

# Simply Stated...

September 2009

## Population Left Behind 2009: Older Youth

While two-thirds of teen pregnancies in South Carolina occur among 18-19 year olds, most efforts to prevent teen pregnancy in our state and nationally focus on **younger youth**. Due in large part to vigorous and sustained efforts targeting younger youth, between 1994 – 2006, the **pregnancy rate among 15-17 year olds decreased by 36%** in South Carolina. However, rates among 18-19 year olds decreased by only 9% during the same time. **Older youth have been “left behind”** while pregnancy rates among younger youth have declined. Even more disturbing, teen pregnancy rates are on the rise nationally and in South Carolina. **Seventy-four percent (74%)** of the total increase in teen birth rates from 2005 to 2006 can be attributed to 18-19 year olds, which underscores the importance of targeting this age group<sup>1</sup>.

### METHODS

With funding from the BlueCross BlueShield of South Carolina Foundation, the South Carolina Campaign to Prevent Teen Pregnancy conducted research to identify solutions to chronically high rates of teen pregnancy among 18-19 year olds. The goal of the project was to develop a data-driven model for future pregnancy prevention efforts. Information was analyzed from Census data, Medicaid billing records, state agencies, original survey data, interviews and focus groups with youth, service providers, and community leaders across the state over a year. This report summarizes key findings from this research and recommendations for intervention.

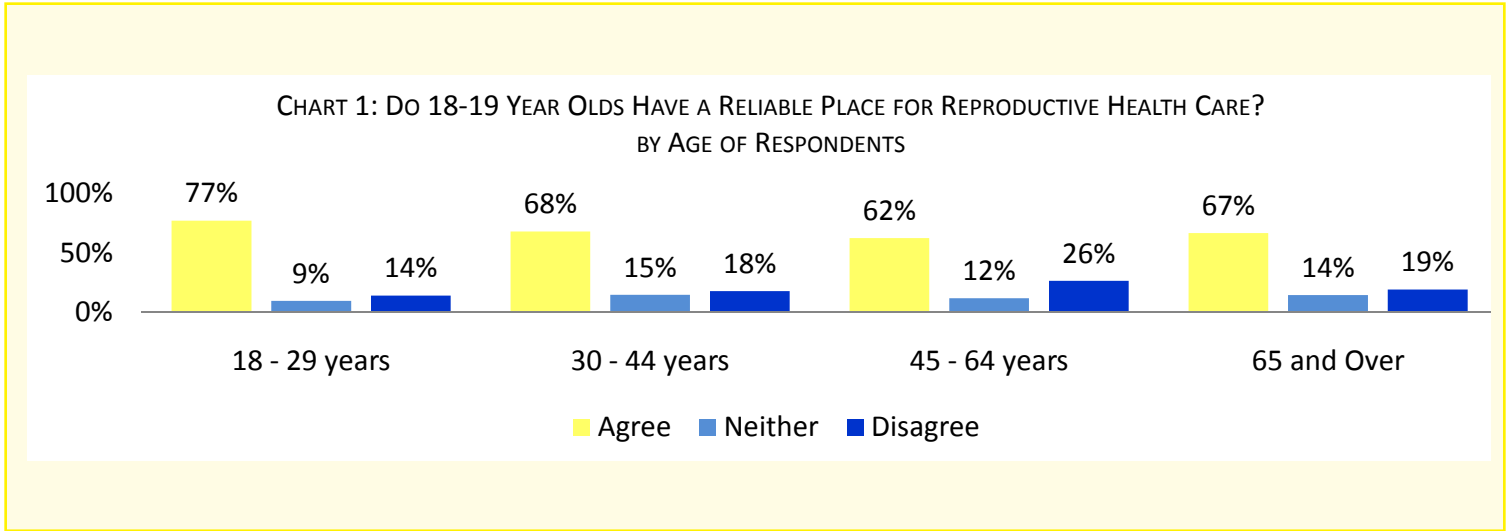
### FOUR KEY FACTORS

Four key factors emerged that may affect sexual decision-making and unintended pregnancy: access to health care, opportunities for work and education, community norms, and connectedness. For programs and interventions to have an impact on rates of teen pregnancy among 18-19 year olds it is vital that these four factors are addressed.

