

NEW MEXICO TEEN PREGNANCY COALITION

NEWS FLASH

August 2005

Welcome to the August issue of the New Mexico Teen Pregnancy Coalition's
NEWS FLASH

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NATIONAL RESOURCES

1. New from the National Campaign to Prevent Teen Pregnancy

- A. New Research on the Adolescent Brain Released The Latest on Teen Pregnancy
- B. New "Science Says" Released on Teen Attitudes Toward Sex
- C. ACAPP Fall Conference - September 26-28
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A. New National Campaign Publication Examines Adolescent Brain Development

Over the years, researchers have developed a list of factors that help young people avoid too-early pregnancy and parenthood as well as those that put them at greater risk. What is striking about this list, in addition to its sheer length, is that it is almost entirely confined to psychological and social factors such as attitudes and beliefs, couple relationships and communication, family and peer influence, community and school attributes, poverty and ethnicity, the characteristics of medical services and clinics, health insurance status and more. Aside from age of puberty, physiological

factors are virtually absent. It is as though there were not one biological factor or insight that might deepen our understanding of teen sexual behavior and pregnancy, or that might help us craft effective interventions.

["The Adolescent Brain: A Work in Progress."](#) Authored by international experts in adolescent brain development Drs. Daniel Weinberger, Jay Giedd, and Brita Elvevåg - begins to fill this gap by making a very simple point: Neurological development is an important dimension of overall adolescent development, and our efforts to understand, guide and help teens should be based in part on a deeper appreciation of adolescent neurobiology.

Being very careful scientists, the authors do not overstate what is known and they do not move immediately or carelessly into recommendations for policy or practice. But they do ask us to expand our view of teens so that important new research on adolescent brain development will be considered as a relevant factor in understanding adolescent sexual behavior and pregnancy. At a minimum, the authors suggest that neurobiological factors should be one part of the wider universe of factors that are considered when trying to understand teen sexual behavior, decision-making and pregnancy.

The 21-page publication contains a foreword by National Campaign Director Sarah Brown, a brief summary, a chart of key findings, as well as the paper itself. The publication is available on the Campaign's [website](#) and print copies of the publication will be available for \$10 through our [online store](#).

Catch up on the latest teen pregnancy information from the National Campaign and others in the summer edition of "[Campaign Update](#)."

B. New "Science Says" Released on Teen Attitudes Toward Sex

About two-thirds of all teens aged 15-19 disapprove of unmarried 16-year-olds having sex. Teens young and old---and of all racial/ethnic groups---generally do not think it is appropriate for unmarried 16-year-olds to have sex. As a general matter, however, teens are less likely to disapprove of unmarried 18-year-olds having sex.

These are just some of the findings from the [latest "Science Says" research brief](#) released by the National Campaign. The brief uses the recent round of the National Survey of Family Growth (NSFG), collected in 2002, to examine teen's attitudes about sexual activity outside of marriage. The research brief was prepared with support from the Office of Population Affairs, U.S. Department of Health and Human Services, although its contents are solely the responsibility of the authors.

C. ACAPP Fall Conference - September 26-28

The Arizona Coalition on Adolescent Pregnancy & Parenting has its Fall Conference coming up. The theme of the conference is: "Teen Pregnancy: Bridging the Developmental Gap". [Click here](#) for more information.

D. Teen People Postcards For Sale

The annual "Do Your Part With Art" contest challenges teens to create their own public service announcements about preventing teen pregnancy. Winners are featured in Teen People magazine, and their designs are made into postcards by the National Campaign. To view or purchase the winning postcards, [click here](#).

[2. New from Advocates for Youth](#)

- A. Advocates for Youth's Youth of Color Initiative
- B. Sociometrics
- C. Announcements

A. Advocates for Youth's Youth of Color Initiative

Feature: Science-Based Prevention Interventions

In the United States, rates of HIV and other sexually transmitted infections (STIs) as well as of unintended pregnancy are disproportionately high among youth of color, especially among black and Hispanic youth. Through 2002, African Americans and Latinas accounted for 82 percent of cumulative AIDS cases among women ages 13 to 19 and 77 percent of cases among women ages 20 to 24. Through 2002, African Americans and Latinos accounted for 60 percent of cumulative AIDS cases among men ages 13 to 19 and 63 percent of cases among men ages 20 to 24. Between 1991 and 2001, U.S. birth rates among 15- to 19-year-old women declined in all ethnic/racial groups, although rates for black and Hispanic teens remain higher than rates for other groups.

