Background

The Adolescent WIC Participants Study was a national survey of adolescent women enrolled in the WIC program and WIC clinic directors. Approximately 15 percent of the women served by the WIC program are adolescents. This study was designed to describe the characteristics of adolescent women in WIC, as well as to identify their special needs, such as nutrition education, referral to other agencies, and their satisfaction with the services they received.

The Adolescent WIC Participants Study was the first national survey of pregnant teenagers and mothers served by the WIC program. Following a series of 24 focus groups with WIC adolescents and program staff to clarify the study issues, the study team conducted a multi-stage survey of 297 WIC clinic directors and 2,649 adolescents, 14 to 19 years of age, who visited WIC clinics during a 60-day period in the first half of 1997.

The response rates in the survey were 96 percent among WIC clinic directors and 54 percent among WIC adolescents. In addition, seven states declined to participate in the study. Taken together, the low response rates among adolescents and the non-participation of some states, argues for extreme caution in interpreting the study findings.

Findings

Approximately 73 percent of the adolescents were enrolled in WIC for the first time.

A substantial number of adolescents had not had previous contact with the WIC program; 14.3 percent were enrolled for the second time and 4 percent had been enrolled three or more times. About 52 percent of all adolescents surveyed had no more than a 10th grade education.

Pregnant adolescents enroll in WIC late in their pregnancy.

Substantial numbers of WIC adolescents fail to enroll during their first trimester of pregnancy. Adolescents face barriers to early enrollment, including failure to recognize that they are pregnant, lack of awareness about WIC, reluctance to accept WIC assistance, and lack of transportation. For adolescents, the most common source of information about the WIC program comes from family members.

Adolescents find nutrition education useful and helpful in improving their nutrition and eating habits.

Adolescents report learning from nutrition education sessions and applying what they learned. Over three-quarters (77 percent) said that their eating habits had improved since enrolling in WIC. WIC nutrition education was perceived to be particularly useful by Spanish-speaking Hispanic adolescents.

WIC adolescents were especially interested in information about how to stretch their food dollars and how to teach healthy eating habits to their children. New mothers were interested in learning how to introduce solid foods to their infants. Adolescents preferred individual nutrition education and classes in which they could interact with others in their age group, though they reported that they learned just as much from classes with other age groups.

WIC adolescents asked for larger and more diverse food packages.

WIC adolescents generally reported that they or their children actually use the WIC foods they receive. They frequently desired to receive greater quantities of WIC foods, particularly juice, cereal, cheese, milk, and infant formula. Cultural background influences food
preferences; Hispanic adolescents more frequently reported that they would like to receive more beans and eggs.

Substantial proportions of WIC adolescents would like improvement in referral to WIC-related services.

WIC adolescents reported lower referral rates to other services such as Food Stamps or Child Immunization than WIC clinic directors. Although WIC clinics routinely provide information materials about other services, WIC adolescents prefer active referrals in which the clinic makes appointments for them.