

Research-to-Results

Brief

Child TRENDS

...information for program practitioners on reproductive health issues and outcome measures.

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ASSESSING ADOLESCENT REPRODUCTIVE HEALTH: A GUIDE FOR OUT-OF-SCHOOL TIME PRACTITIONERS

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BACKGROUND

The reproductive health of American adolescents has been, and continues to be, a matter of serious concern. America's teen birth rate – already one of the highest among developed nations – is again on the rise. Also, rates of sexually-transmitted infection (STI) among teens remain disconcertingly high,¹ with one-quarter of the 19 million new cases of STIs each year occurring to 15- to 19-year-olds.² In 2006, there were nearly 442,000 births to adolescents under the age of 20.³

Many out-of-school time programs serving adolescents seek to reduce the occurrence of reproductive health problems, such as pregnancies and STIs, among program participants. Other programs, even if not directly concerned with improving participants' reproductive health, can still be attuned to reproductive health issues facing adolescents and may wish to monitor participant health and sexual risk-taking. This brief discusses adolescent reproductive health and provides program practitioners with questions that can be used to screen or monitor reproductive health among out-of-school time program participants.

DEFINITION

In 1994, the International Conference on Population and Development agreed on an internationally recognized definition of reproductive health as *“a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes.”*^{4,5} Reproductive health outcomes relevant to adolescents include the timing of sexual initiation; frequency of sexual activity; number of sexual partners; non-voluntary sex; use of contraception, including condoms; acquisition of STIs; and the experience of becoming pregnant or causing pregnancy, giving birth, or fathering a child.

IMPORTANCE

In 2005, almost one-half of all high school students reported that they had had sex, and 14 percent reported having had sex with four or more partners.⁶ Having sex at an early age and with multiple partners puts teens at increased risk for unplanned pregnancies and STIs.⁷ Further, 34 percent of sexually active high school students did not use any form of protection during their last sexual experience, increasing their odds of becoming pregnant or acquiring an STI to an even greater extent.⁸ Thus, a great many teens are at risk of experiencing poor reproductive health, which has a number of negative implications for teens, for the children of teens, and for society at large.

Contracting an STI can have several negative health consequences for teens, including cancer and sterility; also, viral STIs, including genital herpes and HIV, are incurable. Pregnant teens with STIs risk passing health problems – ranging from meningitis to hepatitis – on to their babies. These health problems can be passed from a pregnant woman to her baby before, during, or after birth.⁹

Teen parenthood is also associated with many adverse consequences, reflecting both the disadvantaged backgrounds of teens and also early childbearing.¹⁰ Teenage mothers and their children experience more negative outcomes than mothers who delay childbearing and their children experience.¹¹ Children of teen mothers are more likely to be born prematurely and at low birth weight, to suffer higher rates of neglect and abuse, to perform poorly in school, and to become teen mothers themselves.¹² Teen mothers are more likely to live in poverty and to be dependent on welfare. Teen childbearing was estimated to cost taxpayers more than \$9.1 billion in 2004 alone.^{13,14,15}

WHAT PROGRAM PRACTITIONERS CAN DO TO IMPROVE ADOLESCENTS' REPRODUCTIVE HEALTH

By forming caring relationships with adolescents, helping them to succeed in school, supporting their positive development, and expanding their life opportunities, youth development program practitioners are already helping teens avoid risky sex and pregnancy.¹⁶ Practitioners can further help adolescents by engaging in some or all of the following steps:

- Provide adolescents and their parents with information about available resources and services.
- Teach young people how to resist sexual pressure through role playing to develop communication and negotiation skills with partners.
- Educate parents and teens about risks associated with having a much older or much younger dating or sexual partner.
- Educate parents about successful parenting strategies; encourage parent/child communication; and help parents to become connected with their children—sons as well as daughters.
- Reinforce the message that abstinence is the most effective way to avoid STIs and unwanted pregnancies.¹⁷
- Encourage sexually experienced teens to reduce the frequency of sexual activity and the number of sexual partners, and stress the importance of consistent and effective contraceptive use.¹⁸
- Make sure that adolescents know that STIs can be transmitted through oral sex.¹⁹

RISK FACTORS LINKED TO POOR REPRODUCTIVE HEALTH AMONG PROGRAM PARTICIPANTS

Program practitioners should be aware of risk factors that are associated with poor reproductive health among adolescents. In this context, three groups of adolescents are particularly vulnerable:

- **Teens with much older dating or sexual partners, especially female teens with older male partners.** Teens who date people who are much older than they are have a higher risk of engaging in sexual intercourse. In particular, female teens with much older partners have a greater risk of giving birth during their teen years²⁰ and a greater risk of contracting an STI during young adulthood.^{21,22}
- **Teens who engage in other risky behaviors.** Risky behaviors cluster together for teens. Thus, if a teen smokes, abuses drugs or alcohol, or is behind in school, she or he is also

more likely to engage in risky sexual behaviors, such as early first intercourse, unprotected sex, or sex with multiple partners.^{23,24,25}

- **Teens whose parents do not closely monitor their behavior.** When parents fail to monitor the behavior of their adolescent children closely, these children have more opportunities to engage in sex.²⁶

Program providers may need information that is specific to the population they serve. One way to determine whether program participants as a group are experiencing poor reproductive health is to conduct a survey among participants.

ASSESSING THE REPRODUCTIVE HEALTH OF ADOLESCENTS

Below, we list several questions that program practitioners may wish to use in a *confidential* survey to assess reproductive health among adolescent program participants.²⁷ Program practitioners may choose to ask all or just some of these questions as a means of gauging how many program participants are sexually experienced and engage in risky sexual behaviors. With this information, practitioners will be able to better determine the services that their participants need and the strategies that can be implemented to effectively help improve participants' reproductive health. Programs may wish to provide program participants taking this survey with information on reproductive health services available in their community.

These kinds of questions are highly personal and programs should consider relevant ethical issues before asking them of adolescents. For example, parental permission needs to be obtained before a minor participates in a survey, and survey participants should receive firm assurances that their responses will remain confidential. In general, it is recommended that programs interested in asking sensitive questions work with an Institutional Review Board (often called an IRB).²⁸ An IRB will evaluate the acceptability of the questions to be asked and the method of asking those questions and will ensure that matters of consent and confidentiality are dealt with appropriately.

Measuring Sexual Activity

1. Have you ever had sexual intercourse?²⁹
 - A. Yes
 - B. No
2. How old were you when you had sexual intercourse for the first time?³⁰
 - A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older

3. During your life, with how many people have you had sexual intercourse?³¹
 - A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
4. During the past 3 months, with how many people did you have sexual intercourse?³²
 - A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
5. When was the last time you had sex?³³
 - A. Within the last week
 - B. Within the last month
 - C. Within the last six months
 - D. Within the last year
 - E. More than one year ago
 - F. Refuse to answer
 - G. Don't know
 - H. I have never had sexual intercourse
6. Have you ever signed a pledge to abstain from sex until marriage?³⁴
 - A. No
 - B. Yes
 - C. Don't know

Measuring Gender of Sexual Partners

7. Have you ever had any sexual experience of any kind with a female?³⁵
 - A. Yes
 - B. No
8. Have you ever had any sexual experience of any kind with a male?³⁶
 - A. Yes
 - B. No

Measuring Non-voluntary Sex

9. Have you ever [or, in the past 12 months] been forced to have sexual intercourse against your will?³⁷
 - A. Yes
 - B. No

Measuring Childbearing

10. How many children do you have?³⁸
- A. None
 - B. 1 child
 - C. 2 children
 - D. 3 or more children
 - E. Refuse to answer
 - F. Don't know
11. Have you ever been pregnant? Be sure to include if you are currently pregnant and any past pregnancy that ended in an abortion, stillbirth, miscarriage, or a live birth after which the baby died.³⁹
- A. No
 - B. Yes
 - C. Don't know
 - D. Refuse to answer
12. How many times have you been pregnant?⁴⁰
- A. 1 time
 - B. 2 times
 - C. 3 times
 - D. 4 or more times
 - E. Don't know
 - F. Not applicable

