Designing Mixed Methods Studies

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She/her
Objectives

To identify 2-3 ways to design mixed methods studies

To describe how theory can be incorporated into generating research questions and mixed methods designs

To identify 2-3 practical implications of mixed methods designs
My process

1. Problem
2. Literature
3. Theory
4. Research questions
5. Design
Example 1: Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

- Collaborators: Jean Scandlyn, Sheana Bull, Patrick Krueger, Fernando Riosmena, Goleen Samari
- Funded by Sigma Theta Tau’s Alpha Kappa Chapter-at-Large and the National Institute of Nursing Research [1F31NR013821-01A1]
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

• Problem: Inequities in sexual and reproductive health outcomes by race/ethnicity and immigrant generation
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

Literature:

- Teen childbearing as a *cause* of social problems
- Blaming families and "traditional Latino culture" for inequities
- Overlooking structural factors
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

Theory:

• Segmented Assimilation Theory (Portes & Zhou, 1993)
• Theory of Gender and Power (Connell, 1987)
Segmented assimilation theory

<table>
<thead>
<tr>
<th>FIRST GENERATION</th>
<th>SECOND GENERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background determinants</td>
<td>Expected outcomes</td>
</tr>
<tr>
<td>Family structure</td>
<td>Downward assimilation</td>
</tr>
<tr>
<td></td>
<td>(early sexual initiation, non-contraceptive use, adolescent childbearing)</td>
</tr>
<tr>
<td></td>
<td>Mostly upward assimilation</td>
</tr>
<tr>
<td></td>
<td>(later sexual initiation, contraceptive use, delayed childbearing)</td>
</tr>
<tr>
<td>Family SES</td>
<td>Upward assimilation and biculturalism</td>
</tr>
<tr>
<td></td>
<td>(later sexual initiation, contraceptive use, delayed childbearing)</td>
</tr>
</tbody>
</table>

Acculturation
“Traditional cultural values”
## Theory of gender and power

<table>
<thead>
<tr>
<th>SOCIETAL LEVEL</th>
<th>INSTITUTIONAL LEVEL</th>
<th>SOCIAL MECHANISMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gendered division of labor</td>
<td>Family, work</td>
<td>Economic inequities for women and economic dependence upon men</td>
</tr>
<tr>
<td>Gendered division of power</td>
<td>Relationships</td>
<td>Unequal power</td>
</tr>
<tr>
<td>Catheaxis: social norms and affective</td>
<td>Family, relationships,</td>
<td>Expectations that constrain women’s behavior</td>
</tr>
<tr>
<td>attachments</td>
<td>religion</td>
<td></td>
</tr>
</tbody>
</table>

Wingood and DiClemente (2002)
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

Research questions:
How do cultural constructions of gender and sexuality help explain the relationships between immigrant generation, family characteristics, and reproductive health of Mexican-origin young women?

- Aim 1: To examine how the relationship between immigrant generation and reproductive health in Mexican-origin adolescents varies by family structure and SES.
- Aim 2: To explore how gender and sexuality help explain these associations?
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

Design:

- A partially mixed, sequential, equal status mixed design (Teddle and Tashakkori, 2006)
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

Quantitative

- The National Longitudinal Study of Adolescent to Adult Health
- Representative sample of grades 7-12 in 1994-1995
- 1,638 Mexican-origin participants
- Discrete time survival models for time to first sex and first birth
Implications:

- Sample selection
- Sample integration legitimization
Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The National Longitudinal Study of Adolescent to Adult Health</td>
<td>• Mexican-origin women in Metro-Denver</td>
</tr>
<tr>
<td>• Representative sample of grades 7-12 in 1994-1995</td>
<td>• 27-39 years old</td>
</tr>
<tr>
<td>• 1,638 Mexican-origin participants</td>
<td>• 11 first generation</td>
</tr>
<tr>
<td>• Discrete time survival models for time to first sex and first birth</td>
<td>• 10 second generation</td>
</tr>
<tr>
<td></td>
<td>• Life history interviews, 1-2 hours</td>
</tr>
<tr>
<td></td>
<td>• Thematic analysis- theory testing</td>
</tr>
<tr>
<td>Conceptualization and design</td>
<td>QUALITATIVE</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Add Health data set chosen</td>
<td>Sample inclusion criteria based on Add Health</td>
</tr>
<tr>
<td>Participants 29-37yo in 2013</td>
<td>Sample inclusion criteria based on Add Health</td>
</tr>
<tr>
<td>Data Collection</td>
<td></td>
</tr>
<tr>
<td>Significant associations</td>
<td>Adjusted interview questions to elicit more detail</td>
</tr>
<tr>
<td>found in Add Health data</td>
<td></td>
</tr>
<tr>
<td>Added Add Health variables</td>
<td>New findings emerged qualitatively</td>
</tr>
<tr>
<td>Analysis</td>
<td></td>
</tr>
<tr>
<td>Tested qualitative patterns</td>
<td>Patterns influenced reproductive outcomes</td>
</tr>
<tr>
<td>quantitatively for</td>
<td></td>
</tr>
<tr>
<td>generalizability</td>
<td></td>
</tr>
</tbody>
</table>
Implications:

Output

Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

The socio-political context of migration and reproductive health disparities: The case of early sexual initiation among Mexican-origin immigrant young women

Kate Coleman-Minahan

'He supported me 100%': Mexican-immigrant fathers, daughters, and adolescent sexual health

Kate Coleman-Minahan and Goleen Samani

The role of older siblings in the sexual and reproductive health of Mexican-origin young women in immigrant families

Kate Coleman-Minahan and Jean N. Scandlyn
Example 2: Access to Judicial Bypass for Abortion Care in Texas

- Co-principal investigators: Amanda Jean Stevenson, Emily Obront, Susan Hays
- Funded by the Texas Policy Evaluation Project and Private Funder
Access to Judicial Bypass for Abortion Care in Texas

Problem:

- Minors need parental consent to access abortion in Texas
- Texas’ HB 3994
- Jane’s Due Process wants to know the impact successful bypasses
Access to Judicial Bypass for Abortion Care in Texas

Literature:

- Only one study young people’s experiences with judicial bypass
- Little to no empirical information about the judicial bypass process or the denials
Access to Judicial Bypass for Abortion Care in Texas

Research aims:

• Evaluate the impact of HB 3994 on minors’ access to abortion in Texas
• Describe the judicial bypass process
Access to Judicial Bypass for Abortion Care in Texas

Theory:

• Stigma (Goffman, 1986)

• Nation-state power over bodies (Foucault, 1975, 1980)
Access to Judicial Bypass for Abortion Care in Texas

Design:
• A partially mixed, concurrent, dominant qualitative status mixed design (Teddlie and Tashakkori, 2006)
Access to Judicial Bypass for Abortion Care in Texas

Implications:

• Sample selection
• IRB and minors
## Access to Judicial Bypass for Abortion Care in Texas

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 20 young people who sought judicial bypass 2015-2016 in Texas</td>
<td>• Jane’s Due Process attorney records</td>
</tr>
<tr>
<td>• 19 attorneys (collective 800 bypass cases)</td>
<td>• State of Texas court data</td>
</tr>
<tr>
<td>• Semi-structured interviews</td>
<td>• Records reconstruction of judicial bypass cases</td>
</tr>
<tr>
<td>• Thematic analysis - mostly inductive</td>
<td></td>
</tr>
</tbody>
</table>
Access to Judicial Bypass for Abortion Care in Texas: **Theory used to analyze & interpret results**

- Young women experience judicial bypass as a deserved consequence
  - Malcolm Feely’s (1992) “The process is the punishment”
- Attorneys are stigmatized and reinforce stigma
  - Stigma Power: Keep young women “in” (Link & Phalen, 2014)
  - Meso-level stigma: Between structural level (state) & individual level (Corrigan, 2004)
- Preservation of “what’s most at stake” (Yang et al., 2014)
Access to Judicial Bypass for Abortion Care in Texas

Implications:
• Timing of results for each method


Amanda Jean Stevenson, PhD, Kate Coleman-Minshau, RN, PhD, FNP-BC, and Susan Hays, JD

Objectives: To estimate the percentage of Texas judicial bypass petitions for abortion denied annually from 2001 to 2018, and to assess whether that fraction changed after the state’s 2016 bypass process change.

Methods: Because official statistics on Texas judicial bypass case counts and outcomes are only available for 2016 and later, we systematically reviewed monthly internal reports from Jane’s Due Process (JDP), an organization providing legal representation to pregnant minors seeking bypass from 2001 to 2018. We report numbers and percentages of JDP cases denied for 2001 to 2018 and numbers and percentages of all cases denied from official Texas statistics for 2016 to 2018 (all available years).

Results: At least 1 denial occurred in 11 out of 15 years observed before the bypass law changed in Texas (percentages = 0%–6.2%). After Texas made its bypass process more restrictive, the percentage denied increased (from 2.8% in 2015 to 10.3% in 2016 among JDP cases).

Conclusions: We found the greatest percentages of judicial bypass for abortion petitions denied after the policy was implemented and after the bypass process changed. Judicial bypass for abortion may expose pregnant minors to judicial veto of their abortion decision. (Am J Public Health. Published online ahead of print January 16, 2020: e1–e3. doi:10.2105/AJPH.2019.305491)
Thank you!

Our participants who bravely shared their stories

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• Texas Policy Evaluation Project

Collaborators
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• Amanda Jean Stevenson, Jean Scandlyn, Sheana Bull, Patrick Krueger, Fernando Riosmena, CU
• Goleen Samari, Columbia University
• Lauren Ralph & Antonia Biggs, UCSF
References