

OPA RESEARCH & EVALUATION UPDATE

Office of Population Affairs

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Office of Population Affairs (OPA) - funded principle investigators have recently published a variety of peer-reviewed journal articles on a range of family planning topics. When available, links to abstracts in PubMed or full articles in open-access journals are provided. The contents of this edition were published or presented October – December 2011.

OPA-Funded Research Publications

Adolescent Mothers' Postpartum Contraceptive Use: A Qualitative Study

Researchers conducted in-depth interviews with 21 adolescent first-time mothers from rural and urban areas of North Carolina between November 2007 and February 2009. In addition, interviews were conducted with 18 key informants—professionals who work closely with adolescent mothers. Interviews explored adolescent mothers' health behaviors, including contraceptive use, before and after pregnancy. Teenagers' use of contraceptives, particularly injectables, IUDs and implants, increased postpartum. Reasons for this improvement included improved clarity of intention to avoid pregnancy and improved contraceptive knowledge, support and access after delivery. However, this increased access often did not continue long after delivery, and levels of method switching were high. Among the barriers to postpartum contraceptive use that key informants cited were lack of information and parental support, as well as the loss of Medicaid and continuity of care. Researchers concluded that ongoing follow-up may help reduce adolescent mothers' risk of contraceptive discontinuation postpartum. Increasing use of long-acting methods also may help reduce their vulnerability to gaps in contraceptive use and discontinuation, which increase the risk of unintended pregnancy.

Wilson, E.K., Ghazaleh, S., Koo, H.P., & Tucker, C. (2011) Adolescent mothers' postpartum contraceptive use: A qualitative study. *Perspectives on Sexual and Reproductive Health*, 43(4), 230-237.

Article available at <http://onlinelibrary.wiley.com/doi/10.1363/4323011/full>

Clinician Perceptions of Providing Natural Family Planning Methods

The goal of this study was to understand, from clinicians' perspectives, the barriers and facilitators to providing NFP methods. Six telephone focus groups were conducted with 29 clinicians from Title X clinics across the United States and Puerto Rico. Data was analyzed for common themes. The overarching theme from the study was that providers who participated in this study shared two common goals about contraceptive care: 1) a commitment to teach their patients about how the body works and 2) a desire to enable patients to learn to control their fertility. However, four subthemes demonstrated what made NFP challenging for the providers who participated in this study. The first subtheme centered on the prevalence of misinformation and misunderstanding that exists about fertility among patients, making it very difficult for the provider to explain the NFP methods. The second subtheme included provider ideas about certain types of women who would, or would not, be candidates for NFP. The third subtheme focused on the inconsistencies and variations that exist among providers when teaching patients about NFP. Finally, participants seemed to agree that the lack of time in the busy clinical setting contributed to the inability to adequately inform patients about NFP. Findings from this study demonstrate that an opportunity exists for staff and consumer training as well as information-sharing strategies about NFP among Title X clinic providers.

Kelly, P.J., Witt, J.D., McEvers, K., Enriquez, M., Abshier, P., Vasquez, M., McGee, E. (2011) Clinician perceptions of providing natural family planning methods in Title X funded clinics, *Journal of Midwifery & Women's Health*, 57(1), 36-42.

Article available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1542-2011.2011.00107.x/pdf>

Effects of Adolescent Childbearing on Latino Siblings

In-depth interviews were conducted with 32 Mexican American younger siblings of parenting teens to discern how their sister's childbearing had affected them and their families. The most commonly reported negative effects were increased family stress and conflict, more arguments with the parenting older sister, and less time spent with family members. Regarding benefits, all youth described a loving bond with their sister's baby, two thirds described their family becoming closer, and 81% felt closer to their older sister. The implications of these effects for Mexican American families are discussed.

East, P.L., Slonim, A., Horn, E.J., & Reyes, B.T. (2011) Effects of adolescent childbearing on Latino siblings: Changes in family dynamics and feelings toward the teen mother. *Hispanic Journal of Behavioral Sciences*, 33(4), 540-557.

