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Promoting Wellness for At-Risk Women in Nebraska: A Qualitative Study

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Promoting Wellness for At-Risk Women in Nebraska: A Qualitative Study

by

Hannah K Nelson

A THESIS

Presented to the Faculty of

The Graduate College at the University of Nebraska

In Partial Fulfillment of Requirements

For the Degree of Master of Science

Major: Nutrition and Health Sciences

Under the Supervision of Professor Wanda M. Koszewski

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Health care concerns and beliefs of young women of Nebraska, specifically related to preconception care, was the primary concern of this research. Data collected from focus group interviews (n=24) conducted across the state, in both urban and rural settings, and with women of different racial groups asked questions concerning their belief system for necessary components to maintain a healthy lifestyle. Questions were designed using the Life Course Theory, which is a holistic approach to health. In these interviews, the women identified four main areas that, when improved, can greatly enhance overall wellness. These areas include: attaining better physical health, improving mental health, building stronger relationships with others, and setting goals for future success. These ideas contributed to a social marketing campaign in the state of Nebraska to promote the idea of wellness to these women. The project, “Building Bridges – For You, For Now, For Life,” targeted women who were at-risk for having complications in future pregnancies due to their current lifestyle behaviors in hopes to have healthier future generations of Nebraskans.
Completing this research was a wonderful experience, but at times it was challenging. I certainly could not have done it without the support I have been so fortunate to receive. I would like to thank all those who have helped me, whether it was given in the form of advice or being an ear to listen, while working on this thesis and finishing graduate school.

Many thanks go out to the faculty at the University of Nebraska-Lincoln that has given me tools I needed to complete this task. My advisor, Dr. Wanda Koszewski, was a constant source of knowledge and advice to me. I am grateful for the direction she provided for me. I am also thankful to have an expert in qualitative research, Dr. Ronald Shope, who was able to help me make better sense of the data that I had. I would also like to acknowledge Dr. Kaye Stanek-Krogstrand and Dr. Georgia Jones for being members of my thesis committee.

A special thank you goes to all of my friends and family for just being there. Their confidence in me that I was doing well in graduate school, particularly working on this thesis, did not go unnoticed and I am so thankful to have them in my life.
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CHAPTER I

INTRODUCTION

Public health concerns for women of Nebraska between the ages of sixteen and twenty-five, who are also at risk for being underinsured or having no health insurance, are the focus of this study. Preconception and inter-conception care for these women is one of the primary concerns of this project. Data regarding this population found that access to health care is compromised due to a loss of health insurance as they transition from adolescence to adulthood (1). Preventative health care education to elicit a behavior modification can help reduce the incidence of certain types of conditions, such as sexual transmitted disease, obesity, and unplanned pregnancies. Women, in particular, are faced with many barriers regarding quality health care. In Nebraska, concerns are: isolation from health care services, culturally inappropriate programs, anxiety related to specific health topics, lack of social support and inadequate funding (2).

Having little or no health insurance complicates health care services for this population. A recent population survey conducted in 2008 found that 15% of non-elderly women in Nebraska were uninsured. In 2007, the National Women's Law Center reported that 9.4% of women in Nebraska reported incomes at or below the federal poverty guidelines (3). Of the residents who make less than $15,000 per year, 41% reported having no insurance. Factors that were shown put a woman at a significantly higher risk for being uninsured included being Native American, Hispanic, and/or living in a rural area (4).
Health care in Nebraska is not always easily accessible. It is estimated that over 83% of the population in Nebraska live in areas that are affected by a shortage of health care services. Services that directly relate to the target population, such as family practice and internal medicine physicians, psychiatrists, pediatricians, and OB/GYNs, are particularly affected. It was found that 74% of clients through the Nebraska Title X/Family Planning were uninsured at the time of their service (1).

It is important that these services remain culturally appropriate due to Nebraska’s changing demographics. Among the at-risk population are a high percentage of immigrants. In both rural and urban sectors of Nebraska, racial and ethnic diversity is growing, making up 15.9% of the total population (3).

Proper preconception care and inter-conception care is effective in reducing the incidence of negative birth outcomes. In 2007, teenage mothers accounted for 8.6% of the births in Nebraska (3). The fetal death rate in Nebraska is 7.9 per 1,000, while the objective set by the Healthy People 2010 is 4.1 (HP2010) (5). Premature birth rates have also increased in Nebraska during the period of 1995-2005. Nebraska also has a high prevalence of Low Birth Weight (LBW) and Very Low Birth Weight (VLBW) rates.

As previously mentioned, the number of women dealing with conditions such as sexual transmitted diseases and obesity can be greatly reduced by effective health behavior education. The incidence of sexually transmitted diseases (STDs) in the state of Nebraska has decreased 6.2% from the year 2006 to 2007. Women account for 70.5% of the total reported cases of a STD. Overall, the rate of STDs in Nebraska is lower than the national average (3).
“Building Bridges – For You, For Now, For Life,” is a federally funded project that used the Life Course Theory to increase the awareness of public health issues to the women of the program. Nebraska was one of the thirteen states chosen to receive this grant to help finance the development of a program that will aid young adults in their future roles as parents. As part of the Life Course Theory approach, data from focus group interviews assessed lifestyle habits, media consumption, and general health perspectives of the young women in the study. The objectives of this two-year research project were:

- Increase awareness among women, ages 16-25, of the benefits of a life-course approach to pre- and interconception health.
- Increase awareness among community-based providers of the benefits of a life-course approach to pre- and interconception health and how to incorporate in various settings. (6)

Following the completion of the focus group interviews, professionals at the Nebraska Department of Health and Human Services identified strategies that would have the greatest affect on motivating young women to be more proactive in taking care of their health to help ensure that they will enter into a healthy pregnancy.

The proposed project, “Building Bridges – For You, For Now, For Life,” was the Life Course Theory approach that was designed to promote health and wellness. Life-course strategies that were implemented in this study are important in
understanding the health of the population. This approach offers perspective on issues dealing with risk behaviors, preventative care, and environmental factors (6).

An intervention developed to help deal with public health concerns in this population consists of a social marketing campaign designed for the target population. Social marketing focused on developing healthy behavior will help bring attention to basic preventative health care. Activities such as healthy eating practices, vitamin use, cessation of tobacco use, safe sex practices, mental health, and promoting physical activity will be incorporated into the social marketing messages.

The purpose of this thesis project is to do process and formative evaluation of focus groups conducted to develop a social marketing plan. The data was collected from women 16-25 years of age (n=201), the males (n=31) and helps describe what influences their health care decisions and what their beliefs are regarding attaining overall wellness in life. In the male and female groups combined, the racial groups consisted of 52% Caucasian, 17% African American, 22% Hispanic, and 10% Native American.
CHAPTER II
REVIEW OF LITERATURE

Social Marketing

Marketing is successful when it can make products relevant to the life of the consumer. Strategies to find information vary for each group being targeted because of their different attitudes, behaviors, and interests. Social marketing varies from other forms of commercial marketing because it looks for profits in the individual or society rather than for a company (7). Social marketing, dating back to 1971, is structured to sell healthier lifestyle behaviors that inspire the consumer to make a voluntary change (8, 9). As defined by Grier and Bryant:

*The social marketing process is a continuous, iterative process that can be described as consisting of six major steps or tasks: initial planning; formative research; strategy development; program development and pretesting of material and non material interventions; implementation; and monitoring and evaluation* (9).

An important concept during the initial planning is audience segmentation, which is a process that organizes the general population into groups that share the same values and behaviors that are most likely to benefit from planned health interventions (9). It is not realistic to design a campaign that is capable to fit the needs of an entire community; therefore doing research to find what groups share common concerns is done (8). Similar to commercial marketing, social marketing must be aware of the competition. For public health agencies, this would be the alternative behavior that goes against the recommendations of what is promoted.
Formative research, such as focus group interviews, must be done to understand what the current behaviors and beliefs are for the target population. A better understanding of the consumer helps determine the marketing mix. For example, it may lead to the knowledge of what benefits they desire and what they are willing to change to obtain it (9).

The “marketing mix,” also known as the four “P's” of marketing consisting of: product, place, price, and promotion. It can be applied to help create strategies to promote behavior change (7, 9). The desired health behavior change or benefit is considered the product. For example in a smoking cessation campaign, the product would be a smoke-free community. A health behavior that is being exchanged for a price is considered the product. The price given for the product does not only include a monetary value, but intangible things such as the time, effort, inconvenience, and change in lifestyle that is sacrificed to adopt the new behavior. Where the behavior change occurs, either environmental or situational, is considered the place. An organization that provides a service, for example, is considered a place. Promotion of the behavior can be done through a mixed methodology such as media outlets, personal selling, and advertising. It is important that the promotion strategies are specific to the target population (9, 10). A marketing mix that has been integrated well, meaning that each step is clear and supports the same goal, needs to be in place for the most effective social marketing campaign (9).

A program that has been developed, tested, and placed into use into the target population must also be able adapt to the needs of the consumer as time
progresses to ensure the effectiveness of the campaign. Programs need to undergo continuous monitoring and evaluation to argue if they are worth supporting or to discontinue (9).

**Social Marketing in Health Care**

Social marketing has been shown to be effective in changing health behavior and reducing health care costs (8). Not only is social marketing applied to a specific consumer group, it can also be used as a way to influence policy makers for public health change (9). For social marketing to be effective in health care, it must be a collaborative effort among state, community, and provider levels (8). Objectives of social marketing in health promotion include: “to disseminate new information to individuals, to offset the negative effects of a practice or promotional effort by another organization or group, and to motivate people to move from intention to action (7).” The United States media, in particular, has a great influence on health behavior (8).

Examples of successful social marketing campaigns in health care are the VERB™ campaign initiated by the Center for Disease Control and the Special Supplemental Nutrition Program for Women Infants, and Children (WIC) in Texas. VERB™ was a nationwide campaign that targeted youth between the ages of nine and thirteen to help increase physical activity. The campaign resulted in a 34% increase in weekly free-time physical activity. In Texas, social marketing research was used to help increase the number of clients that participated in the WIC program. A goal in the campaign was to change the perceived idea that WIC was a
welfare program to promoting WIC as a way to help people stay independent by offering assistance during times of need. Over the course of five years, the Texas WIC had an increase of nearly 200,000 participants (9).

Although health promotion activities can be beneficial in changing health behavior, it is a general belief that modifying the environment has a greater impact on the likelihood the intervention will last. Adjusting the environment is usually done by new government policies that promote healthier behavior choices by making them more attractive by implementing taxes on undesired health behaviors, such as smoking (11).

**Social Marketing and Teens**

In the youth population, marketing strategies focus on four categories: gender, age, socioeconomic status, and ethnicity. In the teen population, the strategy is to spread new information that will increase the likelihood of a voluntary health behavior change (7,9). It provides the structure for the new behavior to be learned and integrated into everyday living. Messages have to be simple, strong, repetitive, promote rewards, convincing, and must be presented in an appealing way (7).

