

# Social Isolation as a Barrier in Hot Spot Communities

Findings from The California Wellness Foundation  
Teen Pregnancy Prevention Initiative

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The evaluation of the Teen Pregnancy Prevention Initiative is a joint project of Philliber Research Associates; SRI International's Center for Education and Human Services; and the University of California, San Francisco's Institute for Health Policy Studies.

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In 1996 The California Wellness Foundation began the \$60 million 10-year Teen Pregnancy Prevention Initiative (TPPI), designed to decrease the incidence of teen pregnancy by increasing the proportion of teens who delay the initiation of sexual activity and/or effectively use contraception. With input from a variety of constituencies, a comprehensive grant making program was designed that included funding for:

- community action;
- public education and policy advocacy;
- professional development and leadership recognition;
- research; and
- evaluation.

Seven California hot spot communities were selected as target communities to reduce teen pregnancy through Community Action Program grants.<sup>1</sup> These communities included neighborhoods of large cities (Hollywood and South Los Angeles), suburban communities (Oceanside and Richmond), and small cities (Indio, Madera and Modesto). Some were in southern California, some in northern California, and the rest were in the Central Valley.

Surveys were conducted with adolescents and their caregivers in each of these communities in 1999 and repeated in five of these communities in 2003. Random samples were drawn of households and pairs of interviewers screened those households to find where adolescents lived. In households with adolescents, a randomly selected adolescent and caregiver (most often a parent) were paid to complete interviews. A total of 2,995 pairs of surveys were completed in 1999 and 1,600 pairs of adolescents and caregivers were interviewed in 2003.

This brief explores social isolation among adolescents within the target communities in 1999, including:

- the degree of social isolation;
- demographic differences between degrees of social isolation;
- knowledge of available services; and
- the relationship of social isolation to behavior.

<sup>1</sup> Hot spot communities are the 25% of California ZIP codes that contain the highest rate of births to 15-17 year olds (Jeffrey Gould California Potential Project Areas for Adolescent Pregnancy Prevention Programs UC Berkeley School of Public Health, 1996.)

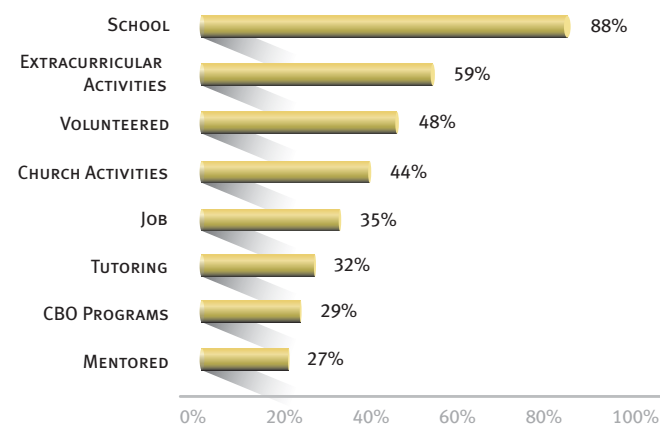
## Social Isolation Among Adolescents in Hot Spot Communities

A quarter of the adolescents demonstrate high social isolation.

### Participation in the Community

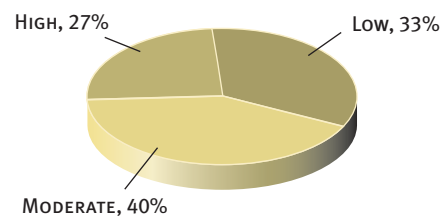
Adolescents living in the hot spot communities were asked whether they had done any of eight specified activities during the past year. Those activities included attending school, doing volunteer work, taking part in extracurricular school activities, holding a job, participating in church activities, and participating in programs conducted by community-based organizations.

Eight out of nine adolescents attended school and three out of five were involved in extra-curricular activities. About half of the sample had done volunteer work and a similar number participated in church activities. A third had held a paying job and a third had been in a tutoring program. A quarter had taken part in programs conducted by community-based organizations and a quarter had had a mentor.



### Degree of Isolation

A composite measure of social isolation was created by counting the number of different types of activities in which a youth engaged. A quarter of the group participated in no more than two activities and were classified as having high social isolation. Two-fifths participated in three or four activities and were classified as having moderate social isolation. A third engaged in five or more activities and were classified as low social isolation.

