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## **Sex Education Groups for Adolescent Girls: A Review of Current Practice and Research**

Amy C. Orecchia

**Abstract:** This paper reviews the literature on the sexual health of adolescent females in the United States and effectiveness of current approaches to sex education with this population. Sex education programs that include group discussion and emphasize peer influence have been found to be effective (Card, Lessard, & Benner, 2007; Sieving, Eisenberg, Pettingell, and Skay, 2006). Research has also demonstrated that psycho-educational groups are especially effective in reducing other risk-taking behaviors among adolescent females (Becky & Faren, 1997; Rosen & Bezold, 1996; Zinck & Littrell, 2000). Therefore, small group psycho-educational interventions are proposed as an effective method of preventing unwanted pregnancies and STDs among teens. Multicultural considerations, specific areas for future research, and application to the real world are also discussed.

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Psycho-educational groups are commonly used by both school and community counselors as primary prevention interventions with children and adolescents. An especially relevant concern for professionals working with adolescent females is pregnancy prevention and sexual health (Cairns & Cairns, 1994). Teenage girls often receive mixed messages about sexuality and lack accurate information about relationships, their bodies, contraceptives, STD prevention, and decision-making (Ward, 1995). Therefore, groups aimed at educating adolescent girls about their sexual health may be a welcome and effective intervention for this population (Byers et al., 2003; Card, Lessard, & Benner, 2007). This paper will give a brief overview of current data highlighting the need for sex education among female adolescents and review the literature on group approaches to sex education, including effectiveness, multicultural considerations, specific areas for future research, and application to the real world.

### **SEX EDUCATION**

For professionals who work with youth in schools and community agencies, questions of how and what to teach regarding adolescent sexuality are ever-present and politically charged concerns (Lindbergh, 2006). However, it appears that current approaches may provide teens with too little information too late in their development (Dicenso et al., 2002; Ferguson, 1998). In recent years, some federal and state mandates have limited sex education to abstinence-only programs despite a lack of evidence that they are effective (Alan Guttmacher Institute, 2006b). The effects of these changes can already be seen. In 2002, only 62% of sexually experienced adolescent girls had received instruction about contraception

before they first had sex, compared with 72% in 1995 (Lindberg, 2006). Additionally, one in five teachers believe that restrictions on sex education are preventing them from meeting their students' needs (Alan Guttmacher Institute, 2006b). Lack of knowledge about their sexuality is reflected in the sexual health of adolescent females in this country.

### **Education and Prevention**

Statistics on the sexual health of adolescent females in America are consistent with the lack of effective sex education. Teen pregnancy rates are much higher in the United States than in many other developed countries—twice as high as in England and Canada and eight times as high as in the Netherlands or Japan (Alan Guttmacher Institute, 2006a). In addition, American teens (ages 15-24) represent only one-quarter of the sexually active population, but they account for nearly half of all new STDs each year (Weinstock, Berman, & Cates, 2004). Early comprehensive sex education is also important because even though most teens are not cognitively or emotionally ready to have children, they are biologically and physically prepared. A heterosexual adolescent female who is sexually active but does not use contraceptives has a 90% chance of becoming pregnant within a year (Harlap, Kost, & Forrest, 1991). Finally, teenagers themselves view sex education as important and highlight the need for factual information as well as practical skills related to sexual health (Byers et al., 2003). Adolescent girls in the United States both want and need education and information about their sexual health in order to avoid unwanted pregnancies and STDs.

### **Sex Education Groups for Adolescents**

Despite a clear need and desire for accurate and comprehensive sex education, there is currently very little research specifically on psycho-educational small group interventions promoting the sexual health of adolescent females. Most sex education literature focuses on large group classroom interventions and indicates mixed results (Bearinger, Sieving, Ferguson, & Sharma, 2007; DiCenso, Guyatt, Willan, & Griffith, 2002; Kirby, 2002). There is some British research on peer-led interventions that do not appear to be very effective (Harden, Weston, & Oakley, 1999; Kim & Free, 2008). The Program Archive on Sexuality, Health, and Adolescence (PASHA) has published a list of 47 effective teen pregnancy and STI/HIV prevention programs based on outcome research from their Scientist Expert Panel (Card, Lessard, & Benner, 2007). It is unclear if the programs evaluated in PASHA's research are small group interventions or not.



However, the most commonly used pedagogical technique used in the effective programs was group discussion (Card et al., 2007). This finding suggests that small groups, in which group cohesion and trust facilitate open discussion, are effective formats for such programs. In addition, there is some research on adolescent health and risk behaviors that suggests that small group approaches to sex education are ideal. Sieving, Eisenberg, Pettingell, and Skay (2006) conducted a longitudinal study on adolescents' first intercourse and concluded that because of peer influence on sexual behavior, sex education interventions must target cohorts and focus on peer group norms and positive relationships rather than exclusively focusing on individual teenagers. While very little research exists on this specific intervention, aforementioned literature indicates that the discussion with peers that is provided in sex education groups are effective in promoting the sexual health of adolescents.

