Youth Participatory Action Research on Teen Pregnancy Risk and Protective Factors: Results from the Pilot Project

FINAL REPORT

Prepared by:

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Symeon Ivey

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Messages of Empowerment Productions, LLC acknowledges the following individuals for their valuable contributions to the Taking Time for Teens Initiative in general and to the pilot implementation of the “FAST” model in particular. Your dedication and commitment to teen pregnancy prevention continues to serve as the catalyst for change. We are humbled to serve as your evaluation team.

<table>
<thead>
<tr>
<th>Johanna Aguilar</th>
<th>Allie Collins</th>
<th>Emma Martin</th>
<th>Rashad Sapp</th>
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<tbody>
<tr>
<td>Jamie Allen</td>
<td>Karina Garcia</td>
<td>Yanelly Martinez</td>
<td>Alexis Slay</td>
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<tr>
<td>Brian Allen</td>
<td>Hope Harrelson</td>
<td>Skyler Mays</td>
<td>ZaDonna Slay</td>
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<td>Arrisa Brown</td>
<td>Jessica Hedrick</td>
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<td>Elaine Butler</td>
<td>Natassia Jefferson</td>
<td>Michele Ozumba</td>
<td>Christal Walker</td>
</tr>
<tr>
<td>Maria Cabanas</td>
<td>Danielle Kelso</td>
<td>Angie Robinson</td>
<td>Debra Willingham</td>
</tr>
<tr>
<td>Shaureka Carter</td>
<td>Kevin Lopez</td>
<td>Helen Robinson</td>
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Quinn and Syneon

Messages of Empowerment Productions, LLC

A special thanks is in order to Susan Alford for her assistance in preparing this final report.
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I. Overview

Question: Which groups of teens are at risk for teen pregnancy?

Answer: “I don’t really blame it on one specific race. It is everybody. Statistically, it is our generation.”

A youth respondent
The **overall purpose** of this report is to document the process and outcomes from developing and implementing the FAST model among youth participating in the Taking Time for Teens Initiative (TT4T), implemented in the state of Georgia as a way to build community-based advocacy for teen pregnancy prevention. The TT4T Initiative is one strategy for addressing teen pregnancy of the Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP). Specifically, G-CAPP builds advocacy capacity by training community advocates in key areas that enhance their knowledge and skills. Over time, this knowledge should result in communities developing targeted advocacy plans and taking action to *decrease* risk factors and *increase* protective factors associated with teen pregnancy. Over a three-year period, the TT4T Initiative was charged with providing local communities with the tools to:

- Increase public knowledge and awareness of the importance of teen pregnancy prevention.
- Support collaborative efforts and advocacy initiatives at the local level.
- Build state and local capacity to implement best practices in prevention efforts.
- Strategically align public and private assets and resources dedicated to addressing teen pregnancy in more effective and deliberate ways.

In an effort to document the effectiveness of the TT4Ts Initiative, G-CAPP retained **Messages of Empowerment Productions, LLC (MOE Productions)** to monitor the processes and outcomes associated with the advocacy building activities. MOE Productions’ duties expanded during the spring of 2008, when G-CAPP commissioned Dr. Quinn Gentry to design and pilot a youth-centered action research project that would run from April 2008 through November 2008.
**TAKING TIME FOR TEENS: YOUTH PARTICIPATORY ACTION RESEARCH LOGIC MODEL**

**ISSUE:** According to the Georgia State Division of Public Health, the overall teen pregnancy rate in is 67 pregnancies per 1,000 girls. The rates are approximately 44 for Whites, 83 for African Americans, and 157 for Hispanic or adolescents. Approximately 21,000 teen pregnancies occur each year in the state of . ranks 8th highest in the nation in the rate of births to teens. More than 28% of all teen pregnancies in occur among girls who have already been pregnant at least once before.

**OVERALL ADVOCACY CAPACITY BUILDING GOAL:** To implement a three-year project aimed at increasing public knowledge and awareness of, and strengthening community involvement in, adolescent reproductive health issues in Georgia, with the ultimate goal of empowering individuals and mobilizing constituents to inform public policy and improve teen pregnancy related outcomes in the state of Georgia.

**YOUTH ACTION RESEARCH PROJECT STRATEGY:** To engage youth in the advocacy process by training them on how to generate knowledge about risk and protective factors, as well as solutions from youths’ perspectives to teen pregnancy as a problem.

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G-CAPP Resources</strong></td>
<td>- Identify best practices in action research methods</td>
<td>- Action research training kit disseminated to youth in each region</td>
<td><strong>Short-term Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>- Identify benefits and challenges of working with youth in action research</td>
<td>- 12 youth trained in action research methods</td>
<td>- Increased knowledge of youth risk and protective factors related to teen pregnancy</td>
</tr>
<tr>
<td></td>
<td>- Develop a plan for training youth in action research methods</td>
<td>- At least 10 youth implement action research data collection</td>
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<td>- Develop a plan for monitoring youth</td>
<td>- High retention and participation among core group of youth in research processes</td>
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<td></td>
<td>- Work with regional advocates to identify local youth for the training</td>
<td>- Each youth conducts a minimum of 10 interviews</td>
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<td></td>
<td>- Conduct training</td>
<td>- Each youth completes a detailed write-up</td>
<td></td>
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<td></td>
<td>- Monitor youth collecting data on a weekly basis</td>
<td>- Customized technical assistance for youth in each region</td>
<td></td>
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<td></td>
<td>- Analyze youth data</td>
<td>- 100 youth are engaged throughout the state in the action research project</td>
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<td></td>
<td>- Submit final report of findings</td>
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<tr>
<td><strong>Community Resources</strong></td>
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<tr>
<td></td>
<td>- Knowledgeable and dedicated local project partners</td>
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<td></td>
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<tr>
<td></td>
<td>- Access to diverse youth across regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Diverse youth’s input on risk and protective factors</td>
<td></td>
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<tr>
<td><strong>Financial Resources</strong></td>
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<td></td>
<td>- Funding from the Kellogg Foundation</td>
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<td><strong>External Evaluation Research Firm</strong></td>
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<tr>
<td></td>
<td>- Messages of Empowerment Productions, LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Research methods designer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Youth action research coordinator</td>
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</tbody>
</table>

**IMPACT**

Enhanced youth involvement in initiatives aimed at teen pregnancy prevention
What Exactly Is Action Research?

- Action research is a cycle of posing questions, gathering data, reflecting, and deciding on a course of action (Ferrance, 2000).

Key Dimensions of Action Research

- Collaborative activity among team members searching for solutions to everyday, real problems experienced by a particular population
- Empowering individuals to address issues that are closest to them
- Focusing on aspects of the issue where action research teams can make a change
- Conducting research with the intent of using that data to suggest changes in some social, educational, or health problem

Primary Objectives of Action Research

- To determine the scope (who, what, where, how) of the problem (teen pregnancy)
- To examine how diverse groups are affected by the problem (teen pregnancy)
- To develop a list of possible solutions (short- and long-term) within the context of available resources (human, programmatic, financial, etc.)
- To develop data-driven strategies and action plans for addressing the problem (teen pregnancy)

Rationale for Engaging Youth as Action Researchers

- Adult researchers are limited in many ways in reaching and effectively engaging a diverse range of youth on the subject of teen pregnancy.
- Trained and supervised youth have a better chance of getting to the heart of the direct and indirect issues pertaining to teen pregnancy by engaging their peers in honest conversations about risk and protective factors.
- Diverse youth engaged in the communities where they live everyday can better identify the range of risk and protective factors affecting teen pregnancy.

Reference:
The FAST Model offers a unique opportunity for youth to be introduced to social science research methods, data collection, and analysis. The youth learn to identify an issue that affects them and their peers, research it, and use their findings to create an action plan that translates into positive changes for themselves, their peers, and their community. Youth also learn to develop positive attitudes and beliefs around future career and educational aspirations. The FAST Model was conceptualized and created by Dr. Quinn Gentry as a way to break action research down into four practical steps for community advocates interested in collecting their own data about social or health problems in their communities. These steps are outlined below.

