# Promoting Health Among Teens! Abstinence-Only Intervention

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

# **Grantee Guide**



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This manual and all accompanying items have been reviewed and approved by a national panel for use in school and non-school settings.

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## **Table of Contents**

 Module By Module Outline	1
 Module Goals and Objectives	4
 Core Elements, Key Characteristics & Logic Model	10
 Sample of Program Monitoring and Evaluation with SMART Objectives	18
 Pre-Questionnaire	23
 Post-Questionnaire	38

## MODULE BY MODULE OUTLINE

Modu	lle 1: Getting to Know You and Steps to Making Your Dreams Come True	Minutes
	Activity A: Welcome and Program Overview	
	Activity B: Talking Circle	
	Activity C: Creating Group Rules	
	Activity D: PHAT! Be Proud! Be Responsible! Brainstorm	5
	Activity E: Brainstorming About Teens and Sex	10
	Activity F: Goals and Dreams Timeline	
	Activity G: Brainstorming Obstacles to Your Goals and Dreams	
Modu	le 2: Puberty and Adolescent Sexuality	Minutes
	Activity A: Understanding Reproductive Anatomy (DVD and Discussion),	
	Activity B: Understanding Messages About Sex	10
	Activity C: How Do People Express Themselves Sexually Without Having	Sex?10
	Activity D: Benefits of Sex / Benefits of Abstinence	
Modu	le 3: Making Abstinence Work for Me	Minutes
	Activity A: What You Need to Make Abstinence Work for You	
	Activity B: Attitudes About Abstinence	
	Activity C: Stop, Think and Act - Introduction to Problem Solving	5
	Activity D: Stop, Think and Act - Jasmine and Derrick	
	Activity E: Trying to Slow Down: Understanding Partner Pressure	

Module 4: Consequences of Sex: HIV/AIDS	Minutes
Activity A: Acknowledging the Threat of AIDS	
Activity B: Discussing HIV/AIDS (DVD and Discussion)	
Activity C: AIDS Basketball Game	
Activity D: Homework Assignment	5
Activity E: Homework Role-Plays	
Activity F: Talking Circle	5
Module 5: The Consequences of Sex: STD Infection	Minutes
Activity A: Welcome and Talking Circle	
Activity B: Homework Assignment Review	
Activity C: Sexually Transmitted Diseases Brainstorm and Discussion	
Activity D: Don't Pass it Along (The Transmission Game)	
Activity E: DVD: The Subject Is: STDs - Abstinence Version	
Module 6: The Consequences of Sex: Pregnancy	Minutes
Activity A: Myths and Facts About Pregnancy	
Activity B: Tanisha and Shay DVD	
Activity C: Nina Next Door	
Activity D: Responding to Peer Pressure	<u>1</u> 5
Module 7: Improving Sexual Choices and Negotiation	Minutes
Activity A: Knowing and Setting Sexual Limits	15
Activity B: Getting Out of Risky Sexual Situation	15
Activity B: Getting Out of Risky Sexual Situation	

Module 8: Role-Plays: Refusal and Negotiation Skills	Minutes
Activity A: Introduction to S.T.O.P.	
Activity B: Practicing S.T.O.P.: Scripted Role-Plays: At a Party, Shawn and Robyn	
Activity C: Strengthening Negotiation Skills: Unscripted Role-Plays A-F	20
Activity D: Closing Activity: Letter to Self	
Activity E: Talking Circle	

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

## Module 2:

#### **Puberty and Adolescent Sexuality**

#### Goals

The goals of this module are to:

- Increase knowledge about the physical, emotional, and sexual development associated with puberty.
- Increase participants' awareness of the benefits of abstinence.

#### 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 3:

#### **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.

#### 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 decision-making.
- Identify ways to respond to partner pressure.

### Module 4:

#### **Consequences of Sex: HIV/AIDS**

#### 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 5:

#### **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.
- Identify which behaviors are low risk, high risk, and no risk for contracting HIV.

### Module 6:

#### **Consequences of Sex: Pregnancy**

#### Goals

7

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.

#### Learning Objectives

After completing this module, participants will be able to:

- Distinguish myths from facts about pregnancy.
- Express positive feelings toward pregnancy prevention.

