

# Health-Based Interventions for Reducing Teen Pregnancy in Osceola County

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## Abstract

In 2015, Osceola County reported 41 teenage births, compared to 36 births in Florida and the average reported rate of 20 births per 1,000 adolescent girls in the United States. Over the years, similarly, Osceola has consistently reported about a 100% higher frequency in the number of teenage births compared to the national average. The health-based intervention programs that the Florida state has instituted to tackle the high rates of teenage pregnancies include comprehensive sex education, encouraging responsible sexual behavior, such as abstinence techniques and use of contraceptives, and youth development. The interventions consider unwanted pregnancies to be in the same league as other undesirable outcomes like sexually transmitted infections (STIs). As a result, the intervention measures amalgamate the teen pregnancy prevention initiatives with the STI/HIV prevention programs.

The study will explore the efficacy of the nurses' role in reducing teen pregnancies, especially among the Hispanic minority, through the provision and management of intervention programs in a high school setting. The expected outcomes of the interventions include reduced rates of teenage pregnancy among Hispanic girls in Osceola County, reduced cases of STIs, and reduced sexual activity among adolescents and pre-adolescents. Health-Based Interventions for Reducing Teen Pregnancy in Osceola County Interventions for reducing teenage pregnancies assume various forms. Additionally, they require the participation of health workers, such as nurses and social workers.

Of interest to this paper, however, is the role that nurses can play in reducing teenage pregnancy in Osceola County. Studies report that successes in reducing teenage pregnancies and births go hand-in-hand with three other main outcomes, namely: (1) reduced repeat pregnancies, (2) reduction in frequencies of sexual activity, and (3) increased rates of use of contraceptives (Goesling, Colman, Trenholm, Terzian, & Moore, 2014). However, evidence in the existing empirical research is not conclusive as to whether intervention initiatives can be replicable in settings such as Osceola County. Still, nurses can employ measures such as confidentiality and personalized case management, which increase the likelihood of adolescent girls embracing the intervention services (Lewis, Faulkner, Scarborough, & Berkeley, 2012).

## Background

Teenage pregnancies and, in turn, births refer to the number of births per 1,000 adolescent girls—that is, between ages 15-19 (Kost & Henshaw, 2014). Teenagers can easily adopt high-risk sexual practices, such as having a large number of sexual partners or failing to use contraceptives. These risky sexual practices can result in unplanned pregnancies and STIs. Apart from negatively affecting the short- to long-term health of teenagers, unplanned pregnancies can have a profound detrimental impact on the teenager, family, and community (Kost & Henshaw, 2014).

The U.S. reports over 3 million unwanted pregnancies in women annually. However, the demographic indicators indicate that high-risk groups, such as ethnic minorities, the poor, teenagers, and unmarried women, have the highest likelihood of experiencing unwanted pregnancies (Goesling et al., 2014). Whereas teenage pregnancy rates are gradually decreasing, the extent of the problem is still substantial. For instance, there were over 600,000 teenage pregnancies by the end of 2010 (Chin et al., 2012).

On the other hand, adolescent girls who are pregnant have a lower probability of receiving the required pre-natal care, which effectively endangers the health of the unborn child. As a result, pregnant teenagers have a higher probability of giving birth before term or having babies with low weight (Ethier et al., 2011). On giving birth, teen mothers face the increased risk of either repeat pregnancies or STI infections. On the other hand, teens are less likely to get a high school diploma and may end up poor or dependent on social welfare (The National Campaign to Prevent Teen and Unplanned Pregnancy [The National Campaign], 2014).

Teen pregnancies place increased strains on the regional and federal economies. They cost the healthcare system up to \$16 billion annually. In 2010, for instance, teen births and the associated costs used up \$9 billion of the health care funds (The National Campaign, 2014). In 2007-2013, Osceola experienced 2,708 teen births in a population of 71,656 teenage girls, which represented a 38 birth rate. In Florida, Osceola is ranked 34th for its teen birth rate, and it is in the tenth percentile of the overall U.S. rate (Kost & Henshaw, 2014).

