# Papers addressing multiple interventions

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| Paper | Title | Abstract | Population | Interventions assessed | Outcomes | Findings |
| Beltz et al., 2015 | State policy and teen childbearing: A review of research studies | Teen childbearing is affected by many individual, family, and community factors; however, another potential influence is state policy. Rigorous studies of the relationship between state policy and teen birth rates are few in number but represent a body of knowledge that can inform policy and practice. This article reviews research assessing associations between state-level policies and teen birth rates, focusing on five policy areas: access to family planning, education, sex education, public assistance, and access to abortion services. Overall, several studies have found that measures related to access to and use of family planning services and contraceptives are related to lower state-level teen birth rates. These include adolescent enrollment in clinics, minors' access to contraception, conscience laws, family planning expenditures, and Medicaid waivers. Other studies, although largely cross-sectional analyses, have concluded that policies and practices to expand or improve public education are also associated with lower teen birth rates. These include expenditures on education, teacher-to-student ratios, and graduation requirements. However, the evidence regarding the role of public assistance, abortion access, and sex education policies in reducing teen birth rates is mixed and inconclusive. These conclusions must be viewed as tentative because of the limited number of rigorous studies that examine the relationship between state policy and teen birth rates over time. Many specific policies have only been analyzed by a single study, and few findings are based on recent data. As such, more research is needed to strengthen our understanding of the role of state policies in teen birth rates. Copyright © 2015 Society for Adolescent Health and Medicine. | 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. | Teen birth rates | 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 | Youth-Friendly Family Planning Services for Young People: A Systematic Review | Context "Youth-friendly" family planning services, services tailored to meet the particular sexual and reproductive health needs of young people (aged 10-24 years), may improve reproductive health outcomes, including reduction of unintended pregnancy. The objectives of this systematic review were to summarize the evidence of the effect of youth-friendly family planning services on reproductive health outcomes and to describe key characteristics of youth-friendly family planning interventions. The review, conducted in 2011, was used to inform national recommendations on quality family planning services. Evidence acquisition Several electronic bibliographic databases, including PubMed, PsycINFO, and Popline, were used to identify relevant articles published from January 1985 through February 2011. Evidence synthesis Nineteen articles met the inclusion criteria. Of these, six evaluated outcomes relevant to unintended pregnancy, contraceptive use, and knowledge or patient satisfaction. The 13 remaining studies identified perspectives on youth-friendly characteristics. Of the studies examining outcomes, most had a positive effect (two of three for unintended pregnancy, three of three for contraceptive use, and three of three for knowledge and/or patient satisfaction). Remaining studies described nine key characteristics of youth-friendly family planning services. Conclusions This review demonstrates that there is limited evidence that youth-friendly services may improve reproductive health outcomes for young people and identifies service characteristics that might increase their receptivity to using these services. Although more rigorous studies are needed, the interventions and characteristics identified in this review should be considered in the development and evaluation of youth-friendly family planning interventions in clinical settings. | 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 | Sexual Health Behavior Interventions for U.S. Latino Adolescents: A Systematic Review of the Literature | Study Objective: To identify sexual health behavior interventions targeting U.S. Latino adolescents. Design: A systematic literature review. Setting: Peer-reviewed articles published between 1993 and 2011, conducted in any type of setting. Participants: Male and female Latino adolescents ages 11-21 years. Interventions: Interventions promoting sexual abstinence, pregnancy prevention, sexually transmitted infection (STI) prevention, and/or HIV/AIDS prevention. Main Outcome Measures: Changes in knowledge, attitudes, engagement in risky sexual behaviors, rates of STIs, and/or pregnancy. Results: Sixty-eight articles were identified. Fifteen were included in this review that specifically addressed Latino adolescent sexual health behavior. Among the reviewed interventions, most aimed to prevent or reduce STI and HIV/AIDS incidence by focusing on behavior change at two levels of the social ecological model: individual and interpersonal. Major strengths of the articles included addressing the most critical issues of sexual health; using social ecological approaches; employing different strategies to deliver sexual health messages; and employing different intervention designs in diverse geographical locations with the largest population of Latino communities. Most of the interventions targeted female adolescents, stressing the need for additional interventions that target Latino adolescent males. Conclusions: Latino adolescent sexual health is a new research field with gaps that need to be addressed in reducing negative sexual health outcomes among this population. More research is needed to produce new or validate existing, age-specific, and culturally-sensitive sexual health interventions for Latino male and female adolescents. Further, this research should also be conducted in areas of the U.S. with the newest Latino migration (e.g., North Carolina). © 2012 North American Society for Pediatric and Adolescent Gynecology. | 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 | The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: Two systematic reviews for the guide to community preventive services | Context: Adolescent pregnancy, HIV, and other sexually transmitted infections (STIs) are major public health problems in the U.S. Implementing group-based interventions that address the sexual behavior of adolescents may reduce the incidence of pregnancy, HIV, and other STIs in this group. Evidence acquisition: Methods for conducting systematic reviews from the Guide to Community Preventive Services were used to synthesize scientific evidence on the effectiveness of two strategies for group-based behavioral interventions for adolescents: (1) comprehensive risk reduction and (2) abstinence education on preventing pregnancy, HIV, and other STIs. Effectiveness of these interventions was determined by reductions in sexual risk behaviors, pregnancy, HIV, and other STIs and increases in protective sexual behaviors. The literature search identified 6579 citations for comprehensive risk reduction and abstinence education. Of these, 66 studies of comprehensive risk reduction and 23 studies of abstinence education assessed the effects of group-based interventions that address the sexual behavior of adolescents, and were included in the respective reviews. Evidence synthesis: Meta-analyses were conducted for each strategy on the seven key outcomes identified by the coordination teamcurrent sexual activity; frequency of sexual activity; number of sex partners; frequency of unprotected sexual activity; use of protection (condoms and/or hormonal contraception); pregnancy; and STIs. The results of these meta-analyses for comprehensive risk reduction showed favorable effects for all of the outcomes reviewed. For abstinence education, the meta-analysis showed a small number of studies, with inconsistent findings across studies that varied by study design and follow-up time, leading to considerable uncertainty around effect estimates. Conclusions: Based on these findings, group-based comprehensive risk reduction was found to be an effective strategy to reduce adolescent pregnancy, HIV, and STIs. No conclusions could be drawn on the effectiveness of group-based abstinence education. | 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 | Preconception care: Promoting reproductive planning | Introduction. Preconception care recognizes that many adolescent girls and young women will be thrust into motherhood without the knowledge, skills or support they need. Sixty million adolescents give birth each year worldwide, even though pregnancy in adolescence has mortality rates at least twice as high as pregnancy in women aged 20-29 years. Reproductive planning and contraceptive use can prevent unintended pregnancies, unsafe abortions and sexually-transmitted infections in adolescent girls and women. Smaller families also mean better nutrition and development opportunities, yet 222 million couples continue to lack access to modern contraception. Results: Comprehensive interventions can prevent first pregnancy in adolescence by 15% and repeat adolescent pregnancy by 37%. Such interventions should address underlying social and community factors, include sexual and reproductive health services, contraceptive provision; personal development programs and emphasizes completion of education. Appropriate birth spacing (18-24 months from birth to next pregnancy compared to short intervals <6 months) can significantly lower maternal mortality, preterm births, stillbirths, low birth weight and early neonatal deaths. Method. A systematic review and meta-analysis of the evidence was conducted to ascertain the possible impact of preconception care for adolescents, women and couples of reproductive age on MNCH outcomes. A comprehensive strategy was used to search electronic reference libraries, and both observational and clinical controlled trials were included. Cross-referencing and a separate search strategy for each preconception risk and intervention ensured wider study capture. Conclusion: Improving adolescent health and preventing adolescent pregnancy; and promotion of birth spacing through increasing correct and consistent use of effective contraception are fundamental to preconception care. Promoting reproductive planning on a wider scale is closely interlinked with the reliable provision of effective contraception, however, innovative strategies will need to be devised, or existing strategies such as community-based health workers and peer educators may be expanded, to encourage girls and women to plan their families. © 2014Dean et al; licensee BioMed Central Ltd. |  |  |  |  |

