

Valuing Stakeholders and Integrating Multi-Method Findings in Public Health Evaluations

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Outline

- Background
- Description of the Grant/Funder
- Study Design
- Findings
- Future Directions

Background

- Emerging adults (18-25 years) are more likely to engage in sexual activity than younger adolescents
 - 73% of pregnancies among young adults are unplanned
 - National Pregnancy rates (Guttmacher Institute, 2010)
 - ≤14 years: 7.1 per 1,000
 - 15-17 years: 38.9 per 1,000
 - 18-19 year-old women: 122.3 per 1,000
 - 20-24 year-old women: 171.0 per 1,000
- Guilford County (NC Dept. of Health and Human Services, 2008)
 - Highest number of pregnancies to 20-24 year-old age group
 - 76% of these pregnancies were to unmarried women
 - 27% were repeat pregnancies
 - Few resources and programs targeting this particular age group

Background: Emerging Adults

- Demonstrated need to address sexual and reproductive health decision making among emerging adults
- Time of exploration of individual identity (Arnett, 2000)
 - Relationships
 - Career
 - Sexuality
 - Values
- Gaps in sexual and reproductive health (American College Health Association, 2009)
 - Gap between information desired and information received
 - Gap between current sexual and reproductive health knowledge and sexual health behavioral intentions
 - Misconceptions about fertility and contraception

Consequences of Pregnancy and Parenting in Emerging Adulthood

- Mother

- At risk for a second pregnancy within 6 months of giving birth (East & Felice, 1996; Noria, Weed, & Keogh, 2007)
- Depression (Whitman et al., 2001)
- Anxiety (Whitman et al., 2001)
- Low self-esteem (Whitman et al., 2001)
- Balance between work/school and learning to raise a child
- Lower income-persists throughout lifetime (Downey, 1995; Deal & Holt, 1998)

- Child

- Developmental delays (Borkowski, Whitman, & Farris, 2007)
- Emotional and behavioral issues (Whitman, Borkowski, Keogh, & Weed, 2001)

Description of the Grant/Funder

- Local Health Foundation
- Mission: To “invest in the development and support of activities, programs, and organizations that measurably improve the health of the people in the greater Greensboro area.”
- Strategic focus: “to solve some of our community's most intractable health problems.”
- Foci
 - Access to healthcare
 - Reducing the number of adolescents who give birth
 - Emphasis on evaluation

Goals of This Study

- To assess the sexual and reproductive health resources available to female emerging adults in Guilford County (18-25 years)
- To obtain multiple local perspectives on needs and access to sexual and reproductive health resources within Guilford County
 - Differences and Similarities between Perspectives

Study Design

- Multiple methods approach
- Participatory
 - Health department staff and evaluation team collaborated throughout the evaluation process
- Constructs and themes based on previous literature
- Reviewed best practices for sexual education programs

Themes of Interest

- Served as a basis for developing survey, focus group, and interview questions
 - Sexual History
 - Access to Healthcare
 - Birth Control Cost and Use
 - Opportunities for Work and Education
 - Community Norms
 - Connectedness and Relationships
 - Social Media

Sample Design

Group	Methods
Pregnant/Parenting women (18-25 years)	Focus groups (2), Surveys (77)
Non-pregnant/Non-parenting women (18-25 years)	Focus group (1), Surveys (115)
Sexual and Reproductive Health Providers in Guilford County	Focus group (1), Surveys (12)
College Health Centers	Surveys (5), Interviews (6 of 8 local colleges/universities)
Guilford County School District Personnel	Focus groups (1)

Survey Sample Overview

- Pregnant/Parenting Status
 - Pregnant/Parenting-77 (40%)
 - Non-Pregnant/Non-Parenting-115 (60%)
- Race/Ethnicity
 - Black/African-American- 85 (45.7%)
 - Latina/Hispanic- 69 (37.1%)
 - White/Non-Latina- 21 (11.3%)
 - Biracial/Multiracial- 10 (5.2%)
 - Asian-1 (0.5%)

