

OPA RESEARCH & EVALUATION UPDATE

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Office of Population Affairs, Office of Research and Evaluation

OPA Funded Research Articles



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Evaluation of a Community-Based Sexual Health Intervention for Young Adult Latino and African-American Men

Kalmuss, D., Armstrong, B., Franks, M., Hecker, G., & Gonzalez, J. (2008). *Journal of Men's Health*, 5(4), 318-326.

The researchers evaluated an educational intervention for men designed to promote more positive attitudes toward health care utilization and increase use of sexual and reproductive health care. The intervention was developed and implemented by the Young Men's Clinic (YMC) in New York City, and consisted of three, 50-minute educational sessions delivered in an interactive, group format by a bilingual Latino health educator. Sessions included information on the importance of regular health care exams, services available at the YMC, STI transmission and testing, condom use, and emergency contraception. Men were eligible to participate if they were 18-30 years of age, had not been a client at the YMC for at least two years, and could participate in the educational sessions in English. Participants were assigned to an intervention or a control group, completed a 53-item questionnaire at baseline, and completed a three-month follow-up telephone interview.

Overall, 272 men were enrolled in the study and 231 completed both the baseline and 3-month follow-up assessments. The mean age of participants was 20.7 years, 62% were Latino, and 38% were Black. Three months prior to the baseline survey, 41% had had more than one sex partner and 55% reported not always using a condom. At the three-month follow-up, men in the intervention group had significantly more positive attitudes toward health care utilization and were more likely to have visited the YMC. The intervention also increased knowledge about the YMC, increased favorable attitudes toward condoms, and reduced the number of sex partners reported in the three-month follow-up period. The intervention did not have a significant impact on the frequency of condom use or the likelihood of using a condom with a casual sex partner.

Condom Use and Consistency among Male Adolescents in the United States

Manlove, J., Ikramullah, E., & Terry-Humen, E. (2008). *Journal of Adolescent Health*, 43(4), 325-333.

The purpose of this study was to examine factors associated with male adolescents' condom use and consistency in heterosexual relationships. The researchers analyzed data from the 2002 National Survey of Family Growth (NSFG) for 542 male adolescents between the ages of 15-19 who reported having ever engaged in sexual intercourse. Variables of interest included sociodemographic variables, communication with parents about reproductive health, use of reproductive health services, sexual history, characteristics of sexual partners, attitudes towards condom use, and condom use behavior.

Seventy-one percent of sexually experienced males reported condom use at first sex and at last sex, and 50% reported consistent condom use with their most recent sexual partner. African-American male adolescents were more likely to report using condoms at first and last sex, and were more likely to consistently use condoms both in the four weeks before the interview and with their most recent partner. Having a more positive attitude about condom use was also associated with a greater likelihood of using condoms at last sex and a greater likelihood of consistently using condoms. On the other hand, male adolescents who had an older sex partner, who were in a longer sexual relationship, or who had a greater frequency of sexual intercourse were less likely to report condom use at last sex and were less likely to consistently use condoms. Males who received neither abstinence nor birth control education and those who had just met their partner were also less likely to report condom use at first sex.



Trends in US Women’s Use of Sexual and Reproductive Health Care Services, 1995-2002

Frost, J. (2008). *American Journal of Public Health*, 98(10), 1814-1817.

Dr. Frost analyzed data from the 1995 and 2002 cycles of the NSFG to examine trends in the use of reproductive health care services among women 15-44 years of age in the U.S. Overall, the proportion of women who received at least one reproductive health care service in the 12 months before the survey did not change significantly from 1995 to 2002 (72.1% vs. 73.8%). The number of women receiving contraceptive services, however, did increase from 35.7% in 1995 to 41.4% in 2002. This increase occurred primarily among adolescents, women over age 30, and women in families earning more than 150% of the federal poverty level. There were also observed increases in the proportion of women who received counseling about birth control, a birth control method, pregnancy testing, and STD testing or treatment. In contrast, the number of women receiving prenatal care declined.

