The Pueblo County
Teen Pregnancy Research Project

Submitted by:

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JSI is a health care research and consulting organization dedicated to improving the health of individuals and communities. JSI prides itself on its ability to provide assistance that is tailored and responsive to the specific needs of our clients ranging from small local organizations to large federal and international agencies. Our focus on health service delivery, research, program evaluation, clinical care, prevention, training, and management consulting has allowed us to apply practical, technically-sound, and innovative solutions to the challenges facing health care agencies, community-based organizations, and policy makers, in both the public and private sectors.

For this particular project, JSI brought to bear its history, experience, and resources that have been developed through family planning projects for local communities.

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"American teens aged 15–19 who do not use contraception the first time they have sex are twice as likely to become parents as those who use a method." ~ Guttmacher Institute

I. EXECUTIVE SUMMARY

Half of all pregnancies in the United States are unplanned, and unintended pregnancies account for the vast majority of pregnancies among women under the age of 19 (CDC, 2011). Such pregnancies have been associated with serious developmental and socioeconomic implications, and the reduction of the national teen pregnancy rate has been a major focus within the United States health care infrastructure for decades on account of those implications. Generally, an unintended pregnancy is one that is either mistimed or unwanted at the time of conception. While sexually-active women of all ages are at risk of unintended pregnancy, teens are systematically at higher risk for a myriad of social, developmental, and contextual reasons (CDC, 2010).

Goal

This research project is intended to examine, both quantitatively and qualitatively, the diverse and regionally-specific factors contributing to particularly high unintended teen pregnancy rates in Pueblo County. The research had a particular focus on the following factors: demographics, rates, disparities, perceptions of unintended pregnancy, repercussions of unintended pregnancy, and obstacles to and resources for prevention, with a special emphasis on the high pregnancy and birth rates to Latina teens.

Objectives

This research project encompassed four main objectives:

1. Obtain data on rates of unintended pregnancy/paternity among Pueblo County residents aged 13-19. This was accomplished by developing an epidemiological profile of unintended pregnancy rates and other indicators of sexual risk-taking behaviors in Pueblo County through secondary data analyses of publically-available data in aggregate format.

2. Identify factors associated with unintended pregnancy/paternity among Pueblo County men (aged 16-19) and women (aged 13-19). This was accomplished through focus groups, key informant interviews (KIIs), and a literature review. Focus group participant recruitment targeted youth or young adults as well as men (aged 16-19) and women (aged 13-19) who have had an unintended pregnancy/paternity resulting in parenting.

3. Identify factors associated with successful pregnancy prevention among Pueblo County men (aged 16-19) and women (aged 13-19). This was accomplished through focus groups, KIIs, and a literature review. Focus group participant recruitment targeted youth or young adults who have avoided pregnancy while at some point having been sexually active.

4. Describe best practices in primary and secondary prevention of unintended pregnancy/paternity. This was accomplished through the literature review and KIIs.

Methods

This research project was undertaken utilizing a variety of both primary and secondary data collection methods. Before any primary data collection was done, an extensive secondary data review was completed in order to capitalize on data-driven project decision making. An epidemiological profile was first established for Pueblo County within the context of the state of Colorado. This epidemiologic profile took into account general county demographics, as well as reproductive health and sexual risk-taking measures. Targeted primary data collection included community-based participatory research with a diverse group of teenagers and their social networks, as well as health care and social service providers. The Pueblo City-County Health Department (PCCHD), in coordination with the Pueblo Community Advisory Group on Positive Youth Behavior, monitored and evaluated the research process, with the goal of ensuring quality completion of the scope of work.

Results

The findings of this research project have led to multiple conclusions and insights as to the regionally-specific social determinants of teen pregnancy in Pueblo County. These conclusions may have significant implications for the future of pregnancy prevention planning and teen support services.

Focus Group Findings

- Teens often have inaccurate knowledge surrounding birth control and pregnancy prevention, especially as it pertains to the ~~"p~~ull out" method and birth control options or resources. One particularly avoidable barrier which could be addressed in many cases with accurate information is the prominent and practical concern that confidentiality may or will be breached when accessing reproductive health services.
- Teens who proactively try to prevent their own pregnancy very often have a sense of the practical implications of having a child due either to exposure to children, childbearing, or teen parents themselves.
- Sexually-active teens often have difficulty asking for information about issues surrounding relationships, sex, and contraception. Teens very often do not know where to go or who to ask for information, often feeling embarrassed or a sense of ~~"j~~udgment" from adults. This is despite a clear desire to be able to talk with their parents or other adults about sex.
- Many teens also attribute high teen pregnancy rates to a general boredom, stating that sex was often the result of simply having nothing to do. This was a common theme seen across multiple focus groups and was re-iterated among the KIIs as well.

Key Informant Interview Findings

- The majority of Key Informants (KIs) expressed the importance of developing or increasing community collaboration and leadership. KIs very often stated that, while multiple committees have been developed throughout the years to address high teen pregnancy rates, current community efforts have produced few results due to disjointed efforts, and a lack of central leadership and direction.
- KIs also agreed that the Pueblo community must help teens develop goals and aspirations. Many KIs felt as though Pueblo County teens lacked a sense of self development due to either entrenched poverty, or a lack of information surrounding college or their career options.
- KIs expressed clearly the need to open lines of communication by enhancing school curricula, and making teens aware of pregnancy prevention resources through parental involvement, peer educators, or advanced marketing and/or comprehensive social media campaigns.

Conclusions of Focus Group and Key Informant Interview Findings

- A more active approach to focus group recruitment may have produced monolingual Spanish-speaking participants, which could yield additional valuable information about cultural factors related to unintended pregnancy.
- Increasing the availability and reliability of pregnancy and fertility measures, such as abortion, fetal death, and pregnancy interval data, would provide a better estimate of the true burden of unintended pregnancy in the county.
- Schools and parents are the two most commonly suggested resources to involve in the discussions on sex and birth control in order to decrease unintended pregnancy.

Recommendations and Suggested Next Steps

The 1995 Institute of Medicine report recommended a new social norm where all pregnancies are consciously and clearly desired at conception (IOM, 1995). Achieving this goal requires long-term efforts to educate the public on the benefits of family planning and of spacing pregnancies (Green-Raleigh, Lawrence, Chen, Devine, & Prue, 2005). Prevention strategies and programs must address a variety of risk and protective factors through different levels of the socio-ecological framework:

- Individual knowledge, attitudes, and behaviors;
- Peer/Family knowledge, attitudes, and behaviors;
- Schools/organizations;
- Community; and
- Society.

The following represents best and promising practices from the literature to help reduce unintended pregnancy rates:

- Improving access to family planning;
- Improving access to emergency contraception;
- Parental involvement;
- Male involvement;

- Youth development;
- Comprehensive social marketing campaign; and
- Integration of services, such as reproductive health and STD/HIV testing.

Unintended pregnancy prevention strategies must address sexual and non-sexual antecedents through a combination of new or revised policies, programs, and practices (Kirby, Lepore, Ryan 2005). Below is a brief listing of suggested practical short- and long-term next steps.

Model Nationally Recognized Pregnancy Prevention Standards and Best Practices
The Centers for Disease Control and Prevention (CDC) has partnered with the federal Office of the Assistant Secretary for Health (OASH) for the purposes of reducing unintended teen pregnancy through the President's Teen Pregnancy Prevention Initiative (TPPI). To date, nine state and community-based organizations have been funded to ~~–d~~demonstrate the effectiveness of innovative, multicomponent, communitywide initiatives in reducing rates of teen pregnancy…" throughout fiscal years 2011 – 2015 (CDC 2011).

Modeling specific aspects of the Adolescent Pregnancy Prevention Program (APPP) would ground pregnancy prevention efforts within Pueblo County in a set of nationally-recognized and supported evidence-based best practices designed to reduce teen pregnancy while at the same time continuing to build a sustainable foundation for future state and federal funding efforts. The APPP can conform to a number of overarching programmatic elements while maintaining a distinct and unique methodology aimed at addressing Pueblo County's specific demographic, cultural, and contextual intricacies. Specifically, the APPP can ensure:

(a) the development or adjustment of both short- and long-term goals and objectives aimed at:

1. reducing the rates of pregnancies and births to youth in specific target areas;
2. increasing youth access to evidence-based and evidence-informed programs to prevent teen pregnancy;
3. increasing linkages between teen pregnancy prevention programs and community–based clinical services; and
4. educating stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy, and data on needs and resources in target communities

(b) the incorporation of TPPI's four key components:

- Component 1 – evidence-based and evidence-informed prevention program implementation;
- Component 2 – linking teens to quality health services;
- Component 3 – stakeholder education; and
- Component 4 – sustainability

(c) the development of specific and practical five-year performance measurements for youth, and

(d) the development of specific and practical five-year performance measurements for community-based support activities.

Enhance Access to Reproductive Health Information

Many KIs and focus group participants stated that, while reproductive health resources were generally available in Pueblo County, few teens had a comprehensive understanding or knowledge of exactly where those resources exist and how to access them. Fortunately, a number of study participants had suggestions for more efficiently disseminating accurate information into the community.

First, an advanced marketing campaign was mentioned by several KIs, and the utilization of social media was commonly referenced as a potentially potent manner in which to accomplish that. While a number of community based organizations, including PCCHD, utilize sites like Facebook to incorporate health related messaging, a comprehensive campaign with actionable objectives and opportunities for community collaboration has yet to be developed.

A social media campaign can take many forms, and many KIs pointed out that not everyone can be assumed to have either a computer or consistent access to the Internet. The Pueblo community in particular may therefore benefit from a multifaceted social media campaign incorporating messages across both Internet sites like Facebook as well as more commonly accessed media such as cell phones. A comprehensive campaign, therefore, could present a road map which helps to outline (a) who the target audience is, (b) what the specific needs of that community are, (c) what specific new media will be utilized to reach out to that audience, and (d) what indicators will be established to determine if the campaign is working.

Interestingly, such a campaign could become a community effort wherein multiple agencies engage in the issue to present actionable targets and solutions. Clear leadership, however, must be in place to provide continuity and direction while ensuring that a results-oriented approach is not compromised by internal disputes. For more information on how to implement a social media campaign, as well as a fairly comprehensive assortment of tools, visit http://aids.gov/using-new-media/.

Second, a few KIs alluded to the development of a resource inventory, although it was unclear as to the status of such a project. If a comprehensive resource inventory surrounding access to reproductive health services does not already exist, it would be extremely beneficial to do so. A comprehensive resource inventory could be targeted to both service providers and service utilizers alike. One particularly practical example of a successfully implemented resource inventory is the AIDS Coalition for Education‘s (ACE) Colorado HIV/AIDS Resource Directory. This particular guide provides a comprehensive overview of local and state providers and resources providing either direct or indirect services to the HIV-positive community. The directory is available for download at http://www.acecolorado.org/ and a searchable database is currently under continuing development at http://www.findhivresources.com/. These resources are of

invaluable significance to both the Colorado HIV-positive community as well as Colorado service providers, allowing everyone to better understand who is doing what in the community.

A similar inventory targeted directly to the Pueblo County community could incorporate a number of service areas—from sexual education and prevention, to medical care, to proper contraception use, to mental health and even recreational activities—while maintaining a specific focus on reproductive health care. Typically, such an inventory should include at the minimum for each participating community agency the following: a current address, telephone and fax number; an appropriate contact person; appropriate email addresses; Web links; hours of operation; associated pertinent fees; and a brief description of services provided and target populations.

Educate, Engage, and Consolidate Stakeholders

Pueblo County school districts are an integral link to any effort to disseminate information surrounding reproductive health services to Pueblo County teens. As KIs and focus groups participants pointed out, it is the one place to which teens of all demographics, ethnicities, and income levels go nearly every day. There is no substitution for accurate and targeted messages at the school level surrounding access to reproductive health care services. To that end, KIs and focus group participants also jointly acknowledged that disagreements surrounding appropriate messaging have severely inhibited the community's ability to get consistent and comprehensive education to Pueblo County teens.

As will be discussed later in this report, the chief concern among KIs was that disjointed efforts to reduce exceedingly high teen pregnancy rates have resulted in the development of factionalized efforts which have produced little to no practical results. The effects of these disjointed efforts can be seen on two fronts. First, while Pueblo County school districts have incorporated sexual education curricula, the practical implementation of such curricula has been noted to be extremely tentative, with teachers or schools often having different ideas as to what such sexual education is or should be. Second, Pueblo County has developed multiple committees and coalitions throughout the years to address high teen pregnancy rates, too frequently with too few results. KIs attributed this to both internal disputes, and a lack of central coordination and leadership.

It is imperative, therefore, to educate, engage and incorporate all stakeholders in a cohesive and community based comprehensive plan to reduce teen pregnancy grounded in evidence-based and evidence-informed prevention programming. This is a key step in the President's Teen Pregnancy Prevention Initiative and is evidently necessary in Pueblo County.

Address Access Barriers

While the health department was the most commonly mentioned resource in the community by both teens and KIs as to where Pueblo County teens could access free or reduced-cost reproductive health services, a number of participants pointed to two key barriers in accessing services: transportation and long wait times for appointments.

The transportation issue was primarily a barrier related to the bus lines shutting down by 6:00 pm. While teens could utilize the bus to get to appointments, it was more difficult to get home, especially considering that Pueblo County teens generally have to make such appointments after school, and that Pueblo is a large enough town to present significant distances to and from home and school. Further, if the health department or other community resources did provide transportation services to and from appointments, focus group participants were unaware of them. Therefore, one substantial next step could be to address the transportation barrier, either by providing transportation assistance to and from appointments directly, or by making information more available to students concerning how to get to and from appointments without having to rely on the bus system.

Addressing long wait times for appointments could also substantially reduce the risk for unintended teen pregnancy. One focus group participant actually mentioned becoming sexually active while waiting for an appointment with the health department for reproductive health services. Fortunately, clinic efficiency models are beginning to show substantial and quantitative evidence for reducing wait times, improving patient flow, reducing cycle times, increasing financial viability, increasing patient and staff satisfaction, and increasing the number of users of integrated services. Some key elements associated with such models include (a) moving around your patient, instead of moving them, (b) identifying your clinicians role and cross training all staff, (c) communicating directly, (d) starting all visits on time, every time, and (e) identifying capacity and matching it to your demand.

Enhance Teen Involvement in or Access to Community Activities

Activity Resource Guide

As mentioned earlier, teens often cited boredom due to a lack of available activities as one reason for engagement in sexual activity. While certainly not a comprehensive solution to this issue, one small step could be the development of a Pueblo County _Westword.' The Denver *Westword* is an online and print resource outlining the multitude of events, activities, and restaurants available to the Denver community. While the *Westword* does have a particular focus on bars and night clubs, a similar resource targeted to Pueblo County could instead focus on community activities, or team sporting events. A Pueblo County _Westword' could be a resource guide specifically developed by and targeted towards teens to provide them with additional information concerning what there is to do in the Pueblo community to keep them occupied.

Peer Educators

Teens could be further engaged as a resource to preventing teen pregnancy themselves. As will be discussed in the focus group results, teens who had successfully prevented teen pregnancy consistently noted some degree of exposure to small children, childbearing, or teen parents as a potent deterrent to engaging in unsafe sex practices. Several teen parents themselves also noted a unique interest in telling their stories and sharing their experiences with other teens in an effort to provide a more realistic understanding of what being a teen parent entails. While some KIs mentioned a fear that

peer educators could potentially glamourize the issue of teen pregnancy, it was clear from the focus groups that the participating parents held a fairly realistic vision of the struggles of being a teen parent. A school-, teacher- and/or nurse-reviewed curriculum could potentially resolve concerns surrounding inappropriate or ill-informed messaging arising from the use of peer educators. It would also present an opportunity to educate teen parents themselves before they spread messages into the community surrounding what it is to be a teen parent.

Future Goals

This type of a curriculum could be enhanced or supported by specific messaging surrounding future career goals and aspirations. Also mentioned in both KIIs and focus groups alike, teens very often lack a sense of their career opportunities or future aspirations, which encourages a mindset focused solely on the present. Teens who have successfully prevented pregnancy often, in fact, pointed to their future goals as a key reason to avoid pregnancy. It was widely felt that teens needed role models, or something or someone to which teens could relate or aspire to. Fortunately, there is a vast, multi-faceted and accessible pool of both local and state-based community professionals available to provide such messages—especially for young women. Community or school-based speaking engagements with experts from the fields of health care, astronomy, agriculture, biological sciences, or even the military could provide a source of practical inspiration which could begin to embed in teens a sense of their future selves.

Another practical suggestion to that end would be the development (again, if it is not already in place) of an annual or bi-annual college and/or career fair targeted specifically towards high school students. This would be another opportunity to engage a wide base of stakeholders to work towards a solid, actionable, and non-controversial goal. This would also inspire teens towards a long-term goal while giving them a practical sense of their career opportunities.

II. INTRODUCTION

Americans increasingly desire smaller families, and women are shortening their childbearing years. As a result, Americans are spending more of their lives choosing to avoid pregnancy and are in need of effective contraception (Stout, Shupe, & McLaughlin, 1998). However, the majority of all pregnancies in the United States are unintended. In this changing social context, unintended pregnancy has become an increasingly important issue, but unintended pregnancy remains an ambiguous concept that is imperfectly measured. Generally, it refers to pregnancies that were not planned at the time of conception and includes pregnancies identified as either unwanted or mistimed at the time of conception.

When pregnancies are begun without planning or intent, there are fewer opportunities to prepare for an optimal outcome. Unintended pregnancies are associated with increased social, emotional, and health stressors for those affected by or born of such pregnancies. Research has shown that women with unintended pregnancies are more likely to start prenatal care late in the pregnancy; they are more likely to smoke and drink during their pregnancies; and they are at greater risk for depression during pregnancy and postpartum (Brown & Eisenberg, 1995). Women whose pregnancies were unplanned also experience higher rates of domestic violence (Centers for Disease Control, 1994). Although men share an equally important role in the timing and choice of pregnancy, few studies have looked at the consequences of unintended pregnancy for men. However, the research that has been conducted indicates that fathers of newborns from unplanned pregnancies report greater levels of stress than those with planned infants (Cooney, Pedersen, & Indelicato, 1993). Approximately half of all unintended pregnancies result in births. Infants whose conception was unintended are at greater risk for low birth weight (Brown, 1995). As a group, children born after unintended conceptions have been found to suffer developmental deficits, such as lower verbal skills (Baydar, 1995).

A landmark study regarding the impact of unintended pregnancy was conducted in 1995 as part of an Institute of Medicine (IOM) report titled, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families." The authors concluded that, "the consequences of unintended pregnancy are serious, imposing appreciable burdens on children, women, men and families."

