

CASE STUDY #22



CASE STUDY

Camila is **16 years old** and lives in Athens. **She is Latina**, and her family came to the United States from Mexico just before she was born. She has a boyfriend whom she loves and with whom she is sexually active. He was brought to the US by his family as a child. **She is sure she is pregnant.** What are her options?



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WHAT IS TEEN PREGNANCY?



WHAT IS TEEN PREGNANCY?

According to the American Pregnancy Association, teen pregnancy is **defined** as a pregnancy that occurs when a woman is **under the age of 20 years old** (Neupert, 2024).

Young girls who are **aged 12 or younger** who become pregnant can also fall under the category of teenage pregnancy (Neupert, 2024).

The incidence of teenage pregnancy is **mostly caused** by the **lack of education, lack of health information, and access to contraceptives** (Chakole, 2022).



WHAT IS TEEN PREGNANCY?

Teenage pregnancies are often the products of poor education systems, poor housing, economic disadvantages, and family instability. Therefore, the **cycle of teen pregnancy** is most likely to keep **repeating itself within populations** who suffer from these conditions (DoSomething, n.d.).

When a teen becomes pregnant, her **probability of graduating** from high school **decreases**, as more than 50% of teenage mothers never finish high school (DoSomething, n.d.).



WHAT IS TEEN PREGNANCY?

With that, **children of teen mothers** themselves were found to be **51% more likely** to have a **teenage pregnancy** compared to those born to a mother above the age of 19 (Wall-Wieler et al., 2016).

Teen pregnancies are not a monolith and appear at different rates across different races and ethnic groups; **Hispanic/Latina** adolescents had the **second highest** rates at **21.3** live births per 1,000 births (Statista, n.d.).



RISK FACTORS THAT CONTRIBUTE TO TEEN PREGNANCY

01.

Lack of Education

02.

Lack of Autonomy

03.

Lack of Income

WHAT HAPPENS WHEN TEEN PREGNANCY IS FIRST DISCOVERED?

Half of the women in the U.S. have an unplanned pregnancy at some point in their lives and are left to make one of three decisions: **Have the Baby**, have an **abortion**, or give the baby up for **adoption**.

Speaking with your partner, family, friends, trusted adults, and specifically a counselor **can help guide** to a Decision.



The image features a solid light pink background. In the center, the word "CULTURE" is written in a bold, uppercase, sans-serif font. The letters are a vibrant pink color and have a thin white outline, giving them a slightly three-dimensional appearance. Surrounding the central text are several abstract, organic shapes. These include solid pink shapes in the top-left and bottom-left corners, and solid white shapes in the top-right and bottom-right corners. Wavy, hand-drawn style pink lines meander across the background, particularly along the top and bottom edges, adding a dynamic and artistic feel to the composition.

CULTURE

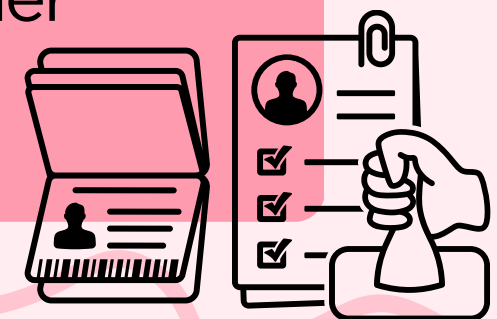
01. RELIGION



- 61% of Mexican Americans identify as Catholic, and many carry cultural and religious beliefs from Mexico (Pew Research Center).
- Catholicism teaches that sex should only occur within marriage, making premarital sex a sin (Guttmacher, 2012).
- Pregnancy is expected to happen through natural family planning; contraception is discouraged (Guttmacher, 2012).
- If one becomes pregnant, the Church encourages them to see parenting as a calling from God (P.J. Baggot, 2004).
- Abortion is often discouraged and looked down upon in the Catholic faith (P.J. Baggot, 2004).
- Camilia may face guilt, limited support, and pressure to parent due to Catholic beliefs that discourage premarital sex, contraception, and abortion.

