

2012



Parent Focus Groups

TEENAGE PREGNANCY PREVENTION PROGRAM



TEEN PREGNANCY PREVENTION PROGRAM

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CONTENTS

EXECUTIVE SUMMARY.....	4
INTRODUCTION.....	6
METHODOLOGY.....	8
DEMOGRAFICS.....	10
PARENT FOCUS GROUP DISSCUSSION RESULTS.....	13
CONCLUSION.....	21
RECOMMENDATIONS.....	21
REFERENCES.....	22
APPENDICES	
A Parent Focus Groups Protocol.....	24

EXECUTIVE SUMMARY

Parents ultimately are unable to determine their children's choices about sex, but evidence shows that the quality of their relationships makes all the difference for healthier sexual practices.¹ Factors that are associated with these relationships are overall closeness, shared activities, presence in the home, and parental concern. These factors show an associated reduction in early sex and teen pregnancy.² The importance of parents directly discussing sex, love, and relationships with their children is significant.³

The Southern Nevada Health District's (SNHD) Teen Pregnancy Prevention program (TPP) was created in the fall of 2010. SNHD received a five year grant from the U.S. Department of Health and Human Services, Office of Adolescent Health. The purpose of the grant is to implement an evidence-based sexual health education for teens in Clark County, NV. One mandate for receiving grant funding is to ensure that the TPP program create initiatives that will be sustainable by the community after the grant period has ended.

To better understand the needs of parents in our community the community, staff from the SNHD Teen Pregnancy Prevention Program initiated a series of Parent Focus Groups in March, 2012. The purpose was to gather information and identify the community's knowledge regarding teen pregnancy and sexually transmitted infection prevention, understand community readiness and capacity to address these issues and identify individuals willing to serve on the community coalition. Specifically, focus group attendants were asked the following questions:

- What are parents' perceptions and concerns about teen pregnancy in their community?
- What do parents want for sexual and reproductive health education and programs for their teens?
- What do parents perceive as their role in teen pregnancy prevention and teen sexual health education?
- What training, support and assistance do parents want in educating their teens about abstinence, sex and pregnancy prevention?
- What concerns need to be addressed for parents to be comfortable with sending/referring teens to reproductive health services?

Seven (7) focus groups consisting of 10- 27 participants were conducted at community centers, Boys and Girls Clubs, and one high school. The participants lived in and around the target zip codes representing the highest teen birth rates in Clark County, NV (89030, 89101, 89102, 89106, 89109, 89115, 89119). Parent focus groups were held between 3/1/2012 and 3/29/2012. Parents responded to some brief polling questions for the large group and then broke up into smaller groups with TPP facilitators to discuss qualitative questions.

DEMOGRAPHICS

A total of 120 parents participated in the focus groups. Participants voluntarily provided their demographic information; however, individual identities were not documented. Over 50 percent of participants were age 30 to 39 years old within a range of 20 to 59 years old. For race, 53 percent of parents identified as Hispanic/Latino and 31 percent as Black/African American. The majority of the parents had 2 to 3 children. 52 percent of the participants indicated that they had at least one child between ages of 13 to 18 years of age, the target population for the TPP program. Also, 23 percent would be involved with teen aged children within the next five years. Participants were predominantly low income, with 55 percent of parents indicating a household income of \$25,000 or less. 65 percent of parents indicated they were high school graduates or higher. Since the demographics were not collected in the same manner as the polling questions, statistical analysis of the correlations between the answers was not possible.

KEY FINDINGS

LARGE GROUP POLLING QUESTIONS RESULTS

A series of six questions were asked at each of the two groups; two sets of differing questions were asked of each group. The results from the polling questions included some interesting information. For example, 71% of the parents polled say they have spoken to their children about sex, yet only 59% of the parents believed that they, themselves, should be the main or primary sexual educator for their teens. Parents felt that their children predominantly learned about sex from media and peers. We also found that 49% of our parents believed their teen was not sexually active. In contrast, only 16 percent of parents believed their teen was having sexual intercourse while the remainder was unsure or preferred not to answer. 73% of parents were in favor of attending a sex educational session for parents. This may show that while parents are willing to talk to their children about sex, they may need more support in terms of information and resources to assist them.

More than 68% of parents felt that teen pregnancy is a problem in their community. However, only 36% actually know if their child has attended a sexual education program. From these responses, it appears that parents would appreciate more credible sexual education resources that both they and their children may attend.

SMALL GROUP QUALITATIVE QUESTIONS RESULTS

A series of six questions were asked in smaller groups that ranged from three to six participants. Three themes emerged from the small group discussions that focused on sexual education, birth control, and teen pregnancy prevention.

First, in regards to sexual education, parents want to be involved in their teens' sexual education. However, many parents perceived that their teens did not want to talk to them about sex. The parents were interested in services that would facilitate communication between parents and teens. Some of the ideas discussed were workshops that provided education about sexual health but also helped parents relate with and speak to their teens. The parents also believed that involving community centers in the services would help to reach the teens in their communities.

Second, parents stated they are willing to talk about birth control options with their children. However, most of the parents wanted to try to encourage abstinence first and provide birth control and protection from sexually transmitted infections only when the teens decide to become sexually active.

Third, strategies for encouraging both abstinence and pregnancy prevention for sexually active youth were youth development programs, more focused education about pregnancy and sexually transmitted infections, and direct parent involvement.

In summary, the majority of parents were comfortable with their teens' ability to access sexual health services such as STD testing and birth control without parental consent. The major theme was that parents just want their teen to be safe even if the teen were not comfortable talking to a parent about their sexual activity.

INTRODUCTION

Nationally, teenagers between the ages of 10-15 have expressed a desire to talk with their parents first before they initiate sex.⁴ Yet, a study conducted by the Kaiser Family Foundation indicates that 56% of teens aged 15-17 never talked with their parents about when to start sex.⁵ It is estimated that nearly half of new sexually transmitted infections (STIs) each year are found in persons aged 15 to 24 years.⁶ Nearly 3 out of 10 girls in the U.S. get pregnant at least once before they reach age 20.⁷ The most recent average unmarried teen birthrate (age 15 to 19 years) from 2010 in Nevada was 34.2 births per 1,000 in comparison to the national average which was 38.6.⁸

Given the stage of social and psychological development of adolescents, early sexual activity (13-18 years old) has many risks.⁹ These risks are unwanted pregnancy and STIs (including HIV) have been documented as being highly correlated with age of first sexual intercourse and the subsequent number of sexual partners.¹⁰ Furthermore, early initiation of sexual intercourse is proportionate to an increase in sexual partners.^{11,12} Studies have also shown that a higher average of sexually active teens do not use any form of contraception compared to adults.^{13,14}

To understand the sexual education needs of our youth based on their behavioral patterns, a survey is conducted every two years by the State of Nevada in conjunction with the United States Centers for Disease Control and Prevention (CDC) called the Youth Risk Behavior Survey (YRBS).¹⁵ The following are national and state 2010 results regarding teens' sexual behaviors and health-related outcomes.

- Nationwide, 46 percent of high school students have had sexual intercourse at least once in their lifetime. In Nevada, it is 47.5 percent.
- 5.9 percent of students nationwide had sexual intercourse for the first time before 13 years of age. In Nevada, it is 6.1 percent.
- Nationwide, 14 percent of high school students report having 4 or more sex partners. In Nevada, it is 13.8 percent.
- Among the 34.2 percent of students who were currently sexually active nationwide, 61.1 percent reported they or their partner had used a condom during last sexual intercourse. In Nevada, 57.4 percent reported condom use.

Considering these statistics, issues concerning adolescent sexual activity are a public health priority for Nevada. When considering teens it is important to consider their parents, also. Our parent focus groups were conducted to assess parental educational needs and access to resources that would assist in lowering Nevada's teen pregnancy rate.

METHODOLOGY

FOCUS GROUP INSTRUMENT DEVELOPMENT

The Health Belief Model provided the theoretical background for the parent focus groups. The Health Belief Model is a very widely used conceptual framework designed to explain health behaviors and has been useful for health intervention programs.¹⁶ It has six theoretical constructs used to determine the reasoning for health behaviors. These include: perceived susceptibility, perceived severity, perceived barriers, perceived benefits, cues to action, and self-efficacy.

This framework was used in the development of both the polling questions and the qualitative small group questions. The questions were edited and approved by the immediate supervisor and manager of the Teen Pregnancy Prevention program.

