



Be Proud! Be Responsible! Memphis! Needs and Resource Assessment

Teens Pregnancy Prevention (TPP) Needs and
Resource Assessment

Shelby County Health Department

October 18th, 2016

Contents

Teen Pregnancy Prevention Needs Assessment: Executive Summary 4

Section 1: Background 12

 Teen Pregnancy in Tennessee 12

 Demographics 13

 Poverty 15

 School Enrollment and Education..... 17

 Health Insurance 18

 Sexually Transmitted Diseases 19

 Maternal Risk Factors 21

 Teen Birth Rates 26

 Induced Termination of Pregnancy 30

 Family Planning 31

 Policy 33

 Shelby County Schools 35

 What’s Currently Being Done?..... 36

 Purpose..... 36

Section 2: Methods 37

 Qualitative Study 37

 Quantitative Study 37

 Procedures..... 38

 Data Analysis 39

Section 3: Focus Group Findings..... 39

 Teen Focus Group Findings..... 39

 Parent of Teens Focus Group Findings..... 42

 Service Provider Focus Group Findings 44

Section 4: Survey Findings 45

 Adult Survey 45

Services for Teens in Community..... 53

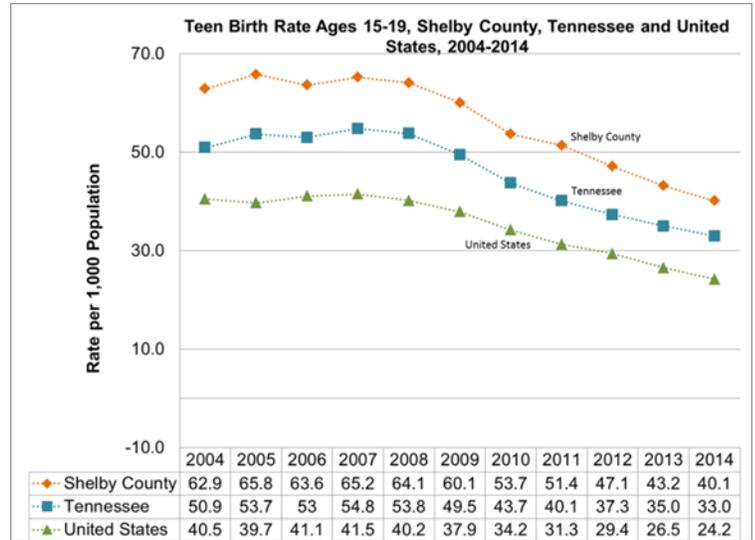
 Survey Findings: Teen Survey 57

Demographics	57
Section 5: Discussion.....	67
Access	67
Social Determinants of Health	69
Gap Analysis and Resource Inventory	70
Section 6: Community Recommendations.....	72
Next Steps	74
References.....	75
Appendix A: Resource Inventory	78
Appendix B: Focus Group Guides	97
Teen Focus Group.....	97
Parent of Teens Focus Group.....	99
Service Provider Focus Group	100
Appendix C: Online Surveys	101
Adult Online Survey	101
Teen Online Survey	112

Teen Pregnancy Prevention Needs Assessment: Executive Summary

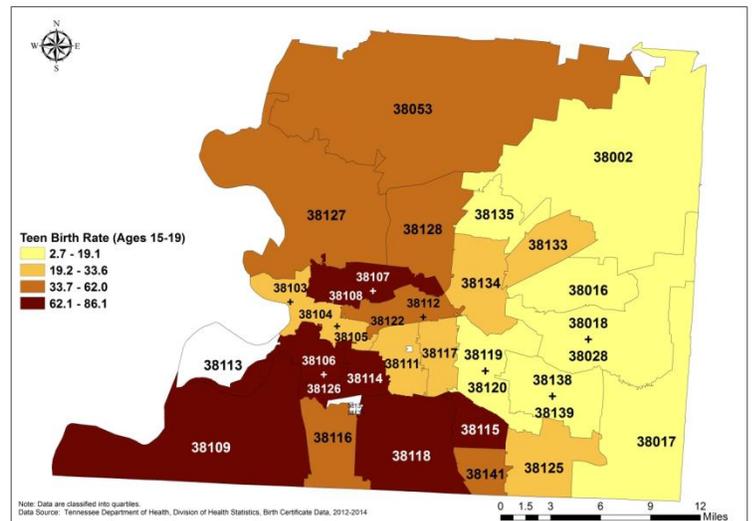
The Issue

For the last fifteen years, teen birth rates have been steadily declining in Shelby County, Tennessee. Since peaking in 2007, teen births have dropped dramatically from 2,293 to 1,275 in 2014. However, with a teen pregnancy rate of 48.8 and a teen birth rate of 40.1 per 1000, Shelby County teen birth rates remain higher than both the teen birth national average of 22.0 births per 1000 and the Tennessee average of 33.0 births per 1000. Even with 2014 presenting a record low of teen births in Shelby County, this rate is still higher than the state average of 35 births per 1000 and national average of 26.5 per 1000. Even more, non-Hispanic black and Hispanic female teens are significantly much more likely than their non-Hispanic white counterparts to give birth before their 20th birthday.



Teen pregnancy is a priority issue of adolescent health due to the potential immediate and long-term impacts for teen parents, their children, and society (CDC, 2015). In 2010, Le Bonheur Community Health and Well-Being received a 5-year, \$4 million award from the Office of Adolescent Health, a division of the U.S. Department of Health and Human Services, to implement evidence-based curriculum created by Centers for Disease Control and Prevention, aimed at decreasing teen pregnancy. Five years later, Be Proud! Be Responsible! Memphis! has educated over 12,000 male and female teens who partook in the intervention at local community centers, schools and churches. The program aims to increase knowledge and eliminate or reduce risky sexual behaviors among adolescent populations. Topics discussed include, but are not limited to condom use, refusal skills, as well as HIV/AIDS education and awareness.

Teen Birth Rate For Ages 15-19 by Organizations and ZipCode, Shelby County, 2012-2014



In 2015, Congressman Steve Cohen announced a \$1,230,000 federal grant from the Office of Adolescent Health to Le Bonheur Children’s Hospital for the purposes of expanding the Be Proud! Be Responsible! Memphis! Program and increasing the amount of teens reached. The grant, renewable for five years, will help to continue funding for Be Proud! Be Responsible! Memphis!. To prepare for the utilization of this award, LeBonheur Community Health and Well-Being initiated a community-wide TPP planning process in partnership with Memphis Teen Vision, an existing coalition of youth serving agencies and providers, to enhance the Be Proud! Be Responsible! Memphis! program and to develop a referral process to increase youth access to health care services.

To aid program planning and subsequent expansion, the Shelby County Health Department (SCHD) was engaged to conduct a needs and resource assessment and to construct a gap analysis of teen pregnancy services across Shelby County. This Teen Pregnancy Prevention Needs and Resource Assessment used focus groups and online surveys to gauge the thoughts, beliefs, and feelings of the Shelby County population about teen pregnancy and teen sexual education. It focused on contraception use, contraception availability, sex education, and risky behavior indicators, as well as highlighted the barriers that prevent teens from utilizing existing services. Researchers also utilized data previously collected by the SCHD, including birth rates, family planning rates, and maternal risk factor data. By building on existing research and introducing original research, the Teen Pregnancy Prevention Needs and Resource Assessment will then be used to create an overall strategic plan focused on expanding Be Proud! Be Responsible! Memphis’s reach to teens across Shelby County, as well as bringing the evidence based program to scale.

Original objectives were created based on initial discussions with MemTV service providers, as well as Be Proud! Be Responsible! Memphis! staff members. Researchers went into the Teen Pregnancy Prevention Needs and Resource Assessment with 4 objectives in mind:

1. What do residents of Shelby County think about teen pregnancy?
2. What services in Shelby County help teens to not get pregnant?
3. What do community members think the solution to decreasing teen pregnancy is?
4. What barriers still exist to teens getting the services and sex education that they need?

The Study

Researchers at SCHD developed online surveys and focus group guides to collect information from the teens and adults that reside in Shelby County. Focus group and survey questions were based on validated survey tools from the Healthy Youth Partnership (HYP) Needs Assessment performed in Travis County, Texas in 2015, which were in turn adapted from

The National Campaign to Prevent Teen and Unplanned Pregnancy, Guttmacher Institute’s Survey of Young Adults and a state assessment sample survey from Advocates for Youth. Questions were also adapted from the 2013 Youth Risk Behavior Survey. These guides were approved by an Internal Review Board and can be found at in Appendix B.

Focus groups were held with three populations in Shelby County: Teens ages 15-19 years old; adults who were parents to teenagers; and local providers whose services had a direct impact on teen pregnancy rates in Shelby County. These populations were recruited using convenient sampling through MemTV coalition members and their partnerships.

Overall there were 19 participants in 3 focus groups, 16 women and 3 men. The online teen survey gathered 64 complete responses, while the adult online survey gathered 142 complete responses. It should be noted that “complete responses” signifies participants who gave their consent both at the beginning and the end of the online survey. Questions were analyzed excluding skipped responses. Participants that did not give consent did not have their responses calculated.

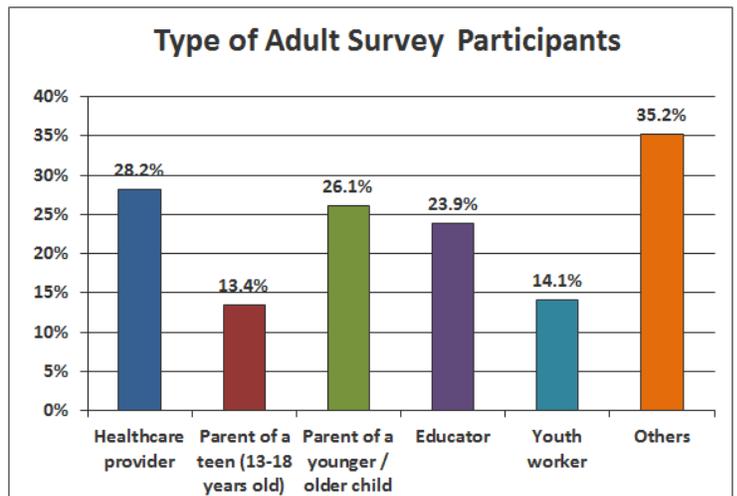
Adult Online Survey

Adult survey participants encompassed a wide variety of ages, occupations, and stages of life.

“Other” participants included college or post-grad students, case workers, and social service providers. 134 respondents identified as female, making up 94% of participants.

Most of those that participated in the adult online survey thought the biggest risk factors for teenage pregnancy were:

- Lack of contraceptive use
- Lack of education about contraceptives
- Lack of supportive parents
- Peer pressure



The majority supported comprehensive sex education in schools, and thought that the community needed more efforts to decrease teen pregnancy. Only 8% of participants felt that schools fully covered everything needed to prevent teen pregnancy.

Teen Online Survey

64 Shelby County teens completed the online survey. Most had just completed 9th or 10th grade, with all grades from 8th to 12th represented. 36% of participants were sexually active, with over half of those participants having sex for the first time between the ages of 15 and 16 years old. 65% identified themselves as heterosexual.

More than half of teens reported that they had never been taught about:

- Where to get birth control
- The different types of birth control available
- The importance of using birth control if you are sexually active

70% of teens had gotten their sexual education from their parent or guardian, with adults at school and older siblings also making up a majority of the collected responses. Peers came in at 16%.

Teen Focus Group

A teen focus group was held with 6 teenagers that participated in a youth-empowerment program in Shelby County, TN. Below is some of the most prevalent thoughts heard during the focus group.

- Schools should focus on emotional aspects of sexual relationships, not just the physical ones.
- Many parents are unaware of the sexual education their teen is receiving at school, and do not follow up and discuss sex with their child themselves.
- Pregnancies should be intentional and require a very strong support system.
- Parents' perceptions of birth control affected their teen's use of birth control, both positively and negatively.
- Some teens may not use contraceptives due to embarrassment, lack of education, and limited access to clinics and subsequent resources.

Parent of Teens Focus Group

An internal focus group of SCHD employees was held to serve as the Parent of Teens Focus Group. The group consisted of 7 Shelby County employees, 5 women and 2 men. Every parent had at least one child 13 years old or older and was a resident of Shelby County. Some of their thoughts are shared below.

- Most parents view peers and media as having the most influence regarding teen sex education.
- Some parents prefer for their teen's sexual education to take place at home, where the parents have more say in what was discussed or not discussed.
- Other parents support comprehensive sexual education in schools, but wished for more focus on positive body image, self-empowerment, and self-worth.
- Most parents had started talking about sex with their teen long before they were a teen in order to both building a foundation and combat what was being learned outside the home.

- Better education and self-efficacy could lead to better opportunities from young women at risk for teen pregnancy, and that pregnancy needed to be presented as a “decision”, not just something that happens.

Service Provider Focus Group

A focus group was also held with 6 service providers involved in MemTV. These providers represented a wide variety of programs and organizations in Shelby County that deliver services to women and men, including teens and expecting/new mothers. Between them, they provide pregnancy services, infant safety, birth control, family planning, and LGBTQ health education. Their thoughts regarding teen pregnancy mainly centered on:

- Technology makes information about sex much more accessible to teens and their peers, and provides anonymity that may not come with in-person sexual education.
- Parents are “the most influential” person when it comes to educating teens about sex.
- Risk factors for teen pregnancy include lack of parental guidance, not having someone to talk to about sex, and being targeted by older and more experienced partners.
- The education system can be a structural barrier to teens receiving sex education, in that students don’t receive the information they need when or before they need it.
- The introduction of voluntary LARCs (Long-Acting Reversible Contraception) has had a very tremendous impact on decreasing teen pregnancy, both in Shelby County and nationwide.

Discussion

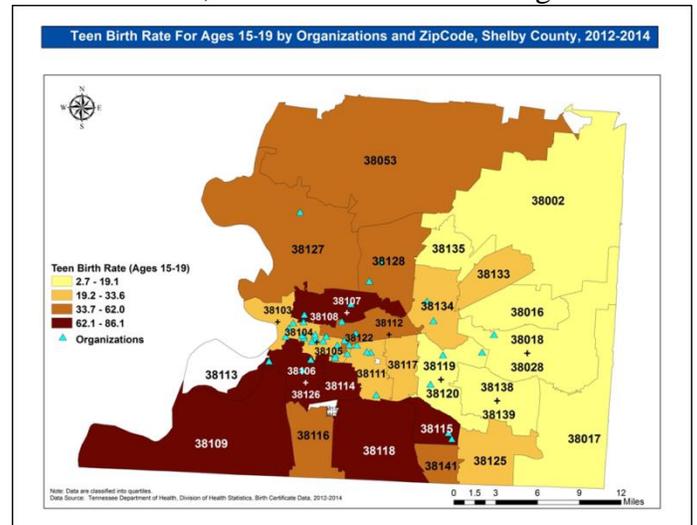
Regarding parental perception, there seemed to be quite a disconnect in the perception and reality of peer pressure for teens. Parental answers in both the online survey and focus group reiterated time and time again the influence of their teen’s friends on learned sexual education. Many parents talked about combatting what their child was being told by peers, or worrying about sexual activity occurring because of peer pressure. However, less than 20% of teens surveyed said that they learned about teen pregnancy from their friends. Parents and other adult figures were the biggest influencers to what teens knew about both sex and contraception. Service providers also understood this, saying that parents were the “the most influential” when it came to teens and their sexual education. This challenge should be addressed when educating parents on current sexual education programs. Parents should be aware of their own significance when it comes to their teens.

76% of Shelby County residents that participated in the adult online survey felt that comprehensive sexual education was needed in their community. Merely 7.6% of respondents felt that comprehensive sexual education was available, while only 1% felt that it was accessible. These numbers tell us that Shelby County residents want more comprehensive sex programs for teens and young adults in their communities.

Comprehensive sex education programs have been evaluated for many years now, and research shows that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use. Importantly, the evidence shows youth who receive comprehensive sex education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes. Effective programs exist for youth from a variety of racial, cultural, and socioeconomic backgrounds. These are the programs that Shelby County should be investing in for all of its students.

Gaps

In order to perform a thorough gap analysis of services available in Shelby County and the community perceptions regarding the availability of these services, researchers at SCHD began with the University of Memphis Center for Research on Women (CROW) teen pregnancy and parenting needs assessment and their extensive resource inventory conducted in 2011. The facilities and organizations listed in the original assessment were contracted by SCHD researchers again, to ensure that they were still active and providing the services originally listed. Non-active organizations, non-working websites, and discontinued programs were removed from the resource inventory. This updated inventory can be found in Appendix A.



Next, researchers compared the services listed in the updated resource inventory with the following charts from the adult online survey. These charts correspond with questions regarding perceived availability of services in the community. Notable gaps include birth control, parenting education, and STD testing/education. 52% of adults surveyed stated that their community needed more places to access birth control. There were only 4 organizations listed in the resource inventory that provided birth control or family planning services. While many teens might be able to get birth control from their general physician, birth control options should be more available in Shelby County.

Parenting education classes were considered by 60% of participants to be needed in their community. Yet, researchers found over 15 organizations in Shelby County that provided parenting education classes, with most geared towards teen mothers and fathers. This gap could be explained by participants not being aware of such programs if they are not teen parents themselves. Nevertheless, more publicity should be given to programs that provide services for

new and expecting mothers. If general members of the public are not aware of these programs, they cannot refer teens to them.

Sexually transmitted disease testing and education were viewed as accessible by only 16.7% of adult survey respondents and viewed to be available by 31.9% of respondents. 8 locations were found by the researchers to include STD testing in their services. While again, STD testing could be readily available at primary care physician offices, community members are not aware of general locations that are accessible to all populations.

The Recommendations

- 1) Educate parents on birth control options
- 2) Comprehensive sex education for all Shelby County students
- 3) Increase birth control access for teens in high risk zip codes
- 4) Involve community stakeholders to create safe spaces for young adults

As discussed in both the Parent of Teens focus group and the adult online survey, less than 45% of parents felt “very comfortable” talking to the teens in their families about sex, with only 31% saying they were “somewhat comfortable”. By forgoing that dialogue, adults are not taking advantage of the fact that they are the most important resource to their teens. Adults who are educated on the issues and feel comfortable talking to their teens about sex and contraceptive are often times the first layer of defense for preventing teen pregnancy.

As mentioned in a previous teen pregnancy prevention report conducted by the Center for Research on Women at the University of Memphis in 2012, hours of operation can also create barriers to access for teenagers. Many Shelby County Schools are released after 2:15pm, but only 49% of agencies offer after school hours. Only 25% of the local programs offered weekend services. Therefore, teens that work after school, are involved in extracurricular activities, or do not have their own means of transportation would find it almost impossible to visit a local organization to meet with a doctor or start birth control. Also, as can be seen by Map 18 and 19 in the full assessment report, the majority of these agencies can be located in neighborhoods with relatively low teen pregnancy, such as 38104 and 38105. High risk communities often only have 1 or 2 service locations, with many not having any. Teens in these areas must often travel extensive distances by public transportation in order to acquire birth control or sexual health services.

Other states have begun to offer free voluntary Long-Acting Reversible Contraception (LARCs) to teenagers and women living in low socioeconomic areas. In Colorado, the birthrate among teenagers decreased by 40 percent from 2009 to 2013, while their rate of abortions fell by 42 percent, according to the Colorado Department of Public Health and Environment. By increasing access to family planning services throughout the state, Colorado has been able to reduce birth

rates in high-risk populations, decrease the number of unplanned pregnancies, lower rates of abortion, and improve health outcomes for women and children.

Limitations

This Teen Pregnancy Prevention Needs and Resource Assessment has the following limitations. Because of the convenient sampling method used by researchers, results cannot be generalized to the entire population of Shelby County. Nevertheless, researchers still felt that the collected information captures important information about knowledge, attitudes, and beliefs that are very common. Zip code information was not collected from any participant, making it more difficult to emphasize specific geographic gaps in resource availability and utilization.

Section 1: Background

Teen Pregnancy in Tennessee

In 2014, there were 6,756 teen pregnancies in Tennessee¹. This is a 56% drop from 2011, when there were 12,120 teen pregnancies in the state. Even with this significant decline, Tennessee experiences one of the highest teen pregnancy rates in the United States. Teen pregnancy cost Tennessee taxpayers \$230 million in 2010.

In 2010, Le Bonheur Community Health and Well-Being received a 5-year, \$4 million award from the Tennessee Office of Adolescent Health to create a program aimed at decreasing teen pregnancy in Shelby County. Five years later, Be Proud! Be Responsible! Memphis! has educated over 12,000 male and female teens who partook in the intervention at local community centers, schools and churches. Using an evidence-based curriculum developed by the Centers for Disease Control and Prevention, the program aims to increase knowledge and eliminate or reduce risky sexual behaviors among adolescent populations. Topics discussed include condom use, refusal skills, and HIV and AIDS education and awareness. Be Proud! Be Responsible! Memphis! has contributed to a significant decrease in Shelby County's teen birth rate since its creation in 2010.

Le Bonheur Community Health and Well-Being is a division of Le Bonheur Children's Hospital, one of six hospitals of the Methodist Healthcare system. Their mission is "to build a coordinated, integrated community practice that provides equal access to high quality care through engagement, education, prevention and intervention to improve the health and well-being of all children and families." Agency programs include early intervention, therapy outreach, school nursing, mobile health, chronic disease management, injury prevention, evidence-based home visitation, teen pregnancy prevention and fatherhood, participation in community coalitions to advance early childhood success and healthy homes, and HIV evidence-based outreach, testing, education, support services and primary care linkage/services.

Recently, Congressman Steve Cohen announced a \$1,230,000 federal grant from the Office of Adolescent Health to Le Bonheur Children's Hospital. The grant is renewable for five years and will help to continue funding for the Be Proud! Be Responsible! Memphis! program. In preparing to expand the program, Le Bonheur requested Shelby County Health Department (SCHD) assist with a needs and resource assessment in order to construct a gap analysis of teen pregnancy services across Shelby County. SCHD was responsible for this assessment and analysis. This assessment utilized focus groups and online surveys to gauge the thoughts, beliefs, and feelings of the Shelby County population about teen pregnancy and teen sexual education. It focused on contraception use, contraception availability, sex education, and risky behavior indicators, as well as highlighted the barriers that prevent teens from utilizing existing services. By utilizing online surveys and in-person focus groups with teens, adults in the community, and

service providers, we hoped to build a clear picture of the perceptions surrounding teen health programs. The SCHD partnered with Memphis Teen Vision (MemTV), a local coalition of 30+ agencies and organizations providing services to teens in the MidSouth, to disseminate the online surveys and find participants for the focus groups.

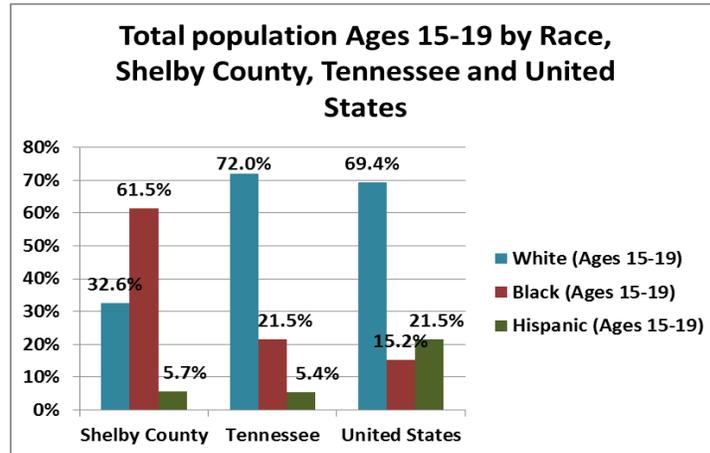
Le Bonheur initiated a community-wide TPP planning process in partnership with MemTV, an existing coalition of youth serving agencies and providers, to enhance the Be Proud! Be Responsible! Memphis! TPP program and develop a referral process to increase youth access to health care services. The Teen Pregnancy Prevention needs and resource assessment will play a very important role in steering the efforts of Shelby County to decrease teenage pregnancy. Memphis offers a variety of health services to teens looking to make smart choices, but often times there is a disconnect between programs and the community they serve. We hope this needs assessment shines a light on these disconnected populations and offers feedback on what can be done to best reach the citizens that need it most.

Demographics

In Shelby County, Tennessee, 7.3% of the total population is between the ages of 15 and 19 years old. This is slightly above the state average of 6.6% and the national average of 6.8%. Females make up 49% of the teen population of Shelby County, with males supplying the other 51%. This gender ratio is similar to state and national averages.

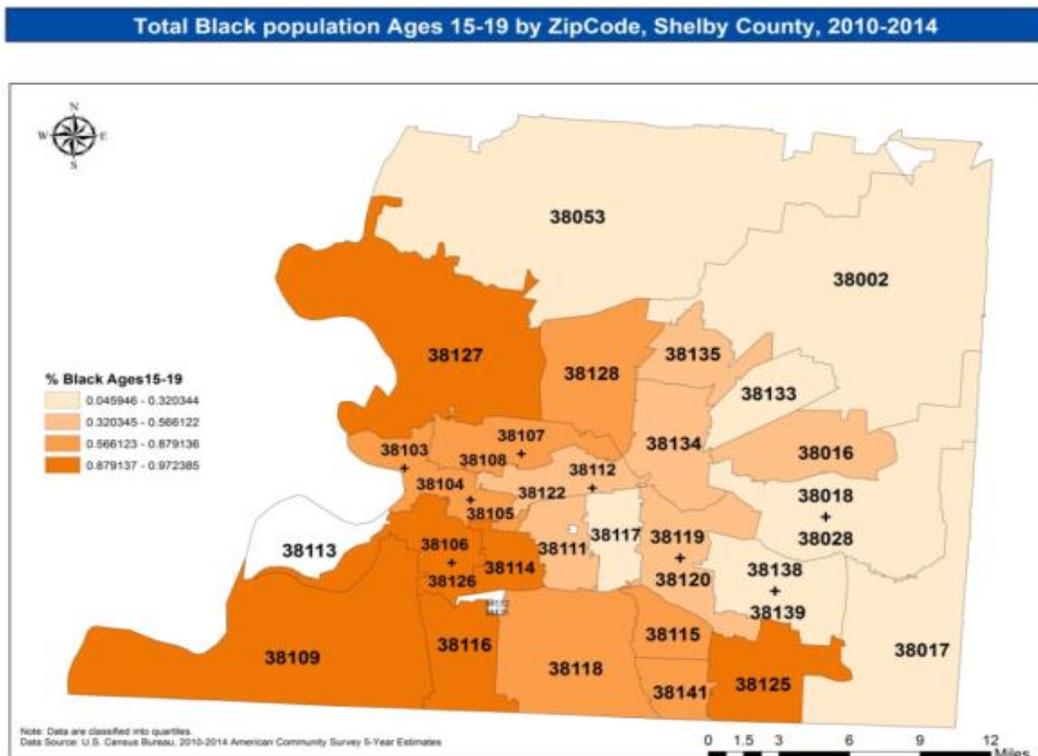
When breaking up the total population by race and ethnicity, Shelby County portrays a very different picture than the state of Tennessee or the United States as a whole. Shelby County black youth outnumber white youth by 2 to 1, while on average across the state, 69.4% of youths are white.

Chart 1: Total population Ages 15-19 by Race, Shelby County, Tennessee and United States, 2010-2014

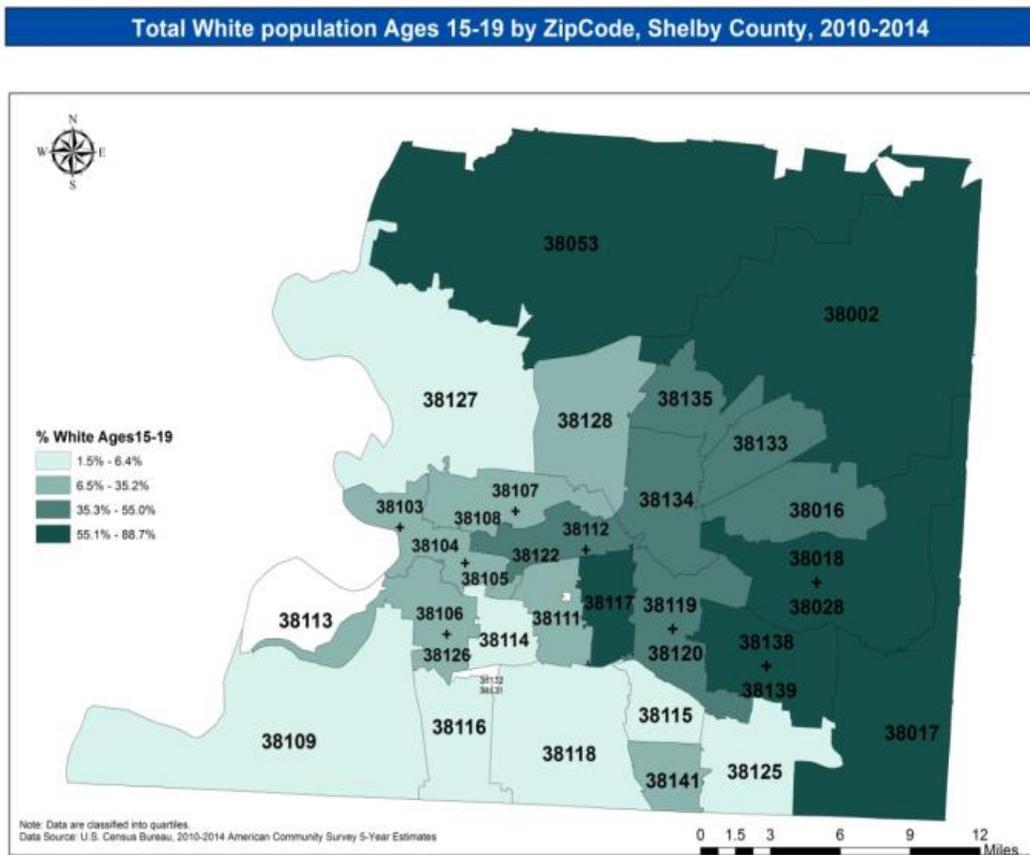


Black youth are also much more likely to live in poverty as compared to their white counterparts. Maps 2A, 2B, and 3 show these divisions by race/ethnicity makeup and poverty level. When plotting other social determinants of health, the same divides are seen. Youth without health insurance, low high school graduation rates, and the presence of sexually transmitted diseases are all strongly associated with the same zip codes.

Map 1: Total Population Black Only (Ages 15-19), Shelby County, 2010-2014



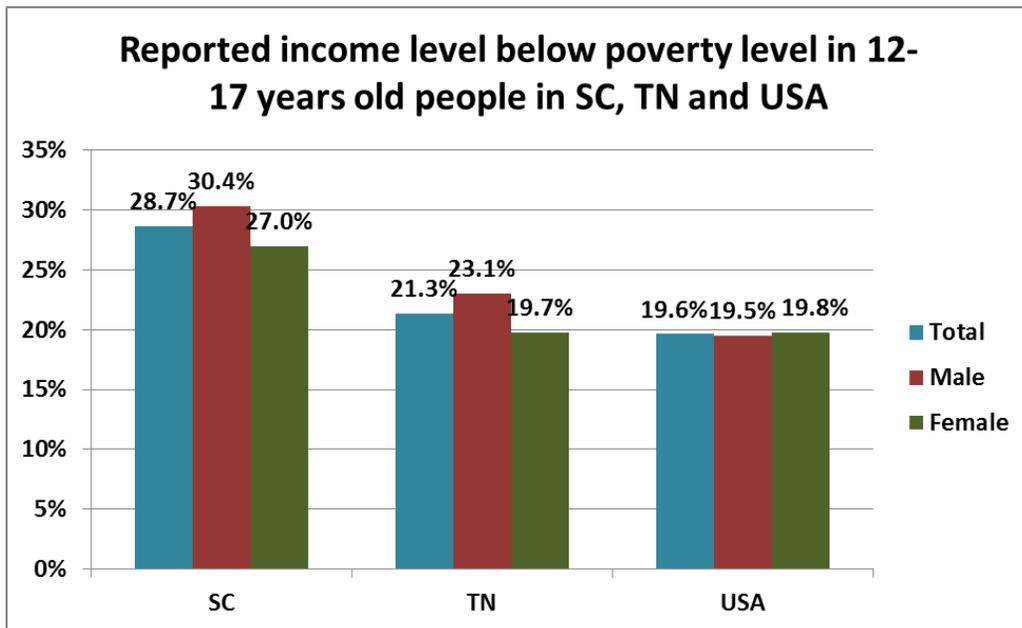
Map 2: Total Population White Only, Shelby County (Ages 15-19), 2010-2014



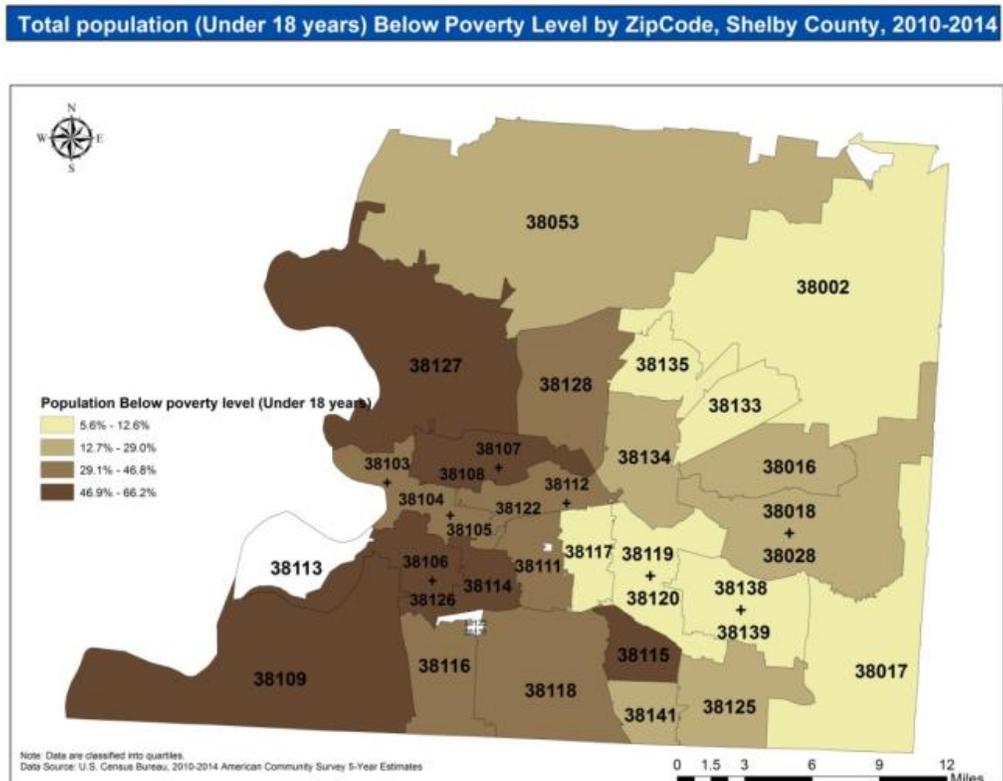
Poverty

When discussing teen pregnancy, poverty and socioeconomic status are contributable factors. Nationally, 41% of teen mothers were living below federal poverty guidelines and nearly two-thirds rely on public assistance within the first year of their child’s birth (Ng & Kaye, 2012b). In 2010, 51% of births in Tennessee were funded by Medicaid. Shelby County teens also experience poverty at much higher rates than their counterparts across the state and at the national level. As seen below in Chart 2, Shelby County (SC) teens report to be 28.7% below the poverty line, as compared to 21.3% and 19.6% state-wide and nationally.

