

# **Gillespie County Assessment**

## **A Review of Teen Pregnancy in Gillespie County**

Data for Planning and Policy Making

Report 3 of 3

Gillespie County Translational Advisory Board (TAB)  
Gillespie County Health Board  
UT School of Public Health—Community Outreach Resource Center

# **A REVIEW OF TEEN PREGNANCY IN GILLESPIE COUNTY**

Prepared for:

The Gillespie County Translational Advisory Board  
and  
The Gillespie County Health Board

**The Institute for Integration of Medicine & Science  
Community Outreach Resource Center**

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## **EXECUTIVE SUMMARY**

Gillespie County, Texas is a rural county in south central Texas 65 miles northwest of San Antonio, TX. During the course of 2009, a community-academic partnership developed between the Gillespie County Translational Advisory Board (TAB) and the IIMS Community Outreach Resource Center (CORC) at the University of Texas School of Public Health (UTSPH). The CORC had been working with members of the TAB for several months in the development and planning of an assessment. Via consensus, the TAB members decided that the assessment would be multi-focused. One focus of the assessment was teen pregnancy. In the fall of 2009, the TAB began working with graduate students from the UTSPH to begin the implementation phase of the assessment. The TAB requested that the CORC/UTSPH assessment team examine a possible rise in teen pregnancy in the local community. An extant data search turned up pregnancy and birth data current to 2006. However, the TAB believed that the spike in teen pregnancy was more recent than 2006. The Assessment Team investigated the local community to examine: 1) Number and rate of teen pregnancies since 2006, 2) Local attitudes toward teen pregnancy and toward possible action steps including sex education at local schools. The assessment used three types of data: 1) Quantitative birth, pregnancy, and Family Planning service data, local hospital, and largest school district in the area, 2) Interviews with community individuals in the healthcare, education, and social service sectors, and 3) Survey data collected from 111 community leaders.

The Assessment Team had four main findings as a result of the assessment: 1) The number of teen pregnancies has increased during the past three years; 2) The community lacks a central leader on the issue of teen pregnancy and sexual health; 3) There is a perceived reluctance by the community to discuss issues related to teen sexual health; and 4) There is discordance between the desired sexual health curriculum offered to students and the actual curriculum currently taught. The following report details the process, results, and recommendations by the assessment team.

## **SECTION I RESEARCH QUESTION**

The primary purpose of this assessment was to clarify the most recent teen pregnancy number and rate from 2006-2009. The research questions were developed in consultation with the Gillespie County TAB. This project was limited in scope in effort to obtain accurate, timely information. A larger investigation of social norms and the acceptability of potential solutions would be the logical next step. Secondary, complimentary research questions developed to clarify the central issue are:

Has there been a change in service utilization by Gillespie County teenagers at the local family planning clinic?

What is the community perception of the teen pregnancy rate? Regardless of the rate, is teen pregnancy perceived as a problem?

What is the community perception of the availability of services for teens needing information about sexual health?

What is the community perception about the quality of sexual health education available in Gillespie County?

## **SECTION II BRIEF OVERVIEW OF COMMUNITY OFFERINGS**

Gillespie County has three school districts: Fredericksburg ISD, Doss Consolidated ISD, and Harper ISD. Information was not gathered from private high schools in the area. Fredericksburg High School reported an enrollment of 906 students in the regular high school and 18 students in the alternative

school as of October 2008(TEA, 2008). Harper High School reported an enrollment of 213 in October 2008(TEA, 2008). Both high schools currently use an abstinence only sexual health education curriculum, according to the policies published on their website and anecdotal data from Gillespie TAB Meetings (FISD, 2006). The following policy as adopted by the school board for each district:

#### *Content of Human Sexuality Instruction*

*The Board shall select any instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) with the advice of the local school health advisory council. The instruction must:*

- 1. Present abstinence as the preferred choice of behavior for unmarried persons of school age;*
- 2. Devote more attention to abstinence than to any other behavior;*
- 3. Emphasize that abstinence is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with HIV or AIDS, and the emotional trauma associated with adolescent sexual activity;*
- 4. Direct adolescents to a standard of behavior in which abstinence before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with HIV or AIDS; and*
- 5. Teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in the curriculum.*

*Education Code 28.004(e)*

#### *Condoms*

*The District may not distribute condoms in connection with instruction relating to human sexuality.*

*Education Code 28.004(f)*

#### *Separate Classes*

*If the District provides human sexuality instruction, it may separate students according to sex for instructional purposes.*

*Education Code 28.004(g)*

#### *Notice to Parents*

*The District shall notify a parent of each student enrolled in the District of the basic content of the District's human sexuality instruction to be provided to the student and of the parent's right to remove the student from any part of that instruction.*

*Education Code 28.004(i)*

#### *Availability of Materials*

*The District shall make all curriculum materials used in human sexuality instruction available for reasonable public inspection.*

