



OPA RESEARCH & EVALUATION UPDATE

Office of Population Affairs, Office of Research and Evaluation

OPA Funded Research Publications

Home and parenting resources available to siblings depending on their birth intention status

Barber, J. & East, P. (2009). *Child Development*, 80 (3), 921-939

The purpose of this study was to examine how mothers' evaluation of their pregnancies as intended, mistimed, or unwanted affects the distribution of family resources to the children resulting from these pregnancies, as well as other children within the family. The authors analyzed data from The National Longitudinal Survey of Youth (NLSY) for 3,134 women who experienced a live birth and their 5,890 children, of whom 63% were intended at conception, 27% were mistimed, and 10% were unwanted. The researchers examined the cognitive and emotional resources provided to children, and controlled for a number of variables associated with intention status and family resource availability (i.e. family income, home ownership, mother's education, number of children).

The study found that children born as a result of an unintended pregnancy received fewer parental resources than children whose birth was intended, and had less access to parental resources than their siblings whose births were intended. The study also examined changes in how parents distribute resources to their other children after an unintended child is born, and found that parents' emotional resources to older children decreased after the birth of a mistimed sibling, but not after the birth of an unwanted sibling. Overall, the study findings suggest that cognitive and emotional resources are differentially available to children within a family depending on intention status and that mistimed births result in decreased resources for older children in the household.



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Efficacy of abstinence promotion media messages: findings from an online randomized trial

Evans, W. D., Davis, K., Silber Ashley, O., Blitstein, J., Koo, H., & Zhang, Y. (2009). *Journal of Adolescent Health*, online.

The researchers used a randomized controlled design to examine the effectiveness of the *Parents Speak Up National Campaign (PSUNC)* at promoting parent-child communication about sex. The study aimed to identify the effects of exposure to *PSUNC* messages on parents' communication with their children about sexual activity and to determine if there is a dose-response effect of *PSUNC* message exposure on parent-child communication. The *PSUNC* uses television, radio, and print advertisements to promote parents' self-efficacy to communicate with their children. The campaign has developed a number of public service announcements that feature age-appropriate youth letting their parents know that it is okay to talk to them about sex and that they should "talk early and often". The campaign also includes the 4Parents.gov web site and is designed to drive traffic to the web site.

The researchers randomly assigned a national sample of 1,969 mothers and fathers who were living with their 10- to 14-year old child to either a control group that received no *PSUNC* exposure or a treatment group that received core messages about the importance of parent-child communication delivered through print, video, and radio PSAs. Mothers were further randomized into treatment and booster (treatment condition plus second set of messages at 6-month follow-up) groups to evaluate dose-response effects. Participants were surveyed at baseline, 4 weeks postexposure, and 6 months postexposure. Treatment fathers were more likely than control fathers to initiate conversations about sex at 4 weeks, and treatment fathers and mothers were more likely than controls at 6 months to recommend that their children wait to have sex. Treatment fathers and mothers were also more likely than control parents to have used the campaign web site. A limited dose-response effect was observed among mothers, with booster mothers being more likely to have visited the campaign web site.



A review of the HHS family planning program: mission, management, and measurement of results

Institute of Medicine of the National Academies.

Available at <http://www.iom.edu/CMS/3740/48097/67785.aspx>

The Institute of Medicine (IOM) conducted a review of the Title X Family Planning Program to assess the administration and management of the program, as well as the program's objectives and the scope of services provided. This report provides detailed information on the process used to conduct the review and describes the findings and recommendations. Findings in the report are largely positive. The report also identifies areas where there are opportunities to strengthen the program in meaningful ways. Included in the report is the recommendation that family planning be re-established as a core value in public health practice, and the report urges DHHS and Congress to support the Title X program as a leading voice for the nation's family planning effort.

Young adults attitudes about relationships and marriage: times may have changed, but expectations remain high

Scott, M., Schelar, E., Manlove, J., & Cui, C. (2009). Child Trends Research Brief, available at http://www.childtrends.org/Files/Child_Trends-2009_07_08_RB_YoungAdultAttitudes.pdf.

The researchers analyzed data from Wave III of the National Longitudinal Study of Adolescent Health to examine young adults' attitudes and opinions about relationships and the importance of marriage. The brief presents data on the types of young adult relationships as well as on young adults' attitudes about a successful relationship, cohabitation, and marriage. Differences by gender, race/ethnicity, and relationship status were identified. Overall, the researchers found that more than three-fourths of young adults believe that love, commitment, and fidelity are very important to a successful relationship. In addition, the majority of young adults have positive attitudes about cohabitation - 57% of young adults agreed that cohabitation was all right, 19% were neutral, and 24% disagreed. Although the majority of young adults were not married at the time of the survey and many reported positive attitudes about cohabitation, the vast majority responded that it is important to be married someday. Eighty-three percent of unmarried young adults reported that they thought it was important or very important to be married someday, while only 5% considered it unimportant and 12% said it was only somewhat important.