Due to high pregnancy and birth rates to Latina teens within Pueblo County in recent years, as well as continued commitment to evidence-based public health interventions, PCCHD identified the need for more current information on unintended pregnancy rates and related factors. In support of the need for new research, the Temporary Assistance for Needy Families (TANF) program provided funds to PCCHD to conduct this research study. Within this context, PCCHD contracted with JSI, Inc. to explore general definitions and impressions of unintended pregnancy, factors associated with unintended pregnancy, and best practices for unintended pregnancy prevention. The ultimate result of the study is to develop a better understanding of the teen pregnancy problem and identify those evidence-based solutions with the greatest impact for the community to implement.

The purpose and intent of the study was to advance the PCCHD's broader goal of reducing the rate of unintended teen pregnancies in the Pueblo community. The key areas of interest to the PCCHD included: demographics, disparities, perceptions and repercussions of unintended pregnancy, strengths of those who have prevented pregnancy, and prevention resources. This report is directed to local public health professionals; administrators of relevant health and social service programs, including those who are active in the field of family planning, specifically, and reproductive health generally; social services and child welfare; policymakers at the state and local levels; and any other community leaders in a position to act on the conclusions of the report.

III. BACKGROUND

A comprehensive review of secondary data and literature helped delineate study objectives and goals. Throughout the review process all information was qualified as reliable, detailed, and research driven. Findings in the literature served to justify the particular approach to the study and the selection of methods, demonstrating that this study contributes a new understanding of the impact of unintended pregnancy among Pueblo County teens. Two key issues pertaining to the specific issues in Pueblo County emerged from these reviews

- Teen pregnancy rates in Pueblo County are significantly higher than state and national rates;
- Latina teens have a disproportionately high unintended pregnancy rate than any other rate/ethnicities

Study Goal and Objectives

This research project aimed to advance the broader PCCHD goal of reducing unintended pregnancy rates in Pueblo County through conducting an in-depth study of teen (aged 13-19) pregnancy in Pueblo County with a special focus on the high pregnancy and birth rates to Latina teens. The research was designed to support systematic analytic thinking on the causes and consequences of unintended pregnancy in order to identify effective use of prevention resources.

The specific aims of the study encompassed four objectives:

1. Obtain data on rates of unintended pregnancy/paternity among Pueblo County residents aged 13-19. This was accomplished by developing an epidemiologic profile of unintended pregnancy rates and other indicators of sexual risk-taking behaviors in Pueblo County through secondary data analyses of publically-available data in aggregate format.

2. Identify factors associated with unintended pregnancy/paternity among Pueblo County men (aged 16-19) and women (aged 13-19). This was accomplished through focus groups, KIIs, and a literature review. Focus group participant recruitment targeted youth or young adults as well as men (aged 16-19) and women (aged 13-19) who have had an unintended pregnancy/paternity resulting in parenting.

3. Identify factors associated with successful pregnancy prevention among Pueblo County men (aged 16-19) and women (aged 13-19). This was accomplished through focus groups, KIIs, and a literature review. Focus group participant recruitment targeted youth or young adults who have avoided pregnancy while at some point having been sexually active.

4. Describe best practices in primary and secondary prevention of unintended pregnancy/paternity. This was accomplished through the literature review and KIIs.

Within these objectives, the following key areas of interest were highlighted as the project moved forward with primary data collection: demographics, disparities, perceptions and repercussions of unintended pregnancy, strengths of those who have prevented pregnancy, and prevention resources.

The social, cultural, mental health, and economic aspects of teen pregnancy/paternity were primarily explored through focus groups with the target population and also, to some extent, through KIIs with stakeholders; members of the research committee; and school, social services, and health department personnel.

Significance of the Problem

Of the over 6 million pregnancies in the United States in 2001, an estimated 3 million were unintended (The National campaign). Of the unintended pregnancies, approximately half resulted in a live birth, while the other half resulted in a termination of the pregnancy. The remaining pregnancies ended in miscarriage. Among live births, increased maternal high-risk behaviors, such as smoking and drinking, as well as poorer health outcomes for the infant, such as low birth weight, have been associated with unintended pregnancies at a higher rate than with planned pregnancies. Children born as a result of an unintended pregnancy are also at greater risk for child neglect or abuse and developmental delay. For the mothers who experience an unintended pregnancy, there are also correlations between lower education levels and socioeconomic status, which have life-long impacts for both mother and child.

The Most At Risk for Unintended Pregnancy

Although 93% of women of reproductive age use contraceptives, there are 42 million women at risk for unintended pregnancy in the United States. The small portion of those not using contraception (7%) accounts for 47% (or 3 million) of unintended pregnancies annually (Alan Guttmacher Institute [AGI], 2000). Henshaw (1998) also found that by the age of 45, the average American woman will have had 1.42 unintended pregnancies.

Within this context, teen pregnancy is especially significant. Each year in the United States, one in eight women aged 15-19 becomes pregnant, resulting in over half a million births, two-thirds of which are unintended (Hatcher, Trussell, Nelson, Cates, Stewart, & Kowal, 1998). Furthermore, only 25% of the men involved in the pregnancies among women under age 18 are also of the same age group; three-fourths are older, and nearly 40% are at least 20 (AGI, 2000).

While there is a paucity of data on the rates of unintended pregnancy (paternity) among men, a recent analysis of the 2002 cycle of the National Survey of Family Growth (NSFG) data revealed male intendedness of pregnancies: 9% were unwanted, 25% were mistimed, and 65% were intended (Martinez, Chandra, Abma, Jones, & Mosher, 2006). These percentages include only pregnancies that ended in a live birth. Additionally, a study of unintended paternity rates in the US Army found 70% agreement between mother's intention status and her report of the father's perspective on intention (Custer, Waller, O'Rourke, Vernon, & Sweeney, 2002).

Although the teenage pregnancy rate in the United States has been dropping since 1990, it is still much higher than in many other industrialized countries: twice as high as in England, Wales, France, and Canada; and nine times as high as in the Netherlands or Japan (AGI, 2000). Mistimed and unwanted pregnancies are not randomly distributed among families in the United States. They occur more frequently among younger, unmarried, low-income, and minority women and those who have not completed high school (Finer & Henshaw, 2006). The following is a brief list of those who are most at risk for and impacted by unintended pregnancy:

- Young and impoverished women
- Women with an annual household income below 200% of the federal poverty level
- African American and Hispanic women
- Low-income women without contraceptive health insurance coverage (who are twice as likely to have an unintended pregnancy) (Michigan Department of Community Health, 2007).

National , State and Local Data Paints a Picture of Unintended Pregnancy

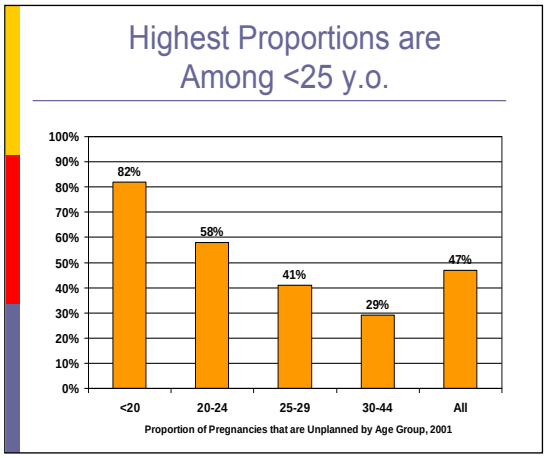
Secondary data analysis was done on publically-available datasets. Measurements of pregnancy intention and rates are typically measured through national surveys:

- Pregnancy Risk Assessment Monitoring System (PRAMS) – The PRAMS data is collected retrospectively (2-3 months after delivery) at national, state, and county levels, and asks about maternal attitudes and experiences before, during, and shortly after pregnancy.
- National Survey of Family Growth (NSFG) – The NSFG gathers information on family life, marriage and divorce, pregnancy intention within five years of infant's birth, infertility, and use of contraception.
- National Maternal and Infant Health Survey (NMIHS) – The NMIHS is a self-administered survey which collects data on socioeconomic and demographic characteristics of mothers, prenatal care, pregnancy history and occupational background, health status of mother and infant, and types and sources of medical care received.
- The Colorado Health Information Dataset (CoHID) – CoHID is an interactive data system from the Colorado Department of Public Health and Environment including birth, death, population, behavioral risk factors, and pregnancy statistics.

National Data

The national data around unintended pregnancy is important to consider because it provides a context for examining the issue and helped to identify key areas upon which to focus this research. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, 82% of pregnant teens reported their pregnancy as unplanned in 2001 (see Table 1).

Table 1. Proportion of Unplanned Pregnancies by Age Group, 2001



Source: The National Campaign to Prevent Teen and Unplanned Pregnancy. Proportion of All Pregnancies that are Unplanned by Various Socio-Demographics, 2001.

According to a recent National Vital Statistics Reports, produced by the Centers for Disease Control and Prevention (CDC), teenage birth rates on a national scale have fallen dramatically in recent years. In fact, in 2009 these rates reached their lowest point ever recorded (39.1 live births per 1,000 teens aged 15-19 years) since national data became available on the matter in the 1940s. Birth rates have been decreasing steadily, however, since the 1950s. While brief periods of increasing birth rates have been recorded, most notably in the late 1980s and more recently from 2005 to 2007, the overarching teen birth rate has dropped 59% from its historic high (96.3 live births per 1,000 teens) in 1957 (Hamilton, 2010).

Teen pregnancy rates have fallen as well, decreasing 38% from 1990 to 2004. A recent analysis from the Guttmacher Institute indicates that a large portion of the decline is due to the increased use of birth control. In fact, this study attributed 86% of the decline between 1995 and 2002 to the increase in both the *actual* use of birth control, as well as the *effective* use of birth control (Alan Guttmacher Institute [AGI], 2008).

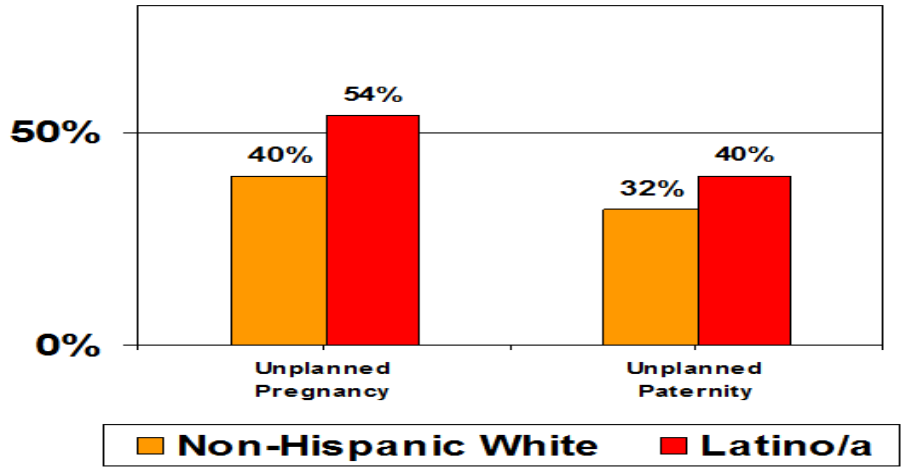
Interestingly, the full and true extent of unintended pregnancy rates may be underestimated. In a recent analysis of data from the 2002 National Survey of Family Growth, Lawrence B. Finer, director of domestic research at the Guttmacher Institute, found that national unintended pregnancy rate estimates were formed by taking into account all women of reproductive age, 15-44 years. Because most adult women are sexually active, the rate of unintended pregnancy among sexually-active adult women is relatively similar to the rate of unintended pregnancy among all adult women. In fact, the rate of unintended pregnancy among all teens aged 15-17 in 2001 was actually lower (40 per 1,000 women aged 15-17) than the national average for all women (51 per 1,000 women aged 15-44). This ceases to be the case, however, when one considers that less than half of women aged 15-19 years old and only 27% of women aged 15-17 are sexually active. Taking this into account, the unintended pregnancy rate among sexually-active teens aged 15-17 was 147 per 1,000 in 2001 and 162 per 1,000 among teens aged 18-19. These figures are well above the national average of 69 per 1,000 among all sexually-active women and could hold potentially significant implications for national, regional and local policies aimed at addressing the issue.[1]

[1] Finer, —Unintended Pregnancy Among U.S. Adolescents: Accounting for Sexual Activity."

An additional layer to an already complex issue is seen in the data that points to a higher burden of unintended pregnancy and paternity occurring in the Latino population. From the 2001 data on unintended pregnancy, the proportion of unplanned pregnancies to Latina women were reported as 54%, which is significantly higher than the 40% reported by non-Hispanic white women. (See Table 2) However, the burden is not limited to the female population, as evidenced by the estimate of 40% of unplanned pregnancies reportedly fathered by Latino men, compared to 32% reportedly fathered by non-Hispanic white men.

Table 2

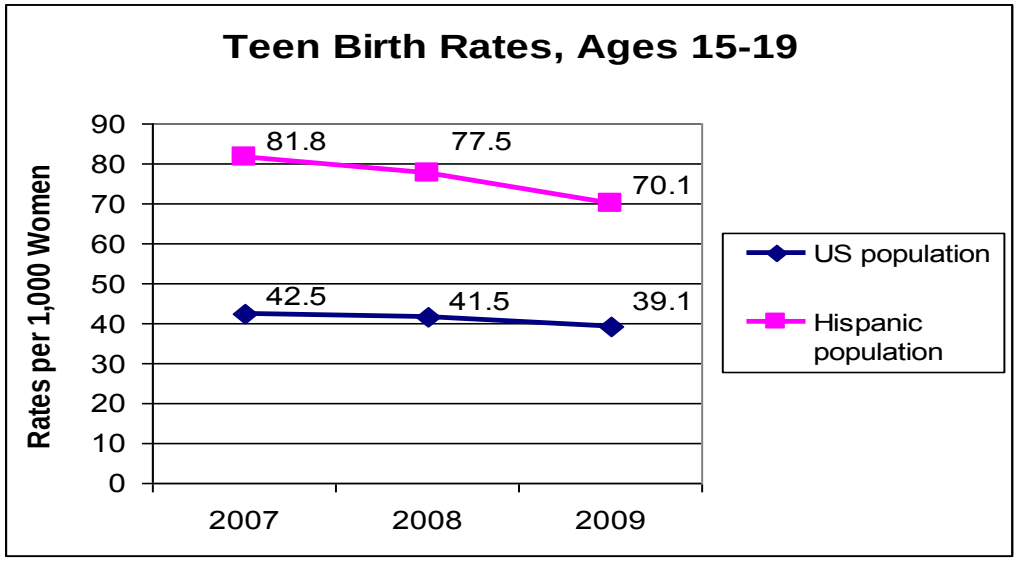
Proportion of All Pregnancies that are Unplanned by Race/Ethnicity, 2001



Source: The National Campaign to Prevent Teen and Unplanned Pregnancy. Proportion of All Pregnancies that are Unplanned by Various Socio-Demographics, 2001.

There is also related evidence that Hispanic/Latino populations are disproportionately impacted by teen birth rates as well. As Table 3 clearly shows, the Hispanic population experiences teen birth rates almost double that of the United States population in general. Signs are improving, however, as the Hispanic birth rate in the US has decreased over 14% since 2007.

Table 3

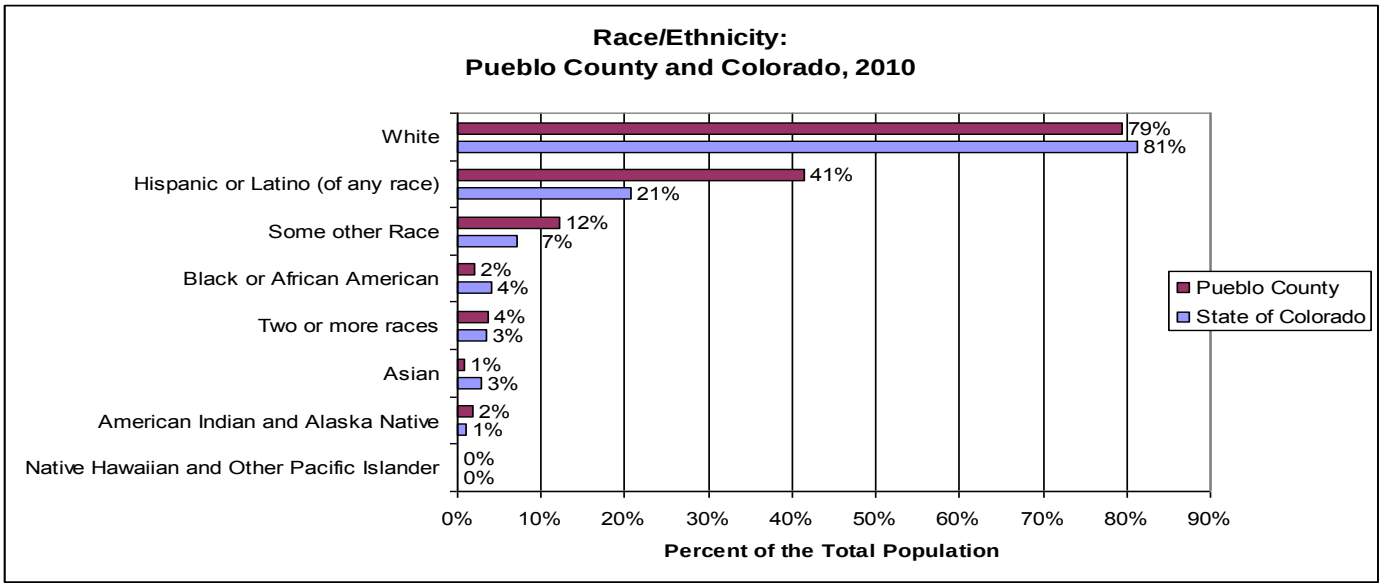


Source: *U.S. Teenage Birth Rates Resumes Decline*. NCHS Data Brief. No. 58. February 2011.

Demographics of Pueblo County

Before being able to examine things such as impressions of unintended pregnancy and paternity, factors that might prevent the problem, and its social, cultural, and economic aspects, we first had to understand the demographics of Pueblo County and consider the impact this may have on the current base of knowledge. According to 2010 U.S. Census data estimates, Pueblo County accounts for approximately 159,063 individuals, or 3.2% of Colorado's population (composed of approximately 5,029,196 individuals). While Pueblo County maintains a similar demographic profile to the rest of the state, it is host to a substantially higher percentage of persons of Hispanic or Latino origin (see Table 4).