Chart 2: Reported income level below poverty level in 12-17 years old people in SC, TN and USA, 2011-2013



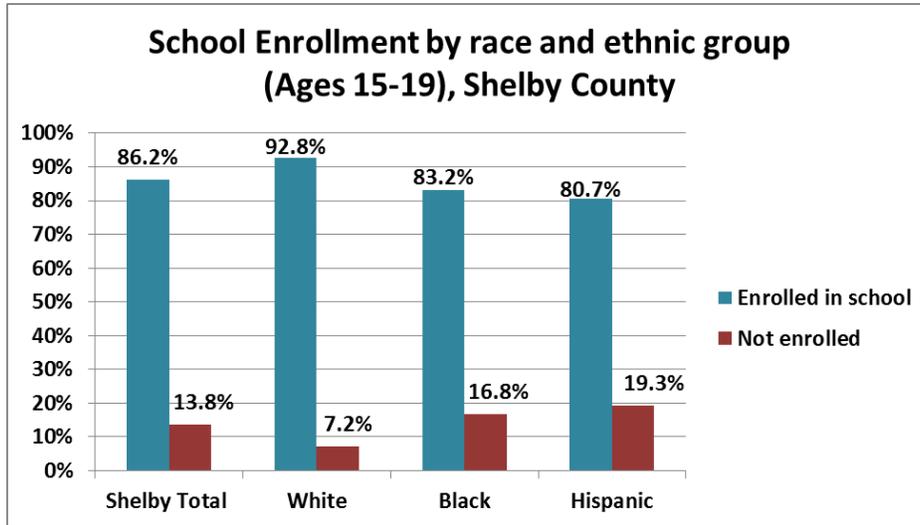
Map 3: Total Population below Poverty Level (Under 18 Years), Shelby County, 2010-2014



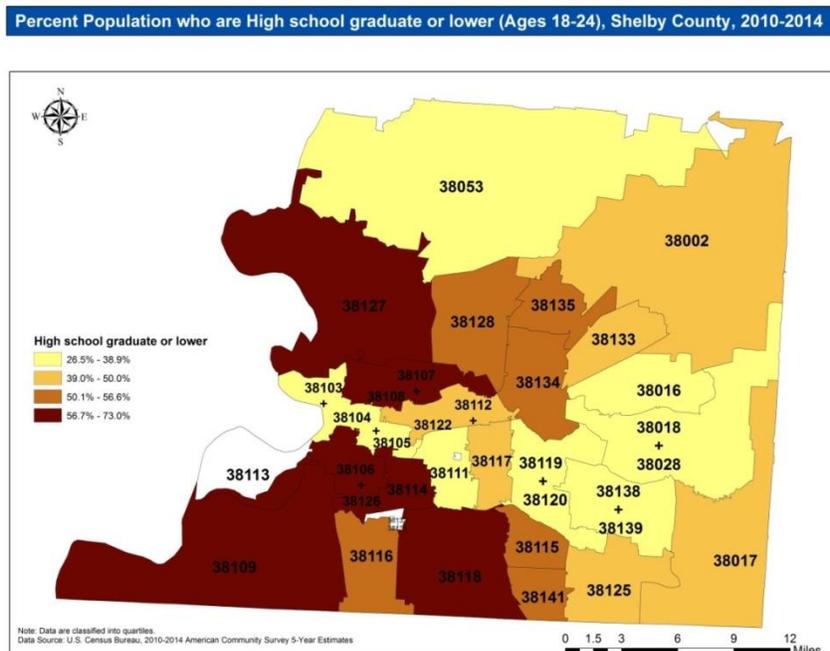
School Enrollment and Education

Only 86.2% of teens in Shelby County are enrolled in school. 81% of those enrolled are enrolled in public schools, with 18.6% enrolled in private education. Black and Hispanic students see a slight increase in school non-enrollment, with 16.8% and 19.3% not attending any education system.

Chart 3B: School Enrollment Type by Race and Ethnic Group (Ages 15-19), Shelby County, 2011-2013



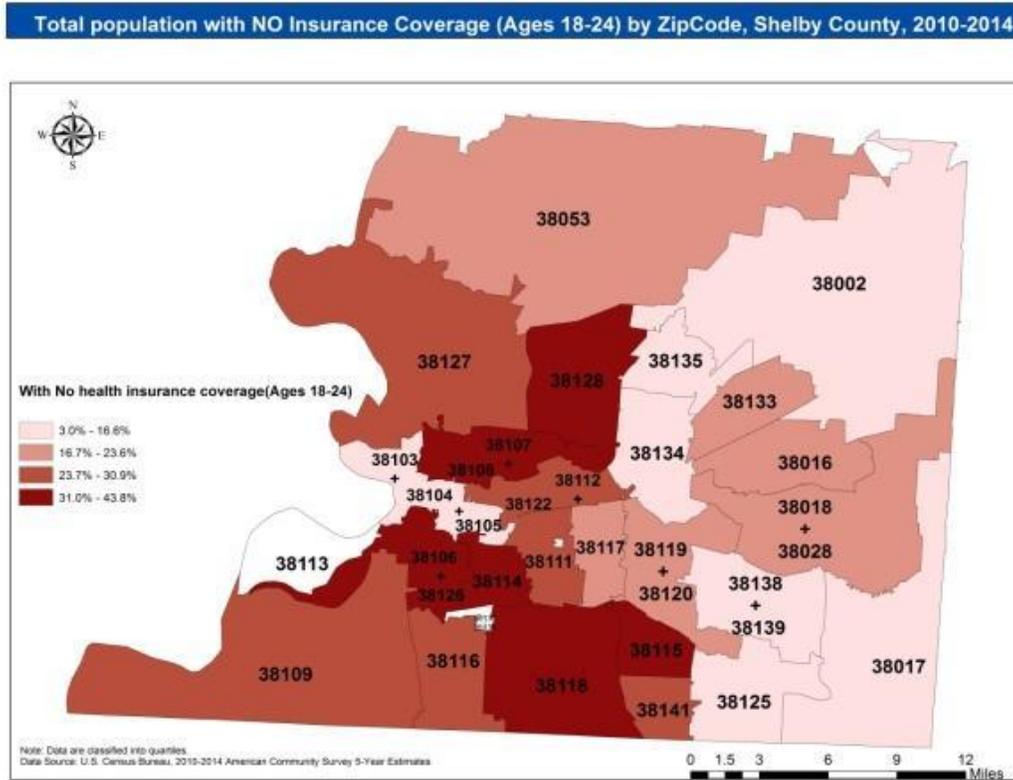
Map 4: Percent Population who are High school graduate or lower (Ages 18-24), Shelby County, 2010-2014



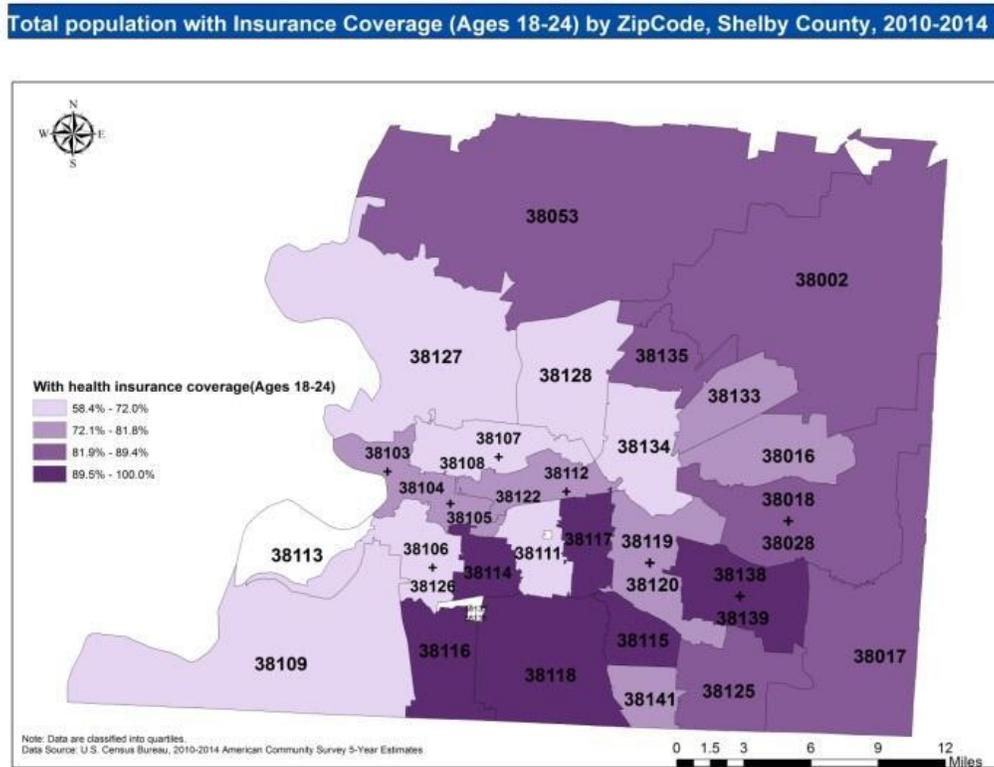
Health Insurance

Data from the 2014 United States Census was used to map insurance coverage across Shelby County. The two maps below show the percent of Shelby County residents ages 18-24 who are covered and not covered by public or private insurance.

Map 5: Total Population with NO Insurance Coverage (Ages 18-24) by Zip Code, Shelby County, 2010-2014



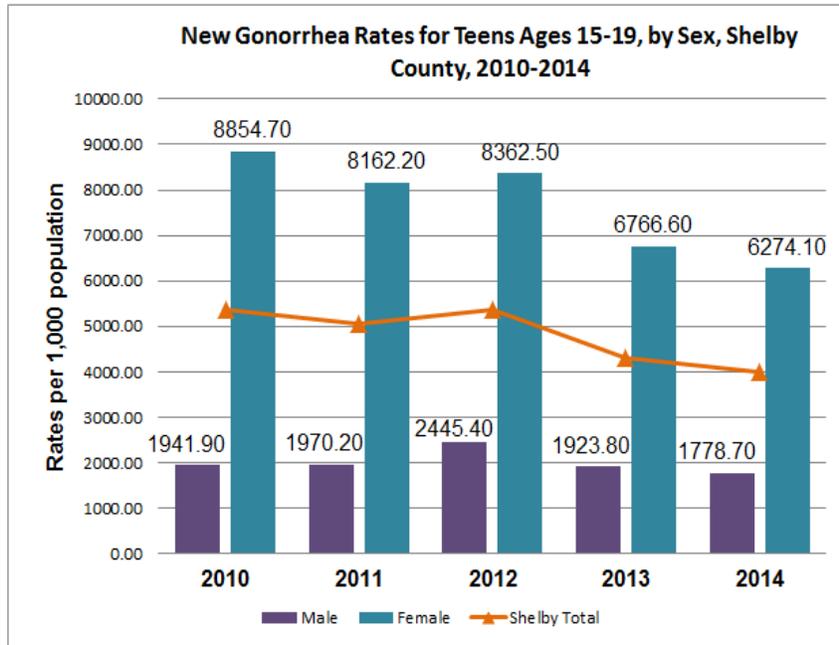
Map 6: Total Population with Insurance Coverage (Ages 18-24) by Zip code, Shelby County, 2010-2014



Sexually Transmitted Diseases

In Shelby County, new HIV disease rates for young people ages 15-19 are increasing after a record low year in 2013 (25.5 per 1000 vs. 39.0 per 1000²). Meanwhile, new gonorrhea and chlamydia cases continue to decrease across this age group. However, these rates of STDs are still the highest in the state of Tennessee.

Chart 3: New Gonorrhea Rates for Shelby County Teens, 2010-2014



Map 7: Gonorrhea Rates for Ages 15-19 by Zip Code, Shelby County, 2012-2014

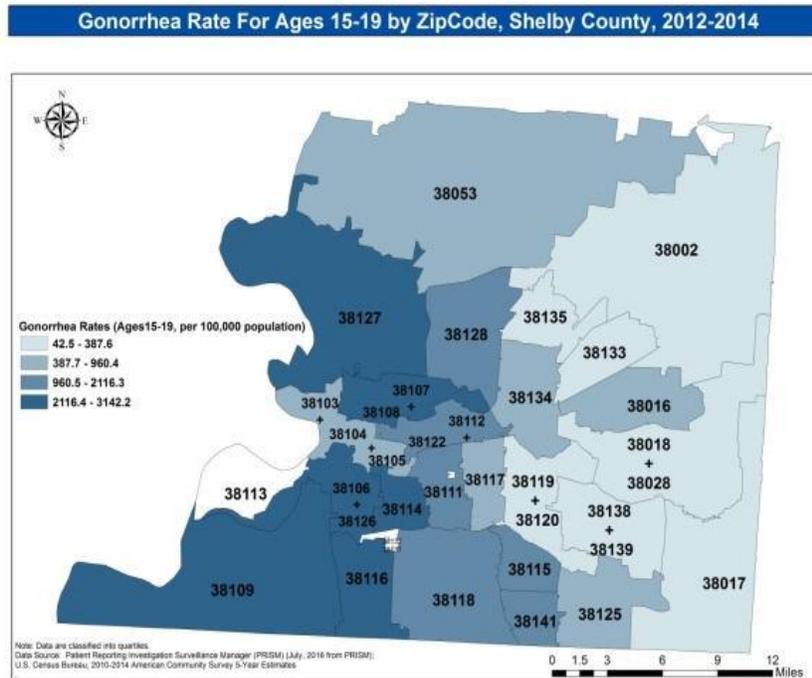
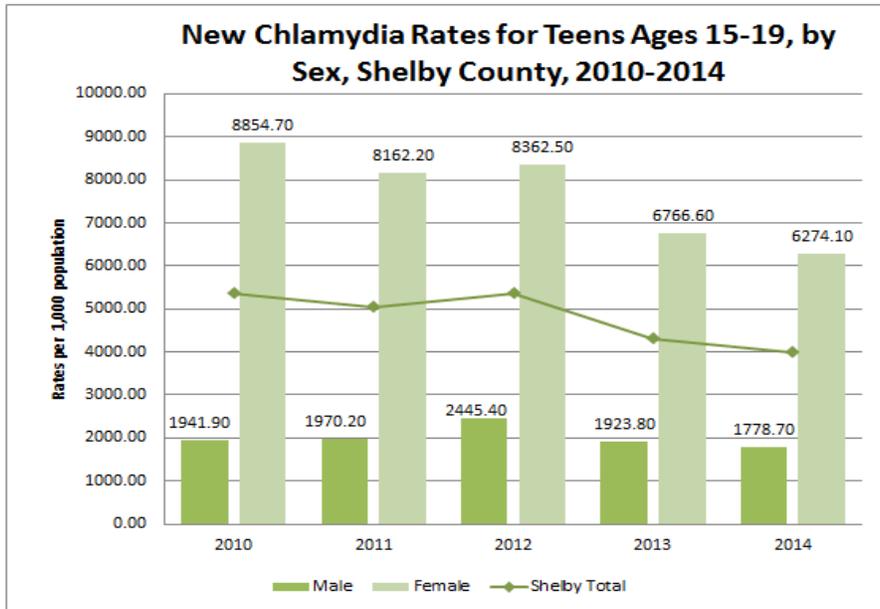
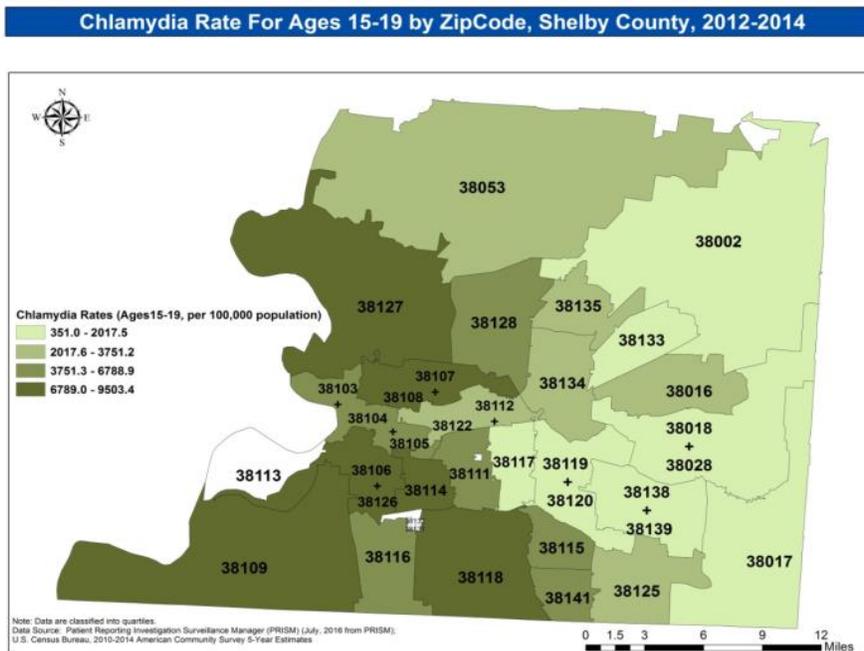


Chart 4: New Chlamydia Cases and Rates (per 100,000 population) Ages 15-19 by Zip code, Shelby County, 2012-2014



Map 8: New Chlamydia Cases and Rates (per 100,000 population) Ages 15-19 by Zip Code, Shelby County, 2012-2014

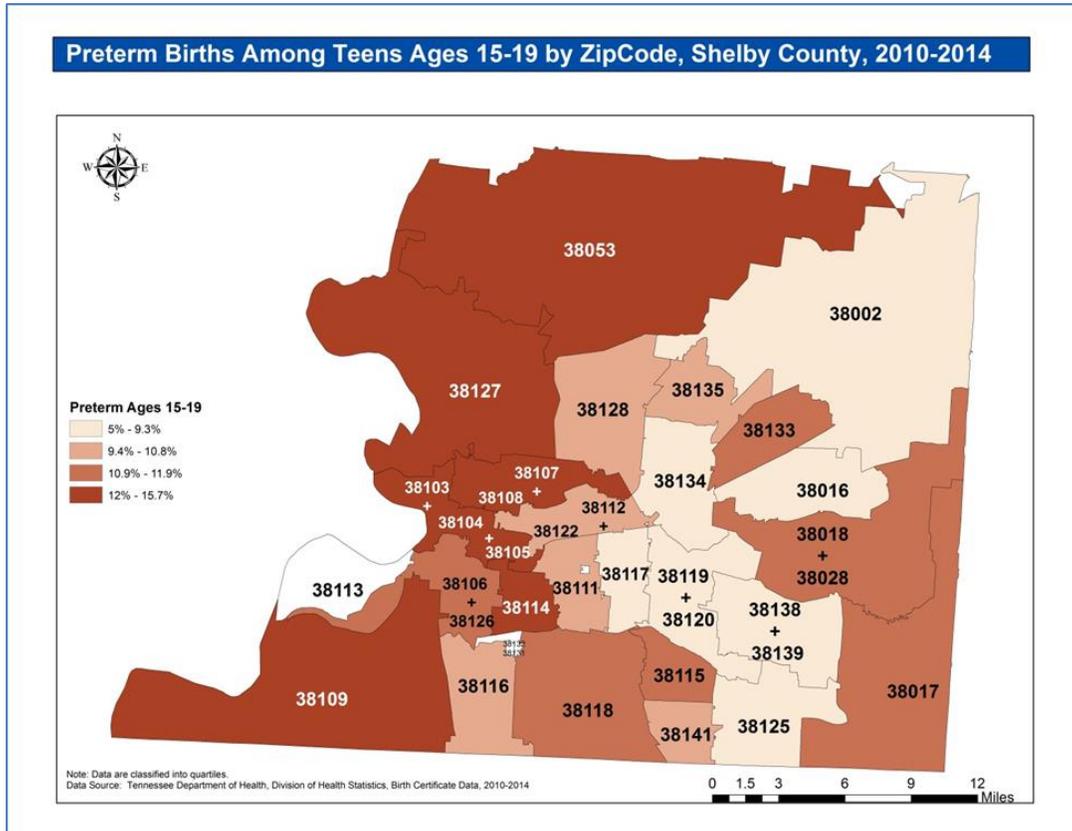


Maternal Risk Factors

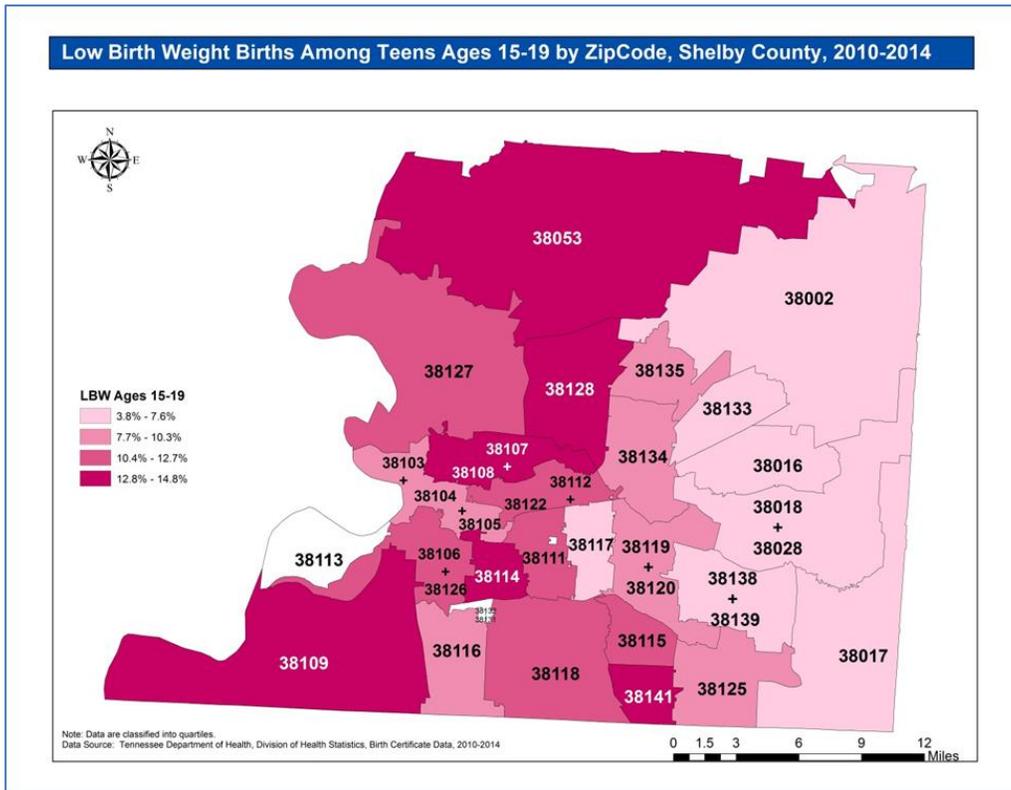
SCHD was able to collect extensive data concerning maternal risk factors in Shelby County. These risk factors include preterm births, low birth weight, mother’s weight gain during

pregnancy, prenatal care during the first trimester, and prenatal care for the extent of the pregnancy. In Shelby County, these risk factors are more likely to affect teen mothers in low-socioeconomic neighborhoods. Only 43% will access prenatal care during their first trimester, with 8-14% of these teen mothers not receiving any prenatal care at all for the extent of their pregnancy. The risk factors listed above are strongly correlated with infant mortality

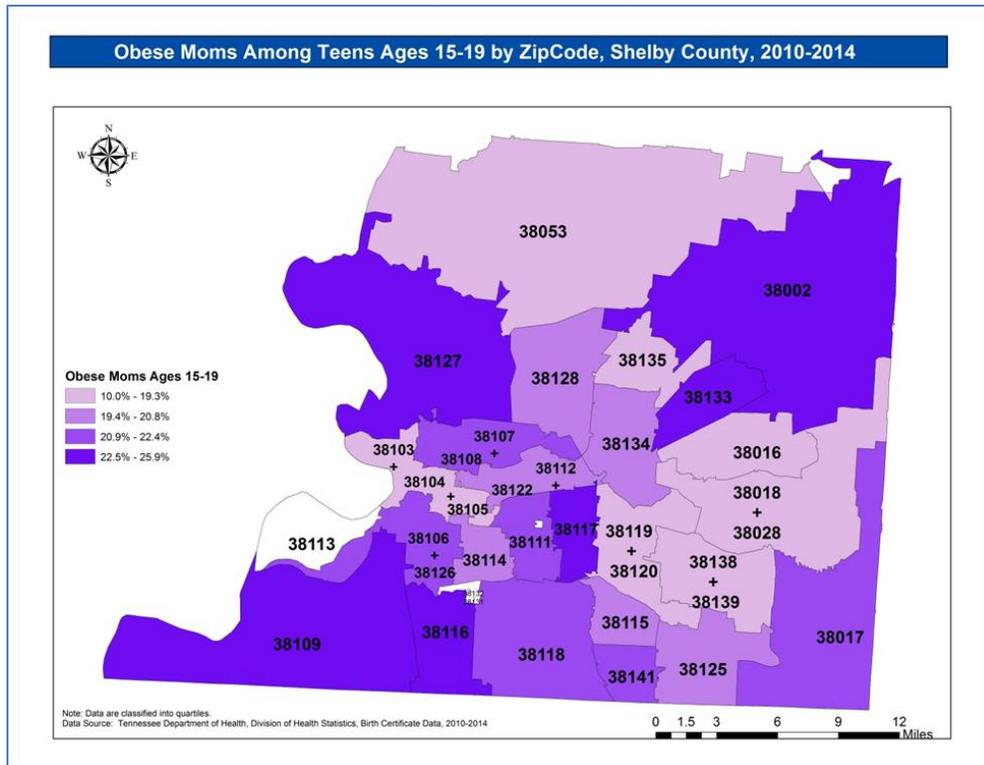
Map 9: Preterm Births among Teens Ages 15-19 by Zip code, Shelby County, 2010-2014



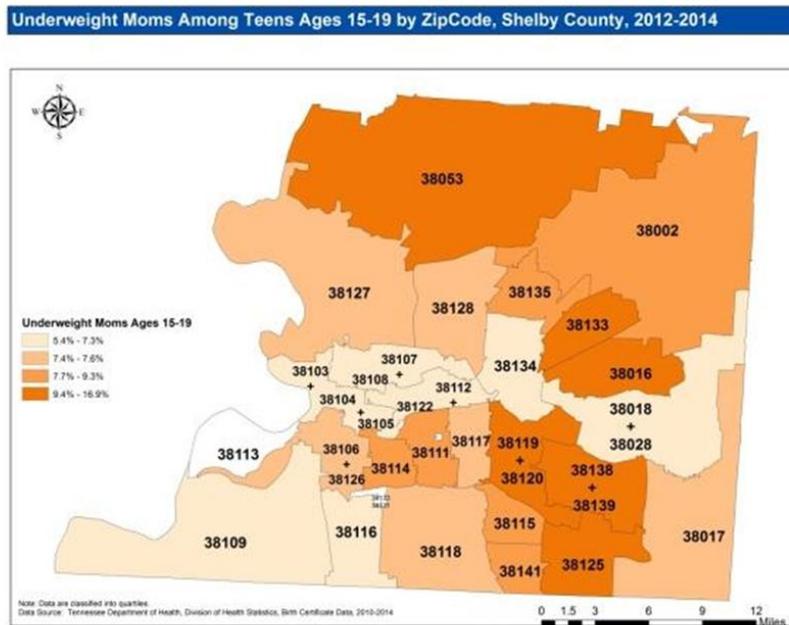
Map 10: Low Birth Weight Births among Teens Ages 15-19 by Zip code, Shelby County, 2010-2014



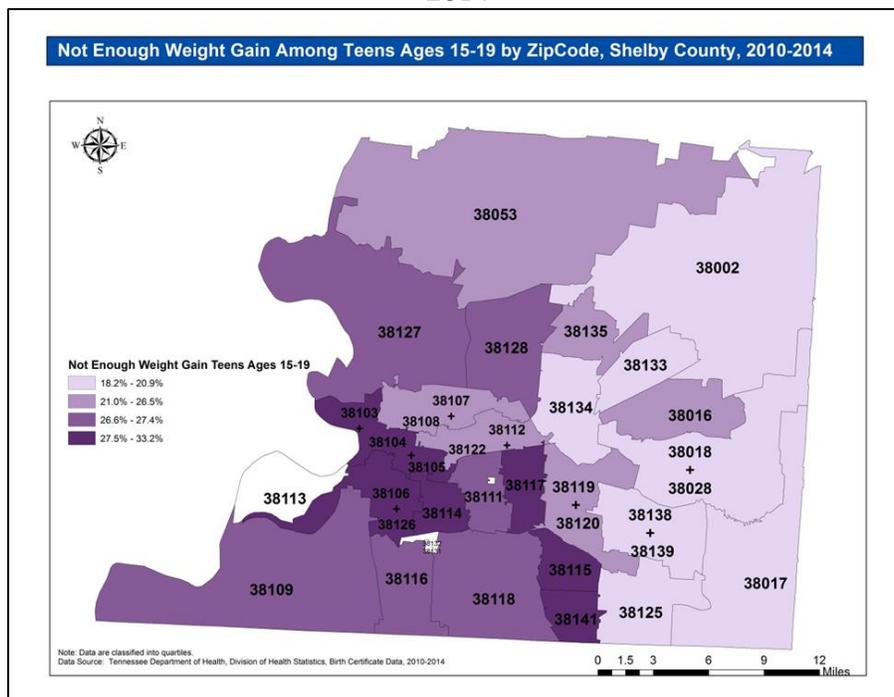
Map 11: Obese Moms Among Teens Ages 15-19 by Zip Code, Shelby County, 2010-2014



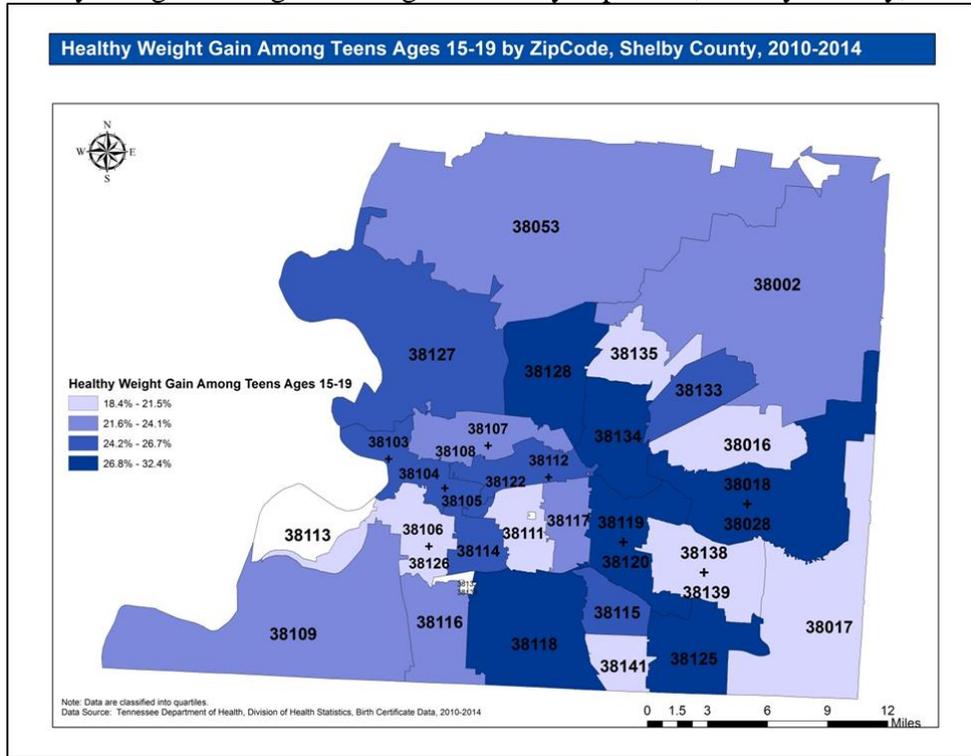
Map 12: Underweight Moms among Teens Ages 15-19, Shelby County, 2012-2014



