

184. Addressing Adolescent Pregnancy and Birth in Baltimore: A Youth Focus Group Study

By: [Amanda Tanner](#), Shameeka Jelenewicz, Pat Paluzzi, and Avril Melissa Houston

A Tanner, S Jelenewicz, P Paluzzi, AM Houston. (2011). Addressing Adolescent Pregnancy and Birth in Baltimore: A Youth Focus Group Study. *Journal of Adolescent Health* 48 (2), S113-S114.

Made available courtesy of Elsevier: <https://doi.org/10.1016/j.jadohealth.2010.11.232>



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#).

***© 2011 Society for Adolescent Health and Medicine. Reprinted with permission. This version of the document is not the version of record. ***

Abstract:

Purpose: Teen pregnancy and birth continue to be major public health issues in the United States, particularly in urban centers with various related issues (e.g., poverty, educational underachievement). Accordingly, the purpose of this study was to explore factors associated with teen pregnancy as reported by youth in Baltimore, Maryland.

Keywords: published abstract | teen pregnancy | Baltimore

Article:

Purpose: Teen pregnancy and birth continue to be major public health issues in the United States, particularly in urban centers with various related issues (e.g., poverty, educational underachievement). Accordingly, the purpose of this study was to explore factors associated with teen pregnancy as reported by youth in Baltimore, Maryland.

Methods: Six gender stratified focus groups were conducted with adolescents aged 13-19 (n = 40); average time 1.5-2 hours. There were 4 adolescent mothers, 1 adolescent father, 1 pregnant adolescent, and 1 group of out-of-school youth. Recordings were transcribed and data managed using Atlas ti 5.0. Content analysis identified salient themes related to teen pregnancy barriers and motivations.

Results: Coital experience ranged from 44-100% across groups. Average age of first coitus was between 13-14 years (females) and 10-12 years (males). Condoms were the most common contraceptive used at last sex. Themes that emerged were related to: pregnancy ambivalence (e.g., “As long as you have a plan and can take care of them [babies], I don't think it's a problem.”); pregnancy motivations (e.g., “some people just want to do what their home girls are doing.”); pregnancy and STI prevention (e.g., “But it's not just about getting pregnant. You also have to think about getting an STD or HIV...if you get HIV/AIDS then no one will want to be

next to you. There is no cure.”), including clinical access, for instance utilizing the school based health center where “you can get tested for everything”; and peer advice (e.g., “I would tell them, him...to make sure and use protection. Make sure it is the right size so it don't pop. And I would tell the girl to make sure you really want to have sex with him before you layback and open your legs. Make sure he has a condom on, feel, touch, put it on.”). In addition to peer advice, youth also reported a desire for more authentic relationships with caring adults.

Conclusions: Adolescent pregnancy is a complex issue with a host of associated factors and outcomes, including an increased likelihood of school dropout. This study is unique in that it included representation from both in and out-of-school youth. The adolescents highlighted the complexities by condemning and supporting the idea of young parenthood. They also exemplified their unique developmental stage, specifically the abstract nature of future plans, with only one individual acknowledging the long-term impact and “close[d] opportunities” of adolescent parenthood. The discussions of peer pressure and advice suggest that adolescents may be useful partners in changing the environment to be supportive of delayed childbearing. However, structural changes need to occur to support this change, for instance improving youth friendly clinical services and providing more opportunities for adult-youth interaction to nourish growth and development for Baltimore's youth.

Sources of Support

David and Barbara B. Hirschhorn Foundation, Henry and Ruth Blaustein Rosenberg Foundation, Abell Foundation, and Annie E. Casey Foundation.