Final Report on Teen Knowledge, Perceptions and Ideas to Address Teen Pregnancy and Sexually Transmitted Infections in Omaha, Nebraska

A report submitted to:
The Sherwood Foundation

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Executive Summary

The Sherwood Foundation contracted Dr. Fisher in the Fall of 2013 to develop, conduct and report on findings a research project examining Omaha teen perceptions of teen pregnancy and sexually transmitted infections (STIs) including knowledge and perceptions of the issues, knowledge of current community activities to address the issues, and personal views on how Omaha could best address the issues.

Highlights from results based on research questions

Research Question 1: How do teens currently interact with each other in relationships and dating?
   Question 1a: What role, if any, do social media play in contemporary teen dating rituals? Which social media venues are most prevalent?

Participants generally described relationships and dating as short-term (a couple of months) with sex playing an increasing role as adolescents get older (around 17 years of age). Perceptions of how many other adolescents were having sex were higher than what has been reported in local and national data. Teens reported that social media plays a somewhat important role, more so for maintaining relationships. The most popular social media were Facebook, Twitter and Instagram.

Research Question 2: What do teens know about the issues of teen pregnancy and STIs?
   Question 2a: What factual knowledge do teens have about teen pregnancy and STIs?
   Question 2b: What are teens perceptions of the issues of teen pregnancy and STIs?

With the exception of teens involved in Girls Inc. programs, overall knowledge about teen pregnancy and STIs was low with about half having a very rudimentary knowledge base. For both STIs and teen pregnancy, almost half indicated condoms as being an effective means of prevention, and 28-44% believed the same about abstinence from sexual activity. A little more than a fifth recognized the importance of birth control, most often referring to the pill, as a means of pregnancy prevention. Only 1 participant talked about IUDs as a means of preventing pregnancy; the low frequency of being mentioned indicates, among these participants, a lack of recall knowledge about, or even knowledge of the existence of, IUDs as a viable form of birth control.

Perceptions of the issues generally endorsed the notion that both teen pregnancy and STIs are bad for youth. Many respondents narrated perceptions that some girls got pregnant for a variety of reasons including wanting to get pregnant. For boys, the sex that might lead to a pregnancy or STI was seen as a rite of passage and, for
pregnancy, a way to “prove it happened.” There were perceptions that many youth see themselves as invincible or that it won’t happen to them. A belief was narrated by several that a heat of the moment or it just happened scenario that meant no condom use was why some teens get an STI or pregnant. Finally, for STIs, a strong perception of stigma and shame surrounding the issue was narrated.

*Research Question 3: What activities addressing the issues of teen pregnancy and STIs are teens aware of?*

- **Question 3a:** What current activities to address the issues of teen pregnancy and STIs are teens aware of?
- **Question 3b:** Where and how do teens currently get their information on the issues of teen pregnancy and STIs?

Most participants did not know of any current activities to address the issues of teen pregnancy and STIs other than what was happening in their sex education either in a general health class or human growth and development. The general perception of these school-based efforts was that they are not effective.

The general sentiment was that most teens are not looking for information on teen pregnancy or STIs unless they are personally dealing with the issue. Most saw school as the most likely source for information followed by the internet and peers. Most participants expressed that most youth would not seek further information from a program or resource center if one was available.

*Question 4: What recommendations do teens have for addressing the issues of teen pregnancy and STIs?*

- **Question 4a:** How do teens describe the ideal place for getting information and accessing services related to teen pregnancy and STIs?

The majority of participants indicated a need for more comprehensive sex education in the schools because current curricula are not thorough or are ineffective. Additional sexuality education could be in the form of an after-school program; however, respondents indicated that their preference was for it to be offered during the regular school day and be required for all.

Outside of schools, having “safe spaces” to talk about the issues, having educated peers, and social media outlets were possible ways to supplement a stronger school-based program. Overwhelmingly, parents were not seen as a viable option for addressing the issues.

For services, most teens agreed an “ideal” place should not be in the schools, should be confidential, non-judgmental and comfortable. Several identified Planned Parenthood as an example of an ideal place.
**Recommendations**

The next phase of the work to address teen pregnancy and STIs in Omaha strategically should consider the following recommendations based on this research:

1) Implement school-based comprehensive, higher frequency sex education
2) Create community-wide social media campaigns
3) Develop and train pool of lay health educators as trusted sources for information (both peer and adult)

Within all three of these action-steps, a high premium should be placed on scientific and medical accuracy of the information as well as conveying a high level of confidentiality for those seeking information and services, a non-judgmental attitude to avoid stigmatizing sex and sexual health, and a focus on relationship- or rapport-building with adolescents engaged in these activities. Funders and evaluators should consider these aspects in measuring performance and success of new initiatives.

The perspective of youth was that school-based education had the best potential for increasing awareness and knowledge of the issues of teen pregnancy, how to prevent them and handle the situation should either occur. Similarly, many youth discussed the cultural norm of social media and its potential, in a long term, sustained and highly active media campaign to bolster education and awareness of the issues. Finally, peers and trusted adults were seen as viable sources for one-on-one information and advice; a well-trained, non-judgmental group of lay peer sexual health educators who are known for maintaining confidentiality could bolster community-level intervention efforts.
Background

The Sherwood Foundation contracted Dr. Fisher in the Fall of 2013 to develop, conduct and report on findings a research project examining Omaha teen perceptions of teen pregnancy and sexually transmitted infections (STIs) including knowledge and perceptions of the issues, knowledge of current community activities to address the issues, and personal views on how Omaha could best address the issues. The project serves as a companion to inform the environmental scan and literature review conducted by Dr. Tibbits. The current report provides the results of the research project.

Programs, interventions and other efforts developed without input from the population being targeted often run into issues around implementation and adoption of the desired behavior changes. Reasons for lower efficacy rates of such programs can include lack of cultural appropriateness, inappropriate methods of program delivery, using the wrong venue for program delivery, and having a program that addresses a “problem” that is not perceived as such among the target population. Because of these issues, the team felt in order to develop a comprehensive, strategic, long-term effort to address the issues of interest, it was important to talk to the future consumers of the programs that will be designed to address teen pregnancy and STIs in the Omaha community.

Methods

Research Questions

Dr. Fisher, Dr. Tibbits and the Sherwood Foundation (hereafter referred to as the team) identified research questions germane to the larger project of developing effective, new and innovative community-wide long-term programs to make a significant impact on the issues of teen pregnancy and STIs in Omaha. The team believed answers to these questions would illuminate new ideas to guide the development of the desired programs.

Research Question 1: How do teens currently interact with each other in relationships and dating?
   Question 1a: What role, if any, do social media play in contemporary teen dating rituals? Which social media venues are most prevalent?

Research Question 2: What do teens know about the issues of teen pregnancy and STIs?
   Question 2a: What factual knowledge do teens have about teen pregnancy and STIs?
   Question 2b: What are teens perceptions of the issues of teen pregnancy and STIs?
Research Question 3: What activities addressing the issues of teen pregnancy and STIs are teens aware of?
  Question 3a: What current activities to address the issues of teen pregnancy and STIs are teens aware of?
  Question 3b: Where and how do teens currently get their information on the issues of teen pregnancy and STIs?

Question 4: What recommendations do teens have for addressing the issues of teen pregnancy and STIs?
  Question 4a: How do teens describe the ideal place for getting information and accessing services related to teen pregnancy and STIs?

Approach

The team determined a qualitative approach was most appropriate to finding robust answers to the research questions identified. Narrative research seeks deep, or thick, descriptions of the issue of study. Participants are invited to share stories from their own experiences that can provide insights into the issue and how to potential address the issue.

A common approach to narrative research typically involves one-on-one interviews. The team considered the potential for focus groups. However, given the sensitive nature of the topic, sexual health, and the age of potential participants, the confidentiality afforded by interviews provided a forum for richer, more complete data.

Participants & Recruitment

The goal of documenting perceptions and knowledge of the issue from those most impacted by teen pregnancy and STIs in Omaha necessitated speaking with 13-24 year olds, though our focus was primarily on those under 21. The concentration of the STI epidemic is in the eastern quadrants of the city, defined as east of 72nd street, and dominates in North and South Omaha. We therefore strived for equity geographically, aiming for an oversample of the dominant race/ethnicities of the regions (African American and Latino). We sought equity in gender among participants given that, generally, the issues of teen pregnancy and STIs equally involve and impact boys and girls. Finally, little is known about the issues of teen pregnancy and STIs among homeless youth and/or wards of the state though anecdotal evidence from Omaha suggests these issues may be of even greater concern among this population. Therefore, efforts were made to ensure sufficient voices of homeless and/or former wards of the state were included (we excluded current wards of state due to logistical issues related to consent).

The broader goal of the effort which led to this project is to address the issues at a community level. As such, the team deemed it appropriate to focus on youth-serving community-based organizations in the geographic regions detailed above for
recruitment and selected for their ability to help the team reach participant
demographic goals. Partner organizations included Youth Emergency Services
(predominantly homeless youth), Project Everlast (predominantly former wards of
state), Girls Inc. in North Omaha (predominantly African American girls), Center for
Holistic Development (predominantly African American boys), Latino Center for the
Midlands (predominantly Latino youth), and Nebraska Families Collaborative
(predominantly former wards of state).

Organizations assisted in identifying youth for participation, scheduling interview
times, and, when needed and appropriate, obtaining signed parental informed
consent forms (homeless youth and youth who would be put in greater danger if
seeking parental consent, such as gay or lesbian youth, were exempted from
parental consent).

Efforts were made to obtain a diverse sample of participants, though as with most
qualitative research, the sample was ultimately a purposive sample of convenience.

In order to participate in the study, persons had to be:
- between the ages of 13 and 24 years
- live in Omaha, NE
- accessing services of a community-based organization partnered with the
team for the purposes of the project

Protocol

The team worked with each partner organization to identify ideal times for a team
of trained researchers to conduct interviews on-site at each organization. Each
organization provided private locations for each one-on-one interview. A staff
member of the organization was on-site to coordinate the flow of interviews, ensure
parental consent was provided, introduce the youth to the researcher conducting
the interview, provide youth with the incentive after participation (a $25 gift card or
cash determined by the organization), and answer any questions that may have
come up, but were not present in the interview itself.

