

OPA RESEARCH & EVALUATION UPDATE

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Office of Population Affairs, Office of Research and Evaluation

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Research by OPA-Funded Principal Investigators

Office of Population Affairs (OPA)- funded principal investigators have recently published a variety of peer-reviewed journal articles on a range of family planning topics. This month's *Update* includes articles on provider training, childbearing intention, impact of educational attainment on teen parents, decision making about contraceptive use, to risky sexual behaviors of adolescents and safety concerns of the IUD. When available, links to abstracts in PubMed or full articles in open-access journals are provided.

Providing Refresher Training May Maintain Quality of Family Planning Counseling Over Time

An experimental design was used to assess the efficacy of The Knowledge Improvement Tool (KIT), which guides family planning supervisors to ask recently trained providers a list of questions, reinforce correct answers, and address knowledge gaps regarding provision of the Standard Days Method (SDM). The SDM is a fertility awareness-based method of family planning. This study compares the cost and effectiveness of the KIT to other methods of reinforcing SDM knowledge. The sample was drawn from members of PROREDES, a network of providers in non-governmental organizations (NGO) funded by the United States Agency for International Development. The participants were assigned to one of four groups: (1) individual KIT; (2) group KIT; (3) 2 hour refresher training; or (4) no refresher training. The main outcome measures were provider scores on simulated client counseling sessions and costs associated with each refresher type. The results indicated that 70% of participants in groups who received any refresher training achieved satisfactory scores compared with 42% for the group with no refresher training, but providers who received individual KIT retained more knowledge over time. However, the KIT refresher training was also the most costly. Group KIT or traditional refresher training were found to be significantly less expensive. The authors conclude that reinforcement is needed following initial training to maintain knowledge over time but some programs may find it difficult to provide refresher training due to their existing supervision systems and budgets. Individual application of KIT may be more appropriate for programs that already conduct routine supervisory visits of individual providers and can integrate KIT.

Naik, S., Suchi, T., & Lundgren, R. (2010). Options for maintaining quality family planning counseling: Strategies for refresher training. *International Journal for Quality in Health Care*, 22(2), 145-150. Available at <http://intqhc.oxfordjournals.org/content/early/2010/01/31/intqhc.mzp062.full.pdf+html>

Childbearing Intentions Vary By Race, Ethnicity and Relationship Type

Data from the Early Childhood Longitudinal Study were used to examine the childbearing intentions of 9,100 mothers of a cohort of children born in 2001. Multivariate and regression analyses were conducted to examine whether relationship type (married, cohabiting or neither) helps explain racial and ethnic differences in childbearing intentions and whether associations between race and ethnicity and childbearing intentions vary by relationship type. The analyses indicated that blacks were more likely than whites to have had an unintended birth (odds ratio, 2.5); the relationship held among married (2.6), but not unmarried, mothers. For most relationship types, black mothers had higher relative risks than whites of having had an unwanted birth, rather than an intended or a mistimed one. Asian married mothers were more likely than their white counterparts to have had an unwanted, rather than intended birth (1.9). The odds of an unintended birth were lower among foreign-born Hispanic cohabiting women than among white cohabiting women (0.6), a finding driven by the lower risk of unwanted births among foreign-born Hispanics (0.3–0.5). Few differences were apparent between native-born Hispanics and white mothers. The authors conclude that racial and ethnic differences in childbearing intentions are frequently contingent on relationship context; differences between whites and blacks are largely attributable to married women and assessment of childbearing intent among Hispanics should take nativity into account.

Guzman, L., Wildsmith, E., Manlove, J., & Franzetta, K. (2010). Unintended births: Patterns by race and ethnicity and relationship type. *Perspectives on Sexual and Reproductive Health*, 42(3), 176-185. [Abstract](http://www.ncbi.nlm.nih.gov/pubmed/20928956) available at <http://www.ncbi.nlm.nih.gov/pubmed/20928956>

Variation in Teenage Mothers' and Fathers' Educational Attainment

Characteristics associated with high school graduation by age 26 were assessed among 317 teenage mothers and fathers who participated in the 1988–2000 National Education Longitudinal Study. Logistic regression models included socioeconomic and educational characteristics, gender, parenting responsibilities and resources, and gender interactions. Married or cohabiting teenage parents living with no or one parent had 73% lower odds of graduation than single respondents living with two parents. The researchers observed that fathers working at least half-time were less likely than nonworking fathers to graduate (odds ratio, 0.2), and fathers who were primary caregivers had substantially elevated odds of graduating (7.4), but no similar relationships were seen among mothers. Sixty-one percent of fathers who worked but were not primary caregivers were predicted to graduate by age 26, compared with 97% of those who were nonworking primary caregivers. The authors conclude that traditional parenting norms, according to which mothers are primary caregivers and fathers are breadwinners, do not appear to be associated with improved odds of graduating. Policies and interventions aimed at helping teenage parents graduate may be most effective if they target both genders, but some are likely to be more beneficial for one gender than the other.

