

Designing Mixed Methods Studies

Kate Coleman-Minahan PhD, RN, FNP-BC

Assistant Professor, University of Colorado College of Nursing

Affiliate, University of Colorado Population Center

She/her

Objectives



To identify 2-3 ways to design mixed methods studies

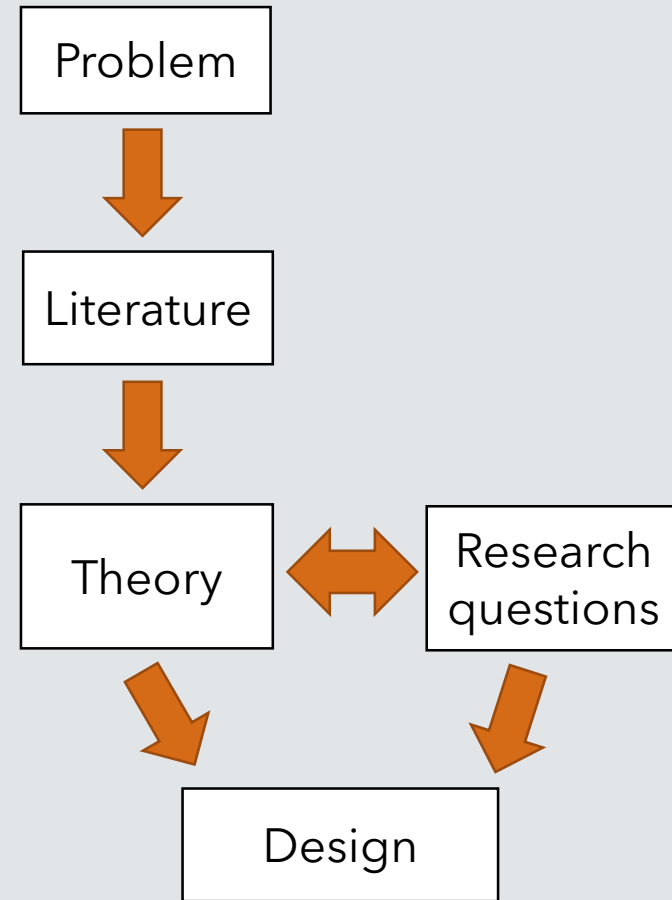


To describe how theory can be incorporated into generating research questions and mixed methods designs



To identify 2-3 practical implications of mixed methods designs

My process



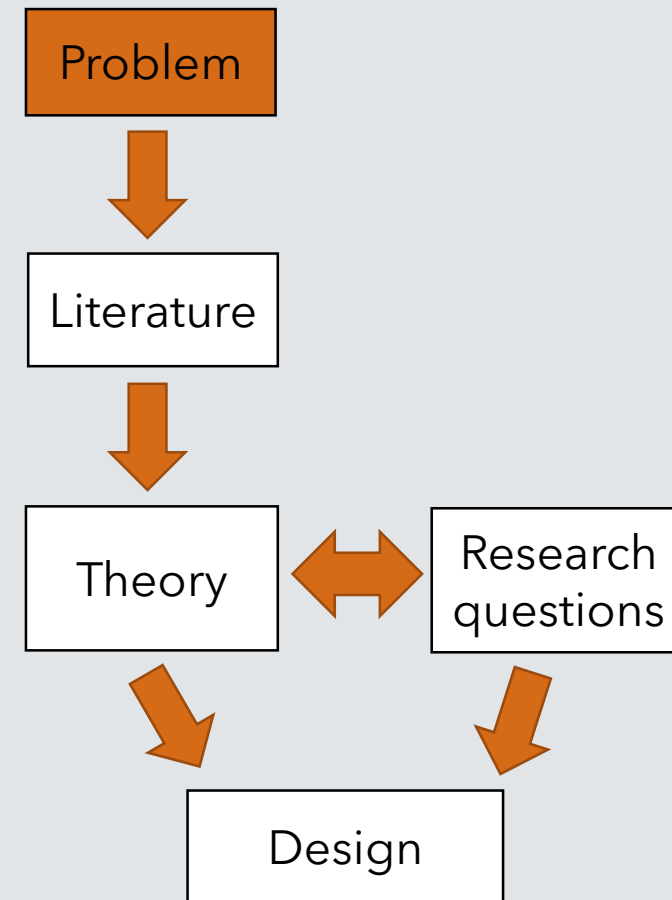


Example 1: Migration, Family, Gender, and Reproductive Health of Mexican-origin Young Women

