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Planning Initiative Award – 2006-2007 Access to Reproductive Health Services for Low-SES Pregnant/Parenting Teens in Clark County: A Comprehensive Needs Assessment

Nevada Institute for Children's Research and Policy Reports

Jennifer Zipoy

Nevada Institute for Children's Research and Policy Reports

Tara Swanson

Nevada Institute for Children's Research and Policy Reports

Jean Henry

Nevada Institute for Children's Research and Policy Reports

Denise Tanata

Nevada Institute for Children's Research and Policy Reports

See next page for additional authors

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Authors

Nevada Institute for Children's Research and Policy Reports; Jennifer Zipoy; Tara Swanson; Jean Henry; Denise Tanata; Uzma Farmanali; and Karen Silcott



Planning Initiative Award – 2006-2007

**Access to Reproductive Health Services for Low-SES
Pregnant/Parenting Teens in Clark County:
A Comprehensive Needs Assessment**

August 31, 2007

Jennifer Zipoy, M.A., Director of Research, NICRP
Tara Swanson, M.A., Research Analyst, NICRP
Jean Henry, Ph.D., Center for Health Promotion
Denise Tanata, J.D., Executive Director, NICRP
Uzma Farmanali, Research Assistant
Karen Silcott, Research Assistant

Introduction

The Planning Initiative Award (PIA) project was a collaborative effort between the Nevada Institute for Children's Research and Policy (NICRP) and the Center for Health Promotion (CHP)/Department of Health Promotion, research centers in the School of Public Health. The purpose of the project was to conduct an assessment of the access to reproductive health services among lower SES pregnant and parenting teens in the Las Vegas Valley. The project was designed to identify gaps in existing services and assist researchers in developing communication networks between community members, providers, educators, and policymakers. The data collected during the project period has great potential to make an impact on the health outcomes of low-income teen mothers and their babies through the information and development of new opportunities for pregnant and parenting teens to access health services.

This document serves as the final report for this 2006-2007 Planning Initiative Award project. An extension was granted for submission of this final report, due to unanticipated delays in completing aspects of the project that were outside of the control of the researchers. These delays are noted in the section entitled "Description of the Project."

Significance of the Project

Many teenage mothers come from socially and/or economically disadvantaged backgrounds. Compared to teens from higher income families, poor and low-income teens are somewhat more likely to be sexually active and somewhat less likely to use contraceptives or to use contraception successfully. African-American and Hispanic teens continue to be at a disproportionate risk for unintended pregnancies and STD infections as compared to white teens. In Nevada, the Hispanic teen birth rate is 62.39 per 1,000 females, almost three times of that for whites; the African-American birth rate is 52.41 per 1,000 females (Nevada State Health Division). Teenage mothers are much less likely than older women to receive timely prenatal care. As a result of these and other factors, babies born to teenagers are more likely to be preterm and of low birth weight and are at greater risk of serious and long-term illness, of developmental delays, and of dying in the first year of life compared to infants of older mothers. In addition,

reproductive health service needs for adolescents are unique due to the potential long-term consequences, which can result in poorer health outcomes as teens mature into adulthood. Accessing better health care through improved coordination of existing services for teen mothers will reduce the numbers of low birthweight babies born in Nevada and increase the number of teen mothers receiving quality prenatal care. The information gathered in the study will be invaluable to community health care providers, school nurses and health educators, as it will assist in developing appropriate prevention and intervention programs for teen mothers and teen fathers. Further, it can assist teachers and school administrators to find ways of keeping teen mothers in school, thereby reducing the dropout rate in the school district. Ultimately, the information gathered from this project can not only contribute to the improved health of teen mothers and their babies in Nevada, but it may also help to reduce the teen pregnancy rate in Clark County.

Description of the Project

The project began in Summer 2006 with the writing of the research plan and the development of initial drafts of the IRB documents. In Fall 2006, the Graduate Assistant (GA) began work on the resource manual, *Guide to a Successful Pregnancy: A Resource Manual for Pregnant and Parenting Young Women in Las Vegas*. Efforts began, with meetings and conversations, to establish working partnerships with various community agencies that could provide access to pregnant and parenting teens for this research project.

The community agencies who participated in this project included the Nevada Health Centers and the Area Health Education Center of Southern Nevada. The aspects of the project with which they were involved include:

- *Nevada Health Centers (NVHC) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices/clinics* – assisted with recruitment of participants by posting flyers and announcing the research to eligible participants; assisting participants with the completion of forms provided by NICRP, and providing appropriate space for conducting confidential interviews with participants. There were seven WIC offices participating in the

project, although due to limited populations of teen mothers receiving services at one clinic, participants were recruited from six of the seven clinics only.

- *Area Health Education Centers (AHEC)* – facilitated access to WIC (Women, Infants, and Children) clinics, translated the all project materials into Spanish, and conducted Spanish-language interviews with participants.

Establishing the final work agreements with the community agencies offered a number of challenges – some that delayed the process of initiating the actual research portion of the project. However, learning from this process contributed significantly to one of the originally stated goals of the project – to enhance productive communication and collaboration, both within UNLV and with the Las Vegas community. In the fall, work also began on development of the survey instrument and other project materials as well as the resource manual. A draft of the survey was written and finalized by the research team. Draft documents for obtaining IRB approval were also written. In addition, all telephone scripts, instruction sheets for the WIC clinics and AHEC, and research protocols as well as all posters, recruitment flyers and forms were created and translated into Spanish.

In Spring 2007, the final draft of the survey was developed and the resource manual completed. The final details and arrangements for recruiting and interviewing participants, including access to WIC clinics for on-site interviews, were worked out with AHEC and WIC. An interviewer training session was designed and conducted by the researchers to ensure consistency in data collection. All interviewers were required to complete the CITIprogram.org course in human subjects protections before conducting interviews. Also in the spring, the IRB package was completed and submitted. Due to a variety of challenges in the IRB approval process, completion of this step took much longer than was anticipated; thus significantly delaying the initiation of the data collection stage.

Once final IRB approval was granted, interviews were scheduled and began in May. Appropriate informed consent documentation was obtained for all participants. Thirty-seven interviews were conducted with girls recruited through the WIC Clinics, by phone or face-to-face, in May, June, and July. Of those 37 interviews, nine were conducted in Spanish. Telephone interviews were conducted by NICRP and AHEC, with

NICRP conducting interviews in English and AHEC conducting interviews in Spanish. For both sets of interviewers, several of the phone numbers provided by the girls at the time of recruitment were no longer in service at the time of the call or the researchers were unable to reach a person, despite repeated messages. Face to face interviews were conducted by CHP and NICRP in private rooms at two of the WIC clinics. Face to face interviews were conducted exclusively in English. The research team recognizes that this sample is limited in size and is not representative of the entire population of pregnant teens in Las Vegas.

Once data collection was complete, participants names were entered into a drawing for a \$100 Wal-Mart gift card. NICRP staff was able to get one gift card donated, and purchased an additional six gift cards, for a total of seven \$100 gift cards that were given away to participants. Names were drawn randomly. Winners were contacted by phone and the gift card was mailed. In addition, NICRP provided the WIC clinic who recruited the highest number of participants with a \$60 gift card to Domino's Pizza for an office staff pizza party as a reward.

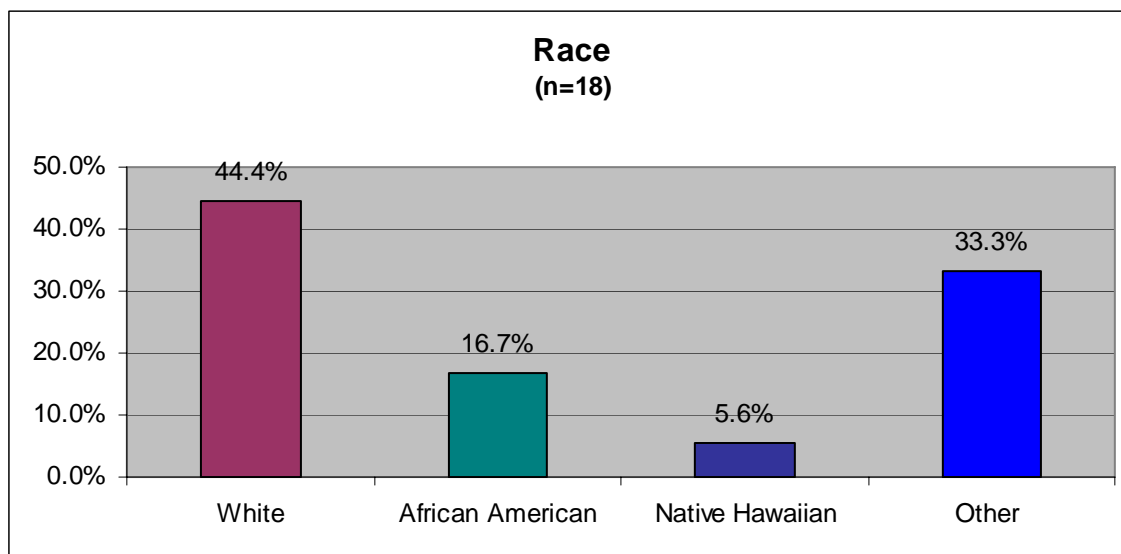
Data from the interviews was recorded onto the survey form and entered into an SPSS database for analysis. Initial data analysis was conducted in July and August. Some preliminary results are reported in the "Results" section, below. The data will continue to be analyzed further in order to gain the greatest possible applied benefit from the research. Research questions for future analysis are noted in the appropriate sections under "Assessment."

