Exploring Planned Parenthood, Teen Pregnancy, and Policy—A Systematic Literature Review

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The United States (U.S.) continues to have substantially higher teen pregnancy rates than other industrialized Western countries. Since October 16, 1916, Planned Parenthood has served as a trusted provider for women's health care and teen pregnancy prevention programs. Sex education and information, especially in school health programs, are socially complicated and face possible federal and state funding cuts, perhaps elimination. We conducted a systematic literature review (SLR) to examine the professional literature to determine the number of articles that integrate the keywords, Planned Parenthood, teen pregnancy, and policy. Eight articles fit the inclusive criteria, peer-reviewed from 2006-2016, using 18 online search engines. The articles rendered four primary themes regarding the SLR: the multi-component nature of teen pregnancy prevention; role of Planned Parenthood; importance of health professionals; and interruption of life plans with unintended pregnancies. Based on our analysis, we concluded that strong evidence exists indicating a need for consistent and increased knowledge regarding women's reproductive health, particularly for teens. For exactly a century, Planned Parenthood has been a national model in reducing teen pregnancy and providing their productive health care knowledge among uninsured, teen, indigent, under-insured, and chronically ill women in the U.S..

Keywords: Planned Parenthood, teen pregnancy, policy

Introduction

The United States (U.S.) has the highest teen pregnancy rate in the Western world (Richards, 2009). Campbell and Orr (2012) stated that national campaign to prevent teen pregnancy reports that more than 820,000 become pregnant every year in the U.S.. According to Campbell and Orr (2012) and Neuman and Beard (1989),

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the rates are high in the U.S., because young people's lack of understanding about reproduction and contraception with one out of three teen girls become pregnant at least once prior to age 18. Before the 19th century, Americans attitudes toward teenage pregnancy were lenient, because pregnancy among very young adolescents was rare, since the average age of menstruation was 15 or older. Birth rates among teenagers have risen during the past two decades and created increasing national concern (Rhode, 1993; Adams, Adams-Taylor, & Pittman, 1989). Social and medical research has revealed that teenage pregnancies result in negative consequences, such as labor complications, higher rates of cervical cancer and hysterectomies (Burdell, 1995). Social and psychological research indicates that children of adolescent parents have more behavioral problems, fail more often in school, and have less intellectual ability than the offspring of older parents (Gilchrist & Schinke, 1983).

The political climate of the 1960s, which emphasized civil liberties, caused changes in federal policies affecting teenage birthrates. New policies and legislation made substantial changes in three areas important to teenagers: access to abortion, contraception, and the role in monitoring sexual behavior and decisions. Federal involvement in teenage pregnancy and parenthood peaked in the late 1970s. A 1976 ruling resulted in teenagers having the right to privacy thus health educators and other social service providers cannot require minors to obtain parental consent for abortions or contraceptives. In 1978, congress passed the first legislation directed specifically at adolescent pregnancy. Titles VIVIII of the Health Services and Centers Amendment Act to create comprehensive community health services for pregnant adolescents and school age parents founded the Office of Adolescent Pregnancy Programs (OAPP). The act focused on adolescents at risk of pregnancy. OAPP along with other government programs had sufficient funds and the act does not touch issue of teen abortions nor emphasize primary prevention its worst flaw (Rhode, 1993; Gilchrist & Schinke, 1983).

The federal government, "zero tolerance" policy spent \$1.5 billion tax dollars on abstinence-only programing and this program failed by all measures, and the U.S. continues to lead the Western world in teen pregnancy (Oglesby, 2014; Medoff, 2010; Richards, 2009; Kenney, 1987). Planned Parenthood services are needed to assist teenagers with obtaining family planning services, such as oral contraceptives, sex education, and family planning (Furstenberg, 1991, 1897; Herz, Olson, & Reis, 1988; House & Goldsmith, 1972; Goldsmith, 1969). One study contradicted the effectiveness of Planned Parenthood on teen pregnancy rates that perhaps making contraceptives easily available alone may not be enough to solve the teen pregnancy problem (Newcomer, 1987). Exploring policies and programs, policy-makers must intervene to reform restrictive laws and policies on teen pregnancy to ensure that adolescents are able to obtain contraceptive information, counseling and services at no or reduced cost (Chandra-Moul, McCarraher, Phillips, Williamson, & Hainsworth, 2014). New data suggest that mobile phones and social media are ensuring means of escalating contraceptive use among adolescents (Daniel, 2014; Chandra-Moul et al., 2014).

