

# **Unintended Pregnancy and Family Planning:**

Views of Leaders in Three  
Washington Communities

Carol Albers, B.A.  
Daniel Kadden, Ph.D.  
Maya Parson, B.A.  
Laura Schrager, M.A.  
Laurie Cawthon, M.D., M.P.H.

June 1997

Research and Data Analysis  
Department of Social and Health Services  
Olympia, Washington 98504-5204

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Lyle Quasim, Secretary**

**MANAGEMENT SERVICES ADMINISTRATION**

**Ken Harden, Assistant Secretary**

**RESEARCH AND DATA ANALYSIS**

**Elizabeth Kohlenberg, Ph.D., Acting Director**

**In collaboration with**

**MEDICAL ASSISTANCE ADMINISTRATION**

**Jane Beyer, Assistant Secretary**

**Diana Larsen-Mills, Section Manager, Family Services**

**Claudia Lewis, Family Planning Program Manager**

**When ordering, please refer to  
Report Number 9.54**

## ACKNOWLEDGMENTS

This report was prepared for and funded by the Medical Assistance Administration (MAA), Department of Social and Health Services (DSHS).

We are deeply grateful to the many individuals who gave of their valuable time, some on very short notice, to participate in interviews. We thank them for their enthusiastic support of our efforts, and for sharing so many candid perceptions, wise insights, and personal stories. We hope this report will assist them in their community efforts. We are also greatly indebted to the many persons who provided background information about their communities and recommended informants to interview, and to the individuals in the Olympia area who participated in the pre-testing of our interview instrument.

Thanks also to Diana Larsen-Mills and Claudia Lewis, who played critical roles in the conception and design phase of this study, for their thoughtful critiques of successive drafts.

Special thanks to Karen Thorson for tape transcriptions, general clerical support, assistance on layout and design, and feedback that was always welcome. We also thank Michelle Harvey of Research and Data Analysis (RDA) and Jaye Compton of Sue's Secretarial Service for fast and accurate tape transcriptions.

Our gratitude to Liz Kohlenberg and Dario Longhi for their helpful advice and consultation during the planning phase of this project. Victor Simon provided up-to-date community and county data which appear in this report. Thanks also to Jane Wingfield for her assistance in getting the report printed. Curtis Mack produced the maps used in this report.

Many thanks to Francina Reynolds, Greg Kirkpatrick and Jason Fry for their personal assistance when our computers misbehaved, and for maintaining the RDA computer network, a system that meets the diverse demands of RDA's managers, researchers, analysts, programmers and staff.



# TABLE OF CONTENTS

MAJOR FINDINGS BY COMMUNITY .....	vi
EXECUTIVE SUMMARY.....	vii
INTRODUCTION .....	1
METHODS .....	3
SITE REPORTS.....	7
 YAKIMA.....	 9
YAKIMA BACKGROUND DATA .....	11
YAKIMA SITE REPORT .....	13
Yakima Leaders Describe Their Community .....	13
Family Planning, Teen and Unintended Pregnancies .....	16
The Big Picture: Underlying Economic and Social Issues .....	21
Directions for Change .....	23
Summary and Conclusions .....	26
 SPOKANE.....	 29
SPOKANE BACKGROUND DATA .....	31
SPOKANE SITE REPORT.....	33
Spokane Leaders Describe Their Community .....	33
Family Planning and Unintended Pregnancy .....	35
Impediments to Progress .....	38
Charting New Directions .....	41
Summary and Conclusions .....	42
 CENTRALIA - CHEHALIS.....	 45
CENTRALIA - CHEHALIS BACKGROUND DATA.....	47
CENTRALIA - CHEHALIS SITE REPORT .....	49
Centralia-Chehalis Leaders Describe Their Community .....	49
Leaders Views of Unintended Pregnancy .....	52
Strategies for Addressing Teen Pregnancy Prevention .....	58
Summary and Conclusions .....	62
 CARD SORT RESULTS .....	 65
SUMMARY .....	69
CONCLUSIONS.....	75
REFERENCES.....	79
APPENDIX:	
Interview Instrument.....	81

**Table 1. Major Findings by Community**

<b>Community Leaders Interviewed...</b>	<b>Yakima</b>	<b>Spokane</b>	<b>Centralia-Chehalis</b>
Are generally concerned about family planning	✓	✓	
See teen pregnancy as their top family planning concern	✓	✓	✓
Feel that unintended pregnancy is <i>not</i> a major concern or associate it only with teens	✓	✓	✓
Believe many teen pregnancies are <i>intended</i>	✓	✓	
Advocate teen abstinence but recognize teen sexual activity as a reality	✓	✓	✓
Want greater school involvement in sexuality education but see a lack of community consensus over the appropriate role for schools	✓	✓	✓
Are greatly concerned by a perceived “ <i>breakdown</i> ” of the family and its implications for schools and other social institutions			✓
Express strong concern for parents’ “ <i>rights</i> ,” including the “ <i>right</i> ” to be informed about children’s access to family planning services			✓
Are greatly concerned by a perceived lack of male responsibility in the prevention of pregnancy	✓	✓	✓
See a need to involve all community sectors in prevention efforts; believe it is important to emphasize prevention’s economic benefits	✓	✓	✓
See teen and unintended pregnancies as inextricably linked to greater social issues; emphasize need to look at the “ <i>big picture</i> ”	✓	✓	
See life skills and parent education as essential for individual, family and community health	✓	✓	✓
Express strong support for community-based programs and solutions	✓	✓	✓

Note: Important subtleties are lost in summarizing the data in table form. For greater explication of the nuances of each community, please refer to the individual site summaries and the conclusions of this report.

# EXECUTIVE SUMMARY

This study is a qualitative exploration of the perceptions and attitudes about unintended pregnancy and family planning held by local leaders in three Washington State communities.

Data were gathered through semi-structured (qualitative) interviews with leaders from nine spheres of influence: business, education, government, public service, health care, community-based service organizations, media, religion, and philanthropy. Results are presented as community case studies with some cross-site comparisons in the conclusions. Findings suggest important directions for community and state efforts to reduce unintended pregnancy and future qualitative and quantitative research.

## MAJOR FINDINGS

Leaders from Yakima, Spokane and Centralia-Chehalis expressed perceptions and attitudes unique to their spheres of influence and locales while also sharing many perceptions about unintended pregnancy and family planning (see table). Most leaders from all three communities:

- identify teen pregnancy as their top family planning concern;
- do *not* see unintended pregnancy as a major concern;
- see a need to “*face the reality*” of teen sexual activity;
- want greater school involvement in sexuality education;
- are greatly concerned by a perceived lack of male responsibility;
- see a need to involve all community sectors in prevention efforts; and
- express strong support for community-based programs and solutions.

Additionally, leaders from Spokane and Yakima share the views that:

- many teen pregnancies are *intended*;
- teen and unintended pregnancies are linked to larger social issues; and
- life skills and parenting education are essential elements for change.

## CONCLUSIONS

Report findings suggest the family planning climate in the communities studied is primed for collaborative community-based efforts aimed at reducing teen pregnancy and the incidence of unintended pregnancy. Most leaders interviewed are concerned about the interrelatedness of social problems, particularly teen pregnancy and the health of families and children. Leaders in Yakima and Spokane are actively thinking about family planning issues and are ready to move forward with increased pregnancy prevention efforts. Leaders in Centralia-Chehalis are

thinking about family planning issues to a lesser degree, but are deeply concerned about teen pregnancy.

Leaders in all three communities urge new directions in public education, strongly suggesting inclusion of curricula emphasizing critical thinking, choices and consequences, personal and social responsibility, financial decision-making, verbal and written communication, parenting, and sexual decision-making. Many leaders also stress a need to establish community-based parenting classes to help parents communicate with their children about personal boundaries and sexual decision-making.

The distinct characteristics of individual communities make the expertise of local leaders invaluable in prevention efforts. Each sector contributes to and benefits from the overall health of the community. This interdependence makes inter-sector communication and collaboration vital. Local efforts can also be greatly assisted by the expertise and experience of government agencies. Channels of communication must be opened between leaders throughout the state, including those in state government, to reduce duplication of efforts and help forge collaborative, community-specific unintended pregnancy prevention programs.



# INTRODUCTION

This study is a qualitative exploration of the perceptions and attitudes about unintended pregnancy and family planning held by community leaders in three Washington State communities.

## RATIONALE

Reducing the number of unintended pregnancies in Washington State is a major public health objective (Department of Health, 1996). A reduction in unintended pregnancy can have a dramatic impact on the number of births to low-income women, the number of abortions performed, infant mortality rates, low birth weight and expenditures for Medicaid pregnancies and infant health care (Brown and Eisenberg, 1995). The Medical Assistance Administration of DSHS is dedicated to reducing unintended pregnancy and supporting prevention initiatives for low income women in Washington State (MAA, 1996; DSHS, 1997). For these initiatives to be effective there must be community mobilization around unintended pregnancy prevention.

Local civic leaders can play a critical role in influencing community attitudes and how communities respond to new program initiatives. Many leaders possess detailed understandings of community history, culture, institutions, and decision-making processes. “[C]ertain individuals play key roles in the exercise of community leadership. . . . [S]uccessful community action depends, in large measure, upon finding and involving the key community leaders.” (Nix, 1983). Focusing on attitudes of community leaders toward unintended pregnancy and family planning is an important step toward building more effective unintended pregnancy prevention strategies.

Most studies of attitudes toward unintended pregnancy prevention have focused on the acceptability and accessibility of services to clients (Armstrong et al., 1991; Brown and Eisenberg, 1995; Gouldie et al., 1996; Kisker, 1985; Russell et al., 1993; Severy and McKillop, 1990). Hochstrasser and Gairola (1991) studied reproductive behavior and community norms in Southern Appalachia but did not specifically address community leaders. Zotti and Kozlowski (1994) looked at the attitudes of community leaders toward maternal and infant health, but did not directly address issues of family planning or unintended pregnancy.

The lack of qualitative studies on attitudes related to unintended pregnancy indicates a lag in what qualitative research could contribute in knowledge toward unintended pregnancy prevention (Brown and Eisenberg, 1995). This qualitative strategy elicits a depth and range of response not possible through traditional quantitative methods research (Ambert et al. 1995; Miles and Huberman, 1994; Marshall and Rossman, 1989).

## **STUDY OBJECTIVES**

The primary goal of this study was to ascertain perceptions and attitudes of community leaders toward unintended pregnancy and family planning. Given the interactive nature of qualitative research, it was neither possible nor desirable to maintain a rigid question-and-answer format during the interview process; however, all researchers sought answers to the following questions:

- What issues related to unintended pregnancy are identified most often by informants and what are the perceived attitudes toward those issues in the community at-large?
- What problems do leaders see as the most important to work on in their communities?
- What do leaders know and think about existing pregnancy prevention services and programs?
- What kinds of future educational campaigns, media messages, and pregnancy prevention program initiatives might be most effective in the various communities and also be supported by community leaders?

The site sections of this report convey the actual voices of the informants—voices of people deeply involved in their communities through the work they do and the emotional, financial, and physical investments they hold. It is believed that leaders wield tremendous power and influence over the attitudes, perceptions and policy decisions in their communities. Their views may provide a foundation for future communication, collaboration, and the practical application of innovative programs, initiatives and campaigns designed to reduce the incidence of unintended pregnancy.

## METHODS

The data for this study are based on in-depth personal interviews with key informants in three Washington communities: Yakima, Spokane and the twin cities of Centralia-Chehalis.

### SITE SELECTION

Our objective in choosing the sites for this study was to achieve rich and diverse individual case studies. In defining *community*, we sought to capture a sense of shared locale and culture on a scale smaller than a county. The number and location of community sites were determined based on geographic location, population size, ethnic composition, socioeconomic features, existing family planning resources, interests of the sponsors of this report, accessibility to researchers, and research costs. While we did not use strict selection criteria, the three chosen sites provided a flexible mix, varying significantly across some characteristics while sharing many important features. Background data for each site precede the community reports.

### INFORMANT SELECTION

Once the sites were chosen, potential informants were identified in each community. We sought to interview recognized leaders or persons familiar with their community's leadership structure in nine sectors, defined as distinct social, economic or political domains where informants work or associate with peers within social networks. These sectors were:

- Business
- Religion
- Education
- Philanthropy
- Elected or other public officials
- Health care providers
- Community-based, non-profit service providers
- Public sector service providers (state or local government agencies offering direct client services)
- Media

Interviewers requested informant recommendations from known leaders and established community contacts, and reviewed directories or other public sources listing persons active in civic organizations and associations. Early interviews, particularly in Yakima, yielded additional, unsolicited recommendations. In many cases, individuals were suggested by more than one source and were active in more than one sector.

Potential informants were first contacted by letter, explaining the purpose of the study, requesting their participation, and ensuring full confidentiality. Follow-up telephone calls were made to arrange personal meetings with those who agreed to an interview. The refusal rate was very low; only three of the more than 90 persons officially contacted declined to be interviewed. Several other informants in each community were either cooperative but unavailable (in some cases they suggested colleagues, spouses or friends as alternatives) or could not be reached after several attempts.

## **DATA COLLECTION: INTERVIEW INSTRUMENT AND PROCESS**

An interview guide was developed and pre-tested on a small number of subjects in the Olympia area. Revisions to the guide and general interview format were then adopted. A copy of the revised interview guide, including the statement of confidentiality, is reprinted in the Appendix.

The interview process was flexible, allowing the interviewers to gather information about the community setting and informants' perspectives in a thorough, precise and accurate manner. The typical interview was semi-structured and designed to take about one hour to complete. In practice, interviews occasionally exceeded the one-hour limit by agreement with the informant.

Several standard questions were posed touching on the background and civic interests of the person being interviewed. Most questions were open-ended, allowing the interviewers to establish rapport with the informant, probe special areas of interest, and ask important follow-up or clarification questions. An additional feature of the interview was a series of card sorts in which the informant was asked to select themes or ideas related to the subject of family planning. Results were recorded by the interviewers and also served as a basis for further open-ended discussion. Card sort results are presented in a separate section of this report.

A combined total of 67 interviews involving 71 informants were conducted in the three sites. A breakdown of the interviews is shown in the tables below.

	<b><u>Total Interviews</u></b>	<b><u>Total Informants</u></b>
<b>Yakima</b>	30	33
<b>Spokane</b>	21	22
<b>Centralia-Chehalis</b>	16	16

**Table 3. Distribution of Informants by Sector**

	<b>Yakima</b>	<b>Spokane</b>	<b>Centralia- Chehalis</b>	<b>Total</b>
<b>Business</b>	5	5	4	14
<b>Religion</b>	2	2	-	4
<b>Education</b>	5	3	4	12
<b>Philanthropy</b>	1	2	2	5
<b>Government or elected officials</b>	4	2	4	9
<b>Health care</b>	9	4	3	16
<b>Community-based non-profit service</b>	9	5	1	16
<b>Media</b>	4	2	-	6
<b>Public sector service</b>	2	1	1	4
<b>Total persons interviewed</b>	33	22	16	71

Note: A number of informants were represented in more than one sector. As a result, the column entries above do not equal the total persons interviewed in each community.

Our research team conducted 63 field interviews, meeting with informants in settings of their choice. The remaining four were conducted by phone. Fifty-nine interviews were taped with the consent of informants. Only four informants declined to be taped. In four other cases technical problems prevented taping.

## **DATA ANALYSIS**

The collected data consisted of audio tapes, detailed field notes in instances where no taping was done, and interviewer annotations and personal notes. Personal notes written during interviews were augmented by post-interview impressions. Verbatim transcripts were produced for over half of the taped interviews (N=33). The remaining tapes and detailed notes were reviewed by the interviewers and used to create interview minutes containing synopses of the interviews. These minutes and transcripts were then systematically reviewed and, along with impressionistic notes, form the basis of our results.

## **LIMITATIONS**

This report reflects the views of the individuals who were interviewed. Direct quotes reflecting these views are indicated by quotation marks and italics. We make no claim that our results represent the views of the residents of the specific communities we studied, community leadership as a whole, or attitudes prevalent in the various sectors of the community with which our informants are affiliated. Findings should not be viewed as

reflective of overall attitudes in the county where the community site is located, any other specific communities, or Washington State in general. Time and other constraints limited our access to certain individual informants and some important sectors of the communities we sought to include.

Within these limitations, we sought to accurately reflect the views of a knowledgeable and influential set of community leaders by avoiding the introduction of bias during the data collection and analysis stages. In order to minimize subtle influences of the researcher on informant responses, we explicitly described the intentions of the study, the methods used in collecting information, and the researcher's role and status. We also allowed informants to choose the interview location where they felt most comfortable and could speak most candidly.

We utilized systematic approaches in data analysis that emphasized the classifying and counting of interview findings, identification of patterns and themes, and the significance of contrasts. We placed particular emphasis on uncovering nuances in informant views; our main findings are balanced by extensive description of *minority views*, deviations and contradictions across the community sites, the various sectors in each community and within the individual informants themselves. Our summaries and conclusions were based on a careful assessment of these findings.

## **SITE REPORTS**





**YAKIMA**

**Insert Yakima map here**

## YAKIMA BACKGROUND DATA

Yakima is the state's second largest county by area, comprising over 4,200 square miles in south-central Washington. The total county population is about 208,000, and almost one-third of these residents live in the city of Yakima, the second largest city in eastern Washington. Nearly half of the county's area is the Yakama Indian Nation. Agriculture employs the largest portion of the work force. The city of Yakima is the county seat of Yakima County.

**Table 4. Yakima City and County Profiles**

	City of Yakima	State
Population (1996 OFM est.)	62,670	-
Median Household Income	\$22,189	\$31,183
Percent population using DSHS services (FY1994 DSHS City Data Report)	41.8%	20.1%
Percent non-white population	17.5%	9.4%
Percent Hispanic population*	15.9%	4.4%
Percent age 65 and over	16.4%	11.5%

**Source: 1990 U.S. Census unless otherwise indicated**

	Yakima County	State
Population (1996 OFM est.)	207,600	-
1995 Pregnancy Rates (per 100 women)		
Age 15-17	9.4	5.0
Age 18-19	23.9	12.8
Age 20-24	29.8	15.8
All women	12.0	8.4
Unemployment Rate (1990-93)	12.0 %	6.6 %
High School Dropout Rate (1990)	20.0 %	10.6 %
Domestic Violence (petitions filed)**	3.9 per 1,000	5.4 per 1,000
(adult arrests)**	2.5 per 1,000	4.8 per 1,000

**Source: DSHS/RDA**

\* Hispanic is not a racial category. Persons of Hispanic origin may be of any race.