Sample Overview Emerging Adults

- Ever had vaginal sex: 174 (91.1%)
 - Currently having vaginal sex: 139 (83.7%)
 - Use birth control if currently having vaginal sex: 130 (80.6%)
 - Every time I have sex: 97 (75.8%)
 - Occasionally: 27 (21.1%)
 - Never: 4 (3.1%)
- Ever had oral sex: 132 (72.5%)
 - Currently having oral sex: 85 (57.8%)
- Ever had anal sex: 34 (21%)
 - Currently having anal sex: 13 (10.1%)

Emerging Adult Focus Group Overview

- Pregnant/Parenting 18-19 year-olds (9)
- Pregnant/Parenting 20-25 year-olds (9)
- Non-Pregnant/Non-Parenting 18-25 year-olds (7)

Provider Survey Sample Overview

- 12 respondents
- Average years of experience = 14.45 (sd=8.03)
- 80% White/Non-Latina
- 20% Black/African American

Provider Focus Group

- 6 different agencies represented
 - Transitional living programs
 - Faith-based organization
 - Health clinic
 - Advocacy and awareness
 - Public health department

Colleges and Universities Interviews and Surveys Overview

- 6 of 8 local colleges/universities participated
- Types of sexual and reproductive health information and resources provided on campuses
 - Freshman focus course

School District Personnel Focus Group Overview

- Variety of roles from school system
 - Social Studies Teacher
 - School health nurse
 - Physical education teacher
 - Health teacher

Findings

- Findings were integrated across sample groups and data collection method
 - Common themes
 - Inconsistencies across sample groups or collection methods

Theme 1: Resources Available

- County perceived as “resource rich” by the majority of stakeholders
- Colleges and Universities rely on public agencies to refer students for sexual and reproductive health needs
 - No universities offered family planning, prenatal, or child care services
- Providers reported mixed responses regarding sufficient resources for emerging adults sexual health
- Young women reported a variety of public agencies as sexual and reproductive health resources

Resources Lacking

- Educate on available resources and where to access them
- Programs focusing on healthy relationships and life skills
- Programs that emerging adults can better relate to
- Peer support resource
 - One-stop resource center
- Providing Transportation
- Provide sexual education in different settings (school, home, church)
- Programs to help young mothers
 - Parenting skills
 - Programs to assist in completing school

Resources Lacking

- Increased exposure to issues of being a young mother
- ***“...groups should go out and talk to young girls who haven’t already experienced it so they can know...they just need some well, girls, us, or other people. Girls that have been through, you know, having kids and all that. They need that, they need more of that.”***

Theme 2: Barriers to Accessing Resources

- Fear/Stigma of Accessing Resources
- Misconceptions About:
 - Insurance
 - Health Literacy
 - Resources

Fear/Stigma of Accessing Resources

- Fear of the unknown
- ***“I had my first visit this year cause I was so like scared to go....I don’t know, I think that’s like a fear, kind about the doctor...I think there’s a misconception about how it will be to go to the doctor.”*** –Non-parenting young woman
- ***“They might be afraid of um, maybe people having judgments about them being sexually active at their age or seeking contraception.”*** –Non-parenting young woman

Misconceptions about Insurance

- Too expensive (although did not look into costs)
- Fear of insurance being affiliated with parents
 - Access to records
 - ***“... I think teenagers don’t understand how insurance works, and knowing that it has to do with their parents they’re going to avoid it.” - Provider***

Misconceptions about Health Literacy

- Inability to process/comprehend information received
- Misconceptions about contraception and fertility
- ***“Cause I was like, how do you, well, how do you have sex with something in you?”*** – Emerging adult about NuvaRing
- ***“It’s like there was just one pill out there. ‘Oh I don’t want to take that, I’ll get fat,’ No...one pill, even though there are 60 different brands out there now.”*** – Provider
- ***“When I was uh, 15, I got pregnant and three months later I lost the baby. And they cleaned everything inside and they said um, something was wrong with it, with the process they did to take the baby out. So, they told me I was infertile and one year and a half later, I was pregnant.”*** –Parenting young woman

Misconceptions about Resources

- Level/Quality of care provided at different agencies
- ***“Well, as far as the health department, I think there is a misconception that they won’t get good care, but actually they get better care than private physicians, cause there are certain things that are mandated by the state, certain tests and everything, that’s not required by the private physician.” – Provider***

