



OHIO PREP

OHIO UNIVERSITY'S VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS

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Department of
Youth Services



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Department of Health



OHIO
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Voinovich School of
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ACKNOWLEDGMENTS

The Ohio Personal Responsibility Education Program (PREP), administered by the Ohio Department of Health (ODH), is part of a larger national initiative to decrease teen pregnancy rates and the spread of sexually transmitted infections. Special thanks to the individuals mentioned below who are responsible for developing and implementing this project. Their work reflects a deep commitment to improving the health of youth across the state.

Funding for the PREP evaluation is provided through a grant that was administered by ODH, with leadership and oversight provided by ODH staff, including Angela Norton, Program Chief, School and Adolescent Health; the late Henry Lustig, Ohio PREP Project Manager; and Sara Haig and Pam Hatchett, Program Consultants, School and Adolescent Health. Paula Braverman, MD, and Keith King, MD, have assisted with program development and training of master trainers. PREP administrative oversight was transitioned to the Ohio Department of Youth Services in August 2017.

Ohio University's Voinovich School of Leadership and Public Affairs leads the evaluation of the Ohio PREP program. Evaluation team members from the Voinovich School include Margaret Hutzler, MPA, and Natalie Wilson, MPA, and Kelli Schoen, MA.

Most importantly, we offer our sincerest appreciation to the dedicated trainers and facilitators who implement PREP with youth.

EXECUTIVE SUMMARY

To reduce Ohio's teen pregnancy and sexually transmitted infection (STI) rates among youth residing in foster care and the juvenile justice systems, the Ohio Department of Health (ODH) collaborated with the Ohio Department of Youth Services (DYS) and the Ohio Department of Job and Family Services (ODJFS) to train staff in evidence-based pregnancy prevention programming and sexual health education. With the goal of providing health education and healthy lifestyle choices to youth and young adults who are at high risk for early pregnancy and high rates of STIs, Ohio PREP includes pregnancy prevention, contraception, and STI and HIV prevention, as well as selected adulthood topics including healthy relationships, career and education planning, and financial literacy. The selected curriculum is Reducing the Risk, an evidence-based comprehensive abstinence and contraceptive education program for at-risk youth.¹

ODH contracted with Ohio University's Voinovich School of Leadership and Public Affairs to be the external evaluator. After four years of program implementation, Ohio PREP collected a variety of data to inform program performance and fidelity to the evidence-based model. These data include youth entry and exit survey data, program fidelity and youth attendance records, and focus group interviews, as well as youth and agency staff opinions collected on surveys.

Primary Evaluation Findings

✓ Since inception, **3,664** Ohio youth attended at least one PREP session, and the majority (76%) entered the program through the juvenile justice system.

“(The program) helped me get ready for my life after school.”

✓ A total of 2,371 youth completed 75% of the 15- to 16-hour PREP programming.

✓ Overall, Ohio youth engaged in PREP not only show increased knowledge of sexual health, prevention of pregnancy and STIs, but they also show improved intentions to use condoms and hormone-based birth control.

✓ Using a train-the-trainer model, over 1,400 Ohio social service and health workers participated in PREP facilitator training or retraining from program inception through July 2017.

✓ Among the facilitators trained to provide the intervention, Ohio PREP is increasing knowledge of STIs and knowledge of the rights of youth related to accessing reproductive health care.

¹ U. S. Department of Health & Human Services, Office of Adolescent Health. (2015, December 11). *Reducing the Risk*. Retrieved from <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/reducing-the-risk/index.html>

OHIO'S MODEL

Ohio's PREP program targets youth ages 14 to 19 who are in foster care or the juvenile justice system. Using a train-the-trainer model, Ohio PREP provides state-level trainings to nine regional sub-grantees, which then provide training to foster care and juvenile justice agency-level staff. The program uses a focused approach of reducing risk-taking behaviors by advocating for contraception use or delay of sexual contact to avoid HIV/STIs and pregnancy. The program consists of 16 course modules focused on sexual health and four additional modules addressing the topics mentioned above for healthy relationships, career building, and financial literacy. Programs are charged with delivering these modules over a span of two days at minimum and 30 days at maximum (30 days being the ideal timeline).

ODH sets the following four goals for PREP:

- Reduce teen pregnancy and STI rates (including HIV/AIDS) in target populations;
- Increase the number of youth in the target populations who successfully transition to adulthood;
- Increase standardized in-service training for child welfare and juvenile justice professionals to promote delivery of evidence-based, competence-based teen pregnancy and STI prevention; and
- Increase standardized in-service adulthood preparation training of youth in the target population.

Ohio PREP is administered in nine regions via local juvenile justice and child welfare agencies. In addition to sexual health education, the program includes three adulthood preparation foci: (1) healthy relationships, (2) financial literacy and (3) career-building skills.

Evaluation Team Key Activities include:

- Create data summaries and reports for the federal PREP program and ODH.
- Analyze program data to evaluate program effectiveness and participant knowledge change.
- Identify methods that enhance sustainability, validity, and replicability.
- Present program findings to PREP sub-grantees, stakeholders, and the federal government.

The Population Served

The majority (76%) of Ohio PREP youth participants enter the program via the juvenile justice system. That means they are in juvenile detention centers, court ordered treatment centers, or are otherwise court-ordered to participate. Full demographics are on page 18.

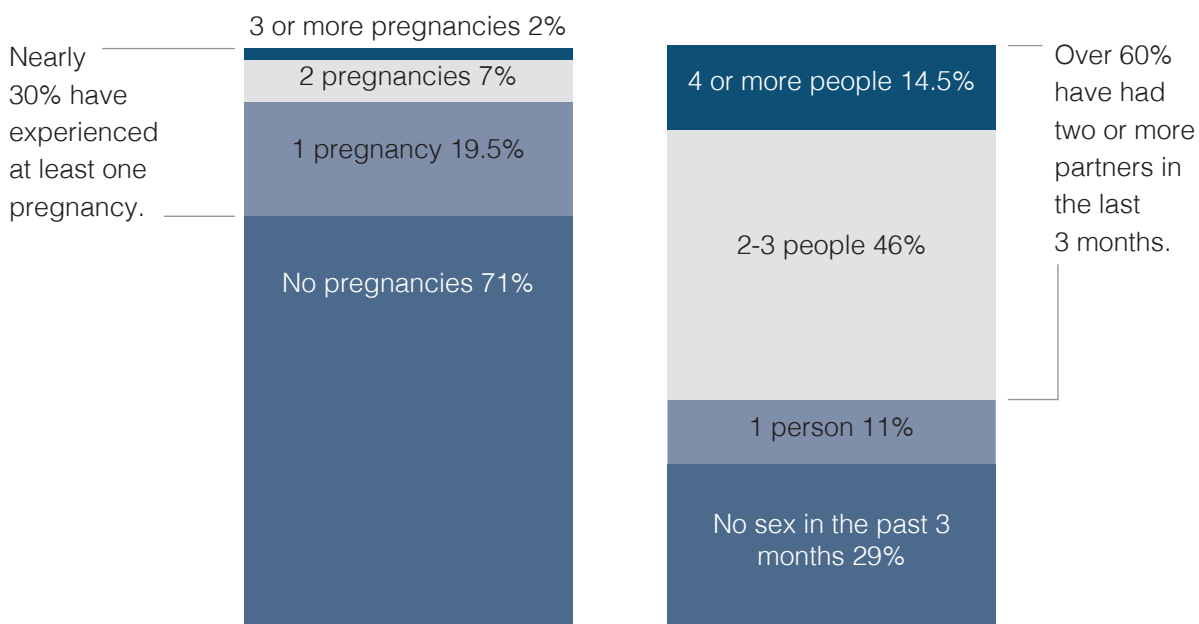
A very high percentage of Ohio PREP youth participants report they have had sexual intercourse, and a high percentage report multiple partners. Of all youth participants answering the question (3,003), 78.7% report having had sexual intercourse, described as “the act that makes babies.” The next questions focus on that 78.7%.

Figure 1: Nearly 80% of youth entering the PREP program have had sex.



Youth participants who report ever having sex are asked, to the best of their knowledge, how many times they have been pregnant or gotten someone pregnant, to which 2,314 responded. Nearly 30% responded either one or two prior pregnancies. A high percentage (60% or 1,311 individuals out of 2,170) report having had two or more partners in the past three months.

Figures 2 and 3: Of those PREP youth who have had sex...



OHIO PREP RESULTS

Program Implementation

Focus groups were conducted with PREP facilitators in two Ohio locations, one in the north and one in the south, in May/June of 2016 and 2017. Across the four focus groups, specific findings and suggestions were gathered by evaluators and relayed to stakeholders. One key finding is that facilitators implementing PREP believe the program is helping youth prepare for their futures and is providing them with much needed information about safe sex, healthy relationships, financial literacy, and career goals. Another key finding discussed in some groups is that the program may be too long for youth in the juvenile justice system. Over a third of youth participants (35%) receive only part of the programming, often because they leave the facility before completing all of the sessions.

