

RISKY BUSINESS: Empowering adolescents to take responsibility for their sexual health



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Background

- Provisional Academic Learning (PAL) Center in Muscoy, CA provides GED classes, tutoring, job training, job placement, and career counseling services to individuals ages 18-23 as part of the Workforce Investment Act Youth Program (W.I.A.).
- In the US, many adolescents engage in risky sexual behaviors, resulting in adverse health outcomes such as sexually transmitted infections (STIs), HIV/AIDS, and unwanted pregnancies.
- A needs and asset assessment (NA+A) was conducted for the PAL Center to determine the needs of the population. Methods included: demographic data, windshield survey and a literature review, ten key informant interviews, and a confirmatory focus group.
- A program was developed to promote healthy sexual behaviors and to prevent risky sexual behaviors which lead to negative outcomes.

Purpose

The *Risky Business* program was designed to lower the current rates of STDs and unintended pregnancies among the youth of the Muscoy community. The sessions focus on distributing accurate information on myths, misconceptions, decision making, abstinence, STDs, STIs, contraceptives, pregnancy, and community resources. Interactive activities such as role playing and peer-led skits were used in order to increase their self-efficacy and ability to make responsible decisions regarding their sexual health.

Target Population Characteristics

- Target Population: PAL Center Students (N=27)
- Ages: 18-23 years
- Race/Ethnicity: 66% Black/African American, 29.6% Hispanic/Latino, 3.7% Black/African American And Asian/Pacific Islander
- Education: Some high school
- 16:11 Ratio of males to females
- Participants prefer learning through interactive games and activities
- Perceived barriers: being on welfare, receiving food stamps, being aged out of the foster care system, or not holding a high school diploma

Program Objectives

By the end of the program we aimed to:

- Reduce the incidence of risky sexual behavior among the PAL Center student population by 30%.
- Increase the participants' knowledge regarding healthy sexual practices by 100%.
- Increase condoms use by 100% among 75% of participants.
- Increase access of STD testing services by 100% in 80% of the student participants.

Part I: Qualitative Research Method

Windshield Survey (N=1)

- Location: Muscoy Community, San Bernardino, CA
- Site: Provisional Academic Learning (PAL) Center
2450 Blake Street Muscoy, CA 92407

Key Informant Interviews (N=10)

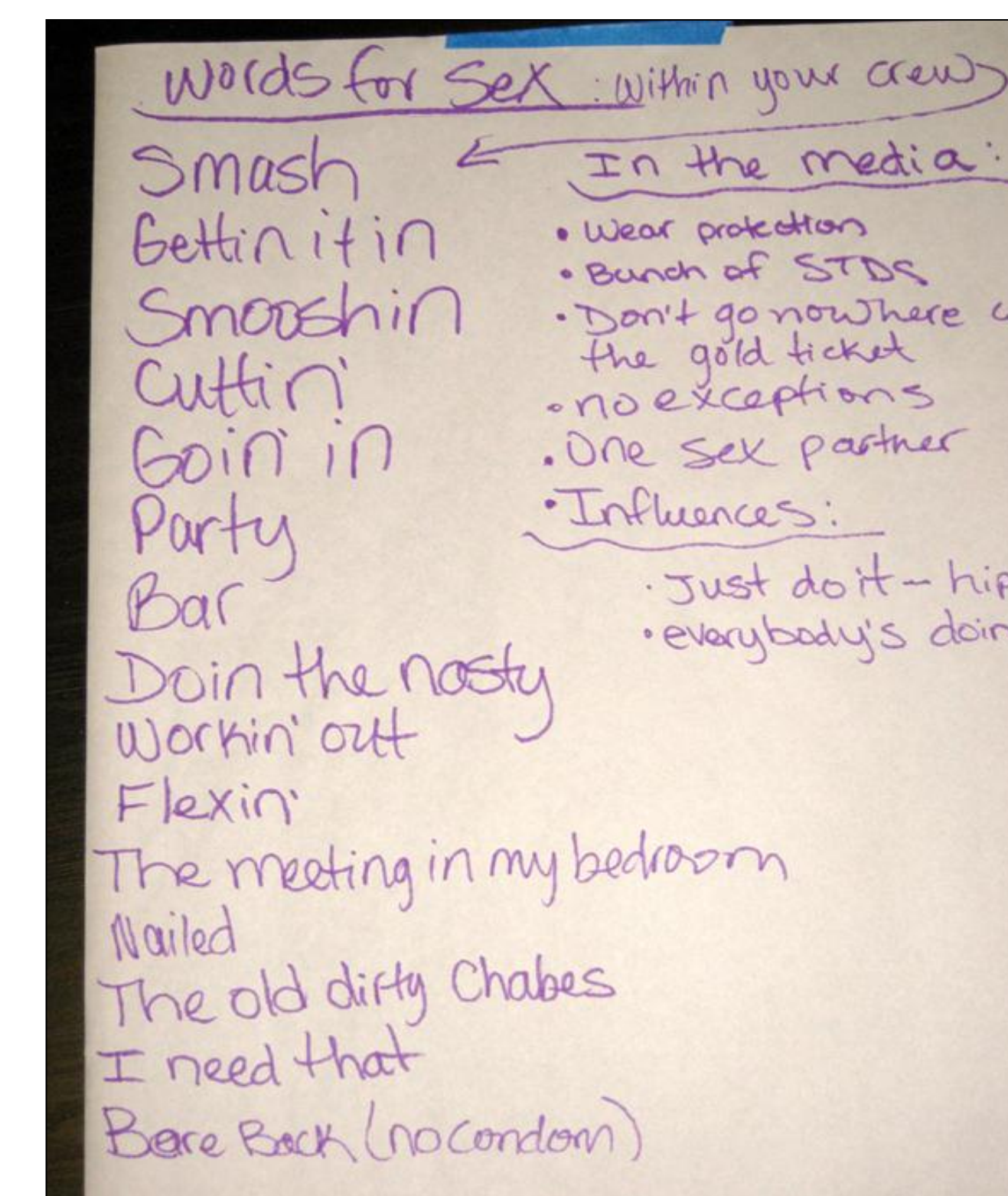
- 2 PAL Center faculty
- 8 PAL Center students

