

## ABSTRACT

Adolescent pregnancy is a public health problem that is present amongst high school students in the U.S. As schools attempt to develop and enhance pregnancy prevention interventions, there is a gap in research on the effectiveness of sexual education and contraceptive use. The present study aimed to examine the effectiveness of the ALFP program in reducing secondary pregnancy amongst adolescents. The current study included participants (N=390) who were all female parents and of various demographic backgrounds. Data was collected from respondents through a computer assisted self-interview and self-administered paper and pencil interview through the primary AFLP study (Kan et al., 2012). The chi square analysis results indicated that no significant relationship was found between the AFLP program and reducing secondary pregnancy. The current study results provide implications for future research on additional forms of contraceptives and development for preventative and interventions for adolescent pregnancy prevention programs. It is imperative that more research is conducted for secondary pregnancy prevention programs to improve long term effective contraceptive use amongst sexually active teens.

## INTRODUCTION

### Significance of Study

- Teen pregnancy rates in the U.S have reached the highest annual number of teen pregnancies in comparison to other developed countries (Sedgh et al., 2015).
- Adolescent pregnancy is prominent in teenagers from the years of 16-19 years of age, but is also common in teenagers from the ages of 13-15 years of age
- Research suggest that teen pregnancy outcomes compromise the individual, their families, educational prospects, and economic opportunities

### Purpose of Research

- Study examined various contraceptive behaviors utilized in both the intervention and comparison groups.
- The purpose of the research was to evaluate the impact of AFLP in reducing secondary pregnancy amongst adolescent.

### Research Questions

- What is the effect of the Adolescent Family Life Program (AFLP) on reducing additional teen pregnancy?

### Hypothesis

- Clients who participate in AFLP will have better outcomes than clients who participate in other interventions

## LITERATURE REVIEW

### Effectiveness in Programs

- Sixteen program evaluations were effective for at least some measure of sexual activity, including nine that were effective for delaying sexual initiation and six for reducing sexual frequency (Manlove et. al., 2015).

### Impact of AFLP Program

- Participation in AFLP demonstration projects has demonstrated effectiveness in contraception use and short-term decrease in repeated pregnancies (Kan et al., 2012).

### Social Learning Theory and Sexual Education

- Social learning theory has been applied to sexuality education with the primary goal of understanding the influence of knowledge, skills, interpersonal relationships (Haberl & Rogow, 2015).
- Through social learning theory, birth control behavior is an active model, rather than a response.
- Social learning theory posits that contraceptive behavior in adolescents can be learned and maintained

## METHODS

### Research Design and Data Collection Procedures

- The current study is a secondary data analysis from a Cross-Site Evaluation of the Title XX Adolescent Family Life Program.
- Cross-site survey evaluation was used for the current study to analyze the AFLP program's impact on teen pregnancy.
- The study was a experimental or quasi-experimental designs of a cross-site evaluation conducted in 14 states
- The current study focused on utilizing follow survey results 6 months follow up who responded to contraceptive use

### Sample and Sampling Methods

- To be eligible for study, participants had to be from 9 to 18 years of age at the time of baseline data collection. AFLP survey participants also needed to be parenting teens or pregnant to meet program criteria requirements.
- Participants in the study were a probability sample of participants in specific projects of AFLP.
- A total of 1,037 participants were from youth in Care projects.
- Present study included 419....

### Measures

#### Independent Variable

The current study's independent variables are the treatment and comparison group. The treatment group received the AFLP program, while the comparison group was part of the control group.

#### Dependent Variable

The dependent variable for this study was the participant's response to the methods used for family life planning. There were a total of three variables utilized:

- The questions included have you been pregnant since mm/dd/yy(yes, no).
- Contraceptive use
- Participants were asked ways they tried to avoid pregnancy this month

### Demographic variables

The demographic variables included:

- Age
- Race/ethnicity
- Marital Status
- Grade in school
- Graduation status
- Source of Income

## RESULTS

### Descriptive Analysis

- The sample collected from AFLP included a total of 466 participants in the intervention and control group
- Participants ranged from ages 16-19 years of age
- 43.3% were Hispanic
- 56.7 % were Non-Hispanic
- **No significant** relationship was found in terms of sexual practice and reducing secondary pregnancy for either the intervention and comparison group.
- All types of contraceptives shared similar percentages in both the intervention and comparison group
- In the intervention group, 33.5 % of participants used condoms as a form of contraceptive compared to 31.8% in the comparison group.
- Clinical importance to note that the treatment group had a lower rate of no contraceptive use ( $\chi^2(1) = 1.36, p = (0.24)$ ).

Table 4  
Contraceptive use amongst the two groups (N=390)

Contraception Method	Intervention Group (n=173)	Comparison Group (n=217)
	f (%)	f (%)
Abstinence c	60 (34.7)	65 (30.0)
Condoms e	58 (33.5)	69 (31.8)
Birth Control Pills d	27 (15.6)	41 (18.9)
No Method Used b	20 (11.6)	34 (15.7)
Withdrawal f	14 (8.1)	14 (6.5)

Table 21  
Study-Participant Characteristics (N=466)

Characteristic	Intervention Group f (%)	Comparison Group f (%)
<b>Age</b>		
16 years old or younger	73 (33.6)	65 (26.1)
17 years old	60 (27.6)	41 (16.5)
18 years old	57 (26.3)	68 (27.3)
19 years or older	27 (12.4)	75 (30.1)
<b>Marital Status</b>		
Single, never married	151 (91.0)	202 (95.3)
Other (includes married)	15 (9.0)	10 (4.7)
<b>Ethnicity</b>		
Non-Hispanic, Black or African	119 (56.7)	154(63.6)
Hispanic	91 (43.3)	88 (36.4)
<b>Main source of financial support</b>		
Job	30 (20.1)	69 (32.5)
Husband/ partner	20 (13.3)	24 (11.3)
Parents	62 (41.6)	78 (36.8)
Public aid	25 (16.8)	30 (14.2)
<b>School Status</b>		
In school or GED program	84 (49.4)	80 (37.6)
Graduated from high school or completed GED	66 (38.8)	112 (52.6)
Dropped out of school	8 (4.7)	16 (7.5)
<b>Highest Grade</b>		
9 <sup>th</sup> grade or below	15 (8.9)	25 (11.9)
10 <sup>th</sup> grade	29 (17.2)	22 (10.5)
11 <sup>th</sup> grade	50 (29.6)	43 (20.5)
12 <sup>th</sup> grade or more	75 (44.4)	120 (57.1)

## DISCUSSION

### Summary of Findings

- There was no evidence suggesting reducing in secondary pregnancy amongst the intervention group.  
→However, results indicated AFLP adolescents were engaging in higher rates of long term contraceptive use.
- Results identified that while adolescents might not be proactive in reducing the risk of teenage pregnancy, they are practicing safety measures to prevent the risk of sexually transmitted diseases

### Implications for Practice and Policy

- Correlation between long-acting reversible contraception and a decrease in secondary pregnancies found in the study by (Kan et al., 2012).
- On a practice level, social workers need to incorporate more psychoeducation targeting sexual education.
- Increase in research based knowledge is needed to emphasize the importance of interventions and prevention of teenage pregnancy
- Potential need to further examine how widening contraceptive options can support with decreasing the incidence of teen pregnancy

### Strengths and Limitations

- Evaluation brings awareness and builds a body of evidence to expand data on program effectiveness.
- Weaknesses in this study include self reporting allowed for potential in bias in participant responses

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