### Efficacy of sustained-release nicardipine in hypertension - Tips from Other Journals

Nicardipine is a calcium channel antagonist that is effective in the treatment of hypertension and angina pectoris. It has previously been approved in an intermediate-release form that is similar to nifedipine. Fagan and colleagues performed a...<br>

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### ACP releases guidelines for the treatment of gallstones - American College of Physicians

The American College of Physicians (ACP) has issued guidelines for the treatment of gallstones. The guidelines include information on therapy choices; symptoms and diagnosis; gallbladder cancer; future research, and recommendations for the treatment o...

### Differential Diagnosis of Common Complaints - book reviews

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### Office Gynecology - book reviews

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### AAFP calls Clinton health care plan a 'starting point for reform.' - American Academy of Family Phys

On December 1, 1993, the American Academy of Family Physician became the first medical group to support President Clinton's health care legislation, the American Health Security Act of 1993. The Academy believes that the President's plan represents a...

### Health care for the homeless: a family medicine perspective

Homelessness in America is a problem that is not going to disappear overnight. As family physicians, we will be responsible for providing health care to the homeless in many settings - in emergency rooms, public hospitals, community and free clinics a...

### Comparison of treatments for early Parkinson's disease - Tips from Other Journals

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### Adverse effects of beta-2 agonists in asthma treatment - Tips from Other Journals

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Teenage pregnancy prevention: what can we do?

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Date: Oct 15, 2004

Adolescent pregnancy and its prevention are topics that excite intense controversy. In this issue of American Family Physician, As-Sanie and colleagues (1) describe the impact of this public health problem and outline strategies to address it. Despite recent declines, teenage pregnancy rates in the United States still are far higher than rates in comparable countries. Approximately 850,000 American teenagers become pregnant each year. (2) Although we are making progress in lowering those rates, we still have a long way to go.

Teenage pregnancy and sexual activity are complex behavioral phenomena, and prevention efforts must do more than provide adolescents with information about the risks and consequences of their behavior. Moreover, focusing exclusively on adolescent girls overlooks the key roles of boys, men, parents, families, and entire communities in teenage pregnancy and its prevention.

Adolescent pregnancy is not just about sex; it is a symptom of young people taking risks. Although sexuality is integral to teenage pregnancy, many nonsocial risk factors and protective factors affect adolescents' sexual risk-taking. Typically, teenage pregnancy and childbearing reflect low expectations. Young people who see bright futures for themselves, who feel connected to parents and school, and who have many positive factors in their lives take fewer unhealthy risks of any kind and are less likely to experience a pregnancy. (3,4) Through research, the Search Institute (4) has identified "40 Developmental Assets" that serve as building blocks for healthy development, and that help young people grow up healthy, caring, and responsible. (4) Categories of external assets include support, empowerment, boundaries, and expectations, and constructive use of time. Internal asset categories include commitment to learning, positive values, social competencies, and positive identity.

One prominent controversy in teenage pregnancy prevention is whether to include positive information on condoms and contraceptives in sex-education programs. American adults and teenagers overwhelmingly favor providing information about contraceptives, along with promoting abstinence among adolescents. (5) The evidence that this is not a mixed message is reassuring. (6) However, federal abstinence-education funding prohibits positive information about condoms and contraceptives, and many "abstinence-only" programs present highly negative messages. The effectiveness of such an approach has not been proven (6) and may increase risks for young people who do become sexually active. (7) Encouraging abstinence is a valid priority, (8) but caution is needed before we adopt as-yet-unproven abstinence-promotion strategies, which potentially could cause harm.

A growing body of evidence tells us what works in preventing teenage pregnancy. (6) Well-designed sex-education programs can delay sexual debut and improve condom and contraceptive use—and these programs do not increase sexual activity. (6) Condom and contraceptive programs in clinics and schools can improve contraceptive use. (6) Media programs also may have an impact by helping to change social norms; one community-based abstinence media campaign may have reduced teenage pregnancy rates. (9) The most dramatic results in preventing teenage pregnancy come from youth-development interventions that build "developmental assets," boost skills, provide healthy activities, and treat young people as resources rather than as problems. (10) Importantly, young people can respond to positive messages—healthy "norms"—when they feel connected to the person or group endorsing those norms. (11)

We have much to learn about other important pieces of the teenage pregnancy-prevention puzzle. Effective programs and strategies are needed to enhance parents' key role in teaching about sex, relationships, and responsibility. In our modern communities, we are only beginning to ensure that all young people have the developmental assets they need. (4) Addressing popular cultural influences in the media, many of which undermine public health messages to teenagers, is another daunting challenge. (12)

Family physicians and other health professionals can and should do many things to help prevent teenage pregnancy. We should advocate for the use of proven, effective programs—including youth development, sex education, and contraceptive programs—in our schools and communities. We can support research into methods to effectively promote abstinence. We can offer respectful, nonjudgmental, and confidential care to adolescents, even as we encourage parent-child communication. Most importantly, family physicians, like all adults in the community, can forge caring connections with adolescents, making our health messages more powerful.

The information and opinions contained in this article do not necessarily reflect the views or policy of the American Academy of Family Physicians.

REFERENCES

In order to prevent teenage pregnancy, teenagers need to have a comprehensive understanding of abstinence, contraceptive techniques, and consequences. Although there are many different ways to prevent a teenage girl from becoming pregnant, the only one that is absolutely effective is sexual abstinence. Another form of teenage pregnancy prevention that is being taught in schools is various contraceptive techniques. Although abstinence remains the best way to prevent pregnancy among teens, it is a fact that there are still a large number of them who will be involved in sexual relations. For this reason, it is important that teens be provided with broad information on how to do so responsibly using various contraceptive techniques.