delivering at age 17 or younger are estimated to be nearly $7 billion more than those for women delivering when they are 20–21 years of age. This figure rises even further when other, associated costs are considered.3

Investment in the prevention of early sexual activity and teenage pregnancy clearly is warranted. However, the effectiveness of many teenage pregnancy prevention interventions remains unknown or uncertain because of a lack of carefully conducted outcome evaluations.5 A definitive review of more than two decades’ worth of evaluations found only 27 meeting criteria that are hardly “rigorous” by evaluation standards—namely, the evaluation had to have been published, and its design had to have included at least a comparison group.6

Despite the weaknesses and short supply of evaluations of teenage pregnancy prevention programs, there is evidence that some interventions—primarily curriculum-based programs that provide the same basic services to each client, generally in a school setting—have an effect on primary outcome measures such as sexual behavior and pregnancy.7 Yet the magnitude of these interventions’ effect on teenage pregnancy rates remains uncertain, and more evaluation is needed.8 At the same time, rigorous evaluation of other kinds of programs may add to current knowledge regarding potentially effective interventions.

Research and evaluations suggest that in addition to curriculum-based activities, access to family planning services is an important factor for reducing teenage pregnancy.9 In particular, efforts to facilitate and promote teenagers’ use of contraceptives seem warranted. Although the majority of teenagers who engage in sexual intercourse report using contraceptives, 25% of those aged 15–17 and 16% of those aged 18–19 use no method.10

In the community-based projects, 22% of clients reported getting mostly Ds and Fs in school, 17% of clients reported that their mother did not finish high school, and 16% of clients perceived to be at high risk of becoming involved in risky sexual behaviors and pregnancies. According to providers, many teenagers lack “real” information about sexual activity and its consequences; lack adults and peers they can trust and confide in; lack positive coping skills to manage stress, sadness and anger; and lack consistent emotional support and positive guidance.41 Providers believe that addressing these needs is key to helping teenagers avoid risky behaviors and pregnancy.

Washington’s community-based teenage pregnancy prevention projects utilize an approach that is more comprehensive than typical curriculum-based models. They address a wide range of issues and behaviors associated with early pregnancy, including values and attitudes about teenage sexual activity and pregnancy; alcohol and drug use; delay of sexual activity; prevention of STDs; enhancement of coping skills, life planning and goal-setting; and support for youth and their families. Interventions are intended to be flexible and tailored to each client’s needs and risk level. Although many projects incorporate sexuality education—some use popular curricula such as Postponing Sexual Involvement, Sex Can Wait or Reducing the Risk—they modify educational messages according to teenagers’ individual or community circumstances. They also provide individualized support services, including advocacy, counseling or mentorship; links to clinical family planning services; and opportunities for clients to participate in social or recreational activities.

The Projects
Six of the seven projects described in this article are administered in local middle and high schools (Table 1). Three are based in family planning organizations, three in local health departments and one in a mental health agency. Project staff include trained sexuality educators, social workers and counselors.

Projects focused on youth (those aged 9–13), and three served teenagers (primarily 14–17-year-olds*). We distinguish in this evaluation between “youth” and “teenage” projects because while all projects have the objective of reducing adolescent pregnancy, their strategies differ according to their clients’ age-group: Projects that provide services to older teenagers address sexual behavior directly; those serving younger clients address factors thought to increase the risk of too-early pregnancy.

Teenagers served by Washington’s community-based projects are referred by school counselors, family planning clinics and other social service agencies. Clients are often referred because they are perceived to be at high risk of becoming involved in premature sexual activity or pregnancy. A summary of several items in the evaluation instrument that correlate with early sexual behavior (Table 2) confirms that teenagers who participate in the community-based projects are at elevated risk. For instance, 22% of clients reported that their mother did not finish high school; by contrast, the proportion was 16% in a study conducted among a general school population of the same age.15 Additionally, 17% of clients at youth sites and 13% of those at teenage sites reported getting mostly Ds and Fs in school, compared with 5–6% of students of similar ages in the general population.16 Low levels of maternal education and school achievement are associated with too-early sexual activity.17

*Teenage projects were open to clients aged 12–17, but because of consent issues, they served mainly clients 14 and older.