- 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

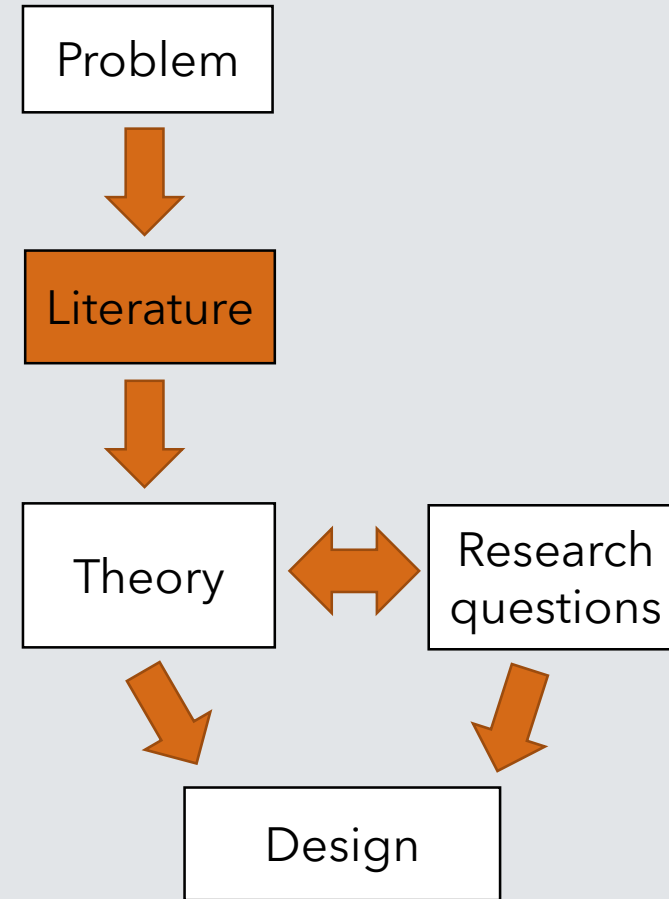
- Problem: Inequities in sexual and reproductive health outcomes by race/ethnicity and immigrant generation



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

Literature:

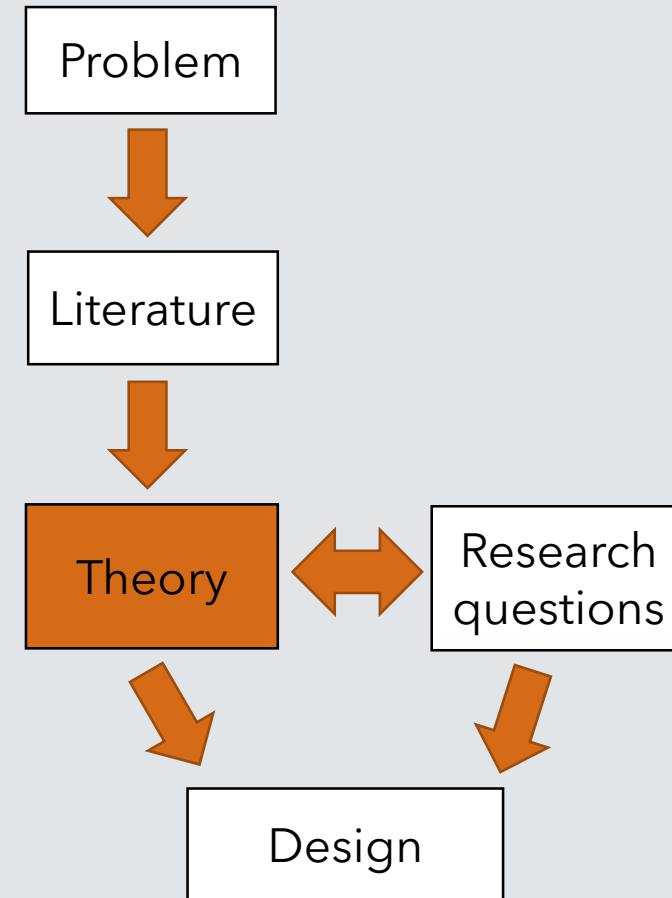
- Teen childbearing as a *cause* of social problems
- Blaming families and “traditional Latino culture” for inequities
- Overlooking structural factors



