

Challenging the evidence base: The impact of teen pregnancy prevention curricula on disconnected youth

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Background

The Connections Project (CP) is a three-year, Texas-based multi-site project exploring the impact of adapted trauma-informed evidence-based interventions (EBIs) on increased sexual health knowledge and the likelihood of healthy sexual behaviors of “disconnected youth” or youth in foster care, juvenile detention, homeless shelters and substance use rehabilitation facilities.

Texas has the 4th highest teen pregnancy rate in the nation (73 per 1,000 women aged 15-19 years old) and the 5th highest teen birth rate (41 births per 1,000 women aged 15-19 years old).

“Disconnected youth” are more likely to experience trauma. Youth who experience trauma are more likely to have an earlier sexual debut, engage in unprotected sex, have sex with multiple partners, have sex while using drugs and alcohol, have experiences with prostitution and experience unintended pregnancy.

Study Purpose and Design

Program Goal: To reduce disproportionate teen pregnancy and birth rates among “disconnected youth”.

Purpose: This study uses data from a multi-site federally funded project to examine the usefulness and effectiveness of teen pregnancy prevention EBIs with “disconnected youth”.

Design: Two evidence-based curricula were adapted to include a trauma-informed approach. Training was provided to 11 partner organizations across seven sites in Texas. Pre and post tests were used to evaluate sexual health outcomes, and interviews were conducted with youth and providers as a part of the process evaluation of the program.

Target Population: Participants included 1039 youth living in juvenile detention centers (JDCs), residential treatment centers (RTC), homeless shelters (HS) and foster care (FC).

Connections Project Sites

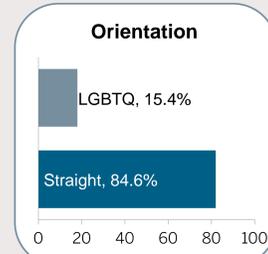
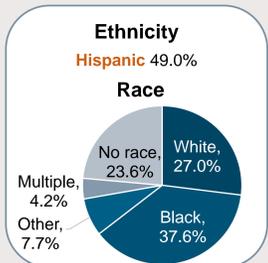
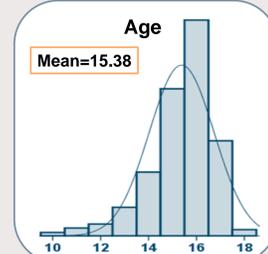
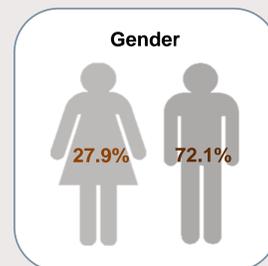
- Juvenile detention centers
- Homeless shelters
- Foster care
- Residential treatment center



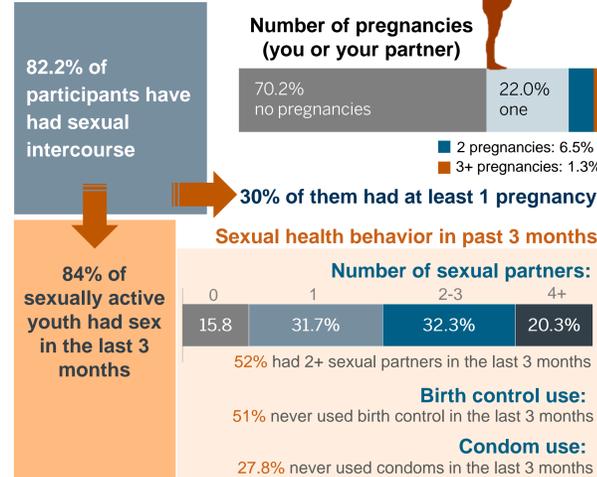
Findings

Descriptive Statistics

Youth	N(1039)	%
Foster youth	72	6.9%
JDC	731	70.4%
RTC	169	16.3%
Homeless youth	67	6.2%



Sexual Health Behavior



Knowledge and Self-Efficacy

	Mean Pre-test	Mean Difference	Std. Dev	t-stat	P-value
Knowledge (0=incorrect, 1=correct)					
HIV	0.59	+0.19	0.26	21.6	0.00
Condom use	0.56	+0.20	0.34	17.1	0.00
Pregnancy prevention	0.46	+0.17	0.32	16.0	0.00
Self-efficacy (1=strongly disagree to 5=strongly agree)					
Condom use availability	3.80	+0.13	3.27	1.17	0.24
Condom negotiation	3.86	-.05	0.89	-.480	0.63
Condom use and impulse control	3.30	+.33	1.15	8.10	0.00
Condom use technical skills	3.83	+.058	.986	1.71	0.08

Attitudes and Intentions

	Mean Pre-test	Mean Difference	Std. Dev	t-stat	P-value
Attitudes about sex over the next 3 months (1=very bad idea to 5=very good idea)					
Have sexual intercourse	3.57	-0.16	1.08	-4.43	0.00
Use birth control	3.84	+0.34	1.32	7.51	0.00
Use condoms	4.34	+0.13	1.15	3.31	0.01
Behavioral intentions over next 6 months (1=not likely to 5=very likely)					
Have sexual intercourse	3.22	-0.34	1.55	-6.29	0.00
Use birth control	3.80	+0.28	1.50	5.41	0.00
Use condoms	4.02	+0.27	1.49	5.20	0.00
Abstain from sexual intercourse	2.64	+0.25	1.61	4.45	0.00

“ I think I heard from like some of the previous facilitators, like you don't have to say the scripted language exactly how it is, so they would modify it to be more inclusive, more trauma-informed, less stigmatizing so like I'm just not gonna say that, that part about teen parents, or that part about ... that's like super marginalizing you know. ”
-Youth Serving Agency Staff

Where we are Successful

The curricula are improving knowledge of sexual health and some aspects of behavioral intent.

Youth showed statistically significant increases in knowledge of HIV/STIs, condoms and pregnancy.

Youth showed statistically significant increases in their intent to abstain from sex in the next six months.

“ Before I came here, I didn't really know anything. My family didn't share anything with me. I just happened to miss this grade in school where they teach you. I had to leave school then and drop out, so I just went off what I figured. I didn't know anything about STDs at all. I didn't even know condoms could protect you from STDs. I didn't know anything. I didn't have anyone to ask either, except for my sister, but she wasn't there ever. ”
-Youth Participant



Areas of Improvement

Despite the curricula modifications for this population, the EBPs still need to be more trauma-informed and inclusive.

Recommendation: These EBIs should be supplemented with information on positive sexuality, consent and healthy relationships.

Implementing these programs with fidelity is extremely difficult due to the transient nature of this population.

Recommendation: Program delivery needs to be flexible depending on the specific agencies' policies and schedule.

Staff buy-in at agencies that work with disconnected youth is essential to program success.

Recommendation: Building rapport and staff training are recommended to promote and ensure program sustainability.

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