

Designing Mixed Methods Studies

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She/her

Objectives



To identify 2-3 ways to design mixed methods studies

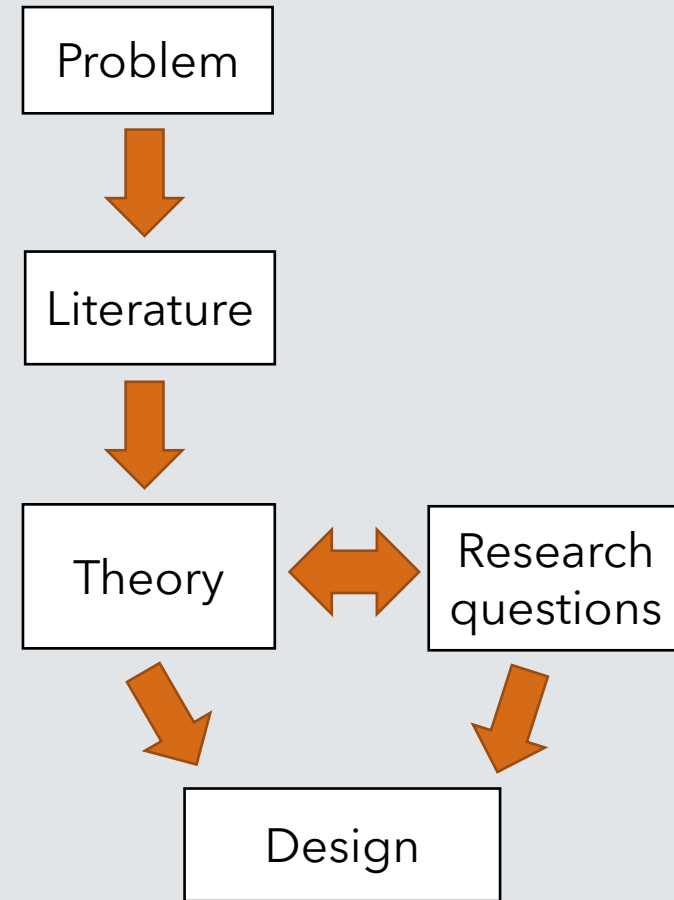


To describe how theory can be incorporated into generating research questions and mixed methods designs



To identify 2-3 practical implications of mixed methods designs

My process



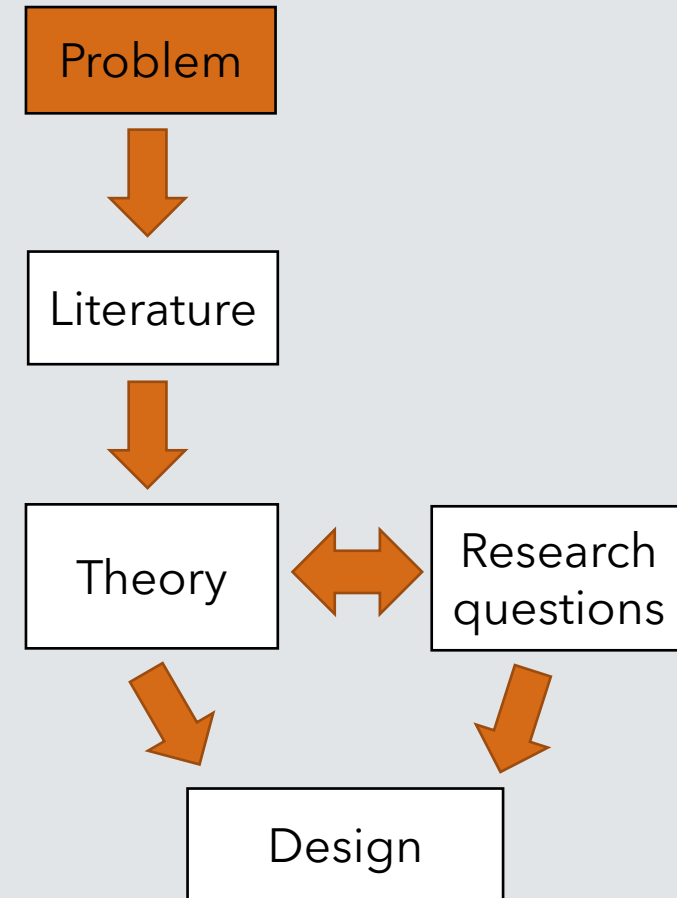


Example 1: Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

- 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

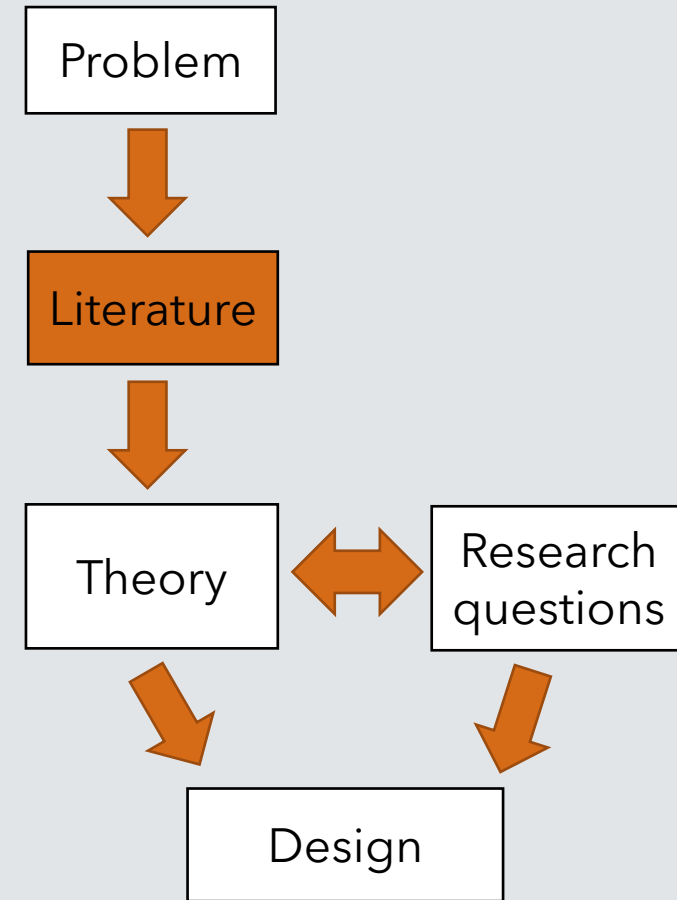
- Problem: Inequities in sexual and reproductive health outcomes by race/ethnicity and immigrant generation