The Patient Protection and Affordable Care Act (PPACA) included \$75 million for Personal Responsibility Education Program (PREP) with most of the funds devoted to implementing proven programs to prevent teen pregnancy. A new five-year (PREP) provides funding to teach adolescents both abstinence and contraception as well as healthy relationships, parent child communication, and decision-making skills. Also, a new teen pregnancy prevention effort has been funded in excess of \$100 million for each of the past three fiscal years (Sonfield & Pollack 2013). The average cost to provide Planned Parenthood to young teenagers ranges from \$32-58 per patient (House & Goldsmith, 1972). In sum, future policy and research on teenage pregnancy needs to develop methods for bridging the gap between government and family responsibilities in the transmission of sexual values and in the monitoring of adolescents' sexual behavior (Waggoner, Lanzi, &

Klerman, 2012; Gilchrist & Schinke, 1983).

The purpose of this study is to examine the number and type of studies in the professional literature that report on Planned Parenthood, policies, and teen pregnancy. Surveys of pregnant teens, their parents and evaluation of Planned Parenthood effectiveness on teen pregnancies are some of the ways teen pregnancy, Planned Parenthood and policy have been evaluated in the past. With current controversies over Planned Parenthood funding and governmental insinuation into family life, perhaps this study can aid in pointing to financially affordable and socially acceptable programs that can implement the multi-component interventions that may decrease teen pregnancy rates and provide women's reproductive health care.

Methods

A systematic literature review (SLR) was used to identify current literature relating to teen pregnancy, Planned Parenthood and policy (see Table 1). Articles were selected using the Cochrane Systematic Review model. The search was conducted using 18 online databases in concert as search engines: Alt Health Watch, Anthropology Plus, Consumer Health Complete, Criminal Justice Abstracts with Full Text, Directory of Open Access Journals, Education Research Complete, Humanities International Complete, JSTOR, MEDLINE, MEDLINE plus, North American Women's Letters and Diaries, Nursing & Allied Health Collection: Comprehensive, PsycARTICLES, PsycINFO, PubMed Central, Social Work Abstracts, SocIndex w/full text, Women's Studies International, and three keywords: Planned Parenthood, policy, and teen pregnancy. This paper did not use articles from the search engine JSTOR, because the journal articles are controlled by a "moving wall", which is an agreed upon delay between the current volume of the journal and the latest volume available on JSTOR. Therefore, we selected 18 search engines, but only used 17 for this investigation. Neither a multiple regression model nor the meta analysis was used to evaluate the articles, however, three Masters of Social Work (MSW) students used face validity to examine articles for their appropriateness based on the inclusive criteria. The MSW students also coded the studies to identify four emerging themes.

Table 1

Results for the SLR Using the Keywords Planned Parenthood, Policy, and Teen Pregnancy

Years	Keywords	Limiters	Number of articles
1901-2016	Planned Parenthood + Policy + Teen pregnancy	-	107
1969-2016	Planned Parenthood + Policy + Teen pregnancy	Peer reviewed	42
2006-2016	Planned Parenthood + Policy + Teen pregnancy	Ten years	11
2012-2016	Planned Parenthood + Policy + Teen pregnancy	Duplicates	8

Note. Search engines: Alt HealthWatch, Anthropology Plus, Consumer Health Complete, Criminal Justice Abstracts with Full Text, Directory of Open Access Journals, Education Research Complete, Humanities International Complete, JSTOR, MEDLINE, MEDLINEplus, North American Women's Letters and Diaries, Nursing & Allied Health Collection: Comprehensive, PsycARTICLES, PsycINFO, PubMed Central, Social Work Abstracts, SocIndex w/full text, and Women's Studies International.

Results

Following the SLR, eight peer-reviewed articles between 2006-2016 met the inclusion criteria based on the face validity check (see Table 2). Of the eight articles, the range of publication was from 2012 to 2016, with one article each in 2012 and 2016. Three articles were published in 2013 and 2014, respectively. We synthesized the included articles and summarized each paper individually, to gain a clear understanding of the content of the papers and to identify emerging themes.

