EVALUATION ABSTRACT:
THE EVALUATION OF *FATHERS RAISING RESPONSIBLE MEN INTERVENTION*

Grantee

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Intervention Name

Fathers Raising Responsible Men (FRRM)

Intervention Description

FRRM is a male-focused intervention designed to reduce risky adolescent male sexual behavior through supporting father–son communication about sex and condoms. The goals of the program are to reduce the number of unprotected sex acts among adolescent males through (1) improved knowledge about correct and consistent condom use, (2) increased sexually transmitted infection (STI) testing, and (3) increased utilization of sexual and reproductive health services.

The program consists of two 60- to 90-minute intervention sessions delivered to the father by a community health worker. Both intervention sessions should happen within the first month following the baseline interview. The first intervention session focuses on motivating fathers to communicate with their sons about sex and condom use, and the second session provides fathers with the skills and knowledge necessary to teach their sons about correct condom use. In addition, fathers receive guidance on effective adolescent monitoring and supervision and strengthening their relationship quality with their adolescent son. Intervention staff provide fathers with a *FRRM* Workbook and Toolkit, as well as a condom demonstration video that outlines the important steps for correct and consistent condom use. Fathers will use these materials to communicate with their adolescent sons as well as teach correct condom use and how best to access sexual and reproductive health services.

Comparison Condition

Business as usual

Comparison Condition Description

Throughout the duration of the study, the comparison group receives no portion of the intervention or any other alternative type of program. The comparison condition will be invited to receive the FRRM intervention after completion of the randomized controlled trial and pending intervention efficacy.

Behavioral Outcomes

Number of unprotected sex acts among adolescent males (defined as number of sex acts without a condom), consistency of condom use, father–son communication about sex and condoms; adolescent male sexual and reproductive health clinic utilization; adolescent male STI/HIV testing; father involvement in monitoring/supervising his son

Non-behavioral Outcomes

Father–son knowledge of correct condom use, father–son relationship satisfaction

Sample and Setting

This evaluation will take place in the Mott Haven neighborhood of the South Bronx, New York, as well as surrounding Bronx neighborhoods (Melrose, Morrisania, and Woodstock). The sample will consist of 800 father–son dyads. To be eligible for the study, adolescent sons must (1) be 15 to 19 years old; (2) identify as either African American or Latino; (3) reside in one of the four target neighborhoods in the South Bronx; and (4) not be a teen father, married, or cohabitating with his partner. Eligible fathers must be the male primary caregiver of the target son (this can include biological fathers, grandfathers, and uncles). Both fathers and sons must not be participating in any other teen pregnancy prevention program at the start of the study.

Research Design and Data Collection

The research design is a randomized controlled trial in which the evaluation team will randomly assign eligible and consenting father–son dyads to either the *FRRM* intervention group (n=400) or the comparison group (n=400). Evaluators will conduct random assignment after consent of father–son dyads. Fathers and sons will complete self-administered surveys used to capture demographic characteristics, mediators, and outcomes at baseline, 3 months after baseline (immediate follow-up), 9 months after baseline, and 15 months after baseline. Adolescent sons will also take an STI test for gonorrhea and chlamydia at each outcome evaluation session, and fathers and sons will be offered HIV testing at the 15-month assessment. For the implementation evaluation, the evaluators will collect data on fidelity, attendance, and quality. After each session, the intervention will complete a fidelity log. The evaluation team will select a minimum of 10 percent of all sessions to conduct a quality and fidelity observation.

Schedule/Timeline

Enrollment and baseline data collection will begin in September 2017 and will end in December 2018. The immediate post-test data will be collected between December 2017 and March 2019. The 9- and 15-month follow-ups will be collected between June 2018 and September 2019, and between December 2018 and March 2020, respectively.

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