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

Literature:

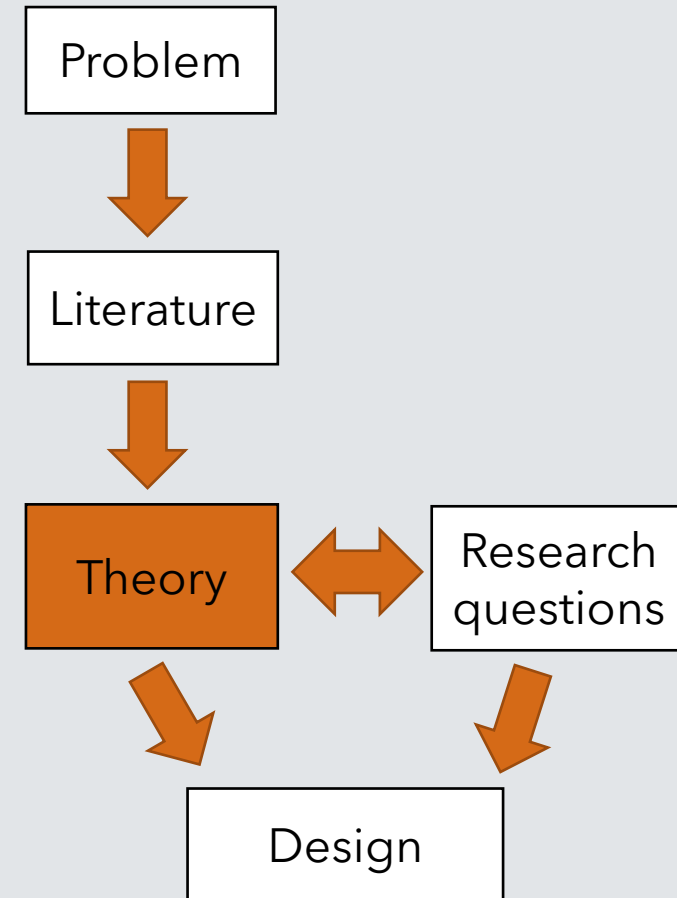
- Teen childbearing as a *cause* of social problems
- Blaming families and “traditional Latino culture” for inequities
- Overlooking structural factors



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)

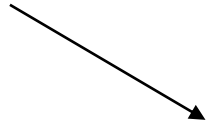


Segmented assimilation theory

FIRST GENERATION

Background determinants

Family
structure



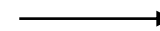
Family SES



Acculturation
“Traditional cultural
values”

SECOND GENERATION

Expected outcomes



Downward assimilation
(early sexual initiation, non-
contraceptive use, adolescent
childbearing)



Mostly upward assimilation
(later sexual initiation,
contraceptive use, delayed
childbearing)



Upward assimilation and
biculturalism
(later sexual initiation,
contraceptive use, delayed
childbearing)

Theory of gender and power

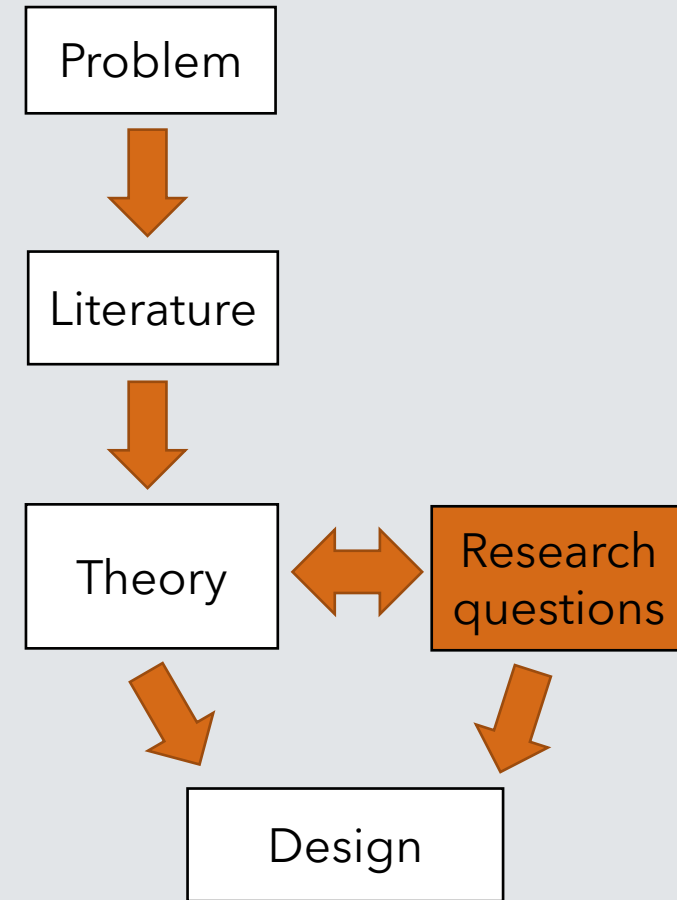
SOCIETAL LEVEL	INSTITUTIONAL LEVEL	SOCIAL MECHANISMS
Gendered division of labor	Family, work	Economic inequities for women and economic dependence upon men
Gendered division of power	Relationships	Unequal power
Cathexis: social norms and affective attachments	Family, relationships, religion	Expectations that constrain women's behavior

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?

