A Parent Focus Group to Inform Improving Access to Adolescent Reproductive Health Services and the Prevention of Teen Pregnancy: A Community Participation Study

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A PARENT FOCUS GROUP TO INFORM IMPROVING ACCESS TO ADOLESCENT REPRODUCTIVE HEALTH SERVICES AND PREVENTING TEEN PREGNANCY: A COMMUNITY PARTICIPATORY STUDY

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INTRODUCTION

The Focus Group was part of a community participatory evaluation in collaboration with the Lowell Teen Pregnancy Prevention Taskforce (TTP), which is facilitated by the Lowell Teen Coalition from the Lowell Health Alliance (LCHA). The overarching goal of this research is to improve the utilization of teen health services, to increase understanding of how parents and the teen community view teen access to reproductive health information and services and teen pregnancy prevention and to highlight non-economic barriers to accessing pregnancy prevention services.

REFERENCES

2. Massachusetts Department of Public Health, Most-HP [Internet]. Community Health Information Profile, Perinatal Trends, Lowell. [cited July 11, 2011]

ELIGIBILITY CRITERIA

1. Parent of a child between the ages of 10-20 years
2. Available on August 11, 2011 from 12:00pm – 1:00pm
3. Limited to 10 participants

INCENTIVES

No incentives were given except the provision of a light lunch.

LIMITATIONS & NEXT STEPS

Sample size was limited and only included participants who were employed at the Lowell Community Health Center. However, this forum provided a basis for conducting a community survey involving parents of teens in the residential community of Lowell.

The focus group, a larger community survey and teen focus group, were recruited to discuss issues around teen sexual and reproductive health. The Focus Group was part of a comprehensive teen pregnancy prevention assessment, parents of preteen and teens living in the greater Lowell community and working at the LCHC. The purpose was to develop a means to assess parents’ perspectives about solutions to reduce risk taking behaviors among adolescents that may lead to teen pregnancy. The focus group, a larger community survey and teen focus group, were recruited to discuss issues around teen sexual and reproductive health. The Focus Group was part of a comprehensive teen pregnancy prevention assessment, parents of preteen and teens living in the greater Lowell community and working at the LCHC. The purpose was to develop a means to assess parents’ perspectives about solutions to reduce risk taking behaviors among adolescents that may lead to teen pregnancy.

The CTC conceptual model is a prevention model based on the risk-focused framework and provides structure in making informed decisions concerning prevention services and youth development programs through annual assessments. Researchers utilizing the CTC model have been able to identify interrelationships between varied adolescent risk behaviors and to replace them with positive youth development.

In 2009, LCHC’s teen birth rate was 53 per 1,000 teens age 15-19 as compared to 48.7 in 2008 and more than double the Massachusetts 2009 rate of 19.6.1 Teen births often occur disproportionately to the most vulnerable teens, with racial and ethnic disparities being common. In 2009, births to Asian teens made up 31.9% of teen births, nearly doubling the rate since 1996. Hispanic mothers accounted for 32.4% of all teen births.

COMMUNITIES THAT CARE CONCEPTUAL MODEL

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PARENT FOCUS GROUP

As part of a comprehensive teen pregnancy prevention assessment, parents of preteen and teens living in the greater Lowell community and working at the LCHC were recruited to discuss issues around teen sexual and reproductive health and pregnancy prevention.

Purpose

• To develop a means to assess parents’ perspectives about solutions to reduce risk taking behaviors among adolescents that may lead to teen pregnancy.
• To determine if parents feel adequate health care services are being provided to address the diverse needs of adolescents related to teen pregnancy prevention.

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PARENTS’ PERCEPTION OF WHY TEENS GET PREGNANT

1. Peer acceptance/peer pressure
2. Go with the flow
3. Means of keeping their mate
4. Lack of sexual education
5. See no evil, hear no evil mentality
6. Today’s parents grew up not talking about sex
7. Do not know how to use sexual contraceptive devices
8. Do not know what types of contraceptive services exist
9. Resistance to signing parental consent for student attendance in sex ed class
10. Teens decline to attend sex ed class because their peers do not attend
11. Parents shelter their teen by keeping them home
12. Cultural influences trickle down to the next generation inhibiting open discussion of sex and protection
13. Girls marry young in certain cultures
14. Teen mentality that they are invincible
15. Teen denial that they can get pregnant
16. Teens’ misconception of sex and pregnancy influenced by media, TV, Internet, magazines, etc.
17. Teens misguided with faulty information from friends and media

CHANGES TO IMPROVE ACCESS & PREVENTION OF TEEN PREGNANCY

1. Encourage parents to establish open communication with their teens
2. Car Talk
3. Backyard Sharing
4. Discuss with early menses
5. Discuss all forms of birth control
6. Stress abstinence
7. Informal conversation about peers who are pregnant
8. Maintain and/or increase services at Youth Build, Utech, and Teen Coalition
9. Hold open forums for parents to educate them on the importance of allowing their teens to attend sex ed class in school
10. Provide books that stress self worth, i.e. The Caring and Keeping of You
11. Normalize the sex ed discussion by discussing with them at a young age because it may decrease embarrassment

CONTACT

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LEARNING WITH PURPOSE

DISPARITY

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