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)

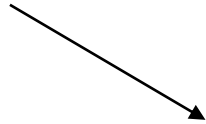


Segmented assimilation theory

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

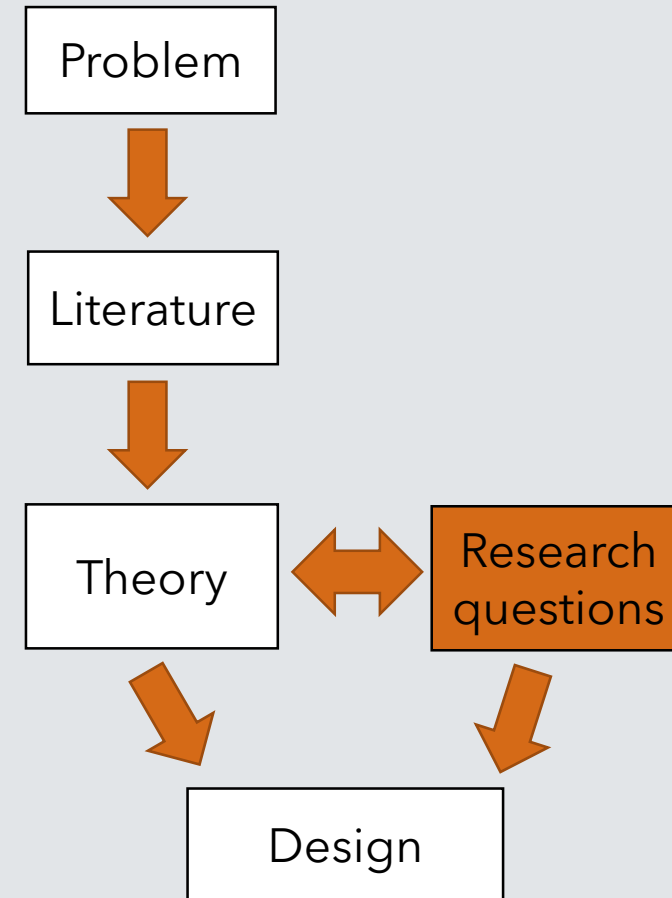
Expectations that constrain women's behavior

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?

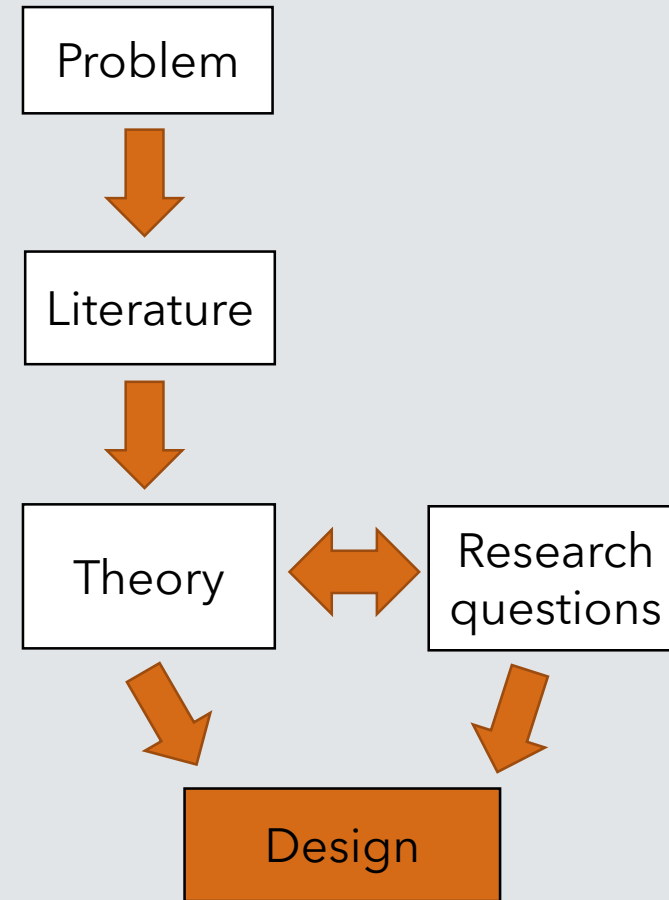
- Aim 1: To examine how the relationship between immigrant generation and reproductive health in Mexican-origin adolescents varies by family structure and SES.
- Aim 2: To explore how gender and sexuality help explain these associations?