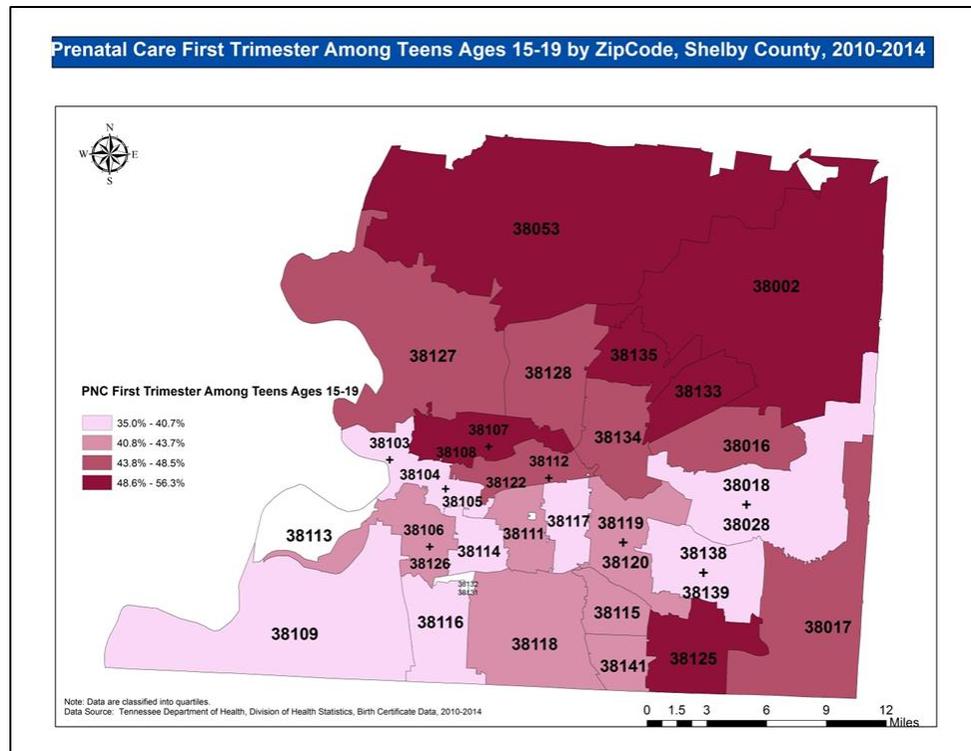
Map 13: Not Enough Weight Gain among Teens Ages 15-19 by Zip Code, Shelby County, 2010-2014



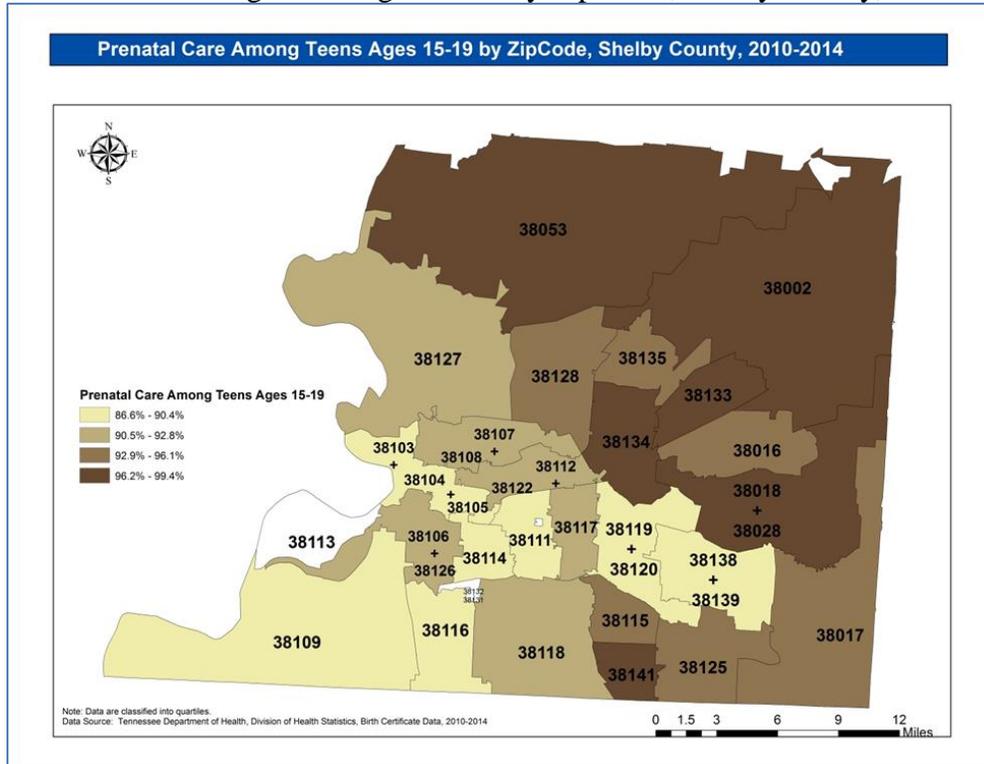
Map 14: Healthy Weight among Teens Ages 15-19 by Zip Code, Shelby County, 2010-2014



Map 15: Prenatal Care First Trimester among Teens Ages 15-19 by Zip Code, Shelby County, 2010 - 2014



Map 16: Prenatal Care among Teens Ages 15-19 by Zip Code, Shelby County, 2010-2014



Teen Birth Rates

The following section includes teen birth rates, teen pregnancy rates and Induced termination of pregnancies among teens ages 15-19. The rates calculated are based on the analysis of 2004-2014 birth certificate data for Shelby County residents provided by Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics. The rates are calculated (per 1,000 population female ages 15-19) using the Vintage 2004-2014, bridged-race postcensal estimates of the resident population of the United States for the indicated years, by county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race (White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander), Hispanic origin (not Hispanic or Latino, Hispanic or Latino), and sex provided by CDC/National Center for Health Statistics. More information on the Vintage 2015 Bridged-Race Postcensal Population Estimates can be found at the link below:

http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm

These communities also see the highest rates of teen pregnancy in Shelby County. Memphis and Shelby County consistently lead the state of Tennessee in number of births to teen mothers aged 15-19 years old. While 2013 saw a historically low teen birth rate of 43.2 births per 1000 population, this number is still higher than the state average of 35 births per 1000 and national average of 26.5 per 1000. Even more, non-Hispanic black and Hispanic female teens are significantly much more likely than their non-Hispanic white counterparts to give birth before their 20th birthday.

As we know, children born to teen mothers experience higher rates of poverty, abuse and neglect, health problems, and incarceration^{4,5}. Teen mothers are more likely to be single parents, have less education⁶, experience emotional or physical health problems, and live in poverty, while teen fathers are more likely to be uneducated, have decreased earnings, experience anxiety and be homeless or lack stable housing⁴. The CDC, which has made the issue one of its top six priorities, estimates that teen pregnancy and childbirth cost U.S. taxpayers at least \$9.4 billion in 2010.

In Shelby County, teen mothers in low-socioeconomic neighborhoods are more likely to be obese, to give birth preterm, and to have a child born with a low birth weight. Only 43% will access prenatal care during their first trimester, with 8-14% of these teen mothers not receiving any prenatal care at all for the extent of their pregnancy. Lack of prenatal care is strongly associated with poor birth outcomes, such as preterm births and low birth weight.

A historical cohort study using The National Center for Health Statistics linked U.S. infant's birth/death records with studied socio-demographic predictors of infant injury mortality. Highest risk infants were born to mothers who were younger than 20 years compared with older than 30 years, had less than a high school education compared with a college education, had more than 2 other children compared with no other children, were unmarried, or had birth weights under 1,500 grams compared with over 2,500 grams. Infants in the highest risk group (21.0% of the population) had a greater than 10-fold increased risk of injury mortality compared with the lowest risk group (18.1% of the population)⁷.

Chart 5: Teen Birth Rates Females Ages 15-19 by Race/Ethnicity, 3 Year Rolling, Shelby County, 2004-2014

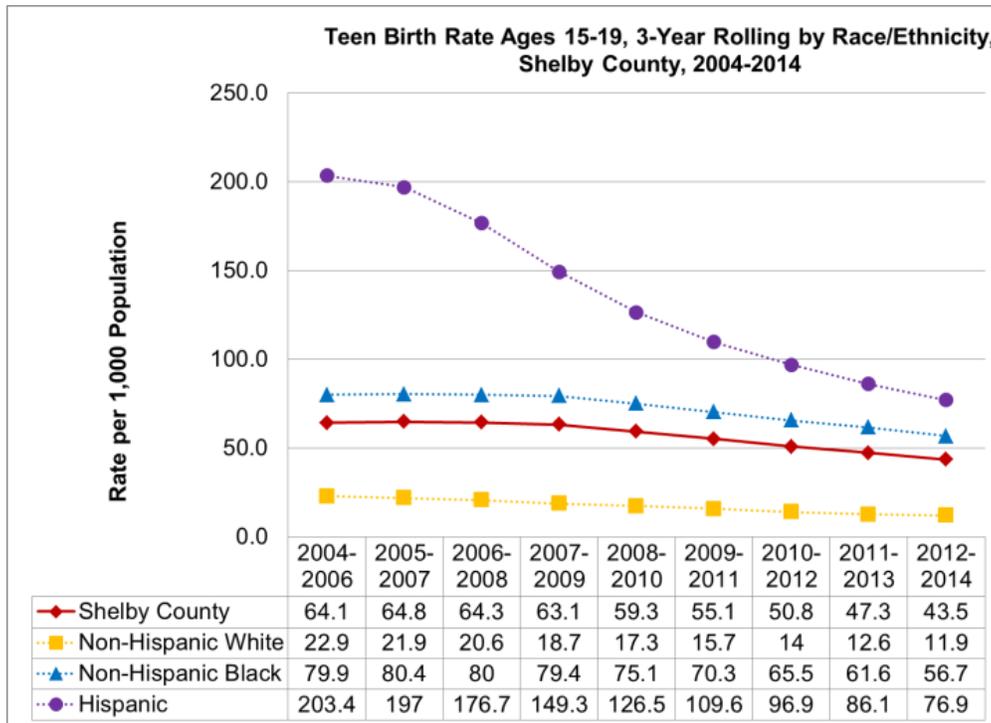
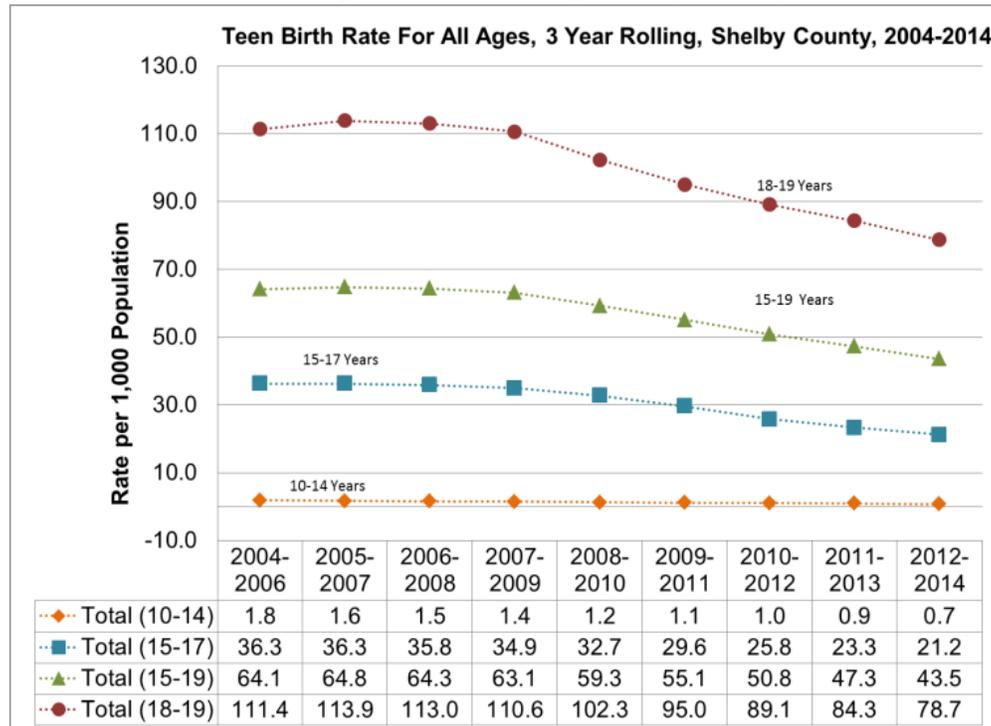


Chart 6: Teen Births Females All Ages, 3 Year Rolling, Shelby County, 2004-2014



Map 17: Teen Birth Rates Females Ages 15-19, Shelby County, 2012-2014

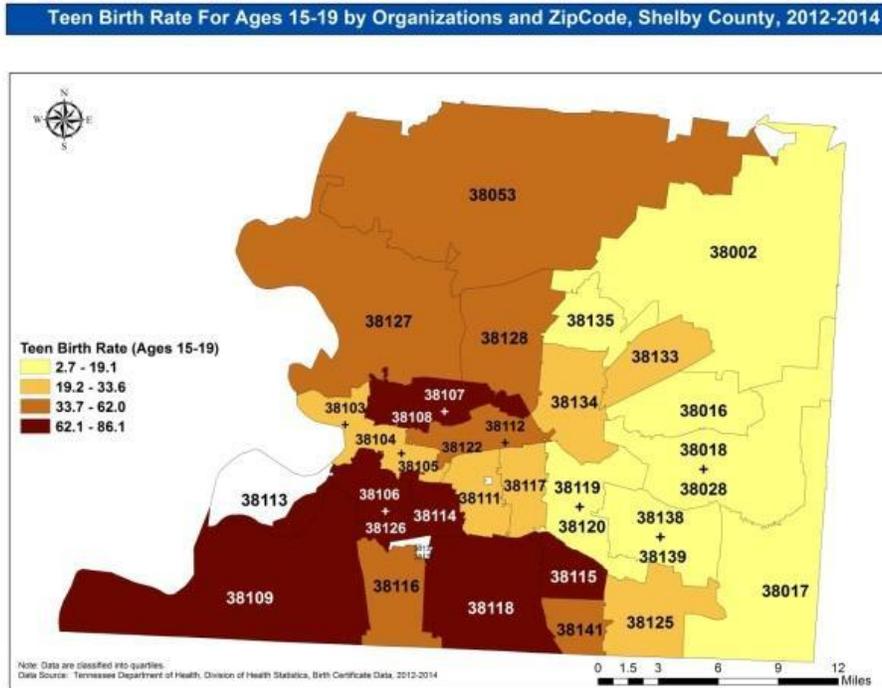
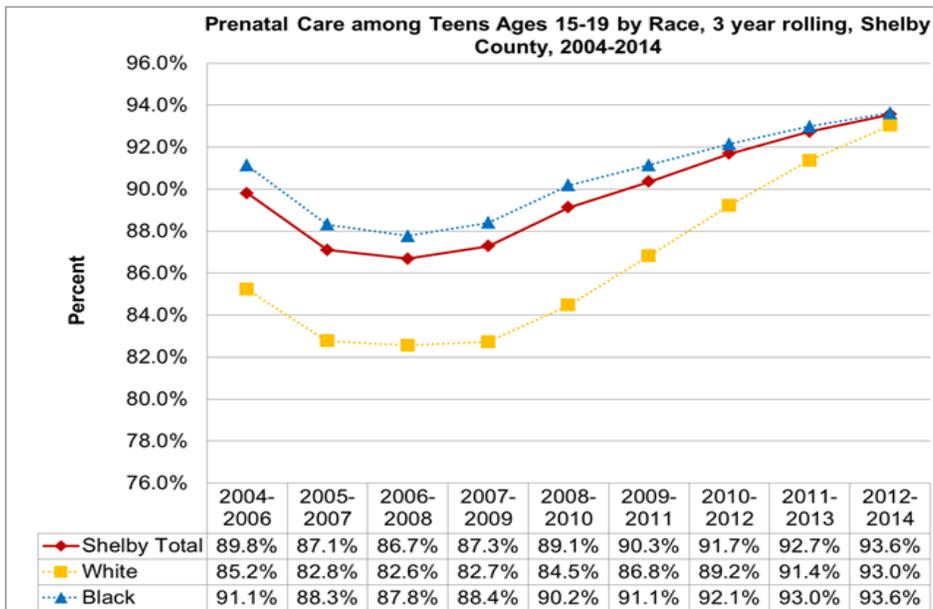


Chart 7: Prenatal Care among Teens Ages 15-19 by Race, 3 Year Rolling, Shelby County, 2004-2014



Induced Termination of Pregnancy

Chart 8: Induced Termination of Pregnancy Rates, Ages 15-19 by Race, 3 Year Rolling, Shelby County, 2008-2014

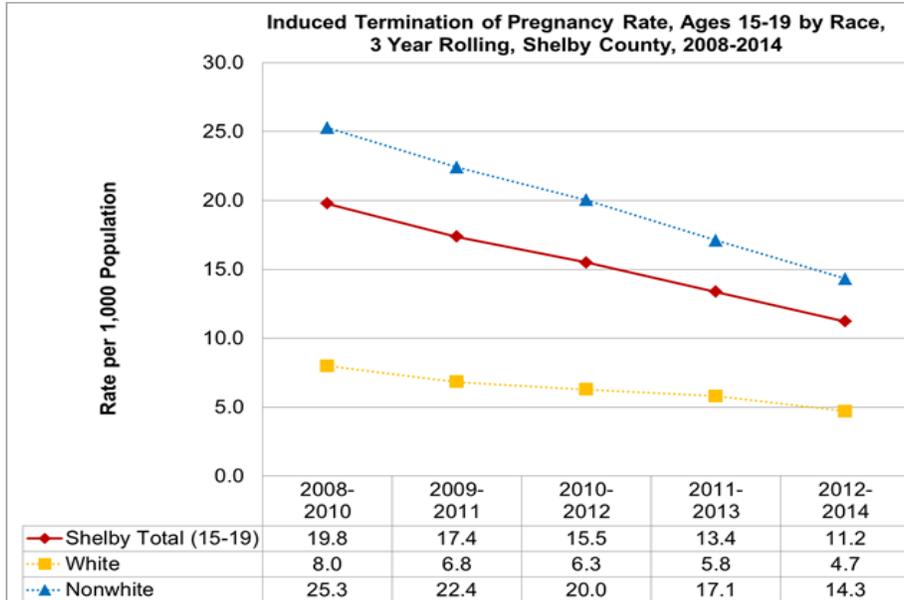
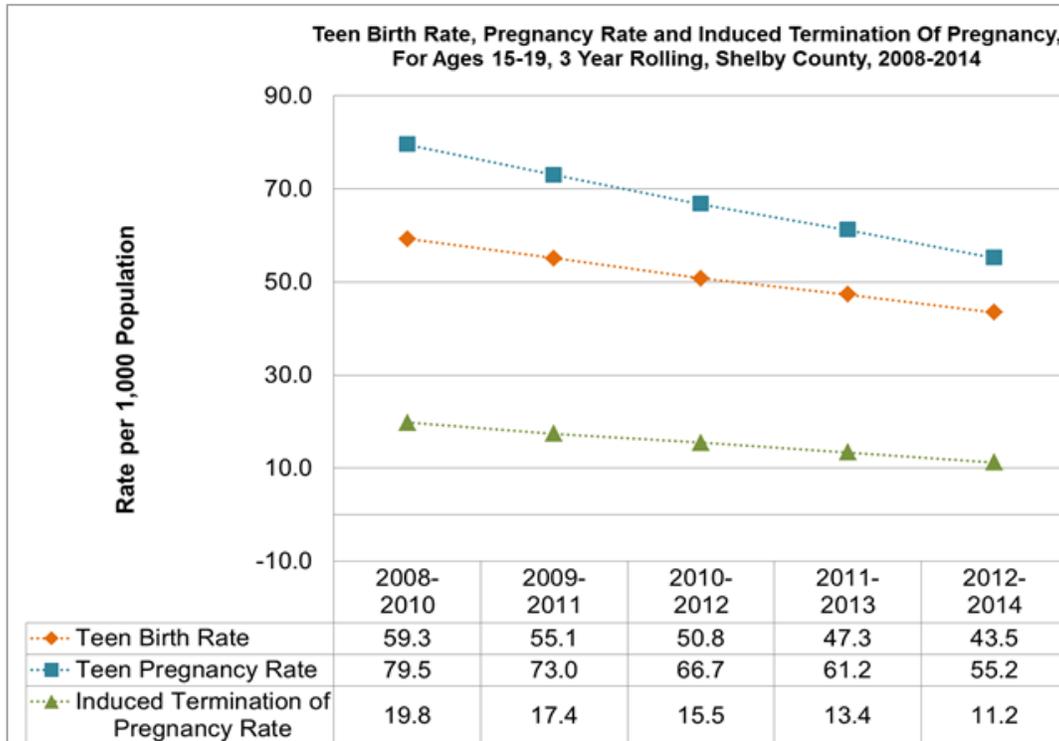


Chart 9: Teen Birth Rate, Pregnancy Rate, and Induced Termination of Pregnancy for Ages 15-19, 3 Year Rolling, Shelby County, 2008-2014



Family Planning

The data below was created using records from the 5 Shelby County Family Planning clinics run by the SCHD. Between the years 2012-2014, the 5 family planning clinics saw 14K clients, with 2900 of those clients being between the ages of 15 and 19. Only 4% of teen patients were males. Among females, 3-month hormonal injections (such as the Depo shot) were the most widely used form of birth control, with 37.5% of female patients utilizing them. Birth control pills were second, at 29.4%. Among males, condoms were widely the most used contraceptive method, with 22.4% of male patient saying that was their preferred method. 41% of men seen at the SCHD Family Planning clinics were actively seeking pregnancy/had a pregnancy partner and did not use any method of contraceptive.

Table 1: Unduplicated Number of Female Family Planning Users by Percentage of Family Panning Method Used, 2012-2014

Family Planning Methods Used	Female Users Ages 15-19	% of Family Panning Method by Female Users Ages 15-19
Primary Method		
Intrauterine device(IUD)	7	0.2%
Hormonal implant	38	1.3%
3-Month hormonal injection	1059	37.5%
Oral contraceptive	829	29.4%
Hormonal/contraceptive patch	31	1.1%
Vaginal ring	5	0.2%
Spermicide (used alone)	*	*
Fertility awareness method (FAM)	40	1.4%
Abstinence	13	0.5%
NO METHOD		
Pregnant or seeking pregnancy	298	10.6%
Other Reason	*	*
RELY ON MALE METHOD		
Vasectomy	*	*
Male Condom	498	17.6%
Total Female Users	2823	100.0%

Table 2: Unduplicated Number of Male Family Planning Users by Method of Family Planning Used, 2012-2014

Family Planning Methods Used	Male Users Ages 15-19	Total Male Users	% Male Users Ages 15-19
Primary Method			
Vasectomy	0	0	0.0%
Male condom	89	400	22.3%
Fertility awareness method (FAM)	*	11	*
Abstinence	*	5	*
Other method	5	122	4.1%
NO METHOD			
Partner pregnant or seeking pregnancy	7	17	41.2%
Other Reason	*	*	*
Rely On Male Methods	7	39	17.9%
Total Male Users	111	615	18.0%

Data Source: Family Planning Annual Report Data, Shelby County Health Department, 2012-2014

Policy

Tennessee law (§ 49-6-1302, 49-6-1304, and 49-6-1305)⁸ requires school systems in counties whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 15–17 to develop and implement a family life education program⁹. These programs must promote “sexual risk avoidance” as their primary goal, and instruction that promotes “gateway sexual activity” is prohibited. Statute § 49-6-1304 was recently amended to include “the benefits of adoption as a positive choice in the event of an unwanted pregnancy” as required learning material for grades 7–12. Students are allowed to “opt out” of sexual education classes with written permission from their parent or legal guardian¹⁰. In counties that provide family life education programs, said programs must:

1. Emphatically promote sexual risk avoidance through abstinence, regardless of a student’s current or prior sexual experience;
2. Encourage sexual health by helping students understand how sexual activity affects the whole person including the physical, social, emotional, psychological, economic and educational consequences of nonmarital sexual activity;
3. Teach the positive results of avoiding sexual activity, the skills needed to make healthy decisions, the advantages of and skills for student success in

- pursuing educational and life goals, the components of healthy relationships, and the social science research supporting the benefits of reserving the expression of human sexual activity for marriage;
4. Provide factually and medically-accurate information;
 5. Teach students how to form pro-social habits that enable students to develop healthy relationships, create strong marriages, and form safe and stable future families;
 6. Encourage students to communicate with a parent, guardian, or other trusted adult about sex or other risk behaviors;
 7. Assist students in learning and practicing refusal skills that will help them resist sexual activity;
 8. Address the benefits of raising children within the context of a marital relationship and the unique challenges that single teen parents encounter in relation to educational, psychological, physical, social, legal, and financial factors;
 9. Discuss the interrelationship between teen sexual activity and exposure to other risk behaviors such as smoking, underage drinking, drug use, criminal activity, dating violence, and sexual aggression;
 10. Educate students on the age of consent, puberty, pregnancy, childbirth, sexually transmitted diseases, including but not limited to HIV/AIDS, and the financial and emotional responsibility of raising a child; and
 11. Teach students how to identify and form healthy relationships, and how to identify and avoid unhealthy relationships.”¹¹

Outside of anecdotal evidence regarding sexual education in schools, no data could be found concerning which Shelby County Schools has internal sexual education programs, or what these programs consist of. There are multiple external programs in Memphis that offer sex education in schools, but parents and adult survey takers were still very much under the impression that their local school did not offer adequate sexual education to students. Unfortunately, there are no policies in Tennessee that require every school to provide sexual education to students.

There are a plethora of research-supported teen pregnancy prevention programs currently being implemented across the country. These programs include comprehensive clinic-based programs^{12,13} for pregnant and parenting teens, condom availability programs^{14,15}, computer-based interventions¹⁶⁻¹⁸ to prevent HIV and other STIs, and service learning programs^{19,20} that have an emphasis on risky sexual behavior. These programs have been scientifically developed and proven to decrease teen pregnancy rates, as well as decrease risky behaviors and increase contraceptive use.

The CDC estimates that teen pregnancy and childbirth accounted for \$9.4 billion in increased health care and foster care costs in 2010 due to “increased incarceration rates among children of

teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.” The CDC is focusing teen pregnancy-prevention efforts in minority communities facing the most significant health disparities ²¹. One of the Family Planning Healthy People 2020 objectives is to reduce the rate of pregnancies in adolescent females.

However, some research shows that state policies have very little effect on teen pregnancy. An analysis published in the Journal of Health Economics in 2015 claimed that the only policies that had a noteworthy impact on teen birth rates were declining welfare benefits and expanded access to family planning services through Medicaid. However, those two policies combined were only estimated to account for 12 percent of the observed decline in teen birth rates from 1991-2010. Also, increasing unemployment rates appeared to lead to lower teen birth rates and accounted for 28 percent of the decline in teen birth rates since the Great Recession began ²².

Shelby County Schools

The CDC’s 2013 Youth Risk Behavior Survey (YRBS) is administered in 21 large urban school districts across the country, including Shelby County Schools (SCS). The SCS district, established in 2013, is comprised of all former Memphis City Schools plus rural schools in unincorporated areas of the county. The YRBS survey includes questions on sexual activity, which shed light on risk behaviors of adolescents. The SCS student population is majority black, and many SCS schools are located in poorer communities that are 90% or more black. The 2013 YRBS survey for SCS shows³:

- Nearly 60% of all high school students reported ever having had sexual intercourse (52% female, 69% male) compared to a median for all districts of 45%
- 15% of students reported having had sexual intercourse before the age of 13, compared to a median of 7% for all urban school districts;
- Nearly 23% of high school students reported having sexual intercourse with four or more persons during their life (13% female, 35% male) compared to the median of 16%.
- 38% of students reported being currently sexually active (34% females, 44% males)
- 77% of students reported having been taught in school about HIV or AIDS (79% female, 75% male) compared to the median of 79%.

Table 3: Sexual Health Responses from the Youth Risk Behavior Survey among 9-12th Graders in Memphis and the United States, 2013 and 2015

	Memphis, TN 2013	United States 2015
had sexual intercourse before age 13 years	15.2 (13.0 - 17.6)	3.9 (3.2 - 4.8)
ever sexual intercourse	59.7 (55.4 - 63.8)	41.2 (37.5 - 45.0)
current sexual activity	38.2 (34.3 - 42.3)	30.1 (27.4 - 32.9)
multiple sex partners	22.8 (20.2 - 25.7)	11.5 (9.9 - 13.3)
did not use a condom at last sexual intercourse	32.5 (30.4 - 45.2)	48.0 (44.8 - 51.1)
were never tested for HIV	72.9 (70.4 - 75.4)	89.8 (88.2 - 91.3)

What’s Currently Being Done?

For the purpose of this report, we collected information for over 100 different providers in the Shelby County area that have an impact on teen pregnancy. This resource inventory can be found in Appendix A. These providers span from medical clinics to non-profit organizations to religiously-affiliated programs. Some provide contraceptives and STD testing, while others focus on sexual education and family planning information. Still, others contribute baby supplies and emotional support groups for new moms. The decreasing teen pregnancy rate seen nationwide and across Shelby County can be contributed to groups such as these, as well as parents, educators, and public health officials.

Availability of contraceptives is what many consider to be the biggest factor in decreasing teen pregnancy in Shelby County. An analysis conducted by David Ciscel, emeritus professor of economics at the University of Memphis, found that the cost of providing contraceptives costs about \$267 per teen user annually. However, it avoids the average local hospital-delivery charge of nearly \$4,700. Therefore, every dollar spent providing a contraceptive for teens saves Shelby County \$17.50²³.

Purpose

The purpose of this collaborative project was to collect information about the teen pregnancy services in Shelby County. We wanted to learn more about the opinion of services that help teens not get pregnant, and what services that might be needed and are not being provided. Lastly, we wanted to learn more about the barriers of teens getting the services and sex education that they need, as well as why teens get pregnant. We were interested in determining the many different beliefs, attitudes, and general knowledge concerning teenage pregnancy in Shelby County. To do this, we acquired quantitative and qualitative data through online surveys and focus groups.

Online surveys were given to both teens and adults, while focus groups provided more specific feedback from teens, teen mothers, parents, and service providers.

This data was then used to construct a gap analysis involving teenage pregnancy in Shelby County. This gap analysis reported on the perception of services in Shelby County compared to the actual services available. This analysis will allow Be Proud! Be Responsible! Memphis! and our partner community organizations to better understand how to reach their targeted populations, as well as allow public health professionals to better understand what services are needed and not provided in the community.

Section 2: Methods

An extensive literature review was conducted before this project was started. Similar needs assessments such as the Healthy Youth Partnership in Travis County, Texas and Teen Pregnancy and Parenting Needs Assessment conducted by the University of Memphis Center for Research on Women (CROW) were invaluable resources to gaining insight into teen pregnancy.

Qualitative Study

Three focus groups were organized through MemTV and their coalition of organizations. Focus groups were centered on three different populations:

- 1) Shelby County service providers
- 2) Teens
- 3) Parents of Teens

These focus groups allowed researchers to collect opinions and antidotal evidence pertaining to different experiences with teens' sexual education, as well as a multitude of other variable that contribute to teenage pregnancy. Focus group questions were based on validated survey tools from the Healthy Youth Partnership (HYP) Needs Assessment²⁴ performed in Travis County, Texas in 2015. The survey questions and focus groups within the Travis County HYP assessment were adapted from The National Campaign to Prevent Teen and Unplanned Pregnancy, Guttmacher Institute's Survey of Young Adults 2009²⁵ and a state assessment sample survey from Advocates for Youth²⁶. Questions were also adapted from the 2013 Youth Risk Behavior Survey³. These guides were approved by an Internal Review Board and can be found at the end of this report in Appendix B.

Quantitative Study

Surveys were created through Survey Monkey and sent out through MemTV coalition members. MemTV members had the choice to send out the URL to the adults and teenagers affiliated with their organizations. Members could also withhold the right to not send the survey to their members, should they desire. Online surveys for adults were also disseminated throughout the

community by social media and word of mouth. Survey questions were pulled from the previously-mentioned sources and can be found at the end of this report. The survey took 15-20 minutes to complete. Participants were selected via snowball sampling technique. Snowball sampling, or referral sampling, is a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances.

Both teens and adults were asked to take an online survey. Consent was given electronically before the start of the survey. After completion of the survey, they were again given the option to withdraw from the survey. If they chose to withdraw, their answers were not submitted and they were instructed to close out of the survey. If they should choose to continue, their results were submitted and analyzed by the researchers at the Shelby County Health Department and Le Bonheur Community Health and Well Being.

SCHD and Le Bonheur facilitators have all successfully passed the Collaborative Institutional Training Initiative (CITI).