Information about Sex Education in School

- Sex education provided by the school system viewed by emerging adults and providers as inadequate
- ***“I’m sure I learned something in college, I remember there was some sort of something about, but I don’t remember any details. But I feel like I’ve had, I’ve been versed in a general understanding of different kinds of effective birth control pills and whatever, condoms...”***

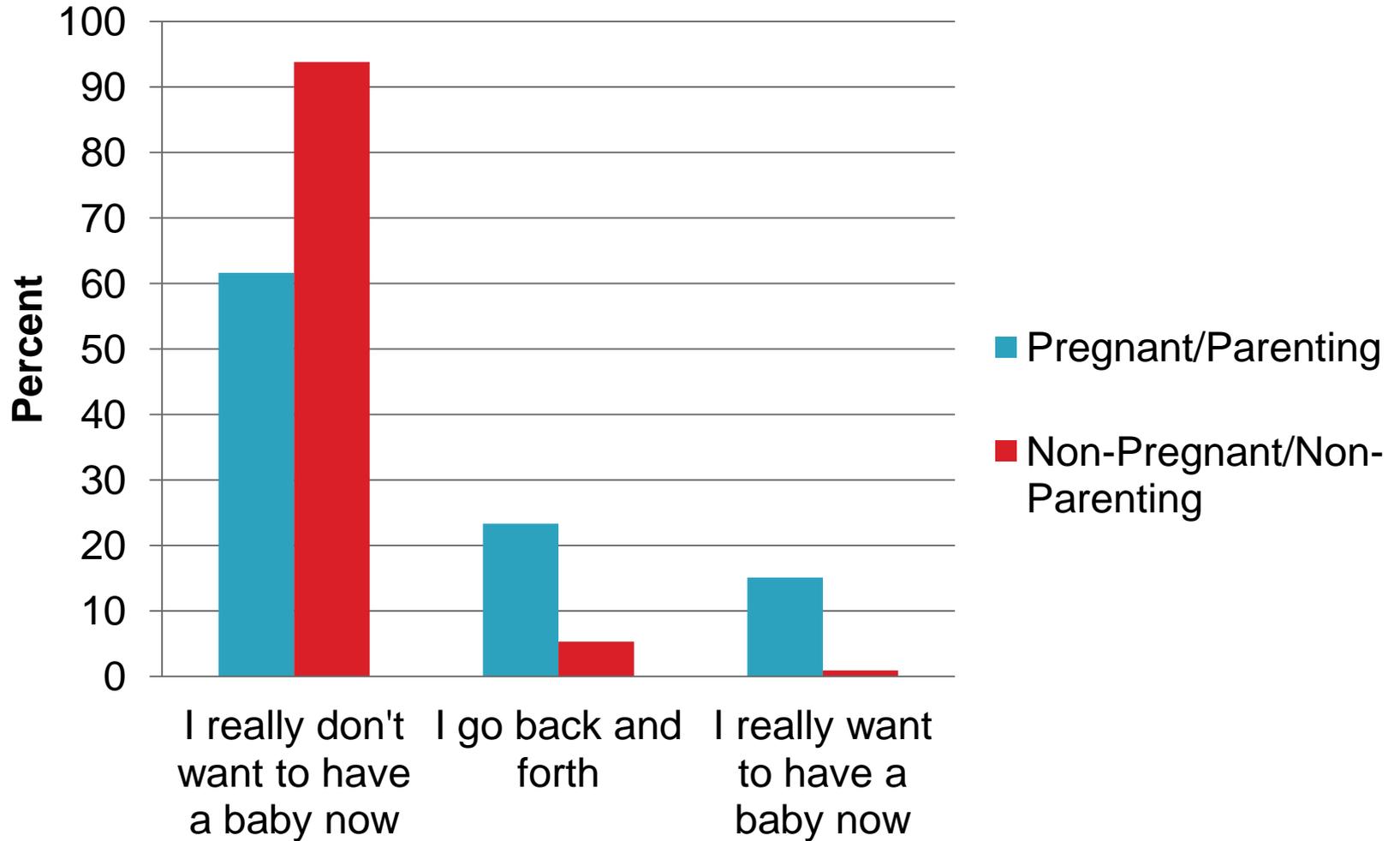
Information about Sex Education in School

