

Together We Can Do All Things

Church-Based Abstinence Interventions for African American Parents and Their Children



Office of Adolescent Health Conference
Bridging the Gaps: Eliminating Disparities
in Teen Pregnancy and Sexual Health

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Disclaimer Statement:

*The views expressed in written training materials, publications, or presentations by the speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organization imply endorsement by the U.S. government.

Workshop Objectives

Participants will be able to:

- * List the strategies used to design an evidenced-based program for African American adolescents and their parents in church settings.
- * Describe the strategies used to empower parents and teens with the skills, knowledge, and confidence to talk to each other about sex, abstinence, and the importance of preventing unplanned pregnancy, HIV, and STDs.
- * Explain how to build partnerships with the various churches in their community to implement this church-based abstinence program with parents and their teens.

My Program of Research That Seeks To:

- Elucidate the social and psychological factors that underlie HIV/STD and risk-associated sexual behavior (*....Listen to their voices*).
- Identify the particular conceptual variables that are most important to achieving intervention-induced sexual behavior change.
- Identify theory-based, culture-sensitive, developmentally appropriate strategies to reduce HIV/STD and risk-associated sexual behaviors

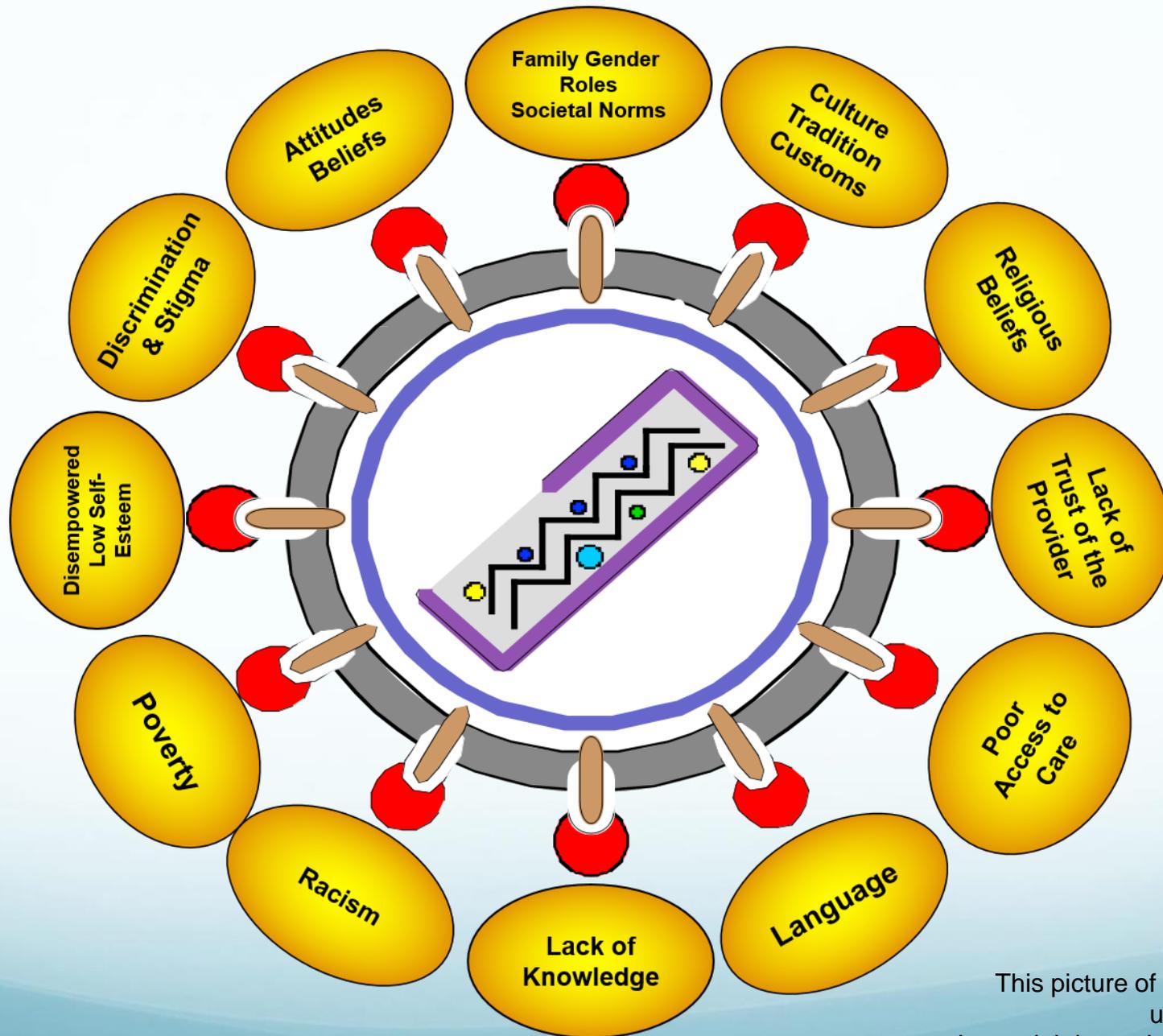
My Program of Research That Seeks To: (cont' d)