*Education Code 28.004(j)*

*"We need realistic sexual and reproductive health programs. Our community is in denial concerning pregnancy (teen) and teen sexual activity."*

*Community Health Survey*

Currently, the FISD Middle School has an annual program provided by Aim for Success, a private organization that provides sexual health education around Texas. This one-hour assembly program is provided to 7<sup>th</sup> and 8<sup>th</sup> graders with a parent preview provided the evening before the presentation (KI, 2009). A review of the website of the program (<http://www.aimforsuccess.org>) did not uncover any behavioral outcome results. A brief phone interview with Aim for Success staff member did not clarify the evidence on which the program was developed (KI, 2009). Phone calls requesting data and a more through interview were not returned before the end of this research project. An FISD employee recalled that certain teachers had elected to use more rigorous programming around sexual health in the health

class, but staff turnover has led to inconsistent curriculum. The male teachers were perceived to be uncomfortable discussing sexual health education (KI, 2009).

The Fredericksburg High School has several individual staff members who discuss the consequences of teen pregnancy and teen parenthood. These discussions are included through the Family Life classes, health classes, or through interaction with the campus police officer (KI, 2009)

### SECTION III COMMUNITY DATA COLLECTION

First, historical extant data were collected from state agencies. Additional community data were collected from local medical agencies on teen births and teen use of family planning services. In order to determine teen birth/pregnancies for the last 4 to 5 years, we collected data from local hospital birth records, local family planning clinic detailed and historic data, and school district data. The data collected include hospital birth data, reported pregnancies, and reported abortions; the number of teen visits to the Family Planning clinics, services received, and age trends of Family Planning clients; and teen pregnancy reports through the Fredericksburg Independent School District. These data are more recent and representative of current teen pregnancy trends than the extant data available from the Texas Department of State Health Services. The secondary quantitative data provide a clearer idea of the current teen pregnancy prevalence trend over the last 4 to 5 years.

#### Extant and Community Data

Gillespie County teen birth data were collected from three sources for analysis: Texas Vital statistics, FISD Parenting Services, and Hill Country Memorial Hospital.

Over the last 15 years, the teen pregnancy rate in Gillespie County has trended downward. From 1996 – 2000, births to mothers under 18 represented 6.4% of total births in the county with an average number of 13.8 births/year. From 2001 – 2006, the percentage of teen births decreased to a 5-year average of 4.41% with an average number of 10.5/year. Table 1 shows birth data for Gillespie County from 2002 – 2006 by ethnicity. Teen births are split between Hispanic and Non-Hispanic White women with 5-year averages of 57% and 43% respectively (DSHS, 2008). These percentages and numbers are significantly lower than the Texas and national averages. It is important to note that these figures represent births only. These numbers do not include abortions or fetal deaths.

<b>Table 1: Gillespie County Teen Births 2002-2006</b>					
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Total Births	221	229	249	244	245
Total Teen Births (<18 years)	7	12	15	7	12
Percent Teen Births (<18 years)	3.2%	5.2%	6.0%	2.9%	4.9%
<b>Teen Births by Ethnicity</b>					
Hispanic	57%	42%	67%	71%	50%
White	43%	58%	33%	29%	50%
African American	0%	0%	0%	0%	0%

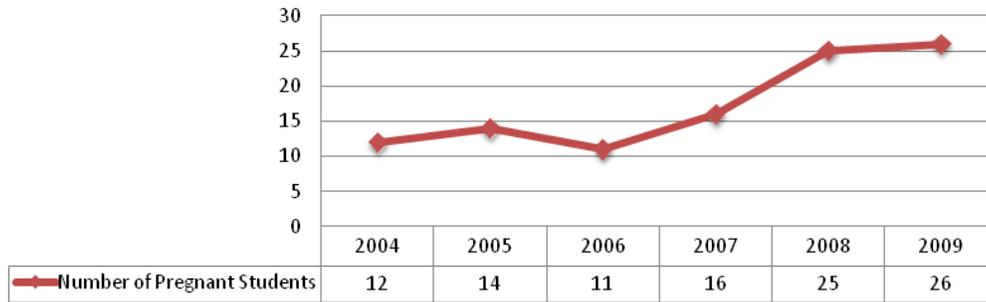
*Source: Texas Department of State Health Services – Vital Statistics Annual Reports*

From 2002 to 2004 birthrates for teens less than 18 years are the same as pregnancy rates; all pregnancies reported resulted in live births. In 2005 the birthrate for this group was 9.1 per 1,000 and in 2006 the birthrate was 15.0 per 1,000. In these two years 5 pregnancies were aborted and are not included in the birthrate (DSHS, 2008).