Each interviewer was trained and monitored throughout the project by Dr. Fisher.
Additionally, interviewers cleared background checks to work with youth by Girls,
Inc.

After introduction, the interviewer and interviewee were left alone in a private
location (e.g., office with a closed door). The interviewer introduced her or himself
and reviewed either an assent form (for those under 19) or an informed consent
form (19 and up) with the participant. Interviews began only after thoroughly
explaining the study and types of questions they would be asked and ensuring the
participant understood and assented/consented. All participants agreed to begin the
interview.
All interviews were audio-recorded. The interview guide (see Appendix A) began with a general conversation on dating and relationships (research question 1). Questions then explored what the participant knew (e.g., how do girls get pregnant) about teen pregnancy and STIs and what their perceptions of the issues were (e.g., why do girls get pregnant; research question 2). The conversation then turned toward what activities the participants knew of in the community aimed at the issues as well as where teens were getting information from (research question 3). Finally, the conversation ended with participants narrating what the ideal place would look and feel like where they and their friends could go to get information or services related to teen pregnancy and STIs as well as their own personal views on what should be done (research question 4). The interviews did not ask about the personal sexual behaviors or experiences of the participant.

The interviews were semi-structured in nature, meaning that while there were set prompt questions to begin each section of the interview, the interviewer was free to further explore topic brought up by participants during the interview that were germane to the project.

At the end of the interview, participants were directed back to program staff to receive their incentive (except in one case where the interviewers provided the incentive at the end of the interview). Interviewers then completed a report for each interview to indicate if any issues came up regarding the safety and well-being of the participant as well as general reflections on the interview (see Appendix B). No safety issues were noted across all interviews.

All audio recordings were uploaded to a secure server at UNMC and sent for professional transcription. Transcripts were verified and after a secondary validation, all audio recordings were destroyed. Transcripts remain on a secure UNMC server and are being managed and analyzed using NVivo 10, a software program designed for qualitative research.

**Analysis**

Analysis for the study was planned in two phases. Phase 1 involved a top-down approach to coding the interviews. Coding was the identification of statements, stories, and conversations in the interview that informed the defined codes. The codes were pre-defined based on the goals of the study and closely follow the research questions and interview guide (Appendix A). A team of three researchers trained and experienced in qualitative analysis, who also conducted several of the interviews, reviewed the definitions for the 9 codes (see Appendix C) and came to agreement on their meanings. All three coded one interview which none of them had conducted. Coding was compared across all three researchers who had 98-100% agreement, which is extremely high in qualitative research. This agreement indicated that all three had similar, if not identical, understandings of the codes and were capturing the same information. This exercise was done to ensure the reliability of the analysis across coders.
All three coders then coded 1/3 of the remaining interviews. Each code and the corresponding interview segments were reviewed by Dr. Fisher to inform the results presented in the next section of this report.

Phase II of analysis involved a more thorough bottom-up identification and coding of themes based on what participants said. The purpose of phase II was to identify content that provided more in-depth or rich information than was discovered during phase I in order to illustrate a more complete understanding of the phenomena surrounding the issues. The bottom-up themes aligned closely with the top-down themes and thus were embedded with the top-down results in this report. For example, silence around the topics of study narrated by the participants was described in the knowledge and perceptions of STI sections of the results.
Results

Participants

Table 1 describes the demographics of participants. A total of 41 adolescents participated in interviews. The gender of participants slightly favored girls (n=23, 56.1%). Slightly less than half identified as Caucasian (n=16, 46.3%) with another quarter identifying as African American (n=11, 26.8%) and a sizable number (n=9, 22.0%) indicating more than one race. A little less than a third (n=12, 29.3%) also identified as Latino/a. A large majority (n=30, 73.2%) were in school, with most of them being in high school. A number of participants were former wards of the state (n=17, 41.5%). Most lived with their parents at the time of the interview which lasted on average 33 minutes.

Table 1. Participant Demographics (N = 41)

<table>
<thead>
<tr>
<th></th>
<th>n / range</th>
<th>% / mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
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<tr>
<td>Female</td>
<td>23</td>
<td>56.1%</td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>43.9%</td>
</tr>
<tr>
<td>Age</td>
<td>13-22</td>
<td>17.6</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>19</td>
<td>46.3%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>11</td>
<td>26.8%</td>
</tr>
<tr>
<td>Multiple</td>
<td>9</td>
<td>22.0%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>Latino/a (yes)</td>
<td>12</td>
<td>29.3%</td>
</tr>
<tr>
<td>In School?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>73.2%</td>
</tr>
<tr>
<td>Middle (% of yes)</td>
<td>3</td>
<td>10.0%</td>
</tr>
<tr>
<td>High (% of yes)</td>
<td>22</td>
<td>73.3%</td>
</tr>
<tr>
<td>College (% of yes)</td>
<td>5</td>
<td>16.7%</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>26.8%</td>
</tr>
<tr>
<td>Living Situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Parents/Home</td>
<td>24</td>
<td>58.5%</td>
</tr>
<tr>
<td>On Own</td>
<td>6</td>
<td>14.6%</td>
</tr>
<tr>
<td>With Friends</td>
<td>5</td>
<td>12.2%</td>
</tr>
<tr>
<td>With Relatives</td>
<td>3</td>
<td>7.3%</td>
</tr>
<tr>
<td>No stable Place</td>
<td>2</td>
<td>4.9%</td>
</tr>
<tr>
<td>Various</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Former Ward of State</td>
<td>17</td>
<td>41.5%</td>
</tr>
<tr>
<td>Interview Length (minutes)</td>
<td>17-64</td>
<td>33</td>
</tr>
</tbody>
</table>

Dating and Relationships

Social Media

One aim of the study was to ascertain the importance of social media in dating and relationships. Facebook was used as the general prompt to inquire about social media. About a third of participants believed that social media was important for meeting, hooking up (which spanned from making out to sexual intercourse), dating and maintaining relationships (n=15, 36.6%), another third were not sure (n=14, 34.1%) and the rest did not think social media was important to these activities or had no comments (n=12, 29.3%).

Aside from Facebook, which due to being part of the question was mentioned in all interviews, Twitter and Instagram were most often mentioned in interviews (see Table 2 for a full list of social media mentioned). Most often, for some, the lack of endorsement of
use of social media in dating/meeting stemmed from either not really knowing about other’s use of social media or strong negative feelings about electronic means of meeting and dating. For example, one participant said:

*Facebook is a way to, like, for some teens out here, it is way for them to, you know, like try to talk to someone or whatever, but in my eyes, I think it’s a stupid way to meet someone.* (21 year old white male)

Many discussed using Facebook and other social media for meeting people. One participant said, “‘Cause to be honest, my – I met my ex on Facebook. Like we went to the same school, but we started talking on Facebook, and then we ended up dating.” (16 year old, Latina female).

There were a few older participants who narrated use of social media apps to meet people for sex, but these were very rare.

Those who indicated that social media was used in a dating context described the typical use was to develop and maintain relationships which originated offline. Within dating, Facebook and other social media played three roles: getting to know someone, making the relationship known, and indicating satisfaction and troubles (the most mentioned of the three) as the next several quotes illustrate:

*Like they can probably like get more information about them so they better understand their likes and stuff. Um, they can also like chat...*(14 year old Latino male)

*It’s kind of like tell it – your friends know that, “Oh, yeah. It’s kind of serious. We like each other,” but then like you – I don’t know – you made it like Facebook official and stuff like that. That’s what they call it...*Kind of like me and my girlfriend, we’ll like put pictures of each other together up on our Instagram’s and stuff like that. (19 year old white male)

<table>
<thead>
<tr>
<th>Social Media</th>
<th># of participants mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
<td>14</td>
</tr>
<tr>
<td>Instagram</td>
<td>11</td>
</tr>
<tr>
<td>MeetMe</td>
<td>6</td>
</tr>
<tr>
<td>Texting</td>
<td>4</td>
</tr>
<tr>
<td>Snapchat</td>
<td>4</td>
</tr>
<tr>
<td>General dating sites</td>
<td>3</td>
</tr>
<tr>
<td>MySpace</td>
<td>3</td>
</tr>
<tr>
<td>Craigslist</td>
<td>2</td>
</tr>
<tr>
<td>ooVoo</td>
<td>2</td>
</tr>
<tr>
<td>Fish</td>
<td>1</td>
</tr>
<tr>
<td>Grindr</td>
<td>1</td>
</tr>
<tr>
<td>GuySpy</td>
<td>1</td>
</tr>
<tr>
<td>E-mail</td>
<td>1</td>
</tr>
<tr>
<td>Tag</td>
<td>1</td>
</tr>
<tr>
<td>Urban Chat</td>
<td>1</td>
</tr>
<tr>
<td>Blackpeoplemeet.com</td>
<td>1</td>
</tr>
<tr>
<td>Tumblr</td>
<td>1</td>
</tr>
<tr>
<td>Kick</td>
<td>1</td>
</tr>
<tr>
<td>Zoosk</td>
<td>1</td>
</tr>
<tr>
<td>Click</td>
<td>1</td>
</tr>
<tr>
<td>eHarmony</td>
<td>1</td>
</tr>
<tr>
<td>Choosy</td>
<td>1</td>
</tr>
<tr>
<td>Phone Games</td>
<td>1</td>
</tr>
<tr>
<td>Skype</td>
<td>1</td>
</tr>
<tr>
<td>Google (hang out)</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2. Social Media Sites Related to "Dating" Indicated by Participants
I think it’s – you have a couple friends that they’re, you know, sh – they’re rel – they go on road trips together, they’re always posting pictures together – Um, so I mean everybody knows that hey, these two are together. They’re actually like to be together they’re not afraid to put their pictures or put statuses with one another and they’re – and it’s not – the good thing is it’s not just the female posting the statuses. (22 year old white female)

Yes, because a lot of people like to tell their business or their relationship problems on Facebook. And when I go down my newsfeed, a lot of people express how they’re feeling in their relationship; if they’re not liking it or if their partner is upset at them. (14 year old multi-racial female)

...if you go out on a date or something like that, you tell your friends and it’s not a good date and they don’t like you, it’s blabbed all over Facebook so everybody can see it, everybody knows that this person is this or that... (20 year old white female)

Dating

The most dominate narratives related to dating were the short-term and sometimes casual nature of relationships.