### Module 7:

#### **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:

- Identify the specific types of sexual physical contact that fit within their personal comfort zone.
- 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.
- Identify the body language and strategies needed for saying "NO" effectively.
- Demonstrate the ability to negotiate abstinence with a partner.
- Express confidence in their ability to say "NO" to risky sexual situations.

### Module 8:

#### **Role-Plays: Refusal and Negotiation Skills**

#### Goals

The goals of this curriculum are to:

- Increase 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.
- 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**:

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 educators, school educators, family life educators, HIV/STD and pregnancy prevention educators, or staff working with youth in community-based organizations.
- 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.

13

## **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:

- 1. <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>: In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations or schools during the regular school day or in after school programming, etc. However, the activities must remain interactive and all of the youth must have a chance to participate and practice new skills. If you are integrating this curriculum into the school class period, you must remember that class periods are less than an hour (for which the curriculum is designed). Contact Select Media (www.selectmedia.org) to determine how to best spread the curriculum over more than eight sessions and still cover all of the material with fidelity.
- 3. <u>Number of days to deliver modules:</u> The intervention can be implemented in eight sessions of sixty minutes each or in four 2-hour modules. In community settings, it can be implemented in a two-day format (4 hours each day), an eight-day format (1 hour each day) or one-day (Saturday) for approximately eight hours, plus time for serving lunch and snacks. All 8 modules must be

implemented in order. However, you should try to complete this intervention in a 2-week period, if possible.

- 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.
- 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

15

#### 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

17

#### 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? <sup>1</sup>	n/a	<ul> <li>Pre-Implementation planning data</li> <li>SMART Objectives</li> <li>Becruitment plan</li> </ul>	Data can be used
How many participants did we actually recruit? <sup>2</sup>	Process monitoring	<ul> <li>Number of participants recruited documented by session sign-in</li> </ul>	to strengthen recruitment efforts and inform more accurate planning.
Was there a difference?	Process evaluation	<ul> <li>sheets</li> <li>Comparison between planned and actual numbers of recruits</li> </ul>	accurate planning.

19

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	<ul> <li>Pre-Implementation planning data</li> <li>Logic model's problem statement</li> <li>Participants' demographics and risk factors collected with a youth intake form</li> <li>Comparison between the characteristics of participants you planned to recruit and the characteristics of the actual participants.</li> </ul>	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	<ul> <li>Pre-Implementation planning data</li> <li>SMART objectives</li> <li>Sign-in sheets from</li> </ul>	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	<ul> <li>each session</li> <li>Comparison between planned and actual participation</li> </ul>	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)	<ul> <li>Fidelity checklists on required activities and core elements</li> <li>Quality assurance plan</li> <li>Notes from facilitators</li> <li>Notes from persons who observed the program</li> </ul>	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	<ul> <li>Outcomes</li> <li>Pre-Implementation planning data</li> <li>Logic model's outcomes in terms of mediating variables and behavior change variables</li> </ul>	Positive outcomes
experience? Was there a difference?	Assessment of pre- and post- test data	<ul> <li>Monitoring and evaluation plan</li> <li>SMART objectives</li> <li>Data that measure mediating variables and variables for behavior change collected with a pre-and post-test instrument</li> <li>Comparison between planned outcomes and actual outcomes measured with outcome monitoring instruments/ tools</li> </ul>	can be used to 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:
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(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)
l	PLEASE PRINT THE	FOLLOWING	SENTENCE	ON THE LIN	E BELOW:	
	"The quick	t brown fox ju	imps over th	ie lazy dog.'	,	
_						

