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Original article

Engaging Pregnant and Parenting Teens: Early Challenges and Lessons Learned From the Evaluation of Adolescent Pregnancy Prevention Approaches

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A B S T R A C T

This article draws on data from the ongoing federal Evaluation of Adolescent Pregnancy Prevention Approaches to discuss the early implementation experiences of two new and innovative programs intended to delay rapid repeat pregnancy among teen mothers: (1) AIM 4 Teen Moms, in Los Angeles County, California; and (2) Teen Options to Prevent Pregnancy (T.O.P.P.), in Columbus, Ohio. Program staff report common challenges in working with teen mothers, particularly concerning recruitment and retention, staff capacity and training, barriers to participation, and participants' overarching service needs. Lessons learned in addressing these challenges provide useful guidance to program developers, providers, policy makers, and stakeholders working with similar populations.

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IMPLICATIONS AND CONTRIBUTION

Researchers, policy-makers, and practitioners are engaged in an ongoing effort to better serve adolescent mothers who are hard to reach, at high risk for negative health outcomes, and living under adverse conditions. This paper aims to inform these efforts by discussing the lessons learned from the implementation experiences of two innovative teen pregnancy prevention programs designed to delay rapid repeat pregnancies. The findings reflect the multiple barriers and factors that must be considered when designing programs to serve teen mothers.

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Three in 10 young women have a birth before the age of 20 years, and one in five of those women will go on to have a subsequent birth while still in their teens [1–3]. Teens are much less likely to use reliable, user-independent methods of birth control, such as long-acting reversible contraceptives, which thereby increases the risk of repeat pregnancy in this already vulnerable population [4]. Teen mothers who have repeat births are less likely to receive

prenatal care, complete school, work or maintain economic self-sufficiency, or have children who are ready for school [2,5,6].

To receive assistance from traditional community-based programs, teen mothers have to navigate complicated circumstances and challenges. Financial pressures and parenting demands often prevent teen mothers from attending classes or activities outside school or work [6–8]. Teen mothers could also be discouraged from seeking services by their partners or families, especially if the services are perceived to conflict with parenting or other responsibilities [7,9]. Adding to the challenge, many teen mothers face homelessness or overcrowding [7]. Drug abuse and crime are often common in their homes and neighborhoods, which provides more sources of risk and stress [10].

This article discusses how two new and innovative programs aim to circumvent some of these obstacles by providing targeted interventions to at-risk teen mothers in their homes or by telephone. Both programs seek to increase long-term contraceptive use and delay repeat pregnancies among teens; one program is in Los Angeles, California, and the other is in Columbus, Ohio. Repeat pregnancy rates among teens (19% in Los Angeles and 21% in Columbus) are higher than the state averages [11,12]. Both areas are also home to large populations of low-income young mothers receiving public assistance and Medicaid [13,14].

AIM 4 Teen Moms (AIM) is a nine-session program for new teen mothers in the Los Angeles County, California. Seven of the sessions are delivered one-on-one in the homes of participants or other community-based locations. The program was developed by researchers at Children's Hospital Los Angeles (CHLA) and is being offered in collaboration with El Nido Family Centers (El Nido) in Metro Los Angeles, South Los Angeles/Compton, and the San Fernando Valley.

Teen Options to Prevent Pregnancy (T.O.P.P.) is offered to teen mothers in the Columbus, Ohio, area by OhioHealth, a faith-based, not-for-profit health care system. The program provides services for 18 months, using telephone-based care coordination, motivational interviewing (MI), and access to family-planning services.

Both programs are part of the ongoing federal Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a large-scale, multisite random assignment evaluation of promising approaches to teen pregnancy prevention [15]. The evaluation is being conducted under contract to the Office of Adolescent Health within the United States Department of Health and Human Services.¹ In each participating site, the PPA study involves an impact and program implementation study. This article draws on data from the implementation study to discuss lessons learned from the early implementation experiences of the AIM 4 Teen Moms and T.O.P.P. programs. Both programs are supported by the Personal Responsibility Education Innovative Strategies program at the Administration on Children and Families.

Methods

The AIM 4 Teen Moms and T.O.P.P. programs are being implemented as part of rigorous random assignment impact evaluations. Teen mothers recruited for the evaluations (Figure 1) are randomly assigned to either a treatment group (which receives the intervention) or a control group (which does not receive the intervention but may continue to receive other services).

¹ The PPA evaluation is conducted by Mathematica Policy Research and its partners, Child Trends and Twin Peaks Partners LLC.

T.O.P.P. and AIM 4 Teen Moms take different approaches to addressing rapid repeat pregnancies among at-risk teen mothers (Figure 1). Both programs conducted pilots early in their development and incorporated input from teen mothers and key stakeholders as part of their models.

OhioHealth designed T.O.P.P. to help young mothers access and use existing pregnancy prevention and reproductive health services. The intervention draws on the Behavioral Model of Health Services Use, which suggests that contraceptive behavior will be changed by altering a woman's perception of her need for birth control and providing her easy access to it [16]. T.O.P.P. uses nurse educators trained in MI techniques [17] to educate and inform teen mothers about different birth control options (including abstinence), help them select their own method of birth control, promote birth spacing, and delay repeat pregnancies (Figure 2). In addition to MI delivered through monthly telephone contacts with an assigned nurse educator, T.O.P.P. provides access to contraception (via transportation to clinics or hospitals, home visits with birth control models, or a mobile clinic) and referrals by a social worker, as needed. Participants pay for contraceptives through Medicaid.

OhioHealth staff recruits from the patient caseloads of seven affiliate clinics and five hospitals in the Columbus area. T.O.P.P. focuses on Medicaid-eligible teens aged 10–19 years, who are at least 28 weeks' gestation or newly postpartum. T.O.P.P. predominantly serves white and African-American adolescents in Columbus, Ohio (Table 1).

AIM 4 Teen Moms is based on the Theory of Possible Selves, which posits that youth can be motivated in their present lives by images of their possible future selves [18]. Drawing on this theory and incorporating positive youth development principles, the CHLA team adapted an existing evidence-based program, Project AIM [19], to motivate teen mothers to delay repeat pregnancies by defining specific life aspirations and making the healthy life choices needed to achieve them. By engaging teens in positive future career and family planning, the program hopes to increase birth spacing and uptake of long-term contraception. In seven home visits and two community-based group sessions, trained program facilitators (advisors) with case management backgrounds guide participants through future-planning activities and facilitate discussion about career goals, birth spacing, reproductive life plans, communication skills, motherhood as an identity strength, and contraceptive use (Figure 3). The program provides transportation assistance, child care, and meals at group sessions. Participants obtain contraceptives through their medical providers, CHLA's onsite health center, or local clinics.

Children's Hospital Los Angeles's recruitment strategy relies primarily on referrals from two community-based programs serving teen parents: El Nido and Project NATEEN. Staff refers teens who are 15–19 years of age and have a child < 7 months of age. AIM 4 Teen Moms mostly serves Hispanic adolescents in urban Los Angeles, California (Table 2).

Data collection and analysis

Teams of two researchers from the federal PPA study team visited Los Angeles and Columbus to collect in-depth implementation data on the planned intervention, staff training, and successes and challenges encountered during program implementation. Researchers collected qualitative data through semistructured interviews with program leadership and staff, partner organization staff, community stakeholders, and program

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