Office of Adolescent Health

Evaluation of Adolescent Pregnancy Prevention Approaches

EXECUTIVE SUMMARY

August 2013

Balancing Fidelity and Flexibility: Implementing the *Gen.M* Program In Texas

In 2012, EngenderHealth, a nonprofit organization focused on improving sexual and reproductive health around the world, brought *Gen.M* to Travis County, Texas. This program aims to reduce teen pregnancy by challenging commonly held perceptions of gender roles and their association with sexual behaviors; promoting healthy, equitable relationships; and providing high quality comprehensive sex education. EngenderHealth chose to offer the program in Travis County because the county's teen birth rate is among the highest in the state.

Gen.M is being implemented as part of the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a national evaluation funded by the U.S. Department of Health and Human Services, Office of Adolescent Health, to study the effectiveness of various teen pregnancy prevention approaches in seven sites. The evaluation in Travis County focuses on the first implementation of *Gen.M*, which was derived from earlier EngenderHealth curricula on gender roles. The evaluation is a test of three interactive components: (1) a 20-hour education curriculum delivered in weeklong workshops by trained facilitators from SafePlace, a center that provides services to victims of domestic violence and sexual assault; (2) a social media campaign; and (3) a film screening. The evaluation will test the impact of *Gen.M* on youth ages 14 to 16 in three cohorts (during summers 2012–2014). It will test whether the *Gen.M* program is effective at delaying sexual activity or reducing risky sexual behavior among sexually active youth. This summary presents findings from the first year of implementation of the *Gen.M* curriculum.

Facilitators' Training and Program Delivery

EngenderHealth offered SafePlace facilitators a five-day (40-hour) training in spring 2012 that oriented them to the curriculum and classroom management, as well as a supplemental training that covered sexual and reproductive health. During the training and subsequent technical assistance available to facilitators, EngenderHealth repeatedly emphasized that facilitators should maintain fidelity to the curriculum. EngenderHealth defined fidelity as "replicating an intervention as it is written so that its core components are not compromised," and defined core components as "essential features of an intervention that are responsible for its effectiveness."

Implementing a prescribed curriculum with fidelity was largely unfamiliar and uncomfortable territory for SafePlace facilitators. EngenderHealth regularly observed staff to ensure fidelity of implementation, but SafePlace did not. Facilitators were accustomed to creating their own activities and discussion topics based on youths' needs. They interpreted EngenderHealth's instructions for maintaining fidelity to the curriculum as reading from the curriculum word-for-word (without culturally or age-appropriate modifications).

To address the facilitators' discomfort, EngenderHealth reworked the sequence of the original curriculum to improve its flow and clarified expectations for fidelity. EngenderHealth explicitly allowed facilitators to make some types of adaptations to the curriculum. Any modifications were documented systematically in fidelity and program observation log forms. Facilitators could make modifications for age and culture, and could substitute or modify activities, provided EngenderHealth agreed that they covered the same topics as the activities that were replaced or modified and emphasized the key messages.

About this Summary

This executive summary provides a brief overview of the implementation study findings from the evaluation of *Gender Matters (Gen.M)* in Travis County, Texas. The full report on program implementation discusses these findings in more detail.

Facilitators felt they could do a better job delivering the program when EngenderHealth revised expectations for fidelity and rearranged curriculum activities. EngenderHealth reported that facilitators delivered the *Gen.M* curriculum with fidelity to the implementation plan. Although facilitators were initially uncomfortable with the material and delivering it with fidelity, they delivered activities as prescribed, with minor modifications. For example, they added activities to keep participants engaged and moving, and revised activities or covered material in greater detail to help participants apply and retain the program's key messages. Facilitators also created comfortable environments in which to deliver the program, communicated program messages clearly, answered participants' questions effectively, and taught all of the activities in each session.

Participants' Engagement and Understanding of the Material

Most of the enrolled youth attended the workshops. According to facilitators, participants became increasingly connected to the material over the course of the workshop and engaged with the material most when they were active (in skits and role plays). Participants reported that they felt valued by the facilitators; this might have contributed to participants' self-assurance in asking questions during the workshop. Participants understood the core messages about using contraceptives and going to clinics, but males and females had different interpretations of several messages (such as controlling one's own actions or having a healthy relationship). Older participants (ages 15 or 16) were able to connect with the material, whereas younger participants (age 14) had difficulty understanding some of the material because they had less experience with sex and dating. Although they were less familiar with the subject matter, younger participants appeared to be more engaged in the material when they were in a group with older youth.

Looking Forward: Lessons for Future Implementation

EngenderHealth's early experience has immediate implications for the continued implementation of *Gen.M* in Travis County, Texas. As a result of the growing pains in the first year of operations, EngenderHealth has modified its approach. Facilitators will be more actively involved in planning for the implementation of future workshops. EngenderHealth will use the facilitators' feedback to define allowable further adaptations to program delivery.

In future implementation efforts, and specifically in the training that introduces facilitators to the program, organizations should clearly state expectations for maintaining fidelity and should provide guidance on allowable adaptations. This is particularly important when organizations with different approaches collaborate to implement the program.

When planning for program delivery, organizations should consider the sexual experiences of the youth they plan to serve. Because younger teens are less likely than their older peers to have had sexual experiences, organizations could choose either to focus on older teens or to separate younger youth from their older peers and serve each group separately. Overall, youth can benefit from *Gen.M*'s approach, which enables them to open up, participate actively in sessions, and engage with the material. The repetition of the curriculum's key messages, combined effectively with role plays and skits, helps youth remember the messages (especially those related to pregnancy prevention) after the workshop is completed.

A 20-hour, five-day program can be a large commitment for youth. It is feasible only in the summer if the program is to retain its intensive character. EngenderHealth addressed this by offering participants a $150 incentive payment if they attended all five 4-hour program sessions. Another less costly approach is to offer youth a more modest sum to attend the first day of the program. This approach might prove just as effective in attracting youth, if the interactive nature of the program model can engage youth and motivate them to attend the remaining program sessions.

Gen.M Evaluation—A Snapshot

- **Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches:**
  - Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
  - Conducted by Mathematica Policy Research
  - Assessing effectiveness of seven programs
- **Approximately 1,140 youth ages 14 to 16 will be recruited and randomly assigned—half to a program group and half to a group that does not receive *Gen. M*:**
  - Program will be delivered to program group youth in three cohorts
  - Sample intake will occur annually, from February to July, 2012 to 2014
- **Three components:**
  - Five 4-hour sessions presented on consecutive days in July or August by a male/female pair of facilitators to small groups of 8 to 16 youth (participants are paid $150 for completing the sessions)
  - Social media (SMS texting and Facebook) campaign from August to December
  - Film about each cohort's experience is shown to youth in the fall
- **Topics covered:** gender roles, healthy relationships, making decisions about sexual activity, and skills for preventing pregnancy through use of condoms and other contraception
- **Follow-up surveys** 6 and 18 months after the end of the program will measure impacts
- **Summer 2012 implementation:**
  - Training and technical assistance provided to14 facilitators
  - Two rounds of workshops served 154 youth
  - Fidelity of workshops monitored