

Participant Perspectives Of An Evidence-Based Pregnancy/STI Prevention Curriculum: The Importance Of Atmosphere, Active Learning, And Accurate Advice¹

Brooke Flinders, Miami University, USA

ABSTRACT

Healthy People 2020 addresses national priorities related to adolescent health with goals that relate to reducing unintended pregnancy, increasing the use of reproductive health services, increasing the practice of abstinence, and increasing sexual health education among the population (USDHHS, 2011).

In response to these national priorities, the Office of Adolescent Health awarded seventy-five highly competitive grants to support the replication of evidence-based programming (USDHHS, 2012).

One such program - FOCUS (PASHA, 2005) - is being delivered in southwestern Ohio through a unique partnership between the Hamilton YWCA and Miami University's Department of Nursing. The purpose of this study was to evaluate participant feedback, from a pilot period of three months, in order to identify response themes. In summary, the wrap-up surveys taught us that participants valued the up-to-date content (specifically related to sexually transmitted infections) and that an "open" and "laid back" learning environment, utilizing active learning strategies, was most effective.

Keywords: STI Prevention; Pregnancy Prevention; Teens; Women's Health; Sexual Health; Service-Learning

INTRODUCTION

The FOCUS Program for females in southwestern Ohio is conducted by a unique collaboration of two organizations. The fiscal agent for the project is the Hamilton YWCA. Junior-level nursing students enrolled in Miami University's Baccalaureate nursing program deliver the FOCUS curriculum as the service-learning component of a required Obstetrics/Women's Health course. When the college students are not in session, YWCA Community Educators are responsible for delivering the program so that programming is available to our community year round.

The original FOCUS program was delivered to young women in the US Marine Corps and the stated goals of the curriculum are primary pregnancy prevention and STD/HIV/AIDS prevention (Boyer, Shafer, Shaffer, Brodine, Pollack, Betsinger, Chang, Kraft, and Schachter: FOCUS User's Guide). Updates to the curriculum were made with approval from program developers and the Office of Adolescent Health.

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PURPOSE

The purpose of this study was to replicate the FOCUS program (PASHA, 2005) with fidelity and to evaluate participant perspectives, when the curriculum was taught in the community, for females sixteen to twenty-three years of age. Since the program is being taught to a new target population, it is essential that participant feedback is gathered and synthesized.

METHODS

This was a qualitative, observational study which utilized grounded theory for synthesis/critique. NVivo 9 software was used for data organization.

PROCEDURES

Search

The recruitment and selection of subjects occurred through contacting local schools and agencies and asking for female volunteers, 16-23 years of age, and through advertisement of an all day conference format for the college’s regional campus population. Informed Consent was obtained through agency contracts with school administrators, participant consent, and parental consents, as needed for anyone under eighteen years of age.

Sampling

Our sampling consisted of 93 female volunteers in the 16-23 age range, recruited from local high schools, vocational schools, and community-based organizations and agencies. Schools/agencies called for volunteers using supplied program materials. The complete FOCUS curriculum was taught four times during the pilot: 1) at Miami University for females 16-23 in an all-day “conference” format (n=34); 2) in a local high school for teens 16-19 in four two-hour sessions (n=8); 3) in a community agency for females 16-23 in four two-hour sessions (n=12); and 4) in a local vocational school in five one-hour sessions for a set of juniors and a set of seniors (n=39). A total of 86 participants completed in the entire FOCUS series and submitted a wrap-up survey.

Accommodations for the number and length of sessions were based on the needs of the individual sites served. The mean participant age was 18.46 years. Ninety of the 93 participants who began the program were “single” and three participants reported that they were married. Figure 1 features details regarding participant age. An overview of participant demographics is featured in Table 1.

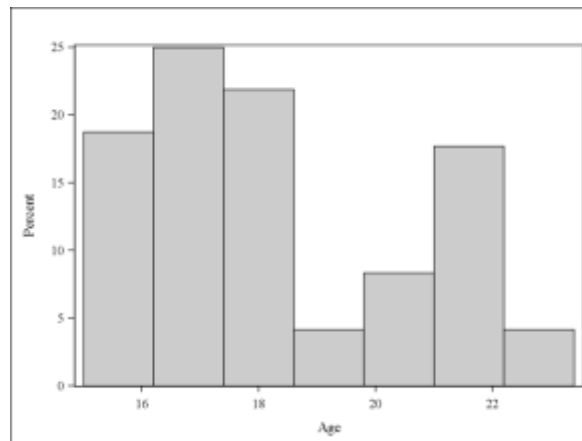


Figure 1: Participant Age Range

Table 1: Overview Of Participant Race

| Overview of Participant Race | | |
|------------------------------|-----------|----------------------|
| Reported Race | Frequency | Estimated Percentage |
| Other | 12 | 13% |
| Black | 14 | 15% |
| White | 67 | 72% |

Goal Of Search Strategy

The goal of the search strategy was to gather feedback from each of the four types of sites to be served in years 2-5 of the study: the full day conference, a vocational school, a public high school, and a community center.

