Attitudes and Beliefs of African American Women on Contraception as Pregnancy Prevention

Kristen Conover, SN

Rosemary Chaudry, RN, PhD

Introduction

Many studies have focused on decreasing disparities in adverse birth outcomes for minority women, and although statistics have decreased for some minority groups African American women are showing little or no improvement (Ohio Department of Health, 2006).In 2002, Healthy People 2010 reported that African American adolescents were two and a half times more likely to become pregnant than their non-Hispanic white counterparts (USDHHS, 2000). However, research has found that a recent decline in overall teenage pregnancy rates from 1991-2003 was due largely to an increased use of contraceptive measures to prevent pregnancy. Therefore, this study is intended to focus on pregnancy prevention in the African American adolescent population through the use of contraception as pregnancy prevention.

Previous research explains that health behaviors are affected by perceptions of disconnect between information in a health care message to the knowledge level of the audience (Mark, 2005). Therefore, this study is intended to explore the knowledge, attitudes, and beliefs of young African American women regarding contraception as pregnancy prevention in order to eliminate such a disconnect in health care messages regarding prevention of teenage pregnancy in the African American population. This study is based on the Life Course health (Halfon, Russ, & Regaldo, 2005) continuum which states: 1) health is a continuum impacted by experiences across the life span, 2) experiences provide a context for health behaviors and health status, and 3) positive health outcomes are maximized by increasing the competence of the individual.

Problem Statement

This qualitative descriptive study will explore the knowledge, attitudes, and beliefs of young African American women 19-24 years old in order to gain information from a life course perspective regarding contraception as pregnancy prevention in the African American community that can be applied to health care messages on teenage pregnancy prevention in the African American population.

Research Questions

1. What are the knowledge, attitudes, and beliefs of young African American women age 19-24 (African American) regarding contraception as pregnancy prevention?
2. What are some of the issues raised by these young women for and against contraception as pregnancy prevention?
3. What advice would young African American women give to African American teenagers on how to stay healthy?
4. Do particular perceptions vary by geographical location?

Literature Review

Teenage Pregnancy

The issue of teenage pregnancy continues to be on the forefront of public health initiatives seeing that in Healthy People 2010 there are four objectives concerning reducing teenage pregnancy and promoting the use of condoms (USDHHS, 2000). Under the focus area of Education and Community-based Programs, objectives 7-2g and 9-7 are aimed at reducing the number of adolescent pregnancies, and objectives 9-10 and 25-11 focus on increasing the use of condoms in sexually active adolescents (USDHHS, 2000). The National Center for Health Statistics (2007) reported that in 2002 there were approximately 757,000 pregnancies among adolescent women ages 15-19 years old, and the overall teenage pregnancy rate was 76.4 pregnancies per 1,000 females 15-19 years old (NCHS, 2007). This pregnancy rate has decreased by nearly 35% since 1990. Despite this decrease, the National Campaign to Prevent Teenage Pregnancy estimated that in the year 2004, approximately $9.1 billion in public funding was spent on teenage pregnancies (NCHS, 2007).

Thus, teenage pregnancy is still a prominent issue that needs continued attention with regards to its detrimental effects on society, the adolescent female, and her child (NCHS, 2007). In 2005, Goonewardene and Waduge conducted a study comparing birth outcomes among

younger teenagers (13-16 years old), older teenagers (17-19 years old), and women 20-24 years old. Younger teenagers were at increased risk for pregnancy-related anemia and gestational hypertension compared to the women 20-24 years old (Goonewardene & Waduge, 2005). Older teenagers were more likely than women to develop pre-eclampsia and to deliver infants prematurely (Goonewardene & Waduge, 2005).

The consequences for an infant born before term to an adolescent mother can be devastating, including prematurity and low birth weight (Bryant, 2006). Prematurity and low birth weight put the infant at risk for extremely detrimental birth deficiencies such as blindness, deafness, cerebral palsy, and chronic respiratory problems (Bryant, 2006).

