

RESEARCH FACTS and



FINDINGS

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Youth and Family Planning: Findings from a Focus Group Study

by Mary Maley

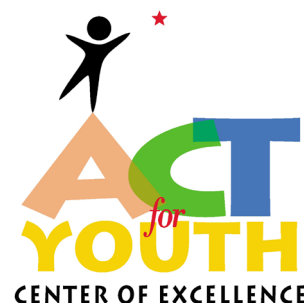
Young women's use of sexual and reproductive health services has declined since its recent peak in 2002 (Hall et al., 2012). To further our understanding of the reasons youth might stay away from these services, the ACT for Youth Center of Excellence conducted 36 focus groups involving over 300 young people in high need communities across New York State. In this article, we share the results of the 2012 focus group study, including implications for practice to improve young people's access to and use of family planning services.



Background

This focus group study was prompted by the need to understand the nearly 13% decline in adolescent (under 18) use of publicly funded family planning services between 2005 and 2010 nationally (Fowler et al., 2011), and an 8% decline in adolescent use of those services in New York State between 1999 and 2009 (Popkin et al., 2010). This trend is disconcerting, given that there is a clear need for youth to utilize these services. According to the 2011 Youth Risk Behavior Survey (YRBS) data for New York State, 42% of students in grades 9-12 have had sexual intercourse, and among those who were sexually active, 37% did not use a condom at last intercourse and 80% did not use effective birth control methods (CDC, 2012). In addition, rates of sexually transmitted infections are highest among young people age 15-24 (CDC, 2013).

Broad questions that we sought to answer through the study included: What do adolescents think about family planning? What are their experiences, beliefs, and feelings about different methods of birth control? What are the barriers to young people's use of family planning services?



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Key findings: General views of family planning

Understanding terms

To get a sense of youth understanding of the terminology often used in health care settings, all groups were asked “What does ‘family planning’ mean to you?” Of the 142 answers provided, just over half (52%) identified that “family planning” was related to contraception and/or reproductive or sexual health. Of the remaining responses to this question, 43% of comments were incorrect and 5% didn’t know (for example, “I’ve never heard of it,” and “we don’t use that term”).

The most common incorrect responses were related to general life planning or financial assistance/social services. For example:

“Planning for your future.”

“Things you do with your family.”

“Providing financial help: WIC, welfare.”

Pregnancy intentions

Adolescents in all 36 groups expressed an intention to prevent pregnancy until older:

“We discussed we’re not ready [to have] children – we use condoms, but may want a kid in the future.”

“I say I don’t want a kid, so use protection.”

Those who discussed good timing for having a baby noted the need for stable relationships, jobs, and education.

Key findings: Perceptions of contraceptive methods

Participants were asked to discuss methods of birth control with which they were familiar. The pill and the male condom were mentioned most often, followed by the IUD, Depo-Provera shot, female condoms, the ring, and the patch. For most methods, the number of negative comments was greater than the number of positive comments. Negative comments centered upon effectiveness, side effects, and lack of reliability; positive comments focused on effectiveness and ease of access and use. Abstinence was the only method that generated slightly more positive than negative comments; however, while it was described as a foolproof way to prevent pregnancy it was also typically characterized as unrealistic. Plan B was also mentioned, with negative comments outnumbering positive comments by about 5:1.

Whose opinions are represented?

This study was based on a convenience sample of youth who were largely recruited by Comprehensive Adolescent Pregnancy Program (CAPP) grantees who work with young people across New York State. The ACT for Youth Center of Excellence extends our gratitude both to the CAPP agency staff who supported the study, and to the many youth who were willing to share their experiences and opinions on a sensitive topic.

- 336 youth participated in 36 focus groups conducted April – June 2012.
- Locations included rural, suburban, and urban settings in New York State.
- 57% of participants identified as female, 40% as male, and 1% as transgender.
- The sample was ethnically diverse; a majority were youth of color, with Black/African American the largest group represented.
- Ages ranged from 13-24 (average age 16.4).
- 20 groups were all female, 13 groups all male, 3 groups mixed gender.
- Special populations included Native American and LGBTQ youth; findings for these groups aligned with those for the larger sample.