The last two school years (2007-2008, 2008-2009) are not reflected in vital records data, anecdotal information suggesting an increase provided by the TAB is cause for investigation. An FISD staff

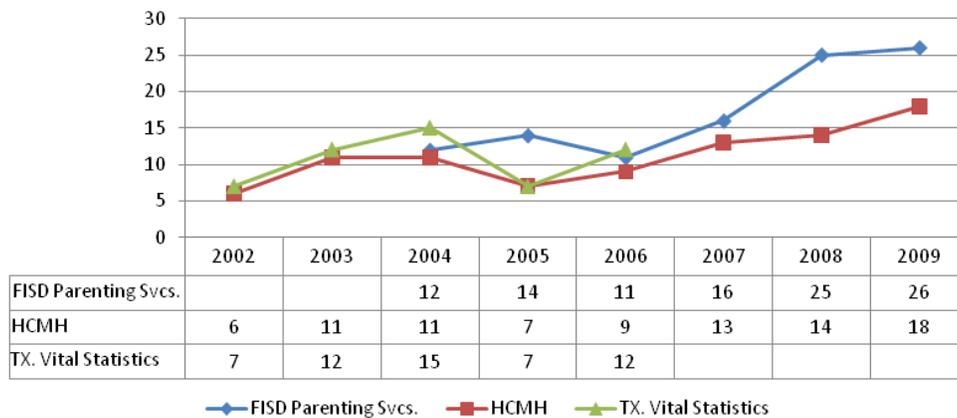
member provided the data for Chart C to a Gillespie TAB Member and again to the Assessment Team. The data ends with the 2008-2009 school year and is current through May of 2009.

Chart C: FISS Pregnant and Parenting Students 2004-2009 School Year



These numbers represent the number of students accessing programming for pregnant and parenting students. The number of pregnant and parenting students is cumulative across school years, meaning that a student who gives birth to a child her freshman year will be included in the count for the next three years. As these data are highly subject to fluctuation due to students dropping out of school, moving, or giving birth at younger ages, this data source is a guidepost but not a definitive sign of an increase.

Chart D: Gillespie County Teen Births 2002-2006

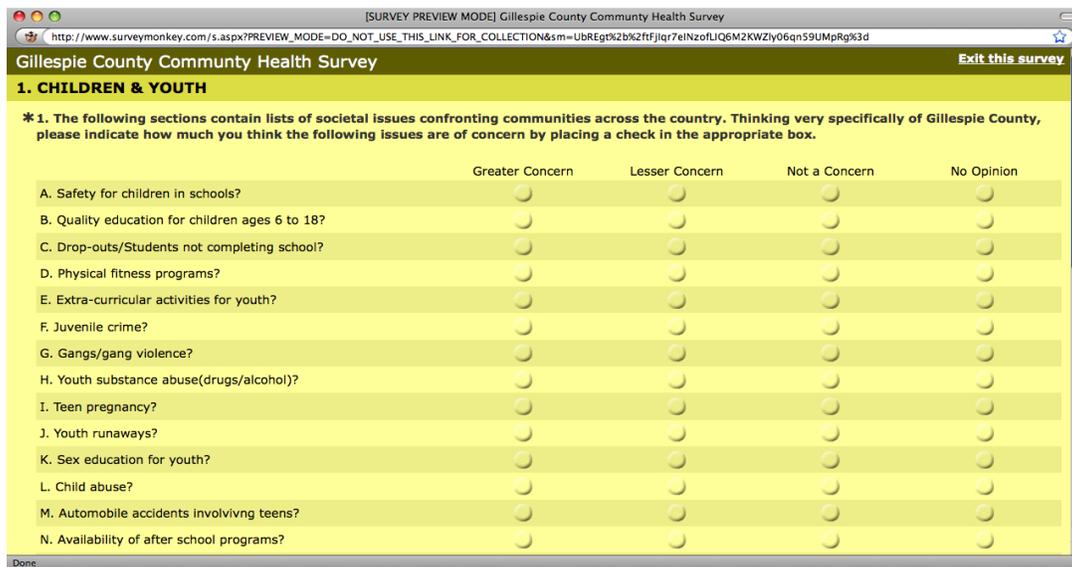


FISS Parenting Services data are based on the school year calendar and cannot be directly compared to vital statistics or HCMH data. Also, these data reflect both new teen pregnancies and teen mothers returning to school. From 2002-2006, HCMH teen births data track well with vital statistics from 2002 through 2006, and shows an increase in teen births from 2007 through 2009. Note that data from 2009 is projected and based on 8 teen births through June of 2009. FISS Parenting Services data shows a similar increase for the same time period. Chart D above summarizes teen birth data for Gillespie County from three data sources.

HCMH data for 2009 is projected to 18 births from 9 reported through June 2009. Family Planning Services utilization data was also reviewed. From 2007-2009 teen users were less than 10% of total clients, and there was no increase in teen usage for the period. The highest users of Family Planning Services were Hispanic women ages 20-34; male usage was low but increasing. County of residence data was unavailable for Family Planning clients; clinic staff indicated most clients reside in Kerrville (KI, 2009).