23

#### 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		Femal	e (18)
3. Are you now in school?					No	□ Ye	s (19)
If NO, what was the last grade	e you complete	d?					(20-21)
If YES, what grade are you in	now ?						(22-23)
4. Are you Black/African American?					No	□ Ye	s (24)
5. Are you Hispanic/Latino?					No	□ Ye	s (25)
6. If you are Hispanic/Latino, are you	J:						(26)
□ I am not Hispanic/Latino	Mexican						
Puerto Rican	□ South Ame	erican					
Dominican	Central Arr	nerica	1				
🗆 Cuban	□ Other (Spe	cify co	ountry: _				)
7. Are you White?					No	□ Ye	s (27)
8. Are you Caribbean/West Indian?					No	□ Ye	s (28)
9. Are you American Indian or Alaska	n Native?				No	□ Ye	s (29)
10. Are your parents married to each	h other now?				No	□ Ye	s (30)
11. Were your parents ever married	to each other?				No	□ Ye	s (31)
12. Are your parents married, but cu	irrently separate	ed?			No	□ Ye	s (32)
13. Does your mother work?					No	□ Ye	s (33)
14. Does your father work?					No	□ Ye	s (34)
15. Did your mother finish high school	ol? □	No	□ Yes		Do n	ot knov	w (35)
16. Did your father finish high school	?	No	□ Yes		Do n	ot knov	w (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?

25

- $\Box$  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	L	2	3		4		5	
Strongly	Disapprove	Disapprove	In the Midd	lle /	Approve	Stro	ongly A	pprove
1. Yourself			1	2	3	4	5	(39)
2. Most peo	ple who are in	nportant to you	1	2	3	4	5	(40)
3. Your sexu	ual partner		1	2	3	4	5	(41)
4. Your mot	her		1	2	3	4	5	(42)
5. Your fath	er		1	2	3	4	5	(43)
6. Your frier	ds		1	2	3	4	5	(44)

(38)

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 N	liddle	Approv	e	Strongly Appr	ove
8. Yourself		1	2	3	4	5	(46)
9. Most people who are in	nportant to yo	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?	ou will decide t	o use a cono	lom if y	vou have	sex	in 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	-	ee with eac ng sex? (Ci			ng	statements abo	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 bo		1	2	3	4	5	(6)
16. If I have sex, then I wi more popular with gir		1	2	3	4	5	(7)

17. lf I	have sex, I will ge	et a bad reputat	on.	1	2	3	4	5	(8)			
18. lf I	If I have sex, I will get HIV.			1	2	3	4	5	(9)			
	have sex, I will ge nsmitted disease			1	2	3	4	5	(10)			
	have sex during r gnancy could oco			1	2	3	4	5	(11)			
	have sex during r n my parents will			1	2	3	4	5	(12)			
	have sex, and my n they will be ang	-	ıt,	1	2	3	4	5	(13)			
	have sex before I n God is likely to			1	2	3	4	5	(14)			
the	24. If I have sex during my teen years, then I am less likely to graduate from high school.			1	2	3	4	5	(15)			
the	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	(16)			
26. I pl	an to have sex in	the next 3 mon	ths.	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)											
Stro	1 ngly Disagree	2 Disagree	3 In the Mi	ddle	4 Agi	-	Stron	5 gly Agı	ree			
			141		9.		0001	9.1 . 9.				
	do <u>not</u> have sex, ople will call me n	ames.		1	2	3	4	5	(18)			
									(10)			
	do <u>not</u> have sex, one will want to g	go out with me.		1	2	3	4	5	(18)			

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	Disagree	In the Middle	Ag	gree	Stron	gly Agr	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)
	ow we would like yo act to you wanting t		ns. Try	to answe	er the	followi	-		-
	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.	If I had a condom wi partner would not lik		ual	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	get condoms.		1	2	3	4	5	(42)
52.	It is too much troubl 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)

Promoting Health Among Teens! Abstinence-Only Intervention

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.	2	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	I	Easy	Very Easy			
							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 die	use condon		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.	2. The first time you had sexual intercourse, did your partner force you to have sexual intercourse against your will?						
	□ I have never had	sexual intercourse.	□ No	□ Yes			
3.	The first time you ha	ad sexual intercourse,	did you use a co	ondom?	(11)		
	□ I have never had	sexual intercourse.	🗆 No	□ Yes			

The following questions ask you about the last time you had sexual interco	ırse:
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	ars old.
The following questions ask about your activities in the past 3 months (90 d Please use the calendar provided to help you answer these questions. Wh appropriate, if your answer is "zero" or "none" write the number "O".	
8. In the past 3 months, did you have sexual intercourse?	(17)
$\square$ No $\square$ 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	
	$\Box$ 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	

