

Enhancing Knowledge of Contraception and Safe Sex among Hispanic Teens

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In partial fulfillment of the requirements for the Doctor of Nursing Practice

Executive Summary

The aim of this DNP project was to increase knowledge regarding safe sex practices, and contraception among Hispanic adolescents in order to improve their ability to prevent unintended pregnancies. Teen pregnancy rates are notably higher among Hispanic individuals in underserved areas with limited access to contraceptive education and family planning services. This is problematic because pregnancy at an early age often leads to increased financial burden as well as poor health, negative outcomes, and decreased life expectancy for mother and child.

The objectives for this project were to 1) Identify barriers that prevent Hispanic teens from using birth control to avoid unintended pregnancies, 2) Implement an educational program to enhance participants' knowledge regarding safe sex practices and birth control options and availability, 3) Share DNP project results with clinicians and staff at the site of implementation, and 4) Present project outcomes at the American College of Nurse-Midwives regional meeting.

Teenage pregnancy rates in the United States have been declining steadily over the last 6 years. However, current evidence indicates that there are significant racial disparities in the incidence of pregnancy among adolescents. In 2014, incidence of teen pregnancy was highest among Hispanic teens with rates that were more than double the national average.

Women who become pregnant during adolescence are more likely to develop conditions such as heart disease and cervical cancer which are among the top ten causes of death in the United States. Poor health and low socioeconomic status significantly increase mortality rates and decrease life expectancy among this population. Children who are born to teenage mothers are more likely to have poor health, live in poverty, and use illegal substances. They are also more likely to engage in unhealthy sexual practices and become teen parents themselves.

The implementation of this project involved clinicians at a local community health clinic who assessed teenage patients for birth control use and asked them to complete a short, anonymous questionnaire to identify barriers to their use of contraception. Those who were interested in learning more about birth control methods were invited to participate in a contraceptive workshop where they had the opportunity to learn about their proper use and availability. Participants learning was evaluated using a pre- and post-test format of key concepts. Results were presented to clinicians and staff at the clinical site to promote awareness of barriers and increase uptake of contraception among Hispanic teens.

The results of this project indicated that over one third of the adolescents who completed the questionnaire were already using contraception. This suggests appropriate availability of resources and information in this particular setting. However, a large portion of the teens who were not using contraception reported feeling too embarrassed to request information about this topic and obtain contraception from their primary care providers.

The contraceptive workshop implemented with this scholarly project demonstrated a significant improvement in participants' knowledge of birth control options. This suggests that a contraceptive workshop could be an effective intervention in a variety of primary care settings.

There is a clear need for contraceptive education among Hispanic adolescents. By identifying barriers to contraceptive use and providing the appropriate information and resources, clinicians can play a role in decreasing rates of unintended pregnancy in these high risk populations.

This project has been guided by faculty Chair Pamela Phares, PhD, APRN; FNP Specialty Track Director Julie Balk, DNP, APRN, FNP-BC, CNE; Assistant Dean of MS & DNP Programs Pamela Hardin, PhD, RN; and Content Expert Annabel Sheinberg, MM, Education Director for Planned Parenthood of Utah.

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Problem Statement

Teenage pregnancy rates in the United States have been steadily decreasing over the last six years. Rates dropped from 34.2 per 1,000 in 2010 to 24.2 per 1,000 in 2014 (Public Health Indicator Based Information System, 2016a). However, these rates remain significantly higher than those of other developed nations around the world. According to Dogan-Ates and Carrison-Basham (2007), pregnancy rates in the United States are approximately two times higher than those of Canada and ten times higher than those of Switzerland.

Analysis of teen pregnancy rates shows significant disparity in the incidence of pregnancy among adolescents based on race and ethnicity. Hispanic teens have the highest incidence of unintended pregnancies in the U.S. with rates that are more than double the national average (Public Health Indicator Based Information System, 2016b).

This is a serious problem not only in terms of financial burden for individuals, families, and communities, but also in terms of health status and well-being. According to Danawi (2016), teenage mothers and their children are at increased risk for experiencing negative health outcomes during pregnancy and later in life. These negative outcomes are more prevalent among Hispanic teens due to their vulnerable status and limited access to resources and education to improve their living conditions and quality of life.

Clinical Significance and Policy Implications

Because unintended pregnancies have a significant impact the lives of Hispanic teens and their families, it is important to create awareness and develop interventions that can effectively address and prevent pregnancy. Faced with unintended pregnancy, teens experience physical, emotional, social, and financial burdens that ultimately limit their opportunities to get an

education, secure better paying jobs, and provide a better life for their loved ones (Dogan-Ates & Carrion-Basham, 2007).

Identifying and understanding effective educational approaches to address safe sex, birth control, and family planning services allows health care providers to effect real reduction in pregnancy rates and improve the health of this population. When individuals are able to make informed decisions regarding their reproductive life, they will be empowered to prevent unintended pregnancy which will have far-reaching future implications to their health and socioeconomic prospects.

Teen pregnancy also creates significant financial burden on the health care system as a whole. According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2017), teen childbearing costs taxpayers at least \$9.4 billion each year in the United States and approximately \$71 million in the state of Utah alone. The implementation of policies to decrease the rates of unintended pregnancies will therefore help reduce financial burden and, in turn, help improve other social problems such as poverty, child neglect, school failure, and poor preparation for the workforce (National Campaign to Prevent Teen and Unplanned Pregnancy, 2017).

Purpose and Objectives

The purpose of this scholarly project is to improve knowledge regarding safe sex practices, birth control, and family planning among Hispanic teens in order to improve their ability to prevent unintended pregnancies. The objectives for this project are as follows:

- Identify barriers that prevent Hispanic teens from using birth control to avoid unintended pregnancies

- Implement an evidence-based educational program to enhance participants' knowledge regarding safe sex practices and birth control options and availability
- Share DNP project results with clinicians and staff
- Present project outcomes in a peer-reviewed forum

Literature Review

Search Strategy

The literature review for this project was performed utilizing the research databases CINAHL and PubMed. The search terms used include *teen pregnancy, Hispanic teens, sexual education, pregnancy rates, unintended pregnancy, contraception, barriers, culture, and accessibility*. Additional sources were located by review of article reference lists. Only articles published between 2007 and 2017 were included in the review of literature.

Prevalence

According to the Public Health Indicator Based Information System (2016a), teenage pregnancy rates in the United States have decreased from 34.2 per 1,000 in 2010 to 24.2 per 1,000 in 2014. During this time, the state of Utah has seen a similar trend in rates decreasing from 27.9 per 1,000 to 19.5 per 1,000 (Public Health Indicator Based Information System, 2016a). Similar to national rates, rates of teen pregnancy in Utah show disparity in the incidence of teen pregnancy rates based on race and ethnicity. As of 2014, Hispanic teens held the highest teen pregnancy rates in the state with an average of 43.4 per 1,000 which is more than double the state average during that year (Public Health Indicator Based Information System, 2016b). According to Aparicio, Pecukonis, and Zhou (2014), teenage pregnancy rates in Latino communities are approximately twice as high as those of other teenagers, not only in Utah, but in most areas of the United States.

Health Status and Life Expectancy

Current evidence suggests that women who become pregnant during adolescence are more likely to develop conditions such as heart disease and cervical cancer which are among the top ten causes of death in the United States (Danawi, 2016). Furthermore, it has been shown that a combination of poor health and socioeconomic factors such as poverty and limited access to health care, play a major role in increasing mortality rates and decreasing life expectancy among this population (Danawi, 2016). Research also indicates that teenage mothers are more likely to be diagnosed with mental health conditions such as depression and anxiety which can ultimately hinder their ability to care for themselves and their families. (Patel & Sen, 2012).

According to Dogan-Ates and Carrison-Basham (2007), children who are born to teenage mothers are more likely to have poor health, live in poverty, and use illegal substances. They are also more likely to engage in unhealthy sexual practices and become teen parents themselves.

Financial Implications

Dogan-Ates and Carrion-Basham (2007) found that lack of education, low socioeconomic status, and limited support systems are predictors of higher unintended pregnancy rates. These factors commonly prevent individuals from obtaining higher education and improving their quality of life. Consequently, those who live in poor communities, tend to experience higher pregnancy rates due to limited education and resources.

Utah cities such as West Valley City, South Salt Lake, and Rose Park have some of the highest rates of poverty and teen pregnancies in the state supporting the contention that low income and lack of education are strongly correlated with increased rates of unintended pregnancies among adolescents (Public Health Indicator Based Information System, 2016a).

Sexual Education and Birth Control Availability

A prospective cohort study conducted by Birgisson, Zhao, Secura, Madden, and Peipert (2015), demonstrated that the rates of teen pregnancy and abortions can be greatly reduced by improving access to family planning information and services. Their study was performed in St. Louis, Missouri and included more than 9000 female participants. These women were counseled on all contraceptive options available and given the birth control method of their choice at no cost for three years. At the end of this study in 2008, the rates of teen pregnancy and abortion in St. Louis were 34.0 and 9.7 per 1,000 respectively; these were significantly lower than the national average of 158.5 and 41.5 per 1,000 during that same year (Birgisson et al., 2015).

Hispanics, Pregnancy, and Family Planning

Hispanic teens are also at increased risk for repeat pregnancies when compared to teens in all other ethnic groups (Bouris et al., 2012). According to Aparicio, Pecukonis, and Zhou (2014), Hispanic patients may be less likely to use contraception due to cultural values and religious beliefs. Evidence suggests that parental views of contraception and sexual intercourse also play a significant role in the sexual behavior of Hispanic adolescents. This is supported by the results of a telephone survey of 1008 Hispanic adolescents where 55% identified their parents as the primary influence on sexual decision making (Bouris et al., 2012). While these influences can make it challenging for health care professionals to promote birth control use, they can also create an opportunity for the implementation of family oriented interventions. Teaching adolescents and their parents about healthy sexual practices may result in increased support and acceptance of contraceptive use among this population.

Theoretical Framework

To effectively educate Hispanic teens about the use of contraceptive use for the prevention of unintended pregnancy, it is necessary to take into account the cultural differences that affect their sexual behaviors and practices. For that reason, this scholarly project and its related interventions will be guided by the theoretical framework known as the Transcultural Nursing Theory.

According to Sagar (2012), this theory focuses on understanding how cultural differences in beliefs and values affect the way in which individuals behave and interact with others in their environment. In order to properly address the issue of pregnancies among Hispanic teens, it is necessary to understand how their culture affects age of sexual debut, education received from parents or family, and barriers to receiving information regarding contraception. Incorporating cultural norms of the group into teaching content and methods may improve relevance and eventual uptake of the information.

Implementation

Following the proposal presentation (see appendix A) and approval by College of Nursing faculty to carry out this project, the implementation phase was begun. This scholarly project was implemented at local community health center located in the city of Rose Park in the state of Utah. This clinic provides health care services to individuals of low socioeconomic status who have limited or no health insurance coverage. Over 50% of patients at this clinical site are Hispanic or of Hispanic descent. During the past two years, clinicians at this health care center have provided services to 522 Hispanic adolescents between the ages 15-17 which was the targeted age group being studied in this project. The medical team at this facility is made up of

three physicians, two family nurse practitioners, and three physician assistants, all of whom are fluent in English and Spanish.

This implementation began with clinicians at the community health center identifying Hispanic adolescents, ages 15-17, and requesting for them complete a short, anonymous questionnaire. These questionnaires were given during routine, health maintenance visits and included the following three questions: 1) Are you or your partner (s) currently using birth control?, 2) If your answer to the previous questions was “No” please indicate why, and 3) Would you like to learn more about birth control and pregnancy prevention? (See Appendix F). This initial screening helped identify areas for targeted education and interventions to increase knowledge and access to contraceptive services.

The second step of this implementation consisted of extending an invitation to attend a one hour contraceptive workshop for participants who expressed their interest in learning more about birth control and pregnancy prevention. This workshop focused on the proper use, efficacy, and availability of each method as well as community resources through which to access contraceptives.

