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1

Historical Perspective and Introduction

Preventing teenagers from having unplanned pregnancies is an important goal that has been pursued since the 1970s, when births to teenagers were first diagnosed as a major social problem. Much has been learned about the types of interventions that work and do not work (Kirby, 1997; Moore et al., 1995; Frost and Forrest, 1995; Miller and Paikoff, 1992). A glaring gap, however, is the lack of systematic information about how males could and should participate in pregnancy prevention efforts. This guide begins to fill that void by pulling together—from data on programs around the country—what is currently known about male reproductive behavior and programs designed to influence this behavior.

The guide, funded by a grant from The California Wellness Foundation to inform its statewide Teen Pregnancy Prevention Initiative, is intended for program planners in California and throughout the country who wish to implement programs involving males in teenage pregnancy prevention. It has three main purposes:

- ▶ to dispel myths about the target population by providing a description of the male partners of potential teenage mothers,
- ▶ to identify established pregnancy prevention programs that have successfully involved males in different settings around the country, and
- ▶ to distill practical lessons from the experiences of these exemplary programs for programs still at the fledgling stage.

In the recent groundswell of interest across the country in targeting males for teen pregnancy prevention, key policy makers have responded to the absence of prevention efforts oriented to the male partners of the teenage mothers. For example, the governor of California and the federal legislators framing the recent welfare reform legislation have called for new program initiatives involving both carrots and sticks to encourage male reproductive “responsibil-

ity.” At last count 40 states were reported to have strategies to prevent unwanted or too-early fatherhood (Knitzer and Bernard, 1997). Indeed it is now generally acknowledged that teen pregnancy prevention initiatives are not likely to be successful unless they address both partners’ concerns and interests.

Although consensus may have been reached about the importance of involving males in teen pregnancy prevention, little is generally known about how to reach them or how to influence their reproductive behavior. However, over the last decade knowledge has been accumulating. The National Survey of Adolescent Males (NSAM) begun in 1988 provides information about trends in young men’s attitudes and behaviors that are useful for understanding the perspectives of this population (Sonenstein, Pleck, and Ku, 1989). Prior to this survey, the only national trend data on the reproductive behavior of teens were collected about females. New data from the 1995 NSAM are presented in this guide to provide a national picture of the extent of their risk for participating in pregnancies, with opportunities for influencing their behavior highlighted.

Knowledge has also been accruing about how to develop pregnancy prevention programs that involve males (Dryfoos, 1988; Levine and Pitt, 1995; Moore, Driscoll, and Ooms, 1997). A number of programs have been initiated in communities throughout the country. Their pioneering efforts could provide useful advice and counsel to new initiatives. However these prevention programs are geographically spread out, sponsored by many different organizations, and unconnected to other like efforts. This guide provides a central source of program information so that individuals interested in developing programs to help young males participate in pregnancy prevention will not need to start at ground zero.

The Shifting Landscape of Reproductive Politics

For many years reproductive policy in the United States concentrated almost singly on women. For example men made up only two percent of the clients in the federally funded Title X family planning programs in 1991 and two percent of Medicaid funded family planning in 1990 (Schulte and Sonenstein, 1995). The changed political climate has broadened the focus to acknowledge the critical role men play in human reproduction. Recently, for example, the Office of Population Affairs in the U.S. Department of Health and Human Services announced a limited male initiative, the Young Men/Family Planning Clinic Partnership Program. In this program male high school students will work in Title X family planning clinics to increase service utilization by teen males and to broaden the students’ training and employment goals.

Public Health and STD Prevention

One set of pressures prodding public health and family planning providers to be more interested in the reproductive and contraceptive behavior of males is concern about the spread of HIV and other sexually transmitted diseases (STDs). The identification of new STDs

that are easily transmitted, for example, has reignited the popularity of condoms as one of the effective ways to prevent transmission of STDs among sexually active populations. Since condoms are used by males, efforts to increase condom use must necessarily target them as well as their female partners. Changing the reproductive behavior of males is a crucial element of strategies to prevent the transmission of STDs.

In addition, rapid treatment of the male partners of females testing positive for bacterial STDs such as chlamydia, gonorrhea, and syphilis is a critical element in slowing the spread of these diseases and preventing reinfection. Increasingly, family planning clinics faced with many female patients testing positive for STDs have started to treat male partners. Indeed STD treatment is one of the primary reasons that family planning clinics give when asked why they have expanded their services to include males (Schulte and Sonenstein, 1995).

Child Support Policy

Another set of influences creating pressure for more intense focus on male reproductive behavior emerges from child support policy. The Child Support Enforcement Program was established in 1975 as a way of recouping from fathers some of the public funds that children on welfare (Aid to Families with Dependent Children) were receiving. Over the years the program has moved from serving just the welfare population to including within its mandate all children with noncustodial parents. In addition, as more children have been born out of wedlock the program has increasingly focused on paternity establishment to create bonds of economic responsibility between children and their fathers. While the program began as unpopular and relatively small, it has now emerged as one of the keystones of federal welfare policy. The current goals of the program include establishing paternity for all children born out of wedlock, and setting and enforcing reasonable and equitable child support orders for all children who have a parent—a father or mother—who does not live with them. Essentially, a primary goal of the program is to ensure that parents assume financial responsibility for any children that they have, whether or not these children are born within marriage.

Some have argued that requiring males to be financially responsible for their children can provide needed motivation for them to avoid unintended pregnancies and births. Since child support enforcement is far from universal at the moment, it is difficult to test this hypothesis. Less than one-third of nonmarital births are estimated to have paternity established, approximately half of custodial parents have child support orders, and only half of these orders are fully paid (U.S. House of Representatives, 1996). Major efforts are under way in many states to improve these statistics. We argue that if males are going to be held responsible for any children they produce, it is time to spend more public resources on helping them to avoid unintended pregnancies (Sonenstein and Pleck, 1995).

Statutory Rape Enforcement

A further recent development has been the call for more rigorous enforcement of statutory rape laws to reduce pregnancies and births among young female teens. Initiatives have been launched in several states including California, Delaware, Georgia, and Florida. While there is substantial state-to-state variation in definitions of statutory rape, in more than half the states the young woman must be under age 16. Many states also stipulate a minimum age difference between the partners, with 4 years the most commonly cited criterion (Donovan, 1997). Thus while statutory rape enforcement may discourage some teenage pregnancies because it results in large penalties, its target population is relatively small—adult males who have sex with very young women (Lindberg, Sonenstein, Ku, and Martinez, 1997).

The Fatherhood Movement

A final set of forces that could potentially promote greater interest in male reproductive behavior is the fatherhood movement. As the feminist movement grew in the 1960s, an initially small group of men recognized that gender roles could be as limiting for males as they were for females. Just as some women wished to participate in the male economic sphere, some men pushed for fuller participation in the female family sphere. Over the years they have been joined by an increasing number of noncustodial fathers' groups that are also interested in participating in their children's lives and have rallied for better enforcement of visitation agreements. More recently many others—both males and females—have become concerned about the increasing absence of fathers in the lives of children in female-headed families. In June 1995 President Clinton launched a government-wide initiative to strengthen the role of fathers in families. As part of this initiative the Department of Health and Human Services is spearheading an examination of its programs and data collection activities to expand and enhance activities promoting fatherhood issues. While most of this effort has focused on fathers "after the fact," after they have become fathers, there is recognition that it is also important to focus on how men become fathers. As part of the Federal Interagency Forum on Child and Family Statistics, a working group is developing recommendations about better measurement and data collection about male fertility behavior.

The time has arrived when there is now a confluence of interests supporting the crucial role of males for family and reproductive policy. It should therefore be no surprise that debates about adolescent pregnancy policy show an increasing interest in the role of males and the development of strategies that involve them in pregnancy prevention efforts.

The Crucial Role of Males in Pregnancy Prevention Initiatives

Why males were ever excluded from the way we think about pregnancy prevention is puzzling. Sexual behavior involves two partners, and decisions to have sex and to use contraception undoubtedly reflect both partners' perspectives, whether explicitly or implicitly. Yet fertility and family are traditionally ascribed to the world of females—a perspective that has kept us from acknowledging what should have been obvious—that males must be involved in any policy solution to unintended pregnancies among teenagers.

It is well known, for instance, that adolescent boys initiate sex earlier than girls and that they tend to accumulate more sexual partners over their lifetimes. Even though males do not actually get pregnant, it does not make sense to segregate them from prevention efforts when they have sex earlier, more frequently, and with more partners than females of comparable ages.

Contrary to stereotypes about males' disregard for contraception, there is overwhelming evidence that males have played an extremely important role in providing contraceptive protection to teenage females. Even before data were collected from the males, information provided by teenage females showed that male methods of contraception were the main forms of contraception used when they first initiated sex. In 1979, for example, 70 percent of 15- to 19-year-old females reporting that they had used contraception at first intercourse reported a male method—either withdrawal or condoms (Sonenstein, 1986).

More recent evidence from the 1988 NSAM provides further justification for integrating males into pregnancy prevention initiatives. These data show that one of the biggest shifts in teenagers' reproductive behavior that we have observed in recent time is the improvement in *teenage males'* contraceptive behavior. Between 1979 and 1988 condom use doubled. By 1988 more than half of all sexually experienced 15- to 19-year-old males said that they had used a condom at last intercourse (Sonenstein, Pleck, and Ku, 1989), and further increases in condom use have been observed in the 1990s. This evidence comes from the reports of both male and female teenagers (Abma, Chandra, Mosher, Peterson, and Piccinino, 1997; Kann, Warren, Collins, et al., 1993). These shifts in male teenagers' behavior demonstrate that they can be influenced to adopt new behaviors and that programs designed to change male reproductive behavior will not necessarily fall on deaf ears.

Most of the descriptive information about male partners in this guide comes from new data collected in the 1995 NSAM, which interviewed 1,729 males—a sample that is representative of males ages 15 to 19 living in households in the contiguous United States. Our analyses are intended to provide a nationally representative picture of the reproductive attitudes and behavior of teenage males. They show the proportions of teens engaging in behaviors that put them at risk of pregnancy, where they are getting information about protecting themselves, and where programs are likely to encounter them. Until recently such information was not collected, leaving

program planners to rely on their own devices to obtain information about these important clients.

It should be noted, however, that not all the male partners of teenage girls are themselves teenagers. On average the male is 2 to 3 years older than the female, a pattern that is repeated among adults. Thus many older teen females who are 17, 18, and 19 years old are highly likely to have partners in their twenties. Analyses of birth data confirm this pattern. In 1988 two-thirds of the fathers of babies born to mothers under the age of 20 were in their twenties (Landry and Forrest, 1995; Lindberg, Sonenstein, Ku, and Martinez, 1997). Thus it is important to realize that some of the males who should be involved in teenage pregnancy prevention efforts are not teens. To the extent possible, we have attempted to integrate information into this guide about these male partners of older teenage females, and we have also looked for prevention programs that include males in their twenties. In spite of these efforts, most of the information found is about teen males. Obtaining more information about men in their early twenties is crucial for expanding prevention efforts to this population.

Programs Included in this Guide

One of the goals of this guide is to identify prevention programs that have successfully involved males using different approaches and agency settings. The first selection criterion involved the setting of the program. Because there was already an extensive literature on school-based sex education and on school-based clinics,¹ we decided not to include these types of programs in our search for promising prototypes even though most of them are coeducational and therefore involve males in some way. Because developers seeking to implement these types of programs have a number of other resources to consult, we concentrated our efforts on looking for other types of programs to increase the variety of prototypes developers can consider. We do include other school-based programs that are not explicitly sex education or school-based clinics.

The second selection criterion concerned the meaning of “involving males.”² This was our decision rule: **A crucial ingredient for programs that “involve males” is that they focus on the male role in reproduction.** It is not enough that a program have participants who are males; the program content must discuss explicitly the male perspective on reproductive behaviors (sex, contraception, childbearing, and parenting). This decision is as important in defining the programs we have chosen to highlight as the decision about what types of programs to cover. Whether they are single-sex programs or include both males and females, to be included they must concentrate on reproductive issues from the male perspective.

A third criterion for selecting programs was that they acknowledge prevention of pregnancy as an explicit primary or secondary program objective. We adopted this requirement when it became clear that there are “fathers” programs helping males in their parenting roles that do not deal with the issue of pregnancy prevention. Some of these programs may indirectly lead men to be more careful

Criteria for Program Inclusion

Program must focus on the male role in reproduction whether the participants are all males or both males and females.

Prevention of pregnancy is an explicit program goal.

Program planning had to have started at least three years ago. The program had to have at least one year of full operational experience.

Program had to serve at least 50 male participants in the last year.

Note: School-based sex education and school-based clinics are not included.

about having subsequent unintended pregnancies or births. However, since programs can only be held responsible for achieving the goals that they have set for themselves, we only include programs that are trying to help men to avoid unintended pregnancies or births as an explicit goal.

A final set of criteria dealt with the selection issue of which programs can best provide advice to other programs. Since there has been an explosion of interest and support for programs involving males in teen pregnancy prevention, many programs have been implemented only recently. Many promising prototypes are almost certainly among this new generation of programs, but we decided to select those that had withstood the test of time, defined as operating for at least three years. These programs have completed their planning and implementation stages and have gained experience with program operation at scale. In addition, we decided to include only larger programs—arbitrarily defined as ones that served at least 50 males in the last year. Smaller program prototypes, however successful, are not included in this guide.

We note that the field of male involvement prevention programs has not progressed sufficiently to have developed a rigorous evaluation literature. Few of the programs covered in this guide have been formally evaluated and none have used rigorous experimental or quasi-experimental designs. The programs we have included have all been successful in recruiting male participants and keeping them engaged in program activities. In other words, male program participants have voted with their feet for these programs. Also the fact that these programs have been able to sustain themselves over time indicates that they have gained support from funders as well as participants. An important next step will be to submit some of these prototypes to more rigorous evaluation to assess their ultimate impact on unintended pregnancies and births.

We have selected 24 programs to demonstrate the variety of approaches that can be used for addressing the male role in teen pregnancy prevention. Of the programs, five are set up around clubs or youth groups, seven are primarily health focused, and seven are oriented to schools. Indeed most of the health-focused projects are in fact based in schools. Schools are overwhelmingly the most popular site for these interventions, even after the most common types of school programs, sex education and school-based clinics, have been purposely excluded. Programs oriented to sports, employment and training, and criminal justice settings are represented by single nominees. Given the numbers of teen males who have links to these settings, there appears to be a lot of room for further program development in these areas.

We were unable to locate program models fitting our criteria that are oriented to the following audiences: youth in health maintenance organizations or other managed health care,³ Asian youth, and males in their twenties who have sex with teenagers. These are all relevant populations for teenage pregnancy prevention efforts in California as well as throughout the country.

How the Guide Is Organized

The rest of this guide is divided into three major sections and five appendices. Chapter 2 provides a description of males who are likely to get involved in teen pregnancies and births. Using recently collected information from the 1995 National Survey of Adolescent Males we examine:

- ▶ *How many males are sexually involved with teenage females and who are they?*
- ▶ *What is the nature of the sexual relationships males have with teenage females?*
- ▶ *What are teenage males doing to protect themselves and their partners from unintended pregnancy and sexually transmitted diseases?*
- ▶ *Where do these males get information about contraceptive protection?*
- ▶ *What organizations are these men involved in that could potentially be settings for pregnancy prevention programs?*

Chapter 3 introduces the 24 promising prevention programs that focus on the male role in reproduction. For each of these programs we have prepared a description that covers:

- ▶ *Program philosophy and history,*
- ▶ *What the program does,*
- ▶ *What kinds of males it includes,*
- ▶ *How the program is funded and staffed,*
- ▶ *What barriers it faced and overcame, and*
- ▶ *What lessons would be useful to other program developers.*

This chapter also provides guides so that program developers can identify the programs that might be most relevant to their own circumstances. Programs are classified by their organizational settings, the ages of their participants, their annual budgets, and other special features such as cultural orientation.

Chapter 4 pulls together our observations across these programs about the common lessons that have been learned by these programs. There are practical lessons about the types of activities that attract and engage males and program materials that are popular with the programs. There are common experiences in terms of the barriers to program implementation and approaches used to overcome these hurdles. Finally we examine the elements of program philosophy shared by many of these successful programs. We conclude that careful attention to program philosophy about male development is a crucial determinant of programs' ability to attract a critical mass of male participants.

The Appendices include a wealth of information that we hope will be useful to program developers. The first appendix describes our study methodology—how we canvassed the country for teenage pregnancy prevention programs involving males and how we conducted the National Survey of Adolescent Males. We include the

questions used in the National Survey of Adolescent Males so that programs wishing to assess their program participants' reproductive behavior can obtain measures that can be calibrated to national survey data. The second appendix provides contact information for the 24 programs, including notes about the willingness of program personnel to provide assistance to program developers. The third appendix lists all the programs involving males that we found by state. Many of these were too new or too small to be included in the more detailed program descriptions. The fourth appendix lists materials used by the highlighted programs, including curricula, videos, pamphlets, and activities. The fifth consists of a list of references for this guide that should be useful to programs that are just starting out.

Notes

1. See Kirby 1997 for a review of this literature.
2. This question was the subject of extensive discussion at a meeting of the guide's advisers.
3. One program in a health maintenance organization demonstrated that a half-hour slide-tape program with a personal health consultation for teen males resulted in more effective contraceptive practice one year later (Danielson et al., 1990). This program no longer exists, but a User's Guide, a complete set of program materials, and evaluation instruments are available from The Program Archive on Sexuality, Health and Adolescence (PASHA), Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, CA 94022-2812, 1-800-846-3475.

CHAPTER

2

The Guys

A basic step in the development of programs is understanding the population whose behavior we wish to change. This chapter provides new information from the 1995 National Survey of Adolescent Males (NSAM) to describe the level of pregnancy risk among teenage males and to identify characteristics that could help program developers think about ways to orient pregnancy prevention efforts towards them. This information comes from interviews with 1,729 males ages 15 through 19 who were selected to represent young men in households across the United States. The picture provided is a national one. Program developers would probably like to know about the behavior of the teenage males in their own neighborhoods and communities. The questions and the methodology used in the NSAM are described in more detail in Appendix 1 for those who wish to study their local populations more closely.

Analyses of this national sample of male teenagers show that:

Teenage males need to be reached by pregnancy prevention efforts; they appear reachable, and we know where to reach them.

- ▶ Many teenage males engage in unprotected sex.
- ▶ They express a desire to use contraceptives responsibly but do not do so consistently.
- ▶ They are connected to organizational settings in which pregnancy prevention programs could be implemented.

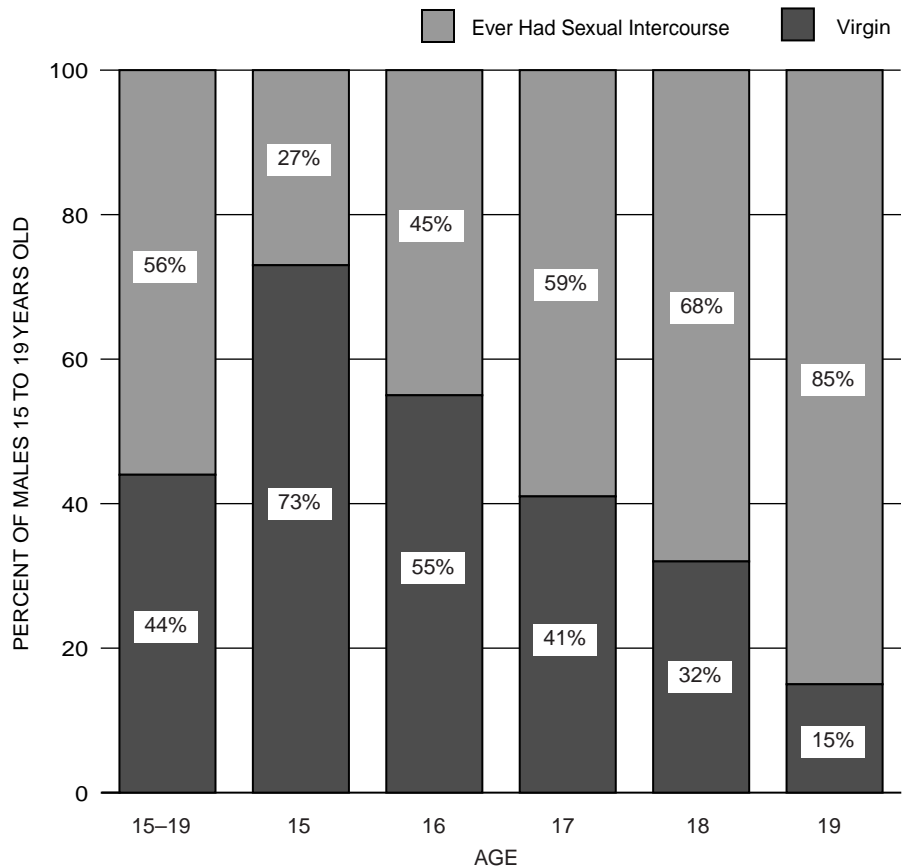
Teenage pregnancy prevention programs should consider expanding their efforts to include men ages 20 and 21 because many of these young adults also have teenage female partners.

How many teenage males have ever had sexual intercourse?

High rates of sexual experience among teenage males point to the need for their inclusion in pregnancy prevention efforts.

- ▶ In 1995, more than one-half of males 15 to 19 years old have had sexual intercourse.
- ▶ The older the teenager, the more likely he is to have had sex.
 - Fewer than 30 percent of 15-year-olds have had sexual intercourse, compared to more than 80 percent of 19-year-olds.
- ▶ Half of teenage males have had sexual intercourse by the time they reach their 17th birthday.¹
- ▶ Not all young men are sexually experienced by the end of their teen years. At age 19, 15 percent of males are still virgins.

Sexual Experience by Age: Males 15 to 19 Years Old



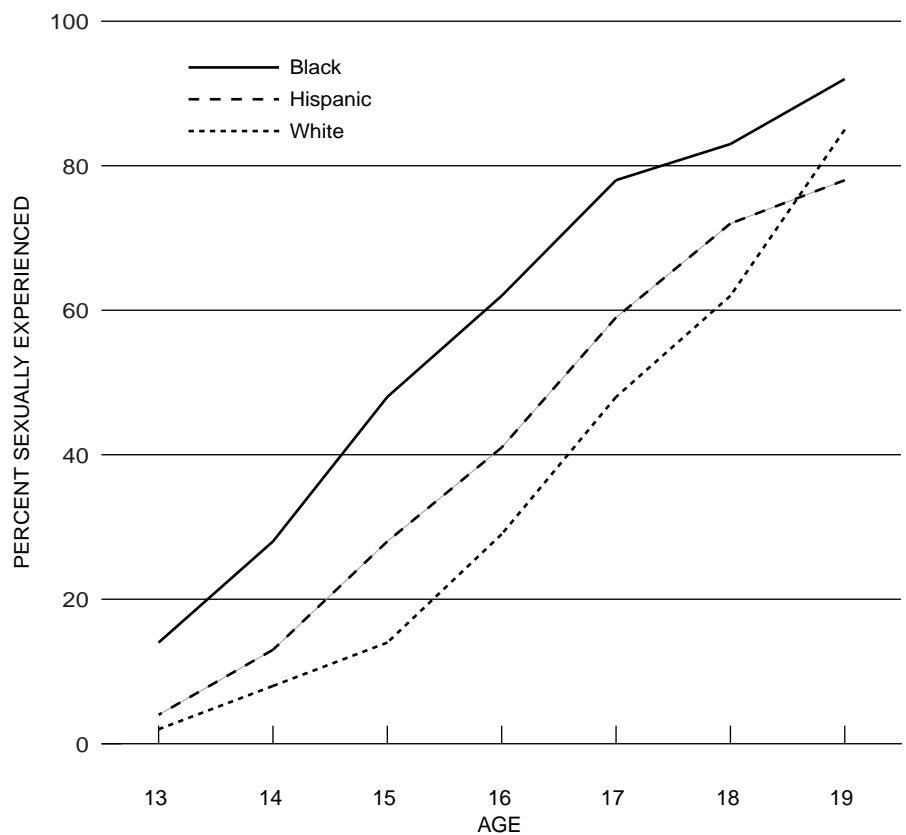
Source: Urban Institute 1997.