Many participants explained that dating and relationships last on average a couple of weeks to “A month. Two months.”

And, you know, relationships are so short nowadays. They’re like, you know, they’re like phases and, um – where it used to be you date for a couple of years or you would date until you get married. Well, now, you know, now you probably go through three or four relationships in a year’s time. (16 year old Latina female)

Though, in the eyes of some participants, these were serious relationships; “Yeah, most of ‘em are serious there. Like one of my friends, their relationship has been goin’ on for like three months now and so they’re, they’re progressing and stuff like that.” (16 year old black female)

There were a few instances when participants narrated courtship rituals:

...it's like first they talk to each other, then like they're in the mood to ask her out. They tell a couple of friends, and then he would probably tell, um, one of his friends to go ask her out. And then she probably might say no, she might even say why doesn't he come over and tell me that? Then he might. If he likes her. Yep. (13 year old Latino male)
However, a majority of stories centered around a more casual notion of relationships. "I mean like to be honest, nowadays, guys barely ask you on a date. Yeah. It’s mostly likely like is hang out or - Yeah. How they say, ‘Let’s chill [laughter].’” (16 year old Latina female) Older participants were more likely to focus on sex; “It’s just, like, people don’t want to date anymore. They just want to have sex and – you know.” (21 year old multi-racial male).

**Sexual Activity**

Sexual behaviors within dating, as told by participants, were extremely diverse and generally fell along a continuum based on age where the dividing line between just kissing and sex was somewhere between 16 and 17 years of age.

*I see a lot of couples at school that are like, in the hallways, they’re like—they make out a lot (16 year old Latina female)*

*Interviewer: So what do relationships and dating like for other teens in your school?*
*Interviewee: A lot of kissing. (16 year old black female)*

*I think that relationships means like having sex. (17 year old Latina female)*

*[Sex is] really what the relationships consist of. (17 year old white male)*

There were very few mentions among older youth of multiple sexual partners.

*There's a lot of – well, lately, because they throw a lot of parties. So there's, like, a lot of people just getting into each other with everybody. So it's like a – more than just one person at the same time. (18 year old Latina female)*

*It's like—the new thing is threesomes or foursomes, or just like making movies or whatever. (19 year old Latina female)*

Table 3 details participants’ perceptions of how many of their peers were sexually active. Generally, younger participants indicated lower numbers and by the age of 18 most perceived that everyone was having sex. There was a slight tendency for females to report lower percentages while white and African American participants tended to report higher perceived levels of sexual activity. Former wards of state also reported high levels, though nearly all were over the age of 19.

When asked what types of behaviors others engaged in, the vast majority claimed ignorance.

*No, I don’t like to talk about personal business. That’s – that’s between them. You do what you do. (19 year old black male)*
As far as there’s nothing really sexually, though, they talk about it. I mean people aren’t as open. (22 year old white female)

When probed, the most common behaviors reported by older participants were oral and penile-vaginal sex. Most younger participants simply said, “I don’t know.”

Knowledge about teen pregnancy

Participants’ knowledge about teen pregnancy varied widely from a little to a lot. In response to the question on what they knew about teen pregnancy, one respondent said, “Uh...not – well not –kinda nothing.” (16 year old multi-race female) This type of response was a slightly more common among males. When asked what other teens knew, one respondent insightfully replied, “To be truthful, noting ‘cause, like I said, in teens it goes in one ear and out the other.” (20 year old multi-racial female) This statement captured the general observation given in several interviews that many teens are not being engaged in or aware of the issue.

However, based on key word searches in the transcripts, a near majority (n=19, 46.3%) quickly identified condoms as an effective way to prevent teen pregnancy, followed by abstinence (n=11, 28.2%), and birth control (most often referring to the pill; n=9, 22.0%). Only one participant described IUD as a means of birth control. The general sense among these participants was that most people know about the aforementioned methods of preventing pregnancy.

There was a surprising amount of knowledge expressed by girls who had participated in programs at Girls, Inc.

Um, teen pregnancy, um, is basically most of the time is unprotected sex or sometimes, even though you could have a condom, it’s 99 percent effective, that one percent – well 2 percent you can still actually get pregnant. The sperm, especially if you like ejaculate and then like you just pull out auto – he pulls out automatically the pre-cum can still – since he pre-ejaculates, it could still come through. (16 year old African American female)

Such knowledge was generally accurate, though there were some minor misunderstandings around HIV and pregnancy.

The few participants who were aware of the issue of teen pregnancy typically narrated personal experiences, either as a teen mom themselves, or observations of friends. One participant stated, “I have like so many girlfriends, not girlfriends but like friends that are girls but they’re all in high school. Like about twelve of my friends dropped out [because of pregnancy].” (13 year old Latino male)

A majority of the responses to the knowledge questions were answered with perceptions of the issue and consequences that are discussed in subsequent sections of this report.
Table 3. Perceived levels of sexual activity

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Ward</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
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<td>Latino</td>
<td>no</td>
<td>just a couple</td>
</tr>
<tr>
<td>14</td>
<td>Female</td>
<td>Latina</td>
<td>no</td>
<td>50%</td>
</tr>
<tr>
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<td>no</td>
<td>60%</td>
</tr>
<tr>
<td>15</td>
<td>Female</td>
<td>African American</td>
<td>no</td>
<td>most of them</td>
</tr>
<tr>
<td>15</td>
<td>Female</td>
<td>African American</td>
<td>no</td>
<td>95%</td>
</tr>
<tr>
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<td>Male</td>
<td>Multi-racial</td>
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<td>50%</td>
</tr>
<tr>
<td>15</td>
<td>Female</td>
<td>White</td>
<td>no</td>
<td>about half of them</td>
</tr>
<tr>
<td>16</td>
<td>Female</td>
<td>African American</td>
<td>no</td>
<td>A lot of them</td>
</tr>
<tr>
<td>16</td>
<td>Female</td>
<td>Latina</td>
<td>no</td>
<td>50%</td>
</tr>
<tr>
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<td>Female</td>
<td>Latina</td>
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<td>40%</td>
</tr>
<tr>
<td>16</td>
<td>Male</td>
<td>Latino</td>
<td>no</td>
<td>80%</td>
</tr>
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<td>75%</td>
</tr>
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</tr>
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</tr>
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<td>Latina</td>
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<td>50%</td>
</tr>
<tr>
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<td>a lot</td>
</tr>
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<tr>
<td>18</td>
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<td>probably all of them except for the younger ones.</td>
</tr>
<tr>
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<td>yes</td>
<td>80%</td>
</tr>
<tr>
<td>19</td>
<td>Female</td>
<td>Latina</td>
<td>yes</td>
<td>practically everyone. I mean there's always that one person who's the oddball out, but almost everyone.</td>
</tr>
<tr>
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<td>White</td>
<td>yes</td>
<td>80%</td>
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<td>Male</td>
<td>White</td>
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<td>all of them</td>
</tr>
<tr>
<td>20</td>
<td>Male</td>
<td>Multi-racial</td>
<td>no</td>
<td>I don't ask them those things.</td>
</tr>
<tr>
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<td>Latina</td>
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<td>60%</td>
</tr>
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<td>Female</td>
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<td>Multi-racial</td>
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<td>all of them</td>
</tr>
<tr>
<td>21</td>
<td>Female</td>
<td>African American</td>
<td>yes</td>
<td>I wanna say almost everyone I know. There's maybe one or two that are not.</td>
</tr>
<tr>
<td>21</td>
<td>Male</td>
<td>African American</td>
<td>yes</td>
<td>most</td>
</tr>
<tr>
<td>21</td>
<td>Male</td>
<td>White</td>
<td>yes</td>
<td>at least 80%</td>
</tr>
<tr>
<td>22</td>
<td>Female</td>
<td>White</td>
<td>yes</td>
<td>Majority of 'em.</td>
</tr>
</tbody>
</table>
Knowledge about STIs

Similar to teen pregnancy, the amount of knowledge on STIs varied widely. However, overall, there appeared to be more knowledge among these participants. A majority (n=29, 70.7%) had some level of knowledge of facts; some participants were much more confident in their knowledge. The general consensus among participants was that STIs were bad and “you could die. Or you could get real sick.” (17 year old African American male).

Based on key word searches, a near majority identified condoms (n=19, 46.3%) and abstinence (n=18, 43.9%) as methods for preventing STIs. A few participants also talked about the importance of getting tested for STIs, including HIV.

Similar to knowledge about pregnancy, girls from Girls, Inc. were generally much more knowledgable about STIs than other teens.

Okay. What I know about STIs, I know that you can get them from having sex. [Laughs] Um, I know that STIs aren’t really severe; you could kinda cure – you can cure some STIs, I guess, is what I’m trying to say. And... there are more severe STDs, like HIV and all the extra stuff that – or is un-curable. So, um, yeah I know that you can’t get some of them from just drinking after somebody or just having them sneeze in your face; it don’t affect you. But yeah. (15 year old African American female)

There were a few participants who talked about awareness of the issue of STIs in Omaha and among teens; “I know we’re the highest state for, uh, sexually transmitted diseases... I know we’re, like, the highest state who has, like, chlamydia or something like that.” (18 year old white female) Generally, thought, most teens indicated a general silence around the issue; “I don’t know. Not many people talk about that.” (18 year old other race male)

Similar to teen pregnancy, much of the narrative on STIs reflected perceptions and consequences of STIs.

Perceptions of Teen Pregnancy

Participants narrated several perceptions of teen pregnancy that were categorized into two main sub-themes: reasons for getting pregnant and consequences.

The main reasons for getting pregnant were wanting a child for females and proof of sex for males as well as “it just happened.”

Just over half of the 41 participants talked about girls intentionally getting pregnant. Reasons included social norms, revenge, someone to love them, keeping their boyfriends, attention, lack of family stability, getting out of the house, love, and
security. The follow quotes illustrate these reasons (each quote is from a different participant).