Social, economic, and cultural barriers limit the ability of many youth of color to receive accurate and adequate prevention information. These barriers are, in fact, primary reasons why HIV/STI and teen pregnancy prevention programs and interventions for young people of color need to be designed and implemented in ways that have proven effective. Prevention programs and interventions for young people of color are most likely effective when they:

- Incorporate comprehensive sex education, including information on both contraception and abstinence.
- Are culturally competent and in the language of the target population.
- Include activities that help youth to develop life skills important for their future.
- Consider the social and cultural factors that influence behavior.
- Provide peer support to change peer norms.
- Offer gender-specific opportunities and activities.
- Provide access to contraceptive services and methods

Too often prevention interventions for youth of color are designed without knowledge of or reference to what has been proven to work (is science-based). When programs are designed and implemented without relying on science-based practices, programs run the risk of falling far short of their prevention goals and, sometimes, missing their goals altogether. With outcomes in doubt, such programs also risk: 1) not improving or, at times, worsening the situation of the young people they aimed to help; 2) wasting the funds spent to achieve too little; and 3) losing funding for future programs. By using science-based approaches, organizations and the youth of color they serve are more likely to achieve the HIV/STI and teen pregnancy prevention interventions that will best match their needs.

The public health, social science, and education fields have amassed a remarkable body of evidence about what works in promoting better sexual health outcomes among youth of color. The term "science-based", has been given to describe prevention interventions or programs which have been proven to work. The term "science-based practices" refers not only to the type of program (for example, a teen pregnancy prevention program based on social science research) but also to the

process for developing a program (such as creating a logic model and evaluating the program with process, outcome, and/or impact studies). Science-based practices in HIV/STIs and preventing teen pregnancy include, but are not limited to the following:

- Relying on interventions that have been evaluated and found to be effective in preventing or reducing sexual risk behaviors and/or in reducing the incidence of pregnancy and/or HIV/STIs.
- Using social science research that identifies risk and protective factors.
- Using a logic model (a framework for linking risk and protective factors with effective program strategies and anticipated outcomes).
- Relying on programs that are grounded in behavioral and social science theory and that clearly define and document activities, curricula, and protocols
- Using evaluations that have been rigorous enough to be accepted by a peer-reviewed journal and/or by a panel of independent experts who are conducting an objective review
- Conducting evaluation and using the findings to change programs so as to enhance their effectiveness

By relying on science-based practices, an organization which serves young people of color can:

- Maximize its opportunities to have a positive, measurable impact on young people's behaviors.
- Maximize its opportunities to improve and refine its programs to achieve the best possible outcomes with youth and/or the professionals who serve them.
- Contribute valuable lessons to the field of teen pregnancy prevention, especially to those who wish to replicate effective strategies.
- Integrate pregnancy prevention with proven HIV/STI prevention and youth development programs and strategies.
- Collaborate with organizations in related fields, such as social services, HIV treatment, and youth development, to increase the resources and services available to young people.
- Improve its professionalism.
- Hone the accuracy and impact of its products, messages, and efforts.
- Increase the extent to which program planners, the media, policy makers, and others rely confidently on its information.
- Address controversy and counter misinformation by providing accurate information to guide public discourse and to inform policy decisions.
- Ensure that its resources are well spent on effective programs, strategies, and activities.
- Meet standards of accountability imposed by funding sources.
- Increase the sustainability of programs by meeting funding sources' expectations that monetary investment will achieve measurable, anticipated outcomes.
- Increase programs' sustainability by proving their worth to local, regional, and state private and corporate sponsors.
- Avoid loss of funding that can ensue if the organization cannot prove the positive impact of its programs through the use of science-based programs or science-based practices to improve programs designed to prevent HIV/STI and teen pregnancy prevention among youth of color.

- Organizations may not only make their programs more apt to meet the needs of the young people they serve, but also ultimately make their programs more reputable for funding and sustainability.

For more information about evaluated science-based programs that have demonstrated effectiveness at reducing adolescents' risk for primary pregnancy and STIs, including HIV, for youth of color, please visit www.advocatesforyouth.org/programsthatwork/toc.htm

For more information and resources on science-based HIV/STI and teen pregnancy prevention programs, please visit www.advocatesforyouth.org/publications/frtp/bibliography.htm

B. Sociometrics

Sociometrics has launched two new online teen pregnancy and HIV prevention science-based resources, designed for those in the HIV and prevention teen pregnancy fields: Teen Pregnancy Research and Practice Resources (Teen Pregnancy RAP) at www.socio.com/teenrap.htm and HIV Research and Practice Resources (HIV RAP) at www.socio.com/hivrap.htm. Each online source includes a diverse collection of research data, survey instruments, prevention resources, and evaluation related tools. Included in Teen Pregnancy RAP is the Institute for Program Development and Evaluation Online (IPDE Online), a course series that teaches the comprehensive skills necessary to integrate evaluation into the planning and implementation of effective prevention programs. To learn more, please visit www.socio.com/ipdeonline.htm

