

# Effective HIV/STD and Teen Pregnancy Prevention Programs for Young Women of Color

In the U.S., rates of HIV, sexually transmitted disease (STD), and unintended pregnancy are disproportionately high among youth of color, particularly young African American and Latina women, when compared to other youth.

- Approximately half of all new HIV infections in the United States occur among young people under age 25, and most of these infections are transmitted sexually.<sup>1</sup>
- Although African Americans and Latinos together account for less than 30 percent of the U.S. population ages 20 to 24, 63 percent of cumulative AIDS cases occurred among these youth through June 1999.<sup>2,3</sup>
- Seventy-seven percent of women diagnosed with AIDS have been African American and Latina.<sup>2</sup>
- Among U.S. teens, the highest syphilis rates have occurred among African Americans.<sup>4</sup>
- Between 1990 and 1996, the overall teen pregnancy, birth, and abortion rates declined significantly. However, young Latinas experienced a six percent pregnancy rate decline compared to 20 percent among African American and 16 percent among non-Hispanic white teens.<sup>1,5</sup>
- Birth rates for African American and Latina teens remain considerably higher than those for non-Hispanic whites, Asians and Pacific islanders, and Native Americans.<sup>6</sup>
- In a nationally representative survey of high school students, young African American women were significantly more likely than either Latinas or young white women to have had sexual intercourse (65.5, 45.7, and 44.0 percent, respectively) and to have had four or more sexual partners (25.4, 10.2, and 12.1 percent, respectively).<sup>7</sup>

In the United States – where one-third of teens are adolescents of color and where their proportion of the total teen population is expected to increase<sup>8</sup> – program planners must recognize the disproportionate rates of HIV, STDs, and unintended pregnancy among these youth and plan culturally appropriate interventions to meet their needs.

Despite demographic shifts and current health indicators, few HIV/STD and teen pregnancy prevention programs meet the needs of youth of color, especially young women. Historically, HIV/AIDS prevention programs have targeted adult populations at high risk, such as white gay men. HIV/AIDS prevention programs have seldom focused on the risk-taking behaviors and holistic needs of young people at high risk. Youth-focused HIV/AIDS prevention programs often emphasize disease prevention rather than sexual health promotion. When prevention programs mimic those designed for adults or focus on disease, youth of color may not receive needed life skills and resources to support healthy sexual attitudes and behaviors.

Pregnancy prevention programs have successfully made unintended pregnancy a priority issue for many youth of color and contributed to the significant decline in teen pregnancy among African American young women.<sup>1</sup> These programs, however, often focus solely on preventing pregnancy rather than health promotion and promote contraceptive methods that effectively prevent pregnancy but do not protect against HIV and other STDs. Consequently, participants may lack skills and knowledge to prevent STDs, including HIV.

## Tailoring Programs

Values, attitudes, beliefs, knowledge, and communication patterns about health, sexuality, relationships, contraception, and childbearing vary significantly across cultural and ethnic groups. To encourage self-protective behaviors among young people, interventions must match the culture of the audience targeted. Research shows that interventions effective in altering attitudes *and* behavior among particular populations of adolescents are nearly always gender specific and culturally appropriate.<sup>9,10,11</sup>

Culturally appropriate programs acknowledge cultural practices and attitudes, address cultural taboos, meet needs arising out of a specific cultural milieu, and have staff who represents and understands the target culture. In addition, such programs encourage participants' pride and self-identification with their racial/ethnic group.

Gender specific strategies explore and address the separate social influences that affect females or males, such as divergent societal expectations and differing messages about body image, sexuality, and sexual responsibility. These strategies may be particularly important in empowering young women to make critical sexual decisions and in helping them strengthen their relationships. Having skills in communication, negotiation, and refusal skills can empower teenage women to protect their sexual health.<sup>9,12,13</sup>

No single strategy works for all youth. However, program planners can benefit from the experience of effective programs. Programs are most likely to be effective when they –

- Incorporate comprehensive sexuality education, including information on *both* contraception and abstinence<sup>14,15</sup>
- Provide access to contraceptive services and methods<sup>16,17,18,19,20</sup>
- Offer opportunities – such as mentoring, community service, and job training – that develop life skills so young people can prepare for their futures.<sup>21</sup>

