



DHD TEEN ENGAGEMENT

Results from Focus Groups: Teen Pregnancy Prevention Campaign



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Key Findings for Campaign Design

Model Appearance

- Relatable – real local teens
- Wear expensive/fashionable (but not “sexy”) clothes and accessories
- Have stylish hair/make-up
- Shouldn’t look too happy
- Ethnically diverse (all African American = stereotyping)

Message Content

- Teens have very little background knowledge of sexual health
- Want to see interesting/fun sexual health facts that they can share with friends
- “Doctor recommended” viewed positively; doctors are highly respected (Dr. Joneigh?)
- The concept of “LARC” is confusing; “IUD” and “birth control implant” are also new terms for many, but less confusing
- Include information about STIs and HIV prevention—condoms are still necessary
- Teens have many questions and appreciate Health Department coming to talk to them
 - Consider interactive Q&A or “Ask Me Anything” social media account

Platforms

- Snapchat is most popular among our population
- Instagram is a close second, and they report being more likely to look at the ads
- YouTube ads should be visual because teens often “mute” them but still watch
- Facebook is used by some teens but it is “for old people”
- Popular radio stations: 107.5 (HOT 107.5), 97.9 (98 WJLB), 95.5

About the Teens

We spoke with more than 50 young adults between the ages of 12 and 18 over the course of seven focus groups. Teens were recruited through their connections to afterschool, extracurricular, and academic enrichment programs. Four focus groups were single sex, two male groups and two female groups. The teens we spoke with live in 24 different ZIP codes, and 40% come from ZIP codes with top quartile teen pregnancy rates for Detroit.

Out of 50 teens who answered an anonymous question about race, 45 (90%) identify as African-American. Only 30 teens answered anonymous questions about sexual activity. Of these 30 teens, 17 (56.7%) report that they are currently sexually active, while only nine teens reported using a birth control method. These data, while compromised by a low response rate, suggest that the teens we spoke with may be at a relatively high risk of unintended teen pregnancy, compared to teens in Detroit on average.¹

¹ According to the CDC's 2015 Youth Risk Behavior Survey, about 44% of Detroit teens report any sexual activity, and about 80% of sexually active teens report using a birth control method.

About the Conversations

Each focus group was facilitated by at least one conversation leader and one note-taker. The facilitators were all millennial-aged employees from the Detroit Health Department. Four out of five facilitators were African American, and three were women. The focus groups consisted primarily of teens who already knew each other through the program from which they were recruited.

The conversations had a comfortable tone, with an emphasis on the fact that the teens are the experts and we want to learn from them. Focus groups lasted an average of 90 minutes. Overall, the teens seemed comfortable and group dynamics were conducive to data collection. The teens asked many questions. They seemed hungry for information about sexual and reproductive health.

What Teens Have To Say about Sexual Health

Sexually Transmitted Infections/Diseases (STIs/STDs)

Some teens were aware of STIs and understood how they are transmitted and treated.

“[If you get an STI], tell the person who infected you and stop having sex with that person until they and you get treated.” – Boy A.

“You should probably get him tested before you even try it.” – Girl A.

Other teens expressed concern about their perceived lack of knowledge and a desire to learn more.

“I haven’t really had any information on this stuff [STIs]. I just know that there are diseases that can be transmitted or, you know, passed on to you by having sex and stuff... I don’t really know what are the causes, names, and stuff.” – Girl B.

Pregnancy Prevention

Most participants understand, at a basic level, how pregnancy occurs (sexual intercourse). However, some participants revealed gaps in knowledge about the biology of ovulation and the menstrual cycle.

“All the time birth control doesn’t work because you still have periods and stuff.” - Girl C.

Participants report diverse and complex motivations for preventing pregnancy.

“[Having a baby] could mess up your whole future... you can’t focus on education.” – Girl E.

“If I were to get pregnant, it would prove to people that expectations for a Hispanic girl from Detroit are right.” – Girl B.

“How would I take care of a baby with no money?” – Girl F.

On the other hand, some teens (mostly boys) see pregnancy as an opportunity to better yourself.

“Sometimes having a baby makes you get your life together because you’re like, this isn’t a joke anymore, I gotta provide for another human being.” – Boy C.

Many teens report that they have friends, peers, and relatives who have gotten pregnant on purpose.

“I think [my sister got pregnant] because she wanted to...she thought she was grown. She was 17.” – Boy D.

Priorities for Choosing a Birth Control Method

Effectiveness is the number one concern for teenagers choosing a birth control method.

After learning that LARCs are 99% effective, Girl G. immediately responded, “Oh, I want that!”

Side effects are also a key concern, especially weight gain.

“I heard [the Depo shot] makes you fat!”

On an anonymous survey completed after the focus groups, only 2 participants (out of 34) report using a birth control method other than condoms.

“I think condoms are the most trusted” – Boy C.

In response: “But that’s just because it’s what we’re comfortable with and used to.” – Boy D.

Feelings toward LARCs

Most teens had never heard of LARCs, or if they had, were surprised to hear that teens can get them.

“So teens can get that?” – Girl E. “That’s crazy!” – Girl H.

“Maybe in the future as I continue to grow as a young woman or an adult, maybe I’ll start seeking for that kind of stuff [LARCs].” – Girl B.

Many teens, after watching a short video, said that they would not be interested in learning more.

“It seems like [the IUD] would just hurt and it wouldn’t work.” – Girl C.

The most positive group was the group where one participant had an implant and was able to show the others what it looks like and talk about her experience.

“Everyone should have an implant!” – Boy E.

Priorities for Choosing a Clinic

Words teens use to describe their priorities:

Effective, quality, reliable, consistent, doctor recommended, and “positive word of mouth.”

Recreation centers attract a wide range of community members, and teens would feel embarrassed if people saw them walking into a clinic and assumed that they were getting birth control.

The term “pop-up” makes teens uncomfortable, as it seems to suggest low-quality services.

“Teen Health Center” preferred to “Teen Health Clinic.”

Teens feel a great deal of respect for doctors.