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

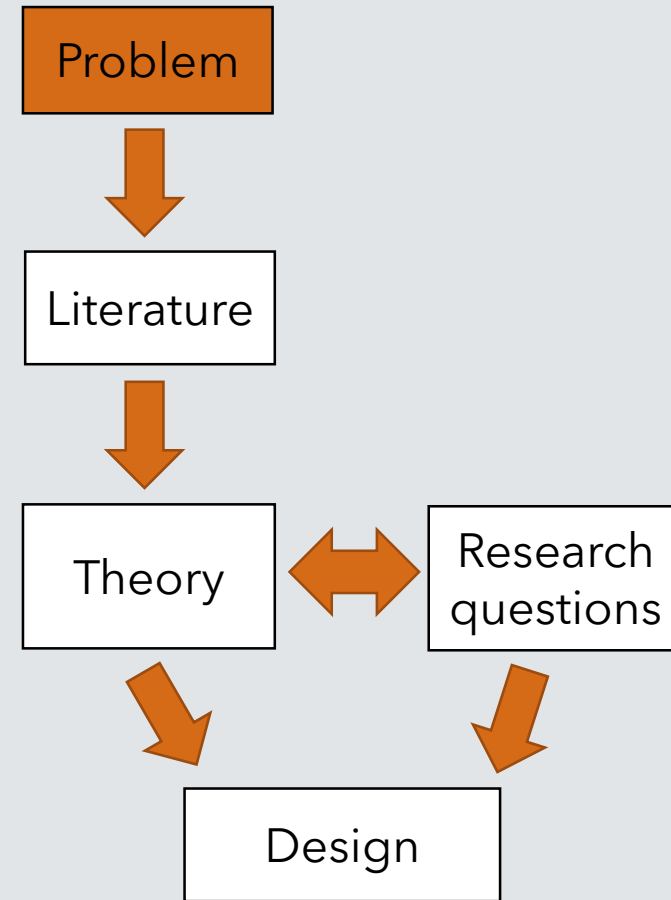
Example 2: Access to Judicial Bypass for Abortion Care in Texas

- 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:

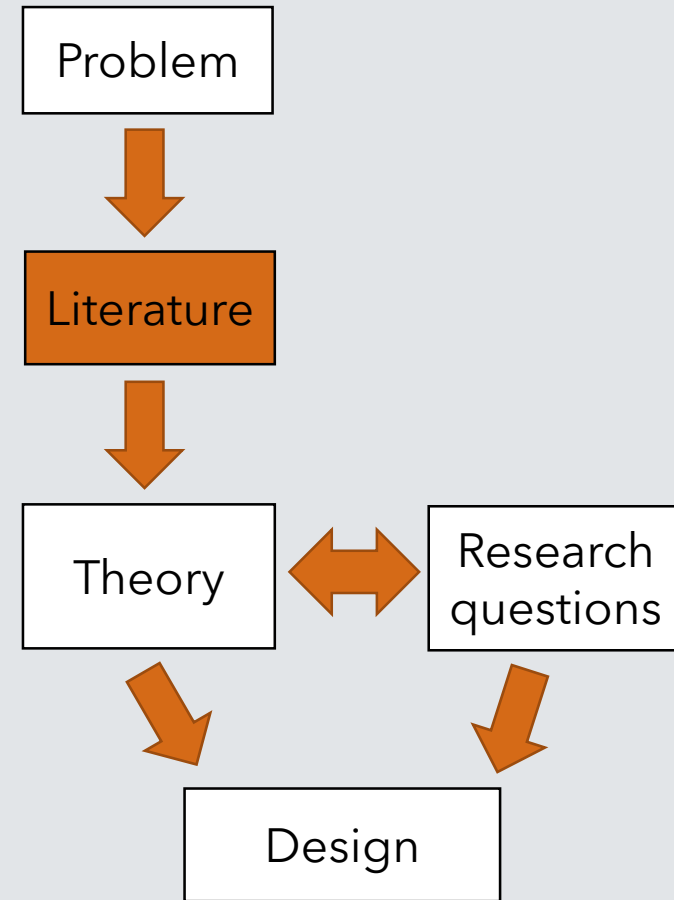
- Minors need parental consent to access abortion in Texas
- Texas' HB 3994
- Jane's Due Process wants to know the impact successful bypasses



