

PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Program Name:

Promoting Health Among Teens- Abstinence Only (PHAT-AO)

Developers:

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Program Description and Overview

The *PHAT-AO* curriculum is divided into eight 1-hour modules:

- Module 1: "Getting to Know You and Steps to Making Your Dreams and Goals Come True" provides an introduction to the curriculum, sets up the theme of proud and responsible behavior, and asks participants to identify short-term and long-term goals and dreams.
- Module 2: "Puberty and Adolescent Sexuality" provides an overview of reproductive anatomy, discusses messages about sex, discusses how people express themselves sexually, and the benefits of abstinence.
- Module 3: "Making Abstinence Work for Me" includes activities that explore attitudes toward abstinence and problem solving skills to address partner pressure.
- Module 4: "The Consequences of Sex: HIV/AIDS" includes information on HIV etiology, transmission and prevention. At the end of this session, participants are given a homework assignment where they are to discuss the first four modules with a parent/guardian/older sibling.
- Module 5: "The Consequences of Sex: STDs" includes a review of the homework assignment followed by activities that teach information about STD etiology, types, transmission and prevention.
- Module 6: "The Consequences of Sex: Pregnancy" includes activities that teach knowledge about pregnancy and prevention, as well as how to respond to peer pressure.
- Module 7: "Improving Sexual Choices & Negotiation" includes interactive activities that address participants' problem-solving and negotiation skills.
- Module 8: "Role Plays: Refusal and Negotiation Skills" includes activities for participants to further practice refusal and address partner and peer pressure.

Core Components

Content Components

- Teach correct information about puberty and strategies to prevent HIV, STDs, and pregnancy
- Address the following behavioral attitudes and outcome expectancies:
 - the belief that abstinence can eliminate the risk of HIV, STDs, and pregnancy
 - the belief that sexual involvement might interfere with one's goals and dreams for education and a career
 - the belief that one's partner would not approve of abstinence and would react negatively to it
 - the personal belief that HIV, STD, or pregnancy could happen to participants if they have sex
- Build negotiation skills and problem solving skills:
 - Teach negotiation, refusal and reframing skills to respond to partner's negative reaction towards abstinence
 - Use role-play activities to practice negotiation, refusal, and reframing skills
 - Build participant's skills in problem solving and getting out of risky situations

- 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 in the role-plays

Pedagogy Components

- Create a positive learning environment that is youth-centered
- Use role plays where all participants practice and receive feedback on their negotiation skills
- Facilitate small group activities
- Allow participants to view and process videos
- Present data visually
- Address multiple learning styles
- Assign participants a homework assignment at the midpoint where they are to discuss the first four modules with a parent, guardian, or older sibling.

Implementation Components

- All curriculum activities must be completed in order
- Facilitators are well-trained in the model
- Facilitators have credibility with youth and are well-trusted by youth
- Facilitators maintain confidentiality
- Facilitators must demonstrate a caring and supportive attitude
- Delivery of intervention must be highly participatory

Target Population

Target population evaluated

- Participants were African-American teens, ages 11-14.

Potential additional target populations noted by developers

- Use of the intervention in older teens is allowable, provided that older teens are not placed in groups with younger teens.
- Teens of different racial and ethnic groups may participate

Program Setting

Program setting evaluated

- The intervention was evaluated in urban schools on consecutive Saturdays.

Potential additional program settings noted by developers

- Other settings such as clinics or community-based organizations.
- In-school during school hours
- After school settings

Program Duration

- The curriculum is eight hours long.
- The eight-hour intervention may be delivered in different ways, such as 2 modules per day over 4 days or 1 module per day over 8 days. The developer recommends that the entire intervention be completed within 2 weeks if possible.

Curriculum Materials

Curriculum materials are available from Select Media at www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens/.

Adaptations

Basic allowable adaptations

- The program may be delivered to either single gender or mixed gender groups.
- The program may be implemented using facilitators of different ethnic or professional backgrounds, so long as the facilitators possess the skills and characteristics of a good facilitator and have experience working with teens. Peer educators are allowed, as long as they are paired with an appropriate adult.
- Teens of different racial and ethnic groups may participate, and changing the names and settings of the situations in the role plays to reflect the culture of participants is allowed.
- Use of the intervention with teens older than 14 is allowable, provided that older teens are not grouped with younger teens.
- Groups of more than 8 youth are allowable, provided that additional facilitators are used to ensure that the activities remain interactive and that the youth are able to participate and practice skills.

Program Focus

PHAT-AO focuses on abstinence and HIV and STD prevention.

Research Evidence

- Study Citation:** Jemmott, J. B., III, Jemmott, L. S., & Fong, G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months: A randomized controlled trial with young adolescents. *Archives of Pediatrics & Adolescent Medicine*, 164(2), 152-159.
- Study Setting:** Saturday program offered to students attending four public middle schools in a low-income African American community in the northeastern United States
- Study Sample:** African American students in grades 6 and 7
- Mean age 12 years
 - 53% female and 47% male
- Study Design:** Randomized controlled trial. Study participants were randomly assigned to one of five conditions: (1) an 8-hour abstinence-only intervention; (2) an 8-hour safer sex-only intervention; (3) an 8-hour comprehensive abstinence and safer sex intervention; (4) a 12-hour comprehensive abstinence and safer sex intervention; or (5) an 8-hour general health-promotion program that served as a control group. Surveys were administered immediately before the intervention (baseline) and at five later periods—3, 6, 12, 18, and 24 months after baseline. The effectiveness of each intervention was assessed relative to the control group. This report focuses only on the effectiveness of the 8-hour abstinence-only intervention.
- Study Rating:** The study met the review criteria for a **high** study rating.

Study Findings:

Averaged across the five follow-up periods:

- Adolescents participating in the intervention were significantly less likely to report having had sexual intercourse in the previous three months.
- Adolescents participating in the intervention who were sexually inexperienced at baseline were significantly less likely to report having initiated sexual intercourse.
- The study found no statistically significant program impacts on the likelihood of having multiple sexual partners or unprotected intercourse in the past three months.

The study also examined program impacts on consistency of condom use. Findings for this measure were not considered for the review because they did not meet the review evidence standards. Specifically, findings were reported only for subgroups of youth defined by sexual activity at follow up.

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