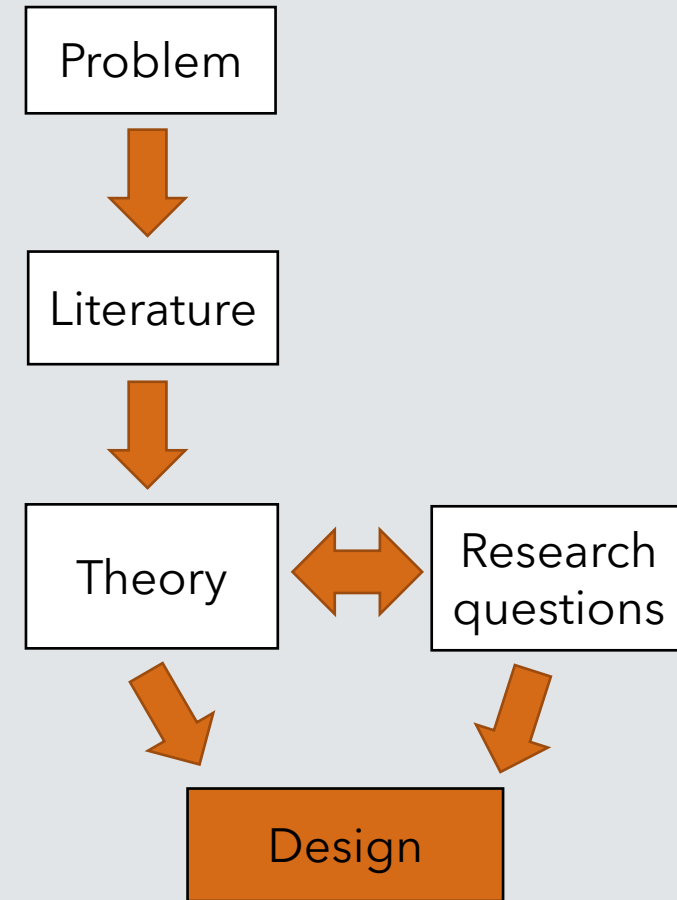
- Aim 1: To examine how the relationship between immigrant generation and reproductive health in Mexican-origin adolescents varies by family structure and SES.
- Aim 2: To explore how gender and sexuality help explain these associations?



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

Design:

- A partially mixed, sequential, equal status mixed design (Teddlie 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

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

Implications:

- Sample selection
- Sample integration
legitimization

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

Qualitative

- Mexican-origin women in Metro-Denver
- 27-39 years old
- 11 first generation
- 10 second generation
- Life history interviews, 1-2 hours
- Thematic analysis- **theory testing**

QUANTITATIVE

QUALITATIVE

Conceptualization and design

Add Health data set chosen
Participants 29-37yo in 2013



Sample inclusion criteria based on
Add Health

Data Collection

Significant associations found in Add
Health data



Adjusted interview questions to elicit
more detail

Added Add Health variables



New findings emerged qualitatively

Analysis

Tested qualitative patterns
quantitatively for generalizability



Patterns influenced reproductive
outcomes

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

Implications:
Output



Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



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 ¹

ETHNICITY & HEALTH, 2018

<https://doi.org/10.1080/13557858.2018.1439897>



Taylor & Francis
Taylor & Francis Group



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

Kate Coleman-Minahan^{a*} and Goleen Samari^b

CULTURE, HEALTH & SEXUALITY, 2016

<http://dx.doi.org/10.1080/13691058.2016.1212997>



Taylor & Francis
Taylor & Francis Group

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

Kate Coleman-Minahan^{a,b*} and Jean N. Scandlyn^c



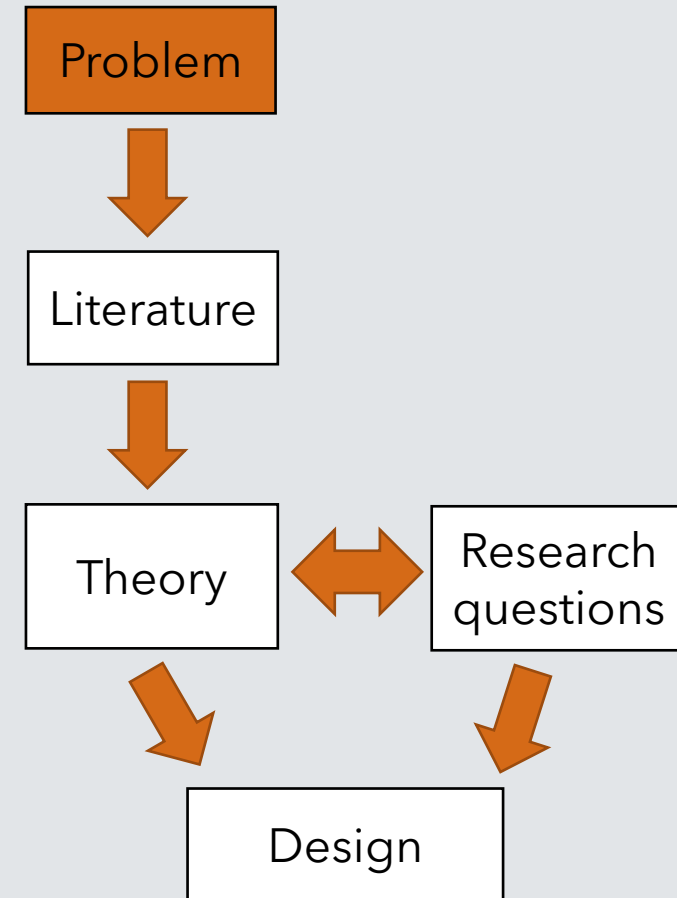
Example 2: Access to Judicial Bypass for Abortion Care in Texas

