

# OPA RESEARCH & EVALUATION UPDATE

Winter 2010  
Dec 2009 - Feb 2010



Office of Population Affairs, Office of Research and Evaluation

## OPA Funded Research Publications

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**Collaboration for the integration of HIV prevention at Title X family planning service delivery sites.** Tran, N., Hallerdin, J., Flowers-Maple, C., & Moskosky, S. (2010). *Public Health Reports*, 125 (S1), 47-54.

This article describes a collaborative effort to integrate HIV-prevention counseling and testing at family planning clinics. In 2001, the U.S. Department of Health and Human Services, Office of Family Planning, in collaboration with the Minority AIDS Initiative, awarded supplemental funding to Title X clinics to expand their capacity to provide enhanced HIV prevention education, counseling, and testing services. Supplemental funds were awarded to clinics in communities where racial and ethnic minority groups were underserved or disproportionately impacted by HIV/AIDS, and where few other HIV prevention resources were available.

At the start of the HIV-prevention integration initiative in 2001, a total of \$15 million was awarded to 33 projects in 19 states and territories over a 3-year project period. In 2004, the initiative was expanded and \$28 million was awarded to 63 projects in 27 states and territories over a three-year period. As a result of the supplemental funding awarded between 2001 and 2007, 941,859 Title X clients received HIV prevention counseling, 539,667 of these clients were tested for HIV, and 1,692 HIV positive individuals were identified. Of the individual clients who tested positive, 42% were 30-44 years of age, 44% were non-Hispanic black, 40% were Hispanic, 13% were White, and 49% were men. This collaborative effort has also been successful at increasing institutional capacity through the provision of eight national training conferences and over 2,500 local training events, which resulted in more than 23,000 clinic staff being trained to provide voluntary HIV counseling and testing.

**How an adolescent's childbearing affects siblings' pregnancy risk: a qualitative study of Mexican American youths.** East, P., Slonim, A., Horn, E., Trinh, C., & Reyes, B. (2009). *Perspectives on Sexual and Reproductive Health*, 41 (4), 210-217.

The purpose of this study was to examine how an older sister's childbearing affects a younger sibling's risk of teenage pregnancy. Forty-one Mexican American adolescents whose older sister was a teenage parent were interviewed about how their sister's childbearing had affected them and their families. Younger siblings were eligible to participate in the study if their older childbearing sister was 15-19 years of age, unmarried, and the first in the family to have had an adolescent birth; and if they were 12-18 years of age, biologically related to their older sister, and living with their older sister during and after her pregnancy. Of the first 75 siblings invited to participate in the study, 31 girls and 10 boys (55%) agreed to participate. On average, interviews took place when the younger sibling was 15.2 years of age and the sister's baby was 8 months old.

The researchers identified six risk factors and 11 protective factors associated with a sibling's pregnancy risk following an older teenage sister's childbearing. Risk factors included 1) the perception that early parenting is not a hardship (67%), 2) increased schooling difficulties (32%), 3) desire to also have a baby (27%), 4) depression and social isolation (24%), 5) reduced closeness or time spent with their mother (20%), and 6) positive remarks from friends about the sister or her baby (17%). Protective factors included 1) increased motivation to avoid early pregnancy (98%), 2) increased appreciation of the challenges of parenting (90%), 3) mother's explicitly discouraging early parenting (68%), 4) increased closeness or time spent with their mother (58%), 5) mothers' purposely differentiating the younger sibling from her parenting sister (29%), 6) mothers' increasing strictness and monitoring (27%), 7) higher school aspirations (24%), 8) mothers' implicitly discouraging early parenting (20%), 9) older sister's discouraging early parenting (12%), 10) improving behavior to be a good role model (12%), and 11) mother's discussing contraception (7%).

**Youths' caretaking of their adolescent sisters' children: results from two longitudinal studies.**

East, P., Weisner, T., & Slonim, A. (2009). *Journal of Family Issues*, 30 (12), 1671-1697.

This article summarizes the findings from two longitudinal studies on the extent and experiences of younger siblings' caretaking of their adolescent sisters' children. The first study, conducted between 1996 and 1999, involved 146 younger siblings of parenting teens and examined associations between siblings' hours of child care and family contextual factors. To participate, the older parenting sister had to be 15-19 years of age, Mexican American or African American, and experiencing the first teenage pregnancy in the family; younger siblings had to be 11-15 years of age and living with the older parenting sister. 132 younger siblings were surveyed 1.5 years after enrollment and 124 were surveyed again 3.3 years later. The second study was conducted between 2004 and 2006 and involved 110 Mexican American younger siblings of parenting teens. The study examined associations between siblings' hours of child care, experiences providing care, and family household composition. Siblings were eligible to participate if they were 12-17 years of age, living with their older sister, and if their older sister was 15-19 years of age and the first in the family to have had a teen pregnancy. Siblings were surveyed during their sister's last trimester, and at 6-weeks and 6-months postpartum.

