

Findings from the Berkshire County Teen Pregnancy Prevention 2010-2011 Community Needs Assessment: Summary Report

Prepared by the Massachusetts Alliance on Teen Pregnancy
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Introduction

In early 2009, Berkshire United Way (BUW) convened several community partners who were providing teen pregnancy prevention services, in response to a reduction in state funding for teen pregnancy prevention and the rising teen birth rates in Berkshire County, a trend that was in reverse of state and national trends of consistent declines. After several meetings, the group developed a number of strategies to address the issue, including engaging the community across the county in the dialogue. On November 12, 2009 a group of about 35 concerned citizens joined BUW in a community meeting facilitated by Jay Connor, consultant on non-profit management and cross sector collaboration who has worked with other communities in their efforts to reduce teen pregnancy rates. In February, 2010, the BUW hosted a session for business, community and philanthropy leaders with the MA Alliance on Teen Pregnancy to discuss the impact of teen pregnancy on the Berkshires.

In April, 2010, a federal grant opportunity became available for teen pregnancy prevention. The BUW invited all the organizations and participants noted above as well as others, school districts, healthcare providers and concerned citizens to come together to submit one grant application for Berkshire county. Forty six individuals representing health and social service organizations, schools, elected officials, businesses and other groups participated at some level in the grant application process. While “Berkshire County Draws the Line on Teen Pregnancy” was not funded, many of those involved agreed to continue to work together, without any funding, to address this pressing issue. This group evolved to become the planning team for the Berkshire County Teen Pregnancy Prevention Initiative (TPPI). The Initiative partners believe that the many strengths of youth, families, and communities can be brought to bear to address the challenges of teen pregnancy. Youth learning to take control of their health choices are youth learning to take control of their lives. Improving sexual health outcomes for Berkshire County youth improves outcomes across multiple domains, including education, employment, and well-being.

Berkshire County’s population is largely homogeneous ethnically and is comprised of 92.5% White persons, 2.7% Black or African American persons, 3.5% Hispanic or Latino persons (of any race), 2.1% persons of two or more races, and 1.2% Asian persons. This profile is shifting. Key cities and towns reflect this change most dramatically. School population data provides some of the best predictors of trends and Pittsfield is the most diverse. ¹ In 2010 whites comprised 76% of youth in the schools, 10.5% were African American and 8% Hispanic, and 3.5% multi-racial. There is significant economic disparity between the county compared to the Commonwealth of Massachusetts:

- Per capita income is 16% below the state average
- Median household income is 23% below the state average
- Percent of population below 200% of the poverty level is 20% higher than the state
- Children <18 years of age living below 100% of the poverty line is 10% higher than the state
- 50.2% of pregnant women receive publicly financed prenatal care compared to 35.6% state-wide

The education profile of county residents reflects the economic and population demographic: the percentage of residents age 25+ with a Bachelors degree or higher is approximately 27% lower than the Commonwealth as a whole

¹ All data in this report is the most current available.

(26% vs. 33.2%). Graduation rates in the region are significantly lower than the state ranging from 72.3 and 72.8% in North Adams and Pittsfield to a high of 81% in South County/Berkshire Hills Regional School District; the state rate is 81.8. Dropout rates exceed the state rate of 9.3% and range from 12.0% in Lee to 18.1% in North Adams.

The cumulative impact of this transition has had a significant impact on the fabric of the community. Traditional support systems of family, schools and religion have been challenged by high alcohol and drug abuse rates, suicide rates above the state average, and high rates of child maltreatment.

Teen pregnancy is a complex social issue that requires a community-wide response, and there is a role for everyone teens interact with - teachers, adults at the youth center, parents, medical providers, coaches, faith leaders, employers - to be a part of this effort. Based on research and common sense, teens need three things to prevent pregnancy:

- Access to sexual health information (the knowledge needed to prevent pregnancy)
- Access to condoms and other contraceptives for sexually active youth (the means to prevent pregnancy)
- Perception of hope and opportunity for a bright future (the motivation to prevent pregnancy)

Using this framework, the TPPI embarked on a community needs assessment process to fill in the details of the existing picture of teen pregnancy and other issues facing Berkshire County youth.