An example of a social marketing campaign designed for teenagers was done by the Nevada Extension Service and was used to change the perception of common nutrition beliefs of teenagers in Nevada. The goal of the research was to find ways to increase the intake of nutrient dense foods in that population. Nutrition professionals designed a list of questions to be used in a focus group interview of
middle school students. The goal of the discussion was to find information about the teenager’s perceived benefits and barriers to healthy eating. Once the data was collected, the extension employees summarized the information into the “Four P’s” of social marketing and then developed strategies to plan an appropriate nutrition education program for that age group (10).

**Health Concerns for Women in Nebraska**

In a list compiled by Spector (12), the top ten factors that evaluate the health of individuals the United States include: physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care. The following paragraphs will expand on the target issues the present research: physical activity, overweight and obesity, tobacco and substance abuse, safe sex practices and access to health care.

Physical activity levels in the state of Nebraska are lower than the national average. In the 18-29 age range, 18% of Nebraska residents do not participate in any physical activity outside of work. It was also found that only 25% of Nebraska residents engage in vigorous physical activity, when compared to the national average of 28%. (4).

Overweight and obesity, as defined by a body mass index (BMI) of 25 or greater, is found to be at a higher prevalence with increasing age and in the racial groups of Native American, African American, and Hispanic. Factors that show a significant lower risk for overweight or obesity include a household income of
$75,000 or greater and higher education (4). In the state of Nebraska, 31.5% of the women and 42.3% if men are classified as overweight or obese, which is overall slightly higher when compared to the nation’s 29.7% and 43% average. (3). A study found that the national prevalence of overweight and obesity in female youth was 15.9% and 9.7%, respectively (13).

In a survey conducted by the Center for Disease Control, it was found that the number of female youth who ate at least the recommended five servings of fruits and vegetables per day is around 17% (13). In Nebraska, women are more likely to consume the recommended amount of fruits and vegetables compared to men. An increased intake was also seen with higher education levels. Compared to the rest of the nation, Nebraska, on average, consumes less fruits and vegetables (4).

Related to this study, it is of particular concern the nutritional well being of pregnant teens is of particular concern. Emphasis on nutrition intervention in pregnant adolescents is related to their increased risk for having children with low birth weights, preterm delivery, anemia, and higher postpartum weight retention. Possible explanations for this may be due to factors that are physiological, socioeconomic, and/or behavioral. Common nutrient intakes among this demographic group include higher sugar containing foods and diets insufficient in folate, zinc, iron, and calcium, which may add to the increased risk for adverse pregnancy outcomes (14). Folic acid supplementation in Nebraska has been found to be significantly higher in women who are white, with some college education, and have higher incomes of $25,000 or greater (4).
Behavior risk factors that were taken into account during this study included the abuse of tobacco and alcohol along with responsible sexual activity. It is reported that 11.9% of women smoke every day, while 62% report that they have never smoked. The incidence of binge drinking in 2008 was 12.7% among Nebraska women, which is 2.7% higher than the national average (3). In Nebraska, the incidence of sexually transmitted disease has decreased 6.2% from the years 2006 to 2007, which is lower than the national average. The number of births to unmarried mothers in Nebraska has increased slightly in recent years; however, the upward trend over the past twenty years has doubled the number the births (3).

Access to health care is greatly impacted by income level, health insurance availability, and living in a location that is near health care centers (12). In 2007, 9.4% of women in Nebraska were living in poverty (3), which creates a situation that reduces the ability to be able to afford health insurance. A 2004 study found that 30% of young adults between the ages of eighteen and twenty-four were uninsured (12).

**Life Course Theory**

The Life Course Theory, also known as the Life Course Perspective, explains the relationship between the health of an individual and the social structures that impact. These social structures include: time, place, and the history of the individual. It is a sociological framework that was developed to analyze health behaviors. (15). It can be considered a holistic approach to health care that is aimed to focus on preventative measures for disease treatment. Decreasing the risk an individual has
for developing a chronic disease, such as obesity and diabetes, is at the core of Life Course Theory research. Smoking, diet, and physical activity are the risk factors that are considered to have the greatest impact on health during the life course (11).

It was once a common belief that modifications in health behavior were not needed until adulthood or the onset of symptoms. New research now shows important associations between health behaviors and the impact that societal changes have during youth plays a huge part in the risk level of developing chronic diseases later in life. It is for this reason why the Life Course Theory has been used to decipher where the critical periods for disease prevention occur in the life span. Life Course Theory models begin at the fetal life stage and continue until death and track specific periods that play a crucial part in reducing the risk for disease. (11,16). It consists of five principles: time and place, life-span development, timing, agency, and linked lives (15).

The first of these principles, time and place, varies for each generation because the adaptations made are different depending on the degree of modernization during each era (15, 16). It provides great insight into the advancement in societies and how it impacts the health of the people (16). The health care that is available to an individual will continue to increase as the technological and medical cultures change (15). The advancement in technology and the modernization of culture can have both positive and negative influences on health. For example, modes of transportation and machines that aid in factory work, have been efficient enough that the amount of time people have to be physically active throughout the day has decreased tremendously over the course of time (11).
Life span development, the second principle, is defined by the “view that humans develop in biologically, socially, and psychologically meaningful ways beyond childhood.” It explains the concept that people are shaped by the experiences that they encounter throughout their life and how it can be impacted by factors such as age and gender. (15,16).

The third principle, timing, is a chronological order of events. When life experiences do not occur as expected, it will have both physical and social consequences on the individual (15). Studies on premature infants show that there may be an increased risk for developing diseases, not only related to low birth weight itself, but possibly the rapid growth in height that occurs after birth to compensate (11).

The fourth principle, agency, is “based on the assumption that humans are not passive recipients of a predetermined life course but make decisions that determine the shape of their lives.” It explains that it is the individual’s responsibility to make life choices that will either lead them to a path of success or give barriers to overcome (15). Environmental exposures, both physical and social, that are detrimental to an individual’s health are what will eventually lead to chronic disease in adulthood. (11).

Relationships that reach beyond family are a basis of the fifth principal, linked lives. An individuals’ network of friends and other relationships “shape how individuals interpret life events.” Integration of “social linkages” varies by individual and events. (15, 16).
Research done with life course models gives researchers a chance to look at a population in reference to both the society norms at the time and the health behavior decisions made by the individual. Using both of those views “requires innovated combinations of qualitative and quantitative longitudinal designs (16).”

**Life Course Theory and Health Care**

Social structures and environments that have an effect on the health of society are at the core of Life Course Theory research. Social or environmental structures that make up the five principles of the Life Course Theory include: time and place, life-span development, timing, agency, and linked lives. It is these structures that play an important role in the health of the population. Environmental factors, either social or physical, are often impacted by one’s culture (15).

Time recognition, looking at the past, present, or future, is viewed differently by each culture. Some cultures place heavier emphasis on the future and goals settings, while others live in the moment or present time. This concept may relate to health care in that the concern for the prevention of disease may be more prevalent in cultures that focus on the future (12).

Social environments are often shaped by family circumstances; it is possible that they can provide both support and/or barriers. Barriers that are created through social environments, such as poverty, can impact the availability an individual has to preventative health care and can ultimately have a long-term negative effect their health (12).
CHAPTER III

METHODOLOGY

“Building Bridges – For You, For Now, For Life” was a partnership within the Nebraska Department of Health and Human Services, particularly with the following divisions: Medicaid and Long Term Care, Children and Family Services, Behavioral Services, and Public Health. Other partnerships included: Women’s Health Council, Nebraska Family Planning Council, Public Health Association of Nebraska, Girls and Boys Town, Omaha Healthy Start, Aberdeen Area Health Start (Ponca, Santee, Omaha, and Winnebago Tribes), federally qualified health centers, Lutheran Family Services of Nebraska, Roundtable for Science-Based Approaches to Teen Pregnancy Prevention, and the University of Nebraska. It is the Lifespan Health Unit within the Division of Public Health that was responsible for the administration of the grant.

The University of Nebraska-Lincoln Extension role was to conduct program evaluation on this project. Two graduate students were assigned to the project to do both the process and formative program evaluations. They worked with the Lifespan unit and their subcontractor Bailey Lauerman to analyze the focus group data and to conduct a focus group on Bailey Lauerman staff who did the formative evaluation.

Subjects

Women who are at risk of being underinsured or without health insurance were the focus of the social marketing model that was designed to send messages related to the life-course approach, specifically preconception/interconception care.
The women (n=201) were residents of both urban (n=134) and rural (n=67) settings in the state of Nebraska and are in the age range of 16-25 years. The racial diversity for the women included: Caucasian (n=102), African American (n=36), Hispanic (n=44), and Native American (n=22).

Recruitment methods included referrals from key contacts, flyers, internet social networking sites such as Facebook, and in some locations going door to door. A screening process was done on all of the recruited female participants to determine information regarding age, ethnicity, income level, health insurance, if they were currently pregnant, relationship status, and education level. The participants of this study were protected under an Institutional Review Board (IRB) completed by the University of Nebraska-Lincoln (Appendix A).

**Research Study**

The social marketing messages focused on the two objectives of the grant. Staff at Bailey Lauerman considered several media forms to deliver the message, eventually deciding on a campaign using music. The design of the music campaign was to spread a message to the women about the importance of living a healthy lifestyle, as based on the Life Course Theory. Data that was collected during the focus group interviews was influential in determining what media was used and what messages should be given to the target population. This thesis will take a closer look at the data that was collected during the focus group interviews conducted to develop the social marketing strategy. The two objectives for this thesis are:
• Conduct a qualitative analysis on the focus group participant’s responses to the life course approach workbook. Compare data between males and females, racial and ethnic groups, and the two age categories.

• Determine health themes that appeared during the focus group conducted by Bailey Lauerman. Examine the similarities and differences between males and females, racial and ethnic groups, and the two age categories.

Data Collection - Focus Group Interviews

Focus group interviews were held March through May 2009. During the first year, data was collected in order to develop messages based on the basic concepts of life-course health with the intent to test them on the target population. Qualified professionals from Bailey Lauerman facilitated the focus group interviews. The groups of women were representative of the following populations: low income, uninsured/underinsured, and racial/ethnic groups. Additional focus group interviews were also conducted with male subjects who play a significant role in the lives of these women. The data from the focus group interviews was used to develop a database on what are the important health concepts within this population group. This thesis will analyze transcribed focus group data collected from the women and their significant male relationships to find repeating themes and to do a process evaluation on the focus group process.
Focus group locations were determined using the three congressional voting districts in Nebraska to ensure equality in population distribution. Focus group interviews were conducted in Omaha, Lincoln, Kearney, Howells, North Platte, Lexington, and Santee. Caucasian, Native American, African American and Hispanic women ages 16-25 years were the participants. The groups were divided into two age groups: younger group (n=117) included ages 16-19 years and the older group (n=84) included ages 20-25 years. Male focus groups were conducted in Omaha, Lincoln and Kearney. Focus group interviews were conducted in both English and Spanish. The size of the focus groups varied between six and twelve participants at each site. A total of twenty-four focus group interviews (twenty female and four male) were conducted during this project.