- Answer practical questions about the most effective way to implement HIV/STD and risk-reduction interventions with ethnic minority youth
- Test the effectiveness of such interventions using scientifically rigorous methodologies and experimental designs
- Tailor and disseminate effective research-based behavioral interventions to nongovernmental organizations, schools, churches, clinics, etc.

How Do We Conduct Our Research? Six Phases of Research

- * Elicitation (Focus Groups ... Code of the Street...Hearing Their Voices)
- * Questionnaire Development
- * Design Culturally Appropriate Intervention
- * Pilot Test the Intervention
- * Evaluation
- * Dissemination





This picture of the HIV cell is used to display the social determinants of health for sexual risk behaviors.

Thinking!!!



- What is good about the behavior?
- What is bad about the behavior?
- What is hard about doing it?
- What is easy about doing it?
- Who would approve of you doing this new behavior?
- Who would disapprove of you doing this new behavior?

THEORETICAL MODELS

Social Cognitive Theory

Self-efficacy, Outcome Expectancy, (Partner Reaction, Parent Reaction, Prevention Beliefs, Goals and Dreams) and Skills
(Bandura, A., 1986).

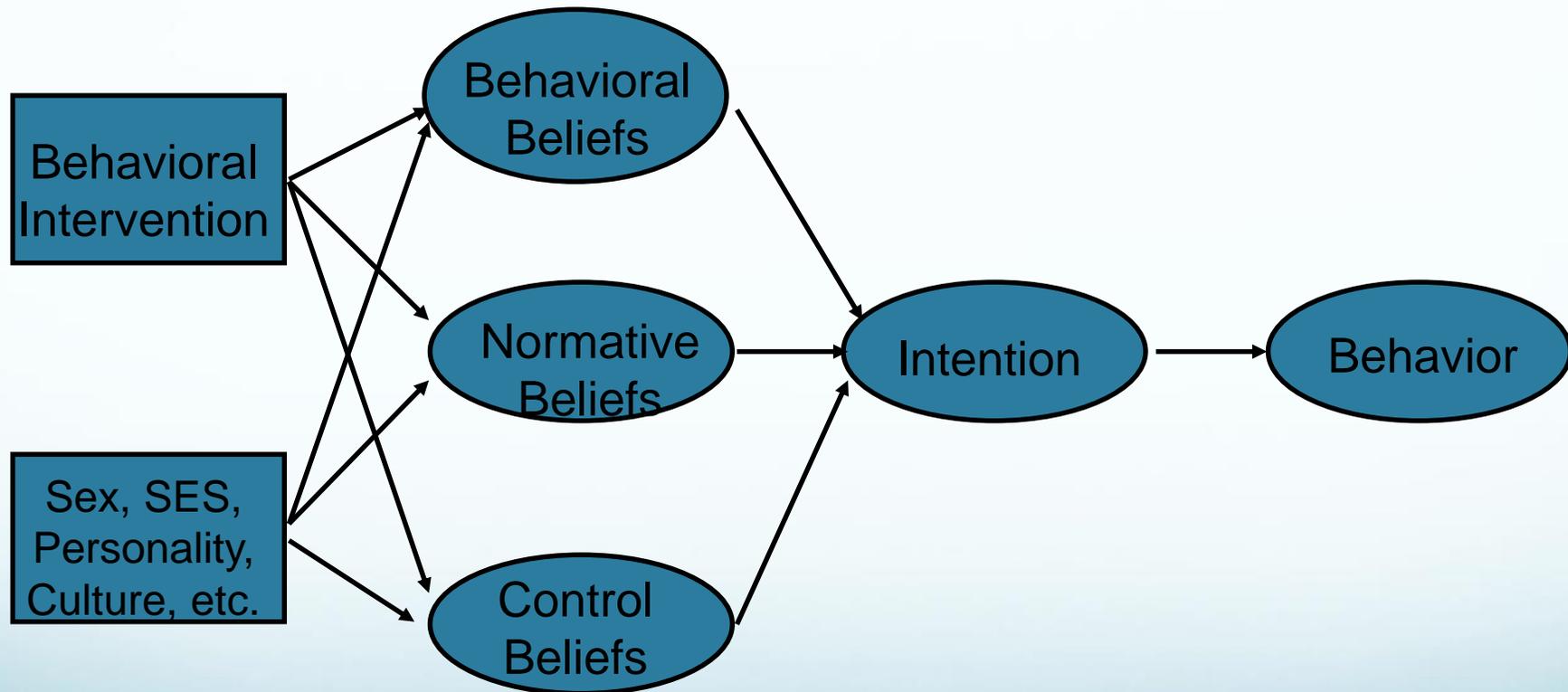
Theory of Reasoned Action

(Attitudes, Beliefs, Subjective Norms and Intentions)
(Fishbein, M., & Ajzen, I., 1975).

Theory of Planned Behavior

(Perceived Behavioral Control and Control Beliefs) (Ajzen, I., 1991)

The Theory of Planned Behavior (Ajzen, 1991)



The intervention is designed to impact behavioral beliefs, normative beliefs, and control beliefs, which then impacts intentions, which leads to the behavior.

Themes: (Family, Community, Caring, Culture, & Pride)

- * “Be Proud, Be Responsible...Respect Yourself, Protect Yourself, You can do it!”
- * “Let’ s Work Together to Save Our People & Community”
- * “Make Proud and Responsible Decisions to Make a Difference In Your Life”
- * “Together We Can Do All Things”

Revise ideas, papers, and strategies and again...and again...and again.....