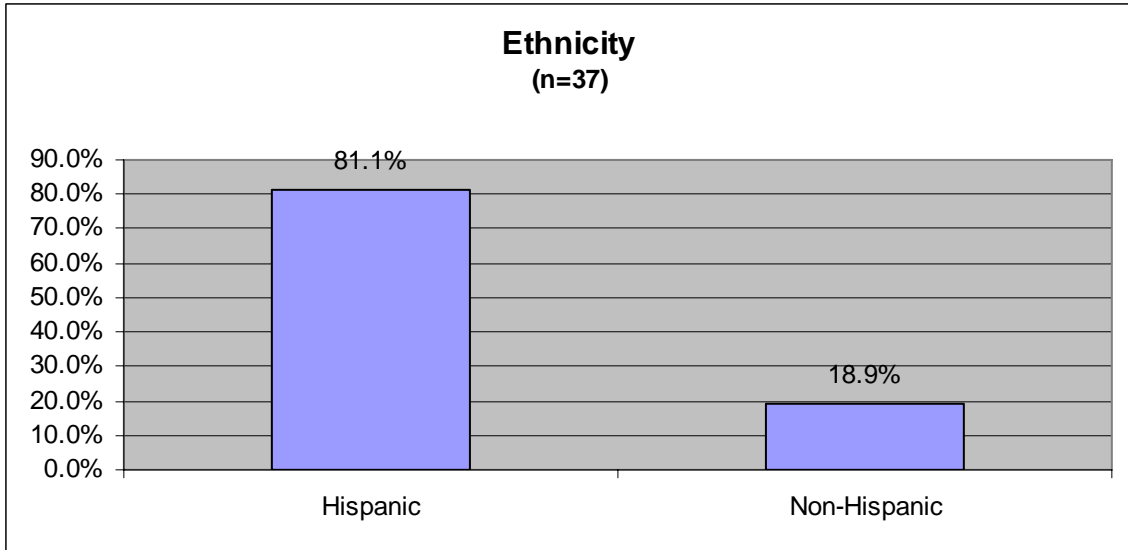
Results

Descriptive statistics are presented in the following section. Thirty-seven teen mothers participated in the survey, however not all thirty-seven women answered all questions. The total counts of respondents for each question are presented in the table. In addition, all results are presented in percentages.

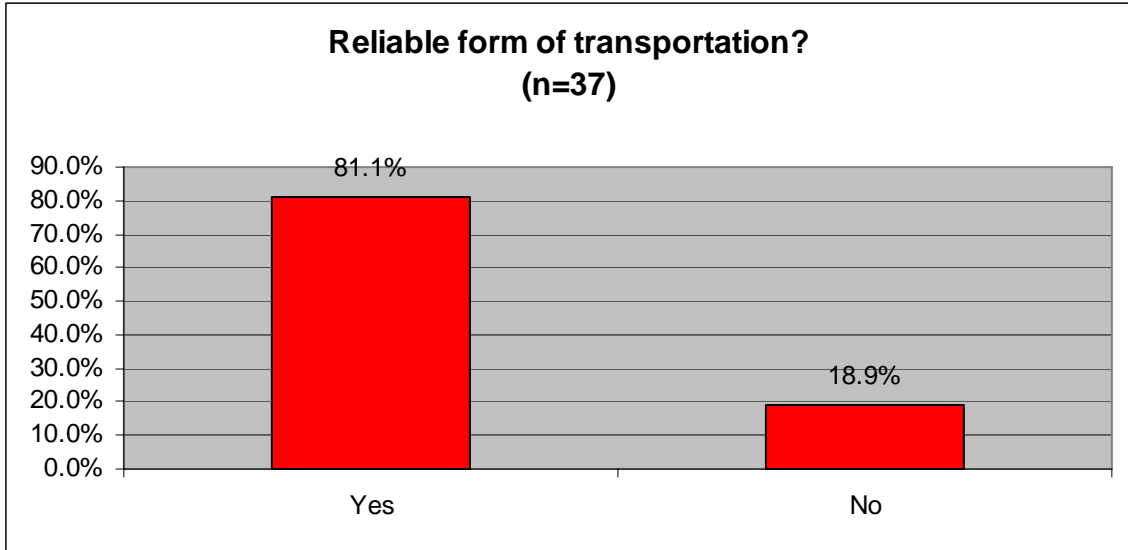
Demographics of the Sample

Participants ranged in age from 14 to 20 years of age, and the average age was 17.7 years. The race and ethnicity of participants indicate that a majority of participants identified themselves as White, other and Hispanic. A small number of participants represented the race categories of Native Hawaiian and African American. The participant's race and ethnicity were recorded separately on the data tool in an effort to be consistent with methods used by the federal government. The participant was first asked to identify a race (White, Black, Asian, Native American/Pacific Islander, Other), and then a separate question asked whether or not she identified her ethnicity as Hispanic or Latino. Because of the way the questions are asked, many of the women in the "Other" race category were those women who did not select a race, but identified their ethnicity as Hispanic.



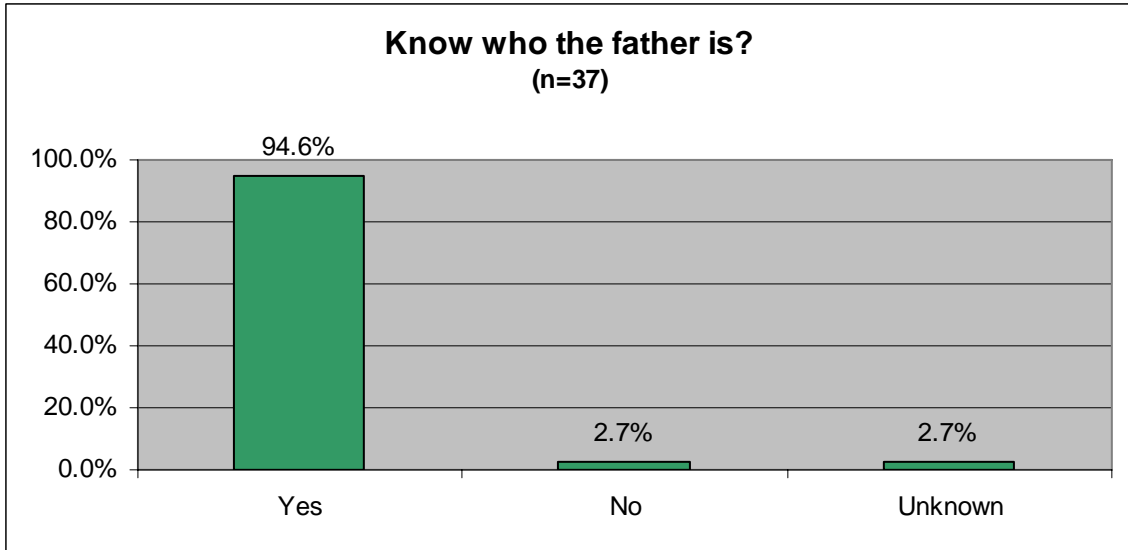


A considerable number stated that they had reliable forms of transportation. Specific examples mentioned included their parents or boyfriends vehicles.

