



INTERVENTION IMPACTS

PLAN A | TEEN PREGNANCY PREVENTION

Despite considerable declines in teen pregnancy over the past three decades, the U.S. maintains higher teen pregnancy rates than other industrialized nations. These unintended pregnancies and births often result in physical, mental, and long-term financial hardships for young parents. Specifically, adolescents are more likely to experience pregnancy complications, and their children are at a greater likelihood for neonatal and infant mortality and childhood developmental delays.¹ Adolescents also experience higher rates of prenatal and postpartum depression.² Moreover, the hardships of unintended teen pregnancy and birth are significant contributors to high school dropout.³ Research suggests that delaying pregnancy until after adolescence increases educational and career opportunities for young parents. Access to effective teen pregnancy prevention programs can help to achieve this goal by reducing unintended teen pregnancies.

Plan A is a 23-minute entertainment-education video intervention developed by Sentient Research, designed for African-American and Hispanic adolescent females. The Policy & Research Group conducted a randomized controlled trial from 2016 to 2020 to assess the efficacy of *Plan A*. The study enrolled 1,770 18- or 19-year-old individuals who visited participating sexual and reproductive health (SRH) centers and self-identified as female and Hispanic and/or African American. Participants were randomly assigned to watch either the *Plan A* video (treatment) or a video that did not contain SRH content (control) immediately prior to their SRH appointment. Participants completed questionnaires prior to watching the video (baseline), immediately following their SRH appointment (post-visit), and three and nine months after watching the video (follow-up). Outcome and covariate data were all self-reported by participants.

Impact evaluation findings indicate that *Plan A* demonstrates significant and borderline significant effects on protective sexual health behaviors and important behavioral antecedents. Outcomes measured three months post-baseline suggest that those exposed to *Plan A* may be more likely to get tested for sexually transmitted infection (STI) and HIV, and that this is perhaps influenced by elevated perceptions of HIV/STI risk. *Plan A* also appears to influence long-acting reversible contraceptive (LARC) uptake for first-time SRH clinic visitors and leads to greater contraceptive knowledge.

Positive Impacts at 3-Month Follow-Up

Sexual Behaviors

Current LARC Use
(First-Time Visitors)

STI Test in Past 3
Months

HIV Test in Past 3
Months

Behavioral Antecedents

Contraceptive
Knowledge

STI/HIV Risk
Perception

Positive impacts were also found nine months after being offered the video. ***Plan A* participants reported significantly fewer times having any type of recent sex without condoms and recent vaginal sex without condoms.**

Positive Impacts on Sexual Behaviors at 9-Month Follow-Up

Times Sex Without
Condoms in Past 3
Months

Times Vaginal Sex
Without Condoms in
Past 3 Months

Additional analysis points to impacts of *Plan A* on individuals' discussions with their SRH providers. Findings indicate that individuals offered *Plan A* prior to their SRH visit were significantly more likely than those who were not offered the video to report discussing LARC, condoms, dual methods of protection, and sexual behavior risks. However, results also suggest that those offered *Plan A* felt greater discomfort during their SRH visit when having these discussions.

The *Plan A* intervention and this study contribute to the evidence base of effective teen pregnancy prevention programs, particularly those designed for at-risk and underserved populations. This study also adds to the limited set of rigorous and causal studies that investigate entertainment education interventions' effectiveness on sexual risk reduction. From a policy and programming standpoint, these findings are notable as ***Plan A* is low-burden, inexpensive, and highly scalable, with both short- and long-term detectable behavioral effects that may help to reduce unintended teen pregnancies.**

¹ Woodall, A. M., & Driscoll, A. K. (2020). *Racial and ethnic differences in mortality rate of infants born to teen mothers: United States, 2017-2018* (NCHS Data Brief No. 371). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. <https://www.cdc.gov/nchs/data/databriefs/db371-h.pdf>

² Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, *133*(1), 114-122. <https://doi.org/10.1542/peds.2013-0927>

³ Perper, K., Peterson, K., & Manlove, J. (2010). Diploma attainment among teen mothers. *Fact Sheet*, Publication # 2010-01. Washington, D.C.: Child Trends.