

Adolescent Pregnancy Needs Assessment
For
Guilford Coalition on Adolescent Pregnancy Prevention
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National Teen Pregnancy and Birth Rate Statistics

Since 1991, U.S. teenage pregnancy and birth rates have declined steadily in every age, racial and ethnic group. Research indicates that sexually active teens are becoming more effective users of contraception and that more teens are choosing to remain abstinent during early and middle adolescence. Nevertheless, the United States continues to have higher rates of teen pregnancy, birth and abortion than other industrialized nations. Teens ages 18 and 19 account for as much as 66 percent of U.S. teen births. Thirty-four percent of young women become pregnant at least once before they reach the age of 20 - about 820,000 pregnancies each year. Eight in ten of these pregnancies are unintended and 79 percent are to unmarried teens.

National Teen Pregnancy Rates

- The U.S. teen pregnancy rate for teens 15-19 decreased 28 percent between 1990 and 2000. In 1990 there were 117 pregnancies per 1,000 females ages 15-19, and by 2000 the pregnancy rate had decreased to 84 pregnancies per 1,000 females ages 15-19.
- In 2000 non-Hispanic Whites ages 15-19 had a pregnancy rate of 54.7 per 1,000, below the national average of 83.6 per 1,000 for 15-19 year-old girls. The non-Hispanic White teen pregnancy rate has decreased 37.3 percent between 1990 and 2000, more than the overall U.S. teen pregnancy rate decrease of 28.5 percent during that same time period.
- In 2000, Black teens ages 15-19 had a pregnancy rate of 153.3 per 1,000. This is well above the national average of 83.6 per 1,000 for 15-19 year-old girls. While 35 percent of girls in the U.S. become pregnant at least once as a teen, for black teens this proportion is 57 percent.
- In 2000, Hispanic teens ages 15-19 had a pregnancy rate of 137.9 per 1,000, well above the national average of 83.6 per 1,000 15-19 year-old girls (but below the rate for African-American girls ages 15-19, 153.3 per 1,000). While 35 percent of girls in the U.S. become pregnant at least once as a teen, for Hispanic girls this proportion is 51 percent.
- The Hispanic teen pregnancy rate decreased only 15 percent between 1990 and 2000, while the overall U.S. teen pregnancy rate decreased 28.5 percent during that same time period.

National Teen Birth Rates

- The number of children born to U.S. teens decreased between 1991 and 2002. Women under age 20 had 532,000 births in 1991 compared to 432,000 births in 2002, a 19 percent decline.

- Between 1991 and 2003, the teen birth rate for teens ages 15-19 decreased 32.5 percent to a record low of 41.7 births per 1,000 in 2003.
- Among youth under age 15, the U.S. birth rate declined by 50 percent, from 1.4 per 1,000 women in 1991 to 0.7 in 2002. By 2003, this number had declined to 0.6 births in this age category.
- African Americans ages 15-19 experienced the steepest decline in birth rates - 32 percent - from 118 per 1,000 women in 1990 to 68 in 2000. Among African Americans ages 15-17, birth rates dropped by 52 percent between 1991 and 2002.
- The birth rate for Hispanic teens ages 15-19 declined 20 percent from 105 per 1,000 teens in 1991 to 83 in 2002. Yet, the birth rate for the Hispanic teenage population in 2003 - at 82.2 per 1,000 births - was the highest among all racial and ethnic categories.

North Carolina and Guilford County Teen Pregnancy Statistics

North Carolina has the ninth highest teen pregnancy rate in the U.S. The number of 10-14 year-old girls who became pregnant in the year 2003 could fill almost nine school buses. Teen pregnancy cost North Carolina \$1,039,390,739 in fiscal year 2001-2002 (WIC, Medicaid, TANF and food stamps). However, teen pregnancy rates have declined by 42 percent in North Carolina since 1990 and have decreased for the 13th year in a row to the lowest rates ever.

