

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES

Project conducted by

Mathematica Policy Research, Inc.

With subcontractors

**Child Trends, National Campaign to Prevent Teen and Unplanned Pregnancy,
Public Strategies, Inc., Twin Peaks Partners**

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Adolescent sexual activity and its consequences remain a troubling issue in the U.S. After a steady decline since the early 1990s, the teen birth rate increased in 2006 to almost 42 births per 1,000 females 15 to 19 years of age, from 40.5 the year before. Nationwide, about half of high school students have had sexual intercourse, and more than 20 percent report having had four or more partners by graduation. In 2007, over 38 percent of sexually active high school students had not used a condom during their last sexual intercourse. These behaviors increase the risks not only of pregnancy, but also of sexually transmitted diseases. Young people 15 to 24 years old account for half of the 19 million new STD cases, and for about 13 percent of new HIV/AIDS cases, in the U.S. every year.

The Evaluation of Adolescent Pregnancy Prevention Approaches (PPA) is an opportunity to identify and understand the range of programs for reducing teen sexual activity and its consequences, and to assess the effectiveness of a variety of these programs. The project will test promising approaches focused primarily on high school age youth in up to eight sites, encompassing four major program types: abstinence-until-marriage education, abstinence-based education, comprehensive sex education, and STD/HIV prevention. In each evaluation site, the project team will conduct a rigorous experimental evaluation to determine the impact of the program on youth, and will document the services received and how each intervention is delivered. This evaluation is part of the research and evaluation efforts at DHHS focused on preventing risky sexual behavior and pregnancy in adolescents.

The goal of the study is to provide rigorous evidence on the effectiveness of promising programs for high school age youth. The aim is not to test the effectiveness of programs or program types against each other (for example, abstinence-until-marriage education vs. comprehensive sex education). Rather, it will assess each selected program on its own, compared to a control group in the same site, made up of youth who are not offered similar services. By doing so, the study will generate evidence that states and communities need about effective interventions. The evaluation will address three main questions:

- ***How are specific pregnancy prevention programs expected to work?*** The PPA evaluation will document the programs participating in the evaluation to answer questions like: What are their underlying philosophies and missions? What resources do they require? What local partnerships and support are crucial, and how are parents and community organizations involved? What curricula are used? How long and intensive are the programs intended to be for participants? How are the programs different from alternative services available locally? How, if at all, do programs build on related services and activities?
- ***How well are the programs delivered?*** How much do youth actually participate, and what are their views of the programs? Are the messages and services they receive different or more intensive than what is available to other youth in the area who are not involved in the programs? How closely do messages and activities correspond to a program's vision? What factors affect participation? How does local community context affect a program?
- ***What is the impact on youth?*** Do the pregnancy prevention programs increase rates of abstinence; reduce sexual activity; reduce unprotected sex; and lower rates of STDs, pregnancy, and births? Which groups of teens are more or less affected? How are impacts related to quality of implementation?

Components of the Evaluation

The five-year evaluation runs from 2008 through 2013 and includes four stages:

- 1. Seeking guidance and input from stakeholders and programs.** The project will begin with intensive outreach to policy leaders, program operators, and researchers to ensure that the evaluation focuses on the most promising examples of each program type and addresses concerns from program and policy perspectives.
- 2. Identifying and selecting evaluation sites.** The evaluation team and DHHS will publicize the evaluation, clarifying the opportunity it offers local programs targeting high school age youth—to help lead the way in increasing the evidence base of programs that reduce teen sexual activity and pregnancy. Discussions will be held with interested program sponsors and potential sites, which might include school districts or community organizations. These discussions will focus on how the evaluation would be carried out, how it would fit with local program plans, what benefits would accrue to local sites, and what compensation sites would receive for support of evaluation-related activities. Based on this outreach, ACF and the evaluation team will select up to eight sites to participate. The evaluation team will provide on-site technical assistance to local programs to ensure they can perform their role in supporting the evaluation and to minimize the burden on them.
- 3. Documenting program implementation.** The evaluation team will monitor and report on how programs operate. Careful case studies will be conducted, based on field visits, interviews with program staff, discussions with participants, and program data. This information will help participating sites improve their programs, and will guide other organizations that might consider replicating programs to understand what is involved.
- 4. Measuring impacts.** Each site will test one program, rather than test one program or approach against another. Impacts will be estimated by a comparison of outcomes for randomly assigned program and control groups. Sites will be selected only if there is a clear difference between the program to be tested and other services available to the control group. Two random assignment designs will be used, depending on program setting:

Required Classes in School: The evaluation team will develop, with interested districts, a plan to randomly select schools to adopt the chosen curriculum. Outcomes for youth in these schools will be compared to outcomes for youth in the other schools where the program is not offered and no similar services or classes are provided.

Elective Programs After or Outside School: For programs that cannot serve all interested youth, the evaluation team and program staff will develop a plan for randomly selecting youth to be served from among those eligible. Outcomes for youth selected to participate will be compared with outcomes for youth not selected.

In both cases, the evaluation team will collect baseline data from youth who agree to participate in the evaluation, with parental consent, and then administer a follow-up survey two years later. The survey data will be used to measure program impacts on abstinence, sexual activity and pregnancy, other risk behaviors (e.g. alcohol use), and related outcomes (e.g. depression, school completion).

For Further Information

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