In addition to the above literature, two case studies of specific small group sex education interventions with adolescents show promising results. Blythe, Gilchrist, and Schinke (1981) published a brief article on a pregnancy prevention group they conducted in a high school. This intervention involved 7 male and 12 female participants who were randomly assigned to either the group or a control condition. Participants in both conditions received pretest and posttest measures. The group intervention consisted of fourteen semiweekly one-hour sessions that focused on decision making and interpersonal skills. Teaching techniques used in the groups included didactic presentations, group discussion, experiential exercises, modeling, role-play practice, coaching, feedback, and social reinforcement. Following the intervention, group participants scored significantly higher on posttests concerning reproduction and birth control methods as well as tasks essential to effective decision making in interpersonal relationships than their peers in the control condition. At 3 and 6 month follow-up assessments, responses to a written questionnaire showed that the teenagers who had participated in the group had greater commitment to postponing pregnancy, used birth control more frequently, and had greater reliance on more effective methods of birth control than control students.

Chapman, Vickery, and Joyce (2002) also conducted a psycho-educational sexual health group specifically for teenage girls with mental health problems. The group was incorporated into treatment curriculum on a psychiatric inpatient unit at a hospital and lasted eight weeks. Participants were 7 adolescent females ages 13 to 18. The primary techniques used in the group were handouts with information and resources, group discussions, hands-on activities and demonstrations, and quizzes. Group leaders also had adolescents previously discharged from

the unit who were now teen parents come in and speak about their experiences. Through informal assessment measures such as staff observation, the authors concluded that the group was successful in increasing the girls' knowledge about sexual health issues and improving their respect and self-care of their bodies. These two successful case studies underscore the need for more research specifically on small group sex education interventions.

### **Effectiveness of Sex Education Groups**

While there is a marked absence of literature on sex education in a psycho-educational group format, there is quite a bit of research evaluating the outcomes and effectiveness of sex education in general. DiCenso et al. (2002) conducted a meta-analysis of 26 studies of intervention to prevent teen pregnancy (most were large-group classroom interventions). The meta-analysis found that these programs did not delay first sexual intercourse, improve the use of birth control, or reduce pregnancies. Therefore, the authors concluded that current school-based pregnancy prevention programs are not particularly effective. They suggested that to improve effectiveness, programs should start much earlier than high school, include communication and negotiation training, birth control resources, and booster sessions. The authors also suggested that professionals should consult with adolescents about what they think would be helpful (DiCenso et al., 2002). Most other outcome research of pregnancy and HIV/STD prevention programs has found at least some effectiveness in reducing sexual risk behaviors among adolescents (Card et al., 2007; Frost & Forrest, 1995; Kirby, 2002; Kirby et al., 2004). Kirby (2002) found programs to be especially effective if they included activities to address the social pressures that influence sexual behavior and/or provided modeling and practice of communication, negotiation, and refusal skills. Outcome research is mixed in regard to the overall effectiveness of sex education in classroom and school settings. However, there is a growing body of evidence suggesting that programs that include specific formats, content, and/or time-frames can be effective at reducing adolescents' sexual risk behaviors, unwanted pregnancies, and STDs.

In addition, literature has shown that small group interventions in general can be an effective means of preventing many kinds of risk behaviors among adolescents (Durlak & Wells, 1997; Gerrity & DeLucia-Waack, 2007; Hoag & Burlingame, 1997; Kulic, Horne, & Dagley, 2004). The effects of group therapy are particularly positive with adolescent girls (Erickson & Palmer, 2004). Also, primary prevention and psycho-educational group counseling have been shown to be effective with at-risk



adolescent girls (Becky & Farren, 1997; Rosen & Bezold, 1996; Zinck & Littrell, 2000). These findings may be replicated with female teens considered to be at-risk for pregnancy and/or STDs. Although there is currently no evidence of the effectiveness of small group sex education with adolescent girls, there are convincing bodies of literature suggesting that both sex education and group counseling are effective with this population. Therefore, a next logical step would be to evaluate the effectiveness of sex education groups.

### MULTICULTURAL CONSIDERATIONS

There are a myriad of multicultural considerations within this topic and research. Distal statistics show that Latina, Native American, and African American youth have higher teen birth rates than Whites (Alan Guttmacher Institute, 2006a). In addition, black females tend to have an earlier age of first sexual experiences than their white peers (Zabin, Hirsch, & Smith, 1991). This demographic difference is significant because research shows that the younger girls are when they become sexually active, the less likely they are to use protection (Duncan & Hoffman, 1990). Therefore, in a review of culturally tailored interventions with African American girls, Ferguson (1998) concluded that community-based, culturally specific adolescent pregnancy prevention programs need to be implemented earlier than 11 to 12 years of age.

In an attempt to improve culturally-specific programs with Latina youth, Russell and Lee (2004) conducted a qualitative investigation of teen pregnancy prevention practitioners in California. The practitioners' recommendations for best practices with Latina youth were: to have staff members who understand the Latino culture and/or speak Spanish, emphasize the importance of education for future financial stability, are responsive to subgroup differences such as generation or acculturation level, involve parents, families, and male partners, and recognize Latino cultural values regarding gender roles. Similarly, Garwick, Rhodes, Peterson-Hickey, & Hellerstedt (2008) conducted a community-based action research study with Native American youth, ages 13-18, to determine recommendations for sex education with this population. These youth emphasized the importance of involving trusted Native American family and community leaders in school-based and community education programs. They also suggested that increased access to contraceptives would be helpful in preventing teen pregnancy.