A workbook, which incorporated concepts of the Life Course Theory, was developed by the staff of Bailey Lauerman and was used to gather information along with the focus group interviews. The workbook was based off of a school curriculum from the state of North Carolina that also utilized the nineteen life-course factors within its course “Healthy Living.”

**Statistical Analysis**

The data collected was analyzed using the Atlas.ti software. Using Atlas.ti, health themes from the focus group interviews and workbooks were organized and analyzed. It found the responses to the focus group questionnaire and what the current perceptions about attaining overall wellness. Analysis was done on the following health topics: barriers to good health, goal setting, self-image, where to
access health information, behavior changes desired, developing plans for healthy pregnancies, sexually transmitted diseases, drug and alcohol use, relationships with friends and family, and preventative health measures. Data collected from the male focus groups and workbooks was similar to that of the females. In addition to the female questions, the males were asked to give their opinions on the role a man should have in the health care decisions of the women in their lives.

Because of the nature of qualitative statistics, a single person, Hannah Nelson, was assigned to interpret the entire collection of focus group and workbook data. This was done to help reduce the amount of variability in the results.
CHAPTER IV

RESULTS

Objectives

Research objectives that are the focus of this thesis are as follows:

- Conduct a qualitative analysis on the focus group participant’s responses to the life course approach workbook. Compare data between males and females, racial and ethnic groups, and the two age categories.

- Determine health themes that appeared during the focus group conducted by Bailey Lauerman. Examine the similarities and differences between males and females, racial and ethnic groups, and the two age categories.

Demographic Characteristics

Demographic information (Table 1) for all of the participants (n=232) was collected. Female participants (n=201) in the focus group study were organized into four different racial/ethnic subgroups: Caucasian (n=102), Hispanic (n=44), African American (n=36), and Native American (n=22). The same held true for male participants (n=31), which had subgroups of: Caucasian (n=19), Hispanic (n=8), African American (n=4), and Indian (n=1).

Recruitment methods (Appendix B) for the women included the social networking website, Facebook, a flyer developed by the Nebraska Department Health and Human Services, and friend referrals. The methods were changed from the original plan of using only the flyer due to difficulty finding recruitments, as
noted in the process evaluation notes (Appendix C). Problems occurred in the recruitment because of the key contacts were not able to make referrals to the program due to the information being confidential. Only 9% of the females were recruited using Facebook, 11% from the flyer, and 16% were recruited from a friend referral. Most of the females (44%) were recruited by other means and 20% of the females did not answer the question regarding how they were recruited. The Native American females were recruited from the Santee, Nebraska, area because of its location on an Indian Reservation. Male participants (n=31) used in the study were primarily recruited by the women. They typically had some type of relationship with the women, such as a significant other or family member.

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<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger (16-19)</td>
<td>117</td>
<td>7</td>
</tr>
<tr>
<td>Older (20-25)</td>
<td>84</td>
<td>24</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban²</td>
<td>134</td>
<td>31</td>
</tr>
<tr>
<td>Rural³</td>
<td>67</td>
<td>0</td>
</tr>
</tbody>
</table>

¹(n=232)  
²Urban areas include: Kearney, Lincoln, North Platte, and Omaha  
³Rural areas include: Hastings, Howells, Lexington, and Santee
Looking at the group as a whole, seventy-four percent of the women have changed their health habits over the last year. Fifty-seven percent of the women think about their health daily. Distinguishing between racial groups, 87% Caucasians, 74% African Americans, 59% Hispanic, and 41% Native Americans said they had changed their health habits during the last year. Most of the time this implied that they began an exercise routine or that they started to make better food choices, and occasionally referred to the cessation of smoking, alcohol, or other drugs use.

One of the questions in the workbook asked the women to identify areas in their life that they considered important. The women were asked to circle three items out of the following choices: family, plans for the future, health, friends, a boyfriend, partner, or husband, job/career, education, personal appearance/fashion, and sports/athletic activities.

Family was listed in 94% of the women’s answers as the most important priority in life across all of the racial, age, and location groups. Separating the women by race (Table 2, Figure 1), it is found that the top three priorities of Caucasian women were family, friends, and education. African American and Hispanic women both listed their top three priorities as family, health, and education. Native American women listed family, plans for their future, and education as the top three priorities in their life. Based on age (Table 3, Figure 2), the younger group listed family, friends, followed by education whereas the older group listed family, health, and tie between friends and their significant other for
the third priority. Urban women listed family, friends, and education compared to
the rural women who marked family, plans for their future, and education. Males
listed family, significant other, and a three-way tie existed between health, friends,
and education as their top three priorities, respectively (Table 4, Figure 3).

A section of the workbook was designed to find how the women
communicated with the outside world and their accessibility to technology. Most of
the women, 96%, owned a television at home. Native American women watched the
most television, with 54% saying that they watched between six and nine hours of
television per week. The other racial groups had a majority of the respondents say
that they watched anywhere from zero to five hours of television per week. Of the
women who said they owned a television at home, 82% said they had cable or
satellite stations (Table 6).

Listening to the radio on a weekly basis was reported by 89% of the women.
Most of the women listened to the radio between one to three hours per week
across all racial groups, with the exception of the Native American group who had
just as many girls say they listened to the radio between four to eight hours per
week (Table 6).

Cellular phone usage offered a little more variety of responses across the
racial groups. A total of 89% of the women said that they owned a cellular phone.
Nearly all of the Caucasian women, 99%, owned a cellular phone and of those 93%
used the phone to send text messages. African American women were less likely to
own a cellular phone with only 75% reporting owning one and of those who owned
one 80% had the capability to send text messages. Hispanic women had 89% of the
women saying they owned a cell phone with 82% of those women saying that they sent text messages. The group least likely to own a cellular phone was the Native American group with only 68%, with only 67% of those with the ability to send text messages. Over half of the women, 68%, used their cellular phone to take and/or send pictures (Table 5).

Most of the women talked on their cellular phones between one to five hours per week, with the exception of the Native American group who were more likely to only talk on their phone less than one hour per week. Across all of the racial groups, if a woman had the capability to send text messages, she was likely to send at least seventy-one text messages per week (Table 5).

Ninety-eight percent of the women had access to the internet. Both Caucasian and African American groups had all of the women claim to have access, while only 91% of the Hispanic and 95% of the Native American did. Most of the women, about 47%, spent between three to ten hours on the internet per week. The most popular activities on the internet included checking email, checking social networking sites such as Facebook and Myspace, and watching videos on sites like YouTube (Table 5).

All of the previous mentioned methods of communication proved to be more effective when compared to print sources. About only 50% of the women reported reading magazines and slightly more than that, 57%, said that they read newspapers (Table 6).
Table 2. Female Priorities by race

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total (n=201)</th>
<th>Caucasian (n=102)</th>
<th>African American (n=36)</th>
<th>Hispanic (n=44)</th>
<th>Native American (n=22)</th>
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</thead>
<tbody>
<tr>
<td>Family</td>
<td>188</td>
<td>94</td>
<td>33</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>Plans for Future</td>
<td>59</td>
<td>31</td>
<td>9</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Health</td>
<td>67</td>
<td>25</td>
<td>13</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>Friends</td>
<td>75</td>
<td>49</td>
<td>10</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Significant Other</td>
<td>57</td>
<td>37</td>
<td>7</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Job Career</td>
<td>40</td>
<td>16</td>
<td>6</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Education</td>
<td>83</td>
<td>38</td>
<td>19</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Personal Appearance</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sports/Athletic Activities</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>0</td>
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</table>

1Participants were asked to list the top three topics that were the most important to them.
Figure 1. Top Three Female Priorities by Race/Ethnic Group
<table>
<thead>
<tr>
<th>Variable</th>
<th>Total (n=201)</th>
<th>Younger (n=117)</th>
<th>Older (n=84)</th>
<th>Urban (n=134)</th>
<th>Rural (n=67)</th>
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</thead>
<tbody>
<tr>
<td>Family</td>
<td>188</td>
<td>114</td>
<td>75</td>
<td>121</td>
<td>65</td>
</tr>
<tr>
<td>Plans for Future</td>
<td>59</td>
<td>38</td>
<td>22</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>Health</td>
<td>67</td>
<td>30</td>
<td>36</td>
<td>50</td>
<td>19</td>
</tr>
<tr>
<td>Friends</td>
<td>75</td>
<td>49</td>
<td>28</td>
<td>52</td>
<td>24</td>
</tr>
<tr>
<td>Significant Other</td>
<td>57</td>
<td>27</td>
<td>28</td>
<td>48</td>
<td>14</td>
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<td>Job Career</td>
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</tr>
<tr>
<td>Education</td>
<td>83</td>
<td>60</td>
<td>24</td>
<td>60</td>
<td>25</td>
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<tr>
<td>Personal Appearance</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>9</td>
<td>5</td>
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<tr>
<td>Sports/Athletic Activities</td>
<td>8</td>
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<td>Other</td>
<td>16</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

1. Participants were asked to list the top three topics that were the most important to them.
2. Ages 16-19
3. Ages 20-25
4. Urban areas include: Kearney, Lincoln, North Platte, and Omaha
5. Rural areas include: Hastings, Howells, Lexington, and Santee
Figure 2. Top Three Female Priorities by Age and Location
Figure 3. Top Three Male Priorities

Table 4. Male Priorities

<table>
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<tr>
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</tr>
<tr>
<td>Health</td>
<td>10</td>
</tr>
<tr>
<td>Friends</td>
<td>10</td>
</tr>
<tr>
<td>Significant Other</td>
<td>14</td>
</tr>
<tr>
<td>Job Career</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
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<tr>
<td>Personal Appearance</td>
<td>0</td>
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<tr>
<td>Sports/Athletic Activities</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
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</tbody>
</table>