The Approach

The TPPI pulled together a Planning Team comprised of approximately 20 community partners from multiple sectors, including active participation from the Berkshire County Chapter of the American Red Cross; Berkshire County Commission on the Status of Women; Berkshire Health Systems; Berkshire Taconic Community Foundation; Berkshire United Way; Gladys Allen Brigham Center/Girl's Inc.; Helen Berube Teen Parent Program; North Adams Public Schools; Northern Berkshire Community Coalition; Pittsfield Public Schools; Railroad Street Youth Project; and Tapestry Health.

The Planning Team decided on the following goals for the community needs assessment:

- To obtain input on key issues facing Berkshire County youth, particularly those related to preventing teen pregnancy, HIV and other sexually transmitted diseases (STDs).
- To understand the perception of youth and adults related to Berkshire youth sexual behavior and decision-making.
- To collect recommendations from youth and adults to shape a county-wide response to preventing teen pregnancy, HIV and other STDs, and support healthy sexual decision making of Berkshire youth.

The needs assessment utilized primary and secondary data sources. Primary sources included community surveys and discussion groups. The Planning Team and other partners disseminated a community survey throughout Berkshire County. More than 800 individuals (253 youth and 590 adults) completed the survey in December 2010 and January 2011. Following the survey, the TPPI facilitated discussion groups with 114 teens (13-17 years old), young adults (18-24 years old), and parents. Secondary data sources included behavior data from the Berkshire County Prevention Needs Assessment Survey (PNAS) and birth and STD data from the Massachusetts Department of Public Health.

This document is intended to serve as a planning tool to support the development of an action-oriented initiative to *increase the knowledge of human sexuality, reproductive health, and responsible decision making skills of youth and reduce teen births by 10% among 15-19 year olds in Berkshire County by 2016*. It is not intended to be a scientifically rigorous research study. Results of the needs assessment should be considered with this in mind.

Demographics of Survey Respondents and Discussion Group Participants

Adult survey respondents tended to be female, non-Hispanic White, 36 and older, married, parenting, and possessing a college degree or higher. There are 32 towns in Berkshire County; adult survey respondents lived in 29 different towns, with Pittsfield, Great Barrington, and Dalton the well-represented towns.

Youth survey respondents were more diverse than adult respondents. Youth respondents were 70% female, with a mean age of 15. They were mostly non-Hispanic White. 91% reported that they were currently in school. Youth came from 24 towns, with the most (41%) from Pittsfield, followed by Great Barrington and Williamstown.

The Massachusetts Alliance on Teen Pregnancy analyzed the adult and youth survey results and the Planning Team used this analysis to plan and implement discussion groups across Berkshire County to capture the perceptions and opinions of community residents who were under-represented in the community surveys; specifically, young adults ages 18-24, non-White adults and youth, men, and youth in the towns of Dalton, Adams, North Adams, and Pittsfield where teen births are most prevalent, as well as Berkshire County residents whose primary language is Spanish.

There were 76 adult discussion group participants. Young adult participants ages 18-30 made up 34% of all the adult participants, and adults parenting adolescents accounted for 32% of all participants. Of the adults parenting adolescents, 32% were 45 years or younger, and 68% were 46 years and older. Adult participants were 65% female and 35% male. They were 30% Hispanic, 70% White, 9% Black/African American, and 4% American Indian/Alaska Native.

There were 38 youth discussion group participants ages 13-17 years old. Sixty-eight percent were 15-17 years old. Youth participants were 34% female, 66% male, 74% White non-Hispanic, 8% Black/African American, 18% Latino or Hispanic, and 5% American Indian or Alaska Native.

Key Findings

Is Teen Pregnancy a Major Concern?

In the survey both adults and youth believe teen pregnancy prevention is important in Berkshire County, though youth are less concerned about it. There are some differences in adult and youth perceptions of the issue.

