

## A WORD FROM THE EXPERTS

# Safer Sex Intervention

Interviews with Developers of Evidence-Based Programs for Teen Pregnancy Prevention



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*Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not indicate HHS or OAH endorsement of a program model.*



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## **Program goals:**

- Reduce sexual risk behaviors
- Prevent recurrent sexually transmitted infection (STI)

## **Target population:**

- Young women age <24 diagnosed with an STI

## **Key components:**

- Knowledge about STIs
- Perception, attitudes, & comfort with talking about sexual health, STIs, and prevention

- Intention to use condoms or abstain
- Skills to use condoms, negotiate safer sex, talk about STI and pregnancy prevention with partner

## **Delivery methods:**

- 1:1 face-to-face by female health educator in a single 30 to 50-minute session
- Boosters at 1, 3, 6 months
- DVD player or computer, penis model, pelvic model

# Previous evaluation results

## ■ Study #1

- ✓ Randomized controlled trial of Safer Sex vs. standard care
- ✓ Population: 123 young women age 13-23 with cervicitis or pelvic inflammatory disease. Patients of outpatient adolescent clinic or inpatient at urban children's hospital
- ✓ Findings: Young women receiving *Safer Sex*
  - 1 month: Increased sexual risk knowledge, more positive attitudes toward condoms and tended to report using condoms more with a non-main partner



- 6 months: Less likely to have had sex with non-main partner
- 12 months: Tended to be less likely to have current main partner and less likely to have recurrent STI

## ■ Evaluated populations

- Racially and ethnically diverse, ranging from 14% - 89% white, 9% - 49% black, 10% - 25% Hispanic
- Up to ~ 40% living in economic hardship
- Rural, suburban, and urban

## ■ Target populations

- Female
- English-speaking
- Health clinic patients



- **Evaluated settings**

- Adolescent medical clinics
- Inpatient adolescent units

- **Other settings**

- Reproductive health clinics
- School-based health clinics





## ■ Potential adaptations

- Applying the intervention to sexually active girls without STI
- Conducting boosters via video-conferencing using video chat and instant messaging software
- Changing gifts given during intervention session



**Note: TPP grantees must obtain prior approval from OAH for any adaptations.**

# Staffing and training considerations

## ■ Staffing considerations

- Trained female educator
- Have been health educators, nurses, public health students

## ■ Training considerations

- Train the Facilitator (2 days)
- Train the Trainer (3 days)

## ■ Consultation

- See *Safer Sex Intervention* website



## ■ Common challenges

- Identifying appropriate patients
- Creating smooth referral process
- Optimizing recruitment strategies
- Overcoming barriers to retention
- Monitoring fidelity



## ■ Strategies for success

- Cultivating relationships with clinic staff
- Making program enticing—creative media strategies, ads, and incentives
- Being flexible with scheduling
- Using social media and video-conferencing for reminders and boosters

- **Recent or planned curriculum revisions**
  - Developer has flexibility in the adaptations organizations may want to implement. See link to adaptation kit on Slide 12.
  - No plans to release a revised curriculum

# Additional resources

- **HHS Teen Pregnancy Prevention Evidence Review**
  - <http://tppevidencereview.aspe.hhs.gov/>
- **Link to implementation report**
  - <http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=195&mid=1>
- **Link to developer's website**
  - <http://www.childrenshospital.org/centers-and-services/programs/o-z/safer-sex-intervention-program/overview>
- **Link to distributor**
  - <http://www.socio.com/srch/summary/pasha/full/passt27.htm>
- **Link to adaptation kit**
  - [http://recapp.etr.org/recapp/documents/programs/SSI\\_Adaptation\\_Kit.pdf](http://recapp.etr.org/recapp/documents/programs/SSI_Adaptation_Kit.pdf)

Thank you!



**Boston Children's Hospital**  
Until every child is well™

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