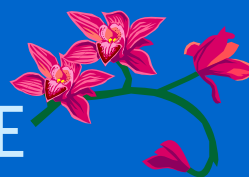


OPA RESEARCH & EVALUATION UPDATE

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Office of Population Affairs, Office of Research and Evaluation

Inside This Issue

OPA Funded Research Publications	1-2
Relevant Research Publications	3-5
News from Other Federal Agencies	5
News from National Organizations	5

OPA Funded Research Publications

Computer-Assisted Intervention to Reduce Repeat Teen Pregnancies Found to be Cost-Effective

A computer-aided, home-based intervention to reduce repeat teen births within 2 years post partum is cost-effective, according to an OPA-supported study led by University of Maryland School of Medicine researcher Dr. Beth Barnet. The study was published in the April 2010 issue of the *Archives of Pediatric and Adolescent Medicine*.

Participants in the study included 235 pregnant teens age 18 years or younger, who were at 24 or more weeks of gestation and at high risk for repeat pregnancies. The teens were recruited from 5 urban clinics. Sixty-eight study participants were randomly assigned to the control group, and received their usual care. The remainder received computer-assisted motivational intervention (CAMI), a home-based intervention that relied on trained counselors with laptop computers and customized software to guide teens through a motivational interview to gauge reproductive health risks and behaviors, motivations to avoid pregnancy, and short-term and long-term life goals. Counseling focused on the discrepancies between teens' stated goals and their behavior. Eighty-seven teens received the quarterly CAMI, while a second more intensive program provided the same CAMI to 80 teens, along with two additional quarterly visits focusing on help with daily life challenges.

Researchers found that both CAMI programs reduced repeat births within two years by 53% relative to usual care (adjusted odds ratio, 0.47; 95% confidence interval, 0.22-0.97). Additional births by 24 months post partum were determined by reviewing birth certificates. The study also calculated total and weighted mean intervention costs; costs per participant; and incremental cost-effectiveness ratios, defined as costs per prevented repeated birth. Mean intervention expenditures per adolescent were \$2064. This translated into estimated expenditures of preventing a repeat birth using either CAMI of \$17,388. The expenditures for the more intensive program were \$19,247 per patient. Cost benefit analysis indicated that more than \$4 was saved for each \$1 spent, with 242 unintended pregnancies averted per 1000 clients.

Barnet, B., Rapp, T., Devoe, M., Mullins, C. (2010). Cost-effectiveness of a Motivational Intervention to Reduce Rapid Repeated Childbearing in High-risk Adolescent Mothers: A Rebirth of Economic and Policy Considerations. *Archives of Pediatrics and Adolescent Medicine*, 164(4), 370-376. Available at <http://archpedi.ama-assn.org/cgi/content/full/164/4/370>.

Adolescent Fatherhood Associated with Lower Cognitive and Behavioral Development Scores at Age 2

The impact of teen fatherhood on the health and development of their children was examined in an OPA-supported study published in the May 4th online release of the *Journal of Family Issues*. The study used data from the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B), supported by the U.S. Department of Education. The authors anticipated that the influence of teen fathers on their children would differ from adult fathers in three areas: (1) the household context; (2) the father-mother relationship; and (3) the quality of the father-child relationship. The results indicated that the quality of the father and child relationship did not differ between adolescent fathers and adult fathers. Having an adolescent father was negatively associated with a child's cognitive and behavioral development scores at age 2. The authors suggest that policy interventions could be employed to address developmental gaps for children of adolescent fathers.

Mollborn, S., Lovegrove, P. (2010, May 4). How Teenage Fathers Matter for Children: Evidence from the ECLS-B. *Journal of Family Issues OnlineFirst*. Retrieved May 25, 2010 from <http://jfi.sagepub.com/cgi/content/abstract/0192513X10370110v1>.

Women in Need of Contraception Rose between 2000 and 2008 According to Guttmacher Study

A total of 17.4 million women were found to be in need of publicly funded contraceptive services and supplies in 2008, a 6% increase over 2000 according to a new national study by the Guttmacher Institute supported by OPA. Women in need of publicly funded services are defined by Guttmacher as those of reproductive age (13-44) who are sexually active, able to get pregnant, and are not pregnant or trying to become pregnant, and have incomes below 250 percent of the federal poverty level or are under 20 and in need of contraception.

The Guttmacher survey found that over 7 million women were served at publicly funded family planning clinics in 2008. Two-thirds of these women were served at sites supported by the federal Title X program. Overall, family planning clinics met 41% of the need for publicly funded contraceptive care, with Title X clinics meeting 27% of the overall need.

