

Prepared for the

**TEEN PREGNANCY PREVENTION COLLABORATIVE PARTNERSHIP**

**RICHMOND COUNTY (AUGUSTA, GA)**

by

**MESSAGES OF EMPOWERMENT PRODUCTIONS, LLC**



# TEENS & CAREGIVERS



## COMPARATIVE ANALYSIS

**A SPECIAL REPORT BASED ON THE RICHMOND COUNTY (AUGUSTA, GA)  
COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT**

# TABLE OF CONTENTS

		Page No.
<i>Overview of the Richmond County Teen Pregnancy Prevention Collaborative Partnership</i>		3
<i>Rationale &amp; Goals of the Community Needs Assessment</i>		4
<i>Overview of the Community Needs Assessment</i>		5
<i>Teen-Caregiver Comparative Analysis Methods</i>		6
1.0	Issues Teens Face Today	7
2.0	Teen Pregnancy Issues	13
3.0	Sex & Birth Control Issues	21
<i>Limitations &amp; Strengths of the Community Needs Assessment</i>		26

# OVERVIEW OF THE RICHMOND COUNTY TEEN PREGNANCY PREVENTION COLLABORATIVE PARTNERSHIP

The Richmond County Teen Pregnancy Prevention Initiative is an initiative funded by the CDC to provide teen pregnancy prevention programs in Richmond County/Augusta, GA.

The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) is currently working in partnership with the Richmond County community to reduce teen pregnancies and births by **10% in 5 years**.

G-CAPP is also working closely with **16** community-based organizations in Richmond County to reach this goal.

G-CAPP commissioned Messages of Empowerment to conduct a community needs assessment as the first step in developing a community-wide strategy to address teen pregnancy in Richmond County.

## WHY CONDUCT A NEEDS ASSESSMENT IN RICHMOND COUNTY?

An assessment of the community's teen pregnancy prevention needs is an essential component of the G-CAPP/Richmond County initiative. The initiative's effectiveness will depend largely on the assessment's accurate identification of the community's existing resources and areas of need. This information will allow G-CAPP and its community partners to select specific, targeted programs that both address the community's needs and maximize existing resources.

## THE GOALS OF THE COMMUNITY NEEDS ASSESSMENT ARE:

- ❖ To identify the community's existing pregnancy prevention resources
- ❖ To obtain residents' opinions on teen pregnancy and related issues
- ❖ To prioritize the residents' concerns regarding teen pregnancy prevention
- ❖ To determine the community's specific pregnancy prevention needs

# OVERVIEW OF THE COMMUNITY NEEDS ASSESSMENT

The community needs assessment involved a survey of Richmond County residents' knowledge, attitudes, and behaviors related to the issue of teen pregnancy. The research methodology and survey instruments were developed using the “resident research” approach, which was developed specifically for community needs assessments by Philliber Research Associates. A hallmark of this approach is its inclusion of community members in the research process, with residents receiving intensive training from experienced investigators to conduct research among their neighbors.

For this assessment, Messages of Empowerment recruited, trained, and managed a team of Richmond County residents who administered 30-minute surveys to fellow members of the community. Surveys were administered to individual community members (teens, caregivers, and policy-makers among others) and were conducted at various sites within the community (youth-serving organizations, schools, faith communities, businesses, and health clinics). A special survey was also administered to Richmond County pharmacists to assess the availability and dispensation of contraception, particularly emergency contraception, to area teens. All surveys were administered either face-to-face or by telephone interview. Survey participants at all sites were compensated with a gift card for their participation, with the exception of the pharmacists, health clinics, and youth-serving organizations.

To ensure rigor and to streamline data collection, the research team conducted the assessment in three waves:

**WAVE 1:** Teens and caregivers (April 3, 2011 - June 4, 2011)

**WAVE 2:** Faith communities, businesses, and policy makers (May 9, 2011 – August 22, 2011)

**WAVE 3:** Pharmacists, health clinics, and youth-serving organizations (August 22, 2011 - November 9, 2011)

For each wave, the research team employed unique data collection methods, research management plans, and survey monitoring processes specifically developed for the priority population.

*Note: Although Hispanic residents account for only 2% of the Richmond County population, Hispanic communities account for a disproportionate number of teen pregnancies. Assessing the unique issues surrounding teen pregnancy in these communities can be challenging due to language barriers, so the evaluation team anticipated a need for additional resources in collecting data on Hispanic community members' culturally-specific knowledge, attitudes, and behaviors regarding teen pregnancy. The team identified and solicited the help of Spanish-speaking researchers and translated both the teen and caregiver survey tools into Spanish; however, since the Spanish-speaking researchers were not always readily available, very little data were collected from Richmond County's Hispanic communities.*

# TEEN-CAREGIVER COMPARATIVE ANALYSIS METHODS

The research team compiled the community needs assessment data into a comprehensive report that graphically presents participants' responses. In addition, the team developed a comparative analysis of the teen and caregiver surveys. The purpose of this comparative analysis is threefold:

- To gauge the extent to which Richmond County teens and caregivers (i.e., those most closely affected by teen pregnancy) agree that teen pregnancy is a serious issue in the community
- To compare teens' and caregivers' views of comprehensive, age-appropriate, school-based sex education
- To estimate teens' and caregivers' collective readiness to talk openly about sex, birth control, and teen pregnancy

The respective survey instruments for the teen and caregiver sub-groups included several overlapping questions, which allowed the research to team compare participant responses. Comparable questions were included in three main topic areas:

1. Issues Teens Face Today
2. Teen Pregnancy Issues
3. Sex & Birth Control Issues

Researchers calculated frequency counts for teens and caregivers among a total of 20 similar questions. Teen and caregiver responses were mapped together to the determine level of agreement and/or discrepancy. The resulting comparative analysis of teen and caregiver responses provides initial indications of overall support for open and honest discussions about sexual activity, contraception, and sex education in Richmond County.