(1) Frame the Issue. The first step in applying the “FAST” model is to frame the social problem or public health issue in a way that is relevant to the community advocates who will act as action researchers. This step is complete when there is a one-page problem statement that includes the relevant variables and their relationships, including: affected sub-groups, risk factors, individual and structural issues, and possible solutions as understood by the action researchers.
(2) **Ask the Right Questions.** The second step centers on developing questions that will inform realistic (small win) solutions to the problem as framed. The questions should be divided into four broad domains:

- **D1:** *Who is at risk and why?*
- **D2:** *What are the risk and protective factors affecting the sub-groups?*
- **D3:** *What are the contextual factors (structural, environmental, etc.) that place sub-groups at risk?*
- **D4:** *What are some promising ideas for better solutions or interventions aimed at decreasing risk factors and/or increasing protective factors related to the issue that needs to be addressed?*

(3) **Select the Right Data Sources.** The third step is to be sure that researchers use the right data sources for the scope of the project. Clearly, some combination of multiple data sources have the best potential for informing actionable solutions. However, each project is different and the project manager should be sure that funding, timing, and access to data are appropriately accounted for in deciding on the data sources and data collection methods.

(4) **Think about Solutions.** The fourth step is to examine the data to determine the extent to which solutions to the issue are grounded in the data.
II. The Action Research Process

“Everyone thinks they are being careful, but they really aren’t.”

A youth respondent
This report documents the process and results of the youth participatory action research (YPAR) phase of the TT4T Initiative. Implemented from April through November 2008, the YPAR was designed to empower youth to think critically about teen pregnancy prevention and conduct discussions among their peers. The youth participated in action research by applying three of the four phases of the FAST model.

The FAST model was conceptualized and created by Dr. Quinn Gentry of MOE Productions in 2008, as a way to make action research more practical for diverse stakeholders at the community level. Specifically, the FAST model seeks to create a process in which community action rests on sound social science research methods. As such, the FAST model begins with a dynamic and thorough discussion in which research participants critically assess their local community’s teen pregnancy problem. The FAST model is designed to be used with adults and youth and to train them in the same advocacy research approaches and methods. The model is culturally competent in that it builds upon the research group’s strengths and diversity in terms of language, age, gender, developmental stages, and other relevant cultural context.

The YPAR is a central component of the TT4T Initiative because it empowers and involves young people in the complex issue of teen pregnancy prevention from youth’s own perspective. In fact, the research design helps youth to reflect on the complexity of gender, ethnic/racial, and socio-cultural identities. In addition, young people participating in YPAR learn marketable research and interpersonal skills, including critical thinking, time management, and teamwork. They also gain valuable interpersonal skills concerning how to balance the social and emotional aspects of formative research.
The Youth. The TT4T Initiative’s implementation of the FAST Model targeted middle school and high school youth, ages 13 through 19, residing in communities with higher than average rates of teen pregnancy, related high risk behaviors, and suboptimal structural conditions. High risk behaviors include engaging in sex without using birth control and/or condoms, using drugs, being truant, and engaging in or experiencing violence. Sub-optimal structural conditions refer to elevated levels of poverty, poorer schools, and struggling families.

The 2008 cohort of youth action researchers included 21 young people, representing four regions throughout the state of Georgia. Each region selected five young people to serve as action youth researchers. Additional youth were added in some regions as back-up. The demographics of the youth action researchers are presented below:

<table>
<thead>
<tr>
<th>REGION</th>
<th>AGE</th>
<th>RACE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>17</td>
<td>African American</td>
<td>Female</td>
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<tr>
<td>Albany</td>
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<td>Hispanic</td>
<td>Male</td>
</tr>
<tr>
<td>Savannah</td>
<td>16</td>
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<td>Female</td>
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<tr>
<td>Savannah</td>
<td>16</td>
<td>African American</td>
<td>Female</td>
</tr>
<tr>
<td>Savannah</td>
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<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Savannah</td>
<td>19</td>
<td>African American</td>
<td>Male</td>
</tr>
</tbody>
</table>

The average age of youth action researchers was 16. Sixty-two percent were African American; 14% were Caucasian; 24% were Hispanic. 76% were female and 24% were male. Of the 21 young people that were trained in action research methods, 12 were documented as having successfully completed the project when they submitted paperwork for at least 10 interviews. In the end, there were 120 documented peer discussions. Teens received up to $150.00 in gift cards for completing the action research project.
Young people selected for the FAST action research project participated in a one-day workshop located in their respective region. Each workshop consisted of six (6) modules that included hands-on role playing to help young people become familiar with the research questions and become comfortable with using their own style to engage their peers in discussions about risk and protective factors associated with teen pregnancy.

The training began with introductions that built rapport and jumpstarted the conversation about teen sexuality and teen pregnancy. Participants were asked to use a note card to jot down their name, age, a celebrity they would want to spend a day with, their future career goals, and one unanswered question they had about teen sexuality or teen pregnancy. For the first part of the workshop, young people were asked to examine focus group findings from the formative research phase of the TT4T Initiative. The youth learned that they would engage diverse young people in the five (5) themes discussed as part of the focus groups. These areas of discussion included:

- **Theme 1:** Where youth get their information on sex and teen pregnancy prevention
- **Theme 2:** Young people’s attitudes toward sex and teen childbearing
- **Theme 3:** Youth’s beliefs about speaking with parents/adults about sex and teen pregnancy prevention
- **Theme 4:** Young people’s access to afterschool activities and knowledge of available teen friendly services in community
- **Theme 5:** Youth’s views on what needs to change in key areas

Youth action researchers received insights into the importance of their work in the action research objectives identified below:

- **Objective 1:** Better options for sex education and information
- **Objective 2:** Suggestions for changing youth’s attitudes
- **Objective 3:** Suggestions for improving communications between parents and other adults and teens on sex and pregnancy prevention
- **Objective 4:** Ways to improve young people’s access to afterschool activities and teen friendly health services
- **Objective 5:** Views on what needs to change in key areas in the social environment to increase protective factors for teen pregnancy prevention
The core curriculum for the FAST Model. The core curriculum (modules 1-6) builds upon the strengths of the community advocates. The FAST Model incorporates activities that enhance group cohesion as the research team moves from framing the issue to collecting data and finding solutions for the problem.

Additional modules in the FAST model include: data analysis and decision-making, data reporting and writing, data presentation for public engagement, and how to move from research to action.

<table>
<thead>
<tr>
<th>MODULE 1</th>
<th>Overview of the FAST Model for Action Research</th>
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<tbody>
<tr>
<td>F</td>
<td>Frame the issue</td>
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<tr>
<td>A</td>
<td>Ask the right questions</td>
</tr>
<tr>
<td>S</td>
<td>Select the right data sources</td>
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<tr>
<td>T</td>
<td>Think about solutions</td>
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</table>

<table>
<thead>
<tr>
<th>MODULE 2</th>
<th>Planning for the Discussions</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(the who, what, when, where, why, and how of the FAST Model)</td>
</tr>
<tr>
<td>Who</td>
<td>who will interview?</td>
</tr>
<tr>
<td>What</td>
<td>what will you ask them?</td>
</tr>
<tr>
<td>When</td>
<td>when will the interviews take place?</td>
</tr>
<tr>
<td>Where</td>
<td>where will the interviews take place?</td>
</tr>
<tr>
<td>Why</td>
<td>why did you select the people on your list?</td>
</tr>
<tr>
<td>How</td>
<td>how will you approach each of them?</td>
</tr>
</tbody>
</table>

Other learning activities:
- Developing a schedule of when you will interview each person
- Finding a confidential place for the interview
- Developing a data collection and management back-up plan
- Studying your pre-discussion and interview guide
- Asking open-ended questions and probing for details
- Conducting the mock interview
### OVERVIEW OF THE TRAINING MODULE

#### Engaging Diverse Youth during the Interview Process

**Group Discussion:** Why we need diverse points of view (on teen pregnancy)

**Facilitated Lecture:** The types of groups we want to hear from:
- “Tweens” (girls at high risk and between the ages of 10 and 12)
- Teen males
- Teen females currently dating older guys
- Teen couples who have been dating for at least one year
- Pregnant and parenting teens
- Teens who have already dropped out of school or attend school irregularly
- Teens who do drugs

**Group Exercise:** Strategy session to identify additional groups of teens who are at risk in youths’ respective communities

#### Data Collection 101

- Find a place to talk that is confidential.
- Complete the pre-discussion guide.
- Be sure you have a clean copy of the interview guide for each interview.
- After the discussion is completed, spend one hour writing the persons answers to your questions.
- Complete the field notes template.
- Processing your field notes for data management and payment.