Procedures

Eligibility was determined by age (15-19 years old) for teenage surveys/focus groups and location of residence. Surveys and focus groups were only opened to those living in Shelby County. Every effort was made to minimize potential risks for subjects. Minimal risks were decided to be reasonable in relation to the type of research design.

Possible risks of the aforementioned surveys and focus groups involved time inconvenience. Online surveys required 15-20 minutes, while focus groups dictated up to 60 - 90 minutes. The investigators deemed that any risks involved in this research design would be considered “soft” risks, such as the embarrassment of the topic or potential confidentiality breaches. Questions about past sexual behavior, pregnancy, and birth control are all discussed in both the online teen surveys and in the teen focus groups. The researchers accepted that some topics may prove to be embarrassing or uncomfortable to some research participants. However, we felt that these questions were critical in developing a complete picture of teen health needs in Shelby County. In these situations, participants had the choice to not answer a question, or to physically leave the focus group, should they so desire. There were no consequences of unanswered questions, both for the online surveys and in the focus groups.

Confidentiality was held to the highest regard. No identifying data was collected, including names, addresses, or phone numbers. The surveys via Survey Monkey were given SSL encryption and disabled IP address tracking from survey takers. The submitted answers were password-protected and encrypted and only viewed by research team members. Any resulting reports or presentations utilizing the TPP data will be properly de-identified. For the teen focus group, consent forms were sent home 2 weeks prior and returned with parental signatures.

Data Analysis

The qualitative portion of the study consisted of focus groups with teens, teen mothers, parents and service providers, while the quantitative portion of the study utilized online surveys distributed to service providers, medical providers, educators, parents, and teens in the Memphis area.

The online surveys were given anonymously, with no names, e-mails, or other personal information collected. Any e-mail lists used to distribute the survey were kept completely confidential and destroyed after the survey was administered. Researchers received only the participant's survey answers that they choose to submit.

Focus group participants remained anonymous in any sort of accompanying report or presentation. Names were not attached to any qualitative data collected during the focus groups. All identifying factors, including name, contact information, school attended, or place of employment was not documented. Focus groups were recorded and transcribed by Shelby County Health Department research team members.

Quantitative data was analyzed descriptively and using SAS.. Results were aggregated for reporting purposes. Files were kept on encrypted flash drives and password-protected computer files. Any hard copies of focus group transcripts or email lists were kept locking in protected file cabinets inside the SCHD Epidemiology office at 814 Jefferson Ave. Coding categories were informed by Kirby & Lepore's 2007 review of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing, and STIs, as well as the focus group guides²⁷.

The primary users of the collected qualitative and quantitative data will be SCHD and Le Bonheur Community Health and Well-Being, in conjunction with their in-progress Shelby County Teen Pregnancy Prevention Initiative, funded through the Office of Adolescent Health - grant number TP1AH000120- 01-00.

The target audience of this research includes community members, local reproductive health service providers, primary care providers, parents, school board members, and other public health officials. This research is intended to broaden the scope of teen pregnancy prevention services and education models in Shelby County.

Section 3: Focus Group Findings

Teen Focus Group Findings

Our teen focus group was held with a group of teenagers that participated in a local youth-empowerment program. While we recognize that their opinions and experiences may not match

the opinions and experiences of their age group, they were able to give a lot of very good antidotes concerning teen pregnancy and relationships.

Intimacy

When it came to relationships, “intimacy” was discussed frequently. Most of the teens’ opinions regarding dating and sexual activity revolved around being intimate with a person you trusted. They also stated that emotional intimacy always came before physical intimacy, at least in “healthy” relationships. Many stated that they desired to be in relationships like their friends were, but for reasons, they more strongly desired to remain single. These reasons spanned from compatibility to emotional independence and self-growth to parental influence.

“My personality and myself are very important to me. I don’t want to change myself in order to be in a relationship.”

“I think sex is another way to have this emotional connection and the emotional part of sex is important.”

Social Media & Societal Pressure

When asked what they thought contributed to teenagers having sex, many teens in the focus group also discussed the influence that social media has influenced their perceptions of sex and relationships. They commented on the hyper-sexualization of television and advertisement and how that makes it seem that sex is not a big deal, even if it is. They also added that lack of knowledge could affect a teen’s decision of have sex.

However, social media also seemed to contribute in their sexual education in another way: information. Many of the teens discussed how Google and message boards helped them do their own research on sex, away from their parents and family members.

“You have to balance your values and what society is projecting.”

“We don’t really know who to turn to, so most people turn to media and TV.”

Contraceptive Use

The large majority of the teen group felt that it was the female’s responsibility to take birth control as a form of contraception. Many of them also stated that their parents’ perceptions of birth control affected their own personal use of birth control, both positively and negatively. When asked about reasons teens might not use birth control, focus group participants speculated that it could be due to embarrassment, lack of education, and limited access to clinics and subsequent resources.

When asked about locations for receiving contraception, they all were aware of different clinics and services in the area, including Planned Parenthood. When asked about different birth control options, they listed Plan B, the pill, the female condom, male condom, IUD, and the [Depo-Provera] shot.

“Having sex is really main-stream, but talking about it is on the margins.”

Parental Influence

Participants, some of whom were first-generation immigrants, discussed how their families stressed abstinence and celibacy. Many stated that because their parents believed in waiting to be sexually active, they saw no need to discuss contraception and sexual education with their children.

On the other end of the spectrum, some teens felt that their parents discussed sex TOO often. One teen mentioned that their parent sounded like a “walking commercial” for sexual education. According to our teen participants, many parents assume that their children are learning everything they need to know while in school, relieving them of the duty to discuss sex with their children themselves.

Sex in Schools

When asked about the information they were given in school regarding sex, most of the teen participants wished for something more in-depth. They talked of only having a week or two, when really they could have used an entire month or semester. They also expressed a desire to talk about the emotional aspects of sex, not just the physical ones. Healthy relationships, partner violence, and emotional stability were all things discussed as other areas sexual education should encompass. Condoms being made available at school was another suggestion they thought would help with teen pregnancy.

Becoming a Parent

Being emotionally and financially stable were agreed to be the ideal time to be a parent. They thought pregnancies should be intentional and to parents who have a strong support system. Even though some of our teens had experienced teen pregnancy in their family, they still agreed that ideally, parenthood would come when you were older.

Societal pressure was a very common worry when thinking about future pregnancies and having children. Many participants talked about the potential stress of raising a daughter in a society that tells her she is “used goods” after sex, and how to counteract that and make sex normal. Other participants with more conservative views discussed raising their children to have the same mentality as themselves without being overbearing. Still, others worried they wouldn’t be able to provide for their future families, or that it would hurt their personal ambitions to have children. Unanimously, they all hoped to be open about sex with their future sons and daughters, having “the talk” and answering questions to normalize and hopefully out-voice the messages that the media send.

Parent of Teens Focus Group Findings

An internal focus group of SCHD employees was held to serve as the Parent of Teens Focus Group. The group consisted of 7 Shelby County employees, 5 women and 2 men. The group was asked about their opinions regarding teen pregnancy in Shelby County, their experience with “the birds and the bees” discussion, sexual education in schools, and the resources they and their teen use to prevent teen pregnancy. Every parent had at least one child 13 years old or older and was a resident of Shelby County.

Parents vs. Peers

Much of the focus group discussion came back to the influence peers had on teens. Many parents talked about educating their child about sex before their friends could share wrong information. Others mentioned that peer pressure from classmates and friends is a risk factor for beginning to have sex or experiment sexually. Lastly, a few parents mentioned that “fame” from being a teenage mom led to more teen pregnancies in the schools their children attended.

“We believe that parents educate children on sex, but that’s never true; my [sex] education was from peers.”

Understandably, many of them referenced back to THEIR sexual education and the role their own parents played in it. Many came from families that openly discussed sex and pregnancy and relationships; others, from families that were much more conservative and did not discuss sexual activity at all. The majority of the parents talked about struggling to balance their personal opinions about sex (waiting until marriage, committed relationships, etc.) with what their teen was learning from friends and classmates.

The Role of the School

When asked about the role of the school in their child’s sexual education, our parents had mixed reviews. Some were disappointed that schools only taught “the basics”, such as condom usage, menstruation, puberty, and sexually transmitted diseases. They wished for more focus on positive body image, self-empowerment, and self-worth. Others were disappointed at the assumed heteronormative angle that most schools presented their sexual education.

Other parents talked about not trusting the sexual education their teen received at school, due to not knowing who was presenting it and what information they were presenting. They preferred for their teen’s sexual education to take place at home, where the parents had more say in what was discussed or not discussed. Economic and education levels were also thought to influence the scope of sexual education received at school; some parents felt that “urban” schools received more in-depth sexual education, while schools in “better” neighborhoods were heavily restricted by vocal parents and administrators.

“I feel parents are better educators than strangers.”

Media

Many of the parents discussed the effects of media on their teen's knowledge of sex. They talked about sexual themes on family-friendly television shows and having to talk to their children about things they see on TV, such as homosexual relationships or sexual situations. Many expressed concern about the influence that media and celebrities have on their children, especially when they felt the television standards of appropriateness had changed.

"With television, it is a one-way conversation that we have no control over."

It Takes a Village

A common theme in our parent of teens focus group was the idea that a child's sexual education was not just up to one parent. Many participants had blended families with step-children and partners they co-parented with. One participant talked of balancing her step-daughter's mother's wishes with her own, while another discussed having different opinions than her husband. Communication between parental figures was seen of utmost importance when thinking about the way parents talk to their children about sex.

"Parents have to be on the same page."

The Birds and the Bees

The majority of the parents involved in the focus group considered themselves very open with their children when it came to sex. Some expressed that it could be awkward or uncomfortable for both parties involved, but most had started talking about sex with their teen long before they were a teen, using anatomically correct language and building a trusting foundation for future sex discussions. Many of the women in the room talked about always being there to answer their children's questions, no matter how off-the-wall or embarrassing. By starting early, many were able to still maintain open communication once their children became teens and young adults.

"I don't care how silly it may seem or how bad it is; we have had some crazy conversations."

"It's getting younger and younger, but I am glad they are talking to me."

When asked, all the parents said they felt comfortable discussing contraceptive options with their son or daughter. In regards to birth control, most said they left the decision up to their daughters and their doctors. They laughed about "always having Google" and the ability to research anything they or their teen had questions about.

Teen Pregnancy in Shelby County

To conclude the parent of teens focus group, parents were asked about their opinions concerning the current issue of teen pregnancy in Shelby County, as well as possible barriers to resources. Some mentioned that while talking about condoms and birth control was good, having teens actually utilize them was something totally different. Others talked about the "cycle" of teen pregnancy, with children born to teen mothers being more likely to be teen mothers themselves.

Still, others blamed society for making teenage pregnancy seem acceptable; for example, comparing baby showers between pregnant classmates. The parents spoke about the “badge of honor” that seemed to come from being pregnant, and how the amount of attention given to pregnant teens made it seem “cool”.

Many parents thought that more work was needed in regards to personal empowerment and the consequences of choices, for both genders. Some parents spoke about the lack of programs geared towards boys, outside of sports programs. They discussed how better education and self-efficacy could lead to better opportunities from young women at risk for teen pregnancy, and that pregnancy needed to be presented as a “decision”, not just something that happens.

“It goes back to the foundation. If you don’t prepare them as functional adults, then you will have issues when they grow up.”

Service Provider Focus Group Findings

A focus group was also held with a group service providers (SPs) involved in MemTV. These providers represented a wide variety of programs and organizations in Shelby County that deliver services to women and men, including teens and expecting/new mothers. Between them, they provide pregnancy services, infant safety, birth control, family planning, and LGBTQ health education.

Sex and Media

When asked where they thought teens were learning about sex, media and friends were two of the most common answers. SPs mentioned Snapchat and social media, but also other media outlets such as Facebook and Twitter. Technology was credited with making information about sex much more accessible to teens and their peers, and provides anonymity that may not come with in-person sexual education.

Parental Influence

The SPs also recognized that families also play a big role in teen’s sexual education. However, many providers doubted that parents knew just how much they influenced their teen’s ideas of sex, calling them “the most influential”. As previously discussed during the teen focus group, conservative families that severely stress abstinence may leave teenagers lacking critical information and resources concerning sex and healthy relationships.

Many providers stated that they felt parents weren’t always comfortable talking to their children about sex. Some of the focus group participants were parents themselves, and said that even they sometimes struggled to educate their children in a way that was comfortable for both parties. They discussed how making parental education a priority amongst local service providers could positively affect the sexual education children are receiving from their families.

“Parents need to be equipped with knowledge and tools to have these conversations.”

Teen Pregnancy Risk Factors

When asked what factors they thought put adolescents at the greatest risk for pregnancy, service providers cited multiple targets, including lack of parental guidance, not having someone to talk to about sex, and being targeted by older and more experienced partners. The education system was also named a structural barrier to receiving sex education, in that teens aren't always receiving the information they need when or before they need it. SPs also talked about the stigmas that exist around teenagers have sex, and the barriers created by pretending that it doesn't happen. By denying that a problem exists, it is impossible for solutions to be managed.

“...There is a lot of misinformation... Education and awareness are necessary.”

Moving Forward

During the SP focus group, there was discussion on the positive steps the US and Shelby County have taken towards decreasing teen pregnancy rates. These steps include the introduction of LARCs (Long-Acting Reversible Contraception) and making all forms of birth control more accessible to everyone. Some local service providers have created community action groups to increase peer education, supporting the belief that teens gain much of their sexual education from their (also sexually-uneducated) peer groups. Other clinics and organizations provide free services to teenagers, reducing financial barriers as much as possible. While they recognize that there is still a long way to go, many were hopeful for positive change in Shelby County and decreasing the teen pregnancy rate even further.

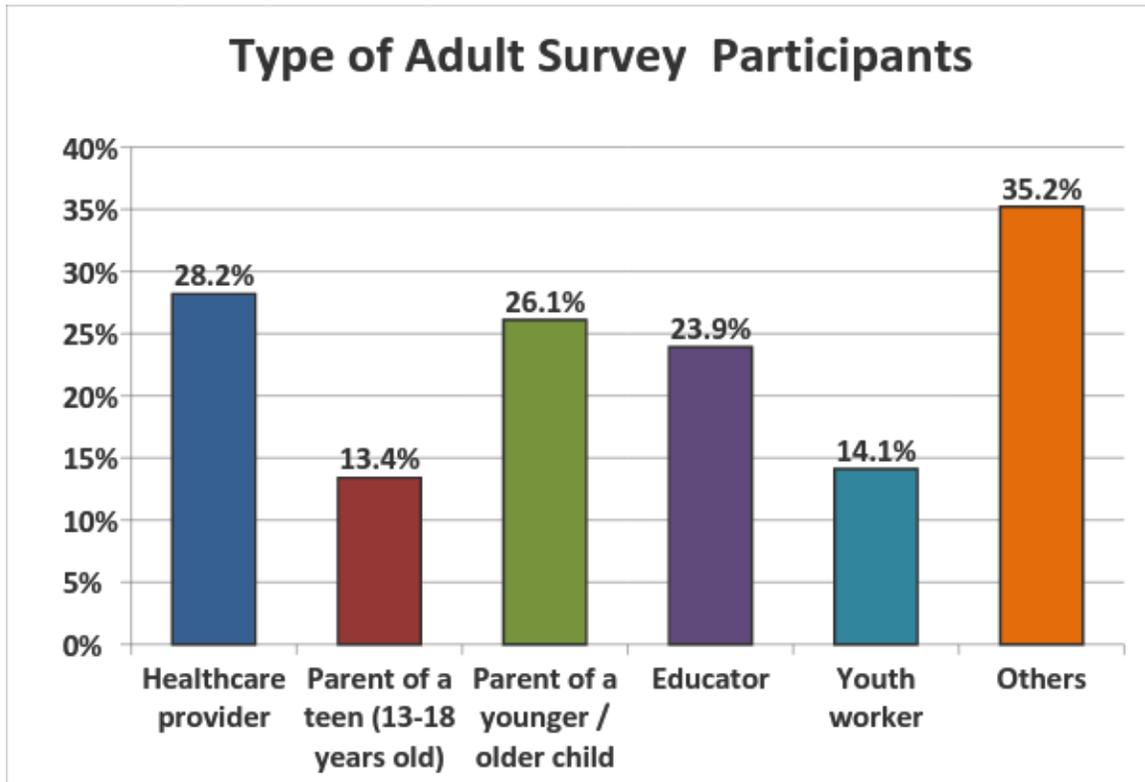
Section 4: Survey Findings

Adult Survey

Demographics

194 participants completed the Adult Online Survey prepared through Survey Monkey. 91.5% were residents of Shelby County. The 8.5% that were non-residents were excluded from the study. Most of the survey participants were female, making up 94% of respondents. The majorities of participants were healthcare providers (28.2%) and parent of a younger or older child (26.1%). See Figure 1 below for a breakdown of participation by type of adult survey participants. “Other” participants included college or postgraduate students, caseworkers, and social service providers. 38% of the survey participants were between 20-30 years old, followed by 41-50 year olds (21.1%) and 31-40(20.4%).

Figure 1: Survey participation by Type (N=142)



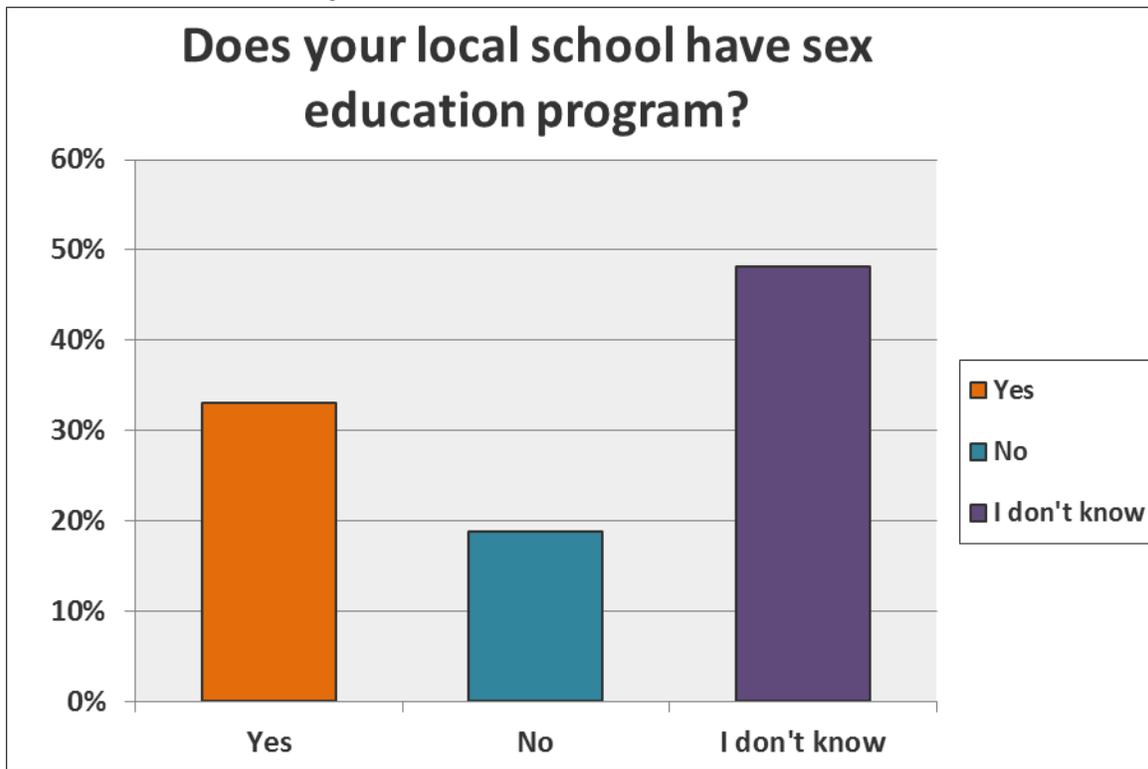
Note: All calculations exclude the skipped responses.

54.9% of the survey participants identified as white, followed by 42.3% identified as African American. Other races represented included American Indian or Alaskan Native (2.1%), Asian American (1.4%), and Native Hawaiian or Other Pacific Islander (0.7%). Participants that identified as Hispanic or Latino only made up 1.4% of survey takers.

School Sex Education Program

Forty-eight percent of adults responded that they did not know if their local school had a sex education program. Only 33.1% said that their local schools have sex education program followed by 18.8% who said that they did not have any sex education program.

Figure 2: Sex Education Program at Local School (N=154)



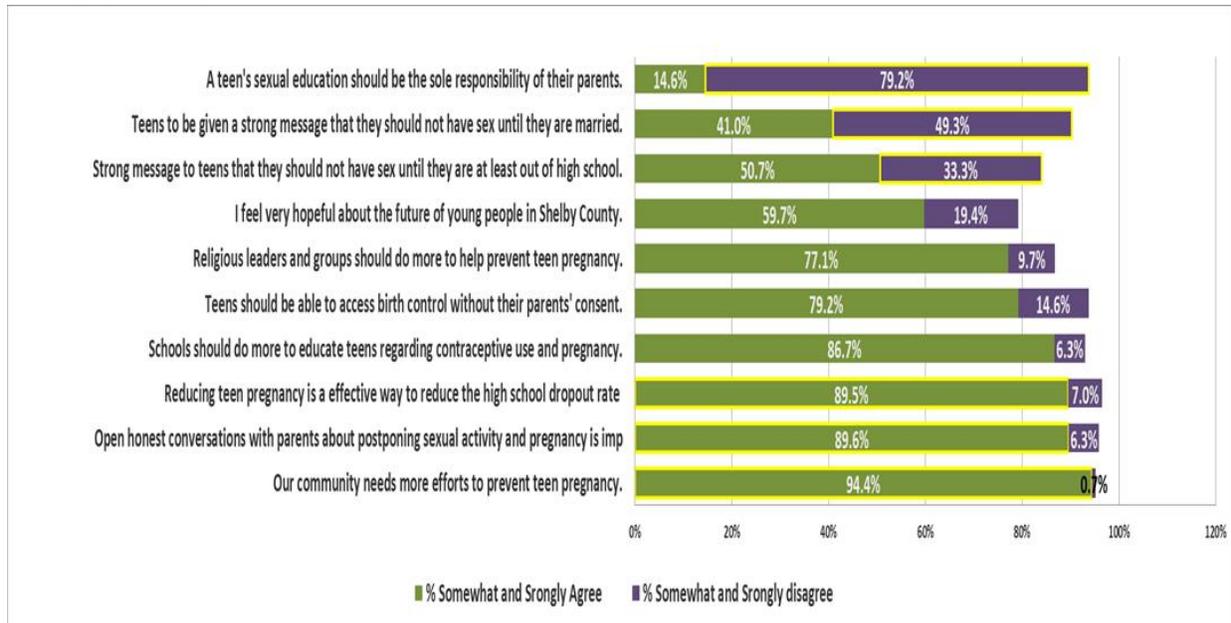
Knowledge, attitude and belief on teen pregnancy and sexual health needs at schools

The survey participants were asked a series of questions regarding their understanding of teen pregnancy in Shelby County. Researchers wanted to understand the awareness, attitude, and beliefs of teens that participated in the survey and what, according to them, influenced teen sexual behaviors and unintended pregnancies. Survey participants were asked to rank their opinions on particular sexual health topics on a five-point Likert scale (1-strongly disagree, 2-somewhat disagree, 3-neither, 4-somewhat agree, 5-strongly agree). The responses were then grouped into “somewhat agreed and strongly agreed” or “somewhat disagreed and strongly disagreed”.

Majority of the adult survey participants somewhat or strongly agreed that our community needs more efforts to prevent teen pregnancy (94.4%), around (89.6%) of the participants indicated that it would be much easier for teens to postpone sexual activity and avoid pregnancy if they were to have more open, honest conversations about these topics with their parents, and around (89.5%) of the participants indicated that reducing teen pregnancy is a very effective way to reduce the high school dropout rate and improve academic achievement, making them the top three highly influential indicators for teen pregnancy. On contrary to this the survey participants “somewhat disagreed or strongly disagreed” that a teen’s sexual education should be the sole responsibility of their parents (79.2%), followed by (49.3%) who indicated that it is important for teens to be given a strong message that they should not have sex until they are married and finally (33.3%) indicated that it is important for teens to be given a strong message that they

should not have sex until they are at least out of high school. A detailed representation of other variables included can be seen in the figure below.

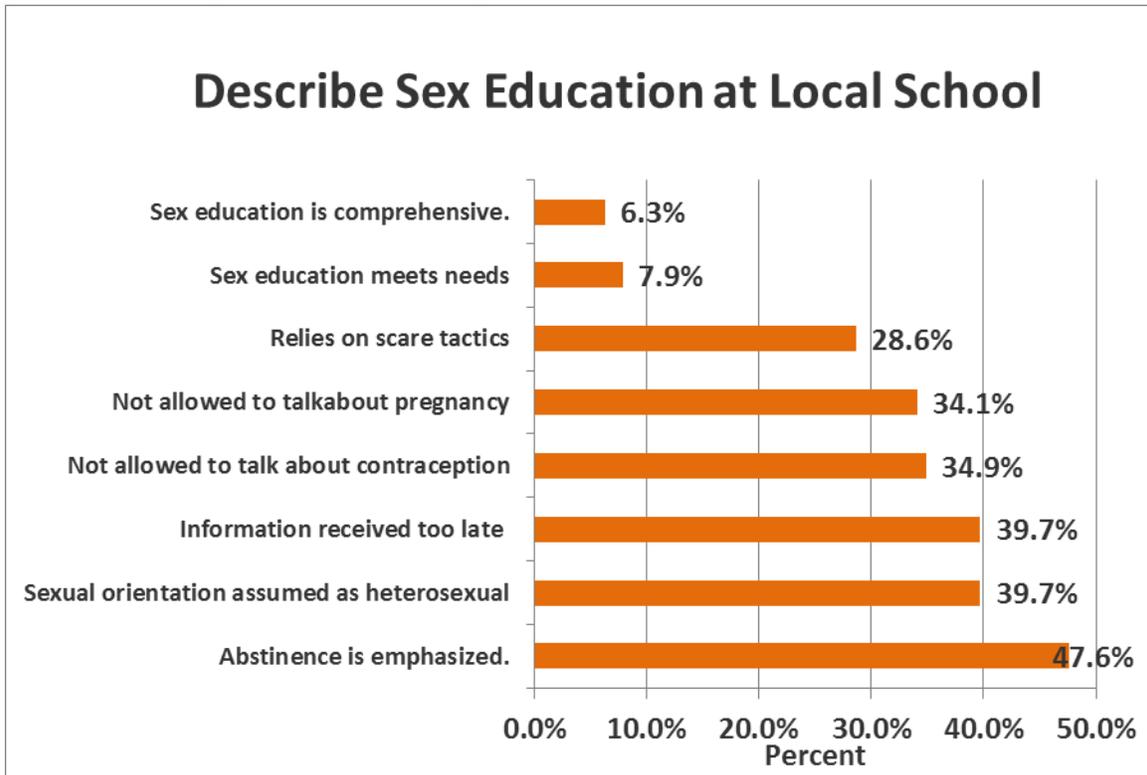
Figure 3: Knowledge, attitude and belief on teen pregnancy and sexual health needs in Shelby County (N=144)



Sex Education at School

When adult survey participants were asked to describe their beliefs on sex education programs at local school, majority of them responded saying that the schools relied on emphasizing on abstinence (47.6%) followed by information being received too late (39.7%) and sexual orientation assumed to be as heterosexual (39.7%).

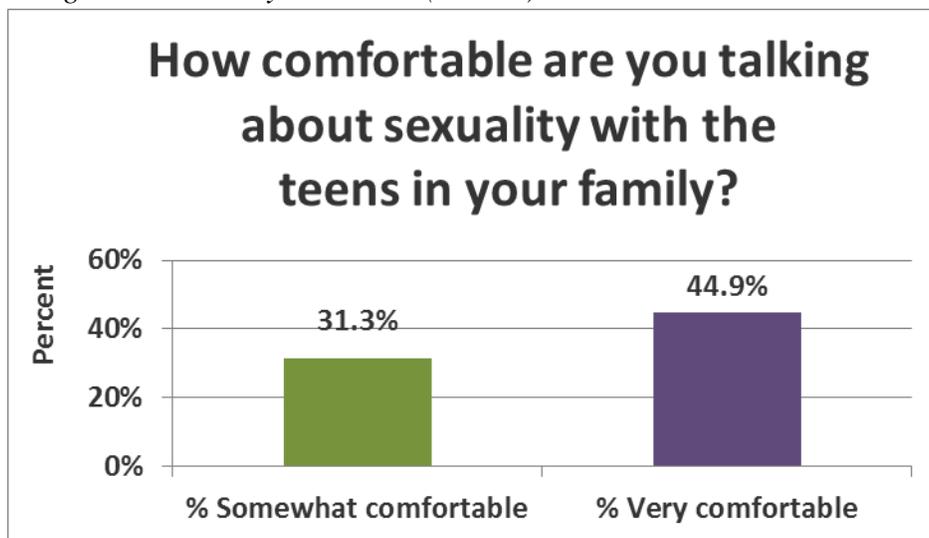
Figure 4: Describing Sex Education Program at Local School (N=126)



Talking about sexuality with teens

Survey participants were asked about how comfortable they were talking about sexuality with teens in family to which, Forty-five percent said they very comfortable as opposed to thirty –one percent who said they were somewhat comfortable.

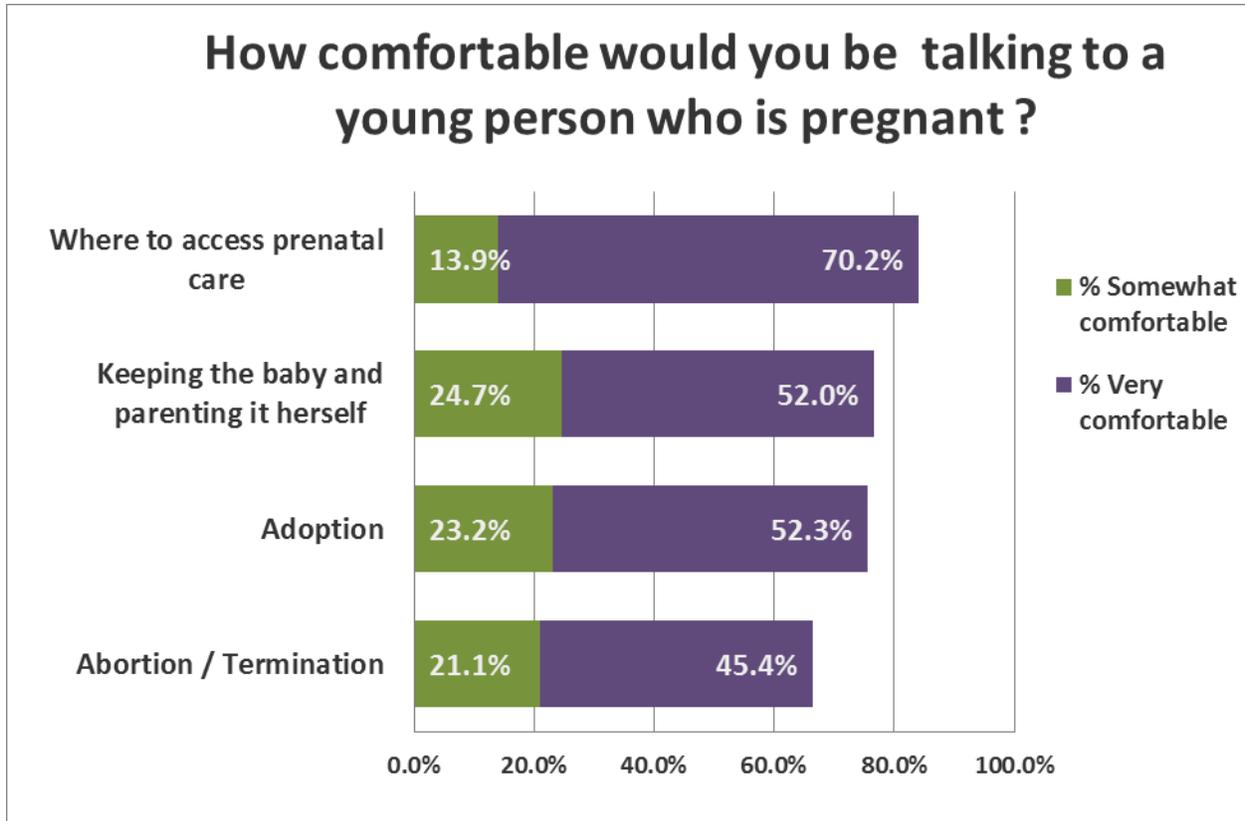
Figure 5: Talking about sexuality with teens (N=147)



Talking to a young person who is pregnant

When survey participants were questioned on how comfortable would the participants be on addressing about options like Abortion / Termination, Adoption, Keeping the baby and parenting it herself and Where to access prenatal care, about 70.2% of the adult survey participants said they were very comfortable talking about where to access prenatal care as opposed to keeping the baby and parenting it herself for which only 24.7% of the participants replied as being only somewhat comfortable. Figure () demonstrates the percentage of participants across all options that identified the following to be “somewhat comfortable” as opposed to “very comfortable”.

Figure 6: Talking to a young person who is pregnant (N=153)



Appropriate age to start learning/having sex

About 60% of the participants felt that the appropriate age to start learning about sex is around 10-11 years, and, around 21% felt that it was 12-14 years. Whereas, 33.6% of the participants felt that the appropriate age to start having sex is around 17-19 years and 30.9% felt it was 20+ years.