Relevant Research in the Professional Literature

The integration of STD/HIV services with contraceptive services for young women in the United States

Farr, S., Kraft, J.M., Warner, L., Anderson, J., & Jamieson, D. (2009). *American Journal of Obstetrics & Gynecology*, 201 (2), 142.e1 - 8.

The purpose of this study was to estimate the prevalence of receiving STD/HIV services in the previous year among young women who received contraceptive services. The researchers analyzed data from the 2002 NSFG for 1,315 unmarried women ages 15-24 who had been sexually active in the previous year. Overall, 79.5% of the women had received a contraceptive service in the past 12 months, and 37.7% had received a contraceptive service suggestive of unprotected intercourse (defined as having received emergency contraception, a pregnancy test, or an abortion). Of the women who had received any contraceptive service, 34.8% did not receive STD counseling, testing, or treatment or HIV testing. Of the women who had received a service that was suggestive of unprotected intercourse, 23.5% did not receive any STD/HIV services. Predictors of receiving STD/HIV services included younger age at first intercourse, having ever been pregnant, having had two or more partners in the past year, receiving a pregnancy test or abortion in the past year, and having visited a Title X clinic in the past year. The authors conclude that given that national guidelines call for all sexually active women to be screened for STDs annually, there is a need for further integration of contraceptive and STD/HIV services for sexually active young women.

Repeat infection with chlamydia and gonorrhea among females: a systematic review of the literature

Hosenfeld, C., Workowski, K., Berman, S., Zaidi, A., Dyson, J., Mosure, D., Bolan, G., & Bauer, H. (2009). *Sexually Transmitted Diseases*, 36(8), 478-489.

The authors conducted a systematic review of the literature to examine chlamydia and gonorrhea reinfection to provide the best national estimate of reinfection rates among females. The review included all original studies conducted in the United States or other industrialized countries that reported data on chlamydia and gonorrhea reinfection in females and were published in the last 30 years; resulting in a total of 47 studies. Of the studies reporting chlamydia reinfection rates, the proportion of females reinfected ranged from 0% - 32%, with a median of 13.9%. The chlamydia reinfection rate over 12 months was found to peak at 19 - 20% between 8 to 10 months. Of the studies reporting gonorrhea reinfection rates, the proportion of females reinfected ranged from 2.6% - 40%, with a median of 11.7%. Younger women consistently had a higher likelihood of both chlamydia and gonorrhea reinfection. The results of the systematic review provide evidence of high chlamydia and gonorrhea reinfection rates among females across a variety of study populations and clinic setting. The authors conclude that the high reinfection rates among females, combined with practical considerations, warrant retesting 3 to 6 months after treatment of the initial infection.

Power over parity: intimate partner violence and issues of fertility control

Gee, R., Mitra, N., Wan, F., Chavkin, D., & Long, J. (2009). *American Journal of Obstetrics & Gynecology*, 201(2), 148.e1-7.

The purpose of this study was to examine the association between intimate partner violence (IPV), abortion, parity, and contraceptive use. The investigators surveyed 1,463 women over 18 years of age (70% response rate) at two Planned Parenthood clinics in Philadelphia, PA between July and December 2007. Women completed a 31-item questionnaire that asked about IPV, contraceptive knowledge and use, reproductive health history, and demographics. The majority of the respondents were young, from Pennsylvania, and had at least some college education. Overall, 21% of the women reported a history of IPV. Women who experienced IPV were more likely to report not using birth control because her partner didn't want to use it or wanted her to get pregnant, to report using emergency contraception to prevent a current pregnancy, to agree that her partner makes it difficult to use birth control, and to have skipped using birth control because she couldn't afford it. Each additional pregnancy was associated with 10% greater odds of IPV.

Age of sexual debut among U.S. adolescents

Cavazos-Rehg, P., Krauss, M., Spitznagel, E., Schootman, M., Bucholz, K., et al. (2009). *Contraception*, 80(2), 158-162.



This study pooled data from the 1999-2007 Youth Risk Behavior Survey to examine differences in sexual debut among racial and ethnic groups. A total of 66,882 students were included in the pooled analysis. Approximately 48% of students had not yet engaged in sexual intercourse at the time of the survey. African-American males experienced sexual debut earlier than all other groups and Asian males and females experienced sexual debut later than all other groups. There was a less than 5% chance of sexual debut prior to age 12 for all groups except African American males, for whom the likelihood was 15%. The likelihood of sexual debut by their 14th birthday was less than 10% for Asians (females 4%, males 7%), less than 11% for Caucasians (females 8%, males 11%) and Hispanic females (10%), 17% for African American females, 23% for Hispanic males, and 42% for African American males. By their 17th birthday, the likelihood of sexual debut was under 35% for Asians (females 28%, males 33%), under 60% for Caucasians (58% females, 53% males) and Hispanic females (59%), 69% for Hispanic males, 74% for African American females, and 82% for African American males. The study results indicate that there are considerable gender and racial/ethnic group difference in age of sexual debut.

