



THE GRADUATE COLLEGE OF THE
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
ANNOUNCES THE FINAL EXAMINATION OF

Jennifer Green

FOR THE
DEFENSE OF THE DOCTOR OF PHILOSOPHY DEGREE
GRADUATE COLLEGE
DEPARTMENT OF HEALTH PROMOTION SCIENCES

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Room 144, College of Public Health Building, OUHSC

AN INVESTIGATION OF THE PSYCHOSOCIAL AND
BEHAVIORAL EFFECTS OF TEEN PREGNANCY PREVENTION
INTERVENTION IMPLEMENTED IN GROUP HOMES

COMMITTEE IN CHARGE: Thomas A. Teasdale, DrPH, Chair,
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Purpose: Youth in out-of-home care have higher rates of sexual risk behaviors and pregnancy than youth nationally. This study aimed to determine if Power Through Choices (PTC), a teen pregnancy prevention program (TPP) developed for youth in out-of-home care, significantly reduces oral sex behaviors and increases dual method contraceptive use compared to a control condition. Additionally, the study determined if psychosocial factors, such as self-efficacy and behavioral intentions, are mediators of the PTC intervention on sexual behavior and contraceptive outcomes.

Methods: The study design was a cluster randomized controlled trial (RCT) involving 1036 youth (aged 13-18) recruited from 44 residential group homes in 3 states. Intervention participants received the multi-session PTC intervention, control participants received usual care. Participants were administered self-report surveys at baseline, immediate post-intervention, 6 months and 12 months after the intervention. Survey items assessed oral sex activity, dual method contraceptive use, safer sex practices, and psychosocial factors. Regression analyses were used to assess differences between the intervention and control groups in regard to sexual and contraceptive behavior outcomes. Sobel tests of mediation models were used to assess the potential mediating effect of the psychosocial factors.

Results: Relative to youth in the control group, the PTC intervention had reduced the odds of lifetime oral sex behavior 12 months after the intervention (AOR=0.47, 95% CI= 0.23- 0.93). The intervention did not significantly impact dual methods use. There was no evidence to suggest that self-efficacy and behavioral intentions constructs mediated the effects of the intervention on lifetime or recent oral sex, dual method use, or safer sex.

Conclusion: The PTC intervention may provide child welfare and juvenile justice agencies working with youth in out-of-home care with a strategy to address oral sex behaviors and reduce STI risk. Further research is needed to identify factors that contributed to the success of the intervention on oral sex and safer sex.