

Promoting healthy teen romantic relationships to reduce unintended pregnancy and STDs

August 8 2024



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Romantic relationships play an important part in adolescent development. Most young people have had at least one romantic



relationship by middle adolescence (ages 14 to17). However, successful promotion of healthy sexual behavior to reduce the risk of unintended pregnancies and sexually transmitted infections in this teen population has proven difficult.

Regenstrief Institute and Indiana University Research Scientist Arthur Owora, Ph.D., MPH, a quantitative epidemiologist and applied biostatistician, is the first author of a new multi-site randomizedcontrolled study which evaluates an innovative healthy relationships program promoting positive adolescent <u>romantic relationships</u> and the use of effective contraceptives. The study found the program may have influenced abstinence but not relationship communication.

Known as About Us, the blended-learning program was designed specifically for youth facing sexual <u>health</u> disparities, including exposure to violence. Delivered by trained health educators, the program focuses on improving behavior, attitudes and intentions related to sexual intercourse, relationship communication and conflict resolution. The study looked at the impact of About Us on 533 students at seven California high schools from 2018 to 2021.

Compared to a control group of students, the About Us programs produced:

- a positive effect on abstinence
- a positive impact on condom use intentions but not on condom use itself
- little impact on contraceptive attitudes
- no impact on relationship communication
- no impact on use of a <u>school</u>-based health center, which typically provides primary care, <u>mental health services</u> and health (including reproductive health) education
- differing results by school site



The seven study sites are in counties with high rates of participation in free and reduced school meals at the high school level, as well as higher birth rates compared with the California average.

"The adolescent years are a critical time to implement efforts to promote a lifetime of healthy sexual behavior and relationships. Effective communication-to-action with this population is complex and has substantial influence from incorrect information taken as fact and sometimes peer pressure.

"Efforts to reach out to 14 to 17 year olds require appropriate messaging and materials that will resonate with them. What works at School 1 may be less successful at School 2 or more successful at School 3," said Dr. Owora.

"More research is needed to help fine tune programs like About Us to find the right balance that helps teens build the skills they need to maintain healthy relationships. As we saw in our study, it won't be a 'one size fits all' solution."

The research team reports About Us produced evidence of promising trends at the individual school level, which suggests a need for tailored program components, implementation approaches and delivery (classroom based versus virtual versus fully mobile, for example) options to address the unique environmental contexts of participants at a specific school.

One fifth of the students in the study identified as LGBTQ+ and fourfifths identified as straight. A total of 74% identified as Hispanic; 4% identified as Black; 4% identified as White; 18% identified as Other; 62% were female at birth. All participants received <u>parental consent</u> to participate in the randomized-controlled clinical trial.



"Programs may be more successful as the stresses placed upon students during the pandemic, such as school closures and virtual learning, have diminished," noted Dr. Owora.

"<u>Promoting Healthy Adolescent Romantic Relationships: Results of a</u> <u>Multisite, Two-group Parallel Randomized Clinical Trial</u>" is published in *Journal of Adolescent Health*.

More information: Arthur H. Owora et al, Promoting Healthy Adolescent Romantic Relationships: Results of a Multisite, Two-group Parallel Randomized Clinical Trial, *Journal of Adolescent Health* (2024). DOI: 10.1016/j.jadohealth.2024.02.025

Provided by Regenstrief Institute

Citation: Promoting healthy teen romantic relationships to reduce unintended pregnancy and STDs (2024, August 8) retrieved 8 August 2024 from <u>https://medicalxpress.com/news/2024-08-healthy-teen-romantic-relationships-unintended.html</u>

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