

National Teen Pregnancy Prevention Month (NTPPM) Planning Guidebook

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**Advocates for Youth
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Advocates for Youth—Helping young people make safe and responsible decisions about sex

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health. Advocates provides information, training, and strategic assistance to youth-serving organizations, youth activists, policy makers, and the media in the United States and developing nations.

Advocates for Youth gratefully acknowledges the Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC), which started Teen Pregnancy Prevention Month in 1980. Many states and communities used APPCNC's materials and joined the campaign. With generous encouragement from APPCNC, Advocates for Youth now promotes National Teen Pregnancy Prevention Month.

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- Materials are available in a separate PDF file online at http://www.advocatesforyouth.org/publications/ntppm_samples.pdf.

Dear Colleague,

Advocates for Youth sponsors *National Teen Pregnancy Prevention Month* (NTPPM). Observed each May by states and communities throughout the country, NTPPM seeks to involve communities in promoting and supporting effective teen pregnancy prevention initiatives.

In the past few years in the United States, rates of adolescent sexual activity, teen pregnancy, and teen births have fallen. More specifically, between 1990 and 2000, the teen pregnancy rate declined by 28 percent and the teen birth rate declined by 21 percent.^{1,2} Sexually active teens use contraception more frequently and effectively than teens in earlier years, and experts attribute decreased birth and pregnancy rates mostly to teens' improved use of contraception.^{3,4} Part of the decrease is also due to delays in initiation of sex.^{3,4} Programs that provide young people with age-appropriate, accurate sex education and access to confidential sexual health services contribute to the improved rates.⁵ Despite these improvements, the United States continues to have the highest adolescent pregnancy and birth rates in the industrialized world, although U.S. teens initiate sex at about the same time as their European counterparts.⁶

Clearly, Americans need to empower young people to make healthy decisions about sex. Efforts to support and expand these current, positive trends should involve all parts of the community—youth, parents, teachers, policy makers, health professionals, businesses, the media, and faith communities, among others. It is important for communities across the nation to work together to face the challenge of preventing teen pregnancy.

From Hawaii to Maine, NTPPM's momentum continues to grow. Councils and other pregnancy prevention organizations continue to initiate new and innovative ideas. The NTPPM activities implemented in your community or state this year can make a huge difference to teens and their families and can also offer a good basis from which to build more inclusive and multi-faceted initiatives in the years to come. In fact, when community leaders and organizations are committed and work together to make an impact *this year*, NTPPM planning will continue throughout the year.

Advocates for Youth intends this planning guidebook to help communities organize activities during National Teen Pregnancy Prevention Month. The guide includes information on how to organize local campaigns and offers ideas for local events. An entire chapter (Chapter III) provides vital guidance on meaningfully involving teens in the planning, running, and evaluation of NTPPM. Another entire chapter (Chapter IV) focuses on working with the media.

Please join Advocates for Youth in making NTPPM an effective year-round catalyst to highlight and promote sexual health information and services for teens. Also, please let Advocates for Youth know what you are planning and if Advocates can help. Please send your questions and examples of your campaign materials to:

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Or visit <http://www.advocatesforyouth.org>

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1. Alan Guttmacher Institute. *U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information*. New York: Author, 2004.
2. Ventura SJ, Mathews TJ, Hamilton BE. Births to Teenagers in the United States, 1940-2000. *National Vital Statistics Reports* 2001; 49(10):1-19.
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6. Darroch JE, Singh S, Frost JJ et al. Differences in teenage pregnancy rates among five developed countries: the role of sexual activity and contraceptive use. *Family Planning Perspectives* 2001; 33:244-250+.

Chapter I.

National Teen Pregnancy Prevention Month and The Facts on Adolescent Sexual Health

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Overview of National Teen Pregnancy Prevention Month

National Teen Pregnancy Prevention Month (NTPPM) is an educational campaign designed to help communities recognize that the effects of unintended teen pregnancy and early childbearing are far-reaching. The campaign increases the public's awareness of and commitment to teen pregnancy prevention. The campaign mobilizes communities to help young people develop responsible, positive behaviors and attitudes regarding sexuality.

In the past few years in the United States, rates of adolescent sexual activity, teen pregnancy, and teen births have fallen. More specifically, between 1990 and 2000, the teen pregnancy rate declined by 28 percent and the teen birth rate declined by 21 percent.^{1,2} Sexually active teens use contraception more frequently and effectively than teens in earlier years, and experts attribute decreased birth and pregnancy rates mostly to teens' improved use of contraception.^{3,4} Part of the decrease is also due to delays in initiation of sex.^{3,4} Programs that provide young people with age-appropriate, accurate sex education and access to confidential sexual health services contribute to the improved rates.⁵ Despite these improvements, the United States continues to have the highest adolescent pregnancy and birth rates in the industrialized world, although U.S. teens initiate sex at about the same time as their European counterparts.⁶

Clearly, Americans need to empower young people to make healthy decisions about sex. Efforts to support and expand the current positive trends must involve all parts of communities—youth, parents, teachers, policy makers, health professionals, businesses, the media, and faith communities, among others. Since becoming the national sponsor of NTPPM, Advocates has received thousands of inquiries about NTPPM, inquiries that demonstrate the level of interest and need for such a campaign. NTPPM emphasizes the importance of strong partnerships between communities and families to encourage young people to develop responsible, healthy attitudes and behaviors about sex. Faith communities, media, businesses, schools, and community agencies can assume leadership roles by providing activities, information, resources, and educational programs to help improve the health and well-being of young people nationwide.

Overview of National Teen Pregnancy Prevention Day

In 2001, the National Campaign to Prevent Teen Pregnancy decided to designate one specific day in May as the *National Day to Prevent Teen Pregnancy*. The Campaign offers many activities and promotions around the Day. For example, on that Day the Campaign asks teens to go online and take an engaging quiz that presents them with several real life scenarios and asks them to choose a course of action. In 2002, about 75,000 people took the quiz; in 2003, nearly 300,000 people from all fifty states took the quiz; and in 2004, 560,000 individuals took the quiz. The first National Day to Prevent Teen Pregnancy in 2002 featured 80 National Day Partners, including faith-based and health, entertainment, education, and media organizations. By 2004, 190 organizations, including a number of popular teen Web sites, signed on to support the Day.

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2. Ventura SJ, Mathews TJ, Hamilton BE. Births to Teenagers in the United States, 1940-2000. *National Vital Statistics Reports* 2001; 49(10):1-19.
3. Darroch JE, Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use* [Occasional Report, no. 1] New York: Alan Guttmacher Institute, 1999.
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6. Darroch JE, Singh S, Frost JJ et al. Differences in teenage pregnancy rates among five developed countries: the role of sexual activity and contraceptive use. *Family Planning Perspectives* 2001; 33:244-250+.

Fact Sheets

These fact sheets follow:

1. *Adolescent Pregnancy and Childbearing in the United States*, ©2004;
2. *Adolescent Sexual Health in Europe and the U.S.—Why the Difference?* ©2003;
3. *Adolescent Protective Behaviors: Abstinence & Contraceptive Use*, ©2004;
4. *Adolescent Sexual Behavior I: Demographics*, ©2003;
5. *Adolescent Sexual Behavior II: Socio-Psychological Factors*, ©2003;
6. *Emergency Contraception: A Safe & Effective Contraceptive Option for Teens*, ©2004.

For the latest versions of these and other fact sheets, please visit

http://www.advocatesforyouth.org/publications/freepubs_type.htm#fs

Adolescent Pregnancy and Childbearing in the United States

Since 1991, U.S. teenage pregnancy, abortion, and birth rates have declined steadily in every age and racial/ethnic group.^{1,2,3} Teenage birth rates declined in every state as well as in the District of Columbia and the Virgin Islands.⁴ Research indicates that sexually active teens are becoming more effective users of contraception and that more teens are choosing to remain abstinent during early and middle adolescence.⁵ Nevertheless, the United States continues to have higher rates of teen pregnancy, birth, and abortion than other industrialized nations.^{6,7} Teens ages 18 and 19 account for as much as 66 percent of U.S. teen births.⁸ Most teenage mothers come from socially and/or economically disadvantaged backgrounds; adolescent motherhood often compounds this disadvantage.^{9,10}

Teen Pregnancy Rates Decreased among Sexually Active Teens.

- Each year, approximately 750,000 to 850,000 teenage women in the United States experience pregnancy.^{10,11} Seventy-four to 95 percent of teen pregnancies are unintended.^{12,13}
- In 1999, the estimated U.S. teen pregnancy rate was 87 pregnancies per 1,000 females ages 15 to 19—a drop of 25 percent from the 1990 rate of 116.^{14,15} [Note: 1999 is the most recent year for which published pregnancy data is available.]
- Some researchers attribute 75 percent of the decline in U.S. teen pregnancy rates to better contraceptive use among sexually experienced teens and 25 percent of the decrease to increased abstinence; others credit the two factors about equally.^{5,15}

Teen Birth Rates Fell among Teens in All Age Groups.

- Among all teens ages 15 to 19, the U.S. birth rate declined by 30 percent between 1991 and 2002, from 62 per 1,000 women in 1991 to a record low of 43 in 2002.¹⁶
- By comparison, the birth rate in France was 10 per 1,000 women ages 15 to 19; in Canada, it was 25; and in Britain, 28.⁶ [Data are the most recent available.]
- Among youth under age 15, the U.S. birth rate declined by 50 percent, from 1.4 per 1,000 women in 1991 to 0.7 in 2002.^{2,16}
- Among teens ages 15 to 17, the U.S. birth rate declined 40 percent from 39 per 1,000 in 1991 to 23 in 2002.¹⁶
- Among teens ages 18 to 19, the U.S. birth rate declined 23 percent from 94 per 1,000 in 1991 to 73 in 2002.¹⁶
- The number of children born to U.S. teens also decreased between 1991 and 2002. Women under age 20 had 532,000 births in 1991² compared to 432,000 births in 2002,¹⁶ a 19 percent decline.

Teen Birth Rates Fell among Teens in All Racial/Ethnic Groups.

- Between 1991 and 2002, U.S. birth rates among 15- to 19-year-old women declined in all racial/ethnic groups, although rates for African American and Hispanic teens continued to be higher than the rates for other groups.^{2,16}
- African Americans ages 15 to 19 experienced the steepest decline in birth rates—42 percent—from 118 per 1,000 women in 1991 to 68 in 2002. Among African Americans ages 15 to 17, birth rates dropped by 52 percent between 1991 and 2002.¹⁶
- The birth rate for native American teens ages 15 to 19 dropped 36 percent from 84 per 1,000 women in 1991 to 54 in 2002.¹⁶
- Among non-Hispanic white women ages 15 to 19, the birth rate declined 34 percent from 43 per 1,000 women in 1991 to 29 in 2002.¹⁶

- The birth rate for Asian or Pacific Islander teens ages 15 to 19 dropped 33 percent from 27 per 1,000 women in 1991 to 18 in 2002.¹⁶
- The birth rate for Hispanic teens ages 15 to 19 declined 20 percent from 105 per 1,000 women in 1991 to 83 in 2002.¹⁶

The Teen Abortion Rate also Fell.

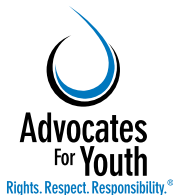
- Each year since 1992, teens accounted for 20 percent or less of all abortions in the United States.^{3,16}
- Since the late 1980s, the proportion of teen pregnancies ending in abortion has steadily declined. In 1999, 28 percent of pregnancies among 15- to 19-year-olds ended in abortion, down from 40 percent in 1990.^{9,14}
- Among 15- to 19-year-old females, the abortion rate declined by 39 percent between 1990 and 1999, from 38 per 1,000 women to 25.¹⁴
- The decline in U.S. teenage abortion rates partly reflects declining pregnancy rates. It may also reflect restrictive abortion laws, limited availability and accessibility of abortion providers, and decreased public funding.¹⁷
- Between 1989 and 1995, less than one percent of babies born to never-married U.S. women were relinquished for adoption.¹⁸

Many Births Occurred to Teens Living in Poverty and to Unmarried Teens.

- Compared to teens from higher income families, poor and low-income teens are somewhat more likely to be sexually active and somewhat less likely to use contraceptives or to use contraception successfully. Poor and low-income adolescents make up 38 percent of all women ages 15 to 19; yet, they account for 73 percent of all pregnancies in that age group.¹⁹
- Nearly 60 percent of teens who become mothers are living in poverty at the time of the birth.⁹
- Teenage mothers are much less likely than older women to receive timely prenatal care and are more likely to smoke during pregnancy. As a result of these and other factors, babies born to teenagers are more likely to be preterm and of low birth weight and are at greater risk of serious and long-term illness, of developmental delays, and of dying in the first year of life compared to infants of older mothers.²
- Adolescent mothers are less likely to complete their education and are more likely to face limited career and economic opportunities compared to women whose first children are born after age 20.¹³
- Both adult and teen women today are less likely to marry in response to a pregnancy than were earlier generations and are also less likely to choose abortion.² In 2002, about one-fourth of all non-marital births occurred among teenagers.¹⁶ Non-marital birth rates were highest among women ages 20 to 24 and 25 to 29, followed by 18- to 19-year-old and 30- to 34-year-old women (71, 62, 59, and 41 per 1,000 women in the given age group, respectively). Teens ages 15 to 19 and 15 to 17 had lower non-marital birth rates (35 and 21, respectively).¹⁶

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- ⁵ Darroch JE, Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use.* [Occasional Report, no. 1] New York: Alan Guttmacher Institute, 1999.
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- ¹⁵ National Campaign to Prevent Teen Pregnancy. *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy.* Washington, DC: The Campaign, 2001.
- ¹⁶ Martin JA *et al.* Births: final data for 2002. *National Vital Statistics Reports* 2003; 52(10): 1-113.
- ¹⁷ Moore KA *et al.* *Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research.* Washington, DC: Child Trends, 1995.
- ¹⁸ Chandra A *et al.* Adoption, adoption seeking, and relinquishment for adoption in the United States. *Advance Data* 1999; No. 306:1-14.
- ¹⁹ Alan Guttmacher Institute. *Teenage Pregnancy and the Welfare Reform Debate.* [Issues in Brief]. New York: The Institute, 1998.



Written by Tamarah Moss

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Adolescent Sexual Health in Europe and the U.S.—Why the Difference?

Each summer since in 1998, Advocates for Youth and the University of North Carolina at Charlotte sponsor annual study tours to France, Germany, and the Netherlands to explore why adolescent sexual health outcomes are so much more positive in the three European countries than in the U.S.

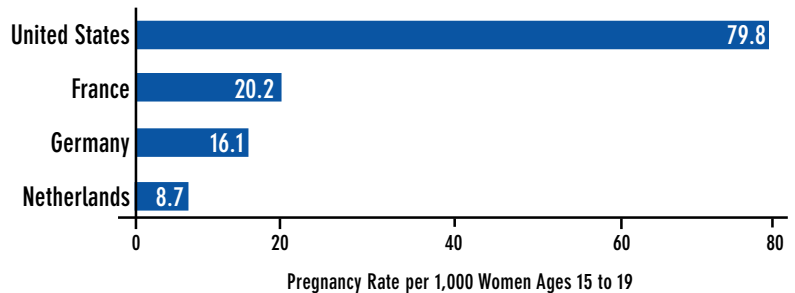
Rights. Respect. Responsibility.® The study tour participants — policy makers, researchers, youth-serving professionals, foundation officers, and youth — have found that this trilogy of values underpins a social philosophy regarding adolescent sexual health in these countries. Each of these nations has an unwritten social contract with young people: “We’ll respect your right to act responsibly, giving you the tools you need to avoid unintended pregnancy and sexually transmitted infections, including HIV.”