#### The Youth Researcher from an Employment Perspective

- Review of the youth research position and the marketable skills associated with its job responsibilities
- Key character traits of an action researcher
- Careers in research and public health
### OVERVIEW OF THE TRAINING MODULE

<table>
<thead>
<tr>
<th>MODULE 6</th>
<th>Managing the Action Research Process</th>
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<tbody>
<tr>
<td></td>
<td>Step 1: Revisit the overall action research process.</td>
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<td>Step 2: Explain the incentive systems and reporting requirements.</td>
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<td>Step 3: Explain the technical assistance and technical monitoring processes.</td>
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<td></td>
<td>- How to seek assistance</td>
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<td></td>
<td>- The practical</td>
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<td></td>
<td>- The ethical</td>
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<td>Step 4: Conduct the final debrief and distribute awards.</td>
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</table>

### Additional Modules in the FAST Module

(Not implemented during this pilot)

| Module 7: Data Analysis and Decision Making |
| Module 8: Data Reporting and Writing |
| Module 9: Data Presentations for Public Engagement |
| Module 10: Moving from Research to Action |
III. Results

“I cannot talk to my mom about my sexuality. I can talk about the subject as long as it is not related to me.”

A teen respondent describing the complexities and challenges associated with sex education
The youth action researchers engaged 120 individuals in the peer discussions. Demographic profiles were completed for 118 of the 120 young people participating in the discussions. Select demographic data are presented for the youth.

### Key Demographics of the Youth Respondents

<table>
<thead>
<tr>
<th>YOUTH PARTICIPANTS BY AGE</th>
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<tbody>
<tr>
<td>AGE</td>
<td>NO</td>
<td>%</td>
</tr>
<tr>
<td>12</td>
<td>9</td>
<td>8%</td>
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<tr>
<td>13</td>
<td>11</td>
<td>9%</td>
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<tr>
<td>14</td>
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<td>9%</td>
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<tr>
<td>15</td>
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<td>11%</td>
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<td>16</td>
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<tr>
<td>17</td>
<td>28</td>
<td>24%</td>
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<td>18</td>
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<td>16%</td>
</tr>
<tr>
<td>19</td>
<td>8</td>
<td>7%</td>
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<table>
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<td>Male</td>
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<td>36%</td>
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<tr>
<td>Female</td>
<td>76</td>
<td>64%</td>
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<tbody>
<tr>
<td>RACE</td>
<td>NO</td>
<td>%</td>
</tr>
<tr>
<td>African American</td>
<td>77</td>
<td>65%</td>
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<td>Caucasian</td>
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<td>Bi-racial</td>
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<td>7%</td>
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<thead>
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<th>YOUTH PARTICIPANT LIVING ARRANGEMENT</th>
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<tbody>
<tr>
<td>HOUSEHOLD STRUCTURE</td>
</tr>
<tr>
<td>Both parents in the household</td>
</tr>
<tr>
<td>Living with grandparents or other relatives</td>
</tr>
<tr>
<td>Single parent household</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY HISTORY OF TEEN PREGNANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY MEMBERS EXPERIENCING TEEN PREGNANCY</td>
</tr>
<tr>
<td>Mother was a teen parent</td>
</tr>
<tr>
<td>Sister or brother was a teen parent</td>
</tr>
<tr>
<td>Mother and sister/brother were teen parents</td>
</tr>
</tbody>
</table>
Teens were asked to comment on the groups of young people they believed to be most at risk for teen pregnancy and why. The responses were coded into nine (9) categories. The dominant theme was that “all teens are equally at risk for teen pregnancy.” Select narratives indicating that young people believe “all teenagers are at risk” are listed below.

**Teens’ beliefs that all teens are equally at risk for teen pregnancy**
- Any teenager with raging hormones
- All kids 11 to 18 because they are grown and control their lives
- All teens are at risk because there is not one group who is at risk; anyone can get pregnant.
- I was a straight A student who was involved in all types of activities and I got pregnant.
- I don’t really blame it on one specific race.
- It is everybody.
- Statistically, it is our generation.

Most young people overwhelmingly indicated that all teens are at risk for teen pregnancy. However, young people discussed some specific sub-groups and reasons why members of these groups might be at higher risk for teen pregnancy. Of all the different types of groups named to be at risk for teen pregnancy, “female-specific” groups were mentioned the most. Insights into the sub-types of female-specific groups are listed below.

**Types of Female-Specific Groups**
- Girls hanging out on corners because guys think they want to be picked up
- Girls trying to act older
- Girls involved in activities they shouldn’t get into
- Girls roaming the streets because they have no supervision
- Female drug addicts
- Fast girls, because they have bad reputations as sluts and whores
- Sluts who don’t use protection
- Sluts who don’t care who they do
- Sluts who expose themselves to boys
- Whores who want everyone to like them
- Girls who get drunk at parties and hook up with random guys
- Girls who are dating older guys
- Girls who have fake IDs, participate in underage drinking, and wear skimpy clothes and make-up
The second largest risk group young people mentioned as at higher risk for teen pregnancy was “teens with low self-esteem.” The reasons young people believed teens with low self-esteem are at risk for teen pregnancy are listed below:

- Hang with the wrong crowd
- Tend to feel self-conscious about themselves
- Don’t go out as much
- Kids that need love because they have a sad spot in their heart

Some teens named key characteristics of peer groups as placing some teens at risk for teen pregnancy. The groups mentioned more frequently are listed below.

**Characteristics of Specific Groups of Teens**

- Popular kids who will do anything to stay popular
- The outcast kids because they are lonely and will do anything to fit in
- People that experiment with drugs and alcohol because they don’t care what happens in their life because it’s ruined already
- Religious teens because they are least prepared and least likely to seek knowledge about reproduction
- Uninvolved teens that are not involved in anything and find activities elsewhere

Teens also expressed that many young people face higher risks based on being in a particular age group. Pre-teens and teens between the ages of 15 and 17 were mentioned as being at the greatest risk for teen pregnancy.

**Age-Specific Groups of Teens**

- **Pre-teens, Ages 11 and 12**
  - Under a lot of peer pressure
  - Imitating what they see on TV
  - Trying to fit in
  - They are more easily tricked.
  - Looking for the wrong type of attention
  - Trying to be with older guys who take advantage of their feelings
  - They are so anxious to grow up and many allow themselves to do stupid things, knowing the consequences, but not being afraid enough to not do something stupid.

- **Teens between the Ages of 15 and 17**
  - Because they don’t want to be a virgin when they enter high school
  - They have driving privileges.
  - Sex is the “cool” thing to do in high school.
Race/Culture*

- White females because most males in every race of boys “lust for them”
- White kids who have too much freedom
- White kids because they like to be different
- Whites because they feel like they have to give it up to get what they want
- Young white girls because they are easy
- White girls 13 to 17, because they want to fit in
- African Americans who want to copy what they see between men and women in videos
- Black kids because they are fast and most of them live in rough neighborhoods
- Black people are most at risk because sometimes they are careless
- Hispanics because most of them believe in strong family unit and families are more accepting of the babies

*With a few exceptions, most of the comments made about a particular racial group were stated by young people who identify as the same race as those they made the comments about.

Class/Status

- Rich kids because they usually go through cycles of emotions because of their lifestyles
- Poor kids because no one is home to see what they are doing after school
- Ghetto kids are most at risk because they live around negative people
- African-American kids that are in poverty
- Kids in poverty feel that they need money to survive in this economy

Level of Parental Involvement and Family Stability

- Kids that have parents who are always working
- Kids with too much freedom
- Kids with too little freedom or strict parents because they are the ones who usually sneak out to do drugs and have sex
- Kids whose parents got pregnant as teens
- Teens who have no guidelines
- Children whose parents are not around
- Kids who live with grandparents or aunts because kids don’t listen to these adults
- Teens who don’t have stable households
- The ones who have family troubles as in single or divorced parents or uncaring parents
Teens were asked to comment on their perceptions of what teens don’t know about sex and teen pregnancy. There were six (6) themes that emerged from this discussion.

