Racial and ethnic disparities in teenage pregnancy: perspectives from teens and community members in Connecticut

Community Health Program Planning 2012: Field Action Report
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Background
Teenage pregnancy has negative consequences for mother and baby including school dropout and low birth weight, respectively. Overall, Connecticut has one of the lowest teen pregnancy rates in the United States. However, a great disparity exists between whites and other ethnicities. Black teens are 4 - 5 times more likely to give birth than their white counterparts and Hispanic teens are 8 times as likely to give birth compared to white teens. The risks of teen pregnancy in these minority groups call for interventions that move toward the elimination of these disparities. In order to gain a more comprehensive understanding of the issues facing minority teens in Connecticut, our group completed focus groups with teens and key informant interviews with staff members at community organizations in four Connecticut cities. Findings from this research provide implications regarding partnership development. More broadly, responses from teens and community members may point towards gaps in reproductive health education that may be amenable to policy change.

Objectives
1. Formulate an action plan to identify community partnerships that will assist Planned Parenthood in reducing teen pregnancy disparities in Connecticut.
   This objective was achieved based on the following:
   a. Teen focus groups in Hartford, New Haven, and New London, CT
   b. Community member key informant interviews with Greater Bridgeport Area Prevention Program (Bridgeport) and Family Life Education (Hartford).
2. Determine the risk of teen pregnancy attributable to race/ethnicity in three cities of interest.
   This objective was achieved by calculating the population attributable risk percent.

Methods
1. Teen Focus Groups: PPSNE recruited students from their S.T.A.R.S (Seriously Talking About Responsible Sex) program in the three cities of interest. S.T.A.R.S. are peer educators for reproductive health within their schools and communities for other teenagers. Focus group sessions were completed at Planned Parenthood facilities and took approximately one hour to complete. Participants were compensated $20 for their time. Key Informant Interviews: Group members contacted community organizations via email and phone. The phone interview sessions took between 40-60 minutes. Atlas.ti and Statistical Programming Software Packages were used to analyze results from qualitative and quantitative findings, respectively.

2. Using PPSNE’s data, we estimated by how much teen pregnancy in a population can be reduced by eliminating racial/ethnic disparities.
Results

Focus Groups
Three focus group sessions were completed with a total of 22 adolescent S.T.A.R.S. participants (14 females and 8 males) between the ages of 15 and 21. Seventeen (77%) respondents self-identified as African American. More than 50% of session attendees were aware of all forms of birth control. Condoms (64%), abstinence (36%) and oral contraceptives (23%) were the most common types of birth control used. Focus group respondents attributed teen pregnancy to desire for pregnancy, perceived invincibility, lack of knowledge/sexual education and family precedent. The teens indicated that a more substantial presence from peer educators and improved sex education in schools could have an impact on reducing teen pregnancy in minorities. “They aren’t getting attention at home, or they don’t feel loved and they just want to have a baby just to get that love and attention.” –Respondent

“They’re scared they’re going to get in trouble.” –Respondent

Key Informant Interviews
Two key informant interviews staff members from the Greater Bridgeport Area Prevention Program (GBAPP) and Family Life Education in Hartford revealed overlapping themes:
1) Lack of support to finish school
2) Cultural Beliefs and Attitudes towards Teen Pregnancy
3) Faith/Religion as a barrier
4) Support from the community to tackle this issue

Key informants echoed the focus group sentiments that current sex education in schools was inadequate. Respondents agree that parent involvement in sex education and/or discussions about sex should be a focus point for future interventions.

Quantitative Metrics

<table>
<thead>
<tr>
<th></th>
<th>Percent of CT Teen Mothers (Total)</th>
<th>Percentage of CT Teen Births Eliminated by Removing Racial and Ethnic Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Connecticut</td>
<td>9.20</td>
<td>25.44</td>
</tr>
<tr>
<td>Bridgeport</td>
<td>18.42</td>
<td>24.16</td>
</tr>
<tr>
<td>Hartford</td>
<td>26.56</td>
<td>51.47</td>
</tr>
<tr>
<td>New Haven</td>
<td>18.19</td>
<td>73.17</td>
</tr>
<tr>
<td>All Three Target Cities</td>
<td>21.00</td>
<td>52.14</td>
</tr>
</tbody>
</table>

Potential partners suggested by focus group participants:
- Centro de la Comunidad (New London)
- The Martin Center (New London)
- Postponing Sexual Involvement (Hartford)
- Burgdorf Health Center (Hartford)
- Community Health Services (Hartford)
- Birthright (New Haven)

Recommendations

• Integration of parents into sex education. PPSNE could initiate “Teen Talk” programs that allow adolescents to have open dialogue about sexual behaviors with their parents.
• More S.T.A.R.S.!
• More comprehensive and consistent sex education in schools
• Relatable sex educations instructors that engage students.

“I think what we can do more of is the social marketing, you know having billboards, having community conversations with specific populations.” –GBAPP Informant

“It’s like you don’t talk about it until you have to talk about it and it might be too late.” –Family Life Education Informant

Limitations
• Convenience sample of S.T.A.R.S. peer educators and friends of S.T.A.R.S.
• Focus group participants were older adolescents, and primarily African American females. Future research should include more Latino and male teen perspectives.
• Low response rate for key informant interviews limits the generalizability of findings.
Conclusions and Implications

Analysis of our qualitative research revealed overlapping themes of inadequate education and educational resources in area schools. Moreover, assets are needed for the development of programs that enable teens to access reproductive health information from sources other than schools. **Parent groups, health centers, and faith-based organizations provide potential opportunities for partnership and access to teen behavior modifiers.** Results from this research provide information with individual and community centric perspectives to PPSNE regarding the necessary steps to design programs aimed at reducing disparities in teen birth rates in Connecticut. By focusing on Black and Latino teens, we hope to facilitate the development of culturally competent initiatives that result in the elimination of disparities surrounding teen births. Partnership development between PPSNE and community organizations can foster successful and sustainable programs in our populations of interest.

Views of Planned Parenthood

Overall, respondents from the focus groups and key informant interviews had favorable views of Planned Parenthood. Teen focus group members cited Planned Parenthood as “the easiest place to go to” for health services and considered the “Teen Talks” valuable. Respondents also indicated a desire to see more S.T.A.R.S. in area high schools. Concerns regarding PPSNE centered on fear of judgment and perceptions that Planned Parenthood was “too white.” Some respondents were not aware of preventive care services provided by Planned Parenthood. Key informant interviewees were enthusiastic about PPSNE and hoped to partner with the organization in the future.

Acknowledgements

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References: