Adolescents’ attitudes about long-acting reversible contraception: Exploring a youth-centered counseling approach

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This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Teen birth rates globally

Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2008 and 2009

Teen birth rates in the US are higher than in some other developed countries.


This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Long-Acting Reversible Contraception (LARC)

- **Intrauterine devices**
  - Levonorgestrel (LNG) intrauterine system
  - Copper T380A intrauterine device

- **Subdermal contraceptive implant**

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
LARC and Adolescents

- Safe and effective for adolescent women
- First-line contraceptive option
- Contraceptive CHOICE study

Mestad Contraception 2011, Winner NEJM 2012.

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
LARC in School-Based Health Centers

• Seattle school-based health centers (SBHCs) began offering LARC in 2011
• Disparities in uptake of LARC
• **Study Objective:** To understand what factors shape adolescent knowledge and attitudes about LARC devices

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Specific Aims

1. To explore adolescent knowledge and attitudes about LARC devices with a goal to inform the development of LARC counseling tool for adolescent women

2. To evaluate the effect of a health educator program on knowledge and acceptability of LARC devices and acceptability of LARC device placement in the SBHC setting

3. To identify female patient characteristics associated with knowledge and acceptability of LARC devices and acceptability of LARC device placement in the SBHC setting

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
• To explore adolescent knowledge and attitudes about LARC devices with a goal to inform the development of LARC counseling tool for adolescent women

• Semi-structured interviews with 30 SBHC patients
  – Inclusion criteria: female, age 13 to 19, full parental consent to use SBHC, English-speaking
  – Exclusion criteria: developmental delay

• Topic areas:
  – Family/peers/school
  – Reproductive life plan
  – Experiences with contraception including LARC
  – Experiences receiving care in SBHC

• Thematic analysis

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Results

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Results

- 30 participants interviewed
  - Mean age 16.2 years (Range 14 to 18)
  - 70% qualified for school lunch subsidy
  - 17% current or prior LARC device

Racial distribution of participants

- Hispanic/Latina: 39%
- Non-hispanic black: 17%
- White: 26%
- Multi-racial: 18%

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Main Themes

- Method Preferences
- Social References
- Information Needs
- Motivating Circumstances to Initiate LARC
- Environmental Constraints and Supports

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Main Themes

• Side effects and non-contraceptive benefits

“I needed something that fit me, that wouldn’t make me gain weight, and I could remember. The 3-year [implant] worked best. – 17 year old”

“[The IUD] kind of messes with [your period], and then you don’t get it at all. I kind of like having it as a friendly reminder like “Hey, you’re not pregnant, by the way.” – 17 year old
Method Preferences

• Side effects and non-contraceptive benefits
• Duration of use

“My friend had the [implant] taken out...because her boyfriend lives far away, so for her to have that in her arm doesn’t really do her any good.” – 18 year old
Method Preferences

• Side effects and non-contraceptive benefits
• Duration of use
• User versus provider- controlled method

“I’d probably use the pill because I would be the one responsible for it.” – 15 year old

“It’s kind of scary because it’s something that’s in you, rather than something you can just take off” - 18 year old

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Social References

• Negative anecdote from peer or family

“My friend who has [an IUD]...said that it hurt a lot when they put it in, and that felt like she had been lied to.” -15 year old
Main Themes

- Negative anecdote from peer or family
- Previous counselling from a health provider

“I just heard [from provider] that it stops periods. It’s way more effective than the regular stuff. It’s better because it lasts longer and you don’t even know that it’s there.” – 14 year old
Main Themes

• Abstract nature of LARC devices

“I just felt like it was sketchy. I can't physically see it, so sometimes I'd forget it's in my arm....I need the physical reminder to reassure myself”.
-18 year old
Information Needs

- Abstract nature of LARC devices
- Knowledge about mechanism, placement, and removal of LARC
Motivating Circumstances to Initiate LARC

• Personal pregnancy experiences or “scares”
• Relocation experiences or plans
Motivating Circumstances to Initiate LARC

- Personal pregnancy experiences or scares
- Relocation experiences or plans
- Desire to delay childbearing for discrete time period

