Promoting Health Among Teens! Abstinence-Only Intervention School Edition

An Evidence-Based Curriculum Proven Effective in Reducing the Risk of HIV, STDs and Teen Pregnancy

Grantee Guide



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MODULE BY MODULE OUTLINE

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MODULE GOALS AND OBJECTIVES

Module 1:

Getting to Know You and Steps to Making Your Dreams Come True

Goals

The goals of this module are to:

- Provide participants with an overview of the program.
- Increase participants' personal investment in participating in the program.
- Introduce group members to each other.
- Establish group rules.
- Build group cohesion, comfort, and feelings of safety and trust.
- Increase participants' confidence about making proud and responsible decisions to protect themselves and their community from HIV.

Learning Objectives

After completing this module, participants will be able to:

- Identify several rules for group participation that will facilitate discussion and learning.
- Identify what it means to be proud and responsible.
- Describe the benefits of proud and responsible behavior.
- Identify at least two reasons why teens have sex, the consequences of sex, and strategies for reducing those consequences.
- Identify a barrier to achieving their personal goals.

Module 2:

Goals and Dreams

Goals

The goal of this module is to:

• Increase participants' confidence about making proud and responsible decisions to protect themselves and their community from HIV.

Learning Objectives

After completing this module, participants will be able to:

- Describe at least one goal they wish to achieve in the future.
- Identify a barrier to achieving their personal goals.

Module 3:

Puberty and Adolescent Sexuality: Part 1

Goals

The goals of this module are to:

- Increase participants' knowledge about the physical, emotional, and sexual development associated with puberty.
- Increase participants' awareness about the messages they receive about sex.

Learning Objectives

After completing this module, participants will be able to:

- Identify the physical, emotional, and sexual development that occurs during puberty.
- Identify sexual messages from media, peers, and parents.
- Identify the sexual behaviors to avoid when practicing abstinence.
- Identify some of the benefits of abstinence.

Module 4:

Puberty and Adolescent Sexuality: Part 2

Goals

The goal of this module is to:

• Increase participants' awareness about the messages they receive about sex.

Learning Objectives

After completing this module, participants will be able to:

- Identify the sexual behaviors to avoid when practicing abstinence.
- Identify some of the benefits of abstinence.
- Identify some of the elements required for abstinence to work.

Module 5:

Making Abstinence Work for Me

Goals

The goals of this module are to:

- Examine attitudes about abstinence.
- Help participants identify ways to negotiate abstinence.
- Teach participants strategies they can use when faced with sexual decisions.
- Increase participants' awareness of partner pressure to become sexually active.
- Increase participants' knowledge about HIV/AIDS and HIV risk-associated behavior.

Learning Objectives

After completing this module, participants will be able to:

- Identify some of the elements required for abstinence to work.
- Discuss attitudes about abstinence.
- Describe strategies to make abstinence work for them.
- Apply problem-solving steps to sexual decision-making.
- Identify ways to respond to partner pressure to become sexually active.

Module 6:

Consequences of Sex: HIV Infection

Goals

The goal of this module is to:

 Increase participants' knowledge about HIV/AIDS and HIV risk-associated behavior.

Learning Objectives

After completing this module, participants will be able to:

- Identify the basic facts about AIDS and HIV.
- Identify a person's risk of HIV infection as a result of engaging in various sexual and non-sexual behaviors.
- Identify how HIV infection can be prevented.

Module 7:

Consequences of Sex: STD Infection

Goals

The goals of this module are to:

- Increase participants' knowledge about sexually transmitted diseases.
- Help participants identify behaviors that place people at risk for contracting sexually transmitted diseases, including HIV infection.
- Increase participants' perceived vulnerability to STDs.

Learning Objectives

After completing this module, participants will be able to:

- Identify the most common STDs and the signs and symptoms of STDs.
- Identify how STDs, including HIV/AIDS, are transmitted.
- Express that they might be at risk for contracting an STD.

Module 8:

Consequences of Sex: Pregnancy: Part 1

Goals

The goals of this module are to:

- Reinforce the knowledge and perceived vulnerability to sexually transmitted diseases.
- Increase participants' understanding of pregnancy as a consequence of sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.

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Learning Objectives

After completing this module, participants will be able to:

- Identify how STDs, including HIV, are transmitted.
- Distinguish myths from facts about pregnancy.
- Express positive feelings toward pregnancy prevention.

Module 9:

Consequences of Sex: Pregnancy: Part 2

Goals

The goals of this module are to:

- Increase participants' understanding of pregnancy as a consequence of sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' awareness of the characteristics of peer pressure.
- Increase participants' ability to resolve peer-pressure situations

Learning Objectives

After completing this module, participants will be able to:

- Distinguish myths from facts about pregnancy.
- Express positive feelings toward pregnancy prevention.
- Identify the specific types of sexual physical contact that fit within their personal comfort zone.
- Recognize pressure from peers to engage in sexual activity.

Module 10:

Improving Sexual Choices and Negotiation

Goals

The goals of this module are to:

- Increase participants' awareness of the characteristics of peer pressure.
- Increase participants' ability to resolve peer-pressure situations.
- Help participants identify personal limitations and boundaries regarding sexual physical contact.
- Increase participants' refusal and negotiation skills regarding abstinence.

Learning Objectives

After completing this module, participants will be able to:

- Recognize pressure from peers to engage in sexual activity.
- Advocate for abstinence with other young teens.
- Identify and explain the characteristics of effective refusal.
- Identify strategies for negotiating abstinence in romantic relationships.
- Express confidence in their ability to say "NO" to risky sexual situations.

Module 11:

Role-Plays: Refusal and Negotiation Skills

Goals

The goals of this module are to:

- Increase the participants' communication, negotiation, and refusal skills regarding abstinence.
- Enhance participants' ability to resist situations that place them at risk for STD/HIV infection and pregnancy.

Learning Objectives

After completing this module, participants will be able to:

- Identify strategies for negotiating abstinence in romantic relationships.
- Demonstrate the ability to negotiate abstinence with a partner.
- Identify the body language and strategies needed for saying "NO" effectively.

Module 12:

Building Negotiation Skills

Goals

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The goals of this module are to:

- Increase the participants' communication, negotiation, and refusal skills regarding abstinence.
- Increase participants' sense of pride and responsibility in negotiating abstinence.

Learning Objectives

After completing this module, participants will be able to:

- Identify strategies for negotiating abstinence in romantic relationships.
- Demonstrate the ability to negotiate abstinence with a partner.
- Express confidence in their ability to say "NO" to risky situations involving sexual behaviors.
- Express confidence in their ability to negotiate abstinence.
- Express pride in sticking to their decision to abstain from risky sexual behaviors.

CORE ELEMENTS, KEY CHARACTERISTICS AND LOGIC MODEL

Core Elements:

Core Elements are the components of a curriculum that represent its theory and logic. They must be maintained with fidelity and without alteration in order to ensure the program's effectiveness. *Fidelity* means conducting a program by following the Core Elements, protocols, procedures, and content set by the research that determined the program's effectiveness.

