Plan A: A Video Intervention to Promote Effective Sexual and Reproductive Health Decisions

The Office of Population Affairs (OPA) funded the development and rigorous evaluation of the Plan A program to determine if it is an effective approach to promote contraceptive use, condom use for dual contraception and human immunodeficiency virus (HIV) sexually transmitted infection (STI) prevention, and HIV/STI testing. This program joins the ranks of Teen Pregnancy Prevention (TPP) programs that have experienced positive outcomes when evaluated for effectiveness. OPA’s TPP Tier 2 grantees develop, replicate, refine, and rigorously evaluate additional models and innovative strategies to reduce teen pregnancy. The TPP programs that experience favorable impacts are then considered evidence-based and become eligible to replicate in communities across the country.

Program Overview

Plan A is a 23-minute video intervention designed for African American and Hispanic/Latinx women ages 18 to 19 that promotes effective contraceptive use, condom use for dual contraception and HIV/STI prevention, and HIV/STI testing. The video aims to develop sexual health intentions, knowledge, and self-efficacy for communicating with providers about different contraceptive options that have been proven effective, such as long-acting reversible contraception (LARC).

The video is delivered on laptops or personal electronic devices in a private room or area of a reproductive health clinic. The intervention is designed to have maximum impact when viewed just before a reproductive health visit. The waiting time before a clinic visit is a moment when the target group will be most receptive to the informational and motivational messages of the intervention. Plan A intends to improve sexual health outcomes by empowering viewers to understand their options and communicate their needs to their healthcare providers to get the most out of their experience at a reproductive health clinic.

Evaluation Study Design and Results

The evaluation design was an individual randomized controlled trial. Consenting patients were randomly assigned to the Plan A intervention group or the comparison group. Participants in the comparison group viewed a video that detailed the negative effects of cigarettes on the environment and on people who use cigarettes.
The comparison video included no sexual or reproductive health content. Participants in both groups received a baseline survey, 3-month follow-up, and 9-month follow-up. Data collection procedures were the same for both treatment and comparison groups. The evaluation also included an implementation component assessing fidelity, attendance, and quality.

Plan A was found to be effective at reducing sexual risk behaviors. Plan A was linked to more adolescent STI testing, better LARC uptake among adolescents attending a reproductive health clinic visit for the first time, better contraceptive knowledge, and more accurate perceptions of risks about HIV at three months post-intervention. Nine months after the intervention, adolescents receiving the intervention were less likely to have sex (vaginal, oral, or anal) without a condom, and had less frequent vaginal sex without a condom. Adolescents receiving Plan A also had better contraceptive knowledge nine months after the intervention than comparison group adolescents.