

OPA RESEARCH & EVALUATION UPDATE

SPRING 2009
March - May 2009



Office of Population Affairs, Office of Research and Evaluation

OPA Funded Research Publications



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Young unmarried men's understanding of female hormonal contraception

Merkh, R., Whittaker, P., Baker, K., Hock-Long, L., & Armstrong, K. (2009). *Contraception*, 79 (3), 228-235.

The purpose of this study was to explore men's attitudes, norms, and behaviors regarding women's use of hormonal contraception. The authors conducted contraceptive life-history interviews with 41 sexually active men 18-25 years of age who lived in or around Philadelphia between March 2006 and June 2007. Interviews included questions on contraceptive knowledge; communication and decision making around method selection, use, and discontinuation; and reproductive values and goals.

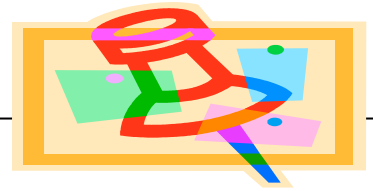
Of the 41 men interviewed, 44% were Black, 22% were Latino, and 34% were White. The majority of participants, 88%, had been sexually active in the 30 days prior to the interview. Overall, men's attitudes, norms, and behaviors associated with hormonal contraceptive decisions and use varied greatly across the participants and across their relationships. In general, men reported having limited knowledge, but positive attitudes, about hormonal contraceptives. Participants described various degrees of involvement in their partners' decisions regarding the use of contraceptives - some discussed options with their partner and made joint decisions, while others were not involved in the decision-making process and were only informed when they inquired. Participants indicated that the likelihood and extent of communication around contraception was influenced by the ease of talking to one's partner in general, the quality and goals of the relationship, and the ease or usefulness of similar past conversations.

Poor maternal mental health and trauma as risk factors for a short interpregnancy interval among adolescent mothers

Patchen, L., Caruso, D., & Lanzi, R. (2009). *Journal of Psychiatric and Mental Health Nursing*, 16(4), 401-403.

The researchers conducted a preliminary examination of differences in mental health and trauma experiences between adolescent mothers who had a subsequent pregnancy with a short interpregnancy interval (defined as less than 24 months between the birth of one child and the subsequent pregnancy) and mothers who did not. Data for this study were collected as a part of a three-year evaluation of a long-running program for pregnant and parenting adolescents in Washington, DC. The evaluation enrolled 232 girls out of 329 who were eligible, and retained 139 girls throughout the 2-year evaluation period. Of the 139 girls that stayed in the evaluation, 29 became pregnant within 24 months. The 29 girls who became pregnant were compared to a random sample of 29 participants who were matched by age and race and who did not have a subsequent pregnancy within 24 months.

The authors found significantly more indicators of poor mental health and trauma experiences during the prenatal to postpartum periods among adolescent mothers who experienced a subsequent pregnancy within 24 months of a previous birth, compared to adolescent mothers who did not. In particular, adolescent mothers with a subsequent pregnancy within 2 years of a previous birth had more recorded incidents of suicidal thoughts and were three times more likely to report being physically abused, compared to adolescent mothers who did not have a subsequent pregnancy within 2 years of a previous birth.



Contraceptive Needs and Services, 2006.

Guttmacher Institute. Available at www.guttmacher.org/pubs/win/index.html

Data on the status of contraceptive needs and services for women in the United States in 2006 have been released. Data are available for the U.S. overall, each of the ten federal regions, and every state and county in the nation. Women between the ages of 13 and 44 who are sexually active and able to become pregnant, but who are not trying to become pregnant, are identified as being in need of contraceptive services and supplies. In 2006, 36.2 million women were in need of contraceptive services and supplies, of which 17.5 million were in need of publicly funded contraceptive services and supplies because they were either younger than age 20 or older than age 20 with a family income below 250% of the federal poverty level. Overall, 9.4 million women who were in need of publicly funded services were estimated to have received such services, with 7.2 million women receiving services from publicly funded clinics and 2.2 million from private doctors who were paid through Medicaid. In total, public-sector contraceptive care was able to meet 54% of the need for publicly supported contraceptive services and supplies in 2006.