Inclusion And Exclusion Criteria

Participants were from Butler County, Ohio, and the surrounding area. They were females 16-23 years old. Participants under eighteen years old were included, only if parental consent was obtained. Females outside of the specified age range were excluded from the study.

Instruments

When the program series was finished, participants completed a “wrap-up survey” which asked the following questions: 1) What did you like most about the program? 2) What did you like least about the program? 3) What is the most important thing you learned? 4) How will your behavior change following FOCUS? and 5) How could the program be better?

Findings

When all the data was collected and entered into the NVivo 9 program, the first priority was to code all of the survey responses and to determine overall trends. A total of 379 coding references were made; a summary is noted in Table 2.

Table 2: Complete Listing of Coded Data

| Nodes | Number Of Coding References (379 Total References) |
|--|--|
| References to enjoying active learning environment | 13 |
| Completely satisfied | 27 |
| Learned about consequences of unprotected sex | 8 |
| Did not like fear based approach | 4 |
| Did not like STI pictures | 12 |
| Did not like videos (outdated) | 6 |
| Empowering | 4 |
| Honest Presentation | 7 |
| I don't need to change my behavior | 29 |
| I'll be more careful | 27 |
| I'll get tested | 6 |
| I'll postpone sex | 8 |
| I'll start using birth control | 7 |
| I'll use condoms | 21 |
| Information learned was most important aspect | 41 |
| I learned about birth control | 5 |
| I learned about stis | 28 |
| I learned how easy stis are transmitted | 10 |
| I learned how to be safe | 25 |
| I learned how to use a condom | 12 |
| I learned that I have control | 4 |

Table 2 cont.

| | |
|--|----|
| I learned that I need to be safer | 16 |
| Liked the “laid back” learning atmosphere | 27 |
| Sometimes boring | 5 |
| Too long and repetitive (All 12 were in the full-day conference) | 12 |
| Well organized | 5 |
| Wish the program was longer (All 4 were in the shorter one-hour sessions) | 4 |
| Would like more hands-on activities | 6 |

Next, responses for each of the individual wrap-up questions were compiled. For each response given, by at least five of the 86 participants (roughly 5%), the feedback is included in the summative Figures 2-6. In addition, to capture the spirit of written responses, select participant quotes, from each of the five wrap-up questions are included Tables 2-6.

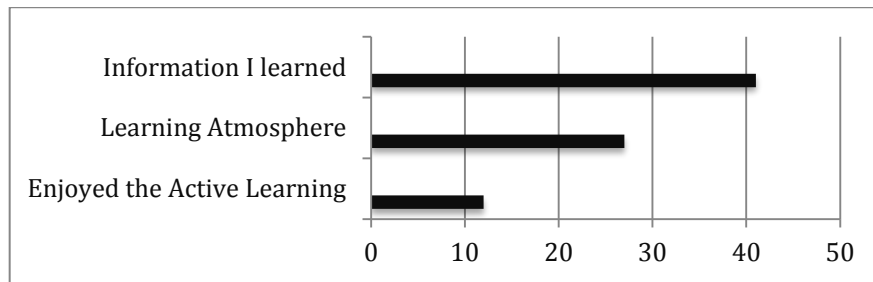


Figure 2: Responses For Question 1 - “What Did You Like Most About This Program?”

Table 2: Participant Comments For Question 1 - “What Did You Like Most About This Program?”

| Representative Participant Comments: “What Did You Like Most About This Program?” |
|---|
| “The information was explained very clearly and concisely, professionally and in a interesting way” |
| “There was some great information presented-especially for students who have never had sex-ed before. The presenters were fantastic!” |
| “I really enjoyed the activities and interactive parts.” |
| “I like that it showed both perspectives (Abstinence and preventative methods/control).” |
| “I learned information about HIV/STDs that I did not know.” |
| “It was interactive, informative, and relevant to the target audience.” |
| “I liked how laid back the atmosphere was. I was not intimidated by what was going on.” |
| “I found the information about hormonal contraceptives to be useful. The condom display was AWESOME!” |
| “I felt the variety of events (videos, lectures, and demonstrations) was outstanding and engaging. The presenters were great!” |
| The pace of the program was well organized, very straight-forward, and presenters were knowledgeable.” |
| “I feel it was a comfortable environment for the subject matter.” |