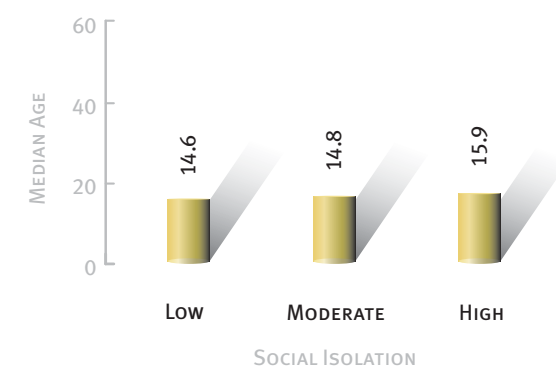


## Demographic Correlates of Social Isolation

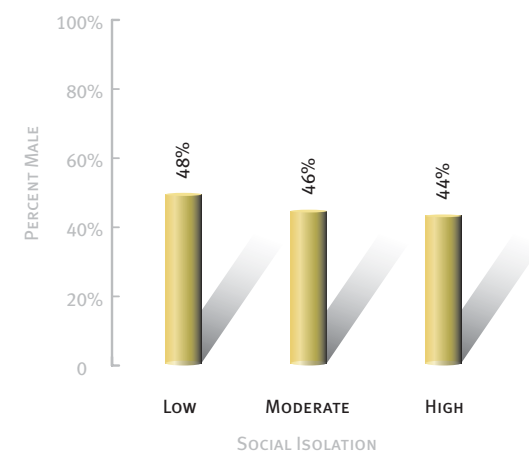
Socially isolated adolescents were more likely to be older and Latino.

### Age Differences in Social Isolation

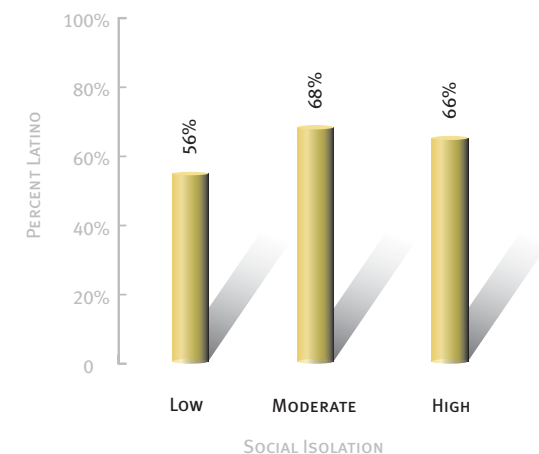
Adolescents who demonstrated high social isolation were more likely than those with low social isolation to be older and to be Latino. The median age of those with high social isolation was 1.3 years older than those with low social isolation. Ten percentage more of those with high social isolation were Latino. There were no substantial differences in gender between the low and high isolation groups.



### Gender Differences in Social Isolation



### Ethnic Differences in Social Isolation

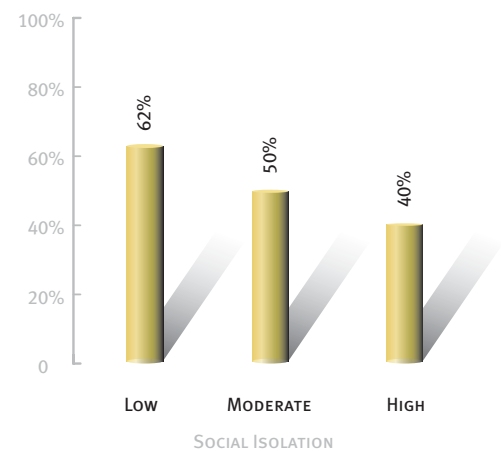


## Knowledge of Community Services

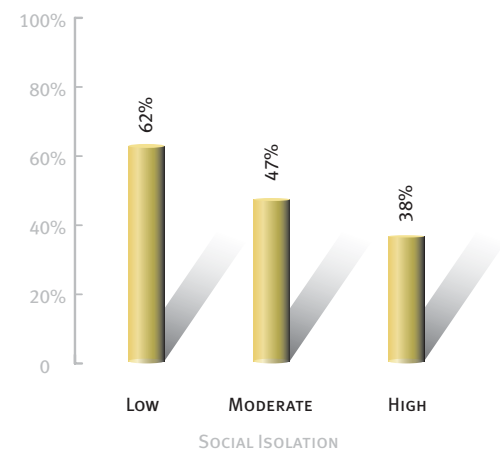
More isolated adolescents knew the least about available services.