OPA Funded Research Presentations

Teen Perspectives on Healthy Romantic Relationships: Results from Focus Groups

Guzman, L., Manlove, J., & Ikramullah, E. [2009 Population Association of America Annual Meeting.](#)

The authors presented findings from a series of focus groups conducted with African American and Latino youth aged 12-17 in Washington, DC. The purpose of the focus groups was to have adolescents identify important characteristics of healthy teen relationships and assess how the characteristics compared to those identified as critical for adult relationships. The researchers found that teens use a complex language to describe their romantic relationships. The terms used reflected a variation in the intensity and expectations of the relationship, as well as the behaviors occurring within the relationship. The researchers also found that teens have a clear understanding and expectation of what defines a healthy romantic relationship. Teen girls identified respect, trust, honesty, and loyalty as critical aspects of a healthy relationship; while teen boys mentioned respect, trust, and sex. Although teens have high standards for relationships, the focus groups indicated that they don't necessarily expect to find those qualities in a partner or a relationship. Overall, much similarity was found in how teens, adults, and the research literature define healthy romantic relationships.

Social Disadvantage and the Early Development of Teenage Parents' Children

Mollborn, S. & Dennis, J. [2009 Population Association of America Annual Meeting.](#)

The researchers used data from the Early Childhood Longitudinal Study-Birth Cohort to investigate the relationship between having a younger parent and children's cognitive, behavioral, and health outcomes. The study found that having a teenage mother or father was associated with children's compromised development across several domains; however, the negative influence of having a teenage father disappeared when paternal coresidence and maternal age were controlled for. In addition, preexisting social disadvantage was found to account for most of the relationship between maternal age and child outcomes. Finally, the researchers found that the presence of financial, social, and material resources either reduced or eliminated each of the significant negative relationships between teenage childbearing and child outcomes. The researchers suggest that early childhood is an opportunity to provide resources that could improve the developmental trajectories of children with young mothers.

Home-Based Parenting Intervention Promotes Child Resilience at 7 Years among Adolescent Mother Households Characterized by Conflict and Low Support

Oberlander, S., Hurley, K., & Black, M. [2009 Pediatric Academic Societies Annual Meeting.](#)

The purpose of this study was to examine the effect of a home-based parenting intervention on the association between mother-grandmother relationship quality and child resilience at 7 years postpartum. Participants were 103 urban, low-income, African American adolescent mothers enrolled in a longitudinal randomized control trial to promote parenting and adolescent development. Mother-grandmother relationship harmony (support minus conflict) was scored using the Network of Relationship Inventory at 4 time points from 1-24 months. Child resilience scores at 7 years were based on a 6-item academic and behavioral index. Two harmony trajectories were identified: 1) high and stable and 2) low and decreasing. In the intervention group, 23% had high harmony, and 19% had low harmony, compared to 24% and 33% in the control group. The study found that the intervention promoted child resilience in households characterized by low support and high conflict to the level of resilience in harmonious households. The resilience status of children in harmonious households was not altered by the intervention.

Cost savings from the provision of specific methods of contraception in a publicly funded program.

Foster, D., Rostovtseva, D., Brindis, C., Biggs, M., Hulett, D., & Darney, P. (2009). *American Journal of Public Health*, 99(3), 446-451.

This study assessed the cost-effectiveness of contraceptive methods dispensed to women ages 13 to 44 in California's publicly funded family planning program in 2003. The researchers estimated the number of months of contraceptive coverage provided by the program, the number of pregnancies averted by each contraceptive method, and the cost of providing each method compared to the savings from averted pregnancies. In 2003, nearly 1 million female clients received contraceptives through California's family planning program. The provision of contraceptive services by the program averted 178,000 pregnancies. More than half of the averted pregnancies were due to oral contraceptive use, 22% to injectable contraceptives, 10% to the contraceptive patch, 10% to barrier methods, and 6% to use of long-term methods. All contraceptive methods were found to be cost-effective. The implant and the IUD were the most cost-effective with cost savings of more than \$7.00 for every \$1.00 spent on services and supplies, followed by injectable contraceptives (\$5.60), oral contraceptives (\$4.07), the patch (\$2.99), the ring (\$2.55), barrier methods (\$1.34), and emergency contraceptives (\$1.43).

Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors.

Cheng, D., Schwarz, E., Douglas, E., & Horon, I. (2009). *Contraception*, 79(3), 194-198.

The purpose of this study was to examine the relationship between pregnancy intention and preconception, prenatal, and postpartum maternal behaviors. Data were collected from a random sample of 9,048 postpartum mothers in Maryland who delivered live births between 2001 and 2006, and who completed the Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Slightly more than 41% of mothers reported that their pregnancies were unintended - 31% were mistimed and 10% were unwanted. Compared to women with an intended pregnancy, women with an unwanted pregnancy were more likely to consume less than the recommended level of folic acid, smoke prenatally, smoke postpartum, and report postpartum depression. Women with an unwanted pregnancy were also less likely to initiate prenatal care during the first trimester and to breastfeed for eight or more weeks, compared to women with an intended pregnancy. Women with a mistimed pregnancy were more likely to consume less than the recommended level of folic acid, delay prenatal care, and report postpartum depression. Pregnancy intention was not, however, associated with initiating breastfeeding, placing infants to sleep on their backs, or using postpartum contraception.

Trends in sexual risk behaviors, by nonsexual risk behavior involvement, U.S. high school students, 1991-2007.

Santelli, J., Carter, M., Orr, M., & Dittus, P. (2009). *Journal of Adolescent Health*, 44(4), 372-379.

The researchers analyzed data from the Youth Risk Behavior Survey (YRBS) for 1991-2007 to examine the relationship between involvement in nonsexual risk behaviors and trends among sexual behaviors. Students were categorized into groups based on their lifetime or recent involvement in nonsexual risk behaviors, including tobacco, alcohol, and other drug use. Sexual behaviors were found to vary considerably between youth not engaged in risk behaviors and those engaged in the highest risk behavior groups. In 2007, 13% of teens in the no-risk group were sexually active compared to 87% of teens in the high-risk group, and 19% of teens in the no-risk groups reported having four or more sexual partners compared to 57% in the highest risk group. Despite these differences, the trends in sexual risk behaviors from 1991-2007 among youth engaged in multiple nonsexual risk behaviors and those not engaged in any nonsexual risk behaviors were similar. However, the pattern of change for sexual behaviors was different than the pattern for nonsexual risk behaviors – sexual behaviors declined until the early 2000's and then began increasing, whereas nonsexual behaviors increased until peaking in the late 1990's and then began decreasing. In conclusion, the authors raise questions about the potential impact of interventions that would reduce sexual risk behaviors by targeting nonsexual risk behaviors.

The couple context of pregnancy and its effects on prenatal care and birth outcomes.

Hohmann-Marriott, B. (2009). *Maternal and Child Health Journal*, published online first.

The purpose of this study was to investigate the association between parents' relationship context and early prenatal care, preterm birth, and low birth weight. Data from the Early Childhood Longitudinal Study were analyzed for 5,788 couples who were residing with their biological child at the time the child was nine months old. Overall, 6 percent of mothers reported no prenatal care in the first trimester, 10 percent of the babies were born preterm, and 6 percent of the babies were born at low or very low birth weight. The risk of inadequate prenatal care and preterm birth increased when couples did not share pregnancy intentions or when neither partner intended the pregnancy. Couples were also at increased risk of receiving inadequate prenatal care if they were not married at the time of conception, or if the mother did not tell the father about the pregnancy. The risk of low birth weight was not associated with pregnancy intentions, but was associated with the father not having discussed the pregnancy with the mother.

Relevant Research (continued)

Trends in sexual experience, contraceptive use, and teenage childbearing: 1992-2002. Manlove, J., Ikramullah, E., Mincieli, L., Holcombe, E., & Danish, S. (2009). *Journal of Adolescent Health*, 44(5), 413-423.

