

Adolescent Reproductive Health Education during COVID-19: Evaluation of a Model for Virtual Reproductive Health Intervention in New Orleans

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Introduction

- The New Orleans Adolescent Reproductive Health Program (NOARHP) trains future health professionals to teach evidence-based sexual education to high school students in Orleans Parish.
- Reproductive health education has been shown to reduce teen pregnancy rates and STI transmission¹.
- Louisiana ranks fourth in the nation for teen birth rate⁴, third among HIV diagnoses².
- Prior to the COVID-19 pandemic, school-based reproductive health interventions served as a key component of adolescent reproductive healthcare⁵.
- Many students received limited reproductive health education prior to the COVID-19 pandemic, and even fewer are receiving reproductive health education now due to the constraints of virtual or hybrid learning environments⁵.
- Comprehensive reproductive health education through a virtual instruction model could increase access to reproductive education for students in schools employing virtual or hybrid instruction due to COVID-19.
- Purpose:** To evaluate the efficacy of a model for virtual reproductive health educational intervention in New Orleans.

Image 1. US HIV Rates

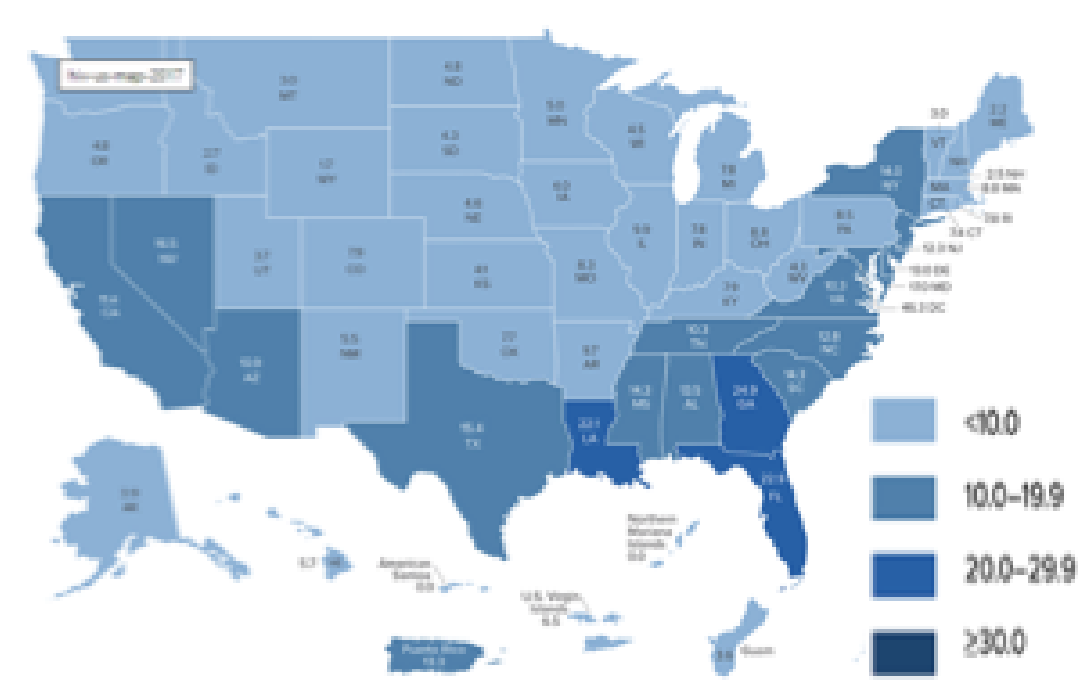


Image 1. Rates of HIV Diagnoses per 100,000 People. Louisiana ranked 3rd with a rate of 22.1 diagnoses per 100,000.