Being a mother as an adolescent has far more implications beyond adverse birth outcomes, however. Fewer than 40% of adolescents who have children before the age of 18 will graduate from high school (Bryant, 2006). This makes it more likely that these mothers will have low paying jobs that do not financially support raising the child. Furthermore, the children of these mothers may have inadequate parenting that will lead to them being developmentally delayed, putting these children at risk for lower scores on standardized tests and less likely to complete high school (Bryant, 2006). Therefore, the physiological and social implications of adolescent pregnancy creates a downward spiral that can prove to be quite detrimental to mother, child, and society.

Teenage Pregnancy in African American Adolescents

Teenage pregnancy is more specifically an issue for the African American women. As previously mentioned, Healthy People 2010 reported that the rate of pregnancies in black adolescents was two and a half times higher than among their non-Hispanic white counterparts. Furthermore, the Ohio Birth Outcomes Improvement Initiative Perinatal Periods of Risk analysis indicates that African American teenagers 15-17 years old were disproportionately affected by poor birth outcomes compared to their racial counterparts (Ohio Department of Health, 2006).

Thus, it is apparent that African American teenagers are at higher risk for teenage pregnancy with poor birthing outcomes.

There are a number of demographic and social factors that put Black adolescent females at risk for becoming pregnant teenagers. The typical demographic picture behind these pregnant teenagers is young women from low-income, single-parent, inner-city urban communities (Tabi, 2002). It appears that these demographic characteristics put African American adolescents at higher risks because low-income, single parent households may not have the financial support or access to adequate health care intervention and prevention programs for teenage pregnancy (Tabi, 2002). Furthermore, inner-city communities may not have sufficient resources and support systems available for young adolescents (Tabi, 2002).

Aside from the external factors that put these young girls at risk, there is a genetic factor that puts Black adolescents at risk. African American adolescent females start puberty at an earlier age than other adolescent females (Bryant, 2006). The development of sexual features at a young age can sometimes attract older males towards these young women leading to their being influenced by older, more experienced crowds (Bryant, 2006). This is supported by the evidence from a qualitative study which found that African American adolescent females reported becoming pregnant due to a desire to express love and to secure the relationship with their boyfriend at the time (Tabi, 2002). Therefore, younger African American adolescents are at risk for becoming pregnant in their teenage years.

Preventive Measures

There are many measures that have proven to help prevent pregnancy including use of contraceptives such as birth control pills or condoms. The previously mentioned decline in teenage pregnancy rates between 1991 to 2003 appears in large part to be due to an increased use of contraceptives, as well as an increase in correction implementation of contraceptives (Santelli et al., 2006). The types of contraceptives products used include birth control pills, long-

acting hormonal methods, injections, in-dwelling devices, and condoms. The more available these methods are to young teenagers, the more likely they will use them earlier in sexual activity as well as maintain use (Santelli et al., 2006).

Providing contraception, however, is not enough; it is also important that they be used correctly. Although most contraceptives can be fairly reliable, human error can reduce the effectiveness of any of these items. Improper usage can lead to tears in the latex of a condom, missed doses of birth control pills can lead to ovulation, and lack of money, time, or convenience can lead to missed injections. All of these mistakes on the part of the user can decrease effectiveness and increase the likelihood of becoming pregnant. In 2003, 46% of teenage pregnancies were a result of failure to use any method of contraception, and 54% resulted from contraception failure (Santelli et al., 2006).

Thus, although contraception use is increasing among adolescents, there are still teenagers becoming pregnant from failing to use them or not using them correctly (Santelli et al., 2006). Therefore, research must delve into the adolescent perspective of contraception and how it is presented to them. Gaining an understanding from an adolescent point of view can lead to better approaches in how to provide information, where to provide information, and when to provide information regarding pregnancy prevention.