Method	Negative comments Number and main themes	Positive comments Number and main themes
The Pill	128 negative comments <ul style="list-style-type: none"> • doesn't prevent STDs • weight gain • forgetting to take it • cost 	43 positive comments <ul style="list-style-type: none"> • prevents pregnancy • accessible • regulates menstrual cycle
Male Condom	79 negative comments <ul style="list-style-type: none"> • uncomfortable • allergies • can break • not effective 	67 positive comments <ul style="list-style-type: none"> • accessible • affordable • easy to use
Plan B	101 negative comments <ul style="list-style-type: none"> • harmful • dangerous 	26 positive comments <ul style="list-style-type: none"> • can be used in emergency
IUD	39 negative comments <ul style="list-style-type: none"> • risky • unreliable • painful • uncomfortable asking doctor 	16 positive comments <ul style="list-style-type: none"> • lasts for years • prevents pregnancy
Abstinence	19 negative comments <ul style="list-style-type: none"> • unrealistic 	23 positive comments <ul style="list-style-type: none"> • prevents pregnancy

Key findings: Family planning service barriers

In these conversations, discomfort and fear emerged as real barriers to use of family planning services. Youth described discomfort talking with parents and health care providers. They also expressed concerns about using clinics. Privacy was a major concern, closely connected to youths' sense of stigma and fear of disapproval.

While over half (55%) of respondents indicated that their parents had discussed pregnancy or pregnancy prevention with them, conversations with adults about family planning were characterized as “awkward” and “uncomfortable.” The most common messages that adults conveyed to youth were caution (discussed in 34 groups), stories of personal experience (34 groups), abstinence (27 groups), fear-based warnings (17 groups), and support (13 groups).

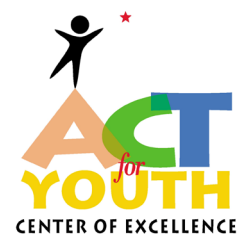
Talking about family planning with parents was daunting because of possible reactions:

“My mom would freak out.” “Dad would kill me.”

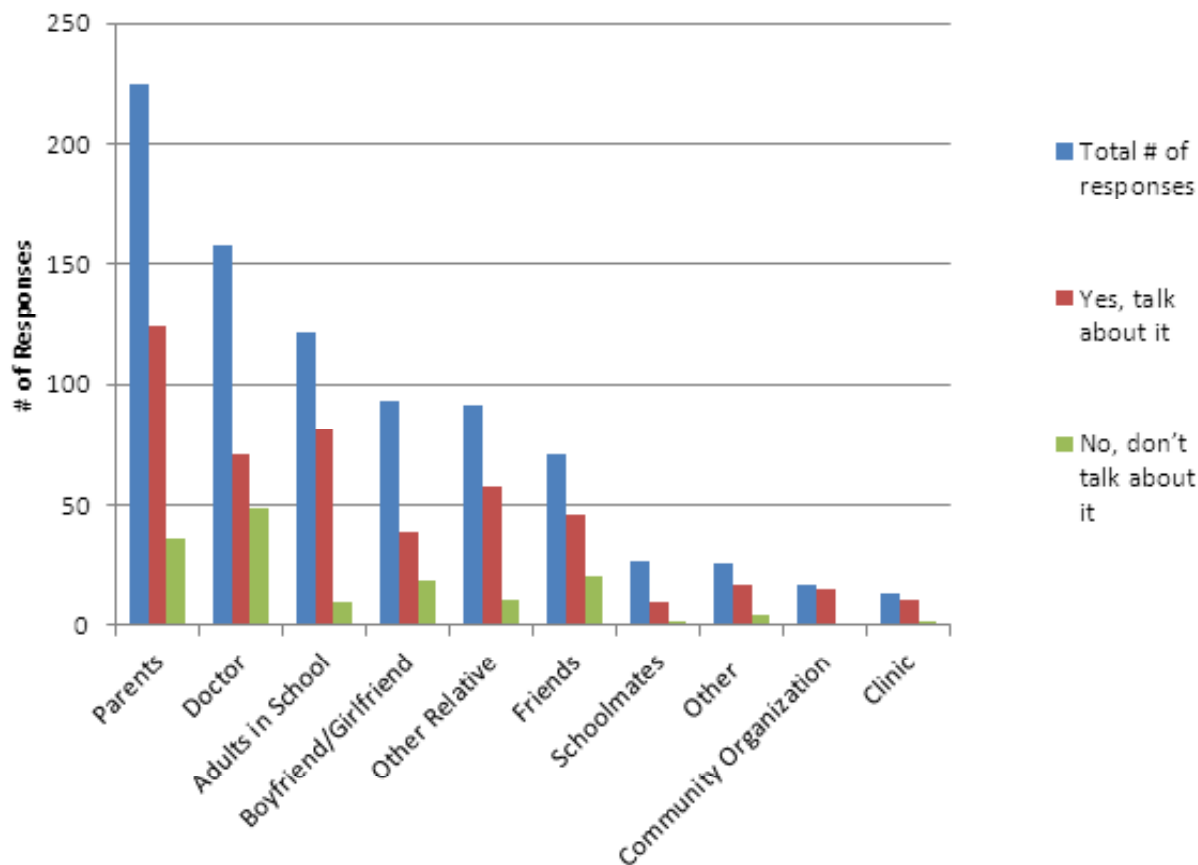
“They’re going to assume I’m having sex if I ask questions.”