In these nations, societal openness and comfort in dealing with sexuality, including teen sexuality, *and* pragmatic governmental policies create greater, easier access to sexual health information and services for *all* people, including teens. Easy access to sexual health information and services leads to better sexual health outcomes for French, German, and Dutch teens when compared to U.S. teens.

Adolescent Pregnancy, Birth, and Abortion Rates in Europe Far Outshine Those in the U.S.*

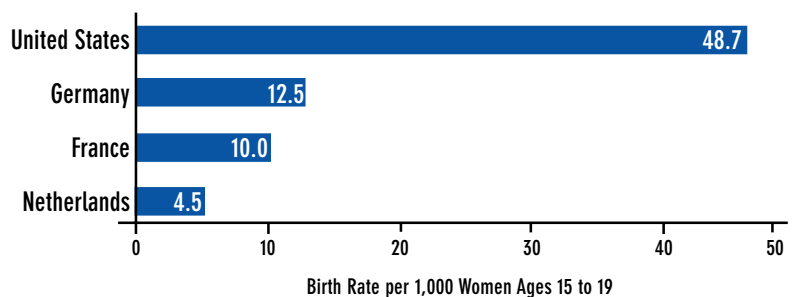
Pregnancy

In the United States, the **teen pregnancy rate** is more than nine times higher than that in the Netherlands, nearly four times higher than the rate in France, and nearly five times higher than that in Germany.^{1,2,3}



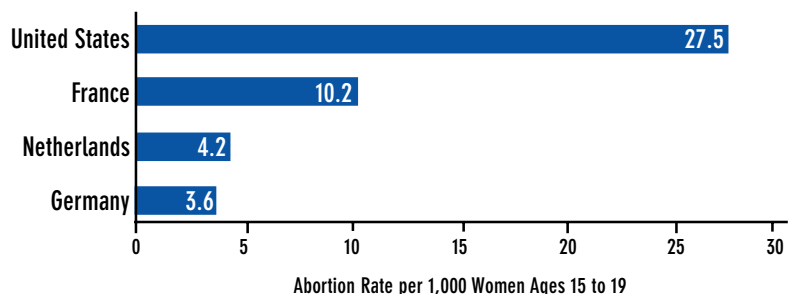
Birth

In the United States, the **teen birth rate** is nearly 11 times higher than that of the Netherlands, nearly five times higher than the rate in France, and nearly four times higher than that in Germany.^{2,3,4}



Abortion

In the United States, the **teen abortion rate** is nearly eight times higher than the rate in Germany, nearly seven times higher than that in the Netherlands, and nearly three times higher than the rate in France.^{1,2,3}

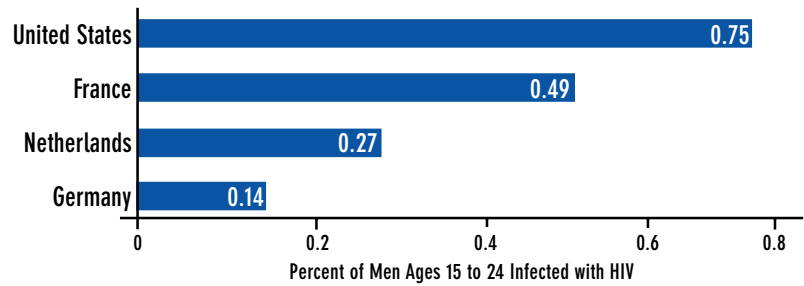


*Throughout this fact sheet, data are the most recent available for each country, ranging from years 1995 to 2000. Pregnancy data do not include fetal losses. U.S. birth data are for 1999 while U.S. pregnancy and abortion data are for 1997.

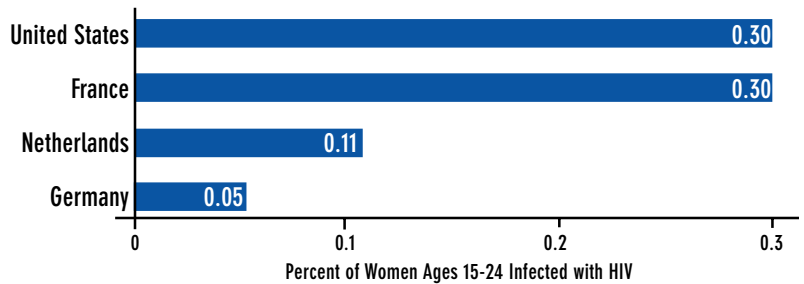
U.S. HIV/STI Rates Also Compare Poorly.

HIV in Young Women and Men

In the United States, the estimated **HIV prevalence rate in young men** ages 15 to 24 is over five times higher than the rate in Germany, nearly three times higher than the rate in the Netherlands, and about 1½ times higher than that in France.⁵

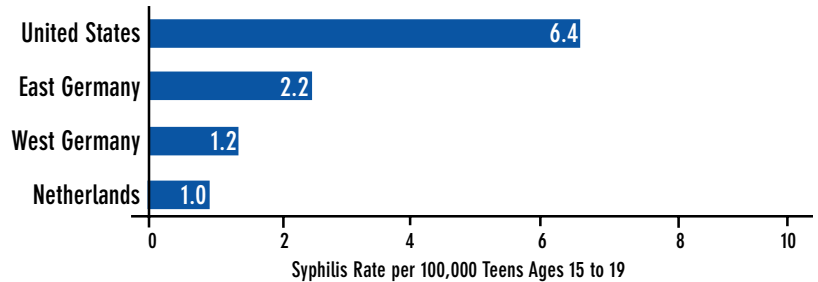


In the United States, the estimated **HIV prevalence rate in young women** ages 15 to 24 is six times higher than the rate in Germany, nearly three times higher than the rate in the Netherlands, and is the same as that in France.⁵



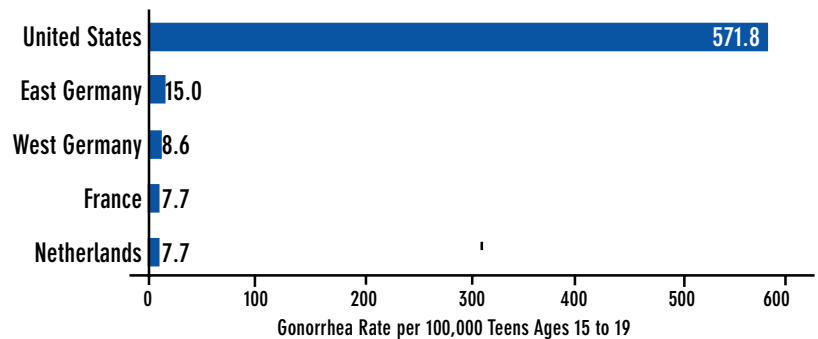
Syphilis

In the United States, the **teen syphilis rate** is over six times higher than that of the Netherlands, over five times higher than the rate in former West Germany, and nearly three times higher than that in former East Germany. Data are not available for France.⁶



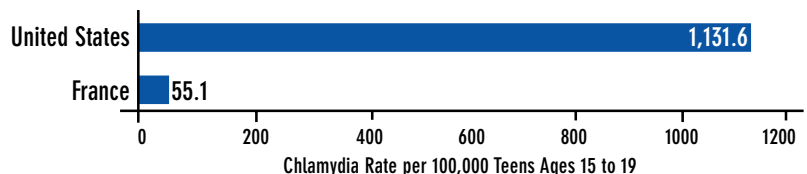
Gonorrhea

In the United States, the **teen gonorrhea rate** is over 74 times higher than that in the Netherlands and France, over 66 times higher than the rate in former West Germany, and over 38 times higher than that in former East Germany.⁶



Chlamydia

In the United States, the **teen chlamydia rate** is over 20 times higher than that in France. Data are not available for Germany or the Netherlands.⁶



American Youth Have Sex at the Same Age or Even Earlier than Youth in Europe. Young People in the U.S. Have More Sexual Partners.

In the United States, young people typically initiate sexual intercourse at the same age or even earlier compared to young people in the Netherlands and France.^{3,7} Data are not available for Germany.

Finally, the proportion of sexually active teenage men and women ages 18 to 19 that had two or more sexual partners within the past year is substantially higher in the United States than in France. Data on number of sexual partners are not available for Germany or the Netherlands. Having two or more sexual partners increases youth's potential risk of becoming infected with HIV and other STIs.⁷

	% With Two or More Sexual Partners in Past Year ⁷		Typical Age at First Sexual Intercourse ^{3,7}
	Women Ages 18 to 19	Men Ages 18 to 19	
United States	48.6%	48.8%	17.4 years
Netherlands	—	—	17.7 years
France	12.8%	28.8%	18.0 years
Germany	—	—	—

Implementing the Model: Potential Impact on Adolescent Sexual Health in the U.S.

If society in the United States became more comfortable with sexuality and if governmental policies created greater, easier access to sexual health information and services, adolescents' sexual health outcomes could improve markedly. Imagine that the United States' adolescent pregnancy, birth, and abortion rates improved to match those in the European nations studied. The reduced rates would mean large reductions in the numbers of pregnancies, births, and abortions to teens in the United States each year – and in the public funds needed to support families begun with a birth to a teen.

If the U.S. Rates Equaled Rates in:	Fewer Pregnancies	Fewer Births	Fewer Abortions	Lower Public Costs ⁸
Netherlands	657,000	441,000	215,000	\$921 million
France	550,000	391,000	160,000	\$815 million
Germany	588,000	367,000	221,000	\$767 million

The Lessons Learned: A Model to Improve Adolescent Sexual Health in the U.S.⁹

So, if Dutch, German, and French teens have better sexual health outcomes, have fewer sexual partners, and initiate sexual activity at the same age or even later than U.S. youth, what's the secret? Is there a 'silver bullet' solution for the United States that will reduce the nearly four million new sexually transmitted infections occurring among U.S. teens each year, or the 20,000 new HIV infections among 13- to 24-year-old youth, or the 900,000 teen pregnancies?^{1,10,11} Unfortunately, there is not a single, 'silver bullet' solution. Yet, the United States can use the experience of the Dutch, Germans, and French to guide its efforts to improve adolescents' sexual health. Indeed, the United States can overcome obstacles and achieve social and cultural consensus respecting sexuality as a normal and healthy part of being human and of being a teen by using lessons learned from the European study tours.

- Adults in the Netherlands, France, and Germany view young people as assets, not as problems. Adults value and respect adolescents and expect teens to act responsibly. Governments strongly support education and economic self-sufficiency for youth.
- Research is the basis for public policies to reduce unintended pregnancy, abortion, and sexually transmitted infections, including HIV. Political and religious interest groups have little influence on public health policy.
- A national desire to reduce the number of abortions and to prevent sexually transmitted infections, including HIV, provides the major impetus in each country for unimpeded access to contraception, including condoms, consistent sexuality education, and widespread public education campaigns.
- Governments support massive, consistent, long-term public education campaigns utilizing the Internet, television, films, radio, billboards, discos, pharmacies, and health care providers. Media is a partner, not a problem, in these campaigns. Campaigns are far more direct and humorous than in the U.S. and focus on safety and pleasure.
- Youth have convenient access to free or low-cost contraception through national health insurance.
- Sexuality education is not necessarily a separate curriculum and may be integrated across school subjects and at all grade levels. Educators provide accurate and complete information in response to students' questions.
- Families have open, honest, consistent discussions with teens about sexuality and support the role of educators and health care providers in making sexual health information and services available for teens.
- Adults see intimate sexual relationships as normal and natural for older adolescents, a positive component of emotionally healthy maturation. At the same time, young people believe it is "stupid and irresponsible" to have sex without protection and use the maxim, "safer sex or no sex."
- The morality of sexual behavior is weighed through an individual ethic that includes the values of responsibility, respect, tolerance, and equity.
- France, Germany, and the Netherlands work to address issues around cultural diversity in regard to immigrant populations and their values that differ from those of the majority culture.

Rights. Respect. Responsibility.®: A National Campaign to Improve Adolescent Sexual Health

In October 2001, Advocates for Youth launched a long-term campaign—**Rights. Respect. Responsibility.**®—based on the lessons learned from the European study tours. The Campaign will work to shift the current societal paradigm of adolescent sexuality away from a negative emphasis on fear and ignorance and towards an acceptance of sexuality as healthy and normal and a view of adolescents as a valuable resource.

- Adolescents have the **right** to balanced, accurate, and realistic sexuality education, confidential and affordable sexual health services, and a secure stake in the future.
- Youth deserve **respect**. Today, they are perceived only as part of the problem. Valuing young people means they are part of the solution and are included in the development of programs and policies that affect their well-being.
- Society has the **responsibility** to provide young people with the tools they need to safeguard their sexual health and young people have the **responsibility** to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

Advocates is developing and disseminating campaign materials for specific audiences, such as entertainment industry and news media professionals, policy makers, youth-serving professionals, parents, and youth activists. Each summer, Advocates will continue its thought-provoking European study tours. Advocates will also collaborate with key national organizations and state-based stakeholders to promote **Rights. Respect. Responsibility.**® through campaign materials, workshops, presentations, and technical assistance. For additional information on the Campaign or to become an organizational partner in this important initiative, contact Advocates for Youth at 202.347.5700 or visit www.advocatesforyouth.org

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Written by Ammie N. Feijoo

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This document is an updated edition of *Adolescent Sexual Health in Europe and the U.S. - Why the Difference?*, written by Sue Alford and Ammie N. Feijoo and published by Advocates for Youth in 2000.

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Adolescent Protective Behaviors: Abstinence and Contraceptive Use

One recent study attributed 75 percent of the decline in U.S. teen pregnancy rates to teens' better use of contraception and 25 percent to teens' increased abstinence¹ while another study credited the two factors about equally.² Although U.S. teens are increasingly adopting protective sexual behaviors, they face barriers to consistency in these behaviors.

U.S. Teens Remain Abstinent Longer than in the Past.

- In 2003, 53 percent of U.S. high school students reported *never* having had sexual intercourse, up from 46 percent in 1991.^{3,4}
- Across the decade, the percentage of U.S. youth that said they *never* had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they *never* had sex, compared to 53 percent in 2003.^{3,4}
- Abstinence rates also increased between 1991 and 2003 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had *never* had sex, compared to 55 percent in 2003; among males, the numbers were 43 and 52 percent, respectively.^{3,4}
- Fifty percent of white students said they *never* had sex in 1991, compared to 58 percent in 2003; among Latino students, the numbers were 47 and 49 percent, respectively; among African American students, 19 and 33 percent, respectively.^{3,4}
- In one study, only 14 percent of gay, lesbian, and bisexual high school students had *never* had sex, compared to 52 percent of their heterosexual peers.⁵

In Many Industrialized Nations, the Typical Age of Sexual Initiation is Around 17.5.

- In the United States, the typical age at first sexual intercourse is 17.2.⁶
- In Canada, the typical age at first sex is 17.3; in Great Britain, it is 17.5.⁶
- In the Netherlands, the typical age at first sex is 17.7; in France, it is 18.0.^{6,7}

Sexually Active Adolescents' Use of Condoms Is Up but Leveling Off.