TOTAL USEABLE SURVEYS COLLECTED	
TEEN SURVEY	N = 426
CAREGIVER SURVEY	N = 483

# 1.0

## ISSUES TEENS FACE TODAY



## TEENS & CAREGIVERS

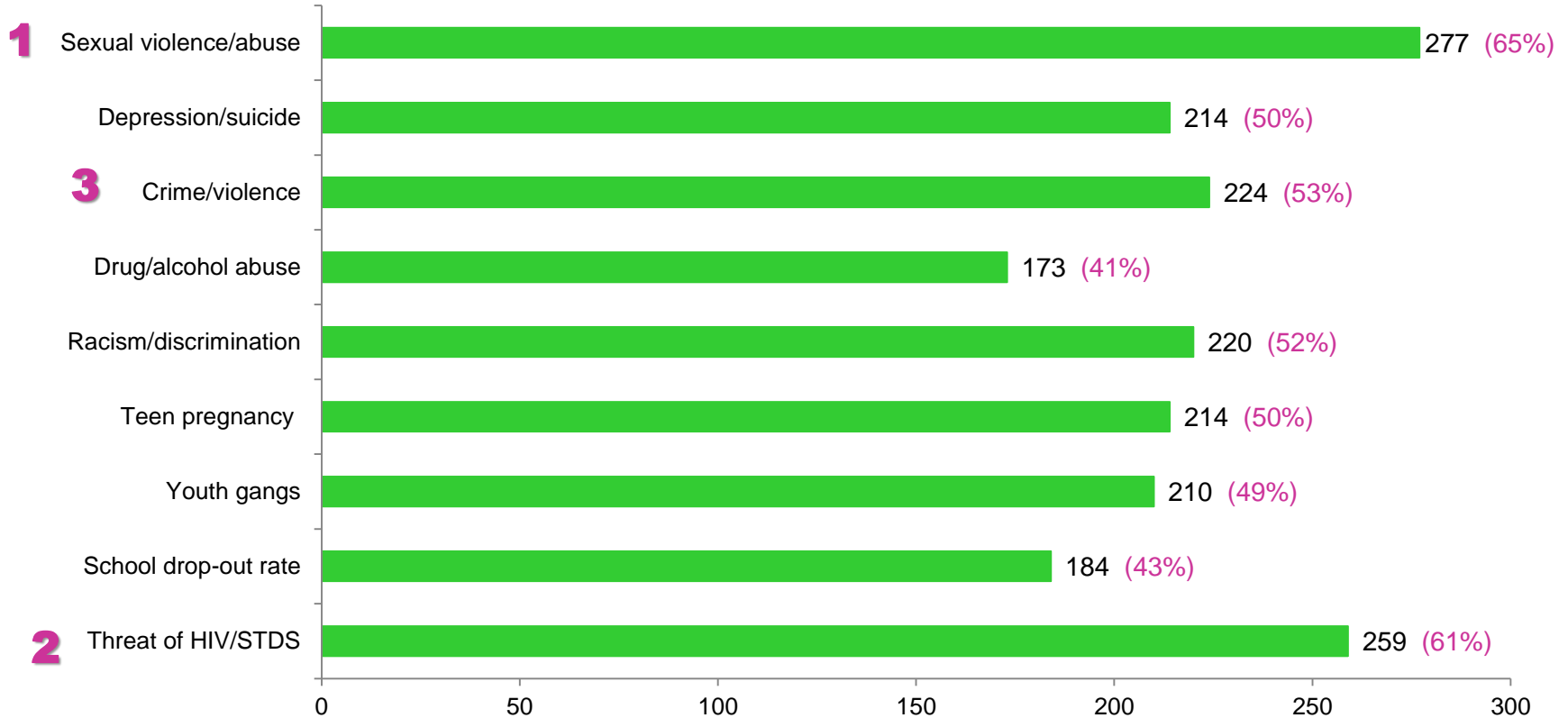


## COMPARATIVE ANALYSIS



# ISSUES TEENS FACE TODAY

N=426 Teens  
N=483 Caregivers



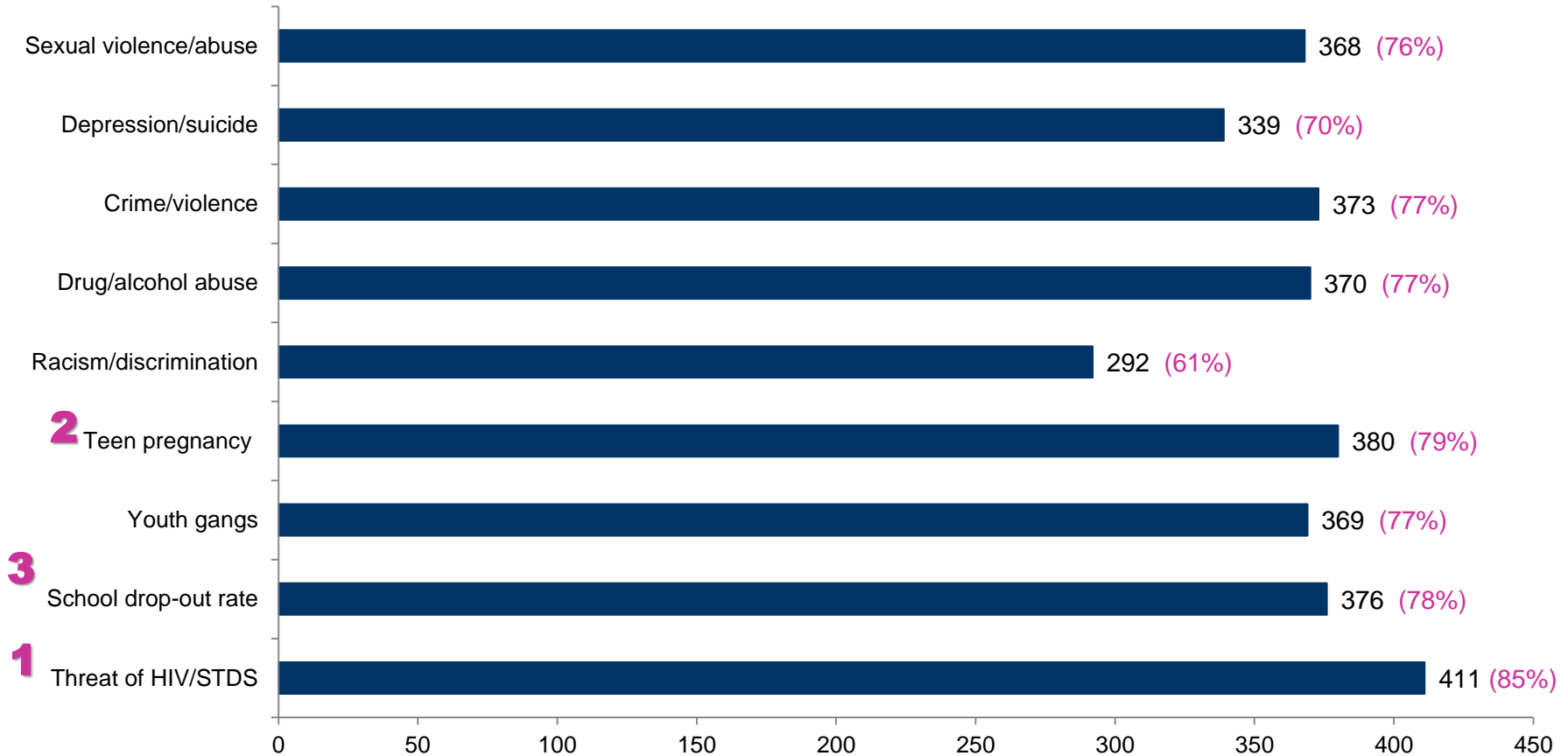
**ISSUES THAT TEENS FACE (TEENS):** This question asked teens to rate their level of concern regarding nine specific issues that Richmond County teens face today. The graph displays the response rates for issues identified as an “extreme concern.” Teens’ top three concerns are sexual violence/abuse (65%), the threat of HIV/STDs (61%), and crime and violence (53%). Teen pregnancy is an extreme concern for only about half the teens participating in this survey.





# ISSUES TEENS FACE TODAY

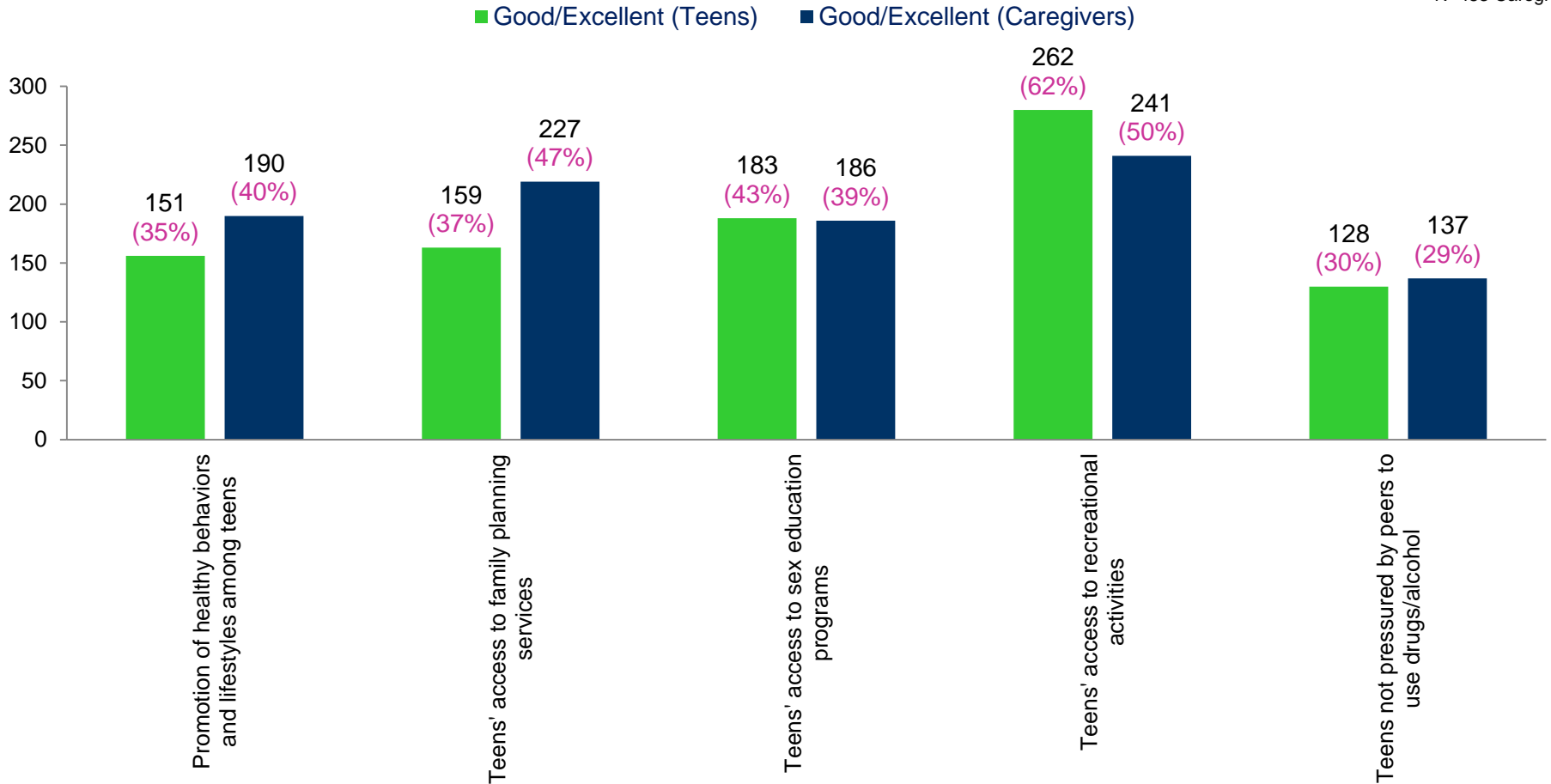
N=426 Teens  
N=483 Caregivers



**ISSUES THAT TEENS FACE (CAREGIVERS):** This question asked caregivers to rate their level of concern regarding nine specific issues that Richmond County teens face today. The graph displays the response rates for issues identified as an “extreme concern.” Caregivers’ top three extreme concerns are the threat of HIV/STDs (85%), teen pregnancy (79%), and the school drop-out rate (78%).

