



Original article

The Impact of a Sexual and Reproductive Health Intervention for American Indian Adolescents on Predictors of Condom Use Intention



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A B S T R A C T

Purpose: American Indian (AI) adolescents experience inequalities in sexual health, in particular, early sexual initiation. Condom use intention is an established predictor of condom use and is an important construct for evaluating interventions among adolescents who are not yet sexually active. This analysis evaluated the impact of Respecting the Circle of Life (RCL), a sexual and reproductive health intervention for AI adolescents, on predictors of condom use intention.

Methods: We utilized a cluster randomized controlled trial design to evaluate RCL among 267 AIs ages 13–19. We examined baseline psychosocial and theoretical variables associated with condom use intention. Generalized estimating equation regression models determined which baseline variables predictive of condom use intention were impacted.

Results: Mean sample age was 15.1 years (standard deviation 1.7) and 56% were female; 22% had initiated sex. A larger proportion of RCL versus control participants had condom use intention post intervention (relative risk [RR] = 1.39, $p = .008$), especially younger (ages 13–15; RR = 1.42, $p = .007$) and sexually inexperienced adolescents (RR = 1.44, $p = .01$); these differences attenuated at additional follow-up. Baseline predictors of condom use intention included being sexually experienced, having condom use self-efficacy, as well as response efficacy and severity (both theoretical constructs). Of these, the RCL intervention significantly impacted condom use self-efficacy and response efficacy.

Conclusions: Results demonstrate RCL intervention efficacy impacting variables predictive of condom use intention at baseline, with greater differences among younger, sexually inexperienced adolescents. To sustain intervention impact, future RCL implementation should reinforce education and training in condom use self-efficacy and response efficacy and recruit younger, sexually inexperienced AI adolescents.

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IMPLICATIONS AND
CONTRIBUTION

This study evaluated a sexual health intervention for American Indian adolescents on condom use intention. Respecting the Circle of Life improved condom use intention among younger, sexually inexperienced adolescents and condom use self-efficacy and response efficacy, both predictors of condom use intention. Results support Respecting the Circle of Life implementation with younger and sexually inexperienced American Indian adolescents.

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Despite profound diversity in health behaviors and contextual factors impacting health across urban and reservation-based communities, American Indians (AIs) experience inequalities in sexual health. In 2011, AIs had the second highest Chlamydia and Gonorrhea rates and third highest primary and secondary syphilis rates in the United States [1]. While the U.S. American

Indian/Alaska Native (AI/AN) HIV diagnosis rate is less than U.S. all-races (2.8 vs. 5.2/100,000), 4 Indian Health Service areas, have higher rates of 5.6, 6.6, 6.8, and 25.7/100,000, respectively [2]. Furthermore, AIs have the poorest 3-year survival rates following an HIV diagnosis compared with all other U.S. groups [2].

AI adolescents and young adults are particularly burdened by poor sexual health. In 2011, AI/AN females ages 15–24 reported the highest age-specific Chlamydia rates compared with all other U.S. females [1]. Additionally, the majority of Chlamydia cases in Indian Health Service areas (68.6%) were among those ages 13–24 [2]. In 2011, the AI/AN Gonorrhea rate of 115.7/100,000 increased 7.7% from 2010, with the highest rate occurring among 13- to 24-year-olds (238.9/100,000) [2].

Among adolescents, early sexual initiation predicts future sexual risk taking [3,4]. Youth who initiate sex at younger than 14 years are more likely to have sex more often, multiple partners, and sex without a condom [5]. It follows that adolescents and young adults who acquire sexually transmitted infections (STIs) more often report initiating sex at a young age [4]. National data show that AI youth are more likely to initiate sex before age 13 than all other groups, with the exception of black/African-American youth [6].

Given AI/AN youth are more likely to initiate sex before age 13, it is not surprising that in 2012, AI/AN females ages 15–19 had the third highest teen birth rate in the United States (35/1,000 vs. 29.1,000 nationally) and, in 2010, had the highest prevalence of repeat teen births [7]. Nearly half (41%) of AI females begin childbearing in adolescence and within their lifetime bear twice as many children as the general U.S. population [7]. Compared with all U.S. groups, AI adolescents are more likely to have ever had sex (69% vs. 47%); had sex with four or more persons during their lifetime (22% vs. 15%); and drank alcohol or used drugs prior to sex (32% vs. 22%) [8]. Taken together, these sexual health disparities underscore the need for interventions targeting young AI adolescents, prior to sexual initiation.