I think they do it out of peer pressure; since everybody is having sex, then they’ve got to do it. Or, like, I know a girl at my school, she’s trying to get pregnant. Like, she wants a baby. I don’t know why, but – yeah. (15 year old African American female)

‘Cause they see so many of their friends having kids and their friends having kids, and those kids having everything they can want, but if — if one girls sees all her group of girlfriends pregnant, that one girl is going to feel left out. "Why am I not having a kid? Why can’t I have a kid?” She sees all her friends around her getting pregnant, having babies left and right (20 year old white female)

It’s because they want to do it. They think it’s, again, the cool thing to do. Everybody else is doin’ it, so why can’t I do it? (21 year old white male)

Most of the time they, they do it for the experience but they – she was like, she was like, um, I wanted to get pregnant. They – most of the time now in our generation they want to get pregnant, I don’t know why but it’s just how our generation is. They like want to get pregnant and it’s – want to have a kid to basically, um, to I guess to learn how to be a parent at a early age – (16 year old African American female)

Like if somebody ever, like, cheated on you or, like, they did something wrong to you, like you’ll get pregnant by them or – something like that. Just to show somebody else… that you got somebody. (15 year old African American female)

Um, kind of maybe somebody to – somebody else to be there for them. If they might not have somebody who is always there for them, they know that they have that child there – there will be a child always with them, somebody who they can take care of and somebody who will always be there. They don’t have to worry about this child leaving them. (14 year old multi-racial female)

For a female, maybe their parents weren’t there for her, and she wants something to love or something to put love towards. Or maybe she’s lonely and she wants a kid, or I don’t know. Maybe it’ll bring her closer to her parents having a kid. (19 year old Latina multi-racial female)

I think she wants to prove that she can be a better mom than her mom was. Her mom was never really a good mother. And her father wasn’t a good father either. But I think it’s just to prove to herself that she could be a better parent than her parents could be. (17 year old white male)
Some people think pregnancy is a joke. It’s just they want a baby to love and some – sometimes females think havin’ a kid is gonna keep they boyfriend or whoever they’re messing around around. (20 year old multi-racial female)

Or they feel like they really love someone and they’re like, “Oh, I just want to have your baby,” or something like that or they feel like that puppy love I guess and they’re just like – it sounds cool at the time, like in the moment (19 year old white male)

In my opinion, they just want to get out of the house. They don’t want to be with their parents, and just sleep with their boyfriend, (17 year old Latina female)

I think it’s because they get lonely and they feel like they need to like start a family at a young age, so they can have someone. I think sometimes it’s to bring attention to them because they feel like—I just feel like that, because yeah, I’ve seen some girls and they just look like they want attention because they like plan big birthday showers, er, baby showers, and most of the time it’s just because they want to keep their boyfriends. They want to have a solid relationship with their boyfriends. (16 year old Latina female)

Especially among the homeless youth – the homeless girls. If you can get pregnant – if you’re pregnant you have a... a greater chance of finding a house or an apartment or getting a room in a homeless shelter. If you’re not, you know... I mean, you’re bumped down to the list. You know, it’s priority first, and it’s women and children. Women with children and then women. It’s insane. And when you’re – when there’s places that are booked, they’ll like, “Oh, well we’ll help you get an apartment. You have – you’re pregnant, you have a kid? Oh you now qualify for this.” So I think that makes it easier for them to – in their mind – get out of the situation they’re in. A lot of... a lot of girls definitely do that. I had – goodness. It’s on the tip of my tongue. Helps you get Medicaid. Like insurance. If you’re pregnant, you get insurance. The baby gets insurance. So they make it sound like it’s a good thing – you get WIC, you get – Well no, the first thing on your mind is, “Oh, baby so I can get all these benefits.” You’re not thinking, “Oh STI... then baby.” It’s, “Baby. Screw STI.” (22 year old white female)

Why do I think some teens get pregnant? They, um, sometimes do it for – just to get parents irritated sometimes. They just want a baby probably sometimes. Or sometimes the man forced them to. (16 year old Latino male)

A few also talked about invincibility and “accidents” as reasons for getting pregnant.

Other than the fact that kids these days think they’re invincible and nothing bad will happen to them. The chance of them actually getting pregnant is zero to them. (19 year old white male)
Cause they like forget to take their birth control pill or a – or a condom breaks or, um – I don’t know – the kid thinks he pulled out in time, but he didn’t or I don’t know, stuff like that. (19 year old white male)

Only a few participants brought up the potential for pregnancy as a result of sexual assault.

A few participants talked about why boys would want to get a girl pregnant. The general consensus appeared to be rooted in masculinity and the notion that to “Be a man” meant to have had sex. A pregnancy served as the ultimate proof of the act as well as a signifier of one’s virility.

It’s because like most of them like I said like they just want to feel like a real man or whatever. They say all right, I slept with her, I think I’m a real man. I’ve heard that some people are like that, (14 year old Latino male)

I think he just wanted to show everybody that he had sex with a girl and that that was the thing to do [get a girl pregnant]. (13 year old African American male)

Interviewer: What do the guys think? How do they look at getting somebody pregnant?
Interviewee: They think it’s a score or a point on their side. ‘That’s one woman I got pregnant. Let’s see how many women I can get pregnant.’ It’s like a competition. (19 year old Latina multi-racial female)

When asked about the consequences of pregnancy for teens, the overwhelming focus was on consequences for the mother and consistently including the challenges it posed to their education, social life and the associated costs of having a child.

One participant who is a teen mom talked about the support she has received from her family and, as many participants indicated, felt if not for them she would have dropped of school. Yet, even with that support, it can still be a challenge, highlighting the complex impact teen parenthood can have on education.

I don’t work, but I have many support from my family, which is very good for me, but I think if I didn’t have that support from them, I would be in a situation where I probably wouldn’t be able to come to school. I’d probably have dropped out from school, because I wouldn’t know anyone who could take care of my baby. And also, like, having a baby, it’s not the same as when you don’t have a baby because when I want to go spend some time alone, like, I don’t get that opportunity. She has to be next to me or not. When I go to school, I’m still worried about her. It’s not the same. I can’t just go to school and study like that. I’m also thinking of her at the same time. Hopefully, she’s doing okay. (17 year old Latina female)
In addition to numerous comments on how teen moms would no longer be able to go out with friends, one participant provided insight into the stigma they might experience:

Yeah. I think there’s a lot of negative consequences. Because depending on who you might tell you’re pregnant beforehand, you get talked about a lot. And I’ve seen that a lot. People get talked about a lot for being pregnant. Um, you might not be able to wear the same clothes as you did or be able to do the same things that you did. Um, you might – if you do not – or if you’re not with the person who did get you pregnant, you might not be able to date as much because you are pregnant, and somebody as a teen might not want to be with somebody who is pregnant and who is going to be expecting. (14 year old multi-racial female)

Most described the various economic impacts of having a baby as this participant described,

You have to get a job. You know you gotta, um, quit partying, hanging with your friends, going to the mall buying you stuff. You gotta worry about gettin’ money, gettin’ a job and havin’ money to pie – uh to provide for your kid’s diapers, wipes, clothes, baby food, and they’re all expensive so it’s like once you get pregnant you think of it as a joke, but when you actually get – realize to have a baby is all your freedom is done for. (20 year old multi-racial female)

Our teen mom from early, however, noted the silver lining to her having a baby.

To be honest, before I had my baby, like, I would go do stupid things, like, I would, like, actually smoke, or I would, like, skip or whatever. But then once I had my daughter, like, she changed my life. It probably sounds stupid, like, why until you get pregnant, you decide to change? But I’m thankful that I did get pregnant, because I’m actually thinking positive and going on with my life, not thinking like negative and doing bad things. (17 year old Latina female)

A majority of participants indicated they were aware of at least a few and as many as 10 girls who were or had been pregnant. Only 8 mentioned abortion and they generally indicated it was not a viable option; “a lot of people nowadays don’t believe in abortion.”(20 year old white female)

Many youth also indicated other reasons for getting pregnant including not using condoms or birth control. The predominant view was that most teens not wanting to get pregnant think, “It won’t happen to me.” A few participants mentioned abstinence as being important to prevent pregnancy, though it was not a strong endorsement.
**Perceptions of Teen STIs**

Participants overwhelmingly described STIs in negative terms. Words to describe STIs included “gross”, “scary”, “bad”, “painful”, “yuck”, and “not healthy”. Perceptions of why teens might get an STI included multiple sexual partners, not practicing safer sex (condom use), and not finding out the HIV/STI status of potential partners. The following quotations capture these sentiments:

*Because they’re trying to have sex at a young age and then trying to have sex with everybody.* (16 year old multi-racial female)

*Either they get too in the mood and they don’t think about stop and put one on, or they just don’t give a fuck, and they don’t realize the risk that they’re putting themselves into.* (19 year old Latina multi-racial female)

*Because they’re not checking the person who they’re sleeping with, first of all. And they’re not being careful.* (15 year old African American female)

Most interviewees believed that abstinence or condom use were the most effective ways to prevent STIs. Unlike pregnancy, abstinence as an option was mentioned more often in terms of preventing STIs; “I think abstinence is key.” (16 year old African American female) Several participants indicated they personally had strategies to protect against STIs which they had internalized as part of their assessment of potential relationship partners.

*Like I said, I’ve never had a disease because I ask but not only do I ask, I make the person I’m in a relationship go check, get checked. And if they don’t want to go and get checked, then I know they are not good enough to be in a relationship with.* (20 year old multi-racial female)

A few participants indicated that when it came to condom use, many teens, particularly males, are aware of the difference in sensation when a condom is used, which may be a barrier to consistent use.

*I don’t know to be exact. I believe it’s because – I’ve done protection and non-protection. To be honest, the protection doesn’t feel as good as the non. I believe that’s the same reason they won’t.* (21 year old multi-racial male)

Similar to the invincibility noted in perceptions of teen pregnancy, many narrated the same sentiment regarding teens getting STIs. One participant noted, “No one cares about getting STDs or anything, because they’re like, ‘Oh, that’s never going to happen to me.’” (20 year old white female)

Overall, participants perceived consequences of getting an STI as bad. Many talked about how getting an STI could be embarrassing and lead to a bad reputation.
Let’s say someone did have STDs, I’m pretty sure they wouldn’t want to talk about it, because that would be embarrassing for them, but, like, let’s say someone was like, ‘Oh, this person has STDs’, and that person’s there that has STDs, but doesn’t, like, act like they do, I think they would be embarrassed. (17 year old Latina female)

I think that you get a bad reputation. Like, if people find out, then you’ll be made fun of. And you’ll – people won’t want to be around you. That happened to a girl at my school that I know. (15 year old African American female)

Several participants also talked about STIs in fatalistic terms.