Table 2

Synthesis of Key Articles for Planned Parenthood + Policy + Teen Pregnancy + Scholarly Peer-Reviewed + 2012-2016

	Study	N	Design	Measures	Analysis	Outcomes
1	Atienzo, E., Campero, L., Herrera, C., and Lozada, A. (2015). Family formation expectations and early pregnancy in Mexican adolescents. <i>Journal of Child & Family Studies</i> , 24(9), 2509-2520.	3,332	Survey	Self-applied questionnaire	Statistical analysis	Four types of aspirations were identified: (a) Early plan: Married by age 21; (b) Middle plan: Having children by age 25; (c) Late plan: Stable partner; (d) Nontraditional: No marriage nor children.
2	Brewin, D., Koren, A., Mogan, B., Shipley, S., & Hardy, R. (2014). Behind closed doors: School nurses and sexual education. <i>Journal of School Nursing</i> , 30(1), 31-41.	18	Descriptive qualitative method utilizing interviews	Semi-structured interviews with audio recordings and transcription. Demographics were collected	Qualitative software application NVIVO	Nurses conduct informal sex education sessions yet no collaboration with the school health educator.
3	Jacobs, F., Easterbrooks, A., Goldberg, J., Mistry, J., Bumgarner, E., Raskin, M., Fosse, N., & Fauth, R. (2016). Improving adolescent parenting: Results from a randomized controlled trial of a home visiting program for young families. <i>American Journal of Public Health</i> , 106(2), 342-349.	704	Randomized controlled design and intention-to-treat (ITT) analytic approach	Home service visits for in-person interviews and collection of administrative data and survey	Review of home visit findings. Statistical analysis	Home visit had a positive influence on parenting stress, college attendance, condom use, intimate partner violence, and engagement in risky behavior.
4	McMichael, C. (2013). Unplanned but not unwanted? Teen pregnancy and parenthood among young people with refugee backgrounds. <i>Journal of Youth Studies</i> , 16(5), 663-678.	125	Qualitative design	Informal discussions, in-depth interviews, follow-up interviews, written journals, and field notes	Directed content analysis structured according to the main thematic areas of research NVIVO	Early motherhood involves substantial challenges and complexities related to education, housing and social support.
5	Noone, J., Sullivan, M., Nguyen, T., & Allen, T. (2013). Pilot test of interactive theater to improve parent communication on pregnancy prevention. <i>Arts & Health: An International Journal of Research, Policy, and Practice</i> , 5(1), 68-80.	26	Interactive theater	Process analysis and measures of communication, comfort, self-efficacy and intention to communicate (Theater Acceptability Survey)	Statistical analysis	Significant improvements in communication, comfort, self-efficacy regarding sexuality.
6	Silk, J., & Romero, D. (2014). The role of parents and families in teen pregnancy prevention: An analysis of programs and policies. <i>Journal of Family Issues</i> , 35(10), 1339-1362.	9	Identify characteristics of parent- and family- based programs	Kirby's analysis of risk and protective factors and parent-child connectedness model	Meta-analysis of program and policy characteristics regarding parent involvement and teen pregnancy prevention	Recommendations to stakeholders for family-based interventions in teen pregnancy prevention: 1. U.S. left behind other industrialized Western nations regarding teen pregnancy prevention; 2. Parent involvement is important in teen pregnancy prevention; 3. Teen pregnancy prevention requires multi-component intervention.

(Table 2 to be continued)

7	Sonfield, A., & Pollack, H. (2013). The Affordable Care Act and reproducing health: Potential gains and serious challenges. <i>Journal of Health Politics, Policy, & Law</i> , 38(2), 373-391.	N/A	Policy analysis	Discussion of the Affordable Care Act of 2010	Commentary	Success of affordable care act is threatened by political, economic, and logistical challenges.
8	Waggoner et al. (2012). Pregnancy intentions, long-acting contraceptive use, and rapid subsequent pregnancies among adolescents and adult first-time mothers. <i>Journal of Child & Adolescent Psychiatric Nursing</i> , 25(2), 96-104.	227	Qualitative interviews and diary	-	Content analysis	Findings reveal the need for clinician awareness of the qualitative pregnancy intentions of young women and potential desired use of long-acting contraceptives.

Discussion and Conclusion

The SLR using the keywords Planned Parenthood, policy, and teen pregnancy, rendered eight articles from 2012-2016. Four of the articles were from health-related journals that focused on the roles of health professionals and Planned Parenthood programs. The remaining four articles were from family-related journals and were primarily centered on the role of the family in teen pregnancy prevention. Four themes emerged from the SRL that are worth examining individually: (a) the multi-component nature of teen pregnancy prevention; (b) the role of Planned Parenthood in teen pregnancy prevention, women reproductive health issues, and policy; (c) the role of health professionals in delivering formal and informal information to prevent teen pregnancy; and (d) the interruption of life plans by unintentional pregnancy. In fact, many of the articles met more than one theme, perhaps indicating that the eight articles written most recently (2012-2016) connecting Planned Parenthood, policy, and teen pregnancy may provide information for future policy decisions.