33

### 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	nptom of STDs	in a man is discharge (drip) from his penis.	(36)
	□ T	🗆 F	□ ?	
2.	A common syr	nptom of STDs	is burning with urination (peeing).	(37)
	□ T	🗆 F	□ ?	
3.	A common syr	nptom of STDs	is a sore on the penis or vagina.	(38)
	□ T	🗆 F	□ ?	
4.	-	nptom of STDs hing or burning	in a woman is discharge from her vagina	(39)
	□ T	🗆 F	□ ?	
5.	If you feel heal	thy you don't ha	ave an STD.	(40)
	□ T	🗆 F	□ ?	
6.	A woman who	has an STD car	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	)S makes you n	nore likely to get other diseases.	(44)
	□ T	🗆 F	□ ?	
10	-	have HIV/AIDS <u>not</u> look sick.	and give it to other people even if the	(45)
	□ T	🗆 F	□ ?	

11.	. Having sex w	ith a man who s	shoots drugs is a way many women get HIV/AIDS.	(46)
	□ T	🗆 F	□ ?	
12.	_	sex (i.e., male pe tting HIV/AIDS.	enis in butt/anus) increases your	(47)
	□ T	🗆 F	□ ?	
13.	. Using Vaselin STDs and HIV		when having sex lowers the chance of getting	(48)
	ΠT	🗆 F	□ ?	
14.	-	ood chance you th someone who	will get HIV/AIDS if you share a sink, shower, or o has HIV/AIDS.	(49)
	🗆 T	🗆 F	□ ?	
15.	. HIV is presen	t in blood, seme	en, and vaginal fluid.	(50)
	🗆 T	🗆 F	□ ?	
16.	. The penis she	ould be hard wh	en the condom is put on it.	(51)
	□ T	🗆 F	□ ?	
17.	When a cond condom.	om is placed on	n the penis, space should be left at the tip of the	(52)
	□ T	🗆 F	□ ?	
18.	. The condom	should be comp	pletely unrolled before it is placed on the penis.	(53)
	□ T	🗆 F	□ ?	
19.	. Storing or ca	rrying condoms	s in a hot or warm place can destroy their effectiveness.	(54)
	🗆 T	🗆 F	□ ?	
20.	. A girl can <u>not</u>	<u>t</u> get pregnant tl	he first time she has sex.	(55)
	🗆 T	🗆 F	□ ?	
21.	-	es herself out w come pregnant	ith 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)
🗆 T	🗆 F	□ ?	
0	0	control pills and does not take them one or two days se her chances of becoming pregnant.	(58)
🗆 T	🗆 F	□ ?	
	n and jelly forms s a condom.	of birth control that a girl uses work better if the	(59)
🗆 T	🗆 F	□ ?	
	F. PEF	RSONAL ATTITUDES QUESTIONNAIRE	
		ts concerning personal attitudes and traits. Please you think is true; check F for each one you think is	
		CODENO # LINE #4	
1. It is some	times hard for m	e to go on with my work if I am not encouraged.	(6)
🗆 T	🗆 F	□ ?	
2. I sometim	es feel mad whe	n I do not get my way.	(7)
🗆 T	🗆 F	□ ?	
3. A few time	es, I have given ι	up doing something because I thought too little of my abi	lity. (8)
🗆 T	🗆 F	□ ?	
	ve been times wh v were right.	en I felt like going against people in authority even thoug	h I (9)
🗆 T	🗆 F	□ ?	
5. No matter	r who I am talking	g to, I am always a good listener.	(10)
🗆 T	🗆 F	□ ?	
6. There hav	ve been times wh	en I took advantage of someone.	(11)
🗆 T	🗆 F	□ ?	

7. I am always w	illing to admit it	when I make a mistake.	(12)
□ T	🗆 F	□ ?	
8. I sometimes tr	ry to get even, r	ather than forgive and forget.	(13)
🗆 T	🗆 F	□ ?	
9. I am always co	ourteous, even t	o people who are disagreeable.	(14)
🗆 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)
🗆 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	🗆 F	□ ?	
Any comments yo	ou wish to make	about the questions are welcome:	
If you are finished quietly and do not		e booklet for any questions you forgot to answer. Then s ers.	it
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.