I mean, some STIs you can’t get rid of, you know, so you’re stuck with it for the rest of your life. Some, you know, you can, you’re lucky if you can catch it in time and you can get rid of it, um, but then that affects you later on in life, you know, bein’ able to be brave enough, you know, tell your partner, “Hey, I’ve got this, you’re gonna have to be able to deal with this.” (21 year old white male)

Others mentioned they perceived STIs as potentially causing health problems now and in the future, up to and including death. “You can get cancer if it gets that bad. You can—there’s a lot—you can get scabs and scars and cuts deeper. It’s bad.” (19 year old Latina multi-racial female)

An overwhelming number of participants narrated perceptions of stigma and shame associated with STIs not dissimilar to those found in the adult population. The silence surrounding STIs due to the stigma was narrated in a majority of participants saying that both adults and their friends, “They don’t really talk about [STIs].” (16 year old African American female). When adults did talk about it, “...other people, like teachers or something, they’ll judge them.” (16 year old multi-racial female)

Some believed the silence at home was due to a belief by parents that the youth were receiving the information in school, the only place most youth indicating having learned anything about it.

...a lot of parents know that we are getting educated on it, so they don’t really talk too much to us about it because – since there are papers that we have to sign in order to talk about it, they know that we’re getting educated on HIV, STDs, and such and such. And we do go on field trips to learn about these things. So they don’t really talk too much to us about it. (14 year old multi-racial female)

Many participants, however, indicated several times that the classes which covered information on STIs were not only opt-in, as narrated above, but were elective courses not required by the school.
Activities to prevent teen pregnancy and STIs

A portion of the interview asked participants to describe activities or programs they were aware of in the community aimed at prevention of teen pregnancy and STIs. Table 4 lists activities mentioned by participants and how many times they were mentioned for pregnancy prevention and STIs.

The majority of participants either did not know of any activities aimed at addressing teen pregnancy or STIs. Those who reported being aware of programs most often stated that they learned about programs in their sex education in school. Yet, many narrated the limitations of such classes:

We had health class so we talked about it and my teacher was actually nice. Like in some health class there’s stuff they can and can’t talk about in health to get out there and really show you what you – what’s really out there. (20 year old multi-racial female)

Community-based organizations, where participants were recruited from, also provided some known activities to address the issues. One participant noted:

There’s a lot of kind of gatherings that they [CBOs] have that they send out to different community centers and different, different places like Girls Inc., such as Boys and Girls Club. So they try to get the youth involved in things. And then once we do get involved in those things, they will kind of educate us and give us more details all in one setting. (14 year old multi-racial female)

Some participants reported awareness of condom distribution sites or programs (n=8).

When probed for more information around current activities, particularly in school sex education classes, the general reaction was low rates of effectiveness. “They just say don’t get pregnant, because you’re not going to be able to take care of the kid. But really, um, that really doesn’t push someone’s mind to say no.” (16 year old Latino male) Another talked about how the class was not working:

I asked my counselor, ‘cause I was like, “I wanna take that class. Do you have it?” and she said, “They got rid of it because so many girls got pregnant, so it was just... not a use.” (16 year old multi-racial female)

Similarly, regarding messages to prevent teen pregnancy and STIs, there was a general lack of recall among participants. For example, after mentioning posters in school as something she had seen, the interviewer followed up asking what those specific messages were; the participant didn’t “really remember.” (16 year old Latina female) In addition, another youth mentioned about the poster, “I don’t think [they] put much effort into it.” (18 year old Latina female)
Having considered current ways adolescents might be getting information about teen pregnancy and STIs, participants were asked if and how or how might teens seek out information about the issues.

Nearly every participant indicated most teens would not seek out the information unless they were dealing with the issue personally. Indicative of many respondents views, one participant said, “I don’t think it’s very common. I mean, I personally don’t seek out information.” (15 year old African American female) When asked when teens might seek out information, another participant responded, “I think, in my opinion, these kids – the only time that they’re going to seek out information about it is when it, when it happens to them. Then that’s too late.” (22 year old Latino male) Similarly, another older participant said, “Probably one in every, maybe, 15, probably might. If not, one in every 30, 40, 50. I mean, it’s very – – – it’s very unlikely that they’re gonna seek information, because they’re not gonna care. I mean, I didn’t care.” (21 year old African American female) Others talked about the generally unspoken stigma around these issues:

### Information seeking behaviors

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</thead>
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<td>11</td>
<td>16</td>
</tr>
<tr>
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<td>27</td>
<td>16</td>
<td>11</td>
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<tr>
<td>CBOs</td>
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<td>4</td>
<td>6</td>
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<tr>
<td>Planned Parenthood</td>
<td>7</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Free clinics / Heath Centers</td>
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<td>3</td>
</tr>
<tr>
<td>Free condoms (general)</td>
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<td>3</td>
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<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Free condoms at school</td>
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<td>2</td>
</tr>
<tr>
<td>Counselor at school</td>
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<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Condom/BC Commercials</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Posters in school</td>
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<td>0</td>
</tr>
<tr>
<td>Commitment Academy (Christian celibacy 6-month program)</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School nurse</td>
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<tr>
<td>Text4Baby</td>
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<td>1</td>
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</tr>
<tr>
<td>Classes outside of school at OneWorld</td>
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<td>Health Fairs</td>
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<tr>
<td>Billboards</td>
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<td>1</td>
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</tr>
<tr>
<td>Condoms from friends</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Flyers around town</td>
<td>1</td>
<td>0</td>
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</tr>
</tbody>
</table>

* counts are of number of times mentioned; some participants mentioned multiple items, thus these numbers are not of out of 41 participants
I think—it’s not that much because, you know, who, who would wanna, you know, go up to someone and be like, “Well, I need some information about this”? I think it’s, like, embarrassment, but I think there should be more, like, advertisement about it, you know, like, saying, like, you have information and stuff, come to me, and keep it confidential. (20 year old Latina female)

However, many speculated on where teens might be able to go for information, which are shown in Table 5.

The most common response to sources to which youth might refer for information on teen pregnancy or STIs were school-based including the human growth and development courses and teachers and counselors, though not all agreed that teachers were easy to talk to about these issues. One participant said, “They really just don’t care. It’s not affecting their life; it’s affecting yours. And they’re just like okay, whatever.” (17 year old white male)

Another common response was the internet, and more specifically Google:

... or if we’re just bored enough, I mean we have to be really bored, we’ll Google stuff, random stuff. Things we come up with. But most of the stuff that we learn in school, if we’re bored enough, we’ll Google it ourselves, and learn it ourselves. (19 year old Latina multi-racial female)

<table>
<thead>
<tr>
<th>Source</th>
<th>Total</th>
<th>Pregnancy</th>
<th>STIs</th>
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</thead>
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<td>School</td>
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<tr>
<td>Teachers</td>
<td>12</td>
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<tr>
<td>Human Growth &amp; Development</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>School Counselors</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Internet (almost all google)</td>
<td>25</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Friends</td>
<td>22</td>
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<td>5</td>
</tr>
<tr>
<td>Doctor/Nurse/Clinic/Pharmacy/Health Fair</td>
<td>17</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Parents</td>
<td>13</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>TV/News</td>
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<td>7</td>
<td>1</td>
</tr>
<tr>
<td>CBO</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Brochures/Books/Flyers</td>
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<td>3</td>
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<tr>
<td>Adults other than parents/teachers</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Church</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

* counts are of number of times mentioned; some participants mentioned multiple items, thus these numbers are not of out of 41 participants
Further, the internet was seen as safer and having more information than other sources: “Because apparently internet has – it’s more reliable than a parent and everything. It tells you more.” (16 year old Latino male)

The third most common response was friends. Many indicated that friends would probably be safer, particularly for pregnancy-related issues, though there was some tacit acknowledgement from a few that friends may not be the most reliable source of information: “It can get pretty mixed up, but eventually the adults are going to find out what’s going around, and it’s going to get cleared up if it ain’t true.” (19 year old Latina multi-racial female)

Doctors and other health professionals, however, were seen as more likely sources of accurate information from persons who would likely keep the conversations confidential; “I think going to a local clinic and asking for information about it, going to the school nurse, going to somebody you have confidence in that will help you out to go get checked.” (18 year old Latina female) However, most just mentioned health professionals (e.g., doctors) as a direct response to the question.

Many participants mentioned parents as a potential source of information; however, some believed that parents may not be a viable source due to lack of comfort, both from the teen and the parent. For example, one teen stated, when asked about getting information from parents, “Absolutely not. I wouldn’t – I would be scared, shaking outta my boots to tell my mom I was pregnant or anything.” (15 year old African American female) Similarly, many thought parents would not be comfortable:

I don’t think a parent is ever really comfortable with telling their teen, like, “Hey, you need to do this if you’re gonna have sex,” or “You need to do this if you have a STD,” or, “Oh tell me if you’re pregnant.” Like, I don’t think any parent is actually ever comfortable with that. (15 year old African American female)

Table 5 includes the potential sources of information on pregnancy and STIs adolescents might be using to seek information or are already using.

**Ideas on Addressing the Issues**

Participants had a number of ideas on how to address the ongoing issues of teen pregnancy and STIs in Omaha. All participants had a single, overriding suggestion, “Just talk to [us] about it more.” They wanted to see more talk about the issues in schools, between parents and their children, among peers, and in the media.