The Multi-component Nature of Teen Pregnancy Prevention

A number of negative health and social outcomes, such as financial strain, interrupted education, employment, and/or life plans, risk of dignity, prenatal care, high blood pressure, diabetes, and postpartum depression, are associated with teen pregnancy. This makes teen pregnancy prevention an important health and social priority (Silk & Romero, 2014; Kalmuss, Lawton, & Namerow, 1987). The literature also revealed that “abstinence only” teen pregnancy programs have been unsuccessful whereas multi-component interventions seem to be more effective for teen pregnancy prevention. Although supported parental communication has been identified as a key factor in teen pregnancy prevention, there is also evidence that parent involvement is an important and effective component of teen pregnancy prevention (Silk & Romero, 2014). They have also asserted that comprehensive sex education (CSE) may be more effective than abstinence only education. Moreover, they argument that parent involvement policies and parent participation should be a part of adolescent decision-making around sexual behaviors and health care. Perhaps requiring parent involvement could deter youth participation in risky behaviors (Silk & Romero, 2014). Atienzo et al, (2015) purported that future life plans and education could delay child-bearing. Consequently, “To prevent early pregnancy, teachers need to be sensitized to give preventive messages, which implies designing specific training methods so they can promote standards of sexual and reproductive rights” (p. 2518). Thus, multiple resources should be involved in helping teens delay pregnancy. Halpern (2010) suggested that, “It is important to view sexual health

as a normal developmental process that starts during adolescence and continues through adulthood (as cited in Brewin et al., 2014, p. 39). Further, health educators may be valuable resources to help students develop healthy sexual self-images.

The Role of Planned Parenthood in Teen Pregnancy Prevention

Expanding on Brewin et al. (2014), sexuality and reproductive health should be normalized as part of human development rather than as a societal taboo. In addition to health educators in the schools, community agencies such as Planned Parenthood can provide information, resources, and services that schools are strictly forbidden to provide. Often, low-income women and teens depend on Planned Parenthood for these services. Planned Parenthood can go beyond the schools to help develop goal-oriented intentions and contraception choices (Waggoner et al., 2012).

Parental intervention programs have been linked to improving communications that can influence teens' decisions to participate in less risky sexual behavior (Noone et al., 2013). However, parental involvement by itself may not be sufficient. The literature suggests effective interventions for preventing and decreasing teen pregnancy. These include implementing laws and policies requiring the provision of sexuality education and contraceptive services for adolescents; building community support for the provision of contraception to adolescents; providing sexuality education within and outside school settings; and increasing the access to and use of contraception by making health services adolescent-friendly, integrating contraceptive services with other health services, and providing contraception through a variety of outlets.

From 2006 to 2012, the Affordable Care Act and Reproductive Health includes the Patient Protection and Affordable Care Act (PPACA) which included \$75 million annually for Personal Responsibility Education Program (PREP), with most of the funds devoted to implementing proven programs to prevent teen pregnancy. New teen pregnancy prevention effort has been funded at more than \$100 million for each of the past three fiscal years. All these potential gains, however, are threatened by political, economic, and logistical challenges to the PPACA and by flaws in the legislation itself (Sonfield & Pollack, 2013).

The Role of Health Professionals to Prevent Teen Pregnancy

School health educators typically provide sex education in health and physical education classes sometimes in concert with other school personnel. However, school nurses admit that they provide sex education sessions, informally, without any collaboration with school health educators, often "behind closed doors" (Brewin et al., 2014). Typically, school social workers work on interdisciplinary teams that include the parents and students, particularly when services need to be accessed or for the prevention of child abuse and teen pregnancy (Silk & Romero, 2014; Castor, 1971).