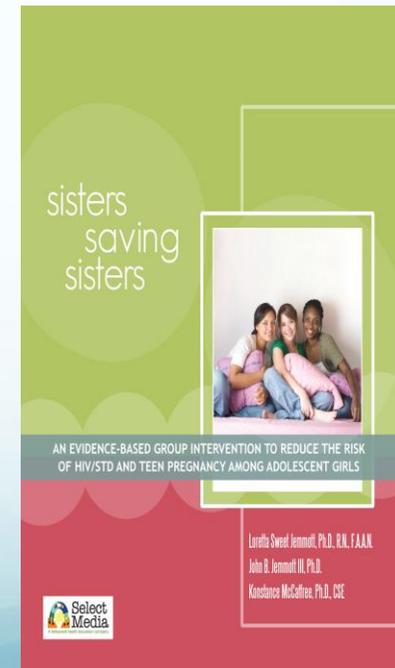
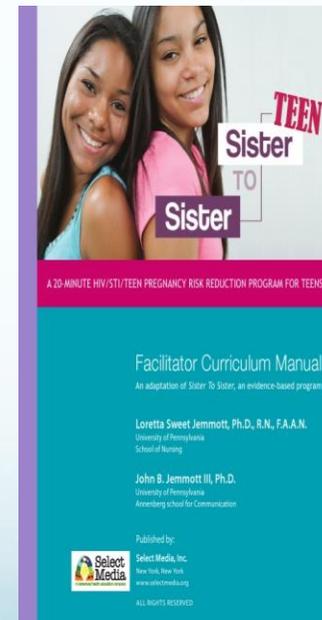
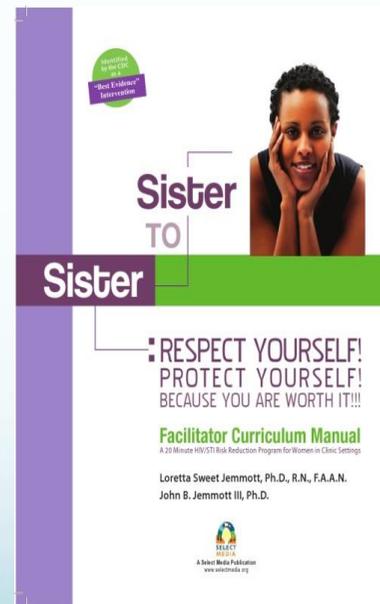
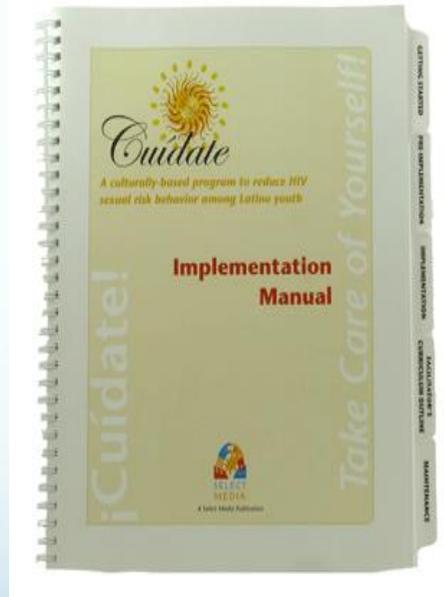
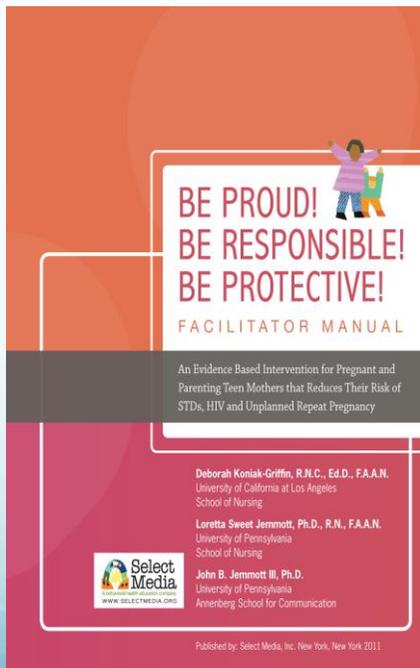