### ACCESS

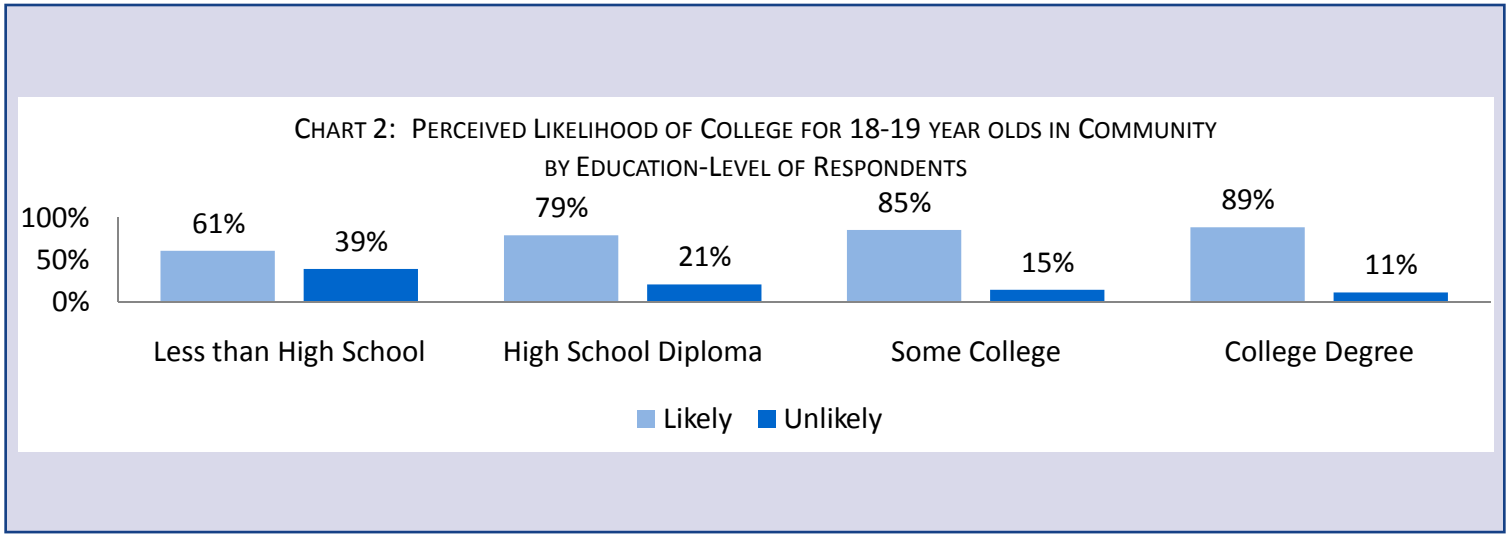
A sharp distinction emerged between awareness of reproductive health services and actual use of these services. Most people surveyed indicated that reproductive health services are available for 18-19 year olds. In fact, the very populations one might suggest would have reduced access – young adults and those with lower incomes and education levels - were the most likely to agree that these services are available to 18-19 year olds in their community<sup>2</sup>. Youth across the state indicated that they know where to seek public reproductive health services, but only an estimated 10% of 18-19 year olds received these clinic services in a year<sup>3</sup>.

In focus groups across South Carolina, some 18-19 year olds indicated that services provided by the public health department were stigmatized. Participants stated, “they will look at you and think that you got something [STD]; that is why most people don’t want to go there.” Others expressed skepticism about the effectiveness of contraception and complained about side effects including rashes, weight gain, and headaches. Other participants doubted the effectiveness of contraception, stating, “I wouldn’t consider condoms as birth control... that’s how I got pregnant.” Others described hormonal pills as unreliable. These are important barriers to recognize in the design and delivery of education and outreach efforts targeting populations of older youth.