02. IMMIGRATION

- The U.S. immigration system is governed by policies like the Immigration and Nationality Act (U.S. Citizenship and Immigration Services, 2019).
- To become a U.S. citizen, individuals must meet requirements like lawful permanent residency, language proficiency, and passing a citizenship test (Department of Homeland Security, 2020).
- A child born in the U.S. is automatically a U.S. citizen, regardless of the parents' legal status.
- If a family loses legal status, they may face deportation, forcing tough decisions about leaving a child behind or returning to their home country.
- Camilia's family's uncertain immigration status may create fear around seeking care, and the risk of separation if her parents or boyfriend lose legal status could force her to make difficult decisions about her pregnancy and future.



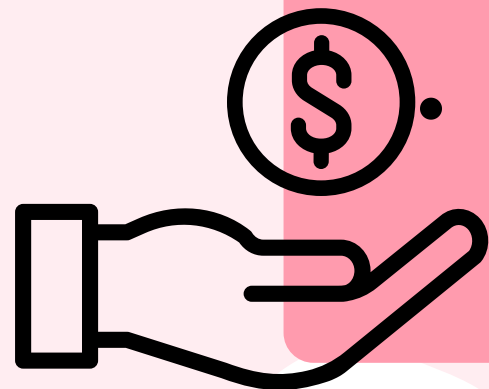
03. LANGUAGE BARRIER



- A language barrier occurs when there is a difference in native language between patients and medical personnel (Slade & Sergent, 2023).
- Hispanics make up the majority of the 25 million people in the U.S, with limited English proficiency (Steinberg et al., 2016).
- Language barriers can prevent Camilia from understanding services, securing appointments, and engaging with healthcare providers (Pandey et al, 2021).
- This can lead to miscommunication, misdiagnosis, delayed treatment, and more severe health issues for Camilia and her baby (De Moissac & Bowen, 2019).
- Overall, language barriers can limit Camilia's access to care and negatively impact both her and her baby's health.

04. SOCIOECONOMIC STATUS (SES)

- SES includes income, education, employment, and perceived social class (APA, n.d.).
- Lower SES often means being uninsured or on Medicaid, limiting access to quality healthcare (Becker & Newsome, 2003).
- Teen mothers in lower SES groups may avoid healthcare due to cost, leading to poorer health outcomes.
- Giving birth in the U.S. costs around \$19,000, with out-of-pocket costs averaging \$3,000 depending on insurance (Twitter et al., 2024).
- Families without insurance are more likely to face medical and financial debt (Twitter et al., 2024).
- Camilia may struggle to access affordable care if her family lacks insurance or financial support.



05. STIGMAS



- Two out of five adolescents described feeling stigmatized as a teen mother (D, 2018).
- Young mothers are often stigmatized as “bad mothers” solely due to their age (Yardley, 2008).
- They are also judged for being immature, unemployed, undereducated, having poor parenting skills, and having low career potential (Yardley, 2008).
- Young mothers often face verbal and non-verbal mistreatment in healthcare, including judgment, dismissal, and cold behavior (Yardley, 2008).
- Fear of being stigmatized may cause Camilia to hide her pregnancy or avoid asking for help, further impacting her well-being.

WHAT IS NEEDED?

WHAT IS NEEDED?

SEXUAL COUNSELING

- Sexual counseling involves more than informing. It includes support, advice, and care for emotional and sexual concerns
- Counselors can help guide this process by presenting the alternatives and providing Camilia with the opportunity to explore each opportunity in an open and honest environment

Sexual Education & Post-Pregnancy

- This includes but is not limited to post-contraception birth control, family planning, and education on how to practice safe sex.
- Postpartum family planning is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth
- Sexual educationIt provides knowledge on safe, positive views of sexuality, builds healthy relationships, and promotes autonomy in sexual health.