\*\* Petitions filed per 1,000 persons for DV and civil anti-harassment orders: Average network rate for 1992-93. Adult Arrests for age 18+: Average rate for 1990-94.

- Forty-eight percent of all births in Yakima County were to mothers identifying themselves as Hispanic, followed by 43 percent non-Hispanic white, and 6 percent Native American (1991-94).
- Thirty percent of children in the County ages 5-17 were living in poverty in 1993 (Census estimate).

Additional County Data, 1991 to 1994:

- Seventy-three percent of births had Medicaid paid maternity care, nearly twice the state average of 39 percent.
- The birth rate for women 15-44 years was 10.4 per 100, well above the state average of 6.6.
- Abortion rate for women 15-44 years old was 2.1 per 100, below the state average of 2.3.



# YAKIMA SITE REPORT

Our research team conducted semi-structured in-depth interviews with a total of thirty Yakima leaders from nine sectors: business (including the agricultural sector), education, religion, media, health care, community-based service organizations, public service, philanthropy and government. The following site report, with the exception of the author's conclusions, is based exclusively on the answers we received from our informants. It cannot be seen to represent the community as a whole or the leadership of Yakima. For more information about the selection of informants and data collection, refer to the Methods.

This site summary is divided into five sections, beginning with a community description in Section I. Section II addresses leaders' concerns, awareness, and explanations of teen and unintended pregnancies. In Section III leaders place teen and unintended pregnancies in the context of underlying socioeconomic and cultural issues. Section IV looks at leaders' ideas for reducing unintended and teen pregnancies. Section V comprises the author's summary and conclusions.

- I. Yakima Leaders Describe Their Community**
  - Economic and Racial-ethnic Divisions
  - Social Power and Social Change
- II. Family Planning, Teen and Unintended Pregnancies**
  - Leaders' Concerns and Awareness
  - Leaders' Explanations of Teen and Unintended Pregnancies
- III. The Big Picture: Underlying Economic and Social Issues**
  - Poverty is the Problem
  - Sociocultural Values versus Socioeconomic Inequalities
- IV. Directions for Change**
  - Education: Life Skills and Parenting Classes
  - Working Together for Change
  - Community-based Solutions
- V. Summary and Conclusions**

## I. YAKIMA LEADERS DESCRIBE THEIR COMMUNITY

*“Yakima’s notorious for being first in everything.”*

Yakima suffers the dubious distinction of being ranked first or second in many categories in which its leaders would clearly prefer a lower ranking. Several leaders made comments that reflect those of the following informant: *“Yakima’s notorious for being first in everything. We were first in teenage pregnancy, we’re first in STDs, we’re first in intestinal diseases, we’re first in categories that people aren’t proud to be first in.”* Most leaders spoke candidly of Yakima’s high teen birth rates, low educational levels, and serious problems with crime, illiteracy, drug and alcohol abuse and domestic violence. A majority of leaders identified poverty as a central concern for their community.

## Economic and Racial-ethnic Divisions

Despite its problems, leaders were quick to acknowledge that Yakima has a side that is undeniably prosperous. Several made reference to the million dollar homes that frame Yakima's hills. *"It's an economic situation. Some of us are comfortable and we don't want to know about the rest. We keep saying we have this lovely little community."* A variety of informants indicated that those on the wealthier end of the spectrum are members of the agricultural community. In a trend that worries some leaders, informants reported that many of Yakima's wealthier families are moving farther and farther away from the city in search of better schools and less crime, physically distancing themselves from the community's problems and exaggerating the already distinct geographic boundaries between Yakima's rich and poor.

***"We have a lot of very wealthy people, a lot of poor, and not much in between."***

Most informants spoke of a divide between Yakima's "haves" and "have nots" and the community's lack of a middle class: *"There is a distinct dichotomy in terms of income . . . there are very wealthy people and there are very poor people and there is a very small middle class."* "[Yakima is] a small urban area that has a larger-than-normal well-to-do population and a larger-than-normal dire poverty population with a very small middle class." Informants noted that the upper class tends to believe that *"there is something wrong with poor people."* *"If you don't make it, you're weak."* *"I've pulled myself up, why can't you?"*

***"Go back to Mexico where you came from."***

Many leaders made reference to the distribution of wealth in Yakima along racial-ethnic lines and were quick to point out that racial-ethnic minorities comprise the majority of Yakima's "have nots" and whites the majority of "haves." Although discussion of Yakima's African American and American Indian communities was occasionally raised, the vast majority of leaders' commentary on Yakima's racial-ethnic populations focused on Hispanics.

Leaders noted considerable disdain among many community members for Yakima's Hispanic immigrants. *"There is an attitude that if they would go away, we would be fine."* *"There are very strong racial feelings among some segments of the community that come out in aggressive ways."* While some leaders were emphatic in their desire for greater respect of ethnic diversity, others used this project's interview as an opportunity to anonymously express their dislike for the Hispanic community, characterizing Hispanics as *"users and takers"* who *"don't even know how to take care of their dogs."* One suggested that immigrants should *"go back to Mexico where . . . [they] came from."*

Other leaders noted that those in power are frightened by the growing power of the Hispanic population: *"A lot of people are coming back to the Valley with Masters and Doctorates and their names end in a vowel . . . The people in power are afraid they're being overtaken."* *"Hispanics are becoming the majority and we are the minority. People think they have to work harder to keep control."*

## Social Power and Social Change

Although they admit that their problems are vast, leaders assured the researchers that Yakima has a strong core of grassroots activists working for the betterment of the community.

*“There’s a lot of good people in Yakima doing a lot of good things.”* Leaders rarely failed to mention the wide variety of well-regarded grassroots organizations serving the community. They emphasized that Yakima *“has a real history of collaboration,”* and that *“people have lots of energy for positive changes.”* Informants spoke of a community *“with a heart,”* and *“great concern for social issues.”* One leader assuredly stated, *“Yakima doesn’t brush things under the rug by saying those persons have a problem and we don’t. We’re addressing the issues and needs of our community.”*

Other leaders were less enthusiastic about Yakima’s level of cooperation and *“community spirit.”* Several spoke of *“turf wars”* between service organizations. *“Yakima has a dire need for agencies to cooperate. We have limited funds and an overwhelming need for services.”* Others dwelled on the racial-ethnic and economic divisions in the community, acknowledging that, *“Either we decide we want to live with lots of poor people and the problems that come with poverty, or we’re going to change it.”* *“If we aren’t inclusive, if we don’t share, we are going to die as a community.”* *“Ten years from now we will be in trouble if we don’t put things in place and deal with this unrest.”*

***“Without power and authority at the table, the grassroots cannot make lasting change.”***

Leaders noted that although efforts aimed at reducing Yakima’s socioeconomic tensions are plentiful and ambitious, many lack the necessary backing of the town’s *“movers and shakers.”* *“Without power and authority at the table, the grassroots cannot make lasting change.”* Leaders identified *“the powers that be”* as a relatively small group of agriculture-related families with *“a great deal of old family power and wealth”* who *“meet privately and get things done.”* Although a few leaders characterized the *“movers and shakers”* as *“altruistic”* and *“giving,”* many others noted that garnering their support often presents a challenge because the goals of the grassroots may seem irrelevant to them or seem to be in conflict with their economic interests. One commented, *“The Old Guard resists change. They still want it to be 1955.”*

## II. FAMILY PLANNING, TEEN AND UNINTENDED PREGNANCIES

### Leaders' Concerns and Awareness

While Yakima is, by many informants' accounts, very conservative, the overall climate appeared to be warm towards family planning. Leaders from *all* segments expressed an awareness of family planning issues and were particularly concerned with teen pregnancy. Yakima's Planned Parenthood was highly praised by many, and was cited by almost all leaders as an option for those seeking birth control. Several informants noted that family planning is not as controversial as it was in the past and that current opposition is "*not vocal.*"

Discussion of abstinence as an alternative to birth control was minimal among informants. Several leaders (notably those in the health professions) felt that to deny that many teens would be sexually active was unrealistic: "*Intercourse is a part of young people's lives. We need to decide how we're going to make it safe.*" "*You can't deny that teens are sexual beings and are going to have sex.*" Only one leader was strongly opposed to the use of contraceptives. Religious leaders interviewed were generally supportive of family planning, commenting that although they prefer abstinence for young people, they recognize the need to "*face what is by making sure kids are well-informed.*" One summed it up by saying, "*We believe family planning is being responsible.*" (Several informants suggested that while the use of birth control presents a "*challenge*" or "*moral bind*" for many Catholics, family planning is not uncommon among Catholics because "*people are separating out what the church thinks and dictates and what their needs are.*")

Addressing the need for increased family planning awareness, one leader commented, "*You know, the whole notion of seat belts started out as something really far away. It wasn't even a reality. Now everybody's wearing seat belts . . . It's automatic, you get in the car and put on your belt. Why can't that be with . . . birth control so that when you have sex you say, 'OK, wait. Who has the condom here?'*"

Although "family planning" was a concern among most leaders, "unintended pregnancy" was not. With the exception of health care providers, leaders expressed little knowledge about the extent or consequences of unintended pregnancies, and associated unintended pregnancy with young people. As one provider noted, "*We didn't even know it [unintendedness] until the Institute of Medicine thing came out . . . We're just beginning to get the word out.*"<sup>1</sup> When probed, several leaders brought up personal anecdotes about their experiences with unintended or unplanned pregnancies: "*As my daughter said, 'Well, this one we really hadn't planned on.'*"

---

<sup>1</sup> See Brown and Eisenberg (1995).



***“Teen pregnancy is a major concern in the community.”***

Unlike unintended pregnancy, teen pregnancy is a central concern to Yakima leaders. Most community leaders identified teen pregnancy as a major issue and focused their discussion on its possible causes and ramifications. Many expressed awareness of Yakima’s high ranking among Washington counties for teen births. (Several leaders praised local teen pregnancy prevention projects for raising awareness of this issue.) For informants more reticent to talk about family planning, the researchers found teen pregnancy a convenient starting point. Conversely, one informant suggested that other community leaders did **not** prioritize teen pregnancy as a major social issue facing Yakima. A leader in the government sector proposed that teen and unintended pregnancies were concerns for DSHS and not the City of Yakima, and a business community member commented that teen pregnancies were a problem for parents and not the community.

***“Kids need to hear straight talk about sex from schools.”***

Leaders had mixed views about school-based sexuality education. While some regarded it as a highly controversial topic, others felt the community had been generally supportive. One informant was opposed to sexuality education that discussed anything other than abstinence. Another felt that others in the community do not feel that schools should be involved in anything like sexuality education because it is not their role.

Leaders expressed a desire that parents would take on the responsibility of talking about sexuality with their children, but acknowledged that this was unlikely given that *“it’s really hard for parents to talk about sex.”* Two informants were supportive of the work that schools have done, while several others felt the schools do not do enough and suggested that schools make use of already existing channels of communication such as school nurses and sports coaches. Several leaders discussed the importance of *“facing reality,”* and recommended that schools *“tell it to them straight.”* *“Kids need to hear straight talk about sex from schools.”* *“Use graphic methods [pictures] to teach them about the dangers of STDs.”* Other suggestions included time for one-on-one teacher/student interactions, increased access to other sources of information about family planning (Planned Parenthood), school-based clinics (*“School-based clinics are what high school students would really be looking for”*), and group discussions about pregnancy.

## **Leaders’ Explanations of Teen and Unintended Pregnancies**

Given that they see Yakima’s family planning climate as generally positive and that well-respected community groups are actively working to reduce teen pregnancy, some leaders have begun to ask why Yakima remains so high in the ranking of teen births. One health care provider concerned about unintended as well as teen pregnancies, summed it up by saying, *“It’s bizarre that so many pregnancies are unintended . . . Is it people failure or method failure or cooperative failure with partner or what? Lacking information? Didn’t know? Didn’t understand? It would be really interesting to get into that and see what it was.”*

Leaders put forward many explanations for the high rates of teen births. A fairly large number believe that teen pregnancies are *intentional*, resulting from a need for love and attention or a desire for more welfare money. Some believe that girls are repeating the cycles of their mothers who were also teen moms (“*It’s generational.*”).

Leaders’ most popular explanations for Yakima’s teen and unintended pregnancies are as follows:

- **Young women get pregnant *intentionally* to get love and positive attention.**  
*“They want love and the baby will love them.”*  
*“Kids want unconditional love that they’re not getting at home, they want a sense of family.”*  
*“Being pregnant is cool—you get lots of attention.”*  
*“They get lots of attention—important for kids who have little else going for them.”*
  
- **Adult women and teens get pregnant *intentionally* to get welfare money.**  
*“People have heard girls saying they can’t wait to have their next baby so that they can get more money. I don’t know if it’s true, but I think that is people’s perception.”*  
*“Pregnancy is a gift from heaven . . . the system moves her into her own apartment . . . you have to break that cycle.”*  
  
(Note: At least two leaders felt strongly to the contrary, that women do not get pregnant for the welfare money and that this is a “*myth.*”)
  
- **Pregnancy is related to kids lacking a vision of the future.**  
*“If you have no plans, it doesn’t matter if you get pregnant. Kids need to have hopes and goals.”*  
*“How can we expect kids to be planning for a future that assumes they’ll go to college when there’s no possibility of attaining that?”*  
*“Kids have no one to believe in them, no vision for the future. They need respect and dignity.”*
  
- **Pregnancy is related to the lack of things for young people to do.**  
*“There’s not much social life in Yakima . . . there is nothing for them to do. . . . A lot of times couples are alone, by themselves, or at parties and that’s the only alternative.”*  
*“Kids are out of school from three to five and . . . that is often where they get in trouble.”*  
*“[Another community] put money into after-school programs and different kind of activities for young women . . . Then they began to slack off and their teen pregnancies have gone back up.”*
  
- **Pregnancy is related to a lack of male responsibility.**  
*“Guys think, you’re pregnant, it’s your problem.”*  
*“Men don’t care because they aren’t the ones having the babies.”*

*“We don’t focus enough on young men in dealing with preventing unintended pregnancies.”*

*“Men think getting a woman pregnant is part of being a man.”*

- **Pregnancy is related to cultural factors that hinder contraceptive use, especially among first generation immigrants.**

*“Family planning is a challenge for traditional Hispanic women who want to control fertility without bucking their traditional role structure.”*

*“Immigrant women are not involved enough in their own family planning decision making.”*

*“Immigrant women have unique needs in terms of family planning.”*

*“Hispanic men won’t use birth control because it’s not macho.”*

(**Note:** Several care providers emphasized the need for culturally-sensitive family planning, including native Spanish-speaking staff. Another noted that *“Stereotypes that Hispanic women don’t contracept or abort are false and do those women a disservice.”* Providers made a clear distinction between the needs of first generation immigrants and the needs of the second generation.)

Other explanations for teen and unintended pregnancy were cited less frequently:

- **Lack of role models:** *“Just one significant person in their lives could make a difference.”*
- **Violence and abuse:** *“The younger a girl gets pregnant, the more likely she was sexually abused. This is probably more common than we want to admit.”*
- **Lack of access to and availability of family planning services:** *“It’s a myth that anyone who wants services can get them.”* (**Note:** At least three leaders felt access and availability were *not* problems and that *“it isn’t even an issue.”*)
- **Lack of knowledge about sexuality, birth control and family planning:** *“Kids don’t understand how easy it is to get pregnant.”* *“Kids ideas are based on romantic fictions like in the movies: you get swept away with the moment.”*
- **Kids in denial about pregnancy:** *“They think it can never happen to them.”*
- **Kids not prepared to make sound decisions:** *“Youth are not prepared to make sound decisions.”* *“We don’t teach kids how to be responsible to themselves.”*
- **Sexuality glamorized in the media:** *“The media tells kids that sex equals love.”* *“Media is one of the biggest problems we have. It glamorizes sex.”*

- **Kids lacking self esteem:** *“We need programs that teach kids self esteem . . . I keep coming back to that.”*

In addition, other explanations were occasionally raised but far less frequently:

- **Transient population:** Difficulty providing education and services to families on the move.
- **Religion:** Family planning can be a *“moral bind”* for some Catholics.
- **Lack of parental support:** *“They [kids] don’t know what it means to have an adult say, ‘I really genuinely care about what happens to you.’”*
- **Financial barriers:** Inability to do needed family planning education throughout the county.
- **Class barriers:** *“Planned Parenthood caters to mostly middle-class women, regardless of ethnicity or race.”*
- **Kids get careless:** *“They know what to do and get careless.”*
- **Risks in exchange for intimacy:** *“Girls take the risk of getting pregnant in exchange for the intimacy.”*
- **Embarrassment about birth control:** *“Services like Planned Parenthood are too high profile for teens.”*
- **Kids lack relationship/communications skills:** *“They don’t understand the nuances of human relationships.”*
- **Mixed messages about sex:** *“If you’re responsible [using birth control], you are planning to have sex, which is bad. If you’re swept into the moment, that’s OK.” “We’re not comfortable talking about it [sex] in a healthy way.”*
- **Expectations for kids are too low:** *“We have such low expectations that they don’t give us anything.”*
- **Perceived lack of access to family planning services:** *“They [teens] think they will have to pay money even though it’s [birth control] free.”*

### III. THE BIG PICTURE: UNDERLYING ECONOMIC AND SOCIAL ISSUES

#### Poverty is the Problem

Although leaders had many seemingly discrete explanations for Yakima's teen and unintended pregnancies, leaders' narratives were linked by an understanding that the causes of teen and unintended pregnancies are diverse, complex and rooted in deeper social issues. *"There's no easy answer because there's a lot of circumstances taking place."* Leaders tended to recognize a need to look at *"the big picture."* One admonished, *"We get too caught up on just reporting on the things that we've been assigned and not taking a look at the big picture."* Another noted, *"I just don't think . . . birth control [alone] will ever deal with the problem."* Although leaders may see a need to address broader social issues, many commented on a community tendency to focus on individual problems or issues that leads to *"two steps forward, one step back."* Some believe community groups are applying *"Band-Aids"* to the symptoms of social problems rather than addressing the roots of the problems. *"It's rather like trying to empty the ocean with a teaspoon. As soon as they resolve one problem, another crops up."* To deal effectively with issues like unintended and teen pregnancies, leaders believe the focus needs to shift to the *"big picture."* As one social service provider commented, if Yakima continues to allow its energy to focus on birth control and sex education versus abstinence and cannot move beyond its differing views of sexuality, the community will be arguing *"until the cows come home."*

#### ***"Yakima's problems are all related to poverty."***

For many leaders, the *"big picture"* that encompassed issues like lack of opportunities for youth, lack of self esteem and exposure to violence and abuse was poverty. Poverty was repeatedly identified as central to Yakima's teen pregnancies and lack of family planning use. *"It's really about poverty. Lack of empowerment."* *"There is a connection between teen pregnancy and the high poverty rate."* *"Family planning is not a reality if you're facing poverty."* Several leaders also emphasized that unintended and teen pregnancies are far less problematic if the mother is not impoverished. (Informants believe wealthier women have easier access to terminations, have greater support if they keep the baby, and are less socially stigmatized.) A majority of leaders also identified poverty a central problem facing the community. *"Poverty is the real problem."* *"Crime and violence are the surface issues. The real issues are poverty and racism."* *"Improving people's standards of living is critical to taking care of other problems."* *"Yakima's problems are all related to poverty."*

#### **Explaining Poverty: Sociocultural Values versus Socioeconomic Inequality**

Although leaders tended to share a vision of teen and unintended pregnancies as strongly related to poverty, leaders explained Yakima's poverty with two distinct but often interwoven narratives: *poverty as related to sociocultural values* and *poverty as related to socioeconomic inequalities*.

