

**Reproductive Health and Family Planning Education and Services: Understanding
Experiences of Young Adults**

ASPE Generic Information Collection Request
ASPE – OMB No. 0990-0421

Supporting Statement – Section A

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Program Official/Project Officer

Lisa Trivits, Ph.D.

Social Science Analyst

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Washington DC 20201

(202) 205-5750

lisa.trivits@hhs.gov

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

For decades, researchers and practitioners have looked for ways to ensure that young people – teenagers and young adults – have access to information and services that enable them to make healthy choices related to relationships, sexual activity and general reproductive health.

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.
- Disadvantage transfers to the next generation. Children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

Sexually transmitted diseases (STDs) are also a significant health problem among young people. There are about 20 million new cases of STDs each year in the United States. About half of these infections are in people between the ages of 15 and 24. STDs can be dangerous if they aren't treated. For example, chlamydia and gonorrhea are curable but, left untreated, they can make it impossible for a girl or woman to become pregnant later in life. Other STDs, like HIV, can be fatal.

Approaches to prevention include sexuality education programs and clinic-based programs. Efforts have shown mixed results.

Data from the CDC's 2015 Youth Risk Behavior Survey (YRBS) indicate that teens are having less sex now than in previous years. The percentage of sexually active high school students (i.e., those who engaged in sexual intercourse during the three months prior to the survey) decreased from 38% in 1991 to 30% in 2015. The percentage of high school students who have never had sex increased 13% between 1991 and 2015.

However, many high school students are still engaged in behaviors that result in unintended pregnancies. In 2013, the most recent year for which we have pregnancy data, 456,000 female teens became pregnant, resulting in 276,000 births to female teens. The most recent data on teen births indicate that nearly 212,000 female teens gave birth in 2016. Approximately 75% of teen pregnancies are unplanned. In addition, 59% of pregnancies to women age 20 to 24 are unplanned.

Many high school students and young adults are also engaged in sexual behaviors that increase the risk of sexually transmitted diseases (STDs), including HIV infection. YRBS data indicate that condom use among currently sexually active students declined from 63% in 2003 to 57% in 2015. HIV testing among students also declined.

The U.S. Department of Health and Human Services (HHS) is committed to continuous quality improvement as it seeks to provide high-quality information and services to young people to enable them to engage in healthy behaviors and avoid diseases, unplanned pregnancies, and their consequences. For example, the Office of Population Affairs (OPA) provides voluntary, confidential and low-cost education, counseling, and related comprehensive medical services at its Title X family planning clinics. OPA has an interest in better understanding the opinions and experiences of young adults related to the design and delivery of those services.

We are submitting this generic information collection request to the Office of Management and Budget (OMB) to obtain approval to conduct focus group conversations with young adults ages 18 to 22. This exploratory qualitative research will use focus groups to understand the experiences of young adults (young women and men) who are receiving information and services, or could receive information and services, from HHS. We would like to understand their attitudes towards and decision-making processes with respect to sexual behaviors and reproductive health.

This research will provide critical insight into the needs and preferences of young adults. A more nuanced understanding of young adult decision-making will provide an important complement to the information HHS already obtains through current performance measures. It has the potential to inform the Title X Family Planning program's efforts to communicate to young adults and deliver reproductive health information and services, although we understand the results are not generalizable to larger populations given the sample. It also can help inform future research efforts.

2. Purpose and Use of the Information Collection

The aim of this research is to understand the experiences of young adults related to relationships, sexual activity and general reproductive health. We are seeking approval through this mechanism for nine 90-minute focus groups, seven conducted with females and two conducted with males. Of particular interest are the beliefs, attitudes and behaviors of young adults related to: (1) obtaining and using *information* about how to develop healthy relationships; (2) how to prevent unplanned pregnancies and sexually transmitted diseases; and, (3) accessing and using health *services* related to family planning and reproductive health. All participation is strictly voluntary.

This work is exploratory in nature. The findings from the focus group discussions will not be generalizable, as they are based on a convenience sample. The method of data collection was chosen due to the exploratory nature of this inquiry.