Barriers

Failure to properly use contraception is not the only barrier for prevention of teenage pregnancy. There is also the financial cost of contraception that prevents adolescents from using the products. Although there are student health plans that give discounted contraception as well as organizations that administer free condoms, not every adolescent is reached by such attempts. Still, another barrier that prevents teenagers from consistent and effective use is a lack of knowledge surrounding contraception. One study conducted examined adolescent perceptions of contraceptive use. The findings revealed that the participants were aware of the role of

contraception in prevention of pregnancy as well as the different kinds of contraception available to them (Crump et al., 1999). However, participants reported that they felt birth control pills were not effective because they were taught that abstinence is the only 100% effective way of preventing pregnancy and some of their peers who use birth control pills were still getting pregnant. Furthermore, the potential side effects were a major reason that made use of contraception a less attractive option. Side effects such as weight gain, heart disease, irregular bleeding as well as latex allergies are all concepts that frightened teenagers away from using contraception such as birth control or condoms (Crump et al., 1999).

In an article about African American teenagers and ambivalence about prevention of pregnancy, another major influence identified for these teenagers on the use of contraception is the reaction of the media. Information flowing all around teenagers from friends and the media can portray false information regarding contraception such as sex as a common casual act without long-term repercussions (Crump et al., 1999). Other female teenagers may fall under the influence of boyfriends who refuse condom use because they are unpleasant or believe unprotected sex expresses true love (Crump et al., 1999). Therefore, the authors of this article conclude that there is a strong need for accurate information to attract the attention of the adolescent population (Crump et al., 1999).

Prevention Programs

Current pregnancy prevention programs directed towards African American teenagers do not have strong and consistent results in decreasing teenage pregnancy (Tabi, 2002). What may be contributing to the failure of these programs is that they do not present culturally appropriate information to these teenagers so that information can be more easily understood as well as more meaningful to them (Tabi, 2002). A Journey Toward Womanhood is a 13 week pregnancy prevention program specifically designed from an Afrocentric approach. This program was created under the premise that pregnancy prevention programs appear to be more effective

when designed from an Afrocentric, or a more culturally sensitive, approach (Dixon, Schoonmaker, & Philliper, 2000). The program begins with a broad exploration of self through researching African American heritage and culture, and in the final weeks participants learn the importance of “Inner Health for Outer Beauty” as well as “The Tools for Survival.” The findings of the study compared sexual behavior of the participants to other nonparticipants and found that the program was effective in delaying the initiation of sexual intercourse as well as increasing the use of contraception by those who were sexually active (Dixon, Schoonmaker, & Philliper, 2000). The culturally sensitive information improved the health care message regarding sexual intercourse and the role of contraception.

Thus the intention of this study is to gather information from young African American women regarding the use of contraception as pregnancy prevention in order to develop a more culturally sensitive health care message that can reduce the rate of teenage pregnancy in young African American women.

Methods

This study is a secondary analysis of data collected as part of a larger study on the knowledge, attitudes, and beliefs of young African American women regarding preconception and interconception health care. The study was approved by the Ohio State University Institutional Review Board and the Ohio Department of Health Institutional Review Board. The design of this study was qualitative and used focus groups for data collection. Purposive non-probability sampling was used to recruit participants. Inclusion criteria were: 1) identifying oneself as an African American female age 19-24 years old, 2) residing in counties in Northeastern, Central, or Southeastern Ohio for at least a year, 3) able to read and write English, and 4) verbally committing to participate in the study.

With permission from each organization, recruitment materials were posted in local churches, community centers, and organizations such as the Women, Infant, and Child center and the local health department. In each county were focus groups were conducted, a toll free

telephone number was provided on the recruitment material for those potentially interested in participating. Graduate students answered phone calls and used a script to verify eligibility, explain the purpose of the research, verify intent to participate in the study, and make reminder phone calls prior to the focus group. Each participant was given a $25 gift certificate for participating as well as $10 travel allowance and $25 child care allotment.