Those who tended to see Yakima's poverty as related to sociocultural values tended to deny or de-emphasize *socioeconomic inequalities* and instead focused on:

- **A Lack of Family Values**  
*“We might be better off with the mother in the home like it used to be so that someone was there to teach the kids values.”*  
*“Most problems in Yakima can be traced to . . . the breakdown of the family.”*
- **Attitudinal Lifestyle Choices**  
*“Kids are adopting a lifestyle that makes unplanned pregnancies a natural outcome.”*  
*“Unintended pregnancies, unplanned families, crime, and lack of gainful employment are attitudinal in nature.”*  
*“People have a victim mentality, blaming things outside themselves for their problems.”*
- **Hispanic Culture**  
*“Patriarchal macho Hispanic community victimizes women . . . . They drink hard, party hard, gamble, and love their sex.”*  
*“In their [Hispanic] society it’s acceptable for a girl to have a baby at 13 or 14. Not in our society. They have to learn that it’s not acceptable.”*

Leaders who tended to see Yakima’s poverty as related to *socioeconomic inequalities* tended to deny or de-emphasize a sociocultural values analysis and instead focused on:

- **Lack of Livable-Wage Jobs**  
*“There are no living-wage jobs for women.”*  
*“Yakima is a hard area to find a job and earn a livable wage.”*  
*“[Yakima has] a desperate need for a broader-based economy and less dependence on agriculture . . . more living-wage jobs for women.”*
- **Lack of Job Skills/Training**  
*“The jobs are here but we don’t have the people that have the skill to fill them.”*  
*“I don’t know that they [single mothers on welfare] will ever come to a point where they can go downtown and command a job.”*  
*“Somebody needs to be focusing on job training.”*
- **Lack of Education and Educational Opportunities, Especially for Immigrants**  
*“We have children who come to school deficient in English and Spanish. They’re already two years behind in Kindergarten. They are in dire poverty. If they are not successful learning basic skills in school, they can’t set goals. There are still families in this community that have no reading materials in the home, so I buy the poverty correlation, not the cultural/racial-ethnic correlation.”*  
*“The mother is illiterate and now you have a child growing up in an illiterate home. What is the hope of that child excelling?”*

Although many leaders’ narratives occasionally blended both analyses, those leaders working in the social services tended to see poverty as related to socioeconomic inequalities and not sociocultural values. Several informants in closer contact with the Hispanic community were adamant that many portrayals of Hispanic families were distorted and false. (*“You know, it’s*

*a bogus argument [that having a baby at a young age is encouraged within the Hispanic culture] . . . I don't think it's any more accepted in a Hispanic family than it is in a white, middle-class Anglo family.*") Leaders who supported a socioeconomic analysis often expressed deep concern over welfare reform, emphasizing a belief that it will be *"terribly damaging to children and families."* *"I'm scared about welfare reform. I see the need to make people accountable, but there's a lot of people who aren't going to be able to make it."* *"Welfare reform is wrong—marriage does not solve the problem."*<sup>2</sup>

Leaders from all sectors, but especially those in the business sector, supported the sociocultural values analysis, maintaining that poverty and its subsequent problems are more strongly related to values than to lack of opportunities. Leaders holding this point of view tended to be critical of the welfare state and the role of the government in providing social services. Several informants commented that the business community believes there is a high degree of abuse of the welfare system. *"People are angry about all these users and takers but are afraid of being called racists."* *"It's reverse racism. Racial-ethnic minorities believe the world owes them."* *"DSHS is part of the problem because it's their business to hand out welfare coupons. Their jobs depend on it."*

#### **IV. DIRECTIONS FOR CHANGE**

##### **Education: Life Skills and Parenting Classes**

Regardless of how leaders interpreted the causes of Yakima's poverty, most shared a common goal of wanting to address the underlying social and economic issues they saw as causing teen and unintended pregnancies. They also shared a common vision of the solution: education. *"I'm a real strong believer that education is the answer."* *"Education is a major concern. It can be the great equalizer."* *"Schools may be the great leveler."*

*Education* meant different things to different people, including jobs skills training for welfare recipients, English as a Second Language (ESL) training for immigrants, and training in child development for child care providers. However, the kinds of education that leaders overwhelmingly advocated for Yakima's challenges were *life skills education* for kids and young adults and *parenting classes* for parents.

***"We should be teaching kids real life skills."***

Leaders clearly identified life skills education as a major focus area for improving the life opportunities of Yakima's youth and preventing teen and unintended pregnancies. Several emphasized the need to start early, teaching communication and conflict resolution skills, bolstering self-esteem, and fostering community, family and self responsibility. *"Problems in Yakima can be traced back to [lack of] basic life skills."* *"Kids lack realistic perceptions of real life."* One leader with experience working with troubled youth illustrated the need for

---

<sup>2</sup> The last quote is a reference to welfare reform legislation that rewards states for reductions in births to unmarried women without increases in abortion rates.

basic life skills by explaining that many troubled young adults have difficulty getting themselves out of bed in the morning, getting dressed and brushing their teeth.

Leaders tended to feel that schools should be teaching life skills as an integrated part of the school curriculum because despite wishes to the contrary, kids are not learning those skills at home or at church. A leader in the social services warned that schools had better *“tie in life skills because if you don’t teach that stuff you’ll never get to the three R’s,”* while another commented that *“schools are behind the times.”*

Some informants noted that schools, which are largely controlled by school boards, are resistant to teaching anything beyond reading, writing and arithmetic because it is threatening to parents to feel that their authority is being *“undermined.”* In response to this fear, several emphasized that life skills education would have to avoid moralistic lessons in favor of basic skills such as balancing a checkbook or applying for a job. One informant felt that there would be community resistance to life skills education because schools should not have to be social service agencies. Although they emphasized the continued need for straightforward sexual education, several informants noted that teaching life skills could be a *“less threatening”* way for schools to reduce unintended and teen pregnancies.

***“Raising a family is one of the hardest things to do and you never get any education in it.”***

Leaders also expressed strong support for parent education in the form of parenting classes. Many asserted that parents lack essential parenting skills, from controlling anger to making a family budget. One leader felt very strongly that teaching parents the tools to be good parents was the most powerful thing society could do to prevent social problems down the road, including teen and unintended pregnancies. *“Education in raising a family should be required.” “Kids don’t come with instructions.” “Raising a family is one of the hardest things to do and you never get any education in it.” “We spend 99.9% of our time on preventing pregnancy and too little on how to have a child.”*

Exactly what parenting classes would consist of was not made clear by informants; however, some expressed concern that rather than teach *how* and *what* to parent, classes give parents the *life skills* (conflict resolution, budget balancing, interpersonal dynamics) to raise a family successfully. Some advocated the inclusion of family planning materials in parenting classes. Several leaders emphasized the need for classes to use culturally-appropriate material and respect cultural diversity in parenting techniques. One informant commented that parenting classes could seem intimidating to parents and that at least one attempt she knew of to teach parenting skills had had very limited success. Some leaders were familiar with a small number of local grassroots organizations teaching parenting skills and seemed to regard them highly.

There was some disagreement about whether classes should be voluntary or mandated as a part of getting married, receiving prenatal care or a welfare check. One leader felt very strongly that unless classes were voluntary they would not be effective. Another felt equally strongly that they would have to be mandatory. Several urged that classes be required for



everyone, whether wealthy or poor (“*Everyone needs parenting skills classes.*”), and one suggested that parents be required to take follow-up classes every few years.

### **Working Together for Change**

In addition to their emphasis on education, leaders identified ways in which various sectors of the community could come together to specifically address teen and unintended pregnancies. Leaders saw a strong need for community collaboration across political ideologies and cultural backgrounds. “*Everyone has the same goals of a good life for their family regardless of race or ethnicity.*” “*If we aren’t inclusive, if we don’t share, we are going to die as a community.*” “*The problems are increasing and touching more people. What can you as an orchardist do? What can you as a retail service industry do? What can education do? What does our justice system need to do? What can our state support systems do? These are very difficult conversations to have.*”

Leaders saw different ways in which various sectors of the community could help:

#### ***Churches***

Several leaders, including religious leaders, hoped that churches could become more comfortable places for young people and families to talk about sexuality, family planning, parenting skills, and self-esteem. It was suggested that if materials were available for ministers, they would find it more comfortable to talk to their congregations about these issues.

#### ***Local Media***

Leaders’ opinions about the local media varied depending on the particular station or periodical. Some leaders felt the media do a good job, but others felt that they lack a strong community connection and/or are irresponsible in their portrayal of women and sexuality. Media leaders hoped that they were making a difference with their educational and informational features related to teen and unintended pregnancies. They also expressed a desire to provide more information to their communities about family planning issues.

#### ***Public Service and Government***

Several leaders urged that public service and government cut back on red tape and make it easier for people to receive the services that they need. A strong emphasis was placed on the need for greater cultural sensitivity. At the state level, leaders urged that the Yakima community have more control over how funds are locally distributed.

#### ***Business***

Leaders stressed the importance of involving the business community, especially those in the agricultural industry, but acknowledged the difficulty of showing business leaders that “*paying higher and providing better conditions will benefit them in the long run.*” One informant quoted what former Supreme Court Justice William O. Douglas purportedly said upon hearing that Yakima still had a high level of school drop-outs: “*And you always will, until the power structure of the community decides it is economically to their benefit to have kids in school and succeeding rather than cheap labor.*” Agriculturists tended to be split

over whether it was in their best interest to support family planning and other health care for their workers. One side felt very strongly that the agricultural leaders must “*do whatever it takes*” to make a more stable “*lower to middle-class*” workforce. “*The bottom line is, protecting our labor force is absolutely essential . . . . To have a good labor force you need family planning and a higher education level for workers.*” The other side felt that such investment in the immigrant community was not worthwhile and advocated a Guest Worker program in which workers would be brought to Yakima to work for the season and would then be sent back to Mexico.

## **Community-Based Solutions**

***“It’s amazing how the other side of the mountains always thinks it has to show us how to collaborate.”***

All the programs that Yakima leaders cited as most effective in helping their community, were community-based and community-determined. The success of family planning in Yakima, for example, was largely attributed to the local Planned Parenthood’s bypass of state and nationwide agendas in favor of one meeting local needs and norms. When asked what the state could be doing better to help them meet their needs, leaders (especially service providers) emphasized the need for more funding, and urged that they be allowed to decide on a local level how funds should be distributed. Many service providers made it clear that Yakima’s problems do not require external intervention or expertise, but rather greater support for the many effective but under-funded programs already in place. In response to being asked to participate in this study, leaders often expressed surprise and gratitude that state government was “*finally*” interested in what they had to say, and often alluded to their sense of frustration that “*the other side of the mountains always thinks it has to show us how to collaborate.*”

## **V. SUMMARY AND CONCLUSIONS**

Research in Yakima yielded an abundance of information about selected leaders’ attitudes about and awareness of issues related to family planning.

Yakima Leaders:

- **Are generally aware of and concerned about family planning issues.**
- **Share strong concerns about teen pregnancy and its possible causes.**
- **Believe that many teen pregnancies are intended.**
- **Are *not* significantly concerned about unintended pregnancy except in association with young people.**

- **Very strongly support community-based programs and solutions and are skeptical about external “experts.”**
- **Recognize an acute need to address the underlying social and economic issues from which a multitude of social problems, including unintended and teen pregnancies, emerge.**
- **See life skills and parent education as essential to remedying socioeconomic disparities and reducing teen and unintended pregnancies.**

Judged by its statistics alone, Yakima may seem to be in a socioeconomic crisis that no community in Washington State would envy. Most leaders interviewed readily acknowledged high teen birth, poverty and illiteracy rates. Yet taking a deeper look at Yakima reveals a community mobilized around public health issues and admirably coming together in a struggle for its survival. Leaders in Yakima are deeply concerned about their community’s socioeconomic divisions and are reaching, some more ardently than others, for new social structures and norms that can support their culturally diverse and economically-divided population.

Despite differences in their assessments of the origins of poverty, leaders share strong concerns about issues like teen pregnancy and see a pressing need for life skills and parenting education. Their recognition of the need to address the “*big picture*,” while potentially painful and difficult for such an ethnically and economically divided community, may put them ahead of many community leaders in the state. While others are debating the relative value of school-based sex education, those with vision in Yakima—perhaps out of sheer necessity—are beginning to address the deeper needs (lack of opportunities for youth and lack of education) that lie at the heart of teen and unintended pregnancies.

Yakima leaders are concerned about family planning issues and are thinking critically about problems and solutions. Some are taking action and are actively working with the community. Leaders recognize that they cannot resolve problems like teen and unintended pregnancy on their own, but they are resistant to external “experts” and place strong value on community-based solutions. To move ahead, Yakima leaders need both increased community collaboration and greater dialogue with leaders across the state. Channels of communication must be opened between leaders from throughout the state of Washington. Leaders, including those in state government, must be able to learn from each other’s experiences and work together to forge collaborative and community-specific solutions.



## **SPOKANE**

**Insert Spokane map here**

## SPOKANE BACKGROUND DATA

With a population of over 400,000 residents, Spokane County is one of the state's most populated counties and Eastern Washington's most urban area. Nearly half of the county population is located in the city of Spokane, which is the second largest city in the state. The city of Spokane is the seat of Spokane County.

**Table 5. Spokane City and County Profiles**

	<u>City of Spokane</u>	<u>State</u>
Population (1996 OFM est.)	187,700	-
Median Household Income	\$22,192	\$31,183
Percent population using DSHS services (FY1994 DSHS City Data Report)	29.2 %	20.1 %
Percent non-white population	5.9 %	9.4 %
Percent Hispanic population*	2.3 %	4.4 %
Percent age 65 and over	16.3 %	11.5 %

**Source: 1990 U.S. Census unless otherwise indicated**

	<u>Spokane County</u>	<u>State</u>
Population (1996 OFM est.)	406,500	-
1995 Pregnancy Rates (per 100 women):		
Age 15-17	4.8	5.0
Age 18-19	11.6	12.8
Age 20-24	14.2	15.8
All women	7.8	8.4
Unemployment Rate (1990-93)	6.2 %	6.6 %
High School Dropout Rate (1990)	7.9 %	10.6 %
Domestic Violence (petitions filed)**	4.3 per 1,000	5.4 per 1,000
(adult arrests)**	7.4 per 1,000	4.8 per 1,000

**Source: DSHS/RDA**

\* Hispanic is not a racial category. Persons of Hispanic origin may be of any race.

\*\* Petitions filed per 1,000 persons for DV and civil anti-harassment orders: Average network rate for 1992-93. Adult Arrests for age 18+: Average rate for 1990-94.

- Ninety-three percent of mothers giving birth in Spokane County identified themselves as white (1991-94).
- Sixteen percent of children ages 5-17 in the County were living in poverty in 1993 (Census estimate).

Additional County Data, 1990 to 1994:

- Forty-two percent of births had Medicaid paid maternity care, slightly above the 39 percent state average.
- Birth rate for women 15-44 years was 6.5 per 100, just below the state average of 6.6.
- Abortion rate for women 15-44 years old was 2.0 per 100, below the state average of 2.3.





# SPOKANE SITE REPORT

Our research team conducted personal, in-depth interviews with a total of twenty-one Spokane leaders from nine spheres: business, education, religion, media, health care, community-based service organizations, public service organizations, philanthropy and government (including elected officials). The following site report, with the exception of the summary and conclusions, is solely based on the responses of those interviewed. Informants' views do not necessarily represent the views of other leaders or members of their community. For more information about the selection of informants and data collection, please refer to the research methods section of this report.

For the sake of clarity, this report is divided into five sections, beginning with a community description in Section I. Section II addresses leaders' awareness of and concerns about unintended pregnancy and family planning, and focuses on leaders' opinions about the causal factors of teen pregnancy. In Section III, leaders concentrate their attention on the institutional, community and individual impediments to more unified community action. Section IV imparts leaders' suggestions for change, emphasizing the need for greater communication and continuing dialogue, personal empowerment through education, and increased involvement of churches in promoting spiritual values. Section V contains the author's summary and conclusions.

- I. Spokane Leaders Describe Their Community**
  - Shared Values; Strong Community Ties
  - Different Realities
- II. Family Planning and Unintended Pregnancy**
  - Leaders' Concerns and Awareness
  - Focus on Teen Pregnancy
- III. Impediments to Progress**
- IV. Charting New Directions**
  - Communication and Dialogue
  - Personal Empowerment through Education
  - Spiritual Leadership: A Necessary Ingredient
- V. Summary and Conclusions**

## I. SPOKANE LEADERS DESCRIBE THEIR COMMUNITY

### Shared Values, Strong Community Ties

When asked to describe their community, leaders most often mentioned their geographic isolation and “*rugged individualism.*” “*We have a strong sense of values that underscore why we live here. We like to live here. We chose to come back to Spokane, even after we left.*”

The people we interviewed characterized Spokane as a well-organized community whose citizens display a high level of enthusiasm and interest in bettering their community.