## Community Health Survey

Data were collected by adding questions into the Community Health Survey conducted by the Gillespie County TAB. Primary data regarding the community's concerns about teen pregnancy and sexual education were collected using a brief on-line and a direct mailed survey. Survey Monkey was used to post the survey questions on the Internet. The survey method was used in order to reach as many community members as possible in a short period of time. The questions were designed to be answered quickly for a quick glimpse at what level of concern exists in the community overall regarding teen pregnancy and sexual education. Three additional questions were developed to identify attitudes toward sexual health education. Teen pregnancy and sexual education questions were developed and reviewed by the Gillespie County TAB chair, before they were included in the on-line and mailed surveys.



[SURVEY PREVIEW MODE] Gillespie County Community Health Survey

http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=UbrEgt%2b%2ftfjqr7eINzofLIQ6M2KWZly06qn59UMpRg%3d

**Gillespie County Community Health Survey** [Exit this survey](#)

**1. CHILDREN & YOUTH**

\*1. The following sections contain lists of societal issues confronting communities across the country. Thinking very specifically of Gillespie County, please indicate how much you think the following issues are of concern by placing a check in the appropriate box.

	Greater Concern	Lesser Concern	Not a Concern	No Opinion
A. Safety for children in schools?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Quality education for children ages 6 to 18?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Drop-outs/Students not completing school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Physical fitness programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Extra-curricular activities for youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Juvenile crime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Gangs/gang violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Youth substance abuse(drugs/alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Teen pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Youth runaways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Sex education for youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Child abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Automobile accidents involving teens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Availability of after school programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Image 1: Screen Shot from Survey Monkey Instrument**

## Sample Selection

The assessment team and Gillespie County TAB members selected the survey sample. The TAB identified a list of 200 community leaders and advocates to receive the survey. The list was later increased to 240 respondents with additional names coming from the Gillespie County Needs Council. Surveys were available on-line, and 140 paper surveys were mailed to listed participants. The possible threats to validity using this sampling technique include threats to internal validity due to selection of subjects, testing bias, and history (Shadish, Cook & Campbell, 2002). Since the TAB selected respondents, it is possible they share similar concerns and opinions to the TAB members. Also, teen pregnancy and sexual education are more frequently discussed among community members while a study is ongoing. The testing itself may lead to bias caused by the event of the study, the event of increase discussion, or by events at the local school district regarding curriculum changes, staff changes, or policy changes that affect teen health.

## Results

There were 111 survey participants. Ninety percent of survey respondents were white with an average age of 56. More respondents were female than male with women being over represented in the under 50-age group.

TABLE B SURVEY RESPONDENTS BY SELECTED DEMOGRAPHIC CHARACTERISTICS AND AGE		
	Under 50	Over 50
<b>Race</b>		
White	85.2%	87.2%
Hispanic	14.8%	7.7%
Other	0.0%	5.1%
<b>Gender</b>		
Female	88.9%	62.8%
Male	11.1%	37.2%

Charts E and F below illustrate survey results regarding community leaders' perceptions about teen pregnancy and sexual education. Answers include Greater Concern, Lesser Concern, No Concern and No Opinion.

*Q 1 The following sections contain lists of societal issues confronting communities across the country. Thinking very specifically of Gillespie County, please indicate how much you think the following issues are of concern by placing a check in the appropriate box.*

Chart E: Concern about Teen Pregnancy

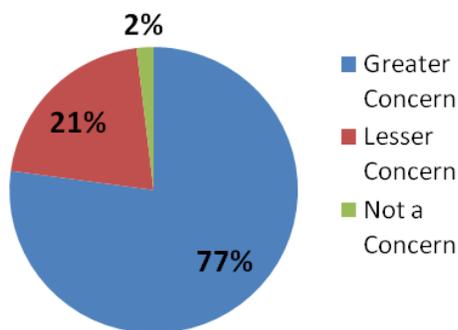
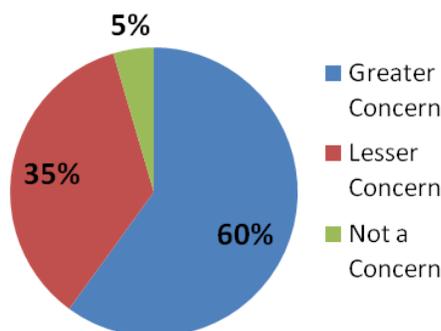


Chart F: Concern About Sex Education



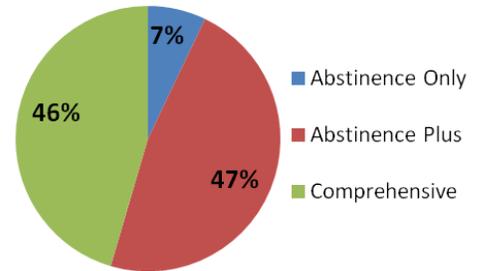
Ninety eight percent of survey respondents felt that teenage pregnancy was of some concern to Gillespie County with 77% of survey respondents selecting teen pregnancy as an issue for greater concern. Ninety five percent of survey respondents felt that sex education was of some concern. Respondents under 50 were more likely to be concerned about sex education and teen pregnancy than older respondents.