Results from both studies showed that sibling child care is common in families with a parenting teen. Younger siblings in both studies provided an average of 10-11 hours of child care per week, however, there was wide variability in the extent of caretaking in both studies, with many siblings providing more than 20 hours of care per week. At all time points in both studies, girls provided more hours of child care than boys. Girls increased their hours of caretaking over time, while boys' hours of caretaking decreased over time. Girls were also more likely to argue about providing child care and to report feeling mad about having to provide care. Boys provided less care when their mothers provided large amounts of care and when they had other siblings. In contrast, girls provided more care when their mothers provided large amounts of care, and when their childbearing sister was older. Most siblings enjoyed providing child care, however there was a trend for youth to report stronger negative feelings about providing care at 6 months postpartum than at 6 weeks postpartum. In particular, providing many hours of child care alone was associated with negative experiences, whereas providing many hours of child care in the presence of others was associated with more positive experiences.

**Mexican American adolescents' family caregiving: selection effects and longitudinal associations with adjustment.** East, P., & Weisner, T. (2009). *Family Relations*, 58 (5), 562-577.

The researchers studied 110 Mexican American adolescents ages 12-17 years who provided child care for their older teen sister's infant to determine how caregiving effects adolescent adjustment. The pregnant teenager, her younger siblings, and their mother completed a survey during the last trimester of pregnancy, and at 6-weeks, 6-months, and one-year postpartum. Younger siblings were an average of 14.8 years of age at one-year postpartum, 60% were girls, and 85% were born in the U.S.

The study found many hours of caring for an older sister's infant was associated with more school absences and increased school disciplinary problems for all younger siblings, less school involvement for older siblings, and lower grades for girls. Caretaking conflict was associated with increased stress, depression, anxiety, and lower grades for all siblings and with greater school disciplinary problems for girls. Strong family obligations were found to be associated with more stress, more frequent school absences, and lower grades for siblings who provided many hours of care, and increased anxiety for siblings who reported high caregiving conflict. The study also found that older girls were more likely to be selected into caretaking roles, and that girls who had difficulties in school before their sister gave birth provided more child care after the birth.

**Family Planning Annual Report: 2008 National Summary.** Fowler, C., Gable, J., Wang, J., & Lyda-McDonald, B. (2009). Research Triangle Park, NC: RTI Int.

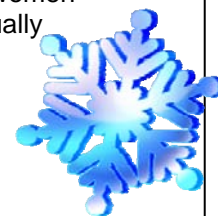
The 2008 Family Planning Annual Report (FPAR) provides data on Title X program users, service providers, and utilization of services from January through December 2008. Title X service grants were awarded to 88 public and private grantees, which supported a family planning service network of 4,522 clinics across the U.S. and served 5,051,505 clients. Of all users, 94% were female; 10% were 15-17 years of age, 13% 18-19 years, 31% 20-24 years, 20% 25-29 years, and 11% 30-34 years; 60% were White, 20% Black, and 13% were of unknown race; 28% were Hispanic; 70% had family incomes at or below the poverty level, 23% had incomes between 101% and 250% of poverty, and 4% had incomes above 250% of poverty; and 65% were uninsured. Of all female users, 86% were using a contraceptive method at their last visit, and 14% were not using a method because they were pregnant or seeking pregnancy (8%) or for some other reason (6%). The most commonly used contraceptive method was the pill (37%), followed by male condoms (15%), the hormonal injection (13%), the intrauterine device (4%), the ring (3%), the patch (2%), and female sterilization (2%). In addition to contraceptive services, 44% of female clients receive Pap testing, of which 11% (243,353) had a result indicating a precancerous or cancerous condition; 46% received a clinical breast exam; 49% of females and 57% of males received testing for chlamydia; 2.4 million were tested for gonorrhea, 685,394 for syphilis, and 843,115 for HIV.

## Relevant Research in the Professional Literature

### **Trends and determinants of reproductive health service use among young women in the USA.**

Potter, J., Trussell, J., & Moreau, C. (2009). *Human Reproduction*, 24 (12), 3010-3018.