C. Announcements

James Wagoner to Keynote 2005 Iowa FutureNet Annual Conference

Remember, the Early Bird Registration ends on September 13 along with your chance to save up to \$30! You won't want to miss the chance to hear, see, and meet James Wagoner, president/CEO of Advocates for Youth. James Wagoner will be our keynote speaker on the topic of "Planning For Success: Why Sexual Health Measures Matter". A respected public policy and reproductive health expert, Mr. Wagoner served as chief of staff to Senator Howard M. Metzenbaum (D-OH), as well as the Senators special assistant on aging and legislative assistant to two key Senate panels: the Budget Committee (1983-1986) and the Labor and Human Resources Committee (1986-1988). Mr. Wagoner is now putting his reproductive health experience to work for teenagers in the United States and abroad. He is spearheading a national Rights, Respect, Responsibility campaign at Advocates for Youth aimed at shifting the social paradigm of adolescent sexual health to one that views sexuality as normal and healthy and young people as partners in prevention. An avid baseball fan, Mr. Wagoner graduated from Georgetown University with a bachelor's degree in philosophy and worked for a time during the late 1970s on the parliamentary staff in Ireland. He is married, has four boys, and lives in Alexandria, Virginia.

You can now use our safe & secure online registration, powered by Acteva.

Prefer a paper registration form? Watch your mailbox for The Net and conference brochure. Or, visit www.iowafuturenet.org to download and print a registration form.

3. New from the Comprehensive Health Education Network

Subject: Sexuality Education Guidelines

Some of you may be interested in a document created jointly by the Washington State Department of Health and the Office of Superintendent of Public Instruction called "Guidelines for Sexual Health and

Disease Prevention". The Guidelines were developed at the request of legislators following last years' session that was sent to Secretary Mary Selecky of the DOH and Superintendent Terry Bergeson. The Guidelines are for voluntary use by local schools districts. A number of districts have reconsidered their current programs for sexuality education as a result of the Guidelines being available. They may be found by going to www.k12.wa.us/curriculum/instruct/healthfitness.

4. New from the Center for Law and Social Policy

- A. New Publications
- B. One Governor's Fight Against Poverty: What it Can Mean for Your State
- C. Memo on Reconnecting Our Youth From a Coalition of Voices

A. The Center for Law and Social Policy (CLASP) recently posted new publications on its website: www.clasp.org

Sign up for CLASP Audio Conference: Friday, September 16, 2005, 12:30-1:30 ET

B. One Governor's Fight Against Poverty: What it Can Mean for Your State

Louisiana's poverty rate is the highest in the nation. Governor Kathleen Babineaux Blanco is taking steps to "turn the tide." In late 2004, she hosted a Summit that engaged citizens of all backgrounds and experiences in a solution-oriented discussion about how to break the cycle of poverty. The Governor believes that "the key to breaking the vicious cycle of poverty is rooted in local minds and resources" and what is needed is for "diverse voices" to "join together into one adamant voice rejecting poverty." What solutions are being pursued to address the challenge put on the table by the Governor? How has the Governor balanced private sector responsibilities with government responsibilities? What changes are underway related to the work and support needs of poor families? What can you and others in your state learn about both political will and public action?

Guest:: Governor Kathleen Babineaux Blanco, LA

To register for this audio conference, visit: www.clasp.org/confdescriptions.php#13

C. Memo on Reconnecting Our Youth From a Coalition of Voices

As increased attention is being focused on the graduation rate crisis in this country, this memo draws attention to the 32% of youth who are being left behind. The memo that was sent to President Bush offers a set of recommendations endorsed by over 250 organizations. This site features the memo, the signatories, links to related issue briefs and research and advocacy tools. An effort continues, coordinated by The Campaign for Youth, to advance these recommendations with the Administration, Congress, Governors and federal agencies. August 2005.

www.clasp.org/CampaignForYouth/

5. New from the Annie E. Casey Foundation

2005 KIDS COUNT Data Book Released

The 16th annual KIDS COUNT Data Book released July 27 reports that national trends in child well-being are no longer improving in the rapid and sustained way they did in the late 1990s. Among the negative trends: the number of children who live with parents facing persistent unemployment grew to

4 million, an increase of more than 1 million since 2000. This year's essay, "Helping Our Most Vulnerable Families Overcome Barriers to Work and Achieve Financial Success," examines four employment barriers that policymakers and others consider among the most difficult to overcome: substance abuse, domestic violence, a history of incarceration, and depression. These burdens can diminish a person's motivation and ability to find work. The state-by-state data contained in the 2005 Data Book are now part of an interactive database. [Access the Database.](#)

6. New from the American Academy of Pediatrics

Adolescent Pregnancy: Current Trends and Issues

Jonathan D. Klein, MD, MPH and the Committee on Adolescence

ABSTRACT

The prevention of unintended adolescent pregnancy is an important goal of the American Academy of Pediatrics and our society. Although adolescent pregnancy and birth rates have been steadily decreasing, many adolescents still become pregnant. Since the last statement on adolescent pregnancy was issued by the Academy in 1998, efforts to prevent adolescent pregnancy have increased, and new observations, technologies, and prevention effectiveness data have emerged. The purpose of this clinical report is to review current trends and issues related to adolescent pregnancy, update practitioners on this topic, and review legal and policy implications of concern to pediatricians.