The developers have determined that when teaching adolescents strategies to reduce their risk for HIV, STDs and pregnancy, one must go beyond simply giving students correct information. Instructors must also build students' perceptions of vulnerability and bolster positive attitudes and outcome expectancies while building self-efficacy and skills to negotiate and practice abstinence. As such, the Core Elements have been organized into two sections: <u>Content Core</u> <u>Elements</u> and <u>Implementation Core Elements</u>. Content Core Elements are the essential ingredients in *what* is being taught in the intervention that have been found to change risk behaviors. Implementation Core Elements are the essential ingredients in *how* the intervention can be implemented with fidelity, resulting in a positive learning experience with successful outcomes. A comprehensive list of these elements follows:

Content Core Elements

Content Core Element 1:

Teach correct information about HIV, STDs and pregnancy and prevention strategies, including:

- HIV: etiology, transmission and prevention
- STDs: etiology, types, transmission and prevention
- Pregnancy: biology and prevention

• Puberty and adolescent development

Content Core Element 2:

Address behavioral attitudes/outcome expectancies:

- Prevention Belief: Abstinence can eliminate the risk of HIV, STDs and pregnancy.
- Goals and Dreams Belief: Sexual involvement might interfere with one's goals and dreams for education and a career.
- Partner Reaction Belief: One's partner would not approve of abstinence and react negatively to it.
- Personal Vulnerability Belief: HIV, STDs or pregnancy could result from sex.

Content Core Element 3:

Build negotiation skills and problem-solving skills:

- Teach negotiation, refusal and reframing skills using the 4-step S.T.O.P. Technique to respond to partners' negative reactions towards abstinence.
- Use role-play activities to practice negotiation, refusal and reframing skills
- Build participants' skills in problem solving and getting out of risky situations

Content Core Element 4:

Build self-efficacy in adolescents and a desire to practice abstinence:

- Incorporate the theme Be Proud! Be Responsible! throughout the intervention
- Build participants' confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially the role-plays.

Implementation Core Elements

Implementation Core Elements are integral to the intervention as they describe *how* the intervention should be implemented.

Implementation Core Element 1:

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To demonstrate a caring and supportive attitude, the facilitator must:

• Create a supportive and caring environment.

• Demonstrate empathy throughout the intervention; students must understand that instructors truly care about them and their success. Active listening, eye contact, supportive and non-judgmental feedback, etc. are all essential.

Implementation Core Element 2:

Integrate and use the core intervention materials only:

- The Facilitator Curriculum Manual, posters and activity materials.
- The DVDs specifically selected for intervention.

Implementation Core Element 3:

Type of facilitator:

- Specially trained health educator, family life educators, teen pregnancy prevention and HIV/STD educators or staff working with youth in community-based programs.
- Highly participatory and interactive skills.
- Able to work with youth, relate to them and their life circumstances and believe in them and in their resilience.

Implementation Core Element 4:

Implementation delivery style:

- Delivery of intervention must be highly participatory and very interactive.
- Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation.

Key Characteristics:

Key Characteristics are activities and delivery methods for conducting a program that, **while considered of great value and assistance**, can be altered without changing the effectiveness of the program. These activities and delivery methods can be modified for different agencies and populations.

Changes to the Key Characteristics allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the program to the participants.

There are 8 Key Characteristics of the *Promoting Health Among Teens – Abstinence Only* Intervention:

- <u>Type of facilitator/educator:</u> In the original study, the facilitators were community leaders, counselors and teachers. You may vary your facilitator type to include others such as health educators, nurses, etc. as long as they have experience working with teens. Peer facilitators, if desired, should be paired with an adult facilitator.
- 2. <u>Setting</u>: The school version has been adapted to allow more time for each activity and increases participation by altering activity structure for large groups.
- <u>Number of days to deliver modules:</u> The intervention can be implemented in 12 sessions of forty-five minutes each or 6 sessions of 90 minutes each. All 12 modules must be completed in order.
- 4. <u>Gender composition of the group:</u> In the original study, the groups were mixed with boys and girls. You can vary this and deliver it with boys only, girls only or with mixed gender groups.
- 5. <u>Race of facilitator</u>: In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring and non-judgmental attitude, etc.

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- 6. <u>Race of the participants</u>: In the original study, the participants were African American teens. You can vary this and use this curriculum with teens from different races. You might want to change the names of the teens in the role-plays and the settings of the situations to be culturally and ethnically appropriate/relevant.
- 7. <u>Age of the participants:</u> The students in the study were ages 11-15. This intervention can also be used with older teens. However, you should not implement with a mixed group (e.g., 11-year-olds with 15-year-olds). Divide the groups using similar age ranges.
- 8. <u>Group size</u>: In the original study, the group size was 6-12 teens in a group. If you want to enlarge your group be sure to add additional facilitators to ensure that the activities remain interactive and the youth are able to participate and practice new skills.

IMPLEMENTATION FIDELITY CONCERNS:

If you still have concerns about implementing with fidelity for this grant or wish to discuss your application in detail please contact Select Media (www.selectmedia. org) at 1-800-707-6334 or contact the Director of Training and Technical Assistance, Mika Keegstra, MPH at mika@ selectmedia.org

PHAT! ABSTINENCE LOGIC MODEL

Issue/Problem

Having unprotected sex due to:

- Limited information
- Negative attitudes and beliefs about abstinence
- Minimal negotiation and refusal skills
- Low self-efficacy or lack of confidence to negotiate abstinence
- Minimal problem-solving skills

Inputs

- Promoting Health Among Teens! Abstinence Only curriculum and materials
- Facilitator training and materials
- Participant recruitment
- Agency space

Activities

- Provide activities that will increase knowledge about HIV/STD transmission and pregnancy prevention strategies
- View DVDs
- Provide opportunities to practice abstinence skills
- Facilitate activities that build confidence and self-efficacy to negotiate abstinence
- Provide activities that encourage proud and responsible behavior
- Facilitate activities that build skills in problem solving and how to get out of risky situations
- Create a caring and trusting group environment
- Facilitate referrals

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Outputs

- Promoting Health Among Teens! Abstinence Only curriculum implemented with fidelity
- DVDs viewed
- Abstinence, negotiation and refusal skills discussed
- Negotiation and refusal skills practiced, using role-plays
- Problem-solving skills acquired
- Referrals made

Immediate Outcomes

- Increased knowledge about HIV/STD transmission and infection, unplanned pregnancy and abstinence
- Heightened perception of risk for HIV/STD infection and unplanned pregnancy
- Bolstered positive attitudes and beliefs regarding abstinence
- Increased intentions to practice abstinence

Intermediate Outcomes

- Improved negotiation and refusal skills
- Reduced occurrence of unprotected sex
- Increased confidence to practice abstinence

Long Term Outcomes

- Reduction in risky behaviors
- Reduction of unprotected sex
- Delay in sexual debut

Impact

- Reduction in HIV and STDs among adolescents
- Reduction of unplanned pregnancy among adolescents

