Original Study

# The Role of Teen Mothers' Support Relationships in Maintenance of Contraceptive Use

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A B S T R A C T

*Study Objective:* To explore interpersonal factors associated with maintaining contraceptive use over time among urban, African American teen mothers.
*Design:* Longitudinal study, 2011-2015.
*Setting:* Six pediatric primary care sites in the same city, all of which primarily serve urban, low-income, African American families.
*Participants:* Teen mothers accessing health services for their child at one of the six study sites.
*Interventions:* The current study was a secondary data analysis of data that were collected as part of a patient-centered medical home model intervention, that compared a group of teen mothers and their children who were participants in the intervention with mother-child dyads who were enrolled in standard community-based pediatric primary care. Structured interviews were conducted with teen mothers at baseline/enrollment, when their children were, on average, 3 months old, and again 12 months later.
*Main Outcome Measures:* Maintenance of contraceptive use over time.
*Results:* Teen mothers who perceived any tangible support from their own mothers were significantly less likely to maintain contraceptive use over time (adjusted odds ratio [AOR] = .27). However, teens who perceived any emotional support from their own mothers were nearly four times more likely to maintain contraceptive use (AOR = 3.74). Teens who lived with their own mothers were more than 5 times more likely to maintain contraceptive use over time (AOR = 5.49).
*Conclusion:* To better understand contraceptive discontinuation and thus to prevent repeat pregnancies among teen mothers, it might be necessary to further examine the role of support relationships in teen mothers' contraceptive decision-making. Secondary pregnancy prevention programs should include key support persons.
*Key Words:* Teen mothers, Contraception, Social support

## Introduction

Despite an almost continuous decline over the past 20 years, the rate of teenage pregnancy in the United States remains substantially higher than in other industrialized nations.[1] In 2013, the US teen pregnancy rate was 26.5 pregnancies per 1000 teen girls (aged 15-19 years)[2]; the live birth rate for teens aged 15-19 years was 24.2 per 1000.[2,3] Although considerable variability exists, teen childbearing is often associated with increased risk of adverse physical, social, and psychological outcomes for mothers and children.[4–9] Rapid repeat pregnancy (RRP), defined as a second pregnancy within 24 months of a birth, tends to increase the likelihood of adverse outcomes for teen mothers and their children.[10–12] The likelihood of experiencing a repeat teen pregnancy is also high—nearly 1 in 5 births to teens aged 15-19 years is a repeat birth.[13] Widespread disparities in repeat teen births exist according to race/ethnicity; repeat births are highest among American Indian/Alaskan native, Hispanic, and non-Hispanic black teens, and lowest among non-Hispanic white teens.[13]

Multiple social, demographic, and contextual factors have been associated with RRP,[14] as either risk or protective factors. Among teen mothers, earlier age at first birth, being married as a teen, an intended first pregnancy, and poor initial birth outcome have each been identified as risk factors for RRP.[15–17] However, educational attainment might serve as a protective factor for teen mothers against RRP,[16] as might parental education, in the form of role modeling behavior and goal-forming support.[18] Other relationships, including those with parents and romantic/sexual partners, might also contribute to, or protect against, the incidence of adolescent RRP. Living with parents has been negatively associated with repeat pregnancy[19]; the literature is equivocal, however, when it comes to the role of fathers in repeat pregnancy—previous research has shown these relationships to be either positively or negatively associated with repeat pregnancy.[11,19,20]

Consistent use of effective contraception is the primary mechanism for prevention of unintended repeat pregnancy. In teen mothers, rates of contraceptive use tend to be highest immediately after a birth, but decrease significantly over time,[5,21] placing teen mothers at increased risk of RRP. Preventing this discontinuation might therefore be an effective means of preventing repeat pregnancies. Existing interventions designed to prevent RRP in teen parents, efforts known as secondary teen pregnancy prevention, have

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focused primarily on increasing access to, and supporting use of, effective contraception.[10,22,23]

Previous research has shown that teen mothers' support relationships play a significant role in their overall success. Higher levels of perceived social support during pregnancy and after the birth have been associated with decreased postpartum depression[24–26] and stress,[27] higher parenting self-efficacy and satisfaction,[28–30] and overall improved pregnancy and parenting outcomes[31,32] among teen mothers. Previous research suggests that the strongest influences on a teen mother's successful adjustment during the transition to parenthood come first from her own mother, and next from her romantic partner.[33,34] These support relationships might be important factors in the prevention of contraceptive discontinuation. However, few studies have examined the relationship between social support and contraceptive use among teen mothers.