This study examined the association between socio-demographic characteristics and use of reproductive health services among young women in the U.S. Data from the 1995 and 2002 National Survey of Family Growth were analyzed for women ages 15-24 who were not pregnant and who had not received prenatal or post-natal care in the past 12 months (n=2543 in 1995, n=2157 in 2002). Results showed that while overall use of reproductive health services remained stable between 1995 and 2002, use of contraceptive services significantly increased from 39.3% in 1995 to 49.7% in 2002. However, the increase in contraceptive services did not benefit all women equally. Among sexually active women, women who were less educated, foreign born, uninsured at some point during the year, or daughters of less educated mothers were less likely to have increased their use of contraceptive services. Females ages 15-17 experienced a greater increase in their use of contraceptive services compared to women ages 18-24. The study also found increasing disparities among women receiving non-contraceptive services, including Pap smears, pelvic exams, and testing and treatment for sexually transmitted infections. While the use of such preventive services between 1995 and 2002 remained stable overall, use significantly decreased among sexually active women who were foreign-born, not working or in school, uninsured at some point during the year, or whose mothers had less than a high school education.



### **Association between symptoms of depression and contraceptive method choices among low-income women at urban reproductive health centers.**

Garbers, S., Correa, N., Tobier, N., Blust, S., & Chiasson, MA. (2010). *Maternal and Child Health Journal*, 14 (1), 102-109.

The researchers analyzed data from 2,476 new patients seeking family planning services in New York City between January 2005 and June 2006 to identify behavioral and mental health factors associated with contraceptive choice. All patients received behavioral and mental health screening at the time of their visit using a standardized screening tool that was administered by the clinician. Participants were sexually active, low-income, predominantly Hispanic and black women, who were not pregnant, not seeking pregnancy, nor infertile. After controlling for other behavioral health characteristics and age, women who screened positive for depression were significantly more likely to elect to either use no contraceptive method or to rely on periodic abstinence as their method (OR = 0.59, CI = 0.38-0.94). Among women who chose a more effective contraceptive method, women who screened positive for depression were significantly less likely to choose a hormonal contraceptive method (OR = 0.61, CI = 0.45-0.82) and significantly more likely to choose condoms (OR = 1.45, CI = 1.07-1.97), compared to those who did not screen positive for depression.



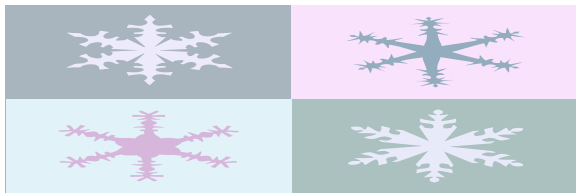
### **Intrauterine contraception in Saint Louis: a survey of obstetrician and gynecologists' knowledge and attitudes.** Madden, T., Allsworth, J., Hladky, K., Secura, G., & Peipert, J. (2010). *Contraception*, 81 (2), 112-116.

The purpose of this study was to assess knowledge and attitudes about intrauterine contraception (IUC) among obstetricians and gynecologists practicing in Saint Louis, Missouri. Of the clinicians sampled with a valid mailing address, 73.7% returned a completed survey. Clinicians who had finished their training after 1999 or who saw a higher number of contraceptive clients per week were more likely to insert IUC than those who completed their training before 1989 or who saw fewer contraceptive patients each week. Almost all (98.5%) clinicians reported that IUC was safe; however 29% incorrectly reported that IUC causes an increased risk of pelvic inflammatory disease (PID) other than at the time of insertion. When asked about patient characteristics and the appropriateness of IUC, 62% felt IUC was appropriate for a nulliparous patient, 30.7% for a teenage patient, 45.3% for a patient with a STI in the past 2 years, 36.5% for a patient with PID in the past 5 years, and 36.5% for a patient in a non-monogamous relationship.

### **Timing of parent and child communication about sexuality relative to children's sexual behaviors.**

Beckett, M., Elliott, M., Martino, S., Kanouse, D., Corona, R., et al. (2010). *Pediatrics*, 125 (1), 34-42.

This study used data from a longitudinal study of employed parents and their children to examine the timing of parent-child discussions about sex in relation to child-reported sexual behaviors. Parents living with at least one child who was in 6<sup>th</sup>-10<sup>th</sup> grade were recruited from 13 large public and private worksites in southern California. Parents and their children were interviewed at baseline, and again in 1-week, 3-months, and 9-months. The final sample included 141 parents and 155 adolescents ages 13-17; 73% of parents were mothers, 93% had some college education, and the average median household income was \$90,000. Overall, more than half of the children had experienced genital touching before discussing birth control efficacy, resisting partner pressure for sex, condom use, choosing birth control, or partner condom refusal. In addition, 40% of girls had initiated intercourse before talking with a parent about birth control or what to do if a partner refuses to use a condom and 25% of girls had not talked with a parent about how to resist pressure for sex. Approximately two-thirds of boys had initiated sexual intercourse before talking with a parent about how to use a condom.