The data for this study were collected through focus groups conducted in eight Ohio counties. Counties were selected based on their high proportion of African American population and their inclusion in the Ohio Infant Mortality Reduction Initiative, a program directed toward decreasing birth outcomes in African American women. These counties were in three geographical locations: Southeast, Central, and Northwest. The counties in the Southeast region were within Cincinnati, Dayton, and Springfield, counties from the Central region were within Columbus and Mt. Vernon, and one county within Cleveland was from the Northeast region.

Prior to beginning the focus group, each participant provided informed consent and completed a brief anonymous demographic form. Demographic data on focus group participants are summarized in the chart below. At each focus group there was a moderator, co-moderator, and an assistant from the research team. The moderators chosen to lead the focus groups were African American in order to make participants feel comfortable in answering questions. The moderator welcomed participants, reviewed the purpose of the study, went over ground rules, and began the discussion. The discussion was taped using digital recording devices, and field notes were taken by the co-moderator. The focus group records were de-identified of any names, transcribed, and verified by a member of the research team. Data were coded on a line by line basis using phrases as the analytic unit.

Table 1: Demographic characteristics of focus group participants

Site	
Central Ohio	9 (21.9)

Southwest Ohio	12 (29.3)
North, Northeast Ohio	20 (48.8)
Age	
19 years	9 (22.5)
20 years	5 (12.5)
21 years	3 (7.5)
22 years	9 (22.5)
23 years	7 (17.5)
24 years	7 (17.5)
Marital Status	
Not married	26 (68.4)
Married	4 (10.5)
Separated	2 (5.3)
Member of unmarried couple	6 (15.8)
Student Status	
Yes	27 (65.9)
No	14 (34.1)
Education	
Some high school, didn't graduate	7 (17.1)
Graduated from high school or GED	13 (31.7)
Completed technical/training program	1 (2.4)
Attended or attending college	15 (36.6)
College graduate	5 (12.2)
Employment Status	
Yes	14 (35.0)
No	26 (65.0)
Ever Pregnant	
Yes	36 (87.8)
No	5 (12.2)
Give Birth to a Live Baby	
Yes	30 (81.1)
No	7 (18.9)
Number of Living Children	
0	9 (22.0)
1	21 (51.2)
2	8 (19.5)
3	2 (4.9)
4	1 (2.4)

Table 2: Focus Group Data

Question Key for Table

1) What methods do young African American women use to prevent getting pregnancy?
2) What are some reasons young African American women choose not to prevent pregnancy?
3) What are methods young African American women use to prevent sexually transmitted diseases?

	Question 1	Question 2	Question 3
Cleveland	**Abstinence** **Condom** **Birth Control** IUD	**Wants a baby** **Keep mate** **Fill a void** Religion	**Abstinence** **Condoms** Check ups
Columbus	**Abstinence** **Condom** **Birth Control**	**Keep mate** Ignorance	**Abstinence** **Condoms**
Mount Vernon	**Abstinence** **Condoms** **Birth Control** Calendar month Withdrawal	**Wants a baby** **Keep mate** Financial assistance	**Abstinence** **Condoms**
Springfield	**Abstinence** **Condoms** **Birth Control**	**Wants a baby** Religion Birth Control weight gain Unaware of birth control Scared parents will find out having sex	**Abstinence** **Condoms**
Dayton	**Condoms**	**Wants a baby**	**Abstinence**

	Birth Control	**Keep mate**	**Condoms**
	IUD	**Fill a void**	Oral sex
	Withdrawal	Ignorance	
Cincinnati	**Abstinence**	**Wants a baby**	**Abstinence**
	Condoms	**Fill a void**	**Condoms**
	Birth Control	Partner pressure	Check ups
		Wants disease	Safe sex

Question Key for Table

4) What are reasons young African American women choose not to prevent sexually transmitted diseases?

5) What are some reasons young African American women choose not to have sex?

6) What advice would young African American women give to an African American middle school girl, age 12-13 years old, on what to do to stay healthy?

