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A process evaluation of condom availability in the Seattle, Washington public schools

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Abstract:

In 1993, Seattle began making condoms available in all of its 15 high schools. As part of an evaluation of this program, 16 focus groups with students from 13 high schools were conducted to explore students' perceptions of the school environment, program effectiveness, and suggestions for program improvement. The study also included data from a student survey conducted in 10 high schools. The focus group results revealed that students support school condom availability but have concerns about privacy when obtaining condoms. Students prefer obtaining condoms from baskets in private areas of school-based clinics to obtaining them from vending machines. Students do not believe that having condoms available has affected sexual activity or condom use among students. Recommendations for improving school condom availability include access to free condoms in private locations. (J Sch Health. 1997;67(8):336-340)

Full Text:

Fifty-three percent of high school students nationwide report having had sexual intercourse during their lifetime, and 38% of students nationwide report having had intercourse in the preceding 3 months. Of these currently sexually active students, 47% failed to use a condom during last sexual intercourse.[1] Effects of these behaviors are evident in the high rates of HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy among adolescents. For example, an estimated 25% of all new HIV infections in the United States occur in people between the ages of 13 and 20.[2]

In addition to promoting abstinence, efforts to prevent pregnancy, HIV, and other STDs often include attempts to increase condom use among students who remain sexually active. Some health professionals and school administrators have begun to view school condom availability as a potentially promising intervention (3). School condom programs may reduce barriers to obtaining condoms by: a) reducing embarrassment if condoms are made available privately, b) eliminating or reducing the cost, and c) increasing physical accessibility for youth who may not have a car or may have difficulty going to a store or family planning clinic alone. School condom programs may also influence norms about condom use by reinforcing the need for obtaining and using condoms and by providing affirmative messages about condoms.

Condom availability programs exist in public school districts in 21 of the 50 states. Most of the approximately 431 individual school programs, especially those not involving school-based clinics, are in the northeastern, southern, and western states.[3]

In 1993, increasing concern about the problems associated with unprotected sexual intercourse prompted the Seattle (Washington) Public School District to adopt a policy that makes condoms available to students in all of its 15 high schools, supported by classroom instruction and school-wide peer education activities. In the eight high schools with teen health centers, condoms are available in baskets in the centers' reception areas and/or restrooms. The remaining seven schools have vending machines that provide condoms for 25 cents each, or students can use the teen health centers at a nearby high school. Location of the machines was determined by each individual school. As a result, machines are in various places, such as the nurse's office, the activities center, and the hallway. In several schools, teen health centers opened after the condom program began; therefore, condoms are available both in machines and baskets.

The Seattle School Board guidelines included a provision for an outside evaluation. Results from the impact evaluation, which includes pretest data collected before condoms were available, will be forthcoming.[4] This article presents results from the process evaluation, which explored students' perceptions of the school environment and program effectiveness, and their suggestions for program improvement. Specifically, it focuses on students' perceptions of the following issues: condom accessibility, why students do and do not use condoms, who obtains condoms at school, attitudes toward school condom availability, whether school condom availability encourages sexual activity, and norms about sexual behavior and condom use.

METHODS

Results presented in this article were taken from two sources: student focus groups conducted in May and October 1995, and a student survey conducted during Spring 1995. Demographic information on all respondents is shown in Table 1.

Table 1 Demographic Information 1995 Survey Focus Groups (n=7,830) (n=130) Sex Female 50.8% 66.2% Male 49.2% 33.8% Grade 9 29.2% 7.7% 10 27.2% 11.5% 11 23.8% 9.2% 12 19.8% 46.9% Unknown 24.6% Ethnicity White 35.1% 35.3% African-American 15.9% 40.0% Hispanic 4.0% 3.8% Asian 27.8% 8.5% American indian/ 1.1% 3.1% Alaskan Native Multi-ethnic/other 16.0% 9.2%

Focus Groups

Sixteen focus groups were conducted with a convenience sample of 130 students in 13 of the public high schools in Seattle. Students were recruited through the teen health centers or from health classes. Groups ranged in size from three to 15 students. Seven groups in May were all with seniors, and groups in October included all grades. Most groups were comprised of both genders, but several were only females. African-American students were over-represented, and Asian students were under-represented in this sample.

All students who wished to participate were required to return a signed parental consent form. Each participant received a \$5 gift certificate to a fast-food restaurant as compensation. Two trained facilitators moderated each focus group using a standard discussion guide. Length of group discussions varied; most were completed within a 45-minute school period.

All discussions were tape-recorded and transcribed. Two judges worked together simultaneously to code transcripts into conceptual categories, discussing differences when they occurred. All codes were then entered into Ethnograph, a software program for the analysis of qualitative data.[5] Categories coded included condom accessibility, perceptions about who obtains and uses condoms, attitudes toward school condom availability, and perceived norms about sexual behavior and condom use.