The lesson utilized in this workshop was obtained through the Planned Parenthood Association of Utah Education Department and was one of five modules in their Healthy Sexuality series. It consisted of 30 minutes of lecture followed by 15 minutes case studies and role play, and finally 15 minutes for questions and comments (See Appendix A).

These group classes were offered three times during a two month period. Patients were contacted via phone and scheduled to attend one of the class offerings. Participants' information was kept in a secured cabinet at the site of implementation to protect patient privacy and ensure compliance with HIPAA and the University of Utah IRB. The intent of this intervention was to

increase patients' knowledge and prepare them to make informed decisions regarding contraceptive choices.

The final step included a presentation of the project outcomes at a community health center provider meeting as well as at the American College of Nurse-Midwives regional meeting. The purpose of this dissemination was to create awareness of barriers to contraception faced by Hispanic teens in underserved areas of the state of Utah and promote the implementation of contraceptive classes on a larger scale in similar clinical settings.

Evaluation

The evaluation process began by obtaining IRB approval for the implementation of this scholarly project at the selected clinical site. This was followed by analysis of anonymous surveys and identification of the most common barriers to contraceptive use among adolescent Hispanic patients.

Individuals who chose take part in this project and participate in the workshop were given a pre- and post-test in order to assess learning as a consequence of their attendance. Effectiveness of the educational content and format of the workshop was evaluated by comparing participants' pre- and post-test scores.

Approval to attend a provider meeting was requested once these interventions were successfully implemented and the data had been analyzed. The results of this project were presented to and discussed with clinicians and other staff. It is hoped that awareness of the most common barriers to contraceptive use among adolescent Hispanic patients was improved among clinicians in the clinic and that promotion of the workshop will be considered for other clinical sites.

Lastly, evaluation for the dissemination of this project in a peer reviewed forum was done by obtaining approval to participate at the American College of Nurse Midwives regional meeting in April of 2017. A podium presentation at this event was evidence of successful completion of this goal.

Implementation and Evaluation Table

Objective	Implementation	Evaluation
Identify barriers that prevent Hispanic teens from using birth control to avoid unintended pregnancies	Submitted application to Institutional Review Board (IRB) for approval of project implementation Clinicians at the community health center were asked to identify Hispanic adolescents, ages 15-17, and request for them complete a short, anonymous questionnaire. These questionnaires were given during routine, health maintenance visits and assessed for birth control use, barriers to initiation of contraception, and interest in	IRB approval granted Common barriers to contraceptive use were identified and documented

	<p>learning more about birth control options and pregnancy prevention</p>	
<p>Implement an evidence-based educational program to enhance participants' knowledge regarding safe sex practices and birth control options and availability</p>	<p>Participants who expressed their interest in learning more about birth control and pregnancy prevention were invited to attend a one hour contraceptive workshop. This workshop focused on the proper use, efficacy, and availability of each method as well as community resources through which to access contraceptives.</p>	<p>Participants were given a pre- and post-test in order to evaluate their knowledge of contraceptive methods before and after attending the workshop</p>
<p>Share DNP project results with clinicians and staff to increase understanding of common barriers preventing their patients from using contraception</p>	<p>Requested approval to attend a clinic meeting and present information regarding barriers to birth control use and results from contraception workshop</p>	<p>Approval for presentation was granted Presented information at a provider meeting during the month of April, 2017</p>

<p>Present project outcomes in a peer-reviewed forum</p>	<p>Submitted an abstract in consideration to disseminate project outcomes at the American College of Nurse-Midwives regional meeting</p>	<p>Acceptance was granted to participate in this event and project outcomes were successfully disseminated by means of a podium presentation</p>
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Results

A total of 32 participants completed the anonymous questionnaire (25 females and 7 males). Results indicated that 13 of these adolescents were already using contraception while the remaining 19 were not. The most common barriers to contraceptive use identified by these questionnaires were “being too embarrassed to request and discuss information regarding birth control methods” and “not being sexually active”. Other, less common barriers identified included “being unsure where to obtain contraception”, “concerns regarding side effects”, and “cultural or religious beliefs”. None of the participants reported “affordability” or “lack of partner support” as reasons for not using contraception at the time (see appendix D).

From the 32 participants who completed the anonymous questionnaire, 11 demonstrated interest in learning more about contraception and nine chose to participate in the contraceptive workshop. All of the adolescents who participated in the class were female. None of the males who filled out the questionnaire attended the workshop. There were a total of 3 classes offered throughout the implementation of this project. A pre- and post-test were offered at the beginning and at the end of each class. The average pre-test score was 63% while the average post-test score was 91% (See appendix D).

Over one third of the adolescents who completed the anonymous questionnaire were already using contraception. This suggests that there is appropriate availability of resources and information in this particular setting. However, since a large portion of the teens reported feeling too embarrassed to discuss contraception with others, availability of information and resources alone may not be enough to promote the use of birth control. These data support the notion that clinicians should initiate the discussion during office visits in order to allow patients to ask questions and obtain clinically accurate information that they can then use to prevent unintended pregnancies for themselves.

The most common reported reason for not using contraception was “sexual inactivity”. This would suggest that a large number of teens in this setting are delaying sexual debut until late adolescents or early adulthood. While these individuals may not be faced imminent risk for unintended pregnancy, they may still benefit from learning more about contraception and pregnancy prevention. Doing so will allow them to make informed decisions and avoid unintended pregnancies later in life.

It is also important to point out that none of the male participants who completed the questionnaire demonstrated interest in attending the contraceptive workshop. Whether it be due to personal views or cultural beliefs, these results suggest that contraceptive use continues to be perceived as a woman’s responsibility and, therefore, men do not feel as motivated to learn more about birth control options and their proper use.

Clinicians should provide information regarding contraceptive methods to all of their adolescent patients, male and female, even if they report not being sexually active. At the same time, health care providers should ensure that these patients understand that pregnancy prevention is a shared responsibility and that basic knowledge of birth control options is of vital

importance for decreasing the risk of unintended pregnancies. Furthermore, patients should be educated regarding information and resource availability and reassured that the clinical setting is a “no-judgment” zone where sexuality and other similar topics can be discussed openly and safely.