A large majority indicated that more needed to be happening in schools.
I think that it should be talked more about it at school, or more community local. I think probably within school it would be more – it would capture more of the students because they’ll be like – they’ll hear about it more constantly than if locally. (18 year old Latina female)

A popular suggestion was to “educate the school through assembly.” (18 year old white female) Similar to assemblies, another participant suggested, “they should like not have like rallies and stuff but like have awareness days to where they, they’ll like bring all like the students together.” (16 year old African American female)

A number of youth narrated a need for more classes and class time on the issues while at the same time recognizing that in current health classes, “there’s only certain things they can [talk about].” (20 year old multi-racial female) Most made statements similar to this participant:

I think there can be a lot more of that going into schools. Because in schools not everyone is going to – not every – they say it’s required to take the human growth class, but that’s not really giving us all of what we need to know, because we don’t have really trained specialists on it. And I think there could be a lot more of that in schools, or we could have more people out there in schools telling us, hey, this is what you can do, or this is how you can prevent it, and if there’s treatments or what kind of treatments there is for STDs. (14 year old multi-racial female)

While most acknowledge some minimal education was already happening in schools, as narrated above, all claimed the courses were not required. Further, some recalled the courses were not always accurate:

But sometimes the teachers don’t know the right information, either, either though they’re trained and skilled on that specific detail. Because there’s – I mean, you go to college, you learn something totally different than what you learned at – in high school. (21 year old African American female)

Nor was it perceived as complete:

Cause a school doesn’t teach you e – they’ll, they’ll teach you some of it but they don’t teach you all of it and I think that’s a big part that – I think that’s a big reason why most teens come out like come pregnant and stuff, because they don’t get all the information they need. (16 year old African American female)

Despite these limitations, there was an almost universal recognition that schools were still the best place to reach the most youth:
Because at the clinic, I go to the clinic probably like once a year. So that can’t really help, but I go to school pretty much every day. So I think that in the school is where they need more information, or like a club where just about STDs and teen pregnancy, just something about that. Like, they just need to think about what they’re doing. (17 year old Latina female)

Additionally, there was some support for “start educating sooner, way sooner like first grade.” (19 year old Latina multi-racial female) Others felt “I would say middle schoolers. Just becoming middle schoolers is where you wanna hit the most. Because they’re basically our new generation.” (21 year old white male) Most agreed teachers would be a comfortable person to learn from “because they’re seeing this teacher five days a week. Um, they have a better relationship with that person, um, and they’re probably more comfortable learning from them and, uh, talking to them.” (21 year old white male)

Outside of classes, there were a few suggestions for designating “safe” adults to talk to about teen pregnancy and STIs. One described it as:

… kinda like a mentor type person, like it’s not their actual family members, it’s somebody they look up to, and if they tell them, “Hey, I have a problem. Can you help me out? I need your advice.” That’s what they should be there for even if it’s not even — even if it’s somebody they barely even know and then they’re starting — like a mentor — starting to gain their trust. Ask them questions, just don’t tell them. (20 year old white female)

One participant suggested a new policy for testing in schools: “[Schools] could say, ‘It’s our new policy that if you ask your teacher at any point in time for a pass, he has to give you one. You can then use that pass to come to the nurse’s office, um, and get a test year round.’ Year round.” (22 year old Latino African American male)

Other participants, perhaps in recognition of limitations during school hours, suggested after-school programs.

And then I told my nurse, my school nurse, what if the nurse like—why don’t they have an afterschool program where like girls, or whoever, like girls get with a a girl—a male—I mean a female nurse, and then boys with a male nurse. So that way they don’t feel uncomfortable with each other, and they could talk about like risk toward STD and HIV or pregnancy or being a teen parent? (17 year old Latina female)

Many described these programs as needing to have “a good feeling to it. Like, making it seem comfortable or making it seem like it’s something that isn’t going to be boring.” (18 year old Latina female) Others thought fear-based messages might be more effective, though often talked themselves out of it as this participant did: “They need something to scare people. It just can’t be a fire, like I don’t know. I try to scare my friends, but it’s not going to help. It still doesn’t work. Yeah.” (17 year old
Latina female) Honesty and forthrightness in the conversations was seen as important: “I don’t think they should sugar coat things.” (15 year old African American female)

When asked how to encourage teens to attend the after-school or other similar programs, one suggested “like giving them like, uh, something to attract them like, ‘Hey, come in and we’ll like give you pizza or you get like – win gift cards,’ and – or stuff like that.” (19 year old white male)

Finally, several participants suggested bringing in persons about the same age as the students, or slightly older, who had experienced a teen pregnancy and/or STI to talk about their experience in hopes of deterring others from making the same “mistakes.”

> Maybe bring in some teen moms that have, um, you know, teen moms or even people that have STIs and how it maybe ruined their lives or affected them. I wouldn’t say – I don’t say ruin but how it affected them and how you know they’re gonna have to work with taking pills every day (22 year old white female)

A number of participants also talked about the role of parents in talking to their kids about the issues of teen pregnancy and STIs.

> Um, like for parents and stuff to actually, like if they’re at home talk to their kids about it. Don’t be afraid of what your kid is gonna say to you. Like you’re the parent. Talk to them at home. (20 year old multi-racial female)

Those who did have their parents consistently talk about the issues reported helping behaviors in addition to taking care of themselves.

> My parents. My mom drilled it into my head pretty far. So if I hear one of my friends, they’re talking about going __ I go here you go, and I will hand them a condom. That’s just how I grew up in most people look at me funny. It’s like I grew up practicing safe sex I guess. (20 year old multi-racial female)

The fact that many mentioned parents as a potential figure that could talk to kids about the issues was outweighed by a general sense of the conversation being uncomfortable as the follow quotes illustrate:

> Honestly, like, some – some kids just don’t like having serious talks with their parents. But sometimes parents need to just sit down and talk to ‘em, and be like – just let them know that if they don’t listen to them, then they’re gonna probably regret it. (21 year old African American male)
‘Cause... I learned first at school, but occasionally my mom says some stuff. And to be honest, I don’t like hearing it from my mom, because it just sounds – I dunno – just... I don’t wanna hear – I know about it, so I – you don’t have to give me the talk, ‘cause I dunno (16 year old multi-racial female)

The role of parents for most centered on setting boundaries and rules and enforcing them.

Chain them up. I didn’t say that. It’s called curfew like the old days, instead of letting your kid run around all hours of the night. I remember my curfew used to be when the street lights go off, come on actually, and then I have to be inside. (19 year old Latina multi-racial female)

Another participant went even further than boundary setting and suggested a need for better role models and leadership in her community.

Like for me personally, I don’t think African-Americans are good at leading kids in the right directions about sex and other stuff, because we are mostly known for all that; drugs and sex and all that stuff. So I think they should just be more, like – I don’t know, it’s hard to explain. They need to be more strict to their kids especially. Being a proper role model. (15 year old African American female)

The participants listed a number of potential social media tools for getting messages to youth including Facebook, Twitter, Instagram, video games, a phone apps, and websites as well as traditional media venues such as billboards, fliers, palm cards, and TV. One participant had an idea for an all out media blitz where messages were seen “like a day they play like their game station, or Xbox 360 live then the next thing they watch TV, then it’s the third day they mix in like Xbox and then have TV or on the computer, on their Facebook.” (13 year old Latino male). Another participant thought mixing media would grab attention as well:

[Kids] pay attention to like... I don't know, Facebook statuses. And like they can also like to get the word out more like they can usually teens pay attention to like, um... just like sometimes fliers or like things they can hand out. (14 year old Latino male)

Additionally, some mentions were made about apps and websites that would have information about the issues, prevention methods, and ways to locate services.

In addition to locating services, several mentioned a need for easier access to condoms. One common comment was to “have the nurse give out condoms.” (17 year old white male) There was a recognition that “People would find it awkward, but hand condoms out to kids and stuff.” (19 year old white male) But his sentiment remained, “Definitely handing out condoms would help a lot with that.” Males were a bit more likely to suggest free condoms than female participants.
Very few participants also talked about policies that required mandatory education, testing or even raising the age of consent.

The Ideal Place

The last portion of the interview sought to ascertain characteristics of an “ideal place” where teens could go for information and services related to teen pregnancy and STIs. Participants overwhelmingly agreed on two aspects of an ideal place, that it was not the school and confidentiality was of utmost importance.

Schools were recognized as a potentially convenient location to offer information and services. One exchange highlighting the convenience looked like this:

*Interviewer:* Why do you think that the school would be an okay place for that?
*Interviewee:* Um, because it’s like mostly teens, I mean it’s teen parenting, I mean teen pregnancy and teens are like in high schools and schools for eight hours so they can just like get a pass or whatever and go down to find out.
*Interviewer:* Okay, so it’s convenient.
*Interviewee:* Yeah. (14 year old Latino male)

Another participant, through reflection during the interview felt having services in schools might work:

*You know, honestly, the more I think about it, the whole [Laughs] – the nu – the nurse’s office thing seems pretty legit. Like, you know, if the nurse’s – if, like, that, like, maybe actually doctors and stuff like that actually went into schools, __ – like, maybe on a weekly basis or, uh, like, three times a week, and be like, there’s a doctor in that can check you for something like that. (21 year old African American male)*

However, the vast majority indicated that school-based solutions were not ideal because of the potential loss of confidentiality; “Because school tells everything to your parents, just like if you’re in trouble.” (16 year old Latino male) One story about a friend illustrates the perception that school-based health centers do not always maintain confidentiality

*She just kind of just said, you know, “I went to the school-based health center because I was feeling kind of nauseous. And they gave me a pregnancy test and did find out that I was pregnant. And now everybody knows it, but I don’t know how everyone knows.” And she didn’t really explain or give all the details. (14 year old multi-racial female)*

Many participants stressed the importance of the ideal place (or person) being confidential. While thinking about someone youth might go to, one participant said, “Somebody they’re close to, like a counselor or something, somebody they know
that they ain’t gonna spill out the information about them, you know.” (16 year old African American female)

Confidentiality was not limited to keeping information from other students or friends, but also parents. One participant described the importance of confidentiality while talking about a place she felt was already ideal:

*Probably somewhere — kind of somewhere like Planned Parenthood probably, because they don’t contact your parents if you do have something or if you do need something unless you really want them to contact your parents. And I think that’s the problem with most teens now; they are kind of scared to tell their parents. And if you don’t want your parent to know but you still want to get that treatment for it, you could probably go to Planned Parenthood or something. And that setting – something like that to try to get treated for it.* (14 year old multi-racial female)

Several participants (n=10) mentioned Planned Parenthood when talking about the ideal place to access information and services related to teen pregnancy and STIs. Other places mention much less frequently included AAA, EPS, and OneWorld. The ideas conveyed in the discussions seemed to encapsulate a one-stop shop type of venue.

*So that’s something I like about Planned Parenthood. It doesn’t — it helps so much with everything. You can go there for birth control, condoms, STDs, anything you need, like, sexually, they’ll help you there. And if you’re pregnant, they’ll give you the direction to go if you need an OBGYN or a doctor that can help you with the pregnancy and whatnot, making sure you’re not — you’re on the meds you say you’re on — say a person’s on meds, making sure that their meds are ok for the baby to be inside the woman’s womb, too. That’s one thing I like about Planned Parenthood is it’s getting more out there.* (20 year old white female)

Another location mentioned by several participants, primarily due to a perception of competence in addressing the issue, were doctors and hospitals.