WHAT IS NEEDED CONTINUED...



Prenatal care

- If Camilia decides to keep the baby, she needs to understand the pregnancy and maternity care process. This includes the significance of prenatal and postnatal check-ups, which help monitor both her health and the baby's development. She should also be aware of essential items needed for herself and the baby to ensure a smooth transition into motherhood.
- The purpose of prenatal care is to help prevent complications and educate mothers on how to protect their babies and ensure a healthy pregnancy

Labor and Delivery Prep

- Knowing the differences between delivery methods can also help Camilia prepare for what to expect during labor.

WHAT IS NEEDED CONTINUED...

Top Baby Essentials

- Electric nail trimmer, baby clothes, a swing or rocker, a crib, and diapers. For feeding needs, parents should have bottles, formula, or a breast pump, nipple cream, and nursing pads.
- Pacifier, a car seat, burp cloths, and additional baby clothes.
- For entertainment and development, recommended toys include rattles, teething rings, and a playpen.
- Baby gate and a stroller



Financial Aid

- Medicaid
- Find in-network therapists
- Figure out a way for medicaid to pay for any vitamins and medications that might be needed.
- enroll in the Childcare and Parent Services (CAPS) program. This is for her to have childcare options.



RESOURCES



THE BANYAN TREE CENTER

THE BANYAN TREE CENTER IS A COUNSELING CENTER IN ATHENS. THEY HELP WITH ANXIETY, DEPRESSION, RELATIONSHIP ISSUES AND STRESS DURING LIFE TRANSITIONS. SERVICES INCLUDE INDIVIDUAL COUNSELING, COUPLES, FAMILIES CHILDREN AND TEENS, TESTING, NEURODIVERSITY, WOMEN'S ISSUES (POST-PARTUM DEPRESSION), AND EVEN ONLINE COUNSELING.

RESOURCES

ATHEN'S PREGNANCY CENTER

APC OFFERS SERVICES INCLUDING PREGNANCY TESTING, COUNSELING AND INFORMATION ON DIFFERENT PREGNANCY OPTIONS. WHILE THEY COLABORATE WITH OTHER LOCAL FACILITIES THEY DO NOT OFFER MATERNITY CARE. HOWEVER, THEY DO ALSO PROVIDE SOCIAL SUPPORT, CARE MANAGEMENT AND PLANING, ADOPTION AND PARENTING RESOURCES

BY YOUR LEAVE

BY YOUR LEAVE IS A FAMILY RESOURCE CENTER THAT PROVIDES NEW FAMILIES OPPORTUNITIES TO LEARN ABOUT PREGNANCY AND MOTHERHOOD. SERVICES INCLUDE LACTATION CONSULTATION, CHILDBIRTH WORKSHOPS, BREASTFEEDING CLASSES, FAMILY EDUCATION, DOULA SERVICES, HYPNOBIRTHING, LAMAZE CLASSES, AND LASTLY DIFFERENT SUPPORT GROUPS

RESOURCES

OASIS COUNSELING CENTER

OASIS IS ANOTHER SEXUAL COUNSELING RESOURCE. THEY CURRENTLY ARE STRIVING TO BE AN “OASIS” FOR PEOPLE WHO ARE FACING DIFFICULT TIMES. THEY EMBRACE SEEKING OUT PERSONAL ANSWERS, BETTER COPING SKILLS, AND HOW TO MAKE HEALTHY CHOICES FOR YOURSELF. SERVICES INCLUDE COUNSELING FOR DEPRESSION, ANXIETY, FAMILY, MARRIAGE, AND MORE.