Student Survey

In March and April 1995, an anonymous survey was administered at all Seattle high schools. Additional information on survey methods and findings is available.[6] The 99-item questionnaire contained selected items from the Youth Risk Behavior Survey and assessed a variety of health risk behaviors.[1] The questionnaire also contained items designed for the evaluation of the condom availability program.

All high school students were asked to participate in the survey. Students who did not complete a survey included absentees; drop-outs; bilingual and special education students unable to take the survey; students whose parents did not provide them permission to participate; and students who declined. Surveys were administered by classroom teachers who had been given detailed written instructions. Trained survey staff were also available at each school on the day of the survey.

In each of Seattle's 15 high schools, a particular class period of the school day was chosen, and all students were surveyed during that period. Because of relatively low response rates in the district's five alternative schools, data reported are from the 10 mainstream schools only. In 1995, 7,830 (91%) of 8,582 mainstream students participated. Prior to analysis, data were edited according to standard procedures and weighted for non-response based on total enrollments of each school.

RESULTS

Student Acquisition of Condoms

The survey revealed that 48% of students who had engaged in sexual intercourse the two years condoms were available had obtained condoms from school. This was a substantial percentage of students, indicating considerable program success.

However, 52% of students had never obtained condoms from school, for several possible reasons. First, some sexually active students may not have decided to use condoms with their sexual partner(s). Second, some students felt a lack of privacy getting condoms at school, and several feared what people might say about them.

Third, condoms are very accessible in Seattle. Students participating in the focus groups could name several sources of free condoms, including non-school clinics, Planned Parenthood, downtown condom programs, and friends (Table 2). Participants also noted that nearby stores sold condoms. In fact, in the survey, stores were the most frequently reported condom source. Participants in all groups said that getting condoms at school was also very easy. Students knew where to go in school, knew they did not need parental permission, and believed they could ask friends to get condoms for them.

Table 2

Focus Group Responses, by Topic, Seattle Public Schools, 1995

Topic Common Responses in Focus Groups

with Students

Accessibility of condoms * Condoms are easily accessible in

Seattle, both in and out of

school

* Privacy is a concern regardless of where condoms are obtained, except in clinic restrooms

* Condom vending machines are not located in private places in schools

* Teen Health Centers are viewed positively and are perceived to be a good delivery site for condoms

Who obtains condoms at school * Female students are more likely to obtain condoms because they are more responsible and suffer the consequences of pregnancy

* Freshmen are less likely because they are too uncomfortable

* Seniors are less likely because they obtain condoms elsewhere

Why students do and do not use * Students use condoms to protect condoms against both disease and pregnancy; there is no consensus about which concern is more pressing

* Students do not use condoms because of perceived invulnerability; concern about effectiveness and breakage; technical difficulties; and

perceptions of poor condom quality

How school condom availability * Condoms should be free and in can be improved private locations (eg, restrooms)

* Schools should promote condom

availability and provide more

education about sexual issues

Attitudes toward school condom * Students are generally supportive

availability of school condom availability

* Attitudes of parents are

perceived as less favorable of

and not

Understanding the issues facing

students

* Attitudes of teachers and

administrators are perceived as

less

favorable of and uncomfortable

discussing sexual issues

* There is no active opposition to

school condom availability

Whether school condom * Most students believe condom

availability encourages availability does not encourage

sexual activity sexual

activity, but a few students

disagree

Norms about sexual activity * Norms vary across schools; sexual

and condom use activity is often perceived as a

private matter

* Students perceive that 75%-80%

of students are sexually active

* Students estimate that only half

of sexually active students use

condoms consistently

* Students' sexual behavior and

condom use is more influenced by

peers than by parents

Perceived effectiveness of * Students report increased comfort

school condom availability with condoms and sexual issues

Fourth, in mainstream schools where condoms were made available through vending machines, many students in the focus groups perceived that no one ever used the machines. Survey data support this perception, since only 3% of sexually active students reported obtaining their last condom from a vending machine. Students perceived location of the machines and the 25-cent cost as barriers. Students reported that most of the machines were in very public places. Accordingly, most students said they would not use the machines out of fear of being seen by peers.

Condom packaging was another barrier to condom use in the machine-only schools. Each condom was packaged in a shrink-wrapped box that was very difficult to open. In the two groups where the facilitator asked students to open condoms purchased from machines, students found the packages difficult to open and needed to use their teeth or fingernails to get through the plastic wrapping.

In contrast to vending machines, teen health centers were perceived as good places to get condoms, and the survey showed that in schools with both clinics and vending machines, sexually active students were almost four times more likely to have obtained their last condoms from a teen health center rather than a vending machine. Students in schools with teen health centers generally spoke positively about them, describing them as safe places where people are treated with respect. Students felt comfortable with teen health center staff and also appreciated having reproductive health services available in addition to condoms. Said one: "At the clinic you can get checked.... Females can get their annuals there. . . so they feel more comfortable about the whole [thing]."