## Relevant Research (continued)

**Efficacy of a theory-based abstinence-only intervention over 24 months.** Jemmott, J., Jemmott, L., & Fong, G. (2010). *Archives of Pediatrics and Adolescent Medicine*, 164 (2), 152-159.

The researchers conducted a randomized controlled trial to determine the effectiveness of a theory-based abstinence-only intervention at preventing sexual initiation among African American students in 6<sup>th</sup> and 7<sup>th</sup> grades. Students (n=662) were randomly assigned to either an 8-hour abstinence-only intervention, an 8-hour safer sex-only intervention, an 8-hour comprehensive intervention, a 12-hour comprehensive intervention, or an 8-hour health-promotion intervention control group. The intervention sessions were conducted on Saturdays in classrooms at four participating middle schools. The abstinence-only intervention was designed to encourage abstinence until a time later in life when the adolescent is more prepared to handle the consequences of sex; the intervention did not portray sex negatively, use a moralistic tone, or allow the view that condoms are not effective to go uncorrected. The safer sex-only intervention encouraged condom use to reduce the risk of pregnancy and STIs. The comprehensive interventions combined the abstinence and safer-sex interventions. Participants completed questionnaires at pre-intervention, post-intervention, and 3-, 6-, 12-, 18-, and 24-months post-intervention.

At baseline, 53.5% of participants were girls, 44.7% were in grade 6, 33.7% lived with both of their parents, 23.4% reported having ever had sexual intercourse, and 12% reported having had sexual intercourse in the past 3 months. Retention rates were high (84.4% at 24-month follow-up) and did not differ between interventions. The abstinence-only intervention was found to significantly reduce sexual initiation, with 33.5% of students in the abstinence-only intervention reporting having ever had sexual intercourse at the 24-month follow-up compared to 48.5% of students in the health promotion control group. The proportion of students in the safer sex and comprehensive interventions who initiated intercourse at the 24-month follow-up did not differ from those in the control group. The abstinence-only intervention significantly reduced recent sexual intercourse, with 20.6% of students reporting sexual intercourse in the past three months compared to 29% in the control group. Students in the 8-hour and 12-hour comprehensive interventions were significantly less likely to report having multiple partners compared to students in the control group. None of the interventions had a significant effect on consistent condom use or unprotected intercourse.

## News from National Organizations

### Child Trends

**Diploma Attainment Among Teen Mothers** (Jan 2010) – This fact sheet presents data from the National Longitudinal Survey of Youth – 1997 Cohort on high school diploma and GED attainment among women who had given birth as teens.

### The Guttmacher Institute

**A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers** (Dec 2009) – This report examines the impact of the recession on publicly funded family planning clinics and finds that clinics have experienced an increase in the number of clients in need of subsidized contraceptive services as well as a variety of service delivery challenges due to financial pressures created by the recession.

**U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity** (Jan 2010) – This report includes national estimates through 2006 and state-level estimates through 2005 for teenage pregnancy, births, and abortions.

**Facts on American Teens' Sexual and Reproductive Health** (Jan 2010) – This brief summarizes available data on teen sexual activity, contraceptive use, access to contraceptive services, STIs, pregnancy, and childbearing.

### The National Campaign to Prevent Teen and Unplanned Pregnancy

**The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy** (2009) – This report summarizes results of a survey on unmarried young adults that assessed their contraceptive knowledge and attitudes, motivation to use contraception carefully and consistently, and aspirations about relationships and starting a family.

**Careful, Current, and Consistent: Tips to Improve Contraceptive Use** (2010) – This document outlines 12 research-based tips providers can use to improve contraceptive counseling.

**What Works 2010: Curriculum-Based Programs That Help Prevent Teen Pregnancy** (2010) – This publication provides an updated summary of 30 curriculum-based programs that have been evaluated and found to be effective in preventing teen pregnancy.

**Data, Charts, and Research (DCR) Report, Sections F, G, H, and I** (2009) – The sections of this report summarize available data on: parents' pregnancy intentions (F), stability of parent relationships following an unplanned birth (G), relationship quality of parents who report an unplanned birth (H), and the mental health of parents who report an unplanned birth (I).