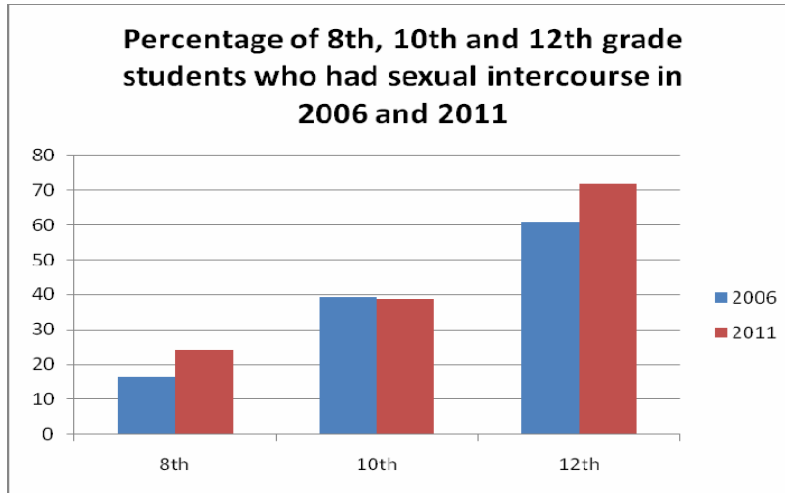
- Adults (97%) and youth (91%) overwhelmingly think teen pregnancy prevention is an important goal for the community.
- More adults (80%) than youth (46%) think teen pregnancy is a “problem” or a “big problem” in Berkshire County.
- More adults (77%) than youth (30%) are “concerned” or “very concerned” about it.

The discussion group findings differed from the survey responses. In the discussion groups, we asked youth and adults about the major concerns facing teens. We learned that youth believe that teen pregnancy is a concern and is related to other major concerns facing teens, specifically drug and alcohol use and boredom. Berkshire County youth and adults believe teen pregnancy is an issue in the community, and they believe that it is important to address teen pregnancy in the context of other issues teens are facing.

Significantly, youth generally had more experience (personal and family) with teen pregnancy than adults did, and 76% of youth reported they knew teens ages 15-19 who had been pregnant or whose partner had been pregnant. This high percentage, combined with the lower level of concern among youth about teen pregnancy as a problem (as described above), may mean that teen pregnancy is perceived as “normal” by young people in Berkshire County.

Berkshire Teens Are Sexually Active

According to the 2011 Berkshire County Prevention Needs Assessment Survey, sexual activity increases incrementally through the grade levels. Seventy-two percent of 12th-grade students report having ever had sexual intercourse. This is higher than the state rate: in 2007 (the year for which the most recent data is available by grade level), 64% of 12th-graders in Massachusetts reported having had intercourse.²

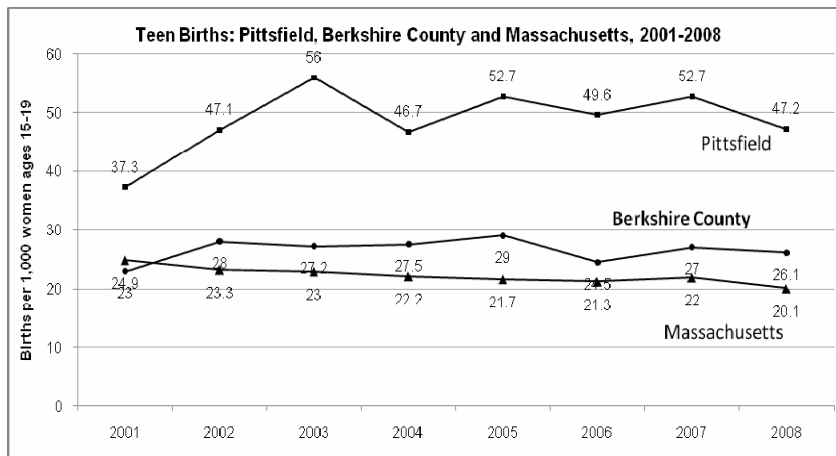


Berkshire Teen Births and STD Rates

Teen Births

In 2009 (the year for which the most recent data is available), the birth rate for teen women ages 15-19 in Berkshire County was 27.2 births per 1,000, compared with a state rate of 19.5. Pittsfield and several other communities have rates that are significantly higher than the Massachusetts rate. In 2009, Pittsfield's birth rate for teen women ages 15-19 was 55.1 births per 1,000. In 2009, Pittsfield had the 8th highest teen birth rate in Massachusetts.

In Pittsfield, the teen birth rate increased 41% between 1996 and 2008. In the same time period, there was a 31% decrease in the state rate.



