

OPA BRIEF

Successful Approaches to Engage Parents in Programs to Prevent Teen Pregnancy

Teen pregnancy prevention programs are increasingly working to engage parents.¹ Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP) grantees want to involve parents in their programs because it could improve outcomes for youth. For example, when parents communicate with their children about sexuality, it can help delay the age of sexual initiation in youth and decrease the number of sexual partners (Child Trends What Works 2011; Harris et al. 2013; Niego et al. 2008; National Campaign to Prevent Teen and Unplanned Pregnancy 2012; Commendador 2010; Yang et al. 2007). It can sometimes be a challenge to get parents involved in programming, but many programs have identified strategies to overcome the challenges. This brief explores the strategies OPA TPP grantees used to successfully engage parents in their programming.



Parent engagement varies widely across the different programs implemented by grantees. For example, some use parent-focused curricula, such as *Families Talking Together*, which teaches parents effective communication skills and parental monitoring strategies. Other programs use youth-focused curricula that include a parent component, such as *Get Real*, which includes take-home family activities with each lesson to promote communication between youth and their families on sexual health. Parent-focused programming is implemented in a range of settings such as schools, community-based settings, and in the home. The curricula are usually delivered either one-on-one, in dyads with parents and youth, or in small groups.

OPA conducted a targeted literature review that revealed the primary barriers to parent engagement. Those barriers can be placed in three categories (Smokowski et al. 2018):

- **Interpersonal barriers** arise when parents do not have a level of trust and comfort with the facilitators or organization providing programming. Lack of trust can discourage parents from participating. This phenomenon is especially pronounced in populations of color, who may mistrust program providers as a consequence of historical discrimination or providers' misunderstanding of their cultural context (Finigan-Carr et al. 2014; Flores et al. 2015; Pinto et al. 2012).
- **Attitudinal barriers** are beliefs and perceptions about program services, such as parents not believing sexual health education is relevant or important for their family, that keep people from seeking the services (Silk and Romero 2014; Serrano et al. 2018). These attitudes can be influenced by generational and cultural differences on what constitutes healthy and normal adolescent sexual behavior and what information should be shared with youth (Serrano et al. 2018). Parents may also be worried about the appropriate ages to discuss sexual health with youth, or whether these discussions will encourage risky sexual behavior (Krauss and Miller 2012; Marques and Ressa 2013).

- **Structural barriers** are resource constraints that prevent parents from attending programming, such as a lack of transportation or child care, or scheduling conflicts (Reidy et al. 2012; CDC 2012; Finigan-Carr 2014). Some studies also cite language or cultural barriers that keep parents from participating in programming (CDC 2012; Flores et al. 2015). Even if programs identify these barriers, they might not have the financial resources to help participants overcome them—a barrier unto itself (CDC 2012).

The literature review revealed several barriers, but few solutions to overcome them. To supplement the findings of the review and identify field-based solutions, nine TPP grantees were interviewed who involved parents in programming, now or in the past. The nine grantees were purposefully selected and represent a variety of grant objectives, target populations, programmatic settings, geographic regions, and program types (see Figure 1 and Table 1). The in-depth interviews focused on identifying strategies grantees have used to successfully engage parents in programming. Findings from these interviews are discussed next.