How does sexual experience vary by race and ethnicity among teenage males?

Racial differences in age at first intercourse among teen males lead black males to have a longer exposure to the risk of pregnancy than Hispanic or white males.

- ▶ Black teen males initiate sex earlier than Hispanic or white males. White males initiate sex later than both other groups.
 - Half of black teens report having sex by age 16.
 - Half of Hispanic teens report having sex by age 17.
 - Half of white teens report having sex by age 18.
- ▶ By age 19, the proportion of males that are sexually experienced is similar among these groups.
- ▶ Overall, among males ages 15 to 19, 80 percent of blacks have had sexual intercourse, as compared to 61 percent of Hispanics and 50 percent of whites.

Males Who Have Had Intercourse by Age and Ethnicity



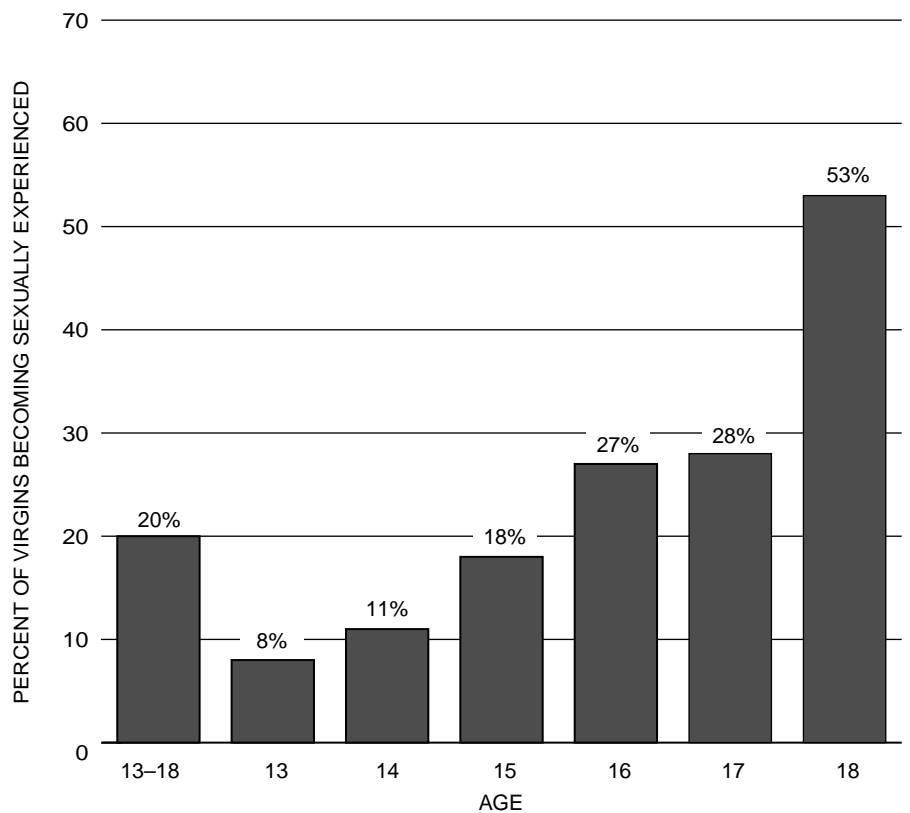
Source: Urban Institute 1997.

How likely is it that a teenage male virgin will start having sexual intercourse in the next year?

Teenage males need information about pregnancy prevention even if they are not sexually experienced because they are likely to initiate sex soon.

- ▶ One in five male virgins ages 13 to 18 will start having sexual intercourse within the next year.
- ▶ The older a male virgin, the more likely he is to become sexually experienced in the next year. The odds are:
 - 1 in 10 for 14-year-olds
 - 1 in 5 for 15-year-olds
 - 1 in 4 for 16- and 17-year-olds
 - 1 in 2 for 18-year-olds.

Likelihood of Becoming Sexually Experienced Within the Next Year, by Age



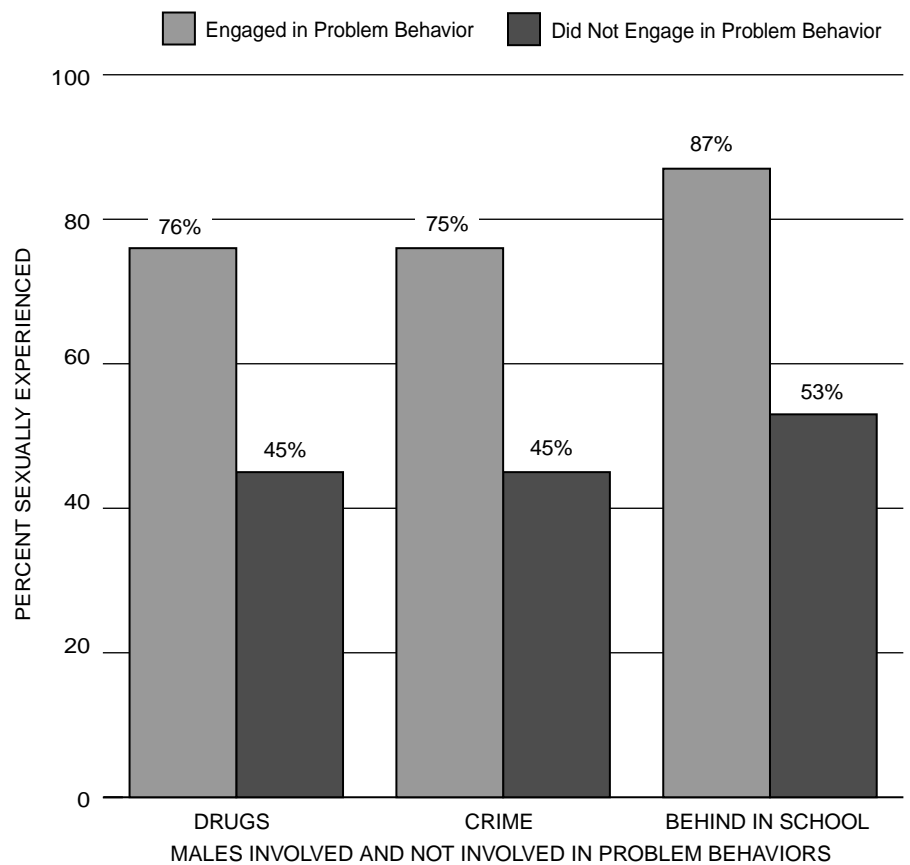
Source: Urban Institute 1997.

How is early sexual activity related to other risk taking among teenage males?

Teenage males who have problems with substance use, criminal justice, or school have high levels of sexual activity. They especially need pregnancy prevention programs.

- ▶ Early sexual experience is associated with participation in other problem behaviors.
 - Three-quarters of the teenage males who report using illegal drugs in the past 12 months, such as marijuana, cocaine, crack, and injection drugs, are also sexually experienced.
 - Three-quarters of the teenage males with past criminal involvement, including ever being picked up by the police, arrested, or jailed, are also sexually experienced.
 - Eighty-seven percent of teenage males who are two or more years behind in school for their age are sexually experienced.

**Sexual Experience, by Involvement in Problem Behaviors:
Males 15 to 19 Years Old**



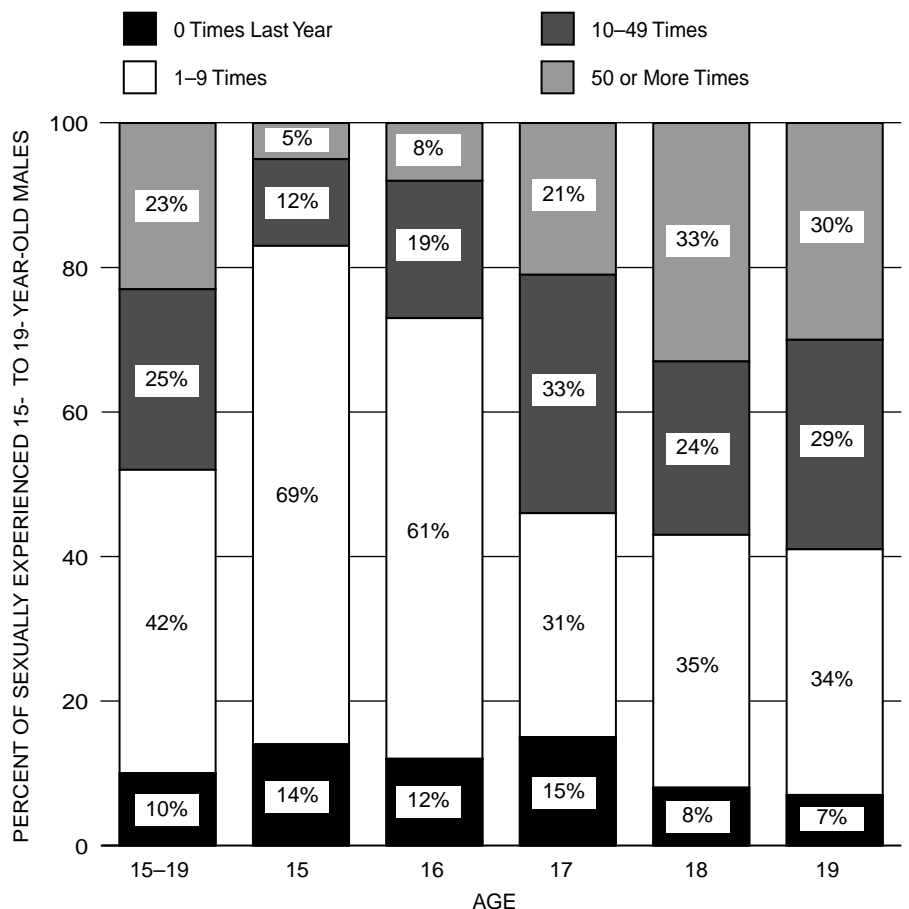
Source: Urban Institute 1997.

How often do sexually experienced teenage males have sex ?

Infrequent sexual activity, especially in the earlier teen years, creates special contraceptive needs. Barrier methods of contraception are best suited for providing protection for episodic sexual experiences.

- ▶ Teenage males' frequency of sexual intercourse is often low.
- ▶ During the last 12 months, more than half of sexually experienced teen males have had sex fewer than 10 times.
 - 10 percent did not have intercourse at all.
 - 42 percent had sex fewer than 10 times.
 - 25 percent had sex 10 to 49 times.
 - 23 percent had sex 50 times or more.
- ▶ Teenage males have sexual intercourse more frequently as they get older.
 - Yet even at ages 18 and 19, fewer than one-third of sexually experienced males had sex 50 or more times in the last 12 months.
 - Other national data show that teen males have sex less frequently than unmarried adult males.²
- ▶ Young males' sexual activity tends to be episodic, and they are often sexually inactive for several months at a time.³

Number of Times Had Sexual Intercourse Within the Last 12 Months, by Age: Sexually Experienced Males



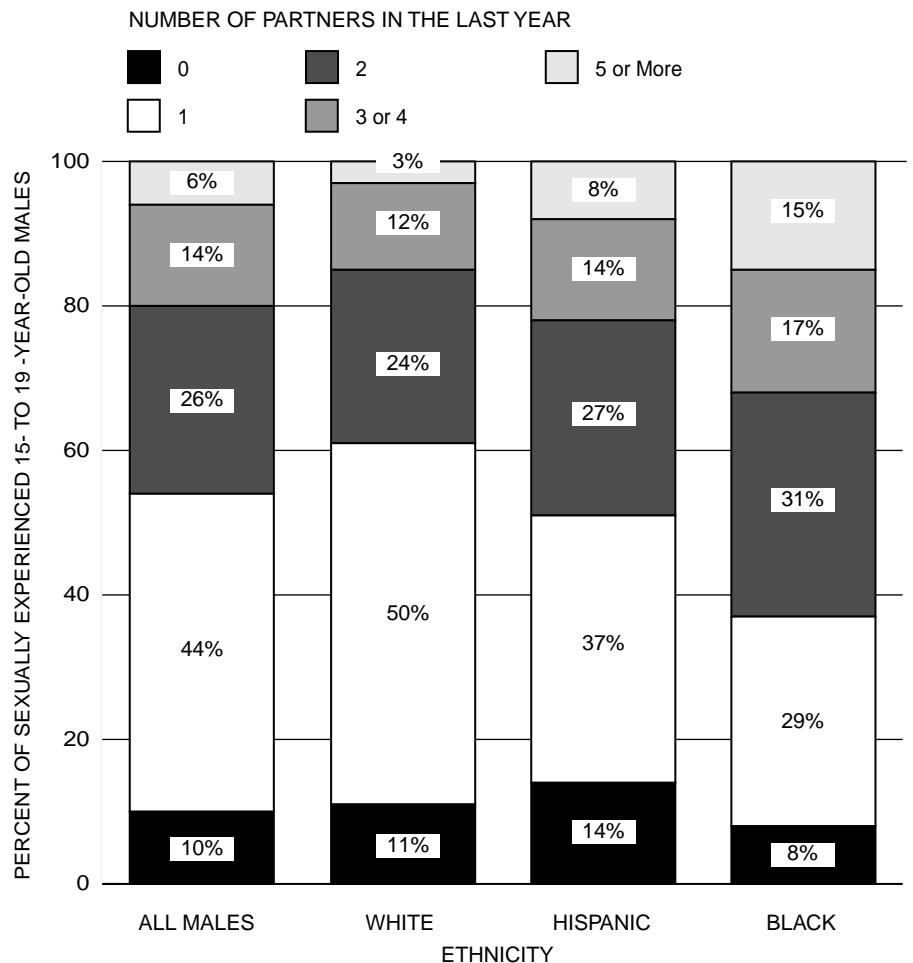
Source: Urban Institute 1997.

How many female partners do teenage males have in a year?

Contrary to the image of adolescent males as promiscuous, the majority of sexually experienced teenage males have no more than one sexual partner in a year. However, there is a small group of males with increased risk of pregnancy and disease from multiple partners.

- ▶ Most teenage men’s sexual relationships are monogamous.
- ▶ Among sexually experienced teenage males, more than half have one partner or less in one year.
 - One in four had two partners.
 - One in five had three or more partners.
 - Few males had five or more partners during the last year.
- ▶ On average, black males had more female partners in the last 12 months than white or Hispanic males.
 - Six in ten sexually experienced black teens had more than one partner in the last year.
 - Five in ten Hispanic males had multiple partners.
 - Four in ten white males had multiple partners.

Number of Female Partners in the Last 12 Months, by Ethnicity: Sexually Experienced Males



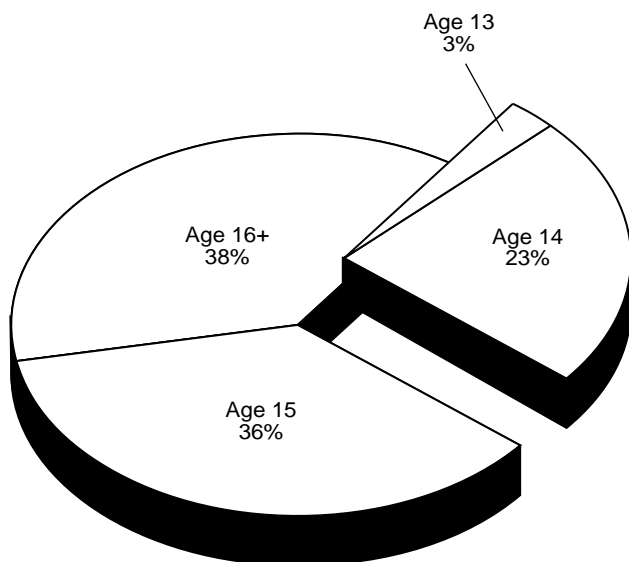
Source: Urban Institute 1997.

Whom do teenage males choose as sexual partners?

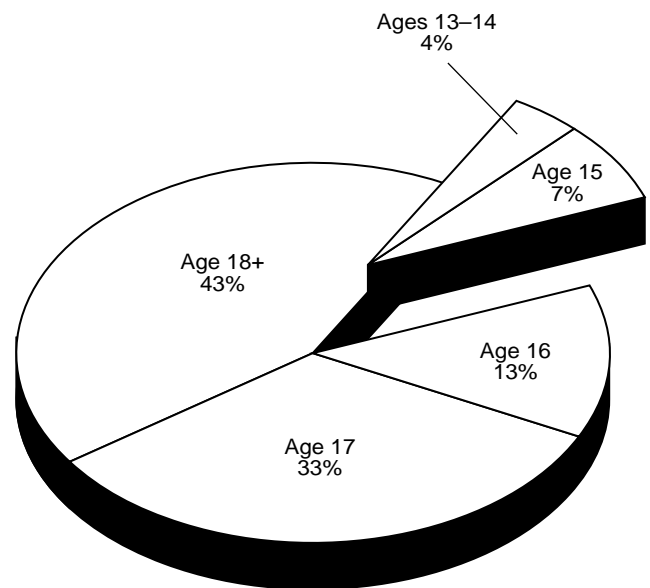
Teenage males' sexual activity with young teenage girls raises concerns about issues of consent. The premature sexual activity of young adolescent girls and boys also raises concerns about potential psychological and social costs.

- ▶ Most sexually experienced teenage males have sexual partners close to their own age.
 - The average age difference between sexually experienced males ages 15 to 19 and their most recent female partner is less than 6 months.
- ▶ A subset of teenage males have sexual intercourse with significantly younger girls.
 - Fully one-quarter of sexually active 16-year-old males report having a female partner who was age 14 or younger during the last year.
 - Among sexually active males age 19, 11 percent had a female partner age 15 or younger during the last year.
- ▶ A substantial proportion of teenage males also have sexual intercourse at extremely young ages. By age 15, about one quarter of teenage males are sexually experienced.

**Age of Youngest Female Partner
Among Males Age 16**



**Age of Youngest Female Partner
Among Males Age 19**



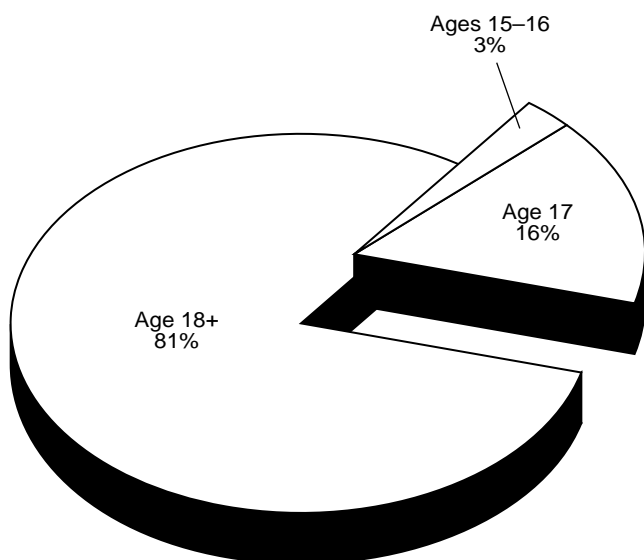
Source: Urban Institute 1997.

How many adult men have sex with minor females?

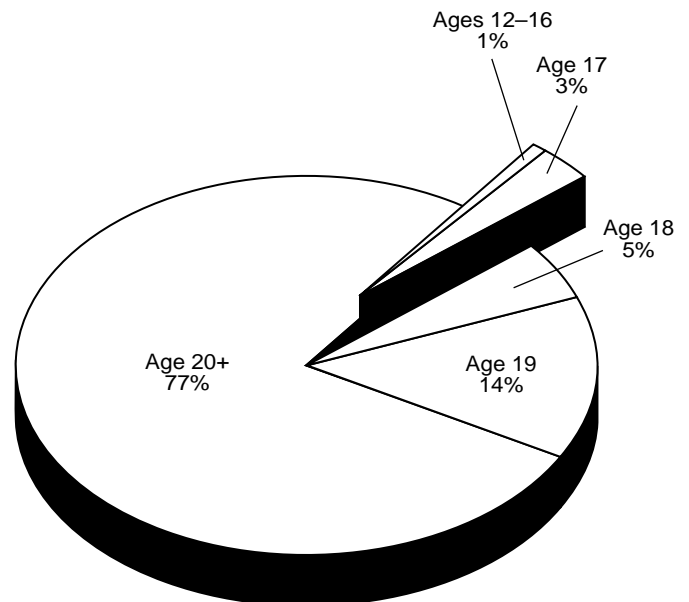
Older males involved with young girls are a small and difficult group to target for pregnancy prevention interventions. Young men ages 20 and 21 are a particularly important population to reach, since about one-fifth of them are involved with females under age 18.

- ▶ Among men ages 20 and 21, 19 percent had sex with a minor female in the last year; most of these females were age 17.⁴
- ▶ Among sexually active men ages 22 to 26, about one-quarter report having engaged in sexual activity with a teenage partner during the last year.⁵
 - However, the majority of these female partners were not minors; most were 18 or 19 years old.
 - Four percent of men ages 22 to 26 had sexual relations with minor females ages 17 or younger.
- ▶ The adult men in relationships with teenage partners are difficult to identify.
 - Their employment and education characteristics are similar to those of men with adult partners.
 - Drug use and criminal involvement are more common among the men having sex with minors than among those with adult partners [not shown].

**Age of Youngest Female Partner
Among Males Ages 20 and 21**



**Age of Youngest Female Partner
Among Males Ages 22 to 26**



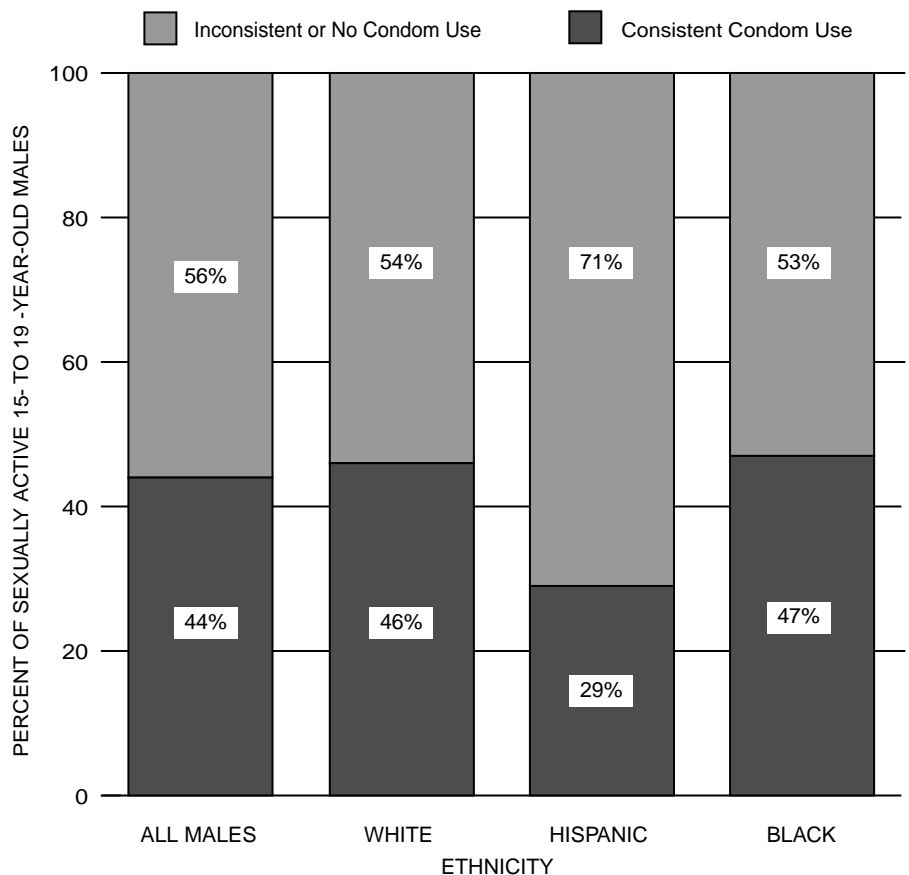
Source: Urban Institute 1997.