Furthermore, HIV/STD and teen pregnancy prevention programs targeting youth of color are most likely to be effective when they

- Are in the native language of the target population<sup>21</sup>
- Involve community members and youth in planning and implementation<sup>22</sup>
- Focus on the assets of teenage participants<sup>23</sup>
- Address the needs of the whole young person<sup>24</sup>
- Consider the social and cultural factors that influence behavior<sup>18</sup>
- Provide peer support to change peer norms<sup>23</sup>
- Are culturally appropriate<sup>25</sup>
- Offer gender-specific opportunities and activities<sup>13</sup>
- Aim at building skills<sup>11,26,27</sup>
- Use multiple pathways to reach and empower youth in the community.<sup>12,13</sup>

To assist providers in designing comprehensive, effective teen pregnancy *and* HIV/STD prevention programs for youth of color, this paper highlights evaluated programs that successfully reduce sexual risk-taking among youth of color and promote their sexual health. Each program uses some or all of the strategies listed above.

## Educational Programs

Educational programs impart knowledge and explore attitudes about human development, relationships, personal skills, sexual health and behavior, sexuality, and culture. While pregnancy prevention programs usually offer education about HIV and other STDs, some of the following programs focus exclusively on preventing STDs.

***AIDS Prevention and Health Promotion among Women*** helps young women make responsible, healthy decisions about their sexual behavior. Culturally sensitive strategies include group social support, empowerment, and exercises to build skills. The program educates participants about the association of alcohol and other drug use with the risk of HIV infection. Evaluation shows that young African American and Latina women significantly increased their knowledge of HIV/AIDS prevention and improved their use of safer sex practices, including using condoms.<sup>11</sup>

***Be Proud! Be Responsible! An AIDS Risk Reduction Program*** targets African American students in junior and senior high schools. The program seeks to improve knowledge of HIV/STDs, increase self-esteem, and support safer sexual behaviors among participants. Sessions include oral and written exercises as well as games and role plays to build and practice skills. In evaluation, participants reported less sexual risk-taking behavior, demonstrated increased HIV/STD knowledge, and expressed less favorable attitudes toward sexual risk behaviors compared to the control group. At follow-up, participants reported fewer acts of vaginal sexual intercourse, fewer sexual partners, greater use of condoms, and less heterosexual anal intercourse compared to controls.<sup>27</sup>

***Youth AIDS Prevention Project (YAPP)*** is designed to prevent HIV/STD and substance abuse among junior high school students. Developed initially for use among African Americans, the program provides both classroom educational sessions and opportunities to build skills. Evaluation indicates that participants who initiated sexual intercourse during the study were more likely than the control group to use condoms with foam. Participants demonstrated increased HIV/AIDS knowledge and reported a greater sense of comfort in discussing sexuality and drug use with their parents. Sexually active participants reported a lower frequency of sexual intercourse compared to controls.<sup>26</sup>

*The Fenix Project* provides educational services and outreach through teams of trained peer educators whose skill and supportive networks promote healthy attitudes and behaviors and reduce risks among their peers. Designed to provide accurate information, this HIV/STD and teen pregnancy prevention initiative also increases teens' awareness of each individual's sexual responsibility and options. Strategies include a telephone help-line, street theater, presentations, and street outreach. The Project reaches disenfranchised youth, including out-of-school and homeless youth. Pre/post test evaluation showed participants to have increased both their safer sex behaviors and their knowledge of HIV/AIDS.<sup>22</sup>

*Girl Talk* is gender-specific, age adapted, and culturally appropriate for teenage Latina and African American women. The program reflects attitudes, traits, and experiences of teens that actively participated in its planning and review. *Girl Talk* focuses on the strengths of participants and uses peers and adults as group facilitators, mentors, and role models. Diverse educational techniques help to strengthen self-efficacy and peer relationships as well as to enhance self-protective behaviors. The program incorporates community-wide partners including health care agencies, businesses, and schools. Findings indicate that participants increased both their knowledge and self-efficacy.<sup>23</sup>

*Girls Incorporated Preventing Adolescent Pregnancy*<sup>7</sup> is a multifaceted program in four age-appropriate divisions. It provides information and fosters skills in communication, assertiveness and refusal, contraception and STD prevention, and academic and career planning. Evaluation indicates that participants active in completing the program were 50 percent less likely to become pregnant compared to non-participants or those less involved. Younger teens completing the program were twice as likely as non-participants to postpone sexual intercourse.<sup>13</sup>

## Contraceptive Access Programs

Contraceptive counseling and teen-focused services and follow-up care are critical elements of effective contraceptive access programs.

