

Use of Dual Methods for Protection from Unintended Pregnancy and Sexually Transmitted Diseases in Adolescent African American Women



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ABSTRACT

Study Objective: To characterize factors associated with dual method contraceptive use in a sample of adolescent women.

Design, Setting, Participants, Interventions, and Main Outcome Measures: We conducted a cross-sectional survey of sexually active African American women aged 14-19 years who attended an urban Title X clinic in Georgia in 2012 (N = 350). Participants completed a computerized survey to assess contraceptive and condom use during the past 2 sexual encounters with their most recent partner. Dual method use was defined as use of a hormonal contraceptive or intrauterine device and a condom. We applied multinomial logistic regression, using generalized estimating equations, to examine the adjusted association between dual method use (vs use of no methods or less effective methods alone; eg, withdrawal) and select characteristics.

Results: Dual methods were used by 20.6% of participants at last sexual intercourse and 23.6% at next to last sexual intercourse. Having a previous sexually transmitted disease (adjusted odds ratio [aOR], 2.30; 95% confidence interval [CI], 1.26-4.18), negative attitude toward pregnancy (aOR, 2.25; 95% CI, 1.19-4.28), and a mother who gave birth as a teen (aOR, 2.34; 95% CI, 1.21-4.52) were associated with higher odds of dual method use. Having no health insurance (aOR, 0.39; 95% CI, 0.18-0.82), 4 or more lifetime sexual partners (aOR, 0.42; 95% CI, 0.22-0.78), sex at least weekly (aOR, 0.54; 95% CI, 0.29-0.99), and agreeing to monogamy with the most recent partner (aOR, 0.40; 95% CI, 0.16-0.96) were associated with decreased odds of dual method use.

Conclusion: Dual method use was uncommon in our sample. Efforts to increase use of dual methods should address individual and relationship factors.

Key Words: Dual method use, African American, Adolescent, Condoms

Introduction

The adverse consequences of early and unintended pregnancy and sexually transmitted diseases (STDs) are substantial and well documented.¹⁻⁶ Adolescents, particularly African American adolescents, carry a disproportionate risk for these outcomes.^{3,7,8} With varying levels of success, young people may use a range of behaviors (eg, condom use alone, condoms with other contraceptive use, STD testing, monogamy) to protect themselves from STDs and pregnancy. The strategies chosen are influenced by individual, relationship, and social/structural factors.⁹⁻¹¹ Dual method use (ie, condoms with hormonal contraceptive or intrauterine device [IUD] use) and use of condoms alone are encouraged for adolescents who are sexually active because they may be effective at preventing STDs and pregnancy at the same time.¹² In this study we examined contraceptive use, including use of dual methods, condoms alone, or hormonal methods or IUD alone among a sample of young African American women living in a Southeastern city with

high rates of STDs and teen pregnancy.⁷ In this analysis we sought to confirm the role of known associated factors and identify potential additional factors that had not been addressed in this population (eg, perceptions of STDs and pregnancy, agreeing to monogamy, mutual STD testing). Understanding factors that may influence contraceptive use is essential in conceptualizing programs to promote dual method use and thus better protect adolescent women from pregnancy and STDs.

Materials and Methods

In this study we report on a cross-sectional survey that was part of a mixed methods study to assess attitudes and practices surrounding the prevention of pregnancy and STDs among African American adolescents and young women. Survey participants were recruited between April and September 2012 from a single urban hospital-based teen clinic that receives Title X funding (ie, federal funding for comprehensive family planning services, including hormonal contraceptives, implants, IUDs, and condoms available to teens without out-of-pocket costs). Eligible participants were female, sought clinical care on the day of recruitment, self-identified as US-born African American,

The authors indicate no conflicts of interest.

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aged 14–19 years, and had vaginal sex with a male partner in the past 6 months. This study received Institutional Review Board approval (including a waiver of parental consent to protect confidentiality of teens' service use) from the Centers for Disease Control and Prevention and Emory University.

Teens were approached in the clinic waiting area and, if interested, discussed the study with a member of the study team in a private area. Interested and eligible teens completed informed consent or assent. Participants completed the survey using an Audio Computer-Assisted Self-Interviewing platform with individual tablet computers and headset. All participants received a \$20 gift card for their participation.

Survey topics included demographic characteristics, family background, attitudes toward and outcome expectations for pregnancy and STDs, reproductive history (including sexual, pregnancy, and STD history and testing), characteristics of the relationship with their most recent male sexual partner (including relationship type, length, coital frequency, and whether the participant and her partner had agreed to monogamy) and sexual behaviors. Participants were asked about condom and contraceptive use for their past 2 sexual encounters with their most recent male partner in the past 6 months.