- In U.S. studies, 70 percent of women and 69 percent of men ages 15 to 19 reported condom use at first sex.⁸
- Among sexually active U.S. high school youth in 2003, 63 percent reported using a condom during most recent sex—a significant increase over 1991's 46 percent.^{3,4}
- In 1995, fewer gay, lesbian, and bisexual high school students reported condom use at most recent sex, compared to their heterosexual peers (51 and 58 percent, respectively).⁵
- In 2003, sexually active African American high school students were significantly more likely than their white or Latino peers to report condom use (73, 63, and 57 percent, respectively).³
- Among sexually active youth, only about eight percent of female teens and 17 percent of male teens reported using both condoms and hormonal contraception at most recent sex.⁸

Some Sexually Active Adolescents Use Other Contraceptive Methods.

- Overall, 17 percent of sexually active high school youth in the United States report use of birth control pills before most recent sex. Rates vary significantly among sexually active students by race/ethnicity: 22 percent of whites; 11 percent of Latinos; and eight percent of African Americans.³
- In one study, bisexual and lesbian teenage women, although about equally likely to have had sex as their heterosexual peers, reported more than twice as great a prevalence of pregnancy (12 percent versus five percent, respectively).⁹

- Among sexually experienced U.S. teens, more women reported use of birth control pills before most recent sex than reported using no method (33 and 20 percent, respectively) compared to 59 percent and 12 percent of French adolescents, respectively.⁶ In a German study, 73 percent of 14- to 17-year-old women used birth control pills before most recent intercourse while one percent used no protection.¹⁰

Youth's Attitudes & Behaviors Reflect Society's Confusion around Sexuality.

- **Pressure from partners and friends**—In one study, eight percent of sexually experienced young women cited pressure from their partner as a factor in having sex for the first time; seven percent cited pressure from their friends; among young men, the percentages were one and 13 percent, respectively.¹¹
- **Confusion in defining abstinence**—In a study of youth ages 12 to 17 who had abstinence education, young people's definitions of abstinence included many sexual behaviors while consistently avoiding only (vaginal) intercourse. In a study of college freshmen and sophomores, 37 percent described oral sex and 24 percent described anal sex as abstinent behaviors.¹²
- **Virginity pledges**—In a recent study on the effect of virginity pledges, researchers found that, in early and middle adolescence, pledging delayed the transition to first sex by as much as 18 months. Pledging only worked where some, but not more than about one-third, of students pledged. However, when they broke the pledge, these teens were one-third less likely to use contraception at first sex than were their non-pledging peers.¹³ According to the lead researcher, "*If we consider the enhanced risk of failure to contracept against the benefit of delay, it turns out that with respect to pregnancy, pledgers are at the same risk as non-pledgers. There is no long-term benefit to pledging in terms of pregnancy reduction, unless pledgers use contraception at first intercourse.*"¹⁴
- **Lack of knowledge about effective contraception**—In a recent poll, 32 percent of U.S. teens did not believe condoms were effective in preventing HIV and 22 percent did not believe that birth control pills were effective in preventing pregnancy.¹⁵
- **Negative attitudes about using protection**—In the same poll, 66 percent of teens said they would feel suspicious or worried about their partner's past, if the partner suggested using a condom; 49 percent would worry that the partner was suspicious of them; 20 percent would feel insulted.¹⁵
- **Lack of confidentiality**—In a recent study among sexually active women under age 18, 47 percent indicated that mandatory parental notification would cause them to stop using family planning services.¹⁶
- **Homophobia and violence**—Significant barriers to protective behaviors among lesbian, gay, bisexual, and transgender youth, as well as among young men who have sex with men, include homophobia and violence that damage their self-esteem, lack of access to health care, homelessness, and substance use.¹⁷

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Written by Sue Alford

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Adolescent Sexual Behavior. I: Demographics

In the United States, 45.6 percent of high school students¹ and 79.5 percent of college students ages 18-24² have had sex, and the median age at first marriage is 28.6 for men and 26.6 for women.³ Thus, it is critically important for adults to address adolescent sexuality realistically and to recognize that a young person's decision whether to have sexual intercourse may be influenced by many factors, including socioeconomic status, ethnicity, family structure, educational aspirations, age, and life experiences.

Sexual Behavior Differs by Race/Ethnicity, Gender, Partner Preference, and Urban/Rural Residence.

- In the most recent Youth Risk Behavior Survey, students in ninth and 10th grades were significantly less likely to report having had sexual intercourse than those in 11th and 12th grades (34.4, 40.8, 51.9, and 60.5 percent, respectively). Male students (48.5 percent) were significantly more likely than female students (42.9 percent) to report having had sexual intercourse.¹
- Among male high school students, 68.8 percent of African Americans, 53.0 percent of Latinos, and 45.1 percent of whites reported having had sexual intercourse. Among female high school students, 53.4 percent of African Americans, 44.0 percent of Latinos, and 41.3 percent of whites reported having had sexual intercourse. Overall, African American students were significantly more likely than Latino or white students to have had sex (60.8, 48.4, and 43.2 percent respectively).¹
- Data analysis of four youth risk behavior surveys showed that Asian American and Pacific Islander students were significantly less likely than members of other ethnic groups to have had sexual intercourse or to report four or more sexual partners.⁴
- Nationwide, 6.6 percent of students reported initiating sexual intercourse before age 13. In every ethnic subgroup, males were significantly more likely than females to initiate sexual intercourse before age 13.¹
- In a study of teenage women, those who identified as bisexual or lesbian were about as likely to have had sexual intercourse as were their heterosexual peers.⁵
- In a nationally representative survey of American adults, about nine percent of men said they had had sex with another man since puberty. Forty percent of these men said they had that experience before age 18 and not since.⁶
- Rural and urban youth differed in sexual experience. For example, nearly 33 percent of high school students in mostly rural Illinois reported ever having sexual intercourse compared to 58.1 percent of students in Chicago.¹

Adolescent Sexual Relationships Vary.

- Among males ages 15 to 19 in 1995, 55 percent reported ever engaging in vaginal intercourse; 53 percent, being masturbated by a female; 49 percent, receiving oral sex; 39 percent, giving oral sex; and 11 percent, ever engaging in anal sex.⁷
- In a survey of California women ages 18 to 29, 21.7 percent reported having had anal intercourse.⁸
- Among sexually experienced high school youth, 14.2 percent reported four or more lifetime sexual partners.¹ In another nationally representative survey, 11 percent of sexually experienced youth ages 17 to 18 reported seven or more lifetime sexual partners.⁹ In a third study of young people, 31.1 percent of sexually experienced females and 45.0 percent of sexually experienced males reported six or more sexual partners by age 21.¹⁰
- African American males and males living in urban areas were somewhat more likely than were those of

other racial/ethnic groups or residents of non-urban areas to have had two or more sexual partners. When controlling for race/ethnicity, urban males were significantly more likely than suburban males to have had multiple sexual partners.¹⁰

- In a study of gay, lesbian, and bisexual youth ages 14 to 21 in New York City, 23 percent of males reported ever having at least one high-risk sexual encounter. Among females, 21 percent reported at least one high-risk sexual encounter. (High-risk was identified as having sex with someone who had a sexually transmitted infection, was HIV-infected, or used injection drugs.)¹¹
- In one study, 19 percent of urban, middle school students who reported having a boyfriend or girlfriend two years or more older also reported having initiated sexual intercourse, compared with one percent who never had a boyfriend or girlfriend and six percent whose boyfriend or girlfriend was their same age. Eight percent of sixth graders reported having a boyfriend or girlfriend who was two years or more older, and two-thirds of them reported having had sex in the relationship.¹²
- In one study of college undergraduates, researchers found that 36.9 percent of students felt that abstinence included oral contact with another person's genitals, and 24.3 percent felt it included anal intercourse.¹³

Teen Sex Is Sporadic and Sometimes Unwanted.

- Middle school students who had boyfriends or girlfriends two years or more older also reported more unwanted sexual advances than those without a boyfriend or girlfriend or those with a same age boyfriend or girlfriend.¹²
- In a study of young women ages 12 to 18, those who were younger than 15 at first sex were likely to say their reason for initiating intercourse was a partner pressuring them, friends' having sexual intercourse, curiosity, or wanting to feel grown up. Women who were 17 or older at first sexual intercourse were more likely to say their reason was being in love or physically attracted to their partner.¹⁴
- In a study of students ages 12 through 16, seven percent had been forced against their will to do something sexual with an adult; 17 percent, with a teenager. Nineteen percent felt pressure from their friends to have sexual intercourse. Six percent said that they had sexually coerced someone else with words or actions. Males were significantly more likely to report sexually coercing someone than females (10 versus two percent, respectively). African Americans were more likely to have been sexually coerced than whites (26 versus seven percent, respectively).¹⁵
- In another study, lesbian and bisexual adolescent women were significantly more likely than their heterosexual and questioning peers to have been sexually abused (22 versus 15 and 13 percent, respectively).⁵
- When asked why they had sexual intercourse for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends and eight percent of women the same age cited pressure from a partner. At the same time, 47 percent of teens who had experienced sexual intimacy said they had done something sexual or felt pressure to do something they weren't ready to do. Teenage women were more likely than teenage men to have had these experiences (55 versus 40 percent).⁹

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Adolescent Sexual Behavior. II: Socio-Psychological Factors

In a world radically changed by the HIV/AIDS epidemic, many teens nevertheless choose to initiate sexual intercourse. Teens' decisions whether to have sex and whether to protect themselves from pregnancy and sexually transmitted infections (STIs) are influenced by many factors. For example, a study of students ages 13 to 18 found that not initiating sex was associated with having a two-parent family and higher socioeconomic status, residing in a rural area, performing better in school, feeling greater religiosity, not having suicidal thoughts, and believing parents care and hold high expectations for their children. Youth have little control over most of these factors.¹

Studies Link Risk Behaviors, such as Alcohol or Substance Use, to Sexual Risk-Taking.

- In one study, smoking was the best predictor of sixth graders' engaging in sexual intercourse, regardless of ethnicity or gender.²
- Another study of high school youth found links between the number of sexual partners and other risk behaviors, such as carrying a weapon, physical fighting, and using alcohol, marijuana, and/or cigarettes. Across ethnicity and gender, alcohol use was the only risk behavior that was significantly and consistently associated with an increase in the number of sexual partners.³
- A study of incarcerated youth found that unprotected sexual intercourse was most apt to occur in connection with marijuana use rather than alcohol use.⁴
- Seventeen percent of teens ages 13 to 18 who have had an intimate encounter say they have done something sexual while under the influence of drugs or alcohol that otherwise they might not have done.⁵

Physical and Sexual Abuse Can Lead to Increased High Risk Activity.

- In a study of over four thousand high school students, 30.2 percent of females and 9.3 percent of males reported a history of sexual abuse. Abused males were four to five times as likely as non-abused males to report multiple partners, substance use at last sex, and involvement in a pregnancy. Abused females were twice as likely as non-abused females to report early coitus, multiple partners, and a past pregnancy.⁶
- One study of high school students found a significant relationship for both black and white females between having been a victim of dating violence and/or date rape and the number of sex partners. For males, a significant association existed between multiple sexual partners and being victims of rape (whites) or being a perpetrator or victim of dating violence (blacks).³

Religious Involvement Influences Sexual Behavior.

- In a study of youth ages 11 to 25, respondents who were not sexually active scored significantly higher than sexually active youth on the importance of religion in their lives and reported more connections to friends whom they considered to be religious or spiritual.⁷
- One study of youth ages 12 to 17 found that 26 percent of teens who said they attended religious services only "a few times a year" or "almost never" still identified "morals, values and/or religious beliefs" as the factor that most affected their decisions about whether to have sex.⁸
- A study of first-year college students found that sexually active youth with high levels of religious identification were less likely to use a condom than those with less religious involvement.⁹

Peer Relations Influence Adolescent Sexual Activity.

- In the Adolescent Health (Add Health) Survey of students in grades seven through 12, when factors of family structure, wealth, education and popularity were controlled, a female's close group of friends had

the most influence on the timing of sexual debut. Adolescents whose friendship network included mostly low-risk friends were half as likely to experience first intercourse as were adolescents whose close friend network was composed mostly of high-risk friends.¹⁰

- When asked why they had sex for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends compared to seven percent of young women. Eight percent of young women and one percent of young men cited pressure from a partner as a factor.⁵
- In one study, about 48 percent of 13- to 15-year-old male and female respondents said they talk to their friends about sexuality issues. Females were most likely to discuss many sexuality issues with their mothers, while less than 20 percent talked with their fathers about any sexuality issue. Fewer males than females reported talking with friends or parents about sex-based topics. However, male teens were about as likely to talk with mothers as with friends and only slightly less likely to talk with their fathers.¹¹

Good Parent-Child Relations, Academic Aspirations and Sports Participation Can Promote Sexually Healthy Decisions by Teens.

- According to one study, teens who reported being highly satisfied with their relationship with parents were 2.7 times less likely to engage in sex than teens who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred, and lower probability of pregnancy during the ensuing 12 months.¹²
- Another study found that, when parental responsiveness was high, sexual discussions between parents and teens were significantly associated with increased condom use during most recent intercourse.¹³
- Teens' perception of maternal opposition toward engaging in sex was associated with a lower probability of engaging in sex and a lower probability of pregnancy during the ensuing 12 months.¹²
- Among teens who did not feel close to their mother and/or father, 70.6 percent had sex by the age of 17 to 19 compared to 57.9 percent who felt close to mother and/or father.¹⁴
- In a study among seventh grade African American and Latino males, good grades and living with both parents were associated with delay of sexual intercourse.¹⁵
- In a study of women in grades nine through 12, 41 percent of non-athletes reported never having had sex compared to 54 percent of athletes. Among those who reported having had sex, 15 percent of non-athletes experience first coitus before age 15 compared to eight percent of athletes.¹⁶

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Emergency Contraception: A Safe & Effective Contraceptive Option for Teens

The Facts

Teens' current use of contraception prevents as many as 1.65 million pregnancies in the United States each year.¹ However, about 800,000 teens still experience a pregnancy each year and 85 percent of these pregnancies are unintended.²

Emergency contraception* (EC)—a method of *preventing* pregnancy *after* sexual intercourse—is an important contraceptive option that could annually prevent at least 50 percent of unintended pregnancies among American women.³ Experts estimate that timely use of EC could prevent up to 70 percent of abortions.² In fact, use of EC prevented about 51,000 abortions in 2000.⁴

EC Prevents Pregnancy *and* the Need for Abortion.

- EC is also known as *postcoital contraception* or the *morning-after pill*, but the term *emergency contraception* underscores that EC can be used up to 120 hours (five days) after unprotected sex.^{5,6}
- EC delays or inhibits ovulation, disrupts follicular development, and/or interferes with the maturation of the corpus luteum. There is **no** evidence that EC prevents implantation, alters sperm or egg transport, inhibits fertilization, or changes cervical mucus.^{2,6}
- EC does **not** affect an established pregnancy and does **not** cause abortion.² The National Institutes of Health, the American College of Obstetricians and Gynecologists (ACOG), and the American Medical Women's Association (AMWA) define pregnancy as beginning with implantation.^{7,8,9} ACOG, AMWA, and other organizations, including the U.S. Food & Drug Administration (FDA), agree that EC has no effect once implantation has occurred.^{8,9,10} Moreover, the Society for Adolescent Medicine (SAM) asserts that there is **no** evidence that EC affects a fertilized egg, even before implantation.²

EC Is Safe and Effective.

