



School experiences and young women's pregnancy and parenthood decisions: A systematic review and synthesis of qualitative research

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ABSTRACT

Schools are considered high-potential environments for promoting adolescent sexual and reproductive health outcomes among young women. Qualitative studies provide context and meaning to how school experiences and systems contribute to pregnancy and parenthood decisions from the perspectives of youth. This systematic review screened 24,711 references from 8 databases, yielding 28 qualitative studies. Included studies were assessed for quality and synthesised using meta-ethnographic approaches. Reciprocal translation revealed that young women's education and life trajectories were at least partially shaped by a commitment to school values and expectations for academic achievement, influenced by structural and relational factors within the school. These findings resonate with Markham and Aveyard's theory of human functioning and school organisation. Future policy and practices might seek to improve teacher-student interactions, leverage young women's developing autonomy, and ensure physically and psychologically safe spaces for students.

1. Introduction

In adolescence, young women experience biological, cognitive and social transitions that influence health behaviours and outcomes in adolescence and adulthood (Sawyer et al., 2012). While there is debate that becoming an adolescent parent affects workforce participation and income earnings (Ashcraft et al., 2013; Fletcher and Wolfe, 2009), evidence suggests that adolescent parenthood disrupts girls' educational trajectories while highlighting the economic and mental health benefits of delaying parenthood into adulthood (Sonfield et al., 2013). Pregnancy rates among 15–19 year-old girls in the U.S. are higher than any other country with available data (Sedgh et al., 2015), and 75% of pregnancies are unintended (Finer and Zolna, 2016). Further, unintended pregnancy and sexual behaviours that lead to pregnancy disproportionately affect low-income, rural and minority youth (Centres for Disease Control and Prevention, 2015; Ng and Kaye, 2015; Penman-Aguilar et al., 2013). Even with progress over the last 20 years (Martin et al., 2015), inequities in adolescent pregnancy and parenthood call for strategies that address upstream determinants of sexual and reproductive health.

Next to the home, young people spend most of their time interacting with peers and staff in school (Kaftarian et al., 2004). Therefore, schools are high-potential environments for supporting healthy development and fostering educational assets associated with health, such as

academic success and optimism for future opportunities (Freudenberg and Ruglis, 2007; Muennig and Woolf, 2007; Viner et al., 2012). Access to education may be particularly important for promoting young women's sexual health (Patton et al., 2016). Current governmental strategies on adolescent pregnancy have prioritized the implementation of 'evidence-based programmes' in school settings, most of which focus on changing individual knowledge and attitudes (Koh, 2014). However, these interventions may not effectively influence upstream determinants (Rose, 1992; Viner et al., 2012), failing to address inequities in sexual risk behaviour experienced by socially-disadvantaged youth.

In their theory of human functioning and school organisation (Fig. 1), Markham and Aveyard (2003) suggest that schools can increase health-promoting behaviours by improving students' commitment to schools' instructional (i.e., promoting knowledge and skills) and regulatory (i.e., promoting character and good conduct) orders and hence their capacity for practical reasoning and positive affiliations with other students. To improve student commitment, the authors propose schools should strengthen relationships among staff and students, adopt instructional and regulatory practices that are student-centred, and erode cultural boundaries between schools and local communities.

The health literature provides evidence that school influences adolescent health behaviour. Multiple studies indicate that school-based interventions influence sexual behaviours that lead to pregnancy by

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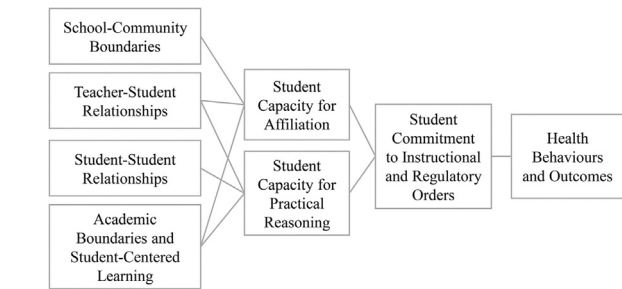


Fig. 1. Theory of human functioning and school organisation (Markham and Aveyard, 2003).

addressing school-level (Basen-Engquist et al., 2001; Flay et al., 2004; Patton et al., 2006) and individual-level (Allen et al., 1997; Flay et al., 2004; Patton et al., 2006; Philliber et al., 2002) determinants related to school environment and educational assets. Longitudinal studies report that attitude to school, school engagement, school connectedness and educational expectations or aspirations correlate with reduced adolescent pregnancy or birth, delayed sexual initiation and activity, and increased condom or contraceptive use (Bonell et al., 2005; Kogan et al., 2013; Markham et al., 2010; Rink et al., 2007; White and Warner, 2015). Few multilevel model studies have examined whether school-level factors, such as attending school with high levels of school connectedness, impacts school-level reproductive outcomes and have produced mixed results (Henderson et al., 2008; White and Warner, 2015).

