



Original article

Parent–Daughter Communication About Abortion Among
Nonpregnant African-American Adolescent FemalesKatherine M. Sisco, M.D., M.S. *, Summer L. Martins, M.P.H., Erin K. Kavanagh, M.P.H.,
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A B S T R A C T

Purpose: To identify correlates of parent–daughter communication about abortion among nonpregnant adolescents.**Methods:** Nonpregnant African-American females aged 14–17 years attending one of three charter schools on Chicago's South Side were recruited and surveyed regarding parental relationship quality, attitudes toward sexual health, and communication about sexual health. We calculated odds ratios (ORs) for ever discussing abortion using multivariable logistic regression.**Results:** Of the 265 adolescents, 43.0% had ever discussed abortion with a parent. While 72.3% would voluntarily tell a parent about an abortion plan, 19.2% feared a parent would physically hurt her, punish her, or evict her. Ever communicating about abortion was significantly associated with having a mother who had a teen pregnancy (OR, 1.99; 95% confidence interval [CI], 1.05–3.78); having a prochoice abortion attitude (OR, 3.27; 95% CI, 1.29–8.25); having discussed sexually transmitted infections (OR, 2.97; 95% CI, 1.13–7.77) or birth control (OR, 2.96; 95% CI, 1.35–6.47) with a parent; and perceived parental approval of adolescent sexual activity (OR, 3.07; 95% CI, 1.20–7.88). Ever communicating about abortion was inversely related to being sexually experienced (OR, .48; 95% CI, .23–.99) or anticipating supportive parental reactions to an abortion decision (OR, .31; 95% CI, .13–.75).**Conclusions:** Although almost half of our sample was sexually active, the majority had never talked to their parents about abortion. Some reported fears of harm should the situation arise. Public policy should focus on promoting parent–daughter communication before an unwanted pregnancy rather than forcing communication after it occurs.

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IMPLICATIONS AND
CONTRIBUTION

Parent–daughter communication about abortion is under-researched but highly legislated through parental involvement laws. In this study, only 43% of nonpregnant African-American adolescent females had ever discussed abortion with a parent. Rather than mandating communication at the time of abortion, focus should be placed on general parent–daughter communication about sexual health.

Parent–daughter communication about sexuality and reproductive health is a complex issue. Despite ample research showing its benefits, parents often feel ill prepared to communicate with their nonpregnant daughters. In contrast, for pregnant adolescents seeking abortion, despite the absence of research

evidence, parent–daughter communication is highly legislated through parental involvement (PI) laws. This topic is important, as despite the declining adolescent pregnancy rate, in 2008 an estimated 236,220 adolescents in the United States aged 15–17 years became pregnant and 28% of these pregnancies ended in abortion [1]. Among nonpregnant adolescents, there is strong evidence associating parent–daughter communication with improved sexual health outcomes such as less favorable attitudes toward risky sexual behaviors, higher rates of contraceptive use, avoidance of sexually transmitted infections (STIs), and effective communication with sexual partners [2–8]. Similarly, evidence

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exists that communication and perception of parental support influences disclosure of suspected pregnancies to parents; African-American adolescents seeking pregnancy testing at an urban clinic were more likely to have confided in a parent if they perceived parental communication about sex to be easy or if the mother was the primary source of pregnancy information [9]. Thus, voluntary communication and perceived parental support can reduce adolescent risk behaviors and their consequences.

In contrast, for pregnant adolescents, there are no such data supporting the value of parent–daughter communication. Studies dating back to the 1980s and 1990s demonstrate that parents are often involved in a minor's decision to have an abortion independent of the legal requirement. However, when a minor does not wish to involve a parent, they frequently cite fear of negative parental reactions, lack of or fragile relationships with parents, and desire to avoid parental pressure in the decision-making process [10–14]. The legal landscape has changed since these seminal studies with a shift toward increasingly strict laws.