Table 4



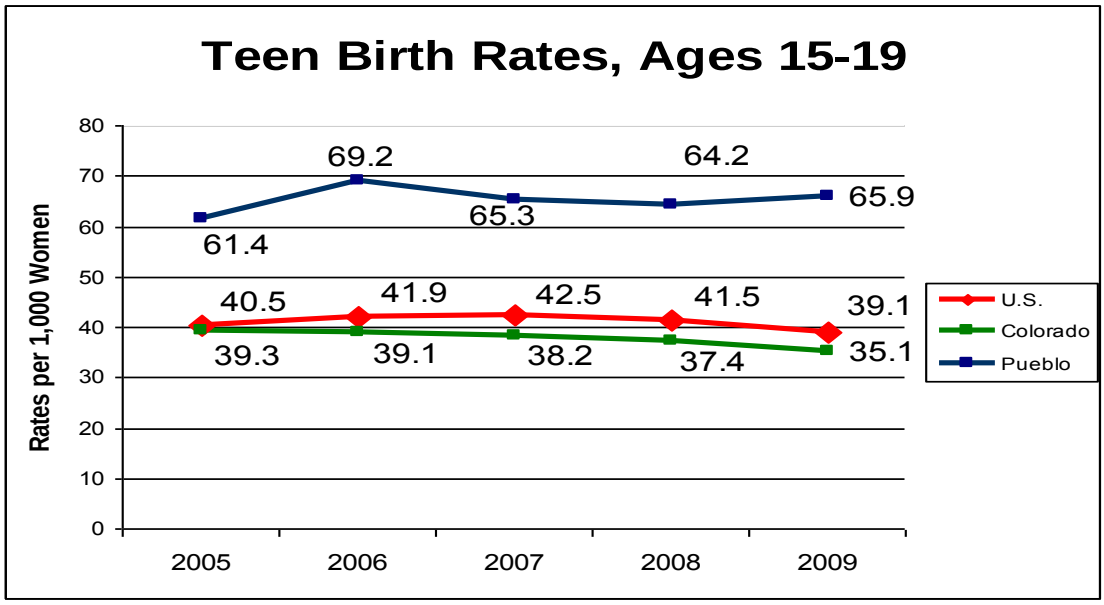
Source: U.S. Census Bureau, 2010

Pueblo County has long been considered dissimilar to other counties in Colorado due primarily to the relatively large Hispanic population (discussed above), and disproportionate poverty rates and teen birth rates which are significantly higher than either the state or national average.

Pueblo County and Colorado Teen Birth Rates

Foremost, as can be seen from Table 4, Pueblo's teen birth rates are significantly higher than both those of Colorado and the U.S. One can also see from this table that, despite a small rise in teen birth rates in 2006 and 2007, national teen birth rates have declined in recent years, resulting in the lowest teen birth rate in recorded history, or 39.1 births per 1,000 teens. It is also interesting to note that, in addition to being below the national average, the teen birth rate in Colorado has declined steadily in recent years, by almost 11% between 2007 and 2009 alone. Birth rates in Pueblo County, however, increased 7.3% from 2005 to 2009, displaying little sign of a potential downward trend.

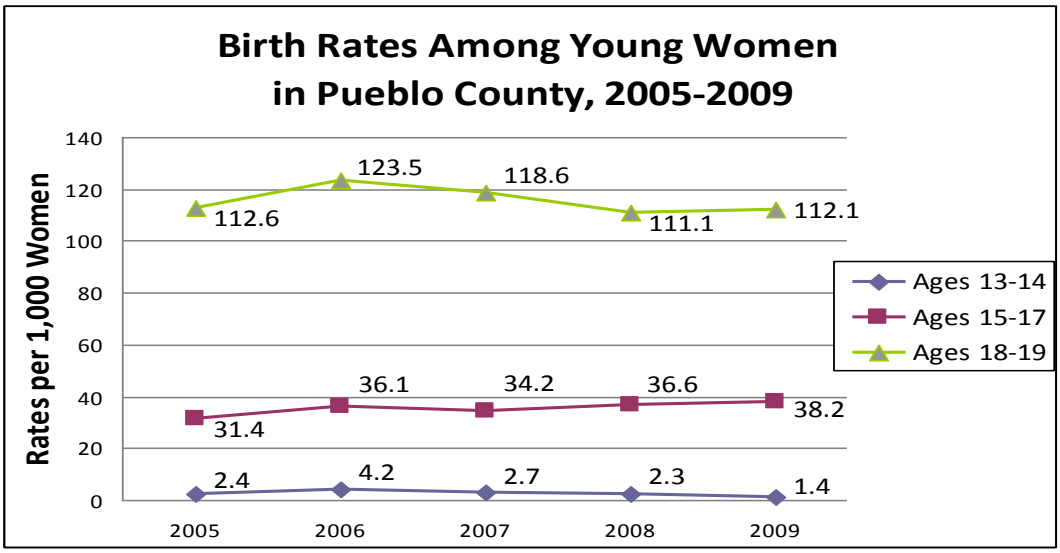
Table 5



Sources:
U.S. Teenage Birth Rates Resumes Decline. NCHS Data Brief. No. 58. February 2011.
Colorado Health Information Dataset. Birth Statistics. Accessed 4-14-2011.

Breaking down this data further by age reveals some interesting trends as well (see Table 5). Birth rates among 13-14-year-olds in Pueblo, for example, have decreased 42%—from 2.4 to 1.4 births per 1,000 women between 13 and 14 years of age from 2005 to 2009. Unfortunately, the opposite can be said of 15-17-year-olds, where a 22% increase in birth rates can be seen in that same time period. Birth rates among 18-19-year-olds, however, have stagnated since 2005, despite temporary fluctuations. While the overarching birth rate for this age group has actually declined 0.4% since 2005, it is clear that this age range drives Pueblo County's high teen pregnancy rates.

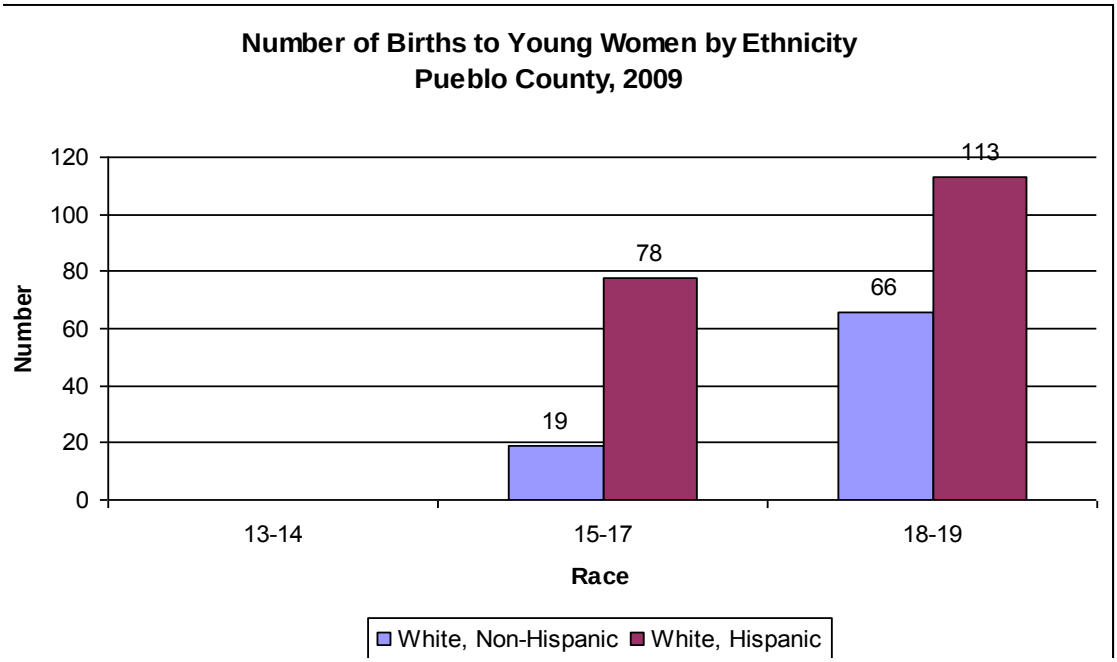
Table 6



Source: Colorado Health Information Dataset. Birth Statistics. Accessed 4-14-2011.

Breaking the data down further still, national teen birth rate disparities associated with Hispanic/Latino populations can be seen within Pueblo County as well. First, as can be seen in Table 7, the sheer volume of teen births in Pueblo County lies predominately among the Hispanic population, despite the fact that this segment of society does not represent the predominant racial or ethnic demographic (see Table 3). In fact, of the 351 live births to women under the age of 20 in 2009, 191 of those births were to Hispanic women.

Table 7



This disparity can be seen in birth rate data as well. As can be seen in Tables 8 and 9, despite similar trends, the birth rate among Pueblo County's Hispanic population is nearly twice that of the White, non-Hispanic population.

Table 8

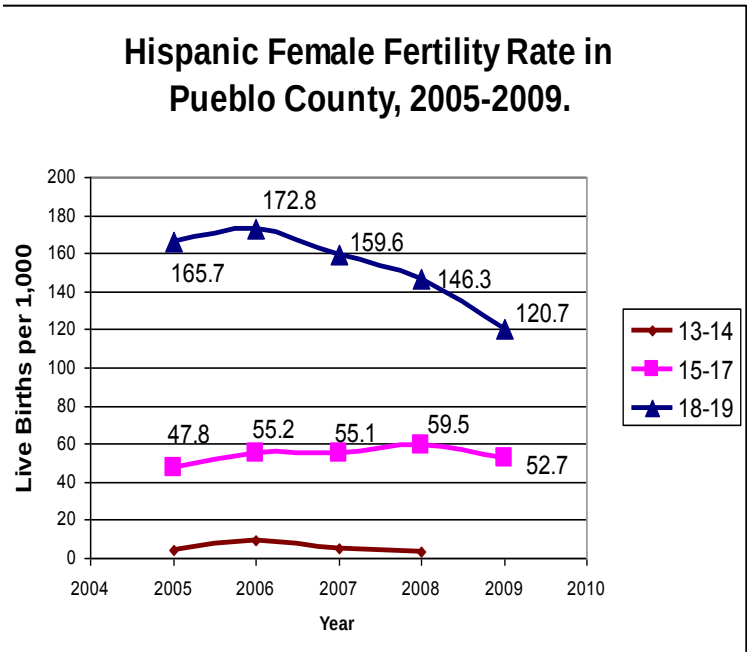
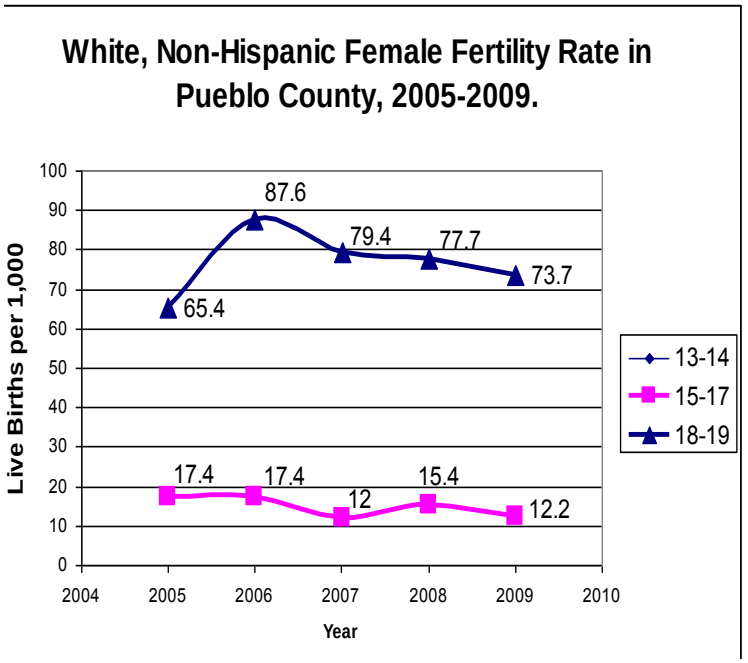


Table 9



According to PRAMS data produced by the Colorado Department of Public Health and Environment (CDPHE), 55.9% of all pregnancies in Pueblo County from 2005 to 2008 among teens aged 15 to 19 were considered unintended, compared to 65.7% among Colorado at large in this same age group. This indicates that, despite disproportionately high teen pregnancy and birth rates, Pueblo County teens are less likely to consider their pregnancy ~~u~~unintended." Among the Pueblo County Hispanic population, 50.3% of all pregnancies were considered unintended.

Also according to CDPHE PRAMS data, the Hispanic population in Pueblo County is 1.62 times more likely to not be doing anything to prevent pregnancy. Comparatively, the Hispanic population within Colorado at large is only 1.05 times more likely to not be doing anything to prevent pregnancy (CDPHE PRAMS, 2010).

These issues are further exacerbated, or caused by, high poverty rates, especially among teens. According to U.S. census model estimates, almost 17% of Pueblo County lived in poverty in 2009, compared to 12.6% for the state of Colorado in general. This percentage increases when isolating specific age ranges, especially teens. In fact, 26.5% of individuals under the age of 18 in Pueblo County were estimated to live below poverty in that same year, compared to 16.6% among the state at large (U.S. Census Bureau, QuickFacts).

IV. METHODOLOGY

Overview

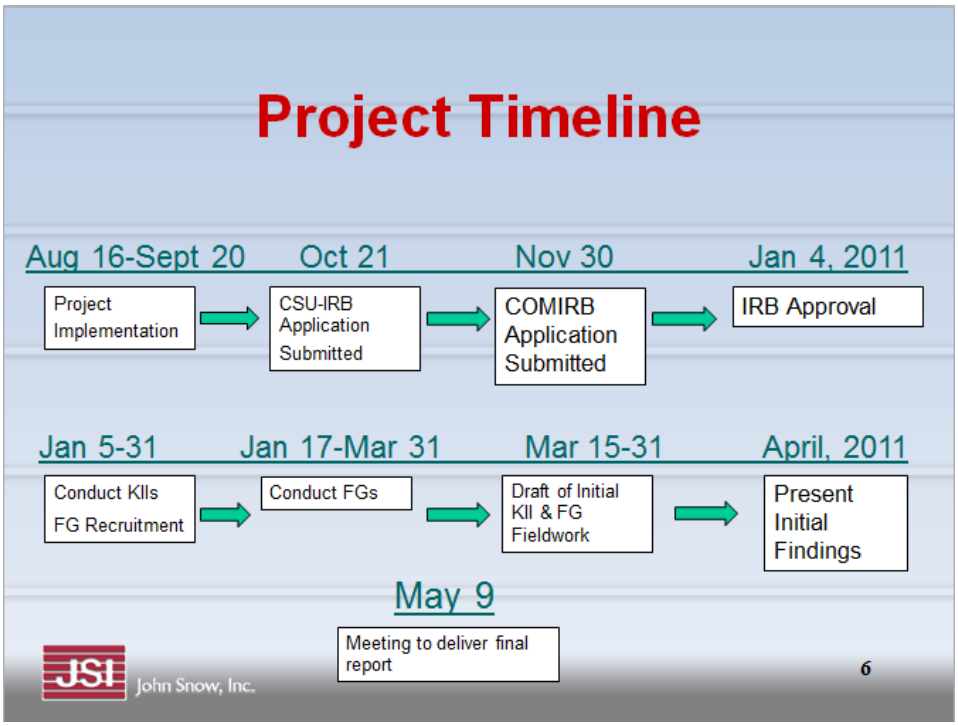
Research activities included quantitative and qualitative data collection among a diverse group of young men and women, as well as their immediate social network, health care and social service providers, and key stakeholders. Key areas of interest to PCCHD included: demographics, un/intentionality rates, disparities, perceptions of un/intended pregnancy, repercussions of un/intended pregnancy, and obstacles to and resources for prevention. PCCHD Community Health Services Division, in coordination with the Pueblo Community Advisory Group on Positive Youth Behavior, monitored and evaluated the research process, with the goal of ensuring quality completion of the scope of work, and recommending mid-course correction when necessary.

Five primary sources of information were used to address the study's goals and objectives:

- Secondary quantitative data review (i.e., existing data)
- Secondary qualitative data review (i.e., existing data)
- Literature review (i.e., existing data)
- Primary qualitative data collection via focus groups with various segments of the target population (i.e., new data)
- Semi-structured interviews with key stakeholders across Pueblo County (i.e., new data)

The methodology described below was intended to spark systematic analytic thinking on the causes and consequences of unintended pregnancy, in order to assist PCCHD in identifying the most effective use of local prevention resources aimed at multiple levels of the community, such as within the health care system, social service programs, educational system, public health programs, and policy development.

Study Timeline



Institutional Review Board

Before most research studies can begin, approval by an external committee known as an Institutional Review Board (IRB) must be obtained. The IRB reviews the research to make sure it is well designed, that the risks are as low as possible, and that these risks are reasonable when compared to the possible benefits of the research.

A protocol and application to research unintended pregnancy and paternity in Pueblo County was developed and submitted to the Colorado Multiple Institutional Review Board (COMIRB) for their approval (Appendix A). The research was approved under an expedited review process based on the minimal risk that is posed to human subjects. IRB approval was granted prior to the recruitment and primary data collection described below.

The process of conducting IRB-approved research helped ensure respectful interaction with research participants within a clearly-defined protocol, as well as regulated consistency in recruitment, screening, and informed consent processes. Focus group discussions and KIIs were conducted within the structure of an approved set of questions, further ensuring consistency and participant protection. One limitation of this particular IRB review was that recruitment strategies were restricted to passive recruitment methods, meaning that the research could be advertised via flyers, but potential participants could not actively be approached with information about the study.

Secondary Data Collection and Literature Review

The quantitative and qualitative secondary data review, using publically-available datasets such as surveillance data, needs assessment data, and epidemiological profiles of

national and local incidence and prevalence trends, provided the information necessary to profile the extent of the burden and disparity of unintended pregnancy and paternity by detailing trends in causes and consequences of unintended pregnancy.

The types of questions that were considered in the analysis of unintended pregnancy and paternity measures of the Pueblo County data included:

- Do the indicators show an increase or decrease in unintended pregnancy?
- How do measures for Pueblo County compare to state and national measures?
- Do trends reflect the age profile, income levels and/or racial and ethnic diversity of the county?

The literature review provided information on existing research related to risk factors, determinants, and successful prevention of unintended pregnancy and paternity, and helped to identify particular data trends and gaps. The focus of the literature review was on obtaining the appropriate breadth and depth, rigor and consistency, clarity and brevity, and effective analysis and synthesis. The concepts from the literature were used to structure the research approach.

Primary Data Collection

Beyond the secondary quantitative and qualitative data review of public data to provide an epidemiologic perspective of unintended pregnancy and paternity and its risk factors, primary data was collected via focus groups among 15-19-year-olds within Pueblo County, as well as interviews with key informants across Pueblo County. Focus groups were conducted with sexually-active teens who had either prevented pregnancy or were pregnant/parenting.

The qualitative primary data collected through the focus groups provided information related to behaviors, attitudes, beliefs, and trends among individuals who had experienced an unintended pregnancy and paternity that resulted in the decision to parent. The focus group findings help inform the design of effective programs because they are based on the theory of social interaction, and explore the depth of understanding and motivations. Further, the focus group format was chosen because of its ability to generate data that could identify the scope of issues important to the target population.