Facilitators turn in attendance sheets at the end of every training. The sheets include the dates they started and ended the curriculum with each cohort. The evaluation team is able to distinguish 335 cohorts from 2013 to 2017. These cohorts range in class size from two youth to 43, with an average of just under nine youth. The average time to complete the program among these 335 cohorts is 49 days, with a minimum of one and a maximum of 249. Cohorts with one day between finished programming in two consecutive days (see the appendix for additional details).

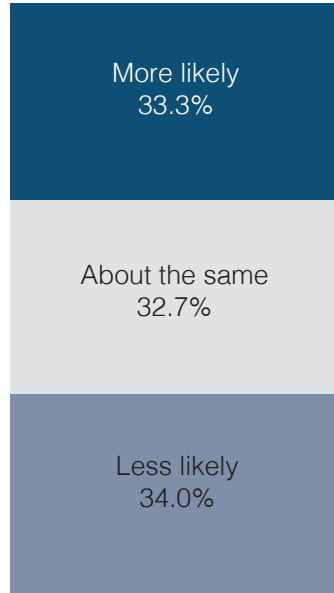
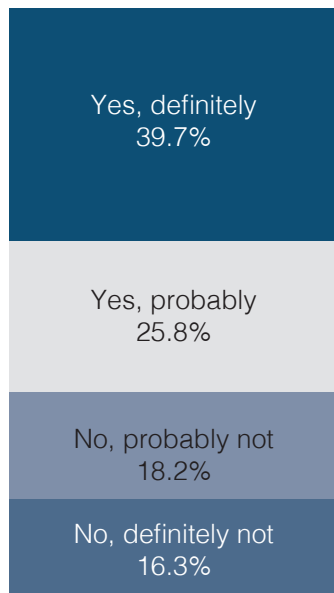
The evidence-based programming is provided by trained facilitators. Over 1,400 agency staff have been trained or retrained to implement PREP. Further, a pre/post assessment of knowledge of STIs and youth rights related to accessing reproductive health care among the PREP facilitation trainees shows positive improvement. Specifically, among 170 trainees, the mean pre training score is 6.3 (SD = 1.7) and the mean post training score is 8.6 (SD = 1.4) (out of 10 items).

Youth Intentions

Participants are asked to respond to whether, given the chance, they intend to have sexual intercourse in the next six months. Sexual intercourse is defined as “the act that makes babies.” From 2014/2015 on, 2,152 individuals answered the question, with 40% definitely intending to have sex, and 16% definitely not intending to have sex (Figure 4). Youth responding to the exit survey (2,415) are fairly evenly split regarding the likelihood of having sex in the next six months as a result of the program (Figure 5).

Figures 4 and 5

On entry, over 65% of PREP youth intend to have sex in the next six months if given the chance.

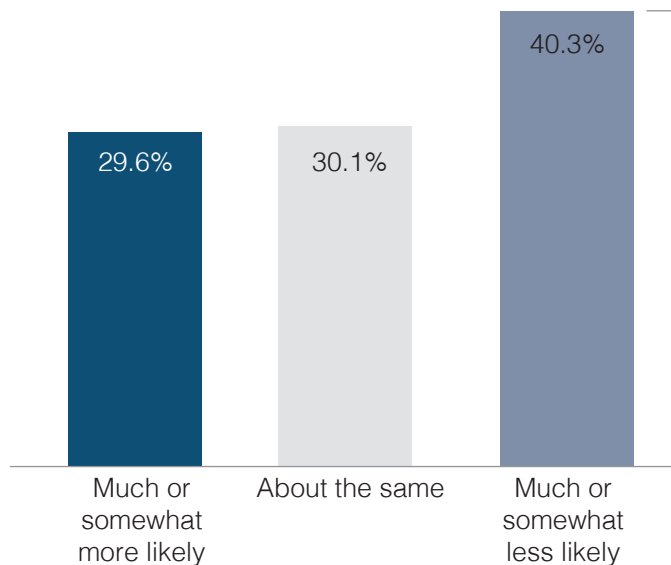


On exit, roughly a third of PREP youth report that they are less likely to have sex in the next six months because of the PREP program.

In addition to questions about whether they are likely to have sex, the exit instrument also asks about how likely youth are to abstain from sexual intercourse as a result of participating in the program.

Interestingly, a slightly higher percentage of youth are less likely to abstain from intercourse after the program (Figure 6, N = 2,417). It is possible they believe they know how to have safe sex after participating in PREP and therefore do not intend to abstain.

Figure 6

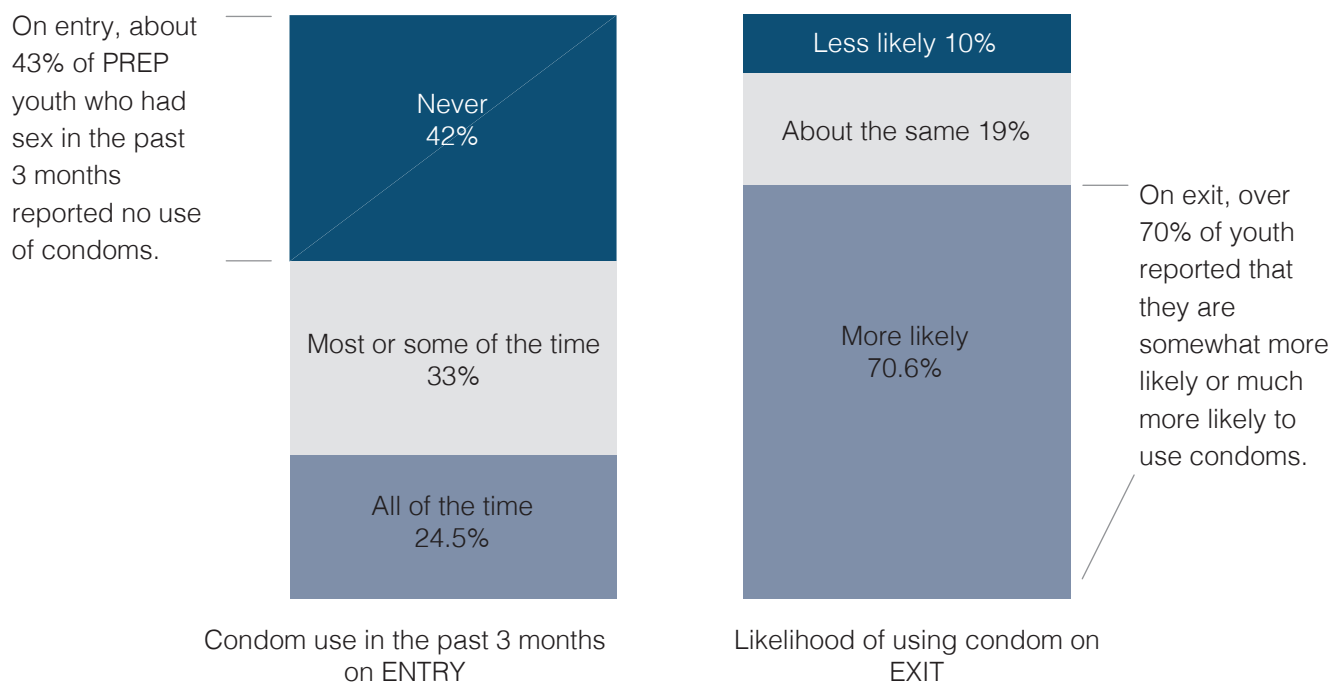


A slightly higher percentage of participants are less likely to abstain from intercourse after the program.

Intention to Use Condoms

A key component of the Reducing the Risk curriculum is teaching youth how to protect themselves and their partner from pregnancy or STI transmission. On the entry survey, of those youth who had sex in the past three months (1,148), 42% indicated they never used a condom (this question applies to those in the program from 2014/2015 on). On the exit survey a high percentage (70.6% or 1,532 youth) report they are more likely to use condoms.