	Question 4	Question 5	Question 6
Cleveland	**Lack of knowledge**	**Avoid pregnancy**	**Eat healthy**
	Partner Pressure	**Avoid STD**	**Exercise**
	Ignorance	Lack of interest	**Keep legs closed**
	Revenge		Educate as young as 10 years old
Columbus	**Lack of knowledge**	Religion	**Keep legs closed**
	Revenge	Future plans	**Positive activities**
	Immaturity	Interfere with school	No boys
		Wants to feel adult	No drugs
		Money	
		Fear	
Mount Vernon	**Partner pressure**	**Avoid pregnancy**	**Positive activities**
	Low self esteem	**Avoid STD**	Increase self esteem,

	Promiscuity	Focus on school Lack of committed relationshjp	self perception, and self-worth
Springfield	**Lack of knowledge** Usually a cure	**Avoid pregnancy** **Avoid STD** **Wait for marriage** Beliefs	**Eat right** **Exercise** **Positive activities** **Abstinence** No smoking Go to doctor
Dayton	**Partner pressure** **Ignorance** In the moment	**Avoid pregnancy** **Avoid STD** **Wait for marriage** Beliefs Do not want to disappoint family	**Eat healthy** **Abstinence** Stay in school Ask questions Do not give into peer pressure
Cincinnati	**Partner pressure** **Ignorance**	**Avoid pregnancy** **Wait for marriage** Religion Fear Extracirriculars Parental involvement Do not want kids	**Eat healthy** **Exercise** **Keep legs closed** **Abstinence** Stay in school Tell truth to scare No drugs No alcohol

Results

Six major themes were elicited from the data analysis based on the six research questions asked in the focus group discussions. (1) Methods mentioned to prevent pregnancy were most frequently condoms and abstinence, and there is a lack of knowledge on more long-term methods such as intrauterine devices. (2) The reasons young African American women do not prevent pregnancy to preserve a future for themselves. (3) Methods mentioned to prevent

sexually transmitted infections leave the situation out of the woman's control. (4) The reasons young African American women do not prevent sexually transmitted infection reflect a lack of knowledge and partner pressure. (5) The reasons young African American women choose not to have sex are for short term prevention of pregnancy and sexually transmitted infections, not to preserve the potential for long-term goals. (6) Advice that young African American women would give to African American teenagers on how to stay healthy focus on health, staying in school and avoiding boys and sex. Overall responses did not vary by region. In some circumstances there were regions that had unique responses which have been indicated and taken into consideration in the data analysis. The themes are summarized in Table 2.

Table 3: Focus Group Themes

Methods to prevent pregnancy

a. Methods suggested included condoms, abstinence, birth control in the form of pills, patches, foam, shots or vaginal rings, intrauterine devices, withdrawal, and calendar method, however, the most frequently mentioned was condoms and abstinence.
b. Young African Americans women report using methods of contraception that leave the situation out of the control of the young woman, such as condoms and abstinence.
c. Furthermore, there seems to be a lack of awareness on the different methods of birth control that are long term and more effective such as intrauterine devices

Reasons not to prevent pregnancy

Young African Americans women across all regions relate a need to "fill a void" in their life whether it be to keep their mate or the desire to have a baby as a reason not to prevent pregnancy.

Furthermore, partner pressure not to use contraception is another reason why young African Americans are not preventing pregnancy.

There is no mention of delaying childbearing until a young women is ready for a family either in terms of maturity or they are financially able to provide for themselves or their child.

3. Methods to prevent sexually transmitted infections
   a. Most women frequently named methods of contraception that leave the situation out of the control of the women.
   b. Monogamy was not mentioned as a way of preventing sexually transmitted infections.

4. Reasons not to prevent sexually transmitted infections
   a. Partner pressure is an influencing factor as to why young African American women are not using protective measures against sexually transmitted infections.
   b. There is no mention about the possible long-term and severe health

consequences of sexually transmitted infections such as infertility.