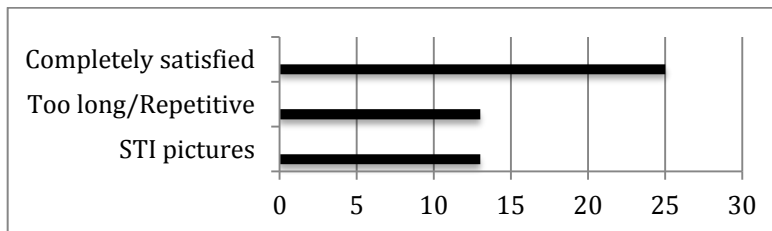


Figure 3: Responses For Question 2 - “What Did You Like Least About The Program?”

Table 3: Participant Comments For Question 2 - “What Did You Like Least About This Program?”

| Representative Participant Comments: “What Did You Like Least About This Program?” |
|--|
| “The entire program was taken from a very heteronormative perspective.” |
| “I feel like demoralization of alcohol was a little stronger than it needed to be.” |
| “I felt some issues were drug out too long and repeated some. Also, they made birth control sound so simple, but really there are more negatives about them that weren’t discussed.” |
| “I felt frightened/scared into safe sex. I would love it if we made responsible sex seem FUN and still educational!” |
| “Sometimes the information was too repetitive.” |
| “I believe that children are a gift from God, and that contraception shouldn’t be used. If you don’t want children, then DON’T have sex!” |

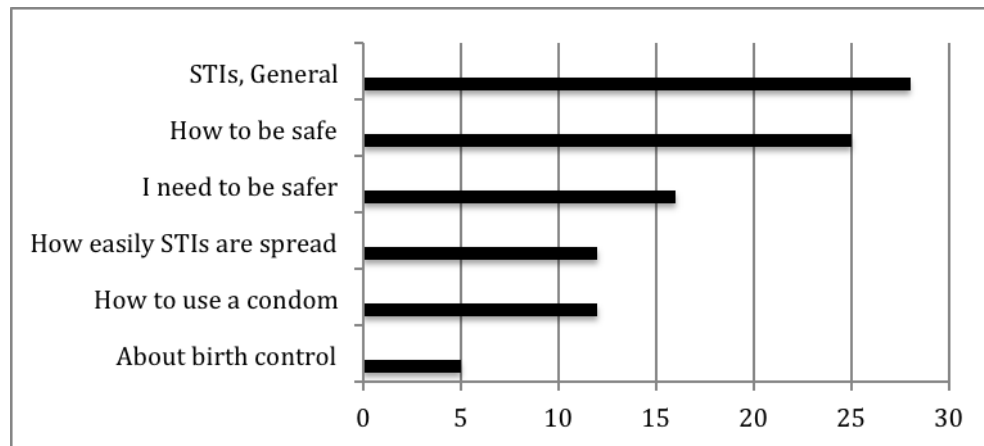


Figure 4: Responses For Question 4 - “What Is The Most Important Thing You Learned?”

Table 5: Participant Comments For Question 4 - “What Is The Most Important Thing You Learned?”

| Representative Participant Comments - “What Is The Most Important Thing You Learned?” |
|--|
| “The real signs of an STD, what they look like, and different contraceptive options” |
| “Refusal skills and condom use” |
| “My realization of my risky behavior and what I want to do to practice safe sex” |
| “I feel the most important thing was learning about the personal risk “situations” everyone can put themselves in.” |
| “I learned the statistics for STDs which I never realized were so high.” |
| “How important it is to be safe- seeing the chart that showed all the partners we could be exposed to (if we have unprotected sex) was really crazy and I think it explained it well, since we could see it rather than just hear it.” |
| “I learned how STDs/HIV can affect a wide range of people and how important communication is...” |
| “The consequences of sexually transmitted diseases and how to protect ourselves from getting them” |
| “Contraceptive methods- I feel like I learned about new methods and how to have safe sex.” |
| “How to educate others on STDs” |
| “To continue to get tested for STDs because some STDS don’t show up for years!” |
| “I am knowledgeable about a clinical exam. Before, I didn’t know what to expect.” |