TABLE C Q1 SURVEY RESPONSES BY AGE		
	Under 50	50 and Older
<b>Q1 Teen Pregnancy</b>		
Greater Concern	81.5%	74.4%
Less Concern	14.7%	24.4%
Not a Concern	37.0%	13.2%
<b>Q1 Sex Education</b>		
Greater Concern	77.8%	52.6%
Less Concern	18.5%	41.0%
Not a Concern	3.7%	5.1%

*Q2 Which of the following three statements best describes your view of the best way to teach sex education?*

- Abstinence should be the primary focus of sex ed classes for teens. Contraception and condoms should not be discussed except to highlight the method's failure rates.
- Abstinence should be the primary focus of sex ed classes for teens, but some discussion of condoms and contraceptive methods is appropriate.
- Abstinence should not be the primary focus of sex ed classes. Sex ed should focus on teaching teens how to make responsible decisions about sex.

Chart G: Sex Education Preference



Only 7% of survey respondents selected the abstinence only option with 93% of survey respondents preferring a form of sex education that addressed prevention methods other than abstinence. The under 50 group favored abstinence plus while the over 50 group favored comprehensive sex education.

	Under 50	Over 50
Abstinence	7.4%	6.4%
Abstinence +	70.4%	37.2%
Comprehensive	11.1%	53.8%

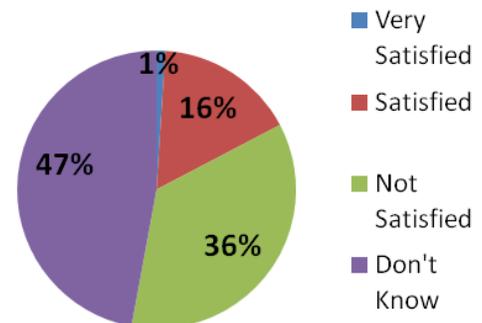
*Q3 How satisfied are you with the sexual and reproductive health education programs in the local school district?*

The majority of respondents to question 3 did not know enough about the sex education program at the local high schools to respond to the question.

	Under 50	50 and Older
Don't Know	44.4%	46.2%
Not Satisfied	29.6%	38.5%
Satisfied	25.9%	12.8%
Very Satisfied	0.0%	1.3%

Respondents were also asked to provide suggestions on how to improve existing sex education offerings. 49 respondents provided answers, which are included at the end of the full report. Overwhelmingly, respondents encouraged more discussion of contraception. These results are markedly skewed as only 50% of survey respondents chose to write a suggestion. However, the responses do provide an interesting snapshot of some of the community ideas about sex education.

Chart G: Satisfaction with Sex Ed Offerings



### **Key Informant Interviews**

Primary qualitative data were also collected during face-to-face interviews with key community informants and parents whose children are currently teenagers. A semi-structured interview technique was used to allow for open discussion of both teen pregnancy and teen sexual education. Interviews were recorded and videotaped with the permission of the interview subject. The purpose of the videotape is to capture the essence of the interview and to use clips from the interviews in the final documentary presentation of the project. Questions are designed to be open-ended and encourage conversation on the issue at hand. Although this approach is more time consuming than the survey, it gives us an opportunity to hear from community members who may have direct experience with teen pregnancy in the area and who are more informed. It also allows differences to emerge that may have an impact on the community's policy and approach to teen health and education.

### **Sample Selection**

Key Informants were selected from three different sectors: education, healthcare, and community services. The names of the first key informants interviewed were provided by the TAB Chair. Using a snowball sampling technique, each person was asked to name others who agree and/or disagree with their position for further data collection. We also included several parents of teens in the data collection process. These individuals were identified by the snowball method from key informant interviewees. The possible threats to validity using this sampling technique include threats due to selection of subject, history, respondent bias, and instrument testing (Shadish, Cook & Campbell, 2002). We intended to reduce bias from subject selection and respondent bias by asking each interviewee for additional people who agree and disagree with their position. This would have allowed us to collect data from people with various opinions that would better reflect the community at large. However, a combination of reluctance by interview subjects to identify additional community members to discuss the issue limited the effectiveness of this method.