1Participants were asked to list the top three topics that were the most important to them.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Total (n=201)</th>
<th>Caucasian (n=102)</th>
<th>A. American (n=36)</th>
<th>Hispanic (n=44)</th>
<th>N. American (n=22)</th>
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<td><strong>Cellular Phone</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Do you own a cell phone? Yes</td>
<td>179</td>
<td>101</td>
<td>27</td>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>Do you use it to text? Yes</td>
<td>172</td>
<td>94</td>
<td>22</td>
<td>32</td>
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</tr>
<tr>
<td>Hours spent talking on phone/week? &lt; 1</td>
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<td>13</td>
<td>3</td>
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<td>7</td>
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<tr>
<td>Hours spent talking on phone/week? 1 to 5</td>
<td>76</td>
<td>48</td>
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<tr>
<td>Hours spent talking on phone/week? 6 to 10</td>
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<tr>
<td>Hours spent talking on phone/week? 11 to 15</td>
<td>19</td>
<td>8</td>
<td>3</td>
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<td>2</td>
</tr>
<tr>
<td>Hours spent talking on phone/week? 16+</td>
<td>16</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Hours spent talking on phone/week? NA</td>
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<td>1</td>
<td>7</td>
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<td>6</td>
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<tr>
<td>Texts/per week? 0</td>
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<td>4</td>
<td>0</td>
<td>2</td>
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</tr>
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<td>Texts/per week? 1 to 14</td>
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<td>4</td>
<td>3</td>
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<tr>
<td>Texts/per week? 15 to 28</td>
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<td>5</td>
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<td>Texts/per week? 29 to 70</td>
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<td>Texts/per week? 71+</td>
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<tr>
<td>Texts/per week? NA</td>
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<td>3</td>
<td>7</td>
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<td>6</td>
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<tr>
<td>Do you take or send photos? Yes</td>
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<td>75</td>
<td>21</td>
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<td>11</td>
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<td>5</td>
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<tr>
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<td>7</td>
<td>4</td>
<td>6</td>
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<td><strong>Internet</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Do you have access to internet? Yes</td>
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<td>102</td>
<td>36</td>
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<td>21</td>
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<tr>
<td>Hours on internet spent/week? 1 to 2</td>
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<td>10</td>
<td>13</td>
<td>13</td>
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<td>Hours on internet spent/week? 3 to 10</td>
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<td>52</td>
<td>14</td>
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<td>Hours on internet spent/week? 11 to 19</td>
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<td>24</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Hours on internet spent/week? 20+</td>
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<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Variable</td>
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<td>Caucasian (n=102)</td>
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<td>Hispanic (n=44)</td>
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<tr>
<td><strong>Television</strong></td>
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<td></td>
</tr>
<tr>
<td>Own? Yes</td>
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<td>95</td>
<td>35</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>Hours watched/ per week? 0 to 5</td>
<td>112</td>
<td>61</td>
<td>21</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Hours watched/ per week? 6 to 9</td>
<td>50</td>
<td>23</td>
<td>6</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Hours watched/ per week? 10 to 14</td>
<td>21</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Hours watched/ per week? 15 to 21</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hours watched/ per week? 21+</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hours watched/ per week? NA</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td><strong>Print</strong></td>
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<tr>
<td>Do you read magazines? Yes</td>
<td>100</td>
<td>49</td>
<td>17</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Do you read newspapers? Yes</td>
<td>115</td>
<td>63</td>
<td>18</td>
<td>26</td>
<td>9</td>
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<td><strong>Radio</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Do you listen to the radio weekly? Yes</td>
<td>178</td>
<td>93</td>
<td>29</td>
<td>39</td>
<td>20</td>
</tr>
<tr>
<td>Hours spent listening to radio/ week? 0</td>
<td>21</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
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<td>Hours spent listening to radio/ week? 1 to 3</td>
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<td>45</td>
<td>18</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Hours spent listening to radio/ week? 4 to 8</td>
<td>50</td>
<td>27</td>
<td>9</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Hours spent listening to radio/ week? 9 to 15</td>
<td>18</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Hours spent listening to radio/ week? 16+</td>
<td>18</td>
<td>9</td>
<td>1</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>
Health Themes from Focus Group Interviews

The focus group interviews covered several different topics relating to the life course theory (Appendix C). After an analysis of the data, it showed that the women had four specific health topics, or themes, that they agreed to be important in achieving overall wellness. These themes include: physical wellness, mental wellness, relationships, and goal setting. It was a consensus of the women that it was a combination of all of these things that paint the picture of good health. One respondent described a person who is healthy as, “the way that one takes care of themselves mentally, physically, emotionally, putting themselves in healthy situations, the decisions they make, the choices they make…”

Physical Wellness

Women believed that at the core of having physical wellness is proper nutrition and adequate exercise, some specifically mentioning that you cannot maintain a healthy weight without both being present. However, having both of those does not always come easy, as one woman said, “It’s not that easy because a lot of times you have problems. It’s very hard to eat well all the time or even do exercises. It’s easier to be a person that doesn’t really care.” It was the balance of eating healthy most of the time and getting enough exercise in their life that was the most important to them in their pursuit of physical wellness. When asked what the girls would like to do for themselves to make themselves healthier, the most popular answers were to eat healthier followed closely with increasing the amount of exercising they were involved in.
Nutrition beliefs of these women all stemmed from the basic concept of choosing the right foods with moderation. Many women believed that they were allowed to eat anything they wanted, as long as they were conscious of the amounts, showing little evidence of restrictive behaviors. Most of the women tried to incorporate more fruits and vegetables into their diet and limit fast food and highly processed food intakes. It was a common belief that eating healthy begins with better choices at the grocery store and was a process that leads to improving food preparation methods at home. Other advice given about eating habits included: avoiding keeping unhealthy food choices at home, avoiding grocery shopping while hungry, reading food labels, educating yourself about healthful eating, limiting snacking, drinking more water, and recognizing when you are satisfied to avoid overeating.

Obstacles that many of these young women encounter when trying to plan for a healthy diet included: time, availability, temptations or cravings, and the high cost of food. The pace of living often feels too fast that eating food, such as fast food or other convenience foods, seems like the best choice, despite their knowledge of it being the less healthful choice. Schedules were busy between school, sports, and jobs that free time spent cooking was not a luxury many of the women have; some even mentioning that they do not have time to eat at all. It takes a lot of willpower to avoid food cravings and temptations that stand in the way of better eating. “I can’t be healthy all of the time. Some people are more motivated than others.” Fast food is often considered the best choice financially when compared to buying fresh fruits and vegetables.
Exercise was a key component in the women’s theory of properly taking care of their health. It was also the most common habit that was changed during the past year in many of the women’s lives to make themselves healthier. It was discussed several times that getting into an exercise routine requires a lot of self-discipline and willpower. Getting enough exercise helps improve self-image and was a critical component to avoid weight gain. A common explanation as to why a young woman does not get enough exercise was the lack of time. In rebuttal to the issue of lack of time, one woman noted, “we all have time, we just don’t take time for it. I don’t think it’s that hard, but it’s something that we really just don’t do.”

A healthy appearance was an important piece in having excellent physical health. Personal hygiene was important and was an indicator that they carry themselves well. The women believed that having good oral hygiene should be included in this and felt that regular dentist appointments are necessary. Media influence has a negative affect by using extremely thin models and celebrities to advertise, which created pressure on the women to become thinner themselves. Many of the girls mentioned that being too thin was a way to describe someone as being unhealthy. Getting enough hours of sleep at night was something that the women believed to be important in maintaining a healthy appearance, but several mentioned that it was hard to do with their busy schedules.

In addition to diet and exercise, the women mentioned other important aspects related to self-care. Avoidance of unhealthy behaviors, such as drugs, smoking, and alcohol, was mentioned as something that all women should do for themselves. Alcohol abuse was the most common form of abuse present in these
women, compared to other drug abuse. Some of the girls pointed the blame on the lack of things to do in their communities that created the perfect environment to abuse alcohol. Others mentioned that at this stage in their life, alcohol abuse was expected, especially in a college setting. One woman described the situation as,

“I think that it’s just more socially acceptable at this age to be pretty involved in alcohol, especially if you are going to college, social drinking. It’s just kind of something that people need in order to interact with each other or they say they do. It’s not taking into consideration how much.”

A woman from the Santee area mentioned that the abuse of alcohol can start as early as the age of thirteen. Alcohol abuse has become something that was expected in many communities.

In response to a question asking about what their health care concerns were, the women had a variety of answers. Cancer, particularly breast cancer, is a major health issue that these women pay attention to. Others mentioned included: obesity, diabetes, HIV/AIDS, alcohol abuse, addictions, sickle cells, hypertension, antibiotic resistance, and the ability to have children. Sexually transmitted diseases (STDs) were also a concern for this age group. Women agreed that the way to prevent STDs was to get tested regularly, use safe sex practices such as condoms, use common sense, take advantage of resources such as Planned Parenthood, and knowing your partner. If women have concerns about healthcare, most of them rely on the internet for their information; most claimed it was related to the embarrassment they feel when asking other people. Other women felt comfortable
asking a family member or friend who worked in the healthcare industry, most likely a nurse.

Taking care of physical wellness during pregnancy was also considered important. The women discussed a variety of ways to improve health during pregnancy, which included: avoidance of caffeine, drugs, and alcohol, adequate sleep, scheduling regular doctor appointments, use of prenatal care such as vitamins, finding support from friends and family, and drinking plenty of water.

“I think that stopping bad things before your pregnancy is really important because the person that is more prepared and knows the risks that can bring bad things or at least know what the consequences are that can come from the vices and knowing full well what can happen or at least think twice about doing stuff while you're pregnant.”

An important point that was brought up in the discussion of a healthy pregnancy was responsible family planning; avoiding situations that foster bad decisions, such as unplanned pregnancies. Having stability, both financially and emotionally, are needed before the consideration of a family should be discussed.

Having good physical wellness was considered important, yet often difficult to attain. One respondent commented, “I think that you are never really satisfied with your body and with yourself.” A support system from friends and/or family was considered helpful in maintaining good health. Family was the source of the most encouragement to live a healthy lifestyle.
Mental Wellness

The lack of self-esteem was the most common answer the girls used to describe someone who was unhealthy. Popular words that were used included unstable of lack or self-confidence. One woman described it as, “someone who doesn’t take pride in themselves.” Another woman described the situation as, “...sometimes when you don’t feel good about yourself, you abuse other people with your words and actions.” A positive outlook helped maintain a good self-esteem. Positivity related to self-esteem because as one girl mentioned, “...I think that your mentality, your attitude, determines what you look like on the outside...I think your eyes are very telling on a person if they’re healthy or not, and just the way they carry themselves.”

Discovering self-identity, or the ability to be true to herself, was an important point made throughout the conversation. Knowing this can help them better understand both their strengths and their weaknesses. Motivation to do well, exampled by involvement in activities or religion, helped develop this skill. Learning from the mistakes of others and being willing to make some mistakes of her own was considered part of the process because it provides the way to know how to make better choices. Something that hinders finding self-identity was the need to always seek approval from others, a feeling of discomfort when around people, and being in an environment that has a negative influence. One of the women described this as, “someone who has good self control and stays in touch with reality, like not too much or too little, has a pretty good idea of where they’re at.”
Related to finding self-identity was the concept of the women finding a love for herself by being “...happy with the way you are and not try to be someone you’re not.” Being able to accept who she was mentioned several times when the women were asked to describe someone who was healthy. Confidence in their capabilities, showing kindness to others, a positive outlook, being in touch with reality, avoiding unsafe environments, avoiding unhealthy relationships, and managing stress are all part of the process that led to achieving self-acceptance. Loving her body and treating it right was part of developing a love for self.

Stress management was a topic that was discussed frequently over the course of the conversation. Finding balance in life was considered a key component to help lower stress, this was done by being better organized and getting enough sleep. Gaining a new perspective on a troubling situation was considered to be helpful in overcoming stress; it allows time to reflect about it and learn to let it go. One of the things that the women mentioned to avoid doing was dwelling on the past. Something that the women felt that needed to be done during stressful times was to find a release or a way to find clarity in their thoughts. Ways to go about doing this were involvement in hobbies that bring pleasure, exercise, and/or finding support by friends and family.