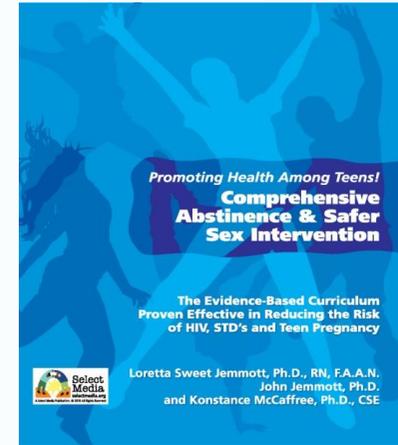
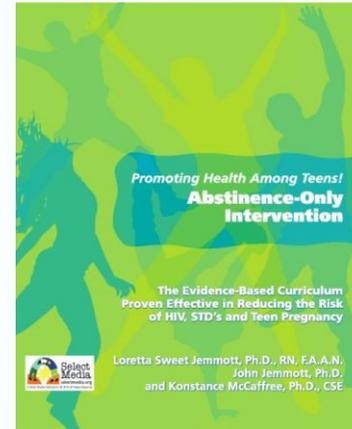
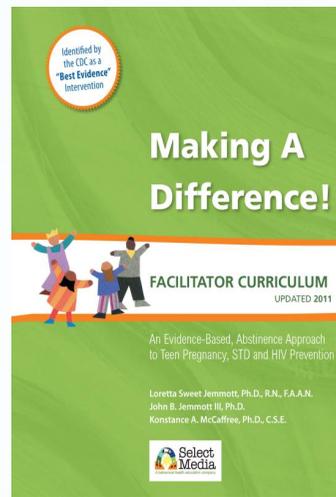
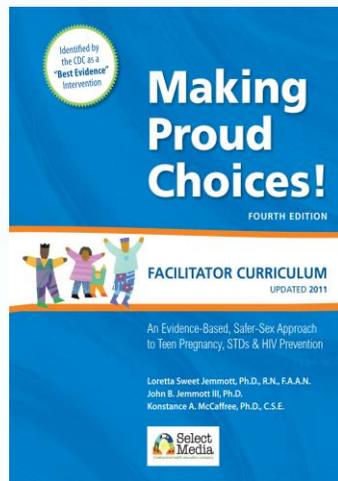


