Young people’s views and experiences of a mobile phone texting intervention to promote safer sex behaviour

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Background

- Young people are at greater risk of poor sexual health outcomes compared to older age groups
  - more likely to report at least 2 sexual partners in the last year with whom no condom was used,
  - pregnancies in <20 year old women are more likely to be unplanned, and
  - prevalence of chlamydia infection peaks in late teenage years and early 20s.

- Evidence of the effectiveness of behavioural interventions using traditional methods to improve sexual health status has been partial and equivocal

- Interventions delivered by mobile phones have potential to reach large numbers of people at relatively low cost and have been effective in changing some health behaviours.
The intervention

- Text message intervention based on behaviour change theory and factors known to influence sexual behaviour.

- Developed in consultation with young people, IT experts and sexual health and behaviour change experts.

- The intervention aimed to increase safer by:
  1) encouraging participants to correctly follow STI treatment instructions and inform partner(s) about infection;
  2) promoting condom use with new or casual partners;
  3) encouraging participants to obtain testing for STI for themselves and their sexual partner(s) prior to unprotected sex.

- Messages sent automatically to participants’ mobile phone and tailored according to gender and infection status.
Examples of texts

Treatment, informing partners & adherence

Most people who have an infection don’t know. Your partner(s) could be infected so it’s important to tell them that they need treatment too.

“I talked to my friend and it turned out she’d had it. And so had quite a few others I knew.” Text 2 to hear more.

Safer sex behaviour support

Think back to a time (or times) when you had sex without a condom. Ask yourself how you could you do things differently next time.

If you’re new to condoms, using them can be tricky at first but it gets a lot easier with practise. Visit LINK for tips on how to use them.
Methods: Pilot

- Pilot RCT to establish feasibility
- Eligibility: aged 16-24, diagnosed with chlamydia infection or had >one sexual partner and at least one occasion of unsafe sex.
- Recruited from sexual health services in urban and rural settings in England
- Randomly allocated to sexual health text intervention or control (messages about participation in trial)
- Self-reported behavior change data collected at baseline, 1 and 12 months
- Follow-up chlamydia tests obtained at 3 and 12 months
Methods: qualitative component (1)

Recruitment

- Pilot trial participants who expressed willingness for interview contacted

- Selected form two sites: London and Cambridge

- Purposively sampled to ensure variation according to age, gender, STI test result at enrolment and whether they had been allocated to intervention or control group

- Informed consent obtained via email or text message
Methods: qualitative component (2)

Interviews
• Conducted 2-3 weeks after enrolment by telephone
• Followed semi-structured topic guide
• Audio-recorded and transcribed verbatim

Thematic analysis
• Nvivo 10 used to manage and code transcripts thematically
• Initial coding framework generated after familiarisation with data
• Themes were described and sub-themes identified by two members of the team
• Deviant or atypical cases were searched for.
## Participants

<table>
<thead>
<tr>
<th>Age group</th>
<th>London Male</th>
<th>London Female</th>
<th>Cambridgeshire Male</th>
<th>Cambridgeshire Female</th>
<th>Allocation</th>
</tr>
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<tbody>
<tr>
<td>16-18</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>19-21</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>Intervention: 16</td>
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<tr>
<td>22-24</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>Control: 4</td>
</tr>
</tbody>
</table>
Engagement with text messages (1)

**Tone**
- Friendly, trustworthy source - ‘On their side’ and enabling
- Simple, short and avoided slang

*It was kind of like coming from a friend ‘cos it’s like it’s not speaking down to you, it’s like speaking to you, they’re like not trying to make you feel like little, they’re trying to like help you kind of thing.* (ID03003, F, 20, Intervention, Chlamydia positive)

**Frequency**
- One-two times a day just right

**Convenience**
- Easily accessible and not taking up too much time or attention

*‘cos it’s just a text, so even if you can’t read it right then you’d go back to read it later, it doesn’t cause any problems.* (ID03013, F, 22, Intervention, Chlamydia positive)
Engagement with text messages (2)

Saving messages for reflection

sometimes you want to go back on stuff, ... if you are thinking about where your situation’s gonna be, you’re meeting a new partner and you’re like, right, we’re gonna have to have this conversation,..... then you have a look and then you kind of, it helps you, it builds your confidence a bit with the tips and it’s the reassurance. (ID03002, F, 21, Intervention, Chlamydia positive)

Sharing messages

• Passing on information to siblings or friends
• Initiating conversations, usually with partner

I’ve shown him a few [messages] about condoms and that but he wasn’t listening to me and I was like oh my God ... then show him the messages, yeah...he’s like well, I’m not fussed about it. .... but after he’s seen the get pregnant or something in the future (reference to texts relating to infection and risk to infertility) which made him think as well. So I think like when you look into it deeper it helps a lot. (ID03006, F, 18, Intervention, Chlamydia positive)
Helpful topics

• How to put a condom on
• Preventing condom breakages
• STI testing
• How to talk to partner
• Building confidence and reducing stigma or worry about STI-related health concerns

Reinforcement of information

Most of the stuff I knew but it kind of gave me a thought, because you don’t really think about it sometimes at the time that you’re getting into anything... but because of the texts it kind of keeps it in your mind so you know what you’re doing really before you get into anything. ...... (ID01043, M, 18, Intervention, Chlamydia negative)

‘Common sense’ – tended to be older and chlamydia negative at enrolment
Impact on behaviour

Partner notification

• Texts helped some talk with partners, e.g. how others had broached the subject

• Helped to reduce stigma, remove blame and manage anger

> It basically said like not to blame him kind of thing ‘cos, so ...it made it easier for me to handle the fact that I had it as well as the fact that obviously I needed to tell him so it was more comfortable like ‘cos I wasn’t like angry or whatever. (ID03003, F, 20, Intervention, Chlamydia positive)

Condom use and STI testing

• Some described using condoms or intention to use them in the future and plans to go for STI check-ups and to ask partners to do so
Prerequisites and mechanisms of action

**Intervention design prerequisites**

- **Content**
  - Simple
  - Engaging
  - Must resonate with experiences
- **Tone**
  - Trustworthy
  - Friendly
  - Professional
  - Enabling
  - Non-judgmental
  - Non pressured
- **Delivery**
  - Accessible
  - Convenient
  - Brief
  - Appropriate timing
  - Acceptable frequency

**Intervention**

**Intervention impact**

- **Reflection**
  - Reduction of stigma
  - Increase in confidence
  - Allaying of fears
  - Intention formation
- **Knowledge**
  - Acquisition of new information & skills
  - Reminder
  - Reinforcement
- **Social support**
  - Sharing information & skills
  - Initiation & management of conversations with partners

**Outcomes**

- **Behavior change**
  - Increased condom use
  - Increased partner notification
  - Increased STI testing
Discussion and conclusion

• Positive reception

• Increased knowledge and reflection

• Facilitated conversations

• Positive effect on safer sex behaviours described

• Importance of using theory, evidence-based effective behavior techniques and formative work

• Potential limitations: reliant on self-reports, unable to explore sustained behaviour change and desirability bias

• Findings will inform adaptation of intervention prior to an evaluation of a randomised controlled trial to establish effectiveness
Acknowledgements

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