School was the most stressful thing occurring in their lives right now, followed closely by finances and career choice, both current and future career plans. Pressure from others added to their stress about important decisions in this stage of their lives. An overwhelming feeling of the unknown or uncertainty about what was ahead of them caused anxiety, particularly with school, careers, and relationships.
There was some fear that goes with getting older and taking on more responsibility with family, such as raising children of their own. Making good choices so that it does not interfere with their chances of being successful in their future also weighed heavy on their minds.

**Relationships**

Having healthy relationships, with friends, family, and significant others was another topic that the women felt to be particularly important in having overall wellness in life because “…having good people around you really helps motivate you to go farther in life.” This could mean knowing when to end a relationship that was having too many negative influences to knowing how to choose better friends. Relationships provided support throughout many aspects of their lives. It was important to these women that they were able to differentiate between a healthy and unhealthy relationship.

Ways to build a healthy relationship was to have personal independence and self-confidence already established. Having that in place will allow it to be easier for the women to meet new people and share feelings. Traits that the women felt were required in a healthy relationship included: honesty, ability to compromise, available to them, good listener, social, respectful, positive outlook, patience, nonjudgmental, and a nice appearance.

Looking at relationships with the father of their children or future children, the women wanted someone who would like to be married. They looked for characteristics of a good father figure; for them it meant their ability to take care of
someone else. Finding someone who also valued having a family is important because many of the women expressed interest in having children of their own. Many women want to wait to have children until they are in a stable relationship, usually meaning marriage.

Goal Setting

The women were given a list of health-related topics and were asked to pick which one was most interesting to them; goal setting and education goals were at the top of the list. On why goal setting was important, one of the women stated, “you just need that little push, or else you won’t get anywhere.”

Setting short-term goals was the first step for these women to becoming successful because it “makes all of the choices along just easier.” Guidelines that they used to set short-term goals included: creating measurable goals, finding role models, flexibility with plans, being well organized, staying in school, knowing when to ask for help, finding positive reinforcement, and having the drive to better yourself. Possible reasons why following through on short-term goals was difficult were financial hardships, lack of support from friends and family, poor stress management, and being unrealistic with expectations.

Future aspirations for these women included finishing school, beginning a career, and having a family of their own. The long-term goal of “being successful” held different meanings for many of the women. Popular descriptions of success included: going back and finishing school, gaining more independence and responsibility, exploring new opportunities, moving away to a new place, stopping
smoking or using drugs, volunteering more, being financially secure, lowering stress, and having pride in the work they accomplish. The women were aware of the possibilities that may interfere with achieving these goals, which included negative relationships, having a family when unprepared, and finances. Overall, most of the women said that the most important thing was to be happy and feel content with the path their life had taken.

Future planning was a source of anxiety for these women. Heavy emphasis on education was placed on these girls because they realized it is importance to allow them to move on to achieve the goals they had set for themselves. For many, education was seen as their only way to get out of their current living situation and allow them to pursue better opportunities. Maintaining high levels of motivation to improve was what kept these girls focused and helped avoid making bad choices.

**Differences Between Men and Women**

The men were asked similar questions regarding these topics and for the most part were in agreement with the life strategies that the women had discussed. They too also mentioned an importance for eating healthy, exercising, education, and setting goals to help achieve success. An important distinction in the men’s focus groups was that they were asked to give their opinion of women's health issues.

Men believed that a major cause of stress for the women were the friendships that they had, school, appearance, and unable to be comfortable with themselves. The men believed that many of the stressors in the women’s lives could
be avoided by finding healthier relationships with their friends and by surrounding themselves with more positive people in general. Pregnancy concerns for women, in the male opinion, were being well prepared before, specifically mentioning being financially stable, and having completed school. Some of the men mentioned that they would be willing to accompany their significant other to doctor appointments for support if they were asked, although the situation may make them feel uncomfortable.
CHAPTER V

DISCUSSION

A look at the research showed that this population group faced many barriers to healthcare, including isolation of services, culturally inappropriate programs, anxiety about sensitive health issues, lack of social support, and inadequate funding (2). Data from this study finds that these women take it upon themselves to find answers to their health questions, often due to the feeling of embarrassment, as shown by the high number of women who turned to the internet as their primary source of health information. It was hard to know from the data if the women feel isolated from health care services; several women were familiar with popular health services such as Planned Parenthood. Social support for these women seemed to be present, but responses indicated that the amount of support varied greatly for each woman. Only 85% of nonelderly women in Nebraska were covered with health insurance (3) and that number was greatly impacted by income level (4). Preventative health care awareness measures, especially in women, were in need of improvement. For instance, 70.5% of the total reported cases of sexually transmitted diseases were women (3).

The purpose of this research was to find what the women believed to be important health issues, or health themes, by answering questions built around the Life Course Theory. Another goal of this research was to decide if social marketing, specially what type of media, would be an effective way to share preventative health messages to this population.
Health Needs Related to Life Course Theory

Nebraska has a higher than the goal average, as set by Healthy People 2010, of fetal deaths. The incidence of fetal death and other negative birth outcomes could be greatly reduced by proper preconception care (3). Health changes needed to positively impact reproductive health that were looked at with this study included physical activity, overweight and obesity, tobacco and substance abuse, safe sex practices, and access to health care. Social structures and environments impacted the health of these women and were often influenced by family circumstances, which may provide support and/or barriers (15).

The women believed that physical wellness was achieved through lifestyle habits of adequate physical activity, proper nutrition, hygiene, taking safer precautions when having sex, and making smarter choices regarding other health behaviors. Although this belief was widely accepted, it was not always easy to be obtained. The most common barriers to exercise and nutrition were time, money, and lack of motivation. Avoiding substance abuse was hard; some found it more challenging than others. It had become a normal occurrence in many communities and many of the women stated that they wished to either cut back or quit their use of alcohol, tobacco, and other drugs. Practicing safe sex was usually on their mind, but environmental influences, such as alcohol and peer pressure, often contributed to poor judgment.

Looking more closely at nutrition and physical activity levels, the women often claimed to fall short of what they believed to be a healthier lifestyle that they wanted for themselves. Both the intake of fruits and vegetables and physical activity
levels for women in Nebraska were lower than the national average (4), and these women felt that time and finances greatly impacted their decisions relating to diet and exercise. Many of the women stated that they ate too much fast food or convenience items than they would have liked to because of those reasons mentioned.

An important element in maintaining overall wellness was the ability to have sound mental health. Self-esteem and self-confidence were issues facing young women in this group. The women were more likely to take control of their health if they felt that they deserved to feel the best they possibly could. Not only was it important for developing their self-worth, it was also a critical component in having healthy relationships with other people.

Relationships, as defined by the Life Course Theory, provided the basis for an individual’s interpretation of life events (15,16). The women valued their relationships with family above all other types of relationships. Most of the women regarded the relationship with their family as a constant source of support, a group of people that can always be counted on. An interesting point of view provided by the men was that the source of a lot of stressors in the lives of these women coming from their relationships with their friends.

Adapting different health care choices during pregnancy was commonly done, which goes along with the Life Course Theory in that specific times or conditions impact choices (11,16). Pregnancy was a situational circumstance that provides temporary motivation for them to make wiser health choices. It was an agreement among the women that during pregnancy, eating healthier, exercising,
taking vitamins, drinking enough water, and going to the doctor became more
important. Preconception care was impacted by husbands/partners to a limited
extent. Most men were willing to provide support for the women, but it was a
general belief that the woman should be in control. Supporting the women included
activities such as going along with them to doctor appointments and encouraging
them to live a healthy lifestyle. The women wanted to be in a relationship with their
husband/partner who can provide them with support and have specific
characteristics of a good father figure.

_Social Marketing Messages_

Effective use of social marketing can help decrease health care costs (8) and
was an important step in making public policy health care changes (9). One of the
objectives of this research project was to determine how social marketing could
help spread health information to this group of women and how it could be
designed to be the most effective.

Because social marketing uses a mixed methodology to spread information
(9), it would make a good format to promote wellness in this population. Social
marketing could be designed to adapt to the diversity among the population while
still using a media that all have in common, especially the use of technology. The
most effective way of providing information to the women appears to be the use of
cellular phones, television, and radio rather than print sources of magazines and
newspapers.
Because of the growing diversity in Nebraska's population, the social marketing messages would be more effective if they are available in other languages, specifically Spanish.
CHAPTER VI

LIMITATIONS

This study has limitations in that the data collected can only best paint the picture of the attitudes and beliefs of the women questioned (n=201) and cannot be guaranteed to apply to the entire population of young women in Nebraska. The data was more specific rather than a general view of the population.

Another limitation was the demographics of the participants. Female participants by race included: White 50.7%, African American 17.9%, Hispanic 21.9%, and Native American 10.9%. The female demographic representation did not match that of the Nebraska census. According to the 2000 census, the racial breakdown of the population included: White 89.6%, African American 4.0%, Hispanic 5.5%, and Native American 0.9% (17). A limitation found in the data collection process included no representation of Native American males.
CHAPTER VII

CONCLUSIONS

A social marketing design to improve the health of women for preconception care would need to promote the benefits, or rewards, of a lifestyle that would be considered optimum health (7). As previously mentioned, the idea of overall wellness has several pieces, including physical, mental, relationships, and goal setting. Finding a message that is able to give the women confidence to want to better themselves in all of those areas would be greatly beneficial. Many of the women realized that they were in control of their own futures. Providing encouragement to give them strength to organize what health care strategies are appropriate for them may be effective in improving their overall wellness.
REFERENCES


Appendix A
University of Nebraska-Lincoln Institutional Review Board

University of Nebraska-Lincoln IRB ........................................................................................................53
Bailey Lauerman Consent and Release Form .......................................................................................55
June 17, 2009

Wanda Koszewski  
Department of Nutrition and Health Sciences  
120C LEV UNL 68583-0806

Hannah Nelson  
Department of Nutrition and Health Sciences  
243 N 44th St Apt 108 Lincoln, NE 68503

IRB Number: 2005069521EP  
Project ID: 9531  
Project Title: Building Bridges Grant

Dear Wanda:

This letter is to officially notify you of the approval of your project by the Institutional Review Board (IRB) for the Protection of Human Subjects. It is the Board’s opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study based on the information provided. Your proposal is in compliance with this institution’s Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

Date of EP Review: 06/11/2009

You are authorized to implement this study as of the Date of Final Approval: 06/17/2009. This approval is Valid Until: 06/16/2010.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:
- Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which is the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- Any breach of confidentiality or compromise in data privacy related to the subject or others; or
- Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

For projects which continue beyond one year from the starting date, the IRB will request continuing review and update of the research project. Your study will be due for continuing review as indicated above. The investigator must also advise the Board when this study is finished or discontinued by completing the enclosed Protocol Final Report form and returning it to the Institutional Review Board.

If you have any questions, please contact the IRB office at 472-6965.
Sincerely,

Mario Scalora, Ph.D.
Chair for the IRB
CONSENT AND RELEASE

March 11, 2004

Consent of Parent or Legal Guardian

The Lincoln, Nebraska market research and communication firm of Bailey Lameleon is conducting market research for the Nebraska Department of Health and Human Services. The research will explore health, weight, and activity-related information and practices among women and men ages 18-23.