*“Spokane has some very enthusiastic citizens who spend a lot of time trying to influence and better this community.”* One leader referred to Spokane as a regional city, located too far from other communities its size to be influenced by alternative populations. Relative isolation has forced residents to *“be very self-sufficient, and have a lot of interest and self-determination about where it [Spokane] is going. We won’t be dependent on everybody else. We’ll just go do what we need to do.”*

Spokane’s religious community is predominantly Catholic, boasting the largest diocese in the state. *“The Catholic Charities here are very strong,”* noted one informant. *“The Bishop is very strong, so from a Catholic point of view, Catholics have a very high profile of responsibility in the community.”* Evangelical Christians make up the fastest-growing religious segment, and some leaders foresee their strength and influence increasing.

### **Different Realities**

Some informants complained that media attention to the Aryan Nation has painted an unfair picture of their community, leading people outside of Spokane to erroneously conclude that they are a *“hot-bed of racism.”* While they proudly admit to being conservative, the leaders we interviewed made it clear they are also compassionate and caring. *“We are open-minded and tolerant, not closed to new ideas [or] exclusionary based on different faiths, beliefs or lifestyles.”* Their conservative views, they contend, are not exclusionary, and certainly not racist, but rather reflect a pioneer, *“can-do”* attitude, colored by hard work and strong religious convictions. (In the words of one informant, *“Spokane probably has more of a Midwestern feel than a Western feel.”*)

Other leaders recognize some truth in media portrayals of Spokane, particularly those concerning racism in the community. Many expressed concern that poverty, crime, dysfunctional families, divorce and abuse are all going on in every neighborhood in Spokane, but the community *“is in denial.”* *“The sooner we realize we have clay feet, and we’re not as perfect as we think we are or would like to think, the sooner we’re going to address some of the critical issues.”*

One informant noted that when a company in Spokane recently went out of business, presumably because of NAFTA (North American Free Trade Agreement), many community members blamed Mexican workers rather than the company or the government. *“Everybody here is all upset about that. ‘Those damn Mexicans! They took our jobs!’”* Another was very candid about what he sees as Spokane’s racist underside, commenting that recently there were a number of racist attacks against black students at a local university. He also expressed concern over sexual violence, noting that another area university ranks highest in the state in incidents of sexual abuse and date rape.

Several informants stressed the lack of diversity in their community leadership, describing limited opportunities for new leaders to gain access to and work within an existing power

structure. “We have close to 400,000 population here, but in reality we have about 17 people. Seventeen people are truly the movers and shakers here. Some of these people are well-traveled, but at the same time, their behavior speaks to keeping Spokane the way it was in 1950.” These “movers and shakers” were often described as “good people” who do a lot of good work in the community but also control its destiny.

## II. FAMILY PLANNING AND UNINTENDED PREGNANCY

### Leaders’ Concerns and Awareness

An overwhelming majority of Spokane informants, when asked to speak about the issues of unintended pregnancy and family planning, focused almost exclusively on teen pregnancy. They did not, however, discuss teen pregnancy as an isolated social problem, but rather linked it to other, equally important and interdependent social issues: welfare moms, deadbeat dads, dysfunctional families, the cycle of poverty, high school drop-outs, juvenile crime, incest, domestic violence, and child abuse.

Most leaders we interviewed believe family planning is a peripheral issue not publicly discussed in their community, but some claimed a greater awareness of and debate about unintended pregnancy in recent years.

### Focus on Teen Pregnancy

Most of the leaders interviewed believe teen pregnancies fall into three categories: *victim pregnancies*, resulting from rape or incest; *unintended pregnancies*, due to false, inaccurate or myth-based birth control information, birth control failure or partner communication failure; and *intended pregnancies*, resulting from a need to escape parental control, create someone to love them, live the life they have been dealt, or collect welfare or child support.

Several informants expressed outrage over the high incidence of *victim pregnancies*. These leaders do not believe the community is aware of the magnitude of this problem.

*“Pregnancies result from incestuous relationships. If she [the victim] were to go out and get birth control, she would go out and remedy the situation. She’s in a powerless situation.”*

*“We need to help street kids who are probably there because of incest at home. We need to give them an alternative.” “Child sexual abuse is a huge issue. The legislature is saying, ‘These kids have to live at home, and [in] fully a third of them, [teen pregnancies] incest was the problem.’”*

Informants strongly suspect that *unintended* and *intended* teen pregnancies share the following causal factors:

- **Young women reject information from parents and other adults because they do not feel valued or lack adult relationships and positive role models.**  
Leaders cited a lack of mutual respect as the primary reason children reject the information and advice of parents, teachers and other potential adult role models. Adults,

they concluded, have forgotten one very important component to teaching: *“If you don’t establish a relationship connection with someone, why should they listen to what you have to say? You’re just a busy-body.”* Informants expressed concern that adults expect, even demand, the respect of children, but often give children little or no respect in return. Some leaders maintained that adults have little time or patience for children, stressing the importance of adult mentors and role models in the lives of children. *“(Adults) need to wake up, and start treating kids decent, give them the respect they deserve, and believe in the capabilities that they have.”* *“We don’t truly value, as human beings, our infants and children. Not like we say we do.”*

Many informants expressed concern that adults often are not good family planning role models. *“If adults are having trouble contracepting, why are we surprised that their children are?”* Interviewers were told that many parents cannot or will not talk to their children about sexuality issues, and those who do often pass on myths and misinformation. *“Many young women think they can’t get pregnant the first time they have sex, or during their period, or if there is early withdrawal. Often parents are operating with the same misinformation.”*

- **Young women get pregnant because of low self-esteem caused by abuse, incest, and gender inequity.**

Many leaders identified incest, child abuse, and gender inequity as strong contributing factors to low self-esteem in girls and young women. They believe this sets up a cycle of self-damaging behavior in young women which can include early pregnancy. Several informants told us that females often do not know they have been abused, because they do not know what the norm is. *“We don’t educate kids to identify domestic violence, incest and rape.”* Informants contend that victims of familial abuse often do not identify what happened to them as being *wrong*. *“They’ve been told they’re so seductive, it’s their fault, and they buy into what the perpetrator says.”* Abused young women, leaders said, often use seductive, sexual behavior as a survival tool when dealing with older males.

Two leaders expressed their concern about the erosion of female self-esteem happening in public schools. *“I think a lot of it is peer pressure. When they hit sixth grade, girls all of a sudden think it’s not cool to be smart anymore. It’s much more complex than, ‘Do they have enough sex education?’ I think it goes deeper, to creating environments where young women and girls can have a more healthy sense of themselves.”*

*“I don’t think we’re giving our young women the resources to stand up and say, ‘No, thank you. I do not have to go along to get along.’”* *“Too many kids don’t feel they have anything to offer. Teen pregnancy is caused by low self-image.”*

- **Young women get pregnant because they have a limited vision or no vision for the future.**

Leaders agreed that some children have experienced only one reality: poverty and welfare. They are raised on welfare and know nothing else. They have no adult role models, and are never given any hope for something different. It is understandable, noted

some informants, that girls would fall into the pattern of their parents. *“If my lot in life is to be poor, and to have kids, and die, I might as well get started.” “Having babies is just the ‘normal thing to do’ when you reach a certain age. Sort of like, when you’re sixteen, you’ll drive.” “People in poverty may want to have kids. It’s the one thing in their life they can have control over. They can have a baby.” “Some women like being pregnant; like having kids.” “Some young mothers believe they’re living the American Dream because they can be home with their kids, on welfare.”*

Another informant commented on the additional difficulties faced by racial-ethnic minorities: *“Poverty, being a member of an ethnic group and lack of marketable skills . . . those three things are a cocktail for increased teen pregnancy.”*

- **Young women get pregnant through sexual contact with older males who do not act responsibly.**

Almost without exception, the leaders we interviewed saw a direct link between teen pregnancy and lack of adult male responsibility. Teen girls, they said, are being impregnated by men over the age of eighteen, young men who will *“do anything, say anything, be anything, in order to get what they want, and then say anything, do anything, be anything to get out of the responsibility for what they’ve caused.”*

An overwhelming number of the people we interviewed, male and female, were outraged by the lack of male responsibility for family planning and unintended pregnancies. *“A lot of men don’t see [pregnancy] as their problem. We need to better educate men and male teens.” “We need to educate them and hold them responsible.”* They shared concern that we are not instilling sexual and parental responsibility in the minds of boys and young men. Conversations with informants evoked such comments as: *“For young males, it’s a mark of manhood and virility,”* and *“They think it’s a macho thing to have a child.”*

Other explanations for teen and unintended pregnancy were cited less frequently, but no less vehemently.

- **Young women have primary attachment problems caused by disrupted families and parents who lack basic parenting skills.**

*“The family has been seriously disrupted. We got lost in the anonymity of the city. The home became a place to sleep, and sometimes to eat, but not to parent, surely. And, we lost the ‘on-the-job training’ for life.”*

*“Parenting fails in the area of sexuality because of dysfunction, neglect and crisis.”*

*“Broad social changes affecting family requires taking a realistic approach to preventing unintended pregnancy.”*

*“The whole disruption of the family is enormous, and kids have to deal with stepfamilies.”*

*“Kids need a stable family environment. Families need therapy, not just a parenting class.”*

*“There aren’t a lot of resources for parents. How do you get advice on how to raise kids?”*

- **Young women intentionally get pregnant to collect welfare money.**  
*“If the state is going to pay for it, girls are going to go on having babies, because they like having them, and they don’t have to worry about taking care of them.”*  
*“It’s an opportunity for them to get welfare support or support from the father. Very few boys want to get the girls pregnant.”*
- **Young women intentionally get pregnant to get love.**  
*“It’s an opportunity for someone to love them.”*  
*“‘Nobody ever loved me before, but my baby has to love me.’ That’s the way it works. I’m producing somebody who will love me.”*
- **Young women get pregnant because they are unwilling to use birth control.**  
*“If a girl is on birth control, she is branded a ‘slut,’ but if she gets pregnant because she fell in love (and you can fall in love in an hour), it’s okay.”*
- **Young women get pregnant because of alcohol and substance abuse.**  
*“Drug and alcohol abuse is a problem that complicates teen pregnancy.” “Substance abuse is a concern.”*
- **The media promotes sex and sexualizes the preteen body.**  
*“Print magazines and television, in particular, are using the female body to sell and sexualize the preteen body. They [models] may be six feet tall, but they’re preteen in the way they’re built.”*  
*“The media promotes and reinforces sexual promiscuity.”*

### **III. IMPEDIMENTS TO PROGRESS**

Leaders maintain that community-based solutions work best in Spokane. They also recognize the need to establish broad-based communication networks, build coalitions, and promote continued dialogue if they hope to break the cycle of teen and unintended pregnancies. These efforts, they contend, can only happen if everyone in the community is willing to recognize impediments to progress, set aside their own biases, and work together toward establishing common goals and objectives. These are some of the impediments leaders identified:

- **Teachers Who Do Not Respect Children**  
While stressing the need for more and better sexual education programs, several of our informants were also very forthright in their criticism of hierarchical classroom environments that discourage children from expressing themselves. A leader in the field of education strongly urged teacher performance evaluations as a first step toward the ultimate goal of creating a more positive environment for learning in public schools.  
*“Weed out the bad teachers; teachers that pontificate, but don’t listen, don’t talk to their*

*students . . . put them down. We have people in the classroom that shouldn't be there. If there is no positive reinforcement, that isn't good teaching. You don't teach by intimidation."*

- **Community Members Who Do Not See Problems Will Not Get Involved**

Some leaders believe the majority of Spokanites have yet to acknowledge the changes happening in their community. They candidly shared their concern about a community in *"tremendous denial—unaware that problems like violence, gangs, teen pregnancy, welfare reform, poverty, and especially racism exist in Spokane."* Some went so far as to say that people don't care about their community like they used to. *"People only think about themselves and their families."* One informant separated the Spokane community into five categories: *"the power [upper middle-class elite], the grassroots, the apathetic, the knee-jerk opposition, and the silent majority."*

Several of the leaders we interviewed expressed concern that too many members of their community are removing themselves, physically and emotionally, from Spokane's growing social problems. *"People don't know, and don't want to know about the dangers of teen pregnancy, because it's not a fun thing to hear, and it becomes a serious responsibility on the part of society."*

- **CEOs and Elected Officials Who Do Not Show Up at Community Meetings**

Our researchers were told that no coalitions currently exist between business, social service and government. *"We've had trouble getting businesses and social service sectors together, as well as government. It's a big challenge, and it doesn't work well in this community. People look at the civic circle and the government circle and the business circle, and they don't touch very well."* Informants reported that response to social issues among business leaders is fragmented. There is a lot of interest, but not much focus or coordination. Several of our informants noted that most business people concentrate their efforts on economic development and the creation of jobs. Social change is happening at the grassroots level, explained one leader. *"The really important people, CEOs and elected officials, don't show up."*

- **Catholic or Evangelical "Values" that Impede Broad-Based Community Involvement in Family Planning Efforts**

Some of our informants believe the Catholic character of Spokane has been an impediment to broad-based involvement in efforts related to family planning. *"Involvement in community activities related to family planning is based on whether programs fall within the [Catholic] value system and comfort range."* According to some of our informants, traditional Catholics may never be open to more *"progressive"* methods of teaching sexuality. Leaders also readily admitted that discussion of family planning often leads to discussion of abortion, a topic that can be extremely volatile in their community.

Interviewers observed much of the same division in attitudes and perceptions between the Catholics and Evangelical Christians, and more *"progressive"* religious sectors. One religious leader expressed concern that the teachings of the Catholic church impede

family planning: *“Roman Catholicism says that sexuality is evil, and the best people are celibate. That’s ridiculous. And, we have to stand up and face the Conservative Right, which is not the majority, and say, ‘You’re full of it. Sit down and shut up!’ We have higher birth rates than any other industrialized nation in the world, and our kids don’t start [having sex] any earlier than anybody else. The conservative [Christian] voice doesn’t want children to think for themselves. Sexuality and good judgment are two things that you’re supposed to be born with, but never use for a long time.”*

Some leaders are concerned that members of school boards and parent/teacher organizations are pushing a religious agenda. *“These are not bad people, but they definitely have a religious agenda, and rather than take their kids out of public school and put them in private, religious school, they are kind of bent on creating a quasi-religious environment in the schools, if they can.”* One informant in the field of education explained that *“Christian values”* cannot be separated from secular work. *“I make my [secular] decisions based on those values that come from within. There is no separation.”*

- **Lack of Community Support for Single Mothers and Children**

Several informants opined that lack of quality, affordable daycare is an issue that should be of concern to the entire community. School services for teen mothers, such as on-site daycare, should not be seen as condoning behavior, they stressed, but rather a necessary safety net helping young mothers to achieve the important goal of graduation from high school. *“Children take your time, money, resources and energy one way or another. It’s a policy issue; how we spend our money. We’ll spend \$35,000 a year on somebody in prison, but we won’t spend \$4,500 on the same kid, perhaps on a job program in the summer.”*

- **Lack of Community Consensus about the Role Schools Should Play**

Some of our informants expressed concern that public schools are becoming *“social service agencies,”* that teachers do not have the time nor the expertise to teach values-based education. These were the same leaders who stated their opposition to condom distribution in public schools, and their support for sexuality education *only if* it is abstinence-based. Many of these same informants support dissemination of birth control information only as a *“last resort,”* believe problems of a personal nature should be discussed and resolved in the home, and steadfastly oppose premarital sex as *“inappropriate.”* Programs like Teen-Aid<sup>3</sup> garnered enthusiastic support from this faction of the leadership community. One leader in education laughingly summed up her opposition to other, less restrictive sexuality curricula by saying, *“We have final say on any liberal approach that starts to weasel its way in. I would not want to be part of it [sexuality curricula] if it were any other way.”*

Other leaders interviewed thought schools *should* distribute condoms (and other birth control) and *should* develop sexuality curricula that anticipate that many teens will be

---

<sup>3</sup> Teen-Aid, Inc. was founded in 1981 by a group of concerned parents and professionals in Eastern Washington. Teen-Aid has developed sex education materials that challenge the assumption that all teens are sexually active.



sexually active and include discussions of the consequences of sexual activity. Some of these leaders openly criticized the Teen-Aid program currently being taught in public schools, believing much of the information it provides is incorrect. Leaders believe the community has not yet reached consensus on the role schools should play, nor are they hopeful it will be reached anytime soon. One leader expressed frustration about the lack of adult cooperation: *“I think it [sex education] has to be in the schools, it has to be at home, and they have to quit fighting about it!” “The schools and the parents have to join together in some sort of educational program to tell these kids that if you’re going to do it, this is the way you should do it. The religious factor says, ‘We don’t want them doing it,’ but things are always going to happen in society.”*

## **IV. CHARTING NEW DIRECTIONS**

### **Communication and Dialogue**

Every leader we interviewed stressed the importance of communicating and sharing ideas. Resolution of community-wide problems begins with dialogue, they said, and must include community forums that are inclusive and on-going. Several informants also stressed the need to see *“beyond one’s own reality”* before forming opinions, leaping to conclusions, or establishing policies that affect the entire community. *“To break habitual bad attitudes and values, we need sustained conversations with people unlike ourselves.”*

### **Personal Empowerment Through Education**

Leaders endorsed education as the best tool for empowering individuals and effecting healthy social change. *“The best social program is education. Teen pregnancy should become a national health-awareness issue, like being a designated driver.”* Most of our informants think public schools provide an appropriate forum. *“Schools must educate when parents aren’t capable. We’re going to have to do our strategic planning with that in mind.”*

- **Teach kids how to think.**

The leaders we interviewed overwhelmingly support public school curricula that teach children how to think for themselves; how to connect actions with consequences; how to differentiate between appropriate and inappropriate sexual behavior; how to establish and maintain personal boundaries; what to expect as a spouse, parent, and employee; and how to build healthy personal relationships. All of this, they say, should be done in an environment that discourages value judgments and invites open discussion among students.

