What if we move the focus of interventions from outcome behaviours to KEY barriers?
1) Research design

2) Results of the effect evaluation

3) If we could scale up CERCA interventions…
CERCA = an intervention research project

Community based participatory research
Action research
Intervention mapping

Understanding teenage pregnancies

Interventions

Effect evaluation

Understanding teenage pregnancies

Adolescents do not use Contraceptives

- Adolescents do not have the intention to use C.
  - Barriers: Gender, Religion

- Subjective norms
  - Barriers: community, parents

- Perceived control
  - Barriers: sex education, taboo

- Barrier: Health services do not provide C. to adolescents
  - Adolescents do not address services
  - Providers do not prescribe C.

De Meyer et al. A cross-sectional study on attitudes toward gender equality, sexual behavior, positive sexual experiences, and communication about sex among sexually active and non-sexually active adolescents in Bolivia and Ecuador Glob Health Action. 2014 Jul 11;7:24089


www.youtube.com/watch?v=cXzx5rzdlc8
produced by Karel Blondeel and Sara De De Meyer
"We are inviting everybody to come and participate in the mobile cinema!"
LA PREGUNTA DEL MILLON, CUANTO DEBE MEDIR UN PENE NORMAL?

TODOS LOS PENES DE TODOS LOS TAMANOS SON NORMALES!

EL TAMANO PROMEDIO DE UN PENE "DORMIDO" ES DE 5 A 8 CM

PERO NO TE PONGAS MAL...

NI TE ALEGRES DEMASIADO...

LOS PENES PEQUEÑOS CRECEN MAS DURANTE UNA ERECCION, HASTA 3 VECES SU TAMANO

LOS PENES GRANDES SOLO CRECEN UN POCO

EL TAMANO CONTINUA CRECIENDO HASTA LOS 17 O 18 AÑOS DE EDAD, PASADA ESTA EDAD TU PENE Y SU TAMANO TE ACOMPAÑARAN POR SIEMPRE, ASI QUE...

A variety of information is available.
in health activities in their neighborhood. We also use the speakers of the sex mobile. We choose a strategic point,
Effect evaluation: controlled trial

- **Study sites:**
  - Schools (Cuenca/Cochabamba)
  - Poor communities (Managua)

- **Two cross-sectional surveys** (baseline + month 18)

- **Analysis of cohort data** (2643 adolescents)

- **Outcomes:**
  - $\Delta$ communication
  - $\Delta$ Use of SRH services
  - $\Delta$ Condom use
## Effect on change in condom use

<table>
<thead>
<tr>
<th></th>
<th>Bolivia</th>
<th></th>
<th>Nicaragua</th>
<th></th>
<th>Ecuador</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>p-value</td>
<td>Estimate</td>
<td>p-value</td>
<td>Estimate</td>
<td>p-value</td>
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<tr>
<td>Intercept</td>
<td>-6.25</td>
<td>0.005</td>
<td>-0.097</td>
<td>0.768</td>
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<tr>
<td>Intervention (ref=control group)</td>
<td>0.85</td>
<td>0.41</td>
<td>-2.66</td>
<td>0.039</td>
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<tr>
<td>Intervention*participation</td>
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<td></td>
<td>0.40</td>
<td>0.044</td>
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<tr>
<td>Sex (ref=male)</td>
<td></td>
<td></td>
<td>-0.53</td>
<td>0.029</td>
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<tr>
<td>Gender attitudes: Power dimension</td>
<td>0.34</td>
<td>0.004</td>
<td>0.32</td>
<td>0.128</td>
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<tr>
<td>Intervention*Power dimension</td>
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<td>2.34</td>
<td>0.007</td>
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<td>Importance religion</td>
<td>1.50</td>
<td>0.001</td>
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<tr>
<td>Religion (ref: other)</td>
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<tr>
<td>Catholic</td>
<td>0.55</td>
<td>0.560</td>
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<td>Evangelic</td>
<td>1.88</td>
<td>0.14</td>
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<tr>
<td>None</td>
<td>5.46</td>
<td>0.006</td>
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<tr>
<td>Treatment<em>Participation</em>PowerDimension</td>
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<td></td>
<td>-0.38</td>
<td>0.013</td>
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</table>
We did not measure an important effect on sexual health outcomes.

Studies in other contexts came to the same conclusion:

Moreno et al. Structural and community-level interventions for increasing condom use to prevent the transmission of HIV and other sexually transmitted infections. Cochrane Database Syst Rev. 2014 Jul 29;7


However, the intervention continues generating collateral benefits.
Some more collateral benefits of the CERCA intervention.
CERCA focused on health outcomes, was very complex, and invested mainly in “easy barriers and areas”.

Health outcome:
Adolescents’ contraceptive use

- Adolescents have the intention to use C.
  - barriers: Gender, Religion
  - Subjective norms: community, parents
  - Perceived control: sex education, taboo

- Barrier: Health services do not provide C. to adolescents
  - Adolescents do not address services
  - Providers do not prescribe C.
When scaling up the CERCA interventions we might focus on KEY barriers.

Adolescents’ contraceptive use

Adolescents have the intention to use C.

- attitudes
- subjective norms
- Perceived control

Barrier: Health services do not provide C. to adolescents

Adolescents do not address services

Providers do not prescribe C.

Barriers:
- Gender
- Religion

Barriers:
- community
- parents

barriers:
- sex education
- taboo
## How could interventions focusing on KEY barriers look like?

<table>
<thead>
<tr>
<th>Local opportunities</th>
<th>Barriers at adolescent level</th>
<th>Collateral measurable benefits at the level of:</th>
<th>Long-term impact on positive sexuality</th>
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<tbody>
<tr>
<td>intervention</td>
<td>Measurable goals</td>
<td>Long-term impact on positive sexuality</td>
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<td>Sexuality related gender perspectives</td>
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<td>Religion-based normative beliefs</td>
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<td>dependence on the health care service</td>
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</table>
Would shifting the focus from health behaviours to key barrier(s) make interventions more... and cheaper?