Teen Pregnancy Prevention: Nine Minutes to Avoid Nine Months

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Abstract

The United States is one of the most developed nations with one of the highest rates of teen pregnancy. Although there has been a reduction in teen pregnancy nationally, areas in DC such as Wards 5, 7 and 8 still have teen birth rates above the national rate. The objective for our project is to provide a targeted-intervention to decrease teen pregnancy rates by increasing awareness of safe sex practices, contraceptive methods and STIs/HIV. Our program will provide a 9-minute session on sexual health at chosen schools and youth organizations in DC, 7 and 8 to target 11 to 19-year-old youths. Further, we plan to assess our plan by providing satisfaction surveys to participants at the end of each session. We will also encourage youths to follow us on Instagram to spread the word about sexual education. The project aims to be a safety net for those adolescents who have not been exposed to sexual health education. We will apply the Health Belief Model (HBM) to our program to ensure that we address perceived susceptibility, perceived severity and perception of barriers all with the goal of improving the self-efficacy of our participants. We hope to impact these communities to ultimately reduce the teen pregnancy rates, and improve sexual health education and access in adolescents in DC.

Epidemiology: Target Population

In 2014 DC had a teen pregnancy rate of 35.8 pregnancies per 1,000 females aged 15-19. In 2016, DC reported 460 teen births and 24 births per 1,000 females aged 15-19. Teen birth rate by age in DC showed that girls aged 15-17 and girls 18-19 have 18.1 and 27.9 births per 1,000 girls respectively. In 2014, DC reported higher teen birth rates in Wards 5, 7 and 8 as shown in the chart below. Given this regional disparity in DC, the project focuses primarily on these Wards.

Objectives

Short term: Increase awareness of safe sex practices, contraceptive methods and STIs/HIV prevention. Debunk myths about contraceptives and inform teenagers about community health center that provide sexual health services.

Long term: Promote wide-spread sex education in middle schools and high schools in DC. Partner with organizations such as ACOG which could provide training for sex ed instructors. Incorporate our program to be part of every major youth event in DC. Decrease teen pregnancy and teen birth rate in Wards 5, 7 and 8 by 50% in 2 years.

Theoretical Grounding

The HBM has been used since the 1950s and it provides a framework that attempts to explain and predict health behaviors. For our project we used the HBM to better understand teenagers’ beliefs and health behaviors to ward teen pregnancy prevention. The HBM’s constructs were used to guide our program design:

Perceived susceptibility: Use teen pregnancy and teen birth rates to show risk of teen pregnancy.

Perceived severity: Explain the impact of teen pregnancy, STIs or HIV on participant’s goals. Discuss the challenges that teen parents faced.

Perception of Benefits: Preventing teen pregnancy by using contraceptive methods.

Perception of Barriers: Closeness of local clinics where contraceptive method can be provided.

Cues to Action: Provide education about the different contraceptive methods and provide info about nearby clinics.

Self-Efficacy: Participant’s confidence to access contraception and use methods correctly to prevent teen pregnancy.

Program Intervention

Curriculum: Our intervention content includes physiological effects of puberty, male and female reproductive system education, safe sex practices, healthy relationships, STI/HIV prevention and contraceptive methods. We will discuss abstinence, postponing sex, challenges faced by teen parents and the effect of pregnancy on participant’s goals and dreams. In order to increase sexual education in both genders, our curriculum is designed for a co-ed audience.

Implementation: We will demonstrate the correct use of condoms and show samples of birth control methods such as IUDs, pills, injections, Nexplanon and plan B so participants can understand them better. After the brief discussion, we will give out “smart decisions” goody bags which will include condoms (if requested), brochures, and the contact information for local clinics that have access to contraceptives. Initially, we will target 6 randomly chosen schools and youth recreational centers in Wards 5, 7 and 8.

- Ward 5: Dunbar High School
- Ward 7: Marvin Gaye Recreation Center, HD Woodson High School
- Ward 8: Anacostia Community Outreach Center, Anacostia Park, Ballou High School.

Timeline:

Week 3 [month 1]: Begin the intervention trial in all 6 sites.
- Involve 2 trained mentors and 1 mentor coordinator.
- Bolster parent/community support.
- Record number of participants reached.

Week 2 [month 2]: Week 2 [month 2]:
- Attend local parent community meetings.
- Encourage community members to attend the sessions.
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Week 1 [month 3]:
- Program is successful, expand program to other schools and youth organizations.
- Joint effort with community leaders.

Discussion

Comprehensive sex education programs with a focus on the improvement of adolescent reproductive health outcomes like preventing pregnancy and STIs/HIV are needed to address the disparity of teen pregnancy rates in Wards 5, 7 and 8. Our vision is to spread awareness about safe sex practices and contraceptive methods to prevent teen pregnancy and STIs/HIV. Our program design tries to eliminate barriers by meeting teenagers where they are including schools, recreational centers and youth organizations mainly in Ward 5, 7 and 8. The program aims to increase the self-efficacy of teens so they can practice safe sex, access contraceptive and sexual health services. To continue our message we will ask teens to follow our organization on social media accounts such as Instagram and share it with their peers. We wish to build relationships with the youth to make sure they truly understand the information that was shared with them and hope for them to spread the word to protect teens all around DC.

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References