- 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:

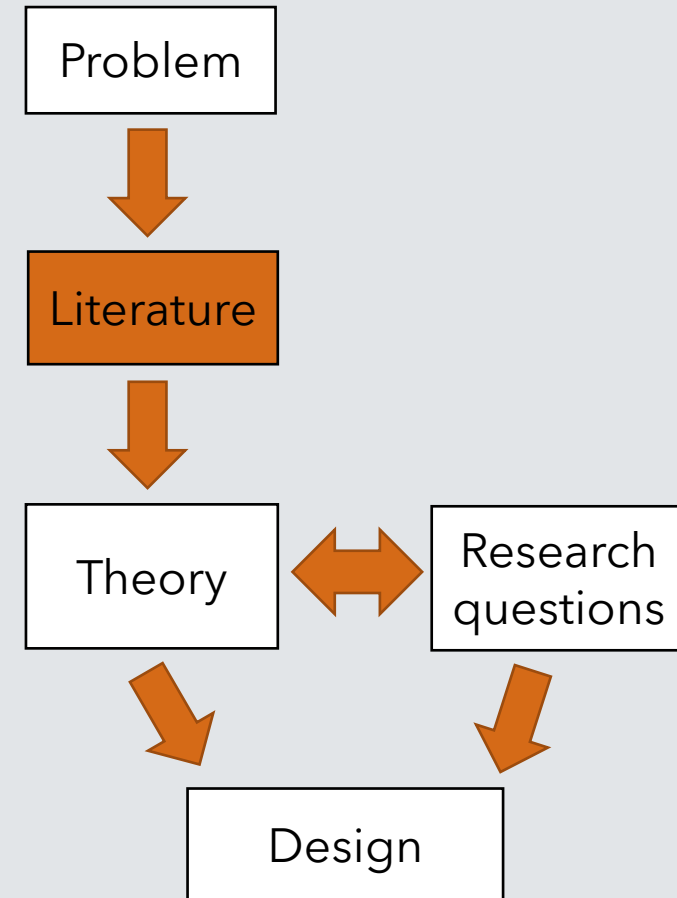
- Minors need parental consent to access abortion in Texas
- Texas' HB 3994
- Jane's Due Process wants to know the impact successful bypasses



Access to Judicial Bypass for Abortion Care in Texas

Literature:

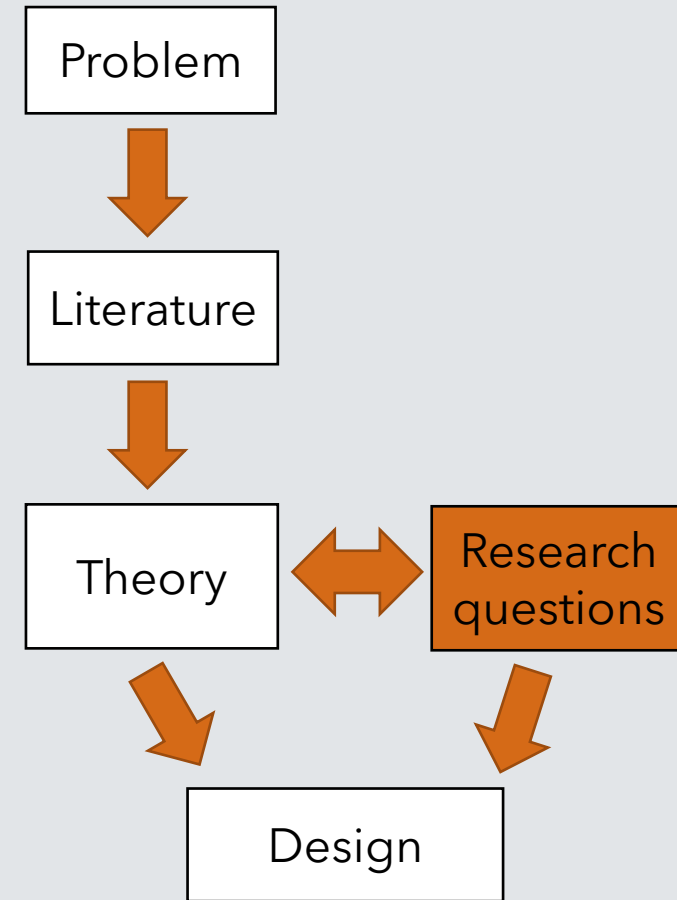
- Only one study young people's experiences with judicial bypass
- Little to no empirical information about the judicial bypass process or the denials



Access to Judicial Bypass for Abortion Care in Texas

Research aims:

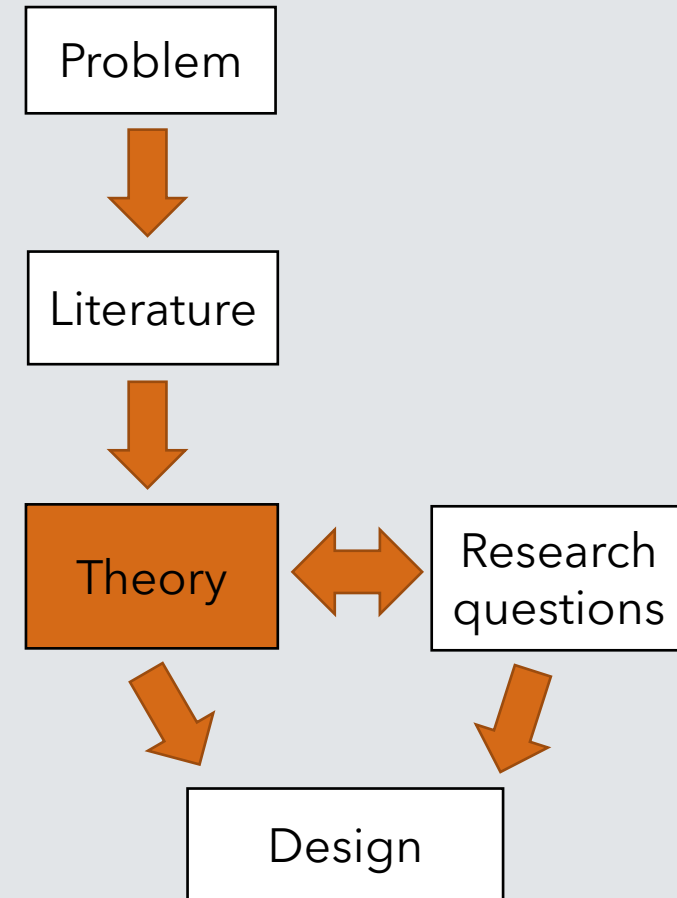
- Evaluate the impact of HB 3994 on minors' access to abortion in Texas
- Describe the judicial bypass process