- The FDA states that EC is safe and effective.¹⁰ SAM, ACOG, AMWA, the American Medical Association, U.S. Department of Health & Human Services, and the World Health Organization all support women's access to EC.^{2,8,9,11,12,13}
- Accidental use of EC during pregnancy will not cause birth defects.² Numerous studies for risk of birth defects during regular use of oral contraceptives (including older, higher dose preparations) found no increased risk.⁸
- EC is approximately 80 to 85 percent effective at preventing pregnancy, depending on how promptly a woman uses it, when during her cycle she had sex, and the kind of EC she takes. Some studies show EC is most effective when taken as soon as possible after unprotected sex. Progestin-only pills are more effective than combination pills (containing both estrogen and progestin).²
- The most common side effects associated with EC use are nausea (in 30 to 50 percent of women taking it) and vomiting (in 15 to 25 percent). Other less common side effects include fatigue, breast tenderness, headache, abdominal pain, and dizziness. These side effects are significantly more common for combination pills than for progestin-only pills.^{2,14}

Many Brands of Oral Contraceptives Are Used for EC in the United States.

- Progestin-only pills (Plan B and Ovrette) are the preferred regimen to provide for EC due to their higher efficacy and lower side effects. Many combination pills, however, can also be used for EC.^{2,15}
- Women should be counseled to follow up with their health care provider two weeks after using EC to ensure they did not become pregnant, to consider testing for sexually transmitted infections (STIs), including HIV, and to discuss effective contraceptive options.²

* In this fact sheet, emergency contraception refers to *emergency contraceptive pills*—combination or progestin-only pills taken after unprotected sex to prevent pregnancy. An intrauterine device (IUD) can also be used as emergency contraception if inserted up to five days after unprotected sex to prevent pregnancy. Emergency insertion of an IUD after unprotected sex reduces the risk of pregnancy by more than 99 percent. But, IUDs are not ideal for all women, especially young women.¹⁶

Brand**	Pill Type	Pills per Dose*	Brand	Pill Type	Pills per Dose*
Allesse	Combination	5 pink pills	Nordette	Combination	4 lt orange pills
Aviane	Combination	5 orange pills	Ogestrel	Combination	2 white pills
Cryselle	Combination	4 white pills	Ovral	Combination	2 white pills
Enpresse	Combination	4 orange pills	Ovrette	Progestin-only	20 yellow pills
Lessina	Combination	5 pink pills	Plan B	Progestin-only	1 white pill
Levlen	Combination	4 lt orange pills	Portia	Combination	4 pink pills
Levlite	Combination	5 pink pills	Seasonale	Combination	4 pink pills
Levora	Combination	4 white pills	Tri-Levlen	Combination	4 yellow pills
Lo/Ovral	Combination	4 white pills	Triphasil	Combination	4 yellow pills
Low-Orgestrel	Combination	4 white pills	Trivora	Combination	4 pink pills
Lutera	Combination	5 white pills			

* Two doses are required; the first dose within 120 hours of unprotected sex and the second dose 12 hours after the first.
** Brands are frequently added to this chart. For the most current version of this chart (not in alphabetical order by brand names), visit <http://ec.princeton.edu/questions/dose.html>.

- Women should take one dose within 120 hours after unprotected sex and another dose 12 hours later. Research indicates taking both doses of **progestin-only** pills at once is as effective as splitting the dose in two, and is **not** associated with more side effects when compared with the standard, two dose regimen.^{2,15} And, a single dose may increase women's compliance with instructions for taking EC.

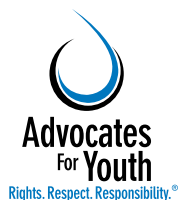
Health Care Providers Should Give Teens Information about and Access to EC.

Adolescents face cultural, financial, legal, psychological, and social barriers to accessing contraceptive information and services, especially EC-related information and services. SAM asserts its support for increasing awareness of and improving timely access to EC for teens. Specifically, SAM recommends adolescent health care providers to:

- Maintain the same degree of confidentiality when providing EC as when providing other reproductive and sexual health care.²
- Counsel all adolescent men and women about EC during acute and routine health care visits.²
- Provide all adolescent women with an *advance* EC prescription or medication to take home for future use.²
- Provide EC *without* requiring adolescent women to receive a pregnancy test, pelvic exam, Pap smear, or STI/HIV test.²
- Develop protocols for telephone triage and prescribe EC over the telephone, whenever possible.²
- Counsel all adolescent women being treated for sexual assault about EC and offer them EC.²
- Support changing the status of EC from prescription-only to over-the-counter without an age restriction.²

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Chapter II.

Planning and Implementing National Teen Pregnancy Prevention Month

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Initial Steps

Any community or state group can organize NTPPM. A coordinating or sponsoring organization, a steering committee, and a number of working committees can plan and run NTPPM. An existing council or task force on teen pregnancy may be an excellent local coordinating agency or sponsor for NTPPM. If your community lacks a council on teen pregnancy, another local agency can coordinate NTPPM. The coordinating organization will recruit members of a steering committee and assist the committee to plan and implement NTPPM activities and events in the community (or state). The coordinating organization may provide the chair and/or spokesperson of the steering committee and/or agree to serve as the communications center for NTPPM. The coordinating organization may also create materials—such as a community calendar of events and programs, bumper stickers, buttons, stickers, balloons, and pamphlets—for participating organizations to use to reach youth, parents, the press, policy makers, businesses, and the public, or it may leave the creation of these materials to working committees and to co-sponsoring organizations.

Even a single organization can offer activities during May to heighten awareness of teen pregnancy prevention. The organization can pick and choose from among many possible activities, beginning shortly before May. With planning, NTPPM can grow each year, and the number and variety of involved organizations can also multiply as NTPPM gains visibility in the community.

The *single most important thing* is to actively involve young people—from the very beginning—in all aspects of brain-storming, planning, designing, implementing, and evaluating an NTPPM campaign and its activities. Why? Because young people are the ones toward whom the entire campaign reaches. They are also the ones who know what messages will resonate with their peers. They know what is going on. They know what may work and what most certainly will not work. They have energy, compassion, creativity, and enthusiasm. Involve them and value them and their contributions—this will make your NTPPM campaign the best yet.

Who's Who in National Teen Pregnancy Prevention Month Campaigns?

- **Local Coordinating Agency or Sponsor**—The individual or organization that initiates the planning of NTPPM; often provides strong support for the campaign and recruits the steering committee
- **Steering Committee**—A group of about 10 individuals (including *at least* two youth) who represent youth, youth-serving organizations, government agencies, media, parents, and businesses in the community and who work to organize and support an NTPPM campaign
- **Co-Sponsors**—Organizations, agencies, faith communities, media, parent and youth organizations, and businesses that openly support NTPPM
- **Participating Organizations**—Organizations that offer activities, events, and/or programs for youth and parents during May as part of NTPPM; not restricted to co-sponsors, members of the steering committee, and/or the local coordinating agency
- **Working Committees**—Individuals and/or groups appointed by the steering committee to handle much of the actual work of the NTPPM campaign; members—especially including youth—can also represent co-sponsors and/or participating organizations

More details about these committees and groups and their efforts follow.

The Steering Committee

Activities and events during National Teen Pregnancy Prevention Month provide the opportunity to reach the public

and encourage participation in NTPPM. The steering committee should be broad-based and able to plan and implement NTPPM. Look for youth and for leaders from organizations that work with youth or that focus on reproductive health care. Consider approaching leaders from schools, civic clubs, news media, business, and faith communities. Be sure to include leaders of ethnic groups or other populations for whom teen pregnancy is a compelling issue. Most importantly, include young people! An excellent steering committee might include at least one representative from each of the following groups except youth. Include at least two youth to ensure that their voices are heard and not silenced by the adults around them. Include:

- Youth
- Nonprofit organizations
- Schools & other educational institutions
- Parent groups
- Government policy makers
- Communities of faith
- Businesses
- Health care providers
- Media.

Identify potential members for the steering committee from the groups above. Call each potential member or member organization and send information about NTPPM. Invite all the potential members to a meeting to learn more about NTPPM and its goals. Be sure to set the meeting (and all future meetings) at times and in places accessible to youth. At the meeting, introduce NTPPM; talk about things that local groups in other areas have done; talk about successes of NTPPM. Ask the potential members to commit to participating. Ideally, steering committee members will be able to devote time and effort to serving on one of the working committees as well and will also agree to implement at least one NTPPM activity.

The steering committee should set the goals for the NTPPM campaign and activities. For example, the committee might set the goal of:

- Increasing awareness of teen pregnancy in the community;
- Encouraging the community to consider programs to prevent teen pregnancy;
- Highlighting effective teen pregnancy prevention programs;
- Increasing communication about sexuality between parents (or other caregivers) and young people;
- Educating individual teens about the problems that teenage parenting may add to their lives; or
- Encouraging teens to make responsible decisions about sex—including delaying the initiation of sex and, among sexually active youth, using contraception.

While participants in the campaign will develop their own activities, sharing an overall goal can multiply the effects of individual activities and make the entire campaign more coherent and powerful. An approach that includes clear goals may enhance recruitment efforts as well.

Other important tasks for the steering community can include recruiting “honorary members,” inviting the participation of organizations and individuals as co-sponsors and/or participants, and setting up working committees and a speakers’ bureau. Some of these activities may, instead be handled by the working committees which the steering committee *must* establish. Throughout the campaign, the steering committee will support and encourage the working committees.

- ***Appoint honorary members***—The steering committee may want to consider asking prominent members of the community to be “honorary” members of the steering committee or of an advisory committee. As such, the honorary members will primarily lend their names to the NTPPM efforts. Consider asking radio or television personalities, state and local elected officials, superintendents of schools, presidents of the local United Way or chamber of commerce, and clergy to be honorary NTPPM committee members.

- **Establish working committees**—An urgent task of the steering committee is to appoint working committees, or at least the chairs of the working committees, including Youth Involvement, Special Events, Calendar, Endorsements, Media, and Finance. Each committee should include at least two young people. Once established, these committees will assume many of the actual tasks associated with launching an effective NTPPM campaign. (See section on Working Committees later in this chapter.)
- **Invite participation by community organizations and leaders**—The steering or the endorsements committee should write organizations, businesses, and leaders, asking them to co-sponsor and/or to participate. Include with the letter a list of the committees and their tasks as well as the committee chairs, asking co-sponsors to join a working committee and/or to plan activities. (See section on Potential Participants and Co-Sponsors, later in this chapter.) A list of suggested activities and events should be one of the first items produced; it should be included in materials sent to all organizations that may participate in or co-sponsor NTPPM.
- **Set up a speakers' bureau**—The steering committee may also consider setting up a speakers' bureau—a group of youth, community leaders, and service providers willing to give talks or make presentations regarding the importance of teen pregnancy prevention. Youth are experts on their own lives; they are often speakers of most interest to other youth; and they are often highly interesting to media. Be sure to include youth among the speakers.

Working Committees

The NTPPM steering committee should establish the following committees:

- **Youth Involvement Committee**—Ensures that teens participate actively in all aspects of NTPPM, from planning and implementing activities, to designing educational messages and working with the media, to participating in *all* the committees of NTPPM. At least 50 percent of the members of this committee should be under age 25. (See Chapter III, Involving Youth.) Youth's active and meaningful involvement is crucial!
- **Special Events Committee**—Plans and coordinates community-wide activities. All co-sponsors should be listed on the print materials for all community-wide activities. Activities should be offered at times and in locations that are accessible and attractive to the target audience. Be sure to include youth and parents as members of this committee, since they are the two most important audiences for NTPPM. (See the section Community-Wide Events, later in this chapter.)
- **Endorsement Committee**—Identifies and secures co-sponsors of NTPPM and obtains proclamations from elected bodies and officials. Be sure to include youth as committee members. Youth can be highly effective in raising policy makers' awareness of youth's abilities and assuring policy makers of the importance of NTPPM to young people. (See Chapter VII, Sample Materials.) Members of this committee ask leaders to:
 - Make a mayoral or gubernatorial proclamation;
 - Hold a public hearing at a session of the town council or legislature;
 - Sponsor an event;
 - Act as master of ceremonies at a banquet, award presentation, or other event;
 - Present an award to an outstanding program, activity, or leader.
- **Calendar Committee**—Sends out preliminary information and activity forms, compiles the information as the forms are returned, and puts together a community calendar of events. The calendar committee should print one calendar (or at least a list of all events) and distribute it throughout the community or state. Urge the press to announce the events and to send reporters to cover them. (See Chapter VII, Sample Materials.)
- **Media Committee**—Works with television, radio, and print media as well as with advertising outlets to garner coverage, publicity, and widespread awareness of NTPPM and its events. Be sure to include youth in crafting media messages and in training as spokespeople. Reporters are often more interested in the views of young people than in the views of traditional media contacts. (See Chapter IV, Working with Media.)
- **Finance Committee**—Obtains the cash, goods, and services needed for NTPPM, soliciting support from foundations, sponsors, co-sponsors, participating organizations, and concerned community groups. Include youth, especially those who are considering a future in development, fund-raising, and/or running their own businesses. (See the section Funding, later in this chapter.)

A suggested **time line** for committees' activities appears at the end of this chapter. While some communities may be able to use an entire year to plan to plan NTPPM, the time line and the scope of activities can be shortened, as necessary, if communities have less time to devote to planning the campaign.

Potential Partners—Participants and Co-Sponsors

NTPPM participants offer activities *during May*, inviting youth and adult members of the public and staff of colleague organizations. The steering committee should ask a variety of individuals, businesses, and agencies to offer events and activities for youth and parents as well as for policy makers and the media. Involving many organizations and offering widely publicized and open events makes NTPPM a community-wide or state-wide effort. While one organization may initiate and coordinate NTPPM, the campaign will be more powerful and reach more people if other groups and agencies co-sponsor it. Steering committee members can use their personal contacts to enlist support—co-sponsorship and/or participation. (See Sample Forms in Chapter V.)

Potential Partner Organizations

Specific Organizations

- American Red Cross
- Big Brothers / Big Sisters
- Boys & Girls Clubs
- Boy Scouts
- Campfire Girls
- Girls Incorporated
- Girl Scouts
- Head Start
- Junior League
- Kiwanis
- PTA
- Planned Parenthood
- Rotary
- United Way
- YMCA and/or YWCA

Types of Organizations

- Agricultural extension programs
- Businesses
- Child development agencies
- Communities of faith
- Day care centers
- Family services
- Health departments
- Hospitals
- Juvenile justice programs
- Libraries
- Media
- Mentoring programs
- Neighborhood associations

- Parent organizations
- Rape crisis centers
- Recreation centers
- Restaurants
- Schools
- Service organizations
- Social services
- Teen health centers
- Teen parent programs
- Universities & colleges
- Women's groups
- Youth groups

Funding

The coordinating or sponsoring organization and/or the finance committee (appointed by the steering committee) can develop a budget and seek funds to cover costs. However this responsibility is handled, the budget must include expenses for meeting space(s), telephones, printing and postage, and refreshments for committee meetings. Sometimes, participating organizations and co-sponsors can help defray costs by offering funds or services, such as copying, postage, and telephoning. Often, local businesses and service clubs will be willing to contribute small amounts, especially when the requests are tied to specific events or activities, such as a community forum, a teen theater performance, or a health fair. Businesses and unions may donate printing. Community colleges may provide an excellent source for graphics and design assistance. Communities of faith and service clubs like Kiwanis, Junior League, and Rotary Clubs are often willing to provide funds and other support for activities for young people. However, to receive these contributions of funds or services, NTPPM's organizers and/or finance committee must be willing to *ask* for contributions.