Abstract available at <http://hjb.sagepub.com/content/33/4/540.short>

Adolescents' Pregnancy Intentions, Wantedness, and Regret

Researchers examined across-time influences on and consequences of adolescents' pregnancy intentions, wantedness, and regret. One hundred pregnant Latina adolescents were studied during pregnancy and at 6 and 12 months postpartum. The results revealed 4 main findings: (a) similar to what has been found in adult women, adolescents' lower prenatal pregnancy intendedness and wantedness predicted initial difficulties in parenting; (b) frequent depressive symptoms predicted subsequent lower pregnancy intendedness and wantedness; (c) adolescents' poor mental health and harsh parenting of their child predicted subsequent higher childbearing regret, and (d) high childbearing regret and parenting stress were reciprocally related across time. In addition, adolescents' wantedness of their pregnancy declined prenatally to postbirth. Strong pregnancy intendedness and wantedness were not concurrently related to adolescents' poor prenatal mental health. The findings reveal how adolescents' thoughts and feelings about their pregnancies are influenced by and predictive of their mental health and parenting experiences.

East, P.L., Chien, N.C., & Barber, J.S. (2012) Adolescents' pregnancy intentions, wantedness, and regret: Cross-lagged relations with mental health and harsh parenting. *Journal of Marriage and Family*, 74(1), 167-185.

Article available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1741-3737.2011.00885.x/pdf>

Family Dynamics Across Pregnant Latina Adolescents' Transition to Parenthood

Researchers looked at assessments of family functioning at four time points, from the third-trimester of pregnancy through the first year postpartum, for 96 Latino families in which an adolescent daughter was pregnant. Results indicated significant family-level change following an adolescent's childbearing, though there were notable differences between family members in their perceptions of family functioning. Family conflict, as perceived by parenting teens, increased in the latter half of the first year after an initial decline, and family companionship decreased. Parenting adolescents and siblings perceived significant increases in family cohesion, whereas mothers perceived a significant decline. Unplanned pregnancies, family financial hardship, and expected stress predicted unfavorable family functioning at 1 year. Contrary to expectations, adolescents' greater prenatal efforts to prepare for parenting predicted subsequent family conflict and declines in family cohesion (particularly as rated by the mothers of the adolescent mothers). Family members' acculturation level and attitudes of familism, gender roles, and the status attained by parenthood also had predictive effects.

East, P.L. & Chien, N.C. (2010) Family dynamics across pregnant Latina adolescents' transition to parenthood. *Journal of Family Psychology*, 24(6):709-720.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21171769>

HIV/STI Risk of Immigrant Latino Men in the Rural Northwest

This study explores the socio-demographic characteristics and sexual risk profile of immigrant Latino men in Oregon and characterizes the physical and socio-cultural contexts in which they reside. In-depth interviews were conducted with 49 men who newly immigrated to the USA and had recently engaged in sexual intercourse with women. Content analysis indicated that job instability and seasonal/industry restrictions resulted in frequent changes in employment and living situations, and one-third of respondents reported having no one to turn to when in need. Just fewer than one-half (44.9%) said they had ever had sex with a prostitute or sex worker, with 22.7% of these reporting that they had done so within the past three months. Just under one-third (29.2%) of the men said they never used condoms during sex and 27.0% said they did so inconsistently, while 43.8% said they used condoms 100% of the time. Loneliness, sexual experimentation and inherent sexual needs were cited as reasons that men have sex outside their primary relationships. Findings indicate that risky environments and migration-driven factors exacerbate STI prevalence and the HIV epidemic among Latino immigrant men in the rural Northwest.