SITE SELECTION

Targeted zip codes (89030, 89101, 89102, 89106, 89109, 89115, 89119) were chosen based on teen birth rates in Clark County, NV. Within those zip codes community centers were identified and selected based on their service to these high-risk populations. The focus group sites consisted of community centers and Boys & Girls Clubs primarily in North Las Vegas. The sites were Cambridge Boys & Girls Club; Canyon Springs High School; Cottage Grove Boys & Girls Club; Doolittle Community Center; McCabe Boys & Girls Club; Richard Steele Boxing Center; and Stupak Community Center.

PARTICIPANT RECRUITMENT

Participants were recruited by staff at the selected sites and by team members of the Southern Nevada Health District's Teen Pregnancy Prevention program. A graduate intern student from UNLV's School of Community Health Sciences coordinated the project activities. The selected sites were contacted and asked to provide a list of clients or parents who could serve as potential focus group participants. Recruitment involved posters and were specific for the population at each site (e.g. Spanish and English). Participants were provided refreshments and a \$20 Wal-Mart shopping card for their participation.

FOCUS GROUPS

Once the parents arrived at the focus group, they were given an optional demographic card and a remote control for the polling system. The large group moderators went over the rules, which discussed protecting their privacy and format of

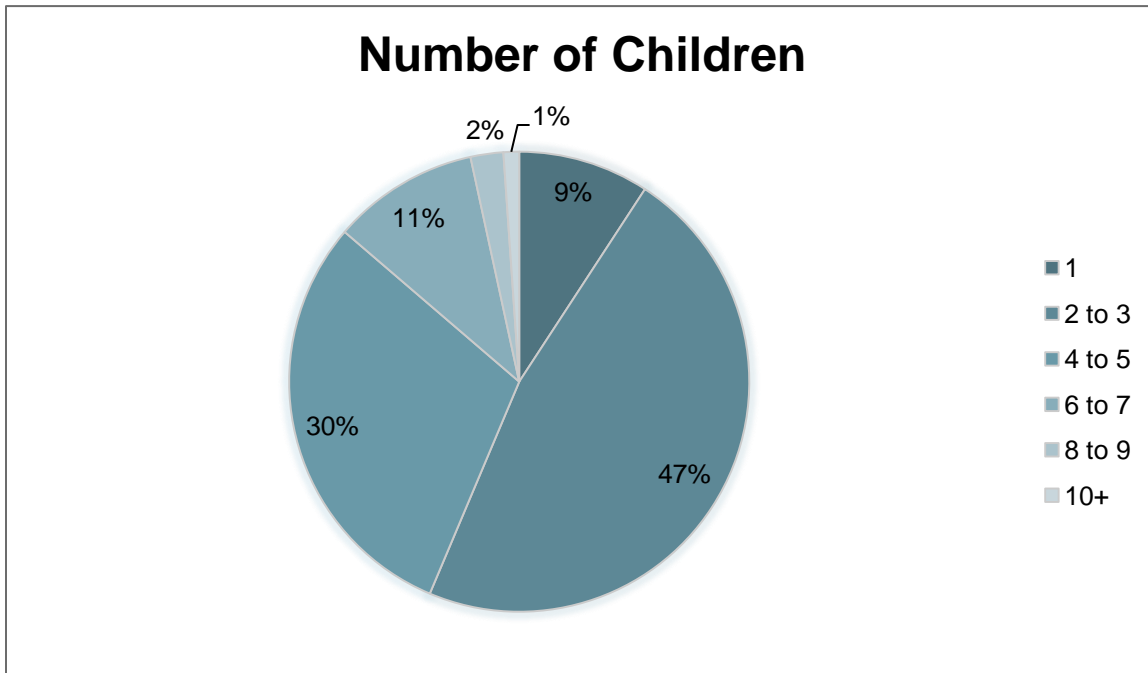
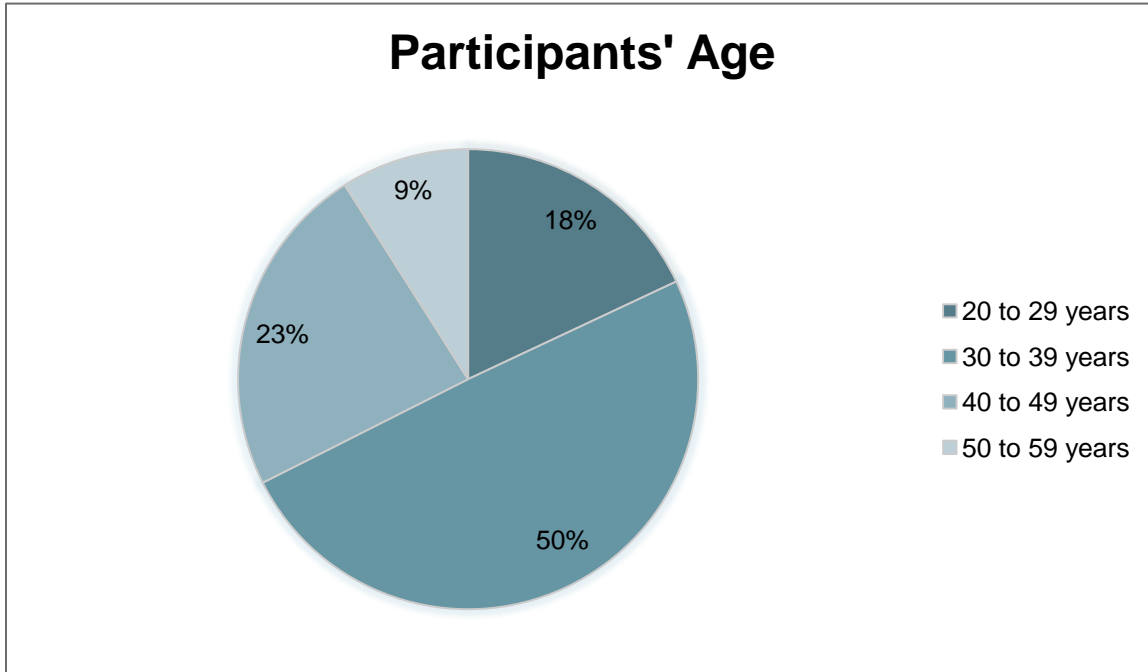
the focus groups and reviewed how to use the remote controls. Next followed a brief segment in which six polling questions were presented to participants who used the remote controls to answer the questions. The remote controls were connected to Keypoint Interactive polling software, which anonymously stored the participants' answers for later analysis. After the polling questions, the participants split into groups of 3-6, depending on the venue, available space, and available small group facilitators, to discuss the small group questions in more detail. The demographics cards were collected at the end of the focus group and the participants were given their incentives for participating. Spanish language interpretation and translated materials were provided at all of the focus groups.

Seven separate focus groups were conducted at the seven sites during March 01, 2012 to March 29, 2012.