“I wanted something that I would have for a while and not have to worry. Because I don't want to end up accidentally getting pregnant, during my college years.” - 17 year old
Environmental Constraints and Supports

• Parent openness about sexuality and contraception

“[My mom] would just say that she trusts my decision and that she thinks it's a good one to be protected.” -15 year old
Environmental Constraints and Supports

- Parent openness about sexuality and contraception
- Social norm that contraceptive use implies sexual activity

“The word birth control is very subtle, but behind the word it's like, ‘You're having sex.’ That's most parents' go-to answer.” -18 year old
Environmental Constraints and Supports

- Parent openness about sexuality and contraception
- Social norm that contraceptive use implies sexual activity
- Supportive school-based health care environment

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Main Themes

- Method Preferences
- Social References
- Information Needs
- Motivating Circumstances to Initiate LARC
- Environmental Constraints and Supports

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Main Themes

Method Preferences

Social References

Information Needs

Motivating Circumstances to Initiate LARC

Environmental Constraints and Supports

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Applying PRIME

**P**
IUDs and implants are a kind of medical treatment, and all medical treatments have side effects. What side effects are most important for you to avoid? How important is it for you to have (regular periods? A method that no one else can see? The ability to see or feel your method?)

**R**
Does anyone in your life have experience with an IUD or implant? What have you heard about their experiences?

**I**
IUDs and implants can be in place for several years, but they can be removed by a provider at any time and do not affect your ability to get pregnant after being removed. What do you know about the procedure to have an IUD or subdermal implant placed?

**M**
Do you know anyone who experienced an unplanned pregnancy? What was that like for them?” OR “It sounds like you have some exciting career plans. How long is the training to enter that profession?

**E**
Many teens may choose to begin a contraceptive method before they have sex for the first time. Where do you get most of your sexual and reproductive health care? Do you talk about your reproductive health with any adults in your life?
Limitations and Strengths

• Qualitative and exploratory approach
  – Nonrandom sample
  – One geographic region
• Diverse sample of participants

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Conclusions

• Unique factors influence adolescent decision-making about contraception
  – Including (and especially) LARC

• PRIME may allow providers to rapidly introduce LARC to adolescent patients and explore knowledge, acceptability, and readiness

• Further study to evaluate PRIME for provider comfort with LARC counseling and validity in assessing LARC readiness among adolescents

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
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Katie Acker MPH
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Thank you!

**HOW WELL DOES BIRTH CONTROL WORK?**

<table>
<thead>
<tr>
<th>Method</th>
<th>Rating</th>
<th>How Well</th>
<th>Duration</th>
<th>Chance of Getting Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant (Nexplanon)</td>
<td>★★★★★</td>
<td>Really, really well</td>
<td>3 years</td>
<td>Less than 1 in 100 women</td>
</tr>
<tr>
<td>IUD (Skyla)</td>
<td>★★★★★</td>
<td>Really, really well</td>
<td>3 years</td>
<td>Less than 1 in 100 women</td>
</tr>
<tr>
<td>IUD (Mirena)</td>
<td>★★★★★</td>
<td>Really, really well</td>
<td>5 years</td>
<td>Less than 1 in 100 women</td>
</tr>
<tr>
<td>IUD (ParaGard)</td>
<td>★★★★★</td>
<td>Really, really well</td>
<td>12 years</td>
<td>Less than 1 in 100 women</td>
</tr>
<tr>
<td>Sterilization, for men and women</td>
<td>★★★★★</td>
<td>Really, really well</td>
<td>Forever</td>
<td>Less than 1 in 100 women</td>
</tr>
<tr>
<td>Pill</td>
<td>★★★★</td>
<td>Okay</td>
<td>Every Single Day</td>
<td>6-9 in 100 women, depending on method</td>
</tr>
<tr>
<td>Patch</td>
<td>★★★★</td>
<td>Okay</td>
<td>Every week</td>
<td>6-9 in 100 women, depending on method</td>
</tr>
<tr>
<td>Ring</td>
<td>★★★★</td>
<td>Okay</td>
<td>Every month</td>
<td>6-9 in 100 women, depending on method</td>
</tr>
<tr>
<td>Shot (Depo-Provera)</td>
<td>★★★★</td>
<td>Okay</td>
<td>Every 3 months</td>
<td>6-9 in 100 women, depending on method</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>★★★</td>
<td>Not so well</td>
<td></td>
<td>12-24 in 100 women, depending on method</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>★★★</td>
<td>Not so well</td>
<td></td>
<td>12-24 in 100 women, depending on method</td>
</tr>
<tr>
<td>Fertility Awareness</td>
<td>★★★</td>
<td>Not so well</td>
<td></td>
<td>12-24 in 100 women, depending on method</td>
</tr>
<tr>
<td>Condoms, for men and women</td>
<td>★★★</td>
<td>Not so well</td>
<td></td>
<td>12-24 in 100 women, depending on method</td>
</tr>
</tbody>
</table>