Mollborn, S. (2010). Exploring variation in teenage mothers' and fathers' educational attainment. *Perspectives on Sexual and Reproductive Health*, 42(3), 152-159. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20887284>

The Role of Pregnancy Motivation on Contraceptive Use

Baseline data from a couples-intervention study was used to examine the contribution of women's and men's pregnancy motivations and participation in decision making about contraceptive use by women in relatively stable relationships who were not trying to get pregnant. In addition to conducting multivariate analyses (which measures the impact of more than one variable at a time while analyzing a set of data), the authors assessed agreement between a woman's perceptions of and her partner's reports of his pregnancy motivations. The analyses indicated that there was moderate agreement between men's pregnancy motivations and their partners' perceptions of those motivations. Levels of agreement about participation in decision making were somewhat lower. Women not wanting a child in 2 years, women's and men's participation in decision making, women believing their partners favored contraceptive use, relationships lasting 2 or more years, and ethnicity/race were associated with effective contraceptive use. The authors conclude that providers and those developing interventions must recognize that some women who are "not trying to get pregnant" may have weak motivations to avoid pregnancy, and should help women to clarify their motivations and seek support from their partners for contraceptive use.

Kraft, J. M., Harvey, S. M., Hatfield-Timajchy, K., Beckman, L., Farr, S. L., Jamieson, D. J., et al. (2010). Pregnancy motivations and contraceptive use: Hers, his, or theirs? *Women's Health Issues*, 20(4), 234-241. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20620912>

Formal Sexual Education Associated with Less Risky Sexual Behavior among Teens and Young Adults

This study examined the association of religiosity, sexual education and family structure with risky sexual behaviors among adolescents and young adults. The nationally representative sample, from the 2002 National Survey of Family Growth, included 3,168 women and men ages 15–21 years. Those who viewed religion as very important, had frequent church attendance, and held religious sexual attitudes were 27–54% less likely to have had sex and had significantly fewer sex partners than peers. Participants whose formal and parental sexual education included abstinence and those from two-parent families were 15% less likely to have had sex and had fewer partners. Having been formally taught how to say no to sex was related to less risky sexual behaviors. Additionally, having a two-parent family and parents who encouraged their children to avoid having sex were also associated with a decrease in sexual exposures. The authors suggest that this analysis provides some evidence for a positive association between religious attitudes and human sexuality in helping young people to reduce risky sexual behaviors, but further research is needed to verify these results and to determine if there are trends in these relationships.

Haglund, K. A., & Fehring, R. J. (2010). The association of religiosity, sexual education, and parental factors with risky sexual behaviors among adolescents and young adults. *Journal of Religion and Health*, 49(4), 460-472. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19565334>

Clinicians continue to have Concerns about IUD use Despite Evidence Supporting its Safety

This study investigated the influence of patients' gynecologic histories on recommendations for Intrauterine Contraception (IUC) and other methods of contraception. Videos of standardized patients varying by history of pelvic inflammatory disease (PID) and parity were shown to clinicians at meetings of national medical societies. Participants indicated their contraceptive recommendations for the patient and whether they would have concerns should the patient use IUC. Five hundred twenty-four providers viewed one video of a standardized patient and completed the survey. Gynecologic history was significantly associated with recommendations for the contraceptive ring, contraceptive patch, and copper IUC. Many clinicians indicated that they had concerns about the use of IUC with respect to risks such as PID, infertility and ectopic pregnancy. Concerns about infertility and pain with use of IUC were related to gynecologic history. The study investigators conclude that patient gynecologic characteristics affect recommendations for some reversible contraceptive methods. Continued efforts to disseminate evidence about IUC use, including contraindications and side effect profiles, may increase clinicians' willingness to recommend IUC.

Dehlendorf, C., Ruskin, R., Darney, P., Vittinghoff, E., Grumbach, K., & Steinauer, J. (2010). The effect of patient gynecologic history on clinician contraceptive counseling. *Contraception*, 82(3), 281-285. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20705158>

Related Research Publications

Successful Integration of New Hormonal Methods into Clinical Practice Require More Extensive Counseling

This study investigated provider factors associated with the initiation of new hormonal methods among women at high risk of unintended pregnancy. The participants were 1387 women aged 15-24 starting hormonal contraception (vaginal ring, transdermal patch, oral contraceptive, or injectable) at four family planning clinics in low-income communities. The study investigators measured provider factors associated with method choice, using logistic regression. The results indicate that ring and patch initiators were more likely than women starting oral contraceptives to report that they chose their method due to provider counseling ($p < 0.001$). Contraceptive knowledge in general was low, but initiation of a new method, the ring, was associated with higher knowledge about all methods after seeing the provider ($p < 0.001$). These associations remained significant after controlling for factors describing the provider-patient relationship, including trust in provider and continuity of care. Women's reports of provider counseling and of their own contraceptive knowledge after the visit was significantly associated with hormonal method initiated. The authors conclude that more extensive counseling and patient education should be expected for successful integration of new hormonal methods into clinical practice.