### **Results**

Key Informant interviews provided additional information regarding teen pregnancy in Gillespie County. A total of 30 Key Informants were contacted for interviews. Ten people did not return our request; five people returned calls, but did not schedule interviews either due to conflicts or concerns about the topic. Fifteen people were scheduled to be interviewed, and three cancelled after receiving the interview questions. Twelve interviews were completed and eleven agreed to speak on the record; one interviewee requested to remain anonymous. Four Key Informants were from FISD, three were from the medical sector, and five represented the community sector, which included social services, religion, and public health. Most Key Informants agree there is a lack of community awareness of teen pregnancy primarily due to a lack of open communication. In addition, community perceptions of teen pregnancy prevalence in Gillespie County were mixed; some Key Informants believe teen pregnancy is rising and a problem, others disagree and believe it is not a concern.

Key Informants from the community and medical sector strongly believe sexual education should begin in middle school and be taught through high school, and address boys and girls equally. One FISD representative mentioned that sexual education is one of the few social topics taught in the school district that focuses on girls; boys are included in other topics such as the dangers of drinking and driving, and dating violence. Other factors reported varied and most were speculative. These included: 1) not enough after-school activities for teens; 2) lack of good male role models, and lack of parental awareness of what their kids are doing; 3) lack of community awareness and open discussion of health and social issues; 4) lack of accurate sexual health information for teens; 5) pressure from boys, and

girls wanting to be accepted; 6) open sexual culture including “sexting” (sexually explicit text messages including pictures) and acceptance of pregnancy among teens as a social norm; and 7) little discussion of the consequences of unprotected sexual intercourse (STDs) and of how having a baby changes the trajectory of a teen mother’s life.

The change in Fredericksburg during the past 15 years was a second major theme in the Key Informant interviews. Most Key Informants described Fredericksburg as a town that has changed from a quite, small, rural town into a larger, more commercial tourist area. While there were no specific negative comments about this change, the underlying sentiment was not positive. The most striking change over the years has been the migration of native mid-aged adults out of the area, and the influx of wealthy, retirees from larger cities into town. This is may be due to the lack of substantial employment opportunities at a living wage or above for this age group. One Key Informant suggested many jobs in Fredericksburg are entry level, and average \$7-\$9 per hour. Many of these employees cannot afford housing in Fredericksburg, and live in mobile homes outside of town. They also struggle to meet the high cost of living (KI, 2009).

#### **SECTION IV FINDINGS**

##### ***Key Finding 1: The number of teen births have increased in the last 3 years***

Based on all locally available data, the number of teen births among Gillespie County teenagers appears to have increased from 2007 to 2009. However, the average number of teen births during this period (13.5/year) is not significantly above the previous 5-year (2001-2006) average (10.5/year). It is unclear if this is a sustainable increase; from 1991 to 2006 the teen birth rate has been cyclical.

##### ***Key Finding 2: The community lacks leadership around teen pregnancy and sexual health***

There is no central provider, educator, or agency that serves sexually active, pregnant, or parenting teen. Nor is there a central repository for information related to teen sexual health that can act as a sentinel for any issues that may emerge in the future.

##### ***Key Finding 3: There is significant community concern about teen pregnancy***

Regardless of the teen pregnancy rate, there appears to be significant reluctance in the local community to discuss issues related to teen sexual health. However, survey results show teen pregnancy is a concern.

##### ***Key Finding 4: The current sexual health education offerings do not reflect the preferred curriculum expressed by survey respondents and key informants***

There is significant discordance between the local sex education provided and the preference for sex education content expressed through the Community Health Survey and in key informant interviews. Specifically, all local sex education offerings are abstinence only while the overwhelming preference of the participants interviewed and surveyed was for abstinence plus or comprehensive sexual education.

#### **SECTION V ACKNOWLEDGMENTS**

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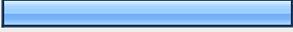
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## **Appendix B: Gillespie County Community Health Survey Results**

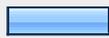
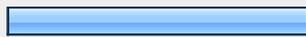
# Gillespie County Community Health Survey