Table 1. Grantee characteristics

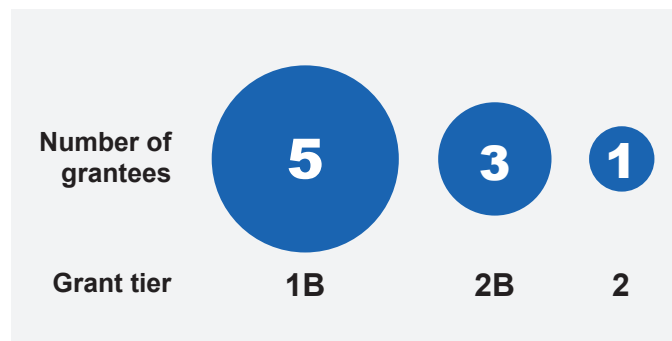
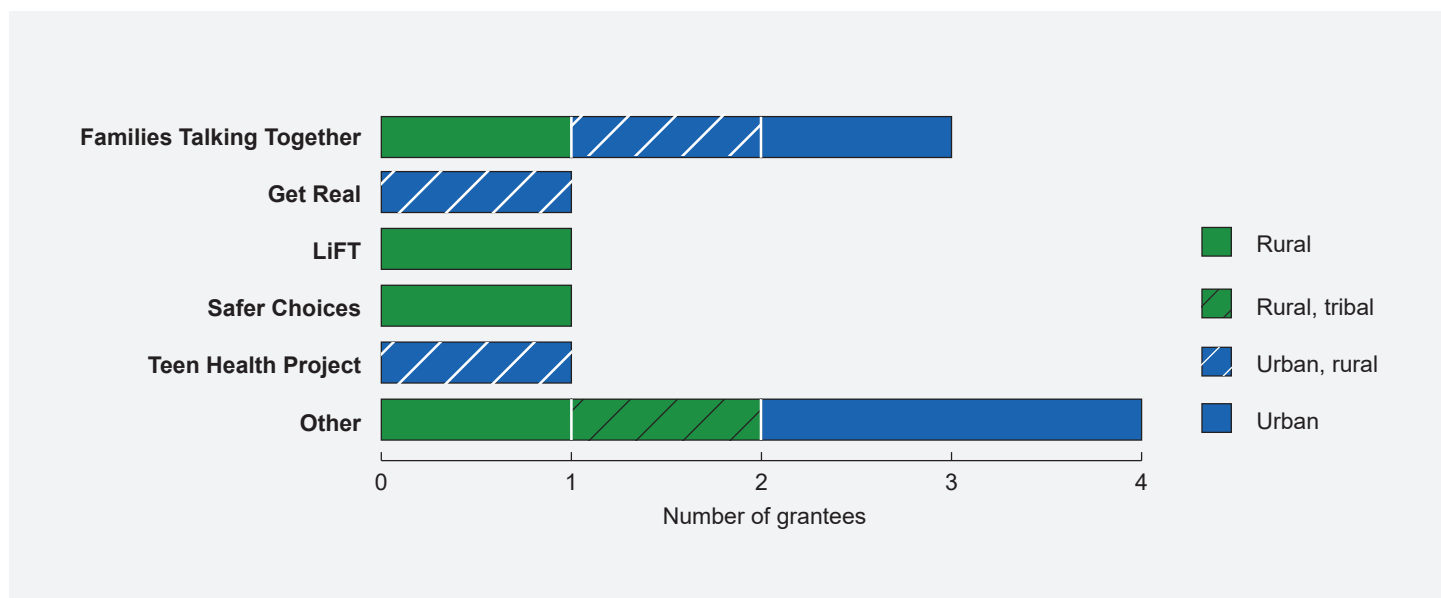


Figure 1. TPP programs by setting



Note: The nine grantees that participated in in-depth interviews operated across 14 states (Alaska, Arizona, California, Hawaii, Idaho, Indiana, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, Texas, Utah, and Washington). Some of the grantees worked across different settings (i.e. rural, urban, etc.), different states, and some are implementing more than one program.

Successful strategies for engaging parents

The nine grantees pursued three primary types of strategies to successfully involve parents: (1) fostering community partnerships, (2) establishing parents' buy-in for programming, and (3) providing supplemental services to participants. Grantees described the importance of considering these strategies at the program planning stage and reassessing them throughout the process of implementing the program. This section details each kind of strategy and describes how grantees used them to enhance parental engagement in programming.

A. Fostering community partnerships to develop relationships with parents

Most grantees attributed a lot of their program's success in engaging parents to community partnerships they cultivated ahead of programming and sustained during the grant period. Community partners helped grantees (1) assess community needs; (2) sustain program engagement; and (3) recruit participants and implement the program. Programs should consider prioritizing community engagement and incorporating it into program planning to guide effective program development and delivery for parents.

Conduct a community needs assessment. Programs should consider conducting a community needs assessment that elicits parents' and community members' input early in program development. A few grantees said this assessment was a critical step to better understand the specific needs of parents in their community, assess parents' interest in specific programming, and find current gaps in support services. For example, one grantee modified their program content to include more on communication skills after parents in their community said they were most interested in building those skills. Another grantee learned that parents wanted content on sexually transmitted infections and birth control methods, in addition to the communication skills the program already covered. According to the grantee, parents were interested in this information both for their own sexual health and to support their child. Another grantee learned that parents wanted information on physical health to deepen their own understanding of the subject.