Figure 7: Appropriate age to start learning about sex (N=151)

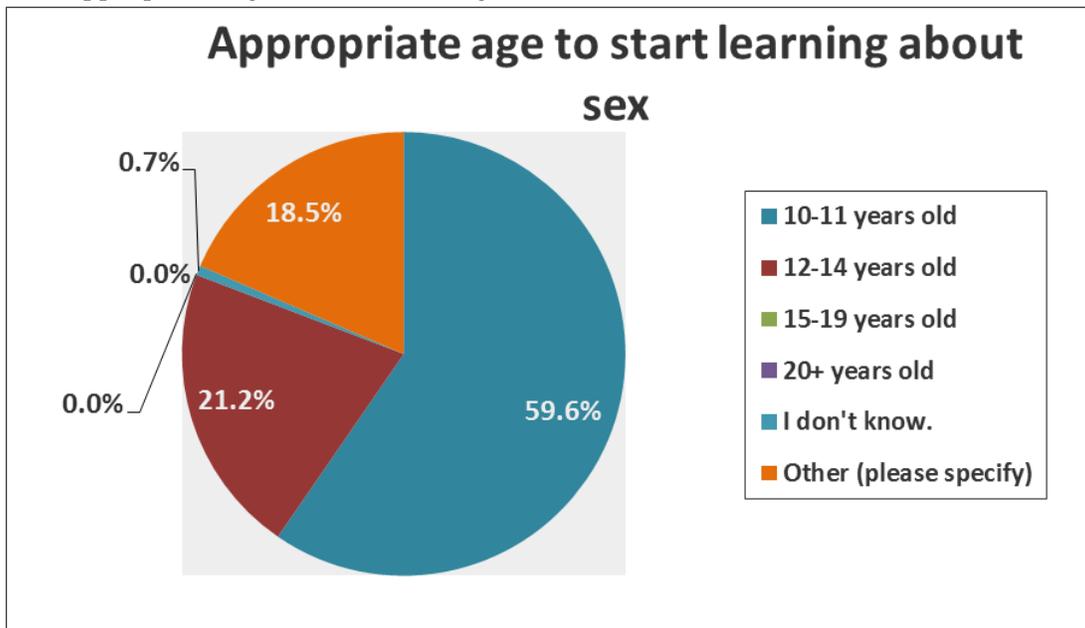
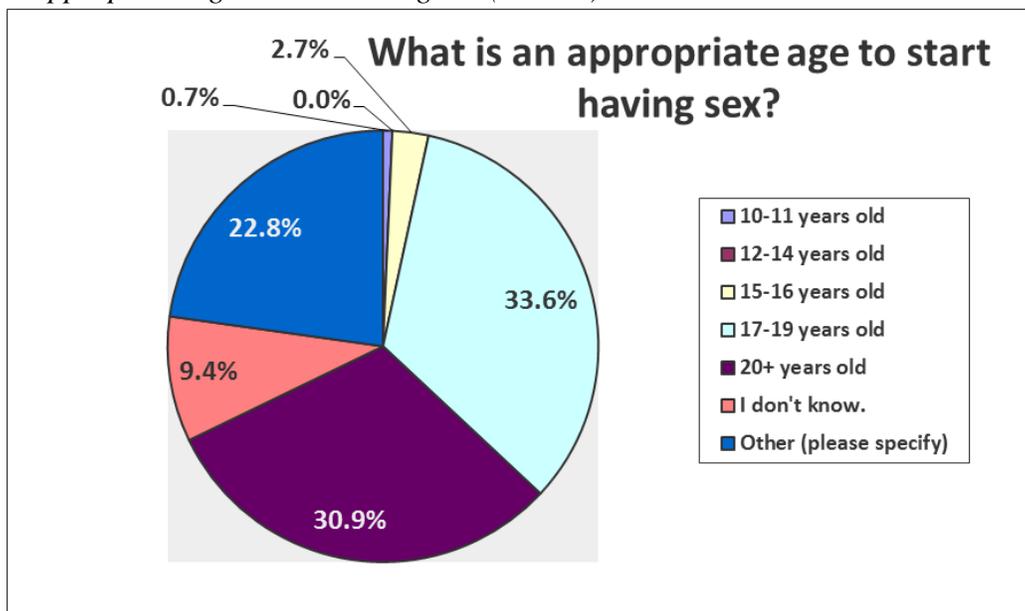


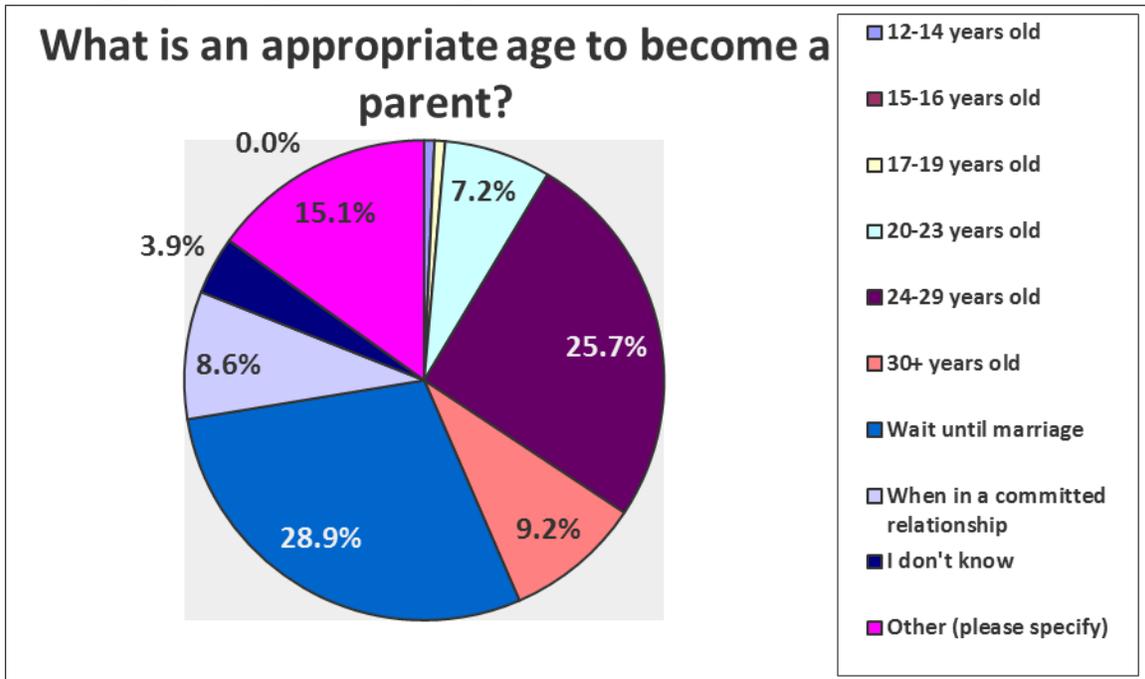
Figure 8: Appropriate age to start having sex (N=149)



Appropriate age to become a parent

About 29% of the adult survey participants felt that the waiting until marriage is the appropriate time to become a parent, and, around 26% felt that it was 24-29 years. See Figure () below for a complete breakdown of what the participants felt when questioned about the appropriate age to become a parent.

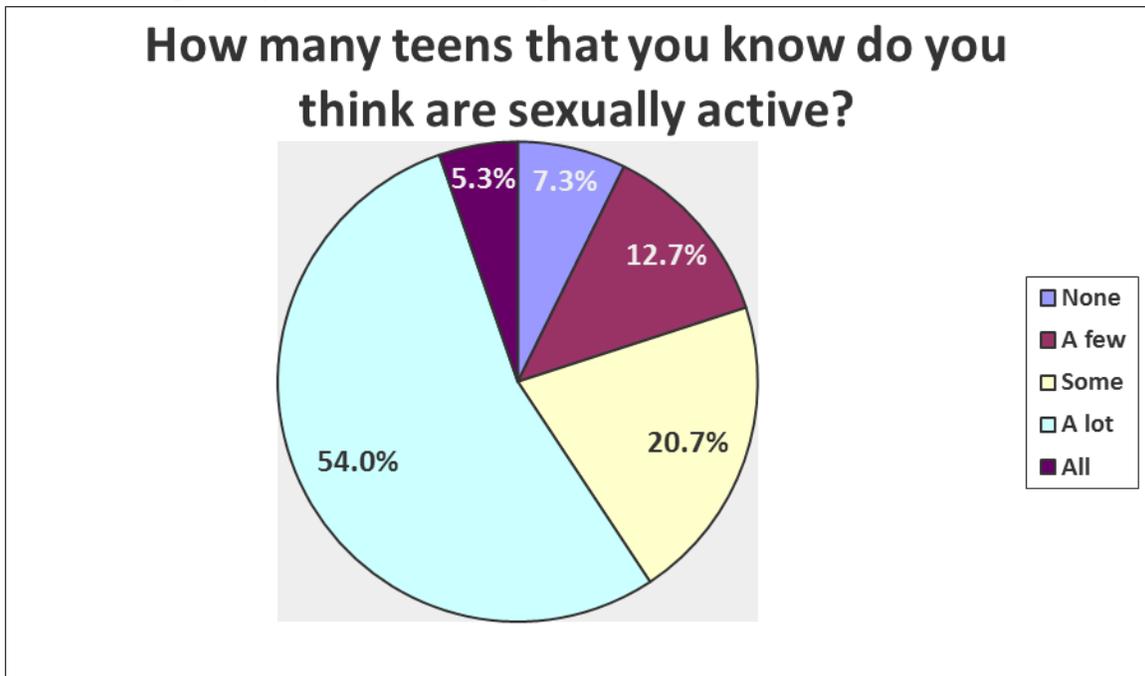
Figure 9: Appropriate age to become a parent (N=152)



Perception of Adult Survey Participants on Sexually Active teens

The survey participants were asked to identify how many teens they think are sexually active. Majority of the participants (54%) said that a lot of teens are sexually active. Figure () demonstrates the percentage of participants and their responses on teens being sexually active.

Figure 10: Perception of Adult Survey Participants on Sexually Active teens (N=150)



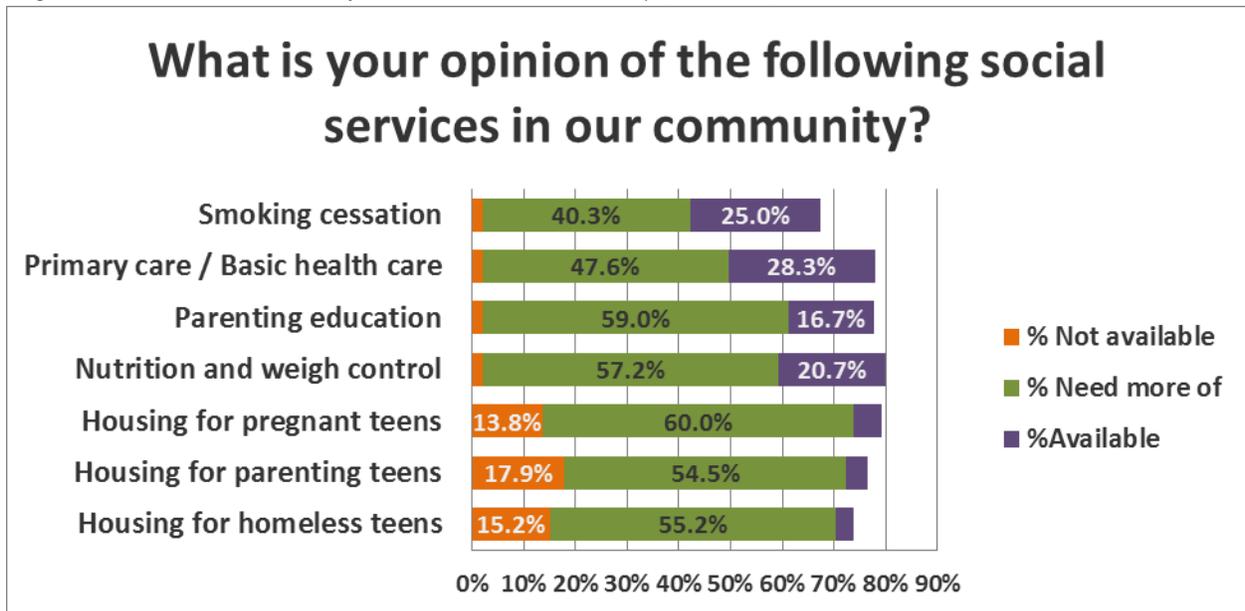
Services for Teens in Community

The adult survey participants were asked to give their opinion on the availability of social services, mental health services and sexual health services for teens in our community. Their responses were analyzed based on what services they felt were accessible, needed more of or available for teens in our community.

Social Services for Teens in Community

The majority of the participants responded that for social services, we needed more housing for pregnant teens (60%), more of parenting education (59%) followed by nutrition and weight control (57.2%) and housing for homeless teens (55.2%). In contrast they felt that only eighteen percent of parenting teens had housing, followed by housing for homeless teens (15.2%) and housing for pregnant teens at (13.8%). When asked about availability of services in their community, the majority of the participants (28.3%) had primary care/basic health care, followed by services on smoking cessation at (25%). A detailed description of the following can be found in the figure () below.

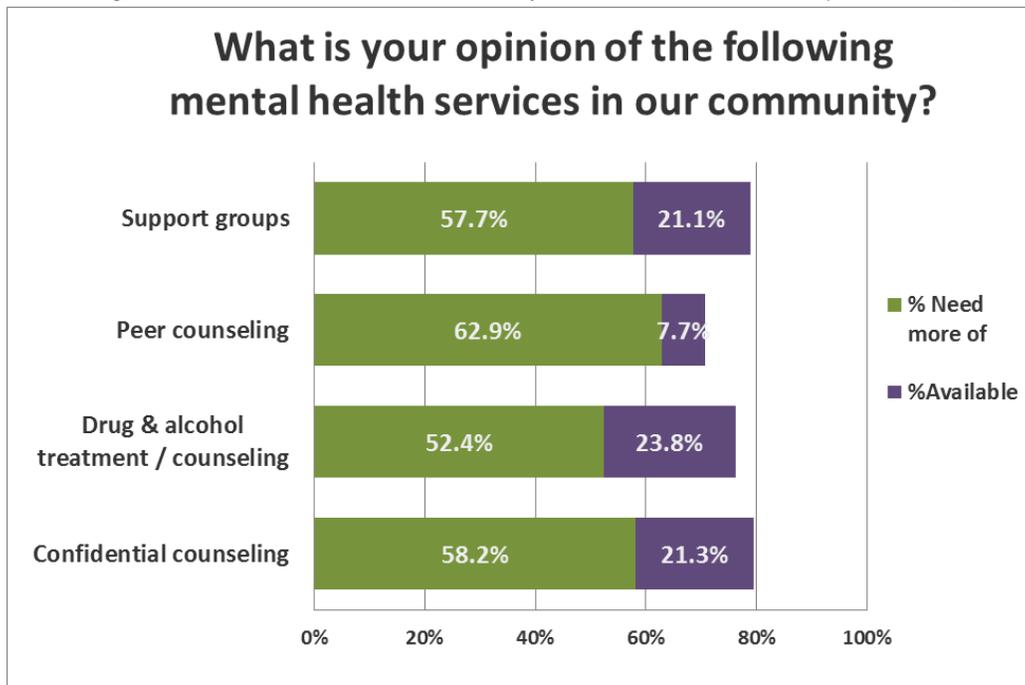
Figure 11: Social Services for Teens in Community (N=150)



Mental Health Services for Teens in Community

When asked for their opinion on mental health services and their availability for teens in our community, about 63% felt we needed more of peer counselling followed by confidential counselling at 58.2%, support groups (57.7%) and drug and alcohol treatment/counselling at (52.4%). Additionally, 23.8% felt that drug and alcohol treatment/counselling is available followed by confidential counselling at 21.3%.

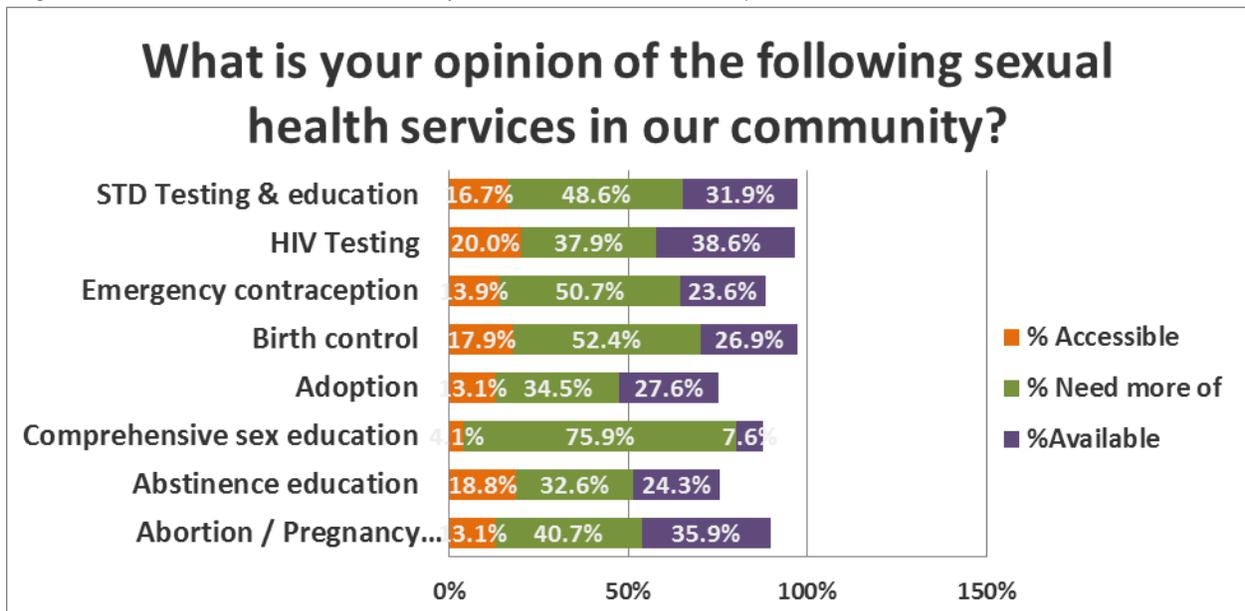
Figure 12: Mental Health Services for Teens in Community (N=143)



Sexual Health Services for Teens in Community

The majority of the participants responded that for sexual health services, we needed more of comprehensive sex education (75.9 %), more of birth control (52.4%) followed by emergency contraception (50.7%) and STD testing and education (48.6%). In contrast, they felt that only twenty percent of parenting teens had access to HIV testing, followed by abstinence education at (18.8%) and birth control at (17.9%). For availability of services the participants felt that HIV testing was available to teens (38.6%), followed by services for abortion/pregnancy termination at (35.9%). A detailed description of the following can be found in the figure () below.

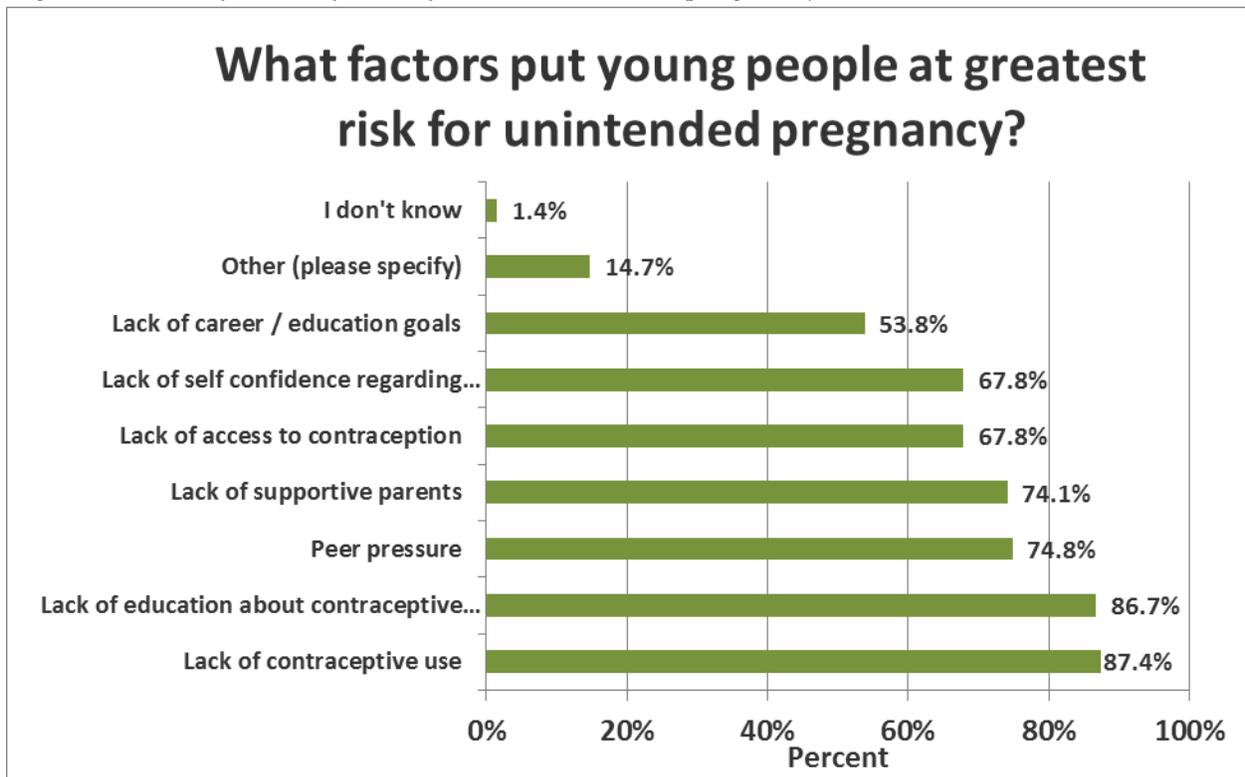
Figure 13: Sexual Health Services for Teens in Community (N=145)



Risk Factors

All survey participants were asked to identify greatest risk factors for unintended teen pregnancy. Figure below 14 shows the percent of adult survey participants that agreed that the following risk factors are risks that teens in Shelby County are facing. Lack of contraceptive use (87.4%), lack of education about contraceptive use (86.7%), and peer pressure (74.8%) were identified as the top three risks for unintended teen pregnancy among all participants. Additional risks identified by providers included lack of supportive parents (74.1%), lack of access to contraception (67.8%), lack of self-confidence regarding contraceptive use (67.8%), lack of career/ education goals (53.8%).

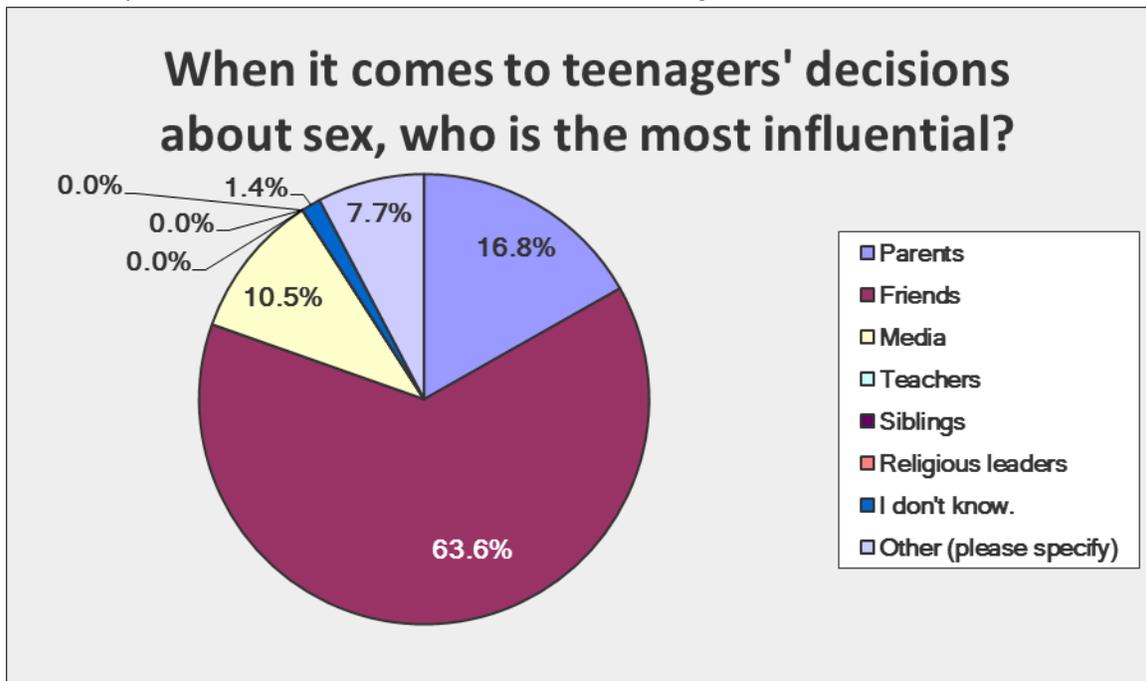
Figure 14: Identified risk factors for unintended teen pregnancy (N=143)



Influences

All adult survey participants were asked to tell who they felt was most influential around teen sexual decision-making. Over 63.6% of participants indicated that friends had the most influence on teen sexual decision making. Around 16.8% of participants indicated that parents were most influential, while 10.5% indicated the media was most influential. Figure 15 below shows the breakdown of their responses in percentages.

Figure 15: Influences around Teen sexual decision-making (N=143)



Survey Findings: Teen Survey

Demographics

A total of 83 participants completed the Teen Online Survey. 96.4% answered that they were residents of Shelby County. Non-residents were bumped from the survey and not allowed to input answers. The majority of the survey participants (41.5%) were 15 years old, followed by 16 and 17 years old, 22.0% and 15.9% respectively. 71.3% of the survey participants were female and 28.8% of them were male. About 78.0% of the survey participants were African American, followed by Whites at 7.3%. 9.8% of the survey participants identified as Hispanic or Latino.

About 29.3% of the survey participants were 9th grade students, followed by 10th grade students at 24.4% and 11th grade students at 19.5%.

All accompanying charts and figures were calculated excluding any skipped responses.

Figure 16: Teen Survey participation by Age (N=82)

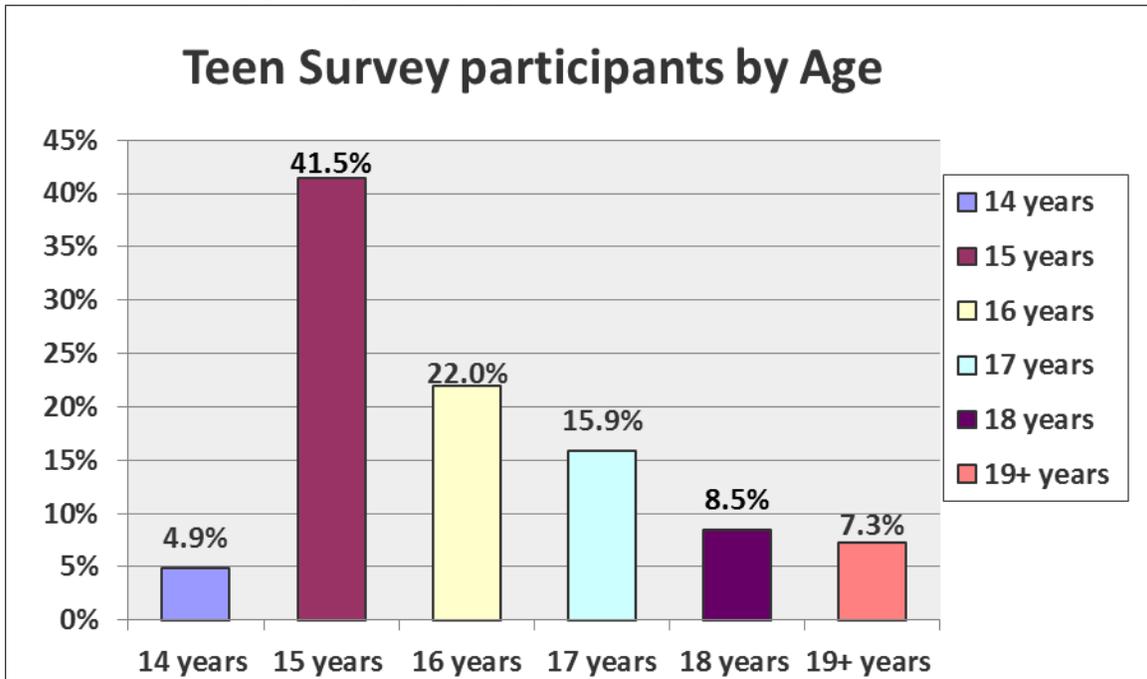
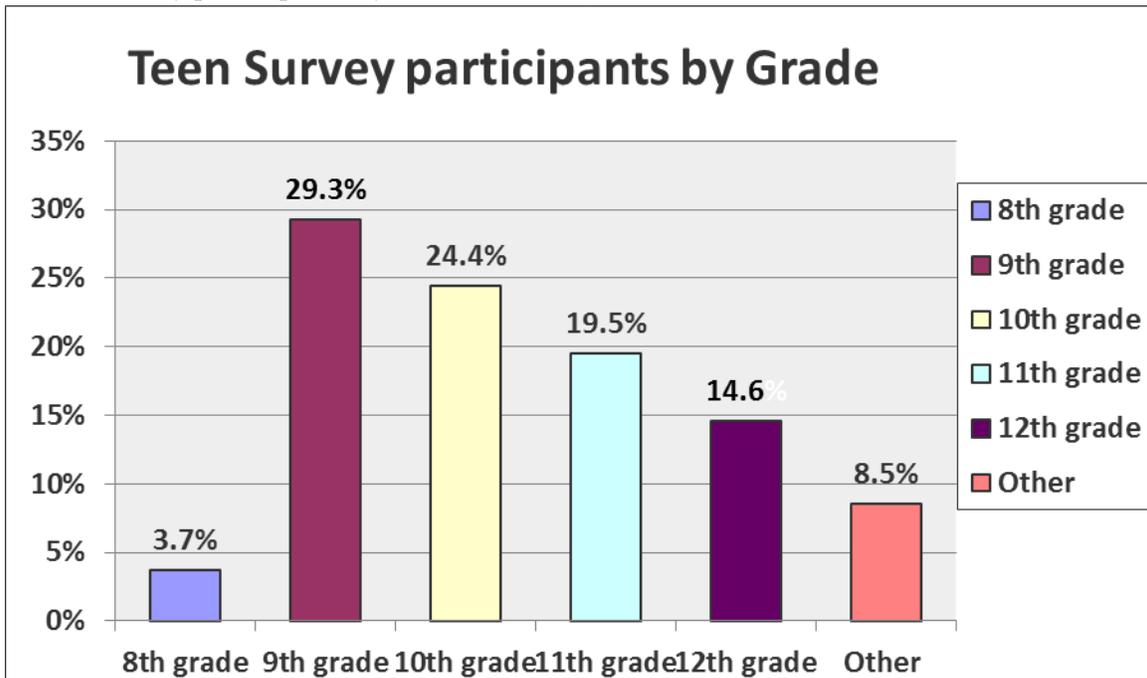


Figure 17: Survey participants by Grade (N=822)



Teen Sexual Activity

A series of questions pertaining to sexual activity and behaviors were asked to gain more knowledge and understanding of teens' decisions around sex.

On questioning if they had ever been sexually active, 58.2% of the teen survey participants replied as “No” and 36.7% said “Yes”. Survey respondents that responded “No” were sent forward in the survey, skipping the questions pertaining to last sexual activity and sexual history. Among the 37% of participants who had replied “Yes” to having sex, the majority of them began having sex around 15 years old (35.5%), followed by 16 year olds at 22.6% and 13 year olds at 12.9%. 38.7% of the teen participants said they had only had one sexual partner, with 29.0% with two partners and 32.2% having 3 or more sexual partners in their lifetime. When asked about their sexual activity within the past three months, 83.9% of surveyed teens had only been with one person. The majority did not use alcohol or drugs before their last sexual encounter (93.3%), while 67.7% reporting using condoms. 32.3% stated not using a condom the last time they had sex; when asked what type of contraceptive was used during their last sexual activity, 30% reported using birth control pills, 10% used an IUD, 16.7% used the withdraw method, and 20% reported using no form of contraception. The following charts give us a more detailed description of the received answers.

