



Review Essay

Neighborhoods matter. A systematic review of neighborhood characteristics and adolescent reproductive health outcomes



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A B S T R A C T

This systematic review examines the relationship between neighborhood characteristics and adolescent pregnancy, contraceptive use, sexual initiation, and birthrate. Several studies found a significant association between higher poverty and increased adolescent birthrate, pregnancy, and earlier age at sexual initiation. Unsafe neighborhoods were associated with earlier sexual initiation and increased adolescent pregnancy. Mixed results were found for neighborhood racial or ethnic composition. Lower collective efficacy and social support were associated with increased rates of adolescent pregnancy and earlier age at sexual initiation. Improved definitions of neighborhoods, as well as research on interactions between structural factors and social processes during adolescence is needed.

1. Introduction

Social determinants of health, including the role that place-based context can play, is increasingly recognized in research into human behavior and health outcomes. In particular, neighborhoods have been studied for their contextual influences on the development of children and adolescents. Despite this growing recognition, most adolescent health interventions and research are still focused on individual-level behavior and do little to acknowledge or address the role communities play in shaping adolescent development and health outcomes (Salazar et al., 2010). This paper provides a systematic review of studies assessing the relationship between neighborhood-level characteristics and adolescent sexual and reproductive health outcomes to provide a clearer understanding of these complex and dynamic interactions and identify the most relevant factors to help guide programming and policy decisions.

The theory of social ecology posits that individuals' development is shaped by the multiple nested environmental systems in which they live and with which they interact (Bronfenbrenner, 1979). In the 1990s and 2000s, neighborhood-level research became a focus for understanding the relationship between social and structural processes and young people's development. Previous studies have examined the relationship between neighborhood-level factors and substance abuse, violence, adolescent physical activity, and mental health, among others (Hannon et al., 2012; Karriker-Jaffe et al., 2011; Mennis and Mason, 2011; Rios et al., 2012). Mayer and Jencks (1989) conducted an early review of the limited literature studying the effects of neighborhoods on adolescent sexual behavior and concluded that adolescents' sexual behavior was

sensitive to their neighbors' socioeconomic status and race. They noted that dynamic social processes, though less frequently studied by social scientists, likely contributed in varying degrees to the influence of "neighborhood effects" on a given outcome.

In a later review of neighborhood effects literature from the mid-1990s to 2001, Sampson et al. (2002) found little consistency in the way in which neighborhood social and institutional processes were defined or operationalized. Other key findings included evidence that collective efficacy was important for child well-being and safety, and that neighborhood poverty, disorder, and low social cohesion were associated with risk-taking high-risk sex among adolescents. The authors also distinguished between measurements of structural conditions and social processes that can act as risk or protective factors for individuals' behaviors.

The purpose of this paper is to synthesize and provide an update of the literature that examines the relationship between neighborhood effects and adolescent sexual and reproductive health outcomes.

2. Methods

To identify relevant research related to neighborhood characteristics and adolescent sexual and reproductive health, we conducted a search of peer-reviewed literature focusing on three individual outcome variables: sexual initiation, contraceptive use, and adolescent pregnancy or birth and one neighborhood-level variable, adolescent birthrate. To capture the variety of neighborhood and outcome variables used, we included the search terms detailed in Table 1.

We searched for articles published between 2000 and 2017 using

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Table 1
Search terms used.

Study variables	Search terms used
Neighborhood-level Sexual Initiation	neighborhood, community, social ecology, environment first sex, ever had sex, age at first sex, sexual onset, sexual debut
Contraceptive Use	condom use, contraceptive use, contraceptive use at first sex, contraceptive use at last sex, family planning, birth control, reproductive health
Pregnancy Adolescent	birth, birth rate, pregnancy rate, pregnancy Youth, young, teen, teenager

the databases PsychINFO, JSTOR, PubMed, Web of Science, and ProQuest. These databases were selected to encompass behavioral, health, medical, and social science research. We also reviewed reference lists for other relevant titles. Both qualitative and quantitative studies conducted in the United States were eligible for inclusion. Studies needed to have a sub-county geographic unit of analysis, such as zip codes or census tracts, or to have participant self-defined neighborhoods, such as when study participants described their own neighborhood boundaries. All studies using data at the county or state level were excluded to ensure community-level context. In addition, studies needed to compare more than one community to decrease risk of bias; therefore, most qualitative studies were excluded as they were generally conducted in only one location.