Sustain engagement by using a community advisory board.

A few grantees also established a community advisory board to guide their planning and parent recruitment efforts. They said that board members from the community can offer more context about the issues revealed in the needs assessment; help programs build rapport with parents in the community; help programs prioritize short- versus long-term goals; and shape and support parent recruitment.

When assembling their community advisory boards, grantees prioritized individuals who were respected and well connected within the community, understood and regularly interacted with parents, and valued the program or intervention. Before they put together the advisory board, program staff met with potential members to assess fit and levels of buy-in. One grantee included community health nurses and a representative from each school on their advisory board because they already had relationships with parents. Another grantee noted that flexibility was important to maintaining a successful advisory board. For example, it could be necessary to update meeting locations, adjust meeting times, and be understanding when members are unable to attend at the last minute.

Leverage community partnerships for recruitment. Connections built with community partners—whether school staff, health clinics, job training programs, trusted nonprofit or community-based organizations, or social service providers, among others—can help programs refine their approach to recruiting parents. Two rural grantees noted that connections with community partners created pathways to engage parents. For example, one grantee described how their community partner opened doors for them to provide programming inside schools. One grantee new to their community noted that, because their community partners were well-known and well-connected, they were able to connect and recruit

Steps to conduct a community needs assessment

- 1. Design a data collection plan** that includes working with a community of experts, such as community leaders or program providers, to examine parent engagement. Your data collection plan should describe who will perform the assessment, the main questions it will answer, and a timeline for collecting information.
- 2. Develop and refine assessment questions** that align with the goals in the data collection plan. Typically, questions will assess community demographics, the prevalence and incidence of sexual health indicators, the needs and interests of the target population including parents, parental preferences for receiving information and support, existing resources and well-known service providers within the community, and current gaps in services.
- 3. Collect responses and analyze the data** to assess and describe your target population, including findings on parents, their needs, and existing resources within the community.

Source: Office of Adolescent Health, "Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet." Available at <https://www.hhs.gov/ash/oah/sites/default/files/needs-assessment-508.pdf>.

”

“If you promise something to a partner, you need to do everything you can to deliver, or you’ve just ruined partnerships for every other community-based program that approaches them. If you can’t deliver, just communicate why.”

-TPP grantee

parents who “may not have been as readily available to us as outsiders coming in.” When relying on partners for recruitment, one grantee recommended following up every “ask” with clear directions to effectively complete their request. For example, rather than simply asking their community partners to “spread the word” on their program, this grantee provided community partners with recruitment materials, a timeline for recruitment, and scheduled check-ins to ensure that recruitment efforts were going according to plan. Overall, many grantees noted that “getting the stamp of approval” from community leaders within their community advisory board opened doors and created interest for potential participants because “once other non-profits support you then the parents will trust and support you as well.”

Build and maintain mutually beneficial partnerships. Many grantees also noted that partnerships need to be mutually beneficial to maintain partners’ continued support in engaging parents. Programs can foster partnerships by following through on promises, maintaining open lines of communication with partner organization staff and administrators, and becoming a regular presence at community events. For example, a few grantees encouraged their staff to attend events held by partner organizations whenever possible. One grantee stressed that, overall, “you need to give time and your team’s calendars to be reciprocal in your relationship[s].” Regardless of whether they worked in urban or rural areas, many grantees agreed that it takes time and resources to create and sustain mutually beneficial partnerships. To effectively ensure programs have time to build meaningful community relationships, one grantee recommended that programs consider building time to connect with the community into their budget.

Mutually beneficial partnerships require:



Time



Resources



Open communication



Follow-through

”

“When changing norms, things move slowly, and it takes time and positive word of mouth to spread, especially in these highly networked, yet rural and isolated communities.”

-TPP grantee

Engage partners during implementation. Many grantees stressed the importance of sustaining partnerships and maintaining a strong community presence both during and after implementation. For example, during lags in program implementation, one grantee kept a consistent line of communication with their partners by providing updates on progress, goals, and timelines for recruiting parents. Other grantees maintained their community connections by prioritizing, attending, or volunteering for community events such as resource fairs, community gatherings, and other events organized by community partners.

B. Establishing parents’ buy-in for programming

Parental support of a program makes it more likely that parents will attend programming and actively engage with the content. Programs can build parental buy-in by (1) meeting parents where they are; (2) investing the time needed to expose parents to the program content and facilitators; and (3) tailoring the program to parents’ needs.

Meet parents and caregivers where they are

Programs should consider meeting parents and caregivers where they are physically, mentally, and emotionally. This can make programming more relevant and accessible to families.

Address concerns about sexual health programming. Some parents might be hesitant to participate in a program focused on sexual health, causing them to reflexively reject participating without considering its potential benefits. Assessing parents’ concerns about sexual health education can help grantees understand what to address. One grantee found out in conversations with parents that they were nervous about discussing sexual health with their children,

and they preferred that experts handle the subject. To assuage their concerns, program staff met with parents before programming began to help lessen their fears and make them feel more prepared to engage with the youth in their care. Another grantee shared local teen pregnancy rates with parents to help them understand why the program was important. Finally, programs can consider marketing and highlighting other key elements of the program instead of focusing on preventing risky sexual behavior. For example, one grantee focused their materials on building youths' self-regulation skills and developing healthy relationships to help youth make better decisions and avoid risky behaviors in a variety of areas.

”

“The biggest challenge is answering their questions and addressing rumors and misinformation that they have about any kind of sexual health education program.”

-TPP grantee

Be creative with recruitment. Programs can recruit in a variety of locations. Two grantees recruited in-person at grassroots community locations including clinics, churches, and laundromats; community-based organizations, including nonprofits and community centers; and events that attracted the target community, like festivals or expositions. One grantee found that recruiting from locations where there were already groups of parents, such as adult literacy classes, helped with retention. Programs could consider recruiting alongside parent ambassadors who can connect with other parents they share similar experiences with. One grantee had formal parent ambassadors who recruited participants alongside program staff and shared their program experiences with the parents. Parent ambassadors were compensated as part-time or “per diem” program employees. Another grantee invited parents to host the program in their homes. The parent host would invite other parents, acting as an informal ambassador of the program.

Offer programming at times and in locations that are convenient for parents. Programs should understand parents' preferences and scheduling demands. Finding the timing that works for parents could be a process of trial and error, and programming might have to be scheduled at night or on weekends. Holding the programming in one session might also draw more parents. Easily accessible locations can include parents' homes, schools, or local nonprofits.

Consider providing programming to trusted adults. Trusted adults are not always parents. Some communities have high levels of kinship care, with aunts and uncles or grandparents raising youth. In others, community members such as coaches or faith leaders are important influencers when it comes to youth sexual health. Programs can consider broadening their recruitment to include other trusted adults that youth rely on for support. For example, one grantee serving families asked youth to name a trusted adult; staff invited this person, who did not have to be a relative, to participate in the program.

Invest time to expose parents to the curriculum, content, program goals, and facilitators

Planning enough time for parents' buy-in allows the program to build trust and help parents mentally prepare to engage with the content. Programs can work to do this by talking to parents one-on-one or at group events. One event can achieve a variety of goals, giving parents an opportunity, for example, to discuss a program's content and meet facilitators.

”

“Once parents actually sat down and learned how the curriculum worked, they understood it better, accepted it, and didn't have a problem with it.”

-TPP grantee

Parents might be more comfortable with facilitators they know.

Three grantees reported that parents were more comfortable with and invested in programming when they had trusting relationships with facilitators. This was especially important in rural communities. Two grantees that served rural communities recommended hiring facilitators who knew people in the community. On the other hand, a grantee in an urban location found that existing relationships were not as important as having staff build relationships with parents before programming. For example, one grantee interacted with parents multiple times by phone and in person before programming started. Every time facilitators interacted with parents, they gave parents an opportunity to ask questions and air concerns. Introductory sessions to discuss program content may serve a similar purpose.

