

Perspectives on Family Planning Services Among Adolescents at a Boston Community Health Center



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ABSTRACT

Study Objective: The aim of this project was to investigate adolescent perspectives on family planning services at a community-health center, with the intent to inform health center programs aimed at stemming the adolescent pregnancy rate.

Design: This project was cross-sectional and employed mixed methods, including surveys and interviews, for the purposes of quality improvement.

Setting: The project was conducted in the obstetrics and gynecology clinic at an urban community health center in Boston.

Participants: Twenty adolescent females (age 16-20) who used services at the health center.

Intervention: Participants were individually interviewed to assess perspectives on family planning services and to identify major influences on methods of pregnancy prevention.

Main Outcome Measure: Major themes were categorized into contraceptive usage, reproductive health knowledge, adult influence and communication, barriers to contraceptive care and expectations of a family planning clinic.

Results: All participants were sexually active and 80% had experienced pregnancy. Reproductive health knowledge was variable and in many cases limited. Concern about disapproval was a prominent barrier to going to a clinician for contraception or advice and parents were not often involved in the initial contraception discussion. Other barriers to use of contraception included forgetting to use the methods and fear of side effects.

Conclusion: We identified several potentially modifiable factors, including lack of knowledge, concern for provider disapproval and fear of side effects that may limit effective use of family planning services by adolescents. Further attention should be paid to these factors in designing and improving youth-friendly services in ob-gyn clinics.

Key Words: Adolescent, Contraception, Community health services, Pregnancy in adolescence

Introduction

The United States adolescent pregnancy rate has been declining for the past 20 years, and since its peak in 1991, dropped 40%-50% to reach a historic low in 2009.¹ However, significant disparities exist when comparing adolescent pregnancy rates among blacks and Hispanics, which, although also dropping and at historic lows, have consistently been twice that of whites.¹ Improved access to family planning services, increased use of long-acting reversible contraceptives (LARC), and decreased sexual activity among adolescents could account for these declines.²

The city of Boston mirrors national trends with a decrease of 9% in adolescent pregnancy rates from 2005 to 2010 and similarly higher rates in black and Hispanic adolescents than white adolescents.³ Increasingly notable in Boston is the contribution of the local neighborhood

environment in shaping health behaviors. Adolescent birth rates vary considerably among Boston neighborhoods, and those neighborhoods with higher adolescent birth rates also have a higher prevalence of poverty as well as larger minority populations.^{3,4} This variation in the incidence of adolescent pregnancy could reflect decreased access to contraceptive services or preferences regarding family planning services.⁵

While programs aimed at preventing adolescent pregnancy primarily reside in the community and schools, professional health services remain integral to any successful approach,⁶ especially for the provision of contraceptive services, counseling, and prenatal and postpartum care. A recent review of adolescent clinics highlighted several characteristics of successful programs.⁷ First, they combine education on contraception with links to free or low cost contraceptive services. Second, they are confidential, conveniently located, and timed appropriately to the schedules of adolescents. Third, they offer a wide range of services to meet the needs of adolescents, and offer referrals for additional services. Fourth, they employ staff trained to work with young people, which translates into spending more time with individual patients discussing sexual and contraceptive behavior.^{6,8} Finally, they include

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an outreach component, enabling the programs to tailor services to the needs of those at highest risk of adolescent pregnancy.

The Teen Initiative was begun in 2009 at an urban Boston community health center that serves several of the neighborhoods with the highest rates of adolescent birth in Boston in order to address the burden of adolescent pregnancy in the local area through outreach, education, and confidential contraceptive services. During this time, the Teen Initiative was in a developmental stage in which the resources (eg, counselors and contraceptive methods) were available, but few teens were taking advantage of these services. Several studies of teen perceptions on pregnancy prevention have been performed among ethnic or racial groups similar to those served by this urban community health center^{9,10} and 1 study examined perspectives among Boston teens regarding contraception use and pregnancy prevention.¹¹ However, few studies have specifically investigated adolescents' perspectives on family planning services and the various influences that might inform these perspectives, though related evidence exists to suggest that influences such as parental opinion are important to consider.¹²

Recognizing the contribution of the local neighborhood environment in shaping health behaviors that affect use of contraception and rates of teen pregnancy in the population of the community health center, which serves a neighborhood in which adolescent birth rates are particularly high, we attempted to understand views and background knowledge of contraceptive methods, as well as the impact of people who were influential to the contraceptive practices of adolescents. Once views were established, we hoped to identify strategies to improve family planning services for adolescents in the health center's catchment area. This project adds to the already existing literature by including the voices of adolescents in the local neighborhood in the process of quality improvement of family planning services.

Methods

We used a cross-sectional design and employed mixed methods for the purposes of quality improvement of family planning services in the obstetrics and gynecology department at the Dimock Center, a community health center in the Roxbury neighborhood of Boston, Massachusetts. The institutional review boards at both at the Beth Israel Deaconess Medical Center, the tertiary care center with which the Dimock Center is affiliated, and at Harvard Medical School, determined that this quality improvement project did not meet the federal definition of human subjects research.

Population

This project used a convenience sample of 20 adolescents who were recruited in the course of their clinic visits or through their participation in on-site programs over a 7-week period in June and July 2009. Inclusion criteria included age ≤ 20 , use of services at the health center, and

female gender. This sample was consistent with the target population of the Teen Initiative program. Patient registration in the ob-gyn department was not required.

Setting

The community health center is an urban multidisciplinary clinic that primarily serves residents of Roxbury, Dorchester, Jamaica Plain, Hyde Park, Mattapan, and Roslindale, Massachusetts. Residents of these neighborhoods are largely of lower socioeconomic position. Sixty-four percent of the health center clientele are black and 22% are Hispanic.¹³ In comparison, the population of Boston is 22% black and 16% Hispanic.³ Census figures show more than 16% unemployment for the neighborhoods served by the health center, compared to 6–8% in Boston overall.¹⁴

Data Collection

A semi-structured interview guide was developed in conjunction with staff affiliated with the Teen Initiative, as well as with experts in interviewing adolescents at Harvard Medical School. The interview guide was revised using pilot studies that were conducted with adolescents at the health center prior to formal initiation. Using the standardized interview guide, semi-structured interviews were conducted. The responses were audio recorded and transcribed verbatim; the recordings were subsequently destroyed. A single investigator with experience conducting semi-structured interviews performed all of the interviews. In addition to the qualitative interview, quantitative data were obtained using a questionnaire.

Analysis

Quantitative data from the questionnaire were summarized for descriptive purposes. The interview guide and transcripts of the interviews were reviewed and a codebook was developed to identify and describe themes and sub-categories of themes. Using the codebook, each transcript was coded manually by 2 different coders, and any discrepancies were reconciled by clarifying the meaning of coding categories and agreeing on the final categorization. There was 95% agreement between coders. The frequency of themes was then tabulated and cross-referenced with direct quotations from the transcripts for quality assurance.

Results

Of the 20 adolescents interviewed, all were sexually active, and a significant majority indicated that the source of their contraception at the time of the interview was the health center (70%). Eighty percent of participants were patients of the ob-gyn clinic, though 60% reported receiving care at a facility other than the health center. Participant characteristics are shown in [Table 1](#).

Contraceptive Use

All adolescents interviewed had used at least 1 method and 12 (60%) had tried 2 or more methods in addition to

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