Winetta, L., Harvey, S.M., Branch, M., Torres, A., & Hudson, D. (2011) Immigrant Latino men in rural communities in the Northwest: Social environment and HIV/STI risk. *Culture, Health & Sexuality*, 13(6), 643-656.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21462005>

Contraceptive Use Among U.S. Teens and Young Adults

This research brief draws on 2002 and 2006 through 2010 data from the National Survey of Family Growth to provide updated information on contraceptive use among teens (aged 15-19) and young adults (aged 20-24). Child Trends looked at how respondents answered questions about having ever used contraception prior to the survey; using it when they first had sex; using it the most recent time they had sex; and using condoms consistently. Researchers also examined important differences in contraceptive use between teens and young adults and by race/ethnicity. Findings showed that the increase in contraceptive use seen in the late 1980s and 1990s slowed substantially in the 2000s. However, between 2002 and 2006-10, there was an increase in the percentage of young women who had used newer hormonal methods (such as the patch or the ring) and long-acting methods (such as the IUD or implants) at least once in their lifetime and an increase in the percentage of young men who used a condom combined with a hormonal or long-acting method at most recent sex. Contraceptive use patterns continue to differ by age and by race/ethnicity.

Perper, Kate, M.A. & Wildsmith, E. Trends and recent estimates: Contraceptive use among U.S. teens and young adults. (Research Brief). (2011). Washington DC: Child Trends.

Article available at

http://www.childtrends.org/Files//Child_Trends-2011_12_01_RB_ContraceptiveUse.pdf

Quality of Reproductive Health Services to Limited English Proficient Patients

This study explored whether clients served with staff interpreters (language-discordant, LDI) received reproductive health care of lower quality than clients seen by a bilingual clinician (language concordant, LC). Researchers conducted a medical record review of 1,589 reproductive health visits of female and male LEP clients. LDI visits were significantly less likely than LC visits to contain documentation of the provision of education and counseling services and less likely to have documentation of STI risk assessment among new female clients. Also, female clients in LDI and LC visits were equally likely to be tested for Chlamydia. The study concludes that quality improvement activities should target family planning providers who must use interpreters when serving LEP clients. In addition, medical charts should document the use of interpreters and bilingual clinicians to monitor quality of care.

de Bocanegra, H.T., Rostovtseva, D., Cetinkaya, M., Rundel C., & Lewis, C. (2011) Quality of reproductive health services to Limited English Proficient (LEP) patients, *Journal of Healthcare for the Poor and Underserved*, 22(4), 1168-1178.

Article available at

http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/v022/22.4.de-bocanegra.pdf

Research by OPA-Funded Principal Investigators

Interest in Self-Removal Option of Intrauterine Contraception

A 2010 survey asked 602 women seeking an abortion to complete a computerized survey in the waiting rooms of six US abortion clinics. The survey asked women to rate their interest in using the currently available IUCs and a hypothetical "new" self-removable IUC. Overall, 25% of respondents would be more willing to try an IUC if they could remove it themselves. Interest in a self-removable IUC was higher among women who were already considering use of an IUC. After controlling for multiple covariates, women who were likely to have unprotected sex in the future were more willing to consider use of an IUC if they had the option of self-removal (odds ratio 1.63, 95% confidence interval 1.03-2.59). The study concluded that informing women that they may safely attempt self-removal of their IUC may increase interest in trying an IUC.

Foster D.G., Karasek, D., Grossman D., Darney P.D., & Schwarz E.B. (2011) Interest in using intrauterine contraception when the option of self-removal is provided. *Contraception*, 85(3), 257-262.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22067772>

Duration of a Levonorgestrel IUS Use

This study sought to examine rates and reasons for discontinuation of IUS use in adolescents versus older women and nulliparous versus parous women. A retrospective cohort study of 828 women receiving a levonorgestrel IUS between June 2005 and April 2008 was conducted and medical records were reviewed for all visits following placement of the IUS. Rates and reasons for IUS discontinuation were calculated and categorized. Researchers concluded that adolescent women were more likely to experience expulsion than older women, although this did not reach statistical significance. Nulliparous women were not more likely than parous women to have expelled their IUS. Also, adolescents and nulliparous women are not more likely to prematurely discontinue use of their IUS than adult or parous women.