Image 2. US Teen Pregnancy Rates

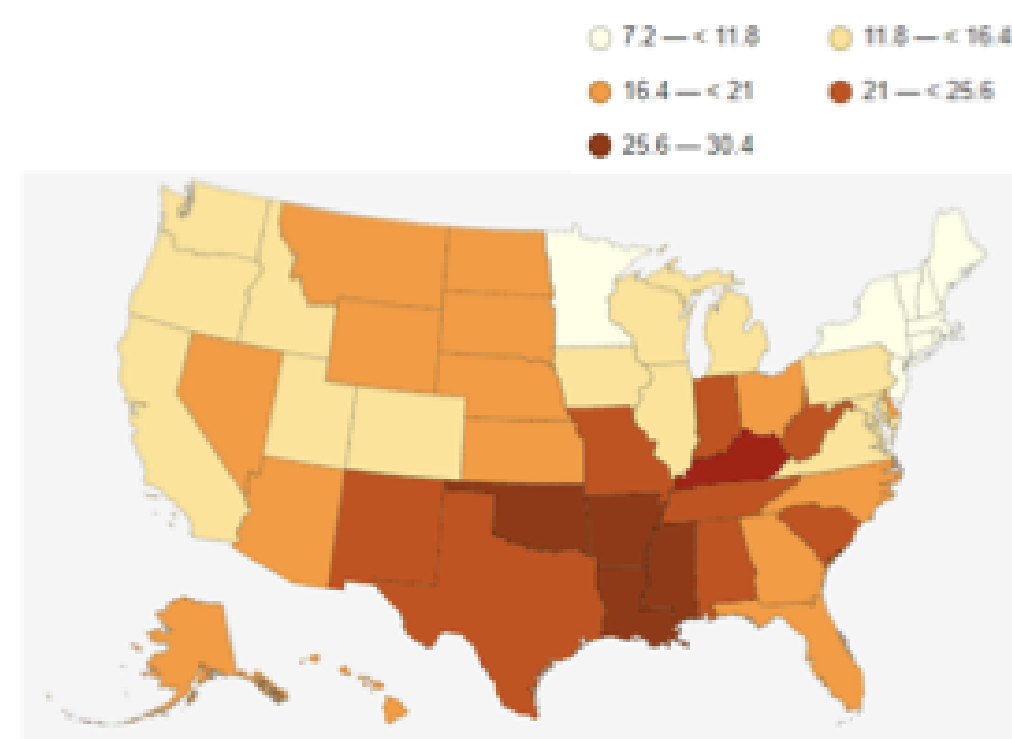


Image 2. Rates of Live Births per 1000 females age 15-19. Louisiana ranked 4th with a rate of 29.1 births per 1000.

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Methods

Setting: Middle and High School Health Classrooms at two New Orleans Charter Schools.

Participants: A total of 133 participants from 2 schools with grades ranging from 8 to 12.