The following sections contain lists of societal issues confronting communities across the country. Thinking very specifically of Gillespie County, please indicate how much you think the following issues are of concern by placing a check in the appropriate box.						
	Greater Concern	Lesser Concern	Not a Concern	No Opinion	Rating Average	Response Count
A. Safety for children in schools?	31.8% (35)	<b>56.4% (62)</b>	8.2% (9)	3.6% (4)	2.25	110
B. Quality education for children ages 6 to 18?	<b>64.5% (71)</b>	26.4% (29)	9.1% (10)	0.0% (0)	2.55	110
C. Drop-outs/Students not completing school?	<b>61.5% (67)</b>	32.1% (35)	4.6% (5)	1.8% (2)	2.58	109
D. Physical fitness programs?	39.4% (43)	<b>47.7% (52)</b>	11.9% (13)	0.9% (1)	2.28	109
E. Extra-curricular activities for youth?	29.7% (33)	<b>47.7% (53)</b>	21.6% (24)	0.9% (1)	2.08	111
F. Juvenile crime?	45.8% (49)	<b>46.7% (50)</b>	3.7% (4)	3.7% (4)	2.44	107
G. Gangs/gang violence?	30.0% (33)	<b>51.8% (57)</b>	13.6% (15)	4.5% (5)	2.17	110
H. Youth substance abuse (drugs/alcohol)?	<b>80.9% (89)</b>	18.2% (20)	0.9% (1)	0.0% (0)	2.80	110
I. Teen pregnancy?	<b>76.6% (85)</b>	21.6% (24)	1.8% (2)	0.0% (0)	2.75	111
J. Youth runaways?	17.4% (19)	<b>58.7% (64)</b>	18.3% (20)	5.5% (6)	1.99	109
K. Sex education for youth?	<b>60.0% (66)</b>	35.5% (39)	4.5% (5)	0.0% (0)	2.55	110
L. Child abuse?	<b>61.5% (67)</b>	36.7% (40)	1.8% (2)	0.0% (0)	2.60	109
M. Automobile accidents involving teens?	<b>46.8% (51)</b>	44.0% (48)	5.5% (6)	3.7% (4)	2.43	109
N. Availability of after school programs?	40.4% (44)	<b>46.8% (51)</b>	10.1% (11)	2.8% (3)	2.31	109
O. Other?	35.9% (14)	5.1% (2)	7.7% (3)	<b>51.3% (20)</b>	2.58	39
				Other (please specify)		17
				<b>answered question</b>		<b>111</b>
				<b>skipped question</b>		<b>0</b>

# Gillespie County Community Health Survey

Which of the following three statements best describes your view of the best way to teach sex education?			
		Response Percent	Response Count
<p>Abstinence should be the primary focus of sex ed classes for teens. Contraception and condoms should not be discussed except to highlight the method's failure rates.</p> 		6.7%	7
<p><b>Abstinence should be the primary focus of sex ed classes for teens, but some discussion of condoms and contraceptive methods is appropriate.</b></p> 		48.6%	51
<p>Abstinence should not be the primary focus of sex ed classes. Sex ed should focus on teaching teens how to make responsible decisions about sex.</p> 		44.8%	47
		<i>answered question</i>	<b>105</b>
		<i>skipped question</i>	<b>6</b>

# Gillespie County Community Health Survey

How satisfied are you with the sexual and reproductive health education programs in the local school district?			
		Response Percent	Response Count
Very Satisfied		0.9%	1
Satisfied		15.5%	17
Not Satisfied		37.3%	41
Don't Know		46.4%	51
		<i>answered question</i>	<b>110</b>
		<i>skipped question</i>	<b>1</b>

# Gillespie County Community Health Survey

If you are dissatisfied with the sexual and reproductive health programs, what can be done to improve them?		
		Response Count
		41
<i>answered question</i>		<b>41</b>
<i>skipped question</i>		<b>70</b>

Response Text		
1	teach an abstinence plus curriculum	Oct 20, 2009 8:37 PM
2	Better educational programs and community effort	Oct 22, 2009 1:50 PM
3	I don't have a lot of details. But from what I hear, it is inadequate.	Oct 22, 2009 7:14 PM
4	The churches should also be involved	Oct 30, 2009 10:09 PM
5	Have the classes taught by someone who is an expert at teen sexual health and is not afraid to be open with kids	Oct 30, 2009 11:13 PM
6	more time spent on this subject before they get into trouble	Oct 31, 2009 11:14 AM
7	Better subject content and not afraid to talk frankly	Nov 2, 2009 5:42 PM
8	Family and Consumer Science teachers should teach these programs - NOT COACHES!	Nov 2, 2009 5:47 PM
9	More individual counseling needs to be offered. Most school counselors today give advice on scheduling of classes, not personal issues.	Nov 3, 2009 8:24 PM
10	Don't know about it	Nov 6, 2009 2:33 PM
11	Offer more opportunity to learn options for sexual and reproductive health; be realistic because abstinence only doesn't work.	Nov 6, 2009 9:53 PM
12	Be totally truthful RE: Parenting	Nov 9, 2009 9:28 PM
13	Involve the parents and the Churches in the teaching of sexual education.	Nov 9, 2009 9:32 PM
14	more adequate information needs to be addressed	Nov 9, 2009 9:37 PM
15	Teach decision making from early age	Nov 9, 2009 9:41 PM
16	Only intensive community education could change community mindset, if anything can help.	Nov 9, 2009 10:09 PM
17	I think more visual (pictures) on the different STD's and the serious consequences these illnesses can have.	Nov 10, 2009 6:53 PM
18	Have a required curriculum in a health class.	Nov 10, 2009 8:14 PM
19	Build up families	Nov 13, 2009 4:03 PM
20	Teach the facts and the truth	Nov 15, 2009 10:15 PM
21	Teach and instill in girls and boys self worth	Nov 15, 2009 10:24 PM
22	Sex among teens is going to happen anyway; teaching abstinence is ignoring the issues	Nov 15, 2009 10:44 PM
23	Be realistic. Kids are having sex. Teach them to be safe; start early.	Nov 15, 2009 10:57 PM
24	You're not going to change the parental denial of the problem.	Nov 15, 2009 11:13 PM
25	PRESENT MODERN SCIENTIFIC AND MEDICAL FACTS	Nov 15, 2009 11:47 PM
26	Should focus on teaching teens to make responsible decisions about sex.	Nov 16, 2009 2:55 AM
27	More sex starting in elementary	Nov 16, 2009 3:01 AM