For each of these methods to work, you or your partner have to use it every single time you have sex.
Health Educator

- One-on-one counseling
- Groups for students
- Parent and community education
- Knowledge campaign

Increase knowledge and skills
Increase self-efficacy
Change individual attitudes
Change school norms

Increase knowledge and acceptability of LARC methods
Increase acceptability of SBHC

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
- Electronic survey at baseline and 1-year follow-up of 150 SBHC patients
  - Same inclusion/exclusion criteria
  - Content:
    - Demographics
    - Contraception and sexual health history
    - Experiences related to LARC devices
    - Knowledge about LARC devices (11-item)
    - Experiences with health educator and SBHC

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
To identify patient characteristics associated with knowledge and acceptability of LARC devices and acceptability of LARC device placement in the SBHC setting

- Chi-square and multiple regression
- Exposures:
  - Age
  - Sexual experience
  - SES
  - Race/ethnicity
  - Prior contraceptive use
- Outcomes:
  - Knowledge of LARCs
  - Acceptability of LARCs
  - Acceptability of SBHC

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Study Participants

Posters were also displayed within both school-based health centers and flyers were provided to registered female patients from November 11, 2013 to January 31, 2014. 406 parents were mailed opt-out letter. 46 letters returned due to wrong address. 2 parents opted their children out of study. 358 remaining registered patients. # of unique female patient visits: 102 participants completed baseline survey. 30 survey participants participated in an interview. This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011.
<table>
<thead>
<tr>
<th>Age (years [mean +/- SD])</th>
<th>16.7 (1.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>n (%)</td>
</tr>
<tr>
<td>Asian</td>
<td>4 (4.0)</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>2 (2.0)</td>
</tr>
<tr>
<td>Black</td>
<td>19 (18.8)</td>
</tr>
<tr>
<td>White</td>
<td>29 (28.7)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29 (28.7)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (5.0)</td>
</tr>
<tr>
<td>More than one (non-Hispanic)</td>
<td>13 (12.9)</td>
</tr>
<tr>
<td>Free/reduced lunch</td>
<td>60 (62.5)</td>
</tr>
<tr>
<td>IEP</td>
<td>15 (14.7)</td>
</tr>
<tr>
<td>Medical problem</td>
<td>26 (25.5)</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>28 (27.5)</td>
</tr>
<tr>
<td>Mom had first baby &lt;18</td>
<td>21 (21.2)</td>
</tr>
<tr>
<td>Ever had vaginal intercourse</td>
<td>53 (52.5)</td>
</tr>
<tr>
<td>Ever pregnant</td>
<td>5 (5.0)</td>
</tr>
<tr>
<td>Ever LARC</td>
<td>16 (16.2)</td>
</tr>
<tr>
<td>Health educator</td>
<td>N (%)</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Do you know health educator?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>52 (48.6)</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td>37 (34.6)</td>
</tr>
<tr>
<td><strong>Don’t know/skip</strong></td>
<td>18 (16.8)</td>
</tr>
<tr>
<td><strong>What activities? (check all)</strong></td>
<td></td>
</tr>
<tr>
<td>Classroom presentation</td>
<td>14 (13.1)</td>
</tr>
<tr>
<td>Individual visit</td>
<td>25 (23.4)</td>
</tr>
<tr>
<td>Other ((Student health council, girls group, sports team, TA))</td>
<td>13 (12.1)</td>
</tr>
<tr>
<td>I haven’t met her</td>
<td>60 (56.1)</td>
</tr>
</tbody>
</table>