Figures 7 and 8

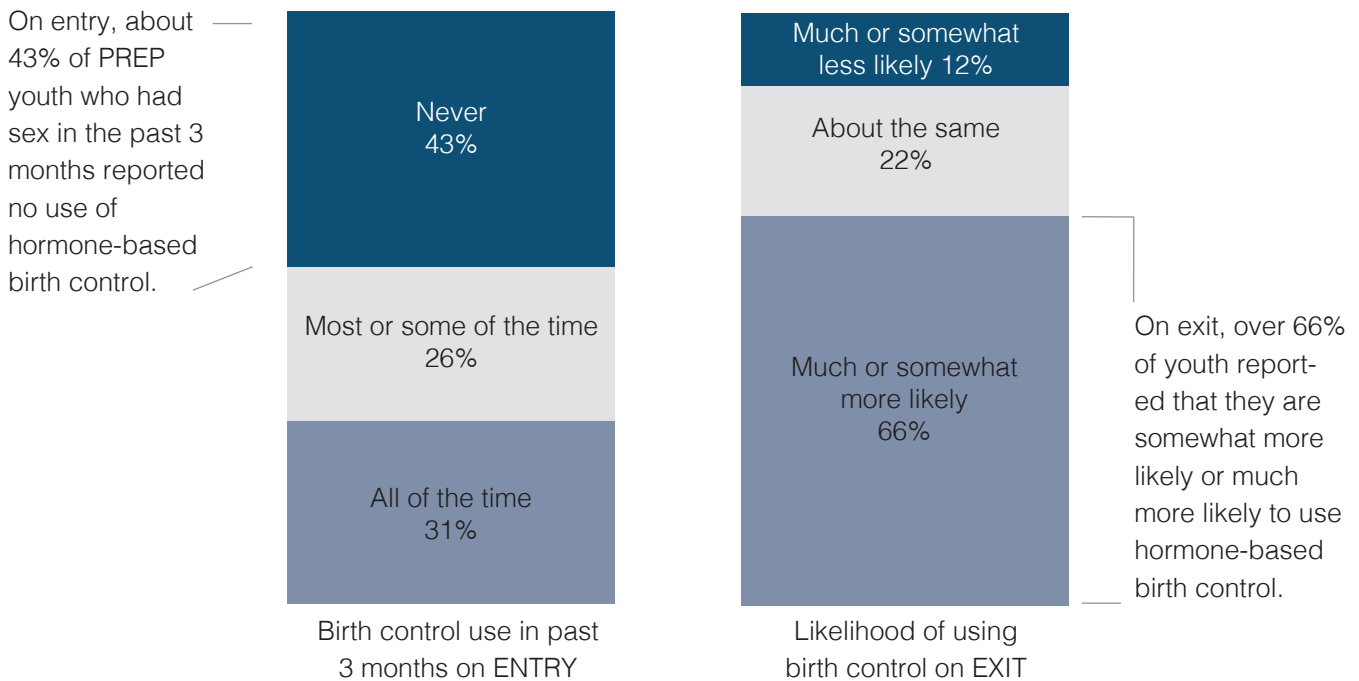


In addition to the multiple choice questions on the exit instrument, there are open response questions asking youth to write in responses. Across the three years of program implementation, prevention-related items, such as contraception and protection against STDs/HIV, were the most frequent responses regarding important points learned in the program. Responses of “how to use a condom,” “safe sex,” and “how to protect myself” were common. Other strong themes included financial responsibility, healthy relationships, and abstinence. Responses relating to these themes include, “build healthy relationships,” “abstinence is the safest plan,” and “budgeting is a very wise decision.”

Intention to Use Hormone-Based Birth Control

From entry to exit, there is a substantial improvement in responses related to likelihood of using hormone-based birth control. Of participants who reported having ever had sex, 1,163 (excluding responses prior to the 2013/2014 academic year) responded regarding birth control use in the past three months (Figure 9). Birth control is defined as pills, condoms, the shot, the patch, the ring, IUD, or an implant. Although not a matched group to those responding on the entry survey, two thirds of respondents on the exit survey (1,413 youth) indicated they were much or somewhat more likely to use hormone-based birth control (Figure 10, N = 2,144 excluding 303 students reporting they will abstain).

Figures 9 and 10



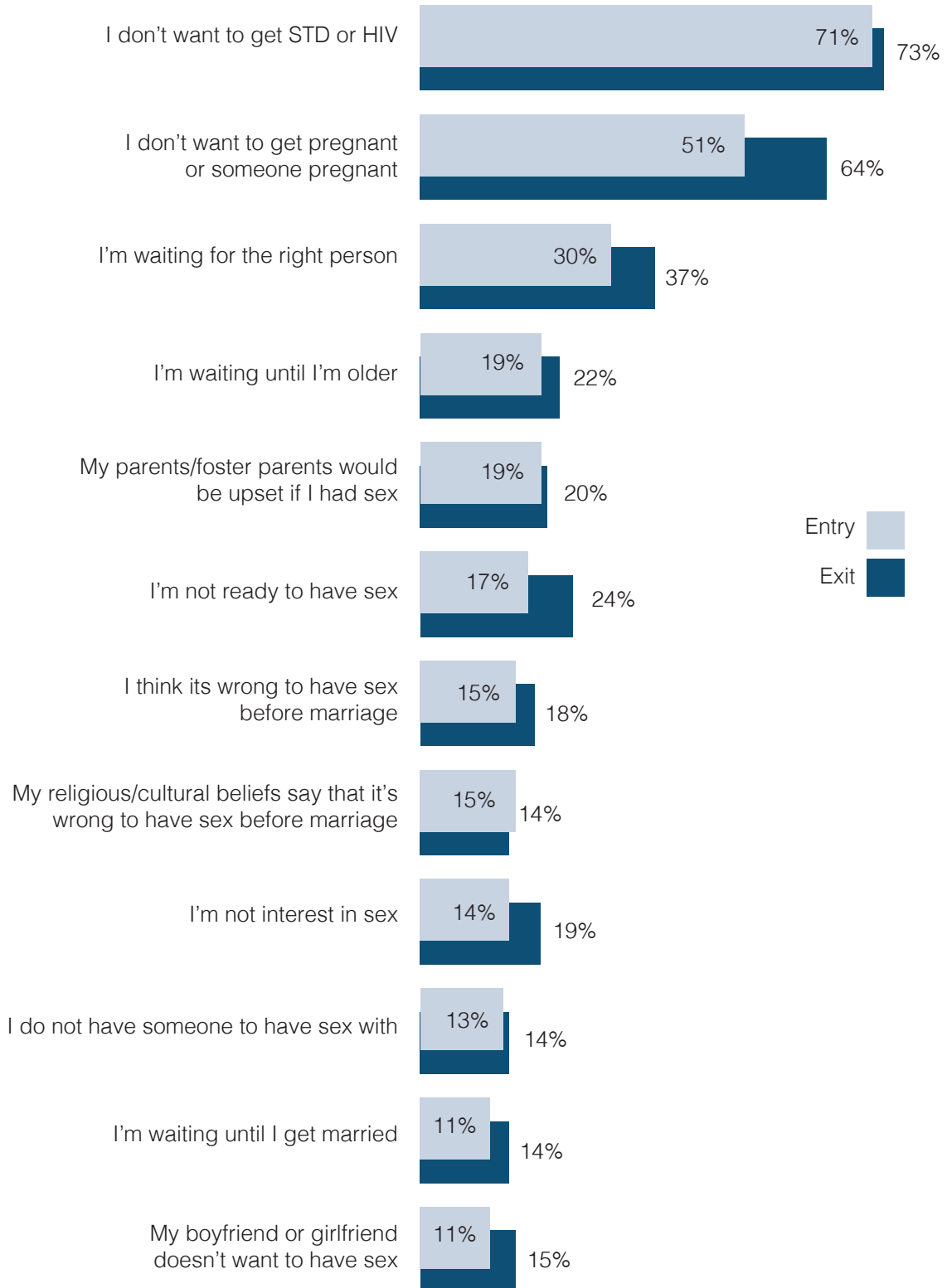
Reasons for Not Having Sex

Youth are asked to indicate reasons for not having sex on both the entry and exit surveys. Not wanting to get an STD or HIV is indicated by nearly three quarters of the youth on both the entry and exit (Figure 11). The item with the most change is not wanting to get pregnant or get someone pregnant.

“Wait until financially ready to have kids.”

~ Youth Participant

Figure 11



YOUTH KNOWLEDGE, ATTITUDES, AND INTENTION GAINS

This section pertains to youth knowledge gains, attitudes, and intentions from entry to exit. The analysis includes only those who completed at least 75% of the curriculum and who have a matching entry and exit survey (1,626 individuals). The total curriculum consists of 16.17 hours, so students who complete 75% have at least 12.1 hours of instruction.

Among the five items comprising the composite score on knowledge of HIV risk behaviors, the greatest gain is in awareness that donating blood does not put one at risk for HIV, where 52% of youth answered correctly at entry and 93% answered correctly at exit. In all, among those who answered at least one question in the series and who completed 75% of curriculum, (1,564 youth), 52% show improved knowledge from before to after the program (Figure 12).

Knowledge of HIV Risk Behaviors

Figure 12

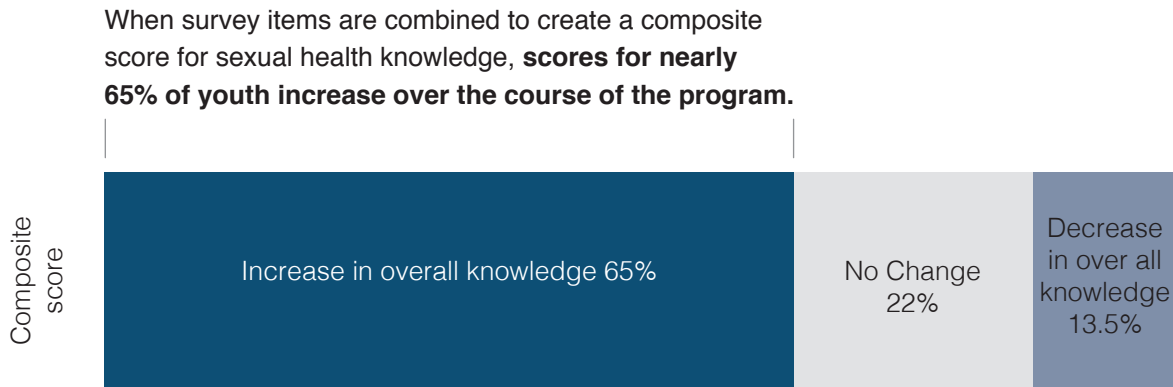
When survey items are combined to create a composite score for knowledge of HIV risk behaviors, **scores for over half of youth improve over the course of the program.**



Increase in Sexual Health Knowledge

There is increased knowledge among the youth participants regarding sexual health. When six items regarding knowledge of condom use, how many high school students are having sex, rates of STDs among youth, etc., are combined to create a composite score (see appendix for details), 65% of youth have improved scores (among 1,576 total answering at least one question, Figure 13).