The contraceptive workshop implemented with this scholarly project demonstrated a significant improvement in participants’ knowledge of birth control options. This suggests that similar contraceptive workshops could prove to be effective educational interventions in other primary care settings. However, due to the small sample size recruited for this project, these results cannot be generalized to other populations.

Recommendations for the Future

Due to the constraints of a semester and unforeseen delay in IRB approval to begin this project, the time for recruitment and implementation was limited. A larger study, with more participants studied over a longer period of time may have yielded different results. At the same time, it could have been beneficial to include a wider age range for participants as 15-17 year olds may not accurately represent all adolescents.

While group classes demonstrated improvement in contraceptive knowledge, individualized interventions may prove to be just as effective and significantly easier to arrange and schedule. Clinicians should consider offering structured and scheduled contraceptive visits wherein adolescents would learn about and discuss contraceptive methods as well as obtain the method of their choice before leaving the clinic. This would avoid delay in initiating contraception and reduce the period of vulnerability during which unintended pregnancy might occur.

Essentials of Doctoral Education for Advanced Nursing Practice

This scholarly project addressed three of the eight DNP essentials set forth by the American Association of Colleges of Nursing (AACN) for doctoral education of advanced practice nurses (AACN, 2006). The purpose of these essentials is to promote leadership, scholarships, and expertise in clinical practice, professional collaboration, and policy making (AACN, 2006).

Essential II: Organizational and Systems Leadership for Quality Improvement of Systems Thinking

An important element of the advanced practice nurse role involves being a leader as well as identifying and addressing areas that must be improved in order to promote population wellness. This scholarly project addresses this DNP essential by identifying a need or gap in evidence, which in the case of this project addressed barriers to contraceptive use among Hispanic adolescents through the implementation of an intervention that aimed at improving the health outcomes for this population.

Essential VI: Inter-professional Collaboration for Improving Patient and Population Outcomes.

Another important part of being a doctoral-prepared APRN includes collaboration with other members of the medical team to provide holistic care to all patients. In order to address this essential, this project will promote collaboration among health care providers at a local community health center in order to identify patients that could benefit from participating in a contraceptive workshop. At the same time, clinicians will gain knowledge that may improve contraceptive care and teen pregnancy prevention in sexually active teens who are seen as patients in the clinic.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

Doctor of Nursing Practice essential VII will support this project as it focuses on prevention and health promotion as a way to improve health among populations. This is accomplished by improving teens' self-agency through risk identification and provision of an educational intervention regarding contraceptive methods in an effort to increase their access to and use of family planning methods. Prevention of pregnancy in high risk Hispanic teens will improve long term health outcomes in this population.

Conclusions

It is important for clinicians to assess for barriers to contraceptive use among Hispanic adolescents as they are at increased risk for unintended pregnancies, not only locally but nationally. Once these barriers have been identified, protocols should be put into place to provide appropriate education and resources in an effort to promote contraceptive use, improve access to contraception, and initiate these methods in a timely manner, thus reducing teen pregnancies in this high risk population.

A contraceptive workshop can be a simple and effective intervention to carry out this goal. However, clinicians should not limit themselves to workshops or group classes but should also consider individual contraceptive health encounters focused on identifying contraceptive knowledge and needs, improving access to contraception, and providing follow up to ensure its consistent use.

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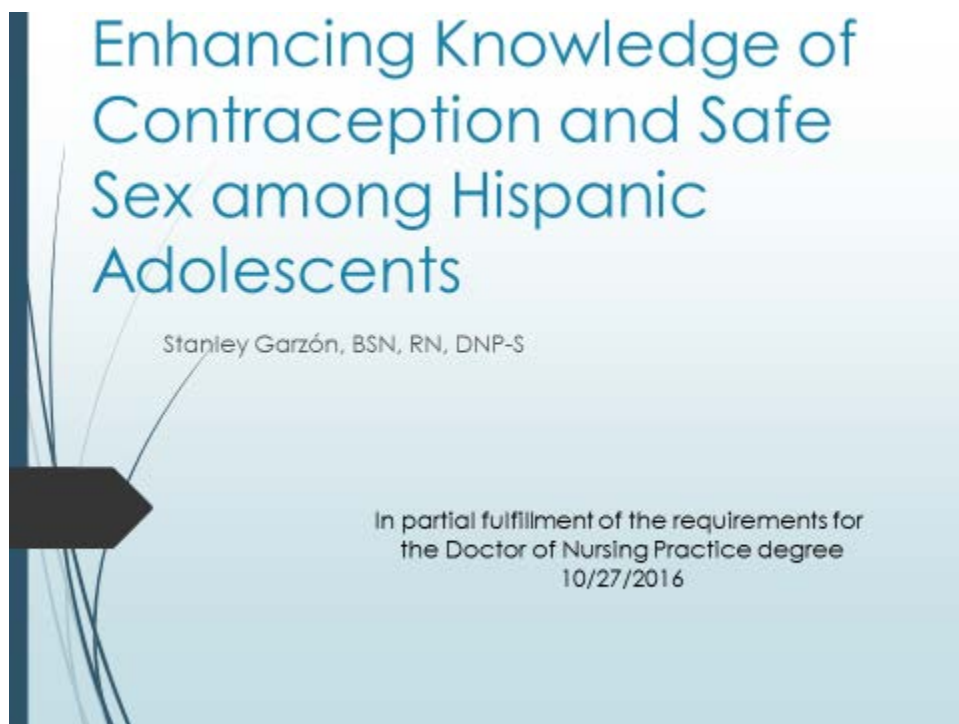
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Appendix A



Background

- The United States has seen a reduction in teen pregnancy rates over the past 6 years
 - 34.2 per 1,000 in 2010 vs. 24.2 per 1,000 in 2014
- This trend has also been seen in the state of Utah
 - 27.9 per 1,000 in 2010 vs. 19.5 per 1,000 in 2014
- U.S. teen pregnancy rates are two times higher than Canada's
- U.S. teen pregnancy rates are ten times higher than Switzerland's

(Public Health Indicator Based Information System, 2016a; Dogan-ates & Carrison-Basham, 2007)

Problem Statement

- Teen pregnancy rates are notably higher among racial/ethnic minorities in underserved areas with limited access to contraceptive education and family planning services/resources
- Hispanic teens hold the highest pregnancy rates in the state
 - 43.4 per 1,000
- Consequences of teen pregnancy
 - Increased financial burden for individuals, families, communities
 - More likely to live in poverty
 - Poor health, negative health outcomes, decreased life expectancy
 - Less opportunities to improve living conditions and quality of life
- The purpose of this scholarly project is to improve knowledge regarding safe sex practices, birth control, and family planning among Hispanic teens in order to improve their ability to prevent unintended pregnancies.

