

# OAH/CDC Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies Through Community Wide Initiatives

## Teens' perceptions of pregnancy, sex, and contraceptives

Alison Spitz RN, MPH  
Carla P. White, MPH  
Nnenna Makanjoula, PharmD, MPH  
March 14, 2012



Adolescent Reproductive Health  
**Strong Teens, Strong Communities**





Adolescent Reproductive Health

**Strong Teens, Strong Communities**

## Outline

- ◆ Goals & Components of the Communitywide Initiative to Prevent Teen Pregnancy
- ◆ Summary of results from surveys/focus groups with teens by grantees in four states
  - Georgia, North Carolina, South Carolina, Texas
- ◆ Highlights of how grantees are responding to survey/focus group information
  - Some of these actions are in response to data gathered from other community members





**Reduce rates of pregnancies** and births to youth in the target community



Increase youth access to **evidence-based** and/or evidence-informed programs



Increase youth access to community-based **clinical services**

# Community Wide Initiative Key Components

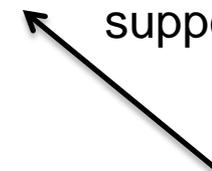
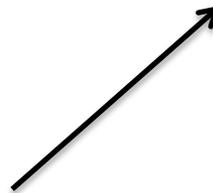
**Community is mobilized, TPP initiative sustained**



Youth are able to access and use youth-friendly, culturally competent **clinical services**



**Stakeholders are informed about, supportive of TPP efforts**



**Diverse communities, priority populations are effectively reached**



**Evidenced-based programs** educate, motivate youth

# Program Model

**5 National Organizations**

Provide training and technical assistance to funded organizations

**8 State & Community-based Organizations, 1 Title X**

Plan, lead, implement & evaluate community wide initiative.

**15+ Local Organizations**

Plan, implement programs and practices, and evaluate



## **Aim**

To inform planning, implementation, and evaluation of communitywide initiatives

## **What**

Assessment of

- knowledge, attitudes, and behaviors related to teen pregnancy, contraception, comprehensive sex education
- barriers to clinical services
- parent-teen communication
- teen's experiences with social determinants related to teen pregnancy

## **Who**

Teens, parents, community leaders, faith communities, clinical partners, businesses

Grantee	Method	N	Demographics
Georgia	Door-to-door survey, Richmond County	426	Ages 15-19 years 45% male, 55% female 81% African American, 12% White, 2% Hispanic 65% in school 11% alternative education
South Carolina	Door-to-door survey (administered by youth)	797	<p style="text-align: right;"><u>Horry County</u></p> Ages 15-19 years 60% male, 40% female 50% White, 41% Black, 14% Hispanic <p style="text-align: right;"><u>Spartanburg</u></p> Ages 15-19 years 55% male, 45% female 15% White, 82% Black, 5% Hispanic
North Carolina	7 focus groups, Gaston County	52	Ages 13-19 years 42% male, 58% female 44% African American, 25% Hispanic, 19% Caucasian
Texas	8 focus groups, South Bexar County	69	Grades 9-12 51% male, 49% female Race, ethnicity not collected (target community 90% Hispanic)

## Positive Norms, Perceptions, & Behaviors

### Across the communities:

- ❖ Teen pregnancy is a serious problem
- ❖ Becoming a teen parent would disrupt immediate and long-term life goals
- ❖ It is important to delay sex – post-high school, until marriage, etc.
- ❖ Pregnancy should not happen until done with school, have job
- ❖ Contraception should be used with every sexual intercourse to avoid pregnancy





## Actual & Perceived Norms to Change

### **Across the communities:**

- ❖ Peers do not use contraception every time they have sex (actual and perceived)
- ❖ Clinical services are not youth-friendly – confidentiality, parental consent, judgment
- ❖ Double standards for sexually active males vs. females
- ❖ Pressure from boys not to use condoms
- ❖ Condoms, birth control not worth the trouble





Many teens had not heard of birth control methods besides condoms & pill



Misperceptions about LARCs, concerns about side effects of various methods



Need to know where youth-friendly services (besides Planned Parenthood) can be found, especially concerned about

- **lack of confidentiality**
- **parental consent/notification**
- **embarrassment, being judged**
- transportation



Would use Internet to find services

What actions are grantees taking?



Adolescent Reproductive Health

**Strong Teens, Strong Communities**

Supporting positive norms

Addressing actual & perceived norms

## Georgia

Social marketing campaign

Community needs assessment surveys to inform

Parent-teen communication important element

Strengthen clinic, pharmacy partnerships with youth-serving organizations (YSO)





## South Carolina

Focus groups on fatalism around contraception

“It matters if you use birth control so a pregnancy is prevented”: 50%

Social norm-changing activities: focus on African American, Latino teens

“Not Right Now: Put pregnancy on pause” campaign

Packaging messages for Teens, parents, decision-makers

Communication points

Most teens do **NOT** want to get pregnant.

Many teens think waiting until marriage to have sex is the **RIGHT** choice.

The time to make decisions that impact your future is **NOW**.

## North Carolina

### Recommendations for clinical partners

Youth concerns about confidentiality and privacy

Contraceptive counseling, including LARC information

Inform males about all contraceptives

### Tracking of reproductive health services

Materials to programs to strengthen contraceptive curricula

Educating stakeholders

## Texas

Focus groups on barriers to clinic access

Meet & greet with clinical partners and school personnel

### Juvenile Justice

Focus groups with youth on parole/in detention: clinic access, social norms around teen pregnancy & sex education in justice settings

Exploring with judge, youth and parents reproductive health visit as condition of parole

### Transportation barrier to clinic access

Mapping bus routes near clinics

Possibility of transportation partner



Adolescent Reproductive Health

**Strong Teens, Strong Communities**

---

## Limitations

Different approaches, questions asked in each state

Demographics not collected the same way or in all states

## Strengths

Diversity of communities, priority youth

Qualitative and quantitative data

New, needed information directly from the youth



Adolescent Reproductive Health

**Strong Teens, Strong Communities**

Thank you

