicated youths. When the funding for the current TPP program expires, it is anticipated that those agencies trained to deliver the various programs will be able to independently fund their continued implementation in the community.

<table>
<thead>
<tr>
<th></th>
<th>All TPP Participants</th>
<th>DREAMR Participants</th>
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<tbody>
<tr>
<td>Increase in HIV/AIDS transmission and prevention knowledge</td>
<td>78.4%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Increase in intention to abstain from sex</td>
<td>16.6%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Increase in refusal skills</td>
<td>56.3%</td>
<td>47.2%</td>
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Table 1. Percentage of All TPP Participants and DREAMR Participants Demonstrating Improved Post-Survey Outcomes
Implications and Conclusion

The TPP intervention proved beneficial to the youths enrolled in the DREAMR project. However, DREAMR officials observed that it is probable that the youths could have benefitted even more by having their caregivers and workers become better educated and informed about adolescent reproductive health. Indeed, the original DREAMR implementation plan called for a structured and formal training program for caregivers and workers; however, by the time the DREAMR project was implemented, a decision was made to exempt workers from training courses. Likewise, few DREAMR caregivers accessed the adolescent reproductive health education sessions. In addition, as discussed in other companion briefs in this series, during focus group sessions some DREAMR caregivers expressed their uneasiness with their youths being exposed to training and education content pertaining to sexual activity. Such feedback and experiences reinforced for DREAMR partners the need to engage caregivers and workers in the training content so that they can develop a level of comfort in being able to have open and frank communication with youths about reproductive health. Relatedly, near the end of the demonstration project, DREAMR partners Specialized Alternatives for Families and Youth (SAFY), SNHD, DFS, and Olive Crest expanded and sustained the DREAMR partnership by introducing Families Talking Together. Families Talking Together is an evidence-based training designed to enable parents to have open communication with their youths about delaying sexual activity. SNHD is supporting its DREAMR partners and the broader community by developing training capacity in adolescent sexual health. In addition to sustaining Be Proud! Be Responsible! and now introducing Families Talking Together, SNHD has also expanded the S.H.A.R.P program into the community. The S.H.A.R.P program targets adolescents 13–19 by providing them with information and fostering skill development aimed at reducing risky sexual behaviors and alcohol use. SNHD has leveraged additional opportunities and expanded and sustained a vital aspect of the DREAMR project. These efforts serve as an exemplar in community partnerships and show great promise for helping the foster youth population avoid unplanned pregnancy and sexually transmitted infections.

References

Suggested Resources

1. The National Campaign to Prevent Teen Pregnancy. This website provides information for various stakeholder groups, including parents and caregivers; foster youths and other teenagers; and those who work on behalf of youths. Information on the website provides youths with tools and information to help them succeed in preventing unplanned pregnancies. The National Campaign to Prevent Teen Pregnancy directs its educational outreach to both men and women, empowering them to take responsibility for their actions. Additionally, the Campaign provides information about the Birth Control Initiative and other reproductive health education tools. https://thenationalcampaign.org/

2. Bedsider. This website provides resources related to birth control for teens and foster youths. The website provides illustrations and guidance about various birth control methods. In addition to birth control prevention education, the website provides information about prevention of sexually transmitted infections (STIs). This self-paced, user-friendly website enables foster youths to research various topics related to reproductive health. It provides comparisons of various birth control methods, which enables youths to decide for themselves the best course of action. The website also provides guidance on identifying and accessing birth control products and services. https://www.bedsider.org/

3. Office of Adolescent Health. Using a strengths-based approach, the Office of Adolescent Health promotes the overall well-being of youths. Research, services, and prevention programming is cultivated through partnerships with various child- and family-serving sectors and organizations. Youth voices and youth leadership are valued and used to direct and guide programming. https://www.hhs.gov/ash/oah/

4. Centers for Disease Control and Prevention (CDC). The CDC provides a website pertaining to reproductive health and teen pregnancy. Demographic information, statistics, reports, and data about teen pregnancy in the United States are readily available on this site. Additionally, the site provides information about reducing teen pregnancy, health equities, and disparities in teen birth rates. https://www.cdc.gov/teenpregnancy/about/

5. Foster Youth in Action. This organization uses an empowerment-based perspective to support and prepare foster youths for their future. The youths are taught to become effective advocates and are provided with critical leadership training and support. http://www.fosteryouthaction.org/about/

6. The Annie E. Casey Foundation. This website provides information for and about foster youths. A critical aspect of the Foundation’s mission is to support foster youths and to assist them in building healthy connections with trusted individuals. The Foundation is also concerned with supporting youths in their transition into adulthood. Various resource tools (e.g., personal asset mapping) are on the website. The information and data are provided to assist child welfare advocates to be more successful in their support of foster youths. http://www.aecf.org/podcast/?gclid=CPLdq_oWq_NECFQFofgodMJMGWg

7. Southern Nevada Health District. This website provides information about adolescent health. It also provides information about a teen pregnancy program. The mission of the teen pregnancy prevention program is to ensure that teens become aware of safe and healthy sexual practices. http://www.aecf.org/work/child-welfare/jim-casey-youth-opportunities-initiative/


9. Safe Teen. This website provides information about teen pregnancy. It contains print resources and other material about sexually transmitted diseases and the importance of protecting one’s health. http://www.safeteens.org/teen-pregnancy/about-pregnancy/

10. Girls Inc. This website provides information about adolescent teen pregnancy, and approaches to prevent it. The website aims to provide teens with requisite tools and information to better safeguard their sexual health. The organization offers programming with an empowerment perspective that encourages girls to make smarter choices regarding their health and life in general. http://www.girlsinc.org/resources/programs/girls-inc-preventing-adolescent-pregnancy.html
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About Nevada Institute for Children’s Research and Policy (NICRP)

Dawn L. Davidson, Ph.D. and Elizabeth Brogdon, M.A. Established in 1998, the Nevada Institute for Children’s Research and Policy (NICRP) is a not-for-profit, non-partisan research center in the School of Community Health Sciences at the University of Nevada, Las Vegas (UNLV). NICRP is an organization dedicated to advancing awareness and understanding of children’s issues in Nevada. NICRP focuses primarily on issues relevant to children across the state, using data and research to develop appropriate policy recommendations and programming to advance children’s causes. NICRP also conducts academic and community based research in order to guide program evaluation and development of programs and services in the community that serve children and their families.

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