Assumptions

Adolescents may not practice abstinence if they:

- Don't perceive themselves to be at-risk
- Don't have knowledge about HIV/STD transmission, unplanned pregnancy, risk behaviors and abstinence
- Have negative attitudes towards practicing abstinence
- Fear their partner's reaction to abstinence
- Don't know how to express themselves sexually without having sex
- Don't have the skills to negotiate abstinence
- Don't have the confidence or power to negotiate abstinence
- Don't feel valued

Adolescents will change their behavior if:

- Program and messages targeted at them are specific
- Program is implemented in a caring and supportive manner
- They can learn the skills needed, e.g., negotiation skills
- They have positive attitudes towards abstinence
- They feel that their partner will react positively to practicing abstinence
- They feel that abstinence will prevent HIV/STD transmission and unplanned pregnancy
- They feel valued and believe in themselves and their skills
- They have opportunities to practice these skills with supportive feedback

SAMPLE OF PROGRAM MONITORING AND EVALUATION WITH SMART OBJECTIVES

Monitoring and evaluation often begins with the identification of program objectives. It is a good idea to write SMART process and outcome objectives for your evaluation program. to be SMART, these objectives must be Specific, Measurable, Appropriate, Realistic, and Time-Based.

- **Specific:** Identifies concrete events or actions that will take place; answers the question, "Does the objective clearly specify what will be accomplished?"
- Measurable: Quantifies resources, activities, or changes; answers the question, "Does the objective state how much is to be delivered or how much change is expected?"
- Appropriate: Logically relates the overall problem statement and desired effects of the program; answers the question, "Does the objective make sense in terms of what the program is attempting to accomplish?"
- **Realistic:** Provides an attainable action that can be achieved with available resources and plans for implementation; answers the question, "Is the objective achievable given available resources and experience?"
- **Time-Based:** Specifies the time within which the objective will be achieved; answers the question, "Does the objective specify when desired results will be achieved?"

You can refer to the following table to develop SMART objectives for your fundamental questions.

SMART Process Objectives:

These objectives address what processes or activities need to take place before HIV prevention outcome objectives can be met. The activities identified in the logic model in the previous section can be used to identify variables for SMART process objectives. SMART process objectives identify specific activities to be completed by specific dates, such as the number of teens to recruit with the characteristics of the adolescents in the target population or the use of skilled facilitators to implement group sessions.

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program
		Recruitment	
How many participants did we plan to recruit? ¹ How many participants	n/a Process	 Pre-Implementation planning data SMART Objectives Recruitment plan Number of participants 	Data can be used to strengthen
did we actually recruit? ²	Process	 recruited documented by session sign-in sheets Comparison between 	recruitment efforts and inform more accurate planning.
difference?	evaluation	planned and actual numbers of recruits	

Question	Monitoring and evaluation activity Ta	Sources of information about the question arget Population	How answers can be used to improve the program
What are the characteristics of our target population (e.g., race, ethnicity, age, behaviors, and risk factors)? What were the characteristics of the participants? Was there a difference?	n/a Process monitoring Process evaluation	 Pre-Implementation planning data Logic model's problem statement Participants' demographics and risk factors collected with a youth intake form Comparison between the characteristics of participants you planned to recruit and the characteristics of the actual participants. 	Data can be used to target recruitment activities and provide evidence of prevention needs for additional at- risk populations.
	Par	ticipant Retention	·
How many participants did we think would complete all sessions?	n/a	 Pre-Implementation planning data SMART objectives Sign-in sheets from 	Data can be used to strengthen recruitment efforts, inform agency policies on use of
What actually happened? Was there a difference?	Process monitoring Process evaluation	 each session Comparison between planned and actual participation 	incentives, and foster discussion of strategies for teen engagement.

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program
	Fidelit	y of Implementation	
Was the program carried out in accordance with the Implementation Manual and with fidelity to Core Elements?	Process monitoring and process evaluation (also referred to as quality assurance)	 Fidelity checklists on required activities and Core Elements Quality assurance plan Notes from facilitators Notes from persons who observed the program 	Completed fidelity checklists and other sources of information can indicate whether the evidence- based program was implemented properly and can be used to understand subsequent outcome monitoring data.

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program
What outcomes did we expect participants to achieve? What outcomes did participants actually	n/a Outcome monitoring	 Outcomes Pre-Implementation planning data Logic model's outcomes in terms of mediating variables and behavior change variables 	Positive outcomes can be used to
experience? Was there a difference?	Assessment of pre- and post- test data	 Monitoring and evaluation plan SMART objectives Data that measure mediating variables and variables for behavior change collected with a pre-and post-test instrument Comparison between planned outcomes and actual outcomes measured with outcome monitoring instruments/ tools 	show intervention success Post- test data that reveal unwanted outcomes can indicate that changes are needed in either program design or delivery or both.

PRE-QUESTIONNAIRE

Date:	

(7-14)

The questions in this booklet are about things related to your health, as well as general questions about your background. Some questions ask about what you know; others ask your opinion on things; and others ask about things you may or may not have done. There is always an answer that lets you tell us when you have not done things, as well as when you have done them. Knowing what you have not done is just as important as knowing what you have done.

Some of the questions are very personal and ask about different sexual activities that some people do. These particular questions are very blunt and to the point—questions you probably have never seen on a questionnaire before. Most of the questions are not like this, however. If a question bothers you so much that you do not want to answer it, you can skip that question and continue with the questionnaire. We warn you about the questions that are personal and blunt so that you will not be surprised when you see them. Please answer all of the questions honestly. Your answers will be kept completely confidential; no one from your school or home will ever see your answers. Please work by yourself, and do not talk with others while you are answering the questions.

IMPORTANT! WRITE YOUR CODE NUMBER HERE:					(1-4)	
						LINE (5)
Time Started:						
Time Finished:						
	Asst. Reqd.?	Circle:	(1) none	(2) low	(3) high	(6)
F	PLEASE PRINT THE	FOLLOWING	SENTENCE	ON THE LIN	E BELOW:	
	"The quick	brown fox ju	mps over th	e lazy dog.'	,	

25

A. BACKGROUND INFORMATION

We would like some general information about you, like your age, so we can describe the kinds of people who answered these questions.

1. How old are you? years							(16-17)
2. What is your gender?				Male		Female	(18)
3. Are you now in school?					No	□ Yes	(19)
If NO, what was the last grad	e you compl	eted? _					(20-21)
If YES, what grade are you in	now ?		_				(22-23)
4. Are you Black/African American?					No	□ Yes	(24)
5. Are you Hispanic/Latino?					No	□ Yes	(25)
6. If you are Hispanic/Latino, are you	1:						(26)
□ I am not Hispanic/Latino	🗆 Mexica	n					
Puerto Rican	□ South /	Americar	ı				
Dominican	🗆 Centra	I America	an				
🗆 Cuban	🗆 Other (Specify	country: _)
7. Are you White?					No	□ Yes	(27)
8. Are you Caribbean/West Indian?					No	□ Yes	(28)
9. Are you American Indian or Alaska	n Native?				No	□ Yes	(29)
10. Are your parents married to eac	h other now	?			No	□ Yes	(30)
11. Were your parents ever married	to each othe	er?			No	□ Yes	(31)
12. Are your parents married, but cu	irrently sepa	rated?			No	□ Yes	(32)
13. Does your mother work?					No	□ Yes	(33)
14. Does your father work?					No	□ Yes	(34)
15. Did your mother finish high school	ol?	🗆 No	🗆 Yes		do n	ot know	(35)
16. Did your father finish high school	?	🗆 No	🗆 Yes		do no	ot know	(36)

17. do you live with your mother?