(Public Health Indicator Based Information System, 2012b; Danawi, Bryant, & Hasbini, 2016)



Significance & Policy Implications

- Increasing knowledge regarding contraception will help prevent teen pregnancy and the physical, emotional, social, and financial implications associated with it
- By identifying barriers to utilizing birth control, health care providers will be better able to educate their patients and improve access to family planning services and resources
- Reducing teen pregnancy rates will decrease Medicaid/government funds utilization and overall burden on the health care system

(Dogan-Ates & Carrison-Basham, 2007)



Objectives

- Identify barriers that prevent Hispanic teens from using birth control to avoid unintended pregnancies
- Implement an evidence-based educational program to enhance participants' knowledge regarding safe sex practices and birth control options and availability
- Share DNP project results with clinicians and staff
- Present project outcomes in a peer-reviewed forum

Theoretical Framework

- Transcultural Nursing Theory
 - Understanding how cultural differences in beliefs and values affect the way in which individuals behave and interact with others in their environment
 - Hispanic culture and initiation of sexual activity, education received from parents/family, and barriers to receiving information and contraception
 - This information will help guide interventions that are appropriate and specific for this population

(Sagar, 2012)

Literature Review

- Health status and life expectancy
 - Teen moms:
 - More likely to develop heart disease and cervical cancer later in life
 - More likely to be diagnosed with depression and anxiety
 - Have decreased life expectancy
 - Children of teen moms:
 - More likely to have poor health, live in poverty, and use illegal substances
 - More prone to engage in unhealthy sexual practices at an early age

(Danawi, Bryant, & Hasbini, 2016; Aparicio, Pecukonis, & Zhou, 2014; Patel & Sen, 2012; Dogan-Ates & Carrion-Basham, 2007)

Literature Review

- Financial implications
 - Risk factors for teen pregnancy include lack of education, low-socioeconomic status, and limited support systems
- Hispanics, pregnancy, and family planning
 - Hispanic women may be less likely to use contraception due to family views and religious influences
 - Misconceptions about birth control use and side effects
- Sexual education and contraception availability
 - Sexual education and increased access to family planning services has been shown to decrease teen pregnancy rates in underserved areas

(Dogan-Ates & Carrion-Basham, 2007; Birgisson, Zhao, Secura, Madden, & Peipert, 2015; Aparicio, Pecukonis, & Zhou, 2014)

Implementation & Evaluation

Objective	Implementation	Evaluation
Identify barriers that prevent Hispanic teens from using birth control to avoid unintended pregnancies	Submit application to Institutional Review Board (IRB) for approval of project implementation Clinicians at a local community health clinic will assess for current birth control use among teenage patients, ages 15-17 years of age, during routine, health maintenance visits. They will then identify patients who are not currently using birth control and have them complete a short, anonymous questionnaire to assess for barriers to their use of contraception	Granting of IRB approval Common barriers to contraceptive use will be identified and documented
Implement an evidence-based educational program to enhance participants' knowledge regarding safe sex practices and birth control options and availability	Referral of teenage patients who are not currently using contraception to an evidenced based workshop where they will learn about birth control options: the proper use and availability of each as well as overcoming barriers and obtaining access to the various types	Participants will be given a pre- and post-test in order to assess learning regarding contraception before and after attending workshop Tentative dates: 12/14, 1/11, 2/1, and 2/22

Implementation & Evaluation

Objective	Implementation	Evaluation
Share DNP project results with clinicians and staff to increase understanding of common barriers preventing their patients from using contraception	Request approval to attend a clinic meeting and present information regarding barriers to birth control use and results from contraception workshop.	Obtain Approval for presentation Present information during the month of April once project has been completed
Present project outcomes in a peer-reviewed forum	Submit an abstract in November for consideration to disseminate project outcomes at the American College of Nurse-Midwives regional meeting	Acceptance to participate in podium and/or poster presentation at this event

Summary

- Improve knowledge regarding safe sex practices, birth control, and family planning among Hispanic teens in order to improve their ability to prevent unintended pregnancies.
- Help clinicians identify barriers preventing Hispanic teens from accessing and obtaining contraception
- If interventions prove to be effective, the results may be considered by the community clinic's board of directors to obtain approval to implement at their affiliate locations

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 - Dr. Pamela Hardin, PhD, RN
- Context expert:
 - Annabel Sheinberg, MM
 - Education Director – Planned Parenthood Association of Utah
 - Consultant – Center for youth and Communities

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Appendix B

Healthy Sexuality Series: Abstinence and Birth Control Methods

Audience: High School

Time: 55 Minutes

Enduring Understanding:

I have access to a wide range of effective and safe birth control methods, including abstinence.

Essential Questions:

1. What is abstinence and when might I choose to use it?
2. How safe and effective are birth control methods? How would I access them?
3. What are the correct steps for condom use?
4. What are some considerations for talking about birth control with a partner?

