

Original research article

Factors influencing partners' involvement in women's contraceptive services[☆]

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Received 8 February 2011; revised 4 April 2011; accepted 28 April 2011

Abstract

Background: Involving women's partners in family planning services may be one avenue by which rates of unplanned pregnancies can be reduced.

Study Design: In 2009, we surveyed a nationally representative sample of 2113 women aged 18–49 years receiving services from Title X family planning clinics in the United States about their contraceptive use and their current partner, including partners' past involvement in seeking and obtaining contraceptive services.

Results: More than half of the women in the sample (56%) indicated that their partners were at least partially involved in their contraceptive services. In the multivariable analysis, race/ethnicity, union status and relationship satisfaction were all significant predictors of partner involvement in contraceptive services. Women reporting that their partners interfere with their birth control were nearly twice as likely as women without interfering partners to report those partners being involved in their contraceptive services. Contraceptive use at last sex was not associated with partner involvement in contraceptive services in either bivariable or multivariable analyses.

Conclusion: In designing future couple-focused programs, clinics may need to focus on the interpersonal dynamics of couple-based decision-making and behaviors and tailor their programs given the characteristics of clients most likely to avail themselves of these services.

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Keywords: Title X; Contraception; Partner involvement; Couples

1. Introduction

Almost half of all pregnancies in the United States are unplanned [1], and unplanned pregnancies have been shown to have negative health and social outcomes for both the mother and child [2,3]. Despite efforts to reduce rates by increasing overall contraceptive use, little significant progress in decreasing unintended pregnancy has been made nationally [1]. Recent recommendations have emphasized incorporating a couple-focused perspective into family planning service delivery, with the goal of helping women and couples to be more successful in their use of contraceptives [4].

Unintended pregnancy rates are particularly high among low-income women [1]. Thus, publicly supported clinics, funded through the federal Title X program, play an important role in assisting disadvantaged women to plan their families and avoid unintended pregnancies. A recent survey of Title X family planning clinics found that the majority of clinics offer couple-focused counseling, but only a few currently offer couple-focused classes or workshops [5].

Indirect evidence suggests that communication between partners may influence method choice and frequency of use and contribute to contraceptive success by improving overall use and consistency and effectiveness among women already using contraception [6–8]. Analytical models that incorporate men's attitudes and characteristics find that they are important predictors of couples' contraceptive use, in addition to women's own direct influences [7,9,10].

To date, most research on couples and family planning has focused on the relationship between partner and/or partnership characteristics and contraceptive use patterns.

[☆] Declaration of conflicting interests: The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

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However, in order to use most forms of highly effective contraception, women must visit a health care provider. Partner participation in accessing these services may positively influence women's contraceptive use. Therefore, we sought to identify characteristics of individual women and of their partnerships that are associated with partners' involvement in seeking and obtaining contraceptive services from publicly supported family planning clinics.

2. Materials and methods

2.1. Data collection

A nationally representative sample of 2113 women aged 18–49 years receiving family planning services from 45 Title-X-funded family planning clinics serving 200 or more clients per year in the United States was surveyed from May to November of 2009 [5]. Respondents were identified by first randomly sampling clinics from a regularly updated database of all known publicly funded family planning clinics in the United States. The clinic sampling frame was stratified according to client caseload, facility type and geographic region of the country.

Clinic administrators at sampled facilities were contacted and requested to participate in the study. Participation required that staff distribute the questionnaire to all patients aged 18–49 years seeking family planning services during a 1- to 2-week fielding period. Questionnaires were distributed and filled out on-site; anonymity and confidentiality were ensured by requesting that clients return their questionnaires to clinic staff in a sealed envelope. We conducted extensive follow-up telephone calls with administrators at all sampled and replacement sites in order to solicit their participation and maximize response from sampled sites.

Respondents completed a four-page survey instrument, available in both English and Spanish, consisting of mostly closed-ended questions and asking women about their contraceptive use, childbearing and family planning history and current partner's involvement in family planning decisions. The survey also measured characteristics of the client's current main partner (if she had one) and relationship dynamics, including partners' involvement in past clinic visits.

Facilities that refused and facilities that did not obtain questionnaires from at least 40% of eligible clients seen during the study period were replaced by the next clinic in the stratified sample, which ensured that the replacement clinic was similar to the clinic originally selected for the sample. Eighty clinics were sampled originally. Forty-two clinics declined to participate. An additional 32 clinics agreed to participate, but failed to obtain usable surveys from at least 40% of the eligible patients, and 21 clinics were identified as ineligible. In the end, usable data were obtained from 45 clinics.

Participating clinics reported serving a total of 3538 eligible female clients during the survey period; we obtained

usable data from 2113 of these clients, for a response rate of 60% among clinics surveyed. More detailed information on the sampling and data collection procedures have been previously described [5]. The survey instrument and fielding protocol were approved by our organization's Institutional Review Board.

2.2. Data analysis

We limited our analytical sample to women reporting a current sexual partner ($N=1764$). Respondents who indicated that they were in a sexual relationship with more than one partner were asked to respond to the survey questions in reference to their main partner. Data were weighted to reflect the total population of women obtaining services at Title X family planning clinics that served 200 or more adult patients annually in 2006, the last year for which information on this universe was available [11].

We focused on partner involvement in contraceptive services as our primary outcome of interest. Three types of *partner involvement* in contraceptive services were measured: assistance with paying for birth control or a clinic visit, accompaniment to the clinic (driving a woman to the clinic or waiting for her during the appointment) and accompaniment during the appointment (either attending the woman's appointment or talking with a clinician regarding her service) (Table 1). From these measures, we developed a composite measure of the overall level of partners' involvement: no involvement, partial involvement (women indicated that their current partner had been involved in one or two of the three possible involvement categories) and high involvement (women indicated that their current partner had been involved in all three of the involvement categories).

From a programmatic perspective, interest in increasing partner involvement in contraceptive services is motivated by an interest in improving contraceptive use. Accordingly, a second outcome of interest, contraceptive use at last sex (0=no, 1=yes), was also examined, as was the relationship between this outcome and partners' involvement.

We conducted bivariable and multivariable analyses to examine the association of demographic, reproductive and

Table 1
Summary of partner involvement measure

Partners' involvement in contraceptive services — response categories	% (weighted)
Has [your current] sex partner ever...	
...Helped pay for your birth control method or clinic visit?	40
...Driven you to your clinic appointment or gone with you to the clinic and waited while you had your appointment?	54
...Gone with you into the examination room at the clinic or talked with the doctor or nurse that you saw at the clinic?	29

Note: Population includes all women who report having a current sexual partner ($N=1764$).

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