<table>
<thead>
<tr>
<th>THEME NO.</th>
<th>REPRESENTATIVE NARRATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1</td>
<td><strong>The level of responsibility associated with teen pregnancy and parenting</strong>&lt;br&gt;☑ They need to understand that once they get pregnant they will suffer and it’s no longer about their lives then.&lt;br&gt;☑ How much you have to do for the baby&lt;br&gt;☑ They don’t know they could be risking their lives or even their future.&lt;br&gt;☑ Sex isn't as pleasurable after the girl has a baby and girls lose appeal to most teens after having a baby.&lt;br&gt;☑ They don’t fully understand how much pregnancy sucks and how much it will change your life.&lt;br&gt;☑ Most girls think that the guy is going to be there for them but he’s really going to leave her once she gets pregnant.&lt;br&gt;☑ How easy it is to get pregnant and how hard it is to raise a baby</td>
</tr>
<tr>
<td>Theme 2</td>
<td><strong>The physical and emotional impacts associated with sexual experiences among adolescents</strong>&lt;br&gt;☑ The impact sex has on the mind, such as the emotional instability that can follow from a bad sexual encounter or experience&lt;br&gt;☑ The emotional and mental parts because they’re too young to know what they’re getting into&lt;br&gt;☑ They don’t know about the emotional part … like after girls have sex with a boy, they get really emotionally attached but I don’t think boys do.&lt;br&gt;☑ Some girls don’t know that it hurts.</td>
</tr>
<tr>
<td>Theme 3</td>
<td><strong>The proper way to use protection</strong>&lt;br&gt;☑ Show the correct way of putting on a condom because they break&lt;br&gt;☑ How to use protection&lt;br&gt;☑ Some think they know how to put on a condom correctly, but don’t.&lt;br&gt;☑ Some teens my age do not realize that you can get pregnant your first time.</td>
</tr>
<tr>
<td>Theme 4</td>
<td><strong>Basic anatomy</strong>&lt;br&gt;☑ They don’t even understand how their own bodies work.&lt;br&gt;☑ Some don’t really know how they can get pregnant.&lt;br&gt;☑ Basic anatomy and the monthly menstrual cycle</td>
</tr>
<tr>
<td>Theme 5</td>
<td><strong>The prevalence of other STDs besides HIV</strong>&lt;br&gt;☑ STDs is more than what teens think they are.&lt;br&gt;☑ They need to know about different diseases besides HIV/AIDS.&lt;br&gt;☑ Some teens think that the only people who can get STDs are people who have many sexual partners.</td>
</tr>
<tr>
<td>Theme 6</td>
<td><strong>Healthy relationships and the “proper” way to date as a teenager</strong>&lt;br&gt;☑ The true meaning of why people want to or know when they are ready to have sex&lt;br&gt;☑ Teens should know that sex is a commitment and for people in love.&lt;br&gt;☑ Kids are having sex after the third date.&lt;br&gt;☑ Having sex has sort of become a ritual and part of everyday life.</td>
</tr>
</tbody>
</table>
Teens were asked about the best place for engaging teens in sex education discussions. Most teens believe that school is the best place for sex education. The list below offers insights into why students believe their choice is the best place for education on sex and teen pregnancy prevention.

<table>
<thead>
<tr>
<th>PLACE</th>
<th>NO.</th>
<th>REPRESENTATIVE NARRATIVES</th>
</tr>
</thead>
</table>
| School                        | 64  | ❑ School counselor because I believe that they are more trusting than anywhere else  
|                               |     | ❑ Youth are away from their parents and may be allowed to speak more openly around friends.  
|                               |     | ❑ Teens will pay attention to the videos and pictures.  
|                               |     | ❑ You can hear it from both peers and teachers.  
|                               |     | ❑ We’re already learning there [school], might as well learn something we like.  
|                               |     | ❑ They are away from their parents so they wouldn’t feel nervous.  
|                               |     | ❑ You could talk to all types of teens in one place.  
|                               |     | ❑ At school, you have more adults that could intervene in these teens’ lives and get them to realize the right thing to do regarding this issue.  
|                               |     | ❑ Because we can be free  
|                               |     | ❑ Teachers would understand me more than my mom.  |
| Home                          | 36  | ❑ Sex education should take place at home.  
|                               |     | ❑ Your parents are supposed to educate you on that type of stuff.  
|                               |     | ❑ Parents enforce the rules before anyone else should.  
|                               |     | ❑ In the comfort of their own home because they won’t be pressured by friends to give certain answers  
|                               |     | ❑ Has to start at home because that’s where most morals are taught  
|                               |     | ❑ Because I think that’s a part of parents’ job, to talk to their kids about sex  
|                               |     | ❑ Your own home; kids will pay more attention because they don’t have distractions and they would feel more comfortable asking questions  
|                               |     | ❑ It is the parent’s duty to explain sex to their child.  
|                               |     | ❑ There is no other place with a bigger impact.  
|                               |     | ❑ It should start at home because parents should know their kids the most.  
|                               |     | ❑ Home would be the best place to educate teens because that’s where they’re usually most comfortable.  |
| Health Department or Doctor’s Office | 8  | ❑ They’re gonna tell you everything, step-by-step, and you know its gonna be the truth.  
|                               |     | ❑ That’s the only place they’ll take it serious  
|                               |     | ❑ They show you some of the risks that you don’t see on TV.  
|                               |     | ❑ They have the most information about sex education.  
|                               |     | ❑ It’s confidential, so you don’t have to worry about people knowing your business.  |
| Church                        | 6   | ❑ The lady at church made it fun to learn about sex. She explained it like a sister.  
|                               |     | ❑ Jesus has the power to stop anything including pregnancy.  |
| Community Centers             | 4   | ❑ The best place to educate teens about sex is in the community … for the people that drop out of school.  |
Teens named several different types of people they believe would be the best person to provide sex education. Types of people were divided into six (6) distinct groups with a seventh group categorized as ‘other’. A closer look at why teens selected certain types of people suggests that, no matter what type of person, there are key traits and attributes teens believe that person should have.

<table>
<thead>
<tr>
<th>PERSON</th>
<th>NO.</th>
<th>REPRESENTATIVE NARRATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>35</td>
<td>I think it should be your parents. I mean who else is going to be brutally honest with you?</td>
</tr>
<tr>
<td>Peer Leaders</td>
<td>20</td>
<td>I believe other teenagers make more of an impact on their peers than anybody else. Some students tune out older people because they’re old. This is the new generation.</td>
</tr>
<tr>
<td>Young Adults (18-25) College Students</td>
<td>11</td>
<td>I believe teens and young adults from ages 18-25; those people would still be young enough to know and understand the feelings that we are dealing with and we would listen to them better. College students because they are old enough to respect, but also young enough to relate. Someone old enough and with enough experience to know what they’re talking about but also young enough so that they’ll be on our level and know where we’re coming from</td>
</tr>
<tr>
<td>Celebrities and Spokespersons</td>
<td>6</td>
<td>The best person to talk to teens about sex is someone that has AIDS/HIV because they know the risk.</td>
</tr>
<tr>
<td>Teen Mothers/Teens with STDs</td>
<td>5</td>
<td>Maybe someone who has dealt with the consequences of having sex like STDs or pregnancy and has learned from that mistake A girl who had a baby at a young age and is struggling would be the best person to talk to teens because they can tell you the hardships of having a child, personally.</td>
</tr>
<tr>
<td>Health Educators/Counselors</td>
<td>5</td>
<td>Counselors -- because they know the most about teens and how to help them. They help you ease your mind and find better solutions to your problem. Counselors are good to talk to because they understand and know how to communicate with people.</td>
</tr>
<tr>
<td>Others (doctors, grandmother, father, friends)</td>
<td>10</td>
<td>Doctors -- because they know a lot more than parents and they actually talk to them (teens) and tell them (teens) what they (teens) are going to face.</td>
</tr>
</tbody>
</table>
Many youth stated that they were likely to confide in their mothers, in general. However, it is important to note that young people rely on a diverse mix of extended family members when confiding about personal issues, including, but not limited to, sex and sexuality.