Measuring Contraceptive Use

13. The **last time** you had sexual intercourse, did you or your partner use a condom?⁴¹
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
14. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy and/or sexually transmitted infections**?⁴²
- A. I have never had sexual intercourse
 - B. No method was used
 - C. Birth control pills
 - D. Condoms
 - E. Depo-Provera (injectable birth control) or Norplant
 - F. Withdrawal
 - G. Some other method
 - H. Not sure

Measuring Sexual Activity in Conjunction With Other Risky Behaviors

15. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?⁴³
- A. I have never had sexual intercourse

- B. Yes
- C. No

Measuring Reproductive Health Services

16. When was the last time you received a reproductive health exam from a doctor or medical professional?⁴⁴
- A. Within the past 6 months
 - B. 7 to 12 months ago
 - C. Longer than 1 year ago but less than 2 years ago
 - D. 2 years ago or longer
 - E. Never
 - F. Don't know

Measuring Romantic Relationships

17. In the past year, have you been in a dating relationship in which you thought of yourself as a part of a couple? You may consider male or female dating partners.⁴⁵
- A. No
 - B. Yes
18. In the last 12 months, have you had a special romantic relationship with anyone?⁴⁶
- C. No
 - D. Yes

NEXT STEPS: ADDITIONAL RESOURCES FOR YOUR PROGRAM

The National Campaign to Prevent Teen and Unplanned Pregnancy. This organization's Web site provides statistics and research-based information on adolescent reproductive health and other resources related to the topic.

Available online at: <http://teenpregnancy.org/>

Centers for Disease Control and Prevention (CDC). The Web site of this major operating component of the U.S. Department of Health and Human Services provides additional information on adolescent health, including survey data and recent studies.

Available online at: <http://www.cdc.gov/node.do/id/0900f3ec801e457a>

The Guttmacher Institute. This organization promotes sexual and reproductive health worldwide through social science research, public education, and policy analysis. Its Web site includes information resources on adolescents.

Available online at: <http://guttmacher.org/>

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- ¹⁶ Examples include The Teen Outreach Program and the CAS-Carrera Program. Information available at <http://www.childtrends.org/Lifecourse/programs/TeenOutreachProgram.htm> and <http://www.childtrends.org/Lifecourse/programs/CAS-Carrera.htm>
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²⁷ Many of the questions listed are from the 2007 State and Local Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention. A copy of the survey and online data for analyses are located at <http://www.cdc.gov/yrbss>. State-level estimates are available for the 44 states that participated in the 2005 YRBS. Other questions are from the National Longitudinal Study of Adolescent Health (Add Health). The survey and data for online analyses are located at <http://www.cpc.unc.edu/projects/addhealth>. Additional questions are from the National Survey of Family and Households. Online analyses are available at <http://www.ssc.wisc.edu/nsfh/>.

²⁸ For more information on IRBs, see Bronte-Tinkew, J., Allen, T., & Joyner, K. (2008). Institutional review boards (IRBs): What are they, and why are they important? (*Research-to-Results* Brief), Washington, DC: Child Trends.

²⁹ Centers for Disease Control and Prevention. 2007 Youth Risk Behavior Survey. Retrieved from www.cdc.gov/yrbss

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Sweet, J., & Bumpass, L. (2002). The National Survey of Families and Households - Waves 1, 2, and 3: Data description and documentation. Center for Demography and Ecology, University of Wisconsin-Madison. Retrieved from <http://www.ssc.wisc.edu/nsfh/home.htm>

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⁴¹ Centers for Disease Control and Prevention. 2007 Youth Risk Behavior Survey. Retrieved from www.cdc.gov/yrbss

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