How well do sexually experienced teenage males protect themselves and their partners from pregnancy and disease?

Most teenage males use condoms, but half do not use them every time they have sexual intercourse. Increasing the consistency of condom use is an important prevention goal.

- ▶ Most sexually experienced teenage males have used condoms, but they tend to use them inconsistently.
 - Ninety percent of teenage males having sex used condoms sometime during the last year *[not shown]*.
 - Less than half of teenage males used condoms 100% of the times they had sexual intercourse during the last year.
 - Sexually active Hispanic males are particularly vulnerable. Fewer than one-third of Hispanic males used condoms consistently in the last year, as compared to almost half of blacks and whites.
 - Pill use does not preclude condom use; one-third of sexually active teenage males who use condoms 100% of the time also report that their partner used the pill *[not shown]*.

Consistency of Condom Use During the Last 12 Months, by Ethnicity



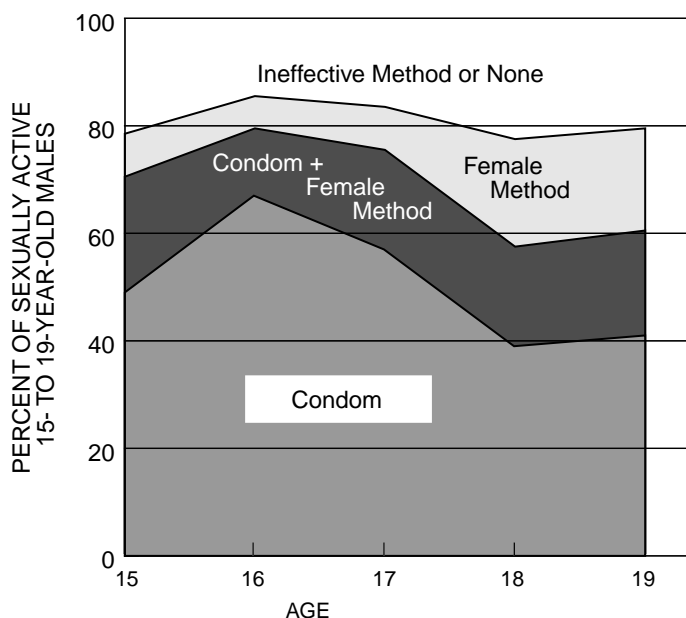
Source: Urban Institute 1997.

How does contraceptive use vary by age among sexually experienced teenage males?

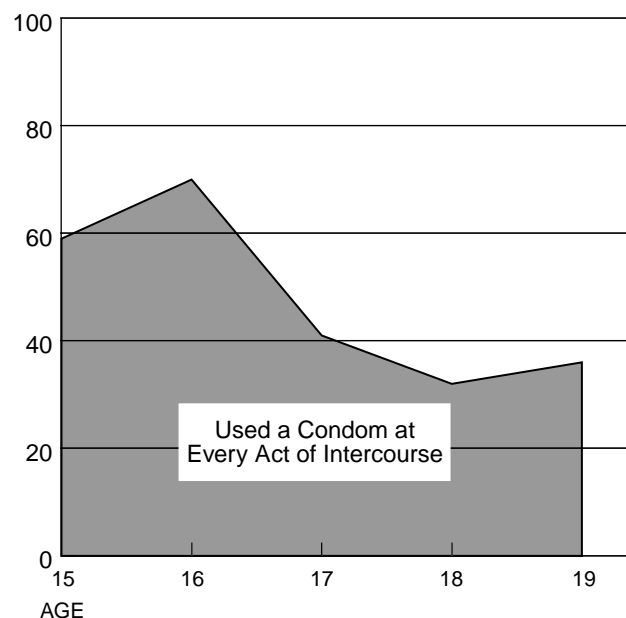
- ▶ At last intercourse, teenage males are equally likely to have used an effective method of contraception, regardless of age.⁶
- ▶ The type of contraception used at last intercourse differs by age.
 - Condom use tends to decline with age.
 - Males ages 18 and 19 are more likely to use female methods than are younger teens.
- ▶ The likelihood that a teenage male uses a condom every time he has sexual intercourse, however, tends to decline with age.

Efforts to promote contraceptive use should not stop after high school, since older teen males are more likely to expose themselves to the risks of disease transmission and pregnancy.

Contraceptive Use at Last Intercourse, by Age



Condom Use During the Last Year, by Age



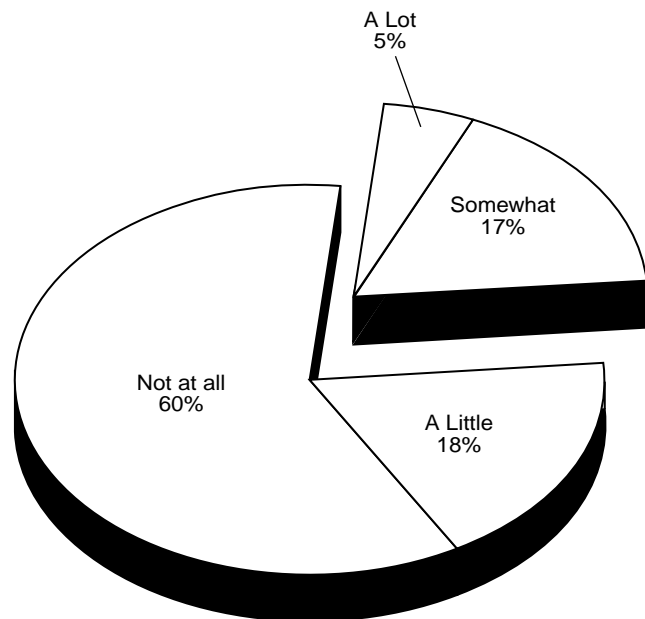
Source: Urban Institute 1997.

What are teenage males' attitudes about their role in preventing pregnancy?

Most young men believe they should be responsible for preventing pregnancy. The challenge is translating these beliefs into actions.

- ▶ Teenage males express strong beliefs that preventing pregnancy is a male responsibility.
- ▶ More than 90 percent agree that male responsibilities include:
 - talking about contraception before sexual intercourse,
 - using contraception to protect against unwanted pregnancy, and
 - taking responsibility for a child they fathered.
- ▶ Few teenage males express the belief that causing a pregnancy would make them feel like a “real man.”
- ▶ Most report that they, their parents, and their friends would be upset if they made a girl pregnant [*not shown*].⁷

Percent of 15- to 19-Year-Old Males Believing “Getting a Girl Pregnant Will Make You Feel Like A Real Man”



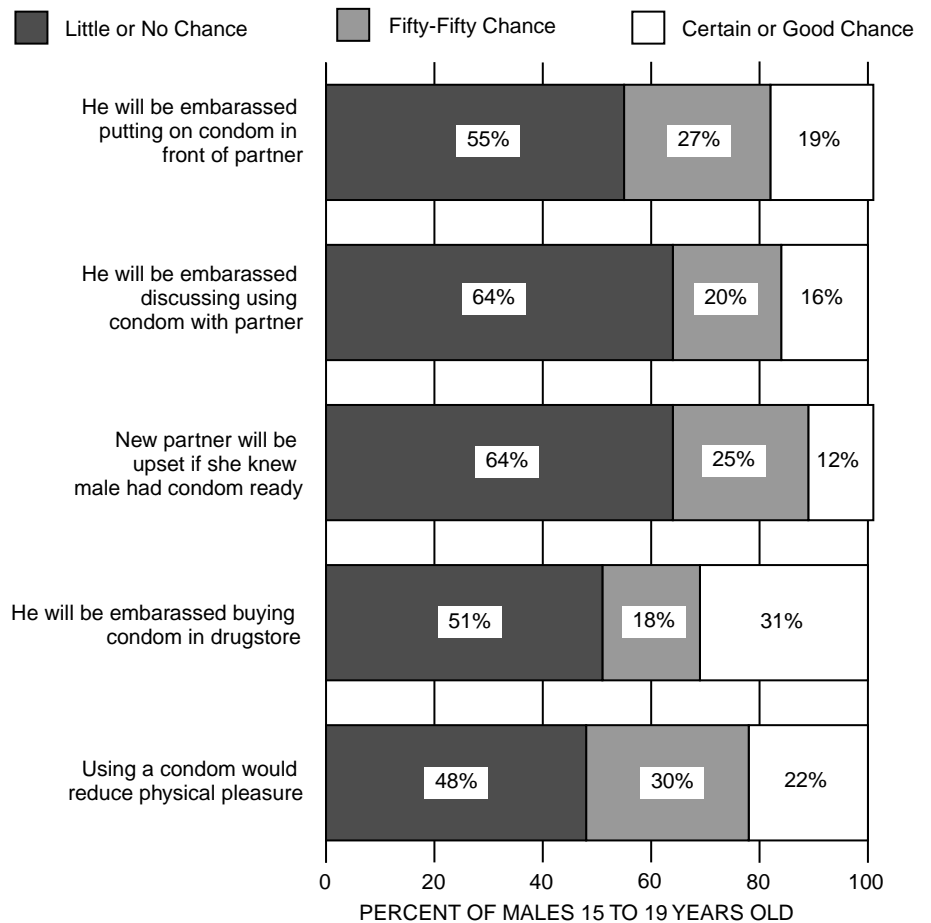
Source: Urban Institute 1997.

What are teenage males' attitudes about condoms?

Although most teen males report that they are fairly comfortable using and talking about condoms, there are substantial numbers who do not share these views. Programs need to work with teen males to increase their comfort with using condoms. In particular they should address teen males' concerns about buying condoms and the loss of physical pleasure associated with using them.

- ▶ About half of teenage males express little embarrassment about using or buying condoms.
- ▶ About half of teenage males do not think that condoms will reduce physical sensation.
- ▶ About two-thirds express little concern about discussing condoms with a new partner or having the partner be upset about the use of condoms.
- ▶ Teenage males who are embarrassed about condoms, and who believe that condoms reduce physical pleasure, are less consistent condom users.⁸

Attitudes Toward Condoms: Males 15 to 19 Years Old



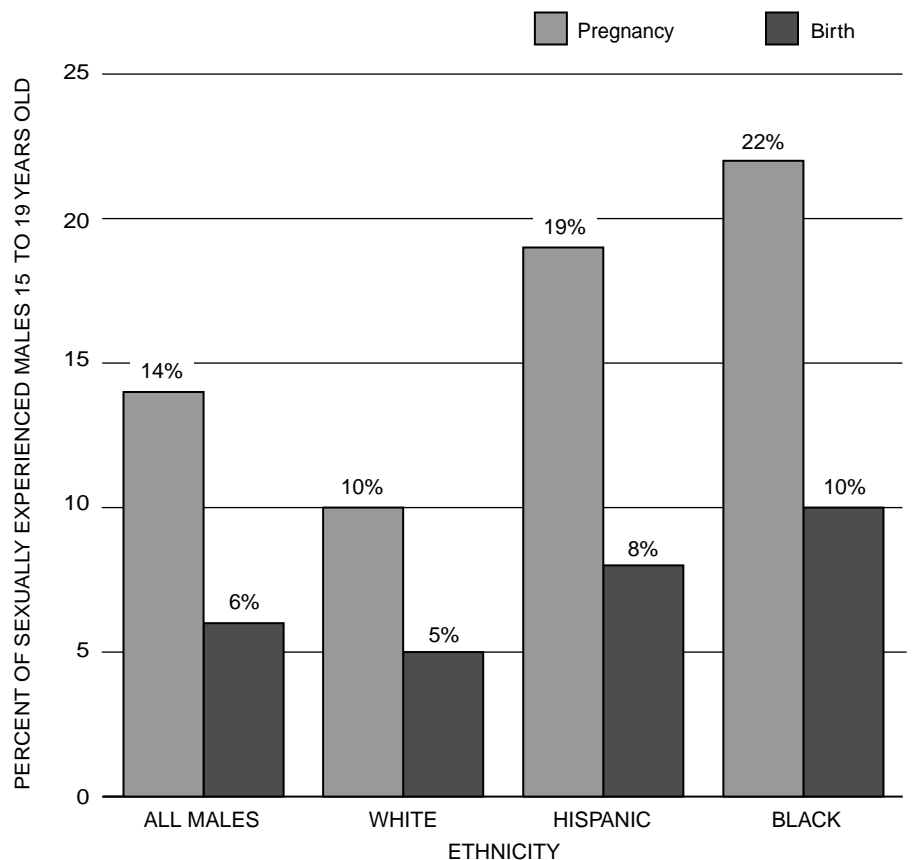
Source: Urban Institute 1997.

How many sexually experienced teenage males experience pregnancy and fatherhood?

Few teenage males report experiences with pregnancies and births, even with high levels of sexual activity and lack of contraception. Some teenage males may not be aware of the consequences of their unprotected sexual activity.

- ▶ Among sexually experienced males ages 15 to 19, 14 percent have made a partner pregnant.
- ▶ Six percent of sexually experienced males in this age group have fathered a child.
- ▶ There are differences by ethnicity in the rates of pregnancy and fatherhood among sexually experienced teenage males.
 - About one-fifth of black and Hispanic sexually experienced teenage males report a pregnancy, compared to one-tenth of white males.
 - Just under 10 percent of black and Hispanic males report a birth, as compared to 5 percent of white males.

Pregnancy and Births, by Ethnicity: Sexually Experienced Males



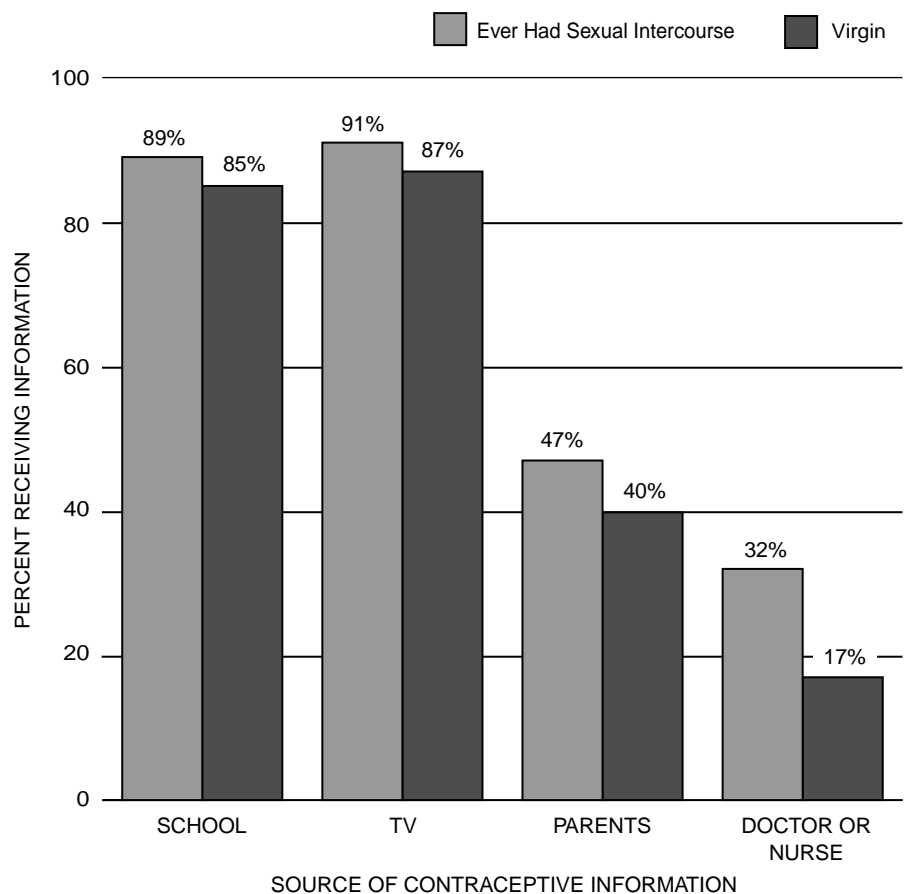
Source: Urban Institute 1997.

Where do teenage males get contraceptive information?

Schools and television appear to be the primary sources of contraceptive information for most teenage males. Attention should be paid to the quality of information provided by these mediums. Parents and health professionals could expand their role in educating teen males about birth control.

- ▶ Sexually experienced males are more likely than virgins to report receiving information about contraception.
- ▶ Teenage males are most likely to report having received information about contraception from television and from schools.⁹
- ▶ Less than half of teenage males ever receive information about contraception from their parents or the people who raised them.
- ▶ Doctors and nurses are the least frequent sources of contraceptive information.
 - During the last 12 months, only 32 percent of sexually experienced teenage males report receiving this information from doctors and nurses, but this is twice the rate reported by virgins.

**Sources of Contraceptive Information, by Sexual Experience:
Males 15 to 19 Years Old**



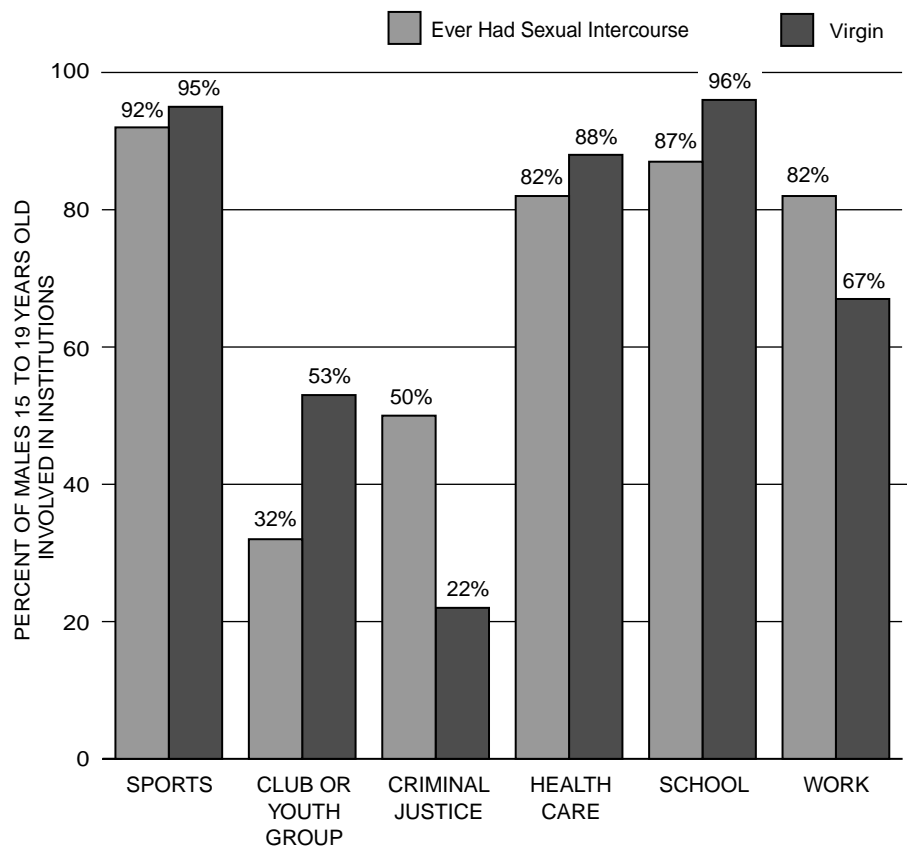
Source: Urban Institute 1997.

Where can programs reach teenage males?

Efforts to reach teenage males at risk of pregnancy can look beyond schools and focus on health care, athletics, the workplace, and criminal justice programs.

- ▶ Teenage males have high levels of involvement in key social institutions, providing many settings in which to contact and involve them in pregnancy prevention efforts.
- ▶ Participation in sports is nearly universal among males ages 15 to 19.
- ▶ Many youths participate in clubs or youth groups, particularly those who have not yet had sexual intercourse.
- ▶ Half of sexually experienced teen males were involved with the criminal justice system.
- ▶ Most teenage males received medical care within the last 12 months. However, the majority did not talk about contraception with the medical provider.
- ▶ Almost all teenage males are involved in school or work. Sexually experienced males are more likely to be employed than virgins, in part because they are older.

Involvement in Social Institutions, by Sexual Experience



Source: Urban Institute 1997.

Notes

1. Among young women who turned 20 in 1985–87, half engaged in sexual intercourse by the time they reached their 18th birthday. (The Alan Guttmacher Institute, 1994, Figure 12. Based on tabulations from 1988 National Survey of Family Growth).
2. Laumann, Gagnon, Michael, and Michaels, 1994, Table 3.4. Based on tabulations from the National Health and Social Life Survey.
3. In 1988, on average, sexually experienced males ages 15 to 19 did not have sexual intercourse during six of the last twelve months. Sonenstein, Pleck, and Ku, 1991.
4. Calculated by the authors from the 1991 National Survey of Men, a nationally representative survey of 20- to 39-year-old noninstitutionalized males (Tanfer, 1993.) These data are available from Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, CA 94022-2812, 1-800-346-3475.
5. Data for these measures come from the 1995 National Survey of Adolescent Males (NSAM), Old Cohort. In 1988, the NSAM first interviewed a nationally-representative sample of 1,880 males ages 15 to 19. The same men were interviewed in 1991 and again in 1995, when they were ages 21 to 27. In 1995, of the 1,377 respondents reinterviewed, only 55 males in the 1995 sample were age 21, and 6 were age 27 at the time of the interview because of differences in the time of year when the 1995 interview occurred. Since these few cases are not representative of all males ages 21 or 27, we refer to this as a follow-up sample of males ages 22 to 26.
6. Effective methods of contraception included condom, the pill, Depo Provera, Norplant, female condom, cervical cap, and sterilization. Ineffective methods of contraception included douching, foam, jelly, rhythm, and withdrawal. Respondents reporting multiple methods of contraception at last intercourse were identified according to the most effective method used.
7. Among males ages 15 to 19, 94 percent thought that their parents would be upset if they got a girl pregnant, 65 percent thought that their friends would be upset, and 85 percent thought that they themselves would be upset.
8. Pleck, Sonenstein, and Ku, 1991.
9. Information from parents consists of *ever* receiving information on methods of birth control. Information from schools consists of *ever* receiving information on methods of birth control, where to obtain contraception, or how to put on a condom. Information from a doctor or nurse, and information from television, consist of receiving information on condoms or preventing pregnancy during the *past 12 months*.

CHAPTER

3

The Programs

The evidence from survey research suggests that many teenage males could be amenable to pregnancy prevention messages. The key is to find approaches that lead males to translate this motivation into consistent behaviors that protect them from unintended pregnancy. This chapter describes the 24 programs we identified in our systematic search for alternative approaches to involving males in teenage pregnancy prevention. Each program description provides basic information about the nature of the program, its goals and philosophy, how it was created, what resources were required, and what lessons have been learned. The individual descriptions are sufficiently detailed so that readers can consider each prototype and determine whether the circumstances surrounding its development are applicable to their own situations. For more information about particularly promising prototypes, see Appendix 2, where we show the types of assistance that each program will provide to program developers implementing a program with a similar approach.

Overview

The following chart provides basic information for readers who want to select program models that best fit their circumstances, their audiences, and their financial resources. The information on teen males presented in Chapter 2 indicates that many of them are involved in one or more of a variety of institutional settings that are promising places for prevention programs to attract male participants. The program descriptions are arrayed by type. The definitions we have used to array the programs follow on the next page.

- ▶ *Sports:* Uses sports and recreation as vehicles to bring young men together. Recreation is used to attract youth and retain them in the program. Group discussions on reproductive health and family life are coupled with recreational activities, combining education with fun.
- ▶ *Club or Youth Group:* Provides a place for youth to gather after school and on weekends to participate in activities, field trips, and workshops. Academic tutoring and mentoring are often incorporated. Group discussions on reproductive health, relationships, and comprehensive life skills are incorporated into the programs.
- ▶ *School-based:* Provides program access in a school setting, either within the context of a regular classroom period or as an after-school program. Some programs are delivered in already established classes, such as health classes. Others are delivered to particular students chosen by school counselors and teachers.
- ▶ *Employment:* Focuses primarily on employment assistance and job training. In addition to employment assistance, incorporates comprehensive family life education programming that includes such topics as pregnancy prevention, parenting, and relationships.
- ▶ *Health Care:* Provides access through health care clinics, some of which have teen-specific programs. Some programs are designed as education components to be offered within the actual clinic setting. Others are designed to provide education and community outreach outside of the clinic.
- ▶ *Criminal Justice:* Provides reproductive and life skills education to young people incarcerated in juvenile detention facilities.
- ▶ *Community-wide:* Works to involve the larger community as a whole in adolescent pregnancy prevention. Places an emphasis on involving adults in the community to act as mentors and role models. Aims to change young people's behaviors and attitudes by reshaping larger community norms.