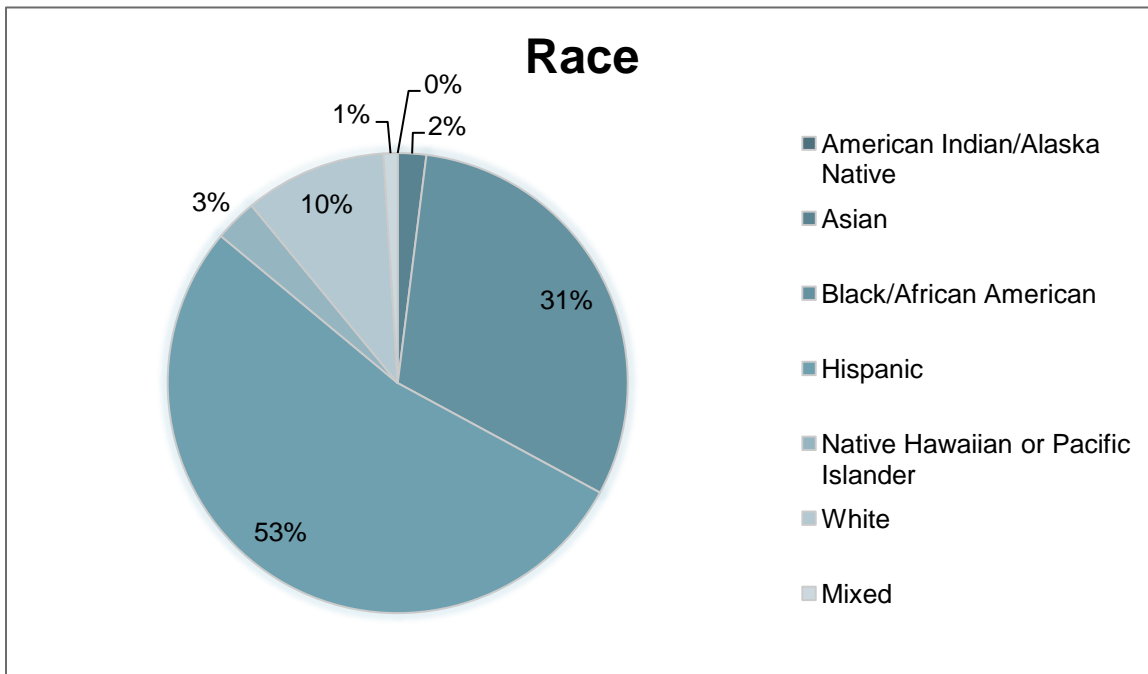
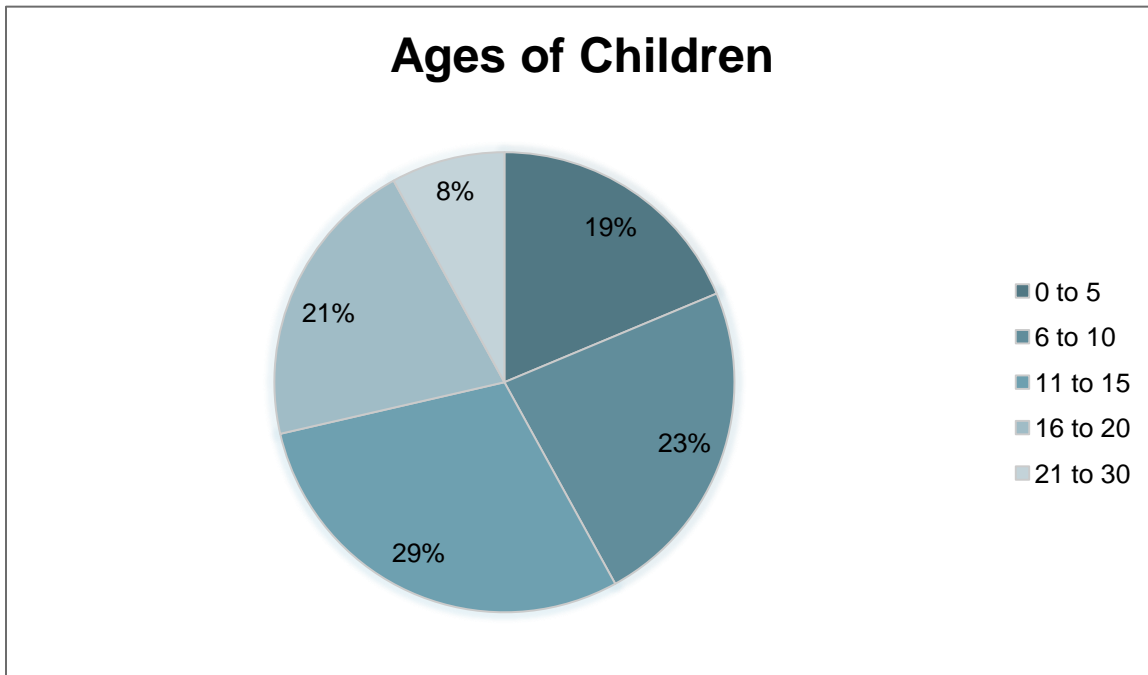
Date	Location	Participants	Number
03/29/12	Cambridge	Parents	12
03/22/12	Canyon	Parents	9
03/22/12	Cottage	Parents	14
03/22/12	Doolittle	Parents	11
03/22/12	McCabe	Parents	23
03/01/12	Richard Steele	Parents	27
03/09/12	Stupak	Parents	24
		Total	120

DEMOGRAPHICS

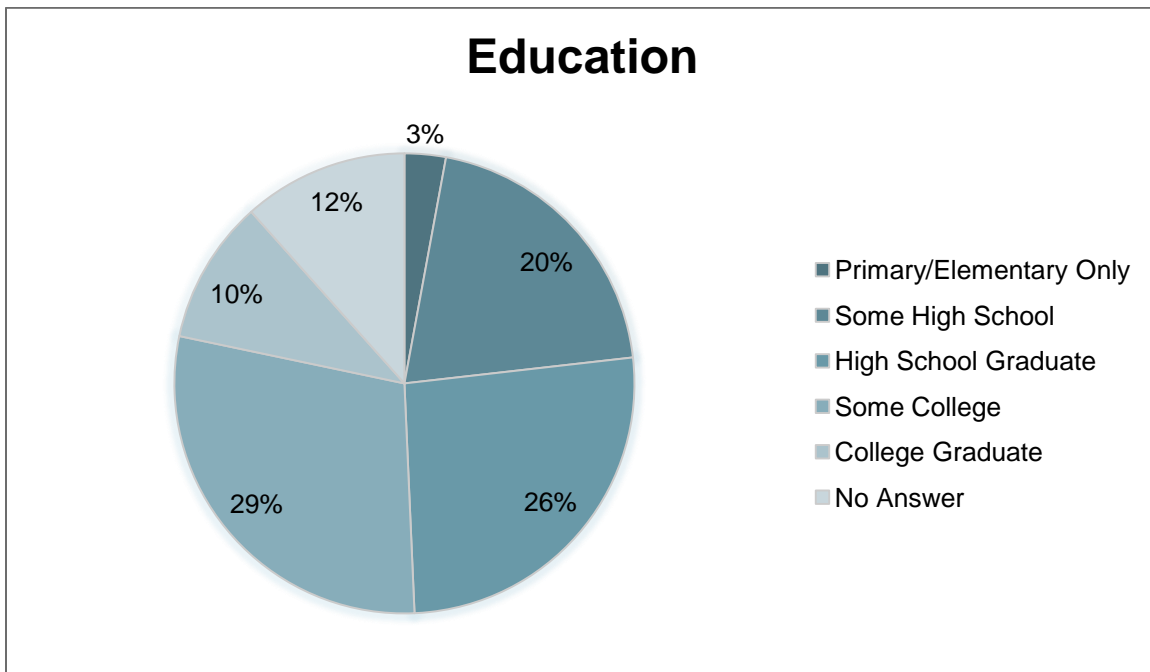
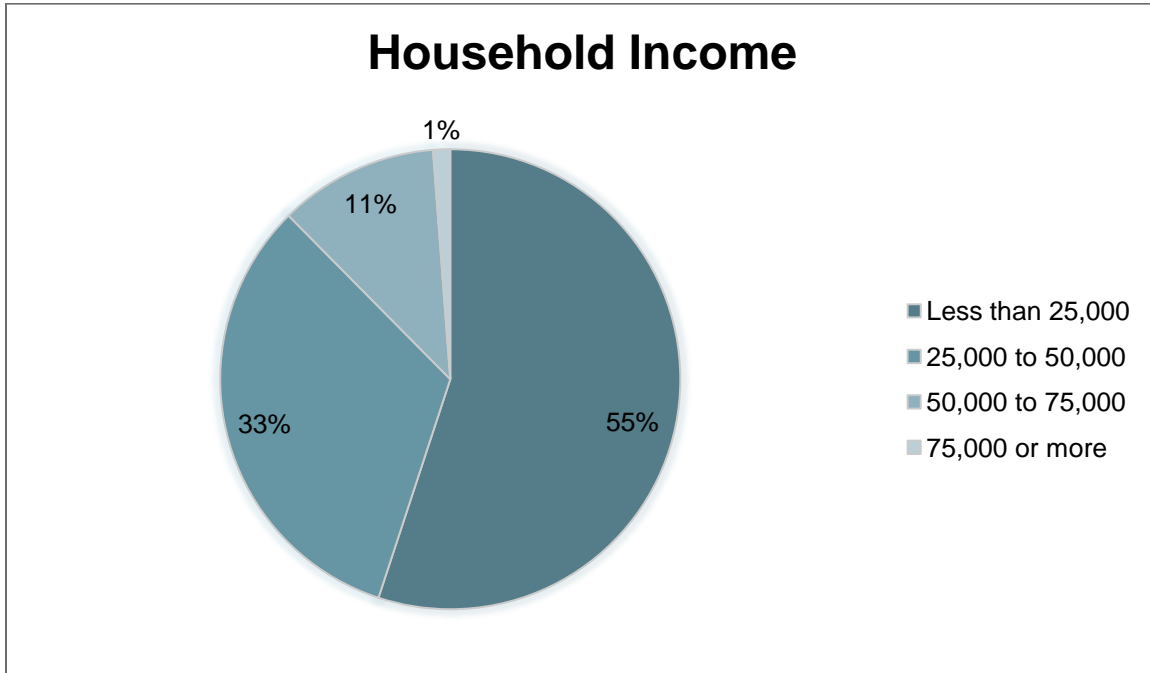
One-hundred twenty people participated in the focus groups. Demographics for these groups were categorized by age, number of children, ages of children, race, household income, and education. The following tables delineate these ranges for those who completed the information.