Access to Judicial Bypass for Abortion Care in Texas

Theory:

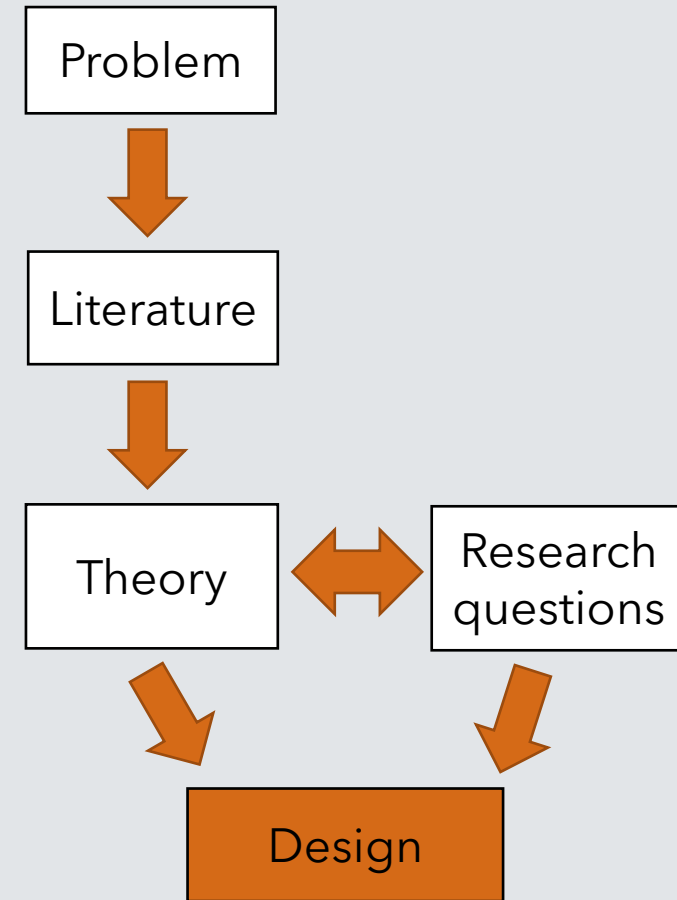
- Stigma (Goffman, 1986)
- Nation-state power over bodies (Foucault, 1975, 1980)



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

Qualitative

- 20 young people who sought judicial bypass 2015-2016 in Texas
- 19 attorneys (collective 800 bypass cases)
- Semi-structured interviews
- Thematic analysis – mostly inductive

Quantitative

- Jane's Due Process attorney records
- State of Texas court data
- Records reconstruction of judicial bypass cases

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

Denials of Judicial Bypass Petitions for Abortion in Texas Before and After the 2016 Bypass Process Change: 2001–2018

Amanda Jean Stevenson, PhD, Kate Coleman-Minahan, 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)

well-informed, (2) that notifying a parent would not be in their best interest, or (3) that notifying a parent may lead to physical, sexual, or emotional abuse. Texas law had a 2-business-day deadline between filing and ruling, unrestricted filing venue, strict confidentiality of bypass proceedings including allowing pseudonymous filing, and deemed petitions granted in absence of ruling.

In 2016, Texas enacted HB3994, requiring that petitioners demonstrate grounds 1 or 2 by a new standard of clear and convincing evidence, removing ground 3, extending the deadline to 5 business days, deeming cases missing the deadline denied, requiring petitions be filed in minors' home counties for counties with a population greater than 10 000, and weakening confidentiality by requiring name, address, and date of birth at filing.¹⁰

We had 2 aims: first, to estimate the



Example 3: Medication abortion among young people: A mixed-methods study in four states

- Co-investigators: Katherine Riley (COLOR), Ena Valladares & Maricela Cervantes (CLRJ), Eleanor Grano & Sarah Lopez (JDP), Alyssa Vera Ramos (ICAH), Antonia Biggs & Lauren Ralph (UCSF)
- Funded by Society of Family Planning & University of Colorado College of Nursing Dean's Intramural Funding Award