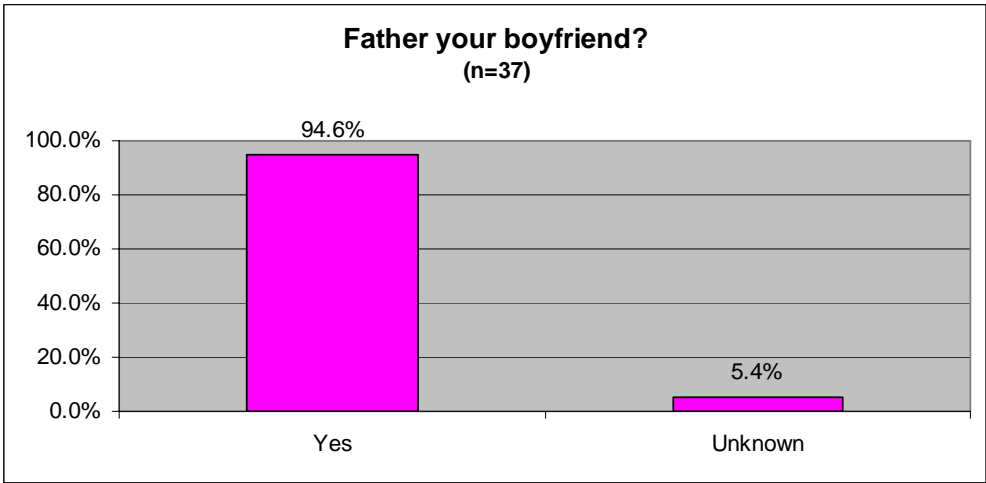


Partners of Teen Mothers

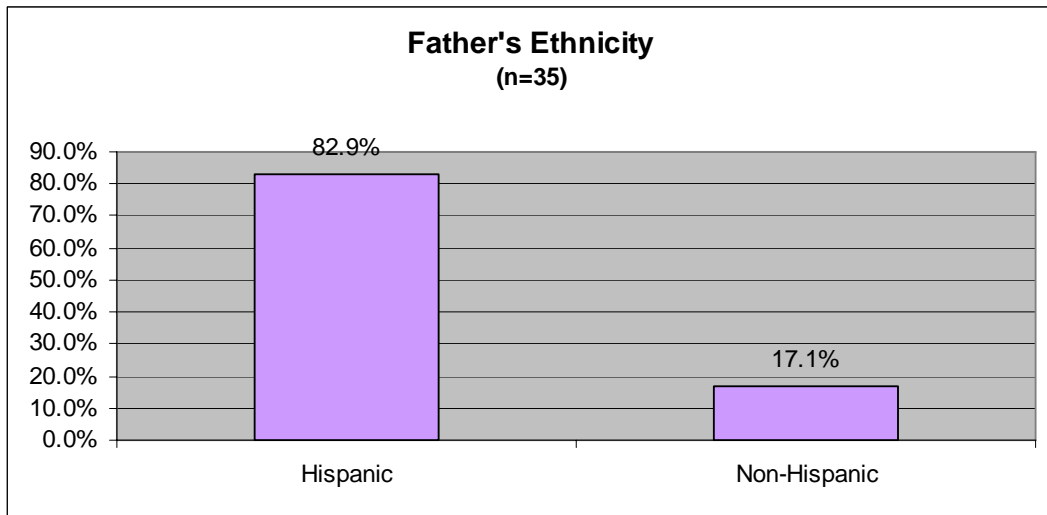
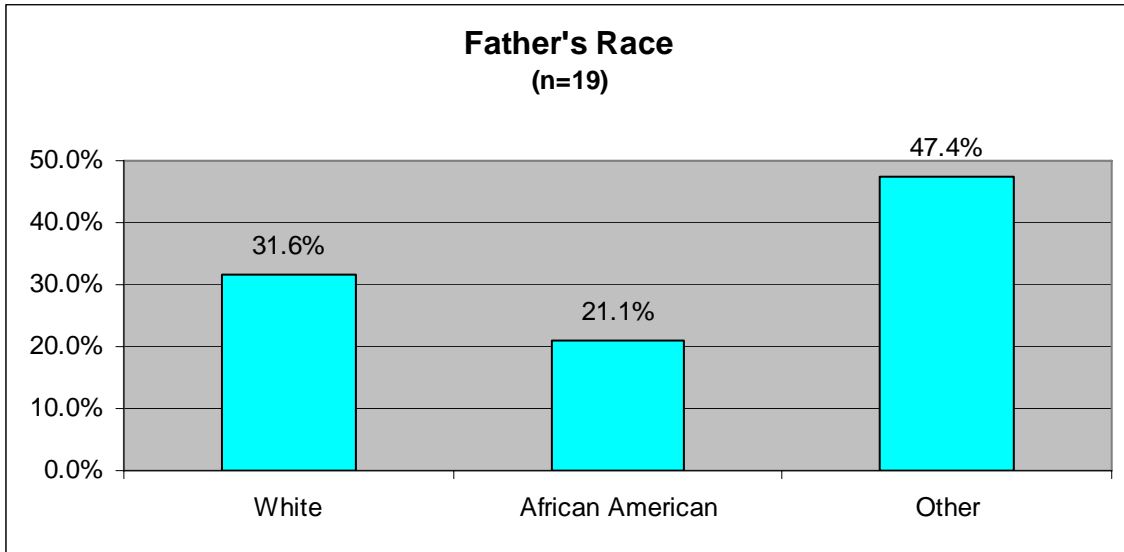
When asked about the fathers of their children, nearly all participants reported knowing who the father was.



Nearly all the teen mothers stated that the father was their current boyfriend.



The majority of the women who responded to this question identified the father’s race as Other or White and 83% of those as Hispanic ethnicity. The participants were asked about the father’s race and ethnicity separately in an effort to be consistent with methods used by the federal government. The participant was first asked to identify the father’s race (White, Black, Asian, Native American/Pacific Islander, Other), and then a separate question asks whether or not the father’s ethnicity was Hispanic or Latino. Because of the way the questions are asked, many of the cases in the “Other” race category were those cases where a race was not reported but the ethnicity was reported as Hispanic.

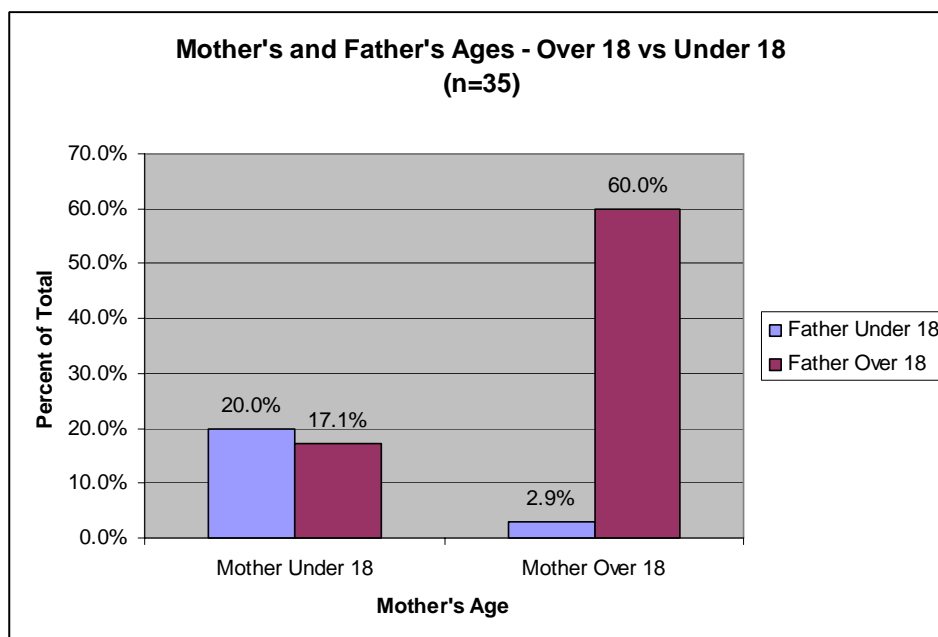


The father's average age was 20 years old, with youngest being 15 and the oldest being 32.