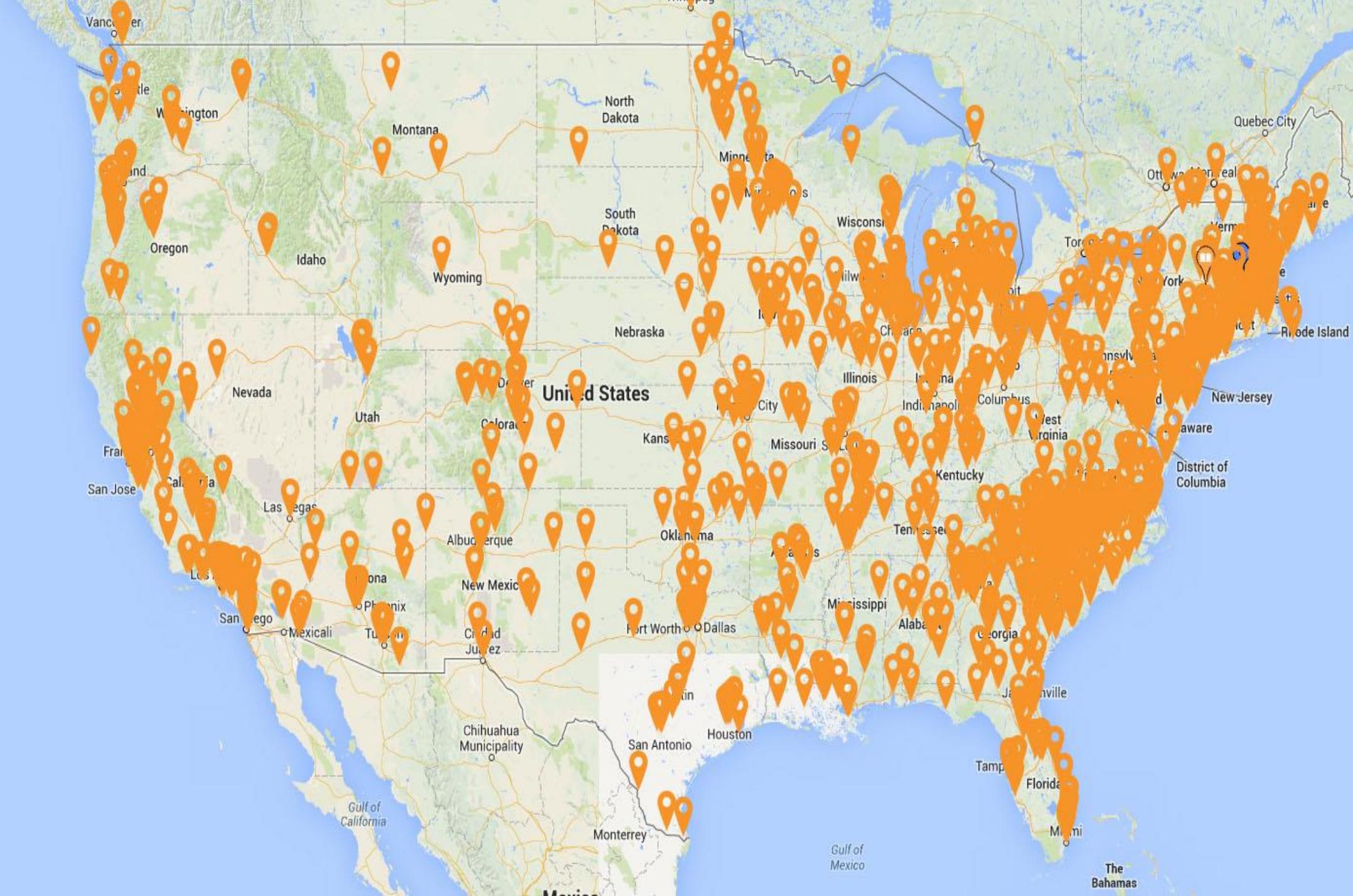
Plan a follow-up evaluation of the outcomes of my ideas



Some of My Evidenced-Based Programs Are...

