How Embedding Sex Education in a Healthy Relationship Curriculum Could Lead to Reductions in Risky Sexual Behavior

Anita Barbee, PhD, MSSW, Riaan van Zyl, Ph.D. Walter Murrah, III
Kent School of Social Work, University of Louisville

INTRODUCTION
According to the Center for Disease Control and Prevention, 60.2% of sexually active teenagers in the United States used a condom at last sex while only 50.6% in the state of Kentucky do. Kentucky has a higher than average teen birth rate at 43.5 compared to the national average of 31.3 per 1,000. According the U.S. Census Bureau as of 2007, Kentucky is ranked fifth among all states on poverty level. While, Louisville is not the main epicenter for poverty within KY, it provides a large number of refugees. Refugees and immigrants, as well as foster youth and urban youth in general are more susceptible to other risky behaviors e.g. STD/HIV and dating violence.

SAMPLE
Participants are mainly drawn from West and South Central Louisville. We engaged 1,450 participants that represented urban, refugee, and foster youth. The participants come from twenty-two local agencies that are primarily faith-based community centers. The participants are 58% female and 41% male. 96% of those are non-Hispanic with 86% African-American and 15% White.

METHODS
The participants participated in a training consisting of two consecutive Saturdays for a cumulative amount of 16 hours of training. The adolescents were randomly selected into the three arms of the study: Love Notes (Relationship Building is the Context for Sex Ed), Reducing the Risk (Comprehensive Sex Ed), and Power of We (Community Building). Adolescents in the same family were placed together and, also, randomized based on their gender. Then, the three groups were randomly selected into one of the arms of the study.

On the first Saturday, they took a pre-test where the survey was read to them so that they could ask questions and understand what was expected from them. Consequently, after their training was completed they took the post-test to determine the immediate effects of the program. After that, they complete surveys at 3, 6, 12, and 24 months after their training. An analysis of variance (ANOVA) is used to compare the adolescents’ future sex intentions, as well as other measures.

PRELIMINARY RESULTS ON A SUBSAMPLE
373 youth were involved in a preliminary analysis. Those involved in both Love Notes and Reducing the Risk were slightly more likely to be abstinent, as well as to use birth control and condoms. However, those that participated in Love Notes had less future intentions for sexual intercourse. This means that those who were in the experimental conditions were more likely than those in the control condition to partake in safer sex, while those in the relationship building course are more likely to only participate in sexual activity while in a safe relationship.
REFERENCES


The CHAMPS project in Kentucky funded by the Office of Adolescent Health TP2A-H000010-01-00