Title:
The Effect of Monetary Incentives and Peer Support Groups on Repeat Adolescent Pregnancies

Source:
Stevens-Simon, Catherine; Dolgan, Jeffrey I; Kelly, Lisa; and Singer, Dena. The Effect of Monetary Incentives and Peer Support Groups on Repeat Adolescent Pregnancies. The Journal of the American Medical Association 277(12) 1997: 977-982.

Email and Web Addresses: The website for the University of Colorado Health Sciences Center is http://www.uchsc.edu.

Conclusion:
This study showed that even modest monetary incentives encouraged peer-support group participation among adolescent mothers. The study did not show that participation on the peer-support group would lead to fewer repeat pregnancies. In the peer group, presentations showed the benefits of delaying subsequent pregnancies and discussed options for contraception. This suggests that talking alone about choices for the participant's future may not have been enough to encourage them to make different life choices. Even though participation in a peer-support group did not prevent repeat pregnancies, information given to participants allowed them to make informed life decisions.

Purpose:
The "Dollar-a-Day" study was to determine if a financial reward would increase participation in a peer support group and decrease the rate of repeat teen pregnancies. A total of 286 girls under age 18 with babies younger than five [5] months participated in the two-year study in Denver, CO.

Participants were to meet with a peer support group [adult-led] to share snacks and talk about personal goals, present concerns and the future. Free contraceptives, job information and job-shadowing experiences were available also.

The study divided the participants into four intervention groups: monetary incentive only; peer-support group only; monetary incentive with a peer-support group; and no intervention. Each person in the intervention groups was tested monthly for pregnancy. Those in the control group receiving no intervention and were tested every six months because more frequent testing could have been perceived as an intervention.

Findings:
Out of the 286 teen mothers enrolled in the two-year program, 248 completed a final study interview. Those lost to follow-up were thirty-eight teen mothers who moved out of the region and did not leave a forwarding address.

Although participation in the four different groups was generally low, group differences were significant. Only 9% of the teen moms in the "peer support only" group participated in one or more of the group meetings This compares to 58% of those participating in the "both peer

support and financial reward" group. Based on participation rates, it appears that even a modest financial reward will encourage teen mothers to attend weekly group meetings.

"Lack of time" was stated most frequently as the reason for poor participation in the peer groups. Those who indicated they badly needed the money and would have enjoyed the peer support environment also gave this reason.

The second leading contributor to poor participation in group activities was the mobility of the target population. Many of the teen mothers moved from one household to another making it difficult for group leaders to arrange transportation.

The analyses of data collected in the study failed to show any group differences in the rate of repeat pregnancies during the two-year program. Repeat pregnancies occurred on the average 12.6 months following the birth of the first child [the range was 2 months to 24 months]. Unprotected sexual activity was reported by 13-24% of the teen mothers, which contributed to the rate of repeat pregnancies.

Adult group leaders reported that in some cases the peer support group discussions were counterproductive. For example, one teen mother may have expounded on the benefits of having another child or reservations about using birth control methods and actually reinforced practices and thinking the groups were designed to change.

Since participating in the intervention group did not determine the repeat pregnancy rate, background information of program participants was considered. It became apparent that participants who were a member of a minority population with multiple psychosocial characteristics were more likely to experience a repeat pregnancy. Some psychosocial factors showing a risk for repeat adolescent pregnancy were young maternal age, school failure, school dropout, depression, and poor social support.

Implication for Prevention:
One positive outcome from the study was that peer-support group participants were given valuable information about the real life costs of having more children enabling the participants to make informed decisions about their future. The article suggests that changing the group meeting site or changing the amount of incentive incrementally with the amount of time participating in the program might impact the success of the program. The article also questions if it is reasonable to expect success in pregnancy prevention when the peers and families of young adolescent mothers accept the childbearing situation.

Summary Provided By: Margaret Lebak and Maxine Norman