Our initial search generated 13,671 articles. After removing duplicate articles and those that did not meet the criteria based on a review of titles and abstracts, we conducted a full review of 142 articles. Of these, 39 articles met the inclusion criteria, representing 37 studies (Fig. 1).

At least two researchers conducted the full text review and determined if each article should be included. If there was disagreement, the researchers discussed the study and came to consensus about its

possible inclusion. Data from all included studies were then extracted including sample, data source, methodology and analysis, neighborhood unit of analysis, neighborhood variables, and relevant outcome (see Table 2).

All included articles were reviewed for quality according to the strength of the evidence and potential bias. A rating of risk for bias was determined by assessing the presence or absence of several characteristics known to protect a study from the confounding influence of bias. The GRADE criteria and process developed for Cochrane reviews was used for quantitative studies (Ryan and Hill, 2016) and qualitative studies were assessed using criteria based on recommendations by Mays and Pope (2000). All studies were ranked as high, medium, low, or very low quality.

3. Results

This section presents the findings of each study by adolescent sexual and reproductive health outcome and relevant neighborhood category, all of which have been divided into two domains: 1) structural factors and conditions of the neighborhood or 2) social processes and mechanisms within the neighborhood (Sampson et al., 2002). Table 2 describes the characteristics of the included studies, including methodology, geographic unit of analysis, and neighborhood variables measured.

Of the 37 studies included, two were qualitative, one was mixed methods, and 34 were quantitative. Fifteen studies were cross-sectional and 22 were longitudinal. The majority conducted secondary data analyses of existing data. The quality of the studies varied, with most quantitative cross-sectional studies rated of low quality for potential bias and most longitudinal studies ranked as moderate or high quality.

3.1. Neighborhood variables

We identified 12 neighborhood categories: economic status,

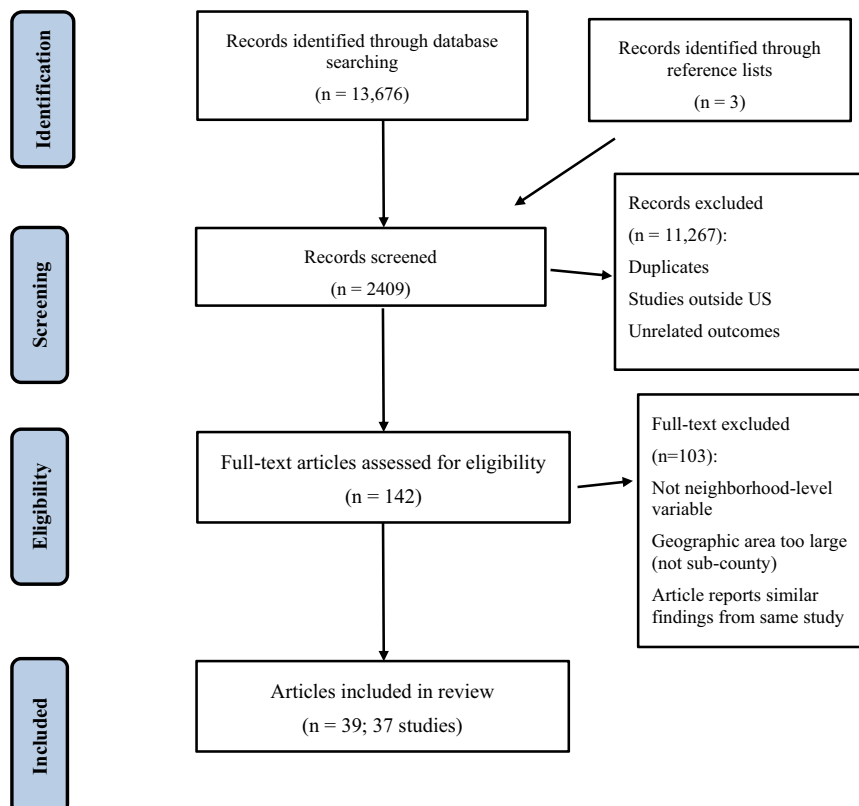


Fig. 1. PRISMA flowchart for article review process.

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