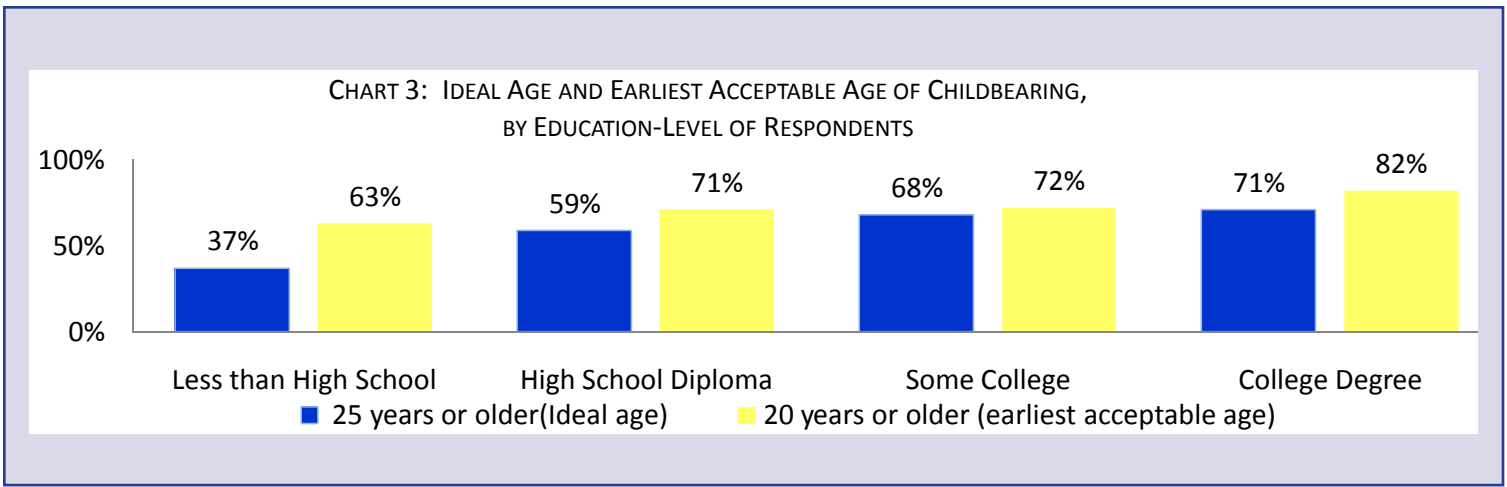
**OPPORTUNITIES**

The connection between teen pregnancy and the level of opportunity for advancement is clear. Analysis revealed a significant relationship between areas with a high proportion of 16-19 year old teen dropouts and areas with high rates of 18-19 year old pregnancy. An area’s concentration of Medicaid enrollees, a proxy for poverty, was one of the strongest predictors of the pregnancy rate for 18-19 year olds. Representative survey data from across the state revealed that the level of income and education of respondents was significantly related to their perception of future success for young adults in their community. It seems logical that efforts to prevent teen pregnancy must be conducted in concert with efforts to increase opportunities – both in terms of education and employment – for older youth.



**NORMS**

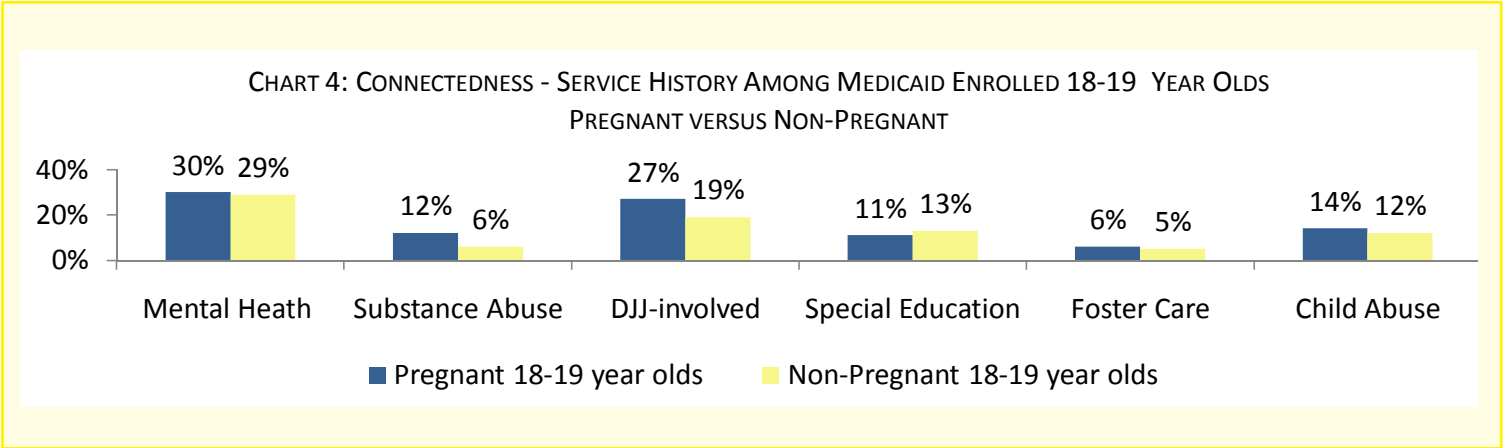
Norms provide an important context for community level interventions. When asked about the “ideal” and “earliest acceptable” age to have a baby, respondents’ level of education was significantly correlated with the age selected for first childbirth. As education level or family income increased, the percentage of those who choose 25 years or older as the ideal age to have a baby also increased. Thirteen percent (13%) of those with less than a high school diploma and 10% of those with incomes lower than \$25,000 selected 18-19 years old as the ideal age to have a baby. Norms also play a role in the sexual behavior of youth. In a survey<sup>i</sup> of 141 older youth (16-20 years old) in South Carolina, the vast majority of youth agreed that it was important to use a condom every time they have sex, but less than two-thirds reported using a condom at last sexual intercourse.