Research interviews will be held in a discussion group setting and will be led by a research moderator. The discussion will be audio-taped and these audio tapes will be transcribed.

The discussion group recording and transcripts will be used for research purposes only. They will remain confidential and will be represented as volumetric data files that are associated with this project. Recordings and transcripts will not be used for any other purposes without written consent by the student's parent or legal guardian.

I have read and understood the paragraphs above. As parent or legal guardian of the minor child who will participate, I understand that all discussions will be kept confidential and will be used for research purposes only. Bailey Lameleon will be conducting the Department of Health and Human Services. I also consent to the use of the recorded interviews as described above.

If I have any questions or concerns about the market research project, I understand that I may call Bailey Lameleon at (402) 475-2600 and ask for Maggie Simmons.

Date: __________________________

Name of Student:

Student's Date of Birth: __________________________

Signature of Parent or Legal Guardian: __________________________

Print Name of Parent or Legal Guardian: __________________________

Telephone Number of Parent or Legal Guardian: __________________________
Appendix B
Recruitment Material

Key Contact Recruitment ................................................................. 57
Flyer ........................................................................................................ 58
Female Screening Information ............................................................. 59-60
Dear Colleague:

To encourage young women to adopt healthy lifestyle habits at a young age in order to promote long term health and well being, we need to communicate effectively with them. Planning and managing that communication requires a clear understanding of how this life course planning is viewed by young women, ages 16-25.

We have retained Bailey Lauerman, a Nebraska communications and research firm, to conduct this research on behalf of the Nebraska Department of Health and Human Services. During the next several months, Bailey Lauerman will conduct a research study to understand the attitudes of these young women of all backgrounds, towards life course planning.

Your insights and assistance are important to the success of this study. Reaching the key audience will involve identifying young women who fit our demographic profile and who can participate in a research interview.

We hope you will be available to share your perceptions and opinions about life course planning and how to reach our key demographic.

Thank you for your help. If you have any questions about this request or the research project, you can contact Maggie Simpson at (402) 479-0246.

Sincerely,

Paula Eurek
Administrator
Lifespan Health Services
Division of Public Health
Nebraska Department of Health and Human Services
EARN $40
FOR PARTICIPATING IN A
DISCUSSION GROUP

REQUIREMENTS
- Female 16-25
- Have not been pregnant

If you or someone you know meets the above requirements, you may qualify to participate in a discussion group on health and lifestyle issues and earn $40. The focus groups will run about an hour and a half.

Please contact Maggie Simpson to apply and find out more information.

Phone (Between 8 & 5) Registration Website
(800) 869-0411 www.ResearchBL.com/NE

Please respond by April 10

Eastman Research, a Nebraska communications firm, is conducting a research project. We will be doing a large number of focus groups throughout the year and are currently recruiting in your area.
1. Gender
   a. . . . Female

2. Are you now or have you ever been pregnant?
   a. . . . Yes
   b. . . . No
   c. . . . Not Sure
      (1 if YES, circle)

3. What is your current income?
   a. . . . Low—Below $25,000
   b. . . . Middle—$25,000 to $75,000
   c. . . . Upper—Above $75,000
      (1 if UPPER income, circle)

4. What is your age?
   a. . . . 16-17
   b. . . . 18-19
   c. . . . 20-21
   d. . . . 22-23
   e. . . . 24-23

5. Are you currently...
   a. . . . Single, living at home with parent or guardian
   b. . . . Single, living alone or with someone other than your parents, guardian, or a sibling
   c. . . . Married
   d. . . . Other (Describe: .................................................)
6. Do you currently have health insurance?
   a. . . . Yes
   b. . . . No
   If YES) who pays for your health insurance?
      • . . . Through my work, my spouse's work, or my parent's work
      • . . . Parent/guardian
      • . . . Other (Describe: .................................................. )

7. Which of the following best describes your race? (All that apply)
   a. . . . Native American
   b. . . . African American
   c. . . . White
   d. . . . Asian
   e. . . . Hispanic
   e. . . . Other (Describe: .................................................. )

8. Are you currently a student in high school or college?
   a. . . . Yes
   b. . . . No
   (If YES): What is your current grade level? ........................................
   What school are you attending? ....................................................

9. Are you currently working for wages?
   a. . . . Yes
   b. . . . No
   If YES: Are you employed...?
      • . . . Full-time
      • . . . Part-time

Thank you for your time. We will add your name to our file and we will call when we have an opportunity in your area.
Appendix C
Process Evaluation Notes
Summary of Process Evaluation Focus Group with Bailey Lauerman and the Nebraska Department of Health and Human Services

September 16, 2009

To begin recruiting participants for the focus groups, key informants in each community were needed to help locate the desired population of young, at-risk women. Bailey Lauerman received a list of contacts from the Nebraska Department of Health and Human Services (NDHHS) and then expanded their search to community organizations that specialized in working with the target audience. A cover letter provided by the NDHHS was provided to assure the key informants that the research being conducted was legitimate. Those organizations then helped the staff at Bailey Lauerman by giving them referrals and recruiting among other groups that were advocates of women’s health issues.

Locations that were chosen for the project were based on the population distribution of Nebraska. The three congressional voting districts were used as a guideline. Cities used for focus group interviews included: Omaha, Lincoln, Schuyler (with some women from Howells), North Platte, Kearney, Lexington, Hastings (with some women from Grand Island), and Santee. Ethnic populations targeted were Caucasian, African American, Hispanic, and Native American. Focus groups were held in both English and Spanish.

A mixed-methodology was used to recruit the women. Flyers were posted in clinics and schools, internet sites such as Facebook were utilized, and in some cases going door to door. This differed from the original plan of using only the flyers and key contacts because those two methods alone were not producing enough eligible
subjects. Key contacts were not as effective as they were expected to be because several of them had confidentially agreements preventing them from giving information, such as victims of abuse that may have fit the profile well. All of the material used did not include information that the study was affiliated with the government for fear that it would impact the number of recruits. Overall, the telephone number listed on the flyer was the most effective in recruiting than the internet media.

Some locations were harder to find recruits than others. For example, in Lexington it was particularly challenging to find Hispanic women willing to participate in the project. In the Native American population, Bailey Lauerman had the best contacts with the Santee Indian Reservation. The Lincoln and Omaha areas were the easiest for the staff to find recruits due to their proximity and contacts. These reasons explain why some cities took longer than others to recruit and therefore begin the focus group interview process.

Bailey Lauerman faced several challenges finding a representative sample. Women who are not in an educational system were difficult to find. To overcome that obstacle, they recruited from employers who tend to have a high percentage of their employees that are young women, such as the certified nurse's assistants in the Tabitha Healthcare system. Also women who lived in a rural setting would more than likely know each other, which was something that the staff wanted to avoid.

A challenge in finding the female subjects was that for the population they were searching for were more than likely not already in the system. They wanted women who had never been pregnant and were at-risk for having no or not enough
health insurance. Women who have children are more likely to have received aid in some form by an organization, which places them in a system. There are no current organizations established that deal specifically to women that they were searching for.

Focus group participants underwent a screening process conducted by the staff of Bailey Lauerman. Questions to find out age, race, education, income level, if they were pregnant, relationship status, if they had health insurance, and who paid for health insurance were asked. Not many of the recruited subjects were turned down because of the clearly listed criteria on the advertisements. Women, who were under the age of 18, and their parents had to sign a consent form to be able to participate in the study.

Due to the limited number of female recruits found in Lexington and Santee, exceptions were made in the screening process. In these two locations, it was difficult to find women who have never been pregnant before.

Recruitment for the male focus groups consisted of referrals from the female subjects. The age range for them was not the same and most had some type of relationship with the female, such as husband, boyfriend, or father. There was no male focus group done for the Native American population due to time constraints. Men were asked questions regarding their perspectives on women, not women’s health issues. A total of four male focus groups, three Caucasian and one Hispanic, were held.

Both men and women were given a compensation of forty dollars to participate in the focus groups. The women were split into two separate groups
based on their age. One group included women who were 16-20 while the other
group was 21-25. The reason for the split was because of the staff of Bailey
Lauerman felt that they would get better results if the women were among their
peers. For example, a 16 year old in high school would more than likely not be able
to relate well to a 25 year old who has a full time job. The number of women in each
group of women ranged between six and twelve. Focus group interviews were
located in community centers, churches, and schools and all moderated by
experienced Bailey Lauerman staff.

Posters of women in various settings were used as a way to begin the
discussion. The women in the focus groups were asked to choose women who they
thought appeared healthy and those who did not. The facilitators felt that doing this
activity was a good ice-breaker for the women to begin talking, with the hope of it
leading them to tell their own personal stories. Questions stayed fairly consistent
among all of the locations. If some questions were left out, it was due to time
restraints. In the later focus groups, some questions the amount of sleep was added.
An average length of the focus group session was an hour and a half.

A barrier that occurred during the interview was that some of the women
were more talkative than others. Staff at Bailey Lauerman attributes that to some
women having more trust issues giving information to strangers than others. In the
Native American population, trust between the facilitator and the group was low.
Smaller groups may have been more effective to deal with that issue. A sense of “no
hope” was felt in the Native American population at Santee. The women from
Santee believed that the only way off of the reservation was to receive an education,
but they did not have the resources such as money to do so. Abuse of drugs and alcohol was so common in their community that they felt it was inevitable for the children to be exposed to it. Discussions about preconception and interconception health care, type II diabetes, and genetics were not effective with this population. It is a belief that pregnancy is something that “just happens.”

Reflecting back on the focus groups, the staff at Bailey Lauerman was pleased with the results. There were some questions that they wished they had asked for information about, including “what role would you like the men in your life to play?” A surprise that was found was in the Hispanic population, that despite being male dominant, the men wanted the women to control their own health care.

Along with the focus group discussions, the participants were asked to fill out a workbook. Bailey Lauerman collaborated with Macro International, which is owned by Info USA, in the development of the questions. Macro International offered feedback regarding the questions. The workbook consisted of questions that were designed to find out how they prefer to receive communication and lifestyle questions such as what types of music and television they enjoy, and where they like to go shopping.

In addition, the workbook contained questions about life-course topics such as goal setting, healthy relationships, and reducing stress. The topics were based off of 19 life-course health factors that were derived from a North Carolina curriculum titled “Healthy Living.” It did not undergo any formal testing before being used in the focus group, mainly because the project was under a strict timeline that it wouldn’t have been possible. It was, however, looked over by a group of twelve
professionals who had experience working with young women. Bailey Lauerman
staff was satisfied with the way the workbooks worked in the focus group
interviews. The life-course theory was the only model that was used in the
development of the materials. It is the belief of the NDHHS that this model is the
best fit for the project.

Information gathered from the workbooks was used to help identify
strategies that would be used to deliver the social marketing campaign. It is
important to consider what technology would be available to the population
considering that they of a lower income status. It was surprising to the facilitators
how much technology the women had access to; it was clear that it was a priority in
their lives.