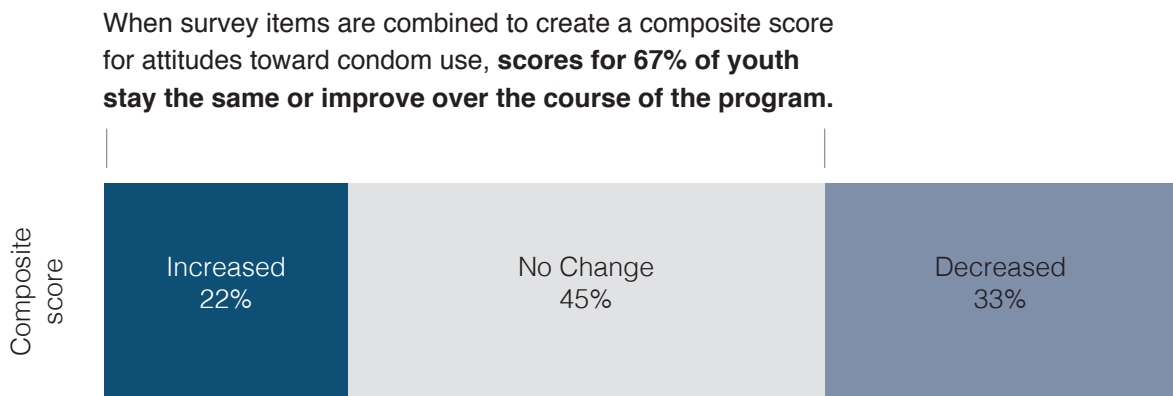
Figure 13



Attitudes toward Condom Use

Participants choose on a four-point scale from definitely yes to definitely not whether (1) condoms should always be used if a person their age has sex, (2) condoms should be used even if the girl uses hormone-based birth control, and (3) even if the two people know each other very well. While this composite analysis showed less change in the desired direction than other composite variables reported here (Figure 14), this could be due to high percentages of desirable responses at entry. For example, at both entry and exit, 90% of youth answer definitely or probably yes that condoms should always be used if a person their age has sex. There is a two-percentage point improvement from 87% at entry in youth who believe condoms should be used “even if the girl uses hormone-based birth control,” and a three-percentage point improvement from 87% at entry in youth who believe condoms should be used “even if the two people know each other very well.”

Figure 14

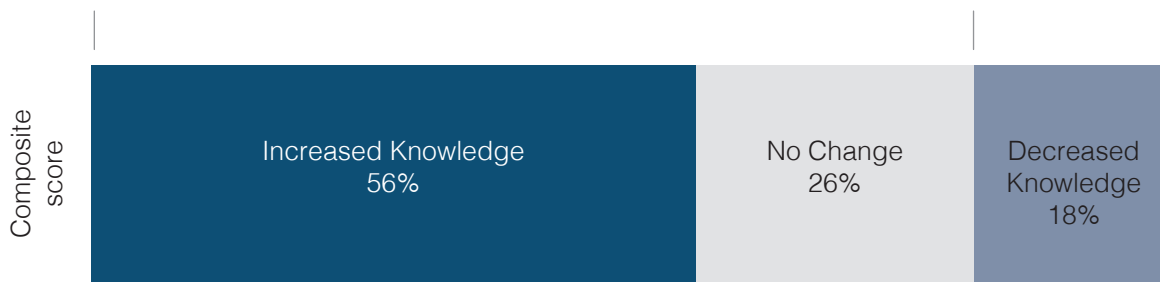


Knowledge of STI/HIV and Pregnancy Prevention

When five survey items are combined to create a composite score for STI/HIV and pregnancy prevention knowledge, scores for 56% of youth out of 1,595 improve over the course of the program (Figure 15). The greatest gains regarding knowledge of HIV/STI prevention is on knowledge of condom effectiveness (19.6 percentage point gain) and douching ineffectiveness (11.1 percentage point gain) for pregnancy and HIV/STI prevention. Almost all youth (95%) know that abstinence protects against both pregnancy and STIs by the end of the program.

Figure 15

When survey items are combined to create a composite score for STD/HIV and pregnancy prevention knowledge, **scores for 82% of youth stay the same or improve over the course of the program.**



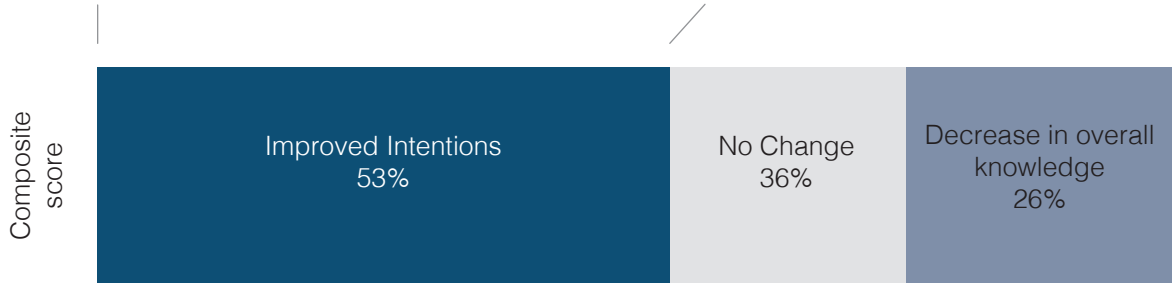
Intentions to Engage in Safe Sexual Behavior

The PREP program aims to provide youth with the information they need to make good decisions regarding a variety of adulthood topics as well as engaging in safe sex if they do not plan to abstain.

On a composite variable comprising six items, more than half of the youth with matched entry and exit instruments (1,574 youth) have improved intentions regarding safe sex (Figure 16). All of the six items used for this composite showed between 7 and 10 percentage point improvements from entry to exit.

Figure 16

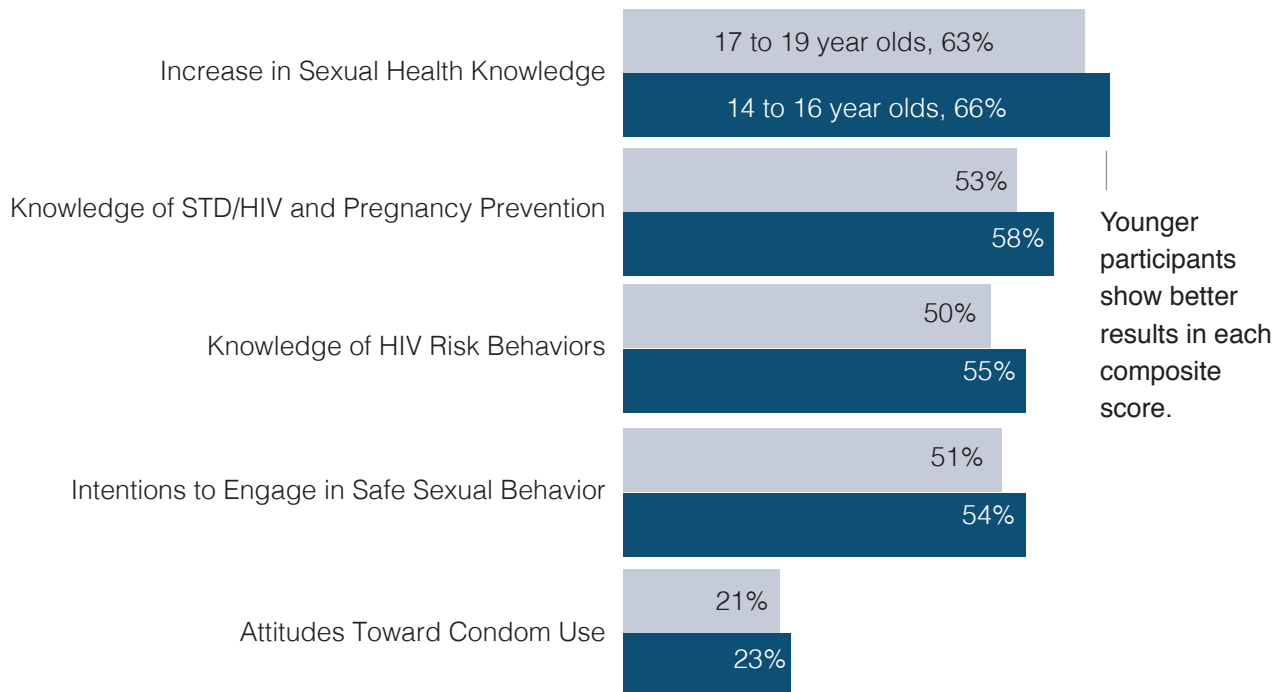
More than half of the youth participants have improved intentions to engage in safe sex behaviors.