- \Box Yes, all or most of the time.
- \Box Yes, some of the time.
- \Box No, I do not live with my mother.

18. do you live with your father?

- \Box Yes, all or most of the time.
- \Box Yes, some of the time.
- \Box No, I do not live with my father.

B. SEXUAL ATTITUDES

The following questions ask how you feel about different behaviors. Please indicate how good or bad an idea it is to do the following, whether others would approve or disapprove of the behavior, and whether you plan to do these behaviors in the next 3 months (90 days). Circle the NUMBER that best describes your feelings. Sexual intercourse refers to a male putting his penis in a female's vagina. (Try to answer the questions even if you have not had sexual intercourse or have never used condoms.)

How would the following people feel about you having sex in the next 3 months? (Circle one)

	1 2		3	4			5	
	Strongly Disapprove	Disapprove	In the Middle	Арр	rove	Strongly Appro		orove
1.	Yourself		1	2	3	4	5	(39)
2.	Most people who are in	portant to you	1	2	3	4	5	(40)
3.	Your sexual partner		1	2	3	4	5	(41)
4.	Your mother		1	2	3	4	5	(42)
5.	Your father		1	2	3	4	5	(43)
6.	Your friends		1	2	3	4	5	(44)

27

(37)

7. How likely is it that you will decide to have sexual intercourse in the next 3 months? (45)

1	2	3	4	5
Very Unlikely	Unlikely	In the Middle	Likely	Very Likely

Try to answer the following questions even if you have not had sex or have never used condoms. How would the following people feel about you using a condom if you have sex in the next 3 months? (Circle one)

1	2	3		4		5	
Strongly Disapprove	Disapprove	In the M	iddle	Approv	e	Strongly Appr	rove
8. Yourself		1	2	3	4	5	(46)
9. Most people who are in	nportant to you	u 1	2	3	4	5	(47)
10. Your sexual partner		1	2	3	4	5	(48)
11. Your mother		1	2	3	4	5	(49)
12. Your father		1	2	3	4	5	(50)
13. Your friends		1	2	3	4	5	(51)
14. How likely is it that yo months?	u will decide to) use a conc	lom if y	ou have	sex i	n the next 3	(52)
1	2	3	4		, 5		
Very Unlikely U	Jnlikely In	the Middle	Like	ely	Very	Likely	
How much do you agr	-	e with each ng sex? (Cir			ng s	statements ab	out
1	2	3		4		5	
Strongly Disagree	Disagree	In the Mid	dle	Agree		Strongly Agre	e
						CODENO# 2 LINE #2	(1-4) (5)
15. If I have sex, then I wi more popular with boy		1	2	3	4	5	(6)
16. If I have sex, then I wi more popular with gir		1	2	3	4	5	(7)

1/.	If I have sex, I will ge	t a bad reputati	on. 1	2	3	4	5	(8)
18.	. If I have sex, I will get HIV.		1	2	3	4	5	(9)
19.	. If I have sex, I will get a sexually transmitted disease (STD).		1	2	3	4	5	(10)
20.	If I have sex during m pregnancy could occ	1	2	3	4	5	(11)	
21.	If I have sex during m then my parents will		1	2	3	4	5	(12)
22.	If I have sex, and my then they will be angu		t, 1	2	3	4	5	(13)
23.	If I have sex before I then God is likely to I		1	2	3	4	5	(14)
24.	24. If I have sex during my teen years, then I am less likely to graduate from high school.			2	3	4	5	(15)
25.	25. If I have sex during my teen years, then I am less likely to have the career that I am hoping for.			2	3	4	5	(16)
26.	I plan to have sex in	the next 3 mon	hs. 1	2	3	4	5	(17)
The following questions concern <u>not</u> having sex, also known as practicing abstinence. How much do you agree or disagree with each of the following statements about you <u>not</u> having sex? (Circle One)								
	abstinence. How r	nuch do you a	gree or disag	ree wit	h each	of the f		g
	abstinence. How r staten 1	nuch do you a nents about yo 2	ngree or disag ou <u>not</u> having s 3	ree wit sex? (C	h each ircle O 4	of the f ne)	followin 5	g
S	abstinence. How r staten	nuch do you a nents about yo	gree or disag ou <u>not</u> having s	ree wit sex? (C	h each ircle O	of the f ne)	ollowin	g
	abstinence. How r staten 1	nuch do you a nents about yo 2 Disagree	ngree or disag ou <u>not</u> having s 3	ree wit sex? (C	h each ircle O 4	of the f ne)	followin 5	g
27.	abstinence. How r staten 1 Strongly Disagree If I do <u>not</u> have sex,	nuch do you a nents about yo 2 Disagree ames.	ngree or disag ou <u>not</u> having s 3 In the Middle	ree witl sex? (C Ag	h each ircle O 4 ;ree	of the f ne) Stron	followin 5 gly Agı	g ree

30. If I do <u>not</u> have sex, my parents will be proud of me.	1	2	3	4	5	(21)
31. If I do <u>not</u> have sex during my teenage years, I will be proud of myself.	1	2	3	4	5	(22)
32. <u>Not</u> having sex will help me further my education.	1	2	3	4	5	(23)
33. <u>Not</u> having sex will help me focus on getting a good job.	1	2	3	4	5	(24)
34. I will not have sex in the next 3 months.	1	2	3	4	5	(25)

Now, we would like to ask you some questions about you using condoms. How much do you agree or disagree with each of the following statements about condoms? Try to answer the questions even if you have not had sex or have never used condoms.