DEMOGRAPHICS CONTINUED-



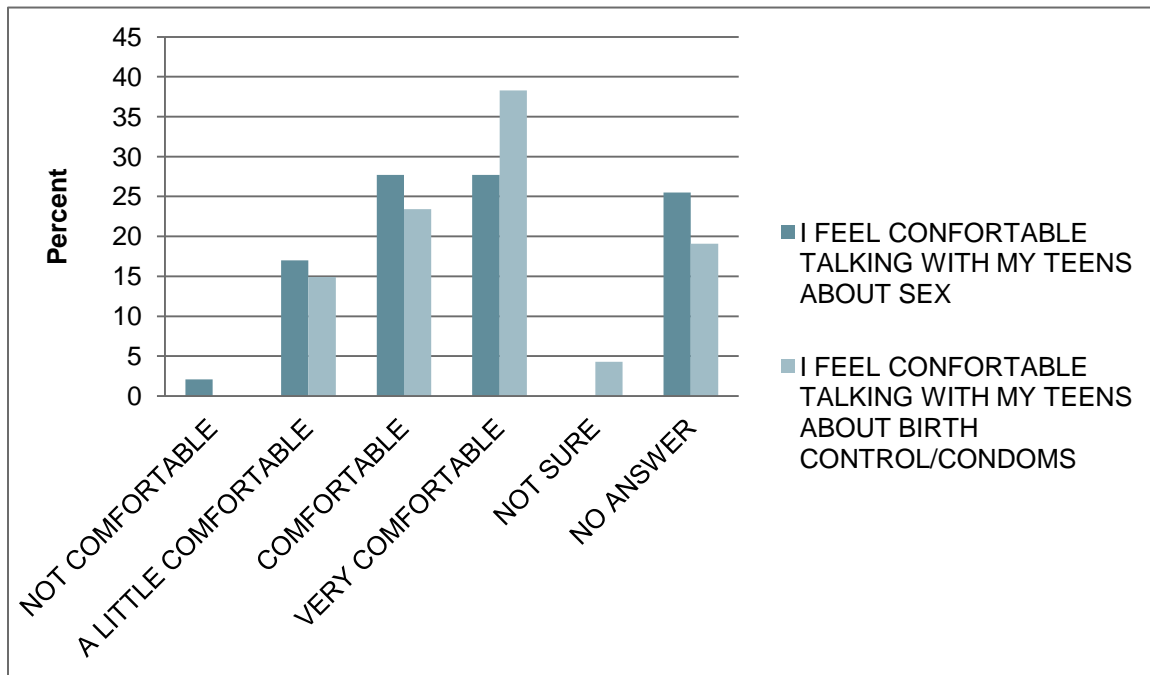
DEMOGRAPHICS CONTINUED-



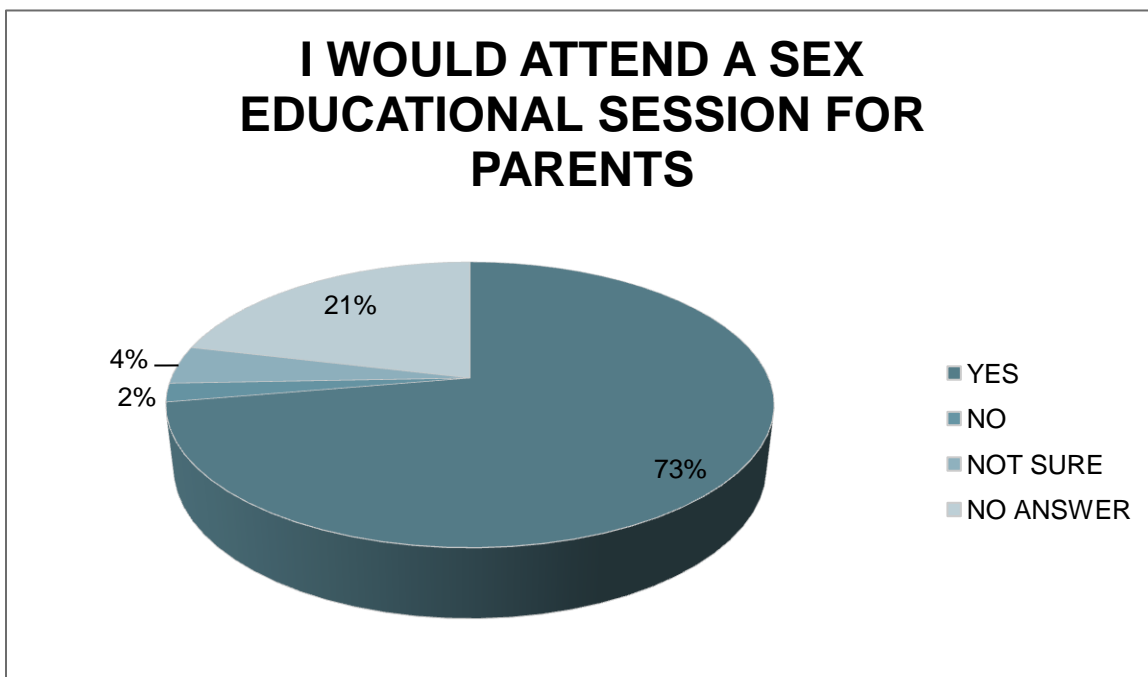
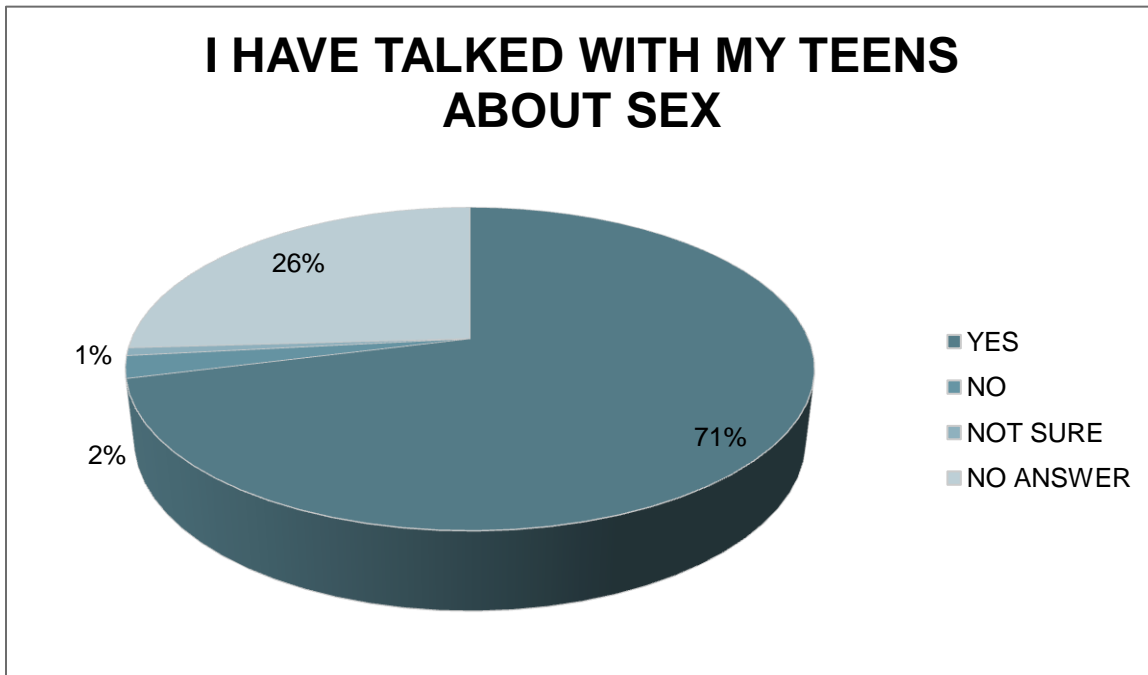
RESULTS

POLLING QUESTIONS

There were two sets of polling questions which covered various topics regarding parental attitudes about teen sexual health. The first set was asked to the participants at the first, third, fifth, and seventh focus group (86 total). The second set was asked to the participants at the second, fourth, and sixth focus group (47 total). Two questions were asked to both groups. (133 total)