Composites by Age Group

When the composite results are analyzed by age, younger participants have a higher percentage showing improved responses from entry to exit in each composite area.

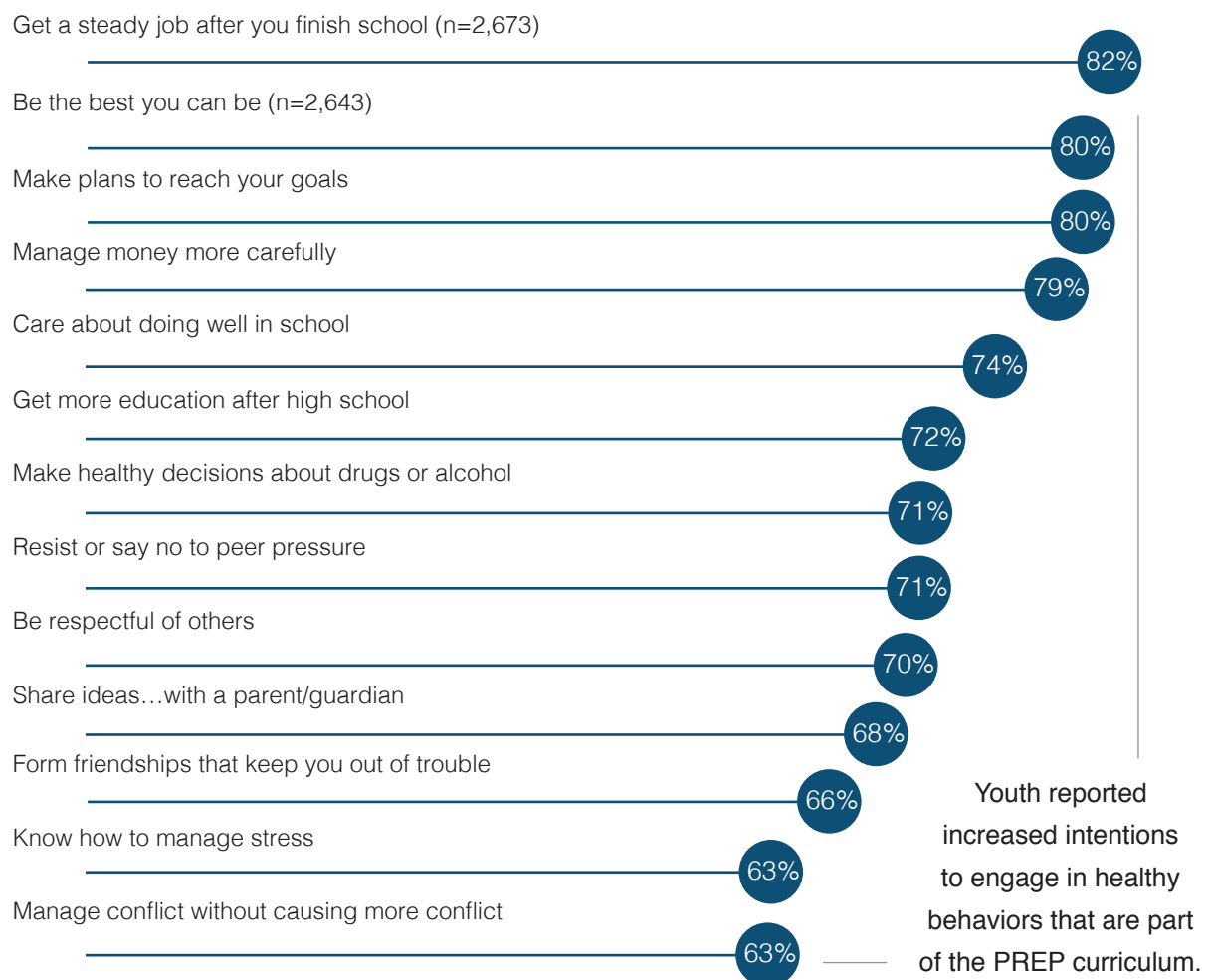
Figure 17



Youth Behavior Intentions at Exit

This series of items appears on the exit survey (Figure 18). Participants are asked how much more likely they are to do a variety of things as a result of being in the program. The five-point scale ranges from “much more likely” to “much less likely.” A range of 2,627 to 2,644 participants answered the different questions.

Figure 18 % of youth reporting on exit that they are somewhat or much more likely to engage in this behavior



Youth Program Perceptions

It is evident that youth participants generally have positive perceptions of the PREP sessions and climate, and they are comfortable engaging in the program. Not only do they indicate this in response to specific questions (Figures 19 and 20), they also predominantly write “no” or “nothing” when specifically asked for suggestions to improve the program and some go as far as writing “no, it’s good as it is.”

Youth Responses

“I wasn’t afraid to ask questions.”

“I liked how you can be open in this group and not feel wrong.”

“That I could be myself and express my feeling[s].”

“I liked that we could ask questions about whatever we wanted and not feel afraid.”

Figure 19 % of PREP youth selecting “most of the time” or “all of the time”

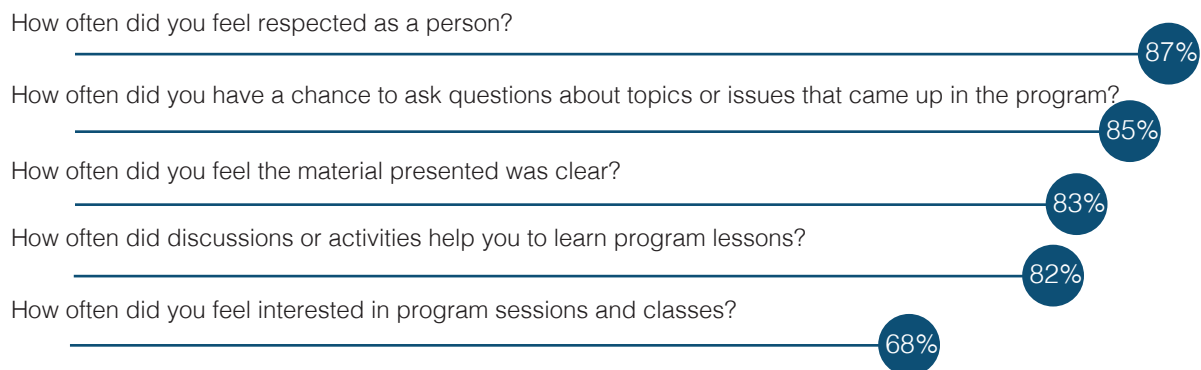
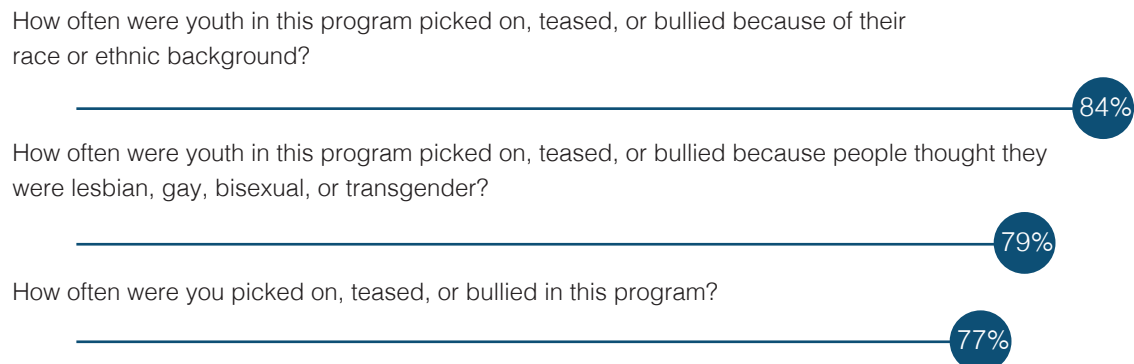


Figure 20 % of PREP youth selecting “never”



NEXT STEPS

Through trained, local facilitators, the Ohio PREP program has engaged thousands of youth in learning about STI and pregnancy prevention and adulthood topics such as financial literacy, healthy relationships and career goals. Youth who completed the program show improved knowledge and intentions for healthy behaviors. While some youth were unable to complete the evidence-based Reducing the Risk curriculum, thousands did so.