Access to Judicial Bypass for Abortion Care in Texas

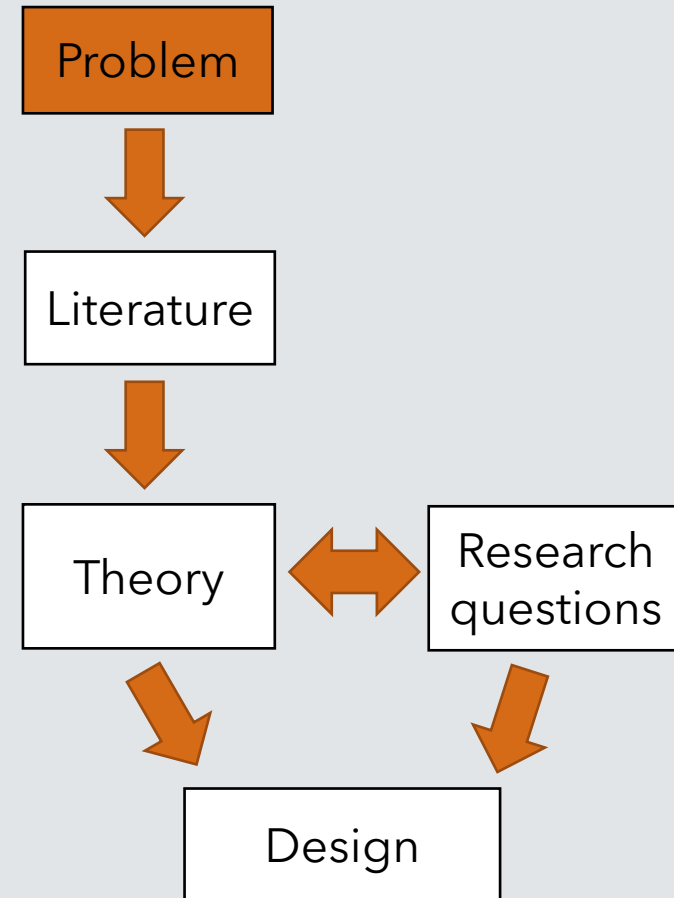
Implications:

- Proposals

Medication abortion among young people: A mixed-methods study in four states

Problem

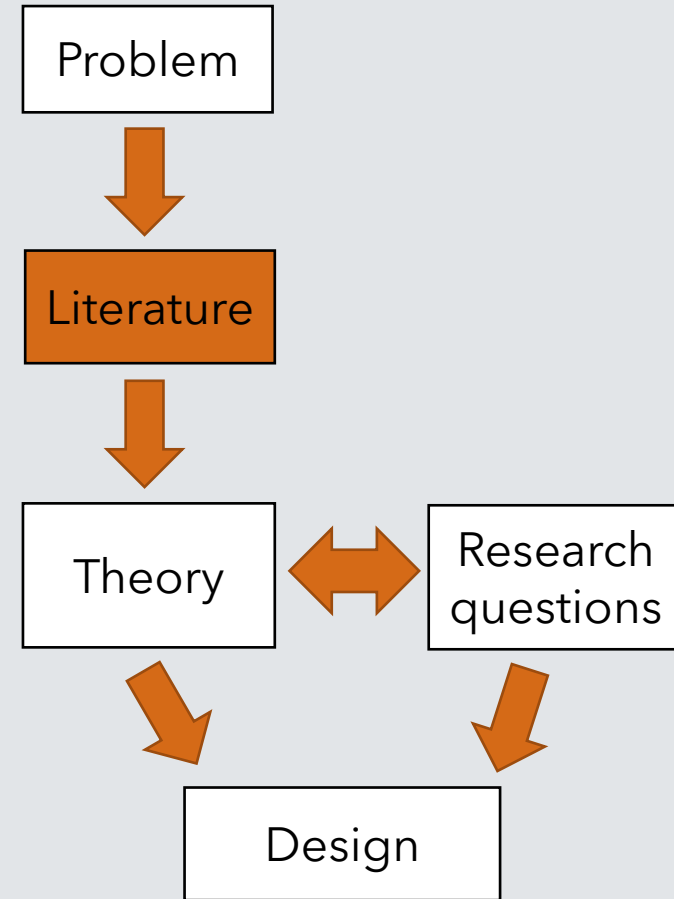
- COLOR believes parental notification law barrier to medication abortion
- Increasing state-level restrictions on abortion care means medication might be the only option



Medication abortion among young people: A mixed-methods study in four states

Literature:

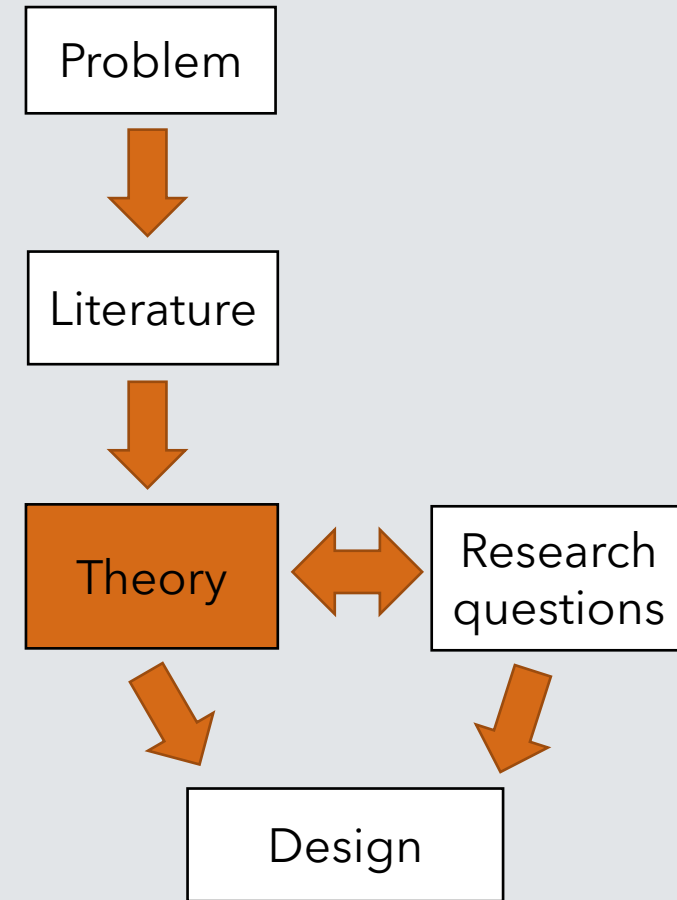
- Access to and use of medication abortion primarily among adults
- Limited information on policy contexts and cultures in different states



