

Center for
International
Reproductive Health
Training (CIRHT)
Journal Article
Writing Series

Module 1
Introduction
Section

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Overview of introduction slides

- 5 major elements of introduction
- Adding background as needed
- Discussing the setting of your study
- Focusing writing on population of interest
- Research question

Examples in this video



References are shown here

Introduction Elements

Let's review what they are.

Background

1

You should care about this research;
this research is important **"So what?"**

2

What's already known
about topic

Background

3

What's not **"Gap"**
known about topic

Background

4

Why important to
learn this new
information

3-5 paragraphs

5

← Research Q

1. Introduction

Prevention of unintended pregnancies is a key step in promoting women's health and is one of the goals set by the United Nations [1]. Numerous studies have indicated that unintended pregnancies are associated with adverse medical, social, economic and psychological outcomes for women and children [2,3]. Women who carry unintended pregnancies are more likely to receive inadequate prenatal care and have higher rates of alcohol consumption and smoking, as well as higher rates of preterm delivery and low birth weight and lower rates of breast-feeding [4]. In addition, their children have increased risks of physical and mental health problems [5–9]. Prior work has found unintended pregnancy to be most common among women aged 18–24 years [10]. Demographic risk factors for unintended pregnancy in the United States include being unmarried, low income, less educated, African-American or Hispanic [10–12]. Less is known about risk factors for unintended pregnancy in Israel.

Between the ages of 16 and 17 years, most Israeli women are interviewed by the Israeli Draft Board, which conducts medical and psychiatric evaluations and measures the intellectual abilities of all prospective recruits to assess their eligibility for military service. At age 18, most healthy Israeli women from nonorthodox Jewish families begin 2 years of mandatory military service. Women from minority religions (i.e., Muslims, Christians, Druze, etc.) are not drafted, nor are women who are married, those who are pregnant or those diagnosed with significant chronic medical or mental illness. Women who decide to marry after

beginning military service or who want to carry a pregnancy to term are released from military service.

Between 1997 and 2003, unintended pregnancies became more common among women serving in the Israeli army, increasing from 1.86% to 2.15% [13].

Even though most women do not serve in combat roles in the Israeli military, they clearly play important roles in providing logistical support and health care (and probably other supportive duties) for those in combat. Because of that, unintended pregnancy is an issue of military readiness in this setting. In an effort to reduce rates of unintended pregnancy, the Israeli army initiated education programs and improved access to clinical contraceptive services. Currently, the Israeli army offers enlisted women oral contraceptives free of charge upon prescription by a military physician. Subdermal implants and intrauterine contraceptives are less easy to obtain and are not free. In 2012, a centralized military pregnancy center (MPC) was established to coordinate the care of pregnant military personnel. The MPC offers medical and emotional support for pregnant enlisted women whether they opt to continue the pregnancy (and thus be released from military service) or to terminate the pregnancy (and continue military service).

The aim of this study was to estimate recent rates of unintended pregnancy among young, unmarried women enlisted in the Israeli military and to identify variables associated with increased risk of unintended pregnancy among Israeli soldiers in order to guide future efforts to reduce rates of unintended pregnancy among enlisted women.

First paragraph

Important

1

Prevention of unintended pregnancies is a key step in promoting women's health and is one of the goals set by the United Nations [1]. Numerous studies have indicated that unintended pregnancies are associated with adverse medical, social, economic and psychological outcomes for women and children [2,3]. Women who carry unintended pregnancies are more likely to receive inadequate prenatal care and have higher rates of alcohol consumption and smoking, as well as higher rates of preterm delivery and low birth weight and lower rates of breast-feeding [4]. In addition, their children have increased risks of physical and mental health problems [5–9]. Prior work has found unintended pregnancy to be most common among women aged 18–24 years [10]. Demographic risk factors for unintended pregnancy in the United States include being unmarried, low income, less educated, African-American or Hispanic [10–12]. Less is known about risk factors for unintended pregnancy in Israel.

