

## **Evaluation Abstract: Evaluation of BUtiful: An Internet pregnancy prevention intervention for older teenage girls in New Orleans, Louisiana**

### **Grantee**

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### **Intervention Name**

Be yoU, Talented, Informed, Fearless, Uncompromised, and Loved (BUtiful), an electronic translation of the intervention Sisters, Informing, Healing, Living, and Empowering (SiHLE)

### **Intervention Description**

BUtiful is an Internet-delivered pregnancy prevention intervention translated from the evidence-based HIV prevention intervention SiHLE. In contrast to SiHLE, which is administered in four group sessions, the BUtiful website is composed of eight successive interactive sessions that participants can access at their convenience within an allotted four weeks. SiHLE content was adapted for electronic/interactive presentation via BUtiful, and a session on contraception was added to provide a pregnancy prevention component. BUtiful targets women ages 18 to 19.

Participants' access to the website is activated on the day of enrollment and is deactivated at the conclusion of the allotted four weeks. Each session is approximately 30 minutes, depending on the participant's level of interaction. The sessions are presented via video, text, interactive activities, and message boards. Five female characters present the material in the sessions: four young women of the target demographic who present their experiences and work through issues related to topics such as contraception and relationships, and one slightly older moderator whose character presents medically accurate health information and anecdotes of her dealings with pregnancy and a sexually transmitted infection. Staff are available to answer questions about the site and to manage technical difficulties. Contact is maintained with the participants throughout the intervention period through text messages, telephone calls, and email according to participant preference. It is used to positively reinforce progress on the site, remind participants of the four-week timeline, and verify/update participants' contact information. At the end of the four weeks, session material is reinforced in quarterly newsletters that participants may opt out of. This outreach is provided throughout the funding period. No modifications of the intervention were made during implementation.

### **Counterfactual**

Diversity, Individuality, Vitality, Activity and Strong (DIVAS)

### **Counterfactual Description**

DIVAS is an electronic nutrition and wellness attention control program. The DIVAS website is composed of eight sequential interactive sessions that deliver a general health and nutrition curriculum created by the study team. Dosage and delivery mirror the intervention methods, as do the types of activities and characters used in the program, the technical assistance in accessing the website, and the reinforcement of information through quarterly newsletters after the four-week period.

### **Primary Research Question**

What was the impact of the BUtiful intervention, relative to the DIVAS attention control, on the consistent use of reliable contraceptives among 18- and 19-year-old African-American women at 6 months after intervention completion?

## **Secondary Research Questions**

The secondary research questions were: 1) What was the impact of the BUtiful intervention, relative to the DIVAS attention control, on the rate of pregnancy among African-American 18- and 19-year-old women 6 months after intervention completion? 2) What was the impact of the BUtiful intervention, relative to the DIVAS attention control, on the rate of Chlamydia or gonorrhea infection among African-American 18- and 19-year-old women 6 months after intervention completion?

## **Sample**

To be eligible for the evaluation, women had to be 18- or 19-year-old African-Americans who lived in Orleans or Jefferson Parish and were willing to complete eight sessions on the website. Women were ineligible if, at baseline, they were pregnant or intending to become pregnant in the next year or if they have or intend to have sex with women exclusively. A total of 656 women were enrolled and randomized; the analytic sample was comprised of 625 women. Of these 625 women, 515 (82.4%) completed follow up and answered questions regarding contraception and contraceptive adherence and were included in the main analysis for the primary outcome.

## **Setting**

The evaluation took place primarily in the greater New Orleans area. Women were recruited through partner sites (community colleges and universities), community events, or passive recruitment materials (brochures, flyers, referral cards). Enrollment was conducted at a location convenient for the participants that allowed for confidential survey responses. Program delivery was conducted via Internet at the convenience of the participants.

## **Research Design**

The evaluation is an individual randomized controlled trial. The BUtiful study was marketed under the pseudonym “You Geaux Girl!” (YGG!), and all promotional recruitment materials bore YGG! branding. To mask the content of the websites before enrollment, the study was presented as a health education and empowerment program for 18- and 19-year-old African-American women.

Enrollment was conducted through a phase-in approach. Women who were interested and signed up for the study were contacted within 2 to 3 days (with a maximum of 7 days) by study staff. Staff reviewed eligibility criteria and described the study to each interested woman. If a woman was interested and eligible, an enrollment visit was scheduled at a location convenient to her to obtain informed consent. During the consenting process at the enrollment visit, women were told that YGG! evaluates two online programs that look exactly the same but contain slightly different content and that there was a 50/50 chance of being randomized to one site or the other. The names of the two websites were also disclosed. After obtaining informed consent, a baseline survey was administered and biological specimens were collected to test for pregnancy, Chlamydia and gonorrhea. Afterward, a sequentially numbered and sealed randomization envelope was opened by the study staff to reveal which arm the participant had been assigned. Staff then demonstrated the assigned website and helped with log on procedures. Randomization envelopes were created using a randomization process with a single randomization envelope assigned to a single study participant. Neither staff nor participant knew which arm was being assigned until the randomization envelope was opened to reveal the assignment.

Data collection occurred at enrollment and at 2- (check in), 6- (short term outcomes), and 12-month (long term outcomes) post-intervention follow-ups using audio computer assisted survey instruments or Internet surveys.

An implementation evaluation occurred as part of this study to measure adherence, content and context. Website activity was recorded during the four weeks of program delivery using Google Analytics.

### **Impact Findings**

In an intent-to-treat analysis of short term outcomes, there were no significant differences between participants in the intervention arm and in the control arm for use of consistent reliable contraceptives, Chlamydia or gonorrhea infections, and pregnancy at the 6 month follow up.

### **Implementation Findings**

Overall, 23.4% did not complete any sessions, 58.2% completed all 8 sessions and 18.4% partially completed their sessions.

### **Schedule/Timeline**

Sample enrollment ended in September 2014. The 2-month follow-up ended in February 2015, the 6-month follow-up ended in June 2015, and the 12-month follow-up ended in December 2015. This evaluation report focuses on the 6-month follow-up data.