


APHA Annual Conference 2015
November 3, 2015



STUDENT PERCEPTIONS OF
AN ONLINE SEX EDUCATION INTERVENTION
IN RURAL NORTH CAROLINA

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PRESENTER DISCLOSURES

Elizabeth Chen, MPH

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

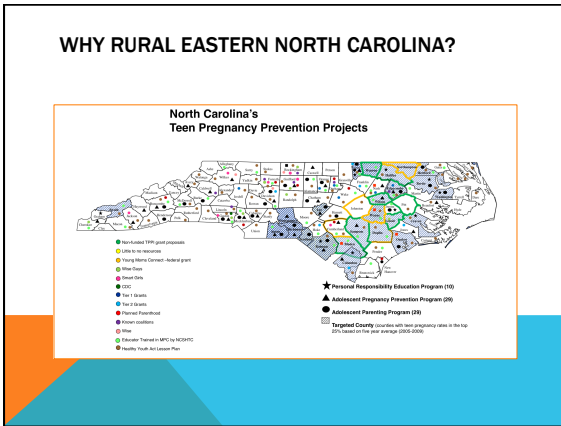
No relationships to disclose.

WHY RURAL EASTERN NORTH CAROLINA?

North Carolina has reached its lowest pregnancy rate in more than 30 years (35.2 per 1,000 among 15 to 19 year old girls).

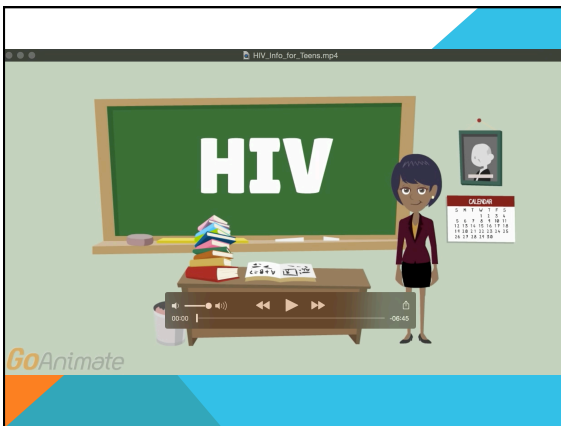
County	2013 Teen Pregnancy Rate (per 1,000)
Northampton	58.4
Halifax	54.2
Warren	53.7
Durham	39.5
Orange	9.6

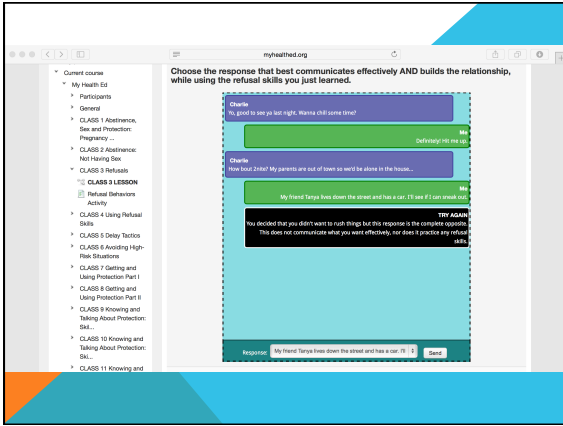
SHIFT NC, 2013



MYHEALTHED INTERVENTION OVERVIEW

- Adapted from ETR's *Reducing the Risk (RTR)*
 - 16 online lessons delivered through Moodle
 - STD/HIV and pregnancy prevention
- Differs from *RTR* because:
 - MyHealthEd can be facilitated with/without a trained health educator
 - Classroom teachers are blinded from student responses
 - MyHealthEd presents content in multiple formats (text, audio through text-to-speech, videos, and animated videos)





PILOT TESTS


- **MyHealthEd Pilot Study Phase I (Fall 2014)**
 - 34 ninth grade students in one Eastern North Carolina (ENC) high school
- **MyHealthEd Pilot Study Phase II (Spring 2015)**
 - 135 ninth grade students in four ENC high schools
 - Nine gender-specific semi-structured student focus groups (n=29)
 - Three semi-structured health teacher interviews (n=3)

RESEARCH QUESTIONS

1. What are students' and teachers' perceived benefits and drawbacks for online sex education?
2. How do students want to improve this adapted online intervention for the future?