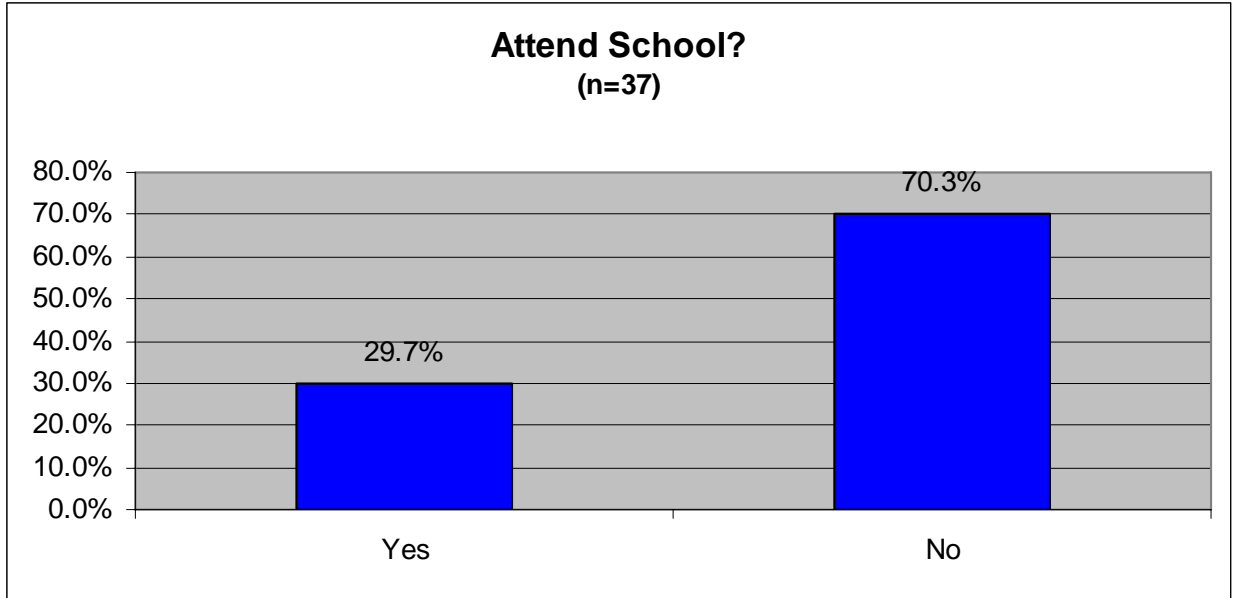
Father's Age	n=37
	(Years)
Minimum	15
Maximum	32
Average Age	20

Age Differences between Teen Mothers and their Partners

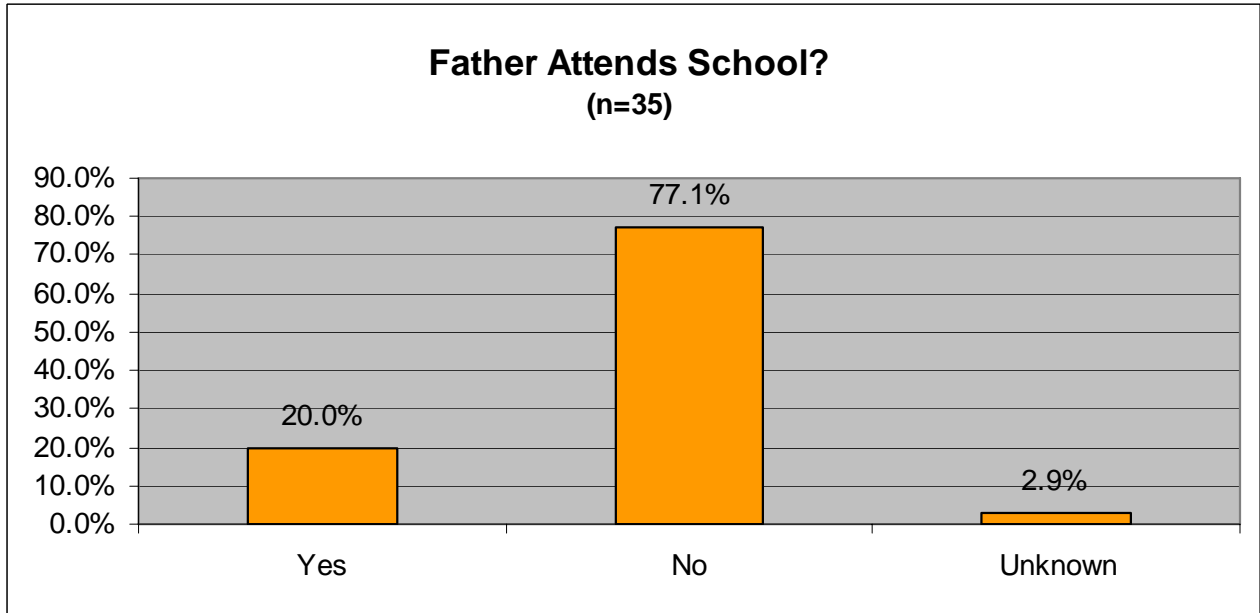
The age difference between the mothers and their partners ranged between zero and 14 years, with an average of 2.7 years. Most frequently there was a three year difference between the mother and the father, and most often the mother was the younger of the two. Additionally, 37.1% of mothers interviewed were under age 18 while only 22.9% of the fathers were under age 18. The table below illustrates the age combinations of mothers and fathers in this study. As you can see, most frequently both the mother and the father were over 18 years of age (60%).



Dropping out of school is a common problem for teen mothers. For the purposes of this sample, the majority of respondents were 18 or over and not necessarily attending school. Nearly three quarters of respondents said that they did not attend school



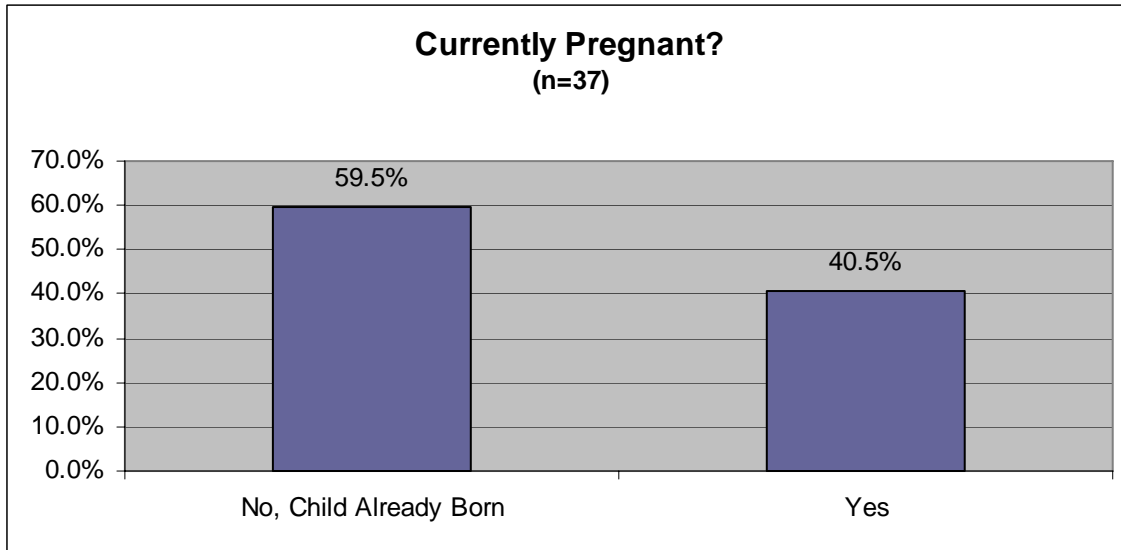
In addition, more than three quarters of the fathers did not attend school either, likely due to the fact that the majority of respondents were 18 or over and not necessarily attending school.



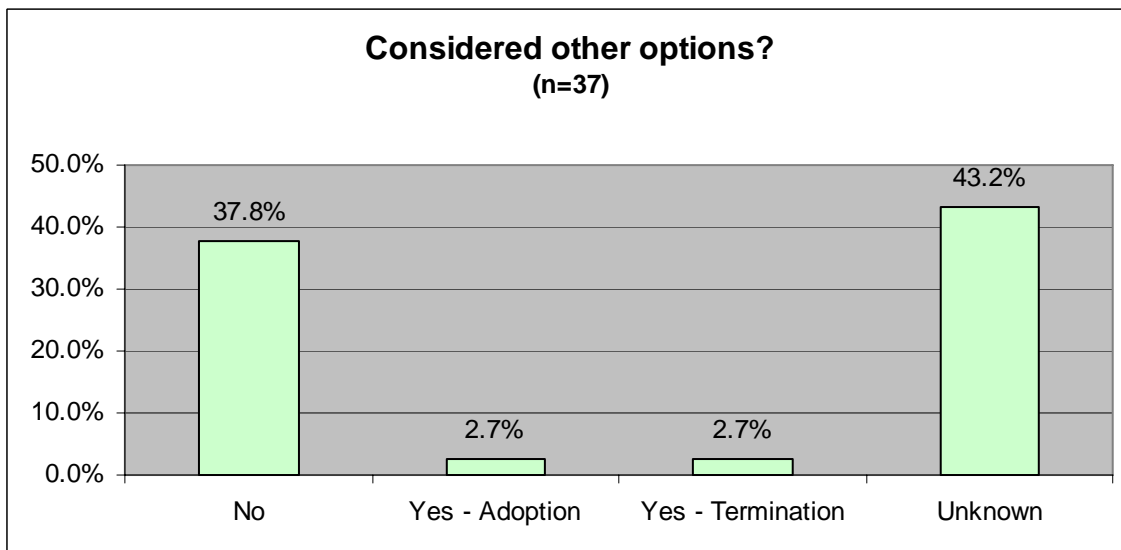
For those parents who are under age 18 and should be attending school, 50% of teen mothers reported attending school and 37.5% reported that the teen fathers (under 18 years) also attended school.