Who Gets Condoms at School

According to the survey, male and female students were equally likely to have obtained their last condoms from teen health centers, and of the small percentage of students who obtained their last condoms from machines, more were male than female (61% vs 39%). In contrast, students in focus groups perceived that females were more likely than males to get condoms at school. Their explanations, however, focused on why females obtain condoms at all. Statements included: "Girls tend to be the responsible half. [It is] the women ... who suffer the most consequences... you know, when, most of the time a female gets pregnant, who's stuck with the baby?"

Students in focus groups agreed that sophomores and juniors were the most likely to get condoms at school, and this belief was corroborated by survey data. According to survey data, of those sexually active students obtaining their last condoms from teen health centers or vending machines, 17% were freshmen, 31% were sophomores, 29% were juniors, and 23% were seniors. Focus groups provided some explanations for this curvilinear relationship. Freshmen were perceived as embarrassed and as less likely to be comfortable with nurses or clinic staff, and seniors were perceived as being responsible for obtaining condoms on their own. In addition, students stated that "in freshman year, [students worry] what are they [other students and staff] gonna think of me."

Why Students Use Condoms

Students in focus groups believed students used condoms to protect themselves against both pregnancy and disease. There was no consensus about which was the more pressing concern (Table 2). Similarly, in the survey, approximately equal percentages of students chose "STDs and/or the threat of AIDS" and "teen pregnancy" as "the one most serious health issue for students."

Students in focus groups provided explanations why some students believed that HIV and other STDs were of greater concern than pregnancy. One explanation was "[Pregnancy is] a fixable problem. You can have the kid, you can have an abortion. AIDS is not a fixable problem. There's nothing you can do about it."

Focus groups also provided explanations for the greater importance of pregnancy. Students often saw pregnant females at school, while "A lot of people don't talk about STDs if they have them, [and therefore students] don't feel as vulnerable to STDs and HIV."

Why Students Do Not Use Condoms

Half of the sexually active students surveyed reported that they did not use a condom the last time they had sexual intercourse. Of the students who were not using condoms, the two most common reasons chosen on the survey were "didn't plan ahead" and "my partner and I trust each other and think we are safe." These explanations were mentioned in focus groups, in addition to some others: embarrassment, "getting swept away by the moment," and feeling like "an invincible teenager." Students were also concerned that using a condom would "hurt" or "not feel good," or that condoms break and are not effective. Notably, lack of availability was rarely mentioned.

Attitudes Toward School Condom Availability

Students. According to focus group participants, most Seattle students supported school condom availability (Table 2). This fact was also demonstrated by a 1993 survey, in which 90% of Seattle students said that condoms should be available in school.¹ Several students in focus groups noted the benefits of the program. Most believed that the school was helping students protect themselves, sending the message that "we realize some teenagers are having sex, so we're going to give them some option of prevention, and, I mean, it's kind of like not turning the blind eye." One student pointed out that having condoms available in school suggests that information about protection should be taken seriously. "You know they really mean it when they back up what they say. . . . Actions speak louder than words."

In most groups, students had not heard any negative reactions about school condom availability. One student said "I've never heard anybody say, like, we should get those things out of here." In a few groups, however, participants perceived that at least some

students thought condoms should not be available in the school, citing religious students as examples. As one student said, "There's always gonna be someone who doesn't agree with it so, you know, you can't just say everyone likes it."

Parents. Participants in nearly every focus group noted that attitudes of parents were not as favorable as those of students. Said one participant: "I heard that there were a lot of parents [against school condom availability]." Students gave numerous reasons for parents' opposition, and most reasons centered on their belief that parents did not understand what being a teenager was like today, parents had grown up in a different era, and times have changed since then. Another reason was that they thought their parents believed condom availability in schools encouraged their children to have sexual intercourse.

Does Condom Availability Encourage Sexual Activity

While most students in focus groups believed school condom availability did not encourage students to have sex, there were opinions on both sides of the issue (Table 2). In 13 of the 16 groups, all students agreed that, despite parents' beliefs, school condom availability did not encourage students to have sexual intercourse. Said one: "The people who are not having sex, I know they do not think 'Oh, there's these condoms that are here now, and I can go and have it.' If you ain't having sex in the beginning, why should you change your attitudes?" Although most students in the other three groups had shared similar views, there was at least one student in each of these groups who believed that having condoms available might lead to increased sexual activity. Several students also noted that whether availability of condoms in school encourages sexual activity depends on whether condoms were actively distributed or merely available for students who wanted them.