North Carolina Teen Pregnancy Rates

- The pregnancy rate for all girls ages 15-19 declined 4.8 percent from 2002 to 2003, according to the State Center for Health Statistics.
- In 2003, North Carolina reported 17,390 pregnancies among women ages 15-19. This number converts to 61 pregnancies per 1,000 women in this age category. Approximately 13,430 of these pregnancies resulted in live births.
- For White North Carolina teens, the number of pregnancies in 2002 was 38.3 per 1,000 teens 15-17 years old.
- All other races reported 54.2 pregnancies per 1,000 teens 15-17 year old.
- Among youth ages 10-14, the number of pregnancies was 443. This converts to 1.6 births per 1,000 females in this age category.
- In 2003 there were 2,468 pregnancies to North Carolina Hispanics teens ages 15-19. The Hispanic teen pregnancy rate was 185.9, compared to 61 for the age group as a whole.

Guilford County Teen Pregnancy Rates

- In 2003, Guilford County reported 898 pregnancies to teens ages 15-19 - which convert to 55.5 pregnancies per 1,000 women in this age category.
- Teen pregnancy rates declined 36 percent from 1991 to 2000, declining from 98.8 pregnancies per 1,000 females ages 15-19 in 1991 to 63.5 pregnancies per 1,000 females in the same age group in 2000.
- Minority pregnancy rate at 72.3 per 1,000 teens ages 15-19 was higher than White teen rate at 41.7 per 1,000 teens in the same age category.
- Pregnancies in Guilford County in 2003 to youth ages 10-14 was 20 per 1,000 pregnancies.

Effective Pregnancy Prevention Programs: What Works?

In *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (published by the National Campaign to Prevent Teen Pregnancy in 2001), author Douglas Kirby, Ph.D. identified a number of programs that have been shown through rigorous evaluation to increase the age of first sex, improve use of condoms or contraception among sexually active teens and/or to actually reduce teen pregnancy. Certain characteristics of these curriculum based programs have been identified. If any of these characteristics were lacking, the program was found to be ineffective.

Ten Common Characteristics of Effective Pregnancy Prevention Curricula

1. *Have a specific, narrow focus on a behavior* Effective programs focus on a small number of specific behavioral goals (e.g. delaying intercourse, using condoms or other contraception). Little time is spent on broad topics such as gender role, dating or parenthood.
2. *Are based on theoretical approaches that have been effective in influencing other risky health related behaviors.* These theories include social cognitive theory, social influence theory, and theory of reasoned action. These theories help to identify risk and protective factors that the curricula try to change (e.g. beliefs, attitudes, norms, confidence and skills related to sexual behavior) which may lead to a voluntary change in sexual behavior.
3. *Provides clear messages about sex and protection against STD's. **This is the most important characteristic of effective pregnancy prevention programming.*** Instead of laying out information about pros and cons of sexual choices and letting teens decide what is right for them, this method is directed at convincing teens that using condoms or abstaining from sex, etc is the right choice. A point of view is presented in this approach about correct sexual behavior.
4. *Provides basic, accurate information about sexual behavior.* Rather than providing detailed information about contraception or STD's, this method emphasizes basic facts that are needed to assess risks and avoid unprotected sex. Information is also presented that might lead to positive changes in beliefs and attitudes and what young people perceive as the norm.
5. *Addresses social pressure.* Discusses situations that might lead to sex or conversation that is often used to pressure teens into sex. Addresses overcoming social barriers to using condoms (e.g. hesitation to buy condoms) and presenting data about current teens sexual behavior may address misperceptions and beliefs.
6. *Teaches Communication Skills.* Provides information about communication, negotiation and refusal skills. Demonstrate those skills and then provide repeated practice in those skills. Practicing role playing and using scripts will assist in this method.