Current Pregnancy

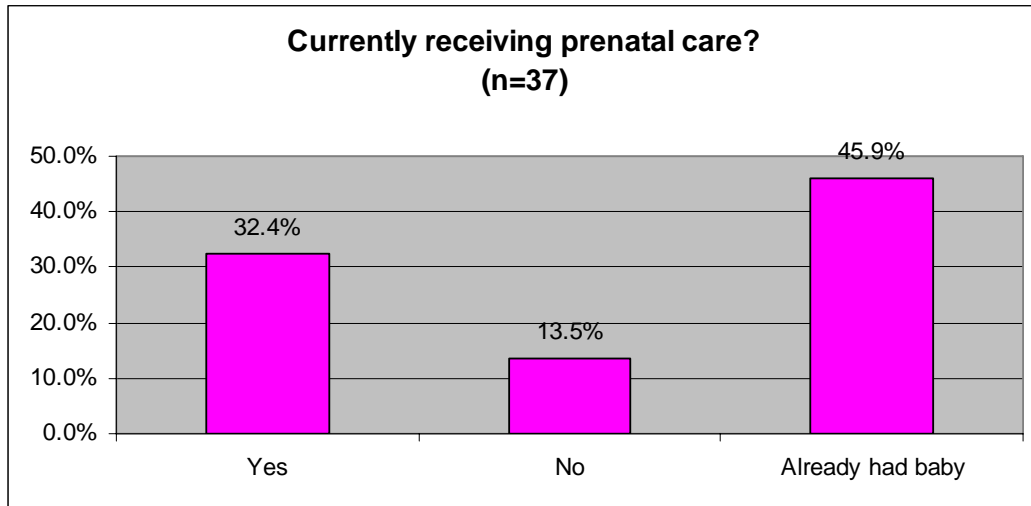
Almost half of the participants stated that they were not currently pregnant since the baby was already born at the time of the interview.



When asked if they considered other options such as adoption or termination some said no, but for almost half of the respondents no answer was recorded.

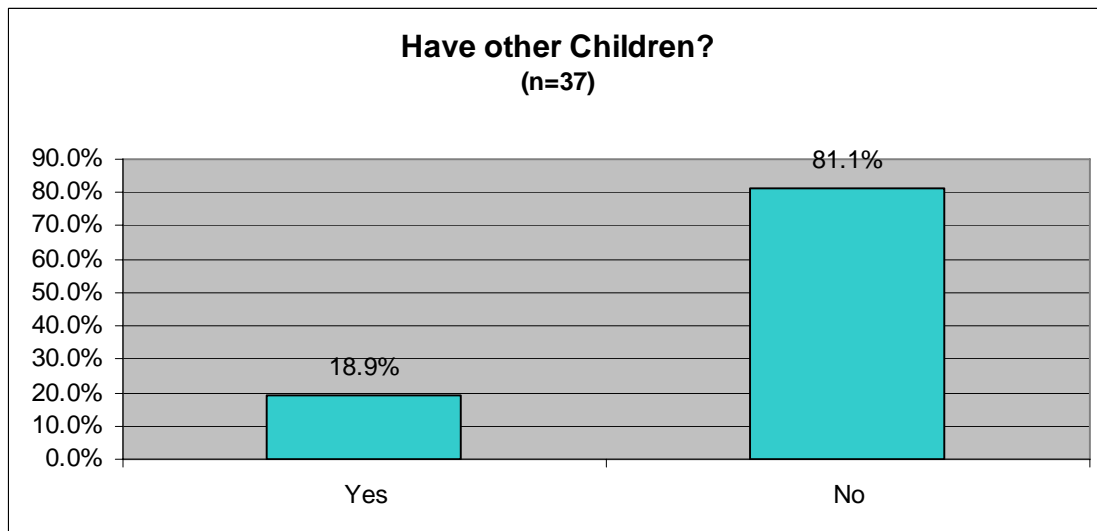


Of the participants currently pregnant 70% stated that they were receiving prenatal care with eight being the average number of visits to the clinic. It may have been difficult for some participants to recall the number of visits, as the maximum number shared (30) seems very high for a healthy pregnancy.



Number of Prenatal Visits (n=12)		
Min	Max	Average
4	30	8.3

More than three quarters of the respondents stated that they did not have other children.



The teen mothers were asked a list of questions regarding their pregnancy. The following list represents their responses.

- 54.1% of participants had family members that were teen parents
- 67.6% of participants reported having friends that were teen parents
- 24.3% of participants planned their pregnancy
- 8.1% were using birth control when they got pregnant
- 80.6% reported that the father was supportive of the pregnancy

The majority (75%) of teen mothers said that the father was involved during the pregnancy. When asked how the father was involved there were three frequent responses, the most common was being supportive. Half of them stated the father went with them to prenatal related appointments and helped them financially.

Other information included:

- 94.6% of teen mothers stated that their parents were supportive of the pregnancy
- 72.2% reported that their parents are involved in the pregnancy
- 64.9% reported that they have insurance
- 64.9% reported that they have medical care/OBGYN

Services Accessed & Measures of Satisfaction

The subsequent section of questions assessed the local services used by the teen mothers during their pregnancies and their satisfaction with those services.

Services Used*		% Satisfied with Services**	
		<i>Satisfied</i>	<i>Very Satisfied</i>
Planned Parenthood	13.5%	8.1%	5.4%
Termination Clinics	5.4 %	2.7%	0.0%
Adoption Agencies	0.0%	0.0%	0.0%
WIC	91.9%	45.9%	43.2%
Medicaid	64.9%	29.7%	24.3%
Food Stamps	16.2%	10.8%	2.7%
TANF	5.4%	5.4%	0.0%
Baby Steps (UMC)	16.2%	8.1%	2.7%
Baby Your Baby (Sunrise)	13.5%	8.1%	2.7%
Healthy Beginners (North Vista)	10.8%	2.7%	2.7%
Baby Rose (St Rose Siena)	5.4%	2.7%	0.0%
Babies are Beautiful (UMC)	2.7%	0.0%	0.0%
Bright Beginnings (Valley)	2.7%	0.0%	0.0%
None	8.1%		
A-Z Women's Care	2.7%		
Nevada Early Intervention	2.7%		
Nevada Health Care	2.7%		
OB-GYN	2.7%		

*Categories for "Services Used" were not mutually exclusive, therefore totals will not add up to 100%

** Due to missing data "Satisfaction with Services" may not add to 100%

Of the 18 services included on the survey, the overwhelming majority used the Women Infant and Children’s (WIC) Office and Medicaid. The large number of participants in WIC is explained by the location of recruitment. Most of those stated that they were either very satisfied or satisfied with the services they received at those facilities. Additionally, these services also received the highest satisfaction ratings. Moderately used services included Food Stamps, Baby Your Baby, and Baby Steps, and all three received low satisfaction ratings. The percentage of participants utilizing the six identified hospital programs designed to increase the percentages of women

accessing prenatal care is surprisingly low. At 0.0%, the least used service in this questionnaire was the adoption agencies.

The teen mothers were asked why they choose specific services during their pregnancy. The number one reason cited was receiving a referral from friend, family and or doctor. Many participants also said that they were not aware of other services besides the ones listed. No one said they knew people who worked in the clinic.

The teen mothers were asked to rate the general staff demeanor for the services they accessed on a scale of 1-5, with 1 being the lowest and 5 being the highest. Overall, the demeanor ratings in all five subsections received averages of four indicating high levels of satisfaction.