- **Abolish negative feedback.**

Leaders stressed the importance of positive reinforcement from teachers. Children, they said, spend hours each day in classrooms. School can be a positive or a negative experience. If it is positive, children will have greater potential to contribute to their community in positive ways. Negative experiences can be expected to produce negative

results. *“A teacher can be tough, but also use positive reinforcement. Make it as difficult to get a teaching credential as it is to get a law degree or an MBA.”*

- **Put abstinence education in perspective.**

None of the leaders we interviewed wanted to eliminate the teaching of abstinence as part of a sexuality curriculum, but many expressed strong opposition to *abstinence-only* curricula. Several are convinced abstinence-based programs will never reach victims of incest or children who believe they have no future. *“Abstinence-based education misses [incest victims]. They cannot hear it, because it does not compute. How do you know you can say, ‘No,’ when you’ve never been allowed to say, ‘Yes.’ Abstinence-based education does not affect people who have no future.”* One business leader thinks abstinence programs should focus on teaching kids responsible decision-making, *“It shouldn’t be a ‘morals versus no morals’ debate, but rather presenting kids information on practical consequences of sexual behavior.”*

### **Spiritual Leadership: A Necessary Ingredient**

Many leaders interviewed expressed sorrow and frustration over what they view as an *“absence of spiritual underpinnings”* in today’s youth. Those same leaders saw a direct correlation between the lack of a *“spiritual base”* and the high incidence of teen pregnancy. With the exception of the media and schools, informants identified churches as having access to and influence over more adults and children than any other public sphere and as being ideally suited to provide the spiritual base upon which people can build a healthy value system. *“Everybody that I know, that has waited [to have sex], has a faith base,”* claimed one informant.

*“Change is spiritual and must come from within. You can do all the outreach you want, but until you change people’s attitudes, their thinking, their hearts, then all the programs in the world are not going to make any difference.”*

(Although very supportive of a strong faith base in the community, one leader in the religious sector cautioned that incest and other child sexual abuse most often occur in families that espouse a church doctrine that advocates the father as a hierarchical power figure. *“He [the father] is right because it is God-ordained. Men who are abusers gravitate to that point of view.”*)

## **V. SUMMARY AND CONCLUSIONS**

The men and women we interviewed exhibited a high degree of understanding concerning family planning and unintended pregnancies. Many leaders with whom we spoke shared similar attitudes, opinions and conclusions. Most significant, perhaps, was their focus on teen pregnancy as the most important issue connected with family planning and unintended pregnancy. Our leaders also found common ground in their assessment that many teen pregnancies are *intended*.

Leaders stressed the interdependent nature of social issues and the need to address pervasive societal attitudes and behaviors that make motherhood an alluring option for young

women—issues like gender inequity, poverty, incest, the lack of respect given to youth by adults, the lack of adult involvement in young people’s lives, and the fact that our educational system does not foster independent thinking nor teach young people the basic skills necessary to live on their own.

Almost without exception, leaders saw individual and family problems as precursors to community problems and rejected the notion of “*easy solutions.*” Change, they said, must happen at every level of human interaction. In the words of one informant, “*To dig down deeper and find out what the root of the problem is and work it out so people can be independent of systems—that requires a little more work and a little more money.*”

Incest, child abuse, and lack of male responsibility for pregnancy prevention were all seen as factors contributing to a high incidence of unintended pregnancies. Leaders are confused about how to convey positive messages about human sexuality, supportive relationships, and family planning to children who have learned about love, trust and loyalty through fear and betrayal.

Repressed sexual attitudes, coupled with media portrayals of sex as “*cool,*” safe, exciting and responsibility-free, have led to irresponsible sexual behavior on the part of adults, teenagers, and even some pre-teens. Denial of sexuality as a part of normal human behavior precludes any public discussion about healthy versus unhealthy sexual behaviors, responsibility for planning pregnancy, and the role of schools, churches and social institutions in teaching the basics of human sexuality. Teens who reach physical maturity by the age of eleven or twelve find themselves caught between these two extremes. Influenced by raging hormones and a sexually-explicit youth-oriented culture, teens and young adults are expected to remain celibate from the onset of puberty to the sanctity of marriage, a period that can last anywhere from ten to fifteen years.

As yet, a consensus on school-based sex education curricula in Spokane has not developed. Disparate community norms, strongly influenced by religious doctrine, make broad-based education a challenging project that will require extensive community-based collaboration and compromise.

Many leaders expect welfare reform to increasingly burden local communities with the responsibility for solving their own social problems, but they believe Spokaneites possess the fundamental tools for converting their stumbling blocks into building blocks. Spokaneites are strong and self-sufficient, and their leaders are aware of the problems, understand their interconnectedness, and appear open-minded to new ideas and new ways of doing business. The community lacks broad-based coalitions that encourage collaboration and cooperation between business and government, youth and public education, religion and social service. Spokaneites need to find ways to work together for the good of their community. If they can remain focused on the larger social picture without losing sight of the individual pieces, they have every reason to be optimistic about their ability to reduce the incidence of unintended adult and teen pregnancy. Perhaps this report can serve as a catalyst for establishing the new avenues of communication and cooperation that are needed to develop appropriate and effective community-based solutions.



## **CENTRALIA-CHEHALIS**

**Insert C-C map here**

## CENTRALIA-CHEHALIS BACKGROUND DATA

Centralia and Chehalis are the major population centers of Lewis County, a mostly rural, mountainous and forested region located in southwest Washington. The two cities lie adjacent to each other on the flood plains of the Chehalis River and its tributaries, along the I-5 corridor approximately midway between the Seattle-Tacoma metropolitan area and Portland. Chehalis is the county seat of Lewis County.

**Table 7. Centralia-Chehalis City and Lewis County Profiles**

	Centralia	Chehalis	State
Population (1996 OFM est.)	12,860	6,975	-
Median Household Income	\$21,618	\$24,650	\$31,183
Percent population using DSHS services (FY1994 DSHS City Data Report)	38.8 %	20.9%	20.1%
Percent non-white population	3.6 %	4.4 %	9.4 %
Percent Hispanic population*	2.4 %	1.3 %	4.4 %
Percent age 65 and over	19.0 %	18.0%	11.5 %

**Source: 1990 U.S. Census unless otherwise indicated**

	Lewis County	State
Population (1996 OFM est.)	66,700	-
1995 Pregnancy Rates (per 100 women):		
Age 15-17	5.3	5.0
Age 18-19	15.7	12.8
Age 20-24	20.2	15.8
All women	8.3	8.4
Unemployment Rate (1990-93)	10.0 %	6.6 %
High School Dropout Rate (1990)	14.3 %	10.6 %
Domestic Violence (petitions filed** (adult arrests)**)	9.5 per 1,000 5.2 per 1,000	5.4 per 1,000 4.8 per 1,000

**Source: DSHS/RDA**

\* Hispanic is not a racial category. Persons of Hispanic origin may be of any race.

\*\* Petitions filed per 1,000 persons for DV and civil anti-harassment orders: Average network rate for 1992-93. Adult Arrests for age 18+: Average rate for 1990-94.

- Ninety-two percent of mothers giving birth in Lewis County identified themselves as white (1991-94).
- Nineteen percent of children ages 5-17 in the County were living in poverty in 1993 (Census estimated).

Additional County Data, 1991 to 1994:

- Fifty-six percent of births had Medicaid paid maternity care, well above the 39 percent state average.
- Birth rate for women 15-44 years was 6.7 per 100, just above the state average of 6.6.
- Abortion rate for women 15-44 years old was 1.7 per 100, below the state average of 2.3.



**BLANK**

# CENTRALIA-CHEHALIS SITE REPORT

This section reports findings from the Lewis County community of Centralia-Chehalis. For the purposes of this study, we regarded the combined cities as a basic community unit. Although separately incorporated municipalities with their own institutions and distinctive social features (as described below), the cities are intimately linked in every dimension of community life. The views of local leaders on unintended pregnancy and related issues are better understood through this broader definition of community rather than studying one or the other cities in isolation. In-depth, personal interviews were conducted with sixteen key informants. A breakdown of informants, by sector, is provided in the Methods section of this report.

This site report is presented in four parts. In Part I leaders describe their community, its dominant values and cultural features. Part II presents informants' attitudes and perceptions about unintended pregnancy in general and teen pregnancy in particular. Part III focuses on what leaders believe are the most effective ways to address these issues in their community. Part IV summarizes findings and provides additional analysis.

- I. Centralia-Chehalis Leaders Describe Their Community**
  - Factors Shaping Perceptions
  - Dominant Values and Cultural Features of the Community
- II. Leaders' Views of Unintended Pregnancy**
  - General Viewpoints
  - Concerns About Teen Pregnancy
  - Conflicting Views of Teen Sex and Pregnancy
  - Male Responsibility
  - Families and Schools
- III. Strategies for Addressing the Issue**
  - Models for Mobilizing the Community
  - Shaping the Message in Centralia and Chehalis
- IV. Summary and Conclusions**

## I. CENTRALIA-CHEHALIS LEADERS DESCRIBE THEIR COMMUNITY

### Factors Shaping Perceptions

In the course of describing their communities, informants identified several key factors they believe shape community perceptions of family planning and unintended pregnancies.

#### *Economic Conditions and Trends*

Community leaders identified economic issues as their primary civic concern, consuming the largest share of leadership attention and organizational resources. Informants described a

depressed economic climate in Lewis County that profoundly affects how community leaders view social issues. Almost without exception, the leaders we interviewed painted a picture of stagnant growth, flagging investment, limited occupational and income opportunities, and entrenched poverty. Many expressed the view that, under such conditions, it is difficult for the community as a whole to envision or support systematic efforts to address social needs.

### ***Class and Geography in Centralia-Chehalis***

Although the towns of Centralia and Chehalis, as noted, are closely integrated, there exists a deep awareness of separate community identities and a tendency to maintain social segregation along geographic lines. Several informants noted underlying social status differences that reinforce a gulf between the two towns. Chehalis was generally described as wealthier, more conservative, more close-knit, and safer than neighboring Centralia which was said to be faster-growing, more dynamic and diverse, with a greater proportion of Hispanic and lower-income residents and growing social problems.

Informants spoke of significant divisions between social classes, the wealthier being established families with a history in retail business, timber or agriculture. *“Old-timers consider themselves ‘the elite’ and they tend to hang tough.” “Social elitism . . . stems from being here a long time, knowing a lot of things about the local scene, having lots of close-knit friends.”* Most informants viewed such individuals as respected *“movers and shakers”* whose support lends legitimacy to organized civic efforts. *“Local rooted leaders have more credibility to gain the support of others and advance ideas.”* However, a few explicitly criticized the way the narrow interests of persons with money and prestige undercut the broader needs and interests of the community. *“There’s this other unseen political structure out there pulling strings . . . . They manipulate the system towards their own benefit.”*

Informants made frequent reference to high levels of poverty and unemployment in both cities. The *blue collar* character of Lewis County was cited as an important historical feature that continues to shape local culture and social relations. Discussion of poverty was often accompanied by criticisms of the welfare system, perceived welfare abuse and high taxes, but leaders widely acknowledged the importance of welfare and other transfer payments in supporting a significant portion of the local population, especially children. Concern was expressed about the generational patterns of welfare, and a majority of informants voiced support for welfare reform measures aimed at breaking the *“dependency cycle.”*

### ***Social Problems Affecting Families and Youth***

Many informants saw a direct link between the changing structure of families and rising social pathologies like violence, crime and juvenile detention, drug use, child abuse and incest, sexual promiscuity and experimentation, and school dropouts. *“Kids with no ambition, no outlook—we have a significant chunk of that in this county, and it’s tied to substance abuse, promiscuity, hopelessness, self-destructive behavior.”*

### ***Racial and Ethnic Divisions***

Informants reported a heightened awareness of cultural differences between Hispanic and Anglo residents in their community. Some saw this as precursor to more serious social

divisions as the area's Hispanic community increases in size. However, most leaders we interviewed did not identify racial and ethnic conflict as a significant issue in their community.

Few references were made to African American, Asian American or Native American communities. Several informants dissented from the majority view. They noted higher levels of inter-group tension, particularly in schools where friendships and relationships with Hispanics are subject to peer disapproval among non-Hispanics.

### ***Leadership Style of the Community***

Community leaders, on the whole, address civic concerns through ad-hoc approaches, informal networks and personal initiative rather than institutionalized models. *“Problems are not solved in a formal group setting in this community.”* However, informants described major changes in the structure of civic leadership as newcomers involve themselves in community affairs. *“Some business elites—movers and shakers—have not lived in the area for as long a time as old-timers but they’ve moved into [the] upper echelons of community leadership.”* This infusion of new leaders brings a broader range of ideas and approaches to the voluntary sphere.

### ***Social Services***

Informants described social services as diverse, but attributed large gaps in service to the small population and limited economic base of their community. Private physicians and other care providers act as catalysts for community action, and play a critical role in promoting public awareness of health care and other social issues.

## **Dominant Values and Cultural Features**

### ***Conservative Values***

All of our informants voiced agreement that Centralia and Chehalis are conservative communities. The following themes emerged most frequently from interviews:

- **Resistance to Change and New Ideas**

*“I think a majority of folks feel our conservative nature is being diluted over time by newcomers moving in.”*

*“It’s not easy for us to let go and change. It’s very difficult.”*

- **Strong Belief in Individualism, Self-reliance and Community Self-sufficiency**

*“There is a very strong belief that people should take care of their group. ‘I take care of my own, you take care of your own, and don’t ask me to take care of yours.’ ”*

*“This community supports the idea of everyone pulling their own weight.”*

*“There is a pride people have in dealing with their own problems as a community.”*

*“Self-sufficiency is highly-valued . . . taking care of things with local resources.”*

- **Distrust of Outsiders, Government and “Newcomers”**

*“People think, ‘if it has Olympia written on it, or Seattle written on it, there’s something wrong with it to begin with.’ ”*

*“I’m still an outsider, even though my kids are born and raised here. People do check each other’s heritage out—it’s still important.”*

- **Culture of Male Dominance**

*“A big part of the culture of Centralia is male-dominated . . . I would guess that the incidence of date rape is higher here than in a lot of places.”*

*“There’s no attitude toward male responsibility. That’s the problem, and I think the culture of Lewis County contributes to this. Parts of this county have a history of incestuous relationships which is accepted, not seen as a problem especially in small, rural pockets. It took me a while to understand how this affects the social life of this community.”*

- **Family Autonomy**

*“People generally feel they are not responsible for raising other people’s children.”*

*“Parents are the ones that have to make sacrifices to help kids, not the community.”*

- **Emphasis on Holding Teens Responsible**

*“There is a segment of the population that says regardless of the social problem, ‘kids made the choice, let them live with it,’ and oppose setting up support programs.”*

## **II. LEADERS’ VIEWS OF UNINTENDED PREGNANCY**

### **General Viewpoints**

All our informants were familiar with the subject of family planning. No individual expressed opposition to the use of contraception or the benefits of family planning. They were well aware of some religious doctrines and value systems that do not support the use of artificial birth control and felt these views deserved respect. Informants from outside the social service sector were unfamiliar with the term *unintended pregnancy*, but said they had heard or used the phrase *unplanned pregnancy*.

When compared to other social problems, unintended pregnancy was not seen as prominent or visible in the community. Even among the few who expressed personal interest in the issue, the topics of family planning and unintended pregnancy were viewed as relatively narrow aspects of much larger social problems, and thus are not issues in their own right. Only a small number of persons spoke with us about the impact of unintended pregnancy or its costs to society.

Although informants had little concrete knowledge of local programs addressing family planning needs, unintended pregnancy or pregnancy prevention, many shared the perception that available resources were inadequate. The most frequently identified local resource was the Planned Parenthood clinic in Centralia. Most informants were not aware of any other specific local program focusing primarily on preventing unintended pregnancies.

## Concerns About Teen Pregnancy

In contrast to the relatively low concern about unintended pregnancy, our informants were very worried about teen pregnancy. This concern, they asserted, was also felt strongly by the community as a whole.<sup>4</sup> Most of those interviewed identified teen pregnancy as a “major” issue; a few used stronger terms such as “crisis” or “epidemic.”

Informants noted that teen pregnancy, and the broader topic of sexual activity among teens, are traditionally uncomfortable subjects in the community. Thus, despite the strong concerns many people have, there is a great degree of public denial about the urgency of the problem, and little or no understanding of its causes. “*Discussions about sexual activity seem to be almost taboo.*” “[Teen sex] *is seen as reprehensible, so many people can’t talk about it . . . I think they’re really concerned, but none of them will admit that their kids are having sex.*”

Informants felt lack of significant public discussion and denial of teen sex were closely linked to an aversion to discussing sex in general. “*There are those who think family planning is a good idea, but none of their family members would ever need it, and others who say, ‘it has something to do with sex, so we don’t talk about that.’*” One woman we interviewed noted the discomfort many local family physicians feel about performing basic physical examinations on teen girls or discussing sexual health with patients. “*Health care providers are not providing appropriate family planning services,*” she told us. “*I’d like them to accept that sexual health is as important as nutritional health.*” Another informant described the reluctance of parents and local school districts to allow the distribution of confidential questionnaires to students surveying sexual behavior as part of a major statewide risk assessment study.

Several key assumptions guided informants’ views on teen pregnancy. First, most shared a perception that teen pregnancy rates have risen dramatically in recent years across the country and that local teen pregnancy rates were among the highest in the state. “*Lewis County is one of the poorest counties in the state, it’s got the highest teen pregnancy in the state and it’s got more people in need of health care . . . . I rack my mind trying to figure out why [teen] rates are so high in this county.*”

Second, informants felt that teen pregnancy/parenthood outside of marriage is much more socially acceptable now than a generation ago. While they expressed concern for pregnant teens, they also lamented the shifts in societal values which they see as condoning a behavior that should be disapproved. “*There have been some big shifts in attitudes toward teen pregnancy since we joined the community in the late 70s. It’s more accepted, like living together outside of marriage. Unfortunately, I think it’s changed for the worse over time.*”

---

<sup>4</sup> These perceptions of community-wide concerns are consistent with the results of another study conducted last year by the Lewis County Community Network. The Network organized twelve focus groups involving almost 100 residents of the county (a majority from Centralia and Chehalis) in order to obtain opinions and ideas to incorporate in their long-range plan to address youth at risk (see Lewis County Community Network, 1996). The combined panels named teen pregnancy as the third most pressing issue affecting the quality of life in their community. Drug/alcohol abuse and unemployment headed the list of 40 issues identified by the focus groups.