Qualitative studies can make critical contributions to policy and practice by exploring the context and meaning of school experiences from young women's perspectives (Green and Thorogood, 2013). Previous reviews examined adolescent pregnancy and parenting but did not explicitly explore school or education themes (Spear and Lock, 2003), or did not address school experiences prior to pregnancy (Graham and McDermott, 2005). Harden et al. (2009) reviewed research with socially disadvantaged young parents, including attitude to school prior to pregnancy. This review was limited to U.K. studies and is now several years old. Jamal et al. (2013) synthesised qualitative research as a part of a mixed-methods review on the school environment and student health outcomes, including two studies covering sexual health. However, several important studies were missed and analysis did not focus on sexual health. The current review builds upon these reviews to address the research question *how are school and education experiences implicated in young women's accounts of their attitudes and actions relating to sex, contraception, pregnancy and parenthood?*

2. Methods

This study follows PRISMA guidelines for conducting and reporting systematic reviews. Modifications to the review protocol (Peterson and Bonell, 2016) are identified in Table 1. Additional details are provided in supplemental materials.

2.1. Inclusion criteria

To be included, studies had to: 1) report on accounts of school and education experiences as they related to sex, contraception, pregnancy

and parenthood during adolescence (ages 10–19 years) as a major theme; 2) have a sample of at least 50% female participants; 3) employ qualitative data collection and analysis methods; and 4) be published in 1990 or later.

2.2. Search and screening strategy

Electronic databases (Medline, CINAHL Plus, PsycINFO, ERIC, Web of Science Core Collection, ProQuest Dissertations and Theses Global, British and Australian Education Indexes) were searched in early 2016 using index and free-text terms. Search terms covered three concepts informed by previous reviews on school environment (Bonell et al., 2011) and qualitative research (Evans, 2002; Flemming and Briggs, 2007; Rees et al., 2010; Wong et al., 2004): 1) school/education OR adolescent AND 2) sexual behaviour, pregnancy OR parenthood AND 3) qualitative research. Several rounds of searches were piloted by the first author to assess precision and specificity. The final strategy was adapted (e.g., MeSH terms removed) and documented for each database. Additional studies were derived from web-based searches, reference checking of included studies and subject-matter expert contacts. The first author conducted all screening.

2.3. Data extraction

Data were extracted on study aims, location, participant characteristics and study methods. Participant characteristics included: proportion female, age at time of data collection, race or ethnicity and socio-economic status as described in the study, and pregnant or parenting status. Methods included: study design, sampling (frame, selection, recruitment, and consent), data collection and analysis. The first author piloted the extraction tool on five studies, then extracted from remaining studies.

2.4. Quality assessment

Critical appraisal was piloted and executed by the first author using the EPPI-Centre Tool (Rees et al., 2010; Shepherd et al., 2010). Each study was assigned two sets of scores (low, medium, or high) based on reliability and usefulness. Reliability is the extent to which researchers employed appropriate methods (e.g., study design, sampling, data collection, analysis) for their stated aims. Usefulness captures the relevance and conceptual richness that the study contributed to the review's research question, including breadth and depth of findings and the extent to which participant views were privileged.

2.5. Synthesis

Synthesis was conducted using meta-ethnographic approaches for translating findings across qualitative studies informed by Noblit and Hare (1988) and Thomas and Harden (2008). Synthesis was conducted in three phases. Phase 1 was conducted by the first author. Phases 2 and 3 were conducted initially by the first author, then extended and refined by the first and second authors.

Phase 1: Studies were ordered by their reliability and usefulness scores then placed in chronological order. Studies were read and re-read to identify themes and concepts inductively, and coded in NVivo

Table 1
Deviations from protocol.

Inclusion Criteria	First inclusion criteria was modified during screening phase to exclude studies that reported on sexual health education but not broader school and education experiences. The timing did not impact the likelihood of missed studies during the screening phases.
Search Strategy	Three additional databases were added (ProQuest Dissertations and Theses Global, British Education Index (EBSCO), and Australian Education Index (ProQuest).
Data Extraction	Single extraction of data by first author due to time and resource constraints.
Quality Assessment	Single assessment of quality by first author due to time and resource constraints.
Synthesis	None.

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