Teen Pregnancy in Milwaukee: An Analysis of Effective Prevention Methods and Factors

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Objectives

- Create a deeper understanding of the multifaceted issues that influence teen pregnancy
- Discover if there are evidence-based programs that address these issues
- Compare to Milwaukee’s current teen pregnancy prevention efforts
Teen Pregnancy: Milwaukee, WI

- One of the highest rates of teen pregnancy in the nation

- Hispanics and African Americans maintain the highest rates of teen pregnancy in Milwaukee

- Healthy Wisconsin 2020 objective
  - Establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public
Teen Pregnancy Rates in Milwaukee (Milwaukee Health Department)

- 2009 birthrate for females ages 15-17 = 44.41*
  - White: 13.05
  - African Americans: 51.43
  - Hispanics: 64.06

- Reduction from the 2008 rates of 46.73*
  - Whites: 15.50
  - African Americans: 56.74
  - Hispanics: 67.62

*Per 1,000
2009: Milwaukee Public Schools (MPS) conducted the Youth Risk Behavioral Survey (YRBS)

Chart 1: MPS Students Who Have had Sexual Intercourse by Race/Ethnicity (MPS YRBS, 2009)
MPS YRBS 2009

- MPS students’ sexual activity by age and among high school students, percentage who had sexual intercourse in the past three months

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
<th>Ever Had Sex Total</th>
<th>Females Ever had Sex</th>
<th>Males Ever had Sex</th>
<th>Sex in Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 or under</td>
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<td>16/17</td>
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<td>18+</td>
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</table>
Ripple Effect (United Way)

● Teen Moms
  – Less likely to finish school
  – More likely to be on government assistance

● Children born to teens
  – Increase risk for infant mortality
  – More likely to become teen moms

● Economics
  – $79,320 for each birth to a teenage mother in Milwaukee, totaling $29 billion annually
Biopsychosocial Model (Engel, 1977)

- Going beyond the pure biomedical model
- Model for health must include the psychosocial dimensions of life:
  - Personal
  - Emotional
  - Family
  - Community
  - Biological components
Egocentrism (Elkind, 1967)

- Adolescents fail to differentiate the concerns of their own thoughts from those of others

- Adolescent’s belief that should be viewed as special and unique

- “Many young girls become pregnant because, in part at least, their personal fable convinces them that pregnancy will happen to others but never to them and so they need not take precautions”
Parental Influence (Romer, 1999)

- Increase in parental monitoring youth = (Table 1)
  - Less likely they were to engage in preadolescence sex
  - Lower rates of sexual initiation as they aged

- Strong parental communication regarding the consequences of sex and promoting condom use resulted in the start and consistent use of condoms
Parent Monitoring

Graph 1
Proportion of Adolescents Sexually Initiated by Age & Parent Monitoring (Romer, 1999)
Family Strengths (Hillis, 2010)

- Family strengths had a significantly decreased risk of adolescent pregnancy
  - Consistent if adverse childhood experience occurred

- Long term effects: (Table 2)
  - Less likely to have job problems
  - Family problems
  - Financial problems
  - Experience high stress, and
  - Display uncontrollable anger
## Table 2. Numbers of childhood family strengths and long-term psychosocial problems (a) (Hillis, 2010)

<table>
<thead>
<tr>
<th>Long-term psychosocial consequences</th>
<th>Numbers of categories of family strengths</th>
<th>0 or 1</th>
<th>2 or 3</th>
<th>4 or 5</th>
<th>6 or 7</th>
<th>p for trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job problems</strong></td>
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<tr>
<td>Percentage (n)</td>
<td></td>
<td>14.4 (49)</td>
<td>12.2 (77)</td>
<td>9.1 (54)</td>
<td>5.7 (176)</td>
<td>&lt;0.0001</td>
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<td><strong>Family problems</strong></td>
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<td>Percentage (n)</td>
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<td>19.1 (65)</td>
<td>19.2 (121)</td>
<td>12.6 (75)</td>
<td>9.6 (296)</td>
<td>&lt;0.0001</td>
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<tr>
<td><strong>Financial problems</strong></td>
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<tr>
<td>Percentage (n)</td>
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<td>20.2 (69)</td>
<td>19.1 (120)</td>
<td>17.1 (102)</td>
<td>10.6 (325)</td>
<td>&lt;0.0001</td>
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<td><strong>High stress</strong></td>
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<tr>
<td>Percentage (n)</td>
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<td>20.8 (67)</td>
<td>22.1 (133)</td>
<td>17.8 (101)</td>
<td>15.8 (457)</td>
<td>&lt;0.0001</td>
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<tr>
<td><strong>Uncontrollable anger</strong></td>
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<tr>
<td>Percentage (n)</td>
<td></td>
<td>15.0 (51)</td>
<td>11.1 (70)</td>
<td>8.9 (53)</td>
<td>4.4 (135)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

(a) ORs are adjusted for age, race, education, adolescent pregnancy and ACE. ACE = adverse childhood experiences; CI = confidence interval; OR adj = adjusted odds ratio.
Risk Perception (Unger, 2000)

- Assess positive perceived consequence of teen pregnancy:
  - “I would feel like someone really needs me”
  - “My boyfriend would be more committed to me”

- Hispanics had higher positive perceived consequences = increased odds of sexual intercourse and unprotected sexual intercourse
Stress (Waller & DeBois, 2004)

- Favorable self-evaluations and higher family standards predicted longer time to initiation of intercourse
- Females reported significantly higher levels of stressful experiences in the family context
- African Americans reported significantly higher levels of stressful school experiences
What Works: Service Learning

- Reach for Health Community Youth Service Learning
  - Hispanics & African Americans grades 7 & 8
  - Delayed initiation of sex & frequency of sex

- Teen Outreach Program
  - High school aged
  - Decrease in pregnancy & course failure
Milwaukee Health Department

- PlainTalk
  - Help parents talk to kids about reproductive health

- No Condom, No Way
  - Promote and educate on safe sex practices
United Way’s Teen Pregnancy Programs

- United Way
  - Healthy Girls’ Initiative serves 3,000 youth
    - ¡Cuídate!
    - Making Proud Choices
      - Both evidence-based
      - Both evaluated in Philadelphia
        - Decrease sexual intercourse
        - Increase consistent condom use
Discussion

- Biopsychosocial model: Multitude of factors that influence teen pregnancy

- Egocentrism theory: “Pregnancy will happen to others, not to me”

- 64.06= pregnancy rate of Hispanic teens
  - Six times higher than White teens

- Hispanic females in high school more sexual active in the past 3 months than Hispanic males
Discussion cont’d

- Milwaukee’s Evidence-based programs
  - Current:
    - PlainTalk
    - No Condom, No Way
    - Making Proud Choices
    - Cuídate
      - Possibility to expand, address high Hispanic pregnancy rates
  - Possibilities for future:
    - Reach for Health
    - Teen Outreach
    - Programs focused around improving family strengths
Final Thoughts

- Teens are “resources to be developed, rather than problems to be solved”

- Teen’s sexual health choices developed by emotions, family, and community

- Programmatic changes in Milwaukee = teens have the opportunity to learn about:
  - Their health
  - The reality of their choices
  - The values of their community
Acknowledgments

- Eric Gass, PhD
- Jessica Gillis, MPH
References

References cont’d