In 2002, 76% of women received reproductive health services from a private doctor, 9.6% from a Title X clinic, 10.4% from a non-Title X publicly funded clinic, and 3.9% from a hospital or other provider. The author found that the level and mix of services received by women varied by type of provider. Of women attending clinics in 2002, 69.9% reported receiving some contraceptive service, and of those women, 42.9% received the service in combination with STD- or pregnancy-related services, or HIV testing. In comparison, 53.3% of women visiting a private doctor in 2002 reported receiving some contraceptive service, and of those, only 25% reported receiving the service in combination with STD- or pregnancy-related services, or HIV testing. In addition, 31% of clients of private doctors’ reported receiving only preventative gynecological care, compared to 13.5% of clinic clients. The author concluded that, in both 1995 and 2002, clients visiting publicly funded clinics received a broader combination of sexual and reproductive health care services compared to clients visiting a private doctor.

Effect of Partner Relationship on Motivation to Use Condoms among Adolescent Mothers

Johnston-Briggs, B., Liu, J., Carter-Pokras, & Barnett, B. (2008). *Journal of the National Medical Association*, 100 (8), 929-935.

The purpose of this study was to determine the association between partner relationships, motivation to use condoms, and consistent condom use among adolescent mothers. Data were collected from pregnant teens 12-18 years of age who participated in a randomized, home-based intervention aimed at reducing risks and improving outcomes. Teens were recruited from urban prenatal care sites between February 2003 and April 2005. Participants received monthly home-based parenting instruction and completed quarterly computerized risk assessments followed by motivational interviews aimed at increasing condom use. Data was collected on sociodemographic variables, sexual history, past STI diagnosis, status of current sexual partner, contraceptive use, and contraceptive self-efficacy.

The sample included 107 girls with a mean age of 17.1 years at baseline, 96% of whom were African American. At 9-12 months postpartum, 55% reported a continued sexual relationship with the baby’s father and 31% reported consistent condom use. Girls who perceived the importance of condom use with a new boyfriend and reported greater self-efficacy for condom use with a new boyfriend, regardless of whether her current sexual partner was a new boyfriend or the baby’s father, were more likely to report consistent condom use. In contrast, teen mothers’ level of commitment to use condoms with the baby’s father was not significantly associated with consistent condom use.

Relevant Research in the Professional Literature

Health Insurance Coverage and Prescription Contraceptive Use among Young Women At Risk for Unintended Pregnancy. Nearn, J. (2009). *Contraception*, 79(2), 105-110.

This study used data from the 2002 NSFG to examine the relationship between health insurance coverage and use of prescription contraceptives among women ages 18-24 who were at risk for unintended pregnancy (n=1,049). Overall, 55% of the women reported using prescription contraceptives at the time of the interview. Twenty percent were uninsured, 65% had private insurance, 10.6% had Medicaid, and 4% had another form of government health insurance. One-third reported inconsistent health insurance coverage during the year before the interview. The researchers found that young women with private insurance or Medicaid were significantly more likely to use prescription contraceptives. In addition, women who had ever discontinued using prescription contraceptives, who reported intercourse with more than one partner in the three months before the interview, and whose educational attainment was lower than expected for their age were less likely to use prescription contraceptives. Inconsistent health insurance coverage was not found to be significantly associated with current use of prescription contraceptives.

Immigration Measures and Reproductive Health among Hispanic Youth: Findings from the National Longitudinal Survey of Youth, 1997-2003. McDonald, J., Manlove, J. & Ikramullah, E. (2009). *Journal of Adolescent Health, 44*(1), 14-24.