- At the college level, there are inconsistencies regarding the types of sexual health information provided (if any)
 - Mixed responses from college health personnel as to whether or not sexual health information is important to teach in a college resource class for freshmen students
- However, colleges are in agreement that college students need medically-accurate information about their sexual health
- Campuses provided some information about sexual health and provided free condoms

Emerging Adult Perspectives

- Some findings differed between surveys and focus groups
- Some findings differed within the surveys
 - Pregnancy status
 - Ethnicity

Current Desire to Have a Baby



Desire to Have a Baby Right Now

- 6.5% “want to have a baby now”; 12.4% “go back and forth” about it
 - Pregnant/Parenting women were more likely to report “I really want to have a baby right now” or “I go back and forth”
 - Despite these differences, 81.2% of the entire survey sample responded “I really don’t want to have a baby right now”

Work and Educational Impact

- Do you think being pregnant or being a mother impacts your work or education goals?
 - 92.6% responded “yes”
 - Pregnant/Parenting women more likely to report that being pregnant does not impact goals
- Do you think getting pregnant would impact your work or education goals?
 - 90.4% responded “yes”
 - Pregnant/Parenting women more likely to report that getting pregnant does not impact goals

Work and Educational Impact – Focus Groups

- Parenting young women all agreed it was a struggle to continue to pursue their education while being pregnant and having children.
 - ***“it kinda put a delay on, like I was going to school and I had to not go to school this year cause I had to have my daughter, well, not because I had to have but, because my professors wouldn’t allow me to have my maternity leave.”***
– Parenting participant
- Challenges:
 - Missing school due to maternity leave
 - Getting back into school
 - Balancing your child, work, and school
 - Childcare
 - Stress



Theme 3: Communication about Sex, Birth Control, and Relationships

- More likely to talk to friends than family about sex and relationships in general
 - ***“I think it’s much easier with my friends, but its taboo with my family”***
 - ***“Friends are easy, they talk about the same things”***
- Talk to friends about sex and relationships
 - Pregnant/Parenting respondents were less likely to talk to friends and more likely to talk to parents

Communication about Sex, Birth Control, and Relationships

I talk to my:	Friends	Family	Significant Other	Other
About Sex	All 3.74 (1.24)* P/P 3.28 (1.31) N-P 4.04 (1.10)	All 2.78 (1.25) P/P 2.87 (1.22) N-P 2.73 (1.29)	All 4.15 (1.15) P/P 4.01 (1.21) N-P 4.25(1.10)	All 2.74 (1.19)* P/P 2.52 (1.23) N-P 2.89 (1.15)
About Birth Control	All 3.88 (1.18) P/P 3.67 (1.21) N-P 4.02 (1.14)	All 3.23 (1.31) P/P 3.27 (1.30) N-P 3.21 (1.32)	All 3.98 (1.22) P/P 3.85 (1.27) N-P 4.08 (1.17)	All 2.85 (1.27) P/P 2.76 (1.30) N-P 2.91 (1.25)
About Relationships	All 4.10 (1.17)* P/P 3.75 (1.26) N-P 4.33 (1.05)	All 3.50 (1.30) P/P 3.34 (1.30) N-P 3.61 (1.29)	All 4.16 (1.15) P/P 4.01 (1.21) N-P 4.26 (1.10)	All 2.94 (1.30) P/P 2.86 (1.35) N-P 3.00 (1.26)