<table>
<thead>
<tr>
<th>PERSON</th>
<th>NO.</th>
<th>REPRESENTATIVE REASONS WHY YOUNG PEOPLE CONFIDE IN SELECT ADULTS</th>
</tr>
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</table>
| Mother | 34  | - She shared with me stories about the myths she used to hear that she later found not true.  
- She knows I had sex before.  
- We talk about everything...well not everything.  
- She has been there with me and I can tell her a lot of things...Even when I got pregnant, she was the first one I told.  
- She understands and keeps an open mind. She remains neutral, but gives advice, if I'm going through a tough time.  
- She will listen.  
- If you open up to her I know everything will be alright.  
- She was a teen mom once.  
- I trust her.  
- We can talk about anything. |
| Sister | 21  | - She would understand more.  
- I feel the most comfortable talking about it with my sister because she’s young and makes me feel comfortable.  
- I know they will be real.  
- She’s not that much older than me and I know she’s not going to judge me.  
- I can talk to her about anything.  
- I trust her.  
- She would not tell anybody.  
- She is honest; she would not lie about anything.  
- She has more experience and she understands me.  
- She understands me and knows me pretty well.  
- She gives me advice that is useful because she has experience and I can ask more questions more freely without the feeling of being judged.  
- I know she won’t tell my mom. |
| Aunt   | 11  | - I have told her many things and she has never told anyone. I love and respect her for that.  
- She gives good advice.  
- She’s straightforward.  
- She closer to my age and I can trust her not to tell anyone else.  
- She’s more sensitive to me.  
- I know that she would listen.  
- She is sixteen and she is close to me in age.  
- She doesn’t act like my aunt, she is just fun to be around.  
- She don’t look at me funny when I ask a question.  
- It’s easy to talk to them because they get down on my level and aren’t so judgmental, and they always have a story to go with it.  
- I can tell her anything and I know she won’t judge me for it.  
- She listens and understands where I’m coming from as well as give advice from her experiences. |
<table>
<thead>
<tr>
<th>PERSON</th>
<th>NO.</th>
<th>REPRESENTATIVE REASONS WHY YOUNG PEOPLE CONFIDE IN SELECT ADULTS</th>
</tr>
</thead>
</table>
| Faith-based          | 10  | - My youth group leader at church -- talking to her is like talking to another teen since she’s young/acts young.  
- My pastor, he helps and not judge  
- A counselor at your church  
- My church mentors -- they understand where I’m coming from  
- My Sunday school teacher -- she listens and has gained my trust and respect |
| Individuals          |     |                                                                                                 |
| Uncle                | 10  | - He jokes around a lot and talks about his experiences.  
- He listens to what I have to say and he waits until I am finished talking, and he would never give me the wrong advice.  
- He is young and he has a better understanding of things.  
- He makes me trust in him and loves me and I know he do, and he talks about their mistakes, not mine, because daddy isn’t around.  
- It’s more easy talking to a dude than a female about ‘it’.  
- We have a lot in common and he can relate to me the best.  
- He knows women and turned his life around by making good choices. |
| Father               | 7   | - He was the first to come and talk about it to me.  
- He has been there and done a lot of the things that I am experiencing now.  
- He’s a dude.  
- He listens and understands where I’m coming from as well as give advice and warnings.  
- He’s my father and I wouldn’t want to go to a woman to ask a sex question.  
- He is smart.  
- I trust him.  
- I know he wouldn’t tell anyone. |
| Brother              | 5   | - He’s young, understands, and is experienced.  
- We have a close relationship.  
- He isn’t too old and he can make me feel comfortable while discussing it.  
- He has been through this, but still has a good head on his shoulders.  
- He has helped me in some situations and I can trust him to keep what I tell him confidential. |
| Grandmother          | 4   | - She has a calm attitude when it comes to serious stuff.  
- She is full of wisdom and experience. |
| No One               | 18  | - Lack of trust in adults  
- Scared that adults would be judgmental  
- Nobody because I’m scared they would pass judgment on me.  
- Afraid of being hit for being honest  
- Too embarrassed to  
- Lack of comfort with adults  
- There is not adult in my life that I can talk to about sex that would not judge me.  
- None, because I do not have any adult that I can talk to about that type of stuff |
The dominant perception among teens participating in the discussions was that teens they know “don’t care” about the information they receive on sex education. There were 30 participants who used the phrase “they don’t care” verbatim. Others gave related responses. The youth action researchers followed up with “why don’t they care.” The reasons they think teens don’t care are highlighted below:

Why teens think other teens have a ‘don’t care’ attitude towards the information they receive during sex education classes

- Most people blow it off because as teens we think we know everything
- They become bored with the same information over and over again.
- They think they get false information just to scare them.
- Teens think they already know about sex.
- They really don’t heed it because they think it would never happen to them and that they always make the right decisions regarding sex when in reality they are being foolish.
- They don’t care about it because they feel ‘they’ are forcing the information on them.

Other negative attitudes towards the sex education teens currently receive

- They think it’s nasty and funny.
- Think it is stupid.
- They think it's gross.
- Embarrassed
- Uncomfortable and afraid

Some positive attitudes towards the information received

- It depends on who you talking to because some people take it very seriously. But some of them just be like ‘whatever’ and keep on doing what they're doing because they think they know it all.
- They think it is awesome. They think it's cool to understand more about our body functions.
- Teens feel it is helpful information.
- Some of them [are] probably shocked because that’s new stuff they don’t even know.
- Most teens listen to the information.
Additional Comments about Current Sex Education

“They feel that after they receive information from school they do not want to have sex anymore. However, if they get the information from their friends, it makes them want to do it more.”

A youth respondent

- It’s not enough -- that’s why we ‘experiment’, hands on learning.
- Very few take it to heart and others acknowledge the information, but still choose to have sex.
- Most teens feel the information is irrelevant.
- Most teens feel all or some of the information is irrelevant. Others listen or don’t care about the information.
- Some teens think that they are too “cool” for the information.
- They think the consequences won’t happen to them.
- That the information can’t be true
- They think that it is useful, but not too informative.
- It’s boring; you hear the same thing.
- That the information is lame
- The information is useless because they are hearing the same thing over and over again.
- They are uncomfortable with the information they have because, when they learn about it, they are in front of a group of people; and it would look weird to ask questions about sex.
- We do not pay attention to it.
- They feel they should still go for it.
- They don’t take it seriously until reality hits them and they experience a consequence.
- It’s cool to know but they’re still going to do it and be safe as long as they use a condom.
Teens expressed several ways to improve upon discussing sex with parents. Most young people were afraid of various types of reactions. There were several young people who were adamant that, under no circumstances, would they ever be comfortable discussing sex and sexuality with their parents.

**TEENS SUGGESTIONS FOR ENHANCED PARENTAL DISCUSSIONS**

- If they brought up the conversation first and waited awhile until I opened up
- If they would not judge me
- If they tell me things they did in their past
- If parents knew that it is only a phase all teens go through. It's called puberty.
- By knowing that they’ll support you and not jump off the wire for talking about sex
- A written contract saying you wouldn’t get hit or judged
- Actually being able to converse about sex and approach them rather than be bombarded with questions by them
- If we knew all the things we discussed were confidential we would be more comfortable.
- Knowing that they will be okay with the fact and teach me ways to stay safe
- If it’s a calm open relationship, we would feel more comfortable.
- When they come to you and say, ‘Don’t be afraid to come talk to me because I’ve always got an answer’.
- That the parents would actually listen and understand and let us know the consequences and responsibilities of our actions
- If our parents wouldn’t judge us or what we have to stay
- If they would actually listen
- They think we are just like them, and they think we are doing the same thing they did
- If they wouldn’t judge but just answer the questions
- If parents would be more honest and understanding
- They don’t answer your questions, they ask you more questions
- Jump to conclusions when we ask them certain questions
- If I ask a question that they are going to get all up in my face and start grilling me
- If we were all together to talk about it
- If they promised that they would not gripe at you or overreact
- Having both of them there to give me both sides of the story
- Parents to actually listen and not interrupt to say that we did something wrong, to always help us through life…and not to judge us
- If they were understanding
- If parents would just listen and not criticize you
- If parents would give us answers instead of answering our question with another question

**Types of overreactions teens fear**

- Being locked out of the house for telling parents how they feel on the issue
- Getting yelled at or fussed at
- Parents getting mad
- Being accused of having sex during the discussions
- Parents ‘freaking out’
- Being punished
- Being attacked
- Getting grounded
- I understand they might be disappointed, but for them not to scream either.
- If parents didn’t get defensive as if we’re having sex just because we are asking questions
- If they wouldn’t assume you were having sex
As the responses indicate, teens appear to believe that girls have more factors than do boys that contribute to why they get pregnant. Teens overwhelmingly perceive boys to be ‘making mistakes’ whereas they viewed girls as making more deliberate or intentional decisions to get pregnant.