Tailor the program mode and content to parents' needs

Offer engaging programming. Programs should offer participant-centered programming that elevates parents' voices. Allowing parents to share their experiences can foster engagement and build a more trusting environment than lecturing to them does. Programs can also deliver programming in fun and creative ways—for example, one grantee used theatre to model conversations between parents and youth. Parents watched a skit, reflected on what they would do in a situation, and then had a conversation with their children. This activity allowed parents to see an example of a situation, reflect on what might work for them, and practice how they would respond. Finally, programs can use small-group meetings to build community and connections between parents. Raising teens can feel isolating for families. Programs can mitigate those feelings by giving parents space to connect. Sharing with peers and receiving advice from them can help parents internalize lessons better. Parents could struggle to build trust in large groups and lose the benefit of hearing from other parents in one-on-one settings.

Discuss the role of values and beliefs in conversations on sexuality. Several grantees emphasized that their role was not to impose their values on sexuality on parents. Instead, their role was to help parents learn how to share their personal values around sexuality with their youth. Being “values-neutral” helped program staff gain parental buy-in, particularly in more religious communities. The programs developed parents' skill in communicating their values, but parents decided the content of those conversations.

C. Providing supplemental services to help program participants overcome logistical barriers

Offering supplemental services to parents can bridge the gap between a parent's intent to participate in programs and the structural barriers to doing so. The logistical barriers parents face can be identified through a community needs assessment or discussions with parents. Many grantees noted that although providing supplemental services was important, they were not enough to solve all the recruitment or retention issues faced by programs. Instead, programs should use supplemental services to build on other strategies such as increasing parental buy-in and fostering community partnerships.

Identifying parents' needs for supplemental services. When planning supplemental services, programs should consider how accessible their program is by looking over the proposed schedule, location and transportation options, and language needs. For example, if a program is scheduled in the evening, but parents do not have child care available, offering child care could boost attendance. By understanding the needs of their population early on, programs can proactively budget and plan for supplemental services that fulfill those needs.

Offer transportation options. Several grantees identified transportation as a barrier to parents' attending programming. This was a barrier both in rural areas, where parents may need to travel long distances to attend programming, and urban areas, where public transportation could be expensive or difficult to find. A few grantees were able to provide bus passes and gas cards, which both addressed the barrier and served as an incentive for participation. For example, one grantee serving rural communities noted that lengthy commutes for parents and a lack of public transportation limited parent's scheduling flexibility. To overcome this, the grantee offered gas vouchers as an incentive to boost parents' attendance.

Provide programming in Spanish. Half of grantees said they provided their programming in both English and Spanish to meet the language needs of their population. Grantees noted that even if youth in a community are bilingual, their parents might not be. Grantees hired bilingual staff and provided program materials in both languages, which made parents feel more comfortable and able to connect with program staff. Another grantee said Spanish language services helped the staff make personal connections with the parents, because parents felt more at ease in the program setting when they could speak Spanish.

”

“In the Spanish presentation, it was a lot easier to make the personal connection. They just felt more comfortable. I think they felt at ease because the school district was offering something in their first language or native language.”

-TPP grantee

Offer food. Most grantees provided food for participants and emphasized that this helped to build trust. This was especially true when grantees provided food that parents could connect with, such as food from a beloved local restaurant. Many grantees discussed the importance of finding food that parents would be excited to eat, not just easy options like pizza. One grantee linked intentional food choices to building ongoing connections with parents and the community throughout the duration of the program.

Conclusion

When grantees are planning to engage parents in programs to prevent teen pregnancy, it is important to engage community partners, get parental buy-in, and provide supplemental services. Combining these approaches can bolster parent engagement by supporting both the individual needs of parents and the needs of the larger community. These strategies can be most successful when budgeted for and built into programming planning early on. Parent engagement can take time and resources, but if done well, it can improve outcomes for youth and families served by teen pregnancy prevention programs.

Note: These in-depth grantee interviews were conducted before the COVID-19 pandemic, when programs were still operating. If possible, we will update this brief with strategies programs begin to use as programs are offered virtually. In addition, a tip sheet with strategies grantees are using to connect with parents can be found [here](#).

