

# **EXECUTIVE SUMMARY**

## **Gillespie County Health 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

## EXECUTIVE SUMMARY

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.

## SECTION I RESEARCH QUESTION

The primary purpose of this assessment was to clarify the most recent teen pregnancy number and rate from 2006-2009. 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).

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 (Webb 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). 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 lead 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

Gillespie County teen birth data were collected from three sources for analysis: Texas Vital statistics, FISSD 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.

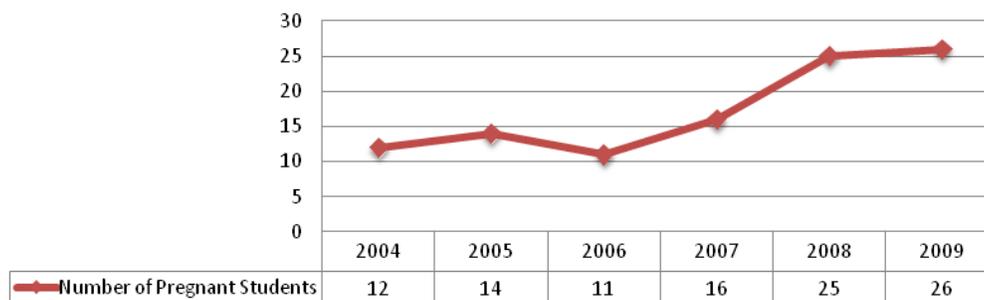
<b>Table 1: Gillespie County Teen Births 2002-2006</b>					
	2002	2003	2004	2005	2006
Total Births	221	229	249	244	245
Total Teen Births (<18 years)	7	12	15	7	12
Percent Teen Births (<18 years)	3.2%	5.2%	6.0%	2.9%	4.9%
<b>Teen Births by Ethnicity</b>					
Hispanic	57%	42%	67%	71%	50%
White	43%	58%	33%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

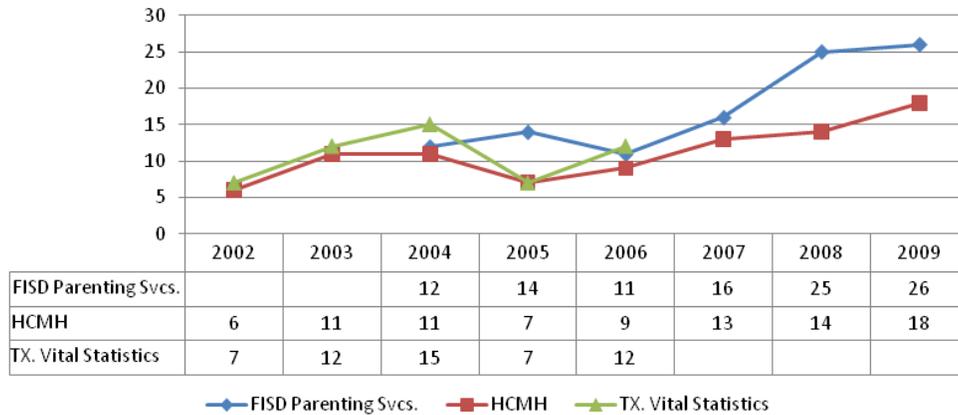
Chart C: FISSD Pregnant and Parenting Students 2004-2009 School Year



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



FISD 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. FISD 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. 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 Needs Council. Surveys were available on-line, and 140 paper surveys were mailed to listed participants.

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%

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.

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

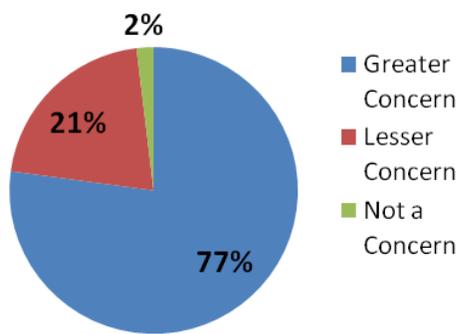
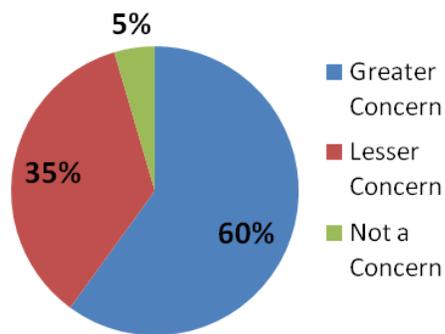


Chart F: Concern About Sex Education



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.

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.

Chart G: Sex Education Preference

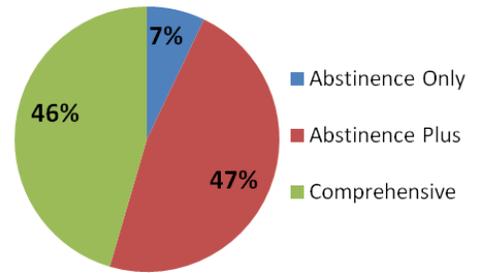


Table D Q2 Survey Responses by Age		
	Under 50	Over 50
Abstinence	7.4%	6.4%
Abstinence +	70.4%	37.2%
Comprehensive	11.1%	53.8%

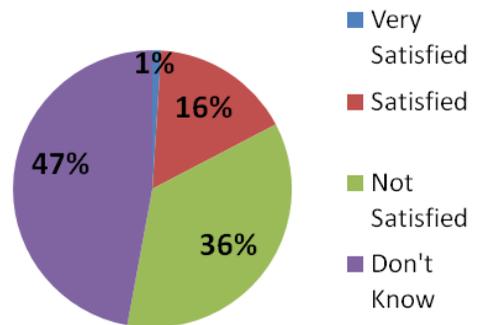
*Q3 How satisfied are you with the sexual and reproductive health education programs in the local school district?*

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.

TABLE E QUESTION 3 SURVEY RESPONSES BY AGE		
	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. Forty nine 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.

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.

#### KEY INFORMANT THEMES

- There is a mixed perception about the number of teen pregnancies with some community members expressing heightened concern while others do not think there is a problem.
- There is a perceived lack of openness to discuss sex education and teen pregnancy.
- There is no clear consensus on the causes of an increase, if any, in the community.
- Most key informants expressed concern that there are a lack of activities and economic opportunities for teenagers leading to “too much time on their hands”.
- Key informants also perceived that most people want to believe that good things are going on and ignore or minimize any community problems.

#### 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

This assessment project was made possible with funds provided by the Institute for Integration of Medicine & Science (NIH Grant #ULRR025767). The Assessment Team gratefully acknowledges the assistance and support of many community members of Gillespie County who gave generously of their time and expertise in the completion of the project. Specifically, we would like to thank the TAB for their gracious assistance and guidance and all of our Key Informants for their candor and openness. We sincerely hope that the findings contained in this report are of benefit to the community as a whole.