<table>
<thead>
<tr>
<th>TEENS’ PERCEPTIONS OF WHY BOYS IMPREGNATE GIRLS</th>
<th>TEENS’ PERCEPTIONS OF WHY GIRLS GET PREGNANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Boys like getting girls pregnant.</td>
<td>□ Girls intentionally get pregnant to keep their boyfriend.</td>
</tr>
<tr>
<td>□ Boys get caught up in the moment without protection.</td>
<td>□ Girls get pregnant because they don’t have parental guidance.</td>
</tr>
<tr>
<td>□ Hormones</td>
<td>□ Girls get pregnant because they are promiscuous.</td>
</tr>
<tr>
<td>□ Don’t think about the consequences</td>
<td>□ Girls like the idea of being pregnant.</td>
</tr>
<tr>
<td>□ They are victims of circumstance.</td>
<td>□ They want to trap the boy.</td>
</tr>
<tr>
<td>□ Some boys are looking up to other boys who had children at young ages.</td>
<td>□ They feel pressured into having a baby because of what’s around their environment.</td>
</tr>
<tr>
<td>□ Some boys believe they are in love and ready to start a family.</td>
<td>□ Because they don’t feel loved at home</td>
</tr>
<tr>
<td>□ The condom bursts.</td>
<td>□ Some for the money</td>
</tr>
<tr>
<td>□ The want to dominate girls.</td>
<td>□ Because they feel their baby will love them more than anyone else</td>
</tr>
<tr>
<td>□ They want respect.</td>
<td>□ Because the man breaks the condom</td>
</tr>
<tr>
<td>□ They think having a baby makes them ‘the man’.</td>
<td>□ Mainly to see how it is to have a baby</td>
</tr>
<tr>
<td>□ They don’t plan the pregnancy; its just a mistake.</td>
<td>□ To get attention from boys</td>
</tr>
<tr>
<td>□ Sometime the guy actually loves the girl and wants to be part of her life.</td>
<td>□ To show their own parents how to raise a child the right way</td>
</tr>
<tr>
<td>□ Some boys simply do not like using protection.</td>
<td>□ Sometimes girls put holes in the condom so that they can get pregnant.</td>
</tr>
<tr>
<td>□ Girls are usually too insecure to deny the boys sex.</td>
<td>□ Girls are usually too insecure to deny the boys sex.</td>
</tr>
<tr>
<td>□ They want to be grown too fast and they think they are ready for a baby.</td>
<td>□ They want attention.</td>
</tr>
<tr>
<td>□ They think it’s cute.</td>
<td>□ They think it’s cute.</td>
</tr>
<tr>
<td>□ Girls do it to make the guys stay with them.</td>
<td>□ Girls don’t know better.</td>
</tr>
<tr>
<td>□ They don’t know better.</td>
<td>□ Some girls don’t find love in their families and feel more secure with a boy.</td>
</tr>
<tr>
<td>□ Because their partners don’t have a condom.</td>
<td>□ Because their partners don’t have a condom.</td>
</tr>
<tr>
<td>□ They let “love” get in the way.</td>
<td>□ They let “love” get in the way.</td>
</tr>
<tr>
<td>□ They would rather hear “I want you to be my baby momma” instead of “I want you to be my wife”.</td>
<td></td>
</tr>
</tbody>
</table>

Both boys and girls just want to have sex. I don’t think that anybody wants to get pregnant on purpose.

A teen respondent
Teens were asked about their use of teen health services in their communities. The dominant theme was that most teens were ‘afraid’ or ‘scared’ of a number of issues associated with visiting a teen health center. Specific things they were afraid of are listed below, followed by other reasons teens avoid health centers.

**THINGS TEENS ARE AFRAID OF AT TEEN HEALTH CENTERS**

- Too afraid because parents might find out
- Afraid of test results
- Afraid to be seen in the teen clinic
- Afraid the doctors might tell their parents
- Afraid of being judged
- Afraid of rumors if they see someone they know at the clinic
- Afraid to know the truth
- Scared of reality
- Afraid to ask an adult for a ride
- They think that they will see someone they know there and they will have to explain to that person why they are there.
- Most teens are afraid to go because they don’t want their guardian to know that they are sexually active.
- Because their too afraid of being judged
- They are scared that they might be criticized that they may have a disease.

**ADDITIONAL REASONS TEENS AVOID TEEN HEALTH CENTERS**

- All of the condoms are too small or cheap at the clinic.
- The health clinic has bad services.
- The health resources are not properly marketed.
- Just don’t think they need to
- Lack transportation
- They don’t have anyone to go with.
- They have better things to do.
- They think since they done it (had sex) already, they don’t have to listen to what nobody say cause they think they can’t get pregnant or i can’t catch this.
- If they don’t see or know other people are getting themselves checked out, then they’re not going either.
- They think they know everything and don’t need any more information on sex.
- They think they are too good for it.
- Takes too much time
- They’re afraid people will think they’re poor.
- Teens see the clinic as ‘useless’.
- They are just not interested.
- Teens find them all boring.
- We just do not know how to use them.
- They are not sexually active.
Teens made several suggestions as to how teen health service environments can be improved as a first step to increasing youth utilization. The dominant theme for enhancement was a better blend of “fun” and education. In essence, youth want teen health centers to be fun, friendly, and filled with food and activities to augment the serious nature of sex education. Other suggestions for enhancement are listed below.

**TEENS’ SUGGESTIONS FOR HEALTH CENTER IMPROVEMENTS**

- Would like better transportation
- Would like the health centers to become a gathering place for teens and mentors
- Improve the customer service
  - *Speed up the service time*
  - *Would like to have younger adults delivering the teen-centered services*
  - *Enhance privacy*
  - *Be more supportive*
- Make it a more comfortable environment
- Improve the overall look of the facilities
  - *Warmer*
  - *Brighter*
  - *Livelier*
- More educational activities for boys
- Enhance the hours of operations to accommodate teens’ schedules
- Better marketing and promotions
  - *Reach adolescents in the schools and community*
  - *Play up the fact that services are free and confidential*
  - *They need to visit schools all over and make teens more aware the availability of services at the teen health center*
  - *Advertise the free counseling*
The youths’ suggestions for addressing teen pregnancy are divided up into 11 distinct categories that can be used to generate further discussion about better solutions.

### LEARN FROM OTHERS’ EXAMPLES (22)
- To let them see somebody else who had a baby too young and show how it messed up their future
- Some teens need to see a friend go through it.
- Need to feel the pain of childbirth
- If it happens to someone they are close to, it might snap them in place.
- If they saw somebody with a baby and observed everything they had to do, it will make them think twice about the choice they made or have.
- Show them examples of people who have messed up their lives because of teen pregnancy.
- By having someone talk to them who is going through it
- Looking around them at people who have made the same mistake and see how far they’re come.
- Someone whose future is really messed up
- To see someone struggle
- A real example of someone who is a teen mom and now has no future

### PRESENT TEENS WITH REAL LIFE EXAMPLES/EXPERIENCES (21)
- Show them examples.
- Have a day with real babies at school and see how they like taking care of the baby.
- To actually deal with a baby for a month would really help teens realize that.
- They need to go through a week of raising a baby.
- Live a day in a teenage parent’s shoes or attend a seminar.
- To get a real baby and deal with them for like a week or two
- Give them baby dolls and [have them] treat them as real babies.
- Take all their money and don’t let them go anywhere.
- Ask them what is it that they want to be when they grow up and if they give you a response, explain to them that they would not be able to do it.

### ABSTINENCE ONLY (21)
- Abstinence is the best and helpful way.
- Not having sex because you can’t get pregnant if you don’t have sex
- Promote abstinence instead of safe sex.
- Remain abstinent until marriage.
- Teens totally stop doing it
- Teach kids to wait to have sex.
- Just say NO.
- Only thing 100% [safe] is ABSTINENCE and it just simply is that.
INCREASED CONDOM USE (21)

- Strap up, which is wear a condom, man, and bring a condom always, girl!
- Everybody should be issued rubbers or they should be free.
- They could pass out condoms and birth control at school or any other teen hangouts.
- Encourage teens to use condoms and birth control.