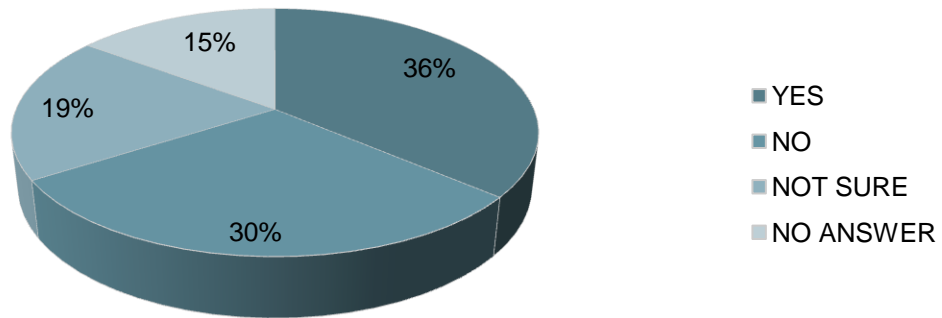


POLLING QUESTIONS (continued)

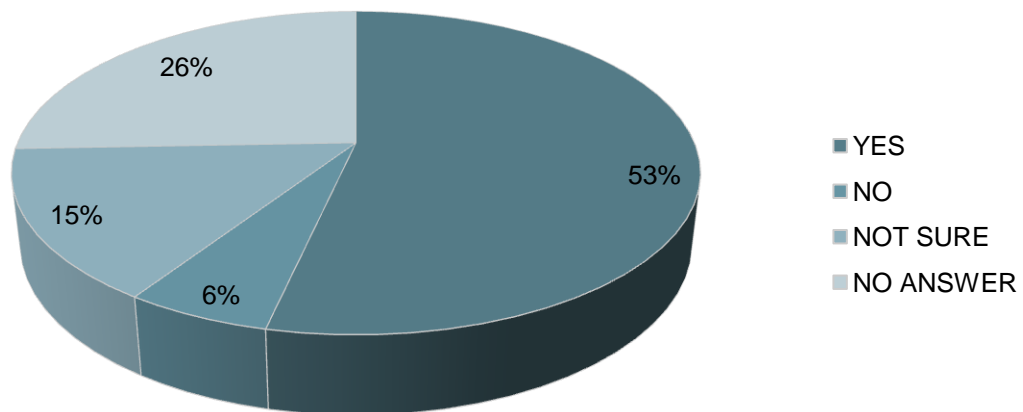


POLLING QUESTIONS (continued)

**AS FAR AS I KNOW, MY TEEN HAS
ATTENDED A PROGRAM FOCUSED ON
PREGNANCY AND/OR HIV/STI
EDUCATION**

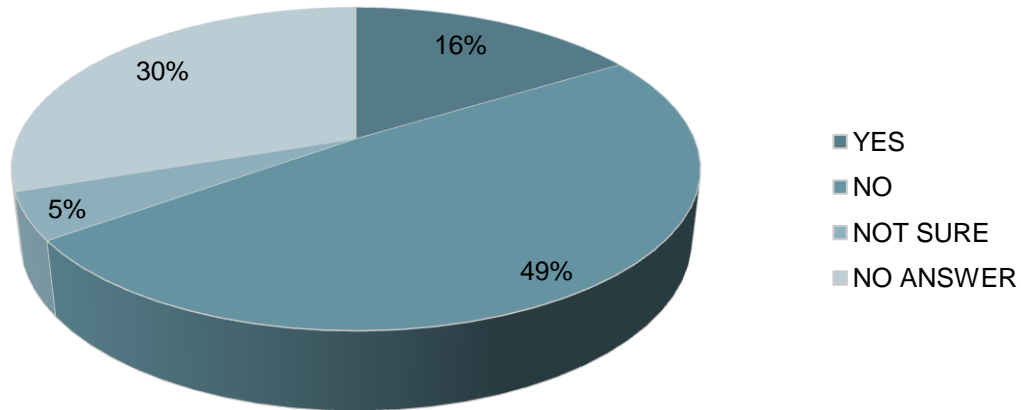


**I THINK TEEN PREGNANCY IS A
PROBLEM IN MY COMMUNITY**

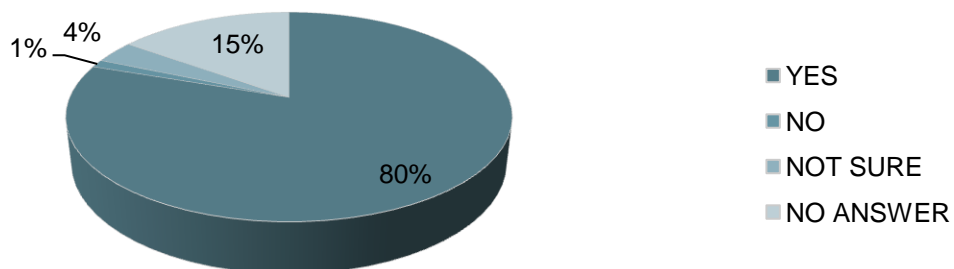


POLLING QUESTIONS (continued)

I THINK THAT MY TEEN(S) IS(ARE) HAVING SEX

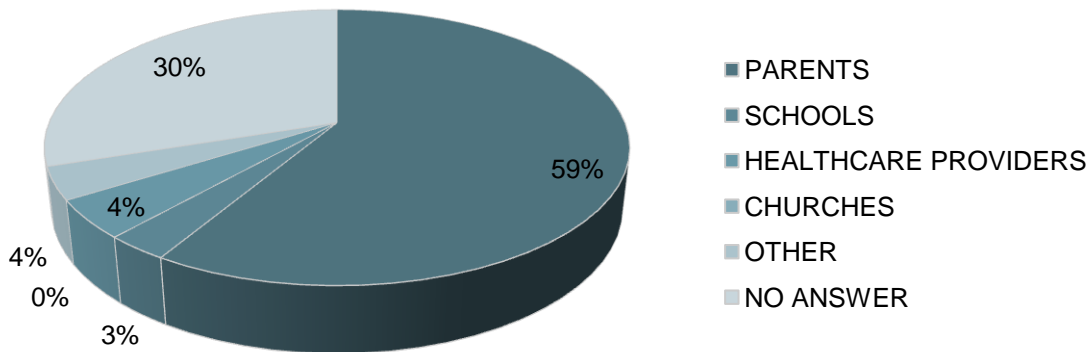


I THINK IT IS IMPORTANT FOR TEENS TO HAVE ACCESS TO SERVICES ABOUT TOPICS OF SEXUAL HEALTH, STIs, PREGNANCY PREVENTION AND/OR BIRTH CONTROL

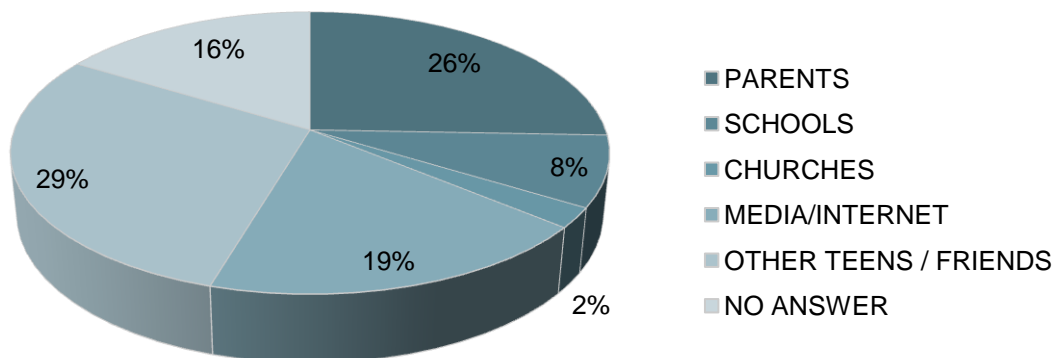


POLLING QUESTIONS (continued)

AS A PARENT, I THINK (___) SHOULD BE THE MAIN/ONLY SEXUAL EDUCATOR FOR TEENS



I BELIEVE MY TEENS LEARN ABOUT SEX MOSTLY FROM (___)



MAJOR THEMES FROM QUALITATIVE SMALL GROUP DISCUSSIONS

Sexual Health Education

When asked about resources the community should offer to help educate youth about sexual health, the parents gave varied responses. Parents felt there were insufficient classes/resources offered. Many stated that community centers should offer free sexual health classes for parents and youth as well as classes that they could attend together. Another suggestion was for an anonymous English/Spanish hotline that could be accessed via phone, texting, or internet to answer any and all sexual health questions.

The majority of parents felt that physicians/pediatricians were the best source for sexual health information. However, many parents thought that the school should be a starting point for these services. Many recommended a mandatory parent/teen sexual health class in schools. Teacher involvement was also important to parents, mostly in identifying and reporting behaviors to the parents. Several parents recommended that sexual health education start earlier, in middle school rather than in high school. In the classes, parents want the information to be focused on abstinence before birth control. However, they wanted teens to know how to protect themselves if they're going to engage in sexual intercourse. In addition, the parents wanted the teens to have a better understanding of the consequences of unplanned pregnancy and STIs. For example, several parents suggested that adolescents be shown pictures of STDs.