There was a statistically significant relationship between the level of agreement that condoms should be used every time and those that reported actually using a condom. A community’s norms around sex and teen pregnancy can create an environment where teen pregnancy is acceptable or where the prevention of teen pregnancy is valued. Interventions to address norms are often complicated and costly; however, systematic change in the perception of teen pregnancy will be required to sustain significant change in teen pregnancy rates.

**CONNECTEDNESS**

Populations tenuously connected to school, family, or work, such as youth involved in the juvenile justice system, foster care, and adult education/ WIA<sup>ii</sup> students may be important to target. Forty-six percent (46%) of 19-21 year old WIA clients in South Carolina indicated they were pregnant or parenting. South Carolina Medicaid data revealed that 18-19 year olds who became pregnant were more likely to have been involved with the juvenile justice system, the child welfare system, and to have received substance abuse services than those who did not become pregnant.



**TARGET POPULATIONS**

The key factors of access to health care, opportunities, norms, and connectedness must be incorporated into a flexible model able to serve key subgroups. The interconnection between teen pregnancy and other social problems creates opportunities for collaboration with nontraditional partners to reach higher risk groups. The ideal target population would be youth facing some risk of pregnancy who are also accessible enough to engage for interventions. Balancing the level of risk against the ability to reach the population will be a critical element of successful interventions.

<sup>i</sup>Due to the sample size and selection bias, these data are not representative of all youth in South Carolina.  
<sup>ii</sup>Workforce Investment Act programs

## PRIORITY RECOMMENDATIONS

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The prevention of pregnancy among 18-19 year old youth represents an intersection of values, beliefs and ideals that must be successfully navigated to have an impact on teen pregnancy in South Carolina. The following recommendations require state, county and local support, involvement from diverse organizations, and a long-term commitment.

- I. **Policies and Standards:** Develop and enforce policies and standards to support teen pregnancy prevention<sup>3</sup>.
- II. **Collaboration:** Form county-level workgroups representing youth-serving and social service organizations willing to address teen pregnancy prevention. Building on collaboration and current strengths can provide a foundation for initial planning and ongoing programming.
- III. **Technology:** Reaching out to a population of older youth requires innovation and implementation of new strategies. Organizations can engage youth through cutting edge technology and new media.
- IV. **Partnerships:** Increase the quantity and quality of reproductive health programming for youth involved in workforce investment act (WIA) programs and adult education. It is necessary to be creative about implementing programs in non-traditional locations.
- V. **Colleges:** Help community and technical colleges increase access to reproductive health services. Traditionally, reproductive health services and programs are not widely offered to the estimated 20,000 18-19 year olds enrolled in technical colleges in South Carolina.
- VI. **Targeting:** Train service providers on how to target youth at greatest risk of future pregnancy.
- VII. **Access:** Increase use of reproductive health services currently available through strategic marketing. A clear distinction is present surrounding the availability of reproductive health services versus use of these services.
- VIII. **High Priority Populations:** Ensure that youth involved in juvenile justice, foster care and similar systems have information on and access to reproductive health services.
- IX. **Repeat Pregnancy:** About a third of 18-19 year olds who become pregnant have had a previous pregnancy. This highlights the importance and the challenge of working with pregnant and parenting teens.
- X. **Commitment:** Understand that a long-term, intensive commitment will be required to achieve a significant reduction in pregnancy among older youth.

## NOTEWORTHY

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This installment of *Simply Stated* represents key findings from the Campaign's year-long research project. The Campaign and local organizations will implement priority recommendations and share findings in the coming year. Thank you to the BlueCross BlueShield of South Carolina Foundation for funding this project and subsequent publications.

## ABOUT THE SC CAMPAIGN

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Now in its 15th year, the SC Campaign to Prevent Teen Pregnancy works state-wide to prevent adolescent pregnancy in South Carolina through education, technical assistance, public awareness, advocacy and research. The Campaign is the only organization in the state, working in all 46 counties, to reduce teen pregnancy.

The Campaign promises to:

- **Communicate** with and listen to parents, providers, key leaders and community members throughout South Carolina to gain an increased understanding of local needs and assets;
- **Customize approaches** that combine evidence-based approaches with the unique fabric of every community it serves;
- **Increase the capacity** of community members (parents, youth serving organizations, school staff, faith leaders and youth) to address the complex issue of teen pregnancy; and
- **Commit and fully invest** in prevention for the long term.

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<sup>1</sup>Kaye, K. Changes in the Teen Birth Rate from 1991 - 2005 and 2005 - 2006. National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, DC 2008.

<sup>2</sup>University of South Carolina Institute for Public Service and Policy Research 2008.

<sup>3</sup>South Carolina Department of Health and Environmental Control 2008.