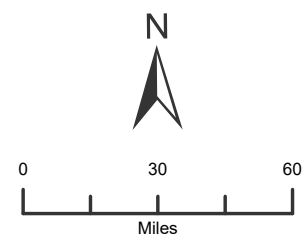
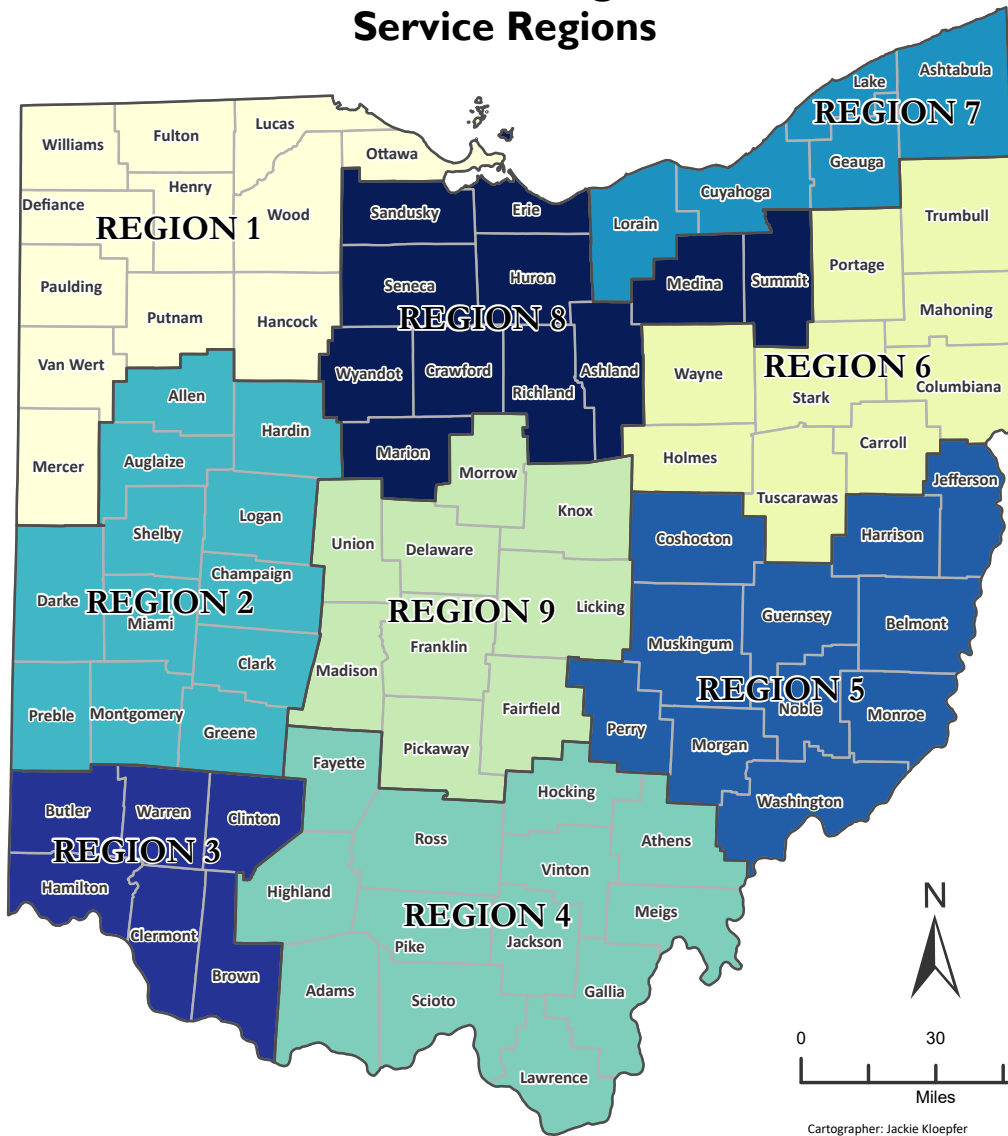
The Ohio Department of Health administered and guided the program since 2013. In August, 2017 the Ohio Department of Youth Services became the administrative lead for Ohio PREP.

The evaluation will continue, and there will be a continued emphasis on program improvement.

Action Items:

- Administering a pretest for youth who enter the program after the first session/s may be beneficial for reporting youth knowledge gains and other results.
- Sub-grantees may benefit from standardized observation data recording tools and content organized to follow course structure and fidelity.
- It is challenging to complete the program with youth in a temporary placement setting. Consideration of a shorter, evidence-based, youth pregnancy and STI prevention program is warranted in order to increase completion rates for youth in temporary settings.
- Consistent data collection by the numerous agencies and staff involved in nine regions across the state has been somewhat challenging. Additional guidance regarding data collection could improve data quality.

Ohio Personal Responsibility Education Program Service Regions



- Region 1: Lucas County Health Department
- Region 2: Planned Parenthood of S.W. Ohio
- Region 3: Planned Parenthood of S.W. Ohio
- Region 4: Nationwide Children's Hospital
- Region 5: Belmont, Noble & Perry County Health District/Dept.
- Region 6: Canton City Health Dept.
- Region 7: Cuyahoga County Board of Health
- Region 8: Summit County Public Health
- Region 9: Nationwide Children's Hospital

Cartographer: Jackie Kloepper
 February 23, 2018
 Voinovich School of Leadership & Public Affairs
 Source: Ohio Department of Health
 Projection: Contiguous USA Albers
 Datum: NAD83

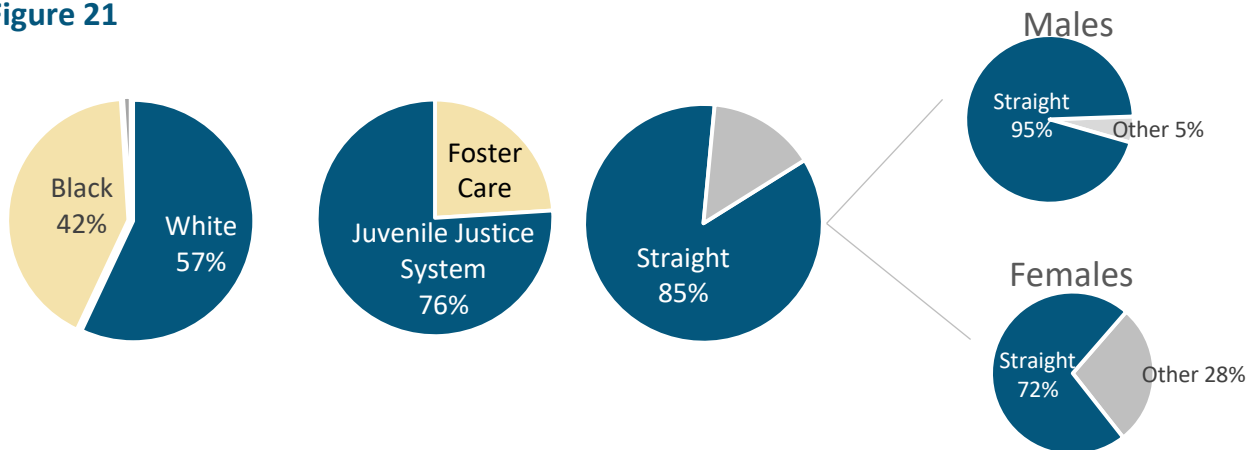
Appendix

Profile of PREP Youth, 2013-2017

Below are details on Ohio PREP youth participants' characteristics. This information is from the Entry (or Pre) survey, which youth complete at the start of the program.

3,664 youth have received at least one PREP session from 2013 to August 2017.

Figure 21



- ✓ Most PREP youth served (76%) are in the juvenile justice system. The remainder are in the foster care system.
- ✓ A majority of the youth (60%) are male. (Male and female were the only gender options on the survey.)
- ✓ Most are white (57%) or black (42%).
- ✓ Nearly 13% are Hispanic.
- ✓ The youth range from 14 to 19 years old, with an average age of 16.
- ✓ Most youth (85%) identify as straight. (28% of females and 5% of males identify as something other than straight.)
- ✓ Most youth (65%) report earning B's and C's in school.

PREP Background

The competitive federal grant funding requires grantees to collect data and report program outcomes. Those state-level outcomes are then aggregated to provide a national snapshot of progress in teen pregnancy and HIV/STI prevention education.

At the federal level, to receive PREP funding, grantees must use curricula that meet the following criteria:

- Be medically accurate and complete.²
- Educate youth between 10- and 20-years-old.
- Educate youth who are sexually active in both abstinence and the use of contraception.
- Emphasize abstinence and contraception as methods to prevent pregnancy and STIs.
- Provide age-appropriate information and activities.
- Be culturally sensitive.

Use of an evidence-based program model improves PREP's potential to affect participants and increase their knowledge and understanding of the subjects. Rigorous scientific research has previously demonstrated how the model and curricula can change youth behavior. Changed behaviors include delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing youth pregnancies.

Prior to the Affordable Care Act and the creation of the PREP program, federal funding supported only abstinence-based sexual health education.

Beyond the science-based health information, PREP grantees must include three or more adult preparation subjects in the course curricula. Ohio PREP identified healthy relationships, financial literacy, and educational and career success as the focal points of the adulthood preparation.