7. *Includes activities that are interactive.* Actively engage teens through games, simulations, small group discussions, videos, role-playing and written exercises. This helps teens to personalize the information provided and apply it to their lives.
8. *Reflects the age, sexual experience and culture of the young people in the program.* For younger youth, who may have not engaged in sexual intercourse, focusing on delaying sex would be appropriate. For high school students who tend to have more sexual experience, emphasizing avoiding unprotected sex and stressing abstinence as the best way to avoid unprotected sex would be suitable. For youth already sexually active, stressing condom use and how to avoid high-risk situations would be emphasized.
9. *Allows a sufficient length of time for the program.* Programs that only last a few hours cannot change risk and protective factors affecting sexual behavior and do not seem to be effective. Program lasting more than 14 hours and encompass many different activities have a greater effect.
10. *Provides training for teachers and peer educators.* Training sessions for those who believe in the program should last from six hours to three days. They are designed to provide teachers information and practice using teaching strategies and curricula.

Characteristics outlined here can apply to programs outside the curriculum based model by thinking about the relevance of the ten characteristics and implementing where social change is needed. Although there are many programs in existence aimed at reducing teen pregnancy, (e.g. abstinence only, comprehensive sex education, faith based, school based, community based) utilizing these ten characteristics have proven, through rigorous evaluation, to reduce teen pregnancy.

Guilford County Agency Needs Assessment

In September 2004, a pilot survey of agencies in Guilford County providing adolescent pregnancy prevention services was conducted via telephone. Three surveys were completed in a two-week period, representing 8 adolescent programs. Due to the difficulty of connecting with providers over the phone, the survey was reformatted, and mailed to 13 organizations. The initial list of contacts was derived from GCAPP contacts. A second round of surveys was mailed to 14 organizations found in the Greensboro/High Point phone book, based on the likelihood that these agencies provided youth programming. The surveys were designed to assess the nature and content of programs provided to teens in the county. A snowball sampling method was used, with initial respondents asked to provide contact information for others they knew who provided similar types of services in the community. An additional 5 agencies were contacted based on these referrals. A total of 16 surveys were returned, representing 40 youth programs. Based on the high response rate and the completeness of the returned surveys, it is believed that the results accurately represent the current adolescent pregnancy prevention efforts in Guilford County. Respondents were asked to complete a four-page questionnaire to describe each of the youth programs offered by their agency. Responses to these questions are outlined below:

Main Program Goal	Frequency	Percent
Sexuality education/pregnancy prevention	13	32.5%
Prenatal care	4	10%
Academic achievement	4	10%
Health promotion	4	10%
Improving mental health	3	7.5%
Decreasing violence	3	7.5%
Life skill development	2	5%

Frequency of Program Offerings	Frequency	Percent
Year-round	15	37.5%
School/academic calendar year	10	25%
After school	4	10%
As requested/variable	3	7.5%
Summer	2	5%

Primary Location of Programs	Frequency	Percent
Community sites	11	17.5%
Schools	4	10%
Agency sites	4	10%
Churches	3	7.5%
Homes	2	5%
College campuses	2	5%
Health department	1	2.5%
Prisons	1	2.5%

Area Served	Frequency	Percent
Guilford County	18	45%
Greensboro	11	27.5%
High Point	7	17.5%
Specific community	1	2.5%

Actual Number of Participants Annually	Frequency	Percent
10-50	15	37.5%
51-200	15	37.5%
201-500	3	7.5%
501+	3	7.5%

Maximum Number of Participants Annually	Frequency	Percent
10-50	8	20%
51-200	9	22.5%
201-500	3	7.5%
501+	4	10%

By adding the maximum number of participants in each of the 40 program respondents, it is estimated that Guilford County currently serves 7640 youth annually through these programs. The degree to which youth overlap or attend more than one program is unknown.

Similarly adding the maximum capacities noted for each program, it is estimated that these agencies have the capability to serve 7584 youth annually. While it may appear as though programs are currently operating above capacity, it is important to note that the Actual Number question was answered by 36 respondents, and the Maximum Number question was answered by only 24 respondents. A large proportion of the data is missing for this question. However, if the number of youth currently served by the missing agencies is added into the equation, it can be conservatively estimated that Guilford County has the capacity to serve 8400 youth annually.