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
True or False Question

You have to remember to take an IUD or Nexplanon implant everyday

IUDs and Nexplanon implants are two of the most effective forms of reversible birth control available for women

Having an IUD or Nexplanon implant placed involves a simple procedure in a health clinic

IUDs and Nexplanon implants have to be removed by a health care provider

You can have an IUD or Nexplanon implant if you’ve never had a baby

IUDs and Nexplanon implants hurt your ability to get pregnant in the future

IUDs and Nexplanon implants protect against STDs including HIV

A Nexplanon implant can be in place for 3 years before you have to replace it

A Mirena IUD can be in place for 5 to 7 years

IUDs and Nexplanon implants are birth control methods that you need to remember to insert before each sex act
<table>
<thead>
<tr>
<th>True or False Question</th>
<th>Total correct N(%)</th>
<th>History of vaginal sex</th>
<th>No history of vaginal sex</th>
<th>Chi2 p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have to remember to take an IUD or Nexplanon implant everyday</td>
<td>70 (69.3)</td>
<td>44 (83.0)</td>
<td>26 (54.2)</td>
<td>0.002</td>
</tr>
<tr>
<td>IUDs and Nexplanon implants are two of the most effective forms of reversible birth control available for women</td>
<td>55 (55.6)</td>
<td>34 (64.2)</td>
<td>21 (45.7)</td>
<td>0.065</td>
</tr>
<tr>
<td>Having an IUD or Nexplanon implant placed involves a simple procedure in a health clinic</td>
<td>61 (61.6)</td>
<td>41 (78.9)</td>
<td>20 (42.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>IUDs and Nexplanon implants have to be removed by a health care provider</td>
<td>64 (64.7)</td>
<td>44 (86.3)</td>
<td>20 (41.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>You can have an IUD or Nexplanon implant if you’ve never had a baby</td>
<td>54 (54.6)</td>
<td>35 (67.3)</td>
<td>19 (40.4)</td>
<td>0.007</td>
</tr>
<tr>
<td>IUDs and Nexplanon implants hurt your ability to get pregnant in the future</td>
<td>53 (54.6)</td>
<td>35 (68.6)</td>
<td>18 (39.1)</td>
<td>0.004</td>
</tr>
<tr>
<td>IUDs and Nexplanon implants protect against STDs including HIV</td>
<td>72 (72)</td>
<td>48 (90.6)</td>
<td>24 (51.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>A Nexplanon implant can be in place for 3 years before you have to replace it</td>
<td>55 (54.5)</td>
<td>42 (79.3)</td>
<td>13 (27.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>A Mirena IUD can be in place for 5 to 7 years</td>
<td>46 (46.9)</td>
<td>36 (67.9)</td>
<td>10 (22.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>IUDs and Nexplanon implants are birth control methods that you need to remember to insert before each sex act</td>
<td>62 (62)</td>
<td>41 (77.4)</td>
<td>21 (44.7)</td>
<td>0.001</td>
</tr>
</tbody>
</table>
## Multivariate regression of LARC knowledge score

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Coefficient</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>-0.005</td>
<td>-0.5 to 0.5</td>
<td>0.986</td>
</tr>
<tr>
<td>White Race</td>
<td>2.658</td>
<td>1.2 to 4.3</td>
<td>0.001</td>
</tr>
<tr>
<td>Free or Reduced Lunch</td>
<td>0.305</td>
<td>-1.2 to 1.7</td>
<td>0.690</td>
</tr>
<tr>
<td>Self-report of lifetime mental health diagnosis</td>
<td>0.284</td>
<td>-1.239 to 1.808</td>
<td>0.711</td>
</tr>
<tr>
<td>History of sexual experience</td>
<td>3.287</td>
<td>2.0 to 4.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>History of LARC experience</td>
<td>2.370</td>
<td>0.4 to 4.3</td>
<td>0.019</td>
</tr>
<tr>
<td>Exposure to health educator counseling session</td>
<td>-0.258</td>
<td>-1.9 to 1.3</td>
<td>0.749</td>
</tr>
</tbody>
</table>