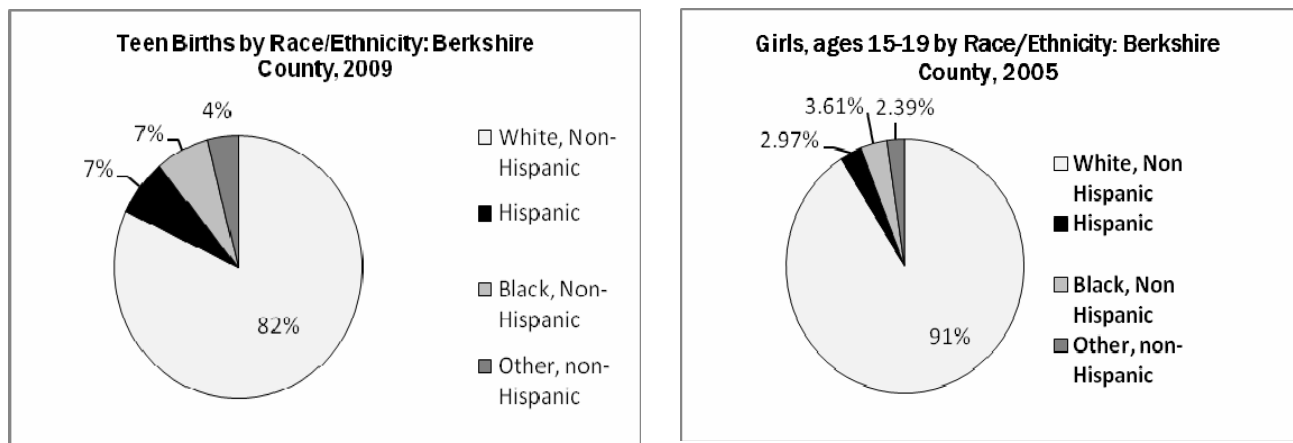
² 2009 data is not available because the 2009 PNAS for Berkshire County did not ask questions about sexuality.

North Adams also had a teen birth rate above the state rate in 2009, with 51.3 per 1,000. It should be noted that in 2008, Adams and Dalton also had birth rates above the state rate, but in 2009 both were reported to be below the state rate.

Fifty-seven percent of teen births (70 births) in Berkshire County were to Pittsfield mothers. Eight-one percent of births to teen mothers in Berkshire County in 2009 occurred to mothers in Pittsfield and North Adams. The remaining 19% of births to teen mothers – 23 births – were to mothers residing in other Berkshire County towns including Adams, Becket, Cheshire, Clarksburg, Dalton, Florida, Great Barrington, Lanesborough, Lee, Monterey, Sheffield, and Tyringham. The numbers of births in these individual towns were small enough that the data has been suppressed for confidentiality purposes.³

In 2009, 75% of teen births in Berkshire County were to mothers ages 18-19 and 25% were to teens ages 15-17. In Massachusetts, 71% of teen births were to older teens and 29% were to 15-17 year olds.

Of the 122 births to youth ages 15-19 in Berkshire County in 2009, 82% were to White Non-Hispanic mothers, 7% were to Hispanic mothers, and 7% were to Black Non-Hispanic mothers, and 4% were to mothers of other races (Non-Hispanic).



As is true for Massachusetts in general, Berkshire County birth rates were highest among Hispanic youth, followed by Black, non-Hispanic youth and White non-Hispanic youth. Based on 2008 birth data, in Pittsfield more than 2 in 10 Hispanic girls and 1 in 10 Black girls give birth each year.

Sexually Transmitted Diseases (STDs)

STD rates among Berkshire County youth are about even with those of youth across Massachusetts. As in the state as a whole, chlamydia is the most common STD among youth. In 2008, the chlamydia rate among Berkshire County teens ages 15-19 (1,115 cases per 100,000 youth) was on par with the state rate (1,134 cases per 100,000).

The incidence of gonorrhea and syphilis among Berkshire County teens was low enough that the data is not available.

³ The Massachusetts Department of Public Health does not report out data on births or STDs when there is a confidentiality concern (if there are very few teens who have had gonorrhea in a city, there is concern that reporting those numbers would make it possible for those teens to be identified), or the number is too small to calculate a reliable rate.