Guttmacher estimates that publicly funded clinics helped to avert 1.5 million pregnancies, of which 656,000 would have resulted in an unplanned birth, and 616,000 would have resulted in an abortion. Contraceptive services at Title X clinics helped to avert an estimated 970,000 unintended pregnancies which would have resulted in an estimated 433,000 unplanned births and 406,000 abortions. Without publicly funded services, the number of unintended pregnancies would have been 47 percent higher and the number of abortions 50 percent higher.

The total expenditures for publicly funded family planning care is estimated to be \$1.9 billion with an annual per client cost for contraceptive care of about \$257 in 2008, up from \$203 in 2004. The provision of publicly funded family planning services is estimated to result in \$7 billion in Medicaid savings for the cost of unplanned births that would have occurred without the provision of these services. Services provided at Title X clinics account for more than half of the total net savings. The data indicate that for every \$1 spent providing contraceptive care, \$3.74 in public funds were saved.

Frost, J., Henshaw, S., Sonfield, A. (2010). *Contraceptive Needs and Services: National and State Data, 2008 Update*. Retrieved May 25, 2010 from Guttmacher Institute Web site: <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>.



Study Examines Parents' Perspectives on Talking to Pre-teen Children about Sex

Researchers evaluated key elements of the Parents Speak Up National Campaign (PSUNC), a national public education initiative funded by the Department of Health and Human Services designed to help parents talk to their children about making healthy decisions about sexual behavior.

A study examining parents' attitudes toward and experiences with communicating with their children about sex, found that parents believed it is important to talk to their children about sex, and believed that doing so can be effective, but that many failed to do so. This qualitative analysis, conducted as part of the PSUNC evaluation, identified core themes and patterns based on 16 focus groups conducted with 131 mothers and fathers of children aged 10-12 in three cities in different regions of the United States. Separate focus groups were conducted for mothers and fathers, and for black, white, and Hispanic parents.

The study found that primary barriers included parents' perception that their children are too young, as well as a lack of knowledge about how to talk to their children about the subject. Parents found it easiest to talk to their children about sex if they had a good parent-child relationship, took advantage of opportunities to talk, and began discussions when their children were very young. Some differences were linked to the race, ethnicity, gender and location of parents.

Wilson, E.K., Dalberth, B.T., Koo, H.P., Gard, J.C. (2010). Parents' Perspectives on Talking to Pre-teenage Children about Sex. *Perspectives on Sexual and Reproductive Health*, 42(1), 56-63. Available at <http://www.guttmacher.org/pubs/psrh/full/4205610.pdf>.

Use of IUD Hindered by Lack of Knowledge and Fear

A qualitative study was conducted to better understand patient beliefs and attitudes that may act as a barrier to acceptance or use of an Intrauterine Device (IUD). Data were collected through semi-structured interviews with a convenience sample of 40 reproductive aged women from two Bronx, New York, family medicine practices. Although respondents appreciate the advantages of an IUD, they express a number of concerns and fears about the device. Concerns are primarily related to voluntarily placing a device inside the body for a prolonged period of time and to a knowledge gap about internal female reproductive anatomy. The IUD is viewed as a contraception option to use when other methods have failed or after childbearing. Additionally, respondents report a lack of discussion and information about the IUD from healthcare providers, the media, and informal networks. The authors conclude that directly addressing patient reservations could potentially increase acceptance of the IUD.

Rubin, S.E., Winrob, I. (2010). Urban Female Family Medicine Patients' Perceptions about Intrauterine Contraception. *Journal of Women's Health*, 19(4), 735-740. Available at <http://www.liebertonline.com/doi/abs/10.1089/jwh.2009.1549>.

Implications of Contraceptive Cycling for Prevention of Unintended Pregnancy

The authors suggest that contraceptive cycling or repeated episodes of method uptake, discontinuation and switching is a common characteristic of contraceptive behavior and that this has important implications for the prevention of unintended pregnancy. They assert that the lack of change in the proportion of unintended births to family planning patients as observed in 1931 and subsequently in 2001, suggests that the emergence of more effective contraceptive options has done little to impact the prevalence of unintended births. The authors argue for systematic research into contraceptive cycling that could be used to develop evidence-based models of contraceptive counseling. This could lead to counseling interventions that provide guidance on the management of side effects and the development of proactive contingency plans.

Hock-Long, L., Whittaker, P. (2010). Family Planning Service Delivery Research: A Call to Focus on the Dynamics of Contraceptive Use. *Perspectives on Sexual and Reproductive Health*, 42(1), 10-11. Available at <http://www.guttmacher.org/pubs/journals/4201010.html>.