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 COL	DE NUMBER	HERE:			(1-4)
						LINE (5)
Time Started	l:	·				
Time Finished	d:					
	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.	11	
-						

### **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	3	4	5					
Strongly Disapprove	Disapprove	In the Middle	Approve	Strongly	y Approve				
1. Yourself		1	2 3	4	5 (16)				
2. Most people who are	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 yo	u will decide to h	nave sexual interc	ourse in the	next 3 mor	nths? (22)				
1 Very Unlikely	2 Unlikely In t	-	4 kely Ver	5 ry 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 Middle	Approve	Strongly	y Approve				

39

8. Yourself		1	1 2	3	4	5		(23)
9. Most people who are	e important to	you 1	L 2	3	4	5		(24)
10. Your sexual partne	r	1	L 2	3	4	5		(25)
11. Your mother		1	L 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	e to use a	condom	if you h	nave sex	in the n	ext 3	(29)
1 Very Unlikely	2 Unlikely	3 In the Mi	ddle	4 Likely		5 / Likely		
	-			2	-	-	onto ol	
How much do you a	-	aving sex			nowing	Slatem	ents a	Jour
1	2		3		4		5	
Strongly Disagree	Disagree	In the	Middle	Ag	gree	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								
more popular with	girls.		1	2	3	4	5	(31)
17. If I have sex, I will a	-	tation.	1 1	2 2	3 3	4 4	5 5	(31) (32)
	get a bad repu	tation.						
17. If I have sex, I will g	get a bad repu get HIV. get a sexually	tation.	1	2	3	4	5	(32)
<ul> <li>17. If I have sex, I will g</li> <li>18. If I have sex, I will g</li> <li>19. If I have sex, I will g</li> </ul>	get a bad repu get HIV. get a sexually e (STD). my teen year		1 1	2 2	3 3	4 4	5 5	(32) (33)
<ul> <li>17. If I have sex, I will g</li> <li>18. If I have sex, I will g</li> <li>19. If I have sex, I will g</li> <li>transmitted disease</li> <li>20. If I have sex during</li> </ul>	get a bad repu get HIV. get a sexually e (STD). my teen year ccur. my teen year	S,	1 1 1	2 2 2	3 3 3	4 4 4	5 5 5	(32) (33) (34)

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	2	3		4		5	
:	Strongly Disagree	Disagree	In the Middl	e A	Agree	Stro	ongly Ag	gree
27.	lf I do <u>not</u> have sex, people will call me na	ames.	1	2	3	4	5	(42)
28.	If I do <u>not</u> have sex, no one will want to g	o out with me.	1	2	3	4	5	(43)
29.	If I do <u>not</u> have sex w then they will break u		1	2	3	4	5	(44)
30.	lf I do <u>not</u> have sex, my parents will be pr	oud of me.	1	2	3	4	5	(45)
31.	lf I do <u>not</u> have sex d years, I will be proud		ge 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.	I 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	2	3		4		5	
9	Strongly Disagree	Disagree	In the Middle	e A	gree	Stron	gly Agr	ree
35.	Condoms help preve	ent pregnancy.	1	2	3	4	5	(50)
	Condoms help preve		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	3	4			5	
9	Strongly Disagree	Disagree	In the	Middle	Agr	ee	Stron	gly Agro	ee
								DENO #2 LINE #2	(1-4) (5)
45.	Saying we have to us make my sexual part sex with other people	tner 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	er 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	Ind	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	1	2	3	4	5	(15)
55.	l can get my sexual p 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.	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 partner and I do not have a condom.	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.	1	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 agree to use condoms if we have sex in the next 3 months.	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 Mide	dle	Eas	y	Very I	Easy	
1.	How easy or han <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	er to use con	doms during	1	2	3	4	5	(30)
3.	How easy or ha			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	ymptom of STD	s in a man is discharge (drip) from his penis.	(32)			
D T	🗆 F	□ ?				
2. A common s	ymptom of STD	s is burning with urination (peeing).	(33)			
D T	🗆 F	□ ?				
3. A common s	ymptom of STD	s is a sore on the penis or vagina.	(34)			
D T	🗆 F	□ ?				
4. A common symptom of STDs in a woman is discharge from her vagina that causes itching or burning.						
□ T	🗆 F	□ ?				