General Staff Rating	Min	Max	Average
	<i>1- Lowest 5 - Highest</i>		
Friendly	3	5	4.49
Supportive	2	5	4.40
Professional	3	5	4.10
Knowledgeable	1	5	4.37
Helpful	2	5	4.54

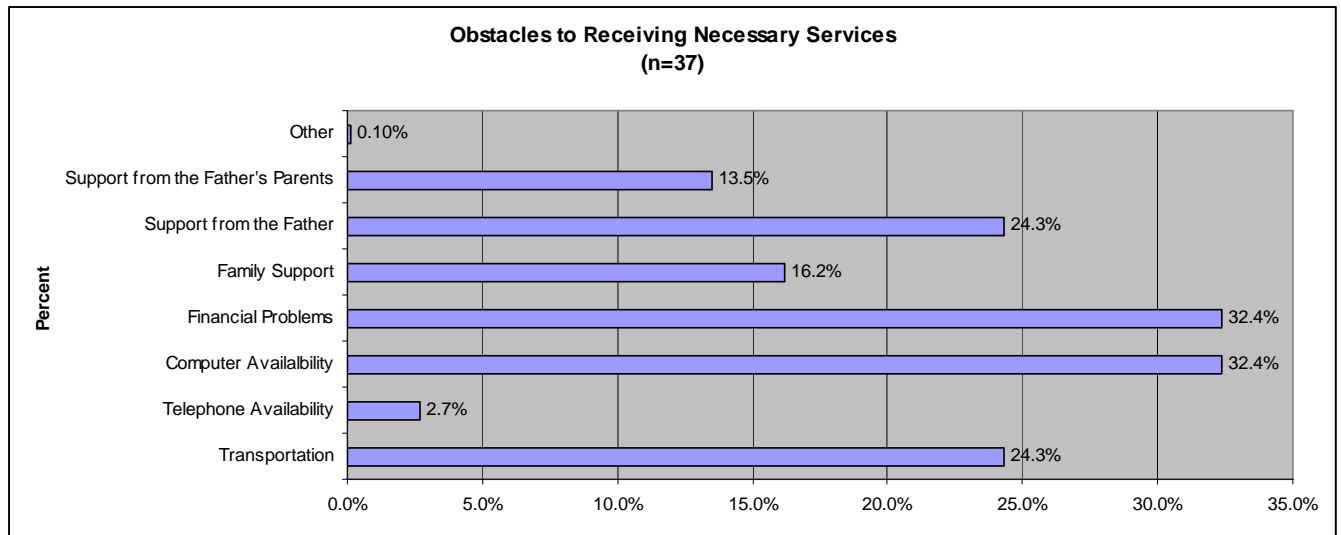
Recommended Services

As an additional measure of approval for services, the participants were asked to recommend services to other pregnant teens. Recommendations included: hospital prenatal care programs (Baby Steps, Baby Your Baby, Healthy Beginnings, and Baby Rose), insurance (Medicaid and Nevada Check Up) and other services (WIC, TANF and food stamps), and care centers such as Nevada Health Centers, Planned Parenthood, and the Women’s Center at UMC.

One participant stated that she had a hard time using the hospital services and that they weren’t very helpful to her, because she felt that teens weren’t given a chance there. Another teen expressed interest in teen groups and daycare for teen moms, because she felt uncomfortable in classes with older women. A third girl expressed difficulties with completing the Medicaid paperwork, saying that her papers were returned twice and she didn’t receive coverage until a month before the baby was born.

Barriers to Service

Teen mothers were asked about barriers to accessing services. The most frequent responses were financial barriers as well as computer availability and support from the father. Another frequently selected category was that of transportation. These barriers should be further examined to determine the best way to help eliminate the obstacles.



Future Plans

Participants were asked about their plans for the future and whether or not those plans have changed since getting pregnant or having their child. The responses were pretty evenly divided. Slightly more of the mothers (51%) reported that their plans have stayed the same since getting pregnant or having their baby. These mothers planned to stay in school and seemed very optimistic about their goals and their ability to achieve those goals. Some reported that their plans haven't changed because they always saw themselves having children. For the remaining 49% of participants, these women stated that their future plans had changed since becoming pregnant or having their baby. For some this change was positive, and they stated that since having a child they are now more responsible and want to finish school and work hard to provide a stable home for their child, where before this was not as important to them. Other mothers stated that since having their baby, they have left school or will be postponing college until their baby is older. One mother had plans to join the military and since becoming

pregnant these plans have changed and instead she is working and living with her family. Another mother reported that she can't do the things that she used to do and has to go to home school instead of public school since becoming pregnant.

Overall mothers had mixed feelings about their futures, and some recognized that they have struggles ahead of them, while others remained positive and optimistic that their baby would not adversely affect their future plans.

Final Comments

Girls were also asked if there was anything else they would like to share with the research team at the end of the interview. There were a variety of responses, several of them encouraging. Responses included: "Having babies does not stop you from succeeding in life", "let your family help you", "go to pregnancy classes", "get prenatal care and take care of yourself", and "be patient with newborns and have fun". One girl shared that "Burk High School has a daycare, which is cheap and allows you to see your child anytime. They are supportive and help you to graduate". Other responses included some more cautious thoughts, such as: "finish school first", "teach more in school to prevent pregnancy – they didn't make it a big deal, they just said to have the baby", "just make sure it's what you really want – think it through and know about the consequences that can occur", "don't miss a WIC appointment or you have to wait two months to get milk", "need more social services, because appointments take too long since there are so many girls for each social worker", "I wish that in school they would have told me more about birth control and other stuff", and "I was not aware of all the programs available – I wish I knew more about them before". Some girls stated "don't get pregnant", "you'll struggle with everything you do", and "don't get pregnant so soon".

Assessment of the Project

The PIA proposal identified several products that would result from the project to promote long-term change in the Las Vegas metropolitan area and across the state of Nevada. Each of these products is described below, as well as preliminary findings and any future research questions related to the product.

1. *Collect information about important access to care issues and service utilization (or lack of utilization) by pregnant and parenting teens:*

Telephone and face-to face interviews with pregnant and parenting teens were conducted with the collaboration and assistance of AHEC and WIC clinics. Using a survey instrument designed specifically for this project, questions assessed pre- and post-natal care and services in Las Vegas among teen mothers. Initial examination of the data reveals that very few teen mothers are aware of the range of services available to them. The primary services utilized are WIC and Medicaid; awareness of these services was mainly through a family member (mother, sister) or girlfriend who was also a teen mom. The teens do express satisfaction with these services. (For details on these topics, please see the Results Section) Research questions related to this data include: What sources would be most effective in communicating the availability of services to teen mothers? Considering the health and wellness needs of both mother and fetus/infant, what services should a teen mother be accessing during and after her pregnancy? How have pregnant teens' lives changed as a result of the pregnancy?

2. *Collect information about the partners of the teen mothers (the fathers of the babies) to inform subsequent research questions and prevention/intervention projects:*

Included in the survey were questions relating to the fathers of babies of teen mothers. Initial assessment of this data revealed that on average that the average age difference between these young women and their partners was 2.7 years, with the age difference ranging from zero to 14 years. Most frequently there was a three year difference between the mother and the father, and most often the mother was the younger of the two. Additionally data were collected regarding the father's

involvement in the pregnancy as well as the father's education. Only 37.5 % of the fathers under age 18 were still attending school. Future research questions related to this data include: How does the father's age impact his level of involvement in the pregnancy? Does the relationship between the father and the mother (dating or not) affect his involvement in the pregnancy? How does the age difference between the couple impact involvement?

3. *Provide an immediate opportunity to educate participants about eligibility for multiple programs:*

During each interview, participants were asked to identify, from a list provided, which of the available services they had utilized, or were currently utilizing. Often, the women were not familiar with most of the services. This provided an opportunity for the researcher/interviewer to describe and explain the service, thus expanding the women's knowledge of potential services. Participants were also provided a copy of the resource manual that was developed for the project. This guide provides a summary of pre- and post-natal programs and resources, as well as services related to parenting.

4. *Provide research-based, data-driven information packets about teen pregnancy to educators (school counselors and school nurses) and health service providers in the Las Vegas community:*

Due to the unexpected delays in conducting this research, the project team was unable to complete and distribute the planned information packets. However, these packets will be prepared by researchers in the Fall of 2007 and distributed as planned.

One valuable product of this project was the production of a resource manual titled, *Guide to a Successful Pregnancy: A Resource Manual for Pregnant and Parenting Women in Las Vegas*" (see Appendix). The manual provides information regarding organizations and agencies in Clark County that provide health services and other types of assistance to pregnant and parenting teens, including contact information, payment options, and a brief summary of services. It also provides

general educational information on topics that could be of help to the teens, such as health concerns during the trimesters of pregnancy, preparing for labor and delivery, and suggestions for parenting and child safety. This guide was developed through a process of identifying current community providers of health services to pregnant and parenting women, particularly teens, then contacting each to obtain or confirm accurate agency information.