(Circle One)

1	2	3		4	5		
Strongly Disagree	Strongly Disagree Disagree In the		Agree		Strongly Agree		ee
35. Condoms help preve	ent pregnancy.	1	2	3	4	5	(26)
36. Condoms help preve	ent STDs.	1	2	3	4	5	(27)
37. Condoms help preve	ent HIV.	1	2	3	4	5	(28)
38. A lot of times condo you are using them.		1	2	3	4	5	(29)
39. When a condom is u feels good.	used, sex still	1	2	3	4	5	(30)
40. When a condom is u	used, sex is mor	e fun. 1	2	3	4	5	(31)
41. If I used a condom, not feel as good.	sex would	1	2	3	4	5	(32)
42. Sex feels unnatural condom is used.	when a	1	2	3	4	5	(33)
43. Condoms are emba	rrassing to use.	1	2	3	4	5	(34)

44.	Condoms make you because you have to			1	2	3	4	5	(35)	
	Now we would like you to answer questions about how your sexual partner might react to you wanting to use condoms. Try to answer the following questions even if you do not have a sexual partner.									
	1	2		3		4		5		
	Strongly Disagree	Disagree	In the	Middle	Ag	ree	Stron	gly Agı	ree	
45.	Saying we have to u make my sexual par sex with other peopl	tner think I am		1	2	3	4	5	(36)	
46.	Saying we have to u saying to my sexual "I don't trust you."		s like	1	2	3	4	5	(37)	
47.	My sexual partner is me if I said we had t	-	-	1	2	3	4	5	(38)	
48.	lf I had a condom wi partner would not lik		lal	1	2	3	4	5	(39)	
49.	My sexual partner w we used a condom.	ould be happie	r if	1	2	3	4	5	(40)	
50.	Condoms cost too n	nuch.		1	2	3	4	5	(41)	
51.	It is hard for me to g	et condoms.		1	2	3	4	5	(42)	
52.	It is too much trouble condoms.	e to carry arou	nd	1	2	3	4	5	(43)	
53.	I can get condoms.			1	2	3	4	5	(44)	
54.	It is easy for me to h with me all of the tim			1	2	3	4	5	(45)	
55.	l can get my sexual use a condom, even	-		1	2	3	4	5	(46)	

56. I can say to my sexual partner that we should use a condom.	1	2	3	4	5	(47)
57. Before we are ready to have sex, I can talk to my sexual partner about using a condom.	1	2	3	4	5	(48)
58. I can put a condom on without turning my sexual partner off.	1	2	3	4	5	(49)
59. I cannot talk to my sexual partner about using condoms.	1	2	3	4	5	(50)
60. If I am sexually aroused, I can stop before sex to use a condom.	1	2	3	4	5	(51)
61. I can say no to sex if my sexual partner and I do not have a condom.	1	2	3	4	5	(52)
62. I can stop sex to get a condom, if I do not have one.	1	2	3	4	5	(53)
63. I can use a condom, even if the room is dark.	1	2	3	4	5	(54)
64. I can get my sexual partner to agree to use a condom without turning them off.	1	2	3	4	5	(55)
65. I am sure that I can use a condom if I have sex.	1	2	3	4	5	(56)
66. I will try to get my sexual partner to agree to use condoms if we have sex in the next 3 months.	1	2	3	4	5	(57)
67. I plan to use condoms if I have sex in the next 3 months.	1	2	3	4	5	(58)

C. HARD OR EASY?

Sometimes we want to do something, but it's hard to do it. for the statements below, circle the number that best expresses how easy or hard it would be for you to do each of the things listed. Use any number from 1 to 5. The higher the number, the easier you think it is to do the behavior. The lower the number, the harder you think it is to do the behavior. (Circle One)

	1	2	:	3		4		5	
	Very Hard	Hard	In the	Middle	l	Easy		sy	
							CO	DENO #3	(1-4)
								LINE #3	(5)
1.	How easy or hard w not have sex in the			1	2	3	4	5	(6)
2.	How easy or hard w get your partner to sex, even if they di	use condon	ns during	1	2	3	4	5	(7)
3.	How easy or hard w condoms when you) use	1	2	3	4	5	(8)

D. SEXUAL BEHAVIOR

The following questions ask you about different sexual behaviors you may or may not ever have done. There is always an answer that lets you tell us when you have not done things, as well as when you have done them. Sexual intercourse refers to a male putting his penis in a female's vagina. Please be honest.

1.	1. Have you ever had sexual intercourse (a boy's penis in a girl's vagina)?				
	□ No	□ Yes			
2.	The first time you h intercourse against		did your partne	r force you to have sexual	(10)
	□ I have never had	d sexual intercourse.	□ No	□ Yes	
3.	The first time you h	nad sexual intercourse,	did you use a c	ondom?	(11)
	□ I have never ha	d sexual intercourse.	□ No	□ Yes	

33

The following questions ask you about the last time you had sexual interco	urse:
4. The last time you had sexual intercourse, did you use a condom?	(12)
\Box I have never had sexual intercourse. \Box No \Box Yes	
5. The last time you had sexual intercourse, were you high on alcohol or drugs?	(13)
\Box I have never had sexual intercourse \Box No \Box Yes	
6. The last time you had sexual intercourse, did you have a couple of drinks and/or any drugs before having sexual intercourse?	(14)
\Box I have never had sexual intercourse. \Box No \Box Yes	
7. The last time you had sexual intercourse, how old was your partner?	(15-16)
\Box I have never had sexual intercourse. \Box (Write in) ye	ears old.
The following questions ask about your activities in the past 3 months (90 or Please use the calendar provided to help you answer these questions. Where appropriate, if your answer is "zero" or "none" write the number "O".	
8. In the past 3 months, did you have sexual intercourse?	(17)
□ No □ Yes	
9. When you had sexual intercourse in the past 3 months, how often were condoms (rubbers) used?	(18)
\Box I have never had sexual intercourse.	
\Box I did not have sexual intercourse in the past 3 months.	
□ Never □ Sometimes □ often	
\Box Almost every time \Box Every time	
10. In the past 3 months, how many times have you had sexual intercourse? times	(19-21)

11.	In the past 3 months, how many times did you use a condom when you had sexu intercourse?	al (22-24)
	□ I have never had sexual intercourse	
	\Box I did not have sexual intercourse in the past 3 months.	
	□times	
12.	In the past 3 months, how many partners have you had sexual intercourse with? partners	(25-26)
13.	In the past 3 months, on how many days did you have sexual intercourse? days	(27-28)
14.	In the past 3 months, on how many days did you have sexual intercourse without using a condom?	(29-30)
	□ I have never had sexual intercourse	
	$\hfill\square$ I did not have sexual intercourse in the past 3 months	
	□ days	
15.	In the past 3 months, on how many days did you get high on alcohol or another drug and then have sexual intercourse?	(31-32)
	□ I have never had sexual intercourse	
	$\hfill\square$ I did not have sexual intercourse in the past 3 months.	
	□ days	
16.	In the past 3 months, on how many of those days when you got high on an alcoholic drink or another drug and then had sex, did you have sexual intercourse without using a condom?	e (33-34)
	\Box I have never got high and had sexual intercourse	
	$\hfill\square$ I did not get high and have sexual intercourse in the past 3 months.	
	□days	
17.	With whom do you have sex? (Circle one)	(35)
	□ Guys only □ Girls only	
	\Box Both girls and guys \Box I have never had sex	

E. AIDS/STD TRUE-FALSE ITEMS

TRUE or FALSE. Some of the statements below are true; some are false. Please check T for each statement that you think is TRUE; check F for each one you think is FALSE; and check "?" if you DO NOT KNOW whether the statement is true or false. The term STD means Sexually Transmitted Disease.

