

Community Support for Adolescent Pregnancy Prevention Services in Hot Spot Communities

Findings from The California Wellness Foundation
Teen Pregnancy Prevention Initiative

Prepared by
Phylliber Research Associates
SRI International – Center for Education & Human Services
University of California, San Francisco – Institute for Health Policy Studies

Funded by a grant from The California Wellness Foundation

2007

In 1996, The California Wellness Foundation began the \$60 million 10-year Teen Pregnancy Prevention Initiative (TPPI), designed to decrease the incidence of teen pregnancy by increasing the proportion of teens who delay the initiation of sexual activity and/or effectively use contraception. With input from a variety of constituencies, a comprehensive grant making program was designed that included funding for:

- community action;
- public education and policy advocacy;
- professional development and leadership recognition;
- research; and
- substantial evaluation.

Seven California hot spot communities were selected as target communities to reduce teen pregnancy.¹

These communities included neighborhoods of large cities (Hollywood and South Los Angeles), suburban communities (Oceanside and Richmond), and small cities (Indio, Madera and Modesto). Some were in southern California, some in northern California, while the rest were in the Central Valley.

Surveys were conducted with adolescents and their caregivers in each of these communities in 1999. Random samples were drawn of households, and pairs of interviewers screened those households to find where adolescents lived. In households with adolescents, a randomly selected adolescent and caregiver (most often a parent) were paid to complete interviews. A total of 2,995 pairs of surveys were completed.

¹ Hot spot communities are the 25% of California ZIP codes that contain the highest rate of births to 15-17 year olds (Jeffrey Gould California Potential Project Areas for Adolescent Pregnancy Prevention Programs UC Berkeley School of Public Health, 1996.)

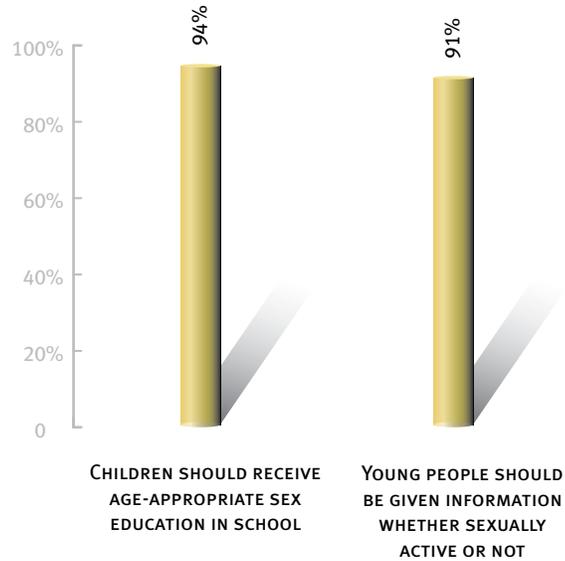
Support for Comprehensive Sexuality Education in Hot Spot Communities

Parents of adolescents were highly supportive of comprehensive sexuality education

Support for Sex Education

Parents of adolescents living in targeted hot spot communities were highly supportive of comprehensive sexuality education. Almost all (94 percent) believed that students should receive age-appropriate sex education within schools. Parents believed such education should begin in the middle of the sixth grade. Half believed it should begin earlier than that, and half later. However, 90 percent believed it should begin before the end of the seventh grade.

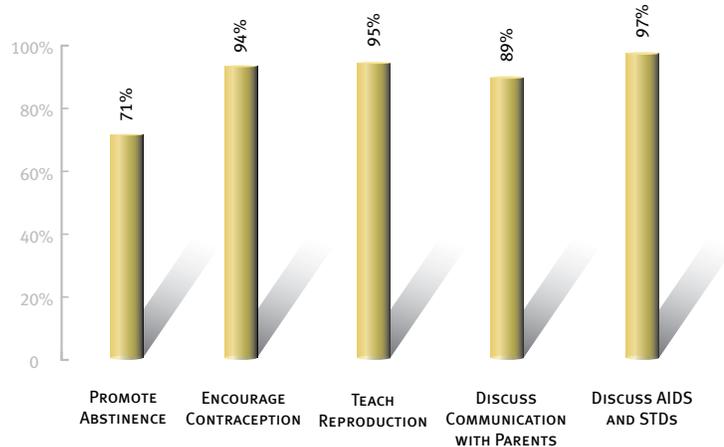
Parents also believed that children should receive information about contraception and sexually transmitted diseases. A large majority (91 percent) supported providing that information to young people whether they were sexually active or not.