Third, teen pregnancies are generally thought to be unintended, resulting from “*personal irresponsibility*,” “*lack of education*,” or “*just a mistake*.” However, this perception was contradicted by those who have more frequent contact with pregnant, parenting or sexually active teens, sometimes through the peers or friends of their own teen children. They reported a significant degree of *intendedness* among teen girls in Lewis County, resulting from a complex and not always understood set of social factors. “*From what I see, the majority of the pregnancies among teens in Lewis County are wanted . . . They’ll tell you ‘I wanted this baby.’*” “*There are kids who just made a mistake, but some kids are not having their ‘belonging need’ met at home and seek it through having their own baby. Others see [pregnancy] as escaping home.*”

A final assumption shared by most informants was the view that teen pregnancy results primarily from encounters between teen peers, most often social contacts in a high school setting. Others with closer or more frequent contact with teens described their perception that men in their twenties or older frequently seek, or prey upon, teen sexual partners.

### **Conflicting Views of Teen Sex and Pregnancy**

The prevailing view of teen pregnancy in Centralia and Chehalis, according to our informants, is strong disapproval. Social disapproval was described in two ways:

- 1) Teen mothers and their babies are likely to receive welfare benefits. This antagonizes “*taxpayers*” who feel parents or other relatives should provide resources and support to teen mothers rather than the government.

*“I know an affluent family whose teen daughter got pregnant, and they told her ‘we’re not going to support you, you go and get welfare.’ I was really perturbed by that, because they had the means to take care of her. It was abdicating their responsibility and encouraging use of the system . . . . Parents should be forced to take responsibility . . . then they would be more likely to be attuned to dealing with it up front rather than say ‘well, if she gets pregnant, she can get welfare.’”*

- 2) Teen sexual activity, that occurs outside of marriage, especially when it involves younger teens, is deemed improper behavior that violates deeply-embedded religious and social norms. “*Sex among teens under 18 is considered by many as an ‘immoral act’ and should not be happening.*” “*Folks strongly believe kids shouldn’t be having babies.*” “[The community] *is not open to teen sex. There’s a stigma against even getting on birth control.*”

*“There’s no one general camp in this community one way or another . . . there’s a kind of Christian conservative Right that feels kids shouldn’t know anything about family planning, that intercourse should only take place within the institution of marriage and therefore nothing else is acceptable . . . . Then*

*you've got the opposite end that says everything is going on and let's provide services like promoting condom distribution in schools."*

Individual informants adopted more complex and often contradictory personal attitudes on the issue of teen sex and pregnancy. Many viewed disapproval as an important deterrent, but were not sure what approach to take with today's teens: "[In the past] *you got kicked out of school, plus the whispers and the gossip and all that. Communities just decided that that's not a good thing, but I don't know what we should do now—penalty is not the right word. Rather than penalize them for being pregnant, maybe give them incentives not to become pregnant.*"

A significant number of those we interviewed stated their own preference, that teens remain abstinent. At the same time they favored a "realistic" approach toward teen sexual activity. *"I prefer a stress on abstinence until marriage. Plenty of people wouldn't give that a second thought, which I'm very sad about, but as an individual, I wouldn't want to force my personal views and norms on someone else. Personal values can get out of hand . . . we need to acknowledge sexual activity of young people when it occurs."*

Another informant said, *"The conservative element feels discussion of such things belongs 'in the home,' but it happens. I tell them, 'I would hope my own 20 year old son would be abstinent, but if he isn't, I want him to be safe, for his own sake and others.'"*

Thus, norms thought to be guiding community thinking and norms subscribed to personally by informants were often discordant. The leaders we interviewed sought to dissociate themselves from the most conservative segments of the community—those who are perceived to express the strongest social disapproval of teen sex and pregnancy and raise frequent protests at school board meetings or other public forums.

Conservative community values are partly influenced, some informants suggested, by a history of public opposition to family planning services in the community, most of which has focused on the Planned Parenthood clinic in Centralia. Although the clinic does not perform abortions, their connection with other Planned Parenthood facilities has heightened mistrust among abortion opponents, and overshadowed other kinds of health care services offered by the agency. One commonly heard concern is that the family planning approach taken by Planned Parenthood has the effect of "*promoting sex*" among young people.<sup>5</sup> However, none of our informants claimed to personally hold this view, and to varying degrees supported the basic services provided by the clinic to community members. *"I [have spoken] out in defense of Planned Parenthood. They [opponents] don't understand all the services that Planned Parenthood provides. They only look at one or two parts."*

---

<sup>5</sup> This view was most visibly expressed several years ago when the Lewis County Health Department was reorganized and its family planning functions were essentially transferred to the local Planned Parenthood clinic. Right to Life advocates and other opponents of this shift testified at County Commission hearings, and an active debate (described as "*quite a hubbub*" by one informant) took place on the pages of the local newspaper.



The social disapproval of teen sex and pregnancy was also reflected in the way informants view motherhood. Some informants noted that esteem or other social rewards are conferred by other teens and many adults on unmarried teen mothers nearing completion of high school and therefore thought to be close to marriageable age. This new sense of worth was identified as an important incentive for pregnancy, especially among teens from dysfunctional or abusive families. *“I think people are more willing to help once the baby is there . . . . It’s the sexually active teens and it’s the getting pregnant up to the nine months that’s really difficult.” “Think of the words that we use to describe a sexually active male and think of the words that describe a sexually active female. The only way a female can move from those horrible, horrible words . . . is to become a mother. A mother is wonderful, everybody loves a mother.”*

Informants recognized that most teens do not disapprove of sexual activity within their peer group. While criticism and sanctioning of certain behaviors related to dating or sex may be an important feature of teen culture, particularly as it pertains to young women, a much more tolerant view of sex and birth control prevails among teens than among adults.

A few informants saw some recent shifts in teen attitudes toward abstinence. *“It seems to be there’s a growing trend that abstinence is good . . . which is a big shift from about three or four years ago . . . . I think it’s kids making that decision on their own, not their parents saying, ‘you must do this.’”*

### **Male Responsibility**

Although most of the discussion about teen pregnancy focused on the behavior of young women, the vast majority of informants also expressed strong concern about the perceived lack of male responsibility. This was seen as a societal problem reinforced by media messages, but also a negative cultural characteristic specific to the community. A few informants were insistent that the same expectations—and stigmas—placed on teen girls be applied equally to boys. *“Lack of responsibility to prevent pregnancies among males and females is of equal importance.” “There’s a place for dealing with issues related to teen males who are sexually active or fathering children, especially in light of the male-dominated culture in this area.”* Views like these were often accompanied by support for special programs aimed at educating teen boys about sexual responsibility and parenting.

### **Families and Schools**

Strong personal concerns were expressed by our informants about the erosion of parental roles in contemporary society. Sensitivity over the loss of parental influence is particularly acute among leaders in Centralia and Chehalis where the local culture is strongly committed to family autonomy. Community norms are considered violated when parents fail to control their children and teach values like *personal responsibility*, we were told. *“A root problem is the breakdown of the family structure . . . in the past the family was a major support base.” “The issue goes back to lack of parental responsibility . . . ultimately, the parents of sexually active teens are not doing their job.”*

Leaders told us that many people in the community also take strong exception to non-religious institutions, particularly schools and government, exercising any major role in the *moral* education of their community's children, an area seen as overlapping with sex education.

While most informants saw the family and home as the preferred setting for sex and family planning education, no one argued that it must be the *exclusive* setting or that schools were not playing a necessary and desirable role. *"I think it's both a family and community issue."* *"Schools will have to continue to take an active role in the future because kids are so important."* *"Schools can't solve the problem of teen pregnancy, but they have to adopt steps to deal with it."* *"I see the schools as being receptive to addressing the needs of the community within their constraints of money and time, while still conducting their basic mission."*

Still, our informants were clearly divided on the proper role for schools, the appropriateness of state-mandated sex and AIDS curricula, and particularly the type of outside speakers that may present material to students. While some supported multiple functions involving specific social services and life skills education well beyond classroom learning and normal curricula, most informants envisioned a more modest role based in traditional classroom curricula and involving occasional outside speakers like physicians and life skills educators. The importance of finding the right balance between an abstinence-oriented message and the need for practical birth control education was consistently affirmed by informants, but no concrete solutions were offered.

Informants were well aware of past debates in the two school districts over these issues, and equally aware of the presence of a vocal and influential conservative segment of the community which has opposed aspects of the sex education curriculum. *"I think there's a very strong group out there who feels that the schools should not be in the sex ed business . . . . A lot of their reaction is based on fear, not on fact . . . [but] there are lots of people who know the realities and realize that something has to happen."*

*"I'm a strong advocate of sex education because it doesn't happen at home. Yes, on a case by case basis it does, but the reality is they don't do it. You find very few parents that have a relationship with their child where they're comfortable talking to them about it. Kids feel more comfortable talking about it and asking questions in an atmosphere with peers or a neutral person . . . where they [are not] worried about parents thinking or asking 'are you having sex?'"*

Some individuals, while personally supportive of an expanded role for schools in addressing teen pregnancy, felt local opposition made changes difficult to achieve. *"The logical place to advance family planning initiatives is in the public schools, but there's opposition there. How we do that becomes a challenge. Because they are cautious, there is a void created."* *"School-based programs are not an option now in this community."* *"A majority of folks*

*think of the basic function of education in traditional terms . . . that's what they want to spend their tax dollars on . . . . The school shouldn't be a substitute for family unless there are simply no family resources available."*

In addition to conflicting viewpoints over the proper role of schools, informants registered strong concern over the perceived loss of parents' rights, particularly control over their children's access to birth control or abortion services. This concern seemed to cut across the disparate opinions about the *morality* of teen sex. *"My conversations with people [indicate] they strongly believe in the right of parents to control the situation and the importance of parents to exercise their proper control."*

*"What people most resent is that their parental responsibility is taken away from them in the area of abortion, birth control, lack of access to information about their kids. Despite the logic of arguments that kids are at immediate risk, people still resent undercutting of their parental rights."*

### III. STRATEGIES FOR ADDRESSING THE ISSUE

#### Models for Mobilizing the Community

Some consensus emerged from our interviews regarding the most appropriate and effective organizational approaches for future initiatives to reduce teen and unintended pregnancies in Centralia and Chehalis. There is major consensus on the following approaches:

- **Efforts to address social issues like teen pregnancy should be locally initiated.** Although some value was seen in state mandated programs, future efforts would gain more leadership support if the program goals and format reflect local interests and sensibilities and involve a significant degree of local control. *"Locally-developed projects have more acceptance than things initiated by others [from the outside]. The community/county leaders know what and who works best in their community . . . for success, we need grassroots efforts."*
- **Organized efforts should build on the established informal networks of leaders.** Many leaders become involved in issues on an ad-hoc basis and without relying on formal organizational structures. Over-organization and *permanent* committees are widely viewed as potential impediments to action by those who have limited time to engage in voluntary civic activities.

- **Challenging social issues require broad-based collaboration between the leaders from various sectors of the community.**

An inclusive approach is more likely to succeed, especially when respected leaders signal their strong support and urge others to join. The most important sector to involve, informants agreed, is business. Social advocates may find a more receptive audience if they understand the interests, experiences and sensitivities of the Twin Cities' predominantly small business community. This sector is widely viewed as pragmatic and civic-minded, and open to a variety of approaches aimed at boosting the area's "quality of life." The involvement of respected local physicians is also an important element lending legitimacy to community-wide efforts. Several informants mentioned the direct involvement or representation of teens in any community-wide effort to address reducing pregnancies. *"I would stress the importance of building leadership within teens themselves, to enable them to be part of decision-making especially when it affects their lives."*

- **An emphasis on educating the public is favored.**

Informants indicated that the topics of teen and unintended pregnancy are likely to be seen by the public as partisan causes. To minimize controversy, they suggested any community-wide effort undertaken concentrate on public education or raising public awareness as a primary goal. *"I personally feel a non-partisan effort is key. This community is split strongly along religious values. Some are strongly judgmental and advocate clear [political] agendas. This should not be a part of community-wide efforts or public education."*

- **Churches are universally favored as important institutions that must be involved in any community-wide effort.**

However, many informants also recognized the diminished ability of churches and clergy to reach wide audiences in the community, especially young people. Local clergy were not seen as particularly visible or active civic leaders outside of their congregations, but were clearly regarded as a valuable resource.<sup>6</sup>

- **Social service agencies are viewed with some ambivalence by those not directly involved in their daily work.**

We were repeatedly told by leaders that communicating the importance and urgency of social issues is best conveyed by those with detailed knowledge of the issue: health educators, social service providers and individual physicians. While agencies and providers are seen as filling an essential niche and have a unique perspective on the causes and consequences of many social problems that must be a part of public education efforts, a number of informants voiced a concern over the conflicting interests such organizations would bring to a community-wide effort. Informants expressed a fear that an urgent need

---

<sup>6</sup> Scheduling constraints prevented the completion of interviews with local clergy. However, a number of our other informants stated their impression that although churches and clergy shared traditional views regarding sexual behavior outside of marriage and the central role of the family, views varied widely across the different denominations and among the various clergy in Centralia and Chehalis. Some clergy, we were told, have expressed support for broadened family planning education aimed at young people.

for funding resources by agencies of all sizes may guide their relationship with broad-based initiatives and could have too much influence over the structure and thrust of future efforts.

- **Attitudes of distrust exist toward state and local governments.**  
Any effort seen to be guided or controlled by government, we were frequently told, would greatly diminish the ability to garner support and stature in the community. Appropriate arms of the government, such as DSHS, have a role to play in any future initiatives and were regarded as important participants in local collaborative efforts, but such participation should be supportive rather than controlling in nature. Most informants favored state funding for local programs with a minimum of oversight.
- **Unequivocal support was expressed for Providence Hospital and Centralia College.**  
The hospital and college are the largest service institutions and among the largest employers in the community. Informants see both as key bridging agents with links to other sectors like business, school districts, individual health care or service providers, and elected officials. *“For new approaches to sensitive issues, you need trustworthy communicators. I think [Centralia] College is seen in a very positive light, and is trusted in the community.”*

## **Shaping the Message in Centralia and Chehalis**

In discussing future initiatives designed to prevent teen and unintended pregnancies in their community, informants identified public *messages* they felt would most closely reflect local sentiments and be most likely to attract support. These are presented in order of frequency cited.

### ***Supporting Pro-Family and Pro-Parent Objectives***

Taking a position explicitly affirming the central position of the family and favoring the strengthening of parental roles is most likely to capture community support. The more successful local social service programs have such an emphasis, many informants noted, and this theme is the best way to bridge opposing political and cultural views. *“This community will be more supportive of ideas that stress that the family is the first line of support.”*

*“Anything you do that’s not focused on and supported by parents, the results are not good.”*

An emphasis on parents and the family should also incorporate parenting education as an important way to reduce teen pregnancy. *“I think parenting training is so important. I’d like to see a lot more media education, curricula, the medical community coming around to this. I’d like to see parenting in the [middle and high school] curriculum maybe even more than I want to see health or sexuality.”*

### ***Teaching Male Responsibility***

This was viewed as a special message aimed exclusively at boys and young men, reinforced through peers and mentors at all levels of the community. A large number of informants felt this was a significant area to address in schools, churches and youth groups, and would make a major difference in the long run.

### ***Educating the Public about Economic Costs***

Many informants suggested that educating community leaders and the public on the costs in resources related to teen and unintended pregnancies is likely to appeal to a mainstream view that does not see social problems solely through a moral filter. Such an economic perspective was described to us in two ways. One approach emphasizes the demands on taxpayers and charitable contributors to meet the added health care and other needs of pregnant women and newborns resulting from unintended pregnancy. The costs of investing in *preventive* family planning can be compared favorably with the extra costs of *unplanned* children over the course of their younger years, as well as the special demands placed on society when children from *troubled homes* require out-of-home placement or crisis intervention. *“This community supports the idea of everyone pulling their own weight, and that’s the way you have to attack it. If these [at-risk] kids don’t get an education, we will all be paying the bill in the future. . . that’s an effective approach.”*

The other approach ties the prevalence of social problems to perceptions of the overall quality of life and future viability of a community. *“I think that [social] initiatives pitched toward improving the quality of life would be in line with current ideas favored by leaders.”* Outsiders evaluating the local investment climate, and established residents evaluating their own commitment to the community, may have less confidence in the community’s ability to prosper in the future if social problems are not addressed effectively.

### ***Emphasizing Abstinence for Teens***

Every informant supported a mix of approaches, but most said teen pregnancy prevention programs that stress abstinence will engender less organized opposition and be more effective in Centralia-Chehalis. *“Strong feelings are evoked by the issue of teen sex, so potential programs that go beyond abstinence will attract opposition. Not teaching abstinence seriously and heavily pushing birth control—how to use a condom, ‘here are various ways to utilize birth control for women’—to some degree may exacerbate the problem.”*

The challenge, informants noted, is finding the right balance between abstinence messages and practical needs to educate teens about safe sex. Most supported developing specific, long-term programs that encourage families, churches and schools to teach and reinforce this behavior. But a large majority felt that approaches with an exclusive emphasis on abstinence were unrealistic.

*“The whole emphasis of social conservatives is on teaching abstinence. That’s where it falls flat. Just teaching that you don’t do it till you’re married doesn’t work for teenagers. You have to build a platform for why it’s important not to have sex and if they’re going to go beyond abstinence, you’re really not giving them any alternatives to protect themselves.”*

### ***Promoting Public Health***

A number of informants felt that a certain segment of the sexually active population, including many teens, is at risk of unintended pregnancy, sexually-transmitted diseases and sexual abuse.

They felt that addressing these immediate issues need not clash with community values, and will have the effect of shifting debate from a focus on contentious cultural issues to social goals the whole community can support.

### ***“Helping Kids”***

An emphasis on meeting children’s needs can also have a unifying effect, a number of informants felt. Three components that may convey this message are: helping teens finish high school, empowering and educating parents, and developing self-esteem and critical social skills that will help kids make good decisions in their lives.