Materials

Invitational materials—The invitational materials are developed in the beginning by the steering committee and include materials that must be updated throughout the planning phase of NTPPM. These materials include: invitations to join NTPPM; basic facts about teen pregnancy and pregnancy prevention and about the role of NTPPM; a list of suggested activities; the ongoing list of already planned activities; and a list of committed and potential speakers and the topics on which they may speak or be willing to speak. (See sections in this chapter on the Steering Committee and Ideas and Strategies for Participating Organizations.)

Calendar—The calendar of community events offered during National Teen Pregnancy Prevention Month is critical to promoting all the events. Each year, the calendar committee should accumulate information on all of the events and programs that will be offered by participating organizations and print an NTPPM community calendar or list of events, to be distributed throughout the community, including in schools. Each participating organization should receive a supply of the calendars to distribute to its constituents. Some communities design the calendars as large posters that also carry NTPPM messages or themes. (See Chapter VII, Sample Materials.)

Promotional materials—Promotional materials for NTPPM are important, and ideas for these materials are limited only by the creativity of participating individuals and organizations. In many communities, the organizers of events give the materials away as publicity or sell them to finance NTPPM activities. Promotional materials can include:

- Balloons
- Bookmarks
- Campaign buttons

- Candy
- Coffee mugs
- Cups
- Grocery bags
- Notepads
- Palm cards
- Pencils and pens
- Place mats
- Posters
- Stickers
- Table tents
- Tee shirts
- Totes
- Vouchers for something else (like free transportation, ice cream cones, free condom, etc.)

For example, coordinators of NTPPM sometimes develop and distribute posters that include a funny or interesting pregnancy prevention message. (See Chapter VII, Sample Materials.) Some communities even sponsor contests for the posters' design. In addition to winning a prize, the designers often get to see their poster used in the following year.

Community-Wide Events

Community-wide events are exactly that—something that involves and/or is targeted to the entire community. Often, organizers can make smaller events into community-wide ones by combining two or more events. For example, events such as a workshop may be more successful when offered in conjunction with another well-attended program, such as a teen theatre performance or a program in a faith community, at a recreational site, or in school. A teen theater group might offer a performance on teen sexual growth and development, unintended pregnancy, or another important aspect of teen pregnancy prevention at or before a PTA meeting, increasing the number of parents willing to attend the PTA meeting and finding another audience for the theater group. Community-wide events include but are not limited to conferences, forums, health fairs, and teen theatre.

Conferences or Forums—NTPPM offers an opportunity to raise awareness about adolescent pregnancy through a community-wide gathering, such as a general awareness conference or forum. Some communities sponsor a conference annually, changing the focus or theme each year. It is important to plan the forum to make it accessible to people of all ages, including youth. Such a community forum or conference might focus on:

- Adolescent cognitive development
- Adolescent sexual development
- Alcohol and drug use—the connection with other risk behaviors
- Advocacy—how-to
- Boy talk / Girl talk
- Communicating with adults, youth, partners, or friends
- Facts of life
- Girl talk / Boy talk
- Healthy relationships
- How to be an “askable” parent
- Legal issues around adolescents' health
- Living with your preteen
- Living with your teen
- Parents of teens speak out

- Peer pressure and parent power
- Resisting pressure
- Self-esteem
- Sex education: spiritual perspectives
- Sexual relationships—more than just sex
- Skills, in communication, assertiveness, etc.—particularly geared for young people
- Talking about sex at any age
- Teenage marriage—is it a solution?
- Teenage mothers & teenage fathers talk
- Teens—talk *with* us, not *at* us

Teen Health Fair—Schools often hold health fairs. However, a community-wide event would enable teens to learn about family planning, mental health, and substance use treatment options in their community. It could also reach out-of-school youth—those in the community who have already graduated as well as those who not in public schools. To make this a truly well attended and successful event, invite a wide array of groups, including health care providers, teens, parent groups, businesses, and entertainment outlets.

Teen Theater—Teenage actors delight audiences, including parents and other youth. There are many plays—such as *Romeo and Juliet* and *Splendor in the Grass*—that deal with teenage sexuality and/or partner communication. Some communities are lucky enough to have teen theater groups which perform for the public; most high schools have a drama department that offers performances at least twice a year. For NTPPM, teens might be asked to perform a play or to present skits on scenes dealing with issues facing youth. Peer educators sometimes combine performances with opportunities for discussion between actors and members of the audience. Check with your local high schools, Planned Parenthood affiliates, and/or drama clubs to identify partners among local teen theater groups.

Ideas and Strategies for Participating Organizations

Remember to encourage participating organizations to recruit youth as active, fully involved members of their efforts.

Businesses—Businesses are often interested in visibly supporting local initiatives. Ask restaurants, bookstores, groceries, pharmacies, department and clothing stores, malls, movie theaters, video stores and record shops, boutiques, and hair salons to:

- Display brochures, pamphlets, and other materials on teen pregnancy and sexuality issues.
- Contribute to support a teen theater performance, the health fair, and/or another event.
- Enclose paycheck stuffers on teen pregnancy prevention
- Hold lunchtime brown bag seminars at work sites regarding teen pregnancy prevention.
- Use tray liners and/or table tents at local restaurants and teen hangouts.
- Donate space on advertising billboards.
- Join the NTPPM steering committee or one of its working committees.

Communities of Faith—Faith communities usually welcome the chance to impart their values and beliefs. Ask leaders of churches, synagogues, mosques, and other religious centers to:

- Provide lessons on adolescent sexual development.
- Address teen pregnancy prevention in homilies and bulletins.
- Offer school-based lessons on contraception.
- Coordinate a clergy conference.
- Sponsor workshops for parents and teens on adolescent development and on communication skills.
- Include prevention messages in sermons in May.

- Join the NTPPM steering committee or one of its working committees.

Community-based Organizations—Community-based organizations may be strongly interested in participating in or sponsoring activities during May with a special focus on teen pregnancy prevention. Approach adolescent pregnancy prevention organizations, AIDS service organizations, the American Red Cross, health agencies, Planned Parenthood clinics, rape crisis centers, teen centers, day care centers, advocacy groups, libraries, local chapters of national membership organizations, neighborhood associations, religious service organizations, the United Way, Kiwanis, Head Start, mentoring programs, Junior Leagues, and youth-serving organizations. Ask them to:

- Sponsor a walk-a-thon to raise awareness regarding teen pregnancy prevention.
- Set up a film festival at shopping malls, in community centers, and schools.
- Sponsor a community conference, forum, or panel discussion on teen pregnancy prevention.
- Encourage and sponsor training in comprehensive sex education for professionals who work with youth.
- Design an awards program to recognize outstanding prevention programs and/or leaders.
- Sponsor health services for teens at schools and malls.
- Participate in and/or sponsor a health fair for teens.
- Sponsor a job fair for teens.
- Display publications on adolescent sexual development.
- Join the NTPPM steering committee or one of its working committees.

Health care providers—Health care providers can play a vital role in increasing awareness of NTPPM and related issues such as HIV and STIs among teens. Ask community care health professionals—including family planning services providers, family services workers, counselors, health department staff, health educators, and doctors and nurses to:

- Sponsor and/or participate in a health fair for teens.
- Design and/or display help cards and brochures that list community resources and agencies serving teens.
- Present workshops for parents and teens on sexual health, adolescent development, and/or communication and confidentiality.
- Give talks on adolescent sexual health issues during teaching programs.
- Display posters and flyers about NTPPM.
- Sponsor workshops, seminars, and presentations on teen pregnancy prevention.
- Join the NTPPM steering committee or one of its working committees.

Media—Reporters for newspapers, radio, and TV and writers for magazines often cover subjects related to teens. Ask these reporters to cover NTPPM and to highlight youth leaders in the NTPPM campaign. Media coverage will carry pregnancy prevention messages to many more people than organizations can reach without media’s help. Ask media professionals to:

- Write a story highlighting local teen pregnancy prevention programs.
- Write a story highlighting effective peer educators and other activist youth.
- Accept op-eds and articles on teen pregnancy and teen pregnancy prevention.
- Sponsor public service announcements (PSAs), talk shows, documentaries, and/or contests.
- Donate billboards carrying teen pregnancy prevention messages to areas with higher than average numbers of teen births.
- Provide a radio “call in” talk show where teens can talk to professionals about sexual health.
- Film a public forum or debate for local TV.
- Sponsor a poster contest.
- Join the NTPPM steering committee or one of its working committees.

Parents—Parents are many teens’ preferred source of information about sexuality. Ask parents, step-parents,

grandparents, mentors, and other caregivers to:

- Encourage the PTA to mail letters to parents about teen pregnancy and about communicating with young people regarding sensitive issues.
- Attend programs and events of NTPPM.
- Offer workshops on discussing sensitive issues with young people.
- Discuss teen pregnancy prevention with everyone in the family.
- Obtain school boards' endorsement of NTPPM.
- Join the NTPPM steering committee or one of its working committees.

Peer Educators—Peer education (teens talking to teens) can be effective in educating teens about preventing pregnancy and HIV and other STIs. Ask peer educators, teen theater groups, sports teams, school bands, and school club members to:

- Plan and implement a teen health conference.
- Place keepsakes on tables at the prom, to remind teens to take responsibility for their own health.
- Enlist a teen theater group to conduct a performance on teen pregnancy prevention. (See section on Community-Wide Events in this chapter.)
- Implement activities. (See Suggestions for Teens at the end of this chapter.)
- Join the NTPPM steering committee or one of its working committees.

Policy makers—National Teen Pregnancy Prevention Month offers an excellent opportunity to educate and involve policy makers in efforts to improve adolescents' sexual health. Whether the policy maker is the mayor, governor, or a member of the school board, county commission, or state legislature, he/she can promote realistic and relevant teen policies. Securing a proclamation from an elected official can bring media attention to NTPPM. When a well-known policy maker consents to act as spokesperson for NTPPM, this can bring a lot of media attention to the effort. Holding a public hearing—especially one in which youth and their parents speak on the issue—can secure the attention and commitment of other policy makers. Inviting policy makers and the press to visit effective youth-serving programs also draws attention to the issue of teen pregnancy and HIV/STI prevention. Some ways to educate and involve policy makers include asking them to:

- Provide proclamations regarding NTPPM or to assist the steering committee in obtaining a proclamation.
- Hold hearings on teen pregnancy and pregnancy prevention.
- Serve as an honorary chair of NTPPM.
- Introduce legislation that promotes honest, accurate sexual health information for teens.
- Speak at community forums.
- Join the NTPPM steering committee or one of its working committees.

Schools—Schools and other educational institutions are often willing to participate in NTPPM. Ask public, private, parochial, and alternative schools, school-based and school-linked health centers, and universities and community colleges to:

- Distribute the NTPPM calendar of events and other educational materials.
- Assign essays, speeches, or debates on pregnancy prevention.
- Produce plays that touch upon adolescent sexuality and/or adolescent health.
- Set up display tables that offer information on preventing pregnancy and HIV and other STIs.
- Offer question and answer sessions related to sexuality.
- Devote the PTA meeting during May to NTPPM.
- Provide prevention messages at morning announcements.
- Join the NTPPM steering committee or one of its working committees.

Encourage participation in whatever capacity is feasible for any organization that is interested in supporting NTPPM and youth's access to accurate information and to confidential sexual health services.

Suggested Time Line for a National Teen Pregnancy Prevention Month Campaign

August through October

- The coordinating organization should form an NTPPM steering committee, a small group of not more than 10 individuals who will identify the goals and objectives of NTPPM, head the working committees, and make overall decisions.
- At the first meeting, the steering committee will identify goals and objectives, select chairs of the working committees, and set up a framework for the major decisions regarding NTPPM.

November through January

- Chairs should convene the committees to begin their work:
 - **Youth Involvement Committee**—Ensures the active involvement of young people as full partners in NTPPM and all of its activities—from steering committee to final evaluation; recruits youth leaders; and ensures the inclusion of youth of differing ethnicity, background, socio-economic levels, religion, and school status. (See Chapter III, Involving Youth.)
 - **Endorsement Committee**—Seeks and secures co-sponsors; sends letters to community agencies, faith organizations, schools, youth groups, volunteer organizations, media, local businesses, and health services providers, describing NTPPM and requesting their participation. (See Chapter V, Sample A.)
 - **Calendar Committee**—Distributes a list of potential activities and encourages participation; sends out a preliminary calendar and activity forms; compiles information as forms are returned; and puts together a community calendar of events. (See Sample Forms, Chapter V.)
 - **Media Committee**—Plans and involves television, radio, and print media in generating community-wide publicity; discusses types of coverage and ways to obtain them; identifies spokespeople; and develops press packets for NTPPM and for individual activities occurring in May. (See Chapter IV, Working with the Media.)
 - **Special Events Committee**—Plans activities that involve and benefit the entire community, such as a health fair, awards ceremony, educational conference, community forums, training programs, and community-wide contests like rap, disco, essay, and/or poster. (See section of this chapter, Ideas and Strategies for Participants.)
 - **Finance Committee**—Develops a budget for the shared programs and activities, including the community calendar of events, health fairs, forums, etc; raises funds to cover these expenses; helps participating agencies identify sources of funding for their activities and programs; ensures funds are on-hand (or promised) by February to pay for shared events. (See Funding section of this chapter.)

February through March

- Working committees continue their activities:
 - **Youth Involvement Committee**—Continues its work throughout the planning and execution of NTPPM activities to ensure full involvement of youth and youth leaders
 - **Endorsement Committee**—Requests proclamations from governor, mayor, commissioners, and/or school board
 - **Calendar Committee**—Sends out activity forms to all contacts, asking for their return by March 15th; compiles, designs, and desktops community calendar of events
 - **Media Committee**—Contacts media to line up coverage of activities in advance; prepares press releases and press packets
 - **Special Events Committee**—Plans and confirms all special events, with known time lines for each one
 - **Finance Committee**—Reviews funds available for shared expenses and adjusts activities as needed; continues fund-raising, as necessary.

April

- **Calendar Committee**—Prints calendar, for distribution throughout the community *no later than* April 15th; ensures distribution to faith organizations, day care centers, community bulletin boards, media, businesses, and schools;

also distributes flyers and/or posters

- **Media Committee**—Schedules media interviews and/or editorial boards for NTPPM; arranges press conference; mails press releases and packets, as appropriate; holds proclamation ceremony

May

- Hold activities. Enjoy! Bask in the limelight! Take a bow for a job well done!

June

- **Steering Committee**—Sends evaluation forms to everyone who participated; documents outcomes; begins planning for next year; thanks partners for their participation (See Sample Forms, Chapter V.)

July

- Send Advocates for Youth a copy of all your publications, posters, press releases, and materials. Let Advocates know the results of your evaluation.

August

- Here we go again! Bigger and better next year!

Chapter III.

Involving Youth: Youth-Adult Partnerships to Promote Teen Pregnancy Prevention

Chapter III. Involving Youth—Youth-Adult Partnerships to Promote Teen Pregnancy Prevention

It is important to involve youth in all aspects of the NTPPM campaign. Youth involvement is not a way to patronize youth or to include a token number of youth. Instead it is essential to creating a campaign that meets youth where they are, captures their attention, and speaks their language. Youth involvement is essential to a successful National Teen Pregnancy Prevention Month. Here is a general guide to building youth-adult partnerships—partnerships that will draw on youth’s commitment, energy, passion, and enthusiasm to make NTPPM into a campaign that can really make a difference in your community.