Access to Judicial Bypass for Abortion Care in Texas

Literature:

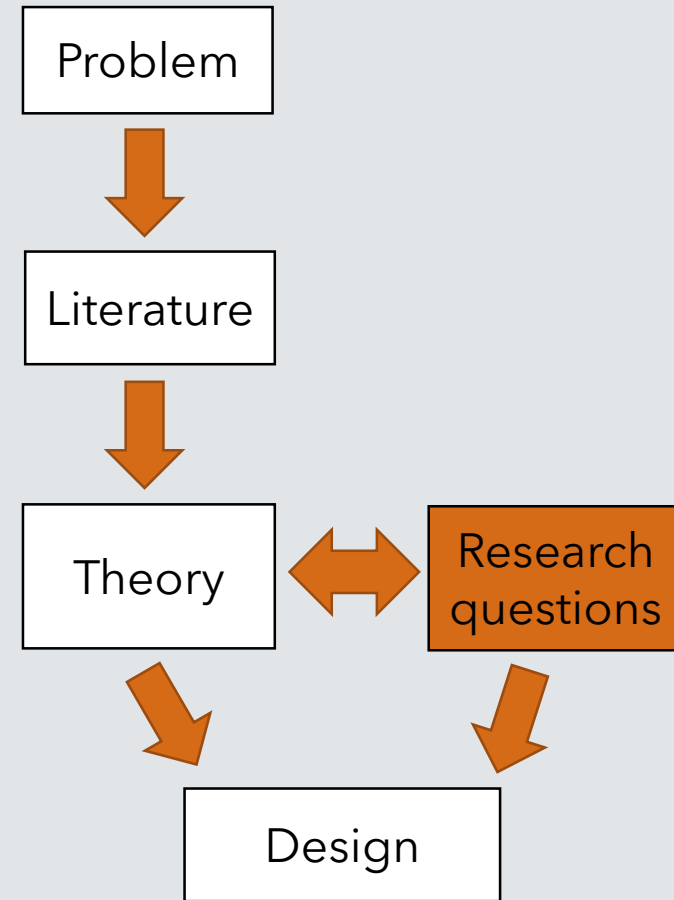
- Only one study young people's experiences with judicial bypass
- Little to no empirical information about the judicial bypass process or the denials



Access to Judicial Bypass for Abortion Care in Texas

Research aims:

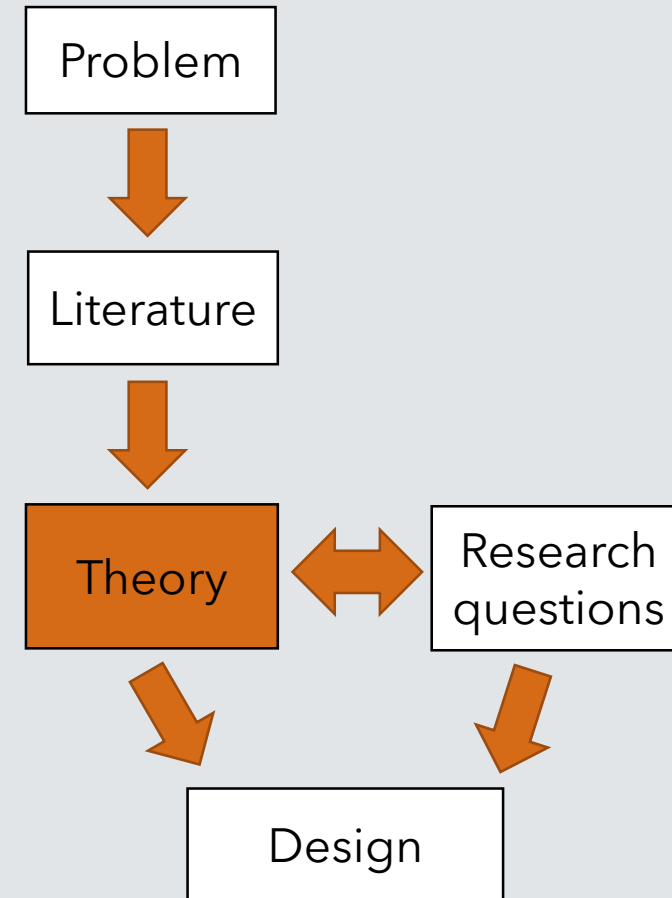
- Evaluate the impact of HB 3994 on minors' access to abortion in Texas
- Describe the judicial bypass process