Contraceptive Use

Data on contraceptive use in Berkshire County is limited, but existing data suggests youth are not using birth control consistently. In the 2011 Berkshire County PNAS, 45% of all sexually active youth reported using a condom to prevent pregnancy the last time they had sexual intercourse. Twenty-five percent used birth control pills at last intercourse, and 19% used “no method” at all. According to the community survey and discussion group results, there is a perceived lack of condom and contraceptive use among teens. Both adults and youth believe that teens are not using condoms and contraceptives consistently.

Adolescent Sex, Waiting, and What It Means To Be Ready

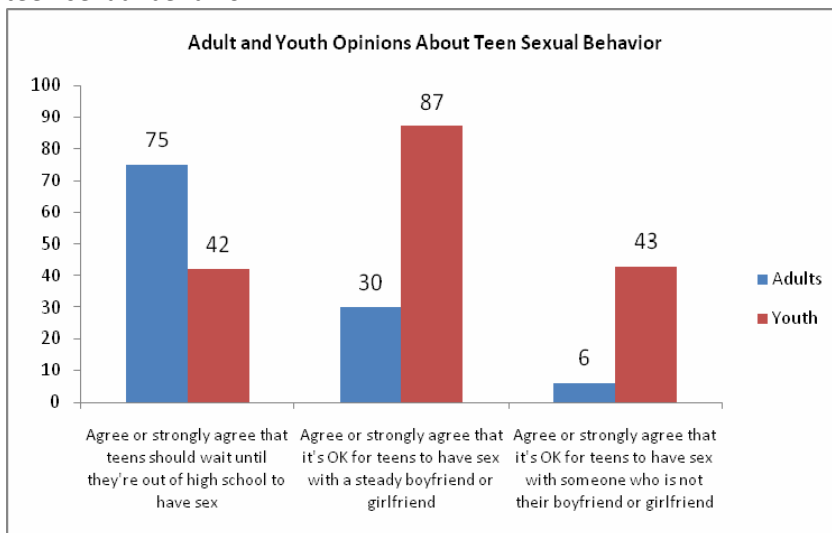
Major themes emerged in the needs assessment about the circumstances surrounding adolescent sex and youth delaying sexual activity.

In the discussion groups there was a wide range of responses for why teens are having sex. Many parents believed that teen sexual behavior was spontaneous and casual, with “lots of hook ups”. Youth reported that teen relationships varied from serious to casual. When asked why are teens having sex, there was a range of answers including: teen is in love, peer pressure, curiosity, to secure a relationship, pressure from partner, “heat of the moment”, and under the influence of alcohol or drugs.

Teens identified some benefits to waiting to have sex, which included that it is easier to keep your life on track, less stressful, and to prevent teen pregnancy. In the discussion groups, youth and adults talked about the pressure teens face when it comes to sexual intercourse. Adults and youth say teens need the following in order to delay sexual activity:

- Understanding of their values,
- Positive self esteem,
- Supportive peers,
- Delay having serious relationships,
- Parents that are engaged, and
- Future goals.

In the survey, adults and youth differed widely in their opinions of what is OK and what is not OK in terms of teen sexual behavior.



What does it mean to be ready to have sex?

Some of the youth participants discussed the double standard for boys' and girls' sexual choices, stating that *"girls get criticized more if they are sexually active where as boys are seen as cool"*. Some youth believed that the decision to have sex is not always planned, *"It can just happen"*.

Youth and adults agreed that a person should be emotionally ready, comfortable with themselves, and ready to deal with the consequence that may be life changing. In addition, most participants believed that a respectful, committed relationship was important. The significance of whether the relationship was serious varied for some young adults, but the importance of the individual being comfortable, prepared, and able to talk to their partner and have shared responsibility for safer sex was important. Ninety-eight percent of youth and adult survey respondents believe preventing pregnancy, STIs, and HIV is a shared responsibility of both sexual partners.

Why Do Teens Get Pregnant and Have Babies?

The vast majority of adolescent pregnancies are unintended. Nationally, 81% of pregnancies to women ages 15-19 are unintended and 19% are intended. Older teens are more likely to have intended pregnancies: 21% of pregnancies among teens ages 18-19 are intended, 13% of pregnancies to teens ages 15-17 are intended, and 0% of pregnancies to teens under 15 are intended. State-wide, 47% of all pregnancies to women ages 15-44 were unintended in 2006.