Focus Group (N=1)

- 16 participants: PAL Center students: 8 males & 8 females

Results & Emerging Themes

- There are many slang words used for sexually related activities
- Students had misconceptions about sexual behaviors (myths)
- There are many reasons to have and not to have sex
- Students expressed interest in birth control methods/contraception.
- Students were curious about the risks associated with having sex such as STIs, pregnancy and abortion.
- Students desired more information on the effects of drugs/alcohol on sexual decisions.
- Suggestions for effective teaching methods included the use of fun interactive activities such as role play and hands-on, and the use of visual aids, pictures, and informational handouts.



Lessons Learned

- Limit and explain the technical language used.
- Reduce the amount of lecture time to allow for more interactive audience participation.
- The games and activities employed were effective teaching tools.
- Include more visual aids during certain sessions for the participants' benefit.
- In future programs, it would be beneficial to have co-presenters at each session in order to incorporate a variety of perspectives and teaching styles.

Part II: Program Planning and Implementation

Program Development

The Health Belief Model (HBM) was the framework for the needs assessment in order to understand the impact of youth participating in healthy sexual behavior. We identified the youth's misconceptions and lack of knowledge about sex as barriers for not engaging in healthy sexual behaviors. The program was designed to provide facts about sex, healthy choices, tools and resources as cues to action to increase self-efficacy.

Program Description

Session one provided an introduction to risky sexual behaviors with an overview about myths and facts that are commonly presented. Session two provided information about making healthy decisions including abstinence and peer pressure. Session three focused on sexually transmitted diseases and facts were given on how prevalent they are, what the symptoms are, what can be done to prevent transmission and demonstrated tips on how they can talk with their partner. Session four addressed the different methods of contraception including how to properly use a condom, and how to have difficult discussions with their partners about pregnancy.

Program Implementation

Dates: April 19, 23, 26, and 30, 2012
 Time: 10:30-11:30am (sessions 1, 2), 10:00-11:30am (sessions 3, 4)
 Location: Provisional Accelerated Learning (PAL) Center,
 San Bernardino, CA 92407

- Lesson 1:* Introduction to Risky Behavior
- Lesson 2:* Decision Making and Sexual choices
- Lesson 3:* STDs and Risk Factors
- Lesson 4:* Contraceptives and Resources

Evaluation

- Process and impact evaluations were conducted using pre and post tests, which allowed us to evaluate the quality and effectiveness of the information and teaching methods presented in the program.
- Time: A majority of the students considered the length of the session appropriate
- Materials: Students would have liked more information on sex in the media
- Visual aids were considered effective methods of teaching
- Overall, the results depicted that the participants knowledge of healthy sexual behavior increased

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