*‘Cause of the – I don’t know [laughter] – hospital or a doctor. ‘Cause they’re trained in that kind of stuff. More than just like a nurse. Just a nurse at school. She’s not going to know – she knows stuff but they aren’t going to test you and stuff, unless they’re certified for it.* (18 year old other race male)

For some though, confidentiality meant not interacting with others, at least when it came to getting information on teen pregnancy and STIs. A few suggested using technology as part of the solution.
I think a website because you can’t see that person or because like, let’s say if you have a computer with all other brothers, then you could just send it to them, and your parents can’t be like, ‘Oh who were you texting?’ That way they wouldn’t feel embarrassed. (17 year old Latina female)

I really like the idea of having, being able to text someone and have them tell you information. I think that would help. Basically just having more positive adults, because the last thing you need is like when you find out you have STDs is having someone yelling at you. (16 year old Latina female)

A number of participants also indicated low-tech options like pamphlets they could discreetly take and read in privacy.

Beyond an ideal place being confidential and not in schools, a majority of participants described a place where personnel were “nice and respectful and welcoming, and they don’t judge you.” (15 year old African American female) That respectfulness carried over in to comfortable (and confidential):

Somewhere that you feel comfortable and you’re not feeling like there’s somebody always watching you or they’re saying oh, well, we’re going to tell your parents if you do this or do that. Somewhere where you could just easily talk to somebody or express how you’re feeling and express – so if you might not want to go to your parents about it, somewhere where there is just someone to talk to. (14 year old multi-racial female)

And again, the importance of non-judgmental staff was discussed by several participants:

I think having grownups that don’t judge them, because most of the time they don’t tell grownups, because they feel like they’ll yell at them and judge them and give them a lesson, and so that’s why. But having, like, adults that will help you and they won’t tell you like what you did wrong, I think that would help. (16 year old Latina female)

Though, not every participant thought only adults could serve as staff:

Um, like make them feel like comfortable with like everybody else around teens ‘cause I know there’s, there’s, um – teens who are like girls – embarrassed – who say like how to get protected. Like talking about it with other teens. And it like – make them feel comfortable with the other teens. Like we all want to know information. (16 year old Latina female)

Teens to teens, because who wants to be like to an adults, ‘I might have an STD. What are the symptoms’? To a teen to a teen, you can express it more because it’s life, and you feel like you’re going through it too at the same time. (19 year old Latina multi-racial female)
The ideal place being comfortable extended to what one participant described as a teen hangout:

*Make it like a teen hangout type thing. Like if — if they absolutely need to come here, like just need to get away. Like have a couple board games or videogames or something like that.* (20 year old white female)

Part of what would make the ideal place comfortable and confidential involved a modicum of discretion. For some, that meant going somewhere they wouldn’t be recognized:

*Places you know that they don’t know people there, people don’t know them. They don’t know people who know people. Um, again, it – you know some people could feel confident and would be okay with going to their parents about it.* (22 year old white female)

Others described it as a hidden location that was somewhat off the grid: "Just like a little little building, like, behind something like where people really didn’t know. Something like that." (15 year old African American female) "It shouldn’t be like, ‘Oh, here. Come get tested for STDs.’ Like a big banner just like on the front of the building. It should be a discreet building.” (15 year old multi-racial male)

There was a slight tension between an ideal place being secretive and perhaps in a hidden location or far away and the ideal place being convenient. This can be seen by looking at some of the earlier statements on why it could be in schools and the preceding quotes. The overriding sentiment was, wherever the ideal place is, it should be confidential.

One of the participants, who was homeless at the time of the interview, talked about the ideal place in a way that encapsulated all the above:

*Just to make it – I know it’s uncomfortable; it’s an uncomfortable situation to even talk about. But just if you find a way to make it less uncomfortable, even if it was after the fact of say someone to get pregnant, yes there’s places like this that help a little bit. But they are not open all the time. And they are always open at different times. A place where if you knew you were pregnant, you could go and don’t have to go to the hospital and you can get all the ultrasounds done there and see how well you are doing. And if you are keeping up. Also, another thing is if you do get an STD, some people can’t do anything about it because they don’t have the insurance too. Set up a free clinic where you can go and do that. They are thinking about tearing down the library because they’re so many homeless people that come in there and I’m sitting here thinking, well, some of us homeless people yes, where homeless but we are not just doing it for a reason. We are sitting here trying. Some of us might be pregnant. Some of us can’t get jobs and a lot of us just need a place to go during
the day where there’s Wi-Fi, where there’s books, just things that – kind of like a youth center or like the YMCA where you can go after school and get on the computers and read books, watch TV and stuff like that. (20 year old multi-racial female)

Similar to these sentiments, another participant suggested an after-school program with some of the same features of a hang-out spot but with a little more structure:

It would look like, um... maybe like how they got after-school program, like the school – so regular after-school program every... Tuesday or Wednesday you go there and, like, you have cards and you, like, play games but the games are related to STIs and the fact that they know, and you talk about it like you – like you would the activity, you talk about it in the activity. (15 year old African American female)

Other features described by several participants included cost (“It should be free”) and for some, time.

You go in. They hand you a pregnancy test. They tell you how to use it. You go into the bathroom or wherever. You use it, come out. They examine it, whatever. You know, you’re good. You’re out. (15 year old multi-racial male)

One participant suggested gender matching for STI testing:

I mean, unless you’re a dude, you’re obviously going to probably want a dude to check you if it makes you feel less awkward. But, um, I think also if you want to get, like, an STI check, maybe if you could be like already in individual rooms so – like if people walk in and out, they don’t have to look at you or be like, why is this person here? Because I feel like that makes you feel more conscious about it, having other people see you at an STI clinic or a clinic getting checked. (18 year old Latina female)

Physical descriptors of an ideal place included color scheme suggestion, types of furniture, and decorations. The descriptors related back to the other themes of having a comfortable space that was inviting and confidential.
Conclusions and Recommendations

The goal of this research project was to obtain, in the words of youth themselves, a robust description of what teens in Omaha know about teen pregnancy and STIs, better understand their perceptions of the issues, and discover what they know about what is currently being done and get their input on what we should be doing to address the issues. As with most qualitative research, there were a number of viewpoints seen in the data with some areas of strong consensus across participants as well as divergent perspectives. The findings can help to develop a more nuanced and thoughtful approach to addressing teen pregnancy and STIs in Omaha.

The findings do not represent all views or all youth. However, the number of interviews and level of consensus and divergence in the data indicate the results are likely to reflect much of what we would have heard had we talked to twice or even three times as many youth.

The remainder of this section of the report will recap the highlights of the data presented in the results section, draw in other reports from the larger project and scientific literature to illustrate how Omaha is similar and different from the evidence-based literature, and provide recommendations based on the data.

Highlights from results based on research questions

Research Question 1: How do teens currently interact with each other in relationships and dating?

   Question 1a: What role, if any, do social media play in contemporary teen dating rituals? Which social media venues are most prevalent?

Participants generally described relationships and dating as short-term (a couple of months) with sex playing an increasing role as adolescents get older (around 17 years of age). Perceptions of how many other adolescents were having sex were higher than what has been reported in local and national data. Teens reported that social media plays a somewhat important role, more so for maintaining relationships. The most popular social media were Facebook, Twitter and Instagram.

Research Question 2: What do teens know about the issues of teen pregnancy and STIs?

   Question 2a: What factual knowledge do teens have about teen pregnancy and STIs?
   Question 2b: What are teens perceptions of the issues of teen pregnancy and STIs?

With the exception of teens involved in Girls Inc. programs, overall knowledge about teen pregnancy and STIs was low with about half having a very rudimentary
knowledge base. For both STIs and teen pregnancy, almost half indicated condoms as being an effective means of prevention, and 28-44% believed the same about abstinence from sexual activity. A little more than a fifth recognized the importance of birth control, most often referring to the pill, as a means of pregnancy prevention. Only 1 participant talked about IUDs as a means of preventing pregnancy; the low frequency of being mentioned indicates, among these participants, a lack of recall knowledge about, or even knowledge of the existence of, IUDs as a viable form of birth control.

Perceptions of the issues generally endorsed the notion that both teen pregnancy and STIs are bad for youth. Many respondents narrated perceptions that some girls got pregnant for a variety of reasons including wanting to get pregnant. For boys, the sex that might lead to a pregnancy or STI was seen as a rite of passage and, for pregnancy, a way to “prove it happened.” There were perceptions that many youth see themselves as invincible or that it won’t happen to them. A belief was narrated by several that a heat of the moment or it just happened scenario that meant no condom use was why some teens get an STI or pregnant. Finally, for STIs, a strong perception of stigma and shame surrounding the issue was narrated.

Research Question 3: What activities addressing the issues of teen pregnancy and STIs are teens aware of?

- Question 3a: What current activities to address the issues of teen pregnancy and STIs are teens aware of?
- Question 3b: Where and how do teens currently get their information on the issues of teen pregnancy and STIs?

Most participants did not know of any current activities to address the issues of teen pregnancy and STIs other than what was happening in their sex education either in a general health class or human growth and development. The general perception of these school-based efforts was that they are not effective.

The general sentiment was that most teens are not looking for information on teen pregnancy or STIs unless they are personally dealing with the issue. Most saw school as the most likely source for information followed by the internet and peers. Most participants expressed that most youth would not seek further information from a program or resource center if one was available.

Question 4: What recommendations do teens have for addressing the issues of teen pregnancy and STIs?

- Question 4a: How do teens describe the ideal place for getting information and accessing services related to teen pregnancy and STIs?

The majority of participants indicated a need for more comprehensive sex education in the schools because current curricula are not thorough or are ineffective. Additional sexuality education could be in the form of an after-school program;
however, respondents indicated that their preference was for it to be offered during the regular school day and be required for all.

Outside of schools, having “safe spaces” to talk about the issues, having educated peers, and social media outlets were possible ways to supplement a stronger school-based program. Overwhelmingly, parents were not seen as a viable option for addressing the issues.

For services, most teens agreed an “ideal” place should not be in the schools, should be confidential, non-judgmental and comfortable. Several identified Planned Parenthood as an example of and ideal place.

