

**Social Marketing Research Results**  
**Nebraska Women ages 16 -25**  
**June 2009**

**Executive Summary**

**Research Objective**

To assist in identifying strategies that, when properly executed, will motivate young women in Nebraska to adopt a lifestyle that contributes to their own good health and improves the likelihood that they will enter into a healthy pregnancy.

**Purpose of the Research**

To assess general lifestyle practices, media consumption habits, and health and life planning perspectives of young Nebraska women ages 16-25, especially those who have never been pregnant and have no health insurance or are in danger of being uninsured.

**Methodology**

Qualitative research was conducted March-May 2009. Twelve Nebraska professionals working with at-risk women ages 16-25 were interviewed by phone. More than 200 women participated in 20 focus groups across the state including two Native American, four Hispanic, and two African American groups. Four groups were conducted with young men including one Hispanic group. During the focus group sessions, participants also completed a media and lifestyle workbook.

**Research Findings**

Nebraska women ages 16-25 are a diverse audience. Their lives are in motion. The youngest members of this audience are emerging from adolescence and beginning high school, and the oldest are independent adults. Their lives and perspectives are influenced by family, education institutions, employers, female friendships, male relationships, traditional and digital media exposure, religion, and in some instances, their affiliation with public and private agencies and support programs.

*Professional Interviews*

In interviews, professionals working with young women who are at risk describe the barriers they face in achieving successful, healthy futures. Challenges include getting to graduation without having a baby, basic knowledge of how their bodies work, low self-esteem, absence of family values, and the influence of the wrong peer groups. In reaching for success or personal achievement, young women are time-starved. They try to go to school, work, and hold on to personal relationships especially by meeting others expectations.

When discussing techniques for communicating with women ages 16-25, professionals recommend:

- Earning trust.
- One-on-one, not lecturing. Making it fun, easy and simple.

- Mentoring. Exposing women to different people, situations and helping them see possibilities.
- Digital communications including YouTube.

In their experience, communication practices that don't work include websites that are perceived to be bureaucratic, i.e. affiliated with government, brochures, and traditional mail.

### *Focus Groups*

Young women visualize a traditional future—completing an education, having a good job, getting married, having a family, being happy, and making their own decisions. They also worry about the future—no money, balancing obligations, relationships, and getting a job. For many there is no real roadmap for their future, e.g. “I need to move to another town.” Or “I’ll go to college but I don’t know where I’ll get the money.”

Given their age, it is no surprise that young women view health as something they can “worry about later.” However, the health risks they face—STDs, nutrition/obesity, smoking, avoiding pregnancy—are issues that need to be addressed now.

When given a list of life-course topics and asked to identify the one topic that is most important/interesting to them, young women most often chose “Setting Goals,” i.e. choosing the future you want and making a plan for that future; followed by “Education Goals” and “Healthy Relationships,” i.e. understanding what to expect from a good relationship and avoiding a bad relationship. When young men were asked to choose topics from the same list, they chose “Setting Goals” as most important for themselves, and “Plans for a Future Family” as most important to the woman in their lives.

Young women compare someone who is healthy to someone who is unhealthy in these terms:

- Happy vs. depressed
- Self-esteem vs. insecurity or abuse
- Moderation/balance vs. bad choices
- Energy/fitness vs. lethargy/laziness

Living a balanced life is viewed as a healthy ideal, and participants offer a straight-forward formula for healthy living – eat right, exercise, drink water, get enough sleep, have a positive attitude, avoid stress and eliminate bad habits. Participants are adamant that it is not easy to be healthy. Barriers include temptation, stress, and bad role models, e.g. friends/parents who don't eat right or exercise. It is too easy (and cheap) to eat fast food and skip exercise especially when pressed for time or after other demands in their lives have been met.

About two-thirds of women participants say they think about their health every day. When they have health concerns they go to the Internet first for information. Then, they are most likely to talk to friends or a relative they are close to. There are widely varied opinions about how often a healthy young woman should see a doctor. Participants think young adults who are sexually active should see a doctor often, e.g. “every time you change sex partners,” to avoid STDs.

Regarding pre-conception health, most young adults who participated in this research are trying to avoid pregnancy. Women said they don't give much thought to being pregnant and most young men are interested in having children "much later." Women say someone should start planning for a healthy baby when they find out they're pregnant or when they get engaged/married. A recommended practice for pre-conception health is "date someone who would be a good father."

Information about channels of communication was collected through the workbooks completed by each participant. Traditional media of television and radio still show high penetration and usage rates. Nearly 90% of participants own a cell phone and use it for texting. Over 90% of male and female participants claim Internet access and most have access at home (77% female, 87% male). About 80% of participants use email, more than 60% access Facebook or MySpace, and more than 50% watch videos online. There are differences in media usage by gender and ethnicity that should be taken into account when preparing communication programs.

## **Conclusions**

The young people who participated in this study can define health but they believe it isn't easy to be healthy. They also believe that most concerns for their own health are something that can be delayed until some indefinite future.

Their formula for health is to eat right, exercise, drink water, get enough sleep, have a positive attitude, avoid stress and quit bad habits. For young women not currently under a doctor's care, primary health concerns are STDs, avoiding pregnancy, nutrition/obesity, and smoking.

Many young women participating in this study, by their own admission, lead stress-filled lives. They are sleep deprived and work hard to balance education, jobs, and family obligations. Many also worry about relationships and meeting the expectations of others. Self-care appears to be last on their list.

When asked to identify one life-course health concept that is most important or interesting to them, the majority of young women chose goal setting followed by education goals and healthy relationships.

When they need health care information, young women turn first to the Internet and friends. While they have opinions about when someone should see a doctor, there is no clearly defined set of guidelines for the onset of life-course health care that everyone knows you should follow. Most participants are not thinking in terms of pre-conception health. They are more interested in avoiding pregnancy.

The women and men in this study see and hear many health-related messages. They know they shouldn't eat fast food, they should get more exercise and they should worry about STDs, but life gets in the way and they have difficulty finding the time and in-the-moment motivation to act in their own best interest.

Regarding communication channels, the landscape is changing. Television and radio are still viable but cell phones and digital media channels are growing in importance and influence.