Male Involvement Programs

PROGRAM TYPE		AGES	ANNUAL BUDGET	GENDER	SPECIAL NOTES
Sports					
<i>Teens on Track</i> Planned Parenthood of Southern New Jersey Camden, NJ	(p. 118)	10 to 20	\$100,000	male	Includes health education focus.
Club or Youth Group					
<i>Always on Saturday</i> Hartford Action Plan Hartford, CT	(p. 34)	9 to 18	\$30,000 per group	male	
<i>Brothers to Brother</i> Wake County Health Department Raleigh, NC	(p. 43)	9 to 14	\$30,000	male	Afro-centric philosophy. Housing authority and after-school project.
<i>Fifth Ward Enrichment Program, Inc.</i> Houston, TX	(p. 57)	10 to 17	\$450,000	male	Afro-centric philosophy.
<i>Male Youth Enhancement Project</i> Shiloh Baptist Church Washington, DC	(p. 94)	8 to 18	\$125,000	male	Church-based program.
<i>Project Alpha</i> Alpha Phi Alpha Fraternity San Jose, CA	(p. 103)	10 to 20	\$2,000 to \$5,000 per event.	male	Local chapters throughout the country coordinate events for young men.
School-based					
<i>Compass</i> Adolescent Pregnancy Prevention, Inc. Fort Worth, TX	(p. 47)	10 to 19	\$37,000	male and coed	
<i>Dads Make a Difference</i> University of Minnesota Extension Service St. Paul, MN	(p. 51)	13 to 21	\$200,000	coed	Peer-led education program.
<i>It Takes Two</i> Young Women's Resource Center Des Moines, IA	(p. 76)	11 to 19	\$132,000	coed	Focus on relationships and shared responsibility.
<i>Project MISTER</i> Medina Children's Services Seattle, WA	(p. 107)	13 to 21	\$100,000– 150,000	male	Programming in "alternative" schools targeting high-risk teens.
<i>Responsive Fathers Program</i> Philadelphia, PA	(p. 111)	11 to 14	\$50,000	male	Program delivered in a school assembly format.

Continued

Male Involvement Programs (Continued)

PROGRAM TYPE		AGES	ANNUAL BUDGET	GENDER	SPECIAL NOTES
School-based					
<i>Continued</i>					
<i>Wise Guys</i>	(p. 123)	10 to 15	\$106,000	male	
Family Life Council of Greater Greensboro, Greensboro, NC					
<i>Youth Education and Development Program</i>	(p. 133)	8 to 15	\$216,000	male	
The Urban League of Eastern MA Roxbury, MA					
Employment					
<i>Young Dads Program</i>	(p. 126)	17 to 26	\$250,000	male	Targets fathers. Includes criminal justice focus.
Employment Action Center Minneapolis, MN					
Health Care					
<i>Baylor Teen Health Clinic</i>	(p. 39)		\$100,000 for male- specific components	coed	Also school-based.
Baylor College of Medicine Houston, TX					
<i>HiTOPS Inc.</i>	(p. 66)	13 to 22	\$386,000	coed	Also school-based. Suburban. Peer-led education program.
Princeton, NJ					
<i>Male Involvement Program</i>	(p. 81)	10 to 24	\$140,000	male	Also school-based.
Healthy Teens Center Landover, MD					
<i>Male Involvement Program</i>	(p. 85)	12 to 22 +	\$75,000	male and coed	Also school-based. Suburban. Community focus.
Planned Parenthood of Nassau Co. Hempstead, NY					
<i>Male Outreach Program</i>	(p. 89)	12 to 19	\$300,000	coed	Also school-based.
Valley Community Clinic N. Hollywood, CA					
<i>Men's Services Program</i>	(p. 98)	14 to 40	\$400,000	male	Targets fathers. Includes employment focus.
Baltimore City Healthy Start, Inc. Baltimore, MD					
<i>Young Men's Clinic</i>	(p. 129)	15 to 28	\$90,000	male	
Columbia University/					

Male Involvement Programs (Continued)

PROGRAM TYPE		AGES	ANNUAL BUDGET	GENDER	SPECIAL NOTES
Presbyterian Hospital New York, NY					
<u>Criminal Justice</u>					
<i>Teen Parenting Skills Project</i> Bernalillo Co. Juvenile Detention Center Albuquerque, NM	(p. 115)	14 to 18	\$30,000	coed	Targets fathers.
<u>Community-wide</u>					
<i>Hablando Claro/Plain Talk</i> Logan Heights Family Health Center San Diego, CA	(p. 61)	all ages	\$300,000	coed	Community-wide initiative. Latino focus.
<i>Hombres Jóvenes con Palabra</i> Los Angeles, CA	(p. 71)	13 to 25	Varies depending on scope of project.	male	Diverse settings. Latino focus.

Always on Saturday

Hartford Action Plan
Interview with
Mayra Esquilin,
former Project Director
Hartford, CT

Young men need to be seen as part of their larger social context and given the skills to cope and make good decisions within their daily environments.

Philosophy

Always on Saturday (AOS) staff realize that young men do not grow up in a vacuum. In order to promote responsible behavior, a program cannot just list all the reasons why teen males should postpone fatherhood and expect this to prevent pregnancy. Young men need to be seen as part of their larger social context and given the skills to cope and make good decisions within their daily environments. Mayra Esquilin, *AOS* Project Director, believes that it is impossible to understand young people without also understanding the community systems in which they operate. Speaking to these needs, Esquilin describes *AOS* as a “laboratory program”—one that continually tests different techniques and activities until it finds approaches that work best for the males within the context of their community. Not only does he want young men to avoid negative influences, but also to take full advantage of the positive “systems” in their communities. Graduating from high school is one example of how a young man can succeed within a positive community system.

Although comprehensive in its programming, the primary objective of *AOS* is to provide young males with the information they need to be sexually responsible and prevent pregnancy. Esquilin takes the position that young males want to be sexually responsible, but do not have the needed information to engage in safe sexual practices. *AOS*'s major goal is to help its participants make it through high school without fathering a baby. The program does not necessarily stress abstinence but encourages young men to delay parenthood until they are financially secure and mature enough to take care of children. While learning from positive adult role models, *AOS* helps young men develop their own views of sexuality.

History

With one of the highest teen pregnancy rates in the nation, 23 percent of births in Hartford occur to women under the age of 20. In response to these rates, *AOS* was launched in 1986 by the Hartford Action Plan on Infant Health, Inc. The Hartford Action Plan is a private, non-profit collaboration of representatives from private agencies, community-based organizations, private corporations, foundations, health care facilities, and local government bodies. In addition to *AOS* for boys and its complementary female component, the Hartford Action Plan has launched a comprehensive teen pregnancy campaign—Breaking the Cycle—in partnership with the city of Hartford and the Hartford public schools.

The Program

Always on Saturdays (AOS) is so named because it facilitates workshops and activities for its program participants every Saturday. The

Hartford Action Plan currently operates three *AOS* boys' programs within three low-income, minority communities in Hartford, with each group serving 20 male youth. Two other groups serve young women. The *AOS* program directly provides young men with health education and reproductive health services. *AOS* also works in collaboration with other agencies in Hartford to provide employment training, tutoring, and recreational activities. Each male in the program participates in four types of services that will lead them through the "Passage to Success." These four service areas include health and education, employment, special skills, and education and tutoring. The program uses small group discussion sessions, field trips, and adult mentoring to teach males about sexual responsibility and reproductive health. The male program participants are separated into two groups ages 9 to 13 and ages 14 to 18 in order to provide age-appropriate discussions of human development issues.

Small Group Sessions

AOS group discussions revolve around identifying "systems" within the community (e.g., school, government, family) and how these systems relate to issues in young people's lives. Young men are taught how to approach life using the "five keys to personal growth": feelings, problem-solving, decision-making, planning, and goal-setting. One example of this would be a discussion about the family. The young men are told to think about the types of family structures that exist both in and outside their community. They explore the pros and cons of having each type of family and their personal feelings about their own families. Finally, each male considers the type of family he would like to have in the future, and he sets goals around how to attain that type of family.

Every Saturday session includes discussions on sexual responsibility. Participants always use the five keys to personal growth to guide their thinking through each topic. Topics of discussion range from human development, contraception, HIV and sexually transmitted diseases, relationships, sexual behavior and sexual health, and violence. Experienced adult leaders facilitate these small group discussions, sharing their own personal experiences as they relate to each workshop. Esquilin believes this forum gives young men the opportunity to think in depth about issues and express their feelings in a comfortable setting.

Field Trips

AOS's field trips allow young men, as a group, to learn about issues relevant to pregnancy prevention by traveling to neighborhood sites that they might not travel to alone. Male participants go to such places as community hospitals where they try out stirrups and

Young men are taught how to approach life using the "five keys to personal growth": feelings, problem-solving, decision-making, planning, and goal-setting.

empathy bellies, reproductive health clinics where they are told of services, and the neighborhood pharmacy where they receive information on how to purchase and use condoms. They also go on purely recreational and cultural excursions. Esquilin feels that young men need to be aware of the recreational and cultural resources available in their community and how to use them effectively before they can become sexually responsible.

Participants

AOS is a program that primarily serves minority youth, with 51 percent of participants African-American and 49 percent Latino of either Puerto Rican, Cuban, or Mexican descent. The participants range in age from 9 to 18 with a mean age of 12. *AOS* recruits young men by providing information about the program within the school system and soliciting referrals primarily through the school social workers. In addition, many of the youth served are referred to the program by collaborating agencies, such as the Hartford public libraries, the Hartford housing authority, and the YMCA.

Funding

Currently, *AOS* is funded through a community development block grant from the Hartford Department of Public Health and a Weed and Seed Grant from the Hartford Housing Authority. The total annual *AOS* budget is \$29,609 per boys' group, which covers staff time, administrative costs, program expenses, and transportation costs. Program costs remain low because the facilitators are paid on an hourly basis and administrative costs are shared among the various programs sponsored by the Hartford Action Plan.

Staff

An exceptional aspect of *AOS* is its diverse group of paid and volunteer staff. In addition to the Project Manager who provides long-term planning and the day-to-day program operations, there are three male facilitators who work on a contractual basis. The facilitators lead the small group discussions and recreational activities. Program participants over the age of 13 can opt to attend a paid peer facilitator training program. These peer facilitators teach one *AOS* session each month for the younger participants and do public speaking and outreach.

Several paid consultants and volunteers aid facilitators in handling special concerns they may have regarding the participants. One local gang violence expert was able to negotiate an agreement with gang leaders to not involve *AOS* participants in gang activities. *AOS* also asks community leaders to be aware of *AOS* participants and alert *AOS* staff if they see participants involved in negative activities.

In addition to paid staff, *AOS* has approximately thirty adult advisers who help manage the large number of participants.

Volunteers fulfill such roles as discussing their personal experiences at group meetings, teaching at field trips, employing participants as part of the employment or community service learning components, and serving as mentors for participants. The latter group of volunteers are the most involved, since they spend their free time in recreational activities with the same two or three boys for an extended period of time. The volunteers must go through a training program on “the psychology of adolescents” and on the cultural diversity of the participants. As the project director explains, “they (the participants, staff, and volunteers) are exposed to so much together that it becomes a club, almost a family.”

Barriers

The males whom *AOS* serves confront a lot of stereotypes, such as societal assumptions that an African-American or Latino male will inevitably become a young father and his children will be supported by welfare. These young men need to be shown that despite all of society’s stereotypes, they can be sexually responsible and beat the system that perpetuates these images of them.

LESSONS LEARNED

► **Tailor the program environment for the participants.**

Esquilin believes that when “an adult male talks, he feels from [the males’] point of view”; a gender specific program that teaches pregnancy prevention needs adult male facilitators. The male facilitators, especially those who remain in the program for a number of years, create an all-male environment that is comfortable for the young men and makes men feel as if the program is their own. Esquilin believes that the educators also need to be of the same ethnicity and from the same community as the participants. A facilitator from the same neighborhood as the participant can “walk the streets, know what is going on with [the participant], and find him if he has to.” A person who understands the culture of the community is also more likely to understand a participant’s concerns and can help the participant acquire necessary resources in the neighborhood. Finally, the program must be community-based so that the participants can utilize the neighborhood’s resources and feel comfortable with their surroundings.

► **A pregnancy prevention program should be offered consistently over a long period of time.**

A program should have a long-standing reputation in the community that allows community members to feel that “the program is committed to the people and that the people helped build it.” An effective pregnancy prevention program should be a comprehensive program that uses all of the services a community has to offer, including social services, health services, volunteers, and the schools.

- ▶ **In a budget crisis, the staff should eliminate services that other community agencies can provide and focus on the central program components.** When the monetary problems are resolved, the staff can expand its services and continue growing without having deprived program participants of any fundamental services.

Baylor Teen Health Clinic

Baylor College of Medicine
Interview with
Theresa Johnson,
Clinic Coordinator
Houston, Texas

While waiting rooms in most clinics are filled with bored clients anxiously checking the time and listlessly looking through magazines, the *Baylor Teen Health Clinic* waiting room is busy with interactive educational activities. These interactive sessions, facilitated by health educators, are usually in the form of games, such as "The Wheel of Misfortune" and "Condom Bingo."

Philosophy

The *Baylor Teen Health Clinic* seeks to provide teens with both clinical services and health education at no cost. Quality is a central priority to the program staff, whose goal it is to provide care that is equal to or higher in quality than the private sector. In providing these quality services for teens, *Baylor Teen Health Clinic* incorporates educational programming that is fun and relevant to the concerns of adolescents, with additional programming designed specifically to encourage male involvement.

History

The *Baylor Teen Health Clinic* was started in the late 1960s as a comprehensive maternity program for pregnant teenagers. At its inception, the program consisted of one clinic site in a county public hospital. Recognizing that the needs of young women and their partners went well beyond prenatal and postpartum services, the clinic applied for Title X funds in order to expand services to include family planning. It was not until the clinic successfully obtained Title X funding in the early 1970s that it began to provide services to males. Since the late 1980s, the program has grown to seven sites, two in county hospitals, four in Harris County community facilities, and one in a high school. As it has grown, *Baylor Teen Health Clinic* has continued to serve a larger number and greater proportion of male clients.

The Program

Clinic Services

Teens in a clinic waiting room are somewhat a captive audience, and the *Baylor Teen Health Clinic* uses this to its advantage. While waiting rooms in most clinics are filled with bored clients anxiously checking the time and listlessly looking through magazines, the *Baylor Teen Health Clinic* waiting room is busy with interactive educational activities. These interactive sessions, facilitated by health educators, are usually in the form of games, such as "The Wheel of Misfortune" and "Condom Bingo." There is also a condom club in which participants receive prizes, such as earrings, beauty and health aids, and school supplies, each time they return without having contracted a STD or without getting pregnant. *Baylor Teen Health Clinic* acquires these incentive gifts by participating in the United Way, "gifts in kind" program, through which companies donate products to the United Way, and programs are then able to purchase items at a reduced cost.

Clinic services at the seven sites include prenatal care, postpartum care, family planning, STD testing and treatment, HIV testing and counseling, school physicals, work physicals, sports physicals, and immunizations. Additional services for males include screening for testicular cancer and instruction for testicular self-exam. Sport and work physicals have been an especially great draw for male clients

since initiated in 1977. Intensive case management, social work services, and counseling are also offered.

Community Outreach and Education

Specifically for males, the *Baylor Teen Health Clinic* sponsors “For Males Only,” a series of conferences targeting young men in the community. These conferences are held on Saturdays with workshops in the morning and a basketball tournament in the afternoon. Each conference has an overarching theme that conference workshops expand upon, such as teenage pregnancy, life skills, drugs and alcohol, and sexuality. Approximately 40 individual at-risk males are recruited to attend each conference; the first two conferences drew about 75 percent of the targeted population. Participants are recruited by male outreach workers primarily from housing projects, juvenile probation centers, and schools. Speakers from various community organizations and from the broader community are invited to present workshops at the “For Males Only” conferences.

The goals of the “For Males Only” program are to prevent unplanned pregnancies, reduce drop-out rates, improve academic performance, expand knowledge of community services and resources, and improve employment skills. Funding for the conferences and transportation for the participants are contributed by local companies.

Baylor Teen Health Clinic educators also provide group education to adolescents at schools, churches, and community centers. Two of the male health educators work primarily with young African American males in the community. Each of these educators provides weekly or biweekly visits to approximately 10 to 12 schools each year, with presentation topics depending on the students’ needs. Topics are generally related to such issues as gang violence, STDs and HIV, sexuality, birth control, establishing paternity, and dating. In all of their community and school-based work, the health educators inform the teenagers about available clinic locations and services and encourage males to access these services.

Sport and work physicals have been an especially great draw for male clients since initiated in 1977.

Participants

The *Baylor Teen Health Clinic* program targets adolescent males and females who reside primarily in inner-city Houston. On an annual basis, approximately 12,000 adolescent visits are made to the seven *Baylor Teen Health Clinic* locations. Approximately 20 percent of these visits are made by males, the majority having been referred to the clinic by a partner who tested positive for a STD.

Female clients have always been encouraged to bring their partners in for services. Initially, the clinic provided services to partners only if they were less than 20 years old. This precluded many males from receiving services because some of the adolescent female clients had partners who were not teenagers themselves. Beginning in the late 1980s, *Baylor Teen Health Clinic* began to see male partners regardless of their age. As a result, the clinics have seen an increase

in the number of males served and have also noted a lower chlamydia reinfection rate in their female clients.

The majority of the males seen tend to be very low-income, without health insurance and dependent on the teen health clinic for all of their health care needs. Currently, about 65 percent of clients are African-American, 20 percent are Latino, and the remainder are white. Aside from partner treatments, word of mouth through partners or friends remains the most effective way of bringing adolescent males in for clinic services. The male health educators who facilitate the “For Males Only” conferences have been instrumental in making young men aware of clinic services and locations by fostering a sense of trust between the males and clinic staff.

The *Baylor Teen Health Clinic* has built up an extensive referral network over the last 25 years that has been helpful in recruiting males for family planning services. Other local providers often refer teens, both male and female, to the *Baylor Teen Health Clinic* for reproductive health services. At the same time, this referral network serves as a resource for clients whose needs cannot be met at the Teen Clinic.

Funding

Baylor Teen Health Clinic is able to provide all services free of charge through the use of Title V, Title X, Title XX, and Medicaid funding. Only 1 percent of their clients are not eligible for family planning services covered under one of these sources. The costs for this 1 percent are absorbed into the overall clinic budget, which totals about \$2 million per year. Medical services other than family planning, and non-medical services, such as outreach and education, are covered by a variety of funding sources. The program has a contract with the Texas Department of Health to provide Maternal and Child Health services under Title V, as well as a contract with the State Department of Human Services for a teen parent initiative. Both the Texas Department of Health and the Houston City Health Department provide funds for STD and HIV testing and education. A Harris County Community Development grant and the March of Dimes cover the cost of two male outreach workers. Additional funding is provided by the United Way, and the local Junior League provides volunteers and donations. Johnson states that the cost of running the male components of the *Baylor Teen Health Clinic* specifically is \$100,000 annually.

Staff

Three of the clinics employ 12 to 15 staff each and the remaining three smaller sites require only a few staff members per clinic. Almost all staff and the majority of clients at the *Baylor Teen Health Clinic* are women, which may cause the male clients to shy away. The male health educators have been integral in making the clinic welcoming and comfortable for males.

Barriers

The predominance of women in the clinic can create a barrier to providing services to males. Males will often perceive this to mean that the clinic is only for females. The “For Males Only” conferences, the presence of the male outreach workers in the clinic, and the efforts of the male health educators help to get the message across to males that the clinic has a lot to offer them.

The process of just getting to the clinic is a barrier for many clients. Although the clinic will give out bus tokens to those who request them, clients may have to take two or three buses to get to a clinic location. Many clients are discouraged by the long bus rides, and the effort involved in negotiating the Houston public transportation system.

Finally, the clinic staff believe that males are not as familiar with the health care system as are females. They are not accustomed to seeking out preventive services, only going to a doctor’s office when they are sick or injured. Therefore, extra effort must be put into motivating males to come in for reproductive health care and encouraging female clients to bring their partners in for services.

LESSONS LEARNED

- ▶ **Generate a broad funding base.** *Baylor Teen Health Clinic* draws on federal, state, local, and private money to help sustain services to males through periods of cutbacks and retrenchments. Staff are continually in search of new sources of funding in order to ensure against financial hardship and having to cut services.
- ▶ **Develop a large referral network.** This aids in both bringing male clients into the Baylor program and making it easier to send clients to other agencies when their needs cannot be met at the Teen Clinic.
- ▶ **Hire male health educators.** Male educators have more luck in reaching teen males, providing them with needed information, and bringing them into the clinic sites for services.
- ▶ **Serve partners of female clients regardless of age.** Staff believe that this policy has greatly reduced the incidence of chlamydia reinfection among *Baylor Teen Health Clinic’s* female clients.
- ▶ **Expand services to include primary care.** Primary care services often bring young men through the door. When males come in for a physical or health screening, they can be provided with contraceptive information that they may not get otherwise.
- ▶ **Males want more than just condoms in order to be responsible.** Many conference attendees reported that a job was their number one priority. The conferences expose the males to the work environment; however, the health education staff hopes to expand services in this area.

Brothers to Brother

Wake County
Department of Health
Interview with
Delmonte Jefferson,
Project Coordinator
Raleigh, NC

Philosophy

The *Brothers to Brother* program, sponsored by the Wake County Health Department in North Carolina, is based in a belief that building a strong foundation of values, goals, and cultural esteem among young men will lead to declines in unintended pregnancy, substance use, and crime. The program seeks to “foster resiliency in young African American males” that will enable them to make positive decisions and demonstrate responsible sexual behavior. The program *Brothers to Brother* uses peer mentors in providing role-modeling for young African-American males, guiding them toward a positive sense of self and a positive approach to life. Project Coordinator Delmonte Jefferson believes that the program fosters personal growth in young men through which they learn to respect themselves, their peers, and adults.

History

The *Brothers to Brother* program was launched in 1991 in Wake County in response to what Jefferson describes as an “alarming adolescent pregnancy rate.” At the time, the pregnancy rate in Wake County was 80.2 pregnancies per 1,000 females between the ages of 15 and 19. To address this problem, the North Carolina Department of Environment, Health, and Natural Resources awarded the Wake County Health Department a \$70,000, five-year grant to produce a male-involvement adolescent-pregnancy-prevention program. According to Jefferson, Wake County has seen a decline in pregnancy rates over the life of the program to 68.5 pregnancies per 1,000 females ages 15 to 19 in 1994. Jefferson believes this progress is due to strong collaborative efforts among agencies within the county.

The Program

The *Brothers to Brother* program works with young men in housing authority projects (65 percent) and after-school programs at the middle schools (35 percent). The program is taught through an original family life education curriculum that addresses 10 topics of personal development covering issues surrounding self-esteem and goals, sexuality, and relationships. Young African-American male high school and college students act as peer mentors in facilitating the group discussions.

Although not all of the sessions deal with issues of pregnancy prevention directly, Jefferson states that the concepts introduced in the lessons build upon each other, helping the young men to make wiser decisions in all areas of their lives. For example, the presentation on cultural esteem does not directly discuss pregnancy prevention; however, cultural esteem is tied into a positive self-image that, in turn, leads to more responsible decision-making behaviors, including those regarding sexuality. Throughout the first four sessions, participants focus on goals and values and work to develop a

stronger sense of personal identity and pride. With this foundation, they can begin to see options outside of sexual involvement, substance abuse, and violence. The group then tackles these behavioral issues more directly. The young men often take field trips that relate to the different lessons, such as a visit to a cultural museum, an African-American-owned business, or the Health Department facilities. In addition, participants are rewarded for their involvement with cultural incentives such as Kente pens, folders, T-shirts, and notebooks or dog tags that picture the *Brothers to Brother* logo.