## **Problem Statement**

The specific problem is that there appears to be an increase in teen pregnancy in the Hispanic girl population that is between the ages of 15 to 19 in the central Florida region. Factors that are associated with teen pregnancy include traditions and customs that encourage early marriage, especially in developing countries, peer pressure to have sexual intercourse, low self-esteem, and sexual abuse, adolescent sexual behavior often influenced by alcoholism and drug abuse, among others. The problem is significant because teen pregnancies expose adolescent girls to other health problems, such as STIs. In addition, the teen pregnancy problem in the selected high school leads to truncated education, whereby the new obligations of motherhood disrupt the girls' educational progress. Similarly, the problem is found to affect minority and poor teenage girls disproportionately. Hence, the envisioned interventions are aimed to prevent the girls and their families from sliding further into socio-economic woes.

## **Purpose**

The purpose of the study will be to investigate whether health-based interventions can lead to a reduced number of teen pregnancies/births in a selected high school in Osceola County. Furthermore, the study aims to establish whether the interventions can lead to expected beneficial outcomes, such as reduced rates of sexual activity. Increased rates of use of contraceptives and reduced cases of STIs would be other expected outcomes of the study's determinations. On a smaller scale, the study also aims to establish whether the interventions can lead to increased rates of condom use. Overall, the study will aim to inform high school students of adopting healthy sexual behaviors. Technically, the study will assess the efficacy of various approaches, such as school-based health clinics that deal with reproductive health. To address the problem of repeated pregnancies, the study will examine whether intensive and comprehensive case management or clinic-based programs can result in reduced rates of subsequent teen pregnancies.

## **Methodology**

The study will employ a qualitative phenomenological research approach. The selected participants were nurses from the clinic of the selected high school. Unlike grounded theory, the interpretative phenomenological analysis focused on a homogenous sample size where no extreme variations are expected (Ngum Chi Watts, Liamputtong, & McMichael, 2015).

Furthermore, according to the trends that the study observed, the nurses were expected to provide data that related to girls of similar educational backgrounds and with similar social factors. The researcher received permission from the school administration and the nurses to conduct the interviews. The interviews considered the participants' convenience, and as a result, the researcher carried them out at the

nurses' workstation during their breaks. Since the study employed an interpretative phenomenological analysis of the data, it aimed to record the participants' experiences compared to producing objective conclusions.

## **Questions**

### **Research question**

(1) How can health-based interventions reduce the rate of teen pregnancies among Hispanic girls in Osceola County?

### **Interview Questions**

- (1) Do you carry out programs that are aimed at addressing the issue of teen pregnancies?
- (2) Do you have high efficacy expectations in the ability of the school to promote responsible sexual behavior and, as a result, achieve the beneficial expected outcomes, such as reduced incidences of teen pregnancies?
- (3) Do you perceive barriers, such as undesirable cultural influences, low self-esteem, and peer pressure, when assisting Hispanic teenage girls to practice responsible sexual behavior to achieve beneficial outcomes like reduced pregnancies?

## **Sample**

The selected sample will consist of seven school nurses with at least six months of working experience with health-based intervention programs that address sexual health aspects in high schools. The study served the selected participants with open-ended questions to assess their experiences with teenage pregnancies, especially among minority groups such as Hispanics. The study employed a purposive sampling methodology, which selected the participating nurses according to their perceivable homogeneity in handling the sexual health concerns of Hispanic teenage girls. Furthermore, the sampling aimed to assemble a set of participants whose experiences would shed more light on the phenomenon of increased teen pregnancies among Hispanic girls.

## **Ethical Considerations**

The study would first seek the approval of the selected high school before selecting the potential participants. Furthermore, the study will familiarize the selected nurses with the aims and purposes of the study to ensure that their participation is based on informed consent. The study will provide for voluntary participation and further ensure that the participants enjoy the confidentiality that mitigates the possibility of victimization. On the other hand, since the study will explore the phenomenon of teen pregnancies from

gender and cultural lenses, it will respect the participants' ethical considerations. Since the selected participants will be licensed nurses, the study will not share the subjects' information as set out in the Health Insurance Portability and Accountability Act (HIPAA) laws. Then again, because the qualitative phenomenological research methodology would generate subjective descriptions, the study will prevent using assertions that display excessive stereotyping, bias, or offensive content.