Assessment:

1. Abstinence Mixer Debrief
2. Birth Control Sheet at Your Seat and Discussion
3. Condom Line-up
4. Scenario share-back

Materials:

1. Birth Control Sheet @ Your Seat worksheet The 3 "Key Concepts" (each on their own set of paper)
 - a. If used consistently and correctly, birth control can reduce someone's risk of becoming pregnant.
 - b. Many teens successfully use birth control
 - c. If used consistently and correctly, latex and non-latex polyurethane condoms can reduce the risk of pregnancy, HIV and other STDs
2. Birth Control Kit
3. Case Studies (cut into strips, 1 case per strip)
4. Condom Line-Up Cards
5. Planned Parenthood Birth Control brochure

Activities:

	Name of Activity	Time
1	Group agreements and Introductions	3 minutes
2	Abstinence Mixer	7 minutes
3	Contraceptive Breakdown Worksheet	15 minutes
4	Role Play Skits	15 minutes
5	Conclusion/Anonymous Questions	5 minutes

1. Group agreements and introductions 5 minutes

Introduce yourself. Introduce or review group agreements. Introductions of students if not a series or new students have been added. If necessary, quickly go over Planned Parenthood, what we are and what this program is. If it is a series, ask students to recap what they remember from the previous class. Quickly review other sexuality education topics covered previously by referring back to their topics and inviting students to share what they have learned so far.

Introduce topic. Say, *"Today's topic is birth control methods, including abstinence. Some people will need to know this soon. Some people won't need to know it for years. Some people will only use this information once or twice for themselves. Some people will want to use it to tell their friends. No matter how this information will be used in someone's personal decision making, we know this lesson is important for everyone."*

Introduce the key concepts. Say, *"We're going to cover a lot of information, but there are four main pieces of information that I want you to remember. During class, when we get to one of those pieces of info, we'll let you know and post it somewhere you can see it."*

Post the title page that states 'Remember this!' on the top of the board. Ask, *"Why do you think it might be important for all teens to learn about birth control?"* During or at the end of this discussion, state and **post Key Concept: 'If used consistently and correctly, birth control can reduce someone's risk of becoming pregnant.'**

2. Intro 5 minutes

Introduce the topic of abstinence. Say, *Shortly we're going to go over all the different methods someone who is sexually active can use to prevent pregnancy. only 100% effective method. Which is that? (Abstinence)"*

"Here are three things we want you all to know about Abstinence:

- 1. Abstinence means 'to not do' something. **Sexual** abstinence can be a lot of things, anywhere from refraining from any sexual contact at all, to refraining from certain sexual activities. (NO ANAL, ORAL or VAGINAL SEX)*
- 2. People can abstain from sexual activity at any point in their life, at any time, for any reason, and it could be about their health, their values, their experience, their relationship, etc.*
- 3. People practicing sexual abstinence do not always call it that. Often they say 'I'm choosing to not have sex'."*

3. Contraceptive Breakdown Worksheet minutes

15

After reviewing their findings for the individual methods, go through the second half of the worksheet with the class. Be sure to read through the worksheet. Further, it is important to share information about emergency contraception so there is time to specify that this method is not recommended as a form of regular birth control half of the worksheet with the class. Be sure to read through the entire worksheet, as some of the information will vary by state. Further, it is important to share information about emergency contraception so there is time to specify that this method is not recommended as a form of regular birth control.

When condoms come up, DO: **CONDOM LINE UP: Hand out laminated condom sheets and put them in order**

Conclusion

Say, *"So what's the best birth control method? (get answers from the class). There's actually no one right answer. What we know is that the best birth control method for any person is actually whichever one they will really use correctly and consistently, and that truly fits with their life and values. People get to decide that individually."*

To wrap up the sheet debrief state, *"Many teens successfully use birth control"* **and post this Key Concept**

Ask the class where people can get different types of birth control. Share three local affordable and confidential health care resources where people can access birth control.

4. Role Play Skits

15 minutes

Note to facilitator: If groups don't have a lot of trust for each other, students may be reticent to participate. They might joke around and not take the activity seriously. If you believe your class would not handle role playing well, consider using the modification provided.

Role Play Instructions

Explain that students, in pairs, are going to use a scenario given to them to create a short skit that they may get to act out in front of the class. They should read the scenario and assume the roles of the people in the skit. If there is a group of three people, one can be a friend.

Write an abbreviated version of these instructions on the board: Explain that they have 5 minutes to plan out a skit that shows the two people talking about how they're going to use protection. The conversation might include: (1) What method they will use and how to get it, and (2) if there is disagreement, how it might be resolved.

Stress that situations represent a range of people of different ages, backgrounds, values and sexual orientations. Even if they do not agree with a scenario, they should try to plan it out. No one will be forced to act out their scenario if they feel uncomfortable. If time allows, ask for two students to help you act out a situation as an example.

Hand out one *Role Play Scenario* slip of paper to each pair or triad. For large classes, some groups may have the same scenario. Remind them of their time limit. Tell students each skit should last about 2 minutes. When groups are ready, have as many groups demonstrate their role plays as there is time for.

In small groups or as a whole class, read a scenario and discuss what would be effective and easy to use birth control method(s) for the people involved

5. Closure / Questions

5 minutes

Invite students to fill out an anonymous question card. Even if they don't have a question, they can write something they learned in the class. Facilitate a debriefing activity using the following questions. You may facilitate this activity using different multiple intelligences, including: large or small group discussion, pair share, or journaling.

1. What did you learn about birth control today?
2. What type of birth control do you think is best for teenagers?
3. What information will you pass on to friends and family?

Planned Parenthood Association of Utah
Education Department

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Appendix C

Healthy Sexuality Series: Abstinence and Birth Control Methods Pre Test

Thanks for taking this survey. Taking this survey will help us better teach you and people that take our classes in the future. You don't give your name anywhere on the survey, so please be completely honest with your answers. If you don't know an answer to a question, please check "I don't know".