Although the curriculum is only five weeks long, Jefferson stresses the importance of not abandoning the young men after these initial five weeks. In order to foster the skills that the participants have learned throughout the curriculum sessions, the mentors continue to meet with the young men once every two weeks over the next six months. Through these meetings, the mentors provide the young men with new information, take them on field trips, and monitor their progress. At the end of this six months, peer mentors continue to follow up with the males every three months. Jefferson says, however, that these more periodic follow-ups last for only about seven or eight months because many of the participants relocate and become difficult to find.

The *Brothers to Brother* program makes concerted efforts to involve the participants' parents in the program. During the fifth and eighth weeks of the family life education sessions, the project holds a Parents' Day during which participants and parents gather to share information that the young men have learned in *Brothers to Brother*. To convey their new knowledge, participants often prepare verbal presentations or posters. The program also holds a graduation ceremony. In addition, *Brothers to Brother* sponsors an annual health fair in which participants, past participants and parents come together to enjoy cultural entertainment, educational exhibits set up by local agencies, and food donated by local businesses and restaurants. Medical and dental screenings are offered to participants as well as health information. The "Mr. Teenage Ebony Male Scholarship Showcase" is a major fair event. Participants are given the opportunity to display a selected talent with the first-place winner receiving \$500 in scholarship money. The young men typically display such talents as singing, art work, poetry recital, dancing, or academic works.

Brothers to Brother participants are granted free access to the County Health Department services, including STD screening and treatment and free condoms.

Evaluation Findings

A formal evaluation of *Brothers to Brother* was completed by AFCOM Consultants in 1994–95. The evaluation revealed that participants showed aggregate increases in positive attitudes toward "male and female sexual expectations," such as a belief that abstinence is a good choice and contraception is both a male and female responsibility. Participants also showed an increase in positive views toward their community.

Although the curriculum is only five weeks long, Jefferson stresses the importance of not abandoning the young men after these initial five weeks.

Participants

Brothers to Brother targets African-American males who are at risk of engaging in negative behaviors, such as dropping out of school or becoming involved with the criminal justice system. Participant groups often connect with the program through membership in the *Brothers to Brother* Male Alliance for Life Extension (MALE) Advisory Board. Members of MALE identify a community that they believe would benefit from the *Brothers to Brother* project. If a housing authority or a school is able to organize 8 to 15 young men, *Brothers to Brother* will provide peer mentors to deliver the program. Community members are also welcome to bring their sons to currently established groups.

Jefferson states that in the early days of *Brothers to Brother*, staff members went door to door to let community members know about the program. The program is now well established, serving more than 100 participants per year, and no longer uses specific outreach efforts. When asked what attracts young men to the program, Jefferson states that participants value the constancy of the staff. Under all circumstances, peer mentors show up to give the presentations. This dedication offers the young men a sense of stability on which they grow to depend.

African-Americans make up 96 percent of the *Brothers to Brother* participants. Because one of the primary goals of the program is to build cultural esteem among African-American youth, many of the concepts and activities are based in African tradition and beliefs. The program serves boys between the ages of 9 and 14, all of whom are from urban, low-income families. Fully 96 percent of these boys come from single-parent homes, and 95 percent have more than four people living in their households. According to Jefferson, about 5 percent of the boys are sexually active but none have fathered a child.

Funding

Currently, *Brothers to Brother* is funded primarily by a North Carolina Department of Environment, Health, and Natural Resources grant that is administered through the Adolescent Pregnancy Prevention Project. The project has also received funds from Substance Abuse Free Families and Environments; this money recently allowed *Brothers to Brother* to host a weekend beach retreat for participants and their parents. According to Jefferson, the project currently runs on about \$30,000, which covers the cost of staff salaries, peer mentor stipends, participant incentives, and an evaluation component. In looking toward program expansion, *Brothers to Brother* has received a \$5,000 grant from the Triangle Community Foundation to implement the project in rural areas of Wake County. In addition, the Wake County Health Department has recently received funding to develop a program called "My Brother's Keeper" that would function as a follow-up program for participants who have aged out of *Brothers to Brother*.

Staff

Brothers to Brother paid staff include the program director, the program coordinator, an administrative assistant, and the peer mentors. Peer mentorship is the central feature of the *Brothers to Brother* program. Jefferson believes that in working with middle-school age boys, high school and college students make the greatest impact because young teens are most comfortable relating to other males close to their own age. Currently, all of the peer mentors are male, which Jefferson believes offers the participants a special type of role-modeling and bonding. He also admits, however, that the young men can greatly benefit from hearing much of the information from a woman's point of view. Because most of these males come from single-parent, female-headed households, their authority figures tend to be their mothers and female teachers. Jefferson sees that a female presenter may be able to offer some validity and support to the perspectives that the males receive from other important females in their lives. To date, however, *Brothers to Brother* has never employed a female peer mentor.

When a participant graduates from the program at age 15, he becomes eligible to be a peer mentor; however, former participation in *Brothers to Brother* is not required. The mentors are trained in the curriculum by the Health Department educators. Currently, the project has four student mentors, with each facilitating a presentation at two sites per week and receiving a stipend of \$5.93 per hour. Each mentor is paid for a total of 10 hours of work each week, which includes group facilitation and peer mentor meetings.

Barriers

Jefferson states that removing the young men from their neighborhoods is an important part of the *Brothers to Brother* program. Because the program does not own a vehicle, however, transportation for such activities can present a problem. *Brothers to Brother* has overcome this barrier by borrowing church vans from local collaborating churches for field trips. In addition, the broad range of participants' ages means that the program often must break the young men into separate groups of ages 9 to 12 and ages 13 to 14 in order to appropriately meet their needs.

LESSONS LEARNED

- **Involve both the adolescents and the community in the program's development.** Both the adolescents and the adults in the community may see the community's problems as stemming from different sources than do the program directors. These different perspectives offer new and unique ways of addressing community issues.

Compass

Adolescent Pregnancy Prevention, Inc.
Interview with
Jeff Rodriguez, Male Outreach Coordinator
Fort Worth, TX

The *Compass* curriculum tries to teach young males that sex should not be used as a means of gaining status; respect can be gained in other ways.

Philosophy

Jeff Rodriguez, the Male Outreach Coordinator of the *Compass* program, says that young males do not become fathers because they lack information. Rather, early parenthood results from a casual attitude toward sex, females, and relationships in general. The program looks at sexual responsibility in terms of a wider spectrum of positive and negative life choices and behaviors. *Compass* seeks to reduce teen parenthood among adolescent Latino males, not only by discussing sexuality directly, but also by encouraging positive behaviors, such as completing high school and staying out of gangs. *Compass* tries to take the “macho” image out of sex and bring the true risks and consequences of sexual behaviors to light. The *Compass* curriculum tries to teach young males that sex should not be used as a means of gaining status; respect can be gained in other ways. *Compass* focuses on *self*-respect as the most important first step toward making responsible decisions about sexual behaviors and pregnancy prevention. The program also places great emphasis on the importance of seeing females as equals in relationships. The young men are taught that female partners should be viewed as “real people” who are free to make both sexual and non-sexual decisions in relationships.

History

Compass is one of several adolescent pregnancy prevention and parenting programs sponsored by Adolescent Pregnancy Prevention, Inc. (APP). APP is a private, non-profit organization dedicated to lowering the teen pregnancy rate in Tarrant County, TX, which was 6.78 percent in 1993 for girls between the ages of 12 and 19 (APP brochure). In 1989, after five years of delivering pregnancy prevention programs targeting teen parents, APP teamed up with the Boys and Girls Club of Fort Worth to launch a pregnancy prevention initiative designed to reach African-American males. They recognized that teen pregnancy prevention efforts had been directed largely toward females, and they thought greater progress could be made by involving young men as well. The two organizations then moved to develop a sexuality education and pregnancy prevention program that not only appealed to males but incorporated a culturally relevant perspective as well. The *Realidades* program, designed to reach Latino males specifically, was initiated three years later in 1992, to expand culturally sensitive pregnancy prevention and sexuality education to the Latino males in the Tarrant County area. Since the inception of *Realidades*, APP has been solely responsible for delivery of the program and has recently changed its name to *Compass*. This name change was prompted by a common misconception that the *Realidades* program served only Hispanic groups. As this was never the case, staff agreed that a more neutral name would allow them to serve a wider range of clients and make non-Hispanic participants feel more welcome.

The Program

Compass is a ten- to twelve-week school-based prevention education effort that is composed of two curricula: one for elementary school students and one for middle school and high school students. The *Compass* middle and high school curriculum is the only one that deals with pregnancy prevention directly, and is, therefore, more relevant when considering adolescent pregnancy prevention efforts.

Compass is primarily delivered in the form of small, one-hour group sessions held once per week. Rodriguez, the program's coordinator and outreach worker, dedicates the first several group meetings to discussions on "nonsexuality" issues in order to build a sense of comfort and rapport with the young men. Introductory topics may include peer pressure, self-esteem, school drop-out, drug and alcohol abuse, and gangs. Once members of the group have become more familiar with each other, the facilitator moves into discussions of sexuality, addressing such topics as relationships and decision-making, contraception, STDs/HIV, male responsibility, and gender roles. *Compass* places great emphasis on how to make decisions about whether or not to be sexually active. The curriculum stresses the fact that abstaining from sexual activity is an option that is both viable and respectable. Rodriguez says that although most young men will resist the idea of abstinence, he continues to plant it as an "alternative" seed in their minds and to enforce the notion that they do have choices.

In addition to group work, Rodriguez has some time for one-on-one interaction with the males during regular sessions. He will also make arrangements to meet individually with students outside of regular class time if they desire.

Compass's messages are based on the theme that premature fatherhood will most likely present negative consequences for a young man throughout his life. Rodriguez leads the participants to consider the possible outcomes of early fatherhood, such as financial obligation to a child, difficulties in pursuing an education, and changing relationships with friends and family. He then asks the young men to envision their lives at different stages, first as a teen father and then as a young man without a child involved in a healthy relationship. The young men decide which scenario appeals more to them and what steps they will have to take in order to achieve the future lifestyle that they most desire.

In addition to small group discussions, Rodriguez uses active participation and video presentations to reinforce the *Compass* messages. Among the activities, Rodriguez believes that the "empathy belly," an artificial belly that can be worn to simulate pregnancy, is especially fun in helping males to understand the physical discomforts that pregnancy can present.

Participants

Compass is sometimes presented within the context of normally scheduled health education classes, but more often, the program is

presented to groups of young men that have been hand-selected to participate in the program by teachers and “Communities in Schools” (CIS) and “Because We Care” (BWC) counselors. CIS and BWC are social service and support programs for students staffed primarily by social workers. Students are referred to *Compass* if they demonstrate a need for extra help in making critical decisions on sexuality, school, drugs, and other issues. The referral groups meet wherever they can find available space within the schools such as open classrooms, libraries, cafeterias, and counselors’ offices.

Compass targets young, low-income males in grades five through twelve in the Fort Worth Independent School District. About 90 percent of the participants are Mexican-American and the other 10 percent are either African-American or white. Almost all of the participants are native English speakers. Before starting the program, students are asked to complete anonymous pre-program surveys that cover the extent of their sexual involvement and measure their knowledge of sexuality information. Of those participants in middle school and beyond, Rodriguez says that about one-half report being sexually active; however, last year only one young man reported being a father.

The young men whom Rodriguez sees are greatly influenced by their neighborhood conditions. Rodriguez says that “some of these guys (in the community) have lived by age 18 more than most people have lived their whole lives.” Their environment can play a large role in their decisions to drop out of school, have unprotected sex, or take drugs. Many young males in Tarrant County feel that there are no life course alternatives and that they must settle for the situations into which they were born. *Compass* attempts to give them enough empowerment to make positive choices and take control of their futures.

Funding

Compass is funded through a Tarrant County AIDS Partnership Grant; the community raises money for AIDS prevention efforts and the federal government matches the amount. Other foundations, such as The March of Dimes, The Meadows Foundation, the All Saints Health System, the Burnett Foundation, and the Sid Richardson Foundation also provide substantial financial support to the *Compass* program. Total funding for the program is \$35,000 to \$40,000 per year.

Staff

Rodriguez, the Male Outreach Program Coordinator, is solely responsible for coordinating and facilitating the *Compass* program. Rodriguez says that the position of *Compass* coordinator has always been filled by a Latino male. He sees that having a similar cultural background as the majority of the participants gives the facilitator credibility in the eyes of the young men. He also says, however, that

finding and keeping a qualified Latino male in this position has been difficult.

Barriers

Initially, male involvement classes were taught at the Boys and Girls Club; however, the project directors soon realized that they could reach their target audience more effectively within the schools. In order to make this transition, the *Compass* program staff had to spend a significant amount of time building trust with the school district staff. School administrators recognized the need for pregnancy prevention efforts targeting males but were reluctant to initiate a discussion of sensitive issues within the school setting. Once a sense of common goals and trust was established, however, the school district realized that opening its doors to the *Compass* program allowed discussions of sexuality issues without requiring direct programming by the school district.

LESSONS LEARNED

- ▶ **Create a comfortable all-male environment that allows young men to voice their true opinions about sexual issues.** Rodriguez believes that teenage boys are not accustomed to coming together and expressing their concerns because it makes them appear weak or sensitive; the “macho” attitude is a barrier that the male facilitator needs to break down. If the male facilitator is sincere and non-threatening, however, then sexual issues can be introduced successfully and males can be educated about sexual topics.
- ▶ **If first approaches are not effective, be willing to modify, adapt, and continue learning from the participants.** Rodriguez believes that only through “risks, chances, and experiments with new techniques” can a male-focused pregnancy prevention program change sexual behavior.

Dads Make a Difference

University of
Minnesota Extension
Service
Interview with
Gary Greenfield,
Coordinator
St. Paul, MN

DMAD encourages young people to play the role of a child, exploring their feelings and thoughts about their own fathers, as well as to play the role of an adult, examining the risks of sexuality and the responsibilities of fatherhood.

Philosophy

Dads Make a Difference (DMAD) is primarily a school-based, peer-led paternity education project with three main goals: to educate youth about the importance of fathers in children's lives, to explore the legal, financial, and emotional responsibilities of fathering, and to prevent early fatherhood. *DMAD* encourages young people to play the role of a child, exploring their feelings and thoughts about their own fathers, as well as to play the role of an adult, examining the risks of sexuality and the responsibilities of fatherhood. Adolescents are instructed not to take responsibility or shoulder blame for the choices and actions of their parents, but to take control of their own lives and accept responsibility for their own choices and actions. *DMAD* is guided by three central principles: every child deserves a positively involved legal father in his or her life; what is best for the children is of central importance, not the needs of the parents; and adolescents must learn to accept responsibility for their choices and actions. To this end, teens need to be given adequate information to make good choices and to prepare for their futures. Adolescents who engage in sexual activity need to think of the consequences of entering into fatherhood before they are financially or emotionally ready.

History

Due to concerns about rising levels of teen and out-of-wedlock pregnancies, representatives from four organizations in Ramsey County, MN—the Ramsey County Attorney's office, the Children's Defense Fund, the University of Minnesota Extension Service, and the Family Tree Clinic—formed a research group in the summer of 1992. With no immediate resources to study or support male responsibility programs and having been denied state pregnancy prevention funding, the group applied for a Ramsey County Innovations Grant. They received \$30,000 from Ramsey County and a two-thirds matching federal child-support grant to develop the Dads Make a Difference program. With this money, they hired a coordinator, conducted research, and developed educational materials, which included a four-part curriculum and the 18-minute *DMAD* video.

Around the same time, the State of Minnesota also began emphasizing the importance of father involvement. In 1993, voluntary establishment of paternity in hospitals at birth was established by law. In addition, legislation was also passed in 1993 to promote and fund male responsibility and responsible fathering programs that would focus on the connection between sexual behavior, adolescent pregnancy, and the responsibilities of parents, particularly those of fathers.

Program Development

The collaborative team conducted eight single-sex focus groups with 55 male and female middle school adolescents to learn what youth knew about parenting issues, to assess their attitudes about their

fathers, and to understand the best way to reach them with fatherhood prevention messages. Based on feedback from the focus groups, the *DMAD* collaborators created the curriculum's messages, produced a video that would be entertaining to teens, and developed a peer-education strategy.

DMAD is now gaining a strong national reputation and is regarded by other states as a model male responsibility and child support program. In 1995, *DMAD* was funded by the U.S. Attorney General's office to be developed into a statewide program. Under this grant, the program has begun training for youth from 92 schools statewide. *DMAD* is currently working on replication within the State of Massachusetts. In addition, requests have come from other states that are interested in passing similar state male responsibility legislation and implementing statewide programs.

The Program

The Approach

The focus groups that were conducted with middle school students in 1993 demonstrated that among youth, sexual activity is conceptually disconnected from parenthood. The program seeks to reconnect these themes in the minds of young people by relating the potential consequences of early sexuality to the legal, financial, and emotional responsibilities of parenthood in general, and of fatherhood in particular. The program coordinator refers to this approach as "above the waist" pregnancy prevention, a term coined by Michael Carrera of the Children's Aid Society in New York City. *DMAD* provides messages about abstinence and protection, but offers no explicit instruction on the use or availability of contraception. Whether or not this information becomes integrated with the *DMAD* curriculum is left up to local school districts responsible for the implementation of the program. However, *DMAD* Coordinator Gary Greenfield believes that the impact of the program improves when the curriculum is complemented by information about contraception, providing sexually active youth with the tools to prevent pregnancy and disease.

DMAD uses a peer-led approach and trains male-female pairs from high schools all around the state to be "teen teachers" for their area's middle schools. The peer-led approach arose from suggestions made by focus group participants. One participant had said, "If a young father came in and talked about what happened to himself, I would sit up and listen."

Training

Teen teacher training sessions last for two days and consist of learning the curriculum's content as well as techniques for presenting the curriculum to middle school students. Trainees practice teaching the curriculum and are confronted with "tough," sensitive questions that they might be asked in an actual classroom setting. The basic concepts in teen teacher training are:

One participant had said, "If a young father came in and talked about what happened to himself, I would sit up and listen."

- ▶ “Family” is more broadly defined today than in the past.
- ▶ Children benefit from having more than a single parent responsible for their development.
- ▶ Paternity establishment benefits the child, the mother, and the father.
- ▶ Adolescents deal with many risks.
- ▶ People control the decisions they make.
- ▶ The more information people have, the better decisions they can make.
- ▶ Teens are powerful role models and, if trained, can be effective teachers.

The training team consists of one adult male trainer, one adult female trainer, a child support specialist, and acting teen teachers who have previously been trained and demonstrate leadership. The training site may be a forest reserve, a large motel, or even a convention center, depending on the size of the group and the preferences of the local sponsors. Usually training sessions are overnight retreats, but can also be conducted as day sessions only. Training groups vary in size but may include as many as 100 students—25 teens in each of four groups.

Teaching

After being trained, high school students return to their respective schools, where they will teach the four-part curriculum to middle school students. Schools send a male-female pair of students, accompanied by an adult supervisor from the school, to balance the content and meaning of messages and to maximize the program’s impact. At this point, the implementation and outcome of *DMAD* is up to the local school boards. The program is designed to be completed in four 50-minute lessons, though this may vary depending on the schedule allowed by the school and the availability of the teen teachers.

The *DMAD* curriculum consists of four modules:

Lesson 1: Risky Business

Defining risk.

Recognizing risky behavior.

Dads Make a Difference video: An 18-minute video featuring teen parents.

Lesson 2: Being a Legal Father

What it means to be a dad, legally and biologically.

Why paternity benefits the father, the mother, and the child.

How paternity can be established in Minnesota.

Lesson 3: Fathers and Their Families

How families can differ from one another.

Ways in which fathers and mothers provide support for their children.

How child support works in Minnesota.

Lesson 4: Decisions Are for the Making

How risks can alter one's future.

How people are responsible for their choices.

Creating a vision for the future.

Lessons include information about abstinence or delaying sex, communication skills, decision-making skills, consequences of early parenthood, child support, and fathering skills.

A formal evaluation was conducted by the Wilder Research Center (St. Paul, MN) in the fall of 1995 in order to assess, first, the impact of training on teen teachers' knowledge and attitudes, and second, the impact of the curriculum on middle school students to whom it is presented. As a result of the training, teen teachers were shown to have improved their ability to define paternity and to identify the benefits of legal fatherhood. Middle school students were also shown to have improved their knowledge of paternity issues.

DMAD is currently making an effort to adapt the training sessions and curriculum to different cultural backgrounds. Greenfield recognizes that progress in reaching the Southeast Asian community has been slow, that the needs of Native American groups must be further explored, and that the curriculum needs to be translated into Spanish. However, as *DMAD* prepares to devote more resources to serving inner city youth, the program has received funding to investigate the cultural barriers that are inherent in the *DMAD* curriculum. Two Southeast Asian groups have brought teens to training and have begun to implement the program.

Other Activities

DMAD has developed a 60-page training manual so that others can replicate Minnesota's program. Included in the manual are suggestions for how to select appropriate students and supervisors and how to implement the program. *DMAD* is pilot testing a booster curriculum to reinforce and expand lessons for older high school students. Finally, *DMAD* has hired a contractor to develop materials for parents of middle school children.

Participants

To date, *DMAD* has conducted about 24 training sessions involving 766 teens, most of whom are from suburban areas and approximately 14 percent of whom are already parents. Criteria for recruitment and selection of teen teachers is left up to the individual

schools. Most teen teachers are active for one year, teaching the curriculum several times per year, though juniors recruited into training may participate for two years. In some schools, teen teachers may also be trained to play other roles, such as peer advisers in sexuality education. The participation of the middle school students is also left up to the schools.

Funding

Since the inception of the program, *DMAD* has received funding from the Minnesota Department of Education (1995) now called the Minnesota Department of Children and Families (1996–97) under the state's Male Responsibility and Fathering Grant. *DMAD* has also been supported by the Minnesota Department of Human Services Child Support Enforcement Division and by federal matching funds from the federal Office of Child Support Enforcement. Other support has been received from the University of Minnesota's Extension Service and the Minnesota Attorney General's office (1995–97). Sales of curricula, videos and T-shirts generate additional revenue for the program. Currently, schools pay \$40 per individual to send participants to training. *DMAD* costs \$200,000 per year to replicate within Minnesota. This covers the cost of two full-time staff members and four statewide trainings.

Staff

Although *DMAD* began as a collaboration of four organizations, *DMAD* Coordinator Gary Greenfield was the only full-time program employee from the summer of 1993 through January 1996. In cooperation with these other organizations and the steering committee, Greenfield was involved in fund raising, developing the curriculum, sponsoring training activities in Minnesota, and promoting *DMAD* at regional conferences and meetings. The original four organizations ceased formal collaboration in January 1996; however, those individuals who were most involved continue to be active through monthly meetings and steering committee activities.

DMAD recently hired a full-time urban community program specialist to coordinate and supervise paternity education in the Minneapolis/St. Paul school system.

DMAD contracts with sexuality educators, schoolteachers, and experienced teen teachers to help facilitate the new teen teacher training sessions. Both adults and teen trainers are paid a stipend to conduct the two-day training.

Barriers

Greenfield says that one major barrier to implementing *DMAD* was gaining acceptance into schools. The curriculum is time-consuming and teen teachers need to be taken out of their classes to teach. *DMAD* must convince schools that it is a worthwhile exercise to conduct. In addition, the four collaborating organizations were initially

concerned about opposition from conservative political groups and school districts. To address this potential problem, the curriculum was designed with a prudent stance on pregnancy prevention, giving individual school districts the freedom to expand on the curriculum as they feel appropriate.

Getting males to become involved and stay involved has been another barrier faced by *DMAD*. Recruiting males to attend teen teacher training sessions can be difficult, and males tend to drop out more often than females. The program needs to be perceived as fun and not a female-centered initiative. Employing male adult trainers and supervisors can have an influence on male participation. Moreover, the adults need to be able to address sensitive subjects and speak in language to which youths relate.

