

## SCHOOL HEALTH POLICIES AND PRACTICES STUDY

## Pregnancy Prevention

About SHPPS: SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. This fact sheet reports data from the 2014 study, which collected data at the school and classroom levels.

## Health Services and Counseling, Psychological, and Social Services

| Percentage of Middle Schools and High Schools that Provided Pregnancy Prevention <br> Services in One-on-One or Small-Group Sessions and that Provided Contraceptives, by <br> Location |  |  |
| :--- | :---: | :---: |
|  | At school by health services <br> or counseling, psychological, <br> or social services staff | Through arrangements with <br> organizations or professionals <br> not on school property |
| Service | 27.0 | 29.2 |
| Pregnancy prevention | 6.7 | 8.1 |
| Contraceptives |  |  |

- Between 2000 and 2014, the percentage of middle and high schools that provided pregnancy prevention services to students decreased from 41.1\% to 27.0\%.*
- During the two years before the study:
o $22.6 \%$ of school health services coordinators who served as study respondents received professional development on contraceptives and $27.1 \%$ received professional development on pregnancy prevention.
o $19.7 \%$ of school mental health and social services coordinators who served as study respondents received professional development on pregnancy prevention.


## School Health Coordination

- Among schools with a school health council, committee, or team (39.5\% in 2006 and 35.7\% in 2014), the percentage with a council that addressed pregnancy prevention decreased from $61.4 \%$ in 2006 to 44.8\% in 2014.

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## Health Education



- Among classes and courses in which pregnancy prevention was taught, the mean number of hours of required instruction teachers provided on pregnancy prevention was 2.3 among elementary school classes, 2.7 among middle school courses, and 4.2 among high school courses.
- $12.6 \%$ of classes and courses had a teacher who received professional development on pregnancy prevention during the two years before the study, and $14.2 \%$ of classes and courses had a teacher who wanted to receive professional development on this topic.

| Percentage of Schools in Which Teachers Taught* Specific Pregnancy Prevention <br> Topics as Part of Required Instruction, by School Level |  |  |  |
| :--- | :---: | :---: | :---: |
| Topic | Elementary | Middle | High |
| Abstinence as the most effective method to avoid pregnancy, HIV, and <br> other STDs | 7.2 | 49.6 | 76.3 |
| Contraception efficacy (i.e., how well contraception works and does not <br> work) | NA | 25.5 | 61.4 |
| How to find valid information or services related to pregnancy or <br> pregnancy testing | 2.1 | 28.2 | 63.9 |
| How to obtain contraception | NA | 17.6 | 52.7 |
| How to prevent pregnancy | 2.8 | 38.4 | 72.2 |
| Methods of contraception | NA | 22.6 | 60.8 |
| Resisting peer pressure to engage in sexual behavior | 6.4 | 46.8 | 74.8 |
| Risks associated with teen pregnancy | 2.1 | 36.8 | 69.4 |
| The educational and social impact of teen pregnancy | 2.8 | 36.7 | 68.0 |
| The importance of using a condom at the same time as another form of <br> contraception to prevent both STDs and pregnancy | NA | 25.9 | 54.9 |
| The importance of using contraception consistently and correctly | NA | 23.2 | 58.9 |
| The relationship among HIV, other STDs, and pregnancy | 3.6 | 44.3 | 73.5 |
| The relationship between alcohol or other drug use and risk for HIV, <br> other STDs, and pregnancy | 3.8 | 44.7 | 76.1 |
| *In at least one elementary school class or in at least one required health education course in middle <br> schools or high schools. <br> NA = Not asked among elementary schools. |  |  |  |


[^0]:    * Regression analyses were performed that took all available years of data into account, but not all significant trends are reported. To account for multiple comparisons, selected trends are included only if the p-value from the regression analysis was <.01, and either the difference between the two endpoints ( 2000 or 2006 and 2014) was >10 percentage points or the 2014 estimate increased by at least a factor of two or decreased by at least half as compared to the 2000 or 2006 estimate.