The researchers analyzed data for 1,614 adolescents of Hispanic origin from the 1997 National Longitudinal Survey of Youth (NLSY97) to examine the relationships between generation, language status, country of origin, and reproductive health events. Overall, 46% of the youth reported Mexico as their country of origin, 9.3% Puerto Rico, 4.1% Cuba, 10.6% Central/South America, and 29.9% Other. The authors found that youth of Puerto Rican and "other" origin were more likely to have sexual intercourse before age 18, and Mexican origin youth were more likely to have multiple live births. Youth who conducted the interview in Spanish were less likely to have sexual intercourse before age 18 and less likely to consistently use contraception at age 17. First-generation youth were less likely to have sexual intercourse before age 18, and first- and second-generation youth were less likely to consistently use contraception at age 17, compared to third-generation youth.

The Role of Mental Health Factors, Behavioral Factors, and Past Experiences in the Prediction of Rapid Repeat Pregnancy in Adolescence. Crittenden, C., Boris, N., Rice, J., Taylor, C., & Old, D. (2009). *Journal of Adolescent Health, 44*(1), 25-32.

The purpose of this study was to investigate predictors of rapid repeat pregnancy (RRP) among a sample of 354 adolescents who were 19 years of age or younger, less than 29 weeks gestation, had no previous births, and had at least two sociodemographic risk factors. Data were collected at baseline and 24 months postpartum, starting in June 1990. The majority of participants (94.1%) were African American, with a mean age at baseline of 16.64 years, and 41.5% reported having a RRP. The researchers found that girls who had not had a RRP were more likely to have begun their period six months earlier than girls who had experienced a RRP. In addition, girls who had a RRP were more likely to report aggressive behavior. In particular, girls who had a RRP were less confident in their ability to settle differences with people close to them without using force, agreed more often that sometimes people must use physical force to show importance, and felt more provoked by others to hit and push if they did not want to.

The Validity of Teens' and Young Adults' Self-report Condom Use. Rose, E., DiClemente, R., Wingood, G., McDermott Sales, J., Latham, T., Crosby, R., et al. (2009). *Archives of Pediatrics & Adolescent Medicine, 163*(1), 61-64.

This study was designed to investigate the concordance between teens' and young adults' self-reports of consistent condom use and the results from a Y-chromosome polymerase chain reaction (Yc-PCR) assay, which detects Y-chromosome DNA as a biomarker of sperm in vaginal fluid for up to two weeks following intercourse. The sample included 715 African American female adolescents, ages 15-21, who reported sexual activity in the previous 60 days and were not pregnant or attempting to become pregnant. The girls completed a baseline interview using audio-computer-assisted self-interviewing (A-CASI) and self-collected a vaginal specimen by performing a vaginal sweep for 10-15 seconds. Consistent condom use during the 14 days before the interview was reported by 186 participants. Of these, 33.9% had a positive Yc-PCR assay result, indicating a discrepancy between their self-reported consistent condom use and the biological indicator.

Initiation of Oral Contraceptives – Start now! Edwards, S., Ziemann, M., Jones, K., Jones, K., Diaz, A., Robilotto, C., & Westhoff, C. (2008). *Journal of Adolescent Health, 43*(5), 432-436.

The researchers conducted a randomized clinical trial with non-pregnant, urban adolescents less than 18 years of age. The purpose of the study was to investigate if the quick start method for initiating oral contraceptives would lead to improved continuation rates and a decrease in pregnancies, when compared to the conventional start method. The researchers enrolled 539 adolescents ages 12-17 in the study. The majority of the participants were African-American and Latina and had never been pregnant. Overall, 86% of participants completed the first pack of pills and started a second pack; 44% completed at least 3 months of pills; and 26% were still using oral contraceptives at the 6 month interview. Participants in the quick start group were more likely to continue to a second pack of pills; however continuation rates at 3 and 6 months were similar between the two groups. During the follow-up period, 17 girls in the quick start group became pregnant compared to 28 girls in the conventional start group. The authors concluded that even though the quick start method had only a brief effect on continuation rates, the observed trend in reduced pregnancies may be a benefit of that brief effect.

Relevant Research (continued)

Associations Between Low-Income Women's Relationship Characteristics and Their Contraceptive Use.

Wilson, E. & Koo, H. (2008). *Perspectives on Sexual and Reproductive Health*, 40(3); 171-179.