Greenfield thinks that evaluating the impact of an educational program such as *DMAD* on pregnancy prevention is difficult, given that the outcomes are often long-term, behavioral, and subject to many internal and external sources. Still, there is pressure from funders to demonstrate impact on youth sexual behavior resulting from a one-year program. The program seeks to conduct longitudinal evaluation and analysis to be better able to prove the impact of *DMAD*.

Finally, the program has only limited staff to assist various replication sites in working out any challenges that they might face. If *DMAD* had extra money, it would expand local staff by placing coordinators at the county level around the state. Staff expansion would also free up Greenfield's time to increase collaboration, to promote replication elsewhere, and to develop a systematic way to keep track of the implementation of *DMAD* around the state.

LESSONS LEARNED

► **Collaboration is absolutely essential but time-consuming.**

Collaboration is necessary and beneficial. Collaboration, however, is challenging, and it takes a great deal of time. When designing *DMAD*, getting four collaborating organizations to agree was difficult.

► **In raising funds, be realistic, be creative, think big.**

Greenfield suggests that programs should “think big about going for money because there’s nothing worse than running a program on a shoestring.”

Fifth Ward Enrichment Program, Inc.

Interview with
Ernest McMillan,
Executive Director
and Founder
Houston, TX

Ernest McMillan, *Fifth Ward Enrichment Program* Director, wants the young men living in the Fifth Ward in Houston, Texas, to understand that “though they may live in the ghetto, the ghetto does not live in them.”

Philosophy

Ernest McMillan, *Fifth Ward Enrichment Program* (FWEP) Director, wants the young men living in the Fifth Ward in Houston, TX, to understand that “though they may live in the ghetto, the ghetto does not live in them.” McMillan believes that the ghetto environment, with its lack of stability and positive influence, leads to apathy among its young people and a confusion of values. In order to bring the males of the Fifth Ward direction and empowerment, McMillan heads *FWEP*, which he hopes will help young men grow into responsible and contributing adults. He attempts to help participants redirect their energies into positive goals for the future rather than falling into the destructive path taken by many youth in the ghetto. Participants are taught to value education, delay gratification, view life as sacred, and set responsible priorities. Males acquire social and leadership skills through male role models, mentoring techniques, academic support, and therapeutic activities. In addition, they learn the importance of respect and communication in their relationships with women.

History

In June 1984, the Hogg Foundation for Mental Health awarded Community Partners, a non-profit health care and social service organization in the Fifth Ward, funding for a pilot project. The total budget for the first year was \$25,000, which funded activities, transportation, and education materials for about 40 middle school boys. The project was run out of a small building next to a middle school from which the target population was drawn. *FWEP* was initiated by two full-time staff with the goal of encouraging males to remain in school. Since 1984, *FWEP* has grown to serve about 200 young men per year in two elementary schools, two middle schools, and one high school. With its expansion, the program became an independent agency in June 1996 and has moved to a centrally located community center.

The Program

FWEP provides a wide array of workshops and activities after school and on weekends during the school year. Staff facilitate life skills classes and small group counseling sessions which cover *FWEP*'s own *Heros and Legacies* curriculum as well as other topics. These workshops address issues such as dating and communication, contraception, human growth and sexuality, self awareness, conflict resolution, career planning, and drug and alcohol use. Frequently, the program also hosts in-service workshops. One such workshop is the “Women Speak, Men Listen” panel in which a group of women, including single, working mothers, speak to young men from their own perspectives about the challenges of being a woman. In addition to group work, *FWEP* addresses the young men on a more personal level as well, providing academic tutoring, individual counseling, and small group support sessions.

FWEP incorporates a variety of activities to allow participants the opportunity for personal growth in several areas. Young men are active in field trips, community service, drama, chess, arts, camping, and competitive sports. To foster empowerment, *FWEP* facilitates four leadership skills retreats per year through which males build skills to become peaceful leaders in their schools and communities. McMillan stresses the importance of taking the young men out of their neighborhood environment to help them gain a different perspective. He likes to take the young men to a nearby campground, such as the Prairie View University campground or the YMCA camp. At these retreats, young men do group exercises that involve team work, such as ropes courses, and they are given an opportunity to work and communicate with young men with whom they would not normally associate.

Academic achievement is a strong focus of *FWEP*. *FWEP* awards good school attendance and academic improvement with points that can be redeemed for merchandise at the H.P. Carter Middle School store, which operates once per month. The store sells a variety of items including pencils, T-shirts, and radios. The program hopes that the buying power of the points will teach young men the benefits of delayed gratification. Rather than redeeming their points immediately, participants can save them up to buy something of greater value. In addition, *FWEP* sponsors academic clubs that incorporate competition through culturally relevant spelling bees and creative writing projects that involve Latino and African-American themes. Teens can also participate in non-academic clubs. For example, participants in the Teen Enterprise Group engage in after-school work such as computer repair and community gardening.

In addition to its close work with the school system, *FWEP* collaborates with local law enforcement, health providers, and church organizations. Recognizing the multiple needs of young men, the program often refers participants to neighborhood resources, such as community teen clinics and outpatient drug and alcohol support groups.

Summer Activities

FWEP offers summer activities to keep its participants off the streets and involved in enriching experiences while they are not in school. The summer program includes paid employment in the community; participants receive a stipend of \$10 per day for doing such work as mowing lawns, setting up burglar bars, and moving furniture at schools. Older boys, ages 15 to 17, are engaged in teen enterprise projects that operate businesses such as bike repair, computer repair, silk-screen printing, filmmaking, and urban gardening. Life skills classes similar to those offered during the school year are also incorporated. The summer program welcomes males from communities surrounding the Fifth Ward; 20 percent of summer program participants come from outside communities. McMillan believes that summer programming helps keep the young men on the right track.

Participants

The Fifth Ward, where *FWEP* is housed, is one of Houston's most economically distressed neighborhoods. According to McMillan, the Fifth Ward is greatly affected by several urban problems such as gang violence, drug abuse, high teen pregnancy rates, school drop-out, and crime. A high proportion of youth are raised in low-income, single parent households. To combat these problems and provide guidance and positive role modeling, *FWEP* serves young men between the ages of 10 and 17, about 85 percent of whom are African-American and 15 percent Latino. McMillan states that 5 percent of the participants are fathers.

FWEP participants are mostly referred to the program by teachers and school administrators. The program staff establishes ongoing communication with the participants' teachers in order to work together in assessing the students' progress. In addition to those referred by the school, 10 percent of participants are court mandated to attend the program.

FWEP works with young men from four target schools who are ages 10 to 17. McMillan tries to involve males who are engaged in negative activities such as drugs and risky sexual acts, or who have dropped out of school. On the other hand, McMillan also seeks to involve young men who have distinguished reputations in the neighborhood as peacemakers. In all cases, the program tries to set males on the right track by showing them positive pathways for development.

Participants are typically involved with *FWEP* for three years. Many, however, choose to stay in the program from the fourth grade until high school. The program participants need to attend the program at least three times per week. Participants have the option of attending recreational activities after attending a minimum single counseling session each week.

McMillan believes that *FWEP* could not be successful without parent involvement. To this end, *FWEP* makes a great effort to inform parents of current activities.

Parental Involvement

McMillan believes that *FWEP* could not be successful without parent involvement. To this end, *FWEP* makes a great effort to inform parents of current activities. Periodically, the program sends out a newsletter to update parents on recent program plans and events. Parent workshops and support groups are also sponsored in order to facilitate communication between parents and the program. Finally, *FWEP* hosts parent/child social activities such as holiday parties.

With an eye for prevention and mediation, *FWEP* staff provides home visits to help address domestic problems or to resolve specific incidents. Through these visits, staff offer individual counseling and parent conferences to open the lines of communication between family members. Parents have an opportunity to learn of their son's progress in school and in *FWEP*. In turn, if the home visitor discovers significant problems in the home, the schools are made aware of the situation. If staff detect more serious conflicts, the family is referred to a clinical psychologist who works on contract with *FWEP*.

Funding

FWEP costs about \$450,000 dollars to run per year. Fifty percent of *FWEP*'s funds come from private foundations such as the Hogg Foundation, the Powell Foundation, the Farrish Foundation, and the Houston Endowment Foundation. *FWEP* also receives government funding through a Community Block Grant and a Texas State Criminal Justice Division grant. In addition, *FWEP* is a United Way agency, and the program receives small donations from individuals and organizations, such as sporting equipment and the use of recreational facilities.

Staff

FWEP employs twelve full-time staff, twelve part-time staff, and four contract workers. Staff positions include an executive director, five project managers, a lead manager, a program manager, a business manager, an office manager, a parent liaison, a parent group facilitator, teen enterprise coordinators, peer educators, a violence prevention coordinator, and an outreach coordinator. In addition, the program has 120 volunteers per year who function as mentors, guest speakers, career shadow participants, and office support staff. Those volunteers who serve as mentors are specially trained. Of the paid staff, 26 of the 30 are male and the majority are African-American. McMillan believes that the staff's reflection of the participants' ethnicities and gender creates a supportive environment of mentoring and role modeling.

Barriers

FWEP had to overcome several obstacles in its early years of operation. The Fifth Ward itself was characterized by a great deal of community fragmentation. McMillan says that the community's youth were generally apathetic due to feelings that their life situations could not be improved. By sparking the interest of community leaders and members, *FWEP* was able to reach a consensus with the community that the Fifth Ward's young people needed special guidance in moving in a positive direction and that *FWEP* could aid in this process.

LESSONS LEARNED

- ▶ **Listen to the youth and allow them to express their program needs.** McMillan believes that one of *FWEP*'s most successful attributes is that the staff has always taken the participants' needs seriously and has developed the program accordingly. Male youth have been empowered within the community because their opinions and needs are seen as important.

Hablando Claro con Cariño y Respeto

Plain Talk Initiative
Logan Heights
Family Health Center
Interview with
Marta Flores,
Program Director
San Diego, CA

To affect large numbers of
teens, significant numbers of
adults and institutions have to
believe in and communicate
new messages about the use
of contraception.

Philosophy

Hablando Claro con Cariño y Respeto aims to protect sexually active youth from the risks of unplanned pregnancies and sexually transmitted diseases in the Logan Heights community of San Diego, CA. The *Hablando Claro* strategy began with the premise that in order for sexually active teenagers' contraceptive risk-taking behavior to change they need clear, consistent new messages from the adults and institutions with whom they interact regularly. Hence, to affect large numbers of teens, significant numbers of adults and institutions have to believe in and communicate new messages about the use of contraception. In order to build this type of deep and wide community commitment to these new messages, many community adults must be involved in the development process.

Hablando Claro is a community-based strategy that involves many segments of the community in a collaborative process. The creation and maintenance of consensus across a wide constituency, especially around sexuality, is a challenge that Logan Heights Family Health Center has undertaken through the experience with *Hablando Claro/Plain Talk*.

History

The *Hablando Claro* initiative is sponsored by the Logan Heights Family Health Center (LHFHC), a community-based health center that serves the Barrio Logan neighborhood in San Diego. In 1992, after recognizing the adolescent health needs of the Logan Heights neighborhood, the Annie E. Casey Foundation believed that the community might benefit from a "Plain Talk" program, a Casey Foundation community-based initiative to reduce levels of unplanned pregnancies and sexually transmitted diseases among adolescents nationwide. LHFHC was invited to apply for Plain Talk Initiative funding and was awarded a four-year grant to cover one year of planning and three years of implementation.

In the planning year, a program director was hired, and a Community Core Group was organized, composed of fourteen adolescent and adult Barrio Logan residents who could convey the concerns and needs of the larger community. In order to further assess the community's needs, organizers designed and administered two neighborhood surveys to collect information about Barrio Logan's population characteristics, the area's family planning services, accessibility of services for adults and adolescents, and residents' knowledge, attitudes, and beliefs regarding contraception and sexual practices.

In meeting the program's goals, the program staff has made deliberate efforts to include males in the design and implementation of the *Hablando Claro* classes, training sessions, and community events. In the initial community survey process, the adult and adolescent males in the neighborhood were given the opportunity to describe their specific sexual health needs to help shape the program services offered by *Hablando Claro*. Through these surveys, LHFHC staff

learned that teen males felt that their needs were not being addressed in the clinic and that they were being excluded from discussions and information about reproductive health. Staff also learned that many teens found it difficult to reach the teen clinic in order to make appointments. In response to these concerns, LHFHC has conducted teen in-service training sessions for its clinic staff to heighten awareness of teen issues and sensitivity to male inclusion. The phone system has also been changed to provide an extension that offers direct access to the teen clinic. In response to males' needs specifically, LHFHC hired a male outreach worker and has incorporated male peer educators to work in the clinic. Flores believes that the strategies involved in this careful implementation process have both been critical in retaining community and especially male interest in the *Hablando Claro* program.

The Program

Hablando Claro offers services through community education classes, street outreach, skills building and training sessions, and community activities. Programming covers a wide range of topics, including contraceptive methods, delaying sex, instructions on how to put on and use a condom, HIV/STD education, communication and decision-making skills, consequences of too-early childbearing, sexual assault and date rape, drugs and alcohol in sexual risk-taking, and gender roles. Topics are approached with sensitivity and relevance to the Latino culture. The *Hablando Claro* education classes, training sessions, and neighborhood workshops are meant to inform and educate the participants while community service activities unite the community and affirm its goals of pregnancy prevention and communication between adults and adolescents. Community service activities are organized by the community core group and include such events as father-child talent shows, sporting events, picnics, and in-home community courses. In addition to promoting neighborhood unity, community activities help to foster support networks between the neighborhood residents and staff at local health and social service agencies. Ideally, these events will put adolescents in contact with staff from various community resources and enable them to seek out needed services in the future.

In-home communication forums made up of six to eight adults and adolescents are held in a community member's home. These forums are guided by the *Vecino-a-Vecino* (Neighbor-to-Neighbor) curriculum, a four-part sexuality education curriculum developed in Spanish by the *Hablando Claro* staff. The curriculum is delivered by core group members, "Promotoras," who are trained and supervised by outreach workers. The four-week course includes five modules: an overview of the *Hablando Claro* program; Puberty and Sexual Development; Anatomy and Physiology; Reproductive Health and Contraception; and Self-Esteem and Effective Communication. Through role playing, adolescents and adults are able to increase their levels of communication and enhance their knowledge about

human sexuality. In an effort to make the materials more accessible, the curriculum can also be found at the local public library.

Because *Hablando Claro* is a community-based initiative, collaboration with other community organizations is fundamental to the program's goals. Health care referrals for both teens and adults are made to LHFHC or Comprehensive Health Centers, while referrals for social services are made to Barrio Station, a social service agency for youth in the Barrio Logan neighborhood. Community education and community core group meetings are held at the three local schools while training sessions are held at the Boys and Girls Clubs and at the Memorial Recreation Center. These collaborative efforts are designed to increase familiarity between program participants and various service providers in the neighborhood.

Participants

Barrio Logan is an urban region that is 70 percent Hispanic, predominantly of Mexican descent, with 65 percent of the population being monolingual Spanish-speakers. Most of the residents are low-income and the rate of unemployment is very high; during the door-to-door survey process, a resident could be found in almost all homes during traditional working hours. Gang influence is also a problem in the Barrio Logan district.

Adolescents in Barrio Logan tend to initiate sexual activity at an early age. Based on data collected in the neighborhood survey, by age 11, 70 percent of adolescents have engaged in some form of sexual activity. By age 16, more than half of the adolescents in the community have had sexual intercourse. Despite the high levels of sexual activity, Barrio Logan teens infrequently use neighborhood contraceptive services or talk with their parents about sexuality issues. Only 34 percent of adolescents reported that they would discuss a sexual problem or concern with their parents, while 75 percent of parents reported feeling at least some uneasiness in discussing sexual issues with their children. Barrio Logan adolescents also very rarely seek advice about sexual concerns from adults in community institutions outside of the family, such as schools and churches. Concurrent with these findings, by age 18, at least 40 percent of Barrio Logan female adolescents report having been pregnant, and rates of sexually transmitted diseases are high.

Hablando Claro sees male involvement as critical in protecting adolescent health and actively seeks to include males in all programming. Last year, *Hablando Claro* reached approximately 1,000 Latino males from Logan Heights through outreach, educational sessions, and community events. An *Hablando Claro* male outreach worker actively recruits men to participate in the community events. He targets locations where males in the community tend to congregate (e.g., basketball courts, recreation centers, mechanic and auto body shops) and invites the males to take part in *Hablando Claro* events. *Hablando Claro* also attracts participants through word of mouth in the community, door-to-door canvassing, and asking

An *Hablando Claro* male outreach worker actively recruits men to participate in the community events. He targets locations where males in the community tend to congregate (e.g., basketball courts, recreation centers, mechanic and auto body shops).

female participants to involve “their men” (brothers, boyfriends, sons) in *Hablando Claro* events. The program director believes that the word-of-mouth approach is by far the most successful method of recruitment. In addition, the distribution of small gifts at community events helps to generate enthusiasm and participation in program events.

Funding

The Annie E. Casey Foundation’s Plain Talk Initiative is a four-year endeavor that included funding for one year of planning efforts and three years of program implementation. The Plain Talk grant totals \$300,000 per year to cover all *Hablando Claro* program components. *Hablando Claro* participants are not required to pay fees for services or community events. In addition, funds allow the provision of incentive gifts to encourage participation in community activities and message development. Incentives include such items as grocery and health services certificates, T-shirts, coffee mugs, and pens. Not only do these gifts reward program participation, but many of them are decorated with the *Hablando Claro* logo, which offers a reminder of the community’s common goals of better communication and health.

Staff

Hablando Claro is staffed by a program director, an assistant director, a male outreach worker, a female outreach worker, and a female health educator/trainer. Although the female outreach worker serves both male and female program participants, the male outreach worker was hired specifically to recruit males into the program and then engage them in program activities. The all-male sexuality education classes are facilitated by the female educator. Flores believes that although a male facilitator may be more effective in facilitating an all-male group, the current dynamic provides males with an opportunity to learn correct information and converse with a female about sexuality. She says that for most of the adolescent male participants, these education sessions offer them a first opportunity to communicate effectively with a female about sexual issues. In addition to the paid staff, the Community Core Group, made up of community members, acts as the governing body that plans and implements *Hablando Claro* events and activities.

Barriers

Hablando Claro’s greatest obstacle in involving males in pregnancy prevention has been the recruitment process. Program staff had to think of creative ways to interest males in the program and then engage them in program activities. Flores states that reproductive health education should not be handled “in a vacuum” but must be integrated into regular activities that men enjoy. Sometimes this

may take great creativity and flexibility. For example, male staff members might engage men in a talk about reproductive health during the bus ride on the way to a sporting event. The *Hablando Claro* male outreach worker has had to assertively persuade men to attend the *Hablando Claro* activities. According to Flores, the male staff members have to be very visible to other males in the community in order to let them see that other men in the community are involved in the community's health.

Although males may initially attend the *Hablando Claro* educational sessions, their interest often begins to wane. Whereas women in Barrio Logan are motivated to learn about pregnancy prevention, men in the community often do not personally identify with the risk of unintended pregnancy. To combat this lack of interest, program staff have focused their all-male educational sessions toward HIV and other STDs, which may be of greater personal concern to men and offer more incentive for preventative behaviors.

LESSONS LEARNED

- ▶ **Program developers should be knowledgeable about the needs of the community and the characteristics of their target population before providing services.** *Hablando Claro* learned about Barrio Logan by incorporating an advisory Community Core Group and conducting preliminary surveys of the community.
- ▶ **Finding qualified male staff can present difficulties.** Flores believes that a male community resident who is bilingual and bicultural is the most effective at engaging males in pregnancy prevention services. Finding and retaining an appropriate candidate for the position, however, is a challenge.
- ▶ **Invest in staff and community resident training.** Training staff to be true mentors for the male participants requires a substantial amount of energy during the program's inception. Flores believes that a program can survive only if community residents are actively involved and engaged in all aspects of program development and implementation. Continuous training on different pertinent subjects will ensure activism, empowerment, and sustained community change.
- ▶ **Be persistent, be creative, and resourceful.** To engage men effectively, different approaches have to be tried. Convening a forum to ask their input and opinions is important. More important, it is very important to act on the ideas that are suggested by the men; and provide updates and follow through on events.

HiTOPS

HiTOPS, Inc.
Interview with
Bonnie Parker,
Director
Princeton, NJ

The program is guided by two central principles. The first is that youth have a right to information that could potentially save their lives. The second fundamental *HiTOPS* principle is that sexual health and healthy relationships are built on a foundation of respect.

Philosophy

HiTOPS, Health Interested Teens' Own Program on Sexuality, is exactly that—a sexuality education program for teens taught by teens. The program is guided by two central principles. The first is that youth have a right to information that could potentially save their lives. The program is based on the belief that sexual intercourse is an adult behavior, the consequences of which young people are not equipped to deal with. It recognizes that many youth are sexually active and, therefore, need information and resources to protect themselves from pregnancy and sexually transmitted diseases, including HIV. Thus, *HiTOPS* takes a comprehensive approach, providing information on abstinence, responsible sexuality, contraception, and correct and consistent condom use.

The second fundamental *HiTOPS* principle is that sexual health and healthy relationships are built on a foundation of respect. Outcomes ranging from pregnancy and harassment to violence and rape are seen to result when respect is lacking in a relationship. Taking a prevention strategy, *HiTOPS* targets younger adolescents so that they can learn the importance of respect in relationships early on.

History

HiTOPS, Inc., founded in 1987, is a community-based non-profit organization whose mission is to promote adolescent health and well-being. *HiTOPS*, an offshoot of a women's health and birthing center, was developed in response to an alarming increase in teen pregnancy and the increasing demand among adolescent girls for pregnancy-related services. With a \$40,000 private donation, Bonnie Parker, a registered nurse and the director of *HiTOPS*, set out to do "educational entertainment" with youth in area high schools. Her goal was to promote communication about sexuality while advertising the opening of *HiTOPS* services. Within months, Parker and her colleagues had matched the amount of the initial grant by holding a benefit and subsequently received a donation from a private trust to cover the cost of operations. Then *HiTOPS* was under way.

The Program

Teen Council

HiTOPS supports teen peer sexuality education throughout three counties in Central New Jersey and provides medical services and counseling to teens in the Princeton area. The central feature of *HiTOPS* is the Teen Council, a group of high school seniors, half males and half females, that facilitate presentations in schools and organizations, serve as role models to other youth, and refer youth to *HiTOPS* services. Princeton area high school juniors are invited to apply to the Teen Council every year. The 12 males and females selected for the Teen Council are led through a three-day orientation and team-building retreat followed by five half-days of training

prior to their senior year. During the school year, peer leaders are expected to attend a 3-hour weekly meeting as well as any scheduled presentations.

HiTOPS has developed its own curriculum for use in training peer leaders. Training covers a wide range of topics including puberty, HIV/AIDS, gender roles, contraception, homophobia, and sexual violence. Speakers' panels are used to give trainees a first-hand look at issues from a personal perspective. For example, peer leaders interact with a panel of persons living with HIV/AIDS and a panel of gay, lesbian, and bisexual college students.

Parker describes student-led presentations as non-threatening, noisy, interactive, and activity-based. Although facilitated by the teens, presentations are always attended and supervised by *HiTOPS* staff. The teen leaders incorporate skits, improvisation, and other interactive learning techniques to present topics ranging from HIV and pregnancy prevention to sexual harassment and acquaintance rape. The students are then broken down into smaller groups to participate in activities and discuss sensitive issues. Students in local schools are exposed about three times a year to these presentations over the course of several years. For example, the current older high school students have participated in *HiTOPS* annually since they were in middle school.

While *HiTOPS* does not offer a separate male-only component, recently it has placed special emphasis on male involvement in peer education and in the development of male-oriented clinical services. Occasionally, *HiTOPS* supports peer-led, all-male presentations either in public schools or in organizations and private schools that only serve male adolescents. In male-only groups specifically, Parker observes that boys feel freer to ask questions that they would otherwise be embarrassed to ask in mixed gender groups out of fear of sounding sexually inexperienced or ignorant. In addition, she finds that older adolescent males do not like to raise issues about communication, safety, and values; such topics tend to be more comfortably discussed at older ages if introduced when the males are younger.