# Papers addressing parent-adolescent communication

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

Beltz, M. A., Sacks, V. H., Moore, K. A. & Terzian, M. 2015. State policy and teen childbearing: A review of research studies. *Journal of Adolescent Health,* Part S. 56**,** 130-138.

Brittain, A. W., Williams, J. R., Zapata, L. B., Pazol, K., Romero, L. M. & Weik, T. S. 2015. Youth-Friendly Family Planning Services for Young People: A Systematic Review. *American Journal of Preventive Medicine,* 49**,** S73-S84.

Cardoza, V. J., Documét, P. I., Fryer, C. S., Gold, M. A. & Butler, J. 2012. Sexual Health Behavior Interventions for U.S. Latino Adolescents: A Systematic Review of the Literature. *Journal of Pediatric and Adolescent Gynecology,* 25**,** 136-149.

Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chattopadhyay, S. K., Jacob, V., Wethington, H. R., Kirby, D., Elliston, D. B., Griffith, M., Chuke, S. O., Briss, S. C., Ericksen, I., Galbraith, J. S., Herbst, J. H., Johnson, R. L., Kraft, J. M., Noar, S. M., Romero, L. M. & Santelli, J. 2012. The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: Two systematic reviews for the guide to community preventive services. *American Journal of Preventive Medicine,* 42**,** 272-294.

Dean, S. V., Lassi, Z. S., Imam, A. M. & Bhutta, Z. A. 2014. Preconception care: Promoting reproductive planning. *Reproductive Health,* 11.

Gavin, L. E., Williams, J. R., Rivera, M. I. & Lachance, C. R. 2015. Programs to Strengthen Parent-Adolescent Communication about Reproductive Health: A Systematic Review. *American Journal of Preventive Medicine,* 49**,** S65-S72.