Please answer the following questions:

1. Emergency contraception (EC) only works if it is taken the first day after unprotected sexual intercourse
 - True
 - False
 - I don't know
2. What are the TWO best (most effective) methods to protect against pregnancy? (Check TWO answers.)
 - Abstinence (not having sex)
 - Condoms
 - Hormonal contraception (Pills, shots, patches, rings, IUDs, implants)
 - Withdrawal (pulling out)
 - I don't know
3. Which of the following is NOT a step in using a condom correctly. (Check only ONE answer)
 - Check the expiration date
 - Squeeze the tip
 - Unroll the condom over the erect (hard) penis
 - Lubricate the condom with baby oil or lotion
 - Hold on to the rim of the condom when pulling out
 - I don't know

For each method listed below, mark how effective you think it is/how well it works to prevent pregnancy (Check ONLY ONE answer for each statement)

1. Not having sexual intercourse (any oral, vaginal, or anal contact with another person's genitals), or abstinence.
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know

- 2. Taking birth control pills
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know

- 3. Using a male or female condom
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know

What are your personal opinions about the following statements? (Check ONLY ONE answer for EACH statement)

- 1. Condoms break too easily
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion

- 2. Abstinence is a good choice for teens who do not want a pregnancy
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion

- 3. Condoms are a good choice for teens who do not want a pregnancy
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion

- 4. If I have questions about sex and sexuality, I know someone I could talk to or a place I could go for answers
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion

Healthy Sexuality Series: Abstinence and Birth Control Methods Post Test

Thanks for taking this survey. Taking this survey will help us better teach you and people that take our classes in the future. You don't give your name anywhere on the survey, so please be completely honest with your answers. If you don't know an answer to a question, please check "I don't know".

Please answer the following questions:

1. Emergency contraception (EC) only works if it is taken the first day after unprotected sexual intercourse.
 - True
 - False
 - I don't know
2. What are the TWO best (most effective) methods to protect against pregnancy? (Check TWO answers.)
 - Abstinence (not having sex)
 - Condoms
 - Hormonal contraception (Pills, shots, patches, rings, IUDs, implants)
 - Withdrawal (pulling out)
 - I don't know
3. Which of the following is NOT a step in using a condom correctly. (Check only ONE answer)
 - Check the expiration date
 - Squeeze the tip
 - Unroll the condom over the erect (hard) penis
 - Lubricate the condom with baby oil or lotion
 - Hold on to the rim of the condom when pulling out
 - I don't know

For each method listed below, mark how effective you think it is/how well it works to prevent pregnancy (Check ONLY ONE answer for each statement)

1. Not having sexual intercourse (any oral, vaginal, or anal contact with another person's genitals), or abstinence.
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know

2. Taking birth control pills
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know
3. Using a male or female condom
 - 100% effective
 - Very effective
 - Somewhat effective
 - Not effective
 - I don't know

What are your personal opinions about the following statements? (Check ONLY ONE answer for EACH statement)

1. Condoms break too easily
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion
2. Abstinence is a good choice for teens who do not want a pregnancy
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion
3. Condoms are a good choice for teens who do not want a pregnancy
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion
4. If I have questions about sex and sexuality, I know someone I could talk to or a place I could go for answers
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - No opinion

Now here are three questions about your participation in this class and you're finished. Thanks again for taking our survey

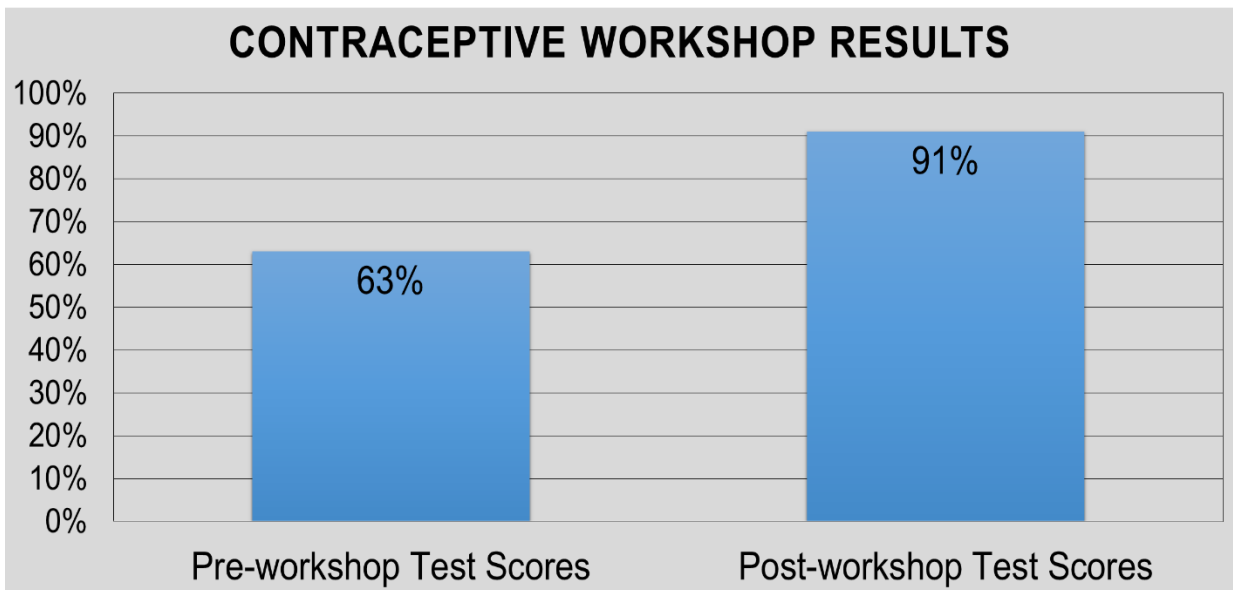
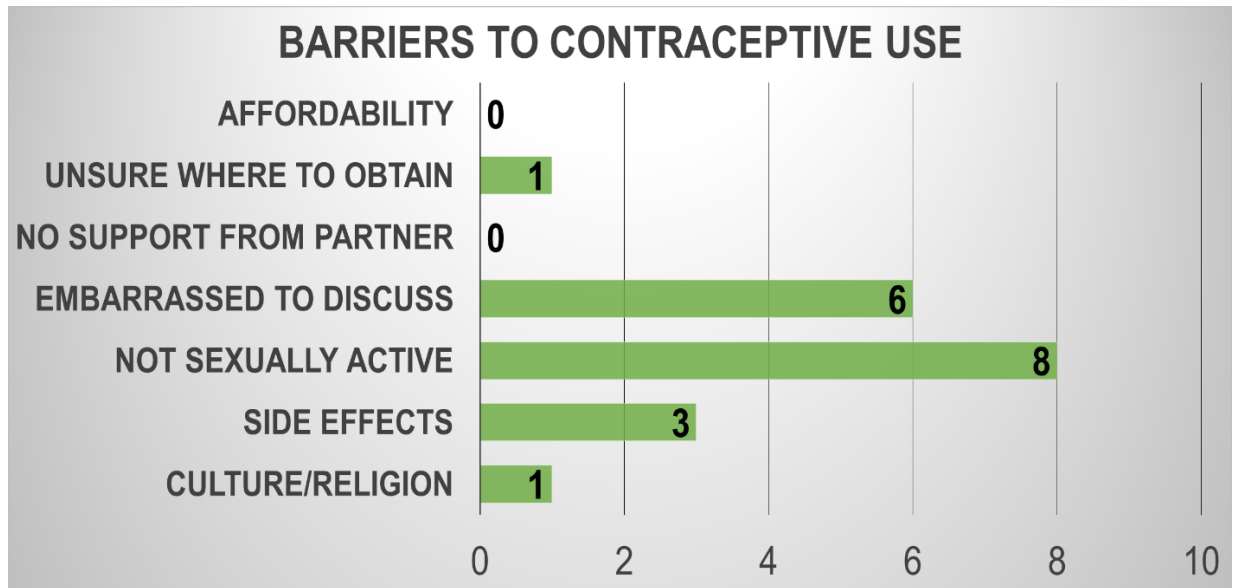
1. How interesting was this lesson for you?
 - Very interesting
 - Mostly Interesting
 - Not very interesting
 - Not interesting at all