Clinic Services

Medical services are offered to females at the *HiTOPS* adolescent health center, including contraception and free condoms. Individual, couple, and parent/child counseling are also offered on site to address issues pertaining to pregnancy, pregnancy options, and HIV/AIDS. Referrals are made for services not offered at *HiTOPS*, for example, to the Princeton teen substance abuse clinic for drug-related counseling and clinical services.

Except for condom distribution and presumptive partner treatments, *HiTOPS* does not currently have the capacity to provide health services to males. To meet males' needs, the program refers them to a local teen clinic or to an area urologist. *HiTOPS* has not found either service satisfactory for adolescent males, however, because neither offers counseling services to complement the med-

ical care. The program continues to look for a medical practitioner who would provide appropriate on-site male health services.

Outreach Efforts

HiTOPS' outreach efforts are devoted to promoting the development of Teen Councils in established youth organizations, primarily those in neighboring urban communities most affected by high rates of teen pregnancy and HIV infection. *HiTOPS* offers technical support and staff training to both developing and existing programs on how to establish and run peer-led education programs. Presently, Teen Councils are active in six urban areas surrounding the Princeton community with plans for another that will serve juvenile offenders in the Trenton community, the majority of whom are male.

Participants

The *HiTOPS* program is housed in Princeton, a diverse suburban community. The program targets all teens in the Princeton community, which means serving the children of Princeton's highest-income residents as well as those at the lowest income level. In Princeton, 65 languages are spoken within the regional school system, with English being the second language for about one-quarter of the population. The program serves an age range of 13 to 22. Approximately one-third of those served by *HiTOPS* are white, one-quarter black, one-quarter Latino, and one-fifth Asian.

Because the educational sessions take place during school hours, participation in school-based activities is usually mandatory. Parker feels that teens really want to be part of *HiTOPS*, however, because it offers them "responsibility," "structure," and "fun." *HiTOPS'* good reputation is evident, as many of the clinic clients and peer leaders hear about the program by word of mouth. Parker says that "when you have a good track record, kids will talk about you." She also feels that adolescents are naturally curious about sex and sexuality; the fact that it is "always on their minds" makes recruitment that much easier.

Funding

HiTOPS currently receives funding from numerous private sources including foundations, trusts, corporations, and individual donors. Since the program is not supported by public funds, either from the federal or state level, staff devote a great deal of effort and energy to fund raising each year. *HiTOPS'* 1996 operating budget to serve male and female youth is \$366,000, \$14,000 of which funds the peer leaders' training. This sum does not include salaries for staff who train and supervise the peer leaders.

Staff

HiTOPS' staff consists of 6 paid staff, 14 volunteer adolescent peer leaders, and about 12 volunteer board members. As the director, Parker administers new programs, coordinates with collaborating agencies, and promotes the development of services. Also on staff are three female clinicians: a certified nurse-midwife and two registered nurses, both of whom train and supervise the peer leaders and one of whom is a certified high school teacher. In addition, *HiTOPS* staffs a film technician and TV technical trainer, a development director, and an office manager. The program is currently seeking to hire a Latino male outreach worker. Parker feels that having a male adult adviser on staff has been important, as he serves as a role model for the male peer leaders and other participants.

Barriers

Community Resistance

A major barrier to getting *HiTOPS* up and running in the initial year was opposition from religious groups who were opposed to the program's activities on moral grounds. *HiTOPS* was able to overcome this opposition by getting its curriculum approved through formal school board channels and keeping a low profile.

Involving Males

Drawing males into the peer leadership program and into clinical services has proved to be difficult. In response to community interests to increase male involvement, *HiTOPS* has placed special emphasis on increasing male participation as well as male services. Until only recently, *HiTOPS* had few male candidates to serve as peer leaders. After five years of building a strong reputation, however, the program has had success in attracting many more male candidates to volunteer for this position. Parker says that being involved in the program has become "cool" for both boys and girls. In addition, *HiTOPS* currently has a male adviser on staff working with the Teen Council, which makes the program seem friendlier to males.

Providing health services for males remains a challenge. The fact that adolescent males tend to use clinic services irregularly makes supporting a doctor on-site financially difficult. Males are currently referred to a private urologist, but payment of these private services usually requires use of parental insurance, a problem for young men who want to maintain confidentiality. *HiTOPS* is looking for a practitioner who can serve males' health needs so that *HiTOPS* can ensure that appropriate counseling for males will be provided with medical services.

Evaluation

HiTOPS has been unable to successfully conduct an outcome evaluation of its program. Despite having received a grant for evaluation

purposes, the project was thwarted when the school board would not allow students to be asked questions concerning sexual behavior. *HiTOPS* was included, however, in a 1992 World Health Organization/International Youth Foundation report on replicable approaches to adolescent health and development. In this exploration of programs worldwide, *HiTOPS* was considered one of the most successful and replicable because of its structure and its approach.

LESSONS LEARNED

- ▶ **Build a strong peer leadership component.** Research has suggested that youth may enjoy learning more from their peers than from adults.
- ▶ **Promote peer leader team cohesiveness.** *HiTOPS* takes newly selected peer leaders away on a retreat to lay a foundation of cooperation and trust, from which the group can grow together.
- ▶ **Demand a lot—you will get a lot.** The *HiTOPS* program requires a great deal of commitment from its peer leaders; attendance at weekly meetings is mandatory.
- ▶ **Collaborate with community agencies through formal as well as informal channels.** *HiTOPS* collaborators include Princeton Center for Leadership, the Department of Health–Division of AIDS, the Department of Education (technical assistance), and the Clay Street Learning Center (new center for minority youth, which provides programs for males and females).

Hombres Jóvenes con Palabra (Young Men with Word)

Interviews with Jerry Tello and Barbara Kappos, Directors, Los Angeles, CA

Philosophy

Hombres Jóvenes con Palabra (HJCP) (Young Men with Word) is a program for young men that focuses on redefining the concept of “manhood.” The four-part curriculum introduces young men to the indigenous Latino concept of “El Hombre Noble” (the noble man) as the foundation of male responsibility in an effort to increase awareness and responsibility of pregnancy prevention among young men. One aspect of “manhood” addressed, in particular, is the ability of a man to see how his actions affect not only him but also those around him. Jerry Tello claims that “individualistic” thinking tends to be a predominant trait of many young men. Stressing the interdependence of relationships is a primary focus of *HJCP*.

History

HJCP was developed in 1988 by Jerry Tello as part of a larger Rites of Passage program, *El Joven Noble*. After working within his community for many years, Tello became acutely aware of the lack of programs and culturally competent curricula that spoke to the needs of adolescent males. In addition, he was being contacted by other local program providers who expressed concerns about how to deal with males in relation to such issues as domestic violence and date rape. With this growing community concern, Tello brought together a group of Latino males to form what became the “National Compadres Network.” These men, coming together at a retreat, worked to form their visions and goals for young males in the Latino community. In particular, the men worked to explore the indigenous concepts and processes of the Latino culture that would encourage positive male development and community responsibility. The principles that were identified during this gathering became the basis of Tello’s Rites of Passage curriculum. The National Compadres Network continues to hold retreats annually to renew and strengthen its vision of the male role in the Latino community.

Today, Tello both delivers his curriculum to urban youth in Los Angeles County and provides training to other program providers across the country who wish to deliver *HJCP* in a variety of capacities and settings. Currently, *HJCP* is implemented both as a stand-alone program and within the context of the larger Rites of Passages program, a comprehensive 32-session life skills curriculum. In providing training and consultation for *HJCP*, Tello first does an assessment of the agency that would like to deliver the program, looking at the agency’s goals, staff, strengths, and weaknesses, and its relationship with its community. He tailors each training so that an individual agency may deliver *HJCP* in a way that will be most effective for its particular situation and community.

The Program

HJCP offers a flexible design that can be adapted to a variety of settings and contexts. The curriculum is composed of four parts; how-

The concept of “palabra” lies at the foundation of *HJCP* and is essentially based in the idea that a man “follows through with what he says he is going to do.”

ever, Tello states that the program is ideally delivered over the course of eight sessions. The time frame of each session may vary from 90 minutes to 3 hours, with the extent of material covered varying accordingly. Each of the four components begins with the presentation of a general concept followed by interactive group activities. The four curriculum components build upon each other and together form the definition of “palabra” or “word.” The concept of “palabra” lies at the foundation of *HJCP* and is essentially based in the idea that a man “follows through with what he says he is going to do.”

Session 1: This session addresses the question of what it means to be a man with “word.” In this session, the young men explore whom they “represent,” such as family members, friends, or girlfriends, in order to appreciate that they are part of a larger network in which their actions can affect others. The group begins to explore issues of sexuality and sexual responsibility through the use of “consequence cards” that present different outcomes to risk-taking choices. Tello likes to present various situations in which the young men are forced to choose an action; this generates discussion of what the consequences might be. For example, he may present a scenario in which a young man’s girlfriend would like to have sex but does not want to use a condom and ask the group, “What should you do?” Participants who choose to have sex without the condom must take a consequence card that will state an outcome such as “You are HIV positive,” “You got your girlfriend pregnant,” or “You were smart and decided to wait.” The consequence cards are used throughout the entire curriculum to continue to enforce the notion of serious outcomes for one’s actions.

Session 2: Session 2 focuses on the differences between “manhood” and “maleness.” More specifically, “maleness” refers to male physiology and puberty, including sexual urges and expectations. “Manhood” refers to taking sexual responsibility by either abstaining from sexual activity or using contraception to prevent pregnancy.

Session 3: Session 3 is called “El Coyote” or “life’s trickster.” This session focuses on unwanted pregnancy as a symptom of deeper life pains, dilemmas, or challenges. These life challenges may lead to behavior that places the young men and their partners at risk. According to Tello, this session touches on the very foundation of behavior change needed to prevent unwanted pregnancies. He approaches this issue with a story of a coyote that does not want to be a coyote. Rather he wants to be high like the eagle, isolated like the bear, or aggressive like the lion. Through this story, the young men address the issue of having an identity and wanting to be something different. They discuss reasons why someone might not like who he is, such as negative racial stereotypes, family problems, and societal expectations. Tello says that many of the stereotypes and falsehoods around manhood—such as the “macho Latin

lover”—have been taken to heart by these young men. This session focuses on redefining oneself based on being un Hombre Noble (a Noble Man) and exploring deeper pains that might lead to repeating cycles, particularly for those who grew up in homes with absent fathers. In this session, sexually transmitted infections and particularly symptoms and indications of an infection are also addressed.

Session 4: This session incorporates role plays that allow participants to apply the concepts they have learned to being a noble man. The facilitator presents situations depicting sexuality or violence that would tempt the young men to stray from the principles they have learned. The group then explores ways to keep their word such as hanging out with other young men who have “word,” focusing on principles, and being honest with oneself. Being honest with oneself includes carrying contraception if you are sexually active. In this final session participants are given a “Palabra” card that includes community resources.

The Participants

HJCP is provided to a wide variety of groups, including teens in “mainstream” and “at risk” classroom settings, young men in correctional facilities, and participants in youth leadership programs. Although the program can be delivered to both males and females, 80 percent of the programming takes place within all male groups. About 90 percent of program participants are Latino, with one-third to one-half being first generation immigrants. *HJCP* has served males ages 13 to 25, but the average age of participants is 14 to 17 years. A large proportion come from low-income backgrounds. Tello speculates that 50 percent of the program participants are sexually active, with 10 to 15 percent already being fathers. When asked to what extent participants over the age of 20 are sexually involved with adolescent girls, Tello responds “extensively” when considering females age 19 and under.

HJCP as Delivered by Bienvenidos Children’s Center, Inc.

Bienvenidos Children’s Center, Inc., is only one of several programs that has adopted the *HJCP* curriculum in providing services to young men. Their specific program, however, offers a closer look at the way in which *HJCP* can be used to bring the males in a community together.

The Program

Bienvenidos Children’s Center, Inc. is a child welfare and foster family agency located in East Los Angeles. The program has a long-standing history within its community, providing a drop-in center for families, foster care placement, and food services for children. Agency Director Barbara Kappos says that Bienvenidos began delivering *HJCP* after first implementing Jerry Tello’s thirty-week Young

Fatherhood curriculum. In the interest of providing focused pregnancy prevention programming to young men, the agency hired teen fathers who had graduated from the *Rites of Passages* program to serve as outreach workers for an *HJCP* program. Kappos says that involving young men in this capacity has had great rewards for both the teen fathers and the participants who receive the *HJCP* program. These young fathers accompany professional co-facilitators in delivering workshops to groups of young men in the community. Workshops are scheduled throughout the area at schools, camps, other community agencies, and community recreation centers. Facilitators deliver the program in a two-hour session each week for four weeks. In addition to workshops, Bienvenidos provides *HJCP* presentations to larger audiences; these two- to three-hour presentations also provide a forum for sharing and discussion. During these presentations, young fathers tell the young men in the audience about their own experiences and the challenges they have faced in being a teen father. Bienvenidos also invites young men to speak who have not become teen parents and have succeeded in staying on the “right track.” In addition, an annual community event is held at a local community college during which the teen fathers put on a theatrical presentation around the topic of pregnancy prevention and related topics.

Kappos states that the concept of “palabra” is absolutely fundamental to the program, and Bienvenidos focuses on this concept in its promotion of *HJCP*. The agency hands out T-shirts and puts up billboards within the community featuring the word “palabra,” which young men identify as meaning a “man of dignity,” one who is true to his word.

Funding

Bienvenidos currently provides *HJCP* with a California State Office of Family Planning grant that totals \$100,000 per year. Kappos says, however, that running a community-wide program of this magnitude on \$100,000 has been extremely difficult. She states that the program requires about \$250,000 per year to provide adequate staffing and programming.

Staff

Kappos stresses the importance of having an established reputation within the community and collaborating with other agencies to bring young male participants into the program. Bienvenidos benefits from an advisory board that is made up of staff from other local social services youth agencies. These collaborating agencies refer young men to the *HJCP* workshops and presentations and are involved in the planning of both media coverage and *HJCP* events. In addition to the advisory board, Bienvenidos is establishing a “Compadres Network” made up of men in the community. These men, ranging from local businessmen to fathers, come in and speak

to the young participants and accompany them on recreational activities.

Currently, *HJCP* is run by a coordinator working at 75 percent time, as well as an outreach worker, a presenter, and a “Compadres Network” organizer, all working at 25 percent time. Five young fathers also work part time as outreach workers and presenters.

LESSONS LEARNED

- ▶ **Successful male involvement is largely an issue of redefining manhood.** Involving males requires focusing on much more than pregnancy, sexuality, and sexually transmitted diseases. Manhood must be framed in a way that stresses taking responsibility for one’s family and community as a whole.
- ▶ **The sponsoring agency must have a strong relationship within its community to be successful with such a community-wide initiative.** In order to address and begin to change social norms within a community, an agency must have a credible reputation among the people. In addition, an agency must see increased male involvement in reproductive health and pregnancy prevention in a positive light. If males feel that they cannot contribute positively to their family and community, they will not embrace the process of becoming more involved.

Manhood must be framed in a way that stresses taking responsibility for one’s family and community as a whole.

It Takes Two

Young Women's
Resource Center
Interview with
Tom Klaus,
Program Director
Des Moines, IA

The program takes the approach that in a relationship with "shared responsibility," both partners are interested in protecting themselves and each other.

Philosophy

Tom Klaus, Program Director of *It Takes Two* (*IT2*), feels that his program is unique among pregnancy prevention programs in two distinct ways. First, the delivery style of the program sets it apart from the average approach. Male/female presentation teams use "edutainment" to convey *IT2*'s messages—a high energy approach that combines the style of a stand-up comedian with that of a motivational speaker in order to engage and captivate teens' attention. Second, *IT2* is unique in its philosophical approach to pregnancy prevention. The program does not necessarily deal with sexuality education directly, but rather focuses on mutual respect and overall quality of relationships. The program takes the approach that in a relationship with "shared responsibility," both partners are interested in protecting themselves and each other. In quality relationships, good communication and decision-making skills take center stage as the most effective first steps to preventing pregnancy and sexually transmitted diseases.

Because *IT2*'s message lies in the notion of "shared responsibility," the program is very flexible and can be adapted to a wide variety of environments, topics, and community values and needs. For example, the curriculum may easily function as an abstinence-only program, or it may incorporate information about contraception for sexually active teens.

History

The *IT2* program is sponsored by the Young Women's Resource Center, a private, non-profit agency that was opened in the 1970s to provide women ages 13 to 21 with free, voluntary, and confidential counseling and information. After working with already-parenting teens, the Center began to take a growing interest in a preventative approach. With this in mind, the initiators of the program, Margaret Jensen Connet, former Executive Director, and Edward Saunders of the University of Iowa School of Social Work, secured a \$20,000 grant from the Iowa State Department of Human Services to begin the research and design of an adolescent pregnancy prevention program. An initial survey of existing adolescent pregnancy prevention programs provided the foundation of *IT2*. Connet and Saunders recognized that the idea of "shared responsibility" between males and females had been largely missing from existing prevention programs; *IT2* has attempted to fill this gap largely by involving males in a "meaningful way."

The Program

IT2 takes on many different faces. The program is delivered directly to students within Polk County, Iowa, where the curriculum was first developed and piloted. *IT2* also offers extensive replication training sessions to other agencies that also wish to implement the program. *IT2* can be implemented in three distinct formats: through

classroom or group presentations, as an independent learning program, or as a teen parent program.

Classroom/Group Presentations

IT2 is most commonly implemented in the form of classroom-based group presentations. The program is very flexible and can encompass 3 to 15 sessions. Klaus, however, believes in a strategy of “the longer the better.” He thinks the program should be delivered longitudinally in three sessions per year over the course of three to five years. His position is supported by evaluation findings that have shown that *IT2*’s impact on student behavior remains the same regardless of the number of sessions to which they are exposed in a single year. Therefore, Klaus feels that rather than hitting the teens over the head with the material all at once, the program is more useful when the messages are delivered consistently over the course of several years. Regardless of the format, *IT2* is always delivered by a male/female presenter team in an effort to model a positive relationship between the two sexes.

Throughout each year, the themes of the presentations and the basic philosophy of the curriculum remain the same. However, the activities used to convey these messages change with each consecutive year to become appropriate for each age group. In a typical delivery setting, three topics will be covered within three days of presentations: “Parenting as a Major Life Decision,” “Relationships: The Search for Love,” and “Sexual Decision-Making.”

Klaus believes that the second session, “Relationships: The Search for Love,” is the most critical of the program. Essentially, this session explores with students the way in which the quality of relationships may make us more or less likely to take risks. Relationships are presented as a triangle, with one side being “respect,” one side being “trust,” and the base being “honesty.” *IT2*’s basic message is that if two people are honest in a relationship, then trust and respect will follow, creating a healthy relationship. The curriculum takes the stance that when teens establish quality relationships, they can feel comfortable with their desires *not* to have sex and these wishes will be respected by their partners. However, if a couple does decide to become sexually active within a healthy relationship, they will have the tools and the foundation to discuss such issues as birth control and sexual history.

In discussing relationships, *IT2* makes the point that both females *and* males need to be committed to relationships that are characterized by honesty, respect, and trust. Klaus thinks that the male attitude can have an especially great impact on a couple’s willingness to take risks. He sees many young women who do have the knowledge and resources to protect themselves in a sexual relationship, all too often compromise in an effort to preserve the relationship and please the male partner. For these reasons, *IT2* specifically focuses on both male and female stereotypes in order to call into question the attitudes and expectations of both sexes. For males specifically, media, cultural, and peer influences to become sexually active are

discussed, as are the dangers for young men to act upon these influences in unhealthy ways. Activities such as “G.I. Joe and Barbie Go on a Date” are used to illustrate the ways in which gender roles are played out in male/female communication.

Each component of the curriculum incorporates a worksheet assignment that students must complete with their parents. The students bring a coupon back to class the next day, signed by their parents, that records how much time the pair spent completing the assignment. This parent involvement component has been shown to facilitate parent/child communication for an average of 25 to 30 minutes per night.

Independent Learning Program and Teen Parenting Program

The Independent Learning version of *IT2* is designed for teens to work through the material at their own pace. This curriculum has been implemented largely in group homes, juvenile detention centers, and schools for “high-risk” youth. The program makes use of learning tools such as videos and software and can be implemented on an individual basis or in small groups. Although this curriculum does address the importance of postponing sexual involvement, the focus is placed more heavily on issues such as contraception and sexually transmitted diseases. In addition, a Teen Parent Program has been developed with the goal of preventing additional pregnancies among already-parenting teens.

Replication Trainings

In addition to its work in Polk County, the *IT2* program is being replicated in other counties within Iowa and in eight other states. The replication training includes on-site training, technical support, evaluation services, a program license, and presenter’s manuals. The *IT2* curriculum may not be purchased without the provision of a license through formal training. Several training packages are offered including training in Des Moines for \$600 per team or in the host agency community for \$3,900 plus travel expenses. A Full Replication package starts at \$9,100 and includes monthly follow-up, evaluation, and “training of presenters” sessions.

Participants

IT2 is delivered in urban, suburban, and rural areas of Polk County, yet it continues to serve primarily the urban areas of Des Moines. The program serves a broad range of youths between the ages of 11 and 19, with the average participant being 14 years old. Approximately 70 percent of the participants are white, 15 percent are African-American, 6 percent are Latino, 4 percent are Native American, and 2 percent are Asian. Klaus estimates that about one-third to one-half of participants are from low-income backgrounds. Efforts are made to meet the diverse backgrounds of participants,

particularly through the translation of the parent/student take-home assignments into a variety of languages.

IT2 garnered great popularity within the school districts. Currently within Des Moines, the curriculum is implemented in seven out of ten middle schools and in all of the high schools. The program has built a well-established reputation and presenters are invited into the schools—current demand far exceeds the program's original goals. Last year, the program set out to reach 1,700 teens; however, it ultimately served 3,000. When asked what drives the popularity of the program, Klaus responds that "kids love it." The presentation style creates a fun environment in which kids can be rowdy and laugh. There is an opportunity for teens to ask anonymous questions that are always answered in a straightforward and honest way.

IT2 has also been successfully implemented in communities across the United States that contain diverse populations. Examples are Aurora, Colorado; El Paso, Texas; and Lennox, California.

Funding

The Department of Human Services in the State of Iowa has remained *IT2*'s primary funding source for the past 10 years. Currently, *IT2* receives two grants through the State Department of Human Services totaling \$87,000, an adolescent pregnancy prevention grant, and a grant to provide programs and services to pregnant and parenting teens. Additional funds are provided through private agencies such as Norwest and the Principal Financial Group. Klaus says that \$87,000 has provided adequate financial support to deliver the program comfortably in Polk County. However, he hopes to increasingly rely on sales from *IT2* replication training sessions, which last year alone grossed more than \$50,000 dollars in revenues.

Klaus feels that humor is extremely important in bringing males into the discussion because laughter provides them with a release for their discomfort.

Staff

The entire *IT2* program is staffed by the program director, a male site coordinator/researcher and presenter, a female presenter, and five contract presenters. Klaus, the program director, believes that the male/female presenter team is critical to the success of the program. The dynamics between the two presenters offer a model of a positive male/female relationship to the teens. For the young men, contact with a male presenter offers them an opportunity to talk to an older male about issues of relationships and sexuality.

Barriers

Klaus states that young men may feel attacked and defensive when confronted with a discussion of their role in pregnancy prevention. In response, they tend to dissociate and turn off to the messages. Klaus feels that humor is extremely important in bringing males into the discussion because laughter provides them with a release for their discomfort. Rather than addressing male involvement with a message of responsibility, *IT2* approaches the issue in terms of

male “investment.” Klaus believes that programs need to offer young men the opportunity to become partners in prevention and to let them see the long term benefits of pregnancy prevention, in the same way that young women have been brought into such discussions for years.