In the community survey, youth and adults were asked to select the top 3 reasons why they believed teens are getting pregnant and having babies in Berkshire County. Adults and teens had similar perceptions of the reasons why teens are getting pregnant, with some differences.

Reason for getting pregnant:	Youth Responses	Adult Responses
Unplanned	71%	70%
Don't have condoms/contraceptives in the moment	68%	62%
Don't want to use condoms/contraceptives	60%	-
Lack of education on how to prevent pregnancy	-	45%

Youth in the discussion groups also stressed unplanned intercourse as a major reason for teen pregnancy.

In the surveys, adults and youth differed in their beliefs about why teens have babies. Youth responses centered on opposition to abortion, while adults believed young women planned to have babies to strengthen a relationship.

Reason teens are having babies:	% Youth	% Adults
Opposed to terminating the pregnancy (abortion)	74%	49%
Teen doesn't realize she is pregnant until it is too late to terminate pregnancy	53%	31%
Because pregnant teen wants a baby	48%	56%

In the survey, 70% of adults responded that teens plan to have a baby because the teen believes the baby will cement the relationship. This response option was not included on the youth survey, so it is not possible to compare youth and adult perspectives on this issue.

Readiness for Parenting

All discussion group participants believed a teen having a baby before the age of 20 is usually a problem. There were some exceptions to this if the young person was emotionally and financially able to take care of him or herself and a baby, yet it was acknowledged that this was rarely the case for teen parents.

Youth and adult discussion group participants believed there were some key criteria that would be important to establish before someone starts their family:

- Healthy stable relationship with their partner;
- Life experience;
- Social and emotional maturity;
- Economic stability;
- Finished their education and have a stable career;
- Both parents committed to raising the child; and
- A family support system.

Among young adults there was a sentiment that the above criteria are ideal, but that just a generation ago, getting married and starting your family at 19 years old was not considered a problem in Berkshire County. Young adults are feeling that the goal of self-sufficiency increasing with age is not always realistic because working hard, going to college, and waiting until one is older to have children doesn't guarantee financial stability for a family.

Priorities and Recommendations

"Trust, help, and respect our teens." Youth survey respondent

Based on the survey and discussion group data, the research on the behavioral and social determinants of teen pregnancy, and professional expertise in evidence-based approaches to teen pregnancy prevention, the Massachusetts Alliance on Teen Pregnancy recommends that Berkshire County consider the following when planning a community-wide initiative to reduce teen pregnancy.

Overarching Themes

Youth and adults identified several overarching themes that have implications on the tone and approach for improving the sexual health of youth and reducing teen pregnancy.

Teens face many challenges, and they need to know the community thinks they matter

"Pittsfield is a drug based community" Youth survey respondent

The surveys and discussion group participants identified many stressors on youth in Berkshire County. Many people mentioned a lack of opportunities, jobs, exposure to life outside of Berkshire County, transportation to get to resources and activities, and youth-friendly places to spend time. Young people's lack of opportunities is perceived as resulting in risky behaviors and early parenthood, school dropout, and drug use. Many participants discussed how these limited opportunities influence teens' goals and life plans. Youth and adult discussion group participants identified stress as a major concern and linked stress to mental health and self esteem issues. Pressure to do well in school and to fit in with peers were common stressors. Youth often discussed "drama" with peers as another stressor.

Survey and discussion group participants stressed that youth need to be connected to their communities and to caring adults. Every young person needs to know that they matter.

“Stop giving every teen the same set of expectations. At school, everyone is expected to be a great student, and to be involved in the community, and to be able to focus and contribute to their classes. But that's not realistic for everybody... Give them the tools to have a life that is realistic, not a goal that will only make them feel discouraged.” Youth survey respondent

First and foremost, youth need strong relationships with their parents and other adults. Spanish-speaking adults were particularly vocal about the role of family in supporting youth through adolescence.