The qualitative primary data collected through KIIs was useful in exploring issues for the purpose of program planning and implementation, especially motivation, behavior, and perspectives of clients and community partners. Further, KIIs are an important aspect of qualitative data collection when the aim is to generate recommendations for programs/services to address a particular health issue.

Focus Group Methodology

A total of 13 focus groups were conducted with sexually-active Pueblo teens between the ages of 13 and 19. Focus groups were conducted with both females who experienced an unintended pregnancy and males who fathered an unintended pregnancy that resulted in live births and those who have not experienced pregnancy but are sexually active. Participants were stratified by gender and pregnancy status, as well as age.

Subjects voluntarily participated in a focus group according to the following demographics:

- Females age 13-14 who are or have been sexually active and have successfully avoided pregnancy
- Females age 15-17 who are or have been sexually active and have successfully avoided pregnancy
- Females age 18-19 who are or have been sexually active and have successfully avoided pregnancy
- Males age 16-19 who are or have been sexually active and have successfully avoided pregnancy
- Females age 15-17 who are or have been pregnant
- Females age 18-19 who are or have been pregnant
- Males age 16-19 who have fathered a child

Sampling and Recruitment Strategy for Focus Groups

Because the aim of the research was to understand the experience of unintended pregnancy and paternity to various population groups, in particular how culture and social context affects their experience, the research team decided that theoretical sampling methodology would be appropriate. Theoretical sampling procedure dictates that the researcher choose participants who have experienced or are experiencing the phenomena under study, i.e., teen sex and/or unintended pregnancy. By doing so, the researcher has chosen "experts" in the phenomena who are thus able to provide the best data available (Strauss & Corbin, 1998; Glaser & Strauss, 1967). "Theoretical sampling is cumulative" (Strauss & Corbin, 1998, p. 203). Each interview provides the researcher a slice of data on which he or she can build. Iterative analysis of the collected interviews throughout the data collection process allows the researcher to see the emerging patterns, categories, and dimensions (Strauss & Corbin, 1998).

According to the literature, the sampling frame is determined appropriate either when theoretical saturation occurs, or when 100 participants either for focus groups or semi-structured individual interviews have been recruited (Glaser & Strauss, 1967; Strauss Corbin, 1998), a number concurred by the Steering Committee as the maximum number of participants. Theoretical saturation occurs when:

(a) no new or relevant data seem to emerge regarding a category;
(b) the category is well developed in terms of its properties and dimensions demonstrating variation; and
(c) the relationships among categories are well established and validated. (Strauss & Corbin, 1998, p. 212). In other words, the researcher continues expanding the sample size until data collection (e.g., focus group participants or interviews) reveals no new data (Burgess, 1989).

While following this methodology, the sampling frame for this research addressed the geographic and racial/ethnic distribution of the 15-19-year-old population in Pueblo County. It is generally agreed in the literature that in order to obtain an adequate focus group size, one should over-recruit by at least 50%. Therefore, if a group of 6 participants

is desired, the recruiter should confirm participation of at least 12 participants. This recruitment method aims to accommodate for no-shows and cancellations. The study team found through the literature review that one and a half times more Latina/Latino participants would need to be recruited in order to ensure an overall valid sample from the population group, so the recruitment strategy would oversample this group.

In order to meet Institutional Review Board (IRB) guidelines, focus group participants were recruited from the community using a convenience sampling technique, which included displaying posters located in various community sites serving the target population and encouraging interested participants to call for more information. Specific recruitment locations included, but were not limited to, Pueblo City-County Public Health Department offices, recreation centers, community health centers, teen clinics, and community-based organizations. The recruitment techniques yielded a total of 13 focus groups, for a total of 48 male and female participants.

Six versions of the recruitment flyers were developed in order to recruit the target demographics (Appendix B). Focus group participants were recruited with the help of PCCHD, who posted and distributed flyers within their organization and to their clients, as well as within the community and community youth serving agencies. The flyers contained contact information for those interested in participating. PCCHD also engaged in a social media campaign by posting flyers on their Facebook page, posting flyers on their Web page, and presenting the information during a TV interview. Once potential participants made contact with the study staff, they received additional information about the focus groups and were asked if they wanted to participate in the study. A short, anonymous screen was conducted to determine participant eligibility (Appendix C). Eligibility criteria consisted of being a male or female Pueblo County resident between the ages of 13-19 who had experienced an unintended pregnancy or paternity or who were sexually active and had avoided pregnancy or paternity.

Potential participants who met eligibility criteria were given further details about time, date, and location of the appropriate focus group, and were asked if they would like to participate. Participants were offered child care and transportation assistance, if necessary, in addition to the food and a $30 cash incentive provided to all participants at the time of the focus group discussion. Participants who agreed to participate were asked to provide their first names and either an e-mail address or phone number for the purpose of providing reminders prior to the focus group. Researchers used a tracking sheet to assign participants to focus groups based on age and gender, as well as to track requests for child care and transportation in order to ensure that appropriate resources were made available.

Focus groups were conducted primarily at El Centro Del Quinto Sol and the Youth and Family Academy of Pueblo (YAFA).

At the start of each focus group, all participants were given an assent form (13-17-year-olds) or consent form (18-19-year-olds) to read. A waiver of parental consent was obtained from COMIRB for the 15-17-year-old participants, because it was felt that

obtaining parental consent could hinder the participation and quality of data collected, due to the sensitive nature of the questions. The consent was reviewed by the focus group facilitator (a member of the study team) and questions were solicited.

After assent or consent was provided, a Pre-Discussion Questionnaire (Appendix D) was handed out to each and every focus group participant. The questionnaire was anonymous and collected demographic data, as well as attitudinal data around birth control utilization. This questionnaire was collected prior to the focus group discussion and cannot be linked back to an individual participant. Questionnaires were collected and focus groups began, guided by an IRB-approved focus group discussion guide (Appendix E).Discussions were recorded and transcribed before the audiotapes were destroyed. Participants agreed to be audiotaped as part of the consent process and were asked not to use names or identifying information during the recorded discussion. Immediately following the focus group discussion, participants were asked to sign their first initials and last names to a tracking sheet, for accounting purposes, in exchange for their $30 cash incentive.

Data was also collected through an Audience Response System (ARS) utilizing TurningPoint 2008 software, produced by Turning Technologies, which works in conjunction with Microsoft PowerPoint.

Audio recordings of the focus group discussions were transcribed and then analyzed for recurring themes. Male and female group transcriptions were analyzed separately in order to identify common themes among each cohort. Most commonly reported themes in the literature were identified prior to conducting the focus groups and used as a starting point for analysis. Additional themes that emerged from the focus groups that had not previously been identified were also included in the written summary (Appendix G).

Data from the Pre-Discussion Questionnaire were entered into an automated survey tool for analysis purposes. Male and female questionnaires were analyzed separately in order to identify common themes among each cohort.

Key Informant Interview Methodology

The stakeholders targeted for the KIIs included youth service program providers, health care and social service providers, and other key stakeholders identified by the PCCHD staff.

The research team proposed a preliminary list of organizations and potential interviewees to the Steering Committee. Names and contact information were then added at the request of Steering Committee members until the list was considered to be representative of the necessary key stakeholders. Potential key informants were then contacted via phone and/or email and provided with an overview of the research project and a request to participate in an interview.

Prior to all interviews, each interviewee received a copy of the KII consent form. After clarifying any and all questions and assuring that each interviewee had an understanding

of the study's purpose, both interviewee and interviewer signed the consent form. Researchers tracked the completion of consent forms and interviews. No financial incentives were provided to key informants for their participation in this research.

Interviews were conducted by phone using WebEx, a teleconferencing service. Each interview was recorded and transcribed. The interviews were guided with an IRB-approved set of questions and topics (Appendix H), such as access to reproductive health care and barriers to contraception use.

Interview notes were analyzed to identify common themes. The analysis includes a summary of commonly reported themes, as well as the complete spectrum of prevention strategies solicited during the interview process (Appendix I).

Data Management and Analysis

KIIs were documented via typed notes captured during the interview process. A summary of interview findings was developed in order to eliminate the potential for specific responses to be linked to any particular individual. All focus groups were audio recorded, and consent to be audiorecorded was obtained during the initial consent process with each participant. Study participants were advised not to use names or other identifying information during the discussion. Reference to personally identifying information was deleted when audio tapes were transcribed. Upon completion of the research project, all audiotapes will be destroyed.

The research team used an iterative analysis process whereby the researcher moves back and forth through the data in order to find, compare, and verify the patterns, concepts, categories, properties, and dimensions of the phenomena (Strauss & Corbin, 1998). Although review of the transcripts was an ongoing process during the focus groups, the main process of analysis was carried out when data collection was completed. A framework technique developed by the National Centre for Social Research was used (Ritchie & Spencer, 1994). The first four steps of this technique were employed primarily to order and manage the data:

1. Familiarization;
2. Identifying a thematic framework and developing a coding structure;
3. Indexing (applying codes (Appendix F) systematically to the data); and
4. Charting (rearranging the data according to the thematic content).

The codes were themes derived from the topic guide, points of interest for the researchers, and other important thoughts identified from the initial readings of the transcripts. The six transcripts were then coded. The team met to review the coded transcripts to reduce bias among the researchers. Finally, the transcripts were analyzed according to themes.

The following strategies were employed to enhance the validity of the primary qualitative data collection:

- The literature review and secondary data review was used to dis/confirm focus group and KII findings;
- Any inconsistencies among the primary data collected were triangulated with the findings with other data sources; and
- Findings were dis/confirmed by soliciting reactions from the research team to the drawn conclusions.

Methodological Considerations

There are some limitations to consider with this study, foremost of which is the issue of self-selection. Participants who agreed to be a part of this study may be better informed or more aware of community resources than their peers, which could have influenced specific results. Further, women often informally discuss their personal feelings about the timing of the pregnancies, such as:

- whether a baby came a bit too early;
- whether a pregnancy occurred at a time when it interfered with future plans but
- would have been wanted at a later time;
- whether a pregnancy was not wanted at any time.

Overall, it is difficult to quantify people‘s feelings about a pregnancy and sort them into categories that hold comparable meaning over time and across varied social groups (Brown & Eisenberg, 1995).

Furthermore, qualitative data collected through means such as focus groups and KIIs cannot be generalized to other populations or communities. Specifically for this study, the small sample size and the focus on Hispanic teens experiencing unintended pregnancy and sexually-active teens who have avoided pregnancy has the potential for impacting the interpretation of the results. Additionally, there may be bias in the participants‘ responses due to the following issues:

- Social pressure, particularly with the sensitivity of this topic.
- For the pregnant or parenting focus groups, participants were asked to reflect on the circumstances of their pregnancies/paternities. It is possible that by the time they participated in the focus group discussions, they may have recast their thoughts and feelings in light of the pregnancy and subsequent birth;.
- For the sexually active focus groups, participants were asked to identify strengths that have helped them successfully prevent pregnancy while engaging in sexual activity.
- The passive recruitment strategy, described in the IRB section, may have impacted the representation of study participants.

These potential limitations may have had some impact on the participants‘ selection to participate in the focus group and responses to questions. Observations of the participants and their interaction with the facilitators, however, seemed to indicate that the participants felt comfortable discussing this topic under the circumstances. In addition, the participants‘ responses were not inconsistent with findings in the literature, which further supports the minimal impact of these limitations on the results.

V. RESULTS/FINDINGS

The major findings from the analyzed transcripts of the 13 focus groups and 28 KIIs have been categorized in a manner to help inform future primary and secondary prevention strategies for unintended pregnancy. The categories for the focus groups are impact of pregnancy/paternity, attitudes towards relationships/sex/abstinence, social influences, knowledge and use of contraceptives, social consequences of parenting, bond/relationship with child, life circumstances post-birth, sources of support, and suggestions for prevention programming. KII categories include defining unintended pregnancy, why unintended pregnancy/paternity happens, access to reproductive health services, emergency contraception, and suggestions for prevention programming.

Focus Group Findings

A total of 48 individuals participated in the focus groups, all of which were held in Pueblo. Demographic information found in Table 10 below, was obtained from the confidential pre-discussion questionnaire completed by each participant prior to the focus group discussion. As the table illustrates, almost 71% of the focus group participants consider themselves to be Hispanic or Latino. All but one individual reported their country of origin as the United States. The majority of participants were also single and not in a relationship, or considered themselves to be single and in a committed relationship. Only one participant was actually married at the time of the focus group. Very few participants either knew or felt comfortable sharing information surrounding their estimated household incomes, and the majority of all participants (67%) reported their primary insurance as Medicaid. Only two participants were uninsured, and only four claimed to have private insurance coverage.

Pre-discussion questionnaires also provided valuable information surrounding teen perspectives on birth control and contraception, particularly surrounding common reasons why birth control may not be used in a given sexual encounter. Among sexually-active but non-parenting or pregnant teens, the most common reasons for not using birth control included:

Among females

- "My partner pulled out/withdrew" n=12 (55%)
- "I was not having sex regularly" n=12 (55%)
- "I was drunk, high or under the influence of alcohol" n=9 (41%)
- "I am/was in a relationship and my boyfriend/husband and I had agreed not to have sex with other people" n=5 (23%)

Among males

- "I couldn't ask about it" n=3 (75%)
- "I left it to God's will when I would have babies" n=3 (75%)
- "I pulled out/withdrew" n=2 (50%)
- "I was drunk, high or under the influence of alcohol" n=2 (50%)

Common reasons to not use birth control among pregnant or parenting teens, included the following:

Among Females

- "My partner pulled out/withdrew" n=9 (55%)
- "I was not having sex regularly" n=8 (47%)
- "I am/was in a relationship and my boyfriend/husband and I had agreed not to have sex with other people" n=8 (47%)
- "I didn't care or worry about getting pregnant" n=6 (35%)
- "I was drunk, high or under the influence of alcohol" n=5 (29%)

Among Males

- "I pulled out/withdrew" n=2 (100%)
- "I would not have minded being pregnant" n=1 (50%)
- "I was drunk, high or under the influence of alcohol" n=1 (50%)

These initial results echo perspectives shared within the focus groups themselves, as is discussed in more detail below.

Table 10: Demographic Characteristics of Focus Group Participants

	Female Participants (N=42)		Male Participants (N=6)	
	Sexually Active* (n=25)	Pregnant/parenting (N=17)	Sexually Active (N=4)	Fathering (N=2)
Age				
13-14	3 (12%)	1	0	0
15-17	13 (52%)	7	2 (50%)	2 (100%)
18-19	9 (36%)	6	2 (50%)	0
Race/Ethnicity				
White or Caucasian	9 (36%)	6 (35.3%)	0	1 (50%)
Black or African American	0	1 (5.9%)	1 (25%)	0
Hispanic/Latino	19 (76%)	11 (64.7%)	3 (75%)	1 (50%)
American Indian or Alaska Native	4 (16%)	0	0	0
Native Hawaiian/Pacific Islander	1 (4%)	0	0	0
No Response	0	1 (5.9%)	0	0
Country of Birth				
United States	25 (100%)	16 (94.1%)	4 (100%)	2 (100%)
Mexico, Spain, Central America or South America	0	1 (5.9%)	0	0
Marital Status				
Married	1 (4%)	0	0	0
Single, not in a relationship	7 (28%)	4 (23.5%)	2 (50%)	2 (100%)
Single, in casual relationship with several partners	3 (12%)	0	1 (25%)	0
Single, in committed relationship with one partner	14 (56%)	13 (76.5%)	1 (25%)	0
Income Level				
<100% Federal Poverty Level	2 (8%)	7 (41.2%)	0	0
Don't know	6 (24%)	1 (5.9%)	0	0
No Response	10 (40%)	8 (47.1%)	4 (100%)	2 (100%)
Insurance Status				
Private	2 (8%)	0	0	2 (100%)
Medicaid	16 (64%)	13 (76.5%)	3 (75%)	0
Other Government Coverage	1 (4%)	0	0	0
Uninsured	0	2 (11.8%)	0	0
Student	2 (8%)	0	1 (25%)	0
Prefer not to answer/Don't know	3 (12%)	2 (11.8%)	0	0
Education Level				
Some school but no diploma	9 (36%)	8 (47.1%)	1 (25%)	1 (50%)
High School or GED	13 (52%)	8 (47.1%)	2 (50%)	1 (50%)
Vocational/Technical Training	0	0	0	0
Some College or Associate Degree	2 (8%)	1 (5.9%)	0	0
Prefer not to answer	0	0	1 (25%)	0

**Here, the term "sexually active" refers to teens who have been sexually active but have avoided pregnancy*

Recurring Themes in the Focus Groups
Across all the focus groups conducted, the following consistent themes arose:

Sexually-active teens who have successfully avoided a pregnancy

- Reproductive health services are available in Pueblo County, but many teens do not have the necessary information concerning how to access those services and do not always know where to look to get it.
- Teens who proactively try to prevent their own pregnancy very often have a sense of the practical implications of having a child due either to exposure to children, childbearing, or teen parents themselves.

Pregnant/Parenting Groups:

- Before the pregnancy, there was not much thought or worry about whether pregnancy would occur.
- Pregnancy and parenting were harder than expected.
- There was an increased propensity to use birth control after the pregnancy.
- Parenting provided a strong motivation to improve their educational, emotional, and financial circumstances.

Across Both Groups:

- There was a desire/need for more knowledge around birth control options and their proper use.
- Barriers to preventing pregnancy were less about cost and availability, and more about making it a topic of conversation with parents, peers, and partners.

These themes, and more, are discussed in more detail below and enhanced by direct quotes from focus group participants.

SEXUALLY-ACTIVE TEENS WHO HAVE AVOIDED PREGNANCY

As can be seen from Table 10 above, a total of 29 sexually-active teens who have managed to avoid pregnancy participated in this study. While these teens did share many sentiments as expressed by the study's teen parents, the following themes are specific to this group.

Defining Sex
Most of the teens participating in this study related that they viewed the term "sexually active" as ever having had vaginal intercourse. In this sense, sex was something which could result in a pregnancy, and therefore anything which could not wasn't "full-on sex" [female participant]. Some teens, however, did define sex as encompassing oral sex and also mentioned that other teens may have an even broader definition of sexually active, which may include just touching each other.

Attitudes Towards Sex and Relationships

Participating teens agreed that sex is not solely reserved for marriage and can appear in varying kinds of relationships. Women, however, were more likely to respond that they either demanded or otherwise preferred to be in a committed relationship.