LESSONS LEARNED

- ▶ **Longitudinal programming requires community cooperation.** One important feature of the *IT2* program is its multi-year delivery strategy, which reaches teens over an extended period of time. Klaus says that in order to implement this type of program, school and community “buy-in” is essential in gaining long-term access to the same students. Thus far, this kind of community and school acceptance has not presented a problem.
- ▶ **Males need to get the message across to other males.** Ultimately, Klaus feels that discussions of male responsibility must be generated and led by other males to be effective. He observes that males find the approval of other males to be very important. To this end, those interested in implementing a male involvement program need to employ men who can deliver a message of shared responsibility while maintaining a strong sense of masculinity.
- ▶ **Start young.** Klaus sees that by the ninth grade, males begin to reject messages of postponing sexual involvement. As males continue through high school, they see abstinence as less and less of an option. Therefore, getting the message across early is the key to preventing a pregnancy and not dealing with problems after the fact. Klaus feels that once the messages stray from preventative, they become punitive, and this only works to drive a greater wedge between young men and their willingness to become interested in pregnancy prevention.

Male Involvement Program

Healthy Teens Center
Interview with
Darryl Bryant,
Male Involvement
Coordinator, and
Bonita Kenny, Project
Director
Landover, MD

Philosophy

The Healthy Teens Center's *Male Involvement Program (MIP)* hopes to help young men understand that having a child or contracting a STD is not just a woman's problem—both males and females have to take responsibility for the outcomes of their sexual behaviors. *MIP* strives to give males health care services comparable to those provided to women so that they can be educated and given the tools to choose responsible sexual behavior. In meeting this goal, Healthy Teens Center developed *MIP* as an extension of its clinic services to encourage better male health through wellness promotion, spirituality, counseling, and education.

History

In response to high teen pregnancy rates, the State of Maryland Healthy Teens and Young Adult Initiative granted funding to the Healthy Teens Center (HTC) in 1989 to provide adolescent family planning services to both males and females in Prince George's County. After the first year of operation, the clinic staff conducted an assessment of clients' needs and satisfaction. The results showed that clients believed the clinic inadequately addressed males' needs and did not place enough emphasis on male responsibility in pregnancy prevention. In response to this feedback, HTC developed *MIP* in order to reach males more effectively.

The Program

Clinic Services

Within the clinic setting, *MIP* offers males a full range of reproductive health care services as well as general and sports physicals. Prior to seeing a practitioner, each new client participates in a group or individual education session conducted by the male involvement coordinator. This session offers the young men the opportunity to gain more comprehensive education on issues such as STDs, contraception, communication, and violence against female partners. Each male is asked to take the initiative in choosing a form of birth control that is right for him, and the male involvement coordinator goes over that method with him one on one in detail. The educator presents information about the full range of contraceptive options, all of which HTC offers except for the IUD and Norplant.

Classroom

Bryant currently provides classroom presentations within 10 middle schools and high schools within Prince George's County. In delivering health education, he uses *MIP's* own seven-part curriculum, which covers a range of topics, including contraception, STDs/HIV, acquaintance rape, decision-making and peer pressure, relationships, and male and female anatomy and physiology. Bryant usually

MIP relies most heavily on its provision of sports physicals to attract males to the program.

Bryant also actively promotes physical fitness and good health in the community.

Through sports and nutrition, Bryant hopes to teach young males to have “discipline over their own bodies,” one step toward sexual responsibility.

visits a class for one or two days and delivers the material over the course of a 45- to 50-minute class period.

Sports

MIP relies most heavily on its provision of sports physicals to attract males to the program. HTC staffs a sports medicine physician who conducts sports physicals for middle school and high school students throughout the county. HTC staff take advantage of the young men’s presence in the clinic for sports physicals to offer information and discussion on reproductive health. Bryant also actively promotes physical fitness and good health in the community through posters and street outreach touting the importance of a healthy lifestyle. In addition to reproductive health, he addressed such issues as diabetes and high blood pressure.

While the sports component revolves around physicals and healthy lifestyle promotion, *MIP* also uses this format to discuss the sexual behaviors of popular sports figures who many of these young men see as role models. If a sports figure has been highlighted in the media for negative acts pertaining to relationships and sexual risk taking (i.e., date rape, domestic violence, out-of-wedlock pregnancy), the facilitator will use the sports star as a topic for discussion. The participants learn that even though sports figures are celebrities, their behaviors should not necessarily be models for others to follow. Through sports and nutrition, Bryant hopes to teach young males to have “discipline over their own bodies,” one step toward sexual responsibility.

Ministry

MIP regards spirituality as an important key to making good decisions regarding sexual behavior. Currently, a coalition of local ministers is working to establish ministry meetings that will be held one day per week at the Healthy Teens Center. These group counseling sessions will be geared toward fostering a spiritual foundation in the young men that will help to shape their attitudes and behaviors around sexual practices, risk taking, and violence. Peer ministers will help to facilitate the sessions, sharing their personal experiences and giving personal accounts of how they reformed their own lives. The coordinating ministers hope that the youth ministers will serve as positive role models and inspire the participants to rethink their approach to sexuality.

Parenthood

To offer support to young fathers, *MIP* refers interested clients to the Northwestern High School Young Fathers Program. These parenting classes are designed for young men who are fathers but do not have contact with their children. The goal is to prevent future unwanted pregnancies and to help young men reestablish relationships with their children. This fathering program teaches the young men about

custody rights and child support as well as how to provide for their children both financially and emotionally by setting goals and planning for their careers.

Participants

The Healthy Teens Center is located in Landover, MD, a suburb of Washington, D.C. Bryant explains, “[the setting is a] mix of urban and rural, so we get guys of all different types.” About 75 percent of the clinic clients are African-American and the remaining 25 percent are evenly split between Latino and white males. Participants range between 10 and 24 years of age. Bryant thinks that nearly 100 percent of the clients are sexually active and about one-fourth are already fathers. He believes that a sizable proportion of HTC’s male clients over the age of 20 are in sexual relationships with adolescent females.

Bryant uses extensive recruitment efforts to lure males to HTC. He ventures to community sites that are characteristically male, such as basketball courts and recreation centers, to get the word out about male services at the teen clinic. Bryant explains that he targets “all types, anybody. If he looks like a man, I got him.” He also recruits males with fliers, pamphlets, at project fairs, and through word of mouth.

Funding

Since its inception, the Healthy Teens Center and *MIP* have been funded through the Maryland State Healthy Teens and Young Adult Initiative. The Healthy Teens Center receives \$416,000 annually, with about one-third of the total amount going to *MIP*. Clients at the Healthy Teens Clinic receive free services if they are 19 or under but must pay on a sliding fee scale if they are between the ages of 20 and 24.

Staff

Bryant was hired as *MIP*’s coordinator three months after the project was initially funded and has worked in this capacity for the past five years. He is primarily responsible for keeping *MIP* going.

Barriers

Bryant believes that the female staff’s lack of comfort in serving males was an obstacle in getting the program started. Bryant thinks that “the women felt as if someone was invading their territory.” He believes that the female clinic staff was especially intimidated when high risk males came to the clinic for services and that this resistance caused a great deal of tension at first, leading male clients to feel unwelcome. He overcame the situation by maintaining a positive attitude—by “being patient, organized, and persistent and having the desire to really work with males, to advocate for males.”

LESSONS LEARNED

- ▶ **Male clients need a friendly atmosphere.** Males respond best in an environment where they can feel accepted and where they can have male staff who understand issues from the male perspective. Bryant has been with the program for five years, and a male physician was also hired to work directly with males.
- ▶ **Establish a good relationship with the community.** Funding has always been a primary concern for *MIP*. The program has been able to maintain its funding sources by establishing a good support system in the community and with the Maryland Department of Health. The clinic staff consistently network in the community with other hospitals and agencies to spread the word about their services for young men.

Male Involvement Program

Planned Parenthood of Nassau County
Interview with
Matthew Buscemi,
Male Involvement
Program Coordinator
Hempstead, NY

Above all, Buscemi believes that his role is not to judge the young men but rather to be available to them as an honest and valuable resource.

Philosophy

The *Male Involvement Program*, sponsored by Planned Parenthood of Nassau County (PPNC), is based on the notion that straightforward and honest information and discussion go a long way in generating male interest in pregnancy prevention. Matt Buscemi, the program's coordinator and sole educator, facilitates a comfortable environment in which young adolescent and young adult males can be free to ask questions and explore a wide range of sexuality issues. In acting as a trusted source of information, Buscemi works to understand and empathize with the pressures that males face to become sexually active. He stays tuned to popular culture, such as music and media, in an effort to understand the forces that compete with accurate information in influencing young people's behaviors. Buscemi says that in order to understand the males with whom he works, he needs to know what outside forces influence their sexual decisions and behaviors. By engaging them in critical thought and discussion about these influences, he can address any stereotypes or misinformation that young men may pick up through popular sources. Above all, Buscemi believes that his role is not to judge the young men but rather to be available to them as an honest and valuable resource.

History

The *Male Involvement Program* is sponsored by Planned Parenthood of Nassau County, a private, non-profit organization that offers both educational and clinical services on Long Island. The program was created eight years ago in response to rising teen pregnancy rates in the Nassau County area. According to Buscemi, although Nassau County is a suburban region, Long Island's health statistics reflect those of an urban environment, with the highest suburban HIV infection rate in the United States.

Programs

The *Male Involvement Program* consists of a series of workshops that are tailored to fit the needs of the requesting groups. Workshops usually consist of a series of presentations and address such issues as puberty, anatomy, contraception, sexually transmitted diseases, sexual decision-making, clarifying values, communication, self-esteem, drug and alcohol use, sexual assault and date rape, and the consequences of early childbearing. Buscemi helps young men to consider both the positive and negative aspects of sexual activity as well as alternatives to having sex. Because the program is delivered to young men between the ages of 12 and 22, content and focus may vary considerably. For younger adolescents at the middle school level, topics such as puberty, anatomy and physiology, and decision-making and communication skills are most often requested. As adolescents become older, however, interests tend to shift toward sexu-

ally transmitted diseases and contraception, reflecting the fact that many older adolescent males are already sexually active and want information about how to protect themselves. At all levels, however, challenging gender stereotypes and myths, such as the notion that a man always wants to have sex, is an important goal of the program. In addition to providing facts, opportunities to discuss sexual values and attitudes are also provided. Skills-building in sexual decision-making is also promoted.

Whatever the topic covered, Buscemi delivers that material in a way that will engage the participants. Many workshops involve “forced-choice” activities in which participants confront difficult situations, such as “if a girl you really like wants to have sex, what should you do?” Participants are asked to make a decision and defend their positions. Presenting this situation encourages discussion among the group about what decisions could be made and what the consequences of each decision might be. Buscemi states that young men are able to absorb much more information on sexuality-related issues in all-male groups because they “don’t have to put on an act in front of the girls,” and they feel more free to ask questions. He also allows the young men to use comfortable terms and language in discussions, as long as everyone in the group has a clear understanding of what is being talked about.

One of the strengths of the *Male Involvement Program* is its connection to the PPNC health center. Young men are referred to the health center if they need further information, contraception, STD information and treatment, and HIV testing and counseling.

Participants

PPNC delivers the *Male Involvement Program* within a large variety of settings including boys’ group homes, detention centers, alternative high school programs, colleges and universities, school districts, after-school programs, substance abuse programs, runaway homes, and religious organizations. The *Male Involvement Program* serves approximately 7,500 males per year, 50 percent African-American and 50 percent white between the ages of 12 and 22. About two-thirds of male participants are from low-income backgrounds. Approximately 75 percent of the males are sexually active and about 25 percent are already fathers. About one-half of the participants are required to attend the *Male Involvement Program* by the organization with which they are affiliated, such as boys’ group homes or juvenile detention centers. The 50 percent who participate voluntarily are attracted to the program because they see a flier or a friend encourages them to attend a workshop. Several requests for the program are generated by word of mouth; Buscemi says organizations such as boys’ group homes recommend the program to each other. Buscemi also recruits participants through street outreach in communities that are generally low-income areas, lacking services for youth at risk. In recruiting males, Buscemi makes a special effort

to target “at risk” males who may be on the verge of dropping out or using drugs or alcohol, or who are already sexually active.

Funding

The *Male Involvement Program* is supported through both Title X funding and private donations. The program costs about \$65,000 per year to run, which covers staffing, supplies, transportation, and condoms. Buscemi requests an honorarium each time he delivers the program. Those who are able to offer payment for the program are strongly encouraged to do so; however, Buscemi will deliver the program to requesting parties who cannot provide monetary compensation.

Staff

Buscemi is the program’s coordinator and only educator; although, he is one of four educators at PPNC. Each educator is responsible for a special initiative. The other programs are peer education, substance awareness, sexual health education, and multicultural education. As such, he dedicates 100 percent of his working efforts to the *Male Involvement Program*. In addition to providing educational workshops, Buscemi provides one-on-one education within the clinic for a total of four hours per week. His role in the clinic is to educate male clients about STDs and to discuss with them what they can expect when getting an STD test. His presence in the clinic helps to increase males’ comfort levels and provide them with a familiar face.

In relating to the males, Buscemi believes it is very important for a facilitator to have a background similar to that of the program participants so he can understand their perspectives. He also believes that his job requires a working knowledge of popular culture and current media trends.

Barriers

According to Buscemi, the greatest barrier in delivering sexuality education workshops to young men is combating the gender roles and stereotypes that they have been fed their whole lives. He is also often confronted on the first day with an initial “bad attitude” from the group. Through honest discussion, however, he is usually successful in creating a safe environment in which the young men can open up, begin to ask questions, and explore new ways to look at gender roles and different lifestyles. Through his presentations, he does not expect to change the world but rather, to make the information accessible and approachable.

LESSONS LEARNED

- ▶ **A male-only audience is often hard to get.** Buscemi sometimes delivers his program to mixed gender groups because all-male environments are not often readily accessible.
- ▶ **The educator who delivers the program must be honest and genuine.** Having a male educator is essential to successfully approaching sexuality issues in all-male groups. The educator needs to be someone who can make the topic approachable.
- ▶ **Working in conjunction with the Planned Parenthood health center is important in providing referrals to accessible reproductive health care.** If the program had extra money, Buscemi would like to make a male-only part of the clinic so that the young men would not feel like they are “second-class citizens” in the reproductive health care environment.
- ▶ **Providers need to define what they mean by increased “male involvement.”** Buscemi states that this phrase is thrown around often, but there is no consistent idea of how males are expected to become more involved in pregnancy prevention and parenting. This lack of consensus is confusing and frustrating for young men.

There is no consistent idea of how males are expected to become more involved in pregnancy prevention and parenting. This lack of consensus is confusing and frustrating for young men.

Male Outreach Program

Valley Community Clinic
 Interview with
 Connie Kruzan,
 Director of Youth Services
 San Fernando Valley,
 North Hollywood, CA

“If you give teenagers options they will be responsible. They *want* to be responsible. It’s hard to be responsible if you don’t have the tools.”

Philosophy

While many assume that teen males lack involvement in pregnancy prevention out of disinterest, Connie Kruzan, Director of Youth Services at the Valley Community Clinic, gives these young men the benefit of the doubt. Kruzan places the blame, not on the young men, but on the attitude that society has adopted. She claims that males “are not used to being involved in pregnancy prevention” because we “haven’t included them in that message.” Overall she says, “it’s not that these young men are irresponsible or don’t care, it’s that they are ignorant about it (pregnancy prevention), and this is not by choice.”

The *Male Outreach Program (MOP)* was developed by Valley Community Clinic (VCC) to confront this male ignorance and to motivate young men to be responsible actors in pregnancy prevention. Through classroom and one-on-one education, *MOP* hopes to give males a place to go with their questions about reproductive health. Ultimately, the program aims to give young men options that they did not know they had by providing information about contraception and encouraging abstinence. Kruzan explains, “If you give teenagers options they will be responsible. They *want* to be responsible. It’s hard to be responsible if you don’t have the tools.” Kruzan believes *MOP* gives young men the tools to be responsible partners.

History

After more than 20 years of providing private, non-profit health care services to the community, VCC was able to open a Teen Clinic in 1992 to provide services to adolescents specifically. The Teen Clinic’s funding, however, did not cover service provision for males. Recognizing the importance of serving young men, VCC successfully secured additional funding from the California Family Health Council, formerly the Los Angeles Regional Family Planning Council, Inc., and enthusiastically set out to bring males into the clinic. According to Kruzan, however, they “failed miserably.” Staff members soon realized that males did not have the same health needs and motivation to use the clinic as did females; VCC would have to take a unique approach to bringing males into the clinic. Borrowing a model implemented by the Santa Cruz County Health Department’s Male Involvement Program, VCC began using a one-on-one approach that centered on intensive, individualized contact between males and VCC educators.

The Program

MOP is delivered in public school settings and strives first and foremost to prevent pregnancies. The educators hope to impress upon young men that they are in “a 50/50 partnership.” To meet these goals, male health educators first provide classroom-based instruc-

tion on issues related to sexual behaviors. Classroom presentations, however, are only the backdrop to the focal part of the program, one-on-one education and counseling.

Classroom Presentations

VCC health educators make arrangements through individual teachers to be invited into high schools to provide classroom presentations, usually as part of health or nutrition classes. Classroom presentations are delivered to both male and female students, but students are sometimes divided into single-sex groups, particularly to do values and choices activities. Kruzan believes that single-sex groups allow the students to talk more freely and express their true opinions. The males and females always come back together as a group, however, to share what they have learned. One example of this is an activity used to examine gender roles called "Because I Am and If I Were. . . ." After splitting the class by gender and assigning a same-sex health educator to each group, the students complete the sentence "Because I am a (man/woman) I have to. . .," identifying obligations they associate with being their gender. They then switch roles and answer "If I were (the opposite gender) I would. . .". This exercise stimulates discussion and shares information between males and females about traditional roles and stereotypes.

Individual Outreach

The key element of *MOP* is the availability of a male educator to provide one-on-one health education and counseling for male students. After conducting classroom presentations, the educator returns to the school on a biweekly basis and establishes himself as a recognizable element of the school landscape. Usually, the teacher who initially invited the educator in to provide the classroom presentations will advocate for the educator's extended presence on campus. Spreading pamphlets and pictures on a lunchroom table or outdoors, the health educator makes himself available for conversation and questions. Pictures of STDs are said to have an especially big impact on males. Kruzan believes that these are used "not as a scare tactic, but an educational tool" to stimulate conversation. The educator also displays the different contraceptive methods themselves, so that students can see and touch them. When allowed by the school, the educator hands out condoms, and in some schools, vaginal film. Sometimes, condom key chains are given out to initiate contact and to break the ice.

At first, individual contact is usually made with only a few of the more outgoing students. As other students see the health educators "hanging out," however, they start to come out of their shells as well. The educator provides individual attention to males, offers his time in answering questions, and talks with them privately about issues of personal concern. Comparing the classroom and one-on-one components of the program, the Director concludes that "it is

better to deal with the individual than to deal on a broad scale in the classroom." Kruzan says that "the response [to *MOP*] has been really overwhelming. . . [these males] do care, but no one has ever approached them with this information before."

When appropriate, students are referred to the Teen Clinic at VCC. Kruzan feels that VCC's ability to offer referrals and free services to the male students is instrumental in making the education "very concrete." Those males who seek services at the clinic tend to come in for STD screening or treatment, or come with their female partners. VCC also runs a teen phone line, where teens can call and talk to peers about questions they have regarding reproductive health care. Kruzan regrets that the clinic does not currently have the funds to expand one-on-one services to females. In fact, the male educators will not deal individually with female students, as Kruzan does not "want male health educators to be put in a precarious position."

The Participants

MOP targets "continuation high schools," which enroll students who are at risk of dropping out. Kruzan describes these students as having little parental supervision; many have been in trouble with the law. Generally the students are ages 15 to 18, and nearly all come from low-income homes. About 40 percent of the students are Hispanic, 40 percent white, and the rest are of other ethnic groups.

In the course of a school year, *MOP* reaches approximately 500 males. Health educators work at five to six public schools. In addition, *MOP* provides classroom-based education at the San Fernando Valley Juvenile Hall as well as in group home settings. Presentations are also made to more than 15,000 teens a year.

Funding

Initially, Teen Clinic was funded by the California State Office of Family Planning. *MOP* was added one year into the Teen Clinic program with funding from the California Family Health Council. This money, however, only supported the program for two years, at which point the clinic was left without funding. Grants from the Stewart Foundation and the Turner Foundation kept the program going for awhile, but then it continued in the red. Fortunately, the California Wellness Foundation had taken an interest in VCC's teen services. As of April 1996, the Teen Clinic, *MOP*, and the Teen Phone Line have been funded by a \$300,000-a-year grant from the California Wellness Foundation. Of this, \$100,000 is used specifically for health education outreach including *MOP*. *MOP* services continue to be free to schools, and clinic services are free to teens. Additionally, the California Wellness Foundation is conducting a comprehensive evaluation of the program and its replication efforts.

Staff

The Teen Clinic health education component is staffed by two full-time and one part-time health educators, 16 teen staff, and a director. The health educators do *MOP* and other classroom presentations. Staffing *MOP* raised special challenges at first. When the money first came in, VCC did not have male educators on staff. Thus the female educators had to launch the program, but this was not extremely effective. Staff members soon realized that the male students would “respond a lot better [if the educator were a] guy.” Now, having male educators is seen as essential to the program. Furthermore, the educators are “young adults,” which creates somewhat of a peer dynamic with the high school students. Kruzan believes that teens need respect and that they respond best when they are “treated as equals.” She also feels that the staff must be comfortable working with teens, especially with their use of slang.

Barriers

Personalizing pregnancy prevention for males may present a challenge. Although pregnancy prevention is the primary goal of the program, *MOP* educators have learned from experience that they are more successful in involving males if they start by talking about STDs. Kruzan says, “You’ve got to make it personal to them, and how it can affect them.” Personal protection from STDs may be more important to males than preventing pregnancy, which is too abstract a concept.

Serving a population that is 40 percent Hispanic can place language demands on the program. While most students are bilingual, bilingual health educators add the flexibility of providing counseling and classroom presentations in either Spanish or English as needed.

Educators also feel that gang involvement can influence teens’ attitudes toward pregnancy as well. Kruzan explains that gang members may feel that they “want to procreate before [they] die, which might be tomorrow.” In addressing this attitude, Kruzan thinks that the educators should stick to a practical approach, emphasizing the real financial and emotional responsibilities of having a child. Because many of the students that VCC sees have been raised in single parent households, they ask them to consider how they felt growing up without a two parent family and whether they would want that for their own children.

“You’ve got to make it personal to them, and how it can affect them.” Personal protection from STDs may be more important to males than preventing pregnancy, which is too abstract a concept.

LESSONS LEARNED

- **Before starting a program, do focus groups with teens in the community to determine what they want, and how they perceive their needs.** VCC made use of such focus groups when designing *MOP*.

- ▶ **“Don’t be married to one thing.”** Remain flexible in the design and implementation of the program. One program component may not work equally as well for all potential participants.
- ▶ **If the males do not come to you, bring the information to the males.** Males do not come in as often as females to clinics. Going to the schools to educate young men brings the information to the user, in the environment in which he is comfortable and accessible.

Male Youth Enhancement Project

Shiloh Baptist Church
Family Life Center
Interview with
the Rev. Barry
Hargrove, Director
Washington, D.C.

Philosophy

The inception of the *Male Youth Enhancement Project (MYEP)* is related in a legend. The late pastor of the Shiloh Baptist Church, Henry C. Gregory, was standing on the roof of the church one Sunday afternoon watching a group of young men hanging out on the street below. Pastor Gregory realized that the young men in his neighborhood needed something to do and a place to go. To meet this community need, he launched *MYEP* through the Family Life Center of the Shiloh Baptist Church. *MYEP* is a comprehensive program that aims to facilitate a healthier lifestyle among African-American male youth in urban Washington, D.C., with a focus on African-American history, cultural pride, heritage, and values. Through offering a broad range of resources, *MYEP* strives to keep young men out of the justice system and to help them to become productive members of society by giving them a safe and nurturing environment.

The Rev. Barry Hargrove, director of *MYEP*, feels that the program has had great success in