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Original article

## *Yo Puedo*—A Conditional Cash Transfer and Life Skills Intervention to Promote Adolescent Sexual Health: Results of a Randomized Feasibility Study in San Francisco

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### ABSTRACT

**Purpose:** We designed and evaluated for feasibility an intervention—*Yo Puedo*—that addresses social network influences and socioeconomic opportunities in a neighborhood with substantial gang exposure and early childbearing.

**Methods:** *Yo Puedo* combined conditional cash transfers for completion of educational and reproductive health wellness goals with life skills sessions, and targeted youth 16–21 years of age and same-aged members of their social network. We conducted a two-arm study with social networks randomized to the intervention or a standard services control arm. We evaluated intervention uptake, adherence, and safety; and assessed evidence of effects on behavioral outcomes associated with unintended pregnancy and sexually transmitted infection risk.

**Results:** A total of 72 social networks composed of 162 youth enrolled, with 92% retention over 6 months. Seventy-two percent of youth randomized to the intervention participated in intervention activities: 53% received at least one conditional cash transfer payment and 66% came to at least one life skills session. We found no evidence that cash payments financed illicit or high-risk behavior. At 6 months, compared with controls, intervention participants had a lower odds of hanging out on the street frequently (odds ratio [OR], .54;  $p = .10$ ) and a lower odds of reporting that their close friends had been incarcerated (OR, .6;  $p = .12$ ). They reported less regular alcohol use (OR, .54;  $p = .04$ ) and a lower odds of having sex (OR, .50;  $p = .04$ ).

**Conclusions:** The feasibility evaluation of *Yo Puedo* demonstrated its promise; a larger evaluation of effects on pregnancy and sustained behavioral changes is warranted.

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### IMPLICATIONS AND CONTRIBUTION

*Yo Puedo*, a combined conditional cash transfer and life skills intervention designed to improve adolescent sexual health, directly targeted youth and their social networks. The randomized evaluation provided evidence of feasibility, informed design modifications, and provided preliminary evidence of effects on intermediate outcomes associated with adverse reproductive health outcomes.

Pregnancy rates among United States (US) teens aged 15–19 years remain higher than in any developed nation, with adverse health and socioeconomic consequences [1,2]. Although rates over the past decade have declined for all racial/ethnic

groups, the decrease remains lowest for Latina teens [3,4]. In California, where one in eight US adolescents reside [5], Latinas have a teen birth rate that is 3.4 times higher than non-Latino whites [6]. Likewise, sexually transmitted infection (STI) rates illustrate similar disparities by race/ethnicity [7].

Youth violence shapes social environments and sexual health in many US urban neighborhoods. Youth violence is the second leading cause of death for Latino male youth aged 10–24 years [8].

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Limited socioeconomic opportunities and social marginalization make gang affiliation an attractive and economically viable direction for some youth [9], one that is often embedded intergenerationally within families [10]. Furthermore, gang membership may be aligned with culturally based masculinity norms that can lead to hyper-masculinity among young males [11], thereby increasing sexual risk taking. In underserved neighborhoods with widespread community violence, the presence of street gangs constitutes a dominant influence on adolescents' social norms and individual behaviors [12–14]. Male gang involvement has been associated with perpetration of partner violence [15], inconsistent condom use, increased number of partners, and sexual concurrency [16–18]. Our past research also found that having a male partner in a gang increased pregnancy incidence among teen females [16] and that gang norms promoted partner concurrency and substance use as signs of masculinity [12].

Among US adolescents overall, socioeconomic disparities and poverty at the individual and household levels are associated with teen pregnancy, childbearing, and STIs [19]. Educational and career aspirations and expectations constitute an important aspect of socioeconomic opportunities. Youth with educational and career aspirations for the future are more likely to abstain from or delay intercourse and to use contraception if sexually active [20]. Pregnant teens have been found to have fewer resources for educational and career development than do young women delaying childbearing until adulthood, and to experience numerous socioeconomic and social obstacles to achieving their educational goals [21]. For Latino immigrants, legal and linguistic barriers further limit access to educational and economic opportunities.