ATHENS REGIONAL PIEDMONT HOSPITAL

ARP HAS A MATERNITY CENTER WHERE THEY OFFER MATERNITY CARE TOURS, CLASSES FOR CHILDBIRTH PREPARATION, BIRTH BASIS, BREASTFEEDING, BBY CARE, AND BABY AND CHILD CPR. THEY HAVE 24/7 BED, TRIAGE WITH OB'S AND PRIVATE DOCTORS

RESOURCES

ST. MARY'S HOSPITAL

ST.MARY'S IS ANOTHER HOSPITAL IN ATHENS AND IT PROVIDES COMPREHENSIVE MATERNITY CARE BY PROVIDING MOTHERS AND NEWBORNS WITH A SUPPORTIVE BIRTHING EXPERIENCE. THEY PROVIDE PRIVATE ROOMS FOR LABOR, DELIVERY, POST-PARTUM RECOVERY. IN CASE OF EMERGENCY AS WELL THE HOSPITAL IS EQUIP WITH A LEVEL II NICU.

ATHENS DIAPER BANK

ATHENS DIAPER BANK OFFERS FREE DIAPERS AND OTHER RESOURCES THROUGH PARTNER AGENCIES. EACH PARTNER HAS THEIR OWN SET OF STIPULATIONS FOR ELIGIBILITY, BUT THEY ARE WALK-IN PARTNER AGENCIES. FOR EXAMPLE, THE ATHENS AREA EMERGENCY FOOD BANK IS OPEN FROM 9 AM TO 1 PM, MONDAY THROUGH FRIDAY, AND THEIR ONLY ELIGIBILITY REQUIREMENT IS THAT YOU MUST BE A RESIDENT IN ANY COUNTY OF THE ATHENS AREA DIAPER BANK (AADB) SERVICE AREA (AADB, N.D.). THESE AREAS INCLUDE ATHENS-CLARKE, BARROW, JACKSON, MADISON, OCONEE, AND OGLETHORPE COUNTIES.

RESOURCES

WOMEN'S HEALTHCARE ASSOCIATES

WOMENS HEALTHCARE ASSOCIATES OFFER OBSTETRICS SERVICES SUCH AS DELIVERS, ULTRASOUNDS, AND MIDWIVES. THEY OFFER BOTH VAGINAL AND C-SECTION DELIVERY METHODS. THE CLASS OFFERS PHASES OF LABOR, BREATHING TECHNIQUES, DELIVERY, POSTPARTUM CARE, AND BREASTFEEDING. THE CLINIC PROVIDES MIDWIFE SERVICES WHERE MIDWIVES PROVIDE COMPREHENSIVE PRENATAL CARE, MONITOR FOR COMPLICATIONS, AND USE MEDICAL INTERVENTIONS ONLY WHEN NECESSARY

FAMILIES FIRST'S TEENAGE PREGNANT AND PARENTING PROGRAM

THIS RESOURCE OFFERS SUPPORT TO PREGNANT TEENAGERS THROUGH VARIOUS SERVICES SUCH AS CASE MANAGEMENT AND COUNSELING. THEY PROVIDE THESE SERVICES THROUGH HOME AND SCHOOL VISITS, THE PROGRAM OFFERS PARENTING EDUCATION UNTIL THE CHILD'S FIRST YEAR, EQUIPPING TEEN MOTHERS WITH ESSENTIAL SKILLS AND KNOWLEDGE FOR EFFECTIVE PARENTING. IN ADDITION TO THIS THEY ORGANIZES EVENTS, WORKSHOPS, AND OUTINGS THROUGHOUT THE YEAR FOR YOUNG MOTHERS AND THEIR CHILDREN, FOSTERING COMMUNITY AND SHARED LEARNING EXPERIENCES.