Women in Married and Cohabiting Relationships found to have Greater Power over Method Choice than Women in Dating Relationships

This study used data from the 2006 National Couples Study, conducted in the U.S. and funded by the National Institutes of Health, National Institute of Child Health and Development. Researchers investigated the impact of individual preferences on the type of contraceptive method couples use together, and explored the extent to which differences in power between the partners may influence the decision-making process. The data were collected from both partners in intimate heterosexual relationships. The results suggest that men's and women's method preferences are both significantly related to the couples' method choice. Women in married and cohabiting relationships appear to have greater power over method choice than women in dating relationships. The analysis also finds that power as measured by relative education and income affects partner differences in the relationship between preferences and method choice more significantly for married and cohabiting couples than for dating couples. In contrast, when power was measured by relative commitment and relative relationship alternatives, significant effects were observed for dating couples only.

Grady, W.R., Klepinger, D.H., Billy, J.O.G., Cubbins, L.A. (2010). The Role of Relationship Power in Couple Decisions about Contraception in the US. *Journal of Biosocial Science*, 42(3), 307-323. Available at <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7448724&fulltextType=RA&fileId=S0021932009990575>.

Provider Bias Regarding IUD Provision may Account for Differences in Method Use for Women 15-24

The investigators conducted secondary analysis of data from the 2002 National Survey of Family Growth (NSFG), a nationally representative, cross-sectional survey supported by the U.S. Department of Health and Human Services. The sample included 1722 sexually active women aged 15-24 years. Multivariable logistic regression was used to identify correlates of contraceptive use. One-quarter of the sample had ever used depot medroxyprogesterone acetate (DMPA, a long acting reversible hormonal contraceptive birth control drug, which is injected every 3 months), and less than 2% had ever used the Intrauterine Device (IUD). Having ever been married (OR 5.54, 95% CI 1.23-24.82) and current cohabitation (OR 4.89, 95% CI 1.10-21.71) were associated with ever-use of the IUD. A history of an adolescent pregnancy was associated with ever-use of DMPA (OR 1.79, 95% CI 1.19-2.70) but not of the IUD. The authors conclude that differences in use of DMPA and the IUD may reflect provider biases.

Whitaker, A.K., Dude, A.M., Neustadt, A., Gilliam, M.L. (2010). Correlates of Use of Long-acting Reversible Methods of Contraception among Adolescent and Young Adult Women. *Contraception*, 81(4), 299-303. Available at http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T5P-4Y960YN-1-1&_cdi=5008&_user=10&_pii=S0010782409005174&_orig=browse&_coverDate=04%2F30%2F2010&_sk=999189995&view=c&wchp=dGLzVlz-zSkzS&md5=89c380af7cb151e7432ca7309de2d17a&ie=/sdarticle.pdf.

Study Examines the Role of Acculturation on the Likelihood of Teen Birth for Latinas

Researchers at the University of California San Francisco investigated the roles of socioeconomic factors and acculturation in teenage childbearing. Logistic regression was used to analyze the association of acculturation and respondents' parents' education with age at first birth in a sample of post-partum women in California. The unadjusted odds ratio for teenage birth for Latinas versus non-Latina Whites was 5.2 (95% CI 4.1-6.6). Country of birth was not significantly associated with teen birth, but speaking Spanish at home was positively associated and immigrating at a later age was negatively associated with teen birth. Overall, these measures of acculturation accounted for 17% (95% CI 8-28%) of the difference in odds of teen birth between Latinas and non-Latina Whites. The authors question common assumptions about the protective effect of acculturation on teen fertility and suggest that improving childhood socioeconomic factors among Latinas may decrease teen childbearing.

Dehlendorf, C., Marchi, K., Vittinghoff, E., Braveman, P. (2010). Sociocultural Determinants of Teenage Childbearing among Latinas in California. *Maternal and Child Health Journal*, 14(2), 194-201. Available at <http://springerlink.com/content/3lwq32764832p566/?p=4aeb9c7b03824f1dbe48cbac55a65828&pi=5>.

Health Reform Should Lead to Greater Insurance Coverage of Preventive Care Including Contraception, Guttmacher Institute Says

The spring 2010 issue of the *Guttmacher Policy Review* includes an analysis by Adam Sonfield of certain provisions of the new health care reform law enacted in March 2010 that require private insurance plans to cover various categories of preventive services with no cost sharing. The law states that 4 groups of services must be covered, including items recommended by the United States Preventive Services Task Force (USPSTF), immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screenings for infants, children and adolescents supported by HRSA, and preventive care and screenings for women recommended under Health Resources and Services Administration (HRSA) supported guidelines to be developed within 6 months of enactment of the new law. Advocates and providers of reproductive health believe that the fourth category was intended to require coverage of contraceptive services and supplies and that the regulations and guidance being developed by HHS should reflect this. The author argues that there is much evidence to support the view that contraception falls squarely within the realm of preventive care, including the following: (1) the inclusion of family planning services and the rationales for its inclusion in the list of official public health goals published in the Healthy People series; (2) federal laws which authorize funding for community health centers which specifically include family planning services among the list of preventive services to be covered; (3) the inclusion of family planning in the guidelines of numerous health care provider associations; and (4) the impact on health and costs.