INTRODUCTION

Adolescent pregnancy in the United States is a complex issue affecting families, health care professionals, educators, government officials, and youths themselves. Since 1998, when the last statement on this topic was issued by the American Academy of Pediatrics (AAP), efforts to prevent adolescent pregnancy have increased, and new observations, technologies, and prevention effectiveness data have emerged. The purpose of this clinical report is to provide pediatricians with recent data on adolescent sexuality, contraceptive use, and childbearing as well as information about preventing adolescent pregnancy in their communities and in clinical practice. This report does not address diagnosis of pregnancy or management of the transition to prenatal care. Information about counseling pregnant youth is provided in the AAP policy statement "Counseling the Adolescent About Pregnancy Options," and from the Alan Guttmacher Institute, and information about early prenatal care is available from the American College of Obstetricians and Gynecologists website:

www.acog.org

SEXUAL ACTIVITY

The proportion of American adolescents who are sexually active has decreased in recent years; however, rates are still high enough to warrant concern. Currently, more than 45% of high school females and 48% of high school males have had sexual intercourse. The average age of first intercourse is 17 years for girls and 16 years for boys. However, approximately one fourth of all youth report having had intercourse by 15 years of age. Younger teenagers are especially vulnerable to coercive and nonconsensual sex. Involuntary sexual activity has been reported by 74% of sexually active girls, younger than 14 years and 60% of those younger than 15 years. Sexually active youth, similar to older unmarried adults, usually have monogamous, short-lived relationships with successive partners. Current surveys indicate that 11% of high school females and 17% of high school males report having had 4 or more sexual partners. In addition to intercourse, many adolescents report having had oral sex or engaging in kissing, touching, or other mutual stimulation; however, data on these other behaviors are reported rarely.

There are several predictors of sexual intercourse during the early adolescent years, including early pubertal development, a history of sexual abuse, poverty, lack of attentive and nurturing parents, cultural and family patterns of early sexual experience, lack of school or career goals, substance abuse, and poor school performance or dropping out of school. Factors associated with a delay in the initiation of sexual intercourse include living with both parents in a stable family environment, regular attendance at places of worship, and higher family income. Recently, parental supervision, setting expectations, and parent/child "connectedness" have been recognized as clearly associated with decreasing risky sexual behavior and other risky behaviors among adolescents.

CONTRACEPTIVE USE

Despite increasing use of contraception by adolescents at the time of first intercourse, 50% of adolescent pregnancies occur within the first 6 months of initial sexual intercourse. The human immunodeficiency virus (HIV) epidemic and public health education efforts have led more adolescents to use barrier contraceptives; nonetheless, in 2003, among high school students who reported that they had ever had sexual intercourse, only 63% reported having used a condom the last time they had intercourse. Despite HIV prevention guidelines, initiation of prescription contraceptives is often accompanied by decreased condom use, especially among adolescents who do not perceive themselves to be at risk of sexually transmitted diseases (STDs). Many adolescents who currently report using prescription contraceptives delayed seeing a clinician for a contraceptive prescription until they had been sexually active for 1 year or more. Adolescent women, similar to adult women, have changed contraceptive methods in recent years, with decreases in pill use and increases in injectable contraceptive use. Factors associated with more consistent contraceptive use among sexually active youth include academic success in school, anticipation of a satisfying future, and being involved in a stable relationship with a sexual partner. The Centers for Disease Control and Prevention unambiguously recommends both abstinence and the use of barrier contraceptives for individuals who choose to be sexually active. However, some groups continue to question the effectiveness of condoms. Youth who participated in programs that provided information about abstinence, condoms, and/or contraception; who were engaged in one-on-one discussions about their own behavior; who were given clear messages about sex and condom or contraceptive use; and who were provided condoms or contraceptives have been found to increase consistent condom and contraception use without increasing sexual activity.

TRENDS IN ADOLESCENT CHILDBEARING

Each year, approximately 900,000 teenagers become pregnant in the United States, and despite decreasing rates, more than 4 in 10 adolescent girls have been pregnant at least once before 20 years of age. Most of these pregnancies are among older teenagers (i.e., those 18 or 19 years of age). Approximately 51% of adolescent pregnancies end in live births, 35% end in induced abortion, and 14% result in miscarriage or stillbirth. Historically, the highest adolescent birth rates in the United States were during the 1950s and 1960s, before the legalization of abortion and the development of many of the current forms of contraception. After the legalization of abortion in 1973, birth rates for US females 15 to 19 years of age decreased sharply until 1986. Rates increased steadily until 1991; since then, the birth rate among teenagers has decreased every year since 1991. Since 1991, the rate has decreased 35% for 15- to 17-year-olds and 20% for 18- to 19-year-olds. Rates for 10- to 14-year-olds were 1.4 per 1000 in 1992 and have gradually decreased to 0.7 per 1000 in 2002.