### **Theoretical Framework**

The study employed the Health Belief Model (HBM) because of its wide application to "health education and health promotion" (Hayden, 2014, p. 31). In addition, two components of the model, namely (1) self-efficacy and (2) perceived barriers, created the theoretical basis for the study to enable it to explore how school nurses engaged in programs that would reduce teen pregnancies. On the other hand, the HBM befitted the study's approach because it is widely- used to formulate interventions that contend with behavioral outcomes informed by social, situational, and environmental contexts (Hall, 2012). Still, the study had a wide choice of HBMs of other suppositions, such as cues to action, perceived severity, perceived benefits, and perceived susceptibility (Hayden, 2014).

According to Asare, Sharma, Bernard, Rojas-Guyler, and Wang (2013), the perceived barriers component of HMB is suitable for predicting behavior change. Since teenagers contend with psychological and tangible influences that vary from low self-esteem to peer pressure before engaging in sexual activity, perceived barriers were one of the means through which the participating nurses could gauge the efficacy of the instituted programs.

Similarly, the component of self-efficacy informed the study's exploration of how teen Hispanic girls engage in risky sexual behavior despite the associable outcomes, such as teen pregnancies and increased incidences of STIs. Since self-efficacy refers to the credence one affords to a particular approach, it also informed the study's investigation into how the participating nurses had the certainty that the intervention programs would lead to reduced teen pregnancies and increased outcomes of associable benefits.

### **Literature Review**

Health practitioners have various approaches through which to improve the sexual health of teens. On the other hand, healthy sexual practices demand that teens adapt their behaviors to minimize engaging in risky practices, such as having multiple sexual partners, increased frequency of sexual activity, or reduced use of contraceptives (Chin et al., 2012; Goesling et al., 2014; Lewis et al., 2012). However,

preventive measures are not always successful at removing the possibility that teens would not get unwanted pregnancies (Ngum Chi Watts et al., 2015). As a result, the framework of intervention programs should incorporate aspects that manage the sexual health and behaviors of already pregnant teens or those with young children to reduce the rates of repeat pregnancies, which are equally integral to the phenomenon of unwanted teen pregnancies (Goesling et al., 2014; Lewis et al., 2012).

### **Interventions for Preventing or Reducing Teen Births/Pregnancies**

When they are effective, teen pregnancy interventions result in lower sexual activity, increased uptake of contraceptives like condoms, and, ultimately, low incidences of STIs (Sayegh, Castrucci, Lewis, & Hobbs-Lopez, 2011). Still, cultural influences play a role in the resultant effectiveness of teen pregnancy interventions. In a comprehensive study of the phenomenon of teen pregnancy in Texas, from 2005 to 2015, for instance, Sayegh et al. (2011, p. 94) posited that “teen pregnancy risk as a stochastic process of contraceptive failure and sexual activity” was responsible for increased rates of teen pregnancies. Significantly, however, was that Sayegh et al. (2011, p. 94) found that the increased population of Hispanic females led to a comparative increase of 13% in the frequency of teen pregnancies “due largely to the rise in the pregnancy risk among the growing population of Hispanic adolescents.”

Nonetheless, according to Weiss (2012), interventions such as youth development that admittedly take a longer time to achieve their objectives are more effective in preventing and/or reducing teenage pregnancies. On the other hand, Goesling et al. (2014) bemoaned the lack of evidence that proved a causal effect between ethnic or racial origin and the effectiveness of intervention programs. Goesling et al. (2014) nevertheless indicated that empirical research conducted on the impact of teenage pregnancy prevention initiatives on African American girls was conclusive as regards the perceived effectiveness. However, research on other minorities like Hispanic teenage girls, Alaskan Natives, American Natives, and small population samples, such as teens in foster care, did not confirm the effectiveness of programs aimed at reducing teen pregnancy (Goesling et al., 2014). Thus, the research finds a ‘one-size-fits-all’ approach to the formulation of intervention programs is bound to produce mixed results since the confirmed effects of interventions varied between population sizes, minorities, and community settings.

