Positive Youth Development and Contraceptive Use Consistency

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ABSTRACT

Introduction: Understanding protective factors associated with adolescent contraceptive use can guide strategies to prevent unprotected sex and its consequences. The current study investigated associations between a set of protective factors, specifically indicators of positive youth development, and consistency of contraceptive use.

Method: This cross-sectional study examined relationships between positive youth development indicators and consistency of contraceptive use among sexually active adolescent girls at elevated risk for pregnancy. Multivariate models assessed whether measures of individual attributes, social attachments, and social norms were associated with consistent condom and hormonal contraceptive use.

Results: Adolescents with higher self-esteem and greater family connectedness reported more consistent hormonal contraceptive use. Two factors, stress management skills and perceived peer prosocial norms, were protective for consistent condom use. In contrast, steady partnership status was associated with less consistent condom use.

Discussion: Findings suggest that interventions targeting protective factors may influence adolescents' contraceptive use, in addition to promoting their healthy development. J Pediatr Health Care. (2016) *30*, 308-316.

KEY WORDS

Contraceptive use consistency, protective factor, adolescent

The birth rate for U.S. teens ages 15 to 19 years decreased 10% from 2012 to 2013, reaching a record low for the nation (Hamilton & Ventura, 2012). However, there is still room for improvement, because substantial inequalities in teen birth rates persist between social groups. In 2013, Hispanic teens (ages 15 to 19 years) gave birth at a rate of 41.7 per 1,000, non-Hispanic Black teens gave birth at a rate of 39.0 per 1,000, and American Indian/Alaska Native teens gave birth at a rate of 31.1 per 1,000 female youth. In contrast, non-Hispanic White teens gave birth at a rate of 18.6 per 1,000 female youth (Martin, Hamilton, Michelle, Curtin, & Matthews, 2015).

To continue the recent downward trends in adolescent childbearing and pregnancy and to reduce disparities between social groups, understanding malleable risk and protective factors that result in successful prevention efforts is necessary. Stated another way, reductions in risk factors and enhancement of protective factors may be key to continued success in lowering adolescent pregnancy rates (Dalby, Hayon & Carlson, 2014; Kazembe, 2009). Because inconsistent use of contraception is a direct cause of unintended pregnancy, understanding and enhancing protective factors that improve young people's contraceptive use is likely to be of great benefit. Inconsistent contraceptive use is commonplace (Frost &

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Darroch, 2008). For example, in a nationally representative sample of sexually experienced 15- to 19-year-olds, less than half of females and 67% of males reported consistent condom use in the previous month (Martinez, Copen, & Abma, 2011). Furthermore, female adolescents are about half as likely as oral contraceptive pill users aged 30 years or older to adhere to their contraceptive pill prescriptions (Kost, Singh, Vaughan, Trussell, & Bankole, 2011).

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A substantial body of research has established clear associations between protective factors and positive developmental outcomes such as academic engagement, responsible decision making, and positive identity (Durlak et al., 2007). Further, a growing number of studies show that protective factors (e.g., coping skills and parental expectations) buffer the negative effects of risk exposure (Burke, Brennan, & Cann, 2012; Nash, McQueen, & Bray, 2005). Therefore, much recent attention has been devoted to identifying and building protective factors that strengthen youth's ability to respond to developmental challenges in effective ways (Fergus & Zimmerman, 2005; Gavin, Catalano, & Markham, 2010). A positive youth development approach may be particularly appealing to groups that have experienced profound health and social disparities (Rew & Horner, 2003).

Research on positive youth development (PYD) constructs suggests that factors including confidence (Gloppen, David-Ferdon, & Bates, 2010), competence (House, Bates, Markham, & Lesesne, 2010a), connectedness (Markham et al., 2010), and character, including prosocial norms (House, Mueller, Reininger, Brown, & Markham, 2010b), may act as protective factors for adolescent sexual and reproductive health outcomes, including early sexual debut, use of contraception, frequency of sex, and acquisition of sexually transmitted diseases (STDs). PYD programs appear to be associated with positive sexual health outcomes, including delaying initiation of sexual activity, preventing adolescent pregnancy, and reducing STDs by directly promoting safer sexual behavior (Gavin, Catalano, & Markham, 2010). However, evidence on the relationships between PYD constructs and adolescent sexual behaviors is still scarce and requires further study.

The current study aims to add to the existing body of research on positive youth development indicators and adolescent contraceptive behaviors by investigating the extent to which the positive youth development constructs of confidence (i.e., self-esteem), competence (i.e., stress management skills, intrapersonal skills, interpersonal skills, and school expectations), character (i.e., family prosocial norms and peer prosocial norms) and connectedness (i.e., family connectedness, school connectedness, connection to peers, and steady partnership status) are associated with consistence of contraceptive use among sexually active adolescent girls.

METHODS

Participants

This secondary analysis used baseline data from a randomized trial of a clinic-linked intervention for adolescent girls at high risk for early pregnancy (Sieving et al., 2011). The sample included sexually active girls between the ages of 13 and 17 years who met one or more of the following risk criteria: clinic visits involving a negative pregnancy test or treatment for STD; young age (i.e., 13 to 14 years); aggressive and violent behaviors; sexual and contraceptive risk behaviors; and behaviors indicating school disconnection (Sieving et al., 2011). A total of 253 adolescent girls met eligibility criteria, provided written informed consent, and were enrolled from four primary care clinics (two school-based clinics, a teen health center, and a family practice clinic) between April 2007 and October 2008 (Sieving et al., 2011). All study protocols were approved by university and participating clinics' Institutional Review Boards. A waiver of parental consent was approved by participating Institutional Review Boards because study participants were receiving confidential services covered under the Minnesota Medical Bill for Minors.

Procedure

All participants completed a baseline study survey in private areas of clinics using audio computer-assisted self-interview. Participants were paid $25 for survey completion. A variety of survey items assessed indicators of positive youth development and sexual risk behaviors, including detailed sexual histories for up to four male sex partners during the past 6 months. The complete study survey instrument is detailed elsewhere (Sieving et al., 2011). The current analysis focuses on correlates of contraceptive consistency with participants' most recent male sexual partner.

Measures

This analysis included two outcome variables related to adolescents' contraceptive use in the past 6 months with their most recent male sex partner.