Although birth rates have been decreasing steadily for white and black teenagers in recent years, 1996 is the first year that birth rates decreased for Hispanic teenagers; Hispanic adolescents also have had the highest overall birth rates and smallest decreases in recent years.

Once a teenager has had 1 infant, she is at increased risk of having another. Approximately 25% of adolescent births are not first births.

ADOLESCENT PARENTS AND THEIR PARTNERS

Adolescent childbearing is usually inconsistent with mainstream societal demands for attaining adulthood through education, work experience, and financial stability. Poverty is correlated significantly with adolescent pregnancy in the United States. Although 38% of adolescents live in poor or low-income families, as many as 83% of adolescents who give birth and 61% who have abortions are from poor or low-income families. At least one third of parenting adolescents (both males and females) are themselves products of adolescent pregnancy. Although it is difficult to establish causal links between childhood maltreatment and subsequent adolescent pregnancy, in some studies as many as 50% to 60% of those who become pregnant in early or mid-adolescence have a history of childhood sexual or physical abuse.

The problem of adolescent pregnancy is often assumed to be both an adolescent and an adult problem, because many partners of childbearing youth are adults. The percentage of adolescent pregnancies in which the father is an adult is unclear; studies report a range from 7% to 67%. Adult men having sexual relationships with adolescents are problematic, because many of these relationships may be abusive or coercive. Adolescents who have sex with older men are also more likely to contract HIV infection or other STDs. Although more than two thirds of adolescent girls' sexual partners are the same age or within a few years older and the sexual activity is consensual in nature, some partners are more than 4 years older. Sexual relationships between adults and minors may be coercive or exploitative, with detrimental consequences for the health of both the teenager and her children. Although some states and local jurisdictions have changed statutory rape laws and their enforcement, mandated reporting of all sexual activity as statutory rape or as child abuse has not been effective at changing behavior, does not allow for clinical judgment, and has the effect of deterring some of the adolescents most in need from seeking health care.

Adolescent fathers are similar to adolescent mothers; they are more likely than their peers who are not fathers to have poor academic performance, higher school drop-out rates, limited financial resources, and decreased income potential. Some fathers disappear from the lives of their adolescent partners and children, but many others attempt to stay involved, and many young fathers struggle to be involved in their children's lives. Current programs in adolescent pregnancy and parenting are exploring ways to reach and engage young fathers in the lives of their children.

RATES OF UNMARRIED CHILDBEARING

The birth rate to unmarried female adolescents has been increasing steadily for most of the last 30 years. In 2001, 78.9% of all births to adolescents occurred outside of marriage. The increasing birth rate of unmarried adolescents is primarily attributable to higher rates of births to unmarried white adolescents. However, adolescents account for a smaller percentage of total out-of-wedlock births now (26% in 2001) than they did in 1970 (50%). Births to unmarried teenagers reflect a larger societal trend toward single parenthood, because birth rates for unmarried adults have also increased. Although some reports have suggested that rates of marriage among childbearing teenagers are increasing, few teenagers or young adults who become pregnant are married before their infant is born.

UNINTENDED VERSUS INTENDED PREGNANCY

More than 90% of 15- to 19-year-olds (and half of all adults) describe their pregnancies as being unintended. More than half of unintended adolescent pregnancies end in induced or spontaneous abortion, compared with 35% of adolescent pregnancies overall. On the other hand, some

adolescent pregnancies are intended, and some young women are motivated to become pregnant and have children. Similar to adults, adolescents give many reasons for wanting to have children; the reason that some adolescents are motivated to be mothers at an early age is unclear. Recent data suggest that many young women are ambivalent about becoming pregnant, and this is associated with less consistent and less effective contraceptive use.

COMPARISON WITH INTERNATIONAL STATISTICS

Even with recent decreases, the United States has the highest adolescent birth rate among comparable industrialized countries despite sexual activity rates that are similar or higher among Western European teenagers than among teenagers in the United States. For every 1000 females 15 to 19 years of age in 1992, 4 in Japan gave birth, 8 in the Netherlands gave birth, 33 in the United Kingdom gave birth, 41 in Canada gave birth, and 61 in the United States gave birth. The higher birth rate for American adolescents compared with their peers in other countries is not attributable solely to high birth rates among American minority groups; non-Hispanic white adolescents in the United States also have a higher birth rate than do teenagers observed in any other developed country. The reasons for this contrast are unclear, but European teenagers may have greater access to and acceptance of contraception. The contrast also may be related to universal sexuality education that exists in some European countries. Welfare benefits tend to be more generous in Europe than in the United States; thus, it is unlikely that the current welfare system motivates or explains American teenagers' decisions to have children.

MEDICAL RISKS OF ADOLESCENT PREGNANCY

Pregnant adolescents younger than 17 years have a higher incidence of medical complications involving mother and child than do adult women, although these risks may be greatest for the youngest teenagers. The incidence of having a low birth weight infant (<2500 g) among adolescents is more than double the rate for adults, and the neonatal death rate (within 28 days of birth) is almost 3 times higher. The mortality rate for the mother, although low, is twice that for adult pregnant women.