Discussions within these modules include the following topics:

1. Healthy relationships: This module focuses on building youths' positive self-esteem and positive relationship dynamics across youths' private lives (friendships, dating, romantic involvement, marriage, and family interactions) and public lives (working relationships, community members, educators, etc.).

² The term *medically accurate and complete* indicates that the information is "verified or supported by the weight of research conducted in compliance with accepted scientific methods" and is published in peer-reviewed journals, where applicable, or contains information that "leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete." http://www.siecus.org/_data/global/images/PersonalResponsibilityEducationFactSheet.pdf, Sexuality Information and Education Council of the United States.

2. Financial literacy: PREP's financial literacy module explores how obtaining and managing money affects youths' ability to function as adults. Topics include creating and managing comprehensive budgets based on real income and expense expectations including rent, food, health care, child care, etc.
3. Education and career goals: The education and career success module introduces youth to preparing for employment and job seeking, independent living, appropriate communication, financial self-sufficiency, workplace productivity, setting goals, critical thinking and decision making.

Evaluation Details

Agency facilitators and regional PREP providers collect youth-, program- and agency-level data. Those data were compiled by PREP staff at ODH. The evaluation team set parameters for data inclusion/exclusion based on predefined survey values and viable ranges of those values considering program duration and youths' changing opinion through time. Data were cleaned and summary variables were created according to the rules developed.

Federal Reporting

Staff from the Voinovich School summarized quarterly and semi-annual youth data required for federal PREP performance measure reports. Summaries of youth participants included age, gender, level-of-care, race and/or ethnicity, and the number of program hours participants completed. Summaries of program data included total cohorts completed, total program hours completed, and total youth by demographic characteristic (e.g., total males, total African American, total youth in foster care). Evaluation staff completed summaries for each of the nine Ohio regions, checked each report internally for accuracy and reliability, and then submitted those reports to ODH PREP staff to submit into the federal reporting system.

Demographics

Through August 2017, a total of 3,664 participants have had at least one PREP session.

From the 2013/2014 academic year through August 2017, entry surveys were completed for 3,085 students. Just over 24% were in foster care, and 76% are in juvenile justice systems.

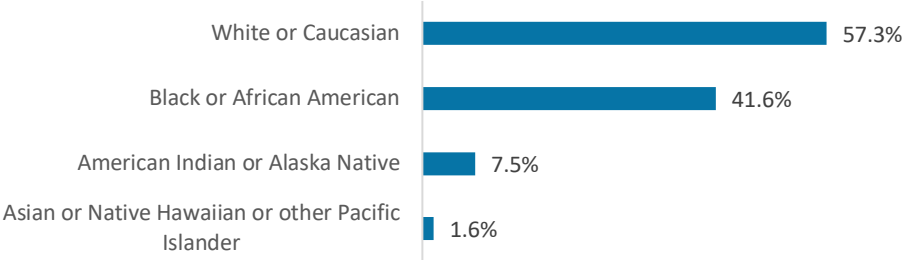
The average age of a participant is 16, with a range of 14 to 19.

Nearly 13% of participants are Hispanic. Of those 397 individuals, 45% are Mexican, Mexican American, or Chicano/a, 26% are Puerto Rican, 3.7% are Cuban, and 23% are of another Hispanic, Latino/a or Spanish origin. Nearly two percent chose multiple Hispanic types.

The chart below shows the self-reported race of participants. Some participants may choose more than one option. Less than one percent of participants chose Asian (.7%) and Native Hawaiian or other Pacific Islander (.8%).

Figure 22

The vast majority of participants report black or white race.

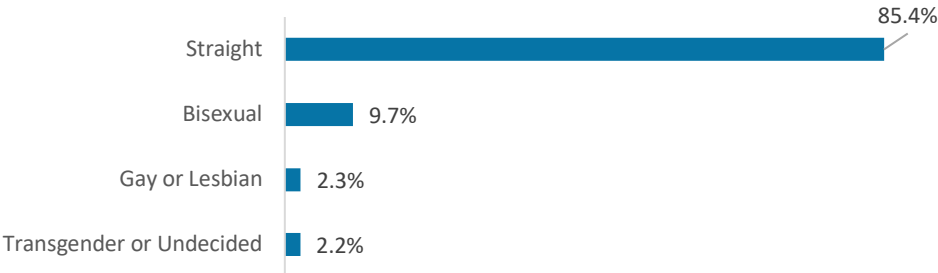


Nearly 60% of participants are male, 40% are female, and gender is unknown for .5%. Male and female are the only gender options on the survey.

Participants were asked to select all categories that describe their sexual identity. As shown below, the majority chose “straight,” although more than one response could have been selected. When split by gender, 27.6% of females indicate something other than straight, and 5.3% of males.

Figure 23

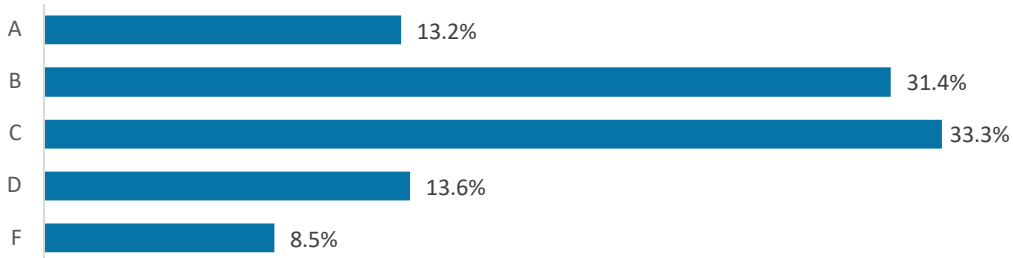
Most respondents self-report straight identification.



All but 84 participants described their grades in the last 12 months.

Figure 24

About 65% of participants report earning mostly B's and C's in in the last 12 months.



Composite Variable Items

Sexual Health Composite

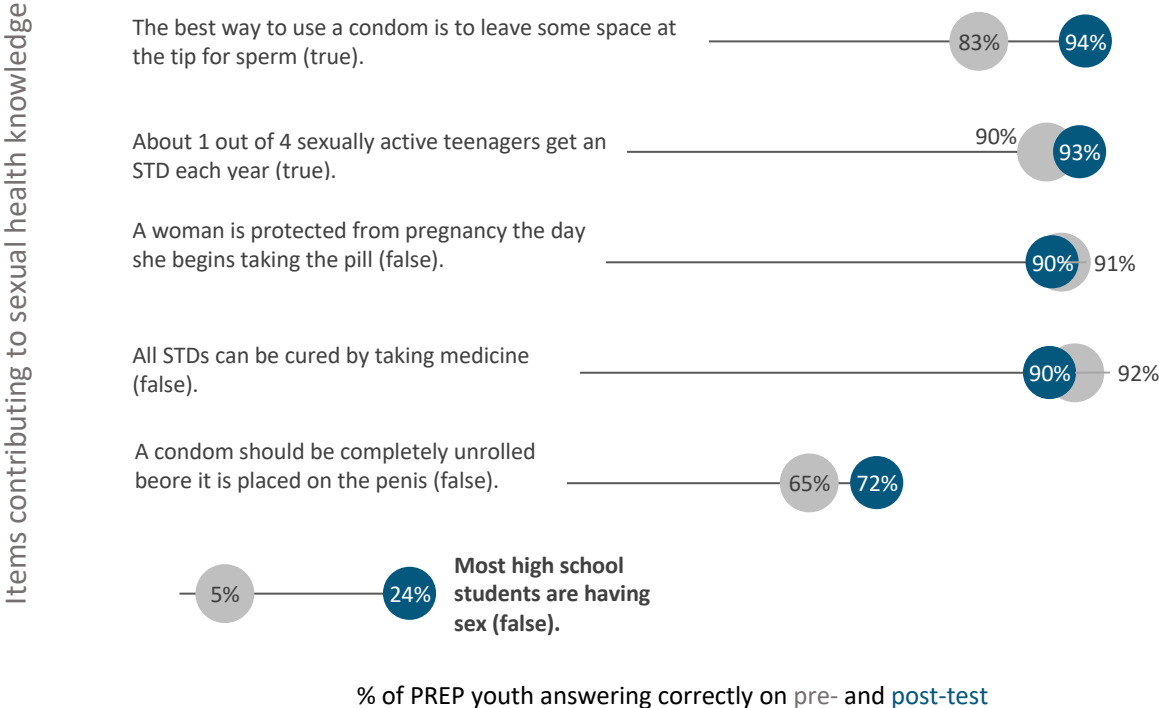
Participants are asked to label each statement below as true or false:

- Most high school students are having sex
- A woman is protected from pregnancy the day she begins taking the pill
- All STDs can be cured by taking medicine
- About 1 out of 4 sexually active teenagers get an STD each year
- The best way to use a condom is to leave some space at the tip for sperm
- A condom should be completely unrolled before it is placed on the penis

All participants who answer correctly are given a point for that question, making a six-point series. Of 1,576 participants with matching entry and exit items for this series, 65.5% show an improved score. Of those in foster care, 61.1% improve. Of those in juvenile justice, 65.5% improve.