Behringer T., Reeves M.F., Rossiter B., Chen B.A., & Schwarz E.B. (2011) Duration of use of a levonorgestrel IUS amongst nulliparous and adolescent women. *Contraception*, 84(5), e5-e10.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22018136>

Recent Contraceptive Use and Quality of Life Among Women

Researchers conducted a cross-sectional analysis of routine intake data collected from 726 women aged 18-50 years, including the RAND-36 (Research and Development Corporation) measure of health-related quality of life (HRQoL), pregnancy intentions and recent contraceptive use. Reserachers also tested the relationship between HRQoL and use of any and specific contraceptives. Findings indicated that the women using any form of contraception were more likely to have average or better mental HRQoL than women using no contraception. Women using injectable contraception were less likely than those using combined hormonal methods to have average or better physical HRQoL and mental HRQoL. The analysis concluded that the measures of women's HRQoL differ with contraceptive use.

Williams S.L., Parisi S.M., Hess R., & Schwarz E.B. (2011) Associations between recent contraceptive use and quality of life among women. *Contraception*, 85(3), 282-287.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22067760>

Impact of Out-of-Pocket Expense on IUD Utilization

This study was conducted to evaluate the impact of out-of-pocket expense on intrauterine device (IUD) utilization among women with private insurance. Researchers reviewed the records of 95 women with private insurance who requested an IUD for contraception from an urban academic gynecology practice. For each patient, researchers determined the out-of-pocket expense that would be incurred and whether the woman ultimately had an IUD placed. Out-of-pocket expense was less than \$50 for 35 women (37%) and greater than \$50 for 52 women (55%). IUD insertion occurred in 24 women (25%), 19 of whom had an out-of-pocket expense less than \$50. Women with insurance coverage that resulted in less than \$50 out-of-pocket expense for the IUD were more likely to have an IUD placed than women required to pay \$50 or more. Women requesting an IUD for contraception are significantly more likely to have an IUD placed when out-of-pocket expense is less than \$50.

Garipey A.M., Simon E.J., Patel D.A., Creinin M.D., & Schwarz E.B. (2011) The impact of out-of-pocket expense on IUD utilization among women with private insurance. *Contraception*, 84(6), e39-e42.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22078204>

Links Between Sisters' Sexual and Dating Victimization

This study examined the extent to which a sister's prior sexual and dating victimization is a risk factor for young women being similarly victimized and the possible factors underlying a co-occurrence. The sample involved 122 young adult Latina or African American sister pairs (244 women; ages 16-25) who resided in low-income, urban neighborhoods. Results indicated that women whose sisters had been victimized had increased risk of victimization even after controlling for neighborhood crime, parental controls, age and race-ethnicity. In high-crime neighborhoods, the presence of two adult parent figures in the home was associated with women's reduced likelihood of unwanted touching, and mothers' high monitoring during adolescence was associated with women's lower risk of dating aggression. Survival analysis results showed that the risk period of a second sister being victimized lasts between 7 and 10 years after a first sister's victimization.

East, P., Chien, N., Adams, J., Hokoda, A., & Maier, A. (2010) Links between sisters' sexual and dating victimization: The roles of neighborhood crime and parental controls. *Journal of Family Psychology*, 24(6), 698-708.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21171768>

Childbearing Outside of Marriage

This Research Brief draws from multiple published reports using data through 2009, as well as from Child Trends' original analyses of data from a nationally representative survey of children born in 2001, to provide up-to-date information about nonmarital childbearing; to describe the women who have children outside of marriage; and to examine how these patterns have changed over time. As nonmarital childbearing has become more commonplace, the makeup of women having children outside of marriage has changed, often in ways that challenge public perceptions. For example, an increasing percentage of women who have a birth outside of marriage live with the father of the baby in a cohabiting union and are over the age of twenty. Moreover, the percentage of women having a birth outside of marriage has increased faster among white and Hispanic women than among African American women.