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
## Multivariate regression of implant acceptability

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>1.004</td>
<td>0.584 to 1.726</td>
<td>0.988</td>
</tr>
<tr>
<td>White Race</td>
<td>0.527</td>
<td>0.111 to 2.511</td>
<td>0.422</td>
</tr>
<tr>
<td>Free Lunch</td>
<td>2.998</td>
<td>0.638 to 14.097</td>
<td>0.165</td>
</tr>
<tr>
<td>Self-report of lifetime mental health diagnosis</td>
<td>0.662</td>
<td>0.139 to 3.144</td>
<td>0.604</td>
</tr>
<tr>
<td><strong>History of vaginal intercourse</strong></td>
<td><strong>6.360</strong></td>
<td><strong>1.667 to 24.269</strong></td>
<td><strong>0.007</strong></td>
</tr>
<tr>
<td>Exposure to health educator counseling session</td>
<td>1.629</td>
<td>0.403 to 6.575</td>
<td>0.493</td>
</tr>
</tbody>
</table>

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
# Multivariate regression of IUD acceptability

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>0.535</td>
<td>0.305 to 0.939</td>
<td>0.029</td>
</tr>
<tr>
<td>White Race</td>
<td>2.71</td>
<td>0.677 to 10.883</td>
<td>0.159</td>
</tr>
<tr>
<td>Free Lunch</td>
<td>0.950</td>
<td>0.252 to 3.581</td>
<td>0.939</td>
</tr>
<tr>
<td>Self-report of lifetime mental health diagnosis</td>
<td>0.926</td>
<td>0.232 to 3.691</td>
<td>0.232</td>
</tr>
<tr>
<td>History of vaginal intercourse</td>
<td>3.232</td>
<td>0.815 to 12.808</td>
<td>0.095</td>
</tr>
<tr>
<td>Exposure to health educator counseling session</td>
<td>1.304</td>
<td>0.284 to 5.989</td>
<td>0.733</td>
</tr>
</tbody>
</table>

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## Multivariate regression of LARC acceptability

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>0.690</td>
<td>0.438 to 1.088</td>
<td>0.111</td>
</tr>
<tr>
<td>White Race</td>
<td>1.359</td>
<td>0.412 to 4.481</td>
<td>0.614</td>
</tr>
<tr>
<td>Free Lunch</td>
<td>1.251</td>
<td>0.396 to 3.944</td>
<td>0.703</td>
</tr>
<tr>
<td>Self-report of lifetime mental health diagnosis</td>
<td>0.899</td>
<td>0.275 to 2.933</td>
<td>0.860</td>
</tr>
<tr>
<td><strong>History of vaginal intercourse</strong></td>
<td><strong>4.263</strong></td>
<td><strong>1.402 to 12.970</strong></td>
<td><strong>0.011</strong></td>
</tr>
<tr>
<td>Exposure to health educator counseling session</td>
<td>1.566</td>
<td>0.488 to 5.027</td>
<td>0.451</td>
</tr>
</tbody>
</table>
Conclusions

• Variable knowledge about LARC
  – White respondents, those with history of vaginal intercourse more likely demonstrate greater LARC knowledge

• History of vaginal intercourse sole predictor of general LARC acceptability

• Valuable insight from general pediatric population sample
Strengths and Limitations

• Exploratory
  – Innovative setting
• Small sample size
  – Recruitment of registered minors
• Non validated survey instrument
• Fluidity of health educator curriculum
Future directions

• Validation of survey instrument
  – Cognitive interviews to determine best way to phrase questions

• Expand survey to larger, more representative population of teens

• Apply results to design and pilot a LARC counseling tool
  – Consider sexual inexperienced youth

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Sample Interview Questions

• When do you feel is the right time to have a first pregnancy?
• How do you decide what contraceptive method to use?
• Where do you get the majority of information about contraceptive methods?
• Would you like or dislike about potential LARC methods?
• Have you heard from others about their experiences with LARC?
• What do your parents or other family members think about LARC?
• What services at the school-based health center do you use?
• Describe your interactions with the health educator?
• What services would you like the health educator or the school-based health center to provide?