# ISSUES TEENS FACE TODAY

N=426 Teens  
N=483 Caregivers



**PERCEPTIONS OF HEALTH-RELATED SERVICES FOR TEENS:** Teens and caregivers were asked to rate the community on access to various health-related services for teens. Both teens (62%) and caregivers (50%) gave the highest rating (“good/excellent”) in the area of access to community activities. Both teens’ (30%) and caregivers’ (29%) “good/excellent” responses were lowest in the area of peer pressure to use drugs/alcohol. In very few instances do at least half of teens or caregivers rate the community as “good/excellent” in providing access to resources.

# ISSUES TEENS FACE TODAY

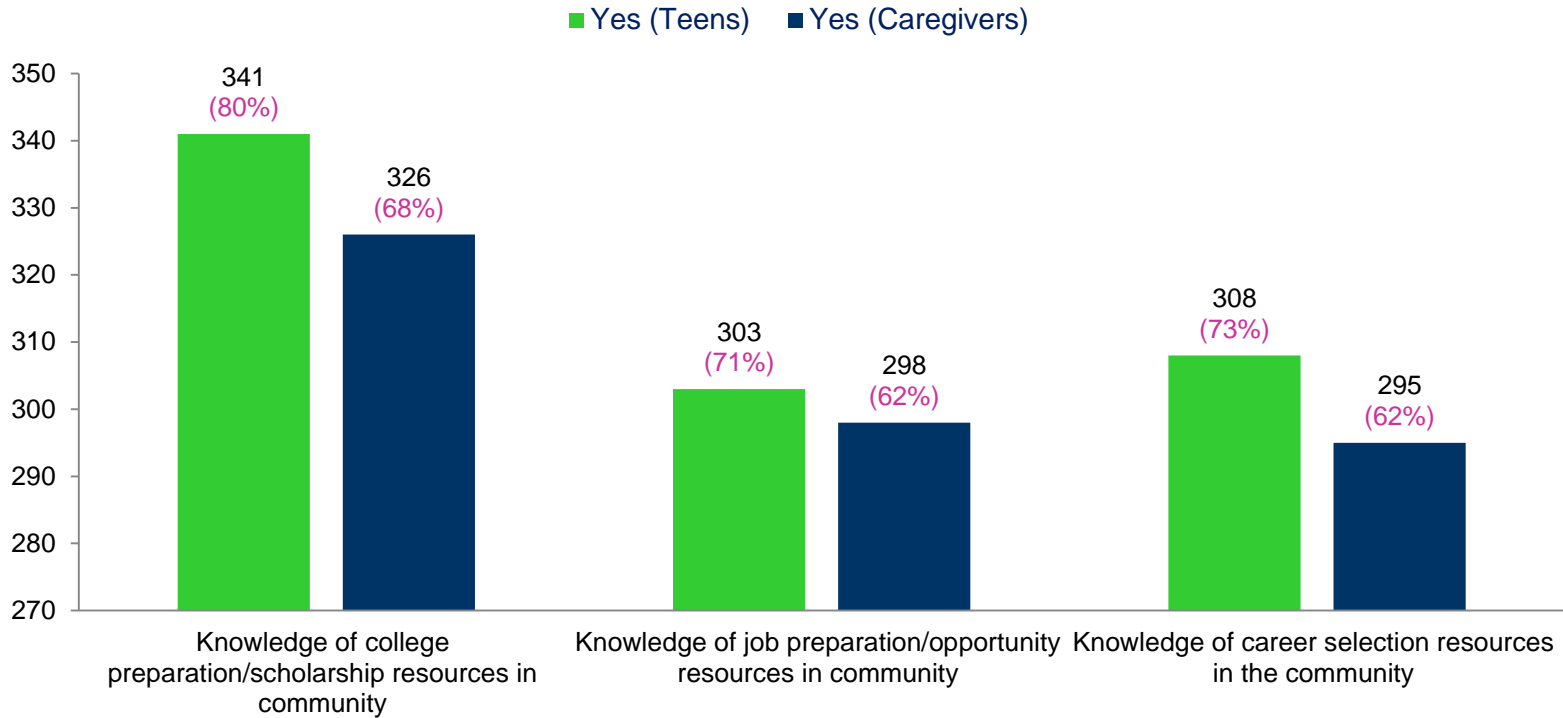
N=426 Teens  
N=483 Caregivers



**PERCEPTIONS OF OPPORTUNITIES FOR TEENS:** Teens and caregivers were asked to rate the community on access to educational and employment opportunities for teens. Both teens (61%) and caregivers (53%) gave the highest rating (“good/excellent”) in the area of educational opportunities for teens. Both teens’ (44%) and caregivers’ (36%) “good/excellent” responses were lowest in the area of access to jobs. In very few instances do at least half of teens or caregivers rate the community as “good/excellent” in providing opportunities for teens.

# ISSUES TEENS FACE TODAY

N=426 Teens  
N=483 Caregivers



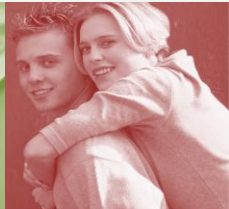
## KNOWLEDGE OF EDUCATIONAL, EMPLOYMENT, AND CAREER PREPARATION SERVICES FOR TEENS:

Teens and caregivers were questioned about their knowledge of education, employment, and career resources within the Richmond County community. In all categories, more than half of teens and caregivers reported having knowledge of preparation services. Also, in all categories, teens are more knowledgeable about preparation services than caregivers.