The current study focused on identifying factors that might prevent contraceptive discontinuation in teen mothers by examining the extent to which a teen mother's important interpersonal relationships (with her own mother, and with the father of her baby) predict her successful maintenance of contraceptive use over time. We hypothesized that higher levels of perceived support would be associated with successful maintenance of contraceptive use over time. With a better understanding of the role of support in preventing contraceptive discontinuation, service providers can develop more effective, targeted interventions to prevent repeat pregnancy among teen mothers.

## Materials and Methods

Data presented in this report were collected as part of a larger, ongoing evaluation of the effectiveness of a patient-centered medical home intervention for teen parent families.[22] The intervention program offers three main components: family-centered primary care, comprehensive social work services, and mental health screening and treatment. Teen parents and their children are seen by the same medical provider, often during the same visit; fathers are encouraged to attend visits with mothers, and family planning is incorporated into every medical visit. In addition, each family is assigned a social worker who supports the family during and between medical visits. Finally, each teen parent is assessed for depression, interpersonal violence, trauma history, and substance use. A known mental health provider is available during medical visits to consult with parents or children as needed.

The evaluation compared a group of teen mothers and their children who were participants in the intervention with a comparison group of mother-child dyads who were enrolled in standard community-based pediatric primary care. Participants were recruited from three intervention sites and three comparison sites in the same city, all of which serve primarily urban, low-income, African American families. Health care providers at each site notified potentially eligible patients of the study, and a research team member contacted teen mothers who expressed interest in participating. After determining eligibility, the research assistant visited the participant's home to conduct informed consent/assent and to administer the baseline structured interview. Baseline data (n = 150) were collected, before any intervention, when the teen mothers' children were, on average, almost 3 months old. Follow-up data (n = 124) were collected using the same methods 12 months after the completion of the baseline interview. Although preventing RRP was the primary goal of the intervention, at 12-month follow-up the incidence of RRP was too low to be used as an outcome for this study. However, contraceptive use represents a more proximal variable that clearly relates to the outcome of preventing RRP, so for the purposes of this study, we chose contraceptive use over time as our outcome variable. All study procedures and measures were monitored and approved by the institutional review board of Children's National Health System.

### *Sample*

Mother-child dyads were eligible for the study if: (1) the mother was younger than age 20 years; (2) the child was 6 months of age or younger; (3) the family was newly enrolling in the intervention program or seeking care from one of the comparison sites; (4) the mother had physical custody of her child; (5) the mother did not have any physical, psychological, or cognitive impairments that would prohibit her from participating in the informed consent/assent process; and (6) the infant did not have any significant health problems. On the basis of the longitudinal nature of our research question, the analytic sample in this study included only teens who were interviewed at baseline and at follow-up. There were no significant differences on the variables of interest for this study between teens who were and were not retained at follow-up. The entirety of the sample was African American, and slightly more than half were enrolled in the intervention.

### *Measures*

#### *Contraceptive Use over Time*

At baseline and at 12-month follow-up, participants were asked, “The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy?” Participants could select multiple methods from a list including: none, birth control pills, condoms, Depo-Provera, birth control patch, rhythm method, withdrawal, intrauterine device (IUD), diaphragm, or other (all respondents who chose ‘other’ listed the contraceptive implant as the method used). Respondents were coded as ‘using contraception’ if they chose any method other than withdrawal or rhythm. They were also asked, “During the past 3 months, with how many people did you have sexual intercourse?” If participants answered ‘0,’ they were considered abstinent. Because the focus of this study was on pregnancy prevention, those who were abstinent were categorized as ‘using contraception.’ For the longitudinal variable of ‘contraceptive use over time,’ participants were coded as ‘maintained’ if they reported using any form of contraception at both time points.

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