These articles follow:

1. *Building Effective Youth-Adult Partnerships*, ©2001;
2. *Barriers to Building Effective Youth-Adult Partnerships*, ©2001;
3. *Tips for Working with Youth*, ©2001;
4. *Tips for Working with Adults*, ©2001;
5. *Ideas for Activities By and For Youth*, ©2005.

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http://www.advocatesforyouth.org/publications/freepubs_type.htm#transitions

Building Effective Youth-Adult Partnerships*

What Is a Youth-Adult Partnership?

A true partnership is one in which each party has the opportunity to make suggestions and decisions and in which the contribution of each is recognized and valued. A youth-adult partnership is one in which adults work in full partnership with young people on issues facing youth and/or on programs and policies affecting youth. In addressing adolescent sexual health issues, youth and adults can work together in a number of ways. Together, they can conduct a needs assessment, write a grant proposal, raise funds, design a program, train new staff, deliver services, implement ideas and projects, oversee a program, collect data, evaluate a program's effectiveness, improve unsuccessful aspects of a program, and replicate successful programs.

Sharing with youth the power to make decisions means adults' respecting and having confidence in young people's judgment. It means adults' recognizing youth's assets, understanding what the youth will bring to the partnership, and being willing to provide additional training and support when youth need it (just as when including other adults in making decisions). Both youth and adults may need to embrace change in order for the partnership to work. For example, adults may need to modify their ideas about what will and will not work and about times and conditions under which work proceeds. Similarly, youth may need to understand the limitations and realities that affect a program's development, operation, and evaluation.

What Is Not a Genuine Youth Adult Partnership?

Youth-adult partnerships are *not* ways to hide or obscure the fact that programs are designed, implemented, and run only by adults. Tokenism is not partnership. Tokenism can appear in many forms. Tokenism could include such actions as:

- Having young people around with no clear role to play
- Assigning youth only those tasks which adults do not want to fulfill
- Having youth make media appearances without any voice in developing the messages, programs, or policies that the youth are expected to talk about
- Having one youth on a board of directors or council to point to as “youth involvement.”

Tokenism will leave young people feeling used rather than empowered. The key to avoiding tokenism is to share with youth the power to make real decisions.

Why Are Youth-Adult Partnerships Important?

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programs that will serve them and a right to have a voice in shaping the policies that will affect them. In addition, advocates of youth-adult partnerships argue that programs are more sustainable and effective when youth are partners in their design, development, and implementation. Proponents also assert that evaluation results are more honest and realistic when youth assist in gathering and providing the data on which evaluation is based.

Little research has been done on the effects that youth-adult partnerships may have on youth, adults, organizations, or the processes that these partnerships affect. Research provides some evidence, however, that partnering with youth and respecting their ability to contribute may provide important protective factors for young people. The Innovation Center for Community and Youth Development (a division of National 4-H Council) conducted one of the few existing studies on the effect of youth-adult partnerships. The study showed that “involving young people in decision making provides them with the essential opportunities and supports (i.e. challenge, relevancy, voice, cause based action, skill building, adult structure, and affirmation) that are consistently shown to help young people achieve mastery, compassion, and health.”¹

* Different terms may refer to similar concepts. ‘Youth involvement’ and ‘youth-adult partnerships’ may be used interchangeably. Advocates for Youth prefers the partnership language because, for some, ‘involvement’ may imply tokenism or detachment.

Few links have been explicitly identified between resiliency research and the youth-adult partnership movement. However, research has identified many factors that help young people resist stress and negative situations. These factors (discussed below) are produced and facilitated by effective youth-adult partnerships.

First, resiliency research has identified ‘protective factors’ that seem to account for the difference between those young people who emerge from high risk situations with positive results and those who do not. While research shows that many factors influence health behaviors, resilient children, in particular, display some important characteristics, including:

- Social competence, including responsiveness, flexibility, empathy, and caring, communication skills, a sense of humor, and other pro-social behaviors
- Problem solving skills, including the ability to think abstractly, reflectively, and flexibly and the ability to arrive at alternative solutions to cognitive and social problems
- Autonomy, including a sense of identity and an ability to act independently and to exert control over one’s environment
- Sense of purpose and future, including having healthy expectations, goals, an orientation toward success, motivation to achieve, educational aspirations, hopefulness, hardiness, and a sense of coherence.²

Second, research identifies an internal locus of control, or the feeling of being able to have an impact on one’s environment and on others, as a key protective factor possessed by resilient youth. In this regard, opportunities for meaningful involvement and participation—such as are found in youth-adult partnerships—may provide youth with opportunities to develop and/or strengthen his/her internal locus of control.³

Third, research shows that contributing to one’s community has many positive outcomes. One study found that college students who provided community service for credit significantly increased their belief that people can make a difference and that people should be involved in community service and advocacy. They showed significantly increased commitment to performing volunteer service. Finally, they became less likely to blame social services clients for their misfortunes and more likely to stress a need for equal opportunities.⁴ Contributing to one’s community is the heart of most youth-adult partnerships.

Work in the field of youth development supports these findings. Youth development is defined as *the ongoing growth process in which youth are engaged in attempting to meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and build their skills and the competencies that allow them to function and contribute in their daily lives.*² Youth development is facilitated when young people have consistent opportunities to:

- Feel physically and emotionally safe
- Build relationships with caring, connected adults
- Acquire knowledge and information, and
- Engage in meaningful and purposeful activities in ways that offer both continuity and variety.²

These opportunities are abundantly present in genuine youth-adult partnerships.

Proponents of both youth development programs and youth-adult partnerships have in common a belief that youth are caring and capable individuals. Rather than seeing youth as problems to be managed, youth development proponents view young people as valued resources with individual assets. Proponents of youth-adult partnerships see young people as individuals with the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills.

Behavior change theory and research on resiliency suggest that, while the types of activities offered by successful youth development programs vary, “the emphasis lies in providing opportunities for active participation and real

challenges.”⁵ Similarly, youth-adult partnerships offer youth immediate opportunities for active participation and real challenge. Few things can more concretely demonstrate a belief in young people’s capabilities than when trusted adults share with youth the power to make decisions.

Who Else Benefits?

It would be a mistake to assume that the only benefits from these partnerships accrue to youth. Adults and the organizations in which these partnerships operate also benefit from youth adult partnerships. Adults:

- Experience the competence of youth first hand and begin to perceive young people as legitimate, crucial contributors.
- Enjoy the new energy that youth bring to the work.
- Find their commitment and energy enhanced by working with youth.
- Feel more effective and more confident in working with and relating to youth.
- Understand the needs and concerns of youth, become more attuned to programming issues, and gain a stronger sense of connection to the community.
- Receive fresh ideas from different perspectives.
- Reach a broader spectrum of people.
- Develop more relevant and responsive programming and services.
- Share knowledge.
- Increase creativity.
- Break down stereotypes about both youth and adults.¹

The same study also identified positive outcomes for the organizations:

- Young people help clarify and bring focus to the organization’s mission.
- The adults and the organization, as a whole, become more connected and responsive to youth in the community, leading to programming improvements.
- Organizations place a greater value on inclusion and representation and see programs benefiting when multiple and diverse voices participate in making decisions.
- Youth’s making decisions helps convince foundations and other funding agencies that the organization is truly committed to meaningful youth development and/or involvement.¹

What Are Important Elements of Effective Youth-Adult Partnerships?

It can be challenging to build effective, sustainable, genuinely collaborative youth-adult partnerships. Successful partnerships have some important elements in common. Effective partnerships:

- Establish clear goals for the partnership. The youth and the adults must understand what their roles and responsibilities will be in achieving the goals.⁶
- Share the power to make decisions. If youth have no power to make decisions, their participation is not one of *partnership*.
- Get the highest levels of the organization to commit fully to youth’s participation in the organization’s work.
- Ensure that each adult and young person enters the partnership with a clear understanding of everyone’s roles and responsibilities. Not all adults will want to work with youth and not all youth will want to work with adults in a partnership capacity.
- Are selective. Young people vary widely in their development and in their readiness and willingness to assume responsibility. Being clear about the goals of the partnership and the roles that youth will play will help in identifying young people who are committed, reliable, and effective. At the same time, effective partnerships are selective about adult participants. The adults must believe that young people are assets and be willing and able to advocate on behalf of youth when stereotyping or negative assumptions about teens arise.
- Provide capacity building and training. Effective partnerships don’t set young people up for failure by throwing them into situations for which they are not prepared. Youth may need training in communication, leadership, assertiveness skills, interviewing, etc., as well as in specific areas of expertise, like HIV prevention education.

Similarly, effective partnerships don't set adults up for failure by throwing them into situations for which they are not prepared. Adults may need training in communication, collaborative work, interviewing, or working with youth as well as in specific areas of expertise, such as HIV prevention education.

- Are aware that different styles of communication do not imply disrespect, disinterest, or different goals and expectations. Youth and adults say that the best way to resolve conflicts that arise out of different communication styles is to ask questions when one does not understand what is being said or why it is being said. Keeping the common goal in mind can also help resolve conflicts arising out of different communication styles.
- Value youth's participation and what they bring. Effective partnerships hold high expectations for participating youth and are not afraid of holding youth accountable for their responsibilities.
- Value adults' participation and what they bring. Adults frequently offer the partnership knowledge, experience, and access to resources. Effective partnerships guard against discounting potential adult allies, assuming that all adults hold negative stereotypes about youth, or believing that adults will have nothing of value to contribute to a program intended for youth.
- Include room for growth—next steps. Where can youth and adults go next? For example, peer education programs are often great vehicles for empowering young people and helping them develop important skills. However, these programs seldom include opportunities for advancement or for peer educators to assume more responsibility over time. Effective programs ensure that youth and the adults who work with youth have opportunities for advancement. Both youth and adults will have valuable experience and insights to bring to more senior positions in the organization.
- Remember that youth have other interests and priorities. Too often, adults will enthusiastically enlist the participation of a particularly effective and articulate young person in an overwhelming number of obligations and commitments. Check in often with partnership youth to ensure that they are taking on only as much as they can manage without neglecting other important aspects of their lives, such as family, friends, and education. Try to assist youth in recognizing when it is wise to say, “No,” and support their decisions.

Youth-adult partnerships offer much to youth, adults, and organizations that participate in them. Effective partnerships may be difficult to achieve. However, the benefits they offer are wide-ranging and significant. The first step is to acknowledge that youth have value and that their contributions have value. Commitment to youth's rights and a determination to recognize their rights and to hear their voices is the beginning of building effective youth-adult partnerships.

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Barriers to Building Effective Youth-Adult Partnerships

Why aren't more organizations leaping to establish youth-adult partnerships?

The fact is that adults, youth, and organizations must recognize and dismantle significant barriers to working across age differences. If barriers remain in place, they will undermine the best intentions and waylay even the best-laid plans.

Attitudes as Barriers

Many adults still believe that young people's opinions don't matter, that youth are not capable of contributing in a valuable way, and that adults have nothing to learn from youth. Moreover, cultural norms may prevent adults from even realizing that these attitudes are *biased*. One way of approaching the issue of changing adults' attitudes about youth is to deal with it as one would any other issue of cultural diversity. Firsthand, personal experience often provides the most effective and far-reaching results in terms of changing people's opinions. One of the benefits of involving young people at high levels of responsibility and decision making is that it enables adults to see teens as thoughtful and contributing people. When anyone comes to see a formerly undifferentiated group as varying and diverse, that person is much more open to disbelieving and refuting negative stereotypes about the group and to valuing the individuals within the group.

Power dynamics, usually rooted in cultural norms, may make it difficult for young people and adults to feel comfortable working together. Formal instruction in school often teaches youth to expect answers from adults, and youth may expect adults to ignore, deride, or veto their ideas. Adults frequently underestimate the knowledge and creativity of young people and may be accustomed to making decisions without input from youth, even when youth are directly affected by the decisions. Therefore, joint efforts toward solving problems can be difficult, requiring deliberate effort on the part of both adults and youth.

One researcher developed the *Spectrum of Attitudes* theory and identified three different attitudes that adults may hold toward youth.¹ These attitudes affect adults' ability to believe that young people can make good decisions. These attitudes also determine the extent to which adults will be willing to involve young people as significant partners in decisions about program design, development, implementation, and evaluation.

- **Youth as Objects**—Adults who have this attitude believe in a myth of adult wisdom. They believe adults know what is best for young people. They attempt to control situations involving youth and believe that young people have little to contribute. They may feel the need, based on prior experience, to protect youth from suffering the consequences of potential mistakes. Adults who see youth as objects seldom permit youth more than token involvement. An example of this attitude might be an adult writing a letter to an elected official about an issue pertinent to youth and using a young person's name and signature for impact.
- **Youth as Recipients**—Adults who have this attitude believe they must assist youth to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be 'good for them.' They assume that youth are not yet 'real people' and need practice to learn to 'think like adults.' These adults usually delegate to young people trivial responsibilities and tasks that the adults do not want to undertake. Adults who see youth as recipients usually dictate the terms of youth's involvement and expect young people to adhere to those terms. An example of this attitude might be adults extending an invitation to one young person to join a board of directors otherwise comprised solely of adults. In such a milieu, a young person's voice is seldom raised and little heard. Adults do not expect the young person to contribute, and the young person knows it and that adults deliberately retain all power and control.
- **Youth as Partners**—Adults who have this attitude respect young people and believe that young people have significant contributions to make now. These adults encourage youth to become involved and firmly believe that youth's involvement is critical to a program's success. They accept youth's having an equal voice in decisions. They recognize that both youth and adults have abilities, strengths, and experience to contribute. Adults who have this attitude will be as comfortable working with youth as with adults and enjoy an environment with both youth and adults. Adults who see youth as partners believe that genuine participation by young people enriches adults just

as adults' participation enriches youth and that a mutually respectful relationship recognizes the strengths that each offers. One example might be hiring youth to participate from the beginning in designing a program to meet the needs of a community's youth.

Logistical and Organization Barriers

Good intentions are not enough to create genuine partnerships. Adults who endorse the concept of youth-adult partnerships must also be willing to identify and alter the organizational environment where institutional barriers can be especially significant for young people. Institutional barriers that make genuine youth-adult partnerships difficult include:

- **Hours for Meetings and Work**—An agency's hours of operation usually coincide with times when young people are at school or work. To engage youth, program planners must find nontraditional times at which to hold important meetings. Often, scheduling conflicts can be difficult to overcome. However, compromise is vital if an organization is to create youth-adult partnership. For adults, this may mean altering schedules to hold meetings in the late afternoon, early evening, or on the weekend. For youth, this may mean using school community service hours to attend a daytime meeting.
- **Transportation**—Many young people do not have assured access to a vehicle. Program planners should schedule meetings in easily accessible locations. They should also provide youth with travel vouchers and/or immediate reimbursement for the cost of travel.
- **Food**—Few young people have the income to purchase meals in business districts or dinners in restaurants. When a meeting occurs at mealtime, the organization should provide young people with food or with sufficient funds to pay for the meal.
- **Equipment and Support**—Agencies should provide youth with the same equipment as other employees, such as computer workstation, mailbox, voice mail, E-mail, and business cards. Failure to do so carries a powerful message that these youth—whether they are volunteers, interns, or peer educators, full-time or part-time—are not important or, at least, are not as important as adult employees.
- **Procedures and Policies**—With input from both youth and adults, organizations should develop policies on youth/adult interactions. For example, if a program involves overnight travel, youth and adults should be clear about their roles and responsibilities in traveling together. The policies will need to respect youth's desire for independence and, at the same time, address the legal liability of the organization, the comfort level and legal responsibilities of adult staff, and parental concerns about security. Organizations may consider establishing policies requiring the consent of parent or guardian for youth's participation, for staff's driving young people somewhere, etc. The setting and purpose of each youth-adult partnership will help determine other institutional factors that may need to be addressed in the organization's policies and procedures.
- **Training**—In agencies that have always operated from an exclusively adult perspective, staff may need cultural competency training. Staff—whether working directly with youth or not—will need to accept young people's perspectives and ideas and adapt to changing workplace rules to meet the needs of youth. Each organization and each staff member must make determined efforts to let each young person know he/she is valued.