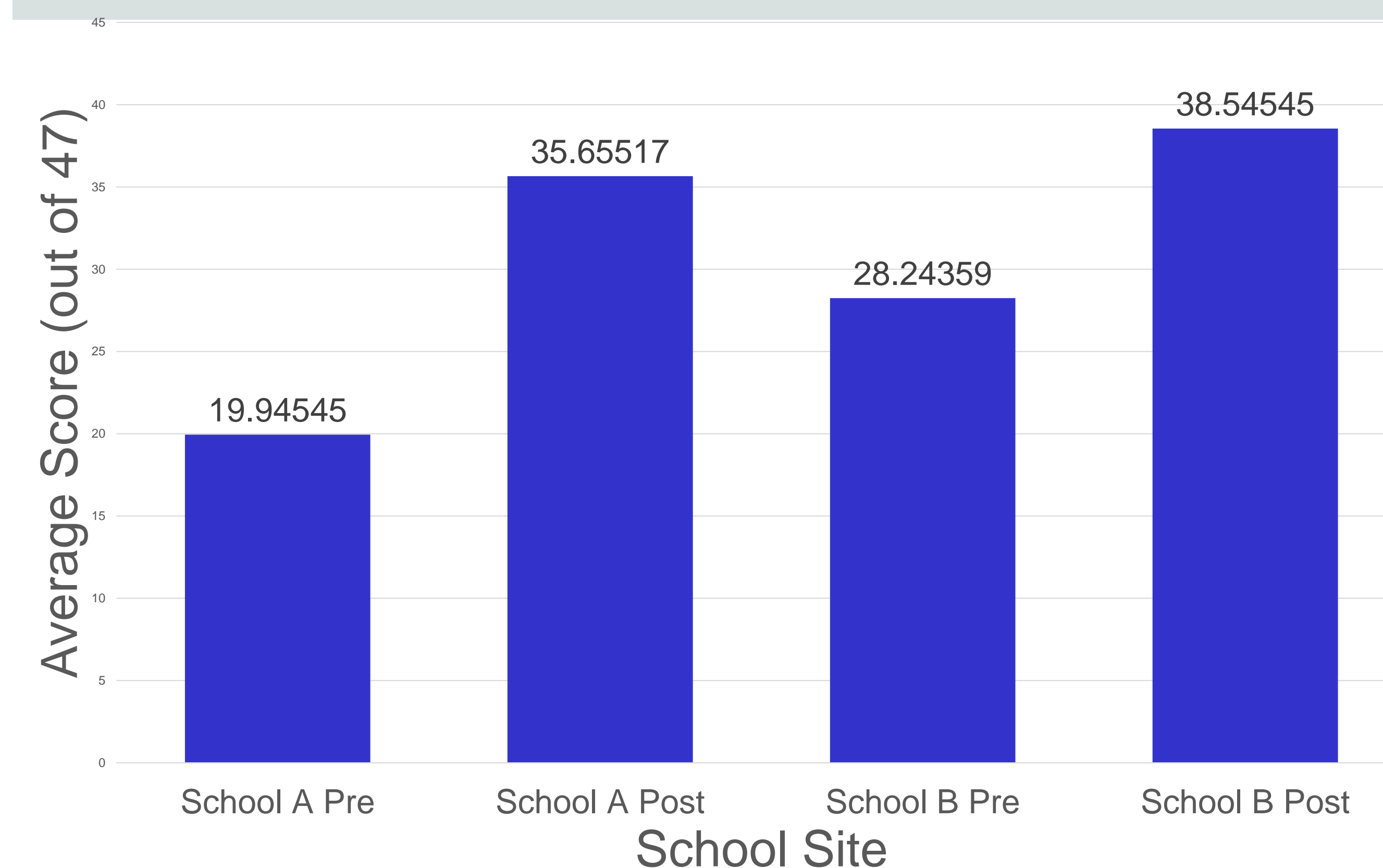
Data Collection: Students completed eight virtual reproductive health lessons with a live reproductive health educator on zoom. Using a pre-experimental study design, participants completed pre- and post-test questionnaires composed of 47 multiple choice and true/false style questions. This reproductive health questionnaire is designed to evaluate understanding and proficiency in Healthy Behavior Outcomes (HBOs) as defined by the CDC Health Education Curriculum Analysis Tool (HECAT).³

Data Analysis: A paired t-test was performed comparing pre-test and post-test data. Statistical significance was set at an alpha of 0.05.

Results

- A paired t-test comparing pre-test ($M = 24.81$, $SD = 118.64$) and post-test ($M = 37.55$, $SD = 59.47$) data showed a significant increase in reproductive health knowledge $t(132) = -10.0961$, $p < 0.00001$ following the receipt of the virtual reproductive health intervention.

Figure 1. Pre-Post Test Analysis



Discussion

- The ability to utilize virtual reproductive health education offers schools with the flexibility to provide their students with comprehensive reproductive health education during virtual or hybrid schooling when in-person education is unavailable.
- Additionally, this model of virtual reproductive health education may serve students in rural education systems with limited access to a qualified reproductive health educator.
- Next Steps:** Performing reproductive health education in rural regions of Louisiana to evaluate the efficacy of this model in providing reproductive health education to students living outside of New Orleans

Conclusions

- These findings highlight the efficacy of a virtual platform for reproductive health and sexual education.
- When in-class learning is not accessible, especially under the current circumstances surrounding the COVID-19 pandemic, virtual comprehensive reproductive health instruction provides a feasible and effective alternative to in-person school-based programs.
- Our study adds to the growing body of literature that has documented positive results and increased knowledge after participation in comprehensive reproductive health interventions.

References

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