1.	A common syr	mptom of STDs	in a man is discharge (drip) from his penis.	(36)
	□ T	🗆 F	□ ?	
2.	A common syr	mptom of STDs	is burning with urination (peeing).	(37)
	□ T	🗆 F	□ ?	
3.	A common syr	mptom of STDs	is a sore on the penis or vagina.	(38)
	□ T	🗆 F	□ ?	
4.	-	mptom of STDs hing or burning	in a woman is discharge from her vagina	(39)
	□ T	🗆 F	□ ?	
5.	lf you feel hea	lthy you don't ha	ave an STD.	(40)
	□ T	🗆 F	□ ?	
6.	A woman who	has an STD car	n get an infection in her uterus and tubes.	(41)
	□ T	🗆 F	□ ?	
7.	A pregnant wo	man who has a	n STD can give it to her baby.	(42)
	□ T	🗆 F	□ ?	
8.	If a person has	s an STD, the pe	erson's sexual partner probably has it too.	(43)
	□ T	🗆 F	□ ?	
9.	Having HIV/AI	OS makes you n	nore likely to get other diseases.	(44)
	□ T	🗆 F	□ ?	
10	•	n have HIV/AIDS <u>not</u> look sick.	and give it to other people even if the	(45)
	□ T	🗆 F	□ ?	

1	1. Having sex w	<i>i</i> ith a man who s	shoots drugs is a way many women get HIV/AIDS.	(46)
	🗆 T	🗆 F	□ ?	
1	_	sex (i.e., male pe etting HIV/AIDS.	enis in butt/anus) increases your	(47)
	□ T	ΓF	□ ?	
1	3. Using Vaselir STDs and HN		when having sex lowers the chance of getting	(48)
	□ T	🗆 F	□ ?	
1	-	ood chance you th someone who	will get HIV/AIDS if you share a sink, shower, or o has HIV/AIDS.	(49)
	□ T	□F	□ ?	
1	5. HIV is presen	it in blood, seme	en, and vaginal fluid.	(50)
	□ T	🗆 F	□ ?	
1	6. The penis sh	ould be hard wh	en the condom is put on it.	(51)
	□ T	🗆 F	□ ?	
1	7. When a cond condom.	om is placed or	n the penis, space should be left at the tip of the	(52)
	□ T	🗆 F	□ ?	
1	8. The condom	should be comp	pletely unrolled before it is placed on the penis.	(53)
	□ T	🗆 F	□ ?	
1	9. Storing or ca	arrying condoms	s in a hot or warm place can destroy their effectiveness.	(54)
	□ T	🗆 F	□ ?	
2	0. A girl can <u>no</u>	<u>t</u> get pregnant tl	he first time she has sex.	(55)
	□ T	🗆 F	□ ?	
2	-	es herself out w come pregnant	vith a douche after she has sex,	(56)
	□ T	🗆 F	□ ?	

		(removes his penis) from the woman's vagina before lates, comes) the woman can still become pregnant.	(57)						
	🗆 F	□ ?							
0	0	control pills and does not take them one or two days se her chances of becoming pregnant.	(58)						
ΠT	🗆 F	□ ?							
	am and jelly forms es a condom.	s of birth control that a girl uses work better if the	(59)						
🗆 T	🗆 F	\Box ?							
	F. PERSONAL ATTITUDES QUESTIONNAIRE								
	Listed below are statements concerning personal attitudes and traits. Please check T for each statement that you think is true; check F for each one you think is false.								
		CODENO ; LINE #4							
1. It is som	etimes hard for m	ne to go on with my work if I am not encouraged.	(6)						
ΠT	🗆 F	□ ?							
2. I sometir	mes feel mad whe	en I do not get my way.	(7)						
	🗆 F	□ ?							
3. A few tin	nes, I have given	up doing something because I thought too little of my ab	ility. (8)						
ΠT	🗆 F	□ ?							
	we been times wh ey were right.	nen I felt like going against people in authority even thoug	gh I (9)						
ΠT	🗆 F	□ ?							
5. No matte	er who I am talkin	g to, I am always a good listener.	(10)						
5. No matte	er who I am talkin □ F	g to, I am always a good listener. □ ?	(10)						
ΠT	🗆 F		(10)						

7. I am always w	illing to admit it	when I make a mistake.	(12)				
□ T	ΓF	□ ?					
8. I sometimes tr	ry to get even, r	ather than forgive and forget.	(13)				
D T	🗆 F	□ ?					
9. I am always co	ourteous, even t	to people who are disagreeable.	(14)				
D T	🗆 F	□ ?					
10. I have never	been mad when	people have had ideas different from my own.	(15)				
□ T	🗆 F	□ ?					
11. There have b	een times when	I was very jealous of good things happening to others.	(16)				
D T	🗆 F	□ ?					
12. I sometimes	get mad at peo	ple who ask favors of me.	(17)				
🗆 T	🗆 F	□ ?					
13. I have never	said something	in order to hurt someone's feelings.	(18)				
🗆 T	ΠF	□ ?					
Any comments yo	ou wish to make	about the questions are welcome:					
If you are finished, check over the booklet for any questions you forgot to answer. Then sit quietly and do not disturb the others.							
Thank you!							

POST-QUESTIONNAIRE

Date:

(7-14)

The questions in this booklet are about things related to your health, as well as general questions about your background. Some questions ask about what you know; others ask your opinion on things; and others ask about things you may or may not have done. There is always an answer that lets you tell us when you have not done things, as well as when you have done them. Knowing what you have not done is just as important as knowing what you have done.

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IMPORTAN	MPORTANT! WRITE YOUR CODE NUMBER HERE:					
						LINE (5)
Time Starte	ed:					
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	Asst. Reqd.?	Circle:	(1) none	(2) low	(3) high	(6)
	PLEASE PRINT THE	FOLLOWING	SENTENCE	ON THE LIN	E BELOW:	
	"The quick	brown fox ju	imps over th	e lazy dog.	9	

A. SEXUAL ATTITUDES

The following questions ask how you feel about different behaviors. Please indicate how good or bad an idea it is to do the following, whether others would approve or disapprove of the behavior, and whether you plan to do these behaviors in the next 3 months (90 days). Circle the NUMBER that best describes your feelings. Sexual intercourse refers to a male putting his penis in a female's vagina. (Try to answer the questions even if you have not had sexual intercourse or have never used condoms.)