DEAL WITH THE CONSEQUENCES (20)

- It takes having an actual baby and going through the experience of actually having a baby while in school and also trying to hang out with their friends.
- When they are constantly sitting at home everyday until their child turns 18
- I don’t think some of them will realize it unless they experience it themselves.
- For it to happen and they miss out on a lot of things like jobs
- For it to happen because they wouldn’t have much freedom because they would be taking care of a baby

CANDID CONVERSATION (16)

- A well organized and planned conversation of the consequences for being pregnant
- Hear a teen parent talk about what they’ve been through and how hard it is.
- Actually hearing from a person that had a baby at a young age and hearing how they weren’t as successful as they could have been
- Get young mothers or fathers to talk to teens about what they can and can’t do because they have a baby to take care of.
- Just being able to know exactly what they are getting themselves into
- College is difficult and almost impossible having a child.
- Most teenage fathers also aren’t as faithful as they are supposed to be.

INCREASED USE OF BIRTH CONTROL (16)

- Encourage all girls that are sexually active to go to the health department and get on birth control.
- Offer birth control without parents’ consent.
- Every teenage girl to go on birth control and for everybody to use protection
- Invent birth control for men.
- Give birth control and condoms to anyone that says they need them.
- The most helpful thing to prevent teen pregnancy is free birth control pills and pregnancy seminars.
- More open talk about birth control
- Birth control and condoms should be given out in a sex education class.
- Birth control should be easier to get and more sex education should be given at school.
- Birth control should not cost as much as it does.
**MORE EDUCATION, INFORMATION, CLASSES (15)**

- Education on all that sex does to people physically and mentally
- Give info about the risks.
- Give the teens information about teen pregnancy that they need to know and not what sounds like teenage material.
- Comprehensive sex education classes
- Having a sex education course with hands on activities and not just reading from the book, but having discussions

**GREATER USE OF SCARE TACTICS (7)**

- If we just tell them about AIDS ... well then again, any disease as long as it’s gory
- If they could see negative examples that would help change their minds
- Horrible truths about the effects of it
- Find some bums on the streets and ask them what caused their tragic lifestyle and most of them probably had a kid in their younger days
- Show them the diseases that they as well as the baby can catch
- They will no longer get to do teen things. They now have to stay in the house and watch a baby.
- They have to realize that they can no longer be a teenager if they get pregnant because now their only focus is their child.

**ENHANCED USE OF THE ARTS IN SEX EDUCATION (4)**

- A play, class, or demonstration to put the person in a real life situation
- Show them movies about teen mom and dads.

**ADDITIONAL RESPONSES (2)**

- Caring -- show that there is someone out there that really cares and wants to help them.
- Church involvement -- the most helpful thing that can be done to prevent teen pregnancy would be getting teens into church.
A glimpse into the lives of teen mothers

- Six (6) teen mothers participated in the discussions. All of the mothers commented on how much they enjoy being a teen mother:
  - My little boy and his curious ways
  - That I have a child I love
  - She has enjoyed taking care of her son
  - My daughter, watching her grow, my pregnancy, finding friends and other moms, maturing as an adult
  - My children everything from their smiles to frowns. There is nothing like when they say I love you.
  - The life of my child’s being and how she just came into the world

General descriptions of the fathers

- When youth researchers asked teen mothers about the fathers of their children, the young women gave a glimpse into some of the negative aspects of teen pregnancy:
  - He has a slight temper.
  - He is a good father; he is very hardworking.
  - He's mean.
  - He is 21; has a drinking problem; had a few drugs addictions; very good with my daughter, involved in her life.
  - He’s 21, has a job, we have been together for six years, he is the father of all three kids, we are getting married soon. He is black and I am white
  - 20, he lives with his brother.

Contributions teen mothers say the fathers of their babies make:

- He comes by every now and then.
- He got money, food, clothes, basically everything what a father supposed to do and give.
- He gave the baby a sleeping outfit.
- Immediately none; six months later he spent more time with her and less [time] partying.
- Everything from financially to emotionally
- He works to pay for things. He sees her at least three times a week. He pays for her clothes and food.
The six (6) teen moms responded to similar questions about their experiences as teen mothers. Their comparative responses to select questions are summarized below.

<table>
<thead>
<tr>
<th>Was he there when the baby was born?</th>
<th>Yes</th>
<th>No</th>
<th>No</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did he sign the birth certificate?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>How often does he call and check in?</td>
<td>Not much, like once every two weeks or so</td>
<td>Everyday</td>
<td>Not often</td>
<td>If not everyday then every other day</td>
<td>Everyday because we live together</td>
<td>Everyday</td>
</tr>
<tr>
<td>How often does he visit?</td>
<td>Probably three times out of the month</td>
<td>Every week</td>
<td>He has moved</td>
<td>Three-four times a week</td>
<td>Everyday we live together</td>
<td>Whenever he does not have to go to work or after five</td>
</tr>
<tr>
<td>How often does he buy things for the child?</td>
<td>He'll buy some toys and clothes</td>
<td>Everything she needs</td>
<td>He does not buy things for the baby very often</td>
<td>Once a week, toys, diapers, formula</td>
<td>Everything, Diapers, food, clothes, Birthdays, and Christmas</td>
<td>Whenever he gets paid he calls me to let him know what she needs so he can go out to get it</td>
</tr>
<tr>
<td>Does he give regular child support?</td>
<td>Somewhat</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you happy with the level of support you get from father?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Teens provided a diverse list of questions they have about sex and sexuality. The responses were divided into three (3) major categories, including (1) health education inquiries, (2) moral inquiries, and (3) personal or subjective inquiries. Here, health inquiries are further divided into sub-categories where teens have questions that are related to protection and prevention, disease prevention, prevalence, and detection, as well as a group questions that are subjective in nature, but need medically accurate responses.

<table>
<thead>
<tr>
<th>SUB-THEMES</th>
<th>HEALTH EDUCATION INQUIRIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection and pregnancy prevention</td>
<td>- What are all the ways to prevent having a baby?</td>
</tr>
<tr>
<td></td>
<td>- What’s the best condom to use?</td>
</tr>
<tr>
<td></td>
<td>- Is it okay not to use a condom?</td>
</tr>
<tr>
<td></td>
<td>- How do you put on a condom?</td>
</tr>
<tr>
<td></td>
<td>- Why it is so easy to get a girl pregnant?</td>
</tr>
<tr>
<td></td>
<td>- How can you stop sperm from going to the egg?</td>
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<tr>
<td></td>
<td>- How common is pregnancy among teens?</td>
</tr>
<tr>
<td></td>
<td>- Do you always get pregnant if you do not use a condom?</td>
</tr>
<tr>
<td></td>
<td>- What are better methods for birth control?</td>
</tr>
<tr>
<td></td>
<td>- What should I do to protect myself?</td>
</tr>
<tr>
<td></td>
<td>- Can I get birth control?</td>
</tr>
<tr>
<td></td>
<td>- Can you get pregnant if your boyfriend pulls out?</td>
</tr>
<tr>
<td></td>
<td>- Do you have to use a condom every time?</td>
</tr>
<tr>
<td>Disease-prevention, prevalence, and detection</td>
<td>- Can you get an STD even if you are using protection?</td>
</tr>
<tr>
<td></td>
<td>- How can you tell if you have a sexually transmitted disease?</td>
</tr>
<tr>
<td></td>
<td>- What are all the ways to prevent getting an STD?</td>
</tr>
<tr>
<td></td>
<td>- How can I prevent diseases?</td>
</tr>
<tr>
<td></td>
<td>- What can I do to stay away from STDs and diseases?</td>
</tr>
<tr>
<td></td>
<td>- What does it feel like to have an STD?</td>
</tr>
<tr>
<td></td>
<td>- Can you get a disease from oral sex?</td>
</tr>
<tr>
<td></td>
<td>- What are the sexual diseases that can happen from sex?</td>
</tr>
<tr>
<td></td>
<td>- How common are sexually transmitted diseases among teens?</td>
</tr>
<tr>
<td>Questions that are subjective, but require medically accurate responses</td>
<td>- Does sex hurt when you’re a virgin?</td>
</tr>
<tr>
<td></td>
<td>- What is sex really?</td>
</tr>
<tr>
<td></td>
<td>- Am I really going to bleed?</td>
</tr>
<tr>
<td></td>
<td>- Does sex hurt your first time?</td>
</tr>
<tr>
<td></td>
<td>- Will I be different after sex?</td>
</tr>
</tbody>
</table>
MORAL INQUIRIES

- What do you think about teen pregnancy?
- Is it okay to get an abortion?
- Why is sex so bad?
- When is the right time to have sex?
- Why should I wait?
- What do I look out for when talking to the other gender? (social and moral implications)
- How do I say no and resist temptation?
- What age do you think is okay to have sex?
- When is the right time to have sex?
- Is it okay to have sex before marriage?