When discussing the option of classes offered for parents on sexual health and/or how to talk with their teen about sex, the responses were strongly positive. The parents made it clear they want to be their teens' primary source for sexual health information. They know that teens gather much of their information from peers and media (social, internet, television). They felt that if they were better able to communicate with their children, with proper terminology and communication skills, their teen would delay their initial sexual experience. In essence, parents would like a structured class that offered the basics about sexual development and sexual practices. Parents felt that family values (in addition to establishment of rules) should be instilled from an early age aided by community and religious resources. Parents also expressed the responsibility of being parents, e.g. spend more time at home or being more involved in their children's lives.

Principle to their desire for any sexual health education was the importance of communication. The parents felt that between the different entities (schools, youth development programs, SNHD, health care providers, etc.), there should be

coordination with the parents to create a more comprehensive approach to sexual health education. Parents also felt that sexual health education should be taught one way for everyone, but be sensitive to different cultures and religious beliefs.

Sexual and Reproductive Health Services

When addressed, parents were open regarding birth control. The vast majority just wanted teens to be safe and to avoid unplanned pregnancy and STDs, if they were sexually active. Many parents whole-heartedly supported birth-control without parental consent as long as the source was reputable and offered counseling. Many cautioned that sexual health educational classes shouldn't create a barrier to providing sexual health services (e.g. the need to complete the class in order to receive condoms/birth control at any given site). They felt counseling would help increase the youth's awareness of their responsibility to practice safe sexual behaviors.

Some parents felt that health care providers should notify parents when a teen received sexual health services. For those parents who wanted to be notified, it was not to prevent the use of birth-control but so that they could be aware of their child's choices. A small number of parents were opposed to teens receiving any sexual health services without prior parental consent. A number of parents expressed a belief that if they offered their child birth-control (e.g. a condom) they would be condoning sexual activity. On this point some were glad that teens could obtain birth control from another source, without parental consent. When needed, the parents felt that any birth-control should be easy to obtain so as not to discourage the youth. Parents also felt that more locations should be offered for free condoms as well as an increase in marketing for any sexual health resources.

Teen Pregnancy Prevention

When considering techniques to help prevent early pregnancies and initial sexual intercourse, the parents offered suggestions that involved schools, role models, community resources, and extracurricular activities. Parents wanted their teens to have a strong understanding that they can speak with them regarding sex. They want to establish a basis for trust, open-mindedness, morals, responsibility, and consequences. Parents also felt they needed to know their child's social interactions as another method to properly understand their influences. However, they stated that parents don't talk to kids for a variety of reasons—they don't feel that it's important; they're uncomfortable; not enough time, etc.

Parents also felt that most of the focus of teen pregnancy prevention was on females. It was suggested that boys also need to be the focus of sexual health

education and relationship issues. Recommendations for teen boys included the need to learn how to respect females, “treat women like you would female family members,” how to handle peer pressure and teach them to be strong enough to be an individual.

Parents expressed that their difficulty in helping their teen was the concept of consequences. Parents wanted to be able to teach their child comprehension of their decisions. They suggested using surrogate forms of responsibility (e.g. eggs, dolls), understanding the financial impact of a teen pregnancy/birth, providing information on the health risks of abortion, and relatable real-life examples.

As their teens’ education and time is centered on school, parents felt many of the resources should be tied to the school system. This involved starting a structured sexual education at an earlier age with continuing education that corresponds with their child’s development. The parents stated they understood the difficulties with public school policies and the differing of opinions. Still, they felt there could be a ‘middle-ground’.

Lastly, parents expressed a strong need for constant extracurricular activities. They felt that if their child was focused on dreams, goals, and ambitions that there would be less time to focus on sexual experimentation. They felt this type of real life motivation (e.g. sports, clubs, studies, church) was essential for the development of goals that would delay the initiation of sexual activity.

Summary of Sexual Health Discussion

Parents felt they needed to be open with their children to establish trust and lines of communication. Being proactive (as parents and a community) was important to the parents for the sexual health development of their children as well as being the primary source of information. Many parents had differing opinions on when it is appropriate to speak to their children about sex. An emphasis on abstinence was important for the parents as well as helping their child understand the consequences of sexual activity. Parents felt frustrated that sex (as well as having babies and STIs) has become a norm in our society. They feel this only encourages sexual activity. They want to be able to combat this by helping their child through proper sexual health education, community resources, schools, morals/values, and goals.

CONCLUSION

The main theme that emerged from the small group discussions were that parents want to be involved in their teens' sexual education. The parents are interested in services that would include them in the process of teen pregnancy prevention. Some of the ideas that were discussed were different types of classes that discussed sexual health, but also classes that helped parents relate with and speak to their teens. The parents also believed that involving community centers in the services would help to reach the population. Despite being willing to discuss birth control options with their children, most of the parents wanted to try to encourage abstinence first and provide birth control and protection from sexually transmitted infections only when the teens decide to become sexually active. However, the parents' recommended strategies for encouraging both abstinence and protection involved educating the teens about pregnancy and sexually transmitted infections.

Overarching messages: Parents need to and want to be included/involved in their child's sexual health education.

RECOMMENDATIONS

Develop programs and materials that reflect parents' needs. Although many parents are aware of their children's needs, some feel they could use more education and tools on how to properly speak with their children about sex and birth control. The parents made it clear that they want to be involved in their child's sexual education, so in the development of a program it would be imperative to have their participation.

Develop specific, concrete messages. The key messages that are developed as part of any campaign must be very specific, concrete, and concise. Youth are more likely to remember a message when it is presented in this manner.

Involve community members in the development and evaluation of any campaign. When members of the community are involved in a campaign, they can provide invaluable insight on how to further improve it. Their involvement is critical because they know firsthand the situations that teens encounter on a daily basis. They can also help assess whether developed materials and programs are understood and applicable within the context of their daily lives.

Use television, radio, texting, and internet to convey sexual health information. Internet and similar venues are seen as effective methods to reach a younger population. Parents too might use the internet to research viable methods to speak with their children or provide their children with consistent sexual health terminology and practices. Having materials that reflect their values is important.

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Appendix A
Parent Focus Group Protocol

Parent Focus Group Protocol

Focus Group Script

Welcome (5 minutes)

Good Evening Everyone! How's everyone doing this evening? I'm _____ From the Teenage Pregnancy Prevention Program at the Southern Nevada Health District. These are my Colleagues_____. We appreciate that you have agreed to participate in our focus group today. This will help to provide insight on parental views about how to reduce teen pregnancy and increase teen sexual health awareness.

Please find a comfortable seat and make sure to grab a dinner box. Also, please sign in at the front of the room. We will begin in a few minutes.

Purpose of Focus Groups (5 minutes)

We are conducting this series of parent focus groups in order to understand the attitudes and needs of parents when it comes to their teens' sexual health. For example, we want to know how parents feel about teens receiving sexual health services and if there are any particular needs as parents see in your community.

Each of your participation is important because you represent parents in this community. We encourage everyone's input. Please share open and honest thoughts with us based on your own or your spouse's experiences as parents of teenagers in this community.

Format (5 minutes)

I'll briefly go over the format of our focus group today. We're going to start with some brief polling questions. I'd like for each of you to take one remote (handing out remotes). These remotes have options 1-5 for you to choose the answers to the 6 questions we're going to cover in the large group. For these questions, please be aware that we can't tell how you answer the questions; we just get a graph of the results. (Continue handing out remotes)

After we finish with those questions, we will break into smaller groups where we will talk about some questions that will take some more time. Then you can pick up your gift cards and some informational packets before we leave.

Group Agreements (10 minutes)

Before we begin any of the questions, I'm going to cover some important ground rules. We will be discussing sexual health which may be a sensitive issue for some of you. We understand that talking about sex, or about your teens and sex may cause some of you to feel embarrassed or uncomfortable. It's o.k. to feel that way, but it's also important that you express those thoughts so that we can learn what parents need in terms of their teens' sexual health.

Our motto is "What's said here stays here!"

Please respect and protect one another by not sharing what you hear in this room with other people when you leave here today.

Please remember our motto—we want everyone to feel comfortable and safe sharing information.