DATA COLLECTION

- **Students and teachers were recruited from the Spring 2015 pilot study of MyHealthEd**
 - Student focus groups were conducted during students' health/PE class OR lunch period, lasted approximately 45 minutes
 - Teacher interviews were conducted during teachers' planning periods OR after school, lasted approximately 45 minutes
- **Focus groups and interviews were transcribed verbatim**




DATA ANALYSIS

- **Qualitative data were analyzed using Atlas.ti (version 1.0.31 for Macs)**
 - Data were coded with both descriptive and interpretive codes for thematic analysis
 - Matrices were created to compare perceived benefits and drawbacks between students and teachers



PERCEPTIONS OF ONLINE SEX ED FOR STUDENTS


Perceived benefits	Perceived drawbacks
More student autonomy	Too much student autonomy
More interactions with others	Fewer interactions with others
More engagement	
Better understanding	
More privacy	
Greater comfort	
Clearer expectations	



MORE PRIVACY


Ashley: "You can put your comment on how you feel about it **instead of havin' the whole class know** what you put, so that's why I like it."

Devon: "Because it was like **you might get judged by a teacher** but, you know, with the computer you aren't going to have that so you can be **more truthful** with it. And a teacher might not look at you the same way."




STUDENT AUTONOMY

"You've got more resources. Like if you're already on the internet and there's something you don't know you can just open up another tab and go search it up...When they showed me the IUD I didn't know what that was so I had to open up another tab, looked it up, and that's when I noticed what it was."




"Like, they might get on Facebook or Instagram and stuff; I mean, they don't do their work. I mean, most—like, some of us do actually use YouTube just to listen to music and do our work, but some just don't pay attention."




INTERACTIONS WITH OTHERS

"You can do it anywhere...if you need to do something outside of class - because you want your second opinion- you can do it with a family member or doctor or something."

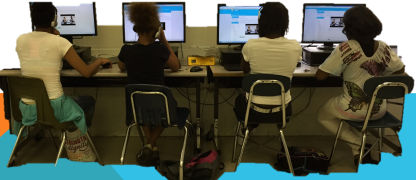


"Cause it's like you don't get to interact with anybody. You just get to sit there and, you know, do your thing or whatever."

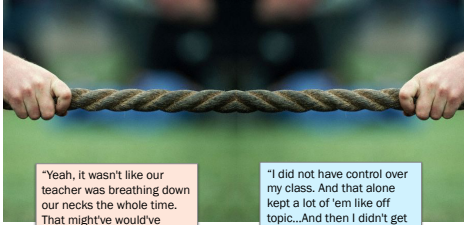


PERCEPTIONS OF ONLINE SEX ED FOR TEACHERS

Perceived benefits	Perceived drawbacks
Decreases daily lesson planning	Less classroom control
Decreases daily grading	
Teachers learn too	



STUDENT AUTONOMY VS. TEACHER CONTROL



"Yeah, it wasn't like our teacher was breathing down our necks the whole time. That might've would've made it uncomfortable, but it was like he set us free, let us do our own thing."

"I did not have control over my class. And that alone kept a lot of 'em like off topic...And then I didn't get to know about any of their - of their concerns or things they may have been thinking about unless they actually shared it."

FUTURE IMPROVEMENTS FROM STUDENTS

- **Students want future iterations to:**
 - Involve others (e.g. peers, health teacher, adults)
 - Increase student engagement

INVOLVE OTHERS

"[We should] go to people and ask them – like just not – not just your **doctor** but more **family members, friends, teachers**: go to them and have them sit down and talk to you about that, because it's better to go to other people because you see **other perspectives**. If you go to your mom you're going to know the same perspective over and over again because you're mom's going to talk to you about the same thing over and over again."



INCREASE STUDENT ENGAGEMENT

"Y'all can have, like, music videos or stuff, like, that explain the lessons because, like, we like music and we like watching music videos. Like, if you had, like, games or puzzles or crossword puzzles and, like, more activities for everybody...That would be fun and then help you at the same time."



DISCUSSION

- Online sex education is a promising and preferred method of delivery for comprehensive sex education standards
- There are many more student and teacher perceived benefits compared to drawbacks
- This intervention strategy may be able to increase students' availability of high quality health education
- Additional research is still needed to assess effectiveness and appropriateness across different populations and settings



