



Design and development of a film-based intervention about teenage men and unintended pregnancy: Applying the Medical Research Council framework in practice



Áine Aventin^{a,*}, Maria Lohan^a, Peter O'Halloran^a, Marion Henderson^b

^aSchool of Nursing & Midwifery, Queen's University Belfast, Belfast, Northern Ireland, UK

^bMRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, Scotland UK

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ABSTRACT

Following the UK Medical Research Council's (MRC) guidelines for the development and evaluation of complex interventions, this study aimed to design, develop and optimise an educational intervention about young men and unintended teenage pregnancy based around an interactive film. The process involved identification of the relevant evidence base, development of a theoretical understanding of the phenomenon of unintended teenage pregnancy in relation to young men, and exploratory mixed methods research. The result was an evidence-based, theory-informed, user-endorsed intervention designed to meet the much neglected pregnancy education needs of teenage men and intended to increase both boys' and girls' intentions to avoid an unplanned pregnancy during adolescence. In prioritising the development phase, this paper addresses a gap in the literature on the processes of research-informed intervention design. It illustrates the application of the MRC guidelines in practice while offering a critique and additional guidance to programme developers on the MRC prescribed processes of developing interventions. Key lessons learned were: (1) know and engage the target population and engage gatekeepers in addressing contextual complexities; (2) know the targeted behaviours and model a process of change; and (3) look beyond development to evaluation and implementation.

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Background

Teenage pregnancy rates in the US and UK remain among the highest in the developed world (Finer and Zolna, 2011) and their reduction is on the international policy agenda (US Department of Health and Human Services, 2010; World Health Organisation, 2013). While the life course for teenage parents is not universally negative (Bonell, 2004), unintended adolescent pregnancy has been associated with poor outcomes for adolescents, their infants and society. Teenage parents are less likely to be in education or employment and more liable to experience social and economic deprivation and poorer physical and psychological outcomes than

their peers (Finer & Zolna, 2011; Harden, Brunton, Fletcher, & Oakley, 2009).

It is recognised that unintended teenage pregnancy results from complex interactions between a broad range of social, cultural, familial and individual level factors (DiCenso, Guyatt, Willan, & Griffith, 2002). Reflecting the complex impacts of these (and the effects of research specific factors such as difficulties with fidelity to implementation protocol), some large-scale behavioural interventions targeting the sexual risk-taking behaviour of young people have only had modest success (DiCenso et al., 2002; Shepherd et al., 2010). It is therefore recognised that school-based Relationship and Sexuality Education (RSE) is but one component in the strategy to reduce teenage pregnancy rates (Elliott, Henderson, Nixon, & Wight, 2013). High quality RSE does, however, contribute to ensuring holistic sexual health by providing adolescents with a solid knowledge base on which to make informed decisions relating to relationships and sexuality (Lindberg & Maddow-Zimet, 2012; Shepherd et al., 2010). Internationally, researchers and policy makers have called for targeted and

Abbreviations: MRC, United Kingdom Medical Research Council; RSE, relationship and sexuality education.

* Corresponding author. Tel.: +44 28 9097 2463.

E-mail addresses: a.aventin@qub.ac.uk (Á. Aventin), m.lohan@qub.ac.uk (M. Lohan), p.ohalloran@qub.ac.uk (P. O'Halloran), marion.henderson@glasgow.ac.uk (M. Henderson).

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scientifically evaluated RSE programmes (Downing, Jones, Cook, & Bellis, 2006; Oringanje et al., 2009; Swann, Bowe, McCormick, & Kosmin, 2003). In particular, the need for RSE interventions which meet the sexual health needs of young men has been prioritised (Juszczak & Ammerman, 2011; Saewyc, 2012) and teenage men have been especially neglected in relation to pregnancy related RSE (Alan Guttmacher Institute, 2002; Lindberg & Kost, 2014; Marsiglio, 2006; Saewyc, 2012; Smith, Guthrie, & Oakley, 2005; Swann et al., 2003). When they do receive RSE concerning pregnancy, it is often via programmes and interventions that are directed towards girls and which ignore the fact that males and females are affected differently by gender norms and values relating to pregnancy. Thus, the World Health Organisation has highlighted the urgent need to produce and scientifically evaluate gender-sensitive interventions to address teenage pregnancy (World Health Organisation, 2011).

In providing guidelines for the development and evaluation of complex interventions of this kind, the UK's Medical Research Council, 2008 recommend that high quality evaluation is preceded with a systematic approach to intervention development. The iterative four-phase approach outlined in the MRC framework (Fig. 1) involves developmental work (referred to as 'Phase 1' research) which includes: identification of the evidence base; identification or development of theory relating to the phenomenon of interest; and modelling of processes and outcomes to inform optimisation of the intervention prior to evaluation. However, detailed reports of this developmental process in relation to RSE interventions are scant in the literature [for exceptions see (Carswell, McCarthy, Murray, & Bailey, 2012; Kirby, Coyle, Alton, Roller, & Robin, 2011; McCarthy et al., 2012; Wight & Abraham, 2000)]. The result is a paucity of models which might guide comparable research and the potential for 'reinvention of the wheel' as a result of ineffective process-related knowledge translation and dissemination strategies.