Aspects of the interventions produce varying results when analyzed in isolation from the overall framework. Service learning components (SLCs) of the initiatives, for example, result in decreased rates of teen pregnancies. Arguably, SLCs dissuade teenage girls from engaging in their first sexual intercourse, may discourage frequent sexual encounters, and similarly encourage the uptake of contraceptives and condom use (Goesling et al., 2014). On the other hand, youth development initiatives result in lower teen pregnancies—although the observable impact occurs over a longer period of time (Goesling et al., 2014).



Then again, Chin et al. (2012) argued that programs aimed at addressing the risky sexual behaviors of adolescents had the most effect on reducing teen pregnancies. The study observed that in addition to a reduction in risky behavior, adolescents were inclined to have a lower frequency of sexual engagements, a reduced number of sexual partners, and an increased likelihood of using contraceptives and protection (Chin et al., 2012).

### **Intervention through School Clinics' Reproductive Health Services**

School clinics that offer reproductive health management services reduce the prevalence of adverse outcomes in teenage births. In contrast to initiatives that aim to prevent teens from getting pregnant in the first place, school clinics manage the issues that teenage mothers face (Keeton, Soleimanpour, & Brindis, 2012). For instance, teenage mothers are more likely to get babies that have low birth weights. Still, the research is not conclusive as to whether school health services can reduce problems related to teenage motherhood, such as high dropout rates and increased frequencies of absenteeism (Keeton et al., 2012; Ngum Chi Watts et al., 2015). However, the research confirms that school health centers may precipitate the reduction in teen pregnancies if they offer contraception services (Ethier et al., 2011). The difference is especially notable because studies, such as Ethier et al.'s (2011) research, compared school clinics that offered contraceptives to those that offered social interventions like guidance and counseling and found that access to contraceptives encouraged higher rates of their usage.

### **Intervention through Pregnant Teens' Case Management**

According to Kan et al. (2012), intensive and personalized case management of pregnant teens lowers the prevalence of repeated pregnancies among Hispanic and African American teenage mothers. However, the research remains inconclusive on whether the effects are replicable in the cases of other groups or particular populations, such as teens in foster care (Lewis et al., 2012). Similar research indicates the need for comprehensive case management because of the “psychosocial and physical adversities [that] still occur for pregnant teens and their children” (Ahern & Bramlett, 2016, p. 25). However, research finds that intensive case management is more effective when the affected teenage girls receive support from culturally matched health practitioners, such as school nurses (Lewis et al., 2012). The outcome is especially notable in the empirical data on case management initiatives of minorities like Hispanics and African Americans (Kan et al., 2012).

Case management initiatives are mostly successful when they include certain aspects. Research by Lopez, Hiller, Grimes, and Chen (2012) cites (1) easy accessibility, (2) provision of contraception instruction, (3) home visits, (4) appropriate and personalized health education, and (5) confidentiality as some of the features that make intensive case management effective. On the other hand, health

practitioners who offer case management in group settings risk reducing the effectiveness of the initiative in reducing repeat pregnancies since teen mothers give credence to the perceived confidentiality (Phipps & Nunes, 2012). Still, when case management includes aspects of home visits, they are more likely to encourage positive behavior among teenage mothers, which ultimately leads to reduced incidences of repeat pregnancies (Kan et al., 2012; Lewis et al., 2012).

In addition, the high frequency of home visits made the case management interventions more effective as the practitioner could offer increasingly tailored support that resulted in beneficial outcomes, such as the choice of appropriate contraceptives that have the potential for offering longer-term prevention against unwanted repeat pregnancies (Kan et al., 2012). As opposed to teens who have never experienced a pregnancy, adolescent mothers and pregnant teens experience exacerbated challenges because of the undue psychological and societal pressures that unwanted pregnancy brings. As a result, effective case management is one of the most crucial interventions in the reduction of teen pregnancies.

### **Conclusion**

The increased rate of teen pregnancies among Hispanics in Osceola County poses a great challenge to the teens, their families, and the community. As a result, health-based interventions are necessary to mitigate the looming social and economic costs that will affect Osceola's prospects negatively. The proposed phenomenological qualitative study might not explore all the factors and aspects of the phenomenon to inform a comprehensive intervention framework. However, the findings will generate tentative findings that would attract the attention of stakeholders who would ultimately tackle the unfolding problem.

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