

## Government-backed youth program pilot didn't reduce teenage pregnancies

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A government-backed youth development pilot programme in England, aimed at reducing teenage pregnancies, drunkenness or cannabis use, didn't reduce teenage pregnancies and other outcomes and might have increased pregnancies, according to research published on [bmj.com](http://bmj.com) today.

The authors, led by Meg Wiggins of the Institute of Education, University of London and Chris Bonell at the London School of Hygiene and Tropical Medicine, were commissioned by the Department of Health to carry out an independent evaluation of the Young People's Development Programme (YPDP) in England.

Initiated in 2004, YPDP was informed by the US Children's Aid Society-Carrera programme which significantly reduced teenage pregnancies in disadvantaged areas of New York city. However, a 2005 study of attempted replications elsewhere in the United States did not find such benefits and there have been calls for further evaluation.

The study included over 2,500 young people aged 13 to 15 years who were deemed by professionals to be vulnerable or at risk of teenage pregnancy, substance misuse, or school exclusion.

Participants were either taking part in YPDP (intervention group) or a youth programme not receiving YPDP funds (comparison group). Measures including pregnancy, weekly cannabis use, and monthly drunkenness were assessed at 18 months.

Key results reveal significantly more pregnancies among young women in the YPDP group than in the comparison group (16% versus 6%). Young women in the YPDP group also more commonly reported early heterosexual experience (58% versus 33%) and expectation of teenage parenthood (34% versus 24%).

Significantly more young people in the YPDP group also reported truanting in the previous six months than in the comparison group.

The authors found no definite explanation for the findings. For example, one obvious explanation is that young people in the YPDP group were more at risk at the start of the study, yet the authors show that YPDP group participants were no more sexually active than those in the comparison group and adjusted for other differences. Other plausible causes may involve participants being exposed to more risky peers and being labelled as problematic.

They conclude that any further implementation of such interventions in the UK should be only within randomised trials.

They also suggest that participants should be targeted by social disadvantage rather than behavioural risk and that wider socioeconomic and education influences on young people's health need to be addressed.

These results suggest that, at best, the programme had no impact, and at worst had a negative impact, says Douglas Kirby, a senior research scientist based in the United States.

But this does not mean that all youth development approaches are ineffective, he writes. For example, programmes may be more effective when implemented by charismatic staff, when they facilitate access to reproductive health services, when the staff connect with the teenage participants, or when the staff give a strong clear message about avoiding

unprotected sex.

Furthermore, there is evidence that different types of youth development programs can have a positive impact on sexual risk behaviour and reported pregnancy rates.

Source: British Medical Journal ([news](#) : [web](#))

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