## **IV. SUMMARY AND CONCLUSIONS**

- **Community leaders are strongly influenced by conservative values and norms.**
- **Informants expressed strong support for protecting traditional parental rights.**
- **Leaders cited teen pregnancy as the overwhelming focus of their interest, and regarded other aspects of unintended pregnancy as less important issues.**
- **Most informants felt teen pregnancies are usually *unintended*, but persons with greater knowledge of sexually active teens perceived a much higher rate of *intended* pregnancy.**
- **Informants voiced disapproval of unmarried teens having sex, but generally dissociated themselves from conservative views that promote abstinence as the *exclusive* approach to reducing teen pregnancy.**
- **Informants felt lack of public discussion about teen sexuality had created widespread denial of teen pregnancy.**
- **Small population and limited social service resources make it difficult to mobilize community-wide leadership in Centralia and Chehalis.**
- **Leaders expressed strong support for locally-initiated efforts based on collaboration among different sectors of community.**
- **Most informants expressed support for expanding school-based approaches to reduce teen pregnancy.**

Leaders in Centralia and Chehalis are just beginning to respond to the issue of unintended pregnancy. The acute economic needs of the community monopolize the time and energies of leaders, and the limited social service resources in the area narrows the recognition by “*movers and shakers*” of a host of social problems. Few models for long-term, community-based and collaborative approaches are readily available to address social needs. Perhaps

more importantly, a deeply conservative culture restricts the extent of public discussion and range of choices for public action.

In contrast with the larger and more socially diverse cities of Yakima and Spokane, Centralia and Chehalis are relatively small and intimate. Close familiarity between neighbors means anonymity is difficult to achieve, and individual behavior is subject to close scrutiny and judgment. These social patterns help to preserve established values and behavior.

Interviewed leaders concentrated on describing and affirming their community’s values. This was the principal way in which they personally identified with their community and distinguished its culture as special. These values reflect established community sensibilities shared across generations, connecting the past with the present. Values also seem to play a powerful role in guiding communal institutions and defining social and political relations.

Few issues seem to illustrate this characteristic feature of Centralia-Chehalis more clearly than teen pregnancy. The topic evoked strong feelings from informants, and they overwhelmingly emphasized the challenge teen sex and pregnancy pose to *traditional* social values. However, even as they affirmed conservative beliefs related to parenting, family self-sufficiency, personal responsibility and abstinence, informants expressed many ambivalent or contradictory feelings toward such values. Some individuals, for example, acknowledged a mostly nostalgic attachment to values inevitably being reshaped by new problems and challenges. In other cases, informants indicated they personally subscribed to a value but were less intensely committed and more “*realistic*” than some of their more uncompromising peers. Many informants, among them elected officials and business leaders, explicitly criticized or rejected a value as *out of date* but commented on the difficulty they and others faced in publicly dissenting from established thinking.

**Table 8. Dichotomy of Views in Centralia-Chehalis**

Conservative View	Moderate View
Sex and family planning as taboo or uncomfortable subject	Sex as important topic / family planning as normal aspect of primary health care
Disapproval of teen sexual activity	Acknowledgment of teen sexual activity as “ <i>reality</i> ”
Teen sex is a personal or family issue	Teen sex is a family and community issue
Sex education is primary or exclusive province of parents, should be home-based	Major role accepted for community institutions, especially schools, in providing sex education
Abstinence-based or abstinence-only approaches to sex education	Mix of abstinence message and more birth control education



These kinds of responses suggest a degree of flexibility in how community leaders view social problems. They also illustrate sharply contrasting views on the issue of teen sex and unintended pregnancy that divide different elements of the community, and to a certain degree individual thinking (see Table 8). Despite a lack of experience and resources and the many conflicting feelings felt in a small community undergoing major social changes, informants recognized the importance of reducing unintended teen pregnancies, strengthening families

and empowering young people. Most leaders communicated a willingness to work on such issues within an appropriate framework and offered detailed ideas on how to build an inclusive community-based structure to implement change. Informants stressed the role of schools, private physicians, churches and two respected local institutions—Centralia College and Providence Hospital—as key participants in future efforts.

The ability to address an issue as complex as unintended pregnancy will depend on how successful community leaders are in adapting to the many economic and social changes buffeting Lewis County and southwest Washington. Local leaders seem to have a keen awareness that the pace of change around them is accelerating and that “*quality of life*” issues will be of increasing importance in defining the community’s future.

## CARD SORT RESULTS

This section summarizes the results from a series of card sorts conducted as part of the interview process. The card sorts were designed to identify what leaders felt were the most important issues related to unintended pregnancy in their community, and the level of support leaders had for various campaigns or initiatives to reduce unintended pregnancy. In the design of the interview instrument, it was hoped that respondents would present their community's views as well as their personal opinions. It was expected that card sorts would be obtained from most informants; however, in the conduct of the interviews time constraints often prevented the interviewers from conducting some or all of the card sorts. (See Interview Instrument in the Appendix of this report.)

### ISSUES IDENTIFIED AS IMPORTANT RELATED TO UNINTENDED PREGNANCY

Community leaders were presented with cards containing eighteen selected issues related to unintended pregnancy and family planning. They were asked to identify which issues they considered “most important to do something about.” Informants were free to select as many of the eighteen issues as they wished, and on average they selected eight. Thirty-seven leaders completed the card sort. This represents a response rate of almost 60 percent for the 63 interviews conducted in person. As mentioned earlier, the main reason for non-participation in the card sort was lack of time.

The most frequently selected topics fell into three major categories.

Approximately 80 percent of participating informants selected:

- Pregnancy for teens under 18 years old (81%)
- Lack of male responsibility in the prevention of pregnancy (78%)

Approximately 60 percent of participating informants selected:

- Sexual activity among teens under 18 (59%)
- Pregnancy among low income women (57%)

Approximately 50 percent of participating informants selected:

- Lack of pregnancy prevention education for men/male teens (51%)
- Promotion of sexual activity in the media (51%)
- Failure to use birth control when a baby is not desired (49%)
- Lack of pregnancy prevention education for women/female teens (46%)

The finding that “pregnancy for teens under 18 years old” was the most frequently selected issue is consistent with the interview conclusions that leaders in all three communities focus on the problem of teen pregnancy. Despite the finding that “lack of male responsibility in the

prevention of pregnancy” was cited as important by nearly as many informants, it did not receive nearly as much comment as teen pregnancy in the open-ended portion of the interview.

Results indicate that informants are more concerned about pregnancy among teens and low-income women than among unmarried women. Many of the topics chosen infrequently by informants related to knowledge and use of birth control. The topic least likely to be chosen among the eighteen topics was unintended pregnancy among married women.

**Table 9. Frequency of Issues Selected as “Most Important”**

Topics	%
Pregnancy for teens under 18 years old	81%
Lack of male responsibility in the prevention of pregnancy	78%
Sexual activity among teens under 18	59%
Pregnancy among low-income women	57%
Lack of pregnancy prevention education for men/male teens	51%
Promotion of sexual activity in the media	51%
Failure to use birth control when a baby is not desired	49%
Lack of pregnancy prevention education for women/female teens	46%
Pregnancy among women on welfare	41%
Sexual activity among unmarried individuals	41%
Pregnancy among unmarried women	38%
Lack of access to birth control services or programs	32%
Lack of knowledge about birth control methods	30%
Lack of male birth control methods	27%
Lack of affordable birth control	24%
Discomfort with use of birth control	19%
Lack of appropriate female birth control methods	16%
Pregnancy among married women who don't wish to be pregnant	11%

Note: Percentages above represent the proportion of participating informants (N=37) who ranked that topic in the “most important” category. There was no limit on how many topics informants could assign to that category.

With such a small number of respondents it is not possible to make definitive statements about differences between the communities or types of respondents, but some of the findings are provocative. Lack of pregnancy prevention education for men or women was selected by between 50 to 60 percent of leaders in both Yakima and Spokane compared to only about 30 percent of leaders in Centralia/Chehalis. More than half of the leaders in Spokane and Centralia/Chehalis selected sexual activity among unmarried individuals as important compared to only 20 percent of leaders in Yakima. Looking at differences in responses across sectors, few individuals working in the service or health care sectors (17 to 25 percent) saw sexual activity among teens or unmarried individuals as important in comparison to the high importance placed on those issues by leaders in business, education, or public office (60 to 100 percent). One other difference was the low importance placed on lack of pregnancy prevention education by leaders in the education sector (20 percent) compared to leaders in business, health care, service, and public office (40 to 80 percent).

In pre-testing the card sort, informants made a distinction between the importance they personally placed on issues and the importance they felt the community placed on the same issues. This led to an additional card sort where informants selected topics they felt their community would consider “most important to do something about.” Only about half of the informants who did the personal card sort also completed the community card sort. It is difficult to make generalizations given the low number of respondents who performed the community card sort (N=17), but there are two particularly suggestive findings. First, while only 41 percent of leaders personally felt that pregnancy among women on welfare was one of the most important topics, 82 percent of leaders felt that the community would select that as one of the most important issues. Indeed, pregnancy among women on welfare was the issue leaders most frequently identified that the community would judge to be most important to do something about. In contrast, while 78 percent of leaders placed lack of male responsibility in the prevention of pregnancy in the most important category, only 18 percent felt that the community would consider that issue to be most important.

## **SUPPORT FOR CAMPAIGNS OR INITIATIVES**

A third card sort was implemented when time permitted. This exercise was designed to elicit leaders’ support for hypothetical campaigns or initiatives to reduce unintended pregnancy. (See Interview Instrument in the Appendix of this report.) The results reported in the following table are based on the responses of only twenty-five leaders.

The results indicate that almost two-thirds of leaders supported initiatives for training parents how to talk to their children about sexual decision-making. Indeed, it was the top choice for about one-third of informants who performed this card sort. Almost half the participating informants selected penalties for adult male partners of teen mothers as one of their top three choices, and one-fifth chose it as their top choice out of the seven proposed campaigns.

**Table 10. Frequency of Initiatives/Campaigns Selected in “Top Three”**

<b>Proposed Initiatives/Campaigns</b>	<b>%</b>
Training for parents on how to talk to children and teens about sexual decision-making	64%
Penalties for adult male partners of teen mothers	44%
Financial incentives for low-income persons not to have an additional child	36%
Publicly-funded birth control services for all low-income people	32%
Media messages about preventing STDs and HIV/AIDS	28%
Rewards for teens who graduate from high school	24%
Media messages about using birth control	20%

Note: Percentages above represent the proportion of participating informants (N=25) who ranked that campaign in the “top three” out of the seven hypothetical campaigns or initiatives. Some informants selected less than three campaigns.

## SUMMARY

The findings of this study reveal, with some notable exceptions, a considerable degree of shared attitudes, opinions and conclusions among leaders in the three communities studied. This concurrence among informants suggests the possibility of developing consensus around family planning and unintended pregnancy prevention efforts. Local opposition to initiatives directed from the outside, coupled with a strong preference for community-based approaches to problem-solving, make centralized efforts appear less feasible.

A number of important problem-solving approaches based on the ideas of leaders working in different sectors are summarized below.

### EDUCATION

- Address the teacher/child relationship. Children spend much of their time in school and are greatly influenced by the teachers they encounter. It is imperative that teachers understand the connection between children's self esteem and their ability to learn.
- Incorporate life skills training into the K-12 curriculum, beginning with critical thinking exercises that promote independent decision-making, followed by *reality-based* lessons that teach the connection between choices and consequences. Set aside class time for discussion groups that encourage children to share their feelings about what it means to be personally responsible and socially connected.
- Incorporate job skills training into the K-12 curriculum. Public school curricula need to include multiple education tracks that address the unique needs, interests and aptitudes of children.
- Focus sexuality curricula around the life consequences of inappropriate sexual behavior, rather than the mechanics of sexuality. Include discussion groups facilitated by a teacher, but not limited to hierarchical instruction. Students can and should help each other to make responsible decisions.
- Train teachers and other school personnel to recognize behaviors that suggest a child is experiencing or has experienced incest or other forms of abuse.

### SOCIAL SERVICE

- Facilitate leadership forums around the issues of unintended pregnancy and family planning.
- Encourage and support leaders in their efforts to form broad-based coalitions within their community.

**Table 11. Major Findings by Community**

<b>Community Leaders Interviewed...</b>	<b>Yakima</b>	<b>Spokane</b>	<b>Centralia-Chehalis</b>
Are generally concerned about family planning	✓	✓	
See teen pregnancy as their top family planning concern	✓	✓	✓
Feel that unintended pregnancy is <i>not</i> a major concern or associate it only with teens	✓	✓	✓
Believe many teen pregnancies are <i>intended</i>	✓	✓	
Advocate teen abstinence but recognize teen sexual activity as a reality	✓	✓	✓
Want greater school involvement in sexuality education but see a lack of community consensus over the appropriate role for schools	✓	✓	✓
Are greatly concerned by a perceived “ <i>breakdown</i> ” of the family and its implications for schools and other social institutions			✓
Express strong concern for parents’ “ <i>rights</i> ,” including the “ <i>right</i> ” to be informed about children’s access to family planning services			✓
Are greatly concerned by a perceived lack of male responsibility in the prevention of pregnancy	✓	✓	✓
See a need to involve all community sectors in prevention efforts; believe it is important to emphasize prevention’s economic benefits	✓	✓	✓
See teen and unintended pregnancies as inextricably linked to greater social issues; emphasize need to look at the “ <i>big picture</i> ”	✓	✓	
See life skills and parent education as essential for individual, family and community health	✓	✓	✓
Express strong support for community-based programs and solutions	✓	✓	✓

- Encourage and support *grassroots* and local public and private service programs that respect community-specific values and sensibilities while effectively addressing the issues of family planning and unintended pregnancy.
- Encourage community-based private and public social service agencies to *join forces* to limit duplication of efforts and competition for dollars.

Other solutions lie within individual communities and must be designed and implemented at the local level. The following conclusions focus on community-based efforts.

## **COMMUNITY SUPPORT**

Because leaders see strong links between teen pregnancy and other social problems—incest, domestic violence, male irresponsibility, child abuse, lack of self esteem, gender inequality, disruption of the family, and the cycle of poverty—they support broad-based programs. But leaders cannot tackle these social problems without the mobilization of their communities.

Community members must be willing to support programs that empower parents, families and children. Child care, health care, parenting classes, job and life skills training should all be part of a community effort to break the cycle of poverty that often accompanies unintended pregnancy. Poverty does not empower families or individuals, nor does it encourage personal responsibility, planned families or pregnancy prevention.

## **EMPOWERING AND SUPPORTING PARENTS AND FAMILIES**

- Establish parenting classes that teach parents how to talk with their children about sexual decision-making.
- Educate parents about sexuality issues. Help them to understand that today's children are reaching puberty before the age of thirteen and sexual feelings must be accepted and discussed.
- Teach parents how to model positive adult behavior and eliminate sexual behavior that sends conflicting messages to their children.
- Instruct parents how to teach their sons about the consequences of sexual behavior, the mutual responsibility of unintended pregnancy, and what it means to be a father.
- Teach parents to encourage their daughters to establish and maintain strong personal boundaries, feel good about themselves, and set positive goals for the future.
- Encourage families to hold open, honest discussions about sexual decision-making, interpersonal relationships and parenting.
- Teach parents how to talk *with*, not *at*, their children and how to mentor and guide them through childhood and young adulthood.



## **FINDING COMMON GROUND**

Two problems were identified most frequently as potential impediments to successful community-based approaches. First local leadership and mobilization requires broad and committed participation. Some doubts were expressed in all three communities about the ability of some sectors of the community to sustain their involvement. In particular, business leaders who may not feel comfortable within a setting focused primarily on social issues were mentioned in this regard. However, our informants strongly agreed such participation was crucial in forging a truly community-based coalition. Second, a community-wide effort was envisioned by most as inclusive of all points of view, and based on common objectives. To achieve this kind of collaboration will require those with strong viewpoints or ideologies to set aside certain positions and commit to reaching a consensus. Some informants questioned whether the various factions could do this. Others worried that organized efforts will become paralyzed by debate or that some groups will not choose to participate.

## **YAKIMA**

Yakima is struggling with many socially divisive issues. Family planning and unintended pregnancy are part of a myriad of problems. Community leaders will need to find common ground through open-ended discussion groups that begin by bringing together people from all sectors of the leadership community. Separation—rich from poor, Anglo from Hispanic, adult from child, educated from uneducated, social service from business—has increased fear and resentment. Our interviews revealed tremendous common concern about children in general and teen pregnancy in particular. The potential for community collaboration and mobilization around these issues is great.

## **SPOKANE**

Spokane's predominantly Catholic, nearly homogenous, population has produced a well-entrenched, cohesive group of leaders. Religious values have brought strength to this community, but they have also complicated family planning efforts at the public level. Divisive issues like birth control, premarital sexual activity and pregnancy termination have made compromise and consensus difficult to attain. Public education decisions in this community continue to be value-based. This approach is reaching only a small portion of the young men and women in public schools. The abstinence message fails to reach sexually active teens who will continue to be at risk for STDs, HIV/AIDS, and unintended pregnancy.

## **CENTRALIA-CHEHALIS**

Centralia and Chehalis comprise a relatively small community, and it has been difficult for their leaders to analyze and tackle social problems. Because of their concern for preserving conservative values that guide family life and personal responsibility, they are restrained in

confronting issues around unintended pregnancy. Leaders are concerned that their children might have access to family planning services and birth control without their knowledge or consent, and they collectively deny teen sexuality and the social and fiscal costs unintended pregnancies place on their community. This community is most comfortable with programs that initiated by *insiders* with guidance from *outsiders*.