Figure 25

Among the questions comprising the sexual health composite, the greatest gain is on the item about high school students having sex.

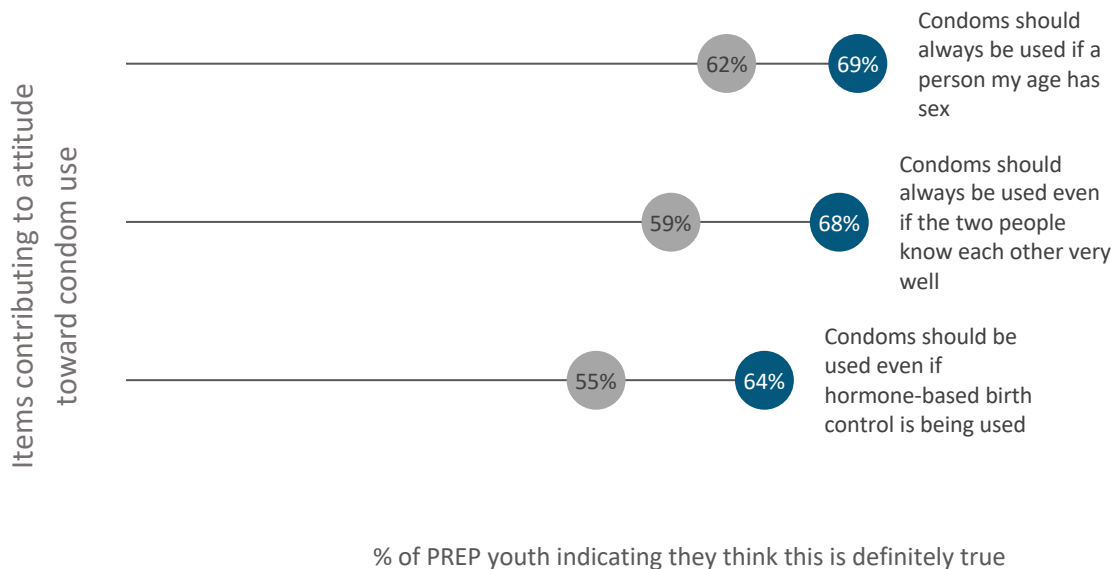


Condom Use

Participants choose on a four-point scale from definitely yes to definitely not whether (1) condoms should always be used if a person their age has sex, (2) condoms should be used even if the girl uses hormone-based birth control, and (3) even if the two people know each other very well. Twenty-two percent of participants show improved responses (toward definitely yes) from entry to exit. Notably, 45% show no change. Of those in foster care, 21.3% show improved responses, and 22.4% of those in juvenile justice improve.

Figure 26

Each individual item regarding condom use showed improvements from entry to exit.



HIV Risk Behaviors

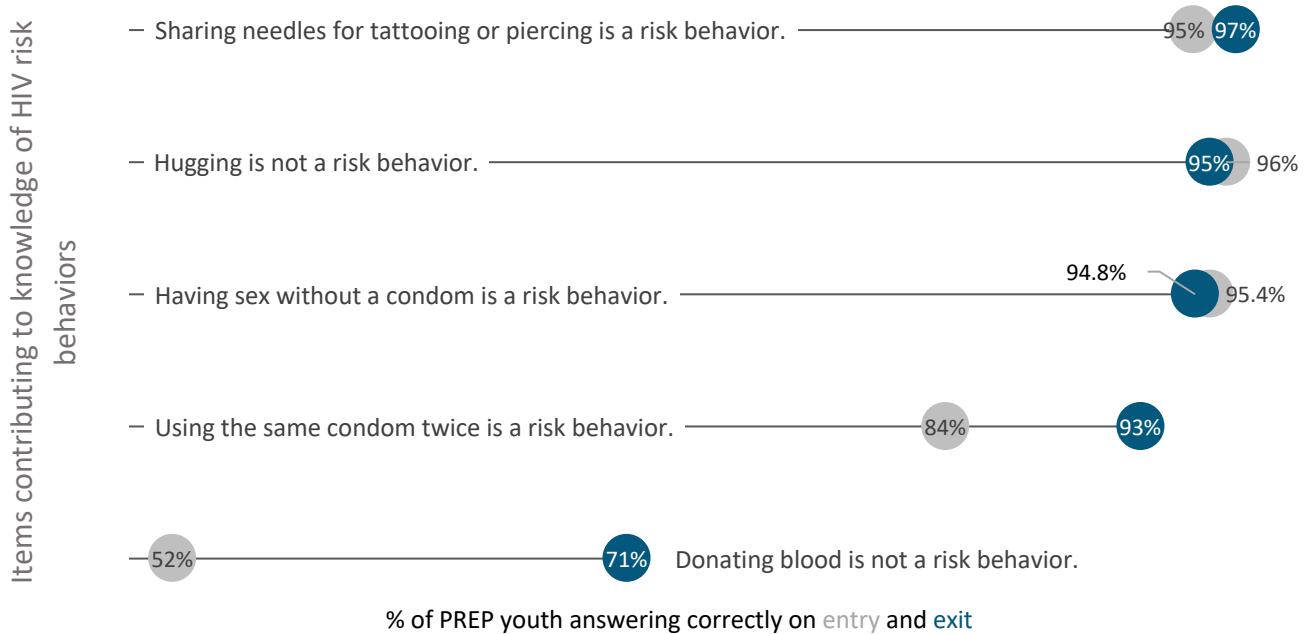
Participants are asked if the following behaviors can put one at risk for HIV:

- Sharing needles for tattooing or piercing
- Having sex without a condom
- Donating blood
- Using the same condom twice
- Hugging

For those who answered at least one question in the series, a score of 1 for a correct answer is given on the pre and post. Of 1,564 participants with matching entry and exit items for this series, 52% show an improved score. Fifty-one percent of those in foster care show positive change, and 52.4% of those in a juvenile justice setting show positive change.

Figure 27

Among items comprising the composite score on knowledge of HIV risk behaviors, the greatest gain appears to be in awareness that donating blood does not put one at risk for HIV.



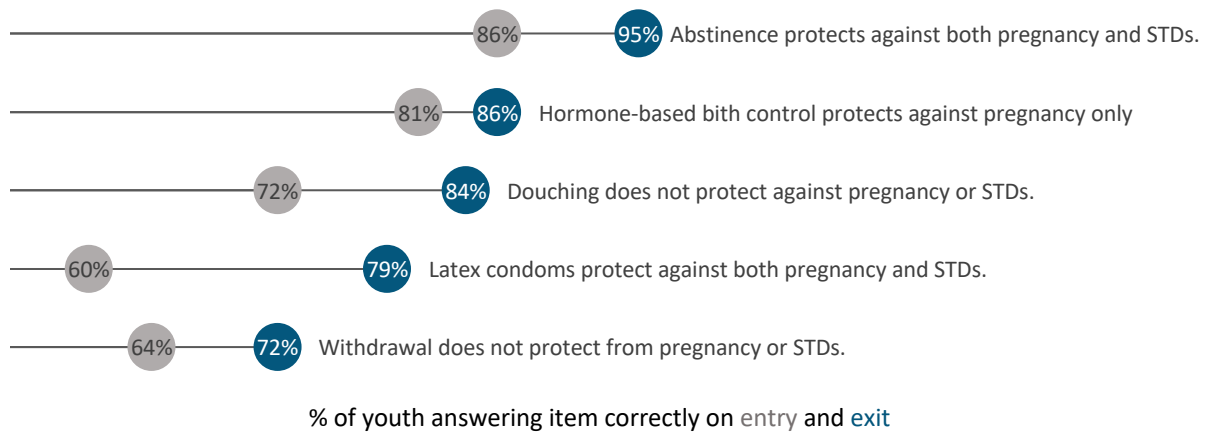
Knowledge of STI/HIV Prevention

Participants are asked if each of the following activities protects against pregnancy *and* STD/HIV, pregnancy only, or neither: Abstinence, using hormone-based birth control, using latex condoms, using withdrawal, douching.

If participants answer partially correct, they receive a score of two, and three if they are correct. In this series, of 1,595 responding to at least one question, 56.3% of participants show an improved score from before to after the program. Fifty-five percent of juvenile justice participants improve, and 59.4% of those in foster care improve.

Figure 28

Youth show the greatest gains in knowledge of latex condoms protecting against pregnancy and STDs.



Safe Sexual Behavior

Participants are asked “if you were going to have sex, could you:”

- Buy a condom?
- Talk about using condoms with your partner before having sex?
- Insist on using a condom if your partner didn’t want to use one?
- Ask your partner to use condoms even if the two of you had sex before without using condoms?
- Keep from having sex if neither you nor your partner had any form of birth control?
- Use a condom without spoiling the mood?

Responses are on a four-point scale, from *I’m sure I could not* to *I’m sure I could*. Of 1,574 respondents, 52.6% show change in the right direction from before to after the intervention. When split by foster or juvenile justice, there is no change in the percentage showing positive change.

Figure 29

The items used in the composite variable on intentions to engage in safe sex all showed improvements from entry to exit.