The Interruption of Life Plans by Unintentional Pregnancy

Family formation expectations, pregnancy intentions, and life plans may be closely related to the reproductive age of a student, particularly with women and may depend on cultural mores. For example, Atienzo et al. (2015) surveyed middle and high school adolescents and identified four types of aspirations for pregnancy: (a) early plan—marry by 21 and have children at 22; (b) middle plan—be married at 25 and have children at 26; (c) late plan—stable partner at 29 and have children at 31; and (d) non-traditional plan—do not want to marry and/or have children (p. 2509). Adolescents desire for a future may affect their present sexual and reproductive decisions. Further, it may be implied that education may be a mediator in the development of self. In another study of African refugees in Australia, the girls began their lives in their new country with

dreams of education and freedom only to find that unplanned pregnancies interrupted their life plan but were not necessarily unwanted (McMichael, 2013). Similarly, pregnancy intentions and long acting contraceptives may delay second pregnancies for teen or “early” mothers (Jacobs et al., 2015; McMichael, 2013; Waggoner et al., 2012). Home visits to improve the well-being of toddlers and their parents also had positive impacts on parental stress, college attendance, condom use, intimate partner violence, and engagement in risky behaviors for adolescent parents (Jacobs et al., 2015, p. 342). When teens considered their sexual health and reproductive choices within the context of a life plan and a positive future, they had a tendency to focus more on education and often delayed pregnancies.

Limitations

Throughout this literature review, we encountered several limitations both in the professional research and in our literature review. A limitation that was encountered within the research was that the age range in which one would be considered as a teen was slightly different throughout the studies. Some studies defined “teens” as 14-19 while others used 15-19. This was unavoidable because in using the search engines could only search using the keyword “teen pregnancy,” left “teen” open to interpretation. Nonetheless, the differences in “teen” did not alter the results. Another limitation encountered in the course of this research is the small number of articles fitting the criteria. The eight articles were written after 2012. There was also a gap between 2006 and 2012, in which no articles fit the criteria. Even though this was a small sample ($N = 8$), the articles were timely and published in the last four years and offer some valuable insight into teen pregnancy prevention and the necessary components in successful programs.

Application to Health Policy and Practice

Research has been conducted on the issue of teen pregnancy as far back as the 1960s and is consistent that the rates of teen pregnancy in the U.S. have been the highest in the Western world for quite some time. The issue has many impacts on society. For example, children born to teen parents may begin life with multiple possible health complications, often perform worse in school, and tend to have more behavioral issues than those born to adult parents. The effects of a teen giving birth do not end with the effects on the child, however, as research shows us that there is an economic burden associated with teen parents. Researchers found that the welfare burden was estimated at 16 billion dollars to care for families started by adolescent parents. Often, the grandparents or other relatives become the primary caretakers. According to the eight articles, a teen who has had sex education and received information regarding contraception is more likely to use contraception. Perhaps a teen that has received accurate information about contraception is more likely to use contraception and we may infer that the teen may be less likely to become pregnant. Families may depend on the current curriculum in U.S. schools for teens to receive information regarding contraception. On the other hand, families often object to any training about contraception based on religious principles. Finally, we might infer from the relationship between teen pregnancy and information regarding contraception that Planned Parenthood does have an effect on teen pregnancy, then the literature tells us that information regarding contraception may prevent teen pregnancy, Planned Parenthood as an organization that has been disseminating this information since 1916, exactly one century.

The literature appears to support that information regarding contraception impacts teen pregnancy. In order to affect change, policy must reflect this. From the literature, we know that abstinence only education is

ineffective and yet many schools still include it in the curriculum. Policy should include a curriculum that is uniform throughout the country that may include abstinence as an option but should not teach that it is the only one. Planned Parenthood should be available in each city throughout the country and service should be available at a low cost. Health educators, school counselors, and social workers should be encouraged to dedicate periods in the curriculum solely to contraceptive information. In order for policy to effect change, the age range in which one is classified, as a “teenager” must be clear in order for the adolescents to receive the same information regarding contraception regardless of area. This year, Planned Parenthood has received intense scrutiny from political candidates look for ways to appeal to their voters. There have been discussions regarding the defunding of Planned Parenthood, but it is clear from this research as well as research conducted in the past that Planned Parenthood remains an effective and necessary resource for the teenagers of the U.S.. The importance of health professionals cannot be overestimated. In school health, health educators teach formal sex education while nurses and social workers often reinforce information informally. If it “takes a village to raise a child” then it also “takes a village,” comprised of parents, teachers, health educators, nurses, counselors, social workers, and community agencies, such as Planned Parenthood to prevent teen pregnancy using a multiple component trajectory to delay child birth until students develop their own life plans and hope for their futures.

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