

Delayed Debut IPC Pilot Program M&E Plan

Background

AIDSMark has initiated a regional behavior change communication campaign focused on delayed sexual debut among African youth. In addition to the mass media component of this campaign, an interpersonal communications (IPC) component will also be integrated. In February 2005, the IPC program, which aims at increasing and improving parent/adolescent communication about sex, was developed in South Africa. The work is predicated on the assumption that improvements in parent/child communication will help youth delay sexual debut, adopt other risk reducing sexual behaviors, and be motivated to take action to prevent HIV transmission.

As this is one of the first programs of its kind it is important to pilot test the program. This will ensure that each component of the IPC program is understood by participants and achieves the desired goal, to measure the impact of the program on HIV knowledge, attitudes, and practices, and to ensure that participants are accepting of this type of program. This document outlines the framework of the pilot test and specifically highlights the monitoring and evaluation components.

What is the Delayed Debut Campaign? The Delayed Debut campaign aims to encourage youth ages 13-19 to postpone sexual activity, and refrain from engaging in future sexual activity if is already sexually active. The campaign seeks to influence these behaviors by addressing the barriers and contextual issues that emerged from PSI's formative research conducted in the spring of 2004. These issues, including peer pressure to fit in, tolerance for sexual coercion and violence, and the desire to fulfill perceived societal norms of what it means to become a "man" or "woman," all influence adolescents' lives and decision making with regards to sexual activity. The Delayed Debut series of television, radio, and print spots will focus on these and other barriers to delayed sexual debut by encouraging youth to make safer choices and focus on their futures.

Focus group discussion results from the formative research also, indicated that parental relationships are an important factor in youth's decisions to engage in sexual activity. Both sexually and non-sexually active youth expressed that they did not receive enough sex education information, and nearly all voiced a desire to have more communicative relationships with and get such information from their parents. Youth indicated that parents did not frequently talk to them about sex, and that without such information and familial support youth were likely to have sex out of curiosity and would be more easily influenced by peer pressure. Youth that lacked effective communication more often expressed fear of punishment, anger, and violence from their parents who would try to influence their behavior through strict discipline. Non-sexually active youth were more likely to have open relationships with their parents who would talk to them about sex and condom use. Because parent/adolescent communication emerged as such a significant theme, and because this topic is not easily addressed using mass media, the IPC program was developed.

The IPC Campaign: “Safe from Harm”

The Delayed Debut IPC Campaign focused on parent/adolescent communication, known as “Safe from Harm,” is centered on a series of small group discussions that incorporate communication skills building and sexuality education. For the program, approximately 20 parents and their children are recruited, for a total of 40 participants. The parents and children meet separately, once a week in 3 hour sessions, for four consecutive weeks, and then are brought together for one final 4 hour session in the 6th week, as the adolescent component begins one week after the parental component.

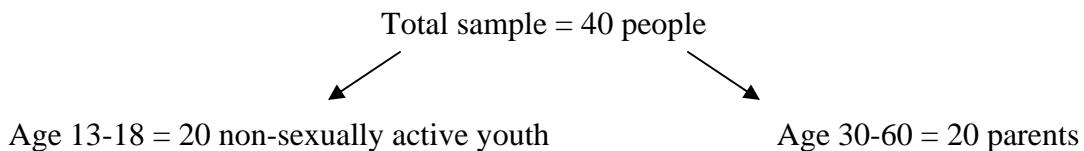
Timeline	Parent Session	Adolescent Session
Week 1	Embracing the Role of Parent as Sex Educator	-
Week 2	Becoming an Approachable Parent	Recognizing & Personalizing Your Risk
Week 3	Open Communication	Enhancing Adolescent Decision Making
Week 4	HIV/AIDS, STIs, and Pregnancy Prevention	Building Health Protective Communication Skills
Week 5	-	Making & Carrying out Decision to Delay Sex
Week 6	Joint parent/adolescent session	Joint parent/adolescent session

Formal Pilot Test: May 2004 – February 2005

Participant Selection

The pilot test will be small and will test the program with one group. Through the process of conducting the pilot, we hope to learn much about program feasibility and recruitment. Both fathers and mothers can be recruited for the parent groups and both male and female youth can be recruited for the adolescent groups. Prior research has demonstrated that both fathers and mothers can impact youth’s sexual behavior through effective communication. Furthermore, previous programs that have been developed on parent/youth communication, including those developed by Advocates for Youth, from which “Safe From Harm” draws many of its activities, have demonstrated success with mixed gender adolescent participation.

The pilot group participants will be segmented in the following way:



AIDSMARK will work closely with the participating countries to lay the groundwork for program participant selection and location. If necessary, a short in-country needs assessment will be carried out to develop a recruitment process, which may involve identifying organizations willing to assist in participation. Such recruitment is justified in that when other countries replicate this program, they are likely to go through similar channels for participant recruitment. It will also allow us to adequately reach the target population. Finally, this method will also help minimize attrition from the groups.