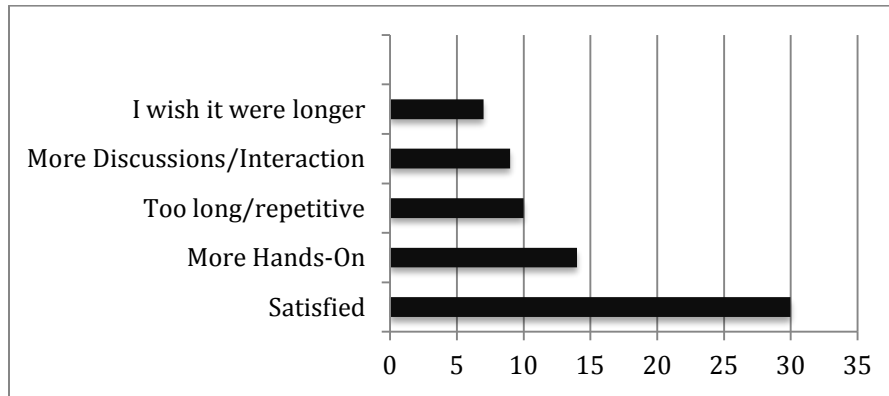


Figure 5: Responses From Question 5 - "How Could The Program Have Been Better?"

Table 6: Responses From Question 5 - "How Could The Program Have Been Better?"

| Representative Participant Comments: "How Could The Program Have Been Better?" |
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| "It would have been better if it were shorter. I feel 6 hours in one day is a lot to handle." |
| "I think 16-23 is a big age range. The difference in experience and knowledge between high school students and post-college graduates is vast." |
| "You should provide information on local STD/HIV testing sites." |
| "If the program is meant to be preventative then maybe rethink the age range (to be younger); some of the stuff seemed like it was basics or situations I already had experience in (as a 22 year old)." |
| "I feel this program could have been more interactive" |

LIMITATIONS

Several limitations, noted in the pilot year, include 1) participants were a homogeneous sample from one Ohio County and the target population for years 2-5 of the program will include a four-county region, 2) participants were 16-23 year-old females and the future target population will be 16-19 year-old females; 3) approximately one-third of the study participants took part in an all-day "conference" format, which will not be a common format in future offerings, and 4) the pilot did not incorporate a control group.

DISCUSSION

Many comments and recommendations made by participants are not surprising. For one, they see a need for reproductive health education to begin before 16 years of age. Although FOCUS is approved for use for those sixteen or above, it would be ideal to initiate a similar age-appropriate program for junior high aged participants. Another general concern with FOCUS programming is that males are not served. As we plan for the future, we realize that it would be useful to implement a complimentary program for boys. An issue, specific to our pilot period, was that participants ranged in age from 16-23 years old. As one survey responder wisely pointed out, "this is a broad spectrum for one audience and educational needs vary greatly between early high school and early adulthood". In years two through five of our own programming, the target population will narrow to sixteen to nineteen years of age, which may improve our ability to be considerate of the developmental stage of our audience. Finally, it was noted that participants in the one-hour sessions seem to feel that they didn't have enough time and participants in the all-day conference felt that the curriculum included too much repetitive information for one day. Although our goal will always be to meet the individual scheduling needs of each school or agency we serve, it will be important for us to consider the fact that two or three-hour sessions could be more effective for facilitating teaching and learning.

CONCLUSION

This pilot study has several implications for future practice. First, it points to the fact that young women are interested in learning information about STI and pregnancy prevention strategies. It cannot be assumed that every

individual is exposed to comprehensive, up-to-date information regarding contraception - or “safer” sex - in health class. Next, we found that young females appreciate an environment that feels comfortable, “open”, non-judgmental, and safe in which to ask questions, make comments, and learn. Finally, we were reminded that active learning techniques make a difference, even when teaching straight-forward content. Participants most enjoyed small group discussions, role play, scenarios, and the condom relay race because they were free to interact and even have fun while learning.

AUTHOR INFORMATION

Brooke Flinders is a graduate of Miami University and Frontier School of Midwifery and Family Nursing. After practicing as a nurse-midwife, Brooke began a career as a nurse educator, in Miami University’s Department of Nursing. Her passion for women’s health and undergraduate education led to the design of a program, funded by the U.S. Department of Health and Human Services, for over two million dollars. The FOCUS Program, conducted through a unique partnership between the Hamilton YWCA and Miami University Nursing, teaches evidence-based STI and pregnancy prevention strategies to teens in four local counties. E-mail: flindeba@muohio.edu

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