Several tribal-academic partnerships are developing and evaluating sexual health interventions for AI adolescents and young adults [9–14]. Evaluating sexual health interventions with adolescents poses challenges when participants are young and/or have not initiated sexual intercourse and behavioral outcomes of interest may not occur during data collection (i.e., condom use). As an alternative, condom use intention or the perceived likelihood of engaging in condom use, has been utilized [15,16].

Theoretically, condom use intention is an established predictor of condom use behavior [15,17–23]. Yet, to our knowledge, no published evaluations of a sexual health intervention implemented with AI adolescents have explored intervention impact on baseline variables predictive of condom use intention, including psychosocial and intervention theoretical constructs. This paper presents results from a secondary analysis of the evaluation of Respecting the Circle of Life (RCL): Mind, Body and Spirit, a culturally adapted sexual health and HIV risk-reduction intervention for AI adolescents [9,10]. RCL was evaluated through a randomized controlled trial with AI adolescents and demonstrated promising intervention impacts, which have been described in detail elsewhere [9,10]. (Note: information about the tribal-academic partnership and the participatory process shaping the RCL intervention and evaluation design are described in the aforementioned citations).

RCL is grounded in protection motivation theory (PMT), which posits that protection from a threat such as HIV is based on two pathways: threat appraisal and coping appraisal [9,18]. With

regard to condom use intention and actual condom use, PMT suggests that youth's perceived severity of HIV and likelihood that sex without a condom will result in contracting HIV, is balanced with the internal and external rewards of having sex without a condom. Similarly, youth's perceived ability to use a condom and belief that using a condom will prevent HIV, is balanced with the costs of using a condom. Reflecting these PMT constructs, the RCL intervention aims to increase condom use intention by providing knowledge and skills to increase youth's ability and motivation to use condoms and decrease desire to have sex without a condom.

Several evaluations of sexual health interventions rooted in PMT have been conducted with diverse adolescent samples. A meta-analysis found the constructs comprising the coping (protective) appraisal pathway to be greater predictors of behavioral intent outcomes than those of the threat (risk) appraisal pathway [24]. For example, among Bahamian youth, self-efficacy and response efficacy were related to intention to initiate sex, while response efficacy and subjective norms explained 22% of the variance in condom use intention among South African youth [25,26]. Though the constructs of PMT and predictors of condom use intention have been studied with other adolescent populations, there is a dearth of similar analyses in the AI/AN adolescent health literature.

Current study

We analyzed data from the sample of AI youth (ages 13–19) who participated in the evaluation of RCL [9,10]. In the primary analysis, RCL intervention participants were more likely than control participants to have condom use intention immediately post intervention. That analysis did not explore differences by age group or sexual experience and intervention impact on condom use intention attenuated by 6- and 12-months follow-up [10]. The majority of participants were sexually inexperienced, thus exploring RCL intervention impact on condom use intention is important for strengthening the RCL intervention to sustain long-term impact.

Our goals for this secondary analysis were to: (1) examine intervention impact on condom use intention by age group and sexual experience; (2) identify baseline psychosocial and PMT (theoretical) predictors of condom use intention; (3) assess RCL intervention impact on these baseline predictors; and (4) inform future RCL implementation and dissemination efforts. We hypothesized that post intervention, a larger proportion of younger and sexually inexperienced participants receiving the RCL program would have higher condom use intention than participants in the control group.

Methods

Participants

Participants were 267 self-identified AIs ages 13–19 who participated in the evaluation of RCL [9,10]. We used a non-probability sampling frame and recruited through local schools and at public events in the participating tribal community. Trained paraprofessionals from the community described the purpose, general design, and enrollment criteria to potential participants. For those interested, written informed consent (if ≥ 18 years old) or assent/parental permission (if < 18 years old) was completed. The study was approved by relevant tribal

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