In addition to providing a copy of the guide to each woman that participated in the study, the project has provided some of the remaining printed copies plus a CD with the final version of the resource manual to the two participating organizations for their use in distribution and/or copying. In further discussions with the participant organizations that will take place in September 2007, organizations and agencies in the community will be identified and contacted. These agencies will be provided with copies of the resource manual in English and Spanish plus a CD with the electronic version should they wish to print more and use it. They will also be provided with information regarding pertinent results from the interviews, and recommendations from the researchers relative to the findings of the research in the context of the health services environment in Las Vegas. It is hoped that the information will be used to inform future decisions regarding such things as type, scope, and locations of services, as well as customer service issues.

5. *Use results to develop policy briefs that will educate and inform state legislators and county commissioners about the subject in an effort to create local and statewide change in policies and laws;*

Due to the results of the project which identified more than 90% of participants as not having a regular form of birth control and approximately 75% of participants stating that their pregnancies were unplanned, the research team has decided to focus the first policy brief on the issue of specific health education being provided to teenagers in schools. This policy brief will be completed in September 2007, and distributed to county commissioners and school board officials, as well as service providers in the Las Vegas Valley in order to increase awareness of the problem that exists with appropriate health education in the Clark County School

District. In addition, copies will be distributed at the Nevada Public Health Association annual conference in October 2007. Additional policy briefs will be developed as appropriate topics emerge from more in-depth exploration of the data, in the future. Possible foci for future briefs may include but are not limited to policies supporting appropriate interventions and support for teen fathers, and policy changes affecting cultural awareness levels among local service providers.

UNLV Goals and Macrothemes

This research was related to the UNLV Goals and Macrothemes that were in effect at the time of the project proposal. The significance of the project in relation to these goals is discussed below.

UNLV Goal 3: Increase research, scholarly activity, and national recognition:

This PIA project is firmly rooted in research into one of the more pressing public health challenges facing Southern Nevada. Healthy People 2010 established the elimination of health disparities as one of the overarching goals for the national public health agenda. Teen pregnancy is clearly disproportionate in certain ethnic and socioeconomic groups; gaining a better understanding of this issue, locally, will assist the UNLV School of Public Health in addressing this community need. This PIA project utilizes a UNLV Center and an academic department to strengthen the research and community bases of the project. This project provided a Graduate Research Assistant an outstanding opportunity to be involved in a research project from design through implementation and reporting, and the GA was given the opportunity to take a lead role in conducting participant interviews. As a result of her involvement, the GA has identified a Public Health conference for which she will be submitting a presentation proposal in the Fall. At the time of this writing, two proposals have been submitted for the presentation of the research at national conferences. Three additional conferences have been identified as outlets for the presentation of the processes and findings of this research. The nature of this problem as a national health priority underscores the importance of understanding the nature of the problem within our own community. This project represents an

important step in increasing awareness and understanding of the issue in our own community and laying the foundation for effective response.

UNLV Goal 7: Communicate and collaborate more effectively:

This project represents an excellent example of productive communication and collaboration, both within UNLV and with the Las Vegas community. The primary researchers represent a cross-disciplinary team of professional staff, researchers, and faculty from the centers and departments of the School of Public Health. Community partnerships were established, to ensure the success of this project, with Area Health Education Centers of Southern Nevada (AHEC), the Nevada Health Centers' offices of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Clark County Teen Pregnancy Prevention Coalition. In addition, both graduate and undergraduate students were recruited from a variety of related academic disciplines on the UNLV campus to assist with the research. Such interdisciplinary collaborations not only strengthen the research effort, but also establish the foundation for future collaborations between UNLV academic units and the community and enrich the learning experiences of students.

UNLV Macrotheme IV: Social and Urban Issues: Outreach and Collaboration

As a "Premier Metropolitan Research University," UNLV acknowledges that it bears responsibilities in addressing challenges unique to the urban environment. According to the UNLV document *Extending the Agenda, 2005-2007*, "...UNLV ... accepts responsibility for applying that knowledge to help identify and solve problems in the Las Vegas metropolitan region; and commits itself to being responsive to the needs of the community ..." Data clearly indicates that teen pregnancy is a significant problem in Nevada, and that African-American and Hispanic teens in Southern Nevada are disproportionately affected by the variety of socio-economic, health care, and health problems associated with teen pregnancy. This project directly addressed an issue that is prevalent in urban environments, through identification of the extent of the problem in the Las Vegas area and, based on the findings, recommendations for responding to the problem. The WIC clinics through which interviews were conducted were very supportive

of the research and eager to be of assistance. They expressed excitement at the opportunity to collaborate with UNLV on a research project with the potential to have a positive impact on their efforts to assist the young women they serve. Many of the young women who participated in the survey indicated that they were happy to have the opportunity to do something that might help other teens through a difficult time. The resource guide that was one of the products of this PIA was greatly appreciated by all involved. Most of the women said they wished that they had had it sooner, and the WIC offices said that they wished they had enough to give to all of their clients. The researchers are in the process of distributing electronic copies of the manual to all organizations and agencies providing pre- and post-natal services to teens, so that they can get the manuals into the hands of the young women who can most benefit from them. The relationship that has been established and/or strengthened, specific to the issue of teen pregnancy, between UNLV, AHEC, and NVHC is one that the researchers believe can continue to be nurtured, for the benefit of pregnant and parenting teens. It has also laid the foundation for other potential research/service collaborations to explore similar public health issues in the future.

Recommendations

There are several findings that stood out to the research team as they analyzed the data collected during the project period.

1. There needs to be a great deal of further research in the area of teen pregnancy. There are several specific topics that should be addressed, but research projects should have a goal of being community-based participatory research projects.
 - a. First, research should be conducted addressing specific issues related to the fathers of the babies born to teen mothers. Besides the collection of basic descriptive information about them which is needed for program planning and is definitely lacking in official databases, questions should be asked about the father's life plans and how they have changed since their partner got pregnant, their knowledge of birth control and pregnancy, the level of father involvement in the pregnancy and parenting as it relates to the age of the father, and a focus on specific factors that may affect the likelihood of males becoming fathers at a young age.
 - b. Second, research should be conducted that focuses on the family and peer environments in which these teen girls find themselves. Social learning theory would suggest that having parents, relatives or friends who have become teen parents would affect a teen's decision to become a young mother, but specific data would need to be collected to clearly identify family or peer relationships that may place a girl at higher risk for teen parenthood. Further, since many of the referrals that these girls received were from family members and friends, it would be important to look into these relationships in more depth.
2. Specific information about pregnancy prevention should be taught in middle schools using a standard curriculum. The project identified more than 90% of participants as not having a regular form of birth control and approximately 75% of participants stating that their pregnancies were unplanned, which suggests a lack of knowledge about appropriate means to prevent pregnancy. Prior research (Chino, Personius &

Landry, 2003) suggests that teens find sexually transmitted diseases to be more frightening than pregnancies, but fail to realize the monumental life changes that occur with a pregnancy and new baby. Risk factors in a multitude of personal areas are increased upon becoming a teen parent, and schools teaching a standardized health curriculum should bear some responsibility for educating children about appropriate means for preventing pregnancy.

3. Special services should be developed in the community which focus on providing assistance to teen parents, both fathers and mothers. All the services addressed by this research were services available to any pregnant woman in Clark County. Since teen parents have special needs due to the long term health and social consequences of pregnancy for themselves and their babies, it would be a great service to these girls to provide an extra level of service that might ensure they were aware of and enrolled in as many support services as they could be, that would prevent them from dropping out of school, and that would build their skill levels so that the long term health and social effects of teen parenthood are mitigated or even erased.

Project Budget

August 1, 2006

OBJECT CODE	OBJECT NAME	APPROVED BUDGET	CURRENT BUDGET
12	GRADUATE SALARIES	11,250.00	11,250.00
15	WAGES	1,200.00	1,200.00
16	FRINGE BENEFITS	1,743.00	1,743.00
21	NON-GRANT OUT OF STATE TRAVEL	350.00	350.00
30	GENERAL OPERATIONS	12,232.00	12,232.00

June 30, 2007
(year end)

OBJECT CODE	OBJECT NAME	APPROVED BUDGET	CURRENT BUDGET
12	GRADUATE SALARIES	6,250.00	6,250.00
15	WAGES	7,943.00	7,943.00
16	FRINGE BENEFITS	350.00	350.00
21	NON-GRANT OUT OF STATE TRAVEL	0.00	0.00
30	GENERAL OPERATIONS	12,232.00	12,232.00

EXPENDITURES YEAR-TO-DATE	6/30/2007
6,250.00	
3,744.00	
149.91	
0.00	
12,229.03	

August 24, 2007

OBJECT CODE	OBJECT NAME	APPROVED BUDGET	CURRENT BUDGET
15	WAGES	3,432.00	3,432.00
16	FRINGE BENEFITS	51.00	51.00
79	RESERVES	1,787.00	1,787.00

EXPENDITURES YEAR-TO-DATE	8/24/2007
1,033.50	
18.52	
0.00	

ID # _____

Interview Date _____

“In Her Own Words: Accessing Services as a Teen Mother in Las Vegas”
Interview Protocol

A. Demographics and Background

First, I am going to ask you some questions about yourself.