## **FOUNDATIONS FOR THE FUTURE**

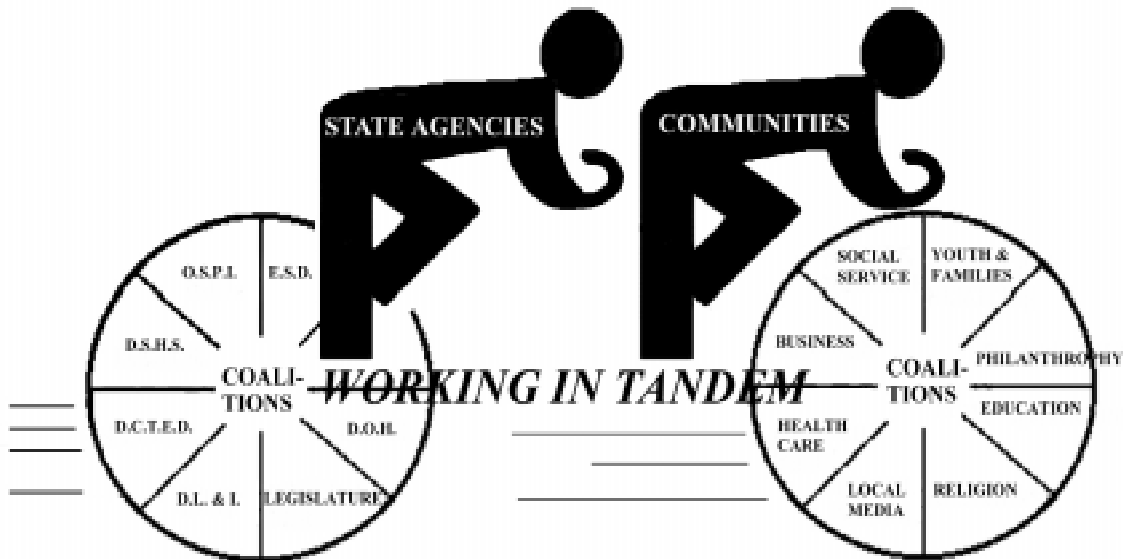
The site summary sections of this report convey the actual voices of the informants—voices of people deeply involved in their communities through the work they do and the emotional, financial, and physical investments they hold. Leaders wield tremendous power and influence over attitudes, perceptions and policy decisions in their communities. Their views can provide a foundation for future communication, collaboration, and the practical application of initiatives and campaigns designed to break the cycle of unintended pregnancies.



# CONCLUSIONS

## READINESS FOR COLLABORATION

Study findings suggest that the family planning climate in the communities studied is primed for state-wide and local collaborative efforts aimed at reducing the incidence of unintended pregnancy. All of the leaders interviewed are concerned about the interrelated nature of their community's social problems, particularly teen pregnancy and the health of families and children. Leaders in Yakima and Spokane are most engaged in thinking about family planning issues and appear ready to move forward with increased prevention efforts. Centralia-Chehalis leaders are less concerned about family planning in general, but share Yakima and Spokane leaders' concern about teen pregnancy and the health of the family. Leaders in all three communities share a vision of public education that includes curricula emphasizing critical thinking, personal and social responsibility, choices and consequences, budgeting, parenting, and sexual decision-making. Many leaders also see a need for parenting classes to help parents communicate more effectively with their children about self and community responsibility, personal boundaries, future goals and sexual decision-making.



### Abbreviations

DCTED	Department of Community, Trade and Economic Development
DL&I	Department of Labor and Industries
DOH	Department of Health
DSHS	Department of Social and Health Services
ESD	Employment Security, Department of
OSPI	Office of the Superintendent of Public Instruction

## **THE ROAD TO SUCCESS: WORKING IN TANDEM**

The road to successful unintended pregnancy prevention efforts requires intensified leader communication and collaboration. Leaders from all sectors at state and local levels must join together to address social issues, strengthen their communities and reduce unintended pregnancies. Using the tandem bicycle metaphor illustrated above, individual agencies and leadership sectors must serve as the supports (spokes) upon which coalitions (tires) are formed. If any spoke fails to carry its weight, a tire may collapse, making progress difficult, if not impossible. Communities and state agencies must then work in tandem to overcome the obstacles they will no doubt continue to encounter on the road to positive community and state-wide growth.

Just as teen and unintended pregnancy are inextricably linked to other social issues, so are individual leadership sectors linked to each other in the creation and resolution of those issues. Solutions will require the active participation of every sector and full utilization of state agency resources. State agency personnel must be ready to form cooperative relationships with community-based coalitions to create innovative, community-specific programs that promote family planning, reduce teen and unintended pregnancy, and build healthier communities.

## **OVERCOMING POTENTIAL ROADBLOCKS, POTHoles AND FLATS**

### **Building Community Consensus and Increasing Leadership Participation**

Divisive issues like birth control, premarital sexual activity and pregnancy termination have created a rocky road for collaboration. Organized prevention efforts breakdown because of a lack of community consensus or participation. It is essential that representatives from all community sectors come together to form community-based coalitions. At the same time, appropriate state agencies will need to form their own coalitions. These state agency coalitions can provide organized, ongoing support and technical assistance to individual communities as they strive to create programs and campaigns that address common objectives and respect cultural, political and religious differences. Strong, cohesive leadership coalitions can ultimately lead to larger, more inclusive forums designed to bridge the separations that currently exist between age groups, racial-ethnic groups, religious and secular communities, and others. Leaders and community members with strong viewpoints and ideologies may need to set aside their personal agendas, choose to compromise and seek common ground that will lead to community consensus.

Despite leaders' shared concerns about teen pregnancy and families, each community has a unique set of social values, norms, and cultural mores. The leaders in this study were highly resistant to externally-imposed initiatives and expressed strong support for organizations and campaigns shaped for and by local social norms.

### **State Agencies Need to be Flexible and Interactive**

State agencies will need to remain flexible, adjusting their role according to the needs and directives of community-based coalitions. The unique characteristics of individual communities, coupled with leaders' distrust of external expertise, make increased interaction between state agency personnel and local leaders imperative. Strong, mutually respectful partnerships between state agency coalitions and community-based coalitions can and will work if consistent, dependable channels of communication are established between state agency personnel and local leaders. With the help of state agencies, communities can bypass much of the information gathering phase and concentrate on creating unintended pregnancy prevention programs and campaigns that suit the needs and sensitivities of their community.

<b>State government can help communities help themselves by . . .</b>	<b>Local communities can help themselves and other communities by . . .</b>
<ul style="list-style-type: none"> <li>• Involving a variety of state agencies and increasing interagency communication and collaboration.</li> <li>• Allowing local communities the opportunity to set their own funding priorities.</li> <li>• Facilitating leadership forums around the issues of unintended pregnancy and family planning.</li> <li>• Working with local educators and other community members to implement community-appropriate life skills, job skills and parent education classes.</li> <li>• Communicating with, encouraging and supporting leaders in their efforts to form broad-based community coalitions; encouraging grassroots, private and public social service agencies to join forces to limit duplication of efforts and competition for dollars.</li> <li>• Working cooperatively with local communities with respect for age, gender, religion, cultural, racial-ethnic, and socioeconomic differences.</li> <li>• Respecting, listening to and learning from the expertise of local leaders and community</li> </ul>	<ul style="list-style-type: none"> <li>• Involving <i>all</i> community sectors and local agencies in prevention efforts and increasing communication and collaboration across cultural, political, and economic differences.</li> <li>• Working with state government to develop and implement unintended pregnancy prevention initiatives and campaigns appropriate to local sociocultural values and norms.</li> <li>• Facilitating and participating in leadership forums around the issues of unintended pregnancy and family planning.</li> <li>• Working with local educators and other community members to implement community-appropriate life skills, job skills and parent education classes.</li> <li>• Encouraging grassroots, private and public social service agencies to join forces to limit duplication of efforts and competition for dollars and turf.</li> <li>• Working together in a spirit of cooperation with respect for age, gender, religion, cultural, racial-ethnic, and socioeconomic status.</li> </ul>

members so as to better serve the people of the state of Washington.

- Sharing local expertise and experience with state government and leaders from other communities.





## REFERENCES

- Ambert A, Adler PA, Adler P, Detzner D. (1995) Understanding and Evaluating Qualitative Research. *Journal of Marriage and the Family* 57(4): 879-893.
- Armstrong K, Kenen R, Samost L. (1991) Barriers to Family Planning Services Among Patients in Drug Treatment Programs. *Family Planning Perspectives* 23(6): 264-271.
- Brown S, Eisenberg L (Eds.). (1995) *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: National Academy Press.
- Department of Social and Health Services (DSHS) (1997) *The News Connection* 6(7): 1-2.
- Frost J, Forrest JD. (1995) Understanding the Impact of Effective Teenage Pregnancy Prevention Programs. *Family Planning Perspectives* 27(5): 188-195.
- Goudie H, Redman J. (1996) Making Health Service More Accessible to Younger People. *Nursing Time* 92(24): 45-46.
- Hertz R, Imber JB. (Eds.), (1995) *Studying Elites Using Qualitative Methods*. Thousand Oaks, California: Sage Publications.
- Hochstrasser D, Gairola G. (1991) Family Planning and Fertility in Southern Appalachia: A Community Study. *Human Organization* 50(4): 393-405.
- Kisker E. (1985) Teenagers Talk About Sex, Pregnancy, and Contraception. *Family Planning Perspectives* 17(2): 83-90.
- Lewis County Community Network. (1996) *Working Together to Make a Difference: Youth at Risk Prevention Plan #1*. Comprehensive Plan submitted to the Family Policy Council, State of Washington.
- Marshall C, Rossman GB. (1989) *Designing Qualitative Research*. Newbury Park, California: Sage Publications.
- Medical Assistance Administration (MAA). (1996) *Fiscal Year Annual Report*. Olympia, Washington: Department of Social and Health Services.
- Miles MB, Huberman MA. (1994) *Qualitative Data Analysis: An Expanded Source Book*, 2<sup>nd</sup> Edition, Thousand Oaks, California: Sage Publications.
- Nix H. (1983) Concepts of Community and Community Leadership. In Lassey W, and Sashkin M. (Eds.), *Leadership and Social Change*. San Diego: University Associates, pp. 238-250.

- Rosenblatt R, Hart LG. (1995) Abortions in Rural Idaho: Physicians' Attitudes and Practices. *American Journal of Public Health* 85(10): 1423-1425.
- Russell A, Williams M, Farr P, Schwab J, Plattsmier S. (1993) Patterns of Contraceptive Use and Pregnancy Among Young Hispanic Women on the Texas-Mexico Border. *Journal of Adolescent Health* 14: 373-379.
- Severy L, McKillop K. (1990) Low-Income Women's Perceptions of Family Planning Service Alternatives. *Family Planning Perspectives* 22(4): 150-168.
- Washington State Department of Health (DOH). (1996) *The Health of Washington State* Olympia, Washington. Department of Health.
- Zotti M, Kozlowski L. (1994) Promoting Prenatal Care: What Do Community Leaders Know and Believe About It? *Public Health - Nursing* 11(4): 206-213.

# APPENDIX

## INTERVIEW INSTRUMENT

### INTRODUCTION

I want to begin by thanking you for the opportunity to interview you today. As you already know, I'd like to ask you some questions about your community and hear your opinions on issues related to family planning. This interview is part of an effort of the Department of Social and Health Services to understand what people feel are major areas of concern in their communities surrounding family planning and related issues, specifically the issue of women becoming pregnant at a time when they didn't plan to have a child. The conversation we have with you and other people in (community), as well as in two other communities, will be used to help develop new plans for family planning services, programs, campaigns, activities. We are interested in hearing from you and other people in your community and we don't have preconceived answers. Your answers will be kept confidential and summarized along with the answers of other people in your community. You were chosen as an informant because of your leadership role in your community.

Before we begin the interview, I need to formally request your consent to be interviewed.

### VERBAL CONSENT

We will not be asking about your personal behavior, and you may refuse to answer any questions. Your name will not be attached to interview notes or to any written record of the interview or final report. Most of the final report will summarize what we hear from many people, but we may present a few quotes from individuals. These quotes will not be identified by name or other identifying information.

**Do you understand that your name or personal information that might identify you will not be connected to your answers in the written report?** Yes  No

Your participation in this study is voluntary.

**Do you agree to participate in this study?** Yes  No

If you are comfortable with being taped, it would make our job of accurately representing what you say to us much easier. Your name will not be recorded on the tape and the tape will be destroyed when the report is finished. I will stop the tape at any time if you ask me to.

**With that understanding, is it okay if I tape this discussion?** Yes  No

## INTERVIEW GUIDE

### 1. I'd like begin by asking you a couple of quick questions about yourself.

Do you live here in (community)?      Yes       No

*(If yes)* How long have you lived here?

*(If no)* Where do you live?

Where did you grow up?

Can you briefly describe any paid and/or volunteer work you do in this community? How long have you been doing it?

Paid Work                  Duration

Volunteer Work          Duration

### 2. For this study, we're interested in knowing more about what things are like here in (community), what makes the community tick, what people are really concerned about... Just in general, I'd like to know what you see as the most important issues facing your community.

### 3. What about women or teens becoming pregnant at a time when they don't plan to have a child?

Do you believe it's of concern in your community? Among your colleagues?

How important is it in relation to the other issues that you mentioned?

### 4. Thinking about your colleagues, what role do you see the (business/religious, etc.) community in (name of town) playing in relation to the issues surrounding unintended/unplanned pregnancies? Do you approve of this role?

### 5. In what ways do you think the (business/religious, etc.) community could become more involved in family planning issues? How could their participation become more effective?

### 6. What services or programs do you know of in this community that help adults and/or teens avoid unintended pregnancies?

*(If yes)* What are they?

What do you think about the job that these services or programs have been doing? Are there any that you know of that have been doing a particularly good job?

7. **If resources were not an issue, what additional programs or services would you like to see in this community?**
8. **Thinking about the influential people or groups in this community, what types of people or organizations here need to be supportive in order for new programs or services to happen?**

What groups or types of people might stand in the way of the kinds of services or programs you would like to see?

9. **When you think about women and teens in your community getting pregnant at a time when they aren't planning to, many issues may come to mind. For the next part of this interview, I'd like you to select from these cards the topics that are of most concern to you personally.** *[The following topic cards are given to the respondent in random order. Numbers correspond to numbers on cards for identification purposes.]*

- (1) Pregnancy among low income women
- (2) Pregnancy among married women who do not wish to be pregnant
- (3) Pregnancy among unmarried women
- (4) Pregnancy for teens under 18 years old
- (5) Discomfort with use of birth control
- (6) Failure to use birth control when a baby is not desired
- (7) Lack of access to birth control services or programs
- (8) Lack of affordable birth control
- (9) Lack of appropriate female birth control methods
- (10) Lack of knowledge about birth control methods
- (11) Lack of male birth control methods
- (12) Lack of male responsibility in the prevention of pregnancy
- (13) Lack of pregnancy prevention education for men/male teens
- (14) Lack of pregnancy prevention education for women/female teens
- (15) Other
- (16) Pregnancy among women on welfare
- (17) Promotion of sexual activity in the media
- (18) Sexual activity among teens under 18
- (19) Sexual activity among unmarried individuals

**10. From the topics which you selected as of concern, would you now sort them into three groups:** *[Interviewer gives following cards to help respondent sort their choices.]*

	Sorted Numbers
Most important to do something about	_____
Somewhat important and needing attention	_____
Less important to do anything about at this time	_____

**11. From the cards which you put in the “most important” pile, which would you prioritize as your top concern? Number \_\_\_\_\_**

**12. Why did you chose number \_\_\_\_\_?**

Are others in (community/locale’s name) aware of this issue? Who is most concerned about it? How serious an issue is it?

Do you feel that this issue is different here than in other communities? Why?

**13. Are there any programs, services, or efforts in (community) that you know of that are working on this issue? What do you know about these programs or services?**

Who runs them? Who do they serve?

Is access a problem?

Are they serving people who need it?

Is the service making a difference?

Do people in (community) support the program or services we’ve been discussing?

**14. If resources were not an issue, what kinds of programs or services would like to see in this community related to the topic you picked?**

What would need to change in (community/locale’s name) in order to implement the kinds of services that you would like to see?

**15. Thinking about the influential people or groups in this community, what types of people or organizations here need to be supportive in order for new programs or services to happen?**

What groups or types of people might stand in the way of the kinds of services or programs you would like to see?

**16. When you picked from the cards, I asked you to pick the topics you feel are of most concern to you personally. Looking back at the cards, what would you select as the issues of most concern to your community?** *(Repeat card sort and probes if desired and time permits. 16a-d optional)*

Sorted Numbers

**16a.** Most important to do something about \_\_\_\_\_  
Somewhat important and needing attention \_\_\_\_\_  
Less important to do anything about at this time \_\_\_\_\_

**16b. Most important to start with:** Number \_\_\_\_\_

**16c. Why did you chose number \_\_\_\_\_?**

What makes this a concern in your community?

Are most people in (community) aware of this issue? Who is most concerned about it?

How serious an issue is it?

Do you feel that this issue is different here than in other communities? Why?

**16d. Are there any programs, services, or efforts in (community) that you know of that are working on this issue? What do you know about these programs or services?**

Who runs them? Who do they serve?

Is access a problem?

Are they serving people who need it?

Is the service making a difference?

Are these services supported by the broader community?  
*(Let informant know that the end of interview is in sight...)*

**17. Various campaigns and initiatives are being discussed for reducing unintended pregnancies. From this next group of cards, please select those which you personally would support in your community.** *[The following cards will be given to the respondent in random order. Letters correspond to letters on cards for identification purposes.]*

- (a) Financial incentives for low income persons not to have an additional child
- (b) Media messages about preventing STDS and HIV/AIDS (brochures, radio announcements, bus billboards)

- (c) Media messages about using birth control (brochures, radio announcements, bus billboards)
- (d) Other \_\_\_\_\_
- (e) Penalties for adult male partners of teen mothers
- (f) Training for parents on how to talk to children and teens about sexual decision making
- (g) Publicly funded birth control services for all low income people
- (h) Rewards for teens who graduate from high school without having a child

**18. Now, please rank those strategies you would support in terms of how strongly you would like to see them in (community/locale's name). (1 being the most strongly supported.)** *[Note: not all letters will be ranked.]*

Letter	Ranking
(a)	_____
(b)	_____
(c)	_____
(d)	_____
(e)	_____
(f)	_____
(g)	_____
(h)	_____

**19. Do you think that your choices on this ranking would be supported by your community? By your colleagues?** (Can repeat last card sort if desired)

**20. Before we finish this interview, is there anything further that you would like to tell me about family planning in your community?** Any questions or comments about the interview itself?

**Thank you very much for your time.** *(Give informant letter about getting more information.)*