Adolescent pregnancy has been associated with other medical problems including poor maternal weight gain, prematurity (birth at <37 weeks' gestation), pregnancy-induced hypertension, anemia, and STDs. Approximately 14% of infants born to adolescents 17 years or younger are preterm versus 6% for women 25 to 29 years of age. Young adolescent mothers (14 years and younger) are more likely than other age groups to give birth to underweight infants, and this is more pronounced in black adolescents.

Biological factors that have been associated consistently with negative pregnancy outcomes are poor nutritional status, low pre-pregnancy weight and height, parity, and poor pregnancy weight gain. Many social factors have also been associated with poor birth outcomes, including poverty, unmarried status, low educational levels, smoking, drug use, and inadequate prenatal care. Both biological and social factors may contribute to poor outcomes in adolescents. Adolescents also have high rates of STDs, substance use, and poor nutritional intake, all of which contribute to the risk of preterm delivery. Interventions, such as prenatal intake of folic acid as a strategy for prevention of spina bifida, can be effective at decreasing observed disparities between adolescents and older women.

PSYCHOSOCIAL COMPLICATIONS OF ADOLESCENT PREGNANCY

The psychosocial problems of adolescent pregnancy include school interruption, persistent poverty, limited vocational opportunities, separation from the child's father, divorce, and repeat pregnancy. When pregnancy does interrupt an adolescent's education, a history of poor academic performance usually exists. Having repeat births before 18 years of age has a negative effect on high school

completion. Factors associated with increased high school completion for pregnant teenagers include race (black teenagers fare better than do white teenagers), being raised in a smaller family, presence of reading materials in the home, employment of the teenager's mother, and having parents with higher educational levels.

Research suggests that long-term negative social outcomes are not inevitable. Several long-term follow-up studies indicate that 2 decades after giving birth, most former adolescent mothers are not welfare-dependent; many have completed high school, have secured regular employment, and do not have large families. Comprehensive adolescent pregnancy programs seem to contribute to good outcomes, as do home-visitation programs designed to promote good child health outcomes.

CHILDREN OF ADOLESCENT PARENTS

Research during the past decade confirms the common belief that children of adolescent mothers do not fare as well as those of adult mothers. These children have increased risks of developmental delay, academic difficulties, behavioral disorders, substance abuse, early sexual activity, depression, and becoming adolescent parents themselves.

Adolescent mothers may not possess the same level of maternal skills as do adults. There is debate in the literature regarding the association of maternal age and child abuse. Some studies indicate that young maternal age is a risk factor for abuse, including fatalities, and others indicate the presence of reporting biases that may confound the findings.

Although the current political climate tends to require that adolescent mothers live at home with their own families to qualify for government assistance, there is evidence that intensive involvement of families in rearing children of older adolescents may not be beneficial for either the adolescent or her child. Many adolescent parenting programs are exploring ways to involve the families of the parenting adolescent in child care activities that are helpful.

ADOLESCENT PREGNANCY PREVENTION

Many models of adolescent pregnancy-prevention programs exist. Most successful programs include multiple and varied approaches to the problem and include abstinence promotion and contraception information, contraceptive availability, sexuality education, school-completion strategies, and job training. Primary-prevention (first pregnancy) and secondary-prevention (repeat pregnancy) programs are both needed, with particular attention to adolescents who are at highest risk of becoming pregnant and innovative programs that include males. Parents, schools, religious institutions, physicians, social and government agencies, and adolescents all have roles in successful prevention programs.

Efforts to prevent adolescent pregnancy at both the national and local levels have increased in recent years, and there has been increasing evidence that several different kinds of programs may help decrease sexual risk taking and pregnancy among teenagers. Recent studies have found that some sexuality- and HIV-education programs have sustained positive effects on behavior, and at least 1 program that combines sexuality education and youth development has been shown to decrease pregnancy rates for as long as 3 years. Additionally, both community learning programs and sexuality- and HIV-education programs have been found to decrease sexual risk taking and/or pregnancy, and short clinic-based interventions involving educational materials coupled with counseling also may increase contraceptive use.

Despite encouraging trends, efforts to prevent pregnancy must be constantly renewed as children enter into adolescence. By 2010, the population of adolescent girls 15 to 19 years of age is expected

to increase by 10%; thus, decreasing pregnancy rates may not mean fewer pregnancies or births. Nonetheless, condom use has increased slightly, and adolescent contraceptive users have increasingly adopted long-acting hormonal methods, which have the lowest failure rates; thus, overall contraceptive effectiveness among teenagers has been improving.

Current research indicates that encouraging abstinence and urging better use of contraception are compatible goals. Evidence shows that sexuality education that discusses contraception does not increase sexual activity, and programs that emphasize abstinence as the safest and best approach, while also teaching about contraceptives for sexually active youth, do not decrease contraceptive use. Some program models have resulted in better protective and preventive health behaviors.