Medication abortion among young people: A mixed-methods study in four states

Theory:

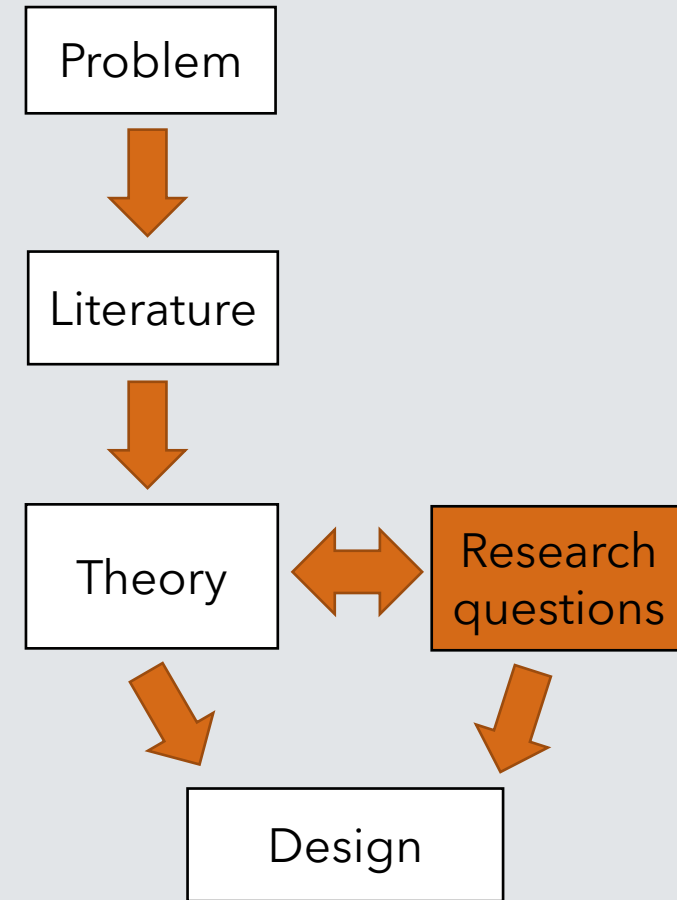
- Bandura's social cognitive model of human behavior (1977)
- Critical theory (Singer, 1989)
- Reproductive Justice Framework (Ross & Solinger, 2017)



Medication abortion among young people: A mixed-methods study in four states

Aim 1: To assess inequitable access to and use of medication abortion (MA) among young people

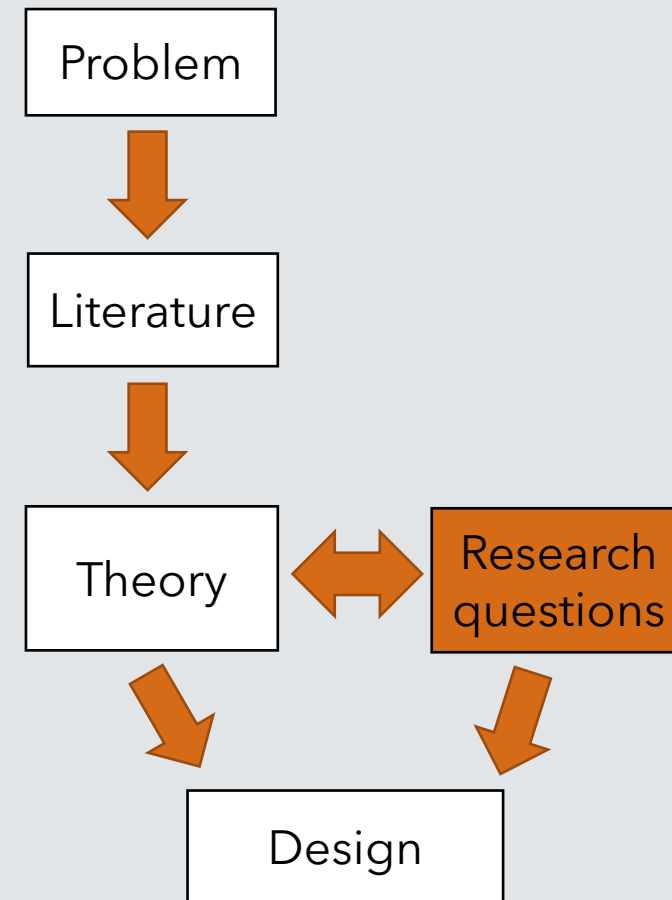
- RQ1. What are young people's needs (e.g., privacy) to access and manage MA? What are unique needs of oppressed young people?
- RQ2. Do young people access MA at rates comparable to older individuals, overall and after adjusting for their gestational age?



Medication abortion among young people: A mixed-methods study in four states

Aim 2: To describe the role of structural factors in access to and use of MA among young people