*School/Community Program for Sexual Risk Reduction among Teens* was a school- and community-based pregnancy prevention program providing access to contraception as well as abstinence-based sexuality education. The program educated and trained teachers, parents, and civic and religious leaders in sexuality education and issues of adolescent decision making, self-esteem, and communication. A community-wide public education media campaign raised awareness about the importance of sexually active teens using contraception.<sup>18</sup> Evaluation showed a significant decrease in the annual teen pregnancy rate among female participants. Pregnancy rates dropped from 77 per 1,000 in 1981 and 1982 to 37 per 1,000 during 1984 to 1986 when the program was in full operation. In 1987, dispensing contraceptives on school grounds was prohibited, and the pregnancy rate increased significantly.<sup>18</sup>

*The Self Center* in Baltimore, MD, provided education, counseling, and reproductive health services to African American students in grades seven to 12. Working together in this school-linked program, a social worker and a nurse practitioner conducted educational sessions, informal discussions, and individual counseling in the schools. In the nearby clinic, students received reproductive health care services, including contraception as well as referral to other health services. Evaluation showed that the Self Center improved participants' knowledge of health risks and behaviors, significantly delayed the initiation of sexual activity among 14- and 15-year-old participants, and increased contraceptive use at most recent sexual intercourse among sexually active females by 22 percent.<sup>19,20</sup>

## Multifaceted Programs

Because these programs offer a wide range of services, they may be especially important for disadvantaged youth at increased risk of early childbearing or of infection with HIV or STDs. These programs are most effective when they provide academic assistance, career counseling, vocational training, and/or service learning opportunities along with sexual health education and services.

*Children's Aid Society Teen Pregnancy Prevention Program*, currently being replicated and evaluated at 10 sites in New York City and at 48 sites in 20 states around the nation, uses case management to ensure long-term, individualized care and to connect youth to other needed services. The holistic, multidimensional components include primary health care, self-esteem enhancement, financial planning, skills training in individual sports, academic assessment and assistance, family life education, and a job club. Evaluation at replication sites showed program participants were less likely to be sexually active, less likely to be involved in pregnancy, more likely to use condoms at most recent sexual intercourse, and less likely to drop out of school compared to non-participants.<sup>24</sup>

*Teen Outreach Program, TOP*, is a youth development program combining life skills and sexuality education – using the classroom-based curriculum, *Changing Scenes* – with involvement in community service. The recently released *TOP en Espanol (TOP-E)* is a Spanish translation of TOP as well as a culturally specific adaptation of *CAMBIO*. *TOP-E* enables Spanish-speaking youth to learn about and discuss sexuality and other intimate subjects in their primary language. By encouraging Latino youth to focus on their own assets within the context of their culture and ethnicity, the program assists Latino youth to generate a more positive self-identity. A five-year impact evaluation showed TOP program participants generally to have been involved in fewer pregnancies, experienced fewer course failures, and had fewer school suspensions compared to non-participants.<sup>21</sup>

*I Have A Future*, a community-based program in Nashville, TN, asked community residents to identify their community's problems and to develop a plan of action to address the problems. Residents identified teen pregnancy, alcohol and drug abuse, crime, and youth unemployment as critical issues. Age-appropriate, individual, and group interventions were developed to meet the community's objectives. The program included social learning activities based on the *Nguzo Saba* Principles (Seven Principles of Blackness). Gender-specific activities, such as CHARM Class for Females (*Choosing How to Adorn and Refine Myself*) and MATURE (Males Adorning, Thinking, and Using Refined Energies) promoted self-esteem and physical and emotional well-being. Evaluation found a statistically significant difference between active and low-level participants or non-participants. Active youth were involved in no pregnancies compared to 59 pregnancies in the other two groups. In addition, active males reported lower levels of involvement in delinquent acts than did the other males.<sup>25</sup>

## Conclusion

These programs are effective models of prevention and employ sound, research-based strategies to reach youth of color in need of education, services, and opportunities to build hopeful futures. As the population in the United States continues to become more diverse, these effective and innovative programs can serve as prototypes for health promotion among *all* adolescents.