Figure 18: Had Sex (N=79)

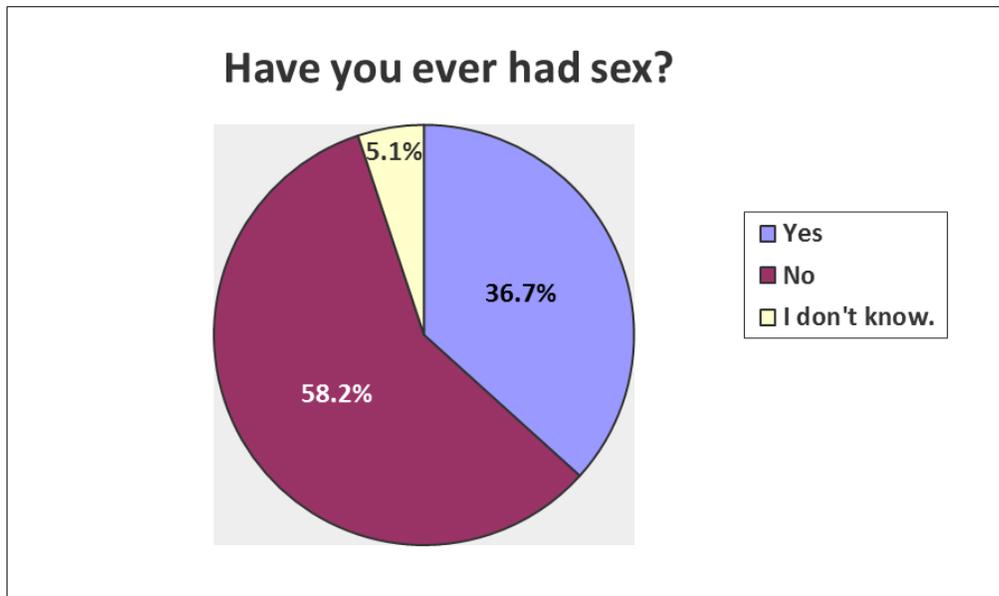


Figure 19: Age when they had Sex (N=31)

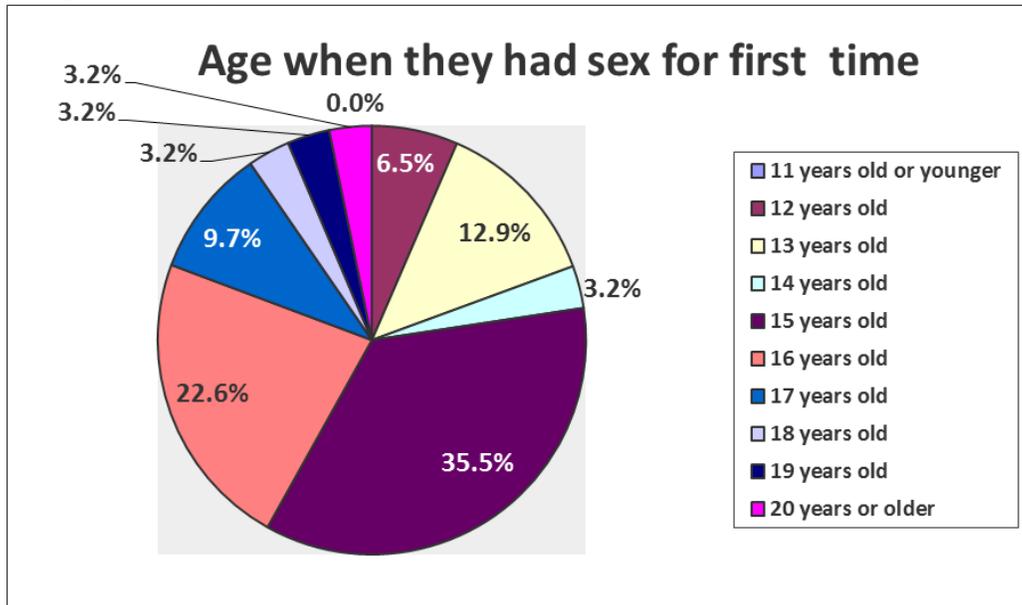


Figure 20: Number of people they had Sex (N=31)

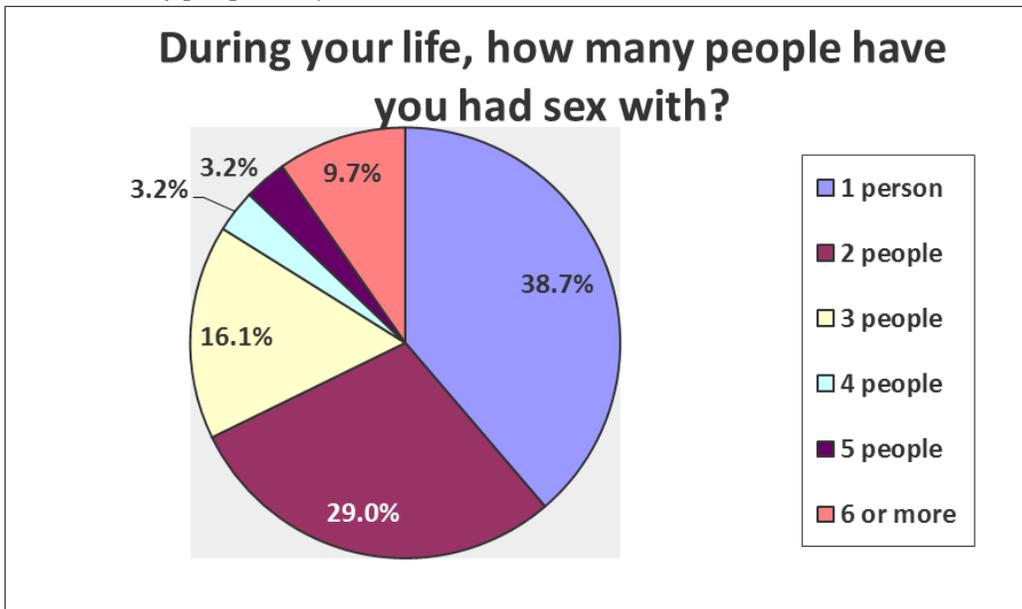


Figure 21: Number of people they had Sex in past 3 months (N=31)

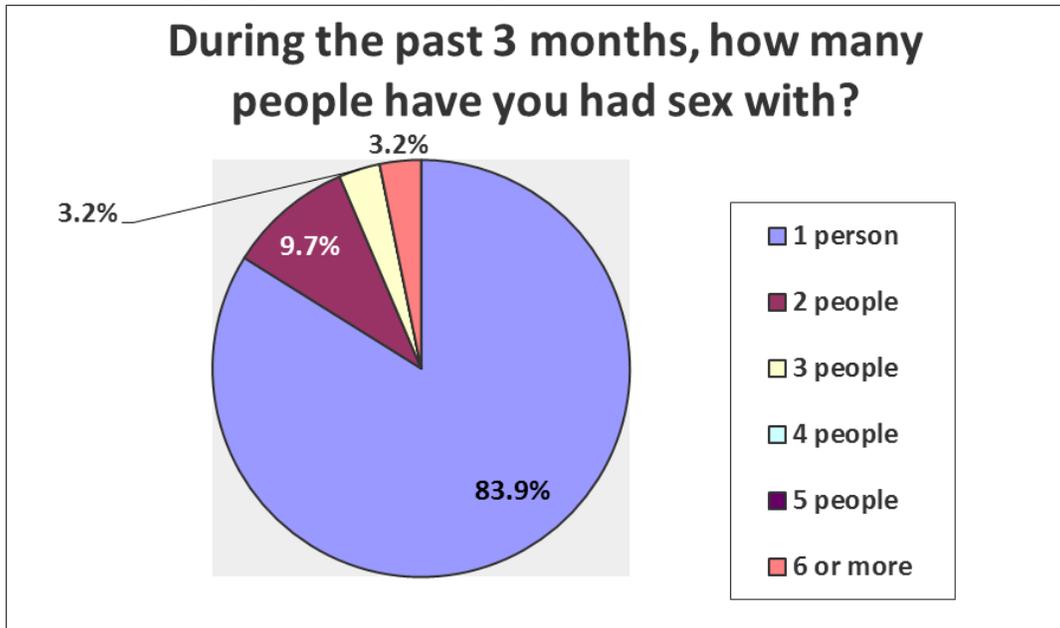


Figure 22: Used alcohol or drugs during Sex (N=31)

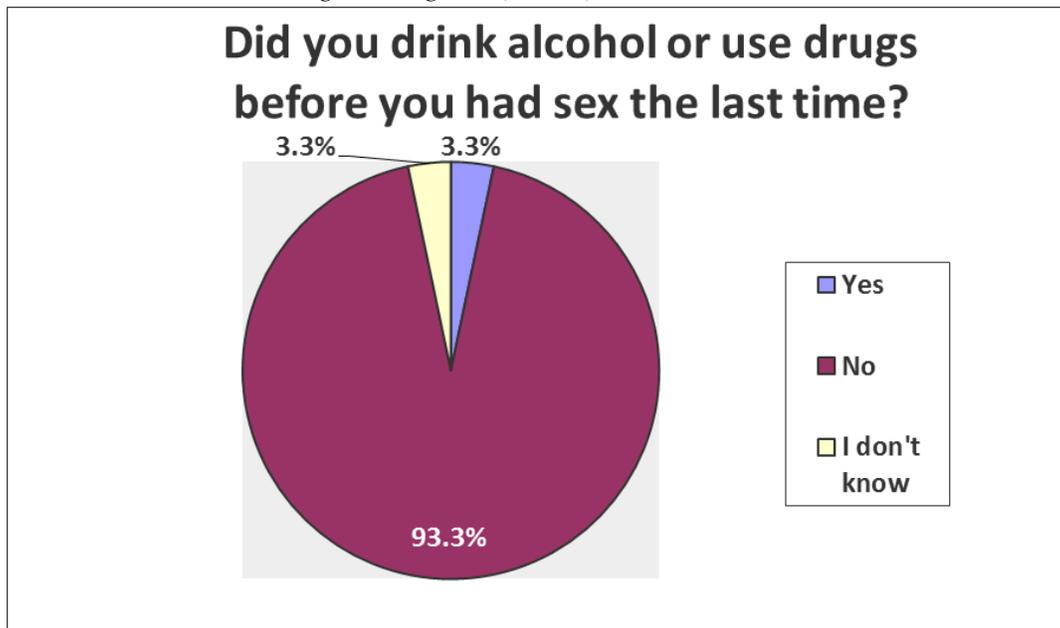


Figure 23: Used condoms during Sex (N=31)

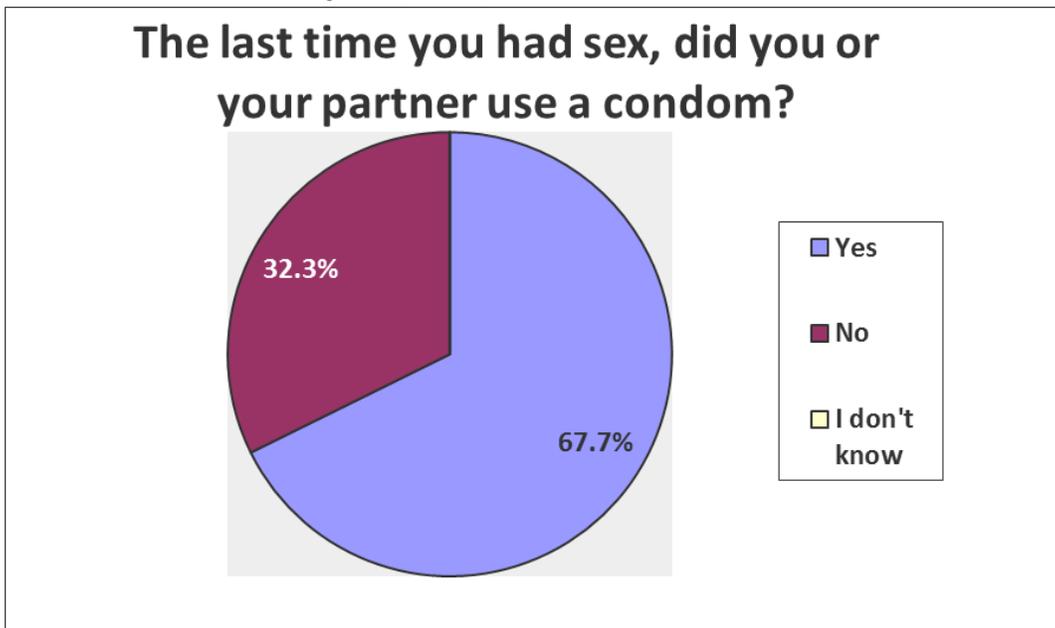
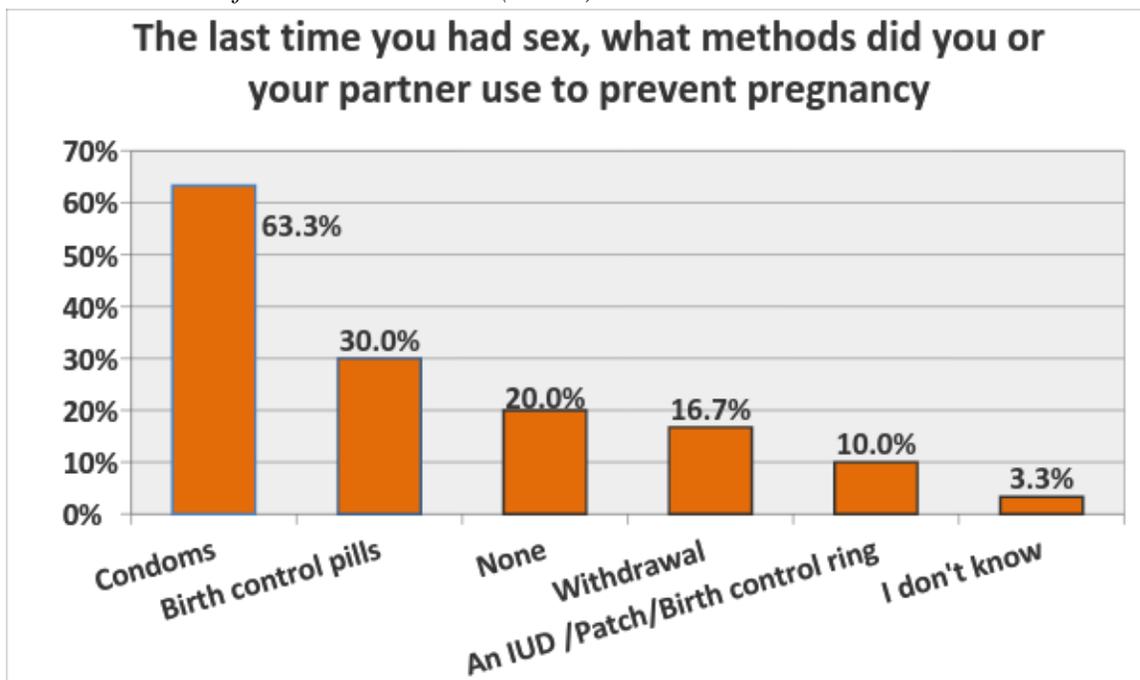


Figure 24: Methods of Birth Control used (N=31)



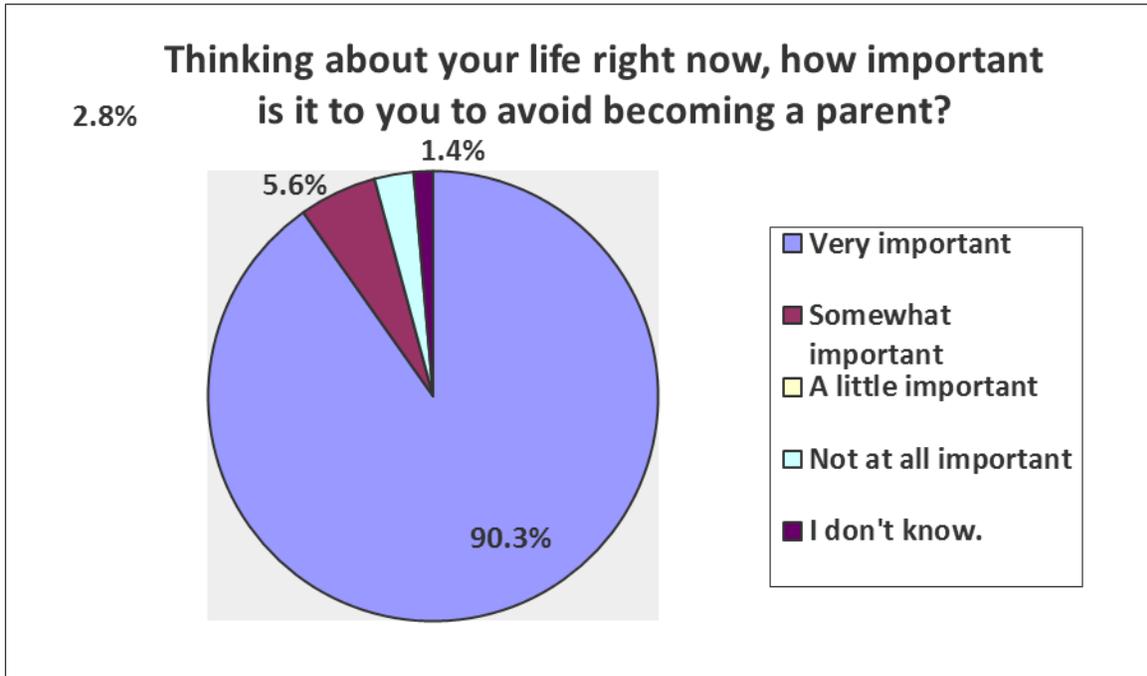
Teen Sexual Orientation

Teens were asked about their sexual orientation. The majority of survey participants identified as heterosexual, with 5.5% identifying as bisexual and 4.1% said they did not know. 6.5% reported having sex with partners of both genders.

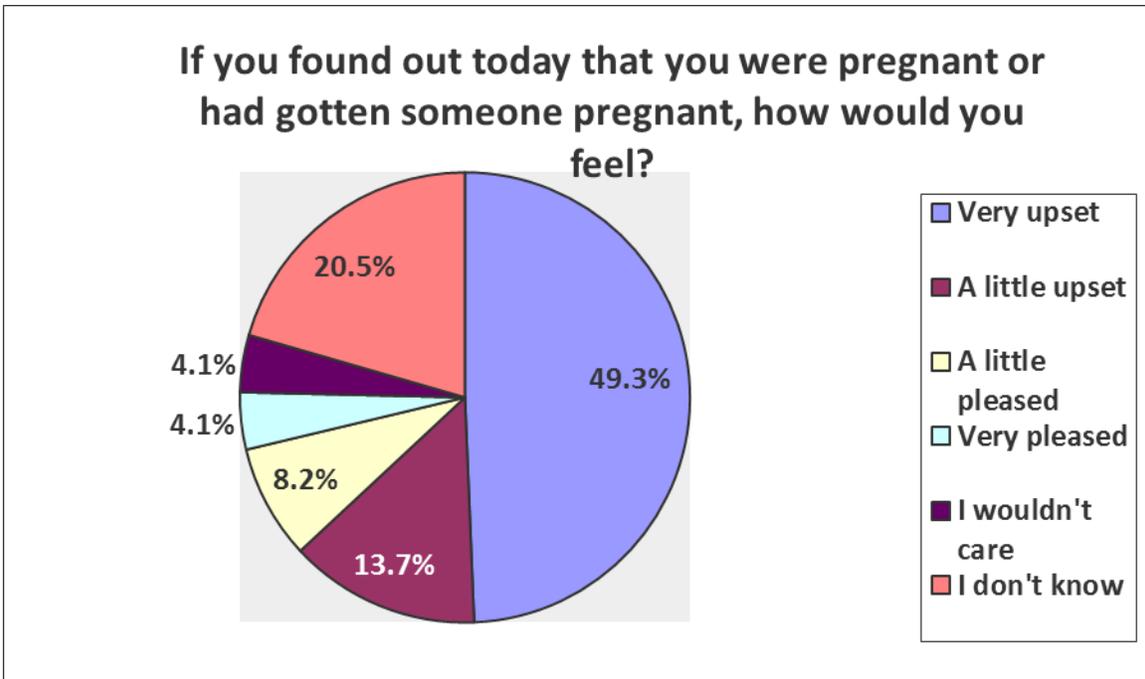
Beliefs on Pregnancy and Parenting

Teens were asked to rank their beliefs on not becoming a parent from very important to not important at all. Around 90.3% of the teen participants said that they felt it was very important to avoid becoming a teen parent, with 2.8% indicating that not becoming pregnant was not important to them at all.

Figure 25 and 26: Importance of Not Becoming a Teen Parent (N=72)



The participants were also asked to rate how they would feel if they or someone they knew was pregnant. Around fifty percent of participants said they would feel very upset, with 12.3% said they would be very pleased. 20% reported that they did not know how they would feel if they were pregnant or had gotten someone pregnant.



Note: All calculations exclude the skipped responses

Barriers

The teens were asked to respond to a series of topics that were commonly identified as being barriers for unintended pregnancy. In addition to this, they were also asked to identify who talked to them about these topics. Figure 27 shows the percentage on all topics they felt were barriers to prevent unintended pregnancy. The top three among them included, how to put on a condom (72.6%), how to say “No” to sex (69.9%), and importance of waiting until marriage to have sex (64.4%). Additional barriers identified by teens included importance of birth control if you had sex, different types of birth control and where to find them.

Figure 27: Identified barriers to prevent unintended teen pregnancy (N=72)

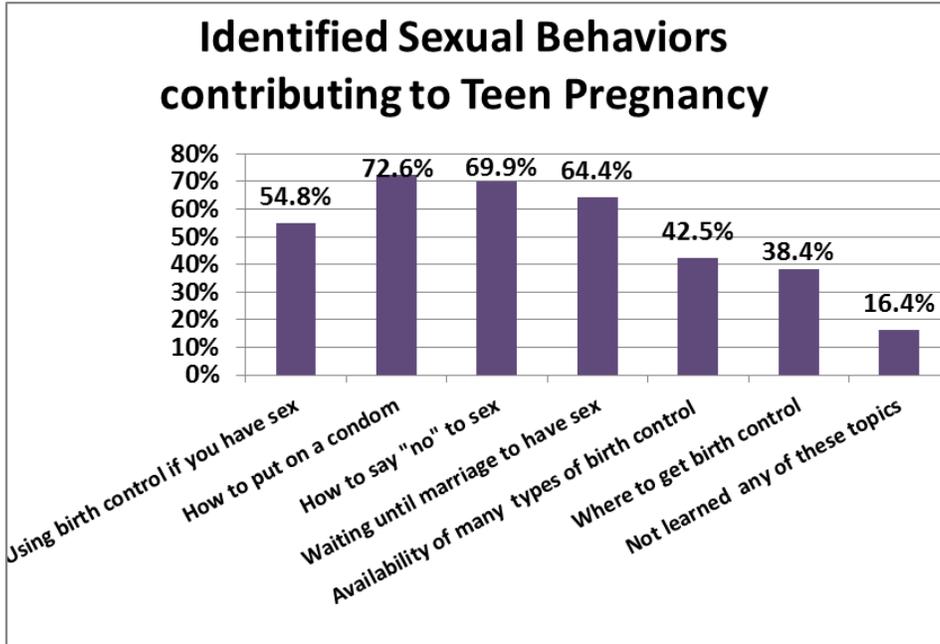
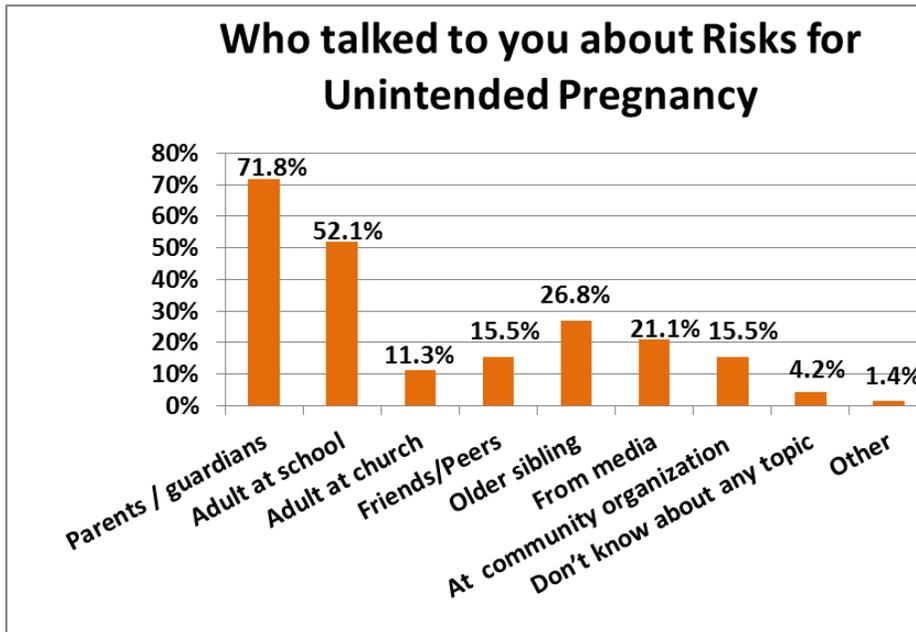


Figure 28: Who talked about Risks for Unintended Pregnancy (N=72)



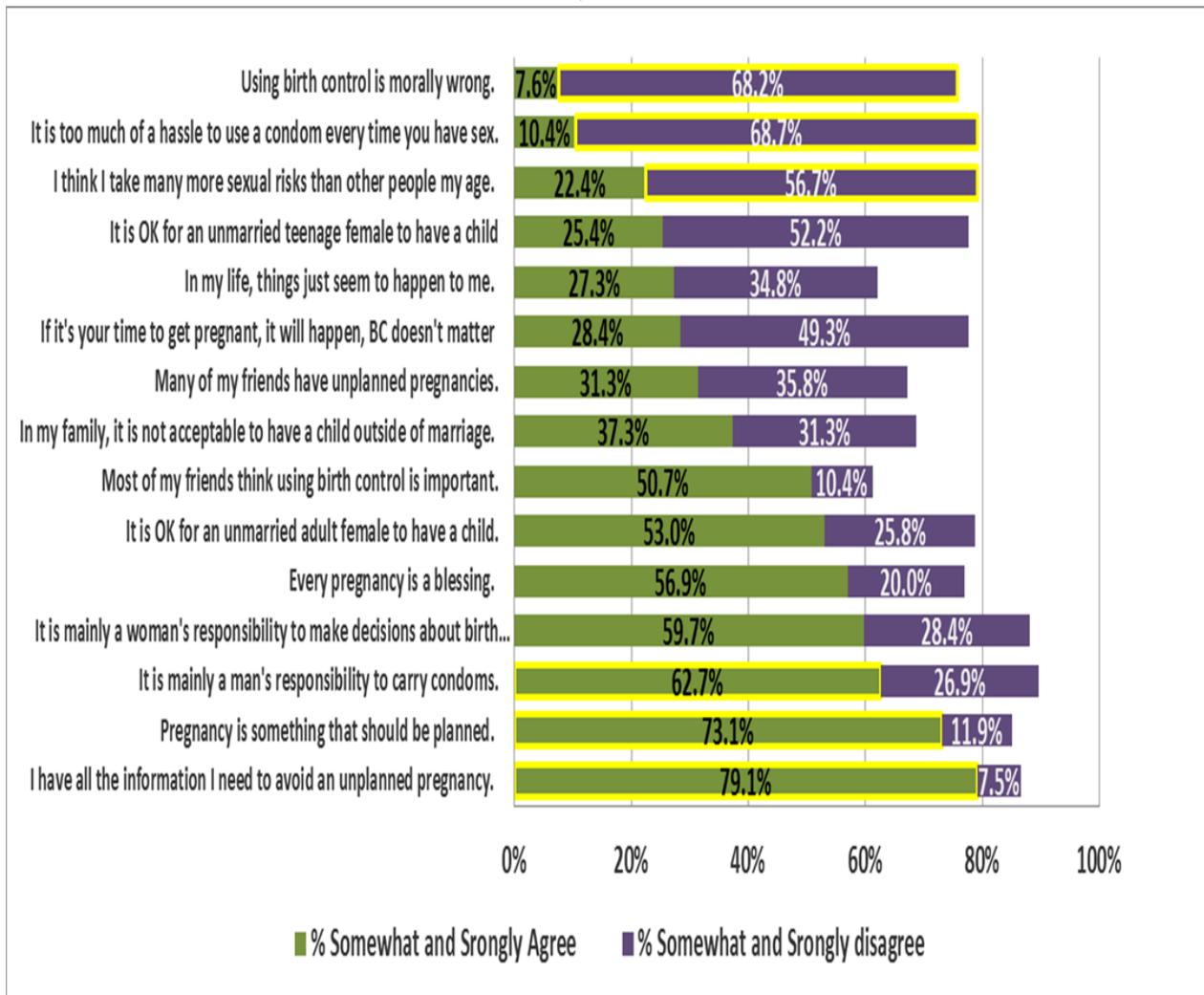
Knowledge, attitude and belief of teens on pregnancy and sexual health needs

The survey participants were asked a series of questions regarding their understanding of teen pregnancy in Shelby County. Researchers wanted to understand the awareness, attitude, and beliefs of teens that participated in the survey and what, according to them, influenced their sexual health behaviors. Survey participants were asked to rank their opinions on particular sexual health topics on a five-point Likert scale (1-strongly disagree, 2-somewhat disagree, 3-

neither, 4-somewhat agree, 5-strongly agree).The responses were then grouped into “somewhat agreed and strongly agreed” or “somewhat disagreed and strongly disagreed”.

The majority of the teen survey participants somewhat or strongly agreed that they had received all the information they needed to avoid unplanned pregnancy. 73.1% of the participants indicated that pregnancy is something that should be planned, and 62.7% thought that it was a man’s responsibility to carry condoms, making them the top three highly influential indicators for teen pregnancy. On opposing views, the survey participants “somewhat disagreed or strongly disagreed” that it is too much of a hassle to wear condoms every time you have sex (68.7%), followed by (68.2%) who disagreed that using birth control is morally wrong and finally, 1/3 disagreed that teens take more sexual health risks than other people. A detailed representation of other variables included can be seen in the figure below.

Figure 29: Knowledge, attitude and belief on teen pregnancy and sexual health needs in Shelby County (N=72)



Section 5: Discussion

Unfortunately, teen pregnancy is not an issue that has a “quick fix”. A multitude of variables play into this issue, including access to resources, education level, and poverty.

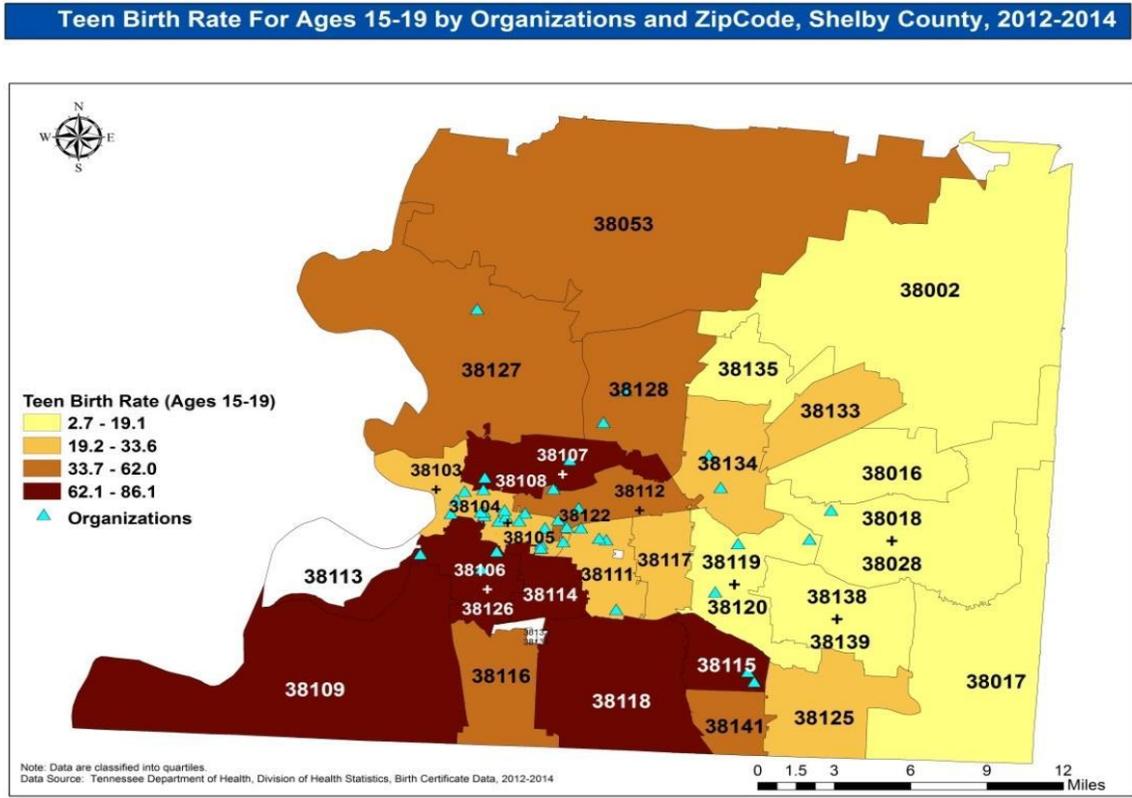
Access

Map 18 and 19 below show the locations for over 50 Shelby County non-profit organizations and medical facilities that address teen pregnancy mapped atop teen birth rates by zip code. While medical facilities appear to be relatively homogenous, there is a clear trend of organizations saturating the 38104/38105/38111 zip codes. Unfortunately, these zip codes only represent less than 6% of all teen births in Shelby County. Many of the zip codes with the highest teen birth rates only contain 1 teen pregnancy organization, with many of them not having any. As discussed previously, these zip codes are also more likely to be impoverished, with low rates of employment and education level.