Primary Funding Source for Program	Frequency	Percent
Grants	19	60%
United Way	8	20%
Federal Funding	3	7.5%
State Funding	2	5%
Local/County Funding	1	2.5%

A great majority of programs are funded on soft money. This begs the questions of how sustainable are the programs and how long will they be available in the community? While length of operation, expected end dates and other sustainability questions were not

asked in this questionnaire, it is important to consider the possibility that programming available to youth in Guilford County is potentially variable from year to year.

Is Pregnancy Prevention a Primary or Secondary Focus?	Frequency	Percent
Primary	12	30%
Secondary	18	45%

Risk Factors Addressed	Frequency	Percent
Socio economic status	19	47.5%
Substance abuse	25	62.5%
Ethnicity	14	35%
Employment	18	45%
Academic achievement	25	62.5%
School attendance	21	52.5%
Sexual activity	31	77.5%
Currently pregnant	15	37.5%
Currently parenting	14	35%
Fatherhood	11	27.5%
Male pregnancy prevention	16	40%
Prevention issues	28	70%
Past or current abuse	21	52.5%
Homelessness	11	27.5%
Family structure	14	35%
Age	9	22.5%

Characteristics of Population Served	Frequency	Percent
Females	33	82.5%
Males	26	65%
In school	32	80%
Children of teens	11	27.5%
Low income	14	35%
Pregnant teen mothers	9	22.5%
Expectant teen fathers	5	12.5%
Out of school (non-completing)	17	42.5%
Parents of teens	13	32.5%
Teen moms	11	27.5%
Teen dads	7	17.5%
In juvenile correction system	9	22.5%
In foster care	11	27.5%

Strategies Employed in Programs	Frequency	Percent
One on one mentoring	8	20%
Group mentoring	11	27.5%
Increasing academic success	21	52.5%
Minimizing unsupervised hours	13	32.5%
Providing accurate information about health & sexuality	25	62.5%
Ensuring access to age appropriate health care	17	42.5%
Providing access to good childcare for preg/parenting teens	12	30%
Teaching skills to negotiate relationships	25	62.5%
Providing opportunities to contribute to the community	17	42.5%

Demographic Information Recorded by Program	Frequency	Percent
Gender	35	87.5%
Age	38	95%
Grade	34	85%
Previous pregnancies	15	37.5%
Live with parent/guardian	31	77.5%
Race	33	82.5%
Ethnicity	30	75%
Zip code	27	67.5%

How Participants are Recruited	Frequency	Percent
Schools	30	75%
Community centers	20	50%
Flyers	22	55%
Advertisements	18	45%
Brochures	23	57.5%
Presentations	22	55%
Physicians	11	27.5%

Additional referrals were noted from churches, parents, DSS, GYC, social work agencies, health department, press releases, and teen moms.

Pregnancy Prevention Services Provided	Frequency	Percent
Abstinence only education	4	10%
Comprehensive sexuality education	24	60%
Peer leadership/role modeling	12	30%
Peer support group/discussion	19	47.5%
Mentoring	8	20%
Recreation	12	30%
Job training	4	10%
Service learning	13	32.5%
Conflict resolution/violence prevention	18	45%
Comprehensive clinical services	6	15%
Referral to clinical services	19	47.5%
Referral to mental health/counseling services	12	30%

Evaluation Methods	Frequency	Percent
No evaluation	2	5%
Planning phase	1	2.5%
Pre- and post-test	15	37.5%
Follow up with participants	19	47.5%
Participants satisfaction	27	67.5%
Analysis of results	25	62.5%

45% of respondents indicated that a report of evaluation results is available upon request.