Our outcome of interest was contraceptive method use, which we categorized into 4 groups: dual method (defined as use of a condom with hormonal contraception or IUD), condom alone, hormonal contraception or IUD alone (defined as a combined hormonal contraceptive, injection, implant, or IUD without use of a condom), or other/no method (use of withdrawal, "other," or no method). To examine factors associated with contraceptive use, we constructed models that included a maximum of 2 sexual episodes for each participant. We estimated unadjusted and adjusted odds ratios (ORs) and 95% confidence intervals (CIs) for a 4-level multinomial outcome (dual method, condom alone, hormonal/IUD alone, and other or no method [referent]) using generalized estimating equations. Generalized estimating equations was used to account for intrasubject correlation because some participants reported on contraceptive methods used at 2 sexual encounters with their most recent partner in the past 6 months. Backwards elimination was used to fit a multivariable model after all candidate variables were entered. Variables with *P* values of less than .05 were retained in the model. SAS version 9.2 (SAS Institute Inc., Cary, NC) and R (R Foundation for Statistical Computing, Vienna, Austria) were used for analyses.

Results

Characteristics of the Study Population

During the study period, we approached 698 young women who attended an urban Title X clinic for participation; 173 declined to be screened for eligibility. Of the 525 women screened, 374 (71%) were eligible and 350 (93% of all eligible) enrolled. The most common reason for not being eligible was not having had sex with a male partner in the past 6 months (78%; 118 of 151).

Table 1

Characteristics of African American Adolescent Women (Ages 14–19 Years) Who Seek Care in a Reproductive Health Clinic (N = 350)

Characteristic	n (%)
Age	
14–16 Years	122 (34.9)
17–19 Years	228 (65.1)
Insurance	
None	86 (24.6)
Private insurance	28 (8.0)
Public insurance	188 (53.7)
Don't know	48 (13.7)
Participant's mother completed high school or GED	239 (68.3)
Participant's mother's age at first birth <20 years	215 (61.4)
Previous STD	153 (43.7)
Previous pregnancy	92 (26.3)
Participant has given birth to a child that lives with her	40 (11.4)
Desires pregnancy in next 6 months	
Definitely or probably "yes"	32 (9.1)
Definitely or probably "no"	288 (82.3)
Don't know	30 (8.6)
Perception of diagnosis of pregnancy in next 6 months	
It would be the worst thing that could happen	110 (31.4)
It would be a problem, but I would deal with it	196 (56.0)
It would not be a problem	30 (8.6)
I'd be happy about it	14 (4.0)
Perception of diagnosis of STD in next 6 months	
It would be the worst thing that could happen	267 (76.3)
It would be a problem, but I would deal with it	82 (23.4)
It would not be a problem	1 (0.3)
Lifetime partners more than 3	161 (46.0)
Relationship length longer than 6 months*	193 (55.1)
Considers partner*	
Serious boyfriend	196 (56.0)
On and off boyfriend	69 (19.7)
Friend	53 (15.1)
No one special/ex-boyfriend/other	32 (9.1)
Coital frequency at least once per week*	170 (48.7)
Agreed to monogamy*	290 (83.3)
Mutual STD testing*†	136 (39.0)

GED, general education development; STD, sexually transmitted disease.

* Refers to most recent partner.

† Participant and most recent partner each had STD testing while they were together.

Most participants were 17 years of age or older (65.1%; [Table 1](#)). More than 43% had a previous STD; more than one-quarter (26.3%) of participants reported a previous pregnancy, and 11% reported they were living with their child(ren). More than 80% indicated they did not want a pregnancy in the next 6 months. Participants had more negative attitudes toward STDs than pregnancy; 76.3% thought an STD would be "the worst thing that could happen" in the next 6 months, but only 31.4% thought the same about a pregnancy. Most had agreed to monogamy with their partner (83.3%) and approximately one-third (39.0%) of participants and their partners had been tested for STDs while they were together ([Table 1](#)).

Use of Dual Methods at Last and Next to Last Sex

At last sex, 20.6% (n = 72) of participants used dual methods, 20.6% (n = 72) used a condom alone, 22.0% (n = 77) used hormonal contraception/IUD alone, and 36.9% (n = 129) used no method, withdrawal (n = 5), or another method (n = 1) of contraception.

We examined the most common reasons that condoms and contraception were not used at last sex. When asked for up to 3 of the most important reasons they did not use condoms at last sex (n = 206), the most common reasons

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