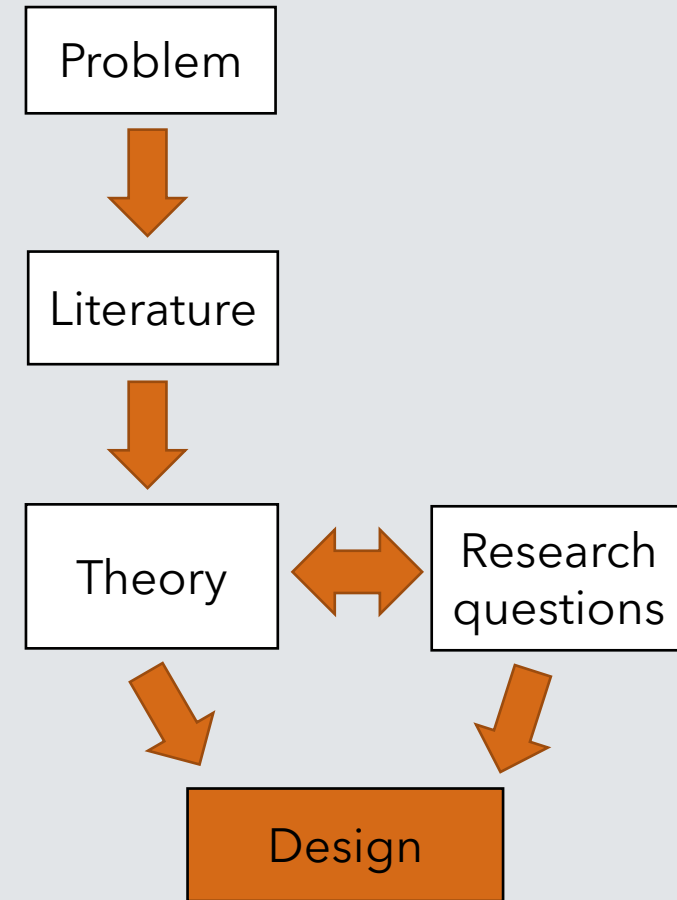
- RQ3. How does the structural policy landscape, such as parental involvement requirements, shape preferences for, access to, and management of MA?
- RQ4. Are parental involvement requirements associated with reduced access to MA?



Medication abortion among young people: A mixed-methods study in four states

Design:

- A partially mixed, concurrent, equal status mixed design (Teddlie and Tashakkori, 2006)



Medication abortion among young people: A mixed-methods study in four states

Implications:

- Site selection
- Sample size constraints
of one method

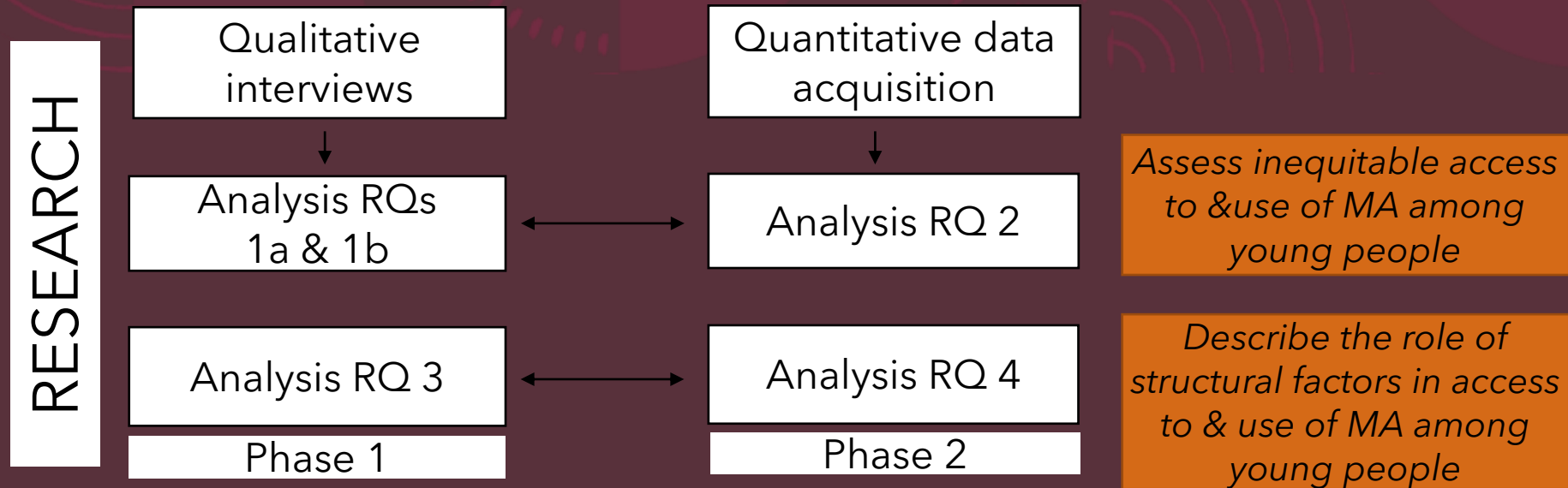
Medication abortion among young people: A mixed-methods study in four states

Qualitative

- 80-100 young people 15-24
- **Considered** or obtained abortion in the last 2 years
- **CA, CO, IL, TX**
- Semi-structured interviews
- Theory driven thematic analysis

Quantitative

- TX & CO: ITOP data
- IL: clinic data
- CA: Medi-Cal billing data
- Examine trends in MA use over time
- Examine the impact of enacted PI laws in IL & TX using difference-in-difference



- Triangulation
- Expansion of individual level to the population level
- Increase depth and breadth

Medication abortion among young people: A mixed-methods study in four states

Preliminary paper topics	RQ	Data
Knowledge & preferences around MA, including self-efficacy to manage, among young people	1	Qual
Privacy and social support and young people's abortion decision-making	1	Qual
Access to and utilization of MA by age	1, 2	Quant & Qual
Impact of PI requirements on utilization of MA including young people's experiences navigating PI laws	3, 4	Quant & Qual

Thank you!

Our participants who bravely shared their stories

Funding

- Society of Family Planning
- National Institute of Nursing Research 1F31NR013821-01A1
- The Eunice Kennedy Shriver National Institute of Child Health and Human Development funded University of Colorado Population Center (grant P2C HD066613)
- University of Colorado College of Nursing Dean's Intramural Funding Award
- Texas Policy Evaluation Project

Collaborators

- Colorado Organization for Latina Opportunity and Reproductive Rights, Jane's Due Process, California Latinas for Reproductive Justice
- Amanda Jean Stevenson, Jean Scandlyn, Sheana Bull, Patrick Krueger, Fernando Riosmena, CU
- Goleen Samari, Columbia University
- Lauren Ralph & Antonia Biggs, UCSF

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