Response Text		
28	There should be more classes to teach these issues to the youth.	Nov 16, 2009 3:11 AM
29	Teach sex ed in middle school before kids become sexually active	Nov 16, 2009 3:25 AM
30	Have more family involvement in this matter.	Nov 17, 2009 8:44 PM
31	State Mandated!!	Nov 18, 2009 7:59 PM
32	Eliminate Completely	Nov 18, 2009 8:08 PM
33	Make birth control pills, etc. as available as dope	Nov 18, 2009 8:17 PM
34	School administration must focus on the issue.	Nov 18, 2009 8:27 PM
35	better teaching methods	Nov 18, 2009 8:35 PM
36	current videos of different situations	Nov 18, 2009 8:57 PM
37	We need realistic sexual and reproductive health programs. Our community is in denial concerning pregnancy (teen) and teen sexual activity	Nov 18, 2009 9:04 PM
38	Teach Birth Control	Nov 18, 2009 9:17 PM
39	Schools aren't allowed to talk about BC. I wish they could at least give pamphlets from the Comm. Health Clinic where they will know where to get help for these services.	Nov 30, 2009 3:22 PM
40	Straight Teaching	Dec 1, 2009 5:30 PM
41	Not targeting Spanish speakers! Need programs in Spanish.	Dec 1, 2009 5:48 PM

## **Appendix C: Abstracts from Relevant Articles**

# Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing



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**Author:** Douglas Kirby <sup>a</sup>

**Affiliation:** <sup>a</sup> ETR Associates, Santa Cruz, CA

**DOI:** 10.1080/00224490209552120

**Publication Frequency:** 6 issues per year

**Published in:**  **Journal of Sex Research**, Volume **39**, Issue **1** February 2002 , pages 51 - 57

**Formats available:** PDF (English)

**View Article:**  **View Article (PDF)**

## Abstract

In the United States, there exist a multitude of different approaches to reducing adolescent sexual risk-taking, unintended pregnancy, childbearing, and sexually transmitted disease, including HIV. While many of these approaches have some positive effects upon some outcomes (such as greater knowledge), only some of these programs actually delay the initiation of sex, increase condom or contraceptive use, and reduce unprotected sex among youth. This article summarizes a review of 73 studies and their respective programs, and describes four groups of programs which have reasonably strong evidence that they delay sex, increase condom or contraceptive use, or reduce teen pregnancy or childbearing. These four groups of programs include (a) sex and HIV education curricula with specified characteristics, (b) one-on-one clinician-patient protocols in health settings with some common qualities, (c) service learning programs, and (d) a particular intensive youth development program with multiple components.

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# The impact of schools and school programs upon adolescent sexual behavior



Click here for immediate access to the latest key research articles

**Author:** Douglas Kirby <sup>a</sup>

**Affiliation:** <sup>a</sup> ETR Associates, Santa Cruz, CA

**DOI:** 10.1080/00224490209552116

**Publication Frequency:** 6 issues per year

**Published in:**  **Journal of Sex Research**, Volume **39**, Issue **1** February 2002 , pages 27 - 33

**Formats available:** PDF (English)

**View Article:**  **View Article (PDF)**

## Abstract

Because most youth are enrolled in school for many years before they initiate sex and when they initiate sex, schools have the potential for reducing adolescent sexual risk-taking. This paper reviews studies which examine the impact upon sexual risk-taking of school involvement, school characteristics, specific programs in school that do not address sexual behavior, and specific programs that do address sexual risk-taking. Multiple studies support several conclusions. First, involvement in and attachment to school and plans to attend higher education are all related to less sexual risk-taking and lower pregnancy rates. Second, students in schools with manifestations of poverty and disorganization are more likely to become pregnant. Third, some school programs specifically designed to increase attachment to school or reduce school dropout effectively delayed sex or reduced pregnancy rate, even when they may not address sexuality. Fourth, sex and HIV education programs do not increase sexual behavior, and some programs decrease sexual activity and increase condom or contraceptive use. Fifth, school-based clinics and school condom-availability programs do not increase sexual activity, and either may or may not increase condom or contraceptive use. Other studies reveal that there is very broad support for comprehensive sex-and HIV-education programs, and accordingly, most youth receive some amount of sex or HIV education. However, important topics are not covered in many schools.

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