> *"I used to think sex was wrong until marriage but as you get older… you meet the person that you know so well, and if you use the right protection and it"s the right moment, then yes."* [female participant]

> *"I used to think that you should be married, but then I realized that if you truly love them and you use protection, then its ok – but be in a committed relationship."* [female participant]

> *"I know you can"t do ittoo much otherwise you"llbe considered a „whore", but if you"rein a committed relationship, then it"s alright."* [female participant]

Generally speaking, however, the degree to which sex appeared in either casual or serious relationships varied amongst the participants. Most participants either admitted that they had themselves engaged in sexual activity within strictly casual or merely friendly relationships, or mentioned that their friends often did so. One female participant claimed to actually prefer casual sexual relationships outside the context of a commitment, *"I like to be in relationships where they"remy best friend. I don"t like mushy romance, just friendship with sex."*

Attitudes towards sex differed among the male group as well, varying between seeing sex as reserved for serious relationships, to sex being "*just for fun*" [male participant]. It was also mentioned that sex became more casual once they became older, especially if they had engaged in sexual activity in middle school or high school. Some female participants agreed, stating, *"Once I decided to have sex, you just do it after that. It"s not like you can wait again, it [virginity] is already gone."* [female participant]

> *"Juniors, seniors, freshmen in college have experienced it already, so they"re just like, alright… let"s do it.It"s a lot more casual once you get older."* [male participant]

From both the female and male perspectives, attitudes towards sex differed based on gender. As one female participant stated, *"I think that sex is a reward for guys, while for girls it"s a consequence."* Others held similar sentiments, acknowledging both the stronger emotional attachment for females, as well as the harsher social consequences that can be expected as a sexually-active female.

> *"A guy could cum a thousand times and walk away from the girls. Females get emotionally attached…"* [female participant]

> *"If you"re a guy, then they say „right on" but girls are whores."* [female participant]

"For guys it's macho and for girls it's their reputation." [female participant]

Male participants generally agreed with these types of sentiments and revealed that some sexually-active female teens considered "easy" are also perceived of as "dirty." For some of the participants, it was more natural for males to seek out multiple partners.

"It's a guy's naturalinstinct to hunt." [male participant]

Someone's 'first time'

Responses to the question, "What can lead to someone's first sexual intercourse?" varied significantly. Perhaps the most common response, however, was peer pressure, especially for the males.

"… most guys that are virgins, everyone talks crap about them, saying things like ,,you don't have no game…""[male participant]

"I used to love being a virgin, but when I switched schools and all the girls were having sex, then I felt like I needed to have sex. There is a lot of peer pressure around having sex." [female participant]

Other responses from male participants included liquor, hormones, and "*curiosity – you hear about sex once and next thing you know you're talking to your friends and next thing you know after that… you're doing it.*" [male participant]

Female participants also acknowledged that some teens will have sex for the first time, "*just to try it,"* or to keep their partner in the relationship. Alcohol and drugs were also mentioned among females as factors that just make it easier to "*hook-up*" or acquiesce to a male's advances. Alcohol and related issues are discussed in further detail below. One female participant mentioned that rape could lead to someone's first time as well, as it had with hers.

Influences

<u>Friends</u>

The influence of friends on a teen's ability to either say no to sex or to make that particular decision for his/herself varied among focus group participants. Some teens even mentioned caring "*more about what your friends say instead of your parents*." [female participant]. For others, the influence of friends was a matter of making sex appear normal or routine – "*If it seems normal to them, then it will seem normal to you*." [female participant].

Similar sentiments were felt among male participants:

"Or kids will tell them things like ,,oh, it's thebest thing – you need to do it…" and will make the decision for them." [male participant]

Others, however, felt quite differently, stating that they felt as though they had a greater degree of control over their personal decisions.

> *"It's my personal decision and they have no right to say anything."* [female participant]

> *"It's a person decision and it's what YOU want to do in reality."* [female participant]

Media

Music, TV, commercials, magazines, and even video games display sex as extremely casual, as opposed to the result of being with someone you love. Teens felt strongly that the media portrays sex in a glamorized setting and often doesn't show the responsibility associated with sex or the potential consequences.

> *"The media makes sex look cool*." [female participant]

> *"Music videos, TV… a lot of kids say 'I wanna be like that dude when I grow up'."* [male participant]

One teen even felt that the show, *16 and Pregnant sugar coats everything. They need to show the hardships. Show the actual birth. Like 'look at that, it's going to tear'."*[female participant]

Generally, teens agreed that there was something distinctly missing from the manner in which sex or relationships are portrayed in the media: emotional attachment, and the depiction of the practical complications and consequences associated with sex and/or relationships.

Attitudes Towards Pregnancy

Teens who had prevented pregnancy seemed to have at least a basic understanding of how a baby could potentially impact their lives. For many, this understanding stemmed from direct experience with a sister, cousin, or close friend having a baby. Witnessing first-hand the struggle to stay in school, maintain a job, or balance budgets was a clearly potent factor in a teen's attitudes toward pregnancy or wanting a child.

> *"It has made me more cautious though. After taking care of my nephew, I can wait. I can get a sense of what it would be like to have that responsibility"* [male participant]

> *"I don't think my cousins are bad for having kids, but I just realize I have to be more careful."* [male participant]

> *"I used to think about it and wondered what it would be like to have a kid. But it's hard, I help raise my niece and it's so hard. It's hard to get her ready, go to school, come home and take care of her, ditch school if she has a doctor's appointment…"* [female participant]

"A lot more worries for those who get pregnant. More bills, less time. If you don't have a kid then you have more time for yourself. You have to think of a way to support the kid." [female participant]

They also recognized that other teens may not understand such consequences, acknowledging things like, *"... kids think getting pregnant is fun."* [female participant]

"A lot of teens think it's easy to be a parent. They don't think about diapers and money and stuff like that..." [male participant]

PREGNANT OR PARENTING TEENS

Impact of Pregnancy and Paternity

Unintended pregnancy takes place within a complicated web of peer pressure, life aspirations, and notions of romance that shape an individual's decisions about sex, contraception, and pregnancy.

For teen parents, the definition of a planned pregnancy sometimes related to the notion of waiting to get pregnant until after they were finished with school. In fact, finishing school seemed to be a predominant challenge for several teen moms.

"I probably would have waited to get pregnant after I was done with school and not necessarily in high school." [female participant]

"I was actually behind in school. I wouldn't wantto get up. I would get too sick. I just didn't want to go." [female participant]

Parenting mothers generally expressed the retrospective desire to have finished school and have a stable job before experiencing a pregnancy. Some, however, realized that having a baby changed their lives in a very positive manner, as a number of teens even mentioned that they may otherwise have ended up in jail.

"It also keeps me out of trouble since I am going to be with my daughter all the time, I'm not going to be out partying all the time and drinking and doing stupid stuff like I used to do, so it definitely keeps me out of trouble." [male participant]

The fathers also had to change their plans. As one father put it, *"My whole entire life had changed. Bills became difficult to manage and my future plans changed*." This particular father had once had plans to go into the army but changed them to stay with the child.

Social Consequences of Parenting

The social consequences of parenting were felt by all participants. All participants expressed an inability to go out with friends, get sleep, or even take walks. The social

consequences of teen pregnancy involved a degree of loss, particularly of friends or the ability to relate to other teens not experiencing a pregnancy.

> *"My social life changed a lot - none of my friends have kids, so when they are going out, I have to watch the kid. So I don't hang out with my high school friends as much."* [male participant]

> *"I only have a very few friends now."* [female participant]

> *"For one, I'mnot going out to parties…"* [female participant]

This sense of loss pertained to their personal lives as well. Many teens related this to basic, daily activities:

> *"I wish I could just go outside. Go take a walk. Go do something. Go drive around. Go shopping. This baby is getting everything."* [female participant]

> *—You can't pick up and go whenever you want to…*
> *... Can't get ready*
> *... Can't clean*
> *... Can't take naps.*" [female participants]

Other teens related this sense of loss to a deeper sense of their selves or of their future.

> *—It did change a lot of things, I did want to go completely out of state like to another country to study abroad. I just can't leave the baby here."* [male participant]

> *—Your childhood is over. You can't go out and have fun like you used to.*" [female participant]

> *—I had to actually change my career for college because I had to go to school for too long and I didn't want to go that long because I wanted to get a job. I was going to be a lawyer but now I kind of changed it to a criminal investigator…*" [female participant]

Interestingly, while pregnancy certainly represented a significant shift in terms of how these teens viewed their childhood and their future goals and aspirations, many teen parents wanted to communicate in particular that such changes were not insurmountable.

Attitudes Towards Teen Pregnancy

Pregnant and parenting teens expressed that they do not judge other pregnant teens because they know what those teens are going through. They did, however, express a sadness and disappointment when other teens expressed an intention to become pregnant, precisely because they were aware of the difficult changes that come with being a teen parent. Others seemed unsure how to behave when they saw their friends get pregnant, apparently torn between a feeling of disappointment and support.

"I see my friends and it doesn't really phase me too much, cause I'm the same age, so why should I judge?" [female participant]

"I'm just like… congratulations, how are you doing?" [female participant]

Teen mothers had varying thoughts concerning what they thought it would be like to have a baby. Some admitted to thinking that it would be fun or that they would receive enough support from friends and family to make it feasible.

"Babies are fun to have around." [female participant]

"People are nicer to me when I have a baby." [female participant]

"Friends and family will help babysit." [female participant]

Teen fathers, however, expressed a mixture of shock, fear, and uncertainty.

"I was wondering like how we're both going to go to school, or work and who's going to watch the baby while we're both doing our thing. What are we going to have to give up, like we're going to give up social life and all that stuff because we have a child now." [male participant]

"I didn't think I could be a dad. I was, I mean I was 16 when I found out and what 16 year-old isn't self-absorbed in themselves? They're selfish, I was anyway. I didn't think I could handle being a dad. I was extremely scared just because I didn't think I could do it." [male participant]

Universally, however, teen parents acknowledged a lack of understanding of the consequences of teen pregnancy before they became parents or engaged in sexual activity. Many teen parents simply did not think that it would ever happen to them, and many also claimed to never have thought about pregnancy or being a parent.

"… I don't know. I never really thought about it if I get pregnant." [female participant]

"We just never figured it would happen to us. [male participant]

Throughout the focus group discussions, it also became apparent that, while many teens often times didn't think that pregnancy would happen to them, some families experienced just as much denial surrounding the possibility of their daughters, sons, sisters or brothers having sex or getting pregnant.

"They told me in their exact words that I was the last person on earth they expected to get pregnant before I was out of college." [female participant]

–My family was shocked and didn't think it would happen. But I was sexually active and it happens." [female participant]

Relationship With Partner

Every parenting teen noted that the relationship with his/her partner changed in some fashion. Some pregnant teens felt that young mothers often lack support from the child's father, stating things like, *"dad is never around."* These teens went on to mention, however, that the majority of the young mothers they knew who do not have good relationships with their children's fathers were never in a real relationship with them even before the pregnancy. This could be due to a certain casual attitude towards sex or towards relationships in general among teens.

"…some of my friends come up to me and they"reeither pregnant or about to have a baby and I think… they weren't even with the guy for that long." [female participant]

When the father does stay involved with the mother, teens noted that this was often a significant source of self-esteem.

"That makes me feel good about myself." [female participant]

Some teens mentioned that the pregnancy brought them closer to their partners. For some, this was a positive thing. For others, their relationships would have otherwise ended had the pregnancies not occurred.

"I felt like me and my boyfriend came closer" [female participant]

"If we didn't end up having a kid I know we never would have talked again." [male participant]

Other teen parents felt particularly negative effects related to their relationships.

–When I told my boyfriend, he didn't believe me at all. He just hung up on me and he never called back." [female participant]

–He just stopped talking to me, he was mean to me. It just changed after I had the baby." [female participant]

Relationship With Family

Family dynamics proved complicated for the majority of participants as well. While many teens noted that family support was a significant source of strength, others mentioned that they were met with a certain degree of disappointment and fear. A number of participants mentioned getting kicked out of their homes once they told parents they were pregnant. Many eventually ended up moving back in, but not all. Also, relationships with their parents often changed during pregnancy and then again when parenting, some for the better and some for the worse.

Examples of Positive Support

"Me and my mom, at first she was like afraid…then she was so excited we became more close than we already were" [female participant]

"My family came closer because they just loved my little girl and they just always come around, they always call, it's like my family is just great" [female participant]

~~–~~It brought my mom and me closer together because before I got pregnant we were starting to drift and then while I was pregnant, we got a lot closer" [female participant]

~~–~~They like respect you more. The see you manning up and becoming mature and taking care of your child. It just gives you that much more respect from everybody." [male participant]

Examples of Negative Support

"I got kicked out when I was 9 months pregnant."

"My mom kicked me out for three days."

~~–~~My mom stepped back. She just basically told me I'm on my own and that I have a kid to take care of and she wasn't going to be watching him and all that. She wasn't really close to me anyway." [female participants]

I could tell I lost a lot of respect from my parents when they found out. [male participant]

Motivation and Maturity

Teen mothers and fathers felt an extremely close connection to their children, some mentioning that they could not imagine life without their babies. At the same time, most recognized that it would have been easier or smarter to wait to have the children.

"I love my daughter and I do not regret having her… but I should have been more careful…" [female participant]

~~–~~I mean I don"t wantto say I feel complete, I mean it's not exactly how to explain it, it's I don't know, it's a feeling one that you can't really explain to just anybody." [male participant]

The sentiment surrounding the need to grow up and mature was particularly apparent among the males, despite feeling generally scared and unprepared when they first realized they were going to be fathers. They felt as though they had to change quickly and get a job to begin paying bills. Some felt alienated from their friends because they could no longer either relate to them or spend enough time hanging out. They did, however, get excited once they became accustomed to the idea of having a child, and their motivations changed to become more mature and responsible for their families.

"I had to change quickly and mature – I couldn"tbe self-absorbed anymore. At first, I was all about myself and the news came in and I was like… I gotta mature now." [male participant]

–I knew it was going to be difficult, but I couldn't wait for those father and son moments to happen." [male participant]

–I don't see myself as a kid anymore. Like, I mean when you're just, when you don't have a baby you can do whatever you want and I just don't see myself as a kid anymore I see myself as a grown up." [male participant]

Females expressed similar sentiments

"For one, I"mnot going out to parties. I"mmore and more like… I spend more of my time around her. I try and get my school done." [female participant]

–I was like smoking week constantly all the time non-stop. Now that I have had her, I'm not into that no more." [female participant]

–All my cousins are like gang members. I used to hang out with all kinds of gang members and I used to do all kinds of crazy stuff and now I have to go home to my kid. I can't go out there and mess around when I have something to get home to." [female participant]

COMMON THEMES AMONG ALL PARTICIPANTS

Despite, however, being just sexually active or having experienced a pregnancy, most teen participants felt very similarly concerning a number of issues, particularly surrounding abstinence, sexual education, and knowledge or use of contraceptives.

Abstinence

Most of the teens participating in focus groups felt strongly that other teens who choose to remain abstinent should be respected for their beliefs and devotion. None of the teens felt that others who choose abstinence should be picked on, ridiculed, or otherwise pressured into a decision they were not ready for. In fact, most participants described teens that choose abstinence as:

–Good"
–It's smart"
–I respect it"

- [male and female participants]

However, just as many participants also felt that those same teens do feel pressure from friends to have sex. Participants related that virgins are often picked on or made fun of.

The males also tended to have a great deal of respect for teens who choose to remain abstinent, despite the overarching acknowledgement that peer pressure does play a large role in teen‘s lives and that men who choose not to have sex are generally picked on. This group felt that it was much more acceptable, if not desirable, for females to abstain from sex. For women in particular, the males felt that it was a good thing that *“they care more about themselves*.” [male participant]

Some participants, however, had interesting views surrounding sex stemming from a familiarity with WAIT training. These participants felt that developing meaningful relationships later in life would be more difficult, if not impossible, if they engage in sex at an earlier age or before marriage.

> *“I have heard that the more – whether it be women or men – that they go around having sex, it"s harder for them to have an actual relationship and bond with someone.*” [female participant]

> *“Even with women too, the more you sleep around you fail to bond with people and eventually you can"t get a real bond with anyone*.” [female participant]

Regardless of such sentiments, however, most teens agreed that sex is definitely talked about more than abstinence, whether in the media or especially amongst friends. Simply put, *“everywhere you go people are talking about sex*” [male participant].

Sexual education

All focus group participants agreed that there was very little sex education in school aside from seeing “scary” pictures about STDs. They went on to state that this type of education really only encouraged them to either use a condom or make sure that their partner was “clean.” None of the male participants stated that this had deterred them from sexual activity. When one participant was asked what the sex education curriculum was like in the schools, he replied, *“Haha – there is none. They show you videos with STDs and tell you to use a condom. When people hear „sex ed", they"renot talking about pregnancy – they"retalking about STDs*.” [male participant]

> *“We went to health classes in high school and I had like one sex education class, but other than that… nothing*.” [male participant]

Some female participants who had attended some sexual education classes, however, felt as though they were very useful and would go a long way towards making the information more accessible if more teens had the ability to take those types of courses. Many female participants, in fact, felt that schools were an ideal place to include information about birth control, condoms, or pregnancy prevention messages.

"I got a lot of information from sex-ed class at school. I mean, if they offer that and make you take that then I think that everyone would be well informed." [female participant]

Most teens generally agreed with these sentiments and clearly felt that sex education should be provided in school settings for a number of apparent reasons. First, participants recognize that Pueblo County teens are engaging in sexual activity at relatively young ages, as discussed below. Second, Pueblo County teens are getting messages surrounding sex from every possible source, from the TV, to the Internet, to the radio, to billboards, to advertisements, etc. As a result, it was very clear among focus group participants that the idea of sex enters their worldview at a very young age. No participant felt that it was possible to actually encourage teens to have sex at an early age by talking about safe sex practices. In fact, when asked, "What is the one thing that parents don't get' about teen sex?" the most common response was, *"That it's going to happen."* [female participant]

"That it's gonna happen anyways… I told my parents that either way, it's gonna happen – either now or now." [male participant]

"They need to realize that if we want sex we're going to have it so they might as well help us rather than hurt us."[female participant]

"Telling a kid not to do it makes them want to do it even more. My mom would tell me not to go out and the more she'd tell me the more I'd want to rebel and go out." [female participant]

Reaching teens at an early age: Many teens felt as though they should have gone on birth control sooner, which relates to a common debate raised among key informant interviewees: when to start sexual education. To that end, one female participant noted, *"I probably should have gone on birth control when I actually had been intimate,"* indicating that teens must be reached with messages surrounding birth control and safe sex *before* they engage in sexual activity. Key informants and focus group participants alike recognized the early age at which Pueblo County teens are beginning to engage in sexual activity. In fact, 78% of this study's participants experienced their first sexual encounter at or before the age of 15, sometimes as early as 12 years old. Nine participants experienced sex for the first time at age 13 (19% of all participants). Focus group responses affirmed this general finding, and many teens were well aware that sexual activity occurred at very early ages, often mentioning friends or family having children or engaging in sex as early as fifth or sixth grade.