Confidentiality & Ethical Considerations

Efforts to maintain confidentiality and anonymity will be employed throughout sampling and the data collection. All participants will undergo informed consent. Because adolescent participants who are under the age of 18 will be participating with their parents, parental consent will be incorporated into the informed consent process. The process of the data collection will be explained in detail to participants. No personal identifying information will be gathered from participants on the data collection questionnaire forms. Instead, all respondents will be given an ID number. Contact information will be kept by the group facilitators and used only to follow up with non-attendees if necessary. All study materials will be kept in a secure place and only study personnel will have access to them. All study materials, including cassette tapes will be destroyed upon termination of the study.

Group Sessions Content

The four group sessions and the joint session will occur over a 6 week period in June-July of 2005. A total of 4 facilitators will be recruited to run the groups, and two will work with the parental and adolescent groups respectively. Within each set of group sessions, one of the facilitators will run the groups, and the other will serve as an assistant and note-taker. The age and gender of the facilitators should reflect the groups they are leading. The facilitators for the adolescent groups should be females in their early twenties, while the facilitators for the parent groups should be females in their late thirties or early forties. Because much of the success of the intervention lies in the facilitators' capabilities, a training manual will be developed and the facilitators will undergo a 2-day training seminar which focused on group facilitation skills.

Parent Sessions

1. Embracing the role of parent as sex educator
 - discussion of issues facing youth today
 - parental sexual values clarification
 - addressing sex communication myths
 - assessment of cultural and gender social norms
2. Becoming an approachable parent
 - discussion of obstacles to communicating about sex
 - understanding family climate and parenting styles
 - communication
 - teachable moments
3. Open Communication
 - communication components
 - practicing good communications skills
 - identifying teachable moments
4. HIV/AIDS, STIs, Pregnancy Prevention
 - increase participants' technical knowledge about pregnancy, contraception, HIV/AIDS so that they are better equipped to answer questions

Adolescent Sessions

1. Recognizing & personalizing your risk
 - sexual risk assessment
 - HIV, STI, & pregnancy facts and risks

2. Enhancing adolescent decision making
 - sexual values clarification
 - impacts on decision-making: peer pressure, gender norms, relationships, violence
3. Building health protective communication skills
 - communication with parents
 - interpersonal communication
 - assertive communication
 - decision making process
4. Making & carrying out decisions to delay sex
 - sexual decision making

Quantitative Data Collection

A questionnaire will be administered at three time points: once before the group sessions and one the week following the sessions and then at three months after the group sessions. The same respondents will be interviewed at each time period. Respondents will be offered a small stipend for participation.

The data collection points fall along the following timeline:

(TBD: based on selected program start date)

- _____ 2005: baseline survey (T1)
- _____ 2005: first parent group session
- _____ 2005: second parent group session
- _____ 2005: first adolescent group session
- _____ 2005: third parent group session
- _____ 2005: second adolescent group session
- _____ 2005: fourth parent group session
- _____ 2005: third adolescent group session
- _____ 2005: fourth adolescent group session
- _____ 2005: joint parent/adolescent group session
- _____ 2005: follow up questionnaire (T2)
- _____ 2005: final follow up questionnaire (T3)

The data collection at T1 will provide a baseline. In addition to measuring parent/adolescent communication and safer sex behaviors (consistent condom use, reduced partners, VCT, abstinence), the survey will also examine attitudes towards and knowledge of HIV, STI, & pregnancy knowledge, as it is more likely that we will see a shift in these than actual behaviors over the time period. In addition basic demographics will be collected. The same survey instrument will be used at all four data collection points, and will be administered by 4 trained interviewers. Data will be entered into SPSS.

Qualitative Data Collection

In addition to the quantitative surveys, a qualitative research component will also be integrated into the monitoring and evaluation plan. To provide detailed information about participation and group dynamics, each group session will be tape-recorded and transcribed using the recordings supplemented by the notes taken by the assistant facilitator. These transcriptions will be subject to qualitative data analysis.

Upon completion of the program, participants will also participate in two focus group discussions (FGDs), one each with parents and adolescents respectively. The FGDs will be designed to elicit answers to questions about the pilot test that can not be gathered from the quantitative data. For example:

- Which sessions were the most successful?
- Which activities were disliked by participants?
- Which activities seemed superfluous or unnecessary?
- How was the inclusion of fathers in the parent groups disruptive or beneficial to the program?
- What were the benefits/disadvantages of starting the adolescent component one week after the parental component?
- What were the benefits/disadvantages of providing the youth with the sex education session prior to the parents?

The FGDs should also elicit participant acceptance of the program, and seek to identify any changes that should be made in both content and length.