2.0

# TEEN PREGNANCY ISSUES



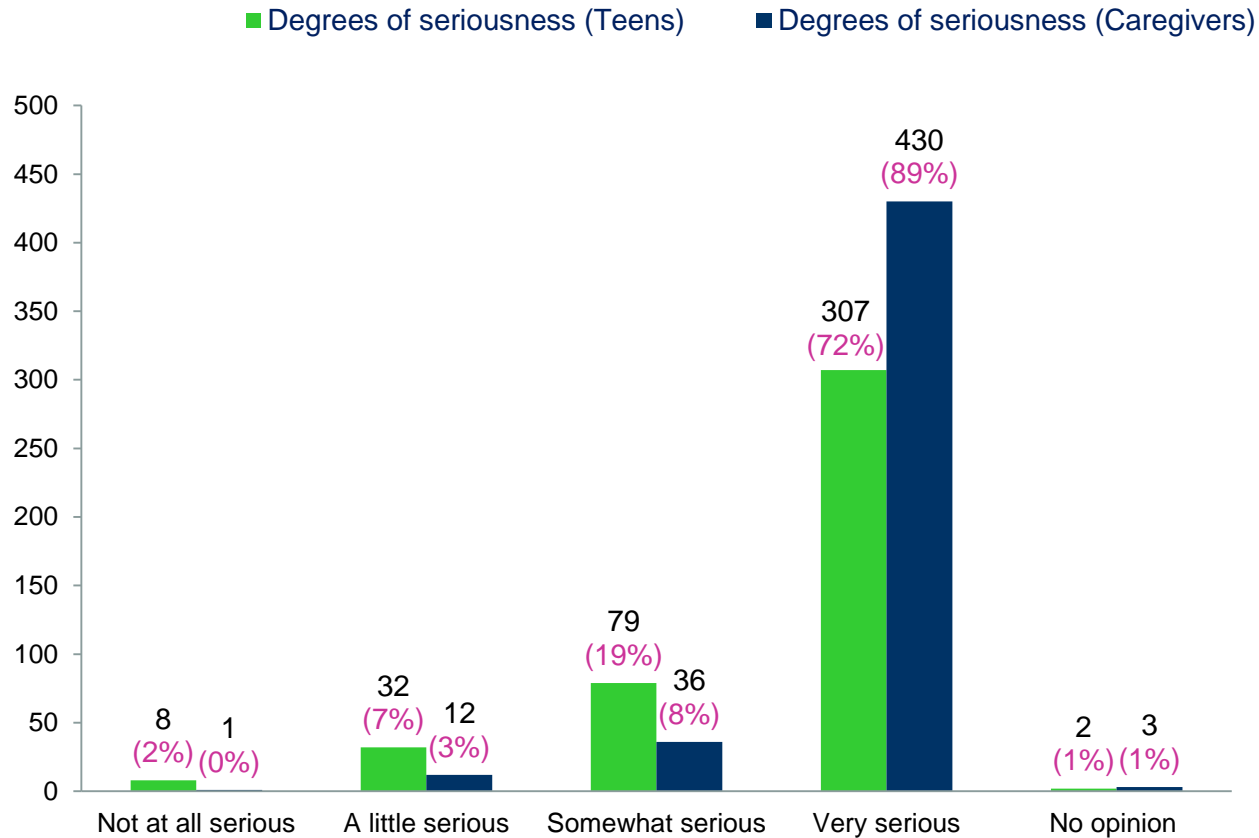
## TEENS & CAREGIVERS



## COMPARATIVE ANALYSIS

# TEEN PREGNANCY ISSUES

N=426 Teens  
N=483 Caregivers

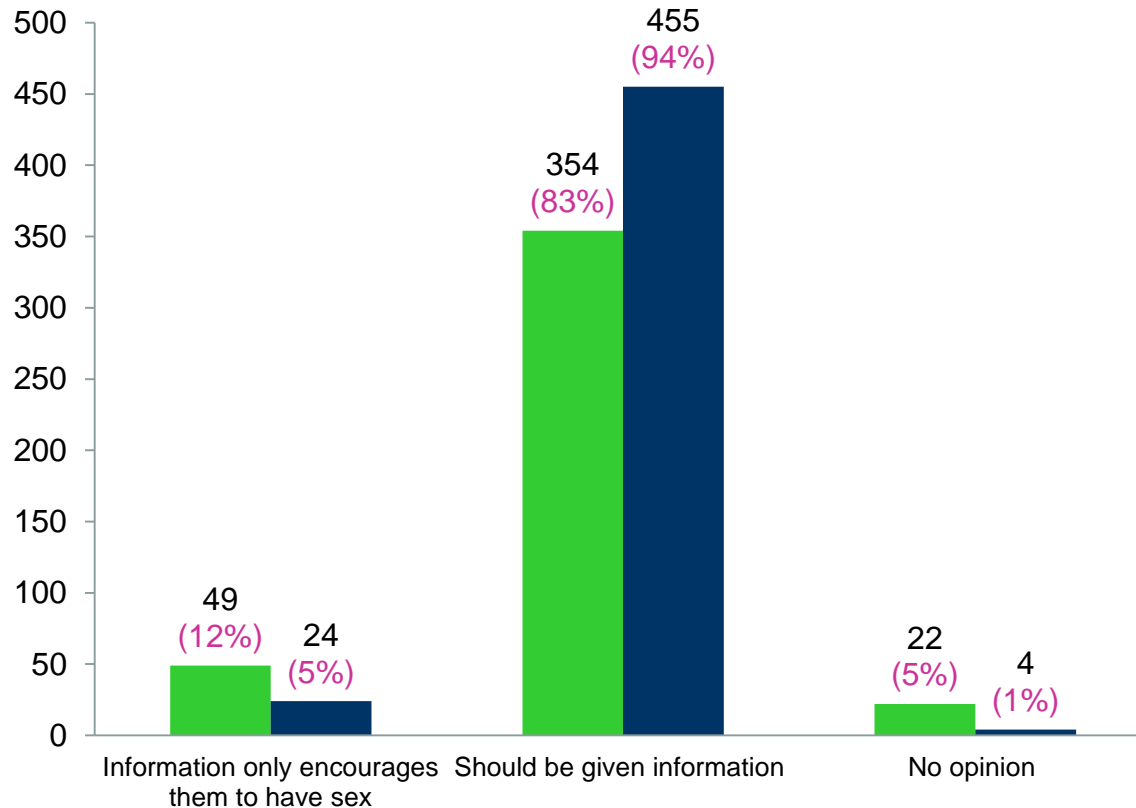


**PERCEPTIONS OF TEEN PREGNANCY AS A PROBLEM:** Teens and caregivers were asked to share their opinion on whether or not teen pregnancy is a serious problem in the Richmond County community. Most caregivers (72%) and teens (89%) view teen pregnancy as a “very serious” problem.

# TEEN PREGNANCY ISSUES

N=426 Teens  
N=483 Caregivers

- Perceptions about providing information to teens (Teens)
- Perceptions about providing information to teens (Caregivers)



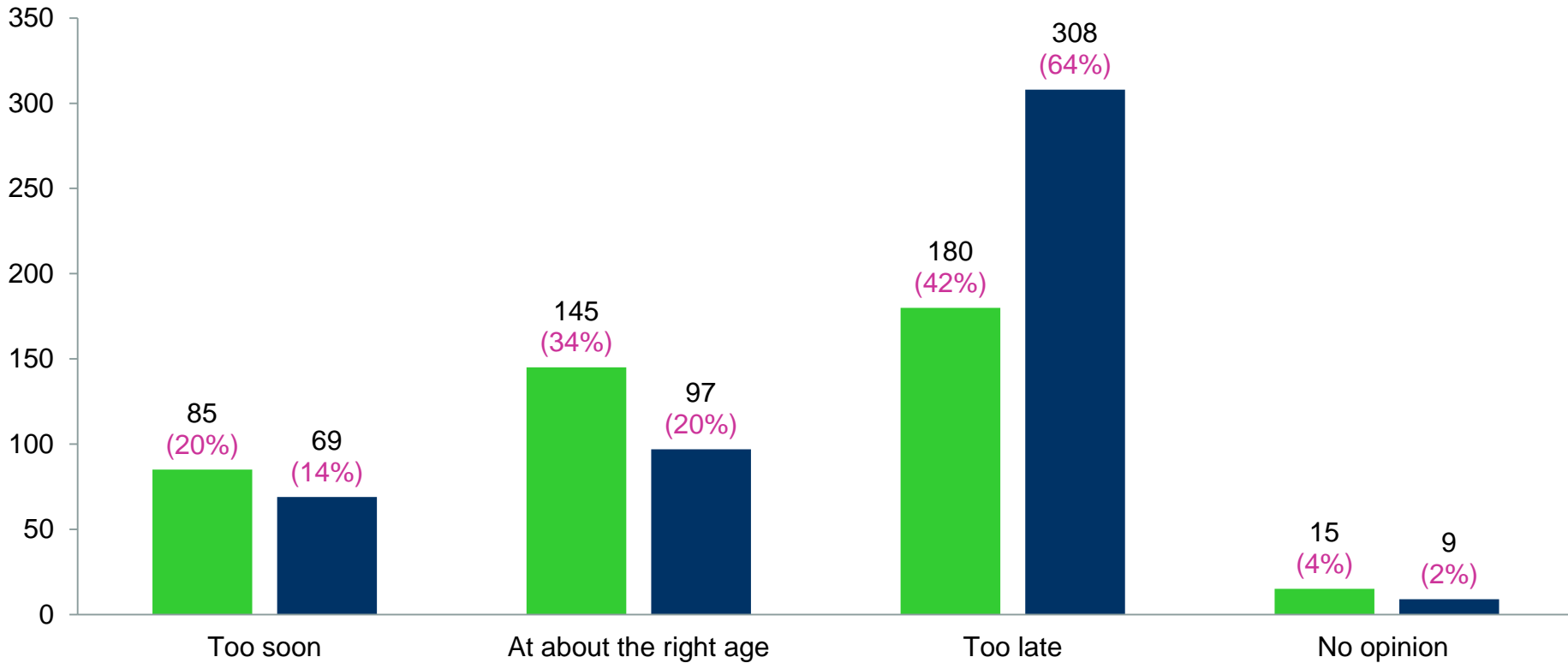
**PERCEPTIONS OF PROVIDING INFORMATION ABOUT SEX/BIRTH CONTROL:** Teens and caregivers were asked to share their opinions on the appropriateness of providing teens with information about sex and birth control. The overwhelming majority of both caregivers (94%) and teens (83%) reported that information about sex and birth control should be given to teens.