Sonfield, A., (2010). Contraception: An Integral Component of Preventive Care for Women. *Guttmacher Policy Review*, 13(2), 2-7. Available at <http://www.guttmacher.org/pubs/gpr/13/2/gpr130202.pdf>.

Relevant Research *(continued)*

Examining California's Success at Reducing Teen Pregnancy

California experienced the most significant decrease in teen pregnancy for any state from 1992 (157 pregnancies per 1000 women aged 15-19) to 2002 (75 pregnancies per 1000 women aged 15 to 19). This decline far exceeded the national decline of 37% during the same period. California's success in this area is primarily attributed to moving to comprehensive sex education; increasing access to contraceptive services; and involving the private sector in prevention efforts. The roles of public policy and bipartisanship in achieving this effort are discussed.

Boonstra, H., (2010). Winning Campaign: California's Concerted Effort to Reduce its Teen Pregnancy Rate. *Guttmacher Policy Review*, 13(2), 18-24. Available at <http://www.guttmacher.org/pubs/npr/13/2/npr130218.pdf>

News from Federal Agencies

Journal of Adolescent Health Special Issue

The Centers for Disease Control and Prevention (CDC) and the Journal of Adolescent Health have published a special issue dedicated to reviewing and assessing positive youth development programs as a strategy for promoting adolescent sexual and reproductive health. The special issue is available at

http://www.jahonline.org/issues/contents?issue_key=S1054-139X%2810%29X0003-9.

U. S. Medical Eligibility Criteria for Contraceptive Use, 2010

The Centers for Disease Control and Prevention (CDC) has issued a set of recommendations for U.S. health care professionals to use when providing family planning counseling and services. The report provides guidance on whether women and men with particular medical conditions or physical characteristics can safely use certain methods of contraception. The report is available at

<http://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf>.

2006-2008 NSFG Public Use Files Released

The National Survey of Family Growth (NSFG) has released the latest data and published the first report of findings from the 2006-2008 NSFG data. The findings are based on interviews with a national sample of 7356 women ages 15-44. The report is available at

http://www.cdc.gov/NCHS/data/series/sr_23/sr23_029.pdf.

NIH Announces New Funding for Reproductive Health Research

The National Institutes of Health (NIH) announced grants totaling nearly \$60 million for research into disorders that impair fertility, cut short a woman's reproductive years, and often cause intense pain. Other research projects supported by the funds seek to understand the fundamental processes underlying human reproduction and identify more effective strategies for diagnosing, treating, and preventing conditions that affect reproductive health.

News from National Organizations

Guttmacher Institute

Facts on Publicly Funded Contraceptive Services in the United States (April 2010) – This research brief describes the major characteristics of publicly funded contraceptive services in the US including the characteristics of the clients, where services are provided, and the type of services offered. The brief is available at http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

Guttmacher Institute Launches New State Data Center

This new tool allows researchers, advocates, policymakers, journalists and others working on reproductive health issues at the national or state level to build, download and print custom tables, graphs and maps of the most current information available. The State Data Center can be accessed at

<http://www.guttmacher.org/datacenter/>.

Child Trends

Sexually Transmitted Diseases among Young Adults: Prevalence, Perceived Risk, and Risk-Taking Behaviors

(May 2010) – This research brief presents updated information on STDs among young adults. Child Trends analyzed recently released data from the National Longitudinal Study of Adolescent Health (Add Health) to provide estimates on the prevalence of and attitudes towards STDs among young adults, as well as on the behaviors that may put youth at risk of contracting an STD. The research brief is available at

http://www.childtrends.org/Files/Child_Trends-2010_05_01_RB_STD.pdf.

The National Campaign to Prevent Teen and Unplanned Pregnancy

What Works 2010 – The National Campaign has compiled a condensed easy to read version of its 2009 publication that provided information on 30 curriculum based programs that have been evaluated and shown to be effective in preventing teen pregnancy. Additional information is available at

<http://www.thenationalcampaign.org/resources/default.aspx>.

Healthy Teen Network

Evidence Based Resource Center

The Healthy Teen Network launched a resource center to support implementation of effective pregnancy prevention programs. The web site was developed to support organizations by providing information about (1) training in evidence-based programs for trainers, program educators, and facilitators; (2) technical assistance on program selection, implementation, teaching methods, evaluation, and sustainability; and (3) resources such as research publications, fact sheets, and resource guides. Additional information is available at

http://healthyteennetwork.org/index.asp?Type=B_BASIC&.

Any questions, contact Melanie Brown, OPA, Office of Research and Evaluation at Melanie.brown@hhs.gov