RESOURCES

BRIGHTPATHS

BRIGHTPATHS OFFERS THE FIRST STEPS PROGRAM WHICH PROVIDES NEW PARENTS WITH SUPPORT, PARENTING INFORMATION, COPING STRATEGIES, AND REFERRALS TO COMMUNITY RESOURCES. THEIR HEALTHY FAMILIES PROGRAM OFFERS PRENATAL VISITS TO EXPECTANT PARENTS AND IN-HOME VISITS TO PARENTS OF NEWBORNS, ADDITIONALLY, THEY PROVIDE PARENTING SUPPORT, OFFERING LEARNING OPPORTUNITIES ABOUT CHILD DEVELOPMENT, FAMILY COMMUNICATION, AND POSITIVE DISCIPLINE TO EQUIP PARENTS WITH EFFECTIVE PARENTING STRATEGIES.

NORTHEAST HEALTH DISTRICT

NORTHEAST PROVIDES A PLETHORA OF SERVICES INCLUDING LOW-TO-NO-COST BIRTH CONTROL, HPV IMMUNIZATIONS, STI TESTING AND TREATMENT, AND HEALTH EDUCATION/COUNSELING ON TOPICS INCLUDING ABSTINENCE, CONSENT, SAFE SEX, DISEASE PREVENTION, AND MORE. IN ADDITION TO THIS THEY HAVE PROGRAMS INCLUDING TEEN MATTERS AND WIC.

RESOURCES

TEEN MATTERS: TEEN MATTERS PROVIDES CONFIDENTIAL HEALTH SERVICES FOR YOUNG PEOPLE AGED 11 TO 19 IN A TEEN-FRIENDLY ENVIRONMENT. ALL SERVICES ARE CONFIDENTIAL. THIS PROGRAM ESSENTIALLY PROVIDES THE SAME SERVICES AS ITS CLINIC.

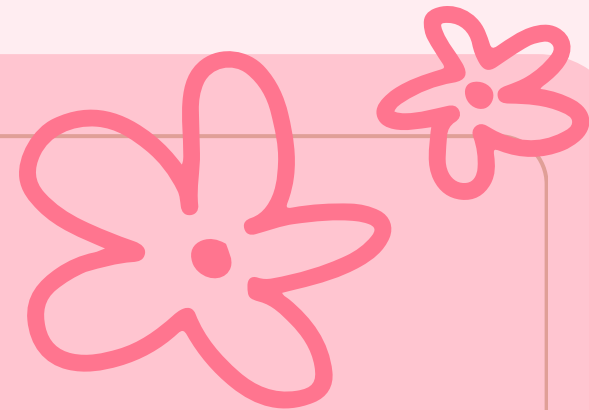
WIC: UNDER THE GEORGIA DEPARTMENT OF PUBLIC HEALTH, THE GEORGIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM IMPROVES THE HEALTH OF FAMILIES BY PROVIDING FOOD BENEFITS, BREASTFEEDING SUPPORT, HEALTH EDUCATION AND COUNSELING, AND REFERRALS. EWIC PROVIDES HEALTHY FOODS SUCH AS MILK, EGGS, BREAD, CEREAL, JUICE, PEANUT BUTTER, AND OTHER AUTHORIZED FOODSTUFFS FROM WIC-AUTHORIZED MERCHANTS



in
SUBSTAINABILITY

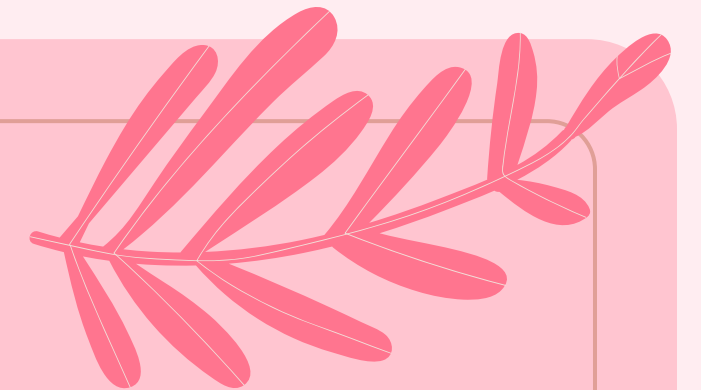
EDUCATION SOLUTION

TEEN PREGNANCY PREVENTION



- Funding programs that give adolescents and adults the tools they need to improve their sexual and reproductive health
- Currently, there are 73 organizations through the TTP programs