# TEEN PREGNANCY ISSUES

N=426 Teens  
N=483 Caregivers

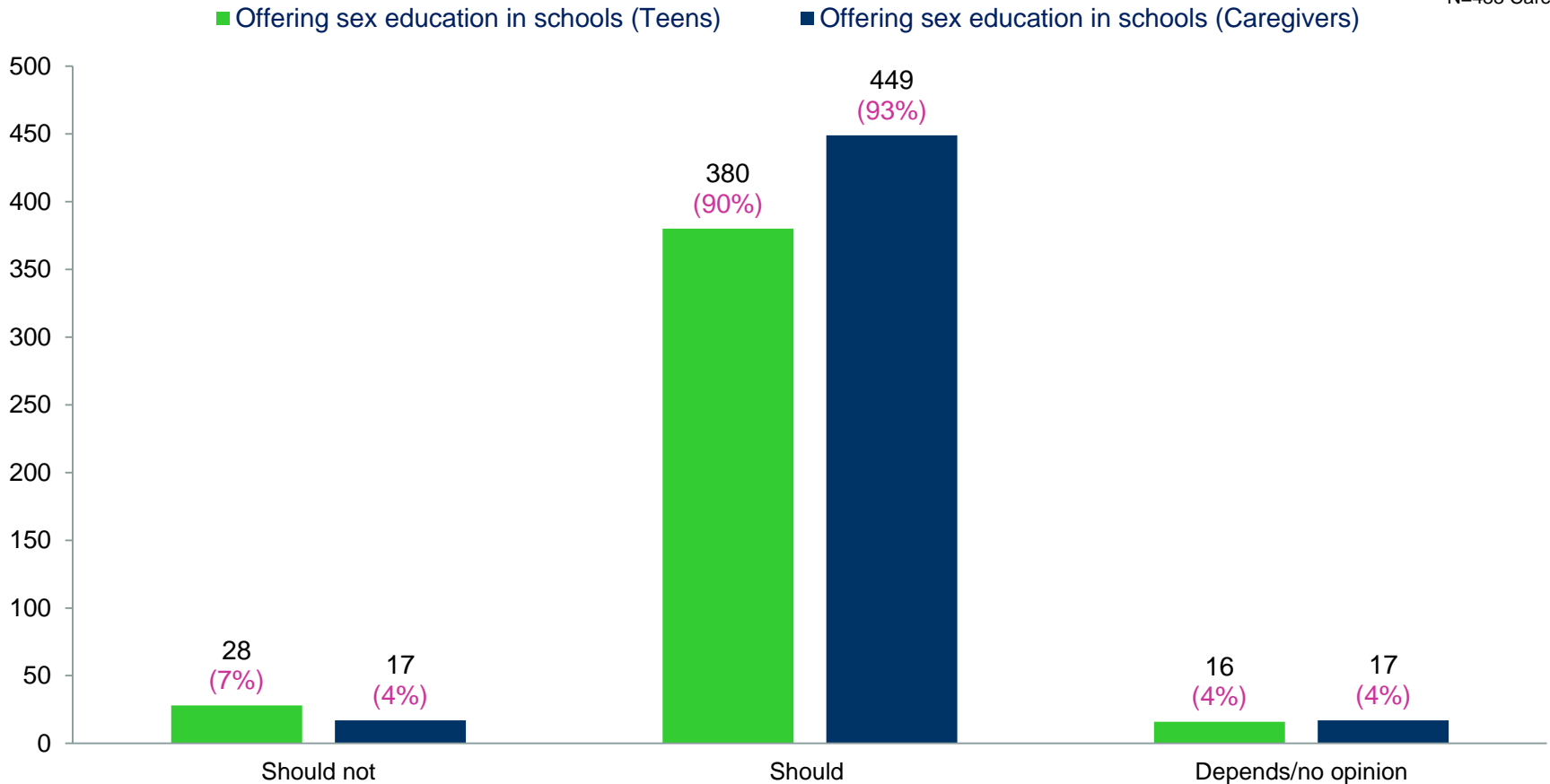
- Teens receive information about sex and birth control... (Teens)
- Teens receive information about sex and birth control... (Caregivers)



**PERCEPTIONS OF TIMING OF INFORMATION ABOUT SEX/BIRTH CONTROL:** Teens and caregivers were asked to share their opinions on the appropriate age to provide teens with information about sex and birth control. The majority of caregivers (64%) believe that teens receive this information too late (compared to only 42% of teens). Most teens (42%) also believe that teens receive this information too late, but many teens (34%) believe that their peers receive this information at about the right age (compared to only 20% of caregivers).

# TEEN PREGNANCY ISSUES

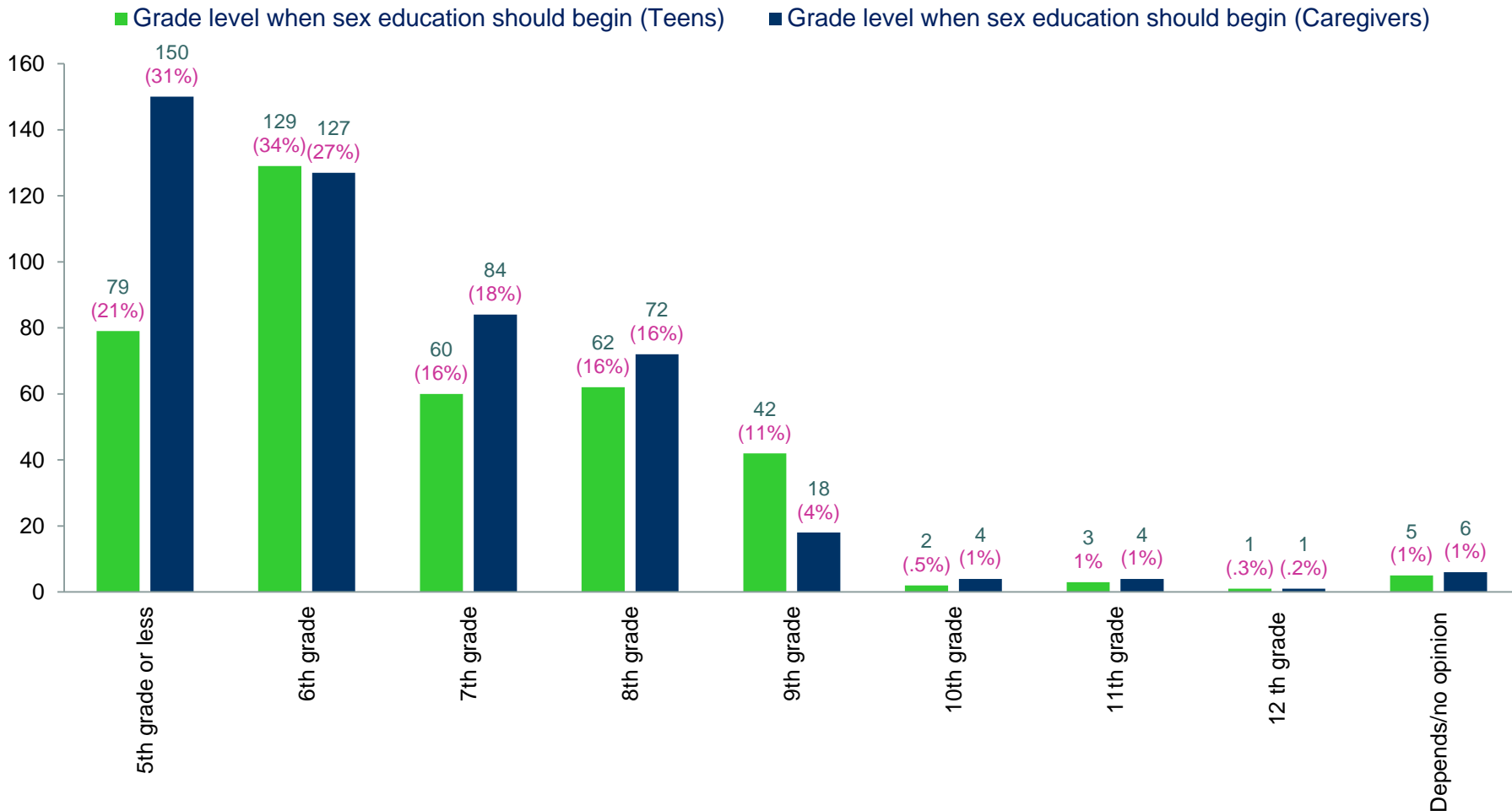
N=426 Teens  
N=483 Caregivers



**OPINIONS ABOUT SEX EDUCATION IN SCHOOLS:** Teens and caregivers were asked to share their opinions on the issue of offering age-appropriate sex education in schools. The overwhelming majority of both teens (90%) and caregivers (93%) agreed that age-appropriate sex education should be offered in schools.