“Begin by having parents become more involved in their child's life in a positive, secure way. Training parents to be effective, firm parents should be priority.” Youth discussion group participant

“Once parents develop more secure, positive bonds with their children, the problem of teen pregnancy may decrease dramatically.” Youth survey respondent

Berkshire County needs more education, information, and communication

“People are having sex, so don't JUST scare us about it. Tell us all of the good and the bad.” Youth discussion group participant

Parent-child communication and education of young people on sexual topics were major themes of the needs assessment. In both the surveys and discussion groups teens and parents have expressed discomfort with talking about sexuality, pregnancy prevention, and other topics at home. In the discussion groups some youth described the relationship between youth and adults as “worlds apart” and riddled with discomfort and mixed messages. Said one discussion group participant, *“They tell us they want me to be open, but they raise their voice, speak to you like a child. I get shut out and it makes me feel like a bad person. This will make me immediately go do what they are upset about.”*

Discussion group participants believed that conversations at home need to start early and need to be more than “the talk” when a child becomes a teenager. Participants said parents and teens need to have conversations about relationships, expectations, values, and the issues youth face to increase adult understanding of what youth are going through.

Teens and young adults discussed a need for parents and other adults working with young people to teach positive sexuality to youth. The Resource Center for Adolescent Pregnancy Prevention (ReCAPP) defines positive sexuality as:

- An understanding of sexuality as a natural and healthy aspect of human life;
- Knowledge of human sexuality and reproductive rights with which to make responsible choices;
- Respectful communication and exchange of personal thoughts and feelings between partners; and
- Practice of safe and mutually consensual sexual activity.

“Talk about it, talk about, and then talk about it!” Teen mother/youth survey respondent

Behavioral Goals

The Berkshire County teen pregnancy prevention effort should focus specifically on these goals.

1. Increase consistent use of condoms and contraceptives every time
2. Increase delay of sexual initiation for younger teens
3. Decrease incidence of sexual intercourse
4. Increase use of long-acting and hormonal methods of contraception

The following risk and protective factors should be addressed.

Among youth

- Increase negotiation and refusal skills about condom/contraception use and not to have sex when one partner does not want to
- Increase belief that teens should wait to have sex
- Increase positive attitudes toward condoms and contraception
- Increase self-efficacy (belief in one's competence) to use condoms and contraception
- Increase self-efficacy to negotiate sexual decisions and use contraception

Among adults

- Increase parental comfort and skills in discussing sex and contraception with their children

Strategies for Berkshire County

Access to Sexual Health Information

There is strong support for sexuality education in schools. Ninety-two percent of adults and 71% of youth believe that sexuality education should start in middle school or earlier. Adults and youth both emphasized that it is the role of multiple groups to teach about sexuality across the community.

Young people need information and skill-building practice on how to abstain from sex, as well as reasons to postpone, information on condoms, contraceptives, and sexual health. This information needs to be age-appropriate, medically accurate, comprehensive, and from a non-judgmental perspective.

Berkshire youth and adults recommend:

- Comprehensive sexuality education in schools that includes content on healthy relationships and communication about sex and the opportunity for students to practice decision-making and negotiating skills
- Parent education including the "facts" about sexuality and activities and tools to help them increase their comfort level in talking about sex with their kids
- Peer education and learning from older youth
- Incorporating sexual health education into youth programming
- Youth and adult communication about sex

Strategies:

1. Work with schools to strengthen and ensure the provision of age appropriate, evidence-based⁴, medically accurate comprehensive sexuality education from a non-judgmental perspective that includes skill-building practice on how to abstain from sex, reasons to postpone, how to negotiate with a partner, how to use condoms and contraception; and information on condoms, contraceptives, healthy relationships, and sexual health. Education should start in kindergarten and continue through high school.
2. Strengthen and formalize linkages and referral networks between schools, youth programs, and reproductive healthcare providers.
3. Youth service providers can integrate teen pregnancy prevention programming into existing youth programs, using evidence-based approaches which have shown success in helping youth choose healthy behaviors.

⁴ The term "evidence-based" refers to programs, curricula, and strategies that have, using rigorous scientific evaluation methods, been proven effective at changing youth behaviors relating to condom/contraceptive use, sexual activity, and pregnancy.

4. Provide parent education that supports parents' ability to share their values and expectations with youth in honest, open conversations. Provide parent education through existing programs and institutions that serve families (i.e. youth programs, youth sports, schools, major employers, health centers, faith-based organizations, etc).
5. Establish a Parents and Teens Talking Campaign that provides some key messages for parents to share with teens and aligns with the county-wide health goals for Berkshire youth.