1. How old are you? _____
2. What year were you born? (YYYY) _____
3. How would you define your race?
 1. White 2. African American 3. Native Hawaiian 4. Pacific Islander
 5. Asian (specify) _____ 6. American Indian (Tribe) _____
 7. Alaska Native (Tribe) _____ 8. Other (specify) _____ 99. Unknown
4. What is your ethnicity? 1. Hispanic 2. Non-Hispanic 3. Other _____ 99. Unknown
5. What zip code do you live in? _____
6. Do you attend school? 1. Yes 0. No 99. Unknown
7. Do you have a reliable form of transportation that you regularly use?
 1. Yes 0. No 99. Unknown
 - a. If yes, what is it? _____

Next, I will ask you question about the father of the child:

8. Do you know who the father of your baby is? 1. Yes 2. No 99. Unknown
If No or Unknown – Skip to Question B1
9. How old is the father? _____
10. What is his race?
 1. White 2. African American 3. Native Hawaiian 4. Pacific Islander
 5. Asian (specify) _____ 6. American Indian (Tribe) _____
 7. Alaska Native (Tribe) _____ 8. Other (specify) _____ 99. Unknown
11. What is his ethnicity? 1. Hispanic 2. Non-Hispanic 99. Unknown
12. Does the father attend school? 1. Yes 0. No 99. Unknown
13. Was he your boyfriend/husband when you got pregnant? 1. Yes 0. No 99. Unknown

Now I am going to ask you some questions about your pregnancy:

- 14. Are you currently pregnant?** 1. Yes (continue to question 15)
0. No, child already born (answer questions 20-26 about your most recent pregnancy)
99. Unknown
- 15. Have you considered other options concerning your pregnancy such as adoption or terminating your pregnancy?** 1. Yes – Adoption 2. Yes – Termination 0. No 99. Unknown
a. If yes, then what have you decided? _____
- 16. Are you currently receiving prenatal care?** 1. Yes 0. No 99. Unknown
a. How many prenatal visits have you had so far? _____
- 17. How far along are you?** _____ (circle one) Months/Weeks
- 18. Do you know when you are due?** _____
- 19. Do you have other children?** 1. Yes 2. No 99. Unknown
- 20. Were any of your close family members (mom, sisters, aunts, cousins) a teenage parent?**
1. Yes 2. No 99. Unknown
- 21. Do any of your teenage friends have children?** 1. Yes 2. No 99. Unknown
- 22. Was this a planned pregnancy?** 1. Yes 2. No 99. Unknown
a. Were you using any birth control? 1. Yes 2. No 99. Unknown
- 23. Is the father supportive of the pregnancy?** 1. Yes 2. No 99. Unknown
- 24. Is the father involved in the pregnancy?** 1. Yes 2. No 99. Unknown
a. If yes, then how?

- 25. Are your parents supportive of the pregnancy?** 1. Yes 2. No 99. Unknown
- 26. Are his parents supportive of the pregnancy?** 1. Yes 2. No 99. Unknown

B. Knowledge of Available Services

Now, I will ask you about some of the services you are aware of.

- 1. Have you obtained a health insurance plan?** 1. Yes 2. No 99. Unknown
a. If yes, what is it? _____
- 2. Have you obtained medical care such as an OB-GYN?**
a. If yes, then who and where? _____

C. Attitudes about Available Services

Next I will ask you about services you have used.

1. What types of services have you accessed since you found out you were pregnant?

- a. **WIC?** 1. Yes 2. No 99. Unknown
- b. **Planned Parenthood?** 1. Yes 2. No 99. Unknown
- c. **Adoption Agencies?** 1. Yes 2. No 99. Unknown
- d. **Termination Clinics?** 1. Yes 2. No 99. Unknown
- e. **Medicaid?** 1. Yes 2. No 99. Unknown
- f. **Food stamps?** 1. Yes 2. No 99. Unknown
- g. **TANF?** 1. Yes 2. No 99. Unknown
- h. **Baby Your Baby? (Sunrise)** 1. Yes 2. No 99. Unknown
- i. **Baby Rose? (St. Rose Siena)** 1. Yes 2. No 99. Unknown
- j. **Healthy Beginners? (North Vista)** 1. Yes 2. No 99. Unknown
- k. **Babies are Beautiful? (Valley)** 1. Yes 2. No 99. Unknown
- l. **Baby Steps? (UMC)** 1. Yes 2. No 99. Unknown
- m. **Bright Beginnings? (UMC)** 1. Yes 2. No 99. Unknown
- n. **Other?** _____

- o. **None** (skip to section D).

2. If you have used these services, then how satisfied are you with any of the services you have received.

- a. **WIC?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- b. **Planned Parenthood?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- c. **Adoption Agencies?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- d. **Termination Clinics?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- e. **Medicaid?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown

- f. **Food stamps?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- g. **TANF?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- h. **Baby Your Baby? (Sunrise)** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
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- j. **Healthy Beginners? (North Vista)** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- k. **Babies are Beautiful? (Valley)** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- l. **Baby Steps? (UMC)** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- m. **Bright Beginnings? (UMC)** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown
- n. **Other?** 1. Unsatisfied 2. Satisfied 3. Very satisfied 4. Unknown

3. When you used one of these services, did you feel that it was useful or helpful for you?

1. Yes 2. No 99. Unknown

a. Which specific services did you find helpful?

b. Which services did you find to be not useful?

4. Please rate general staff demeanor on a scale of 1 -5 - 1 being the lowest and 5 being the highest?

Friendly	1	2	3	4	5
Supportive	1	2	3	4	5
Professional	1	2	3	4	5
Knowledgeable	1	2	3	4	5
Helpful	1	2	3	4	5

5. In general, why did you choose the services that you have used?

Follow Ups – Did some one refer you?, was it all you knew was available?, did you know someone who worked there?

6. Since you found out you were pregnant, what services have been recommended to you?

Service: _____

By whom? _____

Service: _____

By whom? _____

Service: _____

By whom? _____

Service: _____

By whom? _____

Service: _____

By whom? _____

7. Which services would you recommend to other pregnant girls?

Service: _____

Service: _____

Service: _____

Service: _____

Service: _____

8. What was your general feeling about the services provided? (*For example were you satisfied, unsatisfied, angry, content, no opinion, wish there were more...*)

9. Are there services that you feel would be more helpful for you than those you already used or knew about?

D. Obstacles and Recommendations

Finally, I will ask you about obstacles, experiences, and recommendations of pregnancy services.

1. What obstacles have you faced in trying to receive social services since you got pregnant?

(choose all that apply)

- a. **Transportation?** 1. Yes 2. No 99. Unknown
- b. **Availability of phone?** 1. Yes 2. No 99. Unknown
- c. **Availability of computer?** 1. Yes 2. No 99. Unknown
- d. **Financial problems?** 1. Yes 2. No 99. Unknown
- e. **Support from Family?** 1. Yes 2. No 99. Unknown
- f. **Support from father?** 1. Yes 2. No 99. Unknown
- g. **Support from father's parents?** 1. Yes 2. No 99. Unknown
- h. **Other?**

2. Have you received referrals from service providers for other services?

1. Yes 2. No 99. Unknown

a. If yes, then formally (with brochure, phone number, or appointment made) or informally? 1. Formally 2. Informally 99. Unknown

3. What kind of experiences have you had accessing services?

a. Were providers helpful? 1. Yes 2. No 99. Unknown

b. Were providers friendly? 1. Yes 2. No 99. Unknown

c. Will you use this service again? 1. Yes 2. No 99. Unknown

d. Would you recommend this service? 1. Yes 2. No 99. Unknown

e. Other? _____

4. What are your future plans? Where do you see yourself in five years? Are your plans different now than they were before you got pregnant?

**5. Is there anything else that you can share with us that you think may help other pregnant teens?
In terms of services or education – anything that you wish you would have known about earlier?:**