# TEEN PREGNANCY ISSUES

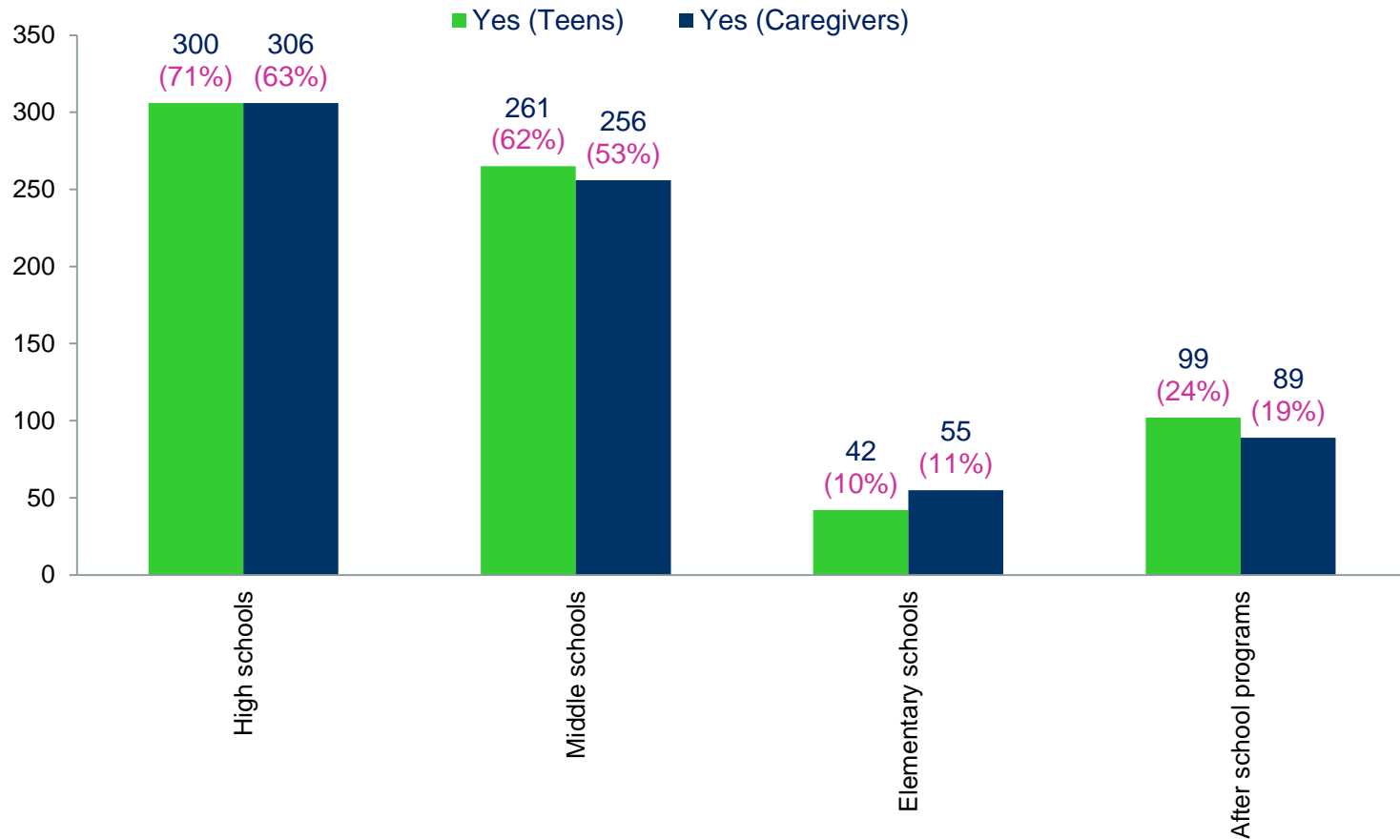
N=426 Teens  
N=483 Caregivers



**OPINIONS ABOUT SEX EDUCATION BY GRADE LEVEL:** Teens and caregivers were asked to share their opinions on the appropriate grade level at which schools should introduce sex education. The largest single percentage of caregivers (31%) selected “5<sup>th</sup> grade or less” as an appropriate introduction point for sex-education. The largest single percentage of teens (34%) selected “6<sup>th</sup> grade.” Based on the responses, teens and caregivers might agree that 5<sup>th</sup> or 6<sup>th</sup> grade is appropriate for introducing sex education.

# TEEN PREGNANCY ISSUES

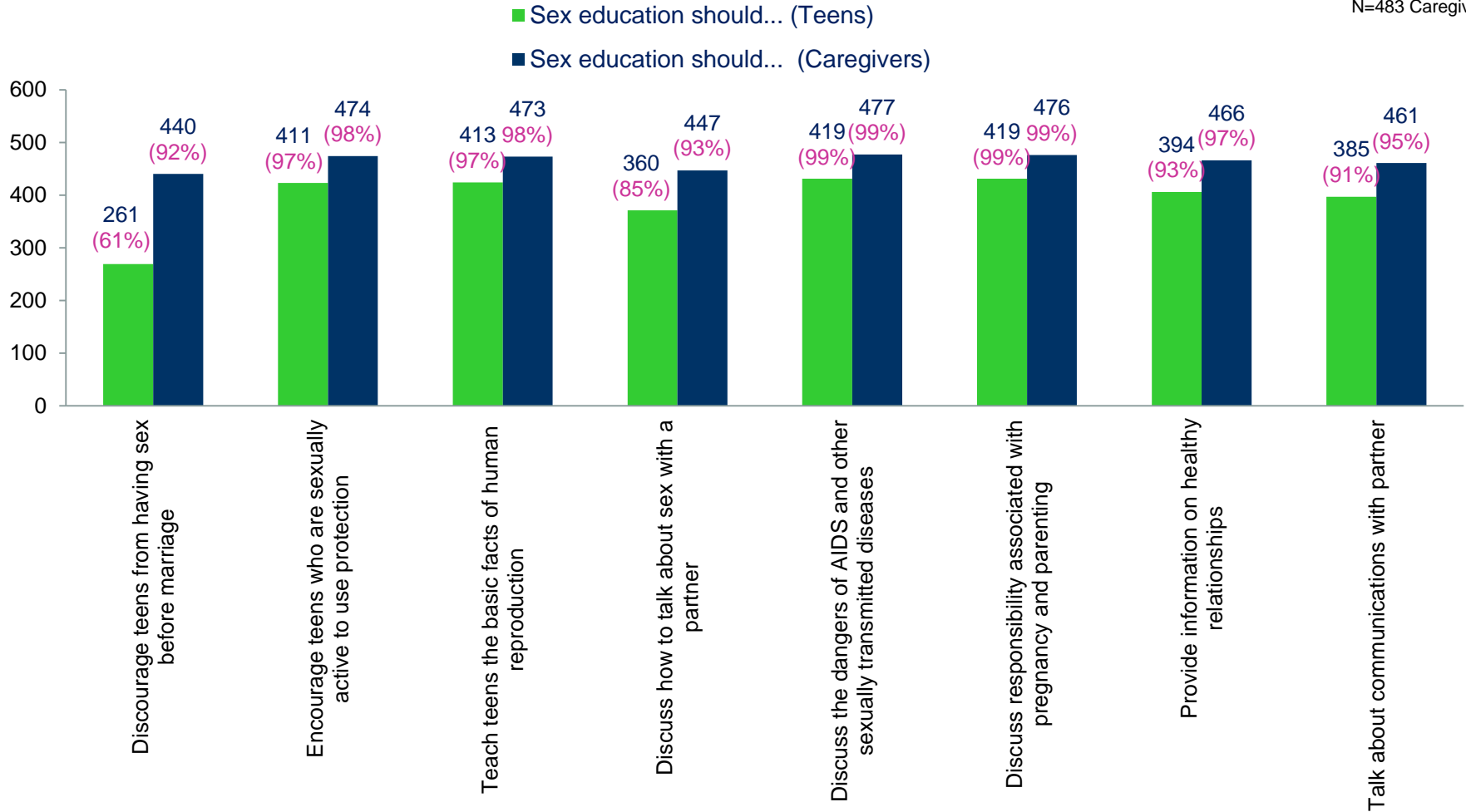
N=426 Teens  
N=483 Caregivers



**PERCEPTIONS OF CURRENT SEX EDUCATION OFFERINGS:** Teens and caregivers were asked about their perceptions of current sex education offerings in area schools. The majority of teens and caregivers believe that sex education is offered mainly in middle and high schools within the community.

# TEEN PREGNANCY ISSUES

N=426 Teens  
N=483 Caregivers



**OPINIONS ABOUT SEX EDUCATION TOPICS:** Teens and caregivers were asked to share their opinions on the appropriateness of several sex education topics. In seven of the eight categories, more than 80% of both teens and caregivers deem the topic appropriate for sex education. In six of the eight categories, more than 90% of both teens and caregivers deem the topic appropriate for sex-education. However, only 61% of teens believe that sex education should discourage teens from having sex, compared to 92% of caregivers.