As well as detailing the development and optimisation of an evidence-based, theory-informed intervention which might be applied internationally, in this article our intention is to provide an example of the application of the MRC framework in practice. In applying it in the real world we learned a number of lessons, which both complement and extend beyond the guidance which accompanies the framework. These we offer as core lessons underpinning a model of intervention development to guide the efforts of researchers and practitioners in sex education and, more broadly, researchers engaged in the development and evaluation of complex public health programmes.

Overview of the intervention

Our intervention is entitled *If I Were Jack*. It is based around an interactive video drama (IVD) which presents a hypothetical scenario of a week in the life of Jack, a teenager who has just found out that his girlfriend is pregnant. It is interactive in that the film pauses throughout with questions which invite users to imagine being Jack. On individual computers, they watch Jack as he thinks about what his friends and parents might say, chats to his girlfriend and attends a pregnancy counselling session. The user answers questions about how they would think, feel and react in these situations and ultimately decide upon a pregnancy resolution option. It is intended for use by teenagers aged 14–17 and to be delivered by teachers in classroom settings. Although targeted specifically at young men, it can also be used by young women and in mixed sex classrooms. By asking both girls and boys to empathise with Jack, it is designed to make explicit the gender assumptions around roles and responsibilities for teenage pregnancy while opening them up for reflection and negotiation.

The intervention includes eleven different activities which provide pupils with educational information and opportunities for communication with peers and parents, skills practice, reflection, and anticipatory thinking. A core component is the *If I Were Jack* interactive video drama (IVD) which presents a hypothetical teenage pregnancy scenario from a teenage man's point of view. It invites users to empathise with the main character Jack and ask themselves how they would think and feel if they were in his situation. Additional components which are based around the IVD, including classroom materials, a training session for teachers and an information and discussion session for parents, are detailed in Table 1. Further information about the intervention, including excerpts from the film, is available from the project website <http://www.qub.ac.uk/sites/IfIWereJack>.

The intervention is designed to increase adolescents' intentions to avoid an unintended pregnancy by delaying sexual intercourse or consistently using contraception in sexual relationships. To achieve this impact, it targets six psychosocial mechanisms which theory and research suggest are key to decreasing sexual risk-taking behaviour: knowledge; skills; beliefs about consequences; other socio-cultural influences such as peer norms, gender norms and parental values and beliefs; beliefs about capabilities; and intentions (Ajzen & Madden, 1986; Cane, O'Connor, & Michie, 2012; Michie, Johnston, Abraham, Francis, & Eccles, 2013; Ravis, Sheeran, & Armitage, 2009). It aims to maximise potential impact

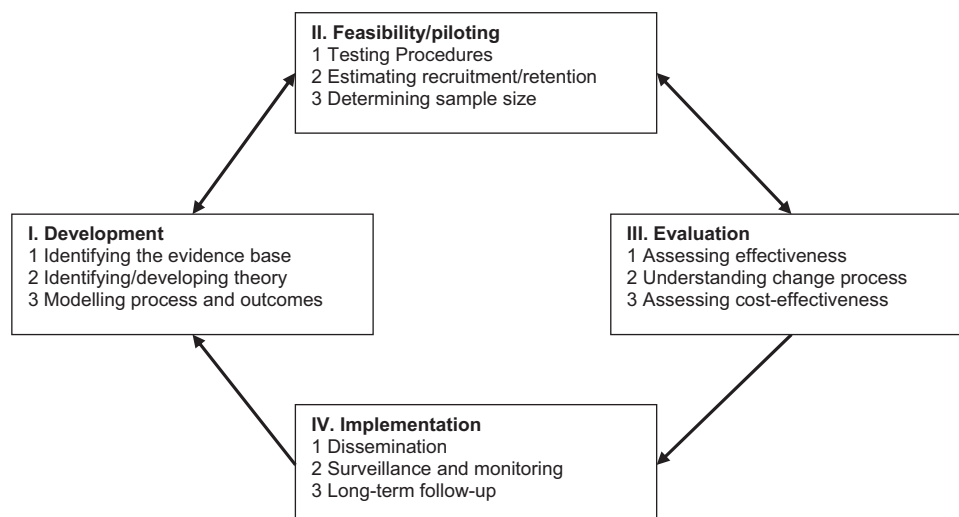


Fig. 1. Key phases in the development and evaluation of complex interventions (: 8).

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