

Making Change Happen
Translating Research into MCH Public Health Practice:
The Role of Evaluation


Maternal and Child Health Leadership Conference

Translating Research into MCH Public
Health Practice: The Role of Evaluation

Plenary IV: Adolescent Sexuality
Education


May 18, 2004

Sex and HIV/AIDS Education Programs for Teens: What Works, What Doesn't*




Selected Overheads Used by:
Douglas Kirby, Ph.D., ETR Associates
April, 2003

* Some of these overheads are based upon material in *Emerging Answers*, published by the National Campaign to Prevent Teen Pregnancy in May, 2001. You can obtain a free copy of the Executive Summary of *Emerging Answers* from the National Campaign at www.teenpregnancy.org.




Conclusions About Risk and Protective Factors

- There are many factors in different domains; no single factor is the key.
- Some factors are risk factors, while others are protective factors.
- Some of the most highly related *and* changeable factors are sexual beliefs, attitudes (values) and skills.
- Other important factors do not involve sexuality.
- Some are more amenable to change than others.




Sex and HIV/AIDS Education Programs



Sex and HIV/AIDS programs have multiple goals:

- Decrease unintended pregnancy
- Decrease STD including HIV/AIDS
- Improve sexual health in other ways



Study Criteria

Programs:

- Targeted youth of middle-school or high-school age
- Were implemented in groups in schools or community settings
- Were implemented in U.S. or Canada

Studies:

- Employed experimental or quasi-experimental design
- Had a sample size of 100 or larger
- Measured impact upon behavior

The Number of Programs with Indicated Effects on Sexual Behaviors

	Abstinence-Only Programs	Sexuality Education Programs	HIV Education Programs	Sum of Sexuality and HIV Education Programs
<u>Initiation of Sex</u>				
▶ Delayed initiation	0	6	3	9
▶ Had no sig impact	3	12	6	18
▶ Hastened initiation	0	1	0	1
<u>Frequency of Sex</u>				
▶ Decreased frequency	0	2	3	5
▶ Had no sig impact	2	8	5	13
▶ Increased frequency	0	1	0	1
<u># of Sexual Partners</u>				
▶ Decreased number	0	0	3	3
▶ Had no sig impact	1	4	3	7
▶ Increased number	0	0	0	0

The Number of Programs with Indicated Effects on Contraceptive Behaviors

	Abstinence-Only Programs	Sexuality Education Programs	HIV Education Programs	Sum of Sexuality and HIV Education Programs
<u>Use of Condoms</u>				
▶ Increased use	0	2	8	10
▶ Had no sig impact	1	5	3	8
▶ Decreased use	0	0	0	0
<u>Use of Contraception</u>				
▶ Increased use	0	4	0	4
▶ Had no sig impact	1	7	0	7
▶ Decreased use	0	0	0	0

Examples of Curricula with Strong Evidence for Behavior Change

SEX EDUCATION CURRICULA

- **Safer Choices:** Preventing HIV, Other STD and Pregnancy
 - Randomized trial of 20 schools
 - Reduced unprotected sex for 31 months or more
- **Reducing the Risk:** Building Skills to Prevent Pregnancy, STD & HIV
 - Was independently evaluated 4 times in 3 different states in the U.S. and 3 times it delayed the initiation of sex;
 - In 2 of 3 states it increased condom or contraceptive use

Curricula with Strong Evidence for Behavior Change *continued*

HIV/AIDS EDUCATION CURRICULA

- **Making a Difference:** An Abstinence Approach to STD, Teen Pregnancy and HIV/AIDS Prevention
- **Making Proud Choices:** A Safer Sex Approach to STD, Teen Pregnancy and HIV/AIDS Prevention
- **Becoming a Responsible Teen:** An HIV Risk Reduction Program for Adolescents
- Common Characteristics
 - Not school-based
 - Targeted African-American youth
 - All randomized trials
 - Delayed sex or increased condom use for one year

Characteristics of Effective Programs

- Focus on reducing sexual risk-taking behavior
- Are based on psychosocial theories that 1) were effective in other areas and 2) identified psychosocial sexual risk and protective factors
- Give a clear message about sexual activity and condom or contraceptive use (i.e., avoiding sexual intercourse or always using condoms or contraception)
- Provide basic accurate information about risks of unprotected intercourse and methods of avoiding intercourse or using condoms or contraception
- Address social pressures on sexual behavior