The next phase of the project is marketing strategy. At this point, it is still in
the early stages of development. Experts in communication channels will be utilized
for the planning of the social marketing approach. Bailey Lauerman came up with a
list of ideas and presented them to the NDHHS. The top four choices were music, an
interactive computer, videos, and a social site. It was decided among staff at the
NDHHS to use local music talent and/or musicians originally from Nebraska to help
develop material for the social marketing campaign. Establishing an emotional
connection is the goal of using the music.

An obstacle encountered between the two groups (NDHHS and Bailey
Lauerman) was the terminology. Words such as strategy, messages, topics, and tag
lines, social marketing vs. social media gave the staff difficulties trying to clearly
communicate between the two groups.
Appendix D
Workbooks

Female Workbook........................................................................................................69
Male Workbook.........................................................................................................81
1. Please help us learn more about you:

   My favorite TV show is .................................................................

   My favorite movie is .................................................................

   My favorite place to hang out with my friends is ............................

   My favorite song, musical artist or type of music is ........................

   My favorite website is ..............................................................

   My favorite place to eat is ...........................................................

   The one thing I like to do more than anything is ..............................

   In 2-3 years, I would like to see myself as: ..................................
2. Please circle three things that are most important to you.

- My family
- My plans for the future
- My health
- My friends
- My boyfriend, partner, or husband
- My job/career
- My education
- My personal appearance/fashion
- Sports or athletic activities
- Other ...........................

Of the three things you just circled, choose the one that is the most important to you and write 2-3 sentences about why it is the most important to you.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
3. In your home or apartment, do you have a TV?

   YES       NO

   a. If yes, in your home or apartment, do you have cable or satellite TV?

      YES       NO

   b. How many hours a week do you spend watching TV?

      0-5 hrs   6-8 hrs   10-14 hrs   15-21 hrs   21+ hrs

4. During a typical week, do you listen to the radio?

   YES       NO

   a. How many hours a week do you listen to the radio?

      0       1-3 hrs   4-8 hrs   6-15 hrs   16+ hrs

   b. What station do you listen to most? ________________________
5. During a typical week, do you read any magazines?

   YES  NO

   a. If you read magazines, which ones?

   ______________________  ______________________
   ______________________  ______________________

6. During a typical week, do you read the local newspaper?

   YES  NO

   a. If you read the newspaper, what news or information are you most interested in? _________________________________
7. Do you have a cell phone of your own?

    YES    NO

    a. If you have a cell phone, how many hours do you spend talking on
    the phone during a typical week?

        Less than 1 hr    1-5 hrs    6-10 hrs    11-15 hrs    16+ hrs

    b. If you have a cell phone, do you use it for texting?

        YES    NO

    c. If you use your phone for texting, how many messages do you send
    in a typical week?

        0      1-14      15-23      24-70      71+

    d. If you have a cell phone, do you use it to take and send photos?

        YES    NO
8. Do you have access to the internet?

   YES       NO

a. If you use the internet, where is the computer you use? (Circle all that apply)

   AT HOME   SCHOOL   PHONE   OTHER

b. How many hours do you use the internet in a typical week?

   1-2 hrs   3-10 hrs   11-19 hrs   20+ hrs

c. If you use the internet, what activities do you do at least weekly? (Circle all that apply)

   Visit Facebook
   Visit MySpace
   Visit Twitter
   Use email
   Watch videos/YouTube
   Watch TV shows online
   Write my own blog
   Chat with friends
   Play online games
   Download music
   Shop
   Post ratings/reviews of products/services
   Upload photos or videos to the web
   Other:  .............
9. **How often do you go shopping just for fun?**

   Once a week  
   Twice a month  
   Monthly  
   Every other month  
   Never  

   a. **Where is your favorite place to shop?** ____________________________

   b. **In which town is your favorite place to shop?** ____________________________

10. **How often do you think about your own health and how your personal choices might affect your health?**

    Daily  
    Weekly  
    Monthly  
    Only when I'm not feeling good  
    Never
11. Following is a list of subjects that are related to good health and personal well-being. Please review this list using these instructions:

- Put an 'x' next to any subject you have some interest in.
- Put an 'O' next to subjects that aren't important to you.
- At the end, circle the ONE subject that interests you most.

--- Setting goals for yourself:
- Choosing the future you want and making a plan for that future

--- Having good, supportive friends:
- Making friends with people you can depend on

--- People understand me when I talk:
- Knowing how to help people understand you

--- Healthy relationships:
- Understanding what to expect from a good relationship, how to avoid a bad relationship, and/or seek help

--- Education goals:
- Making a plan for getting the education you want, such as graduating from high school or entering college

--- Volunteering:
- Volunteering, such as helping with recycling, campaigning for a candidate or cause

--- Being safe:
- Avoiding things that cause accidents and injury, like driving too fast, or drinking and driving, walking home alone at night

--- Avoiding getting sick:
- Understanding how you can keep from getting sick, getting a STD, having an asthma attack or diabetes reaction

--- The way I look:
- Taking pride in the way you look and knowing how to take care of yourself
— Knowing how your body grows:
  Understanding how the human body develops and what you can do for healthy growth

— Health resources:
  Learning what kind of health information is available and where you can find it, having a regular doctor, dentist, a place to go for health information, knowing how to follow a prescription

— Knowing how to deal with stress:
  Knowing how to manage things in your life that are not easy, what to do if you feel overwhelmed

— Good self-esteem:
  Understanding what you can do to feel good about yourself

— Self-control skills:
  Managing things you do that may be harmful to yourself and others. Managing your anger or negative feelings and urges

— Healthy minds and emotions:
  Knowing how to deal with feelings that affect normal life, such as coping with failure or loss

— Having plans for a future family:
  Having goals about having or not having children, how many, and when you want to have them. Leading a healthy life before you get pregnant

— Nutrition and exercise:
  Making healthy eating choices, exercising, and maintaining a healthy weight

— Staying away from illegal drugs and alcohol:
  Understanding how drugs, alcohol, and tobacco can harm your health

— Using prescription and nonprescription medications correctly:
  Knowing how misusing medicine can hurt you
12. Using the boards that are displayed in the room, please answer the following questions.

   a. Which picture shows someone who is healthy?

   b. Which one picture shows someone you really would not want to be like?

13. If you could do one thing to make yourself healthier, what would you do?
14. Have you changed anything this past year to be healthier?

YES  NO

a. If yes, what did you change and why?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If you have a male partner who would be willing to be in a discussion group and receive $40, please give their contact information.

Name: ____________________________________________________________________

Phone: ___________________________________________________________________

E-mail: ___________________________________________________________________
1. Please help us learn more about you:

My favorite TV show is

My favorite movie is

My favorite place to hang out with my friends is

My favorite song, musical artist, or type of music is

My favorite website is

My favorite place to eat is

My favorite sport is

The one thing I like to do more than anything is

In 2-3 years, would like to see myself as
2. **Please circle three things that are most important to you.**

- My family
- My job/career
- My plans for the future
- My education
- My health
- My personal appearance/fashion
- My friends
- Sports or athletic activities
- My girlfriend, partner, or wife
- Other

Of the three things you just circled, choose the one that is the most important to you and write 2-3 sentences about why it is the most important to you.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
3. In your home or apartment, do you have a TV?

   YES   NO

   a. If yes, in your home or apartment, do you have cable or satellite TV?

      YES   NO

   b. How many hours a week do you spend watching TV?

      0-5 hrs   6-9 hrs   10-14 hrs   15-21 hrs   21+ hrs

4. During a typical week, do you listen to the radio?

   YES   NO

   a. How many hours a week do you listen to the radio?

      0    1-3 hrs   4-8 hrs   9-15 hrs   16+ hrs

   b. What station do you listen to most? ____________________
5. During a typical week, do you read any magazines?
   YES      NO

   a. If you read magazines, which ones?
      ___________________________  ___________________________
      ___________________________  ___________________________

6. During a typical week, do you read the local newspaper in print?
   YES      NO

7. During a typical week, do you read the local newspaper online?
   YES      NO

   a. If you read the newspaper, what news or information are you most interested in? ____________________________
8. Do you have a cell phone of your own?

YES  NO

a. If you have a cell phone, how many hours do you spend talking on the phone during a typical week?

Less than 1 hr  1-6 hrs  6-10 hrs  11-16 hrs  16+ hrs

b. If you have a cell phone, do you use it for texting?

YES  NO

c. If you use your phone for texting, how many messages do you send in a typical week?

0  1-14  15-28  29-70  71+

d. If you have a cell phone, do you use it to take and send photos?

YES  NO
9. Do you have access to the internet?

   YES  NO

   a. If you use the internet, where is the computer you use? (Circle all that apply):

      AT HOME  SCHOOL  PHONE  OTHER . . . .

   b. How many hours do you use the internet in a typical week?

      1-2 hrs  3-10 hrs  11-19 hrs  20+ hrs

   c. If you use the internet, what activities do you do at least weekly? (Circle all that apply)

      Visit Facebook  Chat with friends
      Visit MySpace  Play online games
      Visit Twitter  Download music
      Use email  Shop
      Watch videos/Youtube  Sports information
      Read news  Post ratings/reviews of products/services
      Watch TV shows online  Upload photos or videos to the web
      Write my own blog  Other: . . . . . . . .
10. How often do you think about your own health and how your personal choices might affect your health?

Daily  Weekly  Monthly  Only when I’m not feeling good  Never

11. What do you do in your free time? ________________________________

______________________________
12. Following is a list of subjects that are related to good health and personal well-being. Please review this list using these instructions:

- **In the box to the left** put an 'X' next to any subject in which **YOU** would be interested in knowing more.
- **In the box to the right** put an 'X' next to any subject that you think would be important for **A WOMAN IN YOUR LIFE** to know more about.
- Once you've marked all the important subjects for both you and for a woman in your life, please put a star next to the subject box that represents the subject that is the **MOST IMPORTANT FOR YOU** and then put star next to the subject box that is the **MOST IMPORTANT FOR THE WOMAN IN YOUR LIFE**.

