



EXECUTIVE SUMMARY

Preventing Teen Pregnancy among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future

THE ISSUE

The United States is well on the path to becoming a “majority-minority nation”. By 2040, less than 50 percent of the population will be White. Hispanic, Black, and Asian youth will constitute a majority of the under-20 populace. Youth of color have historically been marginalized by our systems which tend to maintain power among the majority. Marginalized populations generally have less access to the education, supports, and services needed for healthy growth and development, leaving them at risk for a multitude of issues including too early pregnancy and parenting. In addition to race and ethnicity, there are several other social situations that can marginalize youth. Consider the following:

- *Current estimates of 1.7 million homeless and runaway youth (NISMAART, 2002)*
- *By 2015, if current immigration levels continue, children of immigrants will constitute 30 percent of the nation’s school population (Morse, 2005)*
- *Nearly 800,000 young people are in foster care (ACF, 2008)*

There are several risk factors that impact the ability of young people to develop into productive adults, and chief among them for both young men and women is early childbearing and parenting. Early parenting carries significant impacts for the teen mother, teen father, and child(ren). For example, both teen mothers and teen fathers are less likely to graduate high school, leaving them with a lifetime of decreased earning potential and a greater likelihood of a life of poverty (Klerman 2002, National Campaign 2008). Children born to teen parents often have a unique set of needs which leave them at increased risk for repeating early parenting, thus perpetuating the cycle of poverty among future generations (Healthy Teen Network, 2003).

The field of teen pregnancy prevention has flourished for several decades, resulting in a steady fifteen-year decline in teen birth rates through 2005 and a cadre of proven and promising programs, curricula, and approaches, as well as the identification of effective program characteristics. These efforts have helped reduce many sexual risk-taking behaviors among young people, thus helping them delay childbearing. Unfortunately, the United States still has the highest teen pregnancy rate of all industrialized nations (Boonstra, 2002), and the most recent teen birth data show an increase of three (3) percent between 2005 and 2006 (Hamilton et al, 2007). While we do not know if this recent increase is a tic or a trend or why this increase occurred, there are many hypotheses that come to mind. Chief among them is the limited access marginalized youth have to the handful of effective interventions, as well as confidential adolescent reproductive health, education, and contraceptive services.

A closer look at available data across various marginalized groups shows us the following:

- Teen birth rates among Latino and African American youth ages 15 to 17 are more than two times those of their Caucasian counterparts (Federal Interagency, 2007).
- Foster care youth are 2.5 times more likely to have been pregnant by the age of 19 as compared to young people not in foster care (Bilaver and Courtney, 2006).
- Lesbian Gay Bisexual Transgender Questioning (LGBTQ) youth may have twice the risk of experiencing an unintended pregnancy as their non-LGBTQ peers (Blake et al, 2001).
- Pregnancy among lesbian and bisexual adolescents is 12 percent higher than among heterosexual teens. Lesbian and bisexual teens are also more likely to engage in frequent intercourse — 22 percent versus 15–17 percent of heterosexual or unsure teens (Saewyc, et al., 1999).
- Many homeless and runaway youth have experienced abuse; 6 percent are LGBTQ and 10 percent are pregnant (Molino, 2007; Greene & Ringwalt, 1998).
- Immigrant youth are less likely to speak English, more likely to drop out of school, and highly more likely to live in poverty than non-immigrant youth, placing them at greater risk for early parenting (Morse, 2005).
- Disabled youth are generally ignored as regards sexuality education and are often sexually abused (SexualityandU.ca).
- Adjudicated youth display higher rates of early parenting and HIV risk-related behaviors (Devioux et al., 2002).



Healthy Teen Network, with support from the Annie E. Casey Foundation, has long explored how to better meet the needs of marginalized youth and subsequently reduce their risk for early pregnancy and parenting. In 2008, a year-long effort included: a review of the literature on what we know about today's youth, their risk factors and what works to prevent early pregnancy among those most marginalized; development of a brief paper which synthesized these findings; a one-day summit including a diverse set of experts in the fields of teen pregnancy prevention and youth development to discuss the state of the field and develop a set of policy, program and research recommendations for moving forward, and a presentation and discussion with the field at large during Healthy Teen Network's annual conference.

THE SUMMIT

On September 8, 2008, eight experts from the field of teen pregnancy prevention and/or youth development convened for one day at the Annie E. Casey offices in Baltimore, Maryland to discuss prevention of teen pregnancy among marginalized youth. Prepped by a background paper and additional descriptors, the group was asked to develop a set of research, program and policy recommendations for the field. The process for the day included initial large group discussion about the paper (with suggested changes incorporated into the final edition) and the issue at hand. Participants self selected to participate in the research, policy or program small workgroup, out of which came initial recommendations. The group then considered all recommendations, created common threads, and developed a prioritized list of next steps

COMMON THREADS



Common Thread #1:

Youth need to be connected, engaged, and empowered.

We need to value youth for who they are now and not just what they offer in the future. Families and communities need to be connected. Youth workers need to be respected and engaged.

Common Thread #2:

Youth development plays an important role here.

If done well, youth development can contribute to the successful development of intimacy, identity, and industry—all critically important for positive youth development.

Common thread #3:

Recognizing the effects of poverty plays an important role in preventing teen pregnancy among marginalized youth.

We must acknowledge the contribution of socio-economic status – for example, disparities in rates across different racial/ethnic groups reduce significantly when socio-economic status is considered.

FEEDBACK FROM THE FIELD

On October 30, 2008, a power point presentation outlining the project and recommendations that emerged from the Summit was presented to some 350 conference attendees. They were asked to respond to the project; and specifically to the common threads and recommendations for next steps. There was general consensus that youth connection is an important part of positive youth development. There were recommendations to consider religion when discussing issues affecting marginalized youth and to separate Asian and Pacific Island youth as they have very different life experiences, risk factors, and outcomes.

RECOMMENDATIONS FOR THE FUTURE

POLICY

Broad policy directions

- We need to integrate reproductive health into workforce development programs
- We need dedicated funding sources, in it for the long haul, that offer good salaries, support implementation and evaluation, build relationships and engage youth.

Community level

- We should reward communities that have successes.
- We should mandate science-based approaches but allow communities the flexibility to select programs based on their utility for the target population in their community.
- We need to establish and monitor reasonable performance measures.

PROGRAM

- We need to provide solid training and certification to youth service providers.
- We need to engage parents and family.
- We need to collaborate across disciplines.
- We need to develop and engage youth in programs that help them see the benefit in avoiding risky sexual behaviors and delaying parenting.
- Youth development is at the core!

RESEARCH

- We have work to do to better understand various aspects of programs and approaches that can affect results such as implementation, adaptation, importance of context, etc.
- We need to grow our understanding of youth development principles in specific ways so we can employ them in this work.
- We need to understand the pathways of connectedness and identify the role of youth activism/youth engagement in teen pregnancy prevention.
- We need to better understand the role of values in teen pregnancy prevention and identify the values affecting marginalized youth.
- We should define social equity and determine its role in teen pregnancy prevention and determine effective ways to change structural conditions.



OTHER ISSUES TO CONSIDER

This issue affects systems and individuals and we must address both to be effective. How do we make both people and systems responsible? How do we achieve cultural competence among both individuals and organizations? Why do programs work with some youth but not others for whom they are intended; what other factors influence effectiveness among proven effective programs?

To download the full report, visit www.HealthyTeenNetwork.org.