Barriers to Providing Adolescent Programming	Frequency	Percent
Financial capacity of agency	19	47.5%
Staff resources	18	45%
Parent permission	8	20%
Interest of teens	7	17.5%
Access to teens	6	15%
Community collaborations	9	22.5%
Transportation	22	55%
Access to schools	4	10%
Facility constraints	11	27.5%

Perceived Adequacy of Community Response to Needs	Frequency	Percent
Positive	4	10%
Average/Fair	7	17.5%

Gaps in Services	Frequency	Percent
Adequate daycare; more support from staff and educators	1	2.5%
Better access to school health care, day care, programs for teen moms. Counseling to deal with abuse for teen moms.	4	10%
Communication between agencies	2	5%
Getting to parents	4	10%
Middle school children	4	10%
More leadership opportunities, programs for high schoolers re: STDs and sex	1	2.5%
Parental consent, transportation, lack of interest from teens	1	2.5%
Participation, time frame allowed	1	2.5%
Transportation	1	2.5%

Fifty-five percent of program respondents indicated current GCAPP membership. An additional 17.5% indicated interest in membership information.

Guilford County Faith-based Organization Needs Assessment

In October of 2004, a survey was mailed to 698 faith-based organizations in Guilford County. The questionnaire asked for information about youth programs offered through the organization. The mailing list was generated through the Yellow Pages of the Greensboro and High Point telephone directories. Approximately 40 surveys were returned due to incorrect addresses, leaving 658 possible respondents. Potential respondents were asked to complete and return the surveys within a 2-week timeframe. Only 6 surveys were returned during that time. Because of this extremely low response rate, a random list of organizations was selected for follow-up. Approximately 50 organizations were contacted via telephone and asked to complete and return the survey. A total of 11 surveys were returned, representing 28 youth programs. This sample represents both small and large faith organizations, including the following denominations: Baptist (2), Lutheran (1), Methodist (2), Presbyterian (2), Episcopal, (2), Quaker (1), and Catholic (1). This sample is insufficient to assume that it is representative of faith-based organizations county-wide, but does provide a snapshot of the types of programs offered to youth. Respondents were asked to complete a four-page questionnaire to describe each of the youth programs offered by their organization. Responses to these questions are outlined below:

Main Program Goal	Frequency	Percent
Faith Development	8	28.5%
Life Skills/Positive Choices	7	25%
Enhance fellowship and relationships	6	21.4%
Sexuality Education from biblical perspective	2	7.1%
Academic Achievement	2	7.1%
Comprehensive Health/Sexual Education	2	7.1%

Frequency of Program Offerings	Frequency	Percent
Weekly	17	60.7%
Yearly	3	10.7%
As requested/variable	2	7.1%

Actual Number of Participants Annually	Frequency	Percent
5-20	10	35.7%
21-50	11	39.3%
51-100	4	14.3%
101-200	2	7.1%

Total Annual Participants = 1194

Pregnancy Prevention Addressed in Program	Frequency	Percent
Yes	14	50%
No	14	50%

Risk Factors Addressed	Frequency	Percent
Socio economic status	7	25%
Substance abuse	10	35.7%
Ethnicity	2	7.1%
Employment	3	10.7%
Academic achievement	6	21.4%
School attendance	5	17.9%
Sexual activity	8	28.6%
Currently pregnant	2	7.1%
Currently parenting	1	3.6%
Fatherhood	3	10.7%
Male pregnancy prevention	5	17.9%
Prevention issues	9	32.1%
Past or current abuse	9	32.1%
Homelessness	9	32.1%
Family structure	10	35.7%
Age	5	17.9%

Characteristics of Population Served	Frequency	Percent
Females	19	67.9%
Males	18	64.3%
In school	17	60.7%
Children of teens	0	0%
Low income	2	7.1%
Pregnant teen mothers	0	0%
Expectant teen fathers	0	0%
Out of school (non-completing)	0	0%
Parents of teens	1	3.6%
Teen moms	2	7.1%
Teen dads	1	3.6%
In juvenile correction system	1	3.6%
In foster care	0	0%