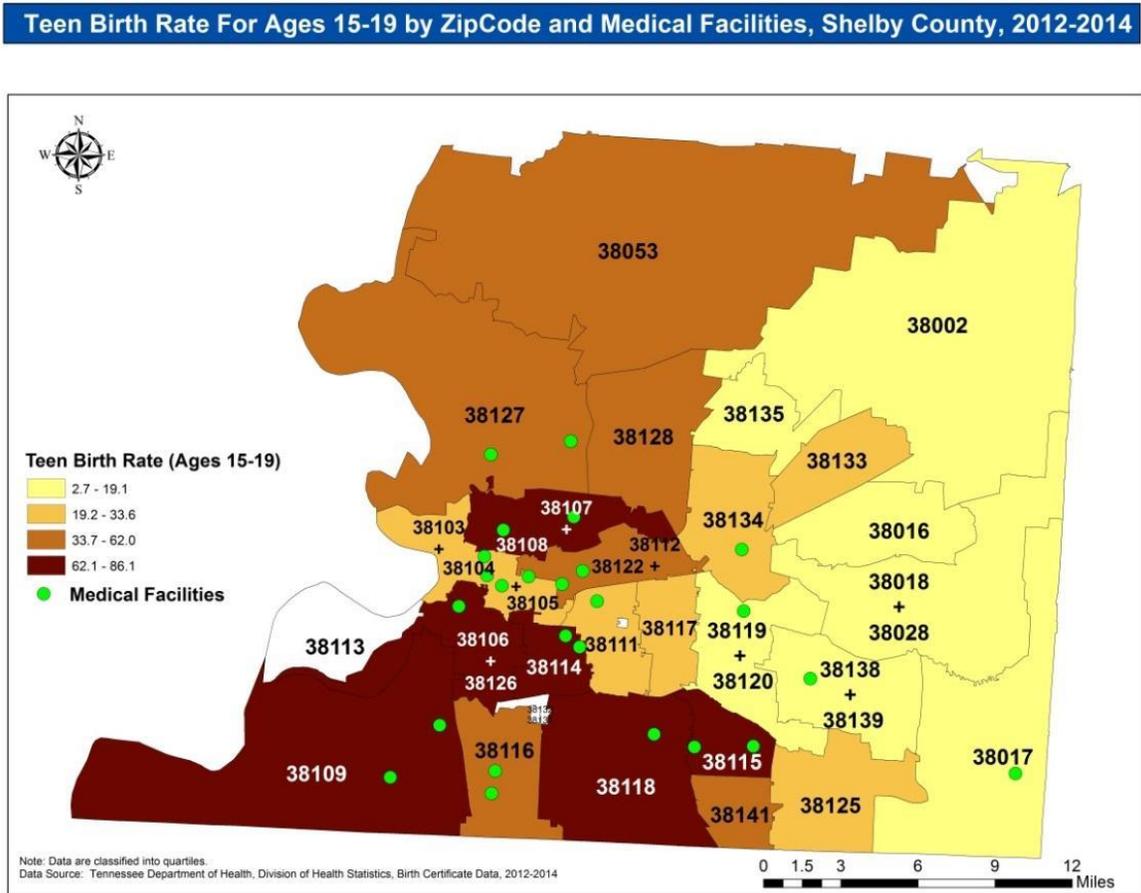
However, this map does not take into account any work that is being done “off-site”. Many local organizations have programs and services that occur outside of their main office, at locations like schools or churches or private homes.

As mentioned in a previous teen pregnancy prevention report conducted by the Center for Research on Women (CROW) at the University of Memphis in 2012, hours of operation can also create barriers to access for teenagers. Many Shelby County Schools are not released until 2:15pm, but only 49% of agencies were open after school hours. Many agencies also had different hours for different days, making it much for difficult for teens to schedule a visit. Only 25% of the local programs offered weekend services. Therefore, teens that work after school, are involved in extracurricular activities, or do not have their own means of transportation would find it almost impossible to visit a local organization to meet with a doctor or start birth control²⁸.

Map 18: Teen Birth Rate for Ages 15-19 by Organizations and Zip Code, Shelby County, 2012-2014



Map 19: Teen Birth Rate for Ages 15-19 by Zip Code and Medical Facilities, Shelby County, 2012-2014



Social Determinants of Health

The social determinants of health are defined by the WHO Commission on the Social Determinants of Health as “the conditions in which people are born, grow, live, work and age”; these conditions or circumstances are shaped by families and communities and by the distribution of money, power, and resources at worldwide, national, and local levels, and affected by policy choices at each of those levels.

Higher education participation was also associated with lower HIV prevalence, and lower injury levels in both sexes, and fewer teenage births. Educational participation remains an important structural determinant after early childhood, protective against many new problems in adolescence, including health behaviors, teenage pregnancy, and injury deaths ²⁹.

Viner et al. found that teens whose parents are familiar with their activities are less likely to engage in problem behavior³⁰, including sexual risk behaviors³¹, teenage pregnancy³², violence³³,

and substance misuse³⁴. Furthermore, high levels of parental monitoring help to protect young people from being exposed to peer violence and risk taking³⁵.

Gap Analysis and Resource Inventory

In Shelby County, there is still a large population of teens that lack knowledge concerning proper contraceptive usage. Over 70% of teens surveyed said that they had never been taught how to put on a condom or where to get birth control. This should be a very pressing issue to public health officials currently working to address teen pregnancy in Shelby County. Education is the number one step towards decreasing our teen pregnancy rate.

As stated previously, Shelby County youth have a very different racial profile than the average youth in the United States. They are more likely to be a minority, low socioeconomic status, and uneducated. They have very different needs than most youth, and their issues must be addressed using different resources. Racial and socio-demographic factors must be addressed when serving this population. Targeted programming must be developed specifically for high-risk youth.

When surveyed, most adults and parents were accepting of comprehensive sexual education in schools, and most wished their child's school provided it. This seems at odds with the perception most service providers had, but should be used as a driving force when extending comprehensive sexual education programs. While many schools fear the backlash of parent opinion, our research showed that parents support these types of programs coming to their child's school.

Regarding parental perception, there seemed to be a disconnect in the perception and reality of peer pressure for teens. Parental answers in both the online survey and focus group reiterated time and time again the influence of their teen's friends on learned sexual education. Many parents talked about combatting what their child was being told by peers, or worrying about sexual activity occurring because of peer pressure. However, less than 20% of teens surveyed said that they learned about teen pregnancy from their friends. Service providers also understood this, saying that parents were the "the most influential" when it came to teens and their sexual education. This challenge should be addressed when educating parents on current sexual education programs. Parents should be aware of their own significance when it comes to their teens.

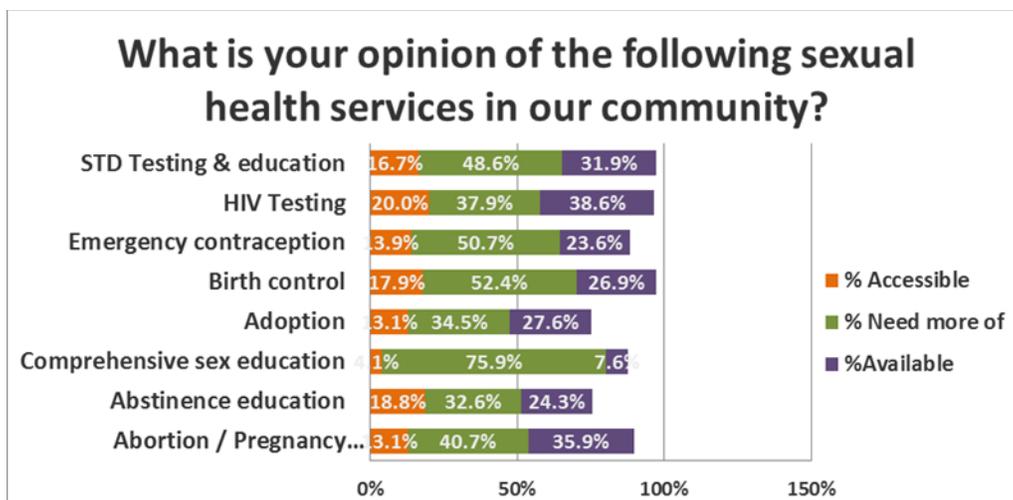
In order to perform a thorough gap analysis of services available in Shelby County and the community perceptions regarding the availability of these services, researchers at SCHD began with the University of Memphis CROW teen pregnancy and parenting needs assessment and their extensive resource inventory conducted in 2011. The facilities and organizations listed in the original assessment were contacted by SCHD researchers again, to ensure that they were still active and providing the services originally listed. Non-active organizations, non-working websites, and discontinued programs were removed from the resource inventory. This updated inventory can be found in Appendix A.

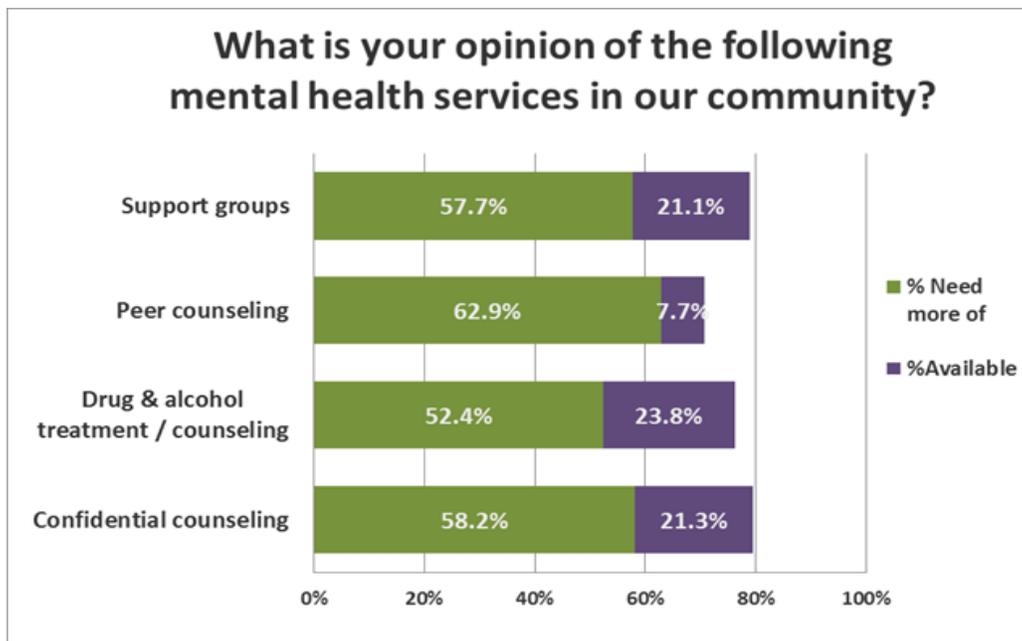
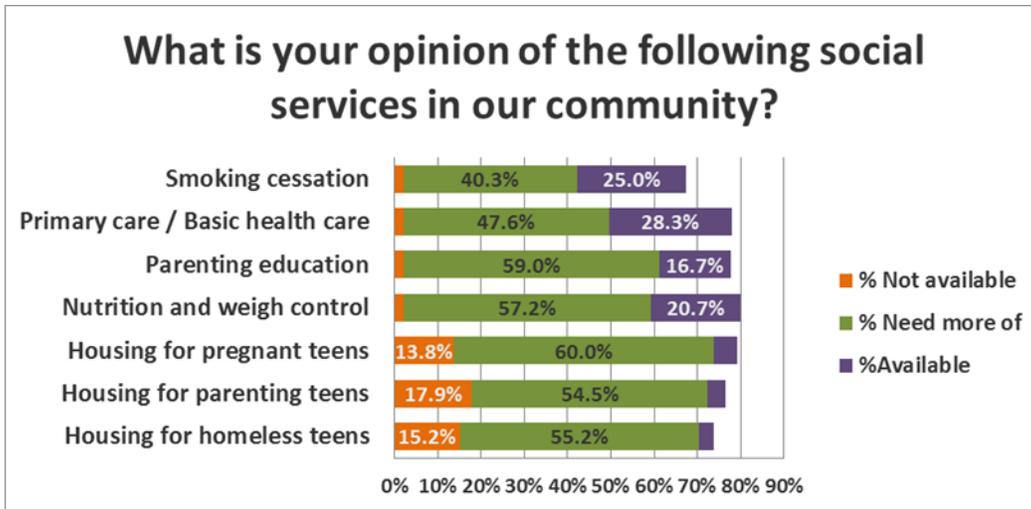
Next, researchers compared the services listed in the updated resource inventory with the following charts from the adult online survey. These charts correspond with questions regarding perceived availability of services in the community. Notable gaps include birth control, parenting education, STD testing/education, and housing for homeless, pregnant, or parenting teens. 52% of adults surveyed stated that their community needed more places to access birth control. There were only 4 organizations listed in the resource inventory that provided birth control or family planning services. While many teens might be able to get birth control from their general physician, birth control options should be more available in Shelby County.

Parenting education classes were surveyed to be needed by 60% of participants. However, researchers found over 15 organizations in Shelby County that provided parenting education classes, with most geared towards teen mothers and fathers. This gap could be explained by survey participants not being aware of such programs if they are not teen parents themselves. Nevertheless, more publicity should be given to programs that provide services for new and expecting mothers. If general members of the public are not aware of these programs, they cannot refer teens to them.

Sexually transmitted disease testing and education were only viewed as accessible by 16.7% of adult survey respondents and viewed to be available by only 31.9% of respondents. 8 locations were found by the researchers to include STD testing in their services. While again, STD testing could be readily available at primary care physician offices, community members are not aware of general locations that are accessible to all populations.

Comprehensive sexual education has been covered in-depth in this assessment, but it bears repeating that 76% of Shelby County residents that participated in the adult online survey felt that it was needed in their community. Merely 7.6% of respondents felt that comprehensive sexual education was available, while only 1% felt that it was accessible. These numbers tell us that Shelby County residents want more comprehensive sex programs for teens and young adults in their communities.





Section 6: Community Recommendations

In regards to teen pregnancy, the Center for Disease Control recommends 4 steps of action³⁶:

- 1) Increase public awareness.
- 2) Support evidence-based sex education programs.
- 3) Increase access to contraception.
- 4) Get parents involved.

For Shelby County, recommendations for expanding teen pregnancy prevention programs should center on:

- 1) Educate parents on birth control options.
- 2) Comprehensive sex education for all Shelby County students.
- 3) Increase birth control access for teens in high risk zip codes.
- 4) Involve community stakeholders to create safe spaces for young adults.

As discussed in both the Parent of Teens Focus Group and the adult online survey, less than 45% of parents felt “very comfortable” talking to the teens in their families about sex, with only 31% saying they were “somewhat comfortable”. By forgoing that dialogue, adults are missing out on becoming a very important resource to their teens. Adults who are educated on the issues and feel comfortable talking to their teens about sex and contraceptive are often times the first layer of defense for preventing teen pregnancy.

In 2008, The National Campaign released their Top 10 Tips for parents to help their teen avoid teen pregnancy³⁷:

1. Be clear about your own values and attitudes.
2. Talk with your children early and often and be specific.
3. Establish rules, curfews, and expectations of behavior.
4. Know your youth's friends and their families.
5. Encourage group activities and limit one-on-one dating at an early age.
6. Set limits of two- or three-year age difference while your child is a teen.
7. Talk with your teenager about the goals for the future.
8. Encourage high and achievable expectations for school performance.
9. Know what your teen is watching, reading, and listening to.
10. Strive for a positive relationship with your teen.

There is still a very solid minority of parents and community members that support abstinence-only sex education in school settings or taking sex education out of schools entirely. While research does not always support these views, they are still valid. Service providers and public health officials working with teen pregnancy should make sure to always educate parents and community members regarding preventative teen pregnancy initiatives. Parents want to feel that they have control over what their children are learning in regards to sex, especially when the teaching is coming from someone other than themselves.

Comprehensive sex education programs have been evaluated for many years now, and research shows that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use. Importantly, the evidence shows youth who receive comprehensive sex education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes³⁸. Effective programs exist for youth from a variety of racial, cultural, and socioeconomic backgrounds. These are the programs that Shelby County should be investing in for all of its students.

There are still many services that community members think are needed in their communities. While some of the issues do not directly relate to teen pregnancy, they still very much correlate with decreasing risky behaviors among teenagers, a strongly supported risk factor to teen pregnancy. Confidential counseling, addiction programs, housing for homeless teens, and support for LGBT youth are all important issues in their own right; when focusing on one, we cannot ignore the others. Teens need safe spaces in Shelby County where they have support and the resources to make their own decisions.

Increasing access to contraceptives and medical providers is critical to reducing teen pregnancy in high risk communities. The Contraceptive CHOICE Program initiated by Washington University in St. Louis, MO found that unintended pregnancies could be greatly reduced by removing three common barriers to birth control -- lack of accurate information, lack of access to effective birth control and lack of funds to pay for it³⁹. Teens in every zip code should be able to access contraceptive without traveling to a different part of the city.

As stated by the Office of Adolescent Health⁴⁰, community engagement is key in preventing teen pregnancy. Safe sidewalks and playgrounds, effective schools, access to consistent and high-quality health care, as well as to jobs and opportunities, can all influence adolescents' choices and hopes for the future and their present and future health. Communities can undertake programs that include broad-based strategies to reach many of the youth in the community (e.g., through communication strategies and media campaigns) and through programs targeting youth most in need of prevention and other program services (e.g., through implementation of evidence-based programs and improved links to services).

Next Steps

This Teen Pregnancy Prevention Needs and Resource Assessment will be utilized in the upcoming strategic plan designed by Le Bonheur Community Health and Well-Being for Be Proud! Be Responsible! Memphis!

For more information about how you can get involved, please contact Shannon Dixon at shannon@shannonmbdixon.com.

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Appendix A: Resource Inventory

100 Black Women of Memphis

HIV/AIDS Education and Testing

Young Women of Excellence

These programs offer three to five opportunities for HIV testing and group educational classes. The classes focus on safe sex, sexually transmitted diseases, relationships, and stigma.

Contact Info:

901-831-8739

3931 Ross Road, 38115

www.ncbwmemphis.org

A Better Memphis

Fresh Starts Community Baby Shower

Fresh Starts is an annual community event that offers a mix of education, empowerment and opportunity resources to expecting mothers. Donations of baby goods are given out to expecting mothers. You must be able to show proof of pregnancy to attend.

Contact Info:

901-379-9101

3795 Frayser Raleigh Road, 38128

www.freshstartsbabyshower.com info@freshstartsbabyshower.com

A Step Ahead Foundation, Inc.

A Step Ahead provides funding for long-term, reversible birth control for women. Clients can receive birth control services through Memphis Health Center and Christ Community Health Center Health Center. Free transportation is included.

Contact Info:

901-320-7837

www.stepahead.me

stepahead.me@gmail.com

Agape Child and Family Services

Powerlines Community Network

Agape has been trained by Christ Community Health Center to begin a program which will cover sexual transmitted diseases. This training includes general sex education and STI information/prevention.

Contact Info: 901-323-3600

111 Racine Street, 38111

www.agapemeanslove.org

Arc of the MidSouth

Life Skills Training

Focuses on life skills training for teens with disabilities and teaches basic life skills including how to avoid fetal alcohol syndrome.

Contact Info:

901-327-2473

3485 Poplar Ave, 38111

www.thearcmidsouth.org

Baptist Memorial Hospital for Women

MidSouth Baby Expo

This is an annual event, the primary mission of which is to provide educational resources to expectant and new parents. Seminars include Breast is Best, Pediatric Zone, Infant Safety Zone, and Sibling/Kids Zone.

Dynamic Dads

Dynamic Dads is a workshop for new dads focusing on the father's role in the parenting process, how to connect with the baby, how to support mom, as well as information on community support groups.

Expectant Parents Class

Classes focusing on preparing for your baby and parenting, topics include: baby basics, what to expect, and home safety for the baby.

Specific Package for Pregnant Teen Girls

Baptist offers a short-term package for pregnant girls under the age of 18 which includes: prenatal classes, nutrition/exercise classes, and parenting classes focusing on teen life, teen life choices, and self-care. Classes can be in small groups, or one-on-one.

Contact Info:

901-227-9873

901-260-8506 (Dynamic Dads)

901-226-5764 (Expectant Parents Class)

6225 Humphreys Blvd, 38120

www.baptistonline.org

www.midsouthbabyexpo.com

Bethany Christian Services

Online Parenting Counseling

On-Site Abstinence Education / Counseling

Bethany offers online and on-site counseling in regards to parenting and adoption. Topics include planning for your child, what to expect, information for community resources appropriate to individual, and adoption resources. Also offers an abstinence-only sex education program for teens.

Contact Info:

901-818-9996

1044 Brookfield Road, 38119

www.bethany.org/memphis

Birthright of Memphis

Parents Learning and Networking Together (P.L.A.N.T.)

P.L.A.N.T. is a life skills parenting program for expectant moms who need a little more support. It is incentive-driven and offers eight classes taught by guest speakers.

Class topics include:

- Get Organized / Manage Your Time
- Be the Best Parent for Your Baby
- Infant First Aid and CPR Training
- Proper Nutrition
- Labor and Delivery
- Relationships
- Learn to Relax -- Not Just React
- Breastfeeding

During each P.L.A.N.T. class, every client is encouraged to participate actively in "hands on" learning activities, which help them to become better mothers. A special incentive is given to each participant after every class. Upon completion of the eight topics, reunion classes are offered for continued support until the client's child reaches the age of 3 years.

Contact Info:

901-327-8109

115 Alexander Street, 38111

www.birthrightofmemphis.org

info@birthrightofmemphis.org

Boys Incorporated

Holistic education program (scholastic, health, economic skills, family/parenting skills) with HIV/sex education components; will also discuss abstinence.

Contact Info:

901-361-6433

715 St. Paul Ave, 38126

www.boysincorporated.org

Cathedral of Faith

I'm Somebody, Not Some Body

Mentoring program for girls designed to create self-awareness and self-esteem. Teaching girls and young ladies to dream and believe that they have the ability to bring those dreams to life in spite of their past or present circumstances.

Contact Info:

901-327-1616

2212 Jackson Ave, 38122

www.cofccministries.org

Catholic Diocese of Memphis

Teen Services

Program is faith-based and teaches teens the benefits of chastity, fertility appreciation and the sanctity of all human life. Girl-only classes also discuss hormonal changes and the “gift of sexuality.” Mother/daughter or father/son classes are also available.

Contact Info:

901-373-1285

5825 Shelby Oaks Drive, 38134

www.cdom.org

Centering Pregnancy

Centering Pregnancy is a clinic-based program where expectant mothers attend regular meetings (once per month during first seven months of pregnancy, then once every other week until birth) facilitated by Christ Community staff. Mothers are placed into groups with women who are in the same stage of pregnancy. This strategy allows mothers to bond, form friendships and go through all stages of pregnancy and birth around the same time. Meetings cover individual check-ups for all women along with group discussions of group dynamics, general pregnancy issues, general parenting issues, and comprehensive birth control. Centering Pregnancy is offered through the following community partners:

Christ Community Health Services

Broad Avenue Health Center

2861 Broad Ave, 38112

901-260-8473

www.christcommunityhealth.org

Health Loop - Med-Plex Clinic

880 Madison, Suite 3E01, 38103

901-449-4241

<http://www.utmem.edu/gim/medplex/index.html>

Health Loop – Hollywood Clinic

2500 Peres, 38108

901-515-5500

CHOICES (Memphis Center for Reproductive Health)

Between Teens

In addition to comprehensive reproductive health services, CHOICES also offers a six-week course specifically for teens that educates girls about their developing bodies, making responsible choices, avoiding teen pregnancy and navigating the health care system for sexual health screenings and STI treatment; includes girls-only support groups facilitated by nurse practitioner and free, limited reproductive health care. Reproductive health information is delivered in an interactive group setting co-facilitated by a nurse practitioner specializing in adolescent reproductive health. Participants spend 6 - 8 hours learning about such topics as reproductive anatomy and physiology, menstrual cycles, birth control options, sexually transmitted infections, and obtaining reproductive health care services.

Contact Info:

901-274-3550

800-843-9895

1726 Poplar Ave, 38104

www.memphischoices.org

Christ Community Health Center (CCHC)

Christ Community Health Center has multiple centers (all of which are listed within the medical facilities section), as well as mobile units. In addition to hosting a Centering Pregnancy, CCHC also offers an HIV/AIDS Program. Patients in this program receive treatment, education, and support - this program offers HIV testing, counseling with social worker, and information on social support systems in the Memphis area. A complete list of locations is included in the list of medical facilities.

Contact Info:

901-271-6000 (appointment line)

info@christchs.org (for general info)

www.christcommunityhealth.org

Creative Life / Saving Station Christian Church

Pure Destiny (after school program)

Focus on Youth (summer program)

Classes based around abstinence and purity, character development, and life choices. This program aims to deter premarital sex and STIs.

Contact Info:

901-775-0304

1222 Riverside Blvd, 38106
www.creativelifeinc.org

Exchange Club Family Center

First S.T.E.P.S. (Skills To Ensure Parenting Success)

Designed for disadvantaged, first-time teen mothers who show a risk for becoming abusive or negligent parents, this special in-home intervention program teaches young mothers how to become responsible parents. First STEPS provides pregnancy prevention, prenatal support, life skills (safe sex and STI information), parenting skills including nutrition and general health. Guest speakers include pediatricians and dentists. First Steps begins with weekly classes, each teen is then paired with a parent aid as a mentor and after the initial course of classes monthly support groups are offered for the rest of the year.

Contact Info:

901-272-0051

2180 Union Ave, 38104

www.exchangeclub.net

Faith Keepers Ministry

Teen Talk

Teen Talk is a youth counseling program lead by a youth pastor that focuses on teens' self-esteem, individuality, and relationships. Topics are always open to suggestions from the participating teens.

Contact Info:

901-372-3684

3362 Jewel Road, 38128

Family Matters Memphis

Dynamic Dads

This program is a community-based boot camp for fathers and fathers-to-be. Provides a safe environment where rookie dads can learn how to care for their partners and new babies; and speak openly concerning their relationship with their fathers and their own fears about fatherhood.

Connections

This program is used in Memphis City Schools to teach teens how to build healthy romantic relationships. One component offers abstinence-only sex education.

Love's Cradle

This is a program for teenage parents to learn how to build healthy relationships with each other and their new babies.

Contact Info:

901-260-8520

2595 Central Ave, 38104

www.familiesmattermemphis.org

Friends for Life

HIV Testing and HIV Education

Free HIV testing on Tuesdays and Thursdays. While the individual waits for their test results, a trained counselor works with them to develop an individualized plan to help prevent HIV.

Contact Info:

901-272-0855

43 North Cleveland Street, 38104

www.friendsforlifecorp.org

Girls Inc

Preventing Adolescent Pregnancy (PAP)

PAP is a pregnancy prevention curriculum administered by Girls Inc during regular after-school programming.

Contact Info:

901-523-0217

2670 Union Ave Extended, #606, 38103

www.girlsincmemphis.org

Hickory Hill Community Redevelopment Corp

Community Voice

Lay Health Advisors complete a 10-hour training equipping them to reach, teach, and motivate the community about preconception and pregnancy health. Training is open and available to anyone.

The Baby Store

These stores offer community resources for expectant and new mothers within Shelby County.

The Baby Store first links pregnant and new mothers with resources within the community, such as social service agencies, home visitation programs, prenatal care programs, and other services that will ensure that women and children receive the care needed. The Baby Store also provides new infant items to women in need. Women will be able to access these items, at no cost, by redeeming vouchers received by attending prenatal care visits, completing referrals for services, ensuring infants receive adequate well-child services and immunizations as well as keeping other scheduled appointments (such as home visits).

Contact Info:

901-844-3926 (main office)
901-794-2234 (Community Voice)
901-362-2128 (Baby Store)
3665 Kirby Parkway, Suite 4, 38115
Hickory Ridge Mall
<http://hickoryhillerc.org>

Infant Mortality Force

Baby Feat Project

The Baby Feat Project houses a Diaper Duty Diaper Bank, Cribs for Kids, Child Passenger Safety Inspection Safety Center, First-Aid for Babies, and Books from Birth pro-grams. Monthly workshops will be held for Frayser families on various topics by partnering agencies. Clients are required to participate in educational consultation while they are receiving safety items. Currently, the Baby Feat Project will only serve the families of 38127.

Contact Info:

901-214-5463
647 Creekstone Circle, 38127
www.mimemphis.wordpress.com
imf.memphis@gmail.com

Le Bonheur Children's Hospital

Healthy Families

Healthy Families is an intensive and long-term home visitation program for first-time, teen mothers. Le Bonheur Healthy Families is credentialed in this evidence-based program by Healthy Families America. Participants are encouraged to enroll prenatally but can be accepted until the baby is two weeks old. A trained home visitor supports families in learning parenting skills, promoting positive parent-child interactions, promoting child development and school readiness, and child health through well-child visits and immunizations. Services are provided until the child reaches at least three years of age, but families may continue until the child is five years old. There is no fee for participants.

Parent Outreach

Parent Outreach provides parenting education and support through the evidence-based curriculum, Nurturing Parenting. It is a short-term, intensive program in which a parent educator meets with the family in their home on a weekly or bi-weekly basis for six months to address specific parenting needs. Families with young children (infants to age five) are eligible. There is no fee to participants.

Nurse-Family Partnership (NFP)

NFP is an evidence-based home visitation program for first-time, low-income mothers. Expectant mothers must enroll before the 28th week of pregnancy and receive services until the

child's second birthday. NFP has three primary goals: improve pregnancy outcomes, improve child health and development, and improve the economic self-sufficiency of the family. Services are provided by bachelor-prepared registered nurses who visit weekly or biweekly. There is no fee to participants.

Fatherhood

This program works with young males to help them reach their potential. They work in conjunction with MCS and various agencies to help the young fathers build life and job skills and provide a wide variety of job-training opportunities to help increase employability.

Be Proud! Be Responsible!

Evidence-based comprehensive sex education curriculum taught at MCS, community centers and churches. Classes can be single-sex or coed. It's a six-module program, with the modules covering topics such as HIV/STI prevention, birth control (including a condom demonstration) and negotiation skills.

Community HIV Network

The Community HIV Network has a family care program where support personnel meet with HIV-positive mothers and go with them to their doctor's appointments. After the baby is born, they follow the baby for 12-18 months. If the baby tests positive for HIV, they are referred to St. Jude's.

Contact Info:

901-287-5437 (mainline)

901-287-4700 (Healthy Families / Parent Outreach)

901-287-4723 (NFP)

901-287-4778 (Fatherhood)

901-287-4965 (Be Proud Be Responsible)

901-287-4751 (Community HIV Network)

50 Peabody Place, Suite 400, 38103

info@lebonheur.org

www.lebonheur.org

Life Choices

Life Choices offers free pregnancy testing, treatment of STIs, adoption services, and an abstinence-only sex education (the curriculum is called Sexual Integrity). Offer early prenatal care, and then refer to OBGYN.

Bridges (Partnered with One-by-One Ministries)

Teen parents are paired up one on one with a mentor until child is one year old. Parents earn redeemable points for supplies.

Contact Info:

901-274-8895

806 South Cooper, 38104

901-388-1172
5575 Raleigh-LaGrange, 38134
www.lifechoicesmemphis.org

Literacy MidSouth

Family Reading Workshops

Literacy MidSouth offers individual and group tutoring for parents and families with literacy issues.

Contact Info:

901-327-6000 (ext. 1007)
902 South Cooper, 38104
www.literacymidsouth.org

Maternal League

Signature Layette Program

This program provides needy mothers and babies with layettes (diapers, blankets, sleepers, bottles) through the Memphis and Shelby County Health Department. Layettes are distributed in the spring around Mother's Day. Layette and financial donations accepted year-round.

Contact Info:

901-289-8999
901-682-2599
P.O. Box 382958, 38183
info@maternalleagueofmemphis.org
www.maternalleagueofmemphis.org

Memphis Center for Independent Living

Youth Outreach Program

Youth Outreach, life skills training for teens with disabilities, includes a sex education component. Outreach is typically conducted through local high schools.

Contact Info:

901-726-6404
1633 Madison Ave, 38104
www.mcil.org

Memphis City Schools

MCS Adolescent Parenting Program

The Adolescent Parenting Program (APP) is a site-based school that offers a coordinated academic and vocational curriculum designed to meet state requirements for graduation, while simultaneously providing the knowledge and skills needed to cope with the realities of parenting and adult living. Courses are offered for students in grades 7-12, and students may attend the

APP for up to 2 years. Support services include an on-site nurse and social worker, teen parenting classes, after school tutoring, and an on-site day care center. Key outcomes for students include progress toward person growth, responsible parenting, drop-out prevention, graduation, development toward career goals, and responsible future family planning.

Contact Info:

901-416-6322

1266 Poplar Ave, 38104

<http://www.mcsk12.net/schools/adolescent.alt/site/index.shtml>

Memphis Gay and Lesbian Community Center

Queer as Youth* and *Gen Q

These youth groups provide an informal arena to discuss issues such as healthy eating, body image, and healthy sexuality. No formal curriculum. Gen Q is more of a social gathering and is self-run rather than facilitated. MGLCC also offers free HIV testing.

Contact Info:

901-278-6422

872 South Cooper, 38104

www.mglcc.org

Neighborhood Christian Centers Inc.

Operation Smart Child

Program focuses on stimulating early brain development. Formal curriculum with 8 modules - an introduction, and two modules of each: touch, talk, read, and play. Teens must attend the orientation before they can take the other modules. Classes teach teens about positive and negative ways of touching, talking, etc, as well as car seat safety and potty training. Participants earn points by attending classes. These points can be spent on new items like strollers or diapers. The program covers abstinence only sex education and STIs.

Contact Info:

901-881-6013

785 Jackson Ave, 38105

www.ncclife.org

One by One Ministries Inc

One by One Ministries Inc partners with area churches and community organizations to provide in-home mentoring services for new parents.