Norms

Students in every focus group believed that being sexually active was the norm in their school. When asked to estimate the percentage of sexually active students in their school, most groups came to a consensus of 75%-80%. This percentage reflected an overestimate; in the survey, only 49% of students reported ever having had sexual intercourse. Despite this perceived norm of sexual activity, abstinence was acceptable. Said one student: "They respect your decision if you want to wait. There's not any pressure to go out and have sex."

Regardless of the norm about sexual intercourse, students reported that students' decisions about condom use were influenced by their peers. In several schools, students said that convincing friends to use condoms showed that "you care about them."

Perceived Program Effects

When condoms were first introduced in the schools, there was a lot of media coverage. This "hype" died down quickly, and in every group students said that school condom availability was no longer on the forefront of anyone's mind. Still, according to the survey, condom availability was perceived as having some effect: 37% of sexually active students reported that they were "more likely to use a condom now that condoms are available at school," and 29% reported having used at least one condom they obtained at school.

Although survey results indicate that at least some students were taking advantage of school condom availability, many of focus group participants stressed that students' decisions to use condoms had very little to do with their availability at school. Most emphasized the importance of personal values. Said one: "It's all in who you are."

Students in the focus groups also noted that school condom availability had increased students' comfort level about condoms. Said one student: "[Condoms are] there, they're just a part of life, you're not scared of them anymore or anything. It's not a dirty word any longer." These perceptions were supported somewhat by the survey; 36% of all participants said that, compared to before condoms were available, students were currently more comfortable talking about condoms.

Improving School Condom Availability

Make condoms available in private locations. Because school officials had been concerned about vandalism, most vending machines were installed in relatively public places. In schools with vending machines, students suggested the machines should be moved to private stalls in restrooms, and that condoms should be free.

Students at schools with clinics were also concerned about privacy. Participants wanted to be able to get condoms without asking someone for them. They complained that there were always people in teen health center reception areas who could see them picking up condoms. This was not a problem in clinics that made condoms available in their restrooms.

Increase awareness of condom availability. Participants in most focus groups believed there were students who did not know that condoms were available and that schools should advertise the service better. Students reported that there was no systematic way for students to find out that condoms are available in school. Many students mentioned the need for more school activities encouraging the use of condoms by students having sexual intercourse. Specific suggestions included posters urging condom use; information pamphlets about HIV and condoms; assemblies; health fairs; and discussion of condom availability in school handbooks, bulletins, and newsletters.

Improve education. In the survey, 55% of high school students reported their schools were "very good" or "good" at educating students about sexuality and AIDS. Still, many focus group participants said they were not getting enough information about abstinence or about "storing condoms," "putting them on," and "disposing of them." Three groups also said students needed more education about emotions relating to sexuality, as well as someone they could talk to about sexual issues. Statements included: "We heard for a whole semester what happens to you physically. OK. Not one mention of the whole psychological, emotional side of it."

And there's just as much, if not more, on the emotional, psychological side as there is on the health side."

Several students suggested that HIV be covered in more than just the freshman health course. Said one: "It seems like ... we got so much when we were in junior high and freshman year about it, and now, senior year's rolled around and I haven't heard anything about HIV really."

DISCUSSION

Information gathered from focus groups corresponded highly with some of the data from the student survey. The responses heard were similar to those found in a survey of high school students in Denver, in which only a small minority opposed school condom availability.[8] Also, like most students in the focus groups, Denver students did not believe that school condom availability would increase the frequency of sexual intercourse.

These data are subject to several limitations. First, students in focus groups were not a demographically representative sample of students in the schools. The sample over-represented African-American youth and under-represented Asian youth, making the sample more likely to be using condoms if sexually active. In addition, while the focus group responses provided important information about students' impressions, they do not inform us about students' behaviors. For these reasons, survey data should be considered in conjunction with focus group data. Despite such limitations, these results have numerous implications for improving existing school condom availability programs as well as developing new ones.

First, if condoms are made available, they should be made available in private locations. Second, if machines are the only possible method of making condoms available, condom packaging should not create a barrier to using condoms.

Third, having condoms available is not an effective intervention if students do not know they are available. Efforts should be made to promote awareness among students, such as publishing necessary information in school handbooks and hanging posters.

Fourth, many other factors besides availability lead to condom use. Because of this, it is important that if schools make condoms available they do so in conjunction with sexuality education that includes information about preventing HIV, STDs, and pregnancy. Although Seattle has such a curriculum in place, students in focus groups wanted more education, not only about how to use condoms correctly but also about the emotional aspects of sexual relationships.

Finally, students believe that having condoms available in school is unlikely to change either sexual behavior or condom use. But they do believe it is nevertheless important to have this service. Having condoms in Seattle may have helped students become more comfortable around condoms, but the effect of this on their behavior remains to be seen.

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