It is work to achieve youth-adult partnership, and it is not easy work. However, the benefits are enormous for youth and for organizations that care about young people. When youth and adults keep the potential benefits in mind, they will find that the work is worthwhile. It may even turn out to be easier than they thought it would be.

This article is drawn, in part, from Klindera K and Menderweld J. *Youth Involvement in Prevention Programming*. [Issues at a Glance]. Washington, DC: Advocates for Youth, © 2001.

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Tips for Working with Youth

- Be open to and nonjudgmental about young people's insights and suggestions. Let them know that their involvement is important.
- Take advantage of the expertise that teens offer. Young people know about, and should be encouraged to share the needs of their community. Affirm this input.
- Make sure youth will participate in meaningful ways. Young people should be involved in making decisions from the beginning of the project. Actively ask teens' opinions.
- Be honest about expectations for the project, what you want the teens to contribute, and how you hope to benefit from teen participation. Don't expect more from a teen than you would from an adult. Keep expectations realistic; hold young people to your expectations. Do not patronize youth by lowering your expectations.
- Integrate young people into group and coalition efforts. Schedule meetings when teens can attend and in a location accessible to teens. Like everyone else, keep young people informed about plans and meeting times.
- Treat teens as individuals. Don't assume one teen represents the views of many teens. Assure the young person that you are interested in her/his individual opinion and don't expect him/her to speak for an entire population.
- Be prepared ahead of time to offer support. Think about kinds of support (financial, logistical, training, emotional, etc.) it will take to involve teens in the project, and who will be responsible for providing this support.
- Make the work interactive, fun, and valuable. Like adults, youth are more likely to get involved and remain active in projects that are interesting and fulfilling.
- Many youth feel intimidated by adults and are not used to participating in discussions with adults. Some may feel they have nothing to contribute. It will require time and commitment to get the input of these youth. Be aware of this factor and work to overcome it.
- Don't make assumptions about what individual young people are like.
- Don't move too fast. Remember that it takes time to develop trust and rapport with youth because some youth are unsure about adults' intentions. Take the time and make the effort to develop a good relationship with youth *before* expecting much. Remember, too, that this work is often new to youth; take the time to explain why actions are being taken. Youth may interpret adults' being abrupt and hurried as a sign of disinterest in youth's participation; so go slow and explain what's going on.
- Remember that there are times when youth need to say, "No." They have many competing interests and responsibilities in their lives. Their education is important. Their relationships and communities are important. Having fun is important. They need time and energy for these interests and responsibilities.

Tips for Working with Adults

- Most adults have good intentions. Remember that many of them are simply not used to working in partnership with young people.
- Criticism doesn't necessarily mean condescension or that an adult doesn't value your contribution. It may mean the adult is treating you the same way he/she would an adult colleague. Remember that adults are used to critiquing each other's work and offering constructive ideas to improve a project. Just because an adult doesn't agree with someone, it doesn't mean that he/she disrespects that person.
- Adults may not be aware of the capabilities of young people. They can be told a hundred times that young people are mature, but showing them is the best way to make the case.
- Adults often feel responsible for the success or failure of the project. This is what makes it hard for them to share power. They may need reassurance that you are willing to share in both the successes and the failures.
- Adults are just as uncertain as youth. They have just learned to disguise it better.
- Sometimes adults use phrases and expressions, whether consciously or not, that annoy young people and are red flags that they aren't treating youth as partners. Like an annoying drip of water, these phrases and expressions can erode a relationship. Be prepared to call adults on their language.
- Don't be afraid to ask for clarification. Adults often use words, phrases, and acronyms that you might not understand. Adults new to the program may also not understand them either. The language of the nonprofit sector is riddled with terms that may bewilder any newcomer.
- Don't be afraid to say, "No." Adults will understand that you have other important commitments, like your education, family, friends, hobbies, and sports.

Ideas for Activities By and For Youth

Here are some activities that youth have created and implemented in their communities during National Teen Pregnancy Prevention Month. Youth have:

- Hosted a rap session for friends
- Hosted a bulletin board where youth can ask sexual health questions and get accurate answers
- Operated a sexual health related Web site with support from a responsible sexual health organization
- Invited health care professionals to speak to a class or club
- Written short stories about teen pregnancy
- Created posters and asked to hang them in synagogues, churches, schools, and community centers
- Designed an advertisement or public service announcement for cable television and/or radio
- Created and filmed a short public service skit for cable television and/or radio
- Collected and donated food and other useful items for a shelter
- Interviewed a teenage mother about her life and published the story in a local media outlet
- Created and presented a theater drama related to teens and sexuality
- Organized a workshop to improve communication between teens and their parents
- Organized a workshop to encourage healthy, assertive communication between teens in a relationship
- Encouraged their school to participate in NTPPM
- Wrote and submitted letters to the editor regarding their need for comprehensive sex education
- Wrote and submitted to the school newspaper articles on teen pregnancy and pregnancy prevention
- Engaged their communities of faith in NTPPM.

Remember that youth can do anything that adults can do and that these ideas are only a tiny part of the things youth have done and can do during May to promote pregnancy prevention in their communities. Please let Advocates for Youth know about youth-led activities in your community.

Chapter IV.

Working with Media—Involving Media in National Teen Pregnancy Prevention Month

Chapter IV. Working with Media: Involving Media in National Teen Pregnancy Prevention Month

Media coverage is important to promoting the messages of NTPPM because the media can carry your message to a much larger number of people than you can reach without media. Luckily, adolescent sexuality always attracts press attention. Unluckily, it is too often covered in a negative fashion, mirroring societal concepts of irresponsible, careless, or “bad” young people. Given society’s general discomfort with adolescent sexuality, media coverage of the issue can fail to explore complicated and interrelated aspects of teens’ health. It can be challenging to get media to pay attention to the roles of poverty, discrimination, lack of accurate information, lack of access to confidential and affordable health care, stereotypes, and adults’ negativity as important factors in adolescent sexual health outcomes.

The media usually welcome opportunities to report on issues related to children and adolescents. Consider media as key players in the promotion of NTPPM programs and activities. Invite the media to all events and inform reporters about new research, etc. Media interest and support can range from airing local programs or public service announcements (PSAs) to printing a calendar of events in local newspapers. Public access cable channels may be willing to show educational programs or to film public forums on issues related to teen pregnancy prevention. Public relations and advertising firms can contribute significantly by promoting NTPPM through *pro bono* work.

The media committee can involve the press in publicizing the events and activities of NTPPM. Successful media plans usually follow a four-step process:

1. **Informing press**—Appoint a spokesperson to deal with press inquiries and to respond to reporters’ questions. Be aware of media coverage of related issues (such as HIV and other STIs, adolescent development, etc). Know which papers and television and radio stations provide good coverage. Maintain lists of local and national news outlets, including reporters, editors, and news desks. Keep accurate mailing, telephone, e-mail, and fax lists for reporters in your area.
2. **Setting press events**—Decide what press activities to hold and which materials to have on hand as background or current information. Consider sending out press releases, creating press packets, and holding a press conference. You may want to provide examples of past coverage in briefing packets.
3. **Evaluating the press campaign**—Keep track of coverage and determine how the story was presented, who was quoted, and what kind of follow-up was necessary.
4. **Follow-up with press, radio and TV stations**—Thank reporters and stations for story lines about teen pregnancy, broadcasting of PSAs, etc.

The Spokesperson and the Interview

The Spokesperson—Press calls should be routed to a designated spokesperson(s) who can establish regular contact with the reporter, answer her/his questions, and provide follow-up. The spokesperson must be articulate and knowledgeable on issues related to adolescent health and pregnancy prevention. He/she should be able to speak clearly and directly to the issue without using jargon or technical terms. The spokesperson can also set up interviews between the reporter and others who can speak for attribution on behalf of NTPPM efforts.

Train youth to be spokespeople. Work with them to create talking points—data and “sound bites” they will use when talking with the media. Practice with them on giving media interviews. Give them the same support, training, and encouragement that you provide to adult spokespeople.

NOTE: Reporters often need more than one credible source for a story; so, it can be beneficial to have more than one spokesperson for NTPPM.

The Interview—When you don’t know the answer, say so. If the spokesperson does not know the answer to a question,

it is important that she/he says so. Reporters have the right to ask *any* question; they may also use *any* answer given them, no matter how silly or incorrect. Reporters expect the spokesperson to answer to the best of her/his knowledge.

The spokesperson or respondent has the right not to answer questions that are inappropriate or off topic. Remember that reporters can use *any* remarks made to them. If the spokesperson doesn't want something published, he/she must not say it. If she/he doesn't want to be quoted on a particular topic, the *only safe rule* is **do not talk about it**. It is also important not to be drawn into criticizing colleagues or other organizations; criticism should be reserved for inadequate programs and poor policies.

The Story

The spokesperson and the media committee should plan *in advance* what points to make and how to make them succinctly when responding to a reporter or in an interview. Anticipate difficult questions and practice answering them in advance. Focus on two to three points, and stress these points in the conversation or interview. Short snappy sentences (10 to 15 words) provide “sound bites” which make it easy for the media to quote you accurately and to convey your point(s).

The Press Information Packet

The press information packet, pulled together for conferences or briefings, contains basic background material on the issues and activities of NTPPM as well as press releases or advisories. A standard packet includes:

- Materials related specifically to the press conference, such as graphs, charts, news release, and copies of speeches or testimony to be delivered at the conference;
- Contact information for the press spokesperson and the NTPPM coordinator;
- A background sheet on rates of teen pregnancy, births, and abortion as well as STI and/or teen sexual activity rates. (Visit www.advocatesforyouth.org for a variety of fact sheets);
- Brief information about NTPPM, including sponsors and committee members, a statement of purpose and goals, and a brief summary of NTPPM activities across the country;
- Information on how NTPPM addresses a need in the community; and
- One or two items of favorable press coverage of NTPPM.

When the Press Calls

Direct the calls to the spokesperson or, in her absence, to members of the media committee.

- The spokesperson will either respond to the inquiry or refer the reporter to an appropriate person for additional information or an interview.
- Respond to all media calls. Don't avoid press calls. Leaving a “no comment” impression may arouse suspicion. Responding quickly will increase the chances of being quoted and cited in the final story. Practice making your one or two points before returning the reporter's call.

Be wary of “sensationalist” journalists, those who have opposed your program, or those who work for newspapers with an editorial position against it. Think about whether to work with these journalists before they call; you may decide not to give interviews to these reporters and/or media outlets.

When Contacting the Media

Develop a press list, including contact information for reporters with different “beats,” such as community and health reporters. Your press list should contain the television, radio, and newspaper outlets in your area, including university

papers, community and regional newspapers, radio and television stations, regional magazines, and military press officers.

Learn the deadlines for the media outlets on your press list and research the demographics of their primary audience(s), such as local citizens, sports fans, teens, etc. To be most effective in dealing with the press, also research the contacts for your calls and materials. Regarding:

- **Newspapers and Magazines**—Contact the metro or city desk. Request a health beat reporter. Beat reporters are often best to work with because they may be experts in their area.
- **Television**—Start with the assignment desk. TV public service directors and editorial directors are good contacts too, particularly for public affairs programming. Sometimes, correspondents participate in deciding which stories to cover.
- **Radio**—Identify news directors and talk show producers. Shows with a primary audience of teens may be particularly good for coverage.

Media Activities

The media committee can help answer reporters' questions about the initiative. It can also develop:

- **News Releases**—A news release is normally one page, (maximum 300 to 400 words) that tells What, Who, Where, When, and Why regarding an event, program, or activity. It can stand alone or be enclosed with additional materials and resources on NTPPM. A news release should be distributed with sufficient lead time to permit reporters to plan on attending. A news release should also include one or two quotes from spokespeople, the date for release of the information, and contact name and telephone number. Distribute a news release by fax and by messenger.
- **News Advisory**—A news advisory announces an event or a specific news item. It is a one-page document that invites coverage. Answer the questions of What, Who, When, Where, and Why. Fax the advisory to contacts one to two days prior to the event.
- **News Briefing and Press Conference**—Briefings should be reserved for information that cannot be communicated well in a press release. Schedule the briefing to last about one-half hour; best hours are between 10 am and 2 pm. Use a location convenient to the reporters such as a press club or downtown site. Have NTPPM press kits available at the event and designate someone from the steering committee to greet reporters at the door.
- **Public Service Announcement (PSA)**—PSAs are a good way to publicize events. For radio, write a 15 to 20 second statement or announcement and submit it by fax or mail to the station's PSA contact. Television PSAs need to be produced; but the only cost is for production, not distribution. Many newspapers will print information from PSAs in the community calendar and announcements section.
- **Local Cable Access Programming**—Cable access channels offer access to equipment, air time, and consulting; these are an excellent venue for local issues. Often cable channels will film public forums or debates or air PSAs and/or panel discussions. Contact the local cable company for more information.
- **Letters to the Editor**—One of newspapers' most frequently read sections is "Letters to the Editor." These letters must address an issue or column that was featured in the news *very recently*. This section is a good place to respond to criticism or concerns that have been raised in the community by the issue of teen pregnancy or by NTPPM. Letters should be persuasive, brief, and quote reputable sources. A prominent member of the community could be asked either to write or to sign a letter regarding NTPPM.
- **Guest Editorials**—Guest editorials, or "op-eds," are brief opinion pieces or essays on topics in the news that appear opposite to the editorial page. Op-eds should be approximately 500 to 700 words and make one major point, backed up by reputable statistics and compelling anecdotes. As with letters to the editor, consider asking a prominent member of the community to write an op-ed or to sign one drafted by a member of NTPPM.
- **Regular Contact with Media Professionals**—Maintain press contacts through phone conversations or brief letters to reporters, editors, talk show producers, and editorial boards. Suggest interviews or topics for press consideration; acknowledge good coverage of an issue; praise a reporter or editor's work.

- **Appearances on TV or Radio**—TV and radio stations often feature community members commenting on current events. Members of the NTPPM steering committee might call or send information suggesting appropriate guests for a specific show. Once you or another NTPPM colleague is invited onto a show, research the other guests' views. Plan to make your own case more compelling by using stories as well as facts to illustrate your points. Practice speaking in short, crisp sentences. It's hard to provide background in a television or radio interview than for print media, so assume the audience has no prior knowledge when you make your case. For television, wear bright, solid colors and avoid glasses.
- **Buying Space or Time**—You can buy space for a prepared advertisement in local newspapers or magazines. Newspapers and magazines have rate cards that explain ad prices by the size of the ad. Buying time for radio advertising is relatively inexpensive. Check with local stations for rates, type of audience, and technical requirements for advertisements. Some stations allow radio personalities to read ad copy on the air; others only air advertisements that have been produced on tape.