PERSONAL/SUBJECTIVE

Personal questions young people want adults to answer about their sexual experiences as teens

- What were your (the adult’s) experiences with teen sexuality?
  - Was sex as a teen worth the consequences?
  - How old were they when they did it?
  - What made them do it?
  - Was it good?
  - How many partners did you have?
  - When was your first time?
  - Have you (the adult) ever had a STD?
  - If you (the adult) had sex when you were a teen, was it enjoyable?
  - Do you feel you (the adult) made good choices about sex when you were a teen?
  - Did you (male adults) get someone pregnant when you were a teen?

Other personal/subjective questions

- Can I get birth control?
- How do you make sex more pleasurable?
- What’s the perfect penis size?
- How do you please your partner to the fullest?
- Why did they have sex before they were married?
- How can I be seductive because some people don’t know how to do that?
- How do I know if it’s the right person?
- Does having sex hurt?
- What do I look out for when talking to the other gender?
- How do I say no and resist temptation?
- How do you keep from giving in to peer pressure without looking like a weirdo?
- How do I know if it’s the right person?
- Is it awkward with the guy after you have sex?
- Would you (parents) still care for me if I told you I’ve had sex?
- If I was pregnant would you still have me in your home?
- If I was pregnant would you (teen’s parent) help provide food, diapers, clothing, etc. for the baby?
Fourteen themes arose about how to improve existing sex education curricula in public schools. The three (3) dominant themes were: (1) an increased use of real-world experiences and examples, (2) peer-led discussions, and (3) information delivered by a 'trusted' person.

<table>
<thead>
<tr>
<th>THEME</th>
<th>REPRESENTATIVE NARRATIVES</th>
</tr>
</thead>
</table>
| Real-world experiences and examples        | - More discussions about bad sexual experiences because experience is the best teacher  
- Basically to hear it from someone that is experiencing or has been through that type of situation  
- No questions, just talk about experiences  
- Real life examples, not bottle babies you get in health class  
- Putting them in a real world experience  
- Give them actual real life examples and let them see that it isn’t as easy as it seems.  
- Show them teen moms that have ended up homeless and [been] forced to put their babies up for adoption.  
- Show them single moms who can barely afford food for their own children.  
- Personalization and hands on experiences  
- I love the "fake babies" that cry at night and I believe everyone--male and female -- needs to be able to experience that. |
| Peer-led                                   | - Teens would need to hear from someone who is on their level, like a peer or a well-respected person that they know.  
- If there were people our age telling us about sex and their bad decisions  
- To have other kids they trust talk about it  
- Teens would feel like they have the best information about sex if they talked to people that had experience, someone young, or someone that had details of how sex can ruin your life.  
- Teens would feel like they have the BEST information about sex if someone that did it before talked to them about it. |
| A trusted person as the source of the information | - If they get the information from someone they trust  
- Learn at church.  
- Hearing it from someone they trust  
- Probably from someone they know and has a lot of experience  
- If they heard it from someone they trust because if you got a total stranger coming to talk about sex you’re probably not going to hear questions that teens really have  
- The person that’s telling them cares about them and knows what they’re talking about  
- To hear it from an older person that they trust would make teens feel like they have the best information. |
<table>
<thead>
<tr>
<th>THEMES</th>
<th>REPRESENTATIVE NARRATIVES</th>
</tr>
</thead>
</table>
| Use scare tactics                           | Scare teens with the consequences.  

Scare teens with knowledge.  

Examples like bring a pregnant person who tells them what it does to their body  

If both the parents are telling them from each point of view -- I mean like a man’s point and a woman’s point  

Showing pictures about what could happen to them if they don’t protect themselves  

A movie, TV show, a book, an informational game  

Proof as in pictures and videos  

I mean music is a part of our life  

We really need something to get our attention and not have too much information that sounds boring like a lecture  

Keep the lines of communication open  

Keep the lines of communication open with adults and other people educated on the topic so they hear what they really need to know on regular terms.  

It would take the teens to really be into the conversation about sex and at an understandable way  

Have celebrities talk to them who know about sex.  

They should have a role model to inform them of risk of sex at a young age because they would take it better from someone they look up to.  

Getting information from an up-to-date, objective, reliable source  

Actually tell everything that might happen and not leave anything out -- good and bad.  

If they look it up on the Internet  

Help teens use the Internet properly to research sex education.  

Use statistics  

Use statistics and compare information from past to present.  

More than one health class and give the TRUTH about side effects if you have sex  

Incorporate internet-based activities  

Use role models and celebrities  

Keep the information up-to-date  

Give the truth about the side effects  

Offer more than lectures  

Keep lines of communication open  

Use more visuals, graphics, music, and the media  

Offer sex education messages from both a man’s and a woman’s point of view  

Use scare tactics  

Give examples of what pregnancy does to the body  

Give the truth about the side effects  

Incorporate internet-based activities  

Offer more than lectures  

Keep lines of communication open  

Use more visuals, graphics, music, and the media  

Offer sex education messages from both a man’s and a woman’s point of view  

Use scare tactics  

Give examples of what pregnancy does to the body  

Offer sex education messages from both a man’s and a woman’s point of view  

Use more visuals, graphics, music, and the media  

Offer more than lectures  

Keep lines of communication open  

Use role models and celebrities  

Keep the information up-to-date  

Incorporate internet-based activities  

Use statistics  

Give the truth about the side effects |
Teenage boys pressure and make stupid bets on each other to have sex with a certain girl. We brag about who had sex with who, which may encourage one of our friends to want to do it to. Boys sometimes pressure the girls into having sex.

Very few actually try to get pregnant; many are caught without a condom or forgot to take the pill and just do it anyways.

Youth respondents
Risk Groups and Risk Factors

- Young people across all communities were adamant that there is a specific type of female that is at higher risk for teen pregnancy relative to other groups of teens. In thinking about solutions, a key next step might be to have more in-depth discussions with young women who fit the profiles that appear to place them at higher risk for teen pregnancy. This will allow action researchers to understand better the specific individual and structural factors that affect particular groups of young women. Such research could inform interventions for highly vulnerable girls and young women.

- Another issue that warrants further examination is the relationship between low self-esteem and higher risk for teen pregnancy. If action researchers can pinpoint the specific ways low self-esteem contributes to higher rates of teen pregnancy, this could support adding self-esteem workshops as supplemental sessions to comprehensive sex education.

- Sex education curriculum selection committees may want to examine the young people’s perspectives on how different racial and ethnic groups are at risk for teen pregnancy. These committees may want to determine if certain curricula are more appropriate for ethnic minority teens, in particular, who may not share the dominant culture’s ideas about teen pregnancy as a ‘social or health problem’.

Teens’ Missing Knowledge on Sex Education

- Teens were clear about the need to have more discussions about the emotional impact of teen sexuality infused into sex education. Curriculum designers may want to consider developing a module about ’healthy and unhealthy’ relationships as a way to adequately address the emotional aspects of teen sexuality.
Person Teens Most Likely to Confide In

- The young people clearly indicated that, for personal matters, including sex and sexuality, they confide in diverse family members. These individuals may have been undervalued as protective factors in teen pregnancy prevention. Action researchers may want to determine the extent to which the various extended family members are equipped to deliver medically accurate messages about sex and teen pregnancy prevention.

Enhancing Teens’ Comfort in Discussing Sex with Parents

- There is a need to share the findings generated about young peoples’ fear of discussing sex with their parents. Action researchers may want to organize discussions with parents, to determine what parents most need to be better prepared to open discussions about sex with their teens. Action researchers may also examine the extent to which parents are willing to apply the suggestions young people made for improving parent-teen communications about sex and teen pregnancy.

Teen Health Service Underutilization and Enhancements

- The findings on current underutilization and suggested enhancements for teen health services duplicate the findings on youth-friendly health care and should be shared with community health agencies who can be encouraged to identify and implement low-cost service enhancements that will encourage youth to come in and use the services they need.

Suggestions for Improving Sex Education Curriculum

- The youth respondents suggested several categories of improvements in the current sex education curriculum. These findings should be shared with local sex education committees in the various communities represented along with findings from the large body of research into what works and does not work in sex education for teens.
This project was funded by The Georgia Campaign for Adolescent Pregnancy Prevention through a grant from the Kellogg Foundation