2. What was the most interesting thing you learned?

3. Would you have liked to learn more about sexual health?
 - Yes
 - No


If yes, what?

Appendix D



Appendix E

Contraceptive Use among Hispanic Adolescents: Identifying Barriers and Enhancing Knowledge



Stanley Garzón, BSN, RN, DNP-Student

PURPOSE

- The Purpose of this scholarly project was to identify barriers to contraceptive use among Hispanic adolescents and implement an educational program to improve their knowledge regarding safe sex practices, birth control, and how to obtain access to family planning

METHODS

- Clinicians at a local community health center assessed for current birth control use among Hispanic teens, ages 15-17, during routine health maintenance visits
- Teens were asked to complete a short, **anonymous questionnaire** to determine common barriers to their use of contraception
- Individuals who were interested in learning more about birth control were invited to attend a one hour **contraception workshop**. Pre- and post-tests were used to assess learning as a consequence of their attendance
- Project outcomes were presented to community health center stake holders in an effort to increase awareness of common barriers to contraceptive use among Hispanic teens and promote the implementation of the workshop at other clinical sites


RESULTS

- 32 adolescents completed the anonymous questionnaire (25 females and 7 males)**
- 13 were already using contraception
- Most common barriers to contraceptive use:
 - Not sexually active
 - Too embarrassed to request and discuss information regarding birth control methods
- A total of 11 adolescents reported their interest in learning more about contraception. Nine of them chose to participate in the contraceptive workshop
- Pre-test average score: 63%**
- Post-test average score: 91%**

BACKGROUND

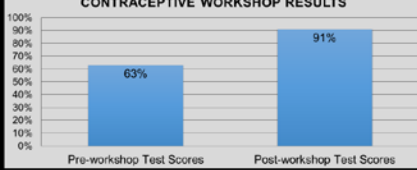
- In the United States, teen pregnancy rates have fallen over the past six years from 34.2 per 1,000 in 2010 to 24.2 per 1,000 in 2014
- Declining rates have also been reported in the state of Utah: 27.9 per 1,000 in 2010 vs. 19.5 per 1,000 in 2014
- The U.S. has the highest rate of teen pregnancy in the developed world**
- Teen pregnancy rates are notably higher among racial/ethnic minorities in underserved areas with limited access to contraceptive education and family planning services/resources
- Hispanic teens hold the highest pregnancy rates in the state of Utah at 43.4 per 1,000**
- Consequences of teen pregnancy
 - Increased financial burden for individuals, families, communities
 - More likely to live in poverty
 - Poor health, negative health outcomes, decreased life expectancy
 - Less opportunities to improve living conditions and quality of life

BARRIERS TO CONTRACEPTIVE USE



Barrier	Count
AFFORDABILITY	0
UNSURE WHERE TO OBTAIN	1
NO SUPPORT FROM PARTNER	0
EMBARRASSED TO DISCUSS	6
NOT SEXUALLY ACTIVE	8
SIDE EFFECTS	3
CULTURE/RELIGION	1

CONTRACEPTIVE WORKSHOP RESULTS



Test Type	Score
Pre-workshop Test Scores	63%
Post-workshop Test Scores	91%

DISCUSSION

- Over one third of the teens who filled out the questionnaire were already using contraception**. This suggests appropriate availability of resources and information in this particular setting
- Many adolescents reported being **too embarrassed to discuss contraception**. Clinicians should open up the discussion to allow patients to ask questions and obtain clinically accurate information
- The contraceptive workshop implemented with this scholarly project showed significant improvement in knowledge of birth control options**. However, due to small sample size, these results cannot be generalized to other populations

CONCLUSION

- Clinicians should assess for barriers to contraceptive use among Hispanic adolescents and provide appropriate education and resources in an effort to prevent unintended pregnancies
- A contraceptive workshop can be a simple and effective intervention to improve knowledge of birth control options and availability among this population

Project Chair: Dr. Pamela Phares, PhD, APRN
Content Expert: Annabel Sheinberg, MM

Appendix F

Age:

Gender:

1. Are you or your partner(s) currently using birth control? (Condoms, pills, patches, rings, shots, IUDs, implants, etc.)
 - Yes
 - No

2. If your answer to the previous questions was "No" please indicate why (You may choose more than one)
 - I can't afford it
 - I don't know where to get it
 - I'm embarrassed to ask/talk about it
 - I'm not having sex
 - I don't like the side effects
 - My partner doesn't want me to use birth control
 - I can't use birth control due to cultural/religious beliefs
 - Other: _____

3. Would you like to learn more about birth control and pregnancy prevention?
 - Yes
 - No