1. *We will be taking notes*
 - a. *We will not identify anyone by name in our report. You will remain anonymous. Please do not write your name on the scrap paper or the note cards, we will be collecting those as well.*
 - b. *The information gathered here today will remain confidential.*
2. *Listen actively*
 - a. ***Please be respectful of one another's experiences and opinions.***
 - b. *There may be differences of opinion—let's agree to disagree.*
 - c. *Focus on ideas and solutions*
 - d. *All of your comments are important—we want a wide range of opinions.*
3. *We want to hear from YOU.*
 - a. *Speak for yourself, not for the rest of your group. Use "I" statements such as "I think that my teens..." and "I believe that..."*
 - b. *Please respond one at a time and try to keep your responses less than one minute in length.*
 - c. *Give everyone the opportunity to participate.*
 - d. *Your group moderator may call on you if you've been quiet for some time.*

Polling questions (30 minutes)

Hello Everyone,

My name is _____ and I'll be asking you a few questions that you'll be answering with the remotes. There are papers all around the room with the questions printed on them, just in case!

I'll briefly review how to use the remotes.

- *The remotes have answers 1-5. Please press the button next to your answer all the way in—a little green light will show up when it's right.*
- *I will ask the question, give you some time to press your answers and then we'll see a graph of the group's answers.*
- *My colleagues and I will not be able to see what each one of you answered—just a graph of the total results.*
- *Hopefully, these questions will give you all an idea of the kind of information we're looking for.*
- *We'll do one question for practice. Please speak up if you're having trouble with your remote.*

Focus groups 1, 3, 5, & 7 will cover the following polling questions (knowledge, behavior)

- 1) *(For practice) My favorite color is: (A=Blue, B=Red, C=Brown, D=Green, E=Purple)*
- 2) *I think teen pregnancy is a problem in my community? (A=Y, B=N, C=not sure)*
- 3) *I think that my teen(s) is/are having sex? (A=Y, B=N, C=not sure)*
- 4) *I have talked with my teen(s) about sex? (A=Y, B=N, C=not sure)*
- 5) *As a parent, I think _____ should be the main (or only) sexual educator for teens? (A=Parents, B=Schools, C=Healthcare Providers, D=Churches/youth groups, E=Other)*
- 6) *I believe my teen(s) learn about sex mostly from _____ (A=Parent/Schools, B=Healthcare providers, C= Churches D=Media/Internet E=Other)*
- 7) *I think it is important for teens to have access to services about topics of sexual health, STI, pregnancy prevention or birth control? (A=Y, B=N, C= not sure)*

Focus Groups 2, 4, & 6 will cover the following polling questions (self efficacy, behavior)

- 1) *(For practice) For fun I like to: (A=Play Sports, B=Watch Movies/TV, C=Cook, D=Shop, E=Other)*
- 2) *I feel comfortable talking with my teen(s) about sex. (A=not comfortable, B=a little comfortable, 3=comfortable, 4=very comfortable, 5=not sure)*
- 3) *I feel comfortable talking with my teen(s) about birth control/condoms. (A=not comfortable, B=a little comfortable, 3=comfortable, 4=very comfortable, 5=not sure)*
- 4) *I have talked with my teen(s) about sex. (A=Y, B=N, C=not sure)*
- 5) *I would attend an education session for parents? (A=Y, B=N, C=not sure)*

- 6) As a parent, I think _____ should be the main (or only) sexual educator for teens?
(A=Parents, B=Schools, C=Healthcare Providers, D=Churches/youth groups, E=Other)
- 7) As far as I know, my teen(s) has attended a program focused on pregnancy prevention or HIV/STI education? (A=Y, B=N, C= not sure)

Ok, as my colleagues collect the remotes, what did you all think of these questions? Were you comfortable answering them? If so, great! If not, that's ok!

Do you feel that you have an idea of the kind of information we're looking for?

Fantastic. Now, I'd like everyone to split into groups of 5 or 6 so we can get started with our small group questions.

Small Group Questions (30 minutes)

{Once in the groups, each small group moderator will introduce themselves and go around the table for introductions of group. Moderators will also hand out paper/pencils and the note cards with the optional demographic information to be filled out. Groups 1 and 2 will discuss questions #1&2, Groups 3 and 4 will discuss #3&4, and Groups 5 and 6 will discuss #5&6 (from Questions for groups of parents). (Group 1 will start with #1, moving on to #2 if time allows and group 2 will start with #2, moving on to #1 if time allows, etc.)}

Questions for groups of parents

- 1) *Name some services the community could offer to help reduce teen pregnancy. **Follow up question:** How, where, and to whom should these services be offered?*
- 2) *If birth control services were offered for teens that are having sex, what, if anything, would make you comfortable with your teen receiving these services? **Follow up question:** What are your main concerns about teens receiving these services?*
- 3) *Where do you think teens can go to learn about sexual health and/or birth control services? Where can you go as a parent? **Follow up questions:** Do you think that this is a good/useful source? If so, how? If not, what can be done to make it better?*
- 4) *What are your ideas for reducing teen pregnancy in our community? **Follow up question:** What resources would be needed for those ideas?*
- 5) *Are sexual health education sessions for parents a good idea? **Follow up questions:** If so, what kind of information, content, tools or support would you want to help you talk to your teen? If not, what would stop you from attending? How would you like to receive the information/education? (E.g. Video, brochures, facebook, internet, interactive workshops, etc).*
- 6) *What ideas do you have to get teens to delay having sex for the first time until they are older and/or married? **Follow up question:** What resources would be needed for those ideas?*

Helpful prompts to improve data collection

- *Would you explain further?*
- *Can you give me an example?*
- *Would you say more?*
- *Is there anything else?*
- *Please describe what you mean.*

[Leader will notify all of the groups when 30 minutes are up and give 5 minutes to wrap up discussions, collect scrap paper and note cards] once the group has finished answering their question, they will notify Lucinda/Tricia, then continue discussing the next question until time runs out.

Moderator: Ok, everyone, it's time to wrap it up. Is there anything anyone would like to add before we leave?

Wrap up (10minutes)

- 1) *What would you like from SNHD when it comes to teen pregnancy prevention? Please write your suggestions on the back of the index cards!*
- 2) *Would you be part of a community coalition that works to reduce teen pregnancy? If so, Please sign up on the sheet at the exit.*

Thank you everyone for your participation! If there are no further questions, comments, or concerns, I would like to thank you all for your participation. This information will be helpful as we design services for teens in the community and increase sexual health awareness.

For your participation, please stop by the front table to receive your \$30 gift card to Wal-mart .If you'd like to participate in the community coalition working to reduce teen pregnancy, please sign up on the sheets at the exits!

Thank you for your time and honesty, and I hope you all have a wonderful evening!

Focus Group Note Taker Form

Group # _____ Date: _____ Note taker: _____

Question #

Responses

Observations

Parent Focus Group Protocol

(en español)

Focus Group Script

Bienvenidos (5 minutos)

Buenas noches (tardes). Me llamo _____ y trabajo con SNHD. Les introduzco a mis colegas. Agradecemos que han consentidos a participar en nuestro discusión hoy. Esto va a auxiliarnos a conocer sus ideas para disminuir embarazos en adolescentes y aumentar la conciencia sexual de los jóvenes en esta comunidad.

Ponganse cómodos y tomen una caja de comida. Además, por favor firmen la hoja en la mesa cerca de la puerta. Iniciaremos en breve.

Objeto de los Focus Groups (5 minutos)

Hacemos este serio de discusiones para intentar entender los actitudes y necesidades de padres en esta comunidad para el salud sexual de sus hijos adolescentes. Por ejemplo, queremos saber que piensan los padres de los adolescentes recibiendo servicios de la salud sexual y si Uds. tienen alguna necesidad especial en esta comunidad.

La participación de cada uno de Uds. es importante porque Uds. representan los padres de esta comunidad. Queremos las opiniones de todos. Por favor compartan sus pensamientos abiertamente y francamente con base en las experiencias personales de Ud. o su esposo/a cómo padres en esta comunidad.

Formato (5 minutos)

Brevemente voy a discutir el formato de nuestra discusión hoy. Vamos a empezar con algunas preguntitas que usan estos controles. Cada uno puede sacar un control. (handing out remotes). Los (remote control) tienen opciones 1-5 o A-E para elegir las respuestas de las preguntitas. Para estas primeras preguntitas, quiero que Uds. Sepan que nosotros no podemos ver cómo respondieron, solamente veremos una gráfica de las respuestas. (Continue handing out remotes)

Entonces, vamos a hacer grupos pequeños en cuales vamos a discutir con más profundidad otras preguntas. Después de eso, Uds. pueden recoger sus tarjetas para Wal Mart antes de salir.

Reglas básicas (10 minutos)

Antes de empezar, les voy a decir las reglas básicas. Estamos discutiendo la salud sexual—algo que puede ser sensitivo para algunos de Uds. {Algunas preguntas pueden causar vergüenza, sentimientos defensivos, o incómodos. No hay problema si se sienten así pero es importante expresar estos pensamientos para que podamos conocer lo que necesitan los padres para la salud sexual de sus hijos.}

Nuestra Lema dice “Lo que dice aquí se mantiene aquí!”