5. Reasons to abstain from sex
   a. Young African American women chose not to have sex because of a desire to prevent pregnancy and sexually transmitted infections.
   b. The Southwestern regions Cincinnati, Dayton and Springfield indicated that waiting until marriage is a reason to abstain from sex.
   c. Particularly in two focus groups in the Central region, the women mentioned future plans regarding school, and Cincinnati and Dayton mentioned parent involvement and beliefs against premarital sex.

6. Advice to a 12-13 year old girl on how to stay healthy
   a. Most responses address avoiding sex, healthy behaviors, and staying in school.
   b. Particularly in one focus group there were suggestions to ask for advice from mothers or nurses instead of peers.
   c. Particularly in one focus group, the women advised that young girls focus on increasing self-esteem and self worth.

Methods to prevent pregnancy

In every region, the two most frequent responses for how young African American women prevent pregnancy were to use condoms or abstinence. Condoms and abstinence leave the situation out of the control of the female in that condoms are a form of protection that the male has to consent to using and applying. Furthermore, the women somewhat distrusted this method because “condoms always pop.” Abstinence leaves the individual unprepared in unexpected situations. Other methods of pregnancy prevention mentioned in every region were the different forms of birth control such as pills, shots, foams, rings and patches. These methods put the control of preventing pregnancy in the hands of the female instead of the male, however, some women distrusted birth control saying that “birth control don’t work because I got pregnant.” This may indicate a lack of knowledge on how to correctly use the different forms of birth control.

Reasons not to prevent pregnancy

Responses to why young African American women choose not to prevent pregnancy focus on their partner or themselves. The most prominent response was to keep their mate whether it be a “desperate” attempt “to keep a man” or simply because her “boyfriend tells her not to use it and she don’t use it being stupid.” Others mentioned that young African American

women choose not to prevent pregnancy because they want a baby to “fill a void” in their life. One woman mentioned that some young women have babies to “have someone else to love.” There was no mention of purposeful intentions of being ready for a family including having financial, emotional, and social stability. In fact, there was some mention of having a baby to actually gain financial assistance.

Methods to prevent sexually transmitted infections

Condoms and abstinence were mentioned in every focus group as the methods young African American women use to prevent sexually transmitted infections. As previously discussed, condoms leave control of the situation in the hands of the male and abstinence can leave one unprepared in unexpected situations. There was mention of having both partners getting “check-ups” before intercourse. However, in Dayton there was mention of performing oral sex to prevent sexually transmitted infections indicating a lack of knowledge on transmission of sexually transmitted infections. Monogamy was not something mentioned to help prevent the spread of sexually transmitted infections.

Reasons not to prevent sexually transmitted infections

Partner pressure was the most frequent response to why young African American women do not prevent sexually transmitted infections. Some women mentioned that male partners with sexually transmitted infections “intentionally” pass on such diseases because they “want to give it to you” or because of the desire “to hurt somebody.” Furthermore, ignorance and lack of knowledge were repeatedly mentioned as to why young African American women would not prevent sexually transmitted infections. Oftentimes young teenagers think “it will never happen to me” or view that “there is always a cure” for whatever diseases are out there.

There was never any mention of the long- term consequences of sex including serious infections such as infertility, pelvic inflammatory disease, or even death. Furthermore, there was no mention of being pregnant with a sexually transmitted infection and what it can do to short-

term and long-term to the baby.

Reasons to abstain from sex

The most frequent responses about why a young women might want to abstain from sex were to avoid pregnancy and sexually transmitted infections. In the focus groups in the Southeastern regions, there were discussions on waiting for marriage and religious beliefs as reasons to wait to have sex. The women from Central regions discussed future plans, school, a lack of a committed relationship, and money as reasons to abstain from sex. Finally, in two focus groups from the same region, the women indicated that parent involvement motivated young African American women would refrain from sex.