Wildsmith, E., Steward, N., & Manlove, J. Childbearing outside of marriage: Estimated and trends in the United States. (Research Brief). (2011). Washington DC: Child Trends.

Article available at http://www.childtrends.org/Files/Child_Trends-2011_11_01_RB_NonmaritalCB.pdf

Teen Parents in Foster Care

In this Research Brief, Child Trends draws on its in-depth knowledge of adolescent reproductive health and child welfare, reviews a broad research literature, and examines analyses of primarily regional data to assess the extent to which teens in foster care are at risk of teen pregnancy and parenting. This review suggests that teens who have been in foster care have a number of risk factors that increase their likelihood of engaging in risky sexual behaviors and having a teen pregnancy or birth, compared with teens who have not been in foster care. Although some support exists for pregnant or parenting teens in foster care, these teens often experience significant instability in terms of housing and education and typically lack guidance on parenting and the importance of prenatal care. On the basis of the research highlighted in this brief, we see several challenges to reducing rates of pregnancy and childbearing among teens in foster care and to preventing negative outcomes for these teen parents and their children. We also suggest research areas and approaches that should be considered to better address the needs of teens in foster care—both before and after they become parents.

Manlove, J., Welti, K., McCoy-Roth, M., Berger, A., & Malm, K. Teen parents in foster care: Risk factors and outcomes for teens and their children. (Research Brief). (2011). Washington, DC: Child Trends.

Article available at http://www.childtrends.org/Files/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf

“We’ll Figure a Way”: Teenage Mothers’ Experiences in Shifting Social and Economic Contexts

The current economic and social context calls for a renewed assessment of the consequences of an early transition to parenthood. In interviews with 55 teenage mothers in Colorado, we find that they are experiencing severe economic and social strains. Financially, although most are receiving substantial help from family members and sometimes their children’s fathers, basic needs often remain unmet. Macroeconomic and family structure trends have resulted in deprived material circumstances, while welfare reform and other changes have reduced the availability of aid. Socially, families’ and communities’ disapproval of early childbearing negatively influences the support young mothers receive, their social interactions, and their experiences with social institutions.

Mollborn, S. & Jacobs, J. (2012) “We’ll Figure a Way”: Teenage mothers’ experiences in shifting social and economic contexts *Qualitative Sociology*, 35:23–46.

Abstract available at <http://www.springerlink.com/content/e6u18226434t4wk3>

Presentations by OPA-Funded Principal Investigators

Conducting Quality Assessment of Family Planning Services, by Heike Thiel de Bocanegra, PhD, MPH, Denis Hulett, MS, Hye-Youn Park, PhD, MPH, Leslie Watts, MS, Michael Policar, MD, MPH, Philip Darney, MD, MSc, was presented at the American Public Health Association Annual Meeting, November 2, 2011, in Washington DC and The California Wellness Foundation, September 27, 2011, in San Francisco, CA.

This presentation explored the extent to which Title X funding contributed to quality care in terms of adherence to STD screening guidelines among Family PACT providers in California. Current chlamydia screening guidelines recommend that all women under age 26 be screened and women age 26 and over only be screened if at risk of contracting an STD. Analysis of Family PACT claims data show that Title X providers are more likely than non-Title X public and private providers to screen younger females and less likely to screen older women.

Partnerships to Improve Access to and Quality of Family Planning Services, by Heike Thiel de Bocanegra, PhD, MPH, Fran Maguire, Kathryn Horsley, DrPH, Maryjane Puffer, BSN, MPA, and Claire Brindis, DrPH, was presented at the American Public Health Association Annual Meeting, October 31, 2011, in Washington DC.

