



A quasi-experimental evaluation of parents as sexual health educators resulting in delayed sexual initiation and increased access to condoms[☆]

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A B S T R A C T

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Objective: To evaluate the effectiveness of an educational intervention for parents of first year high school students in the State of Morelos, Mexico, whose aim was to impact adolescents' sexual behavior, knowledge and access to contraception.

Material and methods: Quasi-experimental prospective study with eleven control and eleven intervention schools using self-administered questionnaires for parents and adolescents pre- and post-intervention. Parent–child dyads in the control and intervention schools were matched according to parents' propensity score; the average treatment effect (ATE) was estimated for adolescent's outcome variables.

Results: At follow-up, we found significant differences for adolescents in the intervention schools: 6.8% delayed initiation of sexual intercourse, 14.4% had correct knowledge about emergency contraception (EC), and 164% reported having received condoms from their parents, when comparing with students in control schools.

Conclusions: Our results suggest that parent-focused interventions could be an innovative and effective strategy to promote adolescents sexual health.

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Introduction

Adolescent health is a world-wide priority, particularly in developing nations where there are more young people than ever, representing an opportunity for development if investments in human capital are made (The World Bank, 2006). Although this population is generally healthy, they may practice behaviors that negatively affect their future well-being. For example, the lack or inconsistent use of condoms is considered an important factor for both adolescent unplanned pregnancies and the spread of sexually transmitted infections (STIs) (Anderson, Santelli, & Morrow, 2006; Darroch, Singh, Frost, & The Study Team, 2001). In Mexico, the last National Health Survey showed that only 64% of adolescent males and 38% of adolescent females reported using a condom during their first sexual relation and that 30% of males and 57% of females stated not having used any method (Oláiz-Fernández et al., 2006). As a consequence of these unprotected practices, in 2007 female minors under the age of 20 accounted for 17% of all pregnancies (Instituto Nacional de Estadística y Geografía, 1990–2007

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[INEGI]), remarkable data considering, among other things, that an early pregnancy limits educational and economic potential. In Mexico, the high prevalence of herpes simplex virus 2 (HSV-2) and human papilloma virus (HPV) in young people indicates that this population may be at high risk as a result of their sexual behaviors (Abraham et al., 2003; Gutierrez, Bertozzi, Conde-González, & Sánchez-Alemán, 2006; Sánchez-Alemán, Uribe-Salas, & Conde-González, 2002). In a 2002 study conducted in public high schools in Morelos, Mexico, researchers found a prevalence of 21% for HSV-2 among sexually active adolescents (Gutierrez, Conde-González, Walker, & Bertozzi, 2007).

Prevention of high risk behaviors that can jeopardize the futures of adolescents is highly relevant. Among the diverse approaches developed to meet this objective, school-based initiatives are considered an important strategy because of the ability to reach a large group at a relatively low cost. However, even though sex education is obligatory in the curriculum of all primary and secondary schools in Mexico, information and training are neither effective nor complete (Galárraga, Campero, DeMaria, & Walker, 2008).

One consistent argument for ineffective implementation of sex education in schools is that some parents are against their children receiving comprehensive sex education in school (Juárez & Gayet, 2005; Pick, Givaudan, & Brown, 2000). In this context, working directly with parents is receiving increased priority in many countries.

Systematic reviews of studies designed to evaluate the effectiveness of interventions that include parent participation provide evidence that they increase parent–child communication about sexuality as well as other known protective factors. Nevertheless, only a few studies have evaluated the impact of these interventions on adolescent sexual behaviors. Among studies evaluating impact on sexual behavior, the results are contradictory. Some report a positive impact whereas others found no effect. Frequently, these studies suffer from methodological limitations, and combine school-based and parent-based strategies, making it difficult to reach a conclusion regarding the effectiveness of the interventions (Kirby, 1999; Kirby & Miller, 2002). However, some recent interventions with parents indicate positive effects in delaying the initiation of adolescent sexual intercourse (Dilorio, McCarty, Resnicow, Lehr, & Denzmore, 2007; Forehand et al., 2007; Haggerty, Skinner, MacKenzie, & Catalano, 2007; Wu et al., 2003), reducing the rate of sexual activity and unprotected sex (Dilorio et al., 2006, 2007; Wu et al., 2003), as well as increasing condom use and/or reducing the number of sexual partners (Dilorio et al., 2006; Kirby et al., 2004). Evidence also shows that these interventions increase knowledge about HIV and/or sexual health (Dancy, Crittenden, & Talashek, 2006; Dilorio et al., 2006; Smylie, Maticka-Tyndale, & Boyd, 2008).

A recent school-based educational intervention among Morelos high school students designed to increase knowledge about HIV, prevention, and safe behaviors, showed an important increase in knowledge about prevention and methods, but limited impact on behavior (Walker, Gutierrez, Torres, & Bertozzi, 2006). As a follow-up to such study, we decided to implement an intervention with parents aimed at converting them into agents of behavioral change for their children. This study aims to measure the impact of this educational intervention for parents of public high school students in Morelos, Mexico on their adolescent children's knowledge and sexual behaviors.

Methodology

This is a quasi-experimental prospective study with intervention and control groups, using a baseline pre-intervention survey, and a six month follow-up survey to measure the impact of an educational intervention for parents of first year high school students (10th grade). We collected information from both parents and their children about communication, adolescent sexual behavior and general characteristics of the parents. The unit of analysis is parent–child dyad.

This study began as a cluster Randomized Controlled Trial (RCT) with voluntary participation on the part of the selected school's parents. Treatment assignment for this study was done by school, using data from a previous HIV prevention intervention conducted in 2001 in a larger group of 40 public high schools (Walker et al., 2006; Walker, Torres, Gutierrez, Flemming, & Bertozzi, 2004). Out of these 40 schools, 24 were selected based on a 10% or higher proportion of students who had reported having initiated sexual activity, as well as logistic and budgetary considerations; among this group, 12 schools were randomly assigned to the control condition and 12 to intervention. After assignment to intervention or control, two schools elected not to participate, one control school prior to data collection and one intervention school after baseline questionnaires were administered to students, leaving a final sample of 22 schools. Because of a high attrition rate, the design was adapted as explained in detail below to a quasi-experimental analysis using dyads in the intervention group that attended the intervention matched with dyads in the control group.

The intervention consisted of four, 3 h workshops designed to improve parent–child communication about prevention topics, emphasizing information and skill building for teaching correct condom use, and, as a back-up method, how to advise about correct EC use. One of the primary innovations we used was the “prevention pack”, a small paper bag labeled “Tools for talking with your adolescent”. It contained an information pamphlet, condoms, and a dose of EC. We hoped this pack would facilitate the parents in reaching our goal of talking to their children about specific prevention themes (for greater detail on the intervention structure see Fig. 1).

Prior to arriving at the schools, we distributed an official written notice to the students to take home to their parents informing them both about the project and inviting the parents to participate by attending a session where a baseline questionnaire would be applied to both children and their parents, and if assigned to the intervention schools, an invitation to attend the workshops. One week prior to the baseline questionnaire, we sent all parents a reminder via the students. To promote a higher response rate, we applied the baseline questionnaires in control schools in conjunction with scheduled obligatory school meetings, for example, to distribute report cards to parents. On the scheduled dates, a group of trained field

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