suffering
& burden

mortality

cost

2

3



widespread

GAP

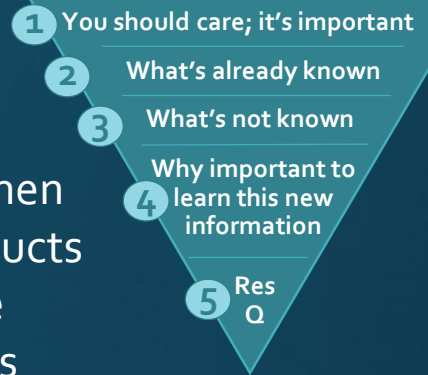
Second-third paragraphs

Background

Between the ages of 16 and 17 years, most Israeli women are interviewed by the Israeli Draft Board, which conducts medical and psychiatric evaluations and measures the intellectual abilities of all prospective recruits to assess their eligibility for military service. At age 18, most healthy Israeli women from nonorthodox Jewish families begin 2 years of mandatory military service. Women from minority religions (i.e., Muslims, Christians, Druze, etc.) are not drafted, nor are women who are married, those who are pregnant or those diagnosed with significant chronic medical or mental illness. Women who decide to marry after beginning military service or who want to carry a pregnancy to term are released from military service. Between 1997 and 2003, unintended pregnancies became more common among women serving in the Israeli army, increasing from 1.86% to 2.15% [13].

4

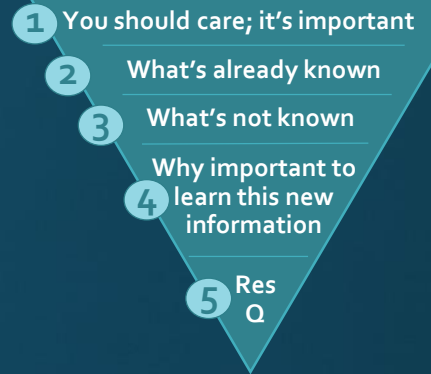
Mechanism



Fifth paragraph

5

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Setting & Population

Prevention of unintended pregnancies is a key step in promoting women's health and is one of the goals set by the United Nations [1]. Numerous studies have indicated that unintended pregnancies are associated with adverse medical, social, economic and psychological outcomes for women and children [2,3]. Women who carry unintended pregnancies are more likely to receive inadequate prenatal care and have higher rates of alcohol consumption and smoking, as well as higher rates of preterm delivery and low birth weight and lower rates of breast-feeding [4]. In addition, their children have increased risks of physical and mental health problems [5–9]. Prior work has found unintended pregnancy to be most common among women aged 18–24 years [10]. Demographic risk factors for unintended pregnancy in the United States include being unmarried, low income, less educated, African-American or Hispanic [10–12]. Less is known about risk factors for unintended pregnancy in Israel.

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Audience

What do they know?

What do they not know?

Background

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Israel

Research Question

What qualities make a good research question?

clarity

brevity

detail

hypothesis

/specific study aims

Needs to be answerable

What information do you look for when reading a research question?

Dependent & independent variable

Study design

Timing

Population

Setting

Independent variable

Dependent variable

Setting

The aim of this study was to estimate recent rates of unintended pregnancy among young, unmarried women enlisted in the Israeli military and to identify variables associated with increased risk of unintended pregnancy among Israeli soldiers in order to guide future efforts to reduce rates of unintended pregnancy among enlisted women.

Population/sample

Study design

Timing

Enough detail?

Clear?

Answerable?

1 What we did

We explore patterns and types of adolescents' contraceptive use in 46 low- and middle-income countries using data from the Demographic and Health Surveys (DHS).

Kalamar et al. Contraception. 2018

2 Aim/ objective

The aim of this study was to estimate recent rates of unintended pregnancy among young, unmarried women enlisted in the Israeli military and to identify variables associated with increased risk of unintended pregnancy among Israeli soldiers in order to guide future efforts to reduce rates of unintended pregnancy among enlisted women. *Rottenstreich et al. / Contraception. 2017*

3 What study does

Therefore, our study sheds light on causes of MNM, a proxy for maternal mortality, and can contribute to the design of interventions to minimize pregnancy-related complications and maternal death. *Mekango et al. PLOS One. 2018*

4 Hypothesis

However, we hypothesized that delays [in diagnosis] would also occur if the symptoms of adolescents differed from those of adults. *DiVasta et al. AJOG. 2018*

5 Question(s)

Using a mixed-methods study design, we seek to answer three research questions: 1. What is the prevalence of CCU among women living in Rakai, Uganda; 2. What are the predictors for CCU in Rakai, Uganda; and 3. Why do women in Rakai, Uganda use contraception covertly?

Heck et al. Contraception. 2018

Summary