"Start informing kids in elementary school. I know kids are getting pregnant in middle school. I know a 13 year old who has a one year old son. She's a 6th grader." [female participant]

"There are girls out there 13 years old getting pregnant because nobody will talk about using a condom or going to the Health Department." [female participant]

Birth Control

Most teens felt that birth control was relatively available in Pueblo County. As one teen stated, *"If you want it, you can get it."* [female participant]. Most teens, however, felt that you had to know where to look or know who to ask for help. For one teen, it was a particularly easy issue: *"they can just go to the doctor and get it. Ask the doctor, hey I need some birth control, what's right for me?"* Of course, this same teen indicated she did have insurance and that other teens without insurance may have a more difficult time.

> *"There are so many ways that they can get condoms or birth control; it's not hard. You can go to the counselors at school and they will give them to you…"* [female participant]

Further, several teens also seemed to find information from school-based wellness centers, individual physicians, or the WIC offices. Others, however, relied mostly on friends for information or for birth control itself. In fact, some of the males actually noted that they would bring extra condoms to parties to make sure that their friends were being safe. They mentioned that this was a fairly common practice, especially at house parties.

Many participants mentioned that they accessed free birth control through the health department. They knew both where the health department was and the services offered, and frequently expressed that they would also inform other friends as to the services available. Some, however, also mentioned that they could no longer access some services at no cost once they turned 18, which presented a significant financial barrier.

However, when asked specifically, "What would help make it easier for teens to get and use birth control?" responses re-affirmed the importance of having information available in schools:

> *"I think it [information about birth control and condoms] being available at their high schools because that is some place you go every day. It's where you spend most of your time anyway…"* [female participant]
>
> *"Make it more known, so you know where to go. Putting it in your high schools."* [female participant]

Barriers Which Inhibit the Proper Use of Birth Control

Despite the general consensus among teens that birth control is relatively available in Pueblo County, making birth control *available* does not necessarily make it *accessible*, particularly if one does not have information concerning who supplies birth control, how much it will cost, or who to talk to. As several teens expressed,

"I think maybe some people just don't have the resources to get a hold of the information, but I do think it's out there." [female participant]

—I really thought you had to be 18 to buy condoms and all that stuff so I just assumed it wasn't accessible to me at the moment." [male participant]

Education: Aside from not knowing exactly where to go for pregnancy prevention resources, some teens had striking misconceptions surrounding sex and pregnancy. One teen mentioned, *"The pull-out method in my mind was completely fool-proof!"* [male participant]. This sentiment corresponds to teen responses to the question of why some teens may not use birth control when not wanting to become pregnant. As mentioned earlier, this question was raised in the pre-discussion questionnaire, and over half of the participants responded that they were using the pull-out method, indicating that a lack of understanding surrounding the physical aspects of sex and pregnancy contribute significantly to unintended teen pregnancy.

Other teens mentioned that their friends thought they wouldn't get pregnant because they hadn't gotten pregnant the last time they had sex without birth control, so it wasn't likely they would get pregnant the next time they have sex without birth control. When asked why someone might think they cannot get pregnant, one mother said, *—Other times you did it without using condoms and it [pregnancy] didn't happen*." [Female participant] Along those same lines, one female participant also mentioned that she thought she could not get pregnant if she was not menstruating.

Finally, a number of teens also held inaccurate conceptions surrounding the efficacy of birth control itself, sometimes mentioning simply that they thought birth control did not work. While it is certainly true that no birth control method—with the exception of abstinence—is completely safe, accurate perceptions as to the efficacy of birth control when used appropriately were lacking. Some teens even recognized that the efficacy of the pill could be reduced when using other medications, particularly antibiotics, although again these perspectives lacked a comprehensive understanding.

—When you are on birth control and you are also on an antibiotic and it cancels each other out and you're thinking at the time that you are safe, but you're not." [female participant]

—The birth control pill doesn't work." [female participant]

Embarrassment, fear, or a lack of open communication: This issue seemed particularly pertinent from the female perspective, although it was also seen in the male focus groups. When one male explained how he went about accessing information about sex or condoms, he stated, *—I would kind of like make it into a joke and just get the information that way… I'll make it into a joke and they'll tell me, so I don't have to be straight up with it."*

Several females had comments to this extent as well:

"I talked to my mom about it but I wasn"t comfortable telling her I was sexually active. So I told her that it was problems with my period…" [female participant]

"I should have talked to my mom more about it. I think I actually was a little scared at one time." [female participant]

"Kids are just too scared to ask someone." [female participant]

"It's like a hush-hush topic. People don't talk about that. It's not appropriate."[female participant]

Alcohol and drugs: When asked about the particular influence of alcohol surrounding sex, common responses included, *"Huge!*" and *"A lot!*" One female participant stated, *"It's like their [male"s] Viagra. They turn into loosey-gooseys. Young people, once they drink they just don't think about things."* House parties seem to be a fairly common occurrence and were mentioned in virtually all of the focus groups, either male or female. The vast majority of teens agreed that alcohol becomes a factor mostly at house parties, especially when there is nothing to do or they are bored. This is apparently a fairly common occurrence and appears to be a very prominent factor in a teen's decision of whether or not to have sex or take the proper precautions when doing so.

> *"When people would get drunk or something and you just go and do it without thinking"* [female participant]
>
> *"Everybody parties. We all party"* [female participant]
>
> *"…especially when there"s alcohol involved… or ecstasy… you've just gotta get it [sex]."* [male participant]

Teens seem to either know the places in town which do not require IDs for the purchase of alcohol or where to find someone older and pay them a little extra money to buy alcohol for them. Alcohol use seemed to be intricately tied to boredom as well as a lack of activities to keep teens occupied.

These sentiments also align closely with findings from the pre-discussion questionnaire. Again, when asked why they did not use birth control during a given sexual encounter when they did not want to get pregnant, 17 teens (35% of the sample) responded, "I was drunk, high or under the influence of alcohol." Further, when asked if they had ever had sex without using birth control while under the influence of drugs or alcohol, 28 participants (58%) responded, "Yes."

The literature tells us that certain groups of adolescents, such as those who are in the foster care system or who suffer from depression, have particularly high rates of

unintended pregnancy. Additionally, there is research that shows that many unintended pregnancies were preceded by sexual abuse or nonconsensual sex. To that end, one male raised a particularly salient issue surrounding alcohol and non-consensual sex. This participant had been to a lot of house parties and said that it was a relatively common practice for a young woman to get extremely drunk and go into or be led into a separate room or van, at which point multiple males would enter, leave and "send someone else in." This participant said that to him, this was rape and he would personally never take part, although he did mention that it was a common practice at house parties.

Confidentiality and affordability: Teens were particularly concerned that accessing birth control through a private provider could lead to their parents learning of the prescription. Accessing confidential services was particularly important to many teens, many of which may not be aware of their legal options to accessing completely confidential services without parental consent.

> *"Like when you turn 18 you have to start paying for it, so kids like to keep that confidential. So they don't want to go to their own doctor to get free birth control anymore. Then their mom would be like, 'oh, you're having sex.'"* [female participant]

A number of teens also noted that they could no longer access free birth control through the health department once they turned 18, making the affordability of birth control challenging for some.

> *"When you're young, you can get them free from the health department, but when you get older you have to pay for it."* [male participant]

> *"I didn't have the money for it."* [female participant]

Other barriers: Other barriers to the proper use of birth control included simply "not caring" or being *"overwhelmed by the urge to have sex"* [female participant]. Teens also frequently mentioned that they did not like birth control for two primary reasons. First, the majority of participants enjoyed sex more without a condom, stating things like, *"You get too used to having sex without a condom, then when you try it with one, you just don't feel the same"* [male participant]. Second, many females noted unwanted side effects, such as "chunkiness" associated with birth control.

> *"But then I started getting really chunky so I stopped using it [birth control]."* [female participant]

Finally, while both key informant interviewees and focus group participants mentioned that reproductive health services are relatively available in Pueblo County, a number of participants noted long wait times for an appointment with the health department. In fact, one teen mentioned that, *"I was waiting for the doctor's appointment to get birth control when I started having sex."* [female participant]

Parents

Among the many factors that may facilitate or inhibit the use of birth control, the role of the parent bridged the spectrum. That is to say that very often, parents were seen as a positive force in the teens' life, often encouraging conversations about sex, birth control, and peer pressure. On the other hand, many teens noted that sex was considered taboo in the household and were either embarrassed to broach the subject, afraid to acknowledge their engagement in sexual activity, or both.

In fact, a number of teens who had prevented pregnancy mentioned that their parents did talk with them and were a great source of information and support. Some of these same teens also mentioned that their parents helped to get them birth control as well.

Further, parents are an undeniable source of pregnancy prevention resources for Pueblo's teens, and some studies are demonstrating that parents often are the single most influential factors in a teen's ability to either abstain from sexual activity or engage in safe sex practices. Unfortunately, this source is either unavailable or inaccessible to many, but certainly not all, of Pueblo's teens. In fact, some teens had very strong feelings about the role of parents in their understanding of sex. Perhaps the single most prominent sentiment revolved around the need to be more open about sex, relationships, and birth control.

> *"Parents need to be more open. I don"t fæl comfortable talking to my mom about my period."* [female participant]

> *–If you're closer to your family they are going to be more open and talk about that stuff. Be more comfortable to talk about birth control, going out and getting condoms and all that stuff. If you're not close to your parents, it will be awkward and you don't want to talk about it*." [male participant]

> *"They [parents] don"t like to talk about it [sex]… the topic of sex is like talking about the devil in the house."* [female participant]

> *"Parents basically – they are too scared to talk about it cause they think their kids are gonna go out and do it."* [male participant]

> *"They are very hypocritical. They say ‚don"t have sex unless you are married", but adults have sex and aren"t married all the time. They have boyfriends/girlfriends. I was just told that sex was bad, not what it really was – so I was willing to go do it more."* [female participant]

PREVENTION PROGRAMMING

When asked what has helped them wait to get pregnant or to avoid becoming pregnant, one female in particular provided a very salient response, encompassing many of the participants' sentiments: *–My goals and my future. I"mset on getting to where I want to go and I don't want anything to slow me down.*" While the following list of ideas

provides a somewhat wider range of possibilities for pregnancy prevention programming, the notion that teens must develop a sense of their future selves was noticed throughout the focus groups.

> *"I think they need the support that says, 'look at your future. Let's get you on your own two feet before you bring another set into the world…'."* [female participant]

> *"Encourage them to have a long term goal. If you don't know what you're going to do with your life, then they think 'hey, I'll start a family'."* [female participant]

Other suggestions from teen participants included:

"Condom vending machines"
This idea was mentioned by a number of participants as a potential way to reduce the stigma associated with talking about teen sex and birth control. They also felt that it would simply make it easier to access condoms without feeling embarrassed. Stigma surrounding teen sex was a clear barrier to accessing either information or birth control itself.

> *"Maybe people shouldn't give teens funny looks when they are buying condoms… having information on a store wall… so that there's no embarrassment or nervousness."* [female participant]

> *"Have them [condoms] available at high schools."* [female participant]

Teens also expressed a need to have greater access to reduced-cost/free birth control.

> *"My mom helps me with my birth control and that's a lot of money for me right now; $80 ever three months. Not everyone can afford that."* [female participant]

> *"Have more affordable birth control."* [female participant]

Develop a true understanding of the consequences of teen pregnancy
When asked what had helped them avoid pregnancy, one teen responded, *"Having nieces!*" [female participant]. This sentiment, as mentioned earlier, was expressed by a number of teens who had successfully prevented pregnancy.

> *"If you've experienced it close-up; have seen what a teen mom has done to struggle to take care of a kid… that's your birth control."* [female participant]

> *"have someone who's their age who has had a baby go and talk to them. Kids think it won't happen to them; to see it through someone they know… it opens their eyes."* [female participant]

> *"The most powerful thing is experience*." [male participant]

—If they told me all the stuff that we went through, that would have changed my perspective on having a kid. It would have made me wait until I was older and graduated, have a good job and all of that. It would have changed my whole perspective." [male participant]

"I think they need the support that says, „look at your future". Lets get you on your own two feet before you bring another set into the world. Let"s look at your finances and calculate. That way people understand the consequences." [female participant]

One teen advocated for an Abstinence Plus type of school curriculum, wherein abstinence education is stressed alongside information surrounding birth control.

"I think that people should stress abstinence really young. Have more info around birth control. Have good role models." [female participant]

Another mentioned *—Animated babies on a timer that cry in the middle of the night*." [male participant].

Teen parents, for that matter, seem to be a resource in the community and were very often eager to tell their stories and share their experiences with other teens. While some key informants mentioned a fear that peer educators could potentially glamourize the issue of teen pregnancy, it was clear from the focus groups that the participating parents held a fairly realistic vision of the struggles of being a teen parent. A school-, teacher- or nurse-reviewed curriculum could potentially resolve concerns surrounding inappropriate or ill-informed messaging arising from the use of peer educators. It would also present an opportunity to educate teen parents themselves before they spread messages into the community surrounding what it is to be a teen parent.

"I usually tell people that are pregnant that are my age it's not easy." [female participant]

"I tell my little cousins that. Don't get pregnant. Wait. Have fun for as long as you can." [female participant]

<u>Information</u>
Generally, however, among the most agreed-upon notions was that information must be more readily available and accessible.

"Make it more known about where to go" [female participant]

"Have a sex game; true or false games that can be played over dinner." [female participant]

"A lot of people only think of condoms when they think about birth control. So not everyone knows all the varieties out there." [female participant]

–I think just more awareness and stuff. If I would have known about Planned Parenthood, they gave away free condoms." [male participant]

Activities

Finally, teens also generally agreed that they very often felt bored due to a lack of available activities in Pueblo. Many teens felt that having more to do would reduce the rate at which teens engage in sexual activity in the first place.

"They need people to push them more to do extra things, to keep them busy. Use sports as a reason to not get pregnant." [female participant]

"I think we just need things to do. Because honestly, when I get bored I have sex. People who have things to do are not going to have sex." [male participant]

FOCUS GROUP CONCLUSIONS

1. Teens need to be reached at a younger age - *before* they engage in sexual activity. It was very common for teens to mention getting pregnant before they even had the chance to learn about birth control or even make an appointment with someone knowledgeable about reproductive health. Several teens noted the very young age at which sexual engagement begins, often as early as 13 years of age.

2. Teens both need and want comprehensive sex education. Sex education in the schools is extremely limited and generally focused on STDs. While they did comment that teens who choose abstinence should be respected for their decision, they also felt that they deserved to be knowledgeable about their own sexuality so that they could make the best decision for themselves.

3. Talking about sex or birth control will not encourage sexual activity. In fact many teens commented that if they had known more about sex, they wouldn't have been so curious about it. Teens further commented that they already think about sex and relationships. They see messages about sex on TV, in movies, in perfume ads, in magazines, and they hear about it from their friends. Teens are curious about sex, and some felt that it should be just as easy to talk about pregnancy prevention and birth control as it is to see it on billboards or commercials.

4. Stigma surrounding sex must be reduced. Fears surrounding asking for information often led to misconceptions about sex, relationships or birth control. Many teens pointed out that they felt uncomfortable or unable to even say the word "sex" at home. De-stigmatizing the issue by either talking about it more openly in schools or making information or condoms more openly available would go a long way towards making birth control and even the conversations themselves more accessible.

5. Friends are a source not only of peer pressure to have sex, but of information as well—accurate or inaccurate alike. When asked what sources of information they had at their disposal to learn about sex, "friends" was by far the most common response.

Some mentioned the Internet, others mentioned parents and siblings. Very few teens responded that schools were their primary source of information.

6. Teens held three primary misconceptions surrounding birth control and pregnancy prevention. First, the pull-out method was listed as one of the most common reasons teens felt birth control was not necessary. No teens pointed out or acknowledged that they could get pregnant even if the male partner does not physically ejaculate inside the female. Second, misconceptions surrounding the efficacy of birth control pills were seen across multiple focus groups. This message tended to come from hearing about other teens getting pregnant when on the pill, with no acknowledgment that those teens could have been using birth control incorrectly or inconsistently. Third, and perhaps most importantly, a number of teens mentioned that they, their partners and their friends thought that the chances of getting pregnant were greatly reduced or negligible if they had previously engaged in unprotected sex without getting pregnant.

7. Is there a difference between teens who have avoided pregnancy and those who have not? The question is a complicated one, but there are two themes that shed light on the subject. First, most of the sexually-active teens who had avoided pregnancy related their success to having a direct experience with a small child and truly understanding the difficulties related with raising an infant—from the time commitment to the finances. Second, many teens felt that there was no substantial difference between teens who do get pregnant and those who do not, particularly from the teen parent perspective. As one male noted, *"I just think its luck."*

VI. KEY INFORMANT INTERVIEW FINDINGS

A total of 29 KIIs were conducted with personnel from 24 programs, agencies and organizations, all of which are listed in Table 11. Interviews focused on successes and challenges, as well as highlighted strength in collaborations and resources. Lastly, key informants provided suggestions for programming.

Table 11. Participating Organizations in Key Informant Interviews

Key Informant Organizations

HEALTH SERVICES

Pueblo City-County Health Department
Pueblo City-County Health Department Board of Health
Pueblo City-County Health Department – Adolescent Pregnancy Prevention Program
Parkview Medical Center
Central High School-based Wellness Center
Pueblo City (District 60) School Wellness Center
Planned Parenthood

SOCIAL SERVICES

Pueblo Department of Social Services – Women, Infants and Children (WIC)
Pueblo Department of Social Services – Temporary Assistance for Needy Families (TANF)
Pueblo Department of Social Services – Adolescent Services
Catholic Charities
Boys and Girls Clubs of Pueblo County
Pueblo Youth Project
United Way
Los Pobres

PUBLIC SCHOOLS

Goal Academy
Pueblo City Schools (School District 60)
Pueblo County School District 70
Pueblo Community College

OTHERS

The David and Lucile Packard Foundation
District Attorney's Office
Pueblo Municipal Court
Wesley United Methodist Church
Community Members

Recurring Themes in the Interviews

Across the KIIs, some consistent themes emerged, including:

- The need to develop or increase community collaboration and leadership. While multiple committees have been developed throughout the years to address high teen pregnancy rates, several KIs felt as though current community efforts produced little results due to disjointed collaboration.
- The Pueblo community must help teens develop goals and aspirations. Many KIs felt as though Pueblo county teens lacked a sense of self development due to either entrenched poverty or a lack of information surrounding college or their career options.
- The need to open communication by enhancing school curriculum and making teens aware of pregnancy prevention resources through parental involvement, peer educators or advanced marketing.

Defining ―Unintended": Generally, perceptions of what it meant to have an unintended pregnancy were agreed upon among the bulk of stakeholders. Some KIs, however, associated the very term ―unintended" with a certain lack of education and communication. For these interviewees, the terms unintended and uneducated were intricately linked. Otherwise, the term ―unintended" was defined among Kis in relatively straightforward terms—a pregnancy which either should not have happened or was not intended to happen.

KIs seem to think that they would define ―unintended" in the same manner in which most teens to—that is, something happened when you didn't expect/want it to. The difference, however, is that teens may not be as proactive at preventing unintended occurrences as a mature adult would be.