CLINICAL CONSIDERATIONS FOR THE PEDIATRICIAN

Encourage adolescents to postpone early sexual activity and encourage parents to educate their children and adolescents about sexual development, responsible sexuality, decision-making, and values.

Be sensitive to issues relating to adolescent sexuality and be prepared to obtain a developmentally appropriate confidential sexual history from all adolescent patients. Because medical complications are possible, offer confidential screenings for sexual activity and pregnancy risk as well as for STD risk and abuse as a routine part of all adolescent care encounters.

Help ensure that all adolescents have knowledge of and access to contraception including barrier methods and emergency contraception supplies. As stated in the AAP policy statement "Folic Acid for the Prevention of Neural Tube Defects," recommend folic acid supplementation for all women of childbearing age who are capable of becoming pregnant, especially sexually active women who do not plan to use effective contraception or abstain from sexual intercourse.

Encourage and participate in community efforts to delay onset of sexual activity and to prevent first and subsequent adolescent pregnancies and advocate for implementation and investments in evidence-based programs that provide comprehensive information and services to youth. These efforts may vary widely from one community to another but should be directed at the specific needs of youth in that community.

Be aware of options and resources for adolescents and advocate for comprehensive medical and psychosocial support for all pregnant adolescents in the community. When diagnosing pregnancy, discuss pregnancy options or refer the patient for counseling; discuss adoption, abortion, and prenatal care; and provide follow-up. Tailor prenatal care to the medical, social, nutritional, and educational needs of the adolescent and include child care and contraceptive information.

Assess the adolescent mother's abilities to care for her children and have resources available for referral and assistance before neonatal discharge.

Advocate for the inclusion of the adolescent mother's partner and/or father of her child in pregnancy and parenting programs when appropriate. These programs should provide access to education and vocational training, parenting skills classes, and contraceptive education.

Serve as a resource for the pregnant teenager and her infant, the teenager's family, and the father of the infant to ensure that optimal health care is obtained and appropriate support is provided.

Each month the New Mexico Teen Pregnancy Coalition provides a review of the research and policy reports distributed by National Resources for your information only. The information, and comments expressed in this newsflash as well as any of the information distributed do not necessarily reflect the position of the NMTPC or its funders. Therefore, NMTPC assumes no responsibility for the concepts expressed in this NEWS FLASH.

TRAINING OPPORTUNITIES

A. The National Latina Institute for Reproductive Health is proud to announce our next Latinas Organizing for Leadership and Advocacy (LOLA) Training,

October 14-16, 2005, in Albuquerque, NM

The National Latina Institute for Reproductive Health is dedicated to building a cadre of Latina leaders to further the movement for reproductive justice. We seek to strengthen the voices of Latinas, and enable Latinas to be recognized as a powerful constituency with the capacity to influence policies that directly impact our lives, our families and our communities. The LOLA Trainings are a step towards this goal, and we welcome activists from varying levels of social justice experience.

Our next LOLA training will take place on October 14-16, 2005, in Chicago. This intensive two and a half day training will provide Latina/o activists with sessions on the history of the reproductive rights movement, community organizing models and specific skills building tools to prepare participants with the knowledge and resources for launching a campaign. After the training, LOLA graduates will continue to be part of NLIRH's larger network of Latina advocates as well as become leaders on reproductive health issues in their communities.

To Apply: Please Contact NLIRH for an application at alex@latinainstitute.org, fill-out and return the application. After we review your application, NLIRH staff will schedule a short interview with participants. It is a competitive process and we have a limited number of spots. If you are selected to be part of our fourth LOLA class, please be prepared to make a commitment for two days of training. Deadline: 9/9/05.

Please contact NLIRH with any questions - alex@latinainstitute.org, or call 212-422-2556!

B. Rights, Respect, Responsibility: A Bold New Vision for Sexual Health in America

Save the dates for an important national conference on August 10-11, 2006

Make plans to join Planned Parenthood Health Services of Southwestern Oregon and Advocates for Youth on August 10 and 11, 2006, for a national conference to disseminate findings on the 3Rs—Rights. Respect. Responsibility ®—movement. The conference will occur in Eugene, Oregon, recreational capital of the Northwest, and will explore this positive approach to sexual health that can help in lowering rates of teen pregnancy and sexually transmitted infections. Health and education professionals, activists, policy makers, researchers, and youth from across the United States and Western Europe will present on their 3Rs research and findings, programs, and campaigns.