Communication about Sex, Birth Control, and Relationships by Ethnicity

Variable	Group				F
	H	AA	C	B/M	
I talk to my...					
Friends					
About sex*	3.26 (1.15) ^{a,b}	4.02 (1.25) ^a	4.20 (0.83) ^b	4.20 (1.32)	6.45
About birth control	3.62 (1.21)	4.06 (1.12)	4.14 (0.96)	3.80 (1.32)	2.19
About relationships*	3.70 (1.17) ^{a,b}	4.25 (1.14) ^a	4.71 (0.56) ^b	4.30 (1.34)	5.79
Family					
About sex	2.67 (1.05)	2.98 (1.34)	2.40 (1.14)	3.40 (1.65)	2.29
About birth control	3.13 (1.15)	3.30 (1.39)	3.24 (1.26)	3.90 (1.29)	1.10
About relationships	3.22 (1.12)	3.73 (1.35)	3.76 (1.00)	3.40 (1.90)	2.36
Significant Other					
About sex	3.67 (1.14) ^{a,b,c}	4.34 (1.12) ^a	4.80 (0.52) ^b	5.00 (0.00) ^c	9.99
About birth control	3.62 (1.16) ^{a,b}	4.11 (1.26) ^a	4.38 (0.97)	4.89 (0.33) ^b	5.06
About relationships	3.67 (1.16) ^{a,b,c}	4.39 (1.09) ^a	4.71 (0.56) ^b	4.78 (0.67) ^c	9.08
Other					
About sex*	2.81 (1.02)	2.77 (1.37)	2.50 (0.91)	2.50 (1.20)	0.36
About birth control	3.09 (1.19)	2.77 (1.37)	2.54 (0.88)	2.38 (1.30)	1.57
About relationships	3.09 (1.19)	2.90 (1.41)	2.77 (1.17)	2.63 (1.19)	0.55

Communication – Focus Groups

- Desire for more open communication about sex with family/parents
 - ***“I would say if I could have talked to my mother...I wouldn’t have got pregnant.”*** – Parenting participant
- Challenges to communicating with family/parents:
 - Conflicting ideas about sex and relationships
 - Parents are embarrassed
 - Fear of parents
 - Can’t relate to their parents

Theme 4: Life Skills Needed to Address Sexual and Reproductive Health – Focus Groups

- Knowledge about healthy relationships
 - ***“Nobody teaches healthy relationships, nobody teach like this is what y’all need to be doing, what y’all should be doing. They didn’t say well, this is allowed, this is not allowed. They were saying y’all better not do this, y’all better not do that.”*** - Emerging adult participant
- Confidence
 - Need to increase confidence in their decision making
- Setting goals and knowing their values
 - ***“they don’t even have like their life goals figured out, they don’t know what they want, they don’t know what’s right for them...maybe if you have a better sense of yourself um, and your values then um, that would make it easier to talk about things.”*** – Non-parenting participant

Advice from Parenting Emerging Adults – Focus Groups

- Five main actions:
 1. Think – before you act
 2. Plan – set goals, make a timeline
 3. Lead – don't follow
 4. Know your body – how your body works
 5. Be confident – in yourself and your decisions

“If like, these kids, like, would just listen, like, they um, some kids look at this and think it's fun, oh, I get to play mommy. And you don't get to play mommy for a day, this is like the rest of your life...so take what we say into consideration.” – Advice from a parenting participant

