

# PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

## **Program Name:**

*Safer Sex Intervention*

## **Developers:**

Lydia A. Shrier, MD, MPH; Rose Ancheta, MPH; Elizabeth Goodman, MD; Victoria Chiou, BA; Michelle R. Lyden, RN PNP; and S. Jean Emans, MD

## **Program Description and Overview**

This program is a clinic-based intervention intended to reduce the incidence of STDs and improve condom use among high-risk female adolescents. It is delivered to participants individually in a clinic by a female health educator.

### **Component 1: Video**

The intervention begins with participants viewing a 7-minute videotape adapted from *Time Out: The Truth About AIDS, HIV, and You*. The video uses celebrities to highlight and dramatize condom names, buying condoms, and negotiating condom use.

### **Component 2: Educational Session**

After viewing the videotape, participants engage in a 30-minute educational session with a female health educator. The content of the session is customized to the interests and risk level of each participant and includes discussion of the consequences of unprotected sex, methods for preventing pregnancy and STDs, secondary abstinence, and condom use skills. Participants also undergo a self-assessment exercise to gauge their level of sexual risk and receive written materials about safer sex and contraception.

### **Component 3: Booster Sessions**

At one, three, and six months after the initial educational session, participants are invited to return to the clinic to attend booster sessions. During these sessions, participants meet with a female health educator to reassess their level of sexual risk, discuss sexual history, and review the videotape and program materials. Participants are offered condoms and written materials.

## **Core Components**

### **Content Components**

- **Knowledge of:**
  - STIs, including HIV/AIDS
  - Condoms—how they work, how to use them, and how to obtain them
  - Negative consequences of having sex
  - Methods of protection against STIs and unintended pregnancy
  - Situations that lead to unprotected sex, pregnancy, and HIV/AIDS or other STIs
- **Perception of risk of:**
  - Contracting HIV/AIDS and other STIs
  - Becoming pregnant
- **Comfort:**
  - Talking and sharing information about sex and STIs, including HIV/AIDS
  - Talking about, obtaining, and using protection against STIs, including

- HIV/AIDS, and unintended pregnancy
- Talking with partner about protection against STIs, including HIV/AIDS, and unintended pregnancy
- **Values and attitudes about:**
  - Obtaining and using protection against STIs, including HIV/AIDS, and unintended pregnancy
  - Unprotected sex as a risky behavior
- **Intentions to:**
  - Use condoms
  - Abstain from sexual intercourse
- **Skills to:**
  - Use condoms correctly
  - Say no to sex or unprotected sex
  - Talk to partner about protection against STIs, including HIV/AIDS, and unintended pregnancy
- **Awareness of:**
  - Personal challenges to abstaining
- **Perception of peer norms:**
  - Acknowledging pressures to have sex

### **Pedagogy Components**

#### **Establishing and maintaining a safe and comfortable counseling experience**

- Providing a warm welcome
- Ensuring confidentiality in a one-on-one, face-to-face environment
- Maintaining a supportive and nonjudgmental atmosphere

#### **Using motivational interviewing techniques that empower the participant to be in control**

- Giving the participant the opportunity to decide the topics to be covered and the order in which they are discussed
- Using participant's self-assessment and discussion to determine which intervention module (Pre-contemplation or Contemplation) is covered

#### **Using intervention materials as intended**

- Using introductory intervention strategies and steps effectively and in the intended order
- First Session, Component 1: Introduction, Video/DVD, and Stage of Change Determination
- Booster Session: Introduction, Discussion and Review, Stage of Change Reassessment Using other strategies and steps effectively and as directed by participant and her self-assessment

#### **Providing opportunities for skill practice**

- How to use a condom correctly
- Role playing—talking with a partner about using protection
- Practice making and voicing decisions related to sexual behavior

### **Implementation Components**

- **Priority population-** Sexually active young women who have been diagnosed with and are being treated for an STI
- **Staff and ratio-** One female sexual health educator with counseling skills working with one young woman in a face-to-face setting
- **Timeframe-** 30 to 50 minutes for the initial session and 10 to 30 minutes for each booster session, as determined by need and the participant's wishes
- **Number and frequency of visits**
  - Designed and evaluated for an initial session followed by three follow-up