### Know Program to Help Get Better Education

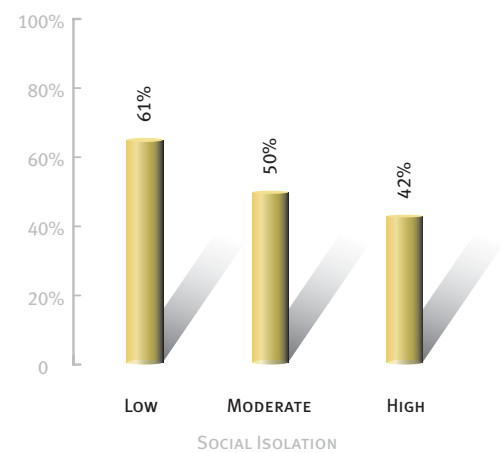
The more isolated adolescents were, the less likely they were to know where to get help to assist them with education, jobs or careers. Compared with adolescents with low social isolation, highly isolated adolescents were a third less likely to know where to get help.



### Know Program to Help With Career

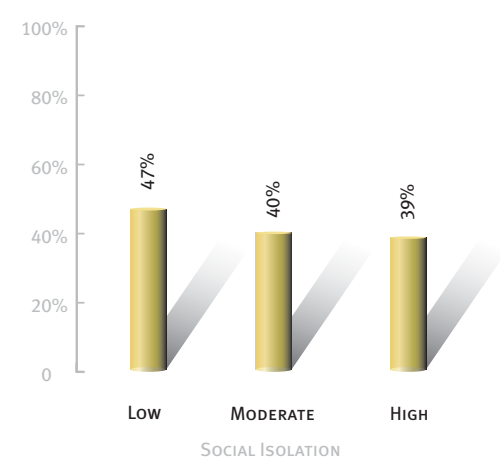


### Know Program to Help Get Job



### Know Place to Get Contraception

Adolescents who were the least isolated were the most likely to know where to get contraceptives. Only two in five adolescents who were highly isolated knew where they could get contraceptives whereas almost half of those who were most involved in the community knew where they could get them.

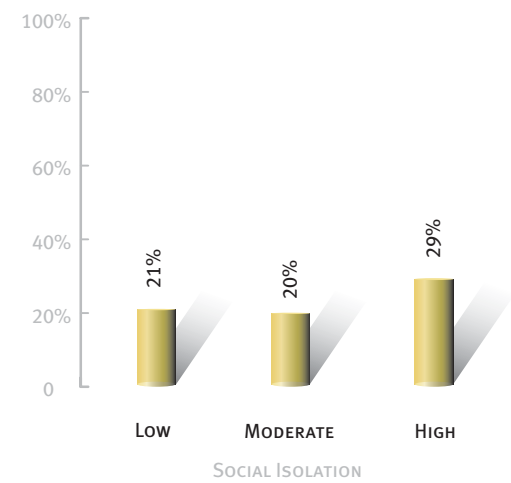


## Sexual Behavior

The most isolated adolescents were the most vulnerable to pregnancy.

### Ever Had Sex

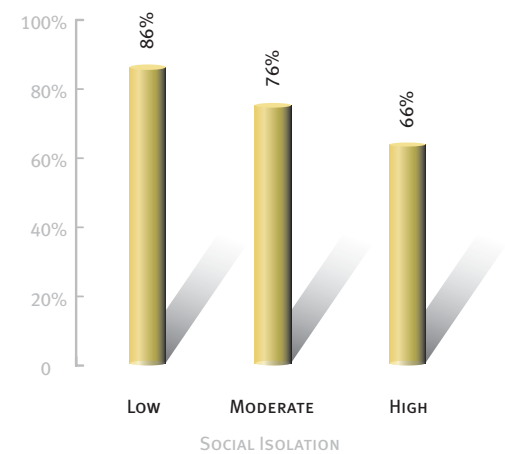
The most socially isolated adolescents were almost fifty percent more likely than the least isolated youth to have had sexual intercourse. Twenty percent of the adolescents who were involved in their communities were sexually experienced whereas almost thirty percent of those most isolated had had sex.