- Be Proud! Be Responsible!
- Be Proud! Be Responsible! Be Protected!
- Making Proud Choices!
- Making A Difference!
- Sister to Sister!
- Cuidate!
- Sisters Saving Sisters
- Promoting Health Among Teens

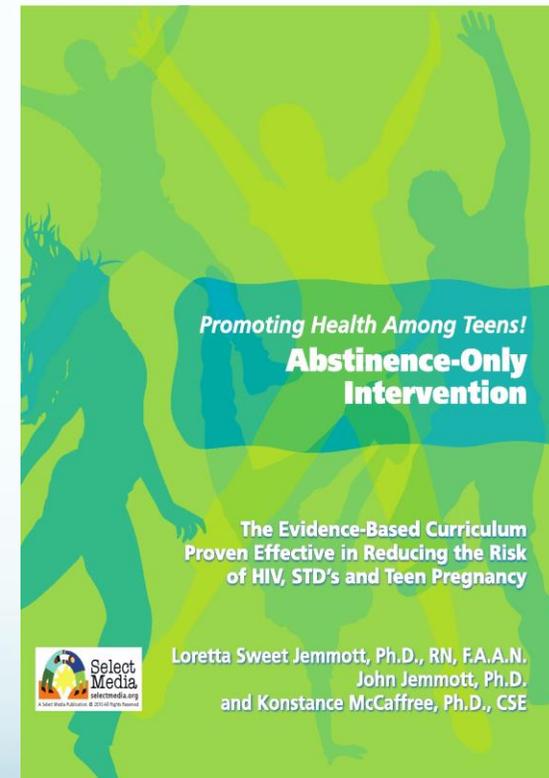
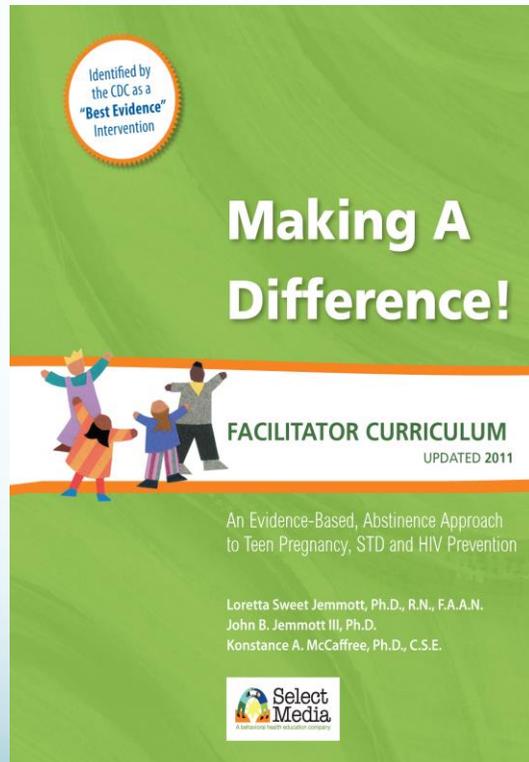




Two Evidenced-Based Abstinence Programs

Abstinence-based

Abstinence-only



Changes to the abstinence intervention

- Abstinence-only message
- Activity defining abstinence
- Role play, homework assignment, and review on parent-child communication
- Risks and consequences of pregnancy
- Getting out of a risky situation
- Letter of commitment

Intervention Core Elements

- Build Negotiation Skills
- Bolster Attitudes and Beliefs
- Role-Plays
- Perceived Risk/Vulnerability
- Goals and Dreams
- Build Self-Efficacy to Empower the Adolescents to Want to be Practice Abstinence

CHURCH & FAMILY HEALTH PROMOTION PROGRAM

*Trained and Empowered
15 Churches to Reduce
HIV /STD & Pregnancy
Risk Behaviors
Among Their Members
and Their Community...
Focusing on Abstinence*



“TOGETHER WE CAN DO ALL THINGS”

Church Partnership & Buy-In

- Focus groups and meetings with ministers and church administration leaders.
- Focus groups and meetings with church youth program leaders
- Focus groups with parents, teens, and families.
- Created a Community Advisory Board
- Attended all of the different church Sunday services
- Spoke from the pulpit about the program and had an information table set up

Why Churches? Why Parents?

Strengths of working with Parents....

Benefits of working with Parents.....