# 3.0

## SEX & BIRTH CONTROL ISSUES



## TEENS & CAREGIVERS

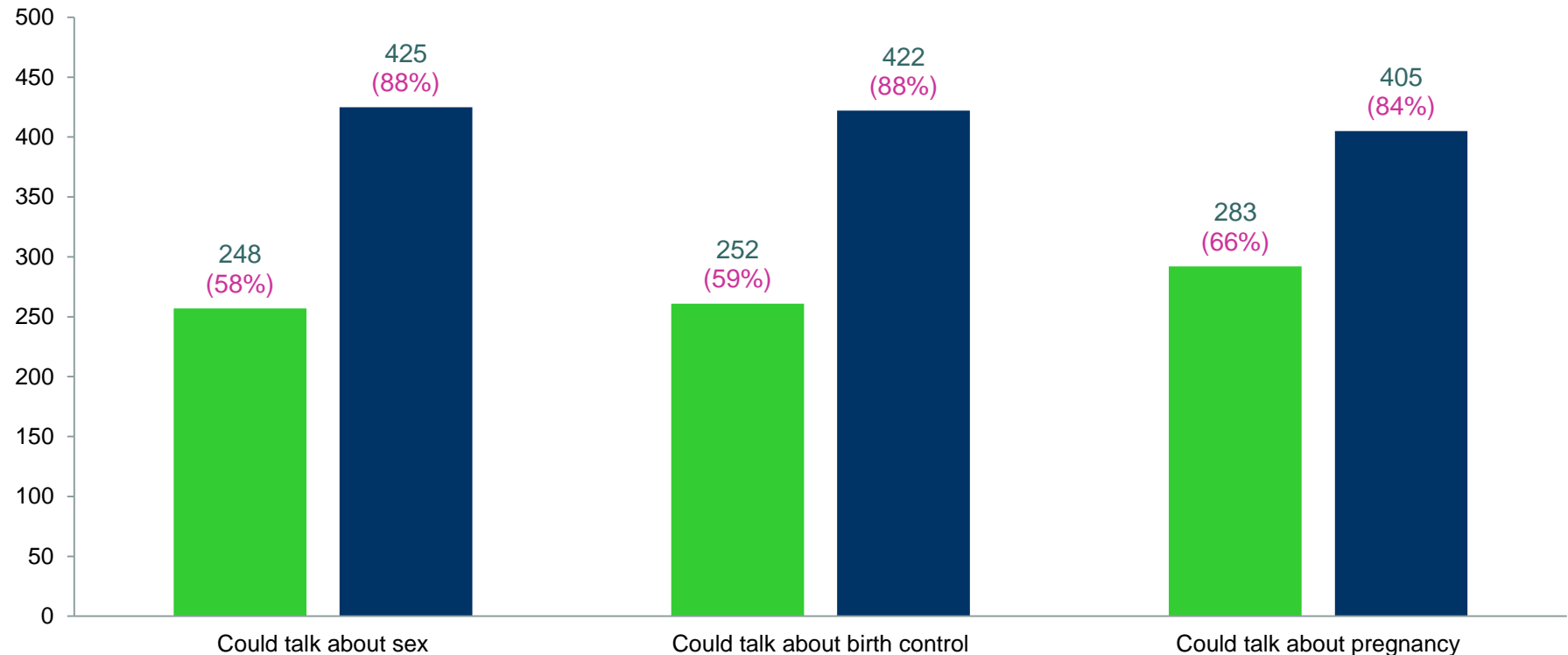


## COMPARATIVE ANALYSIS

# SEX & BIRTH CONTROL ISSUES

■ Yes (Teens) ■ Yes (Caregivers)

N=426 Teens  
N=483 Caregivers



**WILLINGNESS TO DISCUSS SEX-RELATED ISSUES:** Teens and caregivers were asked to rate their level of comfort in discussing sex, birth control, and pregnancy with each other. Over 50% of teens reported that they could discuss sex, birth control, and pregnancy with caregivers. On the other hand, over 80% of caregivers reported that they could discuss sex, birth, control, and pregnancy with teens. Caregivers seem to be much more comfortable talking to teens about sex-related issues, although teens seem less open to discussing sex and birth control with caregivers.