Contact Info:

901-356-1758

www.onebyoneusa.org

Planned Parenthood Greater Memphis Region

Health Sexuality Classes

There are many classes that offer comprehensive sex ed and all have a formal curriculum; Becoming a Responsible Teen: HIV Prevention for African American Teens; Streetwise-to-Sexwise: Comprehensive Sexuality Education for African American Teens; Family Planning and Sexual Health: School-Based Comprehensive Sexuality Education for Teens; ¡Cuidate!: HIV Prevention for Hispanic Teens; Making Sense of Abstinence: Abstinence Education for Teens; Sex Ed 101: Comprehensive Sexuality Education for Teens; Sex Matters: Comprehensive Sexuality Education for Young Adults

HIV/STI Testing

Planned Parenthood offers HIV testing at four locations in addition to its primary location, and offers other STI testing at its primary location. Fees are addressed on a sliding scale - if a teen comes in with a parent, the sliding scale will be adjusted for the parent's income. However, if the teen comes in alone, the scale will be adjusted for the teen's income (and will generally be free). The STI testing comes in addition to the annual wellness exam - which includes a pap smear and birth control.

Contact Info:

901-725-1717

2430 Poplar Ave, 38112

www.plannedparenthood.org/memphis

info@ppgmr.org

Porter-Leath

Born to Learn

Born to Learn is an evidence-based home-visitation program for pregnant women and new mothers with children up to age 5. This program empowers parents, prepares children for school, prevents child abuse and develops home-school-community partnerships on behalf of the child.

Cornerstone

Cornerstone uses formal, evidence-based Parents as Teachers (PATs) curriculum in two parts. Part 1 is geared towards parents of children 3 and under and includes preventative health, healthy parenting practices and self-sufficiency in pregnant women as well as parenting families. Part 2 is geared towards parents of children ages 3-5 and includes training parents to be their children's first teachers. Both parts include home visitation, referrals, pre- and post-program testing and health screenings. Also includes a special program just for teen parents.

Early Head Start

Early Head Start is an evidence-based home-visitation program for low-income pregnant women and mothers with children up to age 3. The program seeks to improve parenting skills, early childhood cognitive development, and social-emotional development of the family.

Contact Info:

901-577-2500

868 North Manassass, 38107
www.porterleath.org

Regional Medical Center at Memphis/The Med
Sunrise Program for Pregnant Teens

Four-week prenatal educational program for teens with a formal curriculum that covers comprehensive sex education, healthy relationships (violence prevention), teen family planning, child passenger safety seats, and birth orientation. It has been in place since 1988. The teens in the program are to deliver their babies at the Med and are placed in groups according to due dates.

Contact Info:
901-545-8449
877 Jefferson Ave, 38103
www.the-med.org

Shelby County Health Department
Help Us Grow up Successfully (HUGS)

Developed by the Tennessee Department of Health, Help Us Grow Successfully (HUGS) is a free evidence-based home-visitation program that also coordinates additional services for pregnant and postpartum women up to two years and children ages birth through 5 years. Trained nurses visit at least once a month and talk about care. They also provide developmental assessments, and make referrals as needed. Another goal is to provide education about childcare using the Partners curriculum. They strive to reduce infant mortality and improve pregnancy outcomes.

Healthy Start Initiative

This program offers evidence-based home-visitation services to high-risk pre- and postnatal teens and women who can be accepted to the program up to 6 months after the birth of their last child. Healthy Start services are offered during and after pregnancy and to children up to 2 years old. Nurses, social workers, and lactation specialists directly provide services and also connect women to additional community-based services.

Contact Info:
901-379-7461
814 Jefferson Ave, 38104

Shelby County Office of Early Childhood and Youth (SCOECY)
All Babies Count (ABC Media Campaign)

This campaign includes speeches, canvassing and informing churches about the campaign. It is a grassroots public awareness campaign around infant mortality reduction. On the website, you can download a 'toolkit' to use in order to host your own ABC meeting.

Ask First: Is It Good For The Children? (Media Campaign)

Ask First is an awareness campaign to encourage both the public and private sector to consider the impact that their decisions have on children. The goal is to ask them to weigh what impact any decision would have on children.

Contact Info:

901-385-4224

600 Jefferson Ave, 38105

South Memphis Alliance

Dream Seekers Initiative

SMA's Dream Seekers Initiative enrolls young people, (ages 14 – 25) who are or were in foster care in the Opportunity Passport which includes:

- Financial Literacy Training
- An Individual Development Account (matched savings account) to be used for saving towards long-term assets
- A personal bank account to be used for short-term expenses.
- Opportunities for advancement and support specifically designed to help young people aging out of care gain access to area resources.
- Substance abuse prevention/counseling
- HIV/AIDS education and testing
- Classes in anger management, goal-setting, parenting, among others.

Baby Store

Part of a demonstrations project through the Shelby County Office of Early Childhood and Youth, Hope's Chest will provide support services to pregnant and parenting teens who are or were in foster care. These young mothers, through referral, will receive prenatal care, parenting education, connections to Early Success partners, and access to a vouchered community "baby store" housed at SMA with items such as diapers, formula, clothing and cribs.

Memphis CARES: Project Advance to 18

The Memphis CARES Mentoring Movement, a local affiliate of the National CARES Mentoring Movement founded by Susan L. Taylor, is partnering with South Memphis Alliance to establish a mentoring program for children in foster care. The mission of Memphis CARES is to recruit and deploy mentors to local organizations serving children in our community.

The major goal of Advance to 18 will be to provide the framework for adult volunteers to serve as positive role models in the lives of young people who are in foster care.

Contact Info:

901-774-9582

1048 South Bellevue Blvd, 38106

www.smaweb.org

St. Andrew A.M.E.

Project Hope

This program offers HIV outreach prevention and education by using a behavioral change model. There is group level and individual level intervention that consists of HIV education. Project Hope collaborates on two major community events a year: for the last 10 years, they have been the lead agency on the observance of National Black HIV/AIDS Awareness Day, which takes place around Feb 7th. They target 3500 individuals for those efforts and collaborate with other agencies during other national observances, such as National HIV Testing Day, National Condom Week, or National STD Awareness Month.

Contact Info:

901-775-2968

1472 Mississippi Blvd, 38106

thesainthope@earthlink.net

www.saintandrewamec.org

St. Jude Children's Research Hospital

Connect to Protect (C2P)

Seeks to reduce HIV/AIDS infection rates among teens and young adults through collaboration among community leaders and health researchers. C2P forms action-oriented partnerships, learns about young people and communities affected by HIV, and produces targeted strategies for preventing HIV infection among youth. The goal of C2P Memphis is to mobilize the community to reduce the prevalence of HIV infection among the target population. C2P Memphis works to create sustainable policies, practices, and programs around the identified root causes of age discordant relationships, lack of knowledge and information on HIV/AIDS, and a culture of silence regarding sexual violence and domestic abuse.

Contact Info:

901-495-5989

262 North Danny Thomas Place, 38105

Connect2protect@stjude.org

www.stjude.org

The Power of Abstinence

Abstinence-Only Classes

Faith-Based class offers visual aids, plays, testimonies, words of wisdom, and praise songs related to abstinence.

Contact Info:

901-452-4144

3030 Poplar Ave, 38130

Abstinence100@msn.com

UT Extension – Shelby County

Nutrition Classes

Classes on dietary needs/guidelines, healthy foods for children, effective use of assistance program (food stamps, etc.). Primary class attendees are young mothers.

Contact Info:

901-752-1207

7777 Walnut Grove Road, 38120

Youth Striving For Excellence

Discipleship Club

Provides discipleship and club meetings; groups are di-vided by age for Bible study, fellowship, sexual abstinence programs and leadership training; other programs and services include:

Boy2Men, Rocking & Reading, tutoring, and community service

Contact Info:

901-864-3968

2886 Allen Road, 38128

ysel@bellsouth.net

The following list includes contact information for major medical facilities that offer reproductive health care services in Shelby County. A brief list of services has been included, when possible.

Baptist Memorial Hospital for Women

6225 Humphreys Blvd, 38120

901-227-9000

www.baptistonline.org

Labor and delivery, gynecological surgery, a newborn intensive care unit (NICU) and the Comprehensive Breast Center and is a regional referral center for high-risk pregnancies, mammography diagnostics and uro-gynecology.

CHOICES (Memphis Reproductive Health Center)

1726 Poplar Ave, 38104

901-274-3550

800-843-9895

www.memphischoices.org

Comprehensive reproductive health services

Christ Community Health Center (CCHC)

Broad Avenue Health Center

2861 Broad Ave, 38112

901-260-8450

OB/GYN, STI testing, pediatrics, family medicine

CCHC - Frayser Health Center

3124 North Thomas St, 38127

901-260-8400

OB/GYN, STI testing, pediatrics, family medicine

CCHC - Third Street Health Center

3362 South 3rd St, 38109

901-271-6300

OB/GYN, STI testing, pediatrics, family medicine

CCHC - Orange Mound Health Center

2569 Douglass Ave, 38114

901-271-6200

OB/GYN, STI testing, pediatrics, family medicine

CCHC - Hickory Hill Health Center

5366 Winchester Road, 38115

901-271-6100

OB/GYN, STI testing, pediatrics, family medicine

CCHC - University Health Center

1211 Union Ave, 38104

901-271-0330

OB/GYN, STI testing, pediatrics, family medicine

Health Loop Center (The Med)

South Third Health Loop

1955 South 3rd Street, 38109

901-515-5800

Pediatrics and Family Medicine

Frayser Health Loop

2574 Frayser Blvd, 38127

901-515-5300

Pediatrics and Family Medicine

Guthrie Health Loop

1064 Breedlove, 38107

901-515-5400

Pediatrics and Family Medicine; WIC

Hollywood Health Loop

2500 Peres, 38108

901-515-5500

Pediatrics, Family Medicine and OB/GYN daily, WIC, Centering Pregnancy

The Med – Women and Baby Center

877 Jefferson Ave, 38103

901.545.7100 (main line)

Comprehensive prenatal as well as labor and delivery, NICU, high risk pregnancies

Memphis Health Center

360 East EH Crump Blvd, 38126 (main site)

(901) 261-2000

www.memphishealthcenter.org

Clinical services include: immunizations and early screening, family practice, obstetrics and gynecology, internal medicine, HIV/AIDS primary medical services, dental, medical laboratory, pediatrics, pharmacy, radiology, ophthalmology, homeless services, student health services, and podiatry. MHC has an array of support and enabling service programs inclusive of social services, case management, health education, transportation (at the rural location), Women, Infant and Children (WIC), family planning, Community Health Outreach Education Service Program, Community Network Program (CNP) cancer education and outreach program.

915 East McLemore Ave, 38126

Clinical services include: immunizations and early screening, family practice, obstetrics and gynecology, internal medicine, HIV/AIDS primary medical services, dental, medical laboratory, pediatrics, pharmacy, radiology, ophthalmology, and homeless services.

Methodist Le Bonheur Germantown Hospital – Germantown Women’s & Children Pavilion

7691 Poplar Ave, 38138

901.516.6000

<http://www.methodisthealth.org/locations/methodist-le-bonheur-germantown-hospital/index.dot>

Prenatal classes, NICU, comprehensive labor/delivery and neonatal care services, breastfeeding services

Methodist South Hospital – Maternity Center

1300 Wesley Drive, 38116

(901) 516-3700

<http://www.methodisthealth.org/locations/methodist-south-hospital>

Breastfeeding services, pregnancy classes, comprehensive labor/delivery care services

Planned Parenthood – Greater Memphis Region

2430 Poplar Ave, 38112

901-725-1717

www.plannedparenthood.org/memphis

Comprehensive reproductive health services

Shelby County Health Department

Parents can receive pregnancy testing, immunizations, WIC, breastfeeding support, family planning services, well child exams, STI testing and treatment, and safe havens for newborns at the Shelby County Health Department. The health department has multiple locations, listed below. Services and hours available at each clinic can be found at

<http://www.shelbycountyttn.gov/index.aspx?nid=595>

Cawthon Clinic

1000 Haynes, 38114

901-222-9866

Collierville Clinic

167 Washington, 38017

901-222-9900

Galloway Clinic

477 N. Manassas, 38105

901-522-8268

Hickory Hill

6590 Kirby Center Cove, 38115

901-365-1045

Immunization Clinic

814 Jefferson, Room 216, 38105

901-222-9331

Millington Clinic

8225 Hwy. 51 N, 38053

901-873-4433

Appendix B: Focus Group Guides

All focus group guides were adapted from Brazeal, J., Marra, L., McKerlie, K. & Faulkner, M. (2015) Mixed Messages: The current state of teen pregnancy prevention in Travis County, TX. Austin, TX: The Healthy Youth Partnership, Child and Family Research Institute.

Teen Focus Group

Introduction

1. Review consent form/ assent form.
2. Introduce group facilitator and note taker.
3. Explain that any notes taken during the focus groups will be used to represent the general statements of the group and those individual opinions and comments will not be identified. All answers will remain anonymous.
4. Invite any questions from participants.

Questions

NOTE: These questions are a guide. Prompting questions may be asked to elicit further responses from the group if more discussion is needed.

1. Tell me about what kinds of relationships young people have.

- a. What does it mean to be in a relationship?
- b. How important it is to be in a relationship?
- c. Do teens have more than one relationship at a time?
- d. How important is it to be in a relationship with the person you are having sex with?

2. Are teens your age having sex?

- a. When you think of sex, what do you think of? Does sex always involve intercourse?
- b. How do you and your friends make decisions about sex? Who decides about birth control? Who decides when to have sex?
- c. How does sex affect relationships? Can it help them or hurt them?

3. A lot of teens in our community become parents at a young age. When do you think is the ideal time to become a parent?

- a. Do you think teens are ready for parenthood? Why or why not?
- b. What things do you want to do before becoming a parent?
- c. What worries you about getting pregnant?
- c. What do you think about teen pregnancy at your school?

4. What do teens need to prevent pregnancy?

- a. What types of contraception are available for teens having sex?
- b. Where can teens get birth control? (If clinics are not mentioned- ask if they know about any health clinics they can go to)

- c. What are some reasons that teens don't use contraceptives such as birth control or condoms?
- d. How important is it for you to avoid getting pregnant or getting someone pregnant?

5. How can adults support you in making healthy choices?

- a. What do you wish your parents would do to help you make smart choices about sex?
- b. What do you wish the adults at your school would do?
- c. How could your community organizations help you prevent getting pregnant or getting someone pregnant?
- d. Are there other adults in your life that help you make smart choices about sex?

6. Do you have any other thoughts or feelings about teenage pregnancy that you would like to share?

Thank you for your time!

Parent of Teens Focus Group

Introduction

1. Review consent form/ assent form.
2. Introduce group facilitator and note taker.
3. Explain that any notes taken during the focus groups will be used to represent the general statements of the group and those individual opinions and comments will not be identified. All answers will remain anonymous.
4. Invite any questions from participants.

1. How do you think young people learn about sex?

- a. Who has the most influence over what teenagers learn regarding sexuality?
- b. At what age does this influence change, and who do you think it changes to?
- c. What role do you think *parents* should play in their child's sexual health education?
- d. What role do you think *schools* should play in teenagers' sexual health education?

2. A lot of teens do become parents at a young age in our community. When do you think is the ideal time to become a parent?

a. Why do you think Memphis has such a high teenage pregnancy rate? What contributes to that?

b. If teens DO become pregnant, what help do they & their families need most?

3. What do you do help your child prevent an unintended pregnancy? (Just parents)

- a. Do you talk to your child about relationships and sex? If so, how and how often?
- b. Do you feel comfortable talking with your child about birth control? Why or why not?
- c. What barriers do you face when trying to communicate with your child about sex?
- d. What other skills or resources do parents need to help their teen prevent pregnancy?

4. What resources in your community do you know about that can help teenagers prevent an unintended pregnancy?

- a. How can someone connect with these community resources?
- b. What barriers might teenagers face when trying to access these resources?
- c. What other resources does our community need to help prevent teenage pregnancy?

5. Do you have any other thoughts you would like to share about teenage pregnancy?

| Thank you for your time!

Service Provider Focus Group

Introduction

1. Review consent form/ assent form.
2. Introduce group facilitator and note taker.
3. Explain that any notes taken during the focus groups will be used to represent the general statements of the group and those individual opinions and comments will not be identified. All answers will remain anonymous.
4. Invite any questions from participants.

Questions

NOTE: These questions are a guide. Prompting questions may be asked to elicit further responses from the group if more discussion is needed.

- 1. What services does your agency provide?**
- 2. Does your organization directly address sexual health with teen clients?**
- 3. How do you think young people learn about sex?**
 - a. Who has the most influence over what teenagers learn regarding sexuality?
 - b. At what age does this influence change, and who do you think it changes to?
 - c. What role do you think *parents* should play in their child's sexual health education?
 - d. What role do you think *schools* should play in teenagers' sexual health education?
- 4. What do you believe are your service population's greatest needs?**
- 5. What are some possible barriers that prevent youth from accessing your services?**
- 6. What factors put the young people that you work with at greatest risk for unintended pregnancy?**
- 7. What supports are in place to help you provide information and resources to support teens in preventing unintended pregnancy?**
- 8. What barriers prevent you from providing teens with information and resources they need to prevent unintended pregnancy?**

Thank you for your time!

Appendix C: Online Surveys

Adult Online Survey

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

Survey Introduction and Consent

1. INTRODUCTION:

You are being given the opportunity to participate in this research study. The purpose of this consent form is to help you decide if you want to be in the research study. This consent form may contain words that you do not understand. Please ask the study investigator or the study staff to explain any words or information that you do not clearly understand.

The purpose of the research is to find out more about the teen pregnancy services offered in Shelby County. We are interested in learning your thoughts about services that help teens not get pregnant, as well as any other services that are needed and are not being provided. Lastly, we want to learn more about the things that might get in the way of teens getting the services that they need and the reasons why they get pregnant.

For your part in this study, we ask that you be a part of an online survey. The study will take place on this Survey Monkey link. You must read this page and give your consent before you will be allowed to begin this survey. After you have completed this survey, you will be asked again to allow researchers to use your answers. This survey is a one-time study; you will not be asked again to participate.

The primary users of this collected data will be Shelby County Health Department and LeBonheur Community Health and Well-Being, in conjunction with their in-progress Shelby County Teen Pregnancy Prevention Initiative, funded through the Office of Adolescent Health - grant number TP1AH000120-01-00.

2. PROCEDURES:

- You will be asked to take a survey online via Survey Monkey.
- This survey should take between 15-20 minutes of your time.
- After you have completed the survey, you will again be given the option to withdraw from the survey.
 - If you should choose to withdraw, your answers will not be submitted and you will be instructed to close out of the survey.
 - If you should choose to continue, you will simply “enter” your results, which will be accessed only by the researchers at the Shelby County Health Department and Le Bonheur Community Health and Well-Being.

3. RISKS ASSOCIATED WITH PARTICIPATION:

You will be asked to answer questions that directly ask about your age, position in the community, and what you think about sex education and teen sexual behavior in Shelby County. Some of the questions may be uncomfortable or hard to answer, but your answers will not be shared with anyone else. You may refuse to answer any questions on the form. We can provide you with information about programs and services that you can contact for help if you or a teen you know should need it. We will not share your answers with anyone. There are no direct benefits of the study.

There is the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. If at anytime you decide not to participate in this survey, simply close out of the window. Your answers will not be recorded.

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

Introduction and Consent Page #2

4. CONTACT INFORMATION:

The researchers responsible for this study are Mr. David Sweat and Dr. Christina Underhill. You may contact Mr. Sweat at the Shelby County Health Department by calling (901) 222-9229 or Dr. Underhill at Le Bonheur by calling (901) 287-4784. If you have any questions or concerns regarding the treatment of human subjects, you can contact the UTHSC IRB office at 910 Madison Suite 600 Memphis, TN 38163. That phone number is (901) 448-4824.

You may contact Terrence F. Ackerman, Ph.D., UTHSC IRB Chairman, at (901) 448-4824, or visit the IRB website at http://www.uthsc.edu/research/research_compliance/IRB/participant_complaint.php if you have any questions about your rights as a research subject, or if you have questions, concerns, or complaints about the research.

5. VOLUNTARY PARTICIPATION AND WITHDRAWAL:

Your participation in this research study is voluntary. You may decide not to participate or you may leave the study at any time.

Your decision to take this survey will not affect any services you receive from the Shelby County Health Department, Le Bonheur Community Health and Well-Being, Memphis Teen Vision (MemTV), or the person or group that sent you this survey. Even if you agree to complete the survey, you are free to stop at any time. You do not need to finish it if you feel uncomfortable doing it.

6. CONSENT OF SUBJECT:

You have read a description of the research study as outlined above. Please acknowledge below that you knowingly and freely choose to participate in this study.

* 1. I knowingly and freely choose to participate in the Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment Online Adult Survey.

Yes

No.

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

* 2. Are you a resident of Shelby County?

- Yes
- No

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

Survey Questions

3. Are you aware if your local school has a sex education program?

- Yes
- No
- I don't know

4. How would you describe the sex education at your local school? (Check all that apply):

- Students receive information too late.
- Sex education relies on scare tactics.
- They are not allowed to talk about contraception.
- They are not allowed to talk about pregnancy options.
- Abstinence is emphasized.
- Sexual orientation is assumed to be heterosexual.
- Sex education is comprehensive.
- Sex education is enough to meet the needs of the students.
- Other (please specify)

5. How comfortable are you talking about sexuality with the teens in your family?

Very uncomfortable	Somewhat uncomfortable	Neither	Somewhat comfortable	Very comfortable	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If a young person you know were pregnant, how comfortable would you be in talking about the following options (Please check the appropriate box for each option):

	Very uncomfortable	Somewhat uncomfortable	Neither	Somewhat comfortable	Very comfortable	I don't know.
Abortion / Termination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adoption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping the baby and parenting it herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to access prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

7. What is an appropriate age to start *learning* about sex?

- 10-11 years old
- 12-14 years old
- 15-16 years old
- 17-19 years old
- 20+ years old
- I don't know.
- Other (please specify)

8. What is an appropriate age to start *having sex*?

- 10-11 years old
- 12-14 years old
- 15-16 years old
- 17-19 years old
- 20+ years old
- I don't know.
- Other (please specify)

9. What is an appropriate age to become a parent?

- 12-14 years old
- 15-16 years old
- 17-19 years old
- 20-23 years old
- 24-29 years old
- 30+ years old
- Wait until marriage
- When in a committed relationship
- I don't know
- Other (please specify)

10. How many teens that you know do you think are sexually active?

- None
- A few
- Some
- A lot
- All

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

11. What is your opinion of the following *social services* in our community? (Check only one box per service)

	Not needed	Not available	Need more of	Available	Accessible	I don't know
Housing for homeless teens	<input type="radio"/>					
Housing for parenting teens	<input type="radio"/>					
Housing for pregnant teens	<input type="radio"/>					
Nutrition and weigh control	<input type="radio"/>					
Parenting education	<input type="radio"/>					
Primary care / Basic health care	<input type="radio"/>					
Smoking cessation	<input type="radio"/>					

12. What is your opinion of the following *mental health services* in our community? (Check only one box per service)

	Not needed	Not available	Need more of	Available	Accessible	I don't know
Confidential counseling	<input type="radio"/>					
Drug & alcohol treatment / counseling	<input type="radio"/>					
Peer counseling	<input type="radio"/>					
Support groups	<input type="radio"/>					

13. What is your opinion of the following *sexual health services* in our community? (Check only one box per service)

	Not needed	Not available	Need more of	Available	Accessible	I don't know
Abortion / Pregnancy termination	<input type="radio"/>					
Abstinence education	<input type="radio"/>					
Comprehensive sex education	<input type="radio"/>					
Adoption	<input type="radio"/>					
Birth control	<input type="radio"/>					
Emergency contraception	<input type="radio"/>					
HIV Testing	<input type="radio"/>					
STD Testing & education	<input type="radio"/>					

14. Are there other services not mentioned in the above questions that you think our community needs?

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

15. What factors put young people at greatest risk for unintended pregnancy? (Check all that apply)

- Lack of contraceptive use
- Lack of access to contraception
- Lack of self confidence regarding contraceptive use
- Lack of education about contraceptive use
- Lack of supportive parents
- Lack of career / education goals
- Peer pressure
- I don't know
- Other (please specify)

16. When it comes to teenagers' decisions about sex, who do you think is the most influential?

- Parents
- Friends
- Media
- Teachers
- Siblings
- Religious leaders
- I don't know.
- Other (please specify)

17. How much do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree	I don't know.
It would be much easier for teens to postpone sexual activity and avoid pregnancy if they were to have more open, honest conversations about these topics with their parents.	<input type="radio"/>					

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree	I don't know.
It is important for teens to be given a strong message that they should not have sex until they are at least out of high school.	<input type="radio"/>					
It is important for teens to be given a strong message that they should not have sex until they are married.	<input type="radio"/>					
Our community needs more efforts to prevent teen pregnancy.	<input type="radio"/>					
Reducing teen pregnancy is a very effective way to reduce the high school dropout rate and improve academic achievement.	<input type="radio"/>					
Schools should do more to educate teens regarding contraceptive use and pregnancy.	<input type="radio"/>					
Religious leaders and groups should do more to help prevent teen pregnancy.	<input type="radio"/>					
A teen's sexual education should be the sole responsibility of their parents.	<input type="radio"/>					
Teens should be able to access birth control without their parents' consent.	<input type="radio"/>					
I feel very hopeful about the future of young people in Shelby County.	<input type="radio"/>					

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

* 18. What is your age range?

- 20-30 years old
- 31-40 years old
- 41-50 years old
- 51-60 years old
- 61+ years old

* 19. What is your sex?

- Female
- Male

20. How would you describe yourself? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify)

* 21. Are you a _____ (Check all that apply)

- Healthcare provider
- Parent of a teen (13-18 years old)
- Parent of a younger / older child
- Educator
- Youth worker
- Other (please specify)

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Adult Survey

* 22. Do you still consent to have your answers used by researchers in the Teen Pregnancy Prevention Needs Assessment?

Yes, I consent for my answers to be submitted as part of the Teen Pregnancy Prevention Needs Assessment.

No, I do not consent for my answers to be submitted as part of the Teen Pregnancy Prevention Needs Assessment

**Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment -
Adult Survey**

Teen Online Survey

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Survey Introduction and Consent

1. INTRODUCTION:

You are being given the opportunity to participate in this research study. The purpose of this consent form is to help you decide if you want to be in the research study. This consent form may contain words that you do not understand. Please ask the study investigator or the study staff to explain any words or information that you do not clearly understand.

The purpose of this study is to find out more about the teen pregnancy services in Shelby County. We want to learn more about your opinion of services that help teens not get pregnant, as well as other services that might be needed and are not being provided. Lastly, we want to learn more about the things that might get in the way of teens getting the services and sex education that they need, as well as why teens get pregnant.

For your part in this study, we ask that you be a part of an online survey. The study will take place on this Survey Monkey link. You must read this page and give your consent before you will be allowed to begin this survey. After you have completed this survey, you will be asked again to allow researchers to use your answers. This survey is a one-time study; you will not be asked again to participate.

The primary users of this collected data will be Shelby County Health Department and LeBonheur Community Health and Well-Being, in conjunction with their in-progress Shelby County Teen Pregnancy Prevention Initiative, funded through the Office of Adolescent Health - grant number TP1AH000120-01-00.

2. PROCEDURES:

- You will be asked to take a survey online via Survey Monkey.
- This survey should take between 15-20 minutes of your time.
- After you have completed the survey, you will again be given the option to withdraw from the survey.
 - If you should choose to withdraw, your answers will not be submitted and you will be instructed to close out of the survey.
 - If you should choose to continue, you will simply "enter" your results, which will be accessed only by the researchers at the Shelby County Health Department and Le Bonheur Community Health and Well-Being.

3. RISKS ASSOCIATED WITH PARTICIPATION:

You will be asked to answer questions about your age, past sexual behavior, and what you think about teen pregnancy in Shelby County. We will ask you about birth control, sex education, and why you think some teens have sex. Some of the questions may be uncomfortable or hard to answer, but your answers will not be shared with anyone else. You may refuse to answer any questions. If after this survey you have more questions about sex and birth control, we can help you. We will not share your answers with anyone outside of our team. You may ask us who those people are.

There is the potential risk of loss of confidentiality. Every effort will be made to keep your

information confidential; however, this cannot be guaranteed.

There are no direct benefits of being in this survey.

You do not have to participate in this study. If at anytime you decide not to participate in this survey, simply close out of the window. Your answers will not be recorded.

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Introduction and Consent Page #2

4. CONTACT INFORMATION:

The researchers responsible for this study are Mr. David Sweat and Dr. Christina Underhill. You may contact Mr. Sweat at the Shelby County Health Department by calling (901) 222-9229 or Dr. Underhill at Le Bonheur by calling (901) 287-4784. If you have any questions or concerns regarding the treatment of human subjects, you can contact the UTHSC IRB office at 910 Madison Suite 600 Memphis, TN 38163. That phone number is (901) 448-4824.

You may contact Terrence F. Ackerman, Ph.D., UTHSC IRB Chairman, at (901) 448-4824, or visit the IRB website at http://www.uthsc.edu/research/research_compliance/IRB/participant_complaint.php if you have any questions about your rights as a research subject, or if you have questions, concerns, or complaints about the research.

5. VOLUNTARY PARTICIPATION AND WITHDRAWAL:

Your participation in this research study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

Your decision to take this survey will not affect any services you receive from the Shelby County Health Department, Le Bonheur Community Health and Well-Being, Memphis Teen Vision (MemTV), or the person or group that sent you this survey. Even if you agree to complete the survey, you are free to stop at any time. You do not need to finish it if you feel uncomfortable doing it.

6. CONSENT OF SUBJECT:

You have read a description of the research study as outlined above. Please acknowledge below that you knowingly and freely choose to participate in this study.

* 1. I knowingly and freely choose to participate in the Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment Online Teen Survey.

Yes

No.

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

2. Are you a resident of Shelby County?

Yes

No

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Demographics

3. How old are you?

Younger than 13 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

19 years old or older

4. What is your sex?

Female

Male

5. What grade have you just completed?

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Other (please specify)

6. How would you describe yourself? (Check all that apply).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify)

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Sex History

7. Have you ever had sex?

- Yes
- No
- I don't know.

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment -
Teen Survey

Sex Behavior

8. How old were you when you had sex for the first time?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years or older

9. During your *life*, how many people have you had sex with?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

10. During the past 3 *months*, how many people have you had sex with?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

11. Did you drink alcohol or use drugs before you had sex the *last time*?

- Yes
- No
- I don't know

12. The *last time* you had sex, did you or your partner use a condom?

- Yes
- No
- I don't know

13. The *last time* you had sex, what method(s) did you or your partner use to prevent pregnancy? (Check all that apply)

- No method was used to prevent pregnancy.
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
- Withdrawal
- I don't know
- Other (please specify)

14. During your life, have you ever had sex with:

- Females
- Males
- Both females and males

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Sex Education

15. How do you best describe yourself?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Transgender
- I don't know.
- Other (please specify)

16. Thinking about your life *right now*, how important is it to you to avoid becoming a parent?

- Very important
- Somewhat important
- A little important
- Not at all important
- I don't know.

17. If you found out today that you were pregnant or had gotten someone pregnant, how would you feel?

- Very upset
- A little upset
- A little pleased
- Very pleased
- I wouldn't care
- I don't know

18. Has anyone ever talked to you about the following topics? (Check all that apply)

- The importance of using birth control if you have sex
- How to put on a condom
- How to say "no" to sex
- The importance of waiting until marriage to have sex
- The availability of many different types of birth control methods
- Where to get birth control
- I have not learned about any of these topics

19. Where did someone talk to you about the topics we just asked about? (Check all that apply)

- From my parents / guardians
- An adult at school
- An adult at church
- From my friends
- From an older sibling
- From the media (such as the Internet, magazines, etc.)
- At a community organization (Such as Boys & Girls Clubs, Big Brothers Big Sisters, etc.)
- I have not learned about any of these topics
- Other (please specify)

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

20. Do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree	I don't know
It is too much of a hassle to use a condom every time you have sex.	<input type="radio"/>					
Using birth control is morally wrong.	<input type="radio"/>					
It doesn't matter if you use birth control or not; when it is your time to get pregnant, it will happen.	<input type="radio"/>					
It is mainly a woman's responsibility to make decisions about birth control.	<input type="radio"/>					
It is mainly a man's responsibility to carry condoms.	<input type="radio"/>					
In my life, things just seem to happen to me.	<input type="radio"/>					

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree	I don't know
In my life, I think I take many more sexual risks than other people my age.	<input type="radio"/>					
In my family, it is not acceptable to have a child outside of marriage.	<input type="radio"/>					
Many of my friends have unplanned pregnancies.	<input type="radio"/>					
Most of my friends think using birth control is important.	<input type="radio"/>					
I have all the information I need to avoid an unplanned pregnancy.	<input type="radio"/>					
It is OK for an unmarried adult female to have a child.	<input type="radio"/>					
Pregnancy is something that should be planned.	<input type="radio"/>					
It is OK for an unmarried teenage female to have a child	<input type="radio"/>					
Every pregnancy is a blessing.	<input type="radio"/>					

Be Proud! Be Responsible! Memphis! Teen Pregnancy Prevention Needs Assessment - Teen Survey

Consent

* 21. Do you still consent to have your answers used by researchers in the Teen Pregnancy Prevention Needs Assessment?

- Yes, I consent for my answers to be submitted as part of the Teen Pregnancy Prevention Needs Assessment.
- No, I do not consent for my answers to be submitted as part of the Teen Pregnancy Prevention Needs Assessment