Why are parents reluctant to discuss sexual matters with their children?

Jemmott & Jemmott Design

- Randomized controlled trial
- 613 African American parents and one of their 6th & 7th adolescents at a weekend program (n=1,226)
- 15 Black Baptist Churches in low income communities
- Mean age, 12.2 years
- 56.1% were female
- 15.8% reported ever having sex
- Abstinence only intervention, faith-based abstinence only intervention, or a health promotion control group.
- 12 1-hour modules over 3 consecutive Saturdays
- Implemented in their own church by their specially trained church adult facilitators
- 87%, 78%, 77%, 70%, & 73% retained at 3-, 6-, 12-, & 18-months follow-up sessions, respectively

STRATEGIES FOR TAILORING AND ADAPTING EFFECTIVE PROGRAMS:

WE DO NOT HAVE TO RE-INVENT EVERYTHING

Intervention Core Elements

- Build Negotiation Skills (Parent & Teen) (Teen & Partner)
- Bolster Attitudes and Beliefs
- Parent-child communication, modeling, monitoring and supervision
- Emphasize Goals & Dreams
- Build Self-Efficacy to Empower the Adolescents to Want to be Practice Abstinence
- Build Self-Efficacy to for Teens and Parents to talk about Sex and Teens to talk to their boyfriend/girlfriend about Practicing Abstinence

Changes to the abstinence intervention

- Abstinence-until marriage message (using a positive healthy sexuality approach)
- Dating and building healthy relationships
- Risks and consequences of pregnancy
- Partner negotiation role plays
- Parent-child role play activities
- Parent-child communication & partnerships
- Parent-child Homework assignments
- Parent-child Letter of commitment

WHAT DO THESE INTERVENTIONS INVOLVE?

- Small Group Discussions with teens & parents separate and together
- Culturally Appropriate Themes & Strategies
- Developmentally Appropriate Strategies
- Interactive Activities
- Audiovisuals (themselves)
- Knowledge
- Self-efficacy
- Attitudes/Beliefs
- Goals & Dreams
- Technical Skill Building
- Role Playing
- Practice and Feedback
- Parent-child communication

Six Intervention Conditions

Each condition used a similar curriculum with a different focus.

- Parent Abstinence
- Adolescent Abstinence
- Parent Faith-based Abstinence
- Adolescent Faith-based Abstinence
- Parent General Health Promotion
- Adolescent Health General Health Promotion

Faith-Based Intervention: Major Difference

- It drew upon biblical scriptures (from the King James Version of the Bible) and prayer to reinforce the message of abstaining from sex until marriage, such as,

Proverbs 22:6 - “Train up a child in the way he should go and when he is old, he will not depart from it.”

Proverbs 1:8 - “Listen to instruction of your fathers and not to forsake the instructions of your mother.”

- Each session began and ended in prayer.
- It focused on Philippians 4:13 “Together We Can Do All Things, Through Christ Who Strengthens Us!”

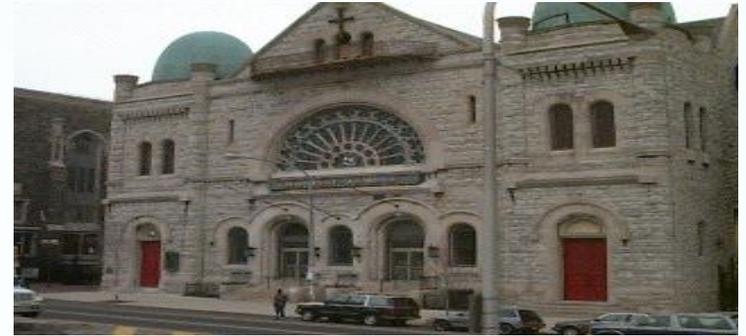
Jemmott & Jemmott Results



www.canannbaptistchurch.com)

- Abstinence intervention caused positive changes on psychological mediator variables (attitudes towards abstinence, self-efficacy to practice abstinence, perceived parental approval of abstinence, and intentions to practice abstinence) compared to the control group.
- Faith based abstinence intervention had the same results, except it did have significant results for self-efficacy to practice abstinence.