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5. If you feel hea	althy you don't h	ave an STD.	(36)
🗆 T	🗆 F	□ ?	
6. A woman who	has an STD ca	n get an infection in her uterus and tubes.	(37)
🗆 T	ΓF	$\Box$ ?	
7. A pregnant w	oman who has a	n STD can give it to her baby.	(38)
🗆 T	ΓF	$\Box$ ?	
8. If a person ha	as an STD, the p	erson's sexual partner probably has it too.	(39)
🗆 T	🗆 F	$\Box$ ?	
9. Having HIV/A	DS makes you r	nore likely to get other diseases.	(40)
🗆 T	ΓF	$\Box$ ?	
-	n have HIV/AIDS s <u>not</u> look sick.	and give it to other people even if the	(41)
🗆 T	🗆 F	$\Box$ ?	
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.	enis in butt/anus) increases your	(43)
🗆 T	🗆 F	□ ?	
13. Using Vaseli STDs and H		t when having sex lowers the chance of getting	(44)
🗆 T	ΓF	$\Box$ ?	
•	-	will get HIV/AIDS if you share a sink, shower, or o 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.	(47)
ΠT	🗆 F	□ ?	
17. When a co condom.	ndom is placed	d on the penis, space should be left at the tip of the	(48)
ΠT	🗆 F	□ ?	
18. The condo	om should be c	ompletely unrolled before it is placed on the penis.	(49)
ΠT	🗆 F	□ ?	
19. Storing or effectivene		oms in a hot or warm place can destroy their	(50)
ΠT	🗆 F	□ ?	
20. A girl can	<u>not</u> get pregna	nt the first time she has sex.	(51)
🗆 T	🗆 F	□ ?	
_	shes herself ou become pregna	ut with a douche after she has sex, ant	(52)
🗆 T	ΠF	□ ?	
-	-	removes his penis) from the woman's vagina before lates, comes) the woman can still become pregnant.	(53)
🗆 T	🗆 F	□ ?	
_	_	control pills and does not take them one or two days se her chances of becoming pregnant.	(54)
🗆 T	🗆 F	□ ?	
24. The foam boy uses a		of birth control that a girl uses work better if the	(55)
ΠT	🗆 F	□ ?	

47

### **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 2		3		4		5			
Disliked	Disliked	Neither Liked		Liked		Liked			
Very Much		Nor Disliked				Very Much			
<ul><li>3. How much did y program activitie</li><li>4. How much did y part of the activities</li></ul>	ies? ou like the video	1	2	3		5	(8) (9)		
5. How much did y that you were ir	<b>-</b> .	1	2	3	4	5	(10)		
6. How much did you like your facilitator?		r? 1	2	3	4	5	(11)		
7. How much did y you did in your	ou like the activities group?	1	2	3	4	5	(12)		

### For questions 8 and 9 please use the scale below.

1		3			4			
Not at all	Not at all Very Little			lerately		Very Much		
8. How much could you the group activities			1	2	3	4	(13)	
9. How much did you your thoughts in the			1	2	3	4	(14)	
10. How comfortable and sharing your t	-	-	1	2	3	4	(15)	
11. How comfortable the exercises, gar	-	-	1	2	3	4	(16)	
12. In general, how m from the activities		n	1	2	3	4	(17)	
13. How much did you videos you saw?	ı learn from the		1	2	3	4	(18)	
14. How much did you small group activit			1	2	3	4	(19)	
15. Would you recomm project to other te			1	2	3	4	(20)	
For t	he following qu	estions ple	ease us	e the sc	ale belo	w.		
1	2	3		4	1	5	•	
Disagree	Disagree	Neither A	gree	Ag	ree	Agr	ee	
Strongly		Nor Disag	gree			Stroi	ngly	
16. My facilitator reall	16. My facilitator really 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 ur youth my age.	nderstands	1	2	3	4	5	(23)
19. My facilitator shows r the group's feelings.	espect for	1	2	3	4	5	(24)
20. My facilitator is very f	riendly.	1	2	3	4	5	(25)
21. My facilitator was we	l-prepared.	1	2	3	4	5	(26)
22. My facilitator knows a	a lot about life.	1	2	3	4	5	(27)
23. Have you discussed t who was in a differen	_	ager					(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?							
26. Has any other teenag	er who lives with you pa	articipat	ed in the	e progra	ım?		(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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