

Growing Up Together Strong (GUTS) Program Intervention for Pregnant and Parenting Teens in Southwestern New Mexico

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Introduction:

Growing Up Together Strong (GUTS) is an AFL care demonstration project serving pregnant and parenting teenage girls, their male partners and fathers of their children, their parents, and other family members in several impoverished, rural communities in southwestern New Mexico. It is a program of Hidalgo Medical Services, a federally-funded community health center serving Hidalgo and Grant Counties that is one of four New Mexico Health Commons sites. These sites provide a seamless system of social, behavioral and medical services using advanced case management methods, information systems, and links to community resources through promotoras (community health workers). The GUTS promotoras coordinate clinical, educational, mentoring and support services for the pregnant and parenting teenage girls, provide referrals, ensure enrollment in all available programs, and monitor follow-up. The overall goals of the GUTS Program focus on reducing repeat teen pregnancies, increasing levels of education, and increasing parenting skills.

The GUTS program targets adolescents under 19 years of age at program entry, with primary emphasis on unmarried adolescents 17 years or younger, especially those who are low income, Hispanic, or otherwise disadvantaged. GUTS clients are assigned a promotora at enrollment in Silver City, Bayard or Lordsburg. Promotoras meet with clients in their homes, schools or offices as often as necessary. Several types of outreach activities are provided for the clients, including prenatal care sessions, education group sessions, and support group sessions. Prenatal and educational group sessions, meet for 1 ½ to 2 hours weekly for 12 months in each of the 3 sites. Support groups also meet weekly for several months at a time. The evaluation will measure differences in repeat pregnancies, educational attainment, and attitudes towards parenting between the GUTS participants and a control group of teenage mothers.

Methods:

The evaluation focuses on two hypotheses: 1) pregnant and parenting teenage mothers who participate in the GUTS program will have higher high school or GED completion rates than the control mothers; and 2) pregnant and parenting teenage mothers who participate in the GUTS program will have a lower repeat teenage pregnancy rate than the control mothers.

The evaluation is a pre/post quasi-experimental design which compares GUTS clients with a group of pregnant and parenting teenage girls attending WIC clinics in Albuquerque and surrounding areas. All participants are followed for at least 12 months after enrollment. Participants complete the AFL Core Baseline Questionnaire for either parenting or pregnant mothers when they enroll in the evaluation. Follow-up questionnaires (AFL Core Follow-up Questionnaire) are completed at 6 month intervals based on the age of the index child. The questionnaires are self-administered, but either the promotora or the evaluation coordinator is present to answer questions. The questionnaires include questions on attitudes and behaviors about parenting, educational goals, and desire for future pregnancies. Chart reviews of GUTS participants are also completed at regular intervals to gather information on additional pregnancies, completion of high school or a GED, and activity in the program. Attendance at the educational and support sessions is monitored using sign-in sheets from each of the sessions.

The evaluation also includes a qualitative assessment. In-person interviews of pregnant and parenting teenage mothers, their mothers, and the promotoras and program staff are completed annually. This assessment provides process information and enriches the results from the quantitative outcome measures. Major themes related to the major benefits of the GUTS Program have been identified from the interviews.

IRB approval is obtained yearly from the University of New Mexico Human Research Review Committee.

Preliminary analyses of the questionnaire data have only included descriptive statistics comparing prevalence of responses to various topics on the questionnaires since the sample size is so small. At this point (abstract submission), the data entry from the control group questionnaires has not yet been completed. When additional data are available, statistical models will be developed to examine the relationship between the intervention and the outcomes.

Results:

A total of 83 pregnant and teenage mothers 19 years of age or younger have been enrolled in the GUTS program since February, 2006. Of these, 55.4% are 17 years or younger. In the control group, a total of 37 pregnant and parenting teenage mothers have been enrolled, 51.4% are 17 years or younger.

Results from the enrollment questionnaire show that teen mothers in the GUTS program valued future education and training. All of the teen mothers in the GUTS program felt that graduating from high school/vocational/trade school is very or extremely important. Also, 75% of teen mothers in the GUTS program wanted "a lot" to get more education or training. At enrollment, all of the participants who were in high school did not want to have another baby before finishing high school. These same trends were observed in the outcome data on high school/GED completion rates and repeat teen pregnancy rates for the 83 mothers enrolled in GUTS. Among participants who were 19 years old at the time of follow-up, 74.2% had completed high school or a GED. There were a total of 9 (9.6%) repeat pregnancies during the 27 months of follow-up.

The qualitative interviews identified 3 major benefits of the GUTS Program: social support, improved knowledge from prenatal/parenting classes, and increased access to support services.

Discussion:

At this point, it is not possible to compare the outcome measures in the two groups since the participants in the control group have not all been followed for the one-year time period. However, the participants in the GUTS Program thus far have a very low repeat teen pregnancy rate (9.6%) compared to the rest of the state of New Mexico (23%).

There have been two challenges to the evaluation of this GUTS Program. The first is the small sample size. However, power analyses suggest that the sample size will be adequate to detect differences in repeat teen pregnancies and educational attainment. The second challenge has been in identifying an appropriate control group. Originally, Lordsburg was selected as a suitable control group. However, when members of the community in Lordsburg learned about the GUTS Program, they strongly lobbied for the program to be expanded into their community. Although this eliminated the original control group, it speaks of the need for this type of program in isolated rural communities with high teenage pregnancy rates.

Implications:

The GUTS Program appears to be an effective means of reducing repeat teenage pregnancies and improving educational attainment in a rural setting. It suggests that promotoras working in a health commons setting can be effective change agents in the community. The teens have responded enthusiastically to this type of program and have challenged the promotoras to provide a broader range of activities. The success of this program is a consequence of being incorporated into a larger setting that can provide an array of social, behavioral and medical services.

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