There is mention of “future plans” as to why young African American women refrain from sex, but no specific mention of a career or advanced education. Not one region mentioned self-esteem or self worth as reasons why a young African American women would not have sex.

Advice to a 12-13 year old girl on how to stay healthy

The advice that participants would give to young African American females included eating right, exercising, avoiding boys and sex, and staying in school. One woman mentioned the philosophy of “books before boys because boys bring babies.” Another suggestion on how to stay healthy was involvement in positive activities such as sports or cheerleading. One participant discussed that teenage girls ask influential people such as parents or nurses instead of peers questions regarding important issues like sex.

Particularly in one region, there was mention of the importance of increasing self-esteem and self worth in African American teenage girls. One participant said she would explain to young teenagers that their bodies are “a physical temple” to help them understand “their worth” so they will be “more likely to take care of themselves.”

Discussion

This focus group study was intended to describe knowledge, attitudes, and beliefs of

young African American women age 19-24 about contraception as pregnancy prevention. Forty-one women from six different cities across Southwest, Central, and Northeast Ohio participated in the study. Findings from the focus group discussions found the main forms of contraception used were condoms and abstinence with minimal mention of intrauterine devices. These young women were not preventing pregnancy because of pressure from their partner or an attempt to keep their mate. Young African American women who refrain from sexual activity do so to avoid pregnancy, sexually transmitted infections, and to wait for marriage. There was minimal mention of staying in school and setting future goals, and there was no mention of career plans. Advice that these women would give to African American teenage girls on how to stay healthy would be to eat healthy, exercise, stay in school, and avoid boys and sex. Overall responses did not vary by region, although there were some unique responses per region that were taken into consideration in the data analysis. The aim of this study is to take the data from the focus groups in order to create a more culturally sensitive approach for health care professionals to help reduce the incidence of teenage pregnancy in this population.

In the discussions within the focus groups on knowledge, attitudes, and beliefs of contraception as pregnancy prevention, most participants were aware of the different methods of protection available against pregnancy and sexually transmitted infections. Participants in each region mentioned condoms, abstinence, and a variety of birth control methods. However, several comments indicated a lack of knowledge on correct usage of different forms of birth control. For instance, the comments made about condoms "always popping" indicates that young African American women may not be aware of the need for correct size and application measures. Other young women believed that birth control is not effective, because they knew about people who still became pregnant even when on the pill. Such comments indicate that health teaching on how to correctly use contraceptive products is not reaching young women who are at increased risk for unplanned pregnancy as well as adverse birth outcomes.

Findings indicate that health care teaching towards young African American women may

not be getting the intended message across on proper usage of contraceptive measures. It has been found in research that minority communities may need more "sensitivity to the communities' perceptions, needs, and unique circumstances" (Pinto, McKay, & Escobar, 2008, p. 98). Therefore, health care professionals need to be aware of the "social and cultural fabric" of each community being served to know and "understand the extent to which that fabric influences risk behaviors" of its inhabitants in order to correctly convey a message to its intended audience (Pinto et al., 2008, p.99).

In all of the focus groups, the young women did mention using different forms of birth control such as pills, shots, rings, and foam. However, in only two of the focus groups did the women mention intrauterine devices. This is another area where health care professionals may need to focus more on patient teaching by increasing young African American women's knowledge about intrauterine devices, how to use them, and the benefits. By increasing the knowledge level and awareness of young African American women about the different methods for prevention of pregnancy and sexually transmitted infection and the correct way to use such products, young women will be empowered to take a more active role in protecting themselves rather than relying on their partner.

Partner pressure was discussed in all of the focus groups; the influence of the teenage male on an adolescent African American woman is far reaching. Partner pressure was indicated to influence young African American adolescents' decisions regarding what methods to use for protection, whether or not to use protection, and whether or not to have sex. In a study on partner selection by inner-city African American adolescents, it was found that young African American girls engage in sexual relationships to deal with the stress in their lives, especially those with a lack of a strong social support system from friends and family (Andrinopoulos, Kerrigan, & Ellen, 2006). Therefore, it is apparent that health care initiatives to prevent teenage pregnancy may need to look beyond behavior modification and focus on the need for social support systems such as mentor programs for African American teenagers (Andrinopoulos et al.,

2006).