The use of financial incentives to promote educational attainment and health-related behaviors has demonstrated success in improving socioeconomic status, educational attainment, and child health, particularly in low- and middle-income countries [22]. Traditionally conceived of as a poverty alleviation strategy, more recently, conditional cash transfer (CCT) interventions have used financial incentives to promote school attendance and specific health behaviors as a human immunodeficiency virus prevention strategy [23], with positive effects found among adolescents in Malawi [24]. Evaluations of *Oportunidades*, Mexico's flagship CCT program, revealed that to improve adolescent reproductive health, interventions must target and incentivize youth participation

directly [25]. Opportunity NYC, modeled after *Oportunidades*, offered cash transfers to 2,400 New York City families and youth, conditional on completion of educational and health activities. Three-year evaluation data demonstrated few improvements in adolescent health outcomes [26] yet some increases in time spent on academic activities and reductions in substance use, which prompted recommendations for a CCT model that addresses mediating influences, including social context, and a more narrow set of health outcomes. A recent World Bank review [27] concluded that CCT effects on health could be further strengthened through greater emphasis on performance rather than participation (e.g., grade improvement vs. school attendance), as demonstrated in contingency management programs that use CCTs as “reinforcers” to reward positive behaviors (e.g., remaining drug free) [28].

Recognizing the need for intervention approaches that extend beyond individual-level behavior change and that address underlying factors that influence reproductive health outcomes, we designed *Yo Puedo* (“I can”). *Yo Puedo* combined CCTs tied to completion of educational and reproductive health wellness goals with life skills education, and targeted youth 16–21 years of age and same-aged members of their social network. This article reports findings from a randomized feasibility study of *Yo Puedo* we conducted with youth in San Francisco's Mission District, a predominantly Latino neighborhood with substantial gang exposure and early childbearing. To ensure that *Yo Puedo* held promise as a sexual health intervention that would ultimately reduce unintended pregnancy and STI acquisition, this feasibility study was designed as a prelude to a large-scale effectiveness trial. Our primary aims examined intervention uptake, adherence and acceptability, safety related to distribution of cash payments to youth directly, and changes in close friend group composition and in individual behavioral risks associated with pregnancy and STI outcomes.

## Methods

### *Theoretical basis for Yo Puedo: a combined CCT and life skills intervention*

*Yo Puedo* integrated two intervention models guided by behavioral economics and social learning theory within a social networks framework (see conceptual model in Figure 1).

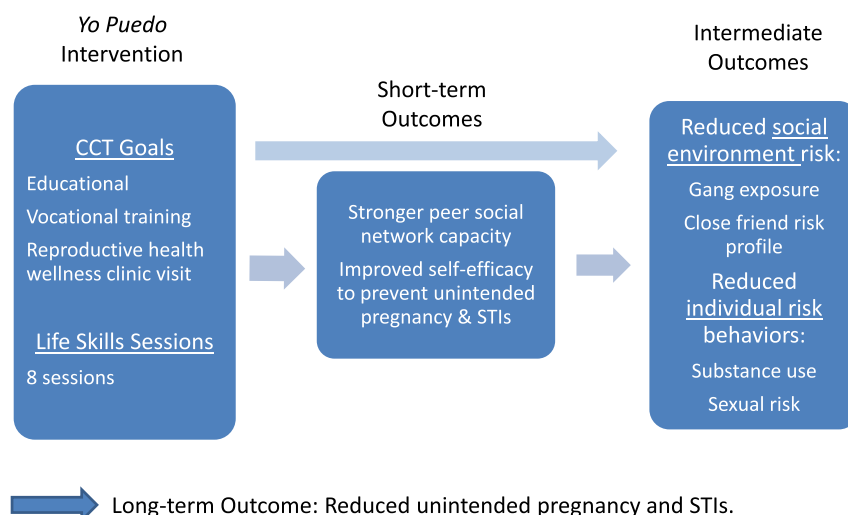


Figure 1. *Yo Puedo* conceptual model.

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