In this study, the researchers investigated the association between relationship characteristics and women's contraceptive use using data collected from 839 women at risk of unintended pregnancy who visited family planning clinics and maternity wards. At the time of the interview, 23% were married, 42% cohabiting, and 42% had had a child with their partner. The authors found that women who talked a lot with their partners about things that mattered to them were more likely to rely on condoms alone; women who expected their relationship to last a long time were more likely to use withdrawal; and women in longer duration relationships were more likely to use any female method and less likely to use condoms. Women who had had a child with their partner were more likely to be contraceptive nonusers and to use withdrawal. In addition, the study found that women in relationships of two or more years were more likely to be nonusers compared to women in relationships of 6-23 months, and women who were married or cohabiting were less likely to use dual methods.

Discontinuation and Resumption of Contraceptive Use: Results from the 2002 National Survey of Family Growth.

Vaughan, B., Trussell, J., Kost, K., Singh, S. & Jones, R. (2008). *Contraception*, 78(4), 271-283.

The authors analyzed data from the 2002 NSFG to investigate the dynamics of contraceptive discontinuation and resumption of use among American women of reproductive age. Overall, 47% of all method-use segments were discontinued for method-related reasons by the end of the first year. The male condom was most likely to be discontinued (57.1%), followed by withdrawal (54.2%), fertility-awareness-based methods (53.2%), the injectable (44.0%), and the pill (32.7%). Of all reversible method use, 24.6% ended with the abandonment of all use of contraception within one year. By the end of the first year, 80.3% of the periods of discontinuation of method use ended with resumption of use of some type of method, with a large majority (71.5%) of the resumption occurring within one month. Of discontinued pill use segments, 71.8% were followed by a resumption of method use within a year, with 26.9% switching to condom use and 19.2% resuming pill use. Of discontinued condom use segments, 85.3% were followed by resumption of method use within one year; with 46.4% resuming condom use and 17.2% switching to pill use. Resumption of use of any method of contraception after a period of nonuse was more likely if the desired family size had already been achieved, if the woman did not have children, if the woman was not married or in a cohabiting relationship, or if the woman exclusively had private insurance coverage in the year prior to the interview.

News from Other Federal Agencies

CDC Releases Final 2006 Birth Data

In January 2009, CDC released the final 2006 birth data. According to the data, the national teen birth rate increased 3% between 2005 and 2006, representing the first increase in the U.S. teen birth rate after 14 years of steady decline. Additional information is available at

http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf.

2008 Compendium of Evidence-based HIV Prevention Interventions Available

In December 2008, the CDC released the 2008 Compendium which includes 57 evidence-based behavioral interventions that have been shown to significantly reduce HIV risk. The 2008 Compendium is available at

<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>.

News from National Organizations

From Child Trends

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

- **Condom Use and Consistency Among Teen Males** (Oct. 2008) – Newly released fact sheet summarizes national survey data on condom use and consistency among teen males ages 15-19.
- **Sexual and Reproductive Health Behaviors Among Teen and Young Adult Men: A Descriptive Portrait** (Oct. 2008) – Newly released research brief uses data from the 2002 NSFG to describe the overall picture of reproductive health behavior of U.S. males ages 15-24.
- **Teen Births: Examining the Recent Increase** (Oct. 2008) - Report provides an overview of available data regarding the increase in the teen birth rate between 2005 and 2006 and considers a variety of factors that may have contributed to the increase.

From the Urban Institute (<http://www.urban.org/>)

- **Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy, 2nd Edition** – Published in Nov 2008, this book consists of 11 updated chapters, including a new chapter on the evaluation of programs aimed at reducing teen sexual risk-taking.

National Campaign to Prevent Unintended Pregnancy (<http://www.thenationalcampaign.org/default.aspx>)

- **Managing the Media Monster** (2008) - This report examines how the media influences teen sexual knowledge, attitudes, and behavior and offers suggestions for how program providers can use the media to reach young people.

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