Reasons for teen pregnancy: One KI made a particularly astute observation when asked about pregnancy prevention in Pueblo County. This informant stated that barriers to preventing pregnancy existed on two levels, one surface and one societal. According to this key informant, surface-level barriers consist primarily of issues related to a lack of education, i.e., understanding your reproductive system, understanding how hormonal birth control methods work, and understanding how to prevent pregnancy or STDs or lower the risk of either through correct and consistent condom use. Societal-level barriers, on the other hand, included poverty and a generational cycle of teen pregnancy. This informant pointed out that Pueblo has some of the highest poverty rates, dropout rates, and domestic violence rates in the state—issues which are undoubtedly tied to one another. Solutions to these deeper societal-level barriers, therefore, must be broad-based in their approach.

While it may not have been otherwise explicitly stated, many KIs acknowledged the divided nature of the problem when speaking to teen pregnancy prevention programming itself, stating that messages cannot be solely directed to kids in school. Rather, programming must be supported also for teens in gangs or prisons—especially males—because the social determinants of teen pregnancy are often closely intertwined with either poverty, domestic violence, or both.

Other thoughts surrounding the reasons for high teen pregnancy rates in Pueblo County included:

- It‘s intentional
- Too much community support basically incentivizes pregnancy
- It‘s fun to have a baby
- Lack of understanding
    - Of consequences
    - Of responsibility
- Lack of activities
- Lack of education or prevention support
- Lack of information surrounding teen pregnancy, birth control, practical consequences of having a baby, career opportunities, etc.
- Filling a void, or seeking love in all the wrong places
- Immaturity
- It is glamorized (teens see friends getting pregnant and having kids)

Community and parental support: Many KIs felt that some teen parents have too much support from family and community resources. In this sense, KIs felt that either parents or grandparents will largely help to raise the baby themselves, allowing the actual teen mom a lot more flexibility than might otherwise be expected. Unfortunately, while this may be beneficial to a teen‘s ability to stay in school, it also may in effect give some teen parents an inaccurate picture of the responsibilities inherent with having children.

This particular issue is also intricately tied to concerns surrounding the possibility of peer educator programming. While it may appear that teen moms may be the perfect persons to relate their stories and speak to the difficulties associated with an unintended pregnancy, they themselves may either house a certain degree of misinformation or provide mixed signals to other teens who currently are or are thinking about becoming sexually active.

Such concerns, however, could potentially be mitigated through a formalized vetting process of specific programmatic content, ensuring that the peer educators themselves are (a) educated and (b) can relate realistic pictures associated with the struggles of teen pregnancy.

Access: It was generally agreed that resources surrounding reproductive health and birth control are available in the Pueblo community. It was also agreed, however, that resources are more adequate and available once a teen becomes pregnant than they are in terms of pregnancy prevention. Essentially, many felt that reproductive health care services are available, but you have to know where to look. One interviewee stated, “*People are often amazed that you can get free condoms at the health department*.”

The gaps in terms of reproductive services seem to concern education, information, and marketing. As one KI stated, “*I do think that there are gaps. I don't think it has to do with availability of services. I think that there are enough places to actually serve the*

population of Pueblo who would be interested in reproductive services." This KI goes on to say that the gaps are more related to an individual's ability to access those resources without inhibition.

Access to information was a considerably prominent theme amongst all KIs, especially surrounding birth control. Due to unavoidable side effects, a number of teens may stop using a certain type of birth control without knowing their continuum of options. Accessing the right birth control method is a very difficult issue for many teens, and health insurance plays a clear role as to where a teen is able to access services. Interviewees felt that uninsured teens generally go to the health department, whereas privately insured teens may be more likely to go to a family doctor. Depending on the type of insurance teens have, they may need more education concerning the resources available to them.

Further, it is generally felt that emergency contraception is not used very much in Pueblo County, especially by teens. Further, while the school-based health centers do provide sexual/reproductive health services, they cannot provide emergency contraception.

Barriers to preventing unintended pregnancies were discussed in depth, and many interviewee thoughts generally aligned with focus groups findings. Transportation was cited among most of the key informants. Apparently, the bus shuts down at 6:00 pm, making it difficult to access services after school. The health department holds a late clinic once a month, but it otherwise closes at 5:00 pm.

Parents were cited as another barrier, particularly if they don't want sex education in the schools or want to do it themselves. A lot of parents will opt their children out of even a basic sexuality curriculum.

Schools themselves were mentioned as perhaps the most significant barrier. Many KIs noted that quite a few programs have run into substantial barriers when seeking approval from specific school boards, superintendents, or principles.

A lack of understanding related to what it is to be a teen parent was also cited. Many felt that kids think that it could be cute or fun and have no understanding as to what it would really be like to have a child and what it would do to their lives.

Culture: Several KIs also acknowledged that high teen pregnancy rates are seen in the Hispanic/Latino community in particular. Certain cultural issues were alluded to, such as a strong emphasis on family and familial support.

The most pertinent and consistent barrier, however, was a lack of coordination of pregnancy prevention efforts. Several KIs have noted a lack of coordination and a lack of leadership among the community. While teen pregnancy has been an issue in Pueblo, and there have been multiple groups and meetings to address the issue, ~~"n~~othing ever happens." This theme commonly appeared with a certain degree of apparent frustration among community members surrounding a lack of progressive action. Several

community members stated that when the issue is raised, several people express a keen interest and want to help, but the efforts never produce actionable results. As one interviewee stated, "*We got studies, but nobody is doing anything about the studies*."

Other commonly mentioned barriers included:

- Lack of information for teens
  - About community resources
  - About birth control
  - About pregnancy prevention
- Lack of future goals
- Birth control side effects
- Initiating first point of contact
- Daycare (as it presents a barrier to education)
- Bureaucracy
- Religion
- Confidentiality (related to explanations of benefits)

Entitlements v. Empowerment: There is a struggle in the underlying thought between the need to support pregnant teens and the idea that too many entitlements may incentivize pregnancy. This directly related to two additional underlying issues: poverty and professional/personal goals. It was noted that due to a high degree of poverty, some teens may feel that they have few options in terms of what they will do or become later in life. They may therefore be compelled to settle almost for a life of entitlements in which they know they will have at least some security, love, affection, and/or purpose. As one KI stated, "*If you don't have a future, everything is about the present*."

The debate surrounding entitlements in Pueblo County is largely heated. Opinions surrounding such programs tended to range along a continuum from complete support to the notion that entitlements do little else but incentivize pregnancy. While opinions concerning the appropriateness or role of specific entitlement programs, such as Medicaid, one theme did commonly appear: once pregnant, teen mothers do have at their disposal a relatively extensive federal support system which they are very likely to rely upon. As one interviewee stated, "Are you going to go on WIC or are you going to work at McDonalds?" This almost inevitable reliance was noted within most of the interviews, several stating it had come to the point where applying for the various forms of assistance was just another step in the process of being a teen mom.

Sex education: The vast majority of KIs felt that sex education must start at an early age because girls (and boys) are becoming sexually active at an early age. As one interviewee noted, "*They can't wait until 8th grade*." As another informant put it, "*We as a community believe that we can wait until 9th grade to say anything to anyone about this whole idea about sexuality. You know the most in-depth questions I've ever been asked about sexuality are from 5th graders*."

One KI, however, disagreed with the notion that ALL teens need education surrounding safe sex. This KI stated that providing education to kids as young as 5th and 6th grade

would be wrong, and that not all kids are sexually active, so why assume they are sexually active and give them those messages?

Others call for more comprehensive sex education, beginning as early as 5th or 6th grade, recognizing that various programs calling for comprehensive sexual education have been met with varying degrees of success within either School Districts 60 or 70. Not surprisingly, schools seem to have become the background for the most heated debates surrounding teen pregnancy, comprehensive sex education, and successful primary prevention methodologies. This may be due to sentiments among several key informants that, while it is largely acknowledged that the community must collaborate to provide a holistic response to the issue, it is also recognized that various factions, organizations, and individuals often have drastically different ideas as to the specific methodologies of such a response. It is in the schools where these perspectives often converge and conflict. While individual factions may have total control over their own messages and methodology, this control wanes within the school setting. One KI termed the schools the ~~"~~*delivery mechanism*" because they are everywhere and that is where the kids are.

Further, the schools themselves seem to have changed to a certain degree in recent years, allowing, for example, school-based wellness centers to expand their role in the provision of reproductive health care by providing more comprehensive education and counseling. One KI also pointed to a specific K-12 sexuality education program which was adopted by the school district, but implemented in a fashion in which the curriculum appeared only in PE class—an elective.

Just as teen pregnancy is a community issue, the community's response to it must be just as holistic—despite how individual factions, organizations, or individuals may disagree. The schools is where the degree to which individual factions have the ability to singularly impress any specific methodology, consisting either of messages about birth control or the value of delaying sexual activity, wanes.

In the end, there seems to be an underlying frustration with the lack of sexuality education in the schools and the idea that teens cannot be talked to about sex for fear of encouraging it. Interviewees generally felt that there needs to be more open dialogue at the middle school level about making healthy choices regarding sex and knowing what their options are surrounding not just birth control, but their future as well.

<u>Suggestions for programming</u>:

1. ***Increase collaboration and coordination:*** Again, high teen pregnancy rates in Pueblo County have been a systemic issue for years, and multiple coalitions/groups have been formed to address it. Several KIs felt that, due to a certain degree to a lack of leadership, little practical results have been seen.

2. ***Enhance the school curriculum and make it available at an early age***:
    - About birth control options
    - About career opportunities

- About the practical implications of being a parent (some KIs felt that many teen pregnancies are not unintended because teens either feel that pregnancy is fun or overwhelmingly challenging).

3. ***Help teens develop goals and develop reproductive life plans***: One practical idea is to bring in successful female speakers from various fields to talk about their careers and paths in order to inspire teens to accomplish more. A lack of goals was mentioned numerous times as a key contributor to high teen pregnancy rates. One interviewee stated, *"We work with a lot of families that are stuck, they don't see that they have a future, let alone their children, so they're not actively promoting that kids look to the future. They don't value education, they don't encourage their kids to value education or being self-sufficient or any of those things."*

4. ***Utilize peer educators***: A lack of understanding surrounding the practical implications of teen pregnancy was noted as a significant reason for high teen pregnancy rates in several KIIs. One program which had been developed (but struggled due to *~~b~~ureaucracy*") was to actually bring in teen parents to speak in schools about their practical experiences. Unfortunately, members of the school board felt this would glamorize the issue and so the program did not succeed.

5. ***Combat the glamorization of teen pregnancy***: Because the problem is so systemic, most teens know other teens (often friends) who are or have been pregnant, which may further exacerbate the problem due to a degree of glamorization of the issue, especially when such pregnant teens or mothers have adequate support systems. Peer educators could go a long way towards combating this.

6. ***Educate the parents***: Issues surrounding parental involvement appeared on two distinct levels. First, there is the evident need to involve parents in the education of their children, especially as it involves sex, pregnancy prevention, or decisions concerning birth control. Second, KIs and teen participants alike felt that speaking with parents about sex could potentially be a very difficult issue to broach. Several teens noted that they would never talk to their parents about issues surrounding sexual activity due to either embarrassment or fear. Thus, sex education in the schools, as provided by health professionals, nurses, or skilled teachers, could present a unique opportunity to provide teens with sex education without having to rely on the parents to handle such topics solely on their own. This will mitigate concerns that some teens may have surrounding embarrassment, while at the same time ensuring that the education teens do receive is provided by experienced professionals. As one KI pointed out, a lot of parents lack information themselves.

7. ***Involve the dads:*** Pertinently, some KIs pointed out that males were a large part of the problem, stemming from a certain underlying machismo. Unfortunately, as

some KIs noted, some young mothers have come to expect little to nothing from the dads.

8. ***Enhance marketing***: While there are many resources for teens in the community, a number of KIs stated that an advanced marketing campaign could help make these resources more accessible. While Pueblo is a relatively small community, it is large enough for transportation issues to be a barrier. Having or knowing of only? one option concerning where to get birth control, where to ask questions, or where to seek help is not acceptable. Marketing could go a long way towards making teens aware of the multitude of resources at their disposal without necessarily providing it in the school curricula As one KI stated, *"Whatever the services we do have, they're not well broadcast.*"

   Along these same lines, another KI suggested putting advertisements in the bathrooms of schools so that it wouldn't be so obvious if a teen was looking for information on sex education. Social media was also mentioned as a potentially useful tool to spread awareness.

VI. BEST PRACTICES FOR PRIMARY AND SECONDARY PREVENTION STRATEGIES

Health promotion definitions acknowledge that behavior choices are influenced by many external factors and discuss the need for comprehensive strategies to reinforce, through community and societal actions, behavior choices that promote health. Green's widely-cited definition of health promotion carefully incorporates both individual and societal measures. Health promotion is "any combination of health educational and related organizations, economic, and political interventions designed to facilitate behavioral and environmental changes conducive to health" (Green & Kreuter, 1990).

Interventions designed to decrease behavioral risk factors and their consequences logically lead to consideration of settings which they can relevantly, economically, and effectively be monitored. Building upon Green's health promotion definition, the socio-ecological model remains a serviceable framework for unintended pregnancy prevention. The socio-ecological model recognizes the interwoven relationship that exists between the individual and their environment (see Figure 1).

Figure 1

- Individual is at center with knowledge, skills attitude.
- Relationship includes family, friends, social network and relationships among organizations.
- Community explores settings, such as schools, workplaces, and neighborhoods, in which social relationships occur.
- Community relationships among organizations.
- Societal factors include social and cultural norms. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. (Dahlberg & Krug, 2002).

In general, unintended pregnancy in the United States is inextricably tied to individual, psychosocial, and cultural phenomena. Because these phenomena have even more of an impact on adolescents, a population that carries more of the psychological, economical, and social burden of unintended pregnancy and paternity, the summary of best practices will primarily focus on prevention programs directed to promoting sexual health in adolescents.

Re-conceptualizing the issue within a socio-ecological framework may provide an opportunity to better confront the challenges of unintended pregnancy prevention. In the discussion of prevention best practices, DiClemente, Salazar, Crosby, & Rosenthal (2005) use a socio-ecological framework to identify determinants of adolescents' sexual risk and protective behaviors as well as antecedents of their unintended pregnancy. The goal is to provide a synthesis of several discrete categories of research. Subsequently, we propose an integrated strategy that addresses the unintended pregnancy impact among adolescents by promoting a socio-ecological perspective in both basic research and intervention design.

This approach may expand the knowledge base and facilitate the development of a broader array of intervention strategies, such as community-level interventions, policy initiatives, institutionally-based programs, and macro-level societal changes. Although there are inherent challenges associated with such an approach, this approach is more likely to sustain prevention efforts over time than any single intervention (DiClemente, 2005).

A way that primary prevention for unintended pregnancy and STDs, especially for adolescents, can be accomplished is by helping to foster behavioral changes that reduce the risk of pregnancy as well as acquiring or transmitting STDs. This can be achieved by delaying the age at first intercourse, decreasing the number of sex partners, encouraging the use of condoms, and decreasing the use of alcohol and drugs (CDC, 1992).

All teenagers need encouragement to postpone sexual involvement, and information on pregnancy prevention if they become sexually active. These components, however, are not enough by themselves to make a significant impact on the reduction of pregnant and parenting teens. The issues of adolescent pregnancy are too complex for simple solutions. The Children's Defense Fund (1996) emphasizes that young people need both "the motivation and the capacity to avoid too-early pregnancy and parenting." Further, young people are not a homogenous group, so solutions must be sensitive to individual and group differences. Boys and girls who do well in school, participate in nonacademic activities, and plan for their future are less likely to become pregnant or bear a child during their teenage years.

Understanding important factors related to sexual behavior is important not only to change that behavior; it is important to identify those who are most at risk of having sex and unprotected sex. Programs can use these factors to identify those adolescents at greater risk; then they can address the important factors affecting their behavior (Douglas, Lepore, & Ryan, 2005).

Kirby, with The National Campaign (2005), identified many of these factors and explained their implications for those working to help youth avoid risky sexual behaviors and potential consequences. They divided the relevant factors into two categories: risk factors and protective factors. Risk factors are those that encourage one or more behaviors that might lead to pregnancy or sexually transmitted disease (e.g., initiating sex

at a young age or having sex frequently and with many sexual partners) or discourage behaviors that might prevent pregnancy or sexually transmitted disease (e.g., using contraception, or condoms in particular). Similarly, protective factors are those that do just the opposite—they discourage one or more behaviors that might lead to pregnancy or STD or encourage behaviors that might prevent them (Kirby, Lepore, & Ryan, 2005). Only a select list of risk and protective factors that may affect adolescent sexual behavior are presented below.

(+) = a protective factor (-) = a risk factor

Community Level:
(-) Greater community social disorganization (violence, hunger, substance use)

Family Level:
(+) Higher parental education
(+) Live with 2 biological parents
(+) Greater parental supervision and monitoring
(+) Higher quality family interactions and connectedness
(+) Greater parent/child communication about sex
(+) Parental support of contraception if sexually active
(+) Parental disapproval of premarital or teen sex
(-) Household substance abuse
(-) Mother's early age at first birth
(-) Physical abuse

Peer Level:
(-) Older age of peer group
(-) Romantic partner is older
(-) Peers' use of drugs/alcohol
(-) Sexually-active peers
(+) Peer use of condoms
(+) Peer support for condoms or contraceptive use

Individual Level:
(-) Perceive more personal and social benefits rather than costs of having sex
(-) Alcohol/drug use
(-) Being African American (vs. white)
(-) Being Hispanic (vs. Non-Hispanic)
(+) Older age of physical maturity menarche
(+) Greater connectedness to school
(+) Higher academic performance
(+) High educational aspirations / plans for the future
(+) More positive attitudes, greater self-efficacy and greater motivation to use condoms and other forms of birth control
(+) Discussing pregnancy & STI prevention with partner
(+) Greater motivation to avoid pregnancy, HIV and other STIs

The literature shows that the most successful programs are ongoing and comprehensive. They combine several strategies which focus on helping adolescents and young adults succeed. Below is a brief list of the most commonly identified components of successful strategies. (Christensen & Rosen, 1996)

Multilevel approach. While the sexual experiences of youth differ greatly, the fact remains that most will become sexually active during their adolescent years, and many will become pregnant or father a child. Consequently, the goals for programs addressing teenage pregnancy must be threefold: first, directed at delaying the initiation of sexual

intercourse; second, directed at preventing pregnancy for youth who are sexually active; and third, directed at ensuring the well-being of young people who do become parents, including the avoidance of additional pregnancies.