**Relating results to previous research in the field**

Many of the findings in this study confirm for Omaha teens what we generally know from other research in other parts of the United States. A lack of comprehensive sex education has left youth at greater risk for teen pregnancy and STIs (Kohler, P.K., Manhart, L.E., & Lafferty, W.E., 2008; Kirby, 2008). There are culturally unique reasons for adolescent girls to want to get pregnant (Bartz, D., Shew, M., Ofner, S., & Fortenberry, J.D., 2007). Finally there is a very prevalent stigma associated with issues related to adolescent sex that has resulted in a silence on the topic by a number of people in Omaha youths’ lives (Fine & Weis, 2003; Tolman, 2002).

Contrary to known national averages of sexual activity, Omaha teens in this study perceived a very high level of sexual activity (Herbenick et al., 2010). Similarly, rates of teen sexual activity in the most recent Douglas County YRBS were generally lower with 35.7% of student who have ever had sexual intercourse and 20.8% reported sexual intercourse in the last 3 months on the YRBS (Douglas County Health Department, 2013). Participants in this study perceived much higher rates of sexual intercourse among their peers, ranging generally from 50-100%. The great disparity likely indicates a powerful underlying motivator for young people to experiment. Even though they are not likely having the amount of sex indicated in the interviews, the perception that others are having lots of sex adds to the culture of peer pressure and may reduce barriers to saying no to sexual activity.

Similar to findings reported by Dr. Tibbits et al. on research findings and implications, many of the risk factors for teen pregnancy and STIs were heard in the interviews. The silence around sexual behavior and outcomes and stigma highlight the cultural attitudes and norms (see Table 1 of Executive Summary by Tibbits et al.). Similarly, a significant cultural norm of teenagers “wanting” to have a child was expressed in the interviews. Neighborhood and community characteristics were noted by many youth in their lack of knowledge about resources and activities to prevent and/or reduce teen pregnancy and STIs. Several youth noted the challenges of engaging with parents to learn more about the issue and find familial supports. Youth in this study also noted the power of peer influences and the lack of quality and frequency of sex education. Finally, individual level risk factors of attitudes and
beliefs and sexual risk behaviors were narrated by some participants in the low level of knowledge about the issues and, while understanding the need for condom use in prevention, highlighted the heat-of-the-moment passions of young people engaging in sexual behaviors that often lead to lack of use of condoms.

Youth also highlighted needs of universal and indicated prevention approaches, but not selective as most appeared to believe all youth needed to learn about the issues. Many talked of a need for more and better sex education of a comprehensive nature, condom distribution, and ideas like school-wide assemblies, examples of universal prevention approaches. Fewer teens narrated ideas for indicated prevention, most often in discussing the ideal place for services. One example included special classes or an after-school program for pregnant teens.

In line with the environmental scan produce by Tibbits et al. which noted a lack of, sex education, youth generally expressed a need and desire for comprehensive sex education in the schools as a preventative approach to addressing the issues of teen pregnancy and STIs.

**Recommendations**

The next phase of the work to address teen pregnancy and STIs in Omaha strategically should consider the following recommendations based on this research:

1) Implement school-based comprehensive, higher frequency sex education
2) Create community-wide social media campaigns
3) Develop and train pool of lay health educators as trusted sources for information (both peer and adult)

Within all three of these action-steps, a high premium should be placed on scientific and medical accuracy of the information as well as conveying a high level of confidentiality for those seeking information and services, a non-judgmental attitude to avoid stigmatizing sex and sexual health, and a focus on relationship- or rapport-building with adolescents engaged in these activities. Funders and evaluators should consider these aspects in measuring performance and success of new initiatives.

The perspective of youth was that school-based education had the best potential for increasing awareness and knowledge of the issues of teen pregnancy, how to prevent them and handle the situation should either occur. Similarly, many youth discussed the cultural norm of social media and its potential, in a long term, sustained and highly active media campaign to bolster education and awareness of the issues. Finally, peers and trusted adults were seen as viable sources for one-on-one information and advice; a well-trained, non-judgmental group of lay peer sexual health educators who are known for maintaining confidentiality could bolster community-level intervention efforts.
References


## Appendix A: Interview Guide

<table>
<thead>
<tr>
<th>Domain</th>
<th>Themes or Subdomains</th>
<th>Prompt Question</th>
<th>Probes</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Build Rapport</td>
<td>Let me tell you a little bit about myself.</td>
<td>[Use personal skills to develop rapport]</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tell me a little about you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do relationships and dating look like for other teens in your school?</td>
<td>• Are things like Facebook important for developing a dating relationships? How so? What else do teens use besides Facebook?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• How many teens in your peer group would you say are sexually active? Can you tell me what kinds of things you hear they are doing?</td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>Knowledge of the issue</td>
<td>Thanks for sharing all of that with me! Now I’d like to ask you some questions about teen pregnancy. Can you share with me what you know about teen pregnancy?</td>
<td>• What can you tell me about teen pregnancy in your neighborhood? How do you hear adults you know talk about teen pregnancy? What do you think about that? What about your friends?</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Prevention</td>
<td>Perceptions of the issue</td>
<td></td>
<td>• Why do you think some teens get pregnant?</td>
<td></td>
</tr>
<tr>
<td>Approaches</td>
<td>Current Approaches</td>
<td>What currently is being done to prevent teen pregnancy in your community?</td>
<td>• Why do you think some teens get an STI?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ideal Approaches</td>
<td></td>
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<td></td>
<td></td>
<td>What currently is being done to prevent STIs in your community?</td>
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<td></td>
<td></td>
<td></td>
<td>• What do teens your age know about how to prevent teen pregnancy? Where do most teens get this information? How common do you think it is for teens to seek out information on pregnancy?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• What do you think should be done to decrease teen pregnancy?</td>
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<td></td>
<td></td>
<td></td>
<td>• What do teens your age know about how to prevent sexually transmitted infections? Where do most teens get this information? How common do you</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
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</tr>
</thead>
</table>
| Services               | Characteristics of Ideal Providers | You've mentioned a few places where teens might get information about teen pregnancy and sexually transmitted infections. How would you describe the ideal place for teens to get information on pregnancy and sexually transmitted infections? ...to get checked for a pregnancy? ...to be tested, and if needed treated for a sexually transmitted infection? | • In your opinion, what specific places do you think teens might prefer to go to get information? Why?  
• ...to get checked for a pregnancy? Why?  
• ...to get tested and, if needed, treated for a sexually transmitted infection? Why?  
• Where would teens be least likely to go for these types of services? Why?  
• Do you think teens would be comfortable getting these services in school? Why or why not?  
• Should additional information and services be offered in the schools? Why or why not? | 10 minutes |
| Ideas                  |                       | You've shared a lot of great information! What else should be done to address pregnancy and sexually transmitted infections among teens in your school and neighborhood?  
Do you have any other ideas/thoughts/suggestions you would like to share about preventing teen pregnancy and sexually transmitted infections? | • What more should the schools do?  
• What more should doctors and clinics do?  
• What more should adults do?  
• What more should teens do?  
• Where should these things be done?  
• How might other teens learn about these things?  
• What could be done to get more teens to get involved in using some of the services and/or programs you've suggested? | 5 minutes |
Appendix B: Reporting Form

Interviewer Report

Please fill out this form for every interview conducted and return to the PI within 48 hours of completion of the interview.

Date: Time: Interview Code:

1) How did the interview go?

2) Where there any issues that you noticed during the interview related to the safety and well-being of the participant?

3) Where there any actions taken related to the safety and well-being of the participant?

4) Please provide your general reflections on the content of the interview.

Appendix C: Top-down Codes

Teen Sexual Health Top-Down Coding

These codes generally follow the order of things in the interview guide, though a participant may talk about any of these anywhere in the interview. Depending on actual results, may need to combine the knowledge of pregnancy and STIs and separately combine perceptions of pregnancy and STIs codes.

Contemporary relationships & dating: Whenever a participant describes what relationships, dating, and sexual activity among teens. Includes conversations on the use of social media and other technologies, including websites, to aid in (or not) the facilitation of dating, relationships and/or sexual activity, conversations on how sexually active teens are, and descriptions of sexual behaviors. May also include conversations around violence in the context of relationships. Note: This is likely much more complex and will be further broken down in future analyses. Key for the first round is types of social media, names of internet sites, and how many peers are sexually active.
**Knowledge about teen pregnancy:** Whenever a participant describes knowledge they have about teen pregnancy. May include the magnitude of the issue, how people get pregnant, how to prevent it: should be fact-based including inaccurate information.

**Perceptions of teen pregnancy:** Whenever a participant describes why teens get pregnant, indications of awareness of the issue for self, peer groups and others (e.g., adults) as well as negative consequences of teen pregnancy. Does not include personal reflections on the issue...those are covered in another them.

**Knowledge about teen STIs:** Whenever a participant describes knowledge they have about teen STIs. May include the magnitude of the issue, how people get infected, how to prevent it: should be fact-based including inaccurate information.

**Perceptions of teen STIs:** Whenever a participant describes why teens get STIs, indications of awareness of the issue for self, peer groups and others (e.g., adults) as well as negative consequences of teen STIs. Does not include personal reflections on the issue...those are covered in another them.

**Knowledge of current activities aimed at prevention:** Whenever a participant describes what programs, interventions, education, or other activities aimed at reducing teen pregnancy and STIs exist. Includes where teens get information and/or services on the topic, and specific programs or locations/sites mentioned.

**Information seeking behaviors:** Whenever a participant describes how teens get information on teen pregnancy and STIs as well as how often/when. This is different than where they get the information and should be about behaviors and frequency of behaviors.

**Personal views on how to address issues:** Whenever a participant describes their opinion about things that could be done to address the issues of teen pregnancy and STIs. May include suggestions for getting messages out to increase knowledge, how testing and treating could be done. Also includes ideas on what not to do. Includes personal reflections on the issue (because these likely could be indications of how to address the issues). Note: This is covered at end of interview and with question what do you think should be done.

**The ideal place/space:** Whenever a participant describes characteristics or traits of a place and/or space that might be ideal for teens to go to to get information and services related to teen pregnancy and STIs. Includes concepts like comfortable, trustworthy, non-judgemental, and medically accurate. May include names of specific places that currently exist.