This study used data from the 2002 National Survey of Family Growth (NSFG) to investigate how family, individual, and relationship characteristics are associated with the transition to sexual intercourse, contraceptive use at first sex, and the transition to a teen birth. Results showed that changes in family and relationship characteristics among teens have been associated with positive trends in reproductive health. Positive changes in family environments, including increases in parental education and a reduced likelihood of being born to a teenage mother, were associated with improvements in reproductive health. Positive trends in sexual relationships, including an older age at first sex and reductions in older partners, were also associated with improvements in reproductive health. In contrast, living in a family structure without two biological or adoptive parents, and having a mother who was a teen at her first birth were associated with negative reproductive health behaviors.

News from National Organizations

Child Trends (<http://www.childtrends.org/index.cfm>)

- **Exploring the Links Between Family Strengths and Adolescent Outcomes** (April 2009) – This research brief summarizes the relationship between family strengths and adolescent outcomes, including avoiding risky behaviors, school performance, and social competency.
- **Ten Reasons to Still Keep the Focus on Teen Childbearing** (March 2009) – This research brief outlines ten research-based findings that underscore the importance of maintaining a focus on reducing the rates of teenage childbearing in the United States.
- **Estimated Percentage of Females Who Will Become Teen Mothers: Differences Across States** (March 2009) – This research brief presents new state-level information on the percentage of females who are estimated to become teen mothers by state.

The National Campaign to Prevent Teen and Unplanned Pregnancy (<http://www.thenationalcampaign.org>)

- **What Works: Curriculum-Based Programs that Prevent Teen Pregnancy** (2009) - This publication provides information on 30 curriculum-based programs that have been evaluated and shown to be effective in preventing teen pregnancy.
- **Toward a Common Future: Latino Teens and Adults Speak Out About Teen Pregnancy** (2009) – The report presents findings from a new public opinion survey of Latino parents and teens on teen pregnancy, childbearing, and related topics.

News from Other Federal Agencies

2008 National Healthcare Quality Report and 2008 National Healthcare Disparities Report Available

The Agency for Healthcare Research and Quality (AHRQ) has published two reports that present the latest available data on the quality and accessibility of health care in America. The reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. Both reports are available at <http://www.ahrq.gov/qual/qdr08.htm>.

Births: Preliminary Data for 2007

CDC's National Center for Health Statistics has released preliminary data for 2007 on births in the United States. The preliminary data are based on 98.7 percent of births for 2007. According to the data, the preliminary estimate of births rose 1 percent in 2007 to 4,317,119, representing the highest number of births ever registered in the United States. Increases occurred within all race and Hispanic origin groups and for nearly all age groups. The birth rate for U.S. teenagers aged 15-19 rose by 1 percent in 2007 to 42.5 births per 1,000 teenagers, up from 41.9 in 2006 and 40.5 in 2005. In addition, all measures of childbearing by unmarried women increased to historic levels. The rate of preterm births decreased 1 percent and the rate of low birth weight declined slightly. The full report is available at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf.

Changing Patterns of Nonmarital Childbearing in the United States

CDC published a data brief on the changing patterns of nonmarital births using data from the National Vital Statistics System. The data brief includes a description of the number of births to unmarried women, the birth rate for unmarried women, and the percentage of births to unmarried women. Overall, childbearing by unmarried women has sharply increased since 2002. The brief is available at <http://www.cdc.gov/nchs/data/databriefs/db18.htm>.

Chlamydia Screening among Sexually Active Young Female Enrollees of Health Plans

CDC published an MMWR article summarizing the results of an evaluation of the rates of chlamydia screening among sexually active young females enrolled in health plans. CDC analyzed data reported to the Healthcare Effectiveness Data and Information Set (HEDIS) by commercial and Medicaid health plans during 2000-2007. The annual screening rate nationally increased from 25.3% in 2000 to 43.6% in 2006, and then decreased to 41.6% in 2007. The rate of chlamydia screening in 2007 was highest in the Northeast (45.5%) and lowest in the South (37.3%). The full article is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5814a2.htm?s_cid=mm5814a2_e.

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