

Working through Challenges: Conducting an evaluation of sexual health curricula in the community



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Background & Purpose

Background

- Texas has twice the national rate of adolescent births. To address this outcome, there is a need to develop and evaluate pregnancy prevention curricula.
- Significant barriers to curricula evaluation in community and school settings with adolescents were identified during a pilot study.

Purpose

- Develop strategies addressing barriers to conducting sexual health curricula evaluation in community and school settings.

Study Design

Curriculum:

- Using the Connect (UTC) is a game-based curriculum designed to decrease adolescent pregnancy.

Participants (n=53):

- Middle school aged youth, grades 5-8.

Setting:

- Community based organizations in Texas

Pilot Survey Time Points:

- Pre Survey (baseline)
- Post Survey (immediately following program)
- 2-Month Follow-Up Survey

Data Collection:

- Youth were provided a QR code to complete the first survey. Subsequent surveys were sent via text, email, or mail.

Acceptability Challenges

Barrier / Concern	Strategy
The survey includes definitions of sexual behaviors.	The questions can be adapted to remove definitions of specific sexual behaviors.
The survey asks participants about their sexual orientation and gender identity.	The questions can be rephrased or removed based on hesitancy or refusal to allow the survey to be provided.
The survey has too many questions about sexual activity.	Focus on other protective factors, without the primary focus being on sexual behaviors.

Original Survey Question:

- “Have you ever had sex? Sexual intercourse may mean different things to different people, but could include behaviors such as vaginal sex, oral sex, or anal sex.”
- “What term do you use to describe your gender?”
- “Who are you attracted to?”

Adapted Survey Question:

- “Have you ever had sex? Some people call this ‘making love’ or ‘doing it’?”
- “If you have the chance, do you plan to have sex in the next year?”
- “What is your sex?”
- “Have you ever had a boy/girlfriend?”

Legislative Barriers

In Texas, it is mandatory to report a child under 14 that has sex. Below are the tools our team used to protect youth confidentiality.

To continue asking participants if they had sex:

Create multiple databases to ensure participants' responses could not be traced to their identity.

To be able to identify students & no longer ask about sexual behavior:

Use skip logic to only ask youth that are 14 and older if they have had sex.

To be able to identify students & no longer ask about sexual behavior:

Shift the primary aim to a youth's intention to have sexual activity.

Texas law requires schools to obtain written parental consent before providing human sexuality instruction to students. Below are the tools our team used to reduce the burden of this barrier.

To increase opt-in rates:

Develop a strong presentation to share with parents and schools.

To increase school support:

Being transparent about the program and adapting the program to the school populations needs.

To maximize success in the population that opts in:

Utilize evidence-based methods that increase retention rates. Ensuring a rigorous sample.

Implications & Future Directions

A flexible approach is the first step in collaborating with communities to improve health outcomes.

Evaluators must delineate the methods needed for a rigorous evaluation and adjustments to meet community needs and policies.

Protecting youth's identity is key when collecting data on sexual activity. It is vital that researchers do not unnecessarily subject participants to investigations based on self-reporting.

Conclusion

When conducting program evaluation, we must recognize challenges and implement solutions to continue with pragmatic data collection to ensure rigorous research to improve health outcomes for these communities.

Sources of Support

- This work was supported by the U.S Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau (90AP2702-01-00; MPI: Wilson / Garney / Rosen).
- This study was registered at clinicaltrials.gov with the identifier NCT05927194.

