Who Will Listen? Rural Teen Pregnancy Reflections

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ABSTRACT

Nurse practitioners, especially those who work with adolescents in rural communities, are often frustrated in their efforts to discourage teen pregnancy. Though the rates of teen pregnancy rates are higher in rural communities, barriers often inhibit open conversations about prevention. Rural high school students were asked to discuss the question, "Is teen pregnancy a problem in our community?" The participants acknowledged pregnancy and sexual activity prevalence and discussed consequences, causes, and prevention strategies. These findings could help decrease the resistance that providers often face when initiating conversations with teens and their parents about sexual issues, especially pregnancy consequences and prevention methods.

Keywords: adolescents, pregnancy prevention, prevalence, rural South, teen pregnancy

Approximately 750,000 US teens become pregnant annually, and many do not finish high school, are single parents, and live in poverty.[1,2] Teen pregnancy often results in hardships for teen mothers, their children, and communities.[1,3] Nurse practitioners who provide care to adolescents, especially those in school-based clinics and rural communities, address these realities almost daily. Although NPs are well aware of evidence-based strategies to discourage early pregnancy, many parents resist discussing and promoting them to their teens. Knowing the perspectives of teens regarding pregnancy could break down barriers that inhibit prevention strategies. The purpose of this research was to analyze essays written by high school students to gain insight about the high teen-pregnancy rate in their rural community.

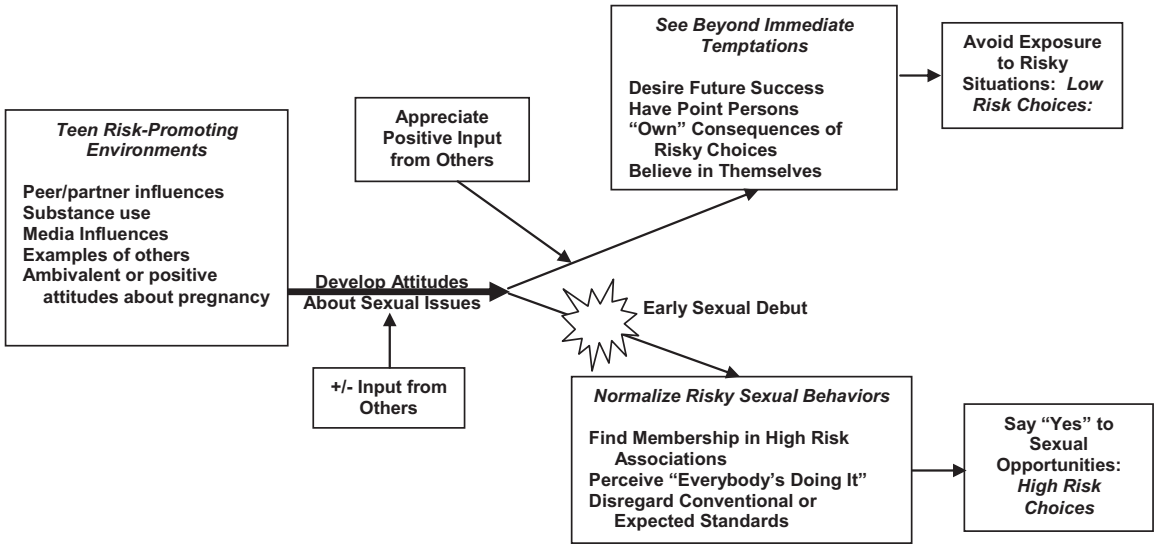
SIGNIFICANCE

Teen pregnancies present increased infant and maternal risks of complications and hardships, often at significant cost. Adolescent mothers are less likely to graduate from high school and attend college, less likely to marry and remain in stable relationships, and more likely to live in poverty.[4,5] Teen fathers have a persistently decreased income that results in US tax revenue losses of $1.7 billion annually.[6]

Children often pay the greatest price for teen pregnancy. These children are more likely to be premature and/or at low birth weight, increasing their risks for hyperactivity, blindness, deafness, chronic respiratory problems, infant death, and mental retardation.[3] Rates of abuse and neglect are higher for children of teen parents, and these children are 50% more likely to repeat a grade in school, perform lower on standardized tests, and drop out of school.[3] Sons of teen mothers are 13% more likely to go to prison than sons of older mothers.[1]

Florida ranks 6th in the nation for the highest rate of teen births,[2] and rural counties have the highest rates in the state. The county where this research was conducted ranks 9th of 66 in teen births, nearly double the state rate.[7] Teen pregnancy contributes to lower educational and socioeconomic and higher poverty levels of rural counties. Compared to state rates, this county has lower

Figure 1. Theory of Adolescent Sexual Decision Making Influencing Teen-Pregnancy



average incomes ($18,375/state: $26,503), educational levels (69% high school grads/state: 85%), and higher poverty (22% below poverty level/state: 15%).[8]

Social, cultural, and religious influences in many rural Southern communities often discourage public education about safe sexual practices. Appreciating the perspectives of teens could help remove some of these barriers.

This research is based on the Theory of Adolescent Sexual Decision Making (TASDM) (Figure 1), which evolved from 2 grounded theories.[9-11] According to this theory, adolescents live in risk-promoting environments. Some adolescents normalize risky sexual behaviors, say "yes" to sexual opportunities, and make high-risk choices. Other teens see beyond the immediate appeal of their risk-promoting environments, avoid exposure to risky situations, and make low-risk choices. This research was conducted through the lens of this theory to gain insight into rural risk-promoting environments and adolescent sexual decision making.

METHODS

Data Source and Analysis

The prevalence of teen pregnancy and lack of prevention initiatives is a concern to many educators and health care providers in the rural south Florida community where this research was conducted. A timed writing exercise was given to 125 10th grade students (53 males, 72 females)—ages 15 (30 males, 42 females), 16 (16 males, 27 females), and 17 (3 males, 3 females) (4 males omitted their age)—to help them prepare for state examinations. This assignment took place during English classes with no prior intervention. The students were directed to handwrite essays during class discussing whether teen pregnancy was a problem in their community. The essays were not graded and submitted to their teacher anonymously except for gender and age. After teacher and administrative review and approval and institutional review board approval, the essays were analyzed by the researcher.

The handwritten essays were transcribed, then compared and contrasted within each and among all essays, within each gender, and among both genders. Using constant comparative methods, the data were analyzed using the MAX Qualitative Data Analysis© [12] software. Guided by the TASDM, data were initially color-coded to identify major themes relevant for understanding rural teen pregnancy and then coded line by line to identify categories within themes.

RESULTS

Many students were fairly specific in their initial sentences, writing that teenage pregnancy was good or bad, right or wrong, followed by an explanation for this stance. Other students wrote ambivalent statements, making contradictory remarks or stating that teen pregnancy was good *and* bad. Some students said that teen pregnancy "just happened" or it was not her/his concern. These responses were labeled ambivalent. The numbers of these responses are displayed in Table 1.