Strategies Employed in Programs	Frequency	Percent
One on one mentoring	8	28.6%
Group mentoring	16	57.1%
Increasing academic success	8	28.6%
Minimizing unsupervised hours	2	7.1%
Providing accurate information about health & sexuality	13	46.4%
Ensuring access to age appropriate health care	6	21.4%
Providing access to good childcare for preg/parenting teens	0	0%
Teaching skills to negotiate relationships	19	67.9%
Providing opportunities to contribute to the community	18	64.3%

Demographic Information Recorded by Program	Frequency	Percent
Gender	15	53.6%
Age	15	53.6%
Grade	15	53.6%
Previous pregnancies	0	0%
Live with parent/guardian	15	53.6%
Race	1	3.6%
Ethnicity	0	0%
Zip code	14	50%

How Participants are Recruited	Frequency	Percent
Schools	8	28.6%
Community centers	1	3.6%
Flyers	10	35.7%
Advertisements	9	32.1%
Brochures	13	46.4%
Presentations	9	32.1%
Physicians	0	0%

Pregnancy Prevention Services Provided	Frequency	Percent
Abstinence only education	4	14.3%
Comprehensive sexuality education	7	25%
Peer leadership/role modeling	16	57.1%
Peer support group/discussion	15	53.6%
Mentoring	13	46.4%
Recreation	13	46.4%
Job training	3	10.7%
Service learning	15	53.6%
Conflict resolution/violence prevention	14	50%
Comprehensive clinical services	2	7.1%
Referral to clinical services	6	21.4%
Referral to mental health/counseling services	7	25%

Evaluation Methods	Frequency	Percent
No evaluation	6	21.4%
Planning phase	4	14.3%
Pre- and post-test	0	0%
Follow up with participants	6	21.4%
Participants satisfaction	11	39.3%
Analysis of results	0	0%

Barriers to Providing Adolescent Programming	Frequency	Percent
Financial capacity of agency	7	25%
Staff resources	9	32.1%
Parent permission	3	10.7%
Interest of teens	16	57.1%
Access to teens	11	39.3%
Community collaborations	10	35.7%
Transportation	3	10.7%
Access to schools	11	39.3%
Facility constraints	0	0%

Access to Information	Frequency	Percent
Phone	16	57.1%
Internet	14	50%

How is the community doing?	Frequency	Percent
Positive	5	17.8%
Average/Fair	5	17.8%
Negative	5	17.8%

None of the respondents indicated a current membership in GCAPP, though 15 (54%) requested membership information.

Discussion

While state and county teen pregnancy rates are declining overall, there is still considerable room for improvement. The teen pregnancy rates for minorities continue to be higher than for white teens. The pregnancy rates for Hispanic teens are nearly triple the population average statewide, and the number of births to young teens (ages 10-14) in Guilford County is almost 20 times higher than the state average. These statistics point to the need for services specifically for minority, Hispanic, and young teens.

Based on evidence in the literature for effective pregnancy prevention programming, it is our assessment that Guilford County is currently providing inadequate pregnancy prevention services for youth. Conservative estimates for current practices vs. empirically-supported recommendations are as follows:

Effective Characteristic	Programs with Characteristic
Specific, narrow focus on a behavior	32.5%
Based in theory	?
Clear messages about sex and STDs	60%
Basic, accurate information about sex	62.5%
Addresses social pressure	30-45%
Communication skills	62.5%
Interactive activities	27.5%
Reflects culture / positionality of audience	50%
Sufficient length of time	65%
Provides training for teachers/peer educators	?*

* 45% of respondents report staff resources as a barrier

In addition to the relatively low number of potentially effective programs, fewer than 40% of programs are actually evaluated for effectiveness. Guilford County would benefit from a community strategic planning process, led by GCAPP, to further explore and address the gaps noted in this report.

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