<table>
<thead>
<tr>
<th>For You</th>
<th>For Her</th>
</tr>
</thead>
<tbody>
<tr>
<td>— Setting goals for yourself:</td>
<td>— Setting goals for yourself:</td>
</tr>
<tr>
<td>Choosing the future you want and making a plan for that future</td>
<td></td>
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<tr>
<td>— Having good, supportive friends:</td>
<td>— Having good, supportive friends:</td>
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<tr>
<td>Making friends with people you can depend on</td>
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</tr>
<tr>
<td>— People understand you when you talk:</td>
<td>— People understand you when you talk:</td>
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<tr>
<td>Knowing how to help people understand her</td>
<td></td>
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<tr>
<td>— Healthy relationships:</td>
<td>— Healthy relationships:</td>
</tr>
<tr>
<td>Understanding what to expect from a good relationship, how to get along in a relationship, and/or seek help</td>
<td></td>
</tr>
<tr>
<td>— Education goals:</td>
<td>— Education goals:</td>
</tr>
<tr>
<td>Making a plan for getting the education you want, such as graduating from high school or entering college</td>
<td></td>
</tr>
</tbody>
</table>
For You

— Volunteering:
  Volunteering, such as helping with recycling, campaigning for a candidate or cause

— Being safe:
  Avoiding things that cause accidents and injury like driving too fast, or drinking and driving, walking home alone at night or practicing safe sex

— Avoiding getting sick:
  Understanding how you can keep from getting sick, getting a STD, having an asthma attack or diabetes reaction

— The way you look:
  Taking pride in the way you look and knowing how to take care of yourself

— Knowing how your body grows:
  Understanding the how the human body develops and what you can do for healthy growth

For Her
<table>
<thead>
<tr>
<th>For You</th>
<th>For Her</th>
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<tbody>
<tr>
<td><strong>Health resources:</strong></td>
<td></td>
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<tr>
<td>Learning what kind of health information is available and where you</td>
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<tr>
<td>can find it, having a regular doctor, dentist, a place to go for</td>
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<tr>
<td>health information, knowing how to follow a prescription</td>
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<tr>
<td><strong>Knowing how to deal with stress:</strong></td>
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<tr>
<td>Knowing how to manage things in your life that are not easy, what</td>
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</tr>
<tr>
<td>to do if you feel overwhelmed</td>
<td></td>
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<tr>
<td><strong>Good self-esteem:</strong></td>
<td></td>
</tr>
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</tr>
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</tr>
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<tr>
<td>you want to have them</td>
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<tr>
<td><strong>Nutrition and exercise:</strong></td>
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<td>Making healthy eating choices, exercising, and maintaining a healthy</td>
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<td>weight</td>
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<tr>
<td>For You</td>
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</tr>
<tr>
<td>— Using prescription and non-prescription medications correctly: Knowing how misusing medicine can hurt you</td>
<td></td>
</tr>
</tbody>
</table>
13. Using the boards that are displayed in the room, please answer the following questions.
   a. Which picture shows a healthy man or a man who is displaying healthy behaviors?

   

   b. Which picture shows an unhealthy man or a man that is displaying unhealthy behaviors?

   

14. Using the boards that are displayed in the room, please answer the following questions.
   
   a. Which picture shows a healthy woman?

   

   b. Which one picture shows an unhealthy woman?

   


15. Has your significant other changed anything this past year to be healthier?

YES    NO

a. If yes, what did she change and why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix E
Focus Group Interview Guides

Female........................................................................................................................................96
Male........................................................................................................................................99
NDHHS, BUILDING BRIDGES – HEALTH MESSAGES Revised: April 2, 2009
AND PROTECTIVE FACTORS
FOCUS GROUP, WOMEN AGE 16-29
MODERATOR’S GUIDE (FINAL)

Moderator’s Notes

- Welcome participants and offer them bottled water and cookies/snacks.
- Ask participants to write their first name on a table place card.
- Before beginning the session, tell participants:
  - We are only interested in their opinions. There are no right or wrong answers to any of our questions.
  - The session will take about an hour and a half and it will be audio taped. Participants’ identities will not be revealed in the final report.
  - For recording purposes, participants need to speak one at a time and we may ask them to speak up.
- Remind participants that they will receive $40 at the end of the session.

Step 1: Workbook
Take participants through step-by-step completion of five manuals: lifestyle and life course workbook, including information for additional recruitment (male and female, as appropriate).

Step 2: Discussion

1. ‘Go around the table, one participant at a time. Let’s start by talking about the pictures you chose. What one shows someone who is healthy or demonstrated really healthy behavior? Why?’

2. ‘Which picture shows someone you really wouldn’t want to be like? Why?’

3. ‘Next I’d like to do a real quick exercise—again going around the room—what words come to mind that you would use to describe someone who is unhealthy?’

4. ‘What words would you use to describe someone who is really healthy?’

5. ‘Let’s say you were working with a group of friends to put together a list of tips for healthy living that would appear in a magazine. You have to come up with one idea in each of the following areas. What would you say? (If time is an issue, ask four of the following, either odd or even numbered questions. Always end with “T”):
   - Developing a good self image? Why do you say that? (T2: Mental/Emotional Health)
   - Building good relationships with other people? Why do you say that? (T2: Interpersonal)
   - Having good eating habits? Why do you say that? (T4: Nutrition)
   - Practicing good personal hygiene? Why do you say that? (T2: Personal/Consumer Health)
   - Managing unhappy or stressful things in your life? Why do you say that? (T2: Mental/Emotional Health)
6. Setting goals for your future? Why do you say that? (T1: Future or earlier)

7. Developing a plan for having a healthy pregnancy and a healthy baby? Why do you say that? (T2: Reproductive)

8. (T1: Future) Thinking about your future in general, what is most exciting to you? What do you worry about? When are you more likely to think about what might happen in the future?

9. (T2: Mental/Emotional) What is the most stressful thing in your life today? Why?

10. (T1: Future) In the workbook, we asked you to write down where you would like to see yourself in two-three years. What were some of your thoughts? (Probe for sources of and career goals.) How is this different than what you see now? What will it take to make that happen? What might stop you from having the life you see? Do anyone write down ideas about good health?

11. (All go around the table) From the list of health-related topics in the workbook, which one did you choose as most interesting? Why? What might keep young women from doing healthy things in the area you chose? What would make it easier for people to do things that are healthy for them?

12. (All) What is the most important thing you need to do to protect your own health? Why is this important? Thinking about your life, what has helped you most in understanding how to live a healthy life? Thinking about your life, who encourages you to be healthy and take care of yourself? What have you learned from your mother or other important person in your life about being healthy? What kind of diseases do you think about or worry about?

13. (T1: Future) Do you wait for special events in your life to change or improve something about yourself? What are some examples? If you could work on developing one healthy habit, what would you do?

14. At your age, what do you think is the biggest difference between being healthy and unhealthy? (T2: Mental/Emotional) If you had to talk about your health, who would you talk to or where would you look for information? (From the workbook) Have you done anything in the last year to be healthier? What have you done?

15. (T2: Personal/Consumer Health) How often do you think someone your age should see a doctor? A dentist? Why do you say that? (Probe: At your age, when is it important to see a doctor or dentist regularly?)

16. (T4: Nutrition) Is it more important to you to manage your weight or to eat a healthy diet? What might keep you from eating the healthy diet that you want? (Probe: What healthy habits help you keep your weight in check?)

17. (T4: Substance abuse) Thinking about women your age that you know, do you see abuse or overdose of alcohol, tobacco, drugs or medical as a problem? Why do you say that? What could be done to improve the situation?
17. What should women your age do to protect themselves from sexually transmitted diseases? Do most women you know take care of themselves this way? Why or why not?

18. [Teen Reproductive Health] Some of you may decide to have a family some day; do you think there is anything you should be doing today that would help you have a good pregnancy and a healthy baby in the future? (Probe: Why is that important? How far in advance should a mother start thinking about how her health will affect her baby? If a woman has started her family, what should she do between pregnancies to assure the good health of her new baby? What are your thoughts today about planning to have a healthy baby?

19. Is there anything anyone would like to add?

20. Last thing, I'd like you to go back to the workbook pages 9 and 10 and draw a line through two additional topics that are of less interest to you than other topics. PLEASE WRITE ON THE BACK OF THE WORKBOOK WHERE YOU HEARD ABOUT THE FOCUS GROUP.

Conclusion

Thank you for all your help today. Please remember to fill out the contact information if you have a male partner so that we may contact them to participate in a future discussion group. Please leave your workbook on the table and please sign and date the form saying you received payment for the session.

Again, thanks.
1. How many of you listen to music on an I-Pod or another type of MP3 player? How many of you listen to music mostly on the computer such as Pandora.com?

2. (Go around the table, one participant at a time) Let’s start by asking about the music you choose. Which song makes you feel happy or sad? What is the most frequently played? Why?

3. Which picture shows a woman who is healthy or demonstrating a healthy lifestyle? Why?

4. Is it easy to be healthy? Why or why not? What is the biggest difference between someone who is healthy and one who is unhealthy?

5. Let’s say you were in a conversation with someone, man or woman that you knew well, what would you tell them if they needed someone to go for advice on:
   1. Having a good self image? Why do you say that? (T3: Mental/Emotional Health)
   2. Having good eating habits? Why do you say that? (T4: Nutrition)
   4. Setting goals for their future? Why do you say that? (T1: Future-oriented)
   5. (Female only) Having a plan for a healthy pregnancy and a healthy baby? Why do you say that? (T3: Reproductive)
8. Do you see practicing good personal hygiene as a problem among people you know? (Probe: If yes, why do you say that?)

7. (T2: Mistaken answer) What is the most stressful thing in your life today? Why? Thinking about the young women in your life that you know well, what seems to be the most stressful to them?

8. What is the most important thing you can do to protect your health? What is the most important thing young women should do to protect their health? What could a man do to encourage a woman to be close to take care of her health? (Probe: influencing decisions, making sure she goes to the doctor, etc.)

9. Do you ever have conversations about health with the woman in your life? Is this something a man should do? Why? (Probe: What are these conversations about? How early in a relationship would you feel comfortable discussing health topics?)

10. Have you ever gone with somebody you were in a relationship with to the doctor? How were you treated? (Probe: Did the doctor engage you in the conversation as well? Did you suggest that you go to the doctor with your son I can't either?blurry text)

11. How do you stay connected to men and women? (Probe: Cell, Facebook, MySpace)

12. (All go around the table) From the list of health-related topics in the workbook, which one did you choose as most important for you? Why? For the young woman in your life? Why? What might keep someone from doing healthy things in the area you chose?

13. If you could work on developing one healthy habit, what would it be? Have you done anything in the last year to improve your health?

14. Thinking about your life, what has helped you most in understanding how to be healthy? Who encourages you to be healthy? What kind of diseases do you think about or worry about?

15. (T2: Personal/consumer health) How often do you think someone your age should see a doctor? A dentist? Why do you say that? Is this different for men and women? (Probe: At your age, is it important to see a doctor or go to the dentist regularly?)

16. (T4: Nutrition; Shows of hands) Is it more important for you to manage your weight or to eat a healthy diet? Is it more important for the young woman in your life to manage their weight or to eat a healthy diet? Why?

17. (T4: Substance abuse) Thinking about people your age that you know, do you see abuse of overuse of alcohol, tobacco, drugs or medication as a problem? Why do you say that? What about gambling? What could be done to improve the situation?

18. What should men do to protect themselves from sexually transmitted diseases (STD's)? What should young women do to protect themselves from sexually transmitted diseases? Who is responsible?
19. (T: Future) Do your plans for the future include having a family? Why or why not? If you have a plan for a future family, have you discussed this with the woman in your life?

20. (T: Reproductive health) What should a young man think about before deciding to have a baby? What kind of things should a woman think about before deciding to have a baby? (Probe: what kind of health issues should she think about?) If a woman was going to do something before she was even pregnant—something that would help with a good pregnancy and a healthy baby—what should she do? Would you talk to her about it?

2*. Is there anything anyone would like to add?

Conclusion

Thanks for all your help today. Please leave your workbook or the table and please sign and date the form saying you received payment for this session. Again, thanks.