Harper, C. C., Brown, B. A., Foster-Rosales, A., & Raine, T. R. (2010). Hormonal contraceptive method choice among young, low-income women: How important is the provider? *Patient Education and Counseling*, 81(3), 349-354. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20837389>

Structured Counseling May Not Result in Increased Use of Highly Effective Contraception

This study evaluated the addition of structured contraceptive counseling to usual care on choice, initiation, and continuation of very effective contraception. The study investigators used a randomized controlled design to assess a version of the World Health Organization Decision-Making Tool for Family Planning Clients and Providers. The participants were randomly assigned to usual care or usual care with structured counseling. Women in the intervention group were no more likely to choose a very effective method (OR 0.74, 95% CI 0.44, 1.26) or to initiate their method compared to the usual care group (OR 0.65, 95% CI 0.31, 1.34). Structured counseling was not associated with using a very effective method at 3 months (OR 1.06, 95% CI 0.53, 2.14). The authors conclude that adding structured counseling may not increase the proportion choosing or initiating very effective contraception in a practice setting where physicians already provide individualized counseling.

Langston, A. M., Rosario, L., & Westhoff, C. L. (2010). Structured contraceptive counseling-- a randomized controlled trial. *Patient Education and Counseling*, 81(3), 362-367. Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20869187>

News from Federal Agencies

Reproductive Health and Healthy People 2020

OPA has published a companion piece to *Healthy People 2020* entitled [Reproductive Health and Healthy People 2020](#). We've reviewed the 580 objectives included in Healthy People 2020 and highlighted 62 objectives that most directly address reproductive health. This publication is intended to assist family planning and other reproductive health professionals as they plan for the future reproductive healthcare needs of the nation. The publication is available at <http://www.hhs.gov/opa/news/reproductive-health-and-healthy-people-2020.pdf> The Healthy People 2020 site is at <http://www.healthypeople.gov/2020/default.aspx>

NCHS Vital Statistics Report Indicates Record Low Teen Birth Rate in 2009

This report from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) presents preliminary data on births and birth rates and selected maternal and infant health characteristics for the United States in 2009. The findings are based on 99.95 percent of registered vital records occurring in calendar year 2009, which were received and processed by NCHS as of October 14, 2010. The report is available at http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_03.pdf.

Sexually Transmitted Diseases Treatment Guidelines, 2010

The guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) have been updated by CDC after consultation with an expert panel. The information in this report updates the 2006 Guidelines for Treatment of Sexually Transmitted Diseases. New information is included in the updated guidelines regarding expanded diagnostic evaluation, new treatment recommendations, clinical efficacy, sexual transmission of hepatitis C, diagnostic evaluation after sexual assault, and STD prevention approaches. The report is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm?s_cid=rr5912a1_e.

Sexually Transmitted Disease Surveillance

The CDC has published its annual, *Sexually Transmitted Disease Surveillance* report. This report presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2009. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. The report is available at <http://www.cdc.gov/std/stats09/surv2009-Complete.pdf>.

News from Non-federal Organizations

Journal of Women's Health Special Issue

The Journal of Women's Health has partnered with Mary Ann Liebert, Inc., to produce a special section on global women's reproductive health in the current issue. The articles explore the medical, socioeconomic, and gender-based factors that impact global women's health issues. The special issue articles are available free online at <http://www.liebertpub.com/products/product.aspx?pid=42>.

WHO Explores Social Determinants of Reproductive Health

The World Health Organization, Department of Reproductive Health and Research has published a volume entitled *Social Determinants of Sexual and Reproductive Health*. The chapters included in this volume were commissioned to describe the relationship between the social determinants of interest and sexual and reproductive health. The publication also describes promising programs which seek to reduce observed inequities in health and to address social structures which inhibit access to and use of sexual and reproductive health services. The publication is available at http://www.who.int/social_determinants/thecommission/en/.

Preventive Health Services for Women and Health Care Reform

The Institute of Medicine (IOM) has begun the task of identifying the preventive services that are necessary for women's health and well-being and should be considered in the development of comprehensive guidelines for preventive services for women. The IOM will also provide guidance on a process for regularly updating the preventive screenings and services to be considered. To complete these tasks, the IOM will conduct a series of meetings to examine existing prevention guidelines, obtain input from stakeholders, identify gaps that may exist in recommended preventive services and highlight specific services and screenings that could supplement currently recommended preventive services for women. The second meeting of the Committee on Preventive Services for Women will convene an open session on January 12, 2011 at the National Academies' Keck Center. Additional information is available at <http://www.iom.edu/Activities/Women/PreventiveServicesWomen.aspx>.