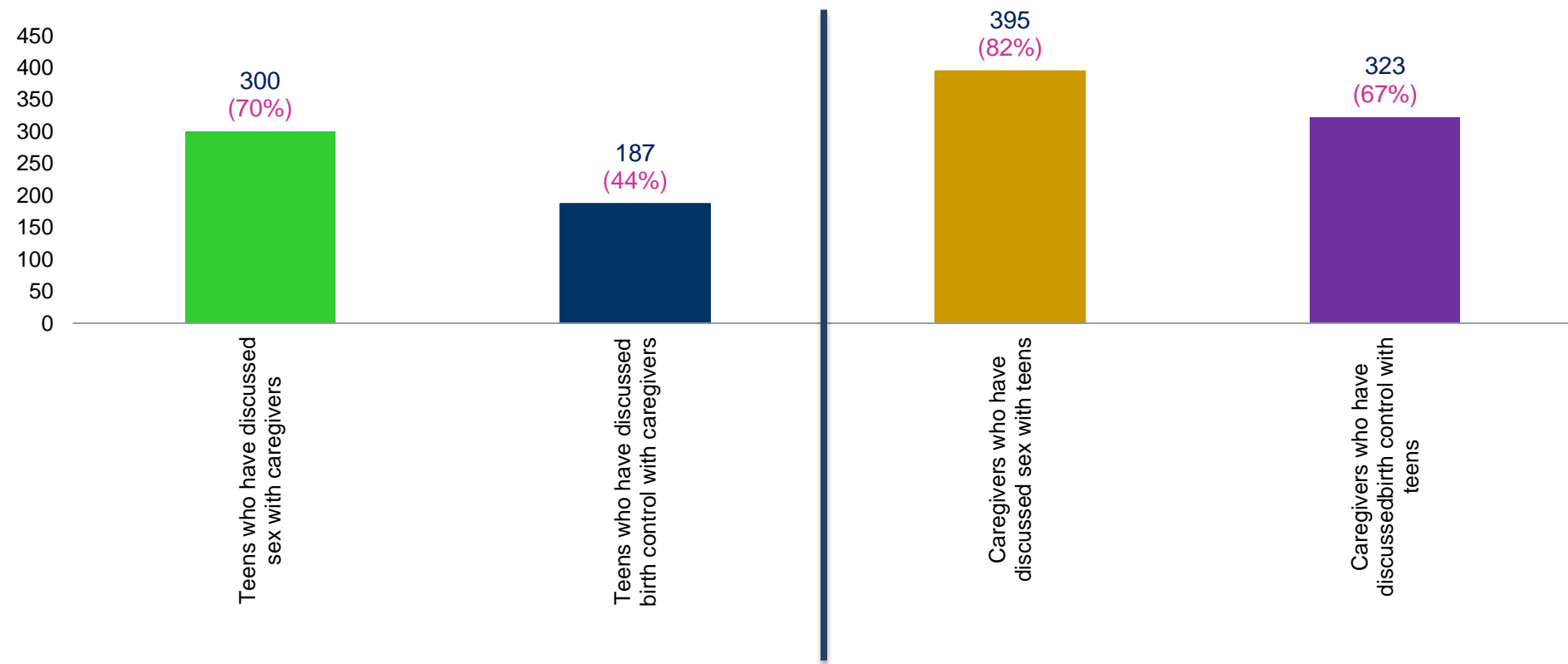


# SEX & BIRTH CONTROL ISSUES

N=426 Teens  
N=483 Caregivers

## TEENS WHO HAVE DISCUSSED SEX WITH CAREGIVERS

## CAREGIVERS WHO HAVE DISCUSSED SEX WITH TEENS



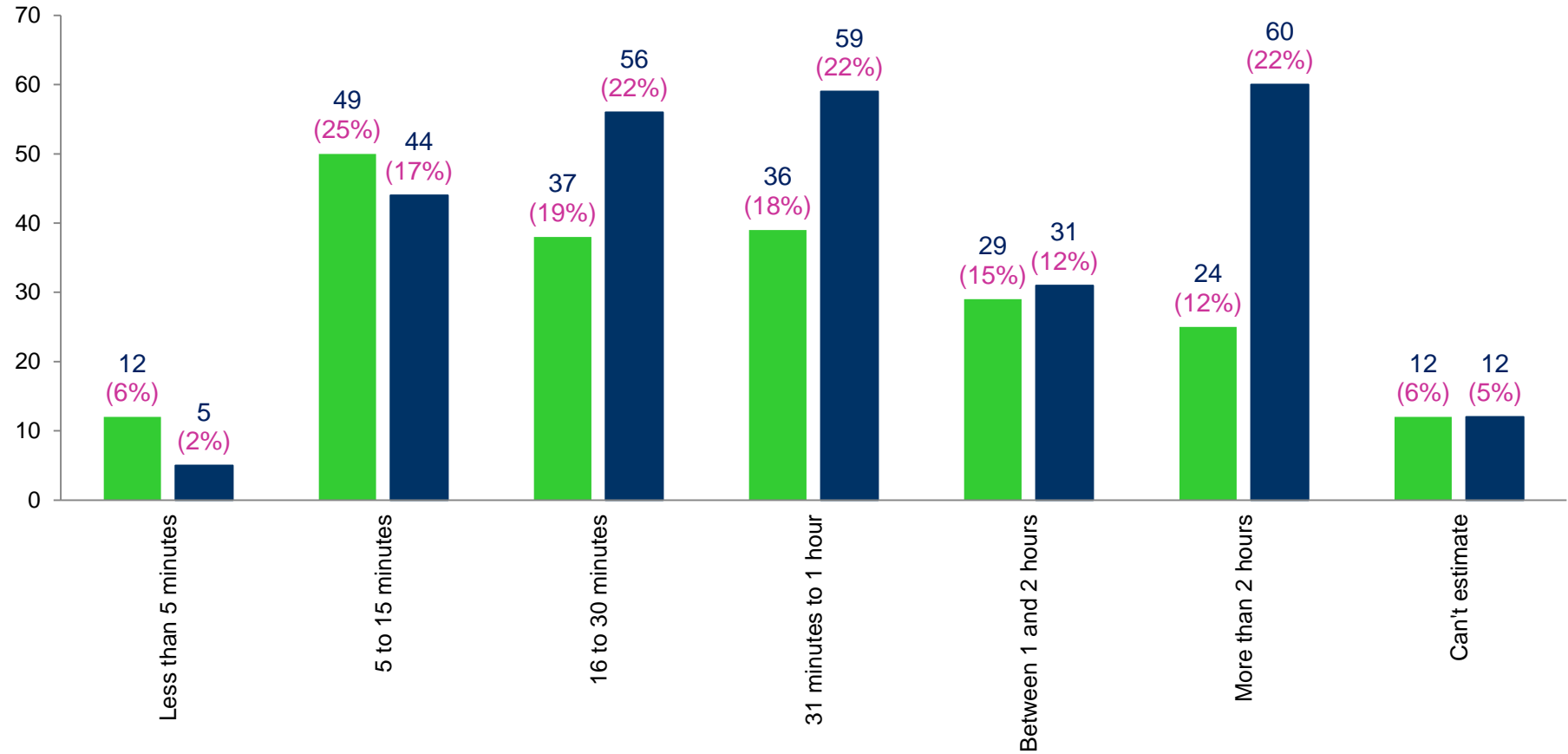
**ACCOUNTS OF DISCUSSION ABOUT SEX AND BIRTH CONTROL:** Teens and caregivers were asked to share their personal experiences with discussions of sex-related issues. 70% of teens reported discussing sex with caregivers, but only 44% of teens reported having discussed birth control with a caregiver. More caregivers reported that they discussed both sex (82%) and birth control (67%) with teens than teens reported discussing with caregivers.

# SEX & BIRTH CONTROL ISSUES

N=426 Teens  
N=483 Caregivers

■ Teens' estimates of time spent talking with caregivers

■ Caregivers' estimates of time spent talking with teens



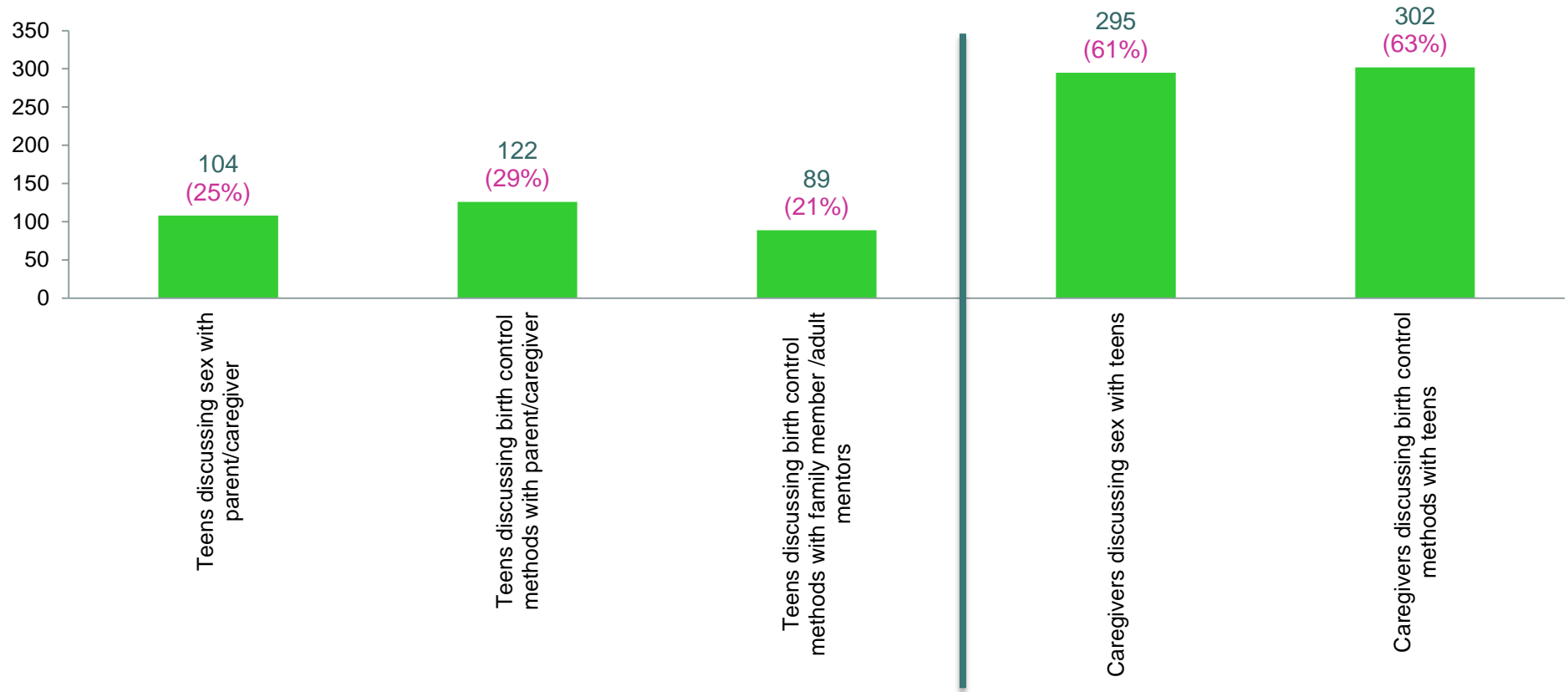
**ESTIMATES OF TIME SPENT DISCUSSING SEX AND BIRTH CONTROL:** Teens and caregivers were asked to estimate the sum total of time spent discussing sex-related issues with each other during the past year. The highest percentages of teens reported spending 5 to 15 minutes (25%), 16 to 30 minutes (19%), and 31 minutes to 1 hour (18%) discussing sex-related issues. The highest percentages of caregivers reported spending more than 2 hours (22%), 31 minutes to 1 hour (22%), and 16 to 30 minutes (22%) discussing sex-related issues. The responses suggest that caregivers are more willing than teens to dedicate more time to discussing sex-related issues.

# SEX & BIRTH CONTROL ISSUES

N=426 Teens  
N=483 Caregivers

**TEENS WHO EXPRESSED BEING “VERY COMFORTABLE”  
DISCUSSING SEX AND BIRTH CONTROL**

**CAREGIVERS WHO EXPRESSED BEING “VERY  
COMFORTABLE” DISCUSSING SEX AND BIRTH CONTROL**



**DEGREE OF COMFORT IN DISCUSSING SEX AND BIRTH CONTROL:** Teens and caregivers were asked to share their level of comfort discussing sex-related issues. A significantly lower number of teens reported being “very comfortable” discussing sex and birth control than caregivers. The responses suggest that caregivers are more comfortable than teens discussing sex and birth control.

## LIMITATIONS

- Data were collected by convenience sample
- Very little data were collected in the Hispanic population
- Data were not collected within the school system
- Unable to collect data on participant's own sexual activity
- Community researchers unable to collect data on motivations for participants' responses

## STRENGTHS

- Proven successful “resident research” methodology
- Rigorous data collection processes tailored to priority populations
- Researchers recruited from within the community
- Community participation at every stage of the assessment
- Additional comparative analysis of teen and caregiver responses

**FOR INQUIRIES ABOUT THE COMMUNITY NEEDS ASSESSMENT CONTACT:**

Tekla Evans, MPH, CHES, PMP  
Evaluation Research Manager

Messages of Empowerment, LLC \* 3355 Lenox Road, Suite 730 \* Atlanta, GA 30326 \* 678-510-1718 (office) \* 678-510-1716 (fax)  
tekla.evans@team-moe.com

**FOR INQUIRIES ABOUT THE COLLABORATIVE PARTNERSHIP CONTACT:**

Donna B. Elliston, DrPH, MSPH  
Project Director

G-CAPP \* 1450 West Peachtree, Suite 200 \* Atlanta, GA 30309 \* 404-475-6061 (office) \* 404-523-7753 (fax)  
donna@gcapp.org



**TEEN &  
CAREGIVERS**



**COMPARATIVE  
ANALYSIS**