How would the following people feel about you having sex in the next 3 months? (Circle one)

1	2	2 3		5					
Strongly Disapprove	Disapprove	In the Middle	Approve	Strongly App	rove				
1. Yourself		1	2 3	4 5	(16)				
2. Most people who are in	mportant to you	1	2 3	4 5	(17)				
3. Your sexual partner		1	2 3	4 5	(18)				
4. Your mother		1	2 3	4 5	(19)				
5. Your father		1	2 3	4 5	(20)				
6. Your friends		1	2 3	4 5	(21)				
7. How likely is it that you	will decide to h	ave sexual interco	ourse in the r	next 3 months?	(22)				
	2	he Middle Lik	2	5 y Likely					
Try to answer the following questions even if you have not had sex or have never used condoms. How would the following people feel about you using a condom if you have sex in the next 3 months? (Circle one)									
1	1 2 3 4 5								
Strongly Disapprove	Disapprove	In the Middle	Approve	Strongly App	rove				

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8. Yourself			1	2	3	4	5		(23)
9. Most people who are	e important to	you	1	2	3	4	5		(24)
10. Your sexual partner	r		1	2	3	4	5		(25)
11. Your mother			1	2	3	4	5		(26)
12. Your father			1	2	3	4	5		(27)
13. Your friends			1	2	3	4	5		(28)
14. How likely is it that months?	you will decid	le to use	a cond	om if y	ou hav	e sex	in the r	iext 3	(29)
1 Van Halikalu	2 Uplikaly	3 In the N		4	Ь <i>.</i>	5 Voru			
Very Unlikely	Unlikely	In the N	viidale	Like	IY	very	Likely		
How much do you a	How much do you agree or disagree with each of the following statements about you having sex? (Circle One)								
1	2		3		4			5	
Strongly Disagree	Disagree	In ti	he Mido	lle	Agre	е	Stron	gly Agı	ee
15. If I have sex, then I more popular with			1		2	3	4	5	(30)
16. If I have sex, then I more popular with			1	2	2	3	4	5	(31)
17. If I have sex, I will g	get a bad repu	itation.	1	2	2	3	4	5	(32)
18. If I have sex, I will g	get HIV.		1	2	2	3	4	5	(33)
19. If I have sex, I will get a sexually transmitted disease (STD).12					2	3	4	5	(34)
20. If I have sex during pregnancy could or		S,	1	2	2	3	4	5	(35)
21. If I have sex during then my parents wi		S,	1	2	2	3	4	5	(36)
22. If I have sex, and m then they will be an		l out,	1	2	2	3	4	5	(37)

23.	If I have sex before I am married, then God is likely to be angry at me.	1	2	3	4	5	(38)
24.	If I have sex during my teen years, then I am less likely to graduate from high school.	1	2	3	4	5	(39)
25.	If I have sex during my teen years, then I am less likely to have the career that I am hoping for.	1	2	3	4	5	(40)
26.	I plan to have sex in the next 3 months.	1	2	3	4	5	(41)

The following questions concern <u>not</u> having sex, also known as practicing abstinence. How much do you agree or disagree with each of the following statements about you <u>not</u> having sex? (Circle One)

	1	1 2			4		5		
:	Strongly Disagree	Disagree	In the Middle	Ag	gree	Strongly Agree		ree	
27.	lf I do <u>not</u> have sex, people will call me na	ames.	1	2	3	4	5	(42)	
28.	lf I do <u>not</u> have sex, no one will want to g	o out with me.	1	2	3	4	5	(43)	
29.	lf I do <u>not</u> have sex w then they will break ι		1	2	3	4	5	(44)	
30.	lf I do <u>not</u> have sex, my parents will be pr	roud of me.	1	2	3	4	5	(45)	
31.	lf I do <u>not</u> have sex d years, I will be proud		lge 1	2	3	4	5	(46)	
32.	Not having sex will he further my education		1	2	3	4	5	(47)	
33.	<u>Not</u> having sex will he focus on getting a ge	-	1	2	3	4	5	(48)	
34.	l will <u>not</u> have sex in	the next 3 mon	ths. 1	2	3	4	5	(49)	

Now, we would like to ask you some questions about you using condoms. How much do you agree or disagree with each of the following statements about condoms? Try to answer the questions even if you have not had sex or have never used condoms. (Circle One)

	1	3		4		5		
9	Strongly Disagree	Disagree	In the Middle	e A	gree	Strongly Agree		ree
35.	Condoms help preve	ent pregnancy.	1	2	3	4	5	(50)
36.	Condoms help preve	ent STDs.	1	2	3	4	5	(51)
37.	Condoms help preve	ent HIV.	1	2	3	4	5	(52)
38.	A lot of times condo you are using them.	ms break when	1	2	3	4	5	(53)
39.	When a condom is u feels good.	sed, sex still	1	2	3	4	5	(54)
40.	When a condom is u	sed, sex is mor	e fun. 1	2	3	4	5	(55)
41.	If I used a condom, s not feel as good.	sex would	1	2	3	4	5	(56)
42.	Sex feels unnatural v condom is used.	when a	1	2	3	4	5	(57)
43.	Condoms are embar	rassing to use.	1	2	3	4	5	(58)
44.	Condoms make you because you have to			2	3	4	5	(59)

Now we would like you to answer questions about how your sexual partner might react to you wanting to use condoms. Try to answer the following questions even if you do not have a sexual partner.

	1	2	3		4		į	5	
:	Strongly Disagree	Disagree	In the M	liddle	Agre	ee	Strongly Agree		
								ENO #2 NE #2	(1-4) (5)
45.	Saying we have to us make my sexual part sex with other people	mer think I am		1	2	3	4	5	(6)
46.	Saying we have to us saying to my sexual "I don't trust you."		s like	1	2	3	4	5	(7)
47.	My sexual partner is me if I said we had to	2	•	1	2	3	4	5	(8)
48.	If I had a condom wit partner would not lik		ual	1	2	3	4	5	(9)
49.	My sexual partner we we used a condom.	ould be happie	r if	1	2	3	4	5	(10)
50.	Condoms cost too m	nuch.		1	2	3	4	5	(11)
51.	It is hard for me to g	et condoms.		1	2	3	4	5	(12)
52.	It is too much trouble condoms.	e to carry arou	nd	1	2	3	4	5	(13)
53.	l can get condoms.			1	2	3	4	5	(14)
54.	It is easy for me to h with me all of the tim			1	2	3	4	5	(15)
55.	l can get my sexual use a condom, even	-		1	2	3	4	5	(16)

56. I can say to my sexual partner that we should use a condom.	1	2	3	4	5	(17)
57. Before we are ready to have sex, I can talk to my sexual partner about using a condom.	1	2	3	4	5	(18)
58. I can put a condom on without turning my sexual partner off.	1	2	3	4	5	(19)
59. I cannot talk to my sexual partner about using condoms.	ut 1	2	3	4	5	(20)
60. If I am sexually aroused, I can stop before sex to use a condom.	1	2	3	4	5	(21)
61. I can say no to sex if my sexual partne and I do not have a condom.	r 1	2	3	4	5	(22)
62. I can stop sex to get a condom, if I do not have one.	1	2	3	4	5	(23)
63. I can use a condom, even if the room is dark.	1	2	3	4	5	(24)
64. I can get my sexual partner to agree to use a condom without turning them off		2	3	4	5	(25)
65. I am sure that I can use a condom if I have sex.	1	2	3	4	5	(26)
66. I will try to get my sexual partner to ag to use condoms if we have sex in the next 3 months.	gree 1	2	3	4	5	(27)
67. I plan to use condoms if I have sex in the next 3 months.	1	2	3	4	5	(28)

B. HARD OR EASY?

Sometimes we want to do something, but it's hard to do it. for the statements below, circle the number that best expresses how easy or hard it would be for you to do each of the things listed. Use any number from 1 to 5. The higher the number, the easier you think it is to do the behavior. The lower the number, the harder you think it is to do the behavior. (Circle One)

	1	2	3		4		5	•	
	Very Hard	Hard	In the Mido	lle	Eas	y	Very	Easy	
1.	How easy or ha <u>not</u> have sex in		2	1	2	3	4	5	(29)
2.	How easy or ha get your partne sex, even if the	r to use con	doms during	1	2	3	4	5	(30)
3.	How easy or ha condoms when			1	2	3	4	5	(31)

C. AIDS/STD TRUE-FALSE ITEMS

TRUE or FALSE. Some of the statements below are true; some are false. Please check T for each statement that you think is TRUE; check F for each one you think is FALSE; and check "?" if you DO NOT KNOW whether the statement is true or false. The term STD means Sexually Transmitted Disease.