Sexuality education. While some have voiced concern that sex education increases sexual activity, studies show that this is not the case. In fact, effective sex education programs can decrease sexual activity and increase contraceptive use among those already sexually active. Successful programs have a number of similar components, such as:

- Maintaining a narrow focus on reducing specific sexual risk-taking behaviors;
- Providing accurate information about sexuality;
- Building interpersonal and communication skills to resist sexual pressures;
- Addressing both social and media influences on sexual behaviors;
- Reinforcing individual values and group norms linked to responsible behavior and decision-making; and finally;
- Involving students in the learning process through small group discussions, role-playing, interviewing parents, and other activities.
- Many programs have also involved older teens as role models. Participants echoed these priorities.

Among the most pertinent examples of effective sexual education can be found in California. In the period between 1992 and 2005, the United States was able to reduce teen pregnancy rates by 37% on average across all states. In California, however, a state which had the single highest teen pregnancy rate in the nation in 1992, the teen pregnancy rate dropped 52% during that same time period, a drop largely attributed to aggressive and evidence-based teen pregnancy prevention efforts. Specifically, California engaged in pregnancy prevention activities which held ―a strong emphasis on providing teens with comprehensive sex education and on fostering their access to the information and health care services they need to prevent pregnancy and protect their health." (Boonstra, 2010). It is particularly notable that this was accomplished through a concerted effort which managed to involve both the public and private sector and mandated that comprehensive sex education include information about abstinence.

California makes for an interesting comparison to Pueblo County, particularly for its ―persistent economic and social inequities" and ―large and long-standing racial, ethnic, and income disparities" which are considered to be among the most pertinent social determinants of teen pregnancy rates. Pueblo County claims a similar demographic makeup, both in terms of systemic poverty and racial/ethnic economic disparities.

Many programs have also involved older teens as role models. Participants echoed these priorities.

Access to childbearing alternatives. Both male and female teenagers who are sexually active need easy access to contraceptives and confidential family planning services.

Young women who are poor or low-income also need the same opportunities as their more advantaged peers to terminate a pregnancy if they decide that they are not capable of bearing and raising a child.

Not for girls only. Too often, adolescent pregnancy is viewed as a problem having to do exclusively with teenage girls. Overlooked are the teenage boys and men who share equally in this responsibility. Their need for pregnancy prevention information and services is no less important.

Clear, consistent messages. Young people need to hear strong and consistent messages about responsible sexual behavior. Certainly parents, through discussion and example, carry the primary responsibility for guiding their children, and they should be supported in doing so. But the larger community, and especially the media, must regularly reinforce parents with complementary rather than contradictory messages.

"Create a social marketing campaign to normalize how the community talks about sexual health." [key informant interview]

Future prospects. Positive life options give teens hope for the future and the motivation to avoid early childbearing. Students need the skills and advanced training that will enhance their prospects for employment. They also need assurance that further education and/or meaningful employment will be available to them. Schools and businesses can play a crucial role in making this happen.

Nonacademic opportunities for success. When children are isolated from their peers, lack positive adult role models or experience few successes, they are at risk of slipping into problem behaviors. Communities must ensure that children have access not only to nurturing adults, but also to a broad spectrum of programs, activities, and service opportunities that can build self-confidence, bolster self-esteem, and forge positive connections.

Family support and parenting programs. Current studies show that when fathers are involved in the physical care of their children before the age of three, they are less likely to sexually abuse their own or any other child in the future. To break the cycle of sexual abuse which often leads to teenage pregnancy, intensive family support programs, such as Healthy Families, are needed to teach fathers about parenting and help them connect with their children from birth (Christensen & Rosen, 1996). Participants underscored this as well.

VII. SUMMARY AND CONCLUSIONS

The findings from this research have led us to multiple conclusions related to the current rate of unintended pregnancy in Pueblo County, including some key considerations for future and future pregnancy prevention programming. These conclusions have important implications for prevention and support services as well as public policy. We have initially presented conclusions as a contrast and comparison of Pueblo from/to other communities.

Three social factors unique to the Pueblo County community:

- Lack of activities for teens. As noted throughout this report, boredom may play a significant role in a teen's daily decision making process. Again, as one male aptly stated, *—..because honestly, when I get bored I have sex."*
- Lack of a cohesive sexual education curriculum in school, resulting in the obstruction of what could be the single most substantial intervention available in both the short and long term. While sexual education does exist within the Pueblo County school district, its implementation is reportedly tentative and inconsistent.
- High alcohol and drug use among teens. While the obvious effects of alcohol and drug use may be the same, such as lowered inhibitions, more difficulty saying no, decreased ability to make sound judgments, etc., the problem seems to be more pronounced among Pueblo County teens. In fact, the issue of alcohol and drug use was raised in the majority of focus groups and was among the most commonly listed reasons as to why a teen would have failed to use birth control when they did not want to get pregnant.

Three social factors which are not unique to the Pueblo County community:

- The underlying social determinants of unintended teen pregnancy seem to be consistent in Pueblo County and across the nation. That is, unintended pregnancy rates seem to be highest in poor communities, disproportionately affecting Hispanic and minority populations.
- The Pueblo community is competing against the same messages surrounding casual sex as the rest of the nation. Messages surrounding, glorifying, and appealing to sex appear in TV shows, in magazines, in songs, on the radio, on billboards, in commercials, in movies, on the Internet, in advertisements, etc. It is increasingly difficult to provide teens with accurate pictures of the challenges and consequences associated with sex, and it would be virtually impossible to protect teens of any age, even those as young as 5th grade, from the very idea of sex.
- Many Pueblo County teens expressed that they never thought an unintended pregnancy could or would happen to them. This could be the result of a number of factors, including a lack of appropriate teen messages surrounding all of the consequences of unsafe sex – not solely focusing on STDs, or more subconscious denial mechanisms. To that end, Pueblo County teens are just as naturally curious about sex as teens would be anywhere else. The hormonal process starts along the same timeline and, just as it would anywhere else, leads to curiosity, confusion, fear, embarrassment, and—most importantly—questions.

Specific Focus Group Findings

- Teens often have inaccurate knowledge surrounding birth control and pregnancy prevention, especially as it pertains to the ―pull out" method and birth control options or resources. One particularly avoidable barrier which could be addressed in many cases with accurate information is the prominent and practical concern that confidentiality may or will be breached when accessing reproductive health services.
- Teens who proactively try to prevent their own pregnancy very often have a sense of the practical implications of having a child due either to exposure to children, childbearing, or teen parents themselves.
- Sexually-active teens often have difficulty asking for information about issues surrounding relationships, sex, and contraception. Teens very often do not know where to go or who to ask for information, often feeling embarrassed or a sense of ―judgment" from adults. This is despite a clear desire to be able to talk with their parents or other adults about sex.
- Many teens also attribute high teen pregnancy rates to a general boredom, stating that sex was often the result of simply having nothing to do. This was a common theme seen across multiple focus groups and was re-iterated among the KIIs as well.

Specific Key Informant Interview Findings

- The majority of Key Informants (KIs) expressed the importance of developing or increasing community collaboration and leadership. KIs very often stated that, while multiple committees have been developed throughout the years to address high teen pregnancy rates, current community efforts have produced few results due to disjointed efforts, and a lack of central leadership and direction.
- KIs also agreed that the Pueblo community must help teens develop goals and aspirations. Many KIs felt as though Pueblo County teens lacked a sense of self development due to either entrenched poverty, or a lack of information surrounding college or their career options.
- KIs expressed clearly the need to open lines of communication by enhancing school curricula, and making teens aware of pregnancy prevention resources through parental involvement, peer educators, or advanced marketing and/or comprehensive social media campaigns.

Conclusions of Focus Group and Key Informant Interview Findings

- A more active approach to focus group recruitment may have produced monolingual Spanish-speaking participants, which could yield additional valuable information about cultural factors related to unintended pregnancy.
- Increasing the availability and reliability of pregnancy and fertility measures, such as abortion, fetal death, and pregnancy interval data, would provide a better estimate of the true burden of unintended pregnancy in the county.
- Schools and parents are the two most commonly suggested resources to involve in the discussions on sex and birth control in order to decrease unintended pregnancy.

VIII. RECOMMENDATIONS AND INTERVENTION STRATEGIES

The 1995 Institute of Medicine report recommended a new social norm where all pregnancies are consciously and clearly desired at conception (IOM, 1995). Achieving this goal requires long-term efforts to educate the public on the benefits of family planning and of spacing pregnancies (Green-Raleigh, Lawrence, Chen, Devine, & Prue, 2005). Prevention strategies and programs must address a variety of risk and protective factors through different levels of the socio-ecological framework:

- Individual knowledge, attitudes, and behaviors;
- Peer/Family knowledge, attitudes, and behaviors;
- Schools/organizations;
- Community; and
- Society.

The following represents best and promising practices from the literature to help reduce unintended pregnancy rates:

- Improving access to family planning;
- Improving access to emergency contraception;
- Parental involvement;
- Male involvement;
- Youth development;
- Comprehensive social marketing campaign; and
- Integration of services, such as reproductive health and STD/HIV testing.

Unintended pregnancy prevention strategies must address sexual and non-sexual antecedents through a combination of new or revised policies, programs, and practices (Kirby, Lepore, Ryan 2005). Below is a brief listing of suggested practical short- and long-term next steps.

Model Nationally Recognized Pregnancy Prevention Standards and Best Practices

The Centers for Disease Control and Prevention (CDC) has partnered with the federal Office of the Assistant Secretary for Health (OASH) for the purposes of reducing unintended teen pregnancy through the President's Teen Pregnancy Prevention Initiative (TPPI). To date, nine state and community-based organizations have been funded to ~~"d~~demonstrate the effectiveness of innovative, multicomponent, communitywide initiatives in reducing rates of teen pregnancy…" throughout fiscal years 2011 – 2015 (CDC 2011).

Modeling specific aspects of the Adolescent Pregnancy Prevention Program (APPP) would ground pregnancy prevention efforts within Pueblo County in a set of nationally-recognized and supported evidence-based best practices designed to reduce teen pregnancy while at the same time continuing to build a sustainable foundation for future state and federal funding efforts. The APPP can conform to a number of overarching programmatic elements while maintaining a distinct and unique methodology aimed at addressing Pueblo County's specific demographic, cultural, and contextual intricacies. Specifically, the APPP can ensure:

(a) the development or adjustment of both short- and long-term goals and objectives aimed at:

5. reducing the rates of pregnancies and births to youth in specific target areas;
6. increasing youth access to evidence-based and evidence-informed programs to prevent teen pregnancy;
7. increasing linkages between teen pregnancy prevention programs and community–based clinical services; and
8. educating stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy, and data on needs and resources in target communities

(b) the incorporation of TPPI's four key components:

- Component 1 – evidence-based and evidence-informed prevention program implementation;
- Component 2 – linking teens to quality health services;
- Component 3 – stakeholder education; and
- Component 4 – sustainability

(c) the development of specific and practical five-year performance measurements for youth, and
(d) the development of specific and practical five-year performance measurements for community-based support activities.

Enhance Access to Reproductive Health Information

Many KIs and focus group participants stated that, while reproductive health resources were generally available in Pueblo County, few teens had a comprehensive understanding or knowledge of exactly where those resources exist and how to access them. Fortunately, a number of study participants had suggestions for more efficiently disseminating accurate information into the community.

First, an advanced marketing campaign was mentioned by several KIs, and the utilization of social media was commonly referenced as a potentially potent manner in which to accomplish that. While a number of community based organizations, including PCCHD, utilize sites like Facebook to incorporate health related messaging, a comprehensive campaign with actionable objectives and opportunities for community collaboration has yet to be developed.

A social media campaign can take many forms, and many KIs pointed out that not everyone can be assumed to have either a computer or consistent access to the Internet. The Pueblo community in particular may therefore benefit from a multifaceted social media campaign incorporating messages across both Internet sites like Facebook as well as more commonly accessed media such as cell phones. A comprehensive campaign, therefore, could present a road map which helps to outline (a) who the target audience is, (b) what the specific needs of that community are, (c) what specific new media will be utilized to reach out to that audience, and (d) what indicators will be established to determine if the campaign is working.

Interestingly, such a campaign could become a community effort wherein multiple agencies engage in the issue to present actionable targets and solutions. Clear leadership, however, must be in place to provide continuity and direction while ensuring that a results-oriented approach is not compromised by internal disputes. For more information on how to implement a social media campaign, as well as a fairly comprehensive assortment of tools, visit http://aids.gov/using-new-media/.

Second, a few KIs alluded to the development of a resource inventory, although it was unclear as to the status of such a project. If a comprehensive resource inventory surrounding access to reproductive health services does not already exist, it would be extremely beneficial to do so. A comprehensive resource inventory could be targeted to both service providers and service utilizers alike. One particularly practical example of a successfully implemented resource inventory is the AIDS Coalition for Education's (ACE) Colorado HIV/AIDS Resource Directory. This particular guide provides a comprehensive overview of local and state providers and resources providing either direct or indirect services to the HIV-positive community. The directory is available for download at http://www.acecolorado.org/ and a searchable database is currently under continuing development at http://www.findhivresources.com/. These resources are of invaluable significance to both the Colorado HIV-positive community as well as Colorado service providers, allowing everyone to better understand who is doing what in the community.

A similar inventory targeted directly to the Pueblo County community could incorporate a number of service areas—from sexual education and prevention, to medical care, to proper contraception use, to mental health and even recreational activities—while maintaining a specific focus on reproductive health care. Typically, such an inventory should include at the minimum for each participating community agency the following: a current address, telephone and fax number; an appropriate contact person; appropriate email addresses; Web links; hours of operation; associated pertinent fees; and a brief description of services provided and target populations.

Educate, Engage, and Consolidate Stakeholders

Pueblo County school districts are an integral link to any effort to disseminate information surrounding reproductive health services to Pueblo County teens. As KIs and focus groups participants pointed out, it is the one place to which teens of all demographics, ethnicities, and income levels go nearly every day. Accurate and targeted messages at the school level surrounding access to reproductive health care services cannot be substituted for. To that end, KIs and focus group participants also jointly acknowledged that disagreements surrounding appropriate messaging have severely inhibited the community's ability to get consistent and comprehensive education to Pueblo County teens.

As will be discussed later in this report, the chief concern among KIs was that disjointed efforts to reduce exceedingly high teen pregnancy rates have resulted in the development of factionalized efforts which have produced little to no practical results. The effects of these disjointed efforts can be seen on two fronts. First, while Pueblo County school

districts have incorporated sexual education curricula, the practical implementation of such curricula has been noted to be extremely tentative, with teachers or schools often having different ideas as to what such sexual education is or should be. Second, Pueblo County has developed multiple committees and coalitions throughout the years to address high teen pregnancy rates, too frequently with too few results. KIs attributed this to both internal disputes, and a lack of central coordination and leadership.

It is imperative, therefore, to educate, engage and incorporate all stakeholders in a cohesive and community based comprehensive plan to reduce teen pregnancy grounded in evidence-based and evidence-informed prevention programming. This is a key step in the President's Teen Pregnancy Prevention Initiative and is evidently necessary in Pueblo County.

Address Access Barriers

While the health department was the most commonly mentioned resource in the community by both teens and KIs as to where Pueblo County teens could access free or reduced-cost reproductive health services, a number of participants pointed to two key barriers in accessing services: transportation and long wait times for appointments.

The transportation issue was primarily a barrier related to the bus lines shutting down by 6:00 pm. While teens could utilize the bus to get to appointments, it was more difficult to get home, especially considering that Pueblo County teens generally have to make such appointments after school, and that Pueblo is a large enough town to present significant distances to and from home and school. Further, if the health department or other community resources did provide transportation services to and from appointments, focus group participants were unaware of them. Therefore, one substantial next step could be to address the transportation barrier, either by providing transportation assistance to and from appointments directly, or by making information more available to students concerning how to get to and from appointments without having to rely on the bus system.

Addressing long wait times for appointments could also substantially reduce the risk for unintended teen pregnancy. One focus group participant actually mentioned becoming sexually active while waiting for an appointment with the health department for reproductive health services. Fortunately, clinic efficiency models are beginning to show substantial and quantitative evidence for reducing wait times, improving patient flow, reducing cycle times, increasing financial viability, increasing patient and staff satisfaction, and increasing the number of users of integrated services. Some key elements associated with such models include (a) moving around your patient, instead of moving them, (b) identifying your clinicians role and cross training all staff, (c) communicating directly, (d) starting all visits on time, every time, and (e) identifying capacity and matching it to your demand.

Enhance Teen Involvement in or Access to Community Activities

Activity Resource Guide

As mentioned earlier, teens often cited boredom due to a lack of available activities as one reason for engagement in sexual activity. While certainly not a comprehensive solution to this issue, one small step could be the development of a Pueblo County _Westword.' The Denver *Westword* is an online and print resource outlining the multitude of events, activities, and restaurants available to the Denver community. While the *Westword* does have a particular focus on bars and night clubs, a similar resource targeted to Pueblo County could instead focus on community activities, or team sporting events. A Pueblo County _Westword' could be a resource guide specifically developed by and targeted towards teens to provide them with additional information concerning what there is to do in the Pueblo community to keep them occupied.

Peer Educators

Teens could be further engaged as a resource to preventing teen pregnancy themselves. As will be discussed in the focus group results, teens who had successfully prevented teen pregnancy consistently noted some degree of exposure to small children, childbearing, or teen parents as a potent deterrent to engaging in unsafe sex practices. Several teen parents themselves also noted a unique interest in telling their stories and sharing their experiences with other teens in an effort to provide a more realistic understanding of what being a teen parent entails. While some KIs mentioned a fear that peer educators could potentially glamourize the issue of teen pregnancy, it was clear from the focus groups that the participating parents held a fairly realistic vision of the struggles of being a teen parent. A school-, teacher- and/or nurse-reviewed curriculum could potentially resolve concerns surrounding inappropriate or ill-informed messaging arising from the use of peer educators. It would also present an opportunity to educate teen parents themselves before they spread messages into the community surrounding what it is to be a teen parent.

Future Goals

This type of a curriculum could be enhanced or supported by specific messaging surrounding future career goals and aspirations. Also mentioned in both KIIs and focus groups alike, teens very often lack a sense of their career opportunities or future aspirations, which encourages a mindset focused solely on the present. Teens who have successfully prevented pregnancy often, in fact, pointed to their future goals as a key reason to avoid pregnancy. It was widely felt that teens needed role models, or something or someone to which teens could relate or aspire to. Fortunately, there is a vast, multi-faceted and accessible pool of both local and state-based community professionals available to provide such messages—especially for young women. Community or school-based speaking engagements with experts from the fields of health care, astronomy, agriculture, biological sciences, or even the military could provide a source of practical inspiration which could begin to embed in teens a sense of their future selves.

Another practical suggestion to that end would be the development (again, if it is not already in place) of an annual or bi-annual college and/or career fair targeted specifically towards high school students. This would be another opportunity to engage a wide base

of stakeholders to work towards a solid, actionable, and non-controversial goal. This would also inspire teens towards a long-term goal while giving them a practical sense of their career opportunities.

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