- (booster) sessions
  - Booster sessions coincide with the participant's clinical treatment schedule (typically STI retesting at 1 month, rescreening at 3 months, and pill check at 6 months, but the schedule depends on each young woman's treatment needs)
  - The next booster session is scheduled at the end of each session
- **Setting** - Private space in a clinic or community-based organization that provides sexual health services to young women
- **Access to condoms and other intervention materials** - Provide or facilitate access to condoms and safer sex information

## Target Population

### Target population evaluated

- Adolescent females who sought treatment for cervicitis or pelvic inflammatory disease at an adolescent health clinic and were not pregnant at the time of the visit

### Potential additional target populations noted by developers

- High risk female adolescents

## Program Setting

### Program setting evaluated

- Health clinic

## Program Duration

- 30 to 50 minutes for the initial session and 10 to 30 minutes for each booster session

## Curriculum Materials

Curriculum materials are available from Sociometric Corporation Program Archive on Sexuality, Health, and Adolescent (PASHA) at <http://www.socio.com/passt27.php>.

## Adaptations

### Basic allowable adaptations

- **Updating and customizing factual information.** Updating statistics and facts about youth sexual behavior, the risk of pregnancy and sexually transmitted infections (STIs), and the effectiveness of condoms or other methods of contraception and supplementing this information with local statistics are encouraged to keep facts up to date and increase the program's accuracy and relevance.
- **Using different informational materials/brochures.** Replacing the brochures and other informational materials that are included or recommended in the intervention with material that is more up to date and/or better reflects your community's population is encouraged, provided the new material covers the same information and delivers the same messages.
- **Adding or replacing incentives/giveaways.** Giving the participant additional items such as pens, condoms, bracelets, or Post-it pads can be quite useful—especially if they have the clinic's address and phone number and contain messages such as "use protection" or "it's never too late to abstain." They serve as handy references, increase the young woman's motivation to return for follow-up visits, and reinforce the intervention's messages. These giveaways are relatively inexpensive when purchased in bulk.
- **Providing additional resources.** Providing resource lists, referrals to other clinical and educational activities, a list of places to get condoms, and so forth may increase

the young woman's motivation and the likelihood that she will return. It is important that these additional resources are consistent with the intervention messages and/or promote other clinic services.

### **Program Focus**

*Safer Sex Intervention* focuses on STD prevention for female adolescents

### **Research Evidence**

- Study Citation:** Shrier L.A., Ancheta R., Goodman E., Chiou V.M., Lyden M.R., & Emans S.J. (2001). Randomized controlled trial of a safer sex intervention for high-risk adolescent girls. *Archives of Pediatrics & Adolescent Medicine*, 155(1), 73-9.
- Study Setting:** Urban children's hospital adolescent clinic
- Study Sample:** Females younger than 24 who sought treatment for cervicitis or pelvic inflammatory disease at the clinic and were not pregnant at the time of the visit
- Average age 17.2 years
  - 49% non-Hispanic African American, 18% Hispanic, 14% non-Hispanic white, and 17% other
- Study Design:** Randomized controlled trial. Participants were randomly assigned to either a treatment group that received the intervention or a control group that received the usual clinic services. Surveys were administered before the intervention (baseline) and during follow-up visits 1, 3, 6, and 12 months after the initial intervention.
- Study Rating:** The study met the review criteria for a **moderate** study rating. The study did not meet the review criteria for a high study rating because it had high sample attrition.
- Study Findings:** One month after intervention:
- The study found no statistically significant program impacts on the likelihood of having another sexual partner (in addition to their main partner) in the previous six months, or on the likelihood of using a condom at last sexual encounter.
- Six months after intervention:
- Adolescents participating in the intervention were significantly less likely to report having another sexual partner (in addition to their main partner) in the previous six months.

Findings from the 3- and 12-month follow-ups were not considered for the review because they did not meet the review evidence standards. Specifically, both the 3- and 12-month follow-ups had a high rate of sample attrition, and the study did not establish baseline equivalence for the remaining sample members.

The study also examined program impacts on four measures of condom use (frequency and consistency of use with main partner, and frequency and consistency of use with another partner, in the past 6 months). Findings for these outcomes were not considered for the review because they did not meet the review evidence standards. Specifically, findings were reported only for subgroups defined by sexual activity at follow-up.

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