Por favor tengan respeto y discreción que lo que aquí se discuta no se repita al salir para encomodar a otras personas.

Favor de recordar nuestra lema—queremos que todos se sientan cómodo y seguro compartiendo información.

4. *Vamos a escribir notas*

- a. *No vamos a poner nombres en nuestro informe. Mantenemos su anonimato. No escriba su nombre en los papeles o las tarjetitas de información porque vamos a coleccionar esos también.*
- b. *La información que coleccionamos aquí es confidencial.*

5. *Escuchen activamente*

- a. ***Tengan respeto para las experiencias y opiniones de los otros.***
- b. *Quizás habrá opiniones distintos—eso no es problema!*
- c. *Enfoquense en ideas y soluciones*
- d. *Los comentarios de cada persona son importantes—queremos opiniones distintos.*

6. *Queremos escuchar los pensamientos de USTED.*

- a. *Hable para Ud. mismo, y para el grupo y no para el resto de su grupo. Use “yo”. Como “Yo pienso que mis hijos...” y “yo creo que...”*
- b. *Respondan uno a la vez y intenten responder en menos de un minuto.*
- c. *Cada persona debe tener oportunidad de participar.*
- d. *Su guía puede llamarle si Ud. no ha respondido para algún tiempo.*

Preguntas breves (30 minutos)

Hola,

Me llamo _____y les voy a preguntar unas preguntitas y ustedes van a responder con los controles. Las Preguntas están imprimidas en papeles por si acaso no se pueda verlas.

Voy a repasar en breve como usar los controles.

- *Los controles tienes respuesta uno a cinco. Favor de presionar el botón de su respuesta completamente. Aparecerá una luz verde.*
- *Voy a leer la pregunta y las respuestas, esperar mientras presionan sus respuestas, y despues, vamos a ver una gráfica de todas las respuestas del grupo.*
- *Nosotros nunca podremos ver sus respuestas individuales, solamente una gráfica de los resultados totales.*
- *Esperemos que estas preguntas les van a preparar a discutir el tipo de información que buscamos.*

Tenemos una preguntar para practicar. Diganos si tiene alún problema con su control.

Focus groups 1, 3, 5, & 7 will cover the following polling questions (knowledge, behavior)

- 8) *(Para practicar) Mi color favorito es: (A=Azul, B=Rojo, C=Marrón, D=Verde, E=Morado)*
- 9) *Creo que el embarazo de adolescentes es problema grande en mi comunidad. (A=Sí, B=No, C=no estoy seguro)*
- 10) *Creo que mi(s) hijo(s) está(n) sexualmente activo(s). (A=Sí, B=No, C=no estoy seguro)*
- 11) *He discutido el sexo con mi(s) hijo(s). (A=Sí, B=No, C=no estoy seguro)*
- 12) *Como padre, Creo que _____ debe primeramente/solamente proveir la educación sexual para los adolescentes? (A=Padres, B=Escuelas, C=médicos, D=Iglesias, E=Otro)*
- 13) *Creo que mi(s) hijo(s) aprenden sobre el sexo principalmente de _____ (A=Padres/Escuelas, B=médicos, C= Iglesias D=Media/Internet E=Otro)*
- 14) *Creo que es importante que los adolescentes tengan acceso a servicios sobre temas de la salud sexual, STI, prevenir embarazo, y/o control de las natalidad. (A=Sí, B=No, C=no estoy seguro)*

Focus Groups 2, 4, & 6 will cover the following polling questions (self efficacy, behavior)

- 8) *(Para practicar) Para divertirme, me gusta: (A=Jugar deportes, B=mirar películas o televisión, C=Cocinar, D=Ir de compras, E=Otro)*
- 9) *Estoy cómodo discutiendo el sexo con mi(s) hijo(s). (A=no cómodo, B=poquito cómodo, 3= cómodo, 4=muy cómodo, C=no estoy seguro)*
- 10) *Estoy cómodo discutiendo control de las natalidad /condones. (A=no cómodo, B=poquito cómodo, 3= cómodo, 4=muy cómodo, C=no estoy seguro)*
- 11) *He discutido el sexo con mi(s) hijo(s). (A=Sí, B=No, C=no estoy seguro)*
- 12) *Yo Asistiría un sesión de educación para padres. (A=Sí, B=No, C=no estoy seguro)*
- 13) *Como padre, Creo que _____ debe primeramente/solamente proveir la educación sexual para los adolescentes? (A=Padres, B=Escuelas, C=médicos, D=Iglesias, E=Otro)*

14) *Que yo sepa, mi(s) hijo(s) ha(n) asistido un programa enfocado en prevenir el embarazo o educación de HIV/STI. (A=Sí, B=No, C=no estoy seguro)*

Mis colegas van a colectar los controles. ¿Qué pensaron de estas preguntas? ¿Estaban cómodos respondiendo?

¿Se sienten que ya tienes idea de la información que buscamos?

Muy bien. Ahorita, quiero que hagan grupos de cinco o seis para que podamos empezar a discutir con más detalle algunas otras preguntas que tenemos.

Preguntas de grupos pequeños (30 minutos)

{Once in the groups, each small group moderator will introduce themselves and go around the table for introductions of group. Moderators will also hand out paper/pencils and the note cards with the optional demographic information to be filled out.}

Preguntas Para grupos de padres

- 7) *Díganos algunos servicios que la comunidad puede proveer para ayudar a reducir el embarazo de adolescentes. **Pregunta siguiente:** ¿Cómo, donde, y a quién deben ofrecerse estos servicios?*
- 8) *Se ofrecerán servicios del control de natalidad para adolescentes que están sexualmente activos, ¿que le haría cómodo a usted que su hijo reciba estos servicios? **Pregunta siguiente:** ¿Cuáles son sus preocupaciones principales sobre su(s) hijo(s) recibiendo estos servicios?*
- 9) *¿Que sepa usted, donde pueden ir los adolescentes para aprender sobre la salud sexual y/o servicios del control de la natalidad? ¿Dónde puede ir usted como padre? **Pregunta siguiente:** ¿Es este recurso útil/bueno recurso? Si es así, cómo? Si no es así, que se puede hacer para mejorarlo?*
- 10) *¿Cuáles son las ideas tuyas para reducir el embarazo de adolescentes en su comunidad? **Pregunta siguiente:** ¿Cuáles recursos se necesitan para estas ideas?*
- 11) *¿Las sesiones de educación para padres serían buena idea? **Pregunta siguiente:** Si es así, ¿qué tipo de información, herramientas, o apoyo necesitaría usted para ayudar a hablar con su(s) hijo(s)? Si no es así, que le preveniría de asistir? ¿Cómo le gustaría recibir la información? (E.g. Video, folletos, facebook, internet, etc).*
- 12) *¿Cuáles ideas tiene usted para convencer a los adolescentes a retrasar el sexo hasta que estén mayores y/o casados? **Pregunta siguiente:** ¿Cuáles recursos se necesitan para estas ideas?*

Helpful prompts to improve data collection

- *¿Puede explicar más?*
- *¿Me puede dar un ejemplo?*
- *¿Hay algo más?*
- *Por favor describe lo que quiere decir.*

[Leader will notify all of the groups when 30 minutes are up and give 5 minutes to wrap up discussions, collect scrap paper and note cards]

Moderator: Ya es hora de terminar. ¿hay algo más que alguien quiere añadir antes de terminar?

Wrap up (10minutes)

1) *¿Qué le gustaría a usted del SNHD cuando viene a prevenir el embarazo de adolescentes?*

Pregunta siguiente: *¿Le gustaría a usted estar parte de un coalición de comunidad que trabaja a reducir el embarazo de adolescentes?*

¡Gracias a todos para su participación! Si no hay otras preguntas, comentarios, o preocupaciones, quiero decir gracias a todos. Esta información nos va a ayudar a diseñar servicios para adolescentes en la comunidad y aumentar el conocimiento de la salud sexual.

Para su participación, por favor paren en esa mesa para recibir su tarjeta de \$30 del Wal Mart. Además si quiere formar parte de la coalición de comunidad que trabaja en reducir el embarazo de adolescentes, por favor escriban su nombre antes de salir.

Gracias por su tiempo y honradez, y espero que todos tengan buena noche.

Focus Group Note Taker Form

Group # _____ Date: _____ Note taker: _____

Question #

Responses

Observations

<u>Question #</u>	<u>Responses</u>	<u>Observations</u>