Often overlooked in academic literature, youth who identify as lesbian, gay, or bisexual (LGB) are also considered a more at-risk population than their heterosexual peers. In a study of LGB adolescents,

Blake et al. (2001) found an earlier age at first intercourse, higher number of sexual partners, higher use of alcohol or drugs before sexual activity, and increased pregnancy rates among LGB youth. These youth were also less likely to report having received HIV or STD education than their heterosexual peers. However, in schools where gay-sensitive HIV instruction was provided, LGB youths reported lower sexual risk behaviors. The authors conclude that HIV prevention and sex education programs should be gender-neutral and address the full range of sexual partner relationships that exist. While adolescent girls from minority populations have higher incidences of pregnancy than white females, there is some evidence that culturally sensitive and inclusive interventions may be effective in minimizing this difference.

### **RECOMMENDATIONS FOR FUTURE RESEARCH**

While much more research on sex education in small psycho-educational format in general is needed, there are some areas that are particularly important. First, empirically sound quantitative outcome research is needed in the group literature. Most studies of group effectiveness have serious limitations such as single group designs, small sample sizes, lack of a control group, no checks on treatment validity, and no follow up data (Gerrity & DeLucia-Waack, 2007). Future research on the outcome and effectiveness of sex education groups will be more convincing if it contains these scientific rigors. In addition, future research should be mindful of accurate cultural considerations, instead of assuming that findings apply to all youth. While some recent studies have begun to ask minority youth what is important to them (Garwick et al., 2008), further research is needed to determine what the actual cultural differences regarding sexuality between majority and minority cultures are (Ferguson, 1998). Some well-intentioned practitioners may not have accurate information regarding multicultural issues. For example, a common misperception is that the influence of Catholicism on Latino culture prevents many women from exercising their right to abortions, when in reality abortion rates among Latinas are higher than those among non-Latina white women (Jones, Darroch, & Henshaw, 2002). To promote the sexual health of Latinas, as well as women from other backgrounds, research is needed to examine which cultural differences are myths and which are realities and then provide culturally sensitive and appropriate programs based on findings (Foulkes, Donoso, Fredrick, Frost, Singh, 2005). Specific areas for future research include multicultural considerations as well as research with empirically sound quantitative methodology.



In addition, while some outcome research has indicated that sex education programs are more effective with youth from middle class families than those with low socioeconomic status (SES) (Hoag & Burlingame, 1997), further research is needed to determine what specific aspects of low SES contribute to this difference. Other factors besides poverty, such as different sources of media and peers, have also been shown to influence youths' sexual behavior (Sieving et al., 2006; Ward, 1995), but little research has been conducted to examine the role of these influences on sex education interventions. Future research should also examine the effects of SES, media, and peers on sex education effectiveness with adolescents.

### APPLICATION OF RESEARCH FINDINGS

A common concern regarding all academic research that has direct implications for practice is the applicability of findings to real-world settings. Outcome research on sex education groups and programs may exist. However, if these recommendations are not easily available to the schools and community agencies that run the programs, they have no impact on the sexual education and health of teenage girls. An important resource in bridging this divide between research and practice is the Program Archive on Sexuality, Health, and Adolescence (PASHA). PASHA's mission is to assemble in one place "all the information that a school, community, or clinic would need to replicate an effective teen pregnancy or STI/HIV prevention program" (Card et al., 2007, p. 2). PASHA first has a panel of experts in the field of sex education research review existing programs to locate the most effective interventions for adolescents. It then assembles together all the necessary materials needed to re-implement and re-evaluate the programs, essentially creating kits that contain specific user's manuals and program implementation tips. With the availability of actual program packages, implementation of evidence-based sex education becomes realistic for teachers and counselors. PASHA is also dedicated to ongoing field testing investigation of the effective programs and modifying them as needed to different settings and populations (Card et al., 2007). In this way, it is an exciting example of a scientist-practitioner approach and a good model for future research.

### CONCLUSIONS

There is a clear need for primary prevention interventions for unwanted pregnancies and STDs among adolescent girls in the United



States. However, there is currently almost no empirical research on psycho-educational groups for healthy sexuality of female teens. Because there is a growing body of evidence suggesting that sex education programs can be effective at reducing adolescents' sexual risk behaviors, unwanted pregnancies, and STDs, and group counseling has been shown to be particularly effective with adolescent females, future research should examine the effectiveness of sex education groups for teenage girls. Additional considerations for future research include determining accurate multicultural preferences, examining the effects of SES, media, and peers on sex education effectiveness with adolescents, and ensuring that studies have empirically sound quantitative methodologies. Finally, with PASHA providing an exemplary model, future outcome research on sex education groups should be mindful of the practicality and applicability of findings to schools, clinics, and community agencies.

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