This work will result in a research brief for HHS summarizing findings from the focus groups.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via in-person focus groups. Convenience samples will be used. Focus groups will be planned for times deemed to be convenient for participants and the locations will be within easy reach by public transportation to reduce participant burden. A laptop computer

will be used to take notes during the discussions to save transcription time afterwards. The discussions will also be audiotaped to ensure key themes and quotations are captured accurately.

4. Efforts to Identify Duplication and Use of Similar Information

To our knowledge, there is no information of similar nature that has been or is currently being collected. This is an exploratory study to allow the Assistant Secretary for Planning and Evaluation (ASPE) and the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH), to better understand the perspectives and experiences of young adults.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be impacted or involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

This request is for data collection where the data have not previously been collected elsewhere.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421.

9. Explanation of Any Payment or Gift to Respondents

There will be no payments offered to respondents for this data collection.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection. Participants will not be asked about, nor will they provide, individually identifiable information. All data will be de-identified so as not to reveal the respondent. Participants will be asked to sign a confidentiality agreement at the start of the discussion that reiterates the voluntary nature of participation in the group and their right to decline to respond to any discussion questions.

11. Justification for Sensitive Questions

Information regarding attitudes towards and decision-making processes with respect to sexuality and reproductive health, is sensitive by nature. However, this information is key to better understanding the experiences of young adults with HHS health information and services. While participants will be asked sensitive questions related to this topic, prior to the discussion, respondents will be informed that they may decline to respond if they are uncomfortable answering any question.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on:

- (1) Emails and/or text messages sent to 450 prospective participants to recruit 72 young adults (18-22 years old) for the focus groups. We estimate respondents will spend 2 minutes to read and reply to the recruitment message. See draft scripts in Attachment C.
- (2) Nine 90-minute focus group discussions with up to 72 participating young adults (6-8 participants in each group). See protocol in Attachment A.

For participants, estimates for hourly burden are calculated using the federal minimum wage for workers, which is \$7.25 per hour. Estimates do not adjust for the fact that some participants will not be employed, assuming that their time is of comparable value. The table below shows estimated burden and cost information.

Table: Estimated Annualized Burden Hours and Costs to Respondents

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Recruitment						
Young Adults	450	1	2/60	15	\$7.25	\$108.75
Focus Groups						
Young Adults	72	1	1.5	108	\$7.25	\$783.00
TOTAL	522			82		\$891.75

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in the data collection and their travel to/from the focus group location.

14. Annualized Cost to the Government

Table: Estimated Annualized Cost to the Federal Government

Staff (full-time equivalent)	Average Hours per Collection	Average Hourly Rate	Average Cost
Senior Researcher	202	\$ 149.88	\$ 30,275.76
Researcher	72	\$ 110.83	\$ 7,979.76
Research Assistant	66	\$ 87.39	\$ 5,767.74
Estimated Total Cost of Information Collection			\$ 44,023.26

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The qualitative information shared by focus group participants will be collected via typed notes and audio recording. After each focus group is complete, contractor staff will review the written notes within 72 hours, and audiotapes will be transcribed. AIR staff experienced in qualitative data analysis will analyze focus group data. AIR staff will analyze the data qualitatively by reviewing the session notes and pulling out the main themes from each set of discussions. Given the small number of data collections, manual coding and analysis will be more efficient than using a software package such as NVivo. These themes will be summarized. No names or other personal information will be reported in the summaries.

Timeline:

Completion Date	Major Tasks/Milestones
May 2018	Develop focus group guide Submit request for OMB approval Plan for recruitment Plan for focus groups
July 2018	Receive OMB approval Obtain IRB approval Begin recruiting participants Finalize planning for focus groups
July-August 2018	Conduct focus groups Finalize focus group notes Record and transcribe focus groups
August-September 2018	Conduct qualitative analysis of focus group data
September 2018	Produce draft research brief Revise and produce final research brief

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.