



Editorial

Expanding Evidence-Based Sexual Health Programs in the U.S.: New Findings on a Parent-Teen Program for Rural Families



In the U.S., there is no national policy or government issued set of guidelines governing sex education. Rather, over the last 30 years, the U.S. federal government has created funding streams for competing approaches to sex education. Abstinence-only-until-marriage education received funding beginning in 1981 as part of the Adolescent Family Life Act and abstinence-only-until-marriage funding was expanded significantly in 1996 as part of national welfare reform [1]. Further increases in funding took place in the early 2000s as part of the Community-Based Abstinence Education program [1]. In 2009, Congress shifted the funding priorities to evidence-based approaches and created the Teen Pregnancy Prevention Program (TPP Program) [2]. The TPP Program funded a number of program replications with rigorous evaluation as well as development and research on new programs. The Linking Families and Teens (LiFT) program is one program developed and evaluated as a result of the TPP Program. Linking Families and Teens, Randomized Controlled Trial study of a family communication and sexual health education program for rural youth and their parents by Brown, Turner, and Christensen, is an innovative and valuable contribution to evidence-based pregnancy prevention programs, particularly given the dearth of programs developed for families or tailored for rural youth [3]. Brown et al.'s evaluation also illustrates some of the challenges of demonstrating behavioral outcomes for programs designed to influence sexual behavior and pregnancy among high school students.

The national TPP Program funded a number of different programmatic approaches including sex education, abstinence education, youth development, and community-wide efforts to reduce teen pregnancy prevention. The Office of Adolescent Health at the Department of Health and Human Services also provided extensive guidelines for the independent evaluations that were conducted on the programs [4]. Brown et al.'s key findings, that LiFT had persistent effects on the frequency of parent-child communication about sexuality over a 12-month period, improved perceived competence to prevent pregnancy, and had a modest but measurable effect on teen pregnancy are important outcomes and were attained with a relatively brief,

5-hour, programmatic effort. Parent-child communication and connectedness are strongly associated with positive sexual and reproductive health outcomes across the extant scientific literature [5,6]. Prior to LiFT, there were only a few existing family communication interventions that had demonstrated efficacy in positively influencing sexual health outcomes among youth [7]. The other program focused on family communication that is included in the Department of Health and Human Services evidence review, Families Talking Together, focuses on communication among Latinx and black parents and teens [8] and the addition of a program for use with rural families fills a gap in programs for parents/caregivers and youth.

Rural adolescents in the U.S. experience numerous sexual and reproductive health disparities. For adolescents, teen birth rates are higher than among their urban counterparts. Although teen birth rates have declined among all youth over the past two decades, rates of decline have been smaller among rural youth. Between 2007 and 2015, the teen birth rate was lowest among teens living in large urban areas and highest among youth residing in rural counties [9]. Rural adolescents also experience disparities in access to formal sex education [10] and access to sexual and reproductive health services [11]. These disparities warrant development and testing of additional interventions for rural adolescents and LiFT is a welcome addition to available evidence-based pregnancy prevention programs given its focus and positive outcomes among rural families [3].

The LiFT evaluation demonstrates that program participants are less likely to be involved in teen pregnancy than the control group but does not find any differences between the groups on initiation of vaginal sex or use of contraception at last sex. Lack of difference, or very small differences, between control and program groups on sexual behavior is not unusual among the evaluations that were conducted as part of the TPP Program [12]. There are a number of challenges to finding behavioral differences among this age group because of the overall percentage of youth that initiate sex or are sexually active during adolescence [13]. Furthermore, even the most rigorous evaluations follow

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participants for only a year after program interventions, which means that a small number of program or control group participants transition to being sexually active during that time window and even fewer will be involved in a pregnancy. Behavioral differences between intervention and control groups are easier to demonstrate when there are a large percentage of people in the groups involved in the behavior of interest. The small number of youth engaging in sexual behavior during study follow-up periods has made demonstrating any behavioral effects of teen pregnancy prevention programs challenging [12]. However, given the very clear, positive effects of LiFT on family communication as well as impacts on perceived competence to prevent pregnancy and pregnancy itself, this program should be considered a welcome addition to evidence-based teen pregnancy prevention programs.

The U.S. investment in rigorously evaluating existing programs with previous evidence of efficacy and adding innovative approaches has resulted in a number of new or updated programs for previously underserved youth. In the coming years, this policy and funding effort must continue as the types of issues adolescents must navigate continue to shift and families need to learn to communicate together about a range of sexuality-related issues. A decade of policy experience demonstrates that funding rigorous evaluation of new and existing programs will lead to valuable new approaches that make a demonstrable difference in improving adolescent sexual and reproductive health.

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