Indeed, most states legislate communication between abortion-seeking minors and their parent(s) via PI laws. Currently, 38 states have a PI law requiring minors under 18 years of age to notify or obtain consent from the parent(s) or guardian before obtaining an abortion [15]—the most recent being Illinois, where this study was conducted. A core argument made by PI law proponents is that by promoting communication, they provide the daughter with needed family support [16,17]. However, this argument is belied by the fact that most adolescents voluntarily involve parents in their decisions regarding pregnancy resolution [10]. PI law opponents counter that forced communication at the time of crisis can harm the youth, and associated delays in treatment increase the medical risk of the procedure [18]. These contrasting positions on PI laws highlight the role of parent–daughter communication among nonpregnant adolescents, which may decrease pregnancies and abortion and obviate the need for forced communication.

From May 2010 through March 2011, we conducted a mixed-methods study (focus groups informing survey study) of nonpregnant African-American adolescents to better understand parent–daughter communication about abortion. Although abortion stigma has been well documented within African-American families [19,20], African-American adolescents have the highest rates of abortion [1]. Stigma and fear may proscribe communication about sex, pregnancy, and contraception. Qualitative research with African-American adolescents in Chicago demonstrated nonuse of highly effective contraceptive methods fearing parents would find out about their sexual activity [21]. Understanding African-American, parent–daughter communication about abortion is both timely and policy relevant as in August 2013 Illinois enacted a PI law.

Methods

A review of the extant literature was conducted to identify knowledge and knowledge gaps regarding African-American parent–daughter abortion communication. Focus groups were then conducted to identify additional survey domains. Focus group participants were 23 African-American females aged 14–17 years recruited from three community-based organizations serving youth on the South Side of Chicago. Flyers advertising the study were distributed throughout the three organizations to identify interested youth. The number of

participants was determined based on the principle of thematic saturation or the point at which additional data are not thought to yield new findings. Focus group discussions primarily focused on three topics: language adolescents use to discuss abortion, parent–daughter communication, parental attitudes toward abortion, and cultural perspectives on abortion and abortion stigma. Focus groups were coded and analyzed with the support of ATLAS.ti 5.0 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) for organization and data reduction. Salient themes, those widely endorsed across sessions, were identified as additional domains to explore in the survey study.

In conjunction with the University of Chicago Survey Lab, the full survey instrument was then developed drawing on validated measures for the domains of interest wherever possible. Cognitive testing with eight participants demographically similar to focus group participants ensured that the questions were clear and served their intended purpose and that the questionnaire was of reasonable length. For focus groups and cognitive testing, participants received \$30, and parental consent and minors' assent was obtained.

The final survey consisted of 44 close-ended questions within the following four domains: (1) sociodemographic characteristics; (2) parental relationship variables; (3) parental communication about sexual health and abortion; and (4) perceived parental attitudes and reactions regarding adolescent sex, pregnancy, and abortion. Our binary outcome variable was derived from the question, "Have you and your parent or guardian ever talked about abortion?" For this question and many others, participants were asked to think of the one adult (mother, father, grandmother, and so forth) mostly raising them.

Sociodemographic variables included age, living situation, personal and family religiosity, household's use of public assistance, mother's level of education, and whether mother had an adolescent pregnancy. Sexual health questions included ever had sexual intercourse and age at the first intercourse. Parent–daughter relationship questions included who serves as parent or guardian, satisfaction with the relationship, and parental monitoring. Relationship satisfaction was measured with a single question on a 5-point Likert scale, "How satisfied are you with your relationship with the main adult raising you?" [4]. Parental monitoring was measured with the three-question validated scale ($\alpha = .65$) including questions such as "When you go out, how often does your parent or guardian ask where you are going?" with anchors of "never" and "always" [7]. Participants were considered to have a high level of parental monitoring if they answered "always" to all three questions. Three questions assessing perceived parental attitudes toward adolescents' sexual behavior (having sex, having sex with someone special, and using birth control) were taken from the National Survey of Family Growth [22]. The 5-point scale was anchored by "strongly disapprove" and "strongly approve." A dichotomous variable for parental approval of each behavior was created by grouping "strongly approve," "somewhat approve," and "neutral" to denote parental approval. We report the number of respondents who state that the parent would approve.

Additional questions were created based on the focus group findings. In the focus group, adolescents were told, "imagine that you are pregnant" and asked when they would tell a parent or guardian if they chose to continue the pregnancy, adoption, or abortion. The survey item was then developed and assessed in cognitive testing. We report responses to the scenario in which they imagine they chose abortion.

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