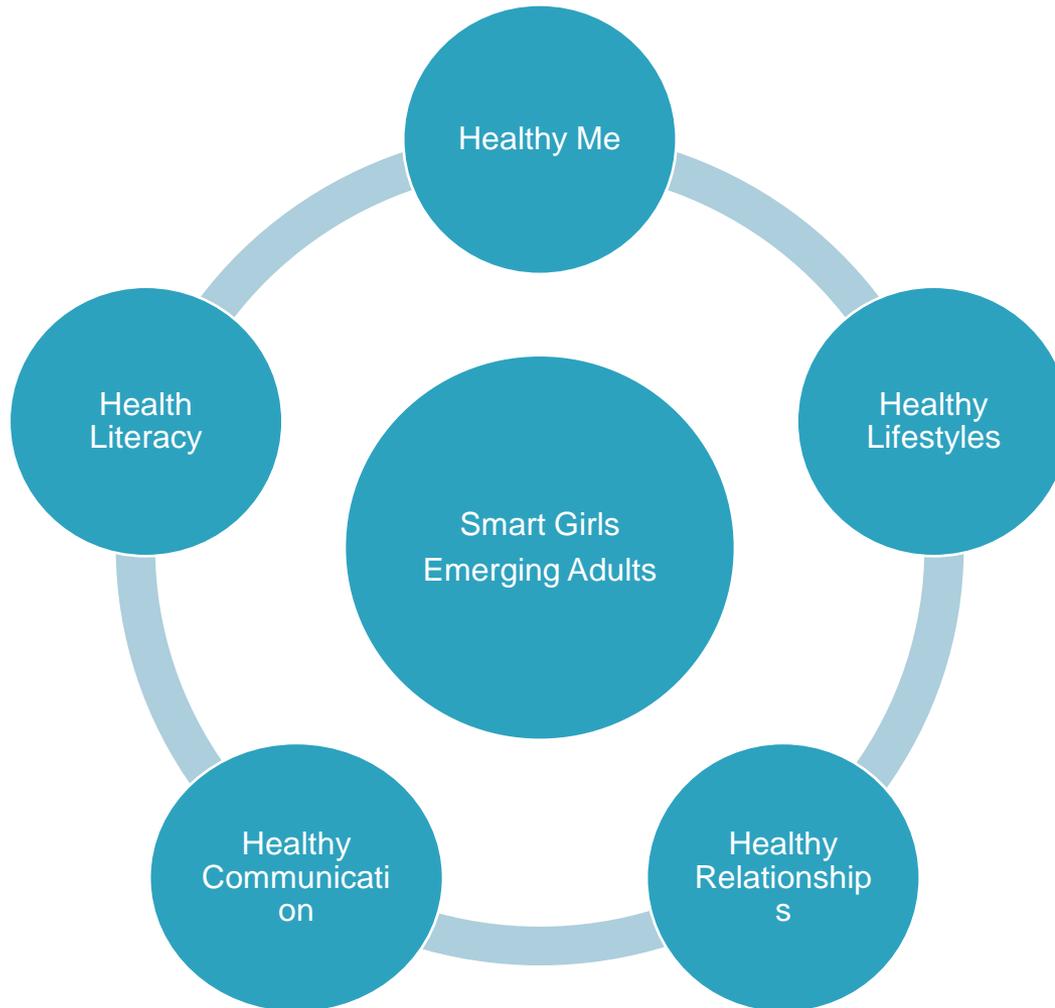
Findings

- Young women and providers expressed similar needs and resources for emerging adult women across the county
 - However, young women need to know where they can go and what to expect
- Few resources are available through colleges and universities
 - Colleges and universities view sexual and reproductive health for emerging adults as important
 - However, colleges and universities do not perceive their primary role to be disseminating information or providing care

Findings (Continued)

- Pregnant and parenting emerging adult women reported different needs than non-pregnant/non-parenting women
- Cultural differences may also need to be addressed

Curriculum Recommendations



Curriculum Recommendations

- 1) Healthy Me
 - Self-esteem
 - Goal setting and decision making
 - Self-advocacy
- 2) Healthy Lifestyles
 - Know your body (basic anatomy, menstrual cycle, what is infertility, etc.)
 - Family planning and how pregnancy would impact future goals
 - What are the types of birth control? How do they work? How should they be used? How effective are the different types? What are risks and benefits associated with each type?
 - Myths vs. facts

Curriculum Recommendations

3) Healthy Relationships

- A focus on delaying pregnancy, not just avoiding it: make it clear that there will be a time when pregnancy will be a positive, responsible option; don't overemphasize the negatives of pregnancy
- Aspects of a health sexual/romantic relationship (i.e., what it "looks" like)
- Skills for developing and maintaining healthy relationships
- Knowing the signs of dating violence and when and how to end an unhealthy relationship
- Awareness of sexual violence, with an emphasis that it's about violence and control, not about sex

4) Healthy Communication

- How to talk to partners about contraception, plans for parenthood, etc.
- Identifying supportive individuals
- When and how to ask for support/help
- Increasing social support networks

Curriculum Recommendations

5) Health Literacy

- How to talk to medical professionals about sexual and reproductive health
- Where to go for help
- What questions to ask

Future Directions

- Prepared community report out at the direction of the Smart Girls team
 - Solicited community partner agencies where a new curriculum could be implemented and effectively serve the population of interest
- Creation of a new curriculum for young adult women in the community- to be piloted next year in several community locations

Questions?

Thank You!

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