Access to condoms and other contraceptives for sexually active youth

Young people need access to confidential reproductive health and contraception services that are available in youth-appropriate settings. The community needs to support young people's responsible decisions and use of contraception and sexual health services. For Berkshire youth specifically, care needs to be taken to reduce unplanned pregnancy by increasing consistent, correct use of condoms and contraceptives.

Berkshire youth and adults recommend:

- More access to reproductive health services for youth.
- Condom availability in schools
- Reproductive health services in schools
- Overcome barriers of cost, transportation, confidentiality
- Youth need to know where they can go for services: *"Have clinics that you can get everything you need."*(youth survey respondent)

Strategies:

1. Establish a youth-friendly awareness campaign of current adolescent services available by region. This can include a resource tool that can be shared using social media, and disseminated through schools and youth programs.
2. In some areas of Berkshire County, family planning services are limited, so there will need to be an effort to engage other health care providers. Work with local family planning providers, pediatricians, obstetricians and gynecologists, and other health care providers to ensure adolescents are maximizing the health care access to confidential contraceptive services in the community.
3. Engage in activities to increase young women's use of long-acting, hormonal birth control methods such as the IUD, Implanon, and Depo-Provera.
4. Using evidence-based adolescent sexual health services: work with health care providers to ensure services are youth-centered and culturally relevant and that reproductive health services and contraception are available in youth-appropriate settings (easy to get to, open hours that work for teens, staff trained in adolescent health).
5. Review current school district policies related to access to condoms, contraceptives, and sexual health through existing health services in schools. The discussion group data shows that many youth and adults support increasing access to sexual health services for teens through school.
6. Establish community-wide support for youth use of contraception and sexual health services, through engagement of youth, parents, schools, community organizations, health care providers, pharmacies, and other businesses. Consider use of social norms messaging strategies to shift the perceptions and expectations of youth as empowered decision makers who are capable of making healthy choices.
7. Assess the availability of medically accurate, non-judgmental pregnancy options counseling and abortion care for teens, and increase youth access to these services.

Perception of opportunity and hope for a bright future

“Teens that are engaged with the community usually want to stay that way” Youth survey respondent

Without the motivation to delay sex and prevent pregnancy, young people remain at risk even if sex education and contraceptives are available. Connection to schools, parents, and other caring adults, and opportunities to contribute and be engaged in the community are protective factors. Clear, viable pathways to adult identity and future goals are the basis for motivation to delay sex and parenting.

Berkshire Youth and Adults Recommend:

- Safe spaces that are youth friendly where teens can go to and talk about these issues
- More positive youth development programs to engage youth at the highest risk
- Teens need to learn from people with experience
- Youth employment
- Community engagement

Strategies:

1. Engage youth and parents in the planning, implementation, and evaluation of the county-wide response to teen pregnancy, paying attention to the wide differences in opinion found between adults and youth in the needs assessment. Youth differed greatly from adults in their survey responses; teen pregnancy prevention approaches that adults create without youth input are not likely to resonate with youth and have a lower chance for success.
2. Align the county-wide response to teen pregnancy with other youth-focused initiatives in order to leverage resources and talents in the community. The Ready by 21 framework, developed by the Forum for Youth Investment, is an innovative approach to community-wide change for young people.
3. When planning prevention programs and mobilizing efforts, consider the normalizing effect of the prevalence of teen pregnancy upon youth in Berkshire County, and the indications from survey results that youth believe teen pregnancy is less of a concern compared with adults. Any county-wide effort will need to use different strategies for engaging youth and for engaging adults, due to the differences between these groups in perceptions of teen pregnancy and personal experience with it.
4. Create a plan for youth investment that includes increasing the capacity of existing youth programs and adults working with youth to use the positive youth development approach in services to youth.
5. Engage adolescents in workforce development to ensure they have a plan and vision for their future, including youth jobs, internships, and programs that broaden their exposure to opportunities.
6. Provide opportunities for adolescents to identify future personal, educational, and career goals and help young people develop actionable, practical plans with clear pathways to reach these goals.
7. Investigate the higher prevalence of protective factors among teen mothers compared with other youth responding to the community survey; are these factors caused by the supports teen mothers experience through teen parent programs? Consider replicating the strategies and strengths of programs serving parenting youth to increase protective factors for other youth at high risk of early pregnancy and parenthood.

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