Theories identified important sexual psychosocial factors related to sexual behavior:

- Knowledge about STD/HIV transmission and method of protection
- Personal values about adolescents having sex
- Attitudes about condoms and contraception
- Perception of peer norms or family values about sex and condoms or contraception
- Self-efficacy to refuse unwanted sex or to insist on condom or contraceptive use

Characteristics of Effective Programs
continued

- Provide modeling of and practice in communication and refusal skills
- Use teaching methods to involve participants and help them personalize information
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience and culture of the students
- Last a sufficient length of time to complete important activities
- Select teachers or peers who believe in the program and then provide training for those individuals

Conclusions about the Impact of Sex/HIV Education Programs

- Not all curricula are effective
 - Knowledge is not enough
 - Generic skills are not enough
- Effective curricula have the ten characteristics summarized

Conclusions about the Impact of Sex/HIV Education Programs
continued


- Sex/HIV education programs
 - Do not increase sexual activity
- Sex/HIV education programs may:
 - Delay initiation of intercourse
 - Reduce number of sexual partners
 - Increase use of condoms and contraception
- Emphases upon abstinence and contraception are compatible, not conflicting



Conclusions about the Impact of Sex/HIV Education Programs

continued

- Programs are quite robust; they are effective with multiple groups:
 - Males and females
 - All major ethnic groups
 - Sexually experienced and inexperienced
 - Youth in advantaged and disadvantaged communities
- Programs may be especially effective with higher risk youth in disadvantaged communities



Conclusions about the Impact of Sex/HIV Education Programs

continued

- Sex/HIV education programs:
 - Are not a complete solution
 - Can be an effective component in a more comprehensive initiative



Implications for Policy

- Should encourage the implementation of sex/HIV education programs demonstrated to be effective with similar populations
- Should encourage the implementation of sex/HIV education programs with common characteristics of effective programs

Implications for Policy

continued

- Should provide adequate time in the classroom or in youth serving organizations for these programs
- Should provide adequate training to teachers or staff so that programs are implemented with fidelity
- Should encourage implementation with fidelity in other ways

One-On-One Sex Education/Counseling in the Clinic Setting

- Clinics changed their protocols for working with adolescent clients
 - Provided more than routine information
 - Asked questions about adolescents' sexual behavior and barriers to abstaining from sex or using protection
 - Did role plays refusing sex or using condoms
 - Gave a clear message about avoiding unprotected sex
- Multiple studies found a significant increase in condom or other contraceptive use

Youth Development Programs that May Reduce Teen Pregnancy

Service Learning (Teen Outreach Program)

- Included:
 - Volunteer service in community
 - Small group discussions
- Reduced teen pregnancy during academic year students involved



Integrated Sex Education and Youth Development Programs

- Some youth development programs without a good sexuality education program did not reduce teen sexual risk-taking or pregnancy
- But some did



Youth Development Programs that Reduced Sexual Risk

Aban Aya


- Intervention
 - Grades 5-8
 - Focused on social competence skills to manage potential high risk situations
- Methods
 - Randomized trial
- Effects
 - Girls: No significant effects
 - Boys: Reduced violent behavior, provoking behavior, school delinquency, drug use, recent sexual behavior and improved condom use



Integrated Sex Education and Youth Development Programs that Reduce Teen Pregnancy

Children's Aid Society Carrera Program

- Included many components (e.g., help with school, job club, sex education, health and mental health services, art and sports)
- Delayed initiation of sex and increased contraceptive use among females
- Reduced pregnancy by half for 3 years as reported by females



Conclusions

- Some sex and STD/HIV education programs and some clinic programs address sexual risk and protective factors and can delay sex or increase condom or contraceptive use
- Some youth development programs (e.g., service learning) address non-sexual risk and protective factors and can reduce adolescent pregnancy
- Some intensive and comprehensive programs (e.g., the CAS-Carrera program) address both groups of factors and may have the greatest impact on teen pregnancy, STD and HIV/AIDS
- Most effective programs give a clear message about avoiding unprotected sex and involve youth interactively so that they personalize the message