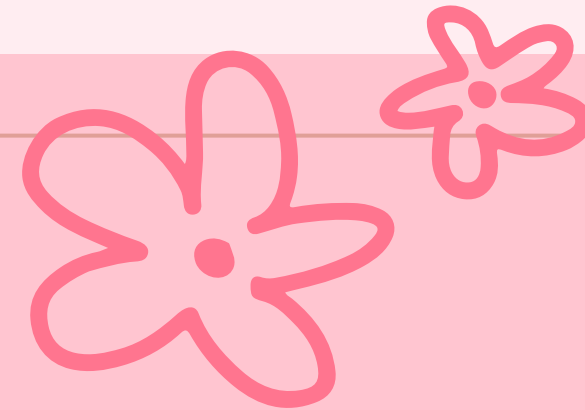
MAKING PROUD CHOICE!



- This program also assessed the impact of risk and protective factors that can lead to long-term sexual behaviors.
- They have made a significant impact on 9/10 risk and protective factors, including knowledge on HIV/STI, pregnancy, and condoms.
- Participants who participated reported fewer episodes of sex compared to the business-as-usual group

EDUCATION SOLUTION

MOMMY AND ME!



This programs provides a safe, nurturing environment where pregnant teens and young mothers can live while receiving counseling, life skills training, parenting education, as well as academic instruction. The program makes sure that young mothers stay enrolled in school and have the resources and emotional support needed to succeed.

HEALTH SOLUTION

IMPORTANCE OF HEALTH SOLUTION



STRUCTURAL BARRIERS TO ACCESS, SUCH AS FINANCIAL CONSTRAINTS AND LACK OF INFORMATION, AS WELL AS SOCIOCULTURAL BARRIERS, SUCH AS PERCEIVED STIGMA ASSOCIATED WITH ADOLESCENT PREGNANCY, NEGATIVELY IMPACT UPTAKE OF MATERNAL HEALTH SERVICES, INCLUDING POSTNATAL CARE (PNC), WHICH IS IN TURN ASSOCIATED WITH POOR MATERNAL AND NEONATAL HEALTH OUTCOMES.

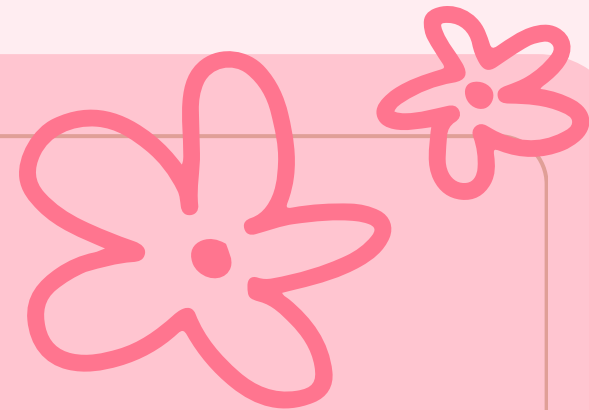
STRATEGIES



- COMMITTEE TO STUDY THE PREVENTION OF LOW BIRTHWEIGHT, DIVISION OF HEALTH PROMOTION AND DISEASE PREVENTION, & INSTITUTE OF MEDICINE. (1985). ENSURING ACCESS TO PRENATAL CARE. NIH.GOV; NATIONAL ACADEMIES PRESS (US)
- A STRATEGY TO LOWER THE BARRIER OF FINANCIAL ACCESS TO PRENATAL CARE INCLUDES **EXPANDING MEDICAID**.
- CAMILIA CAN QUALIFY FOR MEDICAID
- HOW MEDICAID CAN BE BENEFICIAL WITH PRENATAL CARE