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Hey Girl,
We want to know how to make the school-based health center better for you.

Tell us what you think by taking an online survey or participating in an interview after school.

Want to schedule an interview? Got questions?
Call or email Dr. Annie Hoopes
annie.hoopes@seattlechildrens.org
(206)987-0280

Want to fill out a survey?
Fill one out on your phone, computer, or tablet at: http://JMP/16Jlqqs.

Get a $5 gift card for filling out the survey or a $20 gift card for an interview.

This study is completely confidential and optional. If you choose not to participate, your care will not be affected in any way.

You must be a student at West Seattle or Chief Sealth and registered with your school-based health center to participate. The registration (or consent) must have been signed by your parent or guardian.

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
HEY GIRL,
WE WANT TO KNOW HOW TO MAKE
THE SCHOOL-BASED HEALTH CENTER
BETTER FOR YOU.

Tell us what you think by taking an online survey or participating in an interview after school.

Get a $5 gift card for filling out the survey or a $20 gift card for an interview.

Want to schedule an interview?
Got questions?
Call or email Dr. Annie Hoopes
annie.hoopes@seattlechildrens.org
(206)987-0280

Want to fill out a survey?
Use the QR code below or fill one out on your computer at:
You can also borrow a tablet at the school-based health center to fill out a survey during your free time before or after classes.

This study is completely confidential and optional.
If you choose not to participate, your care will not be affected in any way.

You must be a student at West Seattle or Chief Sealth and registered with your school-based health center to participate. The registration (or consent) must have been signed by your parent or guardian.

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
RedCap Survey

School-Based Health Center Survey

Please complete the survey below.

Thank you!

Hello!

We are doing a research study at the school-based health centers at Chief Sealth International High School and West Seattle High Schools. The purpose of our study is to improve the sexual and reproductive health services and education provided by school-based health centers. The study has been reviewed and approved by the research review board at the University of Washington.

As part of this study, we are giving this internet-based survey to 150 female patients. The survey will focus on the ways female students use the school-based health center to access sexual and reproductive health information and services. The survey includes general questions about yourself and questions about your physical and mental health history. The survey also asks about your experiences with the school-based health center, your preferences about reproductive and sexual health service delivery, and your opinions about various contraceptive methods offered at the school-based health center.

Here are some example survey questions:

Have you ever thought that you might be pregnant?
- Yes
- No
- I don't know or skip this one

Do you currently have any of the following contraceptive devices?
- Mirena intrauterine device (IUD)
- Paragard copper intrauterine device (IUD)
- Nexplanon or implant contraceptive implant
- I used to have an IUD or contraceptive implant, but I don't currently have one
- No, I've never had an IUD or contraceptive implant
- I don't know or skip this one

Participation in the study is entirely voluntary. If you choose not to participate or stop before you've completed the survey, your care at the school-based health center will not be affected in any way. The potential risks of participation in the study are small. You may feel uncomfortable or upset while answering some of the personal questions. You may skip any survey question, and you may stop the interview or survey at any time. There are no direct benefits to you as a study participant, however the information that we learn might help us improve school-based health centers and develop programs in the future that could help other high school students stay healthy.

Your responses to this survey will be de-identified, which means that no one will be able to identify you from your survey responses or from any future presentations of this information. If you decide to take the survey, you do not have to answer any questions you don't feel comfortable answering. You can stop taking the survey at any time.

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Never-married females age 15-19 who have ever had sex, United States, 2006-2010

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011
Use of contraception at last sex in the prior 3 months among never-married females age 15-19, by method used, United States, 2006-2010
Adolescent pregnancy in the US

Figure 1: Birth rates per 1,000 females ages 15-19, by race/ethnicity, 1990-2012

This study was supported by the Maternal and Child Health Bureau, grant #T76MC00011