1. A common s	symptom of STE	os in a man is discharge (drip) from his penis.	(32)		
D T	ΓF	□ ?			
2. A common s	symptom of STD	os is burning with urination (peeing).	(33)		
D T	🗆 F	\Box ?			
3. A common s	symptom of STD	os is a sore on the penis or vagina.	(34)		
D T	🗆 F	\Box ?			
4. A common symptom of STDs in a woman is discharge from her vagina that causes itching or burning.					
ΠT	🗆 F	□ ?			

5. If you feel hea	althy you don't h	ave an STD.	(36)
🗆 T	🗆 F	□ ?	
6. A woman who	o has an STD ca	n get an infection in her uterus and tubes.	(37)
🗆 T	🗆 F	□ ?	
7. A pregnant w	oman who has a	an STD can give it to her baby.	(38)
🗆 T	🗆 F	□ ?	
8. If a person ha	as an STD, the p	erson's sexual partner probably has it too.	(39)
🗆 T	□F	□ ?	
9. Having HIV/A	IDS makes you i	more likely to get other diseases.	(40)
🗆 T	□F	□ ?	
	n have HIV/AIDS s <u>not</u> look sick.	S and give it to other people even if the	(41)
🗆 T	🗆 F	□ ?	
11. Having sex	with a man who	shoots drugs is a way many women get HIV/AIDS.	(42)
🗆 T	🗆 F	□ ?	
_	sex (i.e., male p etting HIV/AIDS.	penis in butt/anus) increases your	(43)
🗆 T	ΓF	□ ?	
13. Using Vaseli STDs and H		t when having sex lowers the chance of getting	(44)
🗆 T	🗆 F	□ ?	
•	-	will get HIV/AIDS if you share a sink, shower, or no has HIV/AIDS.	(45)
🗆 T	🗆 F	□ ?	
15. HIV is preser	nt in blood, seme	en, and vaginal fluid.	(46)
🗆 T	🗆 F	□ ?	

16. The penis should be hard when the condom is put on it.								
ΠT	🗆 F	\Box ?						
17. When a c condom.		ed on the penis, space should be left at the tip of the	(48)					
ΠT	🗆 F	\Box ?						
18. The cond	lom should be c	completely unrolled before it is placed on the penis.	(49)					
🗆 T	🗆 F	\Box ?						
-	19. Storing or carrying condoms in a hot or warm place can destroy their effectiveness.							
🗆 T	🗆 F	\Box ?						
20. A girl car	n <u>not</u> get pregna	ant the first time she has sex.	(51)					
ΠT	🗆 F	\Box ?						
_	ashes herself o t become pregr	out with a douche after she has sex, nant	(52)					
🗆 T	🗆 F	\Box ?						
		(removes his penis) from the woman's vagina before Ilates, comes) the woman can still become pregnant.	(53)					
ΠT	🗆 F	\Box ?						
_	_	control pills and does not take them one or two days se her chances of becoming pregnant.	(54)					
ΠT	🗆 F	\Box ?						
	n and jelly forms a condom.	s of birth control that a girl uses work better if the	(55)					
🗆 T	🗆 F	\Box ?						

D. Debrief Questions

The questions in this section concern your feelings about the program. Tell us how you felt about the program by circling how you best feel about the statement. Please answer all of the questions honestly. Your opinions are valuable to us.

	CODENO# 3	(1-4)
	LINE #3	(5)
1. What did you like about the overall program?		(6)
2. What didn't you like about the overall program?		(7)

for questions 1 - 7 please use the scale below.

1 Disliked Very Much	2 Disliked	3 Neither Liked Nor Disliked		4 Liked		5 Like Very M	
3. How much did y program activiti		1	2	3	4	5	(8)
4. How much did yo part of the activ		1	2	3	4	5	(9)
5. How much did yo that you were in	- .	1	2	3	4	5	(10)
6. How much did yo	ou like your facilitato	or? 1	2	3	4	5	(11)
7. How much did yo you did in your s		1	2	3	4	5	(12)

for questions 8 and 9 please use the scale below.

1	2			3	3		
Not at all	Very Litt	le	Mod	Moderately		Very Much	
8. How much could yo the group activities			1	2	3	4	(13)
9. How much did you your thoughts in th			1	2	3	4	(14)
10. How comfortable did you feel talking and sharing your thoughts in the group?			1	2	3	4	(15)
11. How comfortable the exercises, ga	-	-	1	2	3	4	(16)
12. In general, how m from the activities		1	1	2	3	4	(17)
13. How much did you videos you saw?	u learn from the		1	2	3	4	(18)
14. How much did you learn from the small group activities?			1	2	3	4	(19)
15. Would you recomproject to other te			1	2	3	4	(20)
for t	he following qu	estions plea	ase us	e the sc	ale belo	w.	
1	2	3		4	1	5	
Disagree	Disagree	Neither Ag	gree	Ag	ree	Agr	ee
Strongly		Nor Disag	ree			Stror	ngly
16. My facilitator real	ly knows what						
he or she is teach		1	2	3	4 5	(21)	
17. My facilitator is a model for me.	good role		1	2	3	4 5	(22)

18. My facilitator really understands youth my age.	1	2	3	4	5	(23)
19. My facilitator shows respect for the group's feelings.	1	2	3	4	5	(24)
20. My facilitator is very friendly.	1	2	3	4	5	(25)
21. My facilitator was well-prepared.	1	2	3	4	5	(26)
22. My facilitator knows a lot about life.	1	2	3	4	5	(27)
23. Have you discussed the program with a teenager who was in a different group than you?						(28)
🗆 No 🗆 Yes						
24. If you have discussed the program with a teenager who was in a different group than you, what did you tell them you learned?						(29)
25. If you have discussed the program with a teenager who was in a different group than you, what did they tell you?						(30)
26. Has any other teenager who lives with you participated in the program?						(31)
🗆 No 🗆 Yes						
27. do you have a relative who has participated in the program?						(32)
🗆 No 🗆 Yes						

Any comments you wish to make about the questions are welcome:

If you are finished, check over the booklet for any questions you forgot to answer. Then sit quietly and do not disturb the others.

THANK YOU!

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