EXPANDING INSURANCES

EXPANDING ON MEDICAID



- INCREASE HEALTH CARE COVERAGE , INCREASE SELF-RATED HEALTH
- EXPANSION OF HEALTH CARE IS IMPORTANT SO PEOPLE CAN GET PROPER CARE
- LIMITED HEALTHCARE SERVICES DUE TO LACK OF HEALTHCARE INSURANCES IN THE U.S

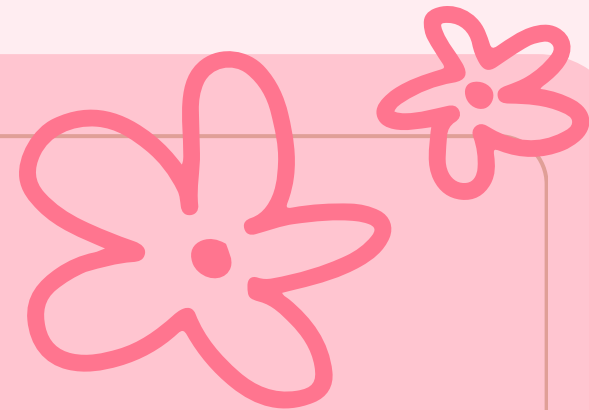
UNIVERSAL HEALTH



- THE UNITED STATES IS THE ONLY DEVELOPED COUNTRY THAT DOES NOT HAVE GOOD HEALTH INSURANCE, AND WE STILL HAVEN'T ACHIEVED UNIVERSAL HEALTHCARE COVERAGE, AND WE STILL DO NOT HAVE GOOD HEALTH INSURANCE
- A SUGGESTION IS THAT THE U.S COULD START USING IMITATION MODELS IMPLEMENTED BY OTHER COUNTRIES,

IMMIGRATION SOLUTION

GREEN CARD



- THEY COULD APPLY FOR A GREEN CARD THROUGH FAMILY-BASED SPONSORSHIP, EMPLOYMENT, OR REFUGEE/ASYLEE STATUS.
- AFTER FIVE YEARS AS LAWFUL PERMANENT RESIDENTS AND MEETING REQUIREMENTS SUCH AS CONTINUOUS RESIDENCE AND GOOD MORAL CHARACTER, THEY COULD PURSUE CITIZENSHIP BY SUBMITTING FORM N-400 AND PASSING THE NATURALIZATION TEST

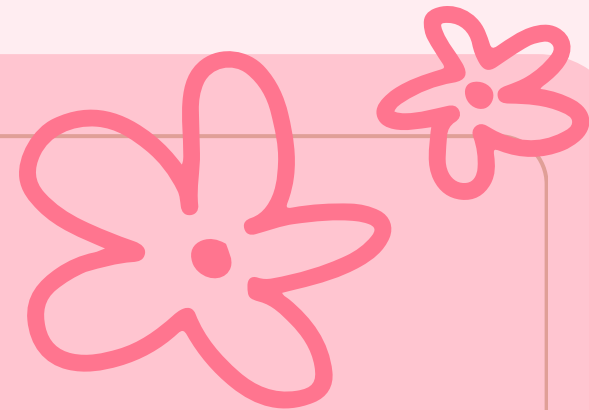
WORK PERMIT



- Work permits generally last 1-2 years,
- If an individual can't get a work permit, then they need to find a job that doesn't require a work permit