## References

- 1 Centers for Disease Control & Prevention (CDC). *Young People at Risk: HIV/AIDS among America's Youth*. Atlanta, GA: CDC, 1999.
- 2 CDC. *HIV/AIDS Surveillance Report* 1999;11(1):1-41.
- 3 U.S. Census Bureau. *Statistical Abstract of the United States*. 119<sup>th</sup> ed. Washington, DC: The Bureau, 1999.
- 4 CDC. *Sexually Transmitted Disease Surveillance* 1997. Atlanta, GA: CDC, 1998.
- 5 Alan Guttmacher Institute. *Teenage Pregnancy: Overall Trends and State-by-State Information*. New York, NY: Author, 1999.
- 6 Ventura SJ, et al. Births: final data for 1997. *National Vital Statistics Report* 1999; 47(18):1-96.
- 7 Kann L, et al. Youth risk behavior surveillance, United States, 1997. *MMWR CDC Surveill Summ* 1998;47(SS-3):1-89.
- 8 Ozer EM, et al. *America's Adolescents: Are They Healthy?* San Francisco, CA: Univ. Calif., Natl. Adolesc. Health Info. Ctr., 1998.
- 9 Kalichman SC, et al. Culturally tailored HIV/AIDS risk-reduction messages targeted to African American urban women: impact on risk sensitization and risk reduction. *J Consul Clin Psychol* 1993;61:291-295.
- 10 Wyatt GE, et al. Adapting a comprehensive approach to African American women's sexual risk taking. *J Health Educ* 1997;28(6 Suppl):S52-S59.
- 11 Card JJ, et al, ed. *PASHA Program Sourcebook*. Los Altos, CA: Sociometrics, 1998
- 12 Kirby D. *No Easy Answers*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.
- 13 Miller BC, et al. *Preventing Adolescent Pregnancy*. Newbury Park, CA: Sage, 1992.
- 14 Baldo M, et al. *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presented, IXth Intl. Conference on AIDS, Berlin, 6-10 June 1993. Geneva: World Health Organization, 1993.
- 15 Grunseit A, et al. Sexuality education and young people's sexual behavior: a review of studies. *J Adolesc Research* 1997;12:421-453.
- 16 Singh S, et al. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Fam Plann Perspect* 2000;32:14-23.
- 17 CDC. State-specific pregnancy rates among adolescents, United States, 1992-1995. *MMWR* 1998;47:497-501+.
- 18 Koo HP, et al. Reducing adolescent pregnancy through a school- and community-based intervention: Denmark, South Carolina revisited. *Fam Plann Perspect* 1994;26:206-211+.
- 19 Zabin LS, et al. Evaluation of a pregnancy prevention program for urban teenagers. *Fam Plann Perspect* 1986;18:119-122+.
- 20 Frost JJ, et al. Understanding the impact of effective teenage pregnancy prevention programs. *Fam Plann Perspect* 1995;27:188-195.
- 21 Allen JP, et al. School-based prevention of teenage pregnancy and school dropout: process evaluation of the national replication of the Teen Outreach Program. *Am J Community Psychol* 1990;18:505-522.
- 22 Epstein J. *Family Planning and Adolescent Health: Facing the Challenge*. Seattle, WA: Ctr. Health Training, 1994.
- 23 Guthrie BJ. *Girl Talk: Development of an Intervention for Prevention of HIV/AIDS and Other Sexually Transmitted Diseases in Adolescent Females*. Ann Arbor, MI: Univ. Michigan Sch. Nursing, 1998.
- 24 Carrerra MA. Preventing adolescent pregnancy: in hot pursuit. *SIECUS Report* 1995;23(6):16-19.
- 25 Green LW, et al. 'I Have a Future' comprehensive adolescent health promotion: cultural considerations in program implementation and design. *J Health Care for Poor & Underserved* June 1995; ? :267-281.
- 26 Niego S, et al. *The PASHA Field Test: A Window on the World of Practitioners*. Los Altos, CA: Sociometrics, 1998.
- 27 Jemmott JB, et al. Reductions in HIV risk-associated sexual behavior among black male adolescents: effects of an AIDS prevention program. *Am J Public Health* 1992;82:372-377.



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