Changing behavioral risk for pregnancy among high school students in the United States, 1991-2007

Santelli, J., Orr, M., Lindberg, L., & Diaz, D. (2009). *Journal of Adolescent Health*, 45(1), 25-32.

The purpose of this study was to investigate behavioral explanations for the decline in teen births and teen pregnancy after 1991 and the increase in 2006 and 2007. Using YRBS data from 1999-2007, the researchers estimated a female's risk of becoming pregnant based on recent sexual activity, contraceptive method used at last intercourse, and method-specific contraceptive failure rates. The authors compared their pregnancy risk estimates to the actual pregnancy and birth rates for 15-19 year olds, and found that the estimates correlated well with the actual rates. Behavioral risk for pregnancy declined from 1991-2007, however the decline took place from 1999-2003 and no further changes were observed from 2003-2007. Improvements in contraceptive use from 1991-2003 were observed for condom use, nonuse, and withdrawal. Although no change was found for any pregnancy risk behavior from 2003-2007, a borderline increase in pregnancy risk among sexually active teens was observed ($p=.06$). The authors concluded that after improvement in the 1990s and early 2000s, trends in behavioral risk for pregnancy have stalled since 2003.

Infertility services reported by men in the United States: national survey data

Anderson, J., Farr, S., Jamieson, D., Warner, L., & Macaluso, M. (2009). *Fertility and Sterility*, 91(6), 2466-2470.

The researchers analyzed data from the 2002 NSFG to determine the extent to which men report that they or their partners used infertility services and the factors that were associated with their use of infertility services. A total of 4,109 sexually experienced men aged 15-44 were asked if they or their partner had ever sought help for possible infertility. Overall, 7.5% of sexually experienced men reported that they, their partner, or both had made a visit for help with having a child at some time during their lifetime; and 2.2% reported a visit during the year before the interview. Men aged 25-44, married men, previously married men, and men who had completed college or had attended college without graduating were more likely to have sought help. Of the men who sought help, approximately 71% reported receiving advice on infertility, 49.4% received infertility tests, and 5.9% received treatment for varicocele. Overall, 18.1% of the men who had sought help for possible infertility reported clinician-diagnosed male-related infertility problems.



News from Other Federal Agencies

Sexual and Reproductive Health of Persons Aged 10-24 Years – United States, 2002 – 2007

This MMWR from CDC presents data for 2002-2007 on the sexual and reproductive health of persons aged 10-24 years in the United States. The report compiles data from the National Vital Statistics System and numerous other surveys that monitor the sexual and reproductive health outcomes for the first time into a single report. The three primary areas addressed by the report include the current levels of risk behavior and health outcomes; disparities by sex, age, race/ethnicity, and geography; and trends over time. The full report is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm?s_cid=ss5806a1_e.

Contraceptive Use Among Postpartum Women – 12 States and New York City, 2004 – 2006

This MMWR from CDC estimates the prevalence and types of contraception being used by women 2-9 months postpartum, using data from the 2004-2006 Pregnancy Risk Assessment Monitoring System from 12 states and New York City. Overall, 88% of postpartum women reported current use of at least one contraceptive method; 61.7% were using a highly effective method (<10% typical use failure rate), 20% were using a moderately effective method (10-15% typical use failure rate), and 6.4% were using less effective methods (>15% typical use failure rate). The full article is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a1.htm?s_cid=mm5830a1_e.

America's Children: Key National Indicators of Well-Being, 2009

Developed by the Federal Interagency Forum on Child and Family Statistics, this report provides an update on the well-being of children and families in the United States across a range of domains. The report is a compendium of indicators that illustrate both the promises and difficulties confronting young people in the United States. Indicators in the report are organized into seven sections: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. The full report is available at <http://www.childstats.gov>.

News from National Organizations

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

- **Science Says 39 – American Indian/Alaska Native Youth and Teen Pregnancy Prevention** (2009) – This brief focuses on Native American youth and presents information on sexual and contraceptive behaviors, and attitudes about sex and reproductive health.
- **Science Says 40 – Unplanned Pregnancy as it Relates to Women, Men, Children, and Society** (2009) This brief provides a summary of unplanned pregnancy and its consequences in the United States.
- **Unlocking the Contraception Conundrum: Reducing Unplanned Pregnancies in Emerging Adulthood** (2009) – This manuscript summarizes what is known about contraceptive use in unmarried young adults in the United States and identifies recommendations for how to translate the scientific evidence to improve the contraceptive behavior of young adults.

The Henry J. Kaiser Family Foundation

(<http://www.kff.org>)

- **Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level** (2009) – This report provides information on existing disparities among women in all 50 states and the District of Columbia. Data are presented on 25 indicators of health and well-being that address health status, access and utilization and social determinants.

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