Jemmott & Jemmott Results



(<http://www.christianchronicler.com>)

Those in the abstinence only intervention:

- reported fewer days on which they had sex in the past 3-months than those in the control group. Faith based did not.
- reported fewer days on which they had unprotected sex, compared to the control group and the faith based intervention did not.
- those who were virgins, reported practicing abstinence at all follow-ups compared to the control group. Faith-based did not.



Jemmott & Jemmott Results

(picture: <http://www.praisephilly.com>)

- Parent-child communication increased.
- Teens reported feeling more comfortable talking to their parents.
- Parents reported being more comfortable talking to their kids and more strategies.
- Parents and teens reported increased HIV, STDs, pregnancy knowledge, and positive attitudes towards talking to each other.
- Both parents and teens reported an increase in self-efficacy and strategies in talking to each other.

WHY DID THIS INTERVENTION WORK?

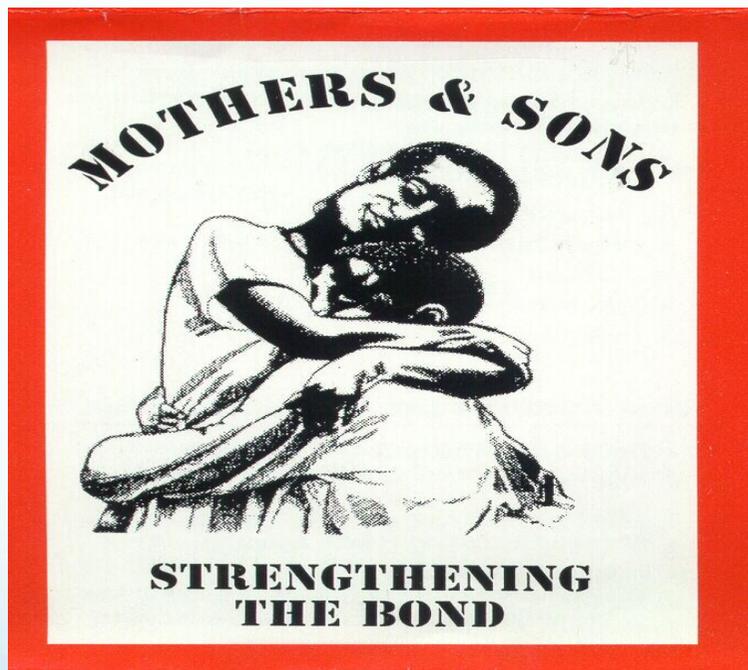
- Teaches skills
- Holds their attention
- Very interactive & fun
- Nonjudgmental, caring & supportive
- Culturally sensitive
- Bolsters positive attitudes
- Great facilitator training program for church members
- Excellent facilitator -participant interaction
- Age specific
- Good discussions
- Credible church setting
- Promotes confidence
- Builds pride/ responsibility
- Builds parent-child communication & partnerships

Conclusions

- Partnering with churches is an effective strategy for reducing teenage pregnancy, HIV, and other STDs.
- Interventions that are based on behavior change theory and tailored to the study population can reduce sexual risk behavior.
- Interventions for parents and teens can increase their risk communication
- Parents are an important tool in promoting abstinence.
- The church is an excellent environment for programs for youth.
- Abstinence until marriage messages are effective in this setting.

***Another New
Evidenced-Based
Sexual Risk Reduction Intervention
for
Parents and Teens***

Mothers & Sons: Strengthening The Bond Intervention



In partnership with the
Philadelphia Housing Authority
and the Philadelphia Urban League

*...We Trained Housing Development
Community Leaders
to Train and Empower
Single Mothers To Reduce Pregnancy,
HIV & STD Risk Behaviors Among Their Sons...
Building on Their Strengths!*



Image from pennnursing.edu



What Am I Working on Now? Shape-Up! Barbers Building Better Brothers



Barbershop-Based HIV/STD Risk Reduction
Program for African American Young Men

So Remember...

As we travel this road of trying to reduce unplanned teenage pregnancy among youth in the context of their daily lives....



(Image from <http://www.wallpapergrab.com>)

Let's

Work Together...

- *Build New Partnerships,*
- *Listen to their Voices...*
- *Design & Implement Culturally Competent, Collaborative, Compassionate Programs to Reduce Teenage Pregnancy and Reduce Health Disparities!!!*



(Image from <http://www.123rf.com>)

THANK YOU

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