References

- Centers for Disease Control and Prevention (CDC). *Parent Engagement: Strategies for Involving Parents in School Health*. Atlanta, GA: CDC, 2012.
- Child Trends What Works. "Safer Choices." Bethesda, MD: Child Trends, 2011.
- Commendador, Kathleen A. "Parental Influences on Adolescent Decision Making and Contraceptive Use." *Pediatric Nursing*, vol. 36, no. 3, 2010, pp. 147–157.
- Finigan-Carr, N., N. Copeland-Linder, D.L. Haynie, and T.L. Cheng. "Engaging Urban Parents of Early Adolescents in Parenting Interventions: Home Visits vs. Group Sessions." *School Community Journal*, vol. 24, no. 2, pp. 63–82.
- Flores, Nicole, Jocelyn Supan, Cary Kreutzer, Allan Sampson, Dean Coffey, and Joyce Javier. "Prevention of Filipino Youth Behavioral Health Disparities: Identifying Barriers and Facilitators to Participating in 'Incredible Years,' an Evidence-Based Parenting Intervention, Los Angeles, California, 2012." *Preventing Chronic Disease*, vol. 12, 2015, pp. E178–E178.
- Harris, Allyssa L., Melissa A. Sutherland, and M. Katherine Hutchinson. "Parental Influences of Sexual Risk Among Urban African American Adolescent Males." *Journal of Nursing Scholarship*, vol. 45, no. 2, 2013, pp. 141–150.
- Krauss, B. J., and K.S. Miller. "Parents as HIV/AIDS Educators." In *Family and HIV/AIDS*, edited by W. Pequegnat and C. Bell. New York, NY: Springer, 2012, pp. 97–120.
- Marques, M., and N. Ressa. "The Sexuality Education Initiative: A Programme Involving Teenagers, Schools, Parents and Sexual Health Services in Los Angeles, CA, USA." *Reproductive Health Matters*, vol. 21, no. 41, 2012, pp. 124–135.
- National Campaign to Prevent Teen and Unplanned Pregnancy. "Preventing Teen Pregnancy Through Outreach and Engagement: Tips for Working with Parents." Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2012.
- Niego, Starr, Alisa Mallari, M.J. Park, and Janette Mince. "Human Sexuality—Values & Choices: A Values-Based Curriculum for 7th and 8th Grades." In *Model Programs for Adolescent Sexual Health: Evidence-Based HIV, STI, and Pregnancy Prevention Interventions*, edited by Josefina J. Card and Tabitha A. Benner. New York: Springer Publishing Company, 2008.
- Pinto, R. M., M.M. McKay, D. Baptiste, C.C. Bell, S. Madison-Boyd, and R. Paikoff, et al. (2012). Motivators and Barriers to Participation of Ethnic Minority Families in a Family-Based HIV Prevention Program. *Social Work in Mental Health*, vol. 5, no. 1, 2007, pp. 187–201.
- Reidy, M. C., P. Orpinas, and M. Davis. "Successful Recruitment and Retention of Latino Study Participants." *Health Promotion Practice*, vol. 13, no. 6, 2012, pp. 779–787.
- Serrano, J., J.M. Crouch, K. Albertson, and K.R. Ahrens. "Stakeholder Perceptions of Barriers and Facilitators to Sexual Health Discussions Between Foster and Kinship Caregivers and Youth in Foster Care: A Qualitative Study." *Children & Youth Services Review*, vol. 88, 2018, pp. 434–440.
- Silk, J., and D. Romero. "The Role of Parents and Families in Teen Pregnancy Prevention: An Analysis of Programs and Policies." *Journal of Family Issues*, vol. 35, no. 10, 2014, pp.1339–1362.
- Smokowski, P., R. Corona, M. Bacallao, B.L. Fortson, K.J. Marshall, and A. Yaros. "Addressing Barriers to Recruitment and Retention in the Implementation of Parenting Programs: Lessons Learned for Effective Program Delivery in Rural and Urban Areas." *Journal of Child & Family Studies*, vol. 27, no. 9, 2018, pp. 2925–2942.
- Yang, Hongmei, Bonita Stanton, Xiaoming Li, Lesley Cottrel, Jennifer Galbraith, and Linda Kaljee. "Dynamic Association Between Parental Monitoring and Communication and Adolescent Risk Involvement Among African-American Adolescents." *Journal of the National Medical Association*, vol. 99, no. 5, 2007, pp. 517–524.

Endnotes

- ¹Youth can be supported by various adults in different types of family structures. To account for this variety, programs may engage parents, caregivers, other trusted adults, or a combination of these people. For the purposes of this brief, we refer to this broad group as "parents."