The data also suggest that African American teenagers are dealing with low self esteem issues that greatly impact the decision making process regarding sexual behaviors. Many of the responses indicated that teenage African American girls engage in sex to "fill a void" or to "keep a mate." Furthermore, the young women in the focus groups suggest that self-esteem and self-worth issues may be driving young African American girls to seek sexual relationships with a man. In the previously mentioned study by Andrinopoulos, Kerrigan, & Ellen, it was found that young African American women, although desire a romantic monogamous relationship, fulfill a desire for emotional intimacy by accepting a relationship with a non-monogamous partner (2006). Therefore, further research needs to investigate strategies that incorporate increasing self-esteem and self-worth into health education for African American adolescent females.

Self-esteem and self-worth issues re-surfaced when discussing reasons to not have sex and what advice these women would give to African American teenage girls. Most responses expressed immediate needs relating to preventing pregnancy, avoiding sexually transmitted infections, and fear of parents. Long-term reasons given to avoid pregnancy were to wait for marriage, again relating decision making based on a partner. There was mention of focusing on school and future plans in life in only two of the six focus groups. None of the responses explicitly mentioned college or a career. Wood and Hillman (1996) suggest that when a racially homogenous group of people are stigmatized, it can affect the way in which they behave as a result of this stigma. African American females have been stigmatized as monogamous women in non-monogamous relationships and consequently continue through generations to fall into such a stigma (Wood & Hillman, 1996). It may be necessary for health care providers to discuss with African American teenage girls their plans for a future regarding college and a career, and how becoming pregnant would affect such goals they would set for their futures.

Finally, when asked why young women do not feel the need to prevent getting pregnant, there was only mention of lack of a committed relationship once. Most responses indicated that

not preventing pregnancy was an attempt to keep a mate, wanting a baby, or fearing that parents would find out they were having sex. None of the focus group participants addressed the financial, social and emotional obligations related to having a baby and raising children. It may be necessary to raise awareness in African American teenage girls the extent of responsibilities that goes into having a baby and raising children.

Strengths & Limitations

The strength of this study is the qualitative approach for data analysis of the focus group discussions. Since one of the main objectives was to obtain information to help create a more culturally sensitive approach in health care teaching, the research team made every attempt to keep the discussion groups a setting where participants could feel at ease to discuss matters at will. This was intended to allow for true and accurate data collection straight from the source.

A limitation of this study is that, in analyzing the data, personal biases may influence data interpretation. Although transcripts were made from digital records of the actual discussion, interpretations by the researchers of what the women say have the possibility of being misconstrued or misinterpreted. Journaling by the researcher as well as peer debriefings were conducted regularly throughout the study to minimize such a limitation. Furthermore, the sample size of this study was 41 total participants from large cities across Ohio. Many had different educational and social backgrounds and generalizing the data to represent young African American women's opinion throughout Ohio may not be accurate.

Implications

The implications to improve teenage pregnancy prevention in health care initiatives based on this research are as follows:

-Increase knowledge and awareness of different forms of contraception as pregnancy prevention outside of condoms and abstinence, especially long term birth control

options like intrauterine devices

-Improve through health care teaching how to correctly use the different forms of contraception in order to reduce the rates of unintended teenage pregnancy

-Develop initiatives to increase self-esteem and self-worth deficits in young African American adolescents through holistic health care

-Research on the efficacy of mentor programs for black adolescents to help reduce teenage pregnancy in this population

-Initiate early education programs for black adolescent females on school and career planning in order to have motivation to abstain from sexual intercourse

-Early sex education programs can integrate family planning classes into the cirriculum to increase knowledge and awareness of the financial, emotional and social obligations that are necessitated when raising children.

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