20 Years Focused on Preventing Teen Pregnancy (and Unplanned Pregnancy, too)

10 Lessons Learned and Battle Scars Shared

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The National Campaign to Prevent Teen and Unplanned Pregnancy
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Teen Births and Pregnancies in Texas

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<th>Teen Births in Texas, Girls 15-19</th>
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<td>Teen Births (2014)</td>
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<td>Teen birth rate (2014)</td>
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<td>Change in teen birth rate from 2013</td>
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<td>Change in teen birth rate from peak year 1991</td>
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<td>Teen pregnancies (2010)</td>
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<td>Change in teen pregnancy rate from peak year 1988</td>
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Lesson #1

We often forget to explain WHY we care
So….why DO we care about TP?
Why care?
It is hard on the teen mothers…

• Only 40% of mothers who have children before 18 graduate from high school
• Less than 2% of mothers who have children before age 18 have a college degree by age 30
• 61% of community college students who have children after enrolling don’t finish their education, which is 65% higher than the rate for those who don’t have children

Why Care?
…and their children

Compared to children born to older moms (20-21), children born to teen moms are more likely to:
– drop out of high school
– become teen parents themselves
– use Medicaid and SCHIP
– experience abuse/neglect
– enter the foster care system
– end up in prison (sons)
– be raised in single-parent families
– live in poverty

Putting it all together

A child born to a teen mother who is unmarried and has not finished high school is NINE times more likely to be poor than a baby born to a woman who is NOT a teen, HAS finished high school, and is MARRIED.

Lesson #2

Because we have not consistently explained the role of TP and UP in limited education, poverty, and risky family structures, pregnancy planning and prevention have become defined as controversial reproductive health issues – thus getting us all drawn into what I call the…
Lesson #3

We are too reluctant to talk about money even though…

Lesson #4

All of us in MCH/FP and related areas need to get straight on when our interests/interventions should begin. Early for sure… But what IS “early”? When IS “the beginning”?
Starting at the REAL beginning

If, When, With Whom, Under What Circumstances? Risk factors under control?

Lesson #5

Our entire sector has been late to the media party

Lesson #6

Evidence matters but it is no match for ideology
Lesson #7

We do NOT know what to do about men and teenaged boys.

Too little basic research
Too few men working in this area
Too many pink programs on blue paper

Lesson #8

We are too reluctant to talk straight…
(at a minimum, “stakeholders” must be banned along with low-hanging fruit, thinking outside the box, capacity building, and holistic)
We need to take a lesson from the Hospital for Special Surgery…
Be clear….

My straight talk point
“Aunt Sarah’s Tips”

- Babies need and deserve adult parents.
- Babies don’t cement relationships, they stress them.
- Babies don’t give unconditional love; they demand it from the adults around them.

More Aunt Sarah….

- **To boys and men:** Making babies doesn’t make you a man. Being a devoted partner and father may.
- **To girls and women:** Sex won’t make him yours and a baby won’t make him stay.
- **Sex has meaning, risks, and consequences.** It’s not a casual activity. Take it seriously.
And finally (I promise…)

- Getting pregnant – *including getting someone pregnant* – is one of the most important things any of us ever does, with generational effects.
- Pregnancy needs to be thought about and planned with as much care as we bring to all other key issues and choices.

Lesson #9

Particularly with regard to preventing teen pregnancy, we cannot side-step contraception.

Remember the Sawhill Maxim…

Some methods are more equal than others…

- Focus on highly effective, low-maintenance methods (HELM)
- For teens as well as older women
- Several carefully designed studies have shown the value of access to high-quality care (free, in many instances), including HELMs
CHOICE Study in St Louis

- Recruited 10,000 participants over four years
- Removed cost barriers for all methods
- Offered LARC as best choice, but women could elect any method.

CHOICE Results

Women using LARC or shots had lowest unintended pregnancy rates after 1, 2, and 3 years.

Lesson #10 (maybe a prediction?)

We are at risk of confusing progress with victory

The Case for Going On

- Things that go down can go up
- US ranking
- Progress not equal:
  - older teens
  - teen moms
  - minority teens
- Consequences arguably more serious
- TP as a “gateway” issue...
And HOW to go on….

1. Integrate PPP into other larger sectors
2. Focus on higher risk groups
3. HELM
4. Put what works to work
5. ACA/OKQ/QA measures and more….
6. Move into the 21st century (media, sex ed, and more)
7. Parents, parents, parents
8. Teens, teens, teens
9. And finally…

Tell the truth….

Especially for the most disadvantaged, simply postponing a birth for a few years may not make much of a difference in overall life trajectories if there is no simultaneous progress on other fronts (schools, employment, opportunity, and more). That is, reducing teen pregnancy is necessary but may not be sufficient for achieving better lifetime results.

National Campaign resources that may help

- StayTeen.org for teens 17 and under
- Providers.Bedsider.org just for YOU
- Bedsider.org for older teens and young adults…

Also: Bedsider WORKS

RCT showed that women exposed to Bedsider were significantly less likely to report a Pregnancy scare
Unprotected sex
AND: LESS LIKELY TO REPORT AN UNINTENDED PREGNANCY

Thank You!

Reach me at:
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Please visit:
TheNationalCampaign.org
StayTeen.org
Bedsider.org