Adapted from Flinn S. Education & media campaigns. *Advocacy Kit*. Washington, DC: Advocates for Youth, ©1997. Online at <http://www.advocatesforyouth.org/publications/advocacykit.pdf>

Sample Press Release

FOR IMMEDIATE RELEASE

Phone: 555.555.5555

CONTACT: Jane Smith

May Is National Teen Pregnancy Prevention Month

Local Coalition Sponsors a Forum on Adolescent Sexual Health!

May, **National Teen Pregnancy Prevention Month (NTPPM)**, is an opportunity for communities to work together to prevent teen pregnancy. In the last decade, teen pregnancy rates in the United States have decreased by nearly 30 percent; yet this nation still has the highest rates of teen pregnancy and births among all industrialized countries. Each year, over 850,000 U.S. teens get pregnant.

Sexually active teens are using condoms and contraception more frequently and effectively. Some communities offer effective sex education—programs that provide young people with age-appropriate, medically accurate, comprehensive information about abstinence and contraception. Some young people choose to delay sex until they are older. During **NTPPM** each May, schools, religious institutions, the media, youth organizations, health care providers, elected officials, parents, and community organizations offer activities and events to support young people in adopting positive, responsible and healthy behaviors regarding sexuality.

What is this community doing?

What: Forum on Adolescent Sexual Health

When: Saturday, May 5th at 10:00 am

Where: The Band Stand at 5th and Main Street

Who's Invited: Everyone—Teens, Parents, School Officials, Local Policy Makers, Health Care Providers, Educators, Interested Community Members, and the Media!

The forum will offer teens, parents, community members, and experts in the field an opportunity to discuss what works to prevent teenage pregnancy and to identify our community's strengths and weaknesses in regard to adolescent sexual health.

* For more information, press may contact the Coalition for Teen Pregnancy Prevention at 555.555.5555; ask to speak to our Press Secretary.

Chapter V.

Sample Forms

Chapter V. Sample Forms

This chapter includes sample forms for the NTPPM coordinating organization or agency to send to others. Feel free to use and/or adapt these forms or to design something entirely different. These sample forms follow:

- **Sample A: National Teen Pregnancy Prevention Month Invitation Form**—Send this invitation, asking others to participate in NTPPM.
- **Sample B: Letter Asking Agencies to Co-Sponsor NTPPM**—Send this invitation, along with Invitation A, inviting others to become co-sponsors of NTPPM.†
- **Sample C: NTPPM Agency Participation Form for the Community Calendar**—Send this form to all organizations that offer NTPPM activities; ask them to complete one form for each activity offered and to return the forms to the NTPPM coordinator so that their activities can appear on the community calendar. Information from these forms will also help establish the “big picture” of all NTPPM events during May, and provide an outline for publicity regarding the event(s).
- **Sample D: NTPPM Final Report Form for Participating Organizations**—This is an invaluable asset for designing future NTPPM campaigns, providing a list of next year’s probable participants and helping to identify any gaps that should be filled in the following year. Send this form to all participants toward the end of May. If participants do not return the form, provide them with another copy when you send them a letter of thanks for their participation. Stress the importance of their returning the form.

† Follow up with personal telephone calls to the organization’s executive director if your first attempts to recruit co-sponsors and/or participants are unsuccessful.

Sample A

National Teen Pregnancy Prevention Month Invitation Form (from the Coordinating Organization)

To: _____ [Community or State Agencies, Organizations, Religious Institutions, and/or Schools]

From: _____ [State or Local National Teen Pregnancy Prevention Month Coordinator]

Date: _____ [Date]

Re: National Teen Pregnancy Prevention Month, May ____ [Year]

Join us in planning for National Teen Pregnancy Prevention Month in _____ [County/State].

(or)

For the past ____ [# of Years] years, we have coordinated National Teen Pregnancy Prevention Month in _____ [County/State].

The purpose of National Teen Pregnancy Prevention Month (NTPPM) is to encourage communities to commit to preventing teenage pregnancy. To that end, community and/or state institutions, such as PTAs, religious organizations, schools, clubs, and health agencies sponsor special activities which increase public awareness of teen pregnancy and teen pregnancy prevention. National Teen Pregnancy Prevention Month emphasizes the importance of strong partnerships between community and families in helping young people to make healthy, values-based decisions that promote achievement and avoid sexual risk behaviors.

All participating organizations, agencies, and groups will receive prominent listing on calendar of activities (to be widely distributed throughout the community) and in local print media. A member of the Steering Committee will contact you within the next few weeks to discuss your participation in this coming May's activities.

Thank you for your interest and support. We look forward to your participation.

_____ [NTPPM Coordinating Organization]

Adapt this letter and send out with the forms that follow.

Sample B

Letter Asking Agencies to Co-Sponsor NTPPM

To: Teen Pregnancy Prevention Advocates

From: _____ [NTPPM Coordinator]

This year, _____ [your organization] will coordinate National Teen Pregnancy Prevention Month (NTPPM). We are encouraging communities, agencies, and faith communities to plan activities and programs and to develop resources that promote pregnancy prevention. We would like to invite you to become a co-sponsor for NTPPM, May _____ [Year].

Co-sponsorship means that your organization will be listed on all NTPPM materials distributed state- or community-wide. As a cosponsor, your organization will plan and implement activities that involve your members in NTPPM.



NTPPM Co-sponsor: Please respond by March 15, _____ [Year].

_____ Yes, we would like to be listed as co-sponsor of National Teen Pregnancy Prevention Month, May _____ [Year].

_____ We are considering your invitation to become a co-sponsor of National Teen Pregnancy Prevention Month, May _____ [Year]. We will notify you by _____.

_____ No, we do not wish to be listed as a co-sponsor of National Teen Pregnancy Prevention Month, , May _____ [Year].

Your organization: _____

Respondent: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Fax:** _____

Please mail or fax by March 15 to:

_____ [Your State or Local NTPPM Coordinator]

_____ [Address]

_____ [City, State, Zip Code]

_____ [Fax Number]

Sample C

NTPPM Agency Participation Form (for the Community Calendar and Media Efforts)

Please fill out a separate form for each activity you will hold during NTPPM.

Organization: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____

Number of years offering NTPPM activities: 1 2 3 4 5 6 7 _____ (other)

Activity/Program:

Title: _____
Dates: _____
Time(s): _____
Place: _____
Address: _____
City: _____ State: _____ Zip code: _____
Who should attend: _____

Open to public: Yes _____ No _____
Reservation or registration required: Yes _____ No _____

Brief synopsis of program/activity:

Do you want to be listed on the NTPPM Community Calendar? Yes _____ No _____

Please return by: _____

Return to:

_____ [NTPPM Coordinator]
_____ [Address]
_____ [City] _____ [State] _____ [Zip Code]

Do you wish to be listed as a cosponsor of National Teen Pregnancy Prevention Month? Yes _____ No _____

Agencies offering NTPPM programs should fill out one form for each activity offered during NTPPM and return to the NTPPM coordinator.

Sample D

NTPPM Final Report Form (for Participating Organizations)

Please answer the following questions and return this form to the NTPPM Coordinator.

1. Your organization: _____
Your name: _____
2. Your presentation/activity/program: _____
Number of people attending: _____ Youth _____ Adults _____
3. Would you be interested in participating in NTPPM next year? Yes _____ No _____
4. Would you repeat the program you did this year? Yes _____ No _____
5. What suggestions do you have for the NTPPM Coordinator for next year as far as coordinating National Teen Pregnancy Prevention Month?

6. Please send us two examples of your handouts, printed materials, or resources used in your activity. One copy will go to Advocates for Youth and may be included in the next *National Teen Pregnancy Prevention Month Planning Guidebook*.
7. National Teen Pregnancy Prevention Month Coordinator:
Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____

Please return by: _____

Return to:

_____ [NTPPM Coordinator]
_____ [Address]
_____ [City] _____ [State] _____ [Zip Code]

Please return this form to the NTPPM Coordinator.

Chapter VI.

Resources for National Teen Pregnancy Prevention Month— Organizations & Web Sites

Resources for National Teen Pregnancy Prevention Month: Organizations & Web Sites

Selected National Organizations Concerned About Adolescent Reproductive and Sexual Health

Advocates for Youth
2000 M Street NW, Suite 750
Washington, DC 20036
202.419.3420
www.advocatesforyouth.org

Alan Guttmacher Institute
120 Wall St., 21st Floor
New York, NY 10005
212.248.1111
www.guttmacher.org

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847.434.4000
www.aap.org

American College of Obstetricians & Gynecologists
409 12th Street SW
PO Box 96920
Washington, DC 20090-6920
202.638.5577
www.acog.org

American Foundation for AIDS Research
120 Wall Street, 13th Floor
New York, NY 10005-3908
212.806.1600
www.amfar.org

American Public Health Association
800 I Street NW
Washington, DC 20001-3710
202.777.2742
www.apha.org

American Red Cross
2025 E Street NW
Washington, DC 20006
202.303.4498
Teen AIDS Hotline: 1.800.440.8336
www.redcross.org

American Social Health Association
PO Box 13827
Research Triangle Park, NC 27709
AIDS hotline: 1.800.342.2437
www.ashastd.org

American School Health Association
7263 State Road 43
Kent, Ohio 44240
330.678.1601
www.ashaweb.org

Big Brothers Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215.567.7000
www.bbsa.org

Boys and Girls Clubs of America
1230 West Peachtree Street NW
Atlanta, GA 30309
404.487.5700
www.bgca.org

Camp Fire Boys and Girls
4601 Madison Avenue
Kansas City, MO 64112-1278
816.756.1950
www.campfire.org

Catholics for Free Choice
1436 U Street NW, Suite 301
Washington, DC 20009-3997
202.986.6093
www.catholicsforchoice.org

Centers for Disease Control and Prevention
Division of Adolescent and School Health
Mailstop K31
4770 Buford Highway NE
Atlanta, GA 30341-3724
770.488.5358
www.cdc.gov

Center for Reproductive Rights
120 Wall Street
New York, NY 10005
917.637.3600
www.reproductiverights.org

Council of Chief State School Officers
1 Massachusetts Avenue, NW, Suite 700
Washington, DC 20001-1431
202.336.7000
www.ccsso.org

Girls Incorporated
120 Wall Street
New York, New York 10015-3902
800.374.4475
www.girlsinc.org

Healthy Teen Network (Formerly NOAPPP)
509 2nd Street NE
Washington, DC 20002
202.547.8814
www.healthyteennetwork.org

National 4-H Council
7100 Connecticut Avenue NW
Chevy Chase, MD 20815-4999
301.961.2800
www.fourhcouncil.edu

NARAL Pro-Choice America
1156 15th Street NW, Suite 700
Washington, DC 20005
202.973.3000
www.naral.org

National Adolescent Health Information Center
333 California Street, Box 0503
San Francisco, CA 94143-0503
415.502.4856
<http://youth.ucsf.edu/na hic>

National Prevention Information Network (NPIN),
CDC
PO Box 6003
Rockville, MD 20849-6003
1.800.458.5231
www.cdenpin.org

National Asian Women's Health Organization
250 Montgomery Street, Suite 1500
San Francisco, CA 94104
415.989.9747
www.nawho.org

National Assembly for School-Based Health Care
666 11th Street NW
Washington, DC 20001
202.638.5872
www.nasbhc.org

National Campaign to Prevent Teen Pregnancy
1776 Massachusetts Ave NW, Suite 200
Washington, DC 20036
202.478.8500
www.teenpregnancy.org

National Center for Youth Law
405 14th St, 15th Floor
Oakland, CA 94612-2701
510.835.8098
www.youthlaw.org

National Coalition of Hispanic Health & Human

Services Organizations (COSSHMO)

1501 16th Street NW
Washington, DC 20036
202.387.5000
www.cosshmo.org

National Council of La Raza

1111 19th Street NW, Suite 1000
Washington, DC 20036
202.785.1670
www.nclr.org

National Education Association, Health Information Network

1201 16th Street NW, Suite 521
Washington, DC 20036
202.822.7570
www.nea.org

National Family Planning and Reproductive Health Association (NFPRHA)

1627 K Street NW, 12th Floor
Washington, DC 20006
202.293.3114
www.nfprha.org

National Latina Health Organization

3507 International Blvd
Oakland, CA 94601
510.534.1362
<http://clnet.ucr.edu/women/nlho>

Planned Parenthood Federation of America

434 West 33rd Street
New York, NY 10001
212.541.7800
www.plannedparenthood.org

Religious Coalition for Reproductive Choice

1025 Vermont Ave NW, Suite 1130
Washington, DC 20005
202.628.7700
www.rcrc.org

Sex Information and Education Council of the United States (SIECUS)

130 West 42nd Street, Suite 350
New York, NY 10036-7802
212.819.9770
www.siecus.org

YWCA of the USA

Youth Development Program
1015 18th Street NW, Suite 1100
Washington, DC 20036
202.467.0801
www.ywca.org

Web Sites

Web Sites Especially for Parents

- American Library Association—<http://www.ala.org/>
- Families Are Talking—<http://www.familiesaretalking.org/>
- Parents' Sex Ed Center—<http://www.advocatesforyouth.org/parents/>
- ParentSoup.com—<http://www.parentsoup.com/>
- ParentsPlace.com—<http://www.parentsplace.com/>
- Planned Parenthood Federation of America—<http://www.plannedparenthood.org/education/>
- Talking with Kids About Tough Issues—<http://www.talkingwithkids.org/>
- YWCA of the USA—<http://www.ywca.org/>

Web Sites Especially for Young People

- Ambiente Joven—<http://www.ambientejoven.org/>
- Go Ask Alice!—<http://www.goaskalice.columbia.edu/>
- iwannaknow.org—<http://www.iwannaknow.org/>
- My Sistahs—<http://www.mysistahs.org/>
- My Voice Counts Youth Action Center—<http://www.advocatesforyouth.org/youth/>
- OutProud—<http://www.outproud.org/>
- Sex, Etc.—<http://www.sxetc.org/>
- Teenwire—<http://www.teenwire.com/>
- Youth Resource—<http://www.youthresource.com/>

Web Site Educational Resources

- Advocates for Youth—<http://www.advocatesforyouth.org/>
- American Association for Health Education—<http://www.aahperd.org/aahe/>
- American Medical Association's Adolescent Health Information—<http://www.ama-assn.org/ama/pub/category/1947.html>
- Birds and Bees—<http://www.birdsandbees.org/>
- The Body (HIV/AIDS Resources)—<http://www.thebody.com/>
- Campaign for Our Children—<http://www.cfoc.org/>
- CDC National Prevention Information Network—<http://www.cdcnpin.org/>
- Children's Defense Fund—<http://www.childrensdefense.org/>
- Child Welfare League of America—<http://www.cwla.org/>
- Family Health Productions—<http://www.abouthhealth.com/>
- Girls Incorporated—<http://www.girlsinc.org/>
- National Council of La Raza—<http://www.nclr.org/>
- National Education Association Health Information Network—<http://www.neahin.org/>
- National School Boards Association—<http://www.nsba.org/>
- SexTalk.org—<http://www.sextalk.org/>
- Sexuality Information and Education Council of the U.S. (SIECUS)—<http://www.siecus.org/>

Chapter VII.

Sample Materials from NTPPM Campaigns around the Nation

Chapter VII. Sample Materials from NTPPM Campaigns around the Nation

The following pages suggest strategies for involving various segments of the community in National Teen Pregnancy Prevention Month. Advocates for Youth wishes to thank The Florida Developmental Disabilities Council for their generosity in allowing us to share strategies for various community groups. Materials are available in a separate PDF file online at http://www.advocatesforyouth.org/publications/ntppm_samples.pdf.