Sex Education in High School Should...

Parents strongly believed that sex education should include more than support for abstinence. In fact, fewer parents (71 percent) believed that abstinence should be promoted than supported the inclusion of other topics.

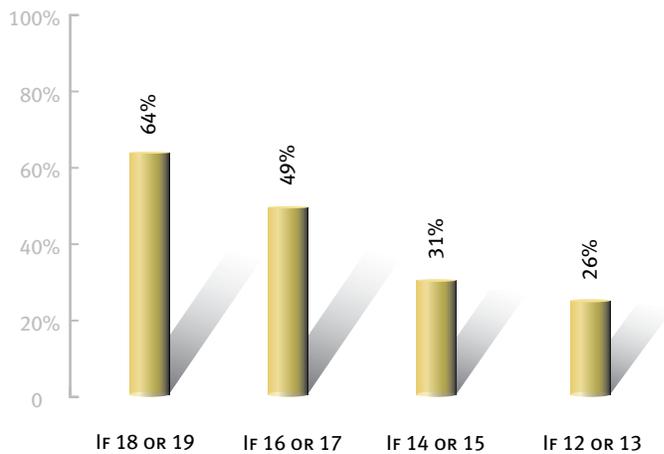
Almost all of the parents believed that sex education should encourage contraception (94 percent), teach reproduction (95 percent), and discuss AIDS and STDs (97 percent).



Support for Access to Contraceptive Services in Hot Spot Communities

Parents were reluctant to support access to contraceptives without parental permission.

Support for Access to Birth Control or Contraceptives without Parental Permission



Although the majority of parents believed that children should be provided information about contraceptives, they did not believe that they should actually be provided those contraceptives without parental permission. This was especially true for younger children. Only a quarter believed that young people ages 12 or 13 should be able to get contraceptives without parental permission. A third believed 14 and 15 year-olds should, while half believed those ages 16 or 17 should be able to get contraceptives without the permission of their parents. It was not until young people were at least 18 before the majority of parents in hot spot communities believed contraceptives should be available without parental permission and, even then, a third believed parental permission should be required.



Parental support for comprehensive sexuality education is strong.

Some of the most bitter battles in communities are fought over teaching sex education in schools. However, the parents who lived in these hot spot communities believed that it should be taught (94 percent), that it should start at an early age (90 percent believed it should start before the end of the seventh grade), and that it should include information about contraceptives (94 percent).

That is probably as strong a mandate as any political body is likely to receive on any topic. Whatever opposition exists to comprehensive sexuality education apparently comes either from a small minority of parents or from people who do not have children in public schools.

Efforts to increase comprehensive sexuality education should consider parents as a resource. There is little need to educate parents about the importance of comprehensive sexuality education. They are already converts. Instead, they are a largely untapped resource that might be mobilized to convince policy makers to permit comprehensive sexuality education to be taught in their schools. It may be safe to assume that few policy makers would object when it became clear that almost all parents wanted it taught.

Parental support for access to contraceptives is much weaker. The majority of parents do not approve of adolescents below the age of eighteen being able to obtain contraceptives without parental permission. Nonetheless, requiring parental permission is a barrier to contraceptive use. Many adolescents will have sexual intercourse without protection and risk a pregnancy rather than tell their parents they are having sex and asking for permission to obtain contraceptives.

Opposition to access to contraceptives without parental permission is greatest for the youngest adolescents. Only a quarter of parents support access without permission if adolescents are twelve or thirteen years old. At the same time, these are the adolescents who are probably least likely to be willing to ask their parents for permission and, therefore, the most likely to risk a pregnancy.

Efforts to increase contraceptive use among sexually active adolescents should include educating parents. It is important that parents be taught that if adolescents are going to have sexual intercourse, it is critical that they use an effective method of contraception. It is not enough to educate adolescents about the importance of contraception and then create barriers to access. Parents need to be as supportive of access to contraception as they are supportive of access to information.

The Teen Pregnancy Prevention Initiative is funded by grants from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention programs.

The evaluation of the Teen Pregnancy Prevention Initiative is a joint project of Philliber Research Associates, SRI International's—Center for Education and Human Services, and the University of California, San Francisco's—Institute for Health Policy Studies.

For further information on evaluation results of the Teen Pregnancy Prevention Initiative contact:

Philliber Research Associates
16 Main Street
Accord, NY 12404
(845) 626-2126
pra@philliberresearch.com