“I want to be safe but I don’t know what my mom or dad will think.”

Youth opinions of most birth control methods were overwhelmingly negative.



Who has talked to you about pregnancy or not getting pregnant?



It was also often difficult for youth to talk to doctors:

"It's awkward to bring it up."

"Feeling judged."

"The doctor probably knows your parents."

"If the doctor was younger [I'd] go into depth but I have an old doctor who sides with mom so if I ever get into a conversation it will be awkward."

"...they use medical terms that I can't understand – just break it down for me. Put it in simple terms."

"It's really awkward when you go into a doctor's office and your mom is sitting right there and they ask 'are you sexually active?' What kind of answer do you give? The truth?"

"When I went there, I was so frustrated because I had to fill out like 50 forms. It would have been helpful if someone was there and offered to help and if the feeling in the room was more comfortable, relaxing."

When it came to clinics, privacy was cited as the most common concern, but youth also discussed safety, convenience, and fear of getting bad news:

"At the front desk – everyone can hear your business."

"My mom's friends might see me."



“If they examine you, what kind of stuff are they using? Is it clean?”

“You have to wait a long time.”

“There was picketing outside.”

“People may think they have an STI and don’t want it to be true.”

“What if the test comes up positive?”

Implications for practice: How can adults do better?

We asked youth, “What can adults do better?” Their answers focused on good listening skills, accurate information, and respect for privacy.

“If we come to you, it’s a big deal. Don’t push us away.”

“Don’t lecture, listen.”

“A warm greeting.”

“Talk to me like a regular person.”

“Sit down and talk first, don’t stand.”

“Give eye contact.”

“Someone not judgmental.”

“Someone who is knowledgeable.”

“Someone that’s not hard on you and will let you speak.”

“If I can ask them a question and they be comfortable answering, then I know I can come back.”

“Staff other than doctor should not know our medical history or why I’m coming in.”

“Tell all patients that this is confidential, and explain what that means.”

Selected Resources

Birth Control Explorer
www.stayteen.org/birth-control-101

Sex, Etc.: Birth Control
sexetc.org/sex-ed/info-center/stories/?topic=stories-birth-control

Parent-Child Communication
www.actforyouth.net/health_sexuality/sexual_health/community/adulthood/communication.cfm

NYPATH: Resources for New York State health care providers
www.nypath.org

Minors’ Rights to Confidential Reproductive and Sexual Health Care in New York
www.nyclu.org/publications/reference-card-minors-rights-confidential-reproductive-and-sexual-health-care-new-york-

Results of this focus group study suggest that young people’s utilization of family planning services can be improved by attending to five important areas:

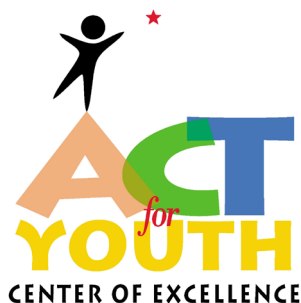
- Addressing misconceptions about specific contraceptives, and promoting education about safe and effective methods of contraception.
- Increasing the capacity of parents to engage in positive, non-judgmental dialogue about sexual health and pregnancy prevention with their children.
- Increasing the capacity of doctors and clinic staff to create an open, welcoming, non-judgmental atmosphere for youth.

- Boosting young people's confidence in family planning services by explaining the safety and professional standards upheld by clinic staff.
- Strengthening professional training and practices to support confidentiality, along with educating youth about medical confidentiality policies and practices.

Through this project, we have learned a great deal from youth in New York State. Adults who care about the well-being of young people can listen to these voices for insight as we work to break down barriers to family planning services.★

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The ACT for Youth Center of Excellence

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