# Papers addressing multiple interventions

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| Paper | Population | Interventions assessed | Context | Findings |
| Barham et al., 2007 | Europe, USA, Canada, Australia (1990 to 2006) | One to one interventions were analysed. These identified individuals at greater risk (through screening or publicity) and offering counselling to reduce sexual risk behaviours. Aims of interventions were reduction in both STI and conception rates. |  | Only economic outcomes were assessed. These showed such interventions to be cost-saving or cost-effective. |
| Beltz et al., 2015 | USA (1968-2007) | This review looked at the impacts on teen birth rate of state policies on access to family planning, education, sex education, welfare support and abortion. |  | Access to family planning was related to lower birth rates, alongside greater provision of public education. Conclusions were not clear concerning sex education and welfare support. Impact of abortion policy was unclear, and is likely irrelevant to conception rates. |
| Brittain et al., 2015 | USA, Canada, Australia, New Zealand, Europe (1985 to 2011) | This study focussed on defining and evaluating the impact of youth-friendly services – specifically designed or adapted to target reduction in adolescent pregnancy. Peer interventions, one to one counselling, youth-focussed sexual health clinic services were each assessed. |  | Some evidence that improving youth access to sexual health services influenced sexual risk behaviours; two of three studies which looked at pregnancy rates found significant reductions associated with these interventions. |
| Cardoza et al., 2012 | Latino adolescents, USA (1993 to 2011) | Interventions targeted conception prevention or STI infection prevention. Interventions assessed were: contraception distribution, sex education, community interventions and family-focussed interventions. |  | Some positive results for varying intervention types. Greater focus on STI prevention in range of studies found. |
| Chin et al., 2012 | USA (1988-2007) | ‘Comprehensive risk reduction’ interventions (including abstinence-based) were compared to ‘abstinence education’ interventions (abstinence-only). Both took place in community and school settings, with adult or adult-and-peer facilitators. |  | Comprehensive strategies reduced risk-behaviours, with no clear effect on pregnancy.  Abstinence-only strategies reduced sexual activity, but had no clear effects in other areas. |
| Dean et al., 2014 |  |  |  |  |

# Papers addressing parent-adolescent communication

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| Paper | Popluation | Interventions assessed | Context | Findings |
| Gavin et al., 2015 | (English language) search 1985-2011 |  |  |  |

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