This study explored to what extent Title X funding facilitates family planning providers to enhance efficiency and provide services to vulnerable populations. California’s Family PACT provider network includes Title X- and non-Title X-funded public and private clinics. In May 2010 a survey was sent to enrolled-Family PACT providers with questions related to extended clinic hours, outreach to vulnerable groups, use of technology, and provision of interpreter services for limited English proficient clients. Results from the survey revealed that Title X-funded clinics conducted outreach to more vulnerable groups, had more expanded clinic hours, more language services for limited English proficient clients, and had implemented more technology in the clinic setting than non-Title X-funded clinics.

News from Federal Agencies

The Centers for Disease Control and Prevention's (CDC's) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) released its Atlas, a new tool that will allow users to create maps, charts, and tables using HIV/AIDS, Viral Hepatitis, STD, and TB surveillance data. This new application is a result of NCHHSTP's commitment to continue to improve access to public health data from across its programs. This increased access will provide public health partners and the public with the opportunity to use data in new and innovative ways. Having these data together in one user-friendly application will help ensure that program collaboration and service integration efforts have a solid foundation in surveillance and data use, which will help maximize the impact of public health programs and support the wise and efficient use of resources.

<http://www.cdc.gov/nchhstp/atlas/>

Long Acting Reversible Contraception Webinar

OPA hosted a webinar for Title X Grantees on February 22, 2012, on long acting reversible contraception (LARC). The webinar included a presentation from Megan L. Kavanaugh, DrPH, from the Guttmacher Institute, titled "LARC Services for Teens and Young Adults in Publicly-funded Clinics." Also, Jeffrey F. Peipert, MD, PhD, from the Washington University in St. Louis School of Medicine presented findings of the Choice Project, which offers women their choice of contraceptive at no cost. Jacki Witt, JD, MSN, WHNP-BC, Director of the Clinical Training Center for Family Planning, presented on available trainings and findings from Title X-funded LARC Trainings.

STD Trends in the United States: 2010 National Data for Gonorrhea, Chlamydia, and Syphilis

This document summarizes 2010 national data on gonorrhea, chlamydia, and syphilis that are published in CDC's report, *Sexually Transmitted Disease Surveillance, 2010*. The data are based on state and local STD case reports from a variety of private and public sources, the majority of which come from non-STD clinic settings, such as private physician offices and health maintenance organizations.

<http://www.cdc.gov/std/stats10/trends.htm>

Release of "Cancer Screening in the United States—2010" Highlights include:

- In 2010, breast cancer screening rates were 72.4%, below the Healthy People 2020 target of 81%; cervical cancer screening was 83% below the Healthy People 2020 target of 93%; and colorectal cancer screening was 58.6%, below the target of 70.5%.
- Screening rates for all three cancers were significantly lower among Asians (64.1% for breast cancer, 75.4% for cervical cancer, and 46.9% for colorectal cancer) compared to other groups.
- From 2000-2010, colorectal cancer screening rates increased markedly for men and women, with the rate for women increasing slightly faster (58.5% for men and 58.8% for women) in 2010.
<http://www.cdc.gov/mmwr/>

Meeting the Re-entry Needs of Women: Policies, Programs and Practices, March 15 – 16, 2012, Washington, DC

This conference was hosted by the Office on Women's Health and its purpose was to discuss strategies and exchange ideas on how to increase the health, well-being, and safety of individuals, families and communities by improving re-entry outcomes. The conference included discussions on access to health care, employment, education, stable and safe housing, family-connectedness and reduced recidivism, through the utilization of gender responsive strategies for women leaving jails and prisons.

Preconception and Pregnancy - New Knowledge Path

The MCH Library at Georgetown University, funded by the Health Resources and Services Administration's Maternal and Child Health Bureau, presents a new knowledge path, Preconception and Pregnancy. The knowledge path points to a selection of resources that analyze data, describe effective programs, and report on policy and research aimed at improving access to and quality of preconception and prenatal care to improve perinatal health outcomes.

You can view the knowledge path online at http://www.mchlibrary.info/KnowledgePaths/kp_pregnancy.html