IMMIGRATION PROGRAMS

PAROLE IN PLACE

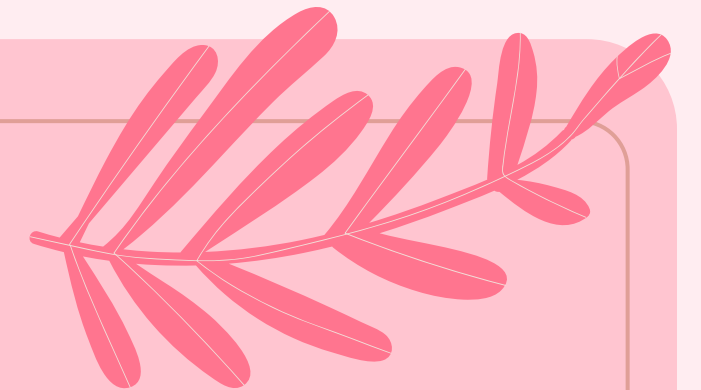


- A PROGRAM WHERE UNDOCUMENTED SPOUSES OF U.S. CITIZENS FROM DEPORTATION AND ALLOW THEM TO APPLY FOR WORK PERMITS

U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS)

- WHERE YOU CAN APPLY FOR GREEN CARD AND WORK PERMIT

DACA



- **DACA:** is a policy that can grant a temporary work permit. The requirement is that the individual must enter the U.S before turning 16 years old, have no criminal records, and must be present when applying for DACA., The policy usually last 2 years on a person



SUSTAINABILITY THAT NEEDS WORK ON

IMMIGRATION:

- work exploitation: low wages, overwork, unsafe working conditions
- New Trump's deportation law/policies had made it strict on deportation

EXPANSION OF HEALTHCARE :

- Expansion of more affordable healthcare services
- Expansion of Medicaid

REFERENCES

American Psychological Association. (n.d.). Ethnic and racial minorities & socioeconomic status. <https://www.apa.org/pi/ses/resources/publications/minorities>

Application for Naturalization | USCIS. (2020, June 30). U.S. Citizenship and Immigration Services. <https://www.uscis.gov/n-400>

Becker, G., & Newsom, E. (2003). Socioeconomic Status and Dissatisfaction With Health Care Among Chronically Ill African Americans. *American Journal of Public Health*, 93(5), 742–748. <https://doi.org/10.2105/ajph.93.5.742>

D, B. (2018). Taking the Stigma Out of Adolescent Pregnancy and Parenthood: What Schools Can Do. *ETR Blog*. <https://www.etr.org/blog/my-take-take-out-stigma/>

De Moissac, D., & Bowen, S. (2019). Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. *Journal of Patient Experience*, 6(1), 24–32. <https://doi.org/10.1177/2374373518769008>

Get a green card | Homeland Security. (n.d.). U.S. Department of Homeland Security. <https://www.dhs.gov/get-green-card#:~:text=A%20Green%20Card%20holder%20is,called%20a%20%22Green%20Card.%22>

Pandey, M., Maina, R. G., Amoyaw, J., Li, Y., Kamrul, R., Michaels, C. R., & Maroof, R. (2021). Impacts of English Language Proficiency on Healthcare access, use, and Outcomes among immigrants: a Qualitative Study. *BMC Health Services Research*, 21(1), 1–13. <https://doi.org/10.1186/s12913-021-06750-4>

Slade, S., & Sergent, S. R. (2023). Language Barrier. *PubMed; StatPearls Publishing*. <https://www.ncbi.nlm.nih.gov/books/NBK507819/>

Steinberg, E. M., Valenzuela-Araujo, D., Zickafoose, J. S., Kieffer, E., & DeCamp, L. R. (2016). The “Battle” of Managing Language Barriers in Health Care. *Clinical Pediatrics*, 55(14), 1318–1327. <https://doi.org/10.1177/0009922816629760>

Twitter, M. R., Twitter, M. R., Twitter, C. C., & Dingel, H. (2024, July 8). Health costs associated with pregnancy, childbirth, and postpartum care. *Peterson-KFF Health System Tracker*. <https://www.healthsystemtracker.org/brief/health-costs-associated-with-pregnancy-childbirth-and-postpartum-care>

Yardley, E. (2008). Teenage mothers’ experiences of stigma. *Journal of Youth Studies*, 11(6), 671–684. <https://doi.org/10.1080/13676260802392940>



**THANK YOU
VERY MUCH!**