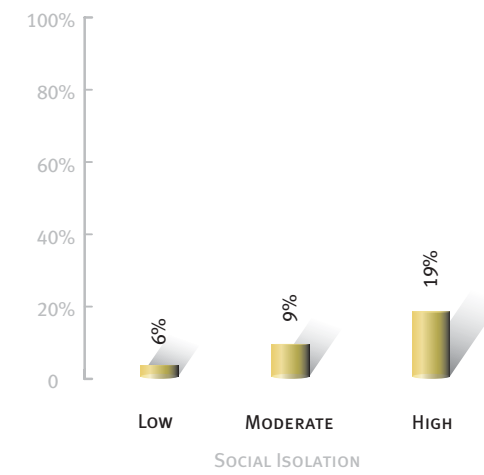
### Likelihood to Use Contraception

Those who were most isolated were substantially less likely to use contraception.

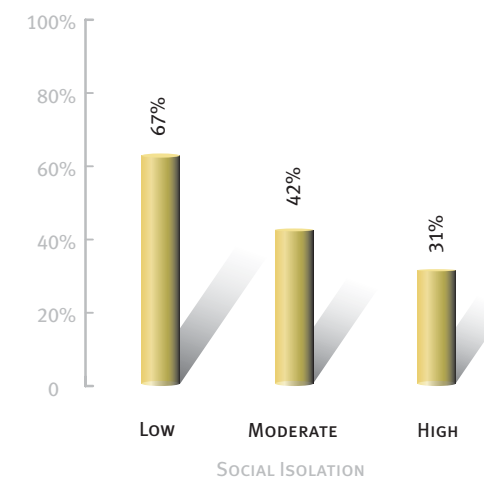
- A third of the highly isolated, but only an eighth of those most involved in their communities, failed to use contraception the last time they had intercourse.
- One of five of the highly isolated, but only one in twenty of those most involved in their communities, report they never use contraception when they have intercourse.
- Two thirds of those most involved in their communities, but only one third of the highly isolated, always use contraception when they had intercourse.



### Never Contracept

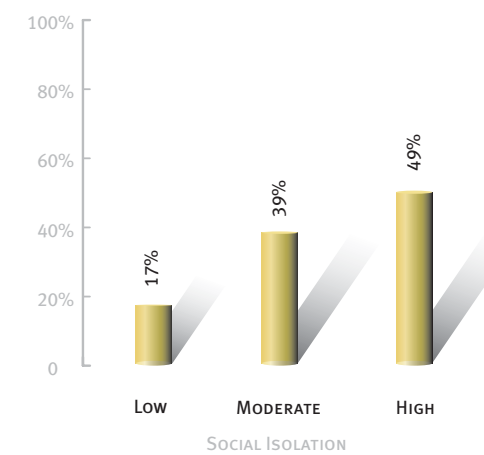


### Always Contracept



### Ever Pregnant or Caused Pregnancy

Those who were most isolated were almost three times more likely than the least isolated to have been pregnant or caused a pregnancy. Half of the most isolated compared to a sixth of the least isolated had been involved in a pregnancy.



## Implications for Programs, Policy and Research

*The most isolated adolescents are the most at risk for unintended pregnancies and STDs.* Adolescents who were the most isolated were more likely to be having intercourse and less likely to be using contraceptives. Almost half of the sexually active isolated adolescents surveyed reported they had either been pregnant or caused a pregnancy. If adolescent pregnancy prevention programs are to succeed, programs need to reach these young people.

*Traditional approaches may not reach socially isolated adolescents.* For the most part socially isolated adolescents did not have contact with community-based organizations, or any other organizations for that matter. Thus such youth are unlikely to be referred to programs because they are not in contact with the sources of those referrals. They are the least likely to be engaged in school, work or church. They are the invisible people a program may never see.

*Non-traditional approaches may more successfully reach socially isolated adolescents.* For example, socially isolated adolescents may shy away from organizations, but respond to other adolescents. Outreach workers who are adolescents themselves may be better able to reach them.

Condom distribution plans that do not require contact with providers may be more effective. For example, free condoms available in music stores and hair salons may reach adolescents who would not come to a program.