C. The Iowa Department of Public Health along with HIV and AIDS Training Resources is sponsoring the Fundamentals of HIV Prevention Counseling, September 20-22, 2005, in Des Moines, Iowa. This three-day workshop will demonstrate effective, client-centered, HIV prevention counseling

strategies to assist clients in reducing their risk of acquiring or transmitting HIV, hepatitis, and other STIs. Participants will learn how to personalize counseling messages and how to develop realistic and incremental risk reduction plans with their clients. The workshop will also cover HIV testing, post-test counseling, and finding appropriate resources for clients who test positive. For more information and to register for this FREE workshop, please visit www.trainres.affiniscape.com/displayconvspecific.cfm?convnbr=1521 or contact Training Resources at 515.309.3315 or by e-mail at info@trainingresources.org

ANNOUNCEMENT

NM PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

The new PRAMS website has been posted on the New Mexico Department of Health site under the Health Data tab at: www.health.state.nm.us/phd/prams/home.html

The PRAMS site includes Y1998-2003 multiyear tables, chapters from the FY2001-2002 Surveillance Report, other reports, county data and links to related programs.

If you have suggestions or comments, please address them to ssu.weng@nm.state.nm.us (476.8892) before September 15. After that date, please send comments about the website to Philip Stultz: philip.stultz@state.nm.us, (476.8890). For questions about reports or data, please contact Eirian Coronado: nm.prams@state.nm.us, (476.8895).

We hope you will find this useful.

Message from the New Mexico Young Fathers' Project

Following is an article offered by the Young Fathers Project in Santa Fe.

In 2002, the Mentoring Young Men's Project, a new ten to twelve week pilot project in Santa Fe, was created by a collaborative including:

- the New Mexico Young Fathers Project, (Jesus Gonzales - Community Coordinator, Barry McIntosh - Site Coordinator and Carl Dellinger - Project Director),
- the New Mexico Teen Pregnancy Coalition, (Sylvia Ruiz - Executive Director),
- Capshaw Middle School (Nancy David - Wellness Counselor), and
- other private funders.

The idea for the project was to choose an average of fifteen "high risk" 8th grade male students from the school and provide them with a safe place to share their issues and/or problems within a group. The goal was to help them grow as people, students and, better yet, as young men.

Now, we all know how boys just love to talk about their issues, right? Well, in order to make the group as comfortable as possible, we decided from the beginning that the group would be an all male group, with the exception of female guest speakers and Nancy David, of course. There would be a male counselor, and two young fathers as mentors. This would be the structured foundation to get the group started. The group would meet once a week for about two hours. The first hour would be lunch and the actual group.

The other part of the project was to create something from the heart. This is the part that I believe helped the boys share their issues with me more than they did during group sessions, probably because they didn't have to say anything. All they had to do was think of the good in their life, the bad in their life and where they see themselves within the good and the bad in their lives.

Next they would draw a picture of the bad, the good and the position they saw themselves in. Finally, each student would receive three boulder rocks and transfer each of their pictures to the rocks. With the rocks that were created, we made a trail and formed a rock garden, as we like to call it. Almost four years later, the project continues to grow and since then we've also done murals on a wall and on wood. We've done a couple of CD's and we've also done a play.

Now, although the students don't open up to the group in the beginning, I found that as we worked on the active piece of the project and set examples by talking about our own issues, eventually they become more comfortable talking about their issues in a group setting. They learned more about how we all have a lot more in common. For some boys, their grades improved. For others, their attitude improved.

One thing that always stays with me is the questionnaire we ask them to complete at the end of the ten to twelve weeks. One of the questions is; What do you not like about the group? Most of the answers are, "it's ending" or "it's too short". In other words they would like to really continue the group.

This year we will be able to move on to Santa Fe High School to follow up with the students from last school year.

Overall this is what is going on with the New Mexico Young Fathers Project in Santa Fe in collaboration with the Mentoring Young Men's Project.

Submitted by: Jesus Gonzales

If you know of a young father who needs assistance with paternity issues, wants to learn to be a good father, or needs to talk to other young fathers for mutual support, please the New Mexico Teen Pregnancy Coalition (505) 254-8737 or go to the New Mexico Young Fathers Project web page – www.youngfathers.org.

Services are being provided in the following cities: Albuquerque, Santa Fe, Springer, Las Cruces, Gadsden, and Silver City. Both individual and group services are available on a weekly basis to clients with an emphasis on helping these young men gain the tools to be responsible, dependable, competent fathers.

For information on the Project please call:

Carl W. Dellinger, Project Director
New Mexico Young Fathers Project
540 Chama NE Suite 11
Albuquerque, NM 87108
(505)254-8737 cell (505)450-9050
Fax (505) 254-8741

Barry McIntosh
Santa Fe Site Coordinator
(505) 699-7431

Jesus Gonzales
Santa Fe Community Coordinator
(505) 310-0310

Ramon Arroyos
Las Cruces Site Coordinator
(505) 556-1559

[Message from Sylvia Ruiz, Executive Director](#)

NMTPC is proud to welcome Paul Golding from Santa Fe to our Board of Directors. Paul brings a wealth of information regarding services to facilitate the healthy development of males. Welcome Paul!

Mil Gracias!
Sylvia Ruiz, Executive Director
director@nmtpc.org

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New Mexico Teen Pregnancy Coalition

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