Access to Judicial Bypass for Abortion Care in Texas

Theory:

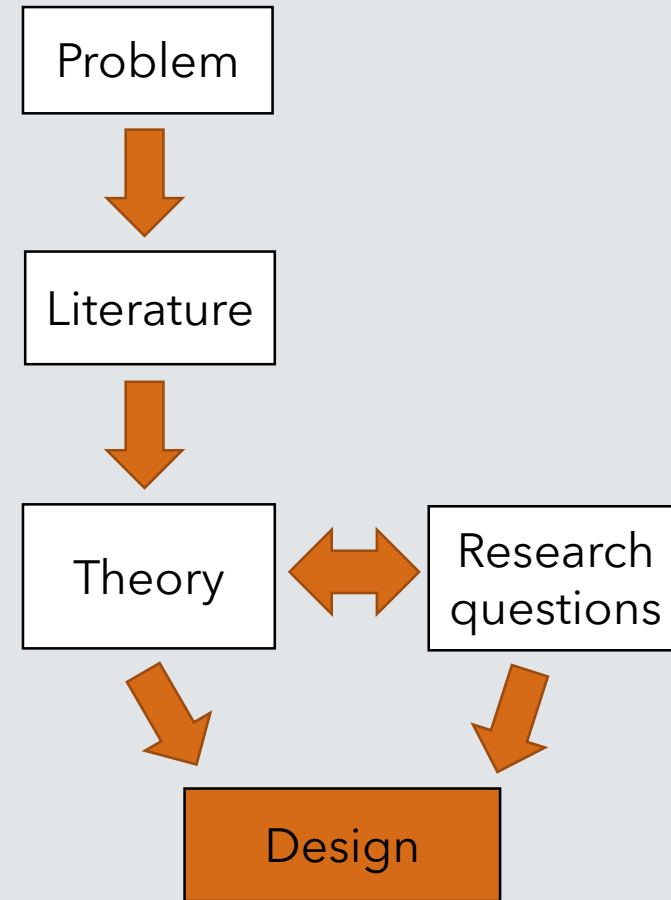
- Stigma (Goffman, 1986)
- Nation-state power over bodies (Foucault, 1975, 1980)



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 10000, and weakening confidentiality by requiring name, address, and date of birth at filing.¹⁰

We had 2 aims: first, to estimate the

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

References

- Bandura A. (1977) *Social Learning Theory*. NJ: Prentice-Hall;
- Foucault, M. (1995). *Discipline & Punish: The Birth of the Prison* (A. Sheridan, Trans.). Vintage Books.
- Goffman, E. (1986). *Stigma: Notes on the management of spoiled identity* (1st Touchstone ed.). Simon & Schuster.
- Portes, A., & Zhou, M. (1993). The new second generation: Segmented assimilation and its variants. *The ANNALS of the American Academy of Political and Social Science*, 530(1), 74-96. <https://doi.org/10.1177/0002716293530001006>
- Ross LJ, Solinger R. (2017) *Reproductive Justice: An Introduction*. Oakland, California: University of California Press; 2017.
- Singer, M. (1989). The coming of age of critical medical anthropology. *Social Science & Medicine*, 28(11), 1193-1203. [https://doi.org/10.1016/0277-9536\(89\)90012-9](https://doi.org/10.1016/0277-9536(89)90012-9)
- Teddlie, C., & Tashakkori, A. (2006). A general typology of research designs featuring mixed methods. *Research in the Schools*, 13(1), 12-28.
- Wingood, G. M., & DiClemente, R. J. (2000). Application of the Theory of Gender and Power to Examine HIV-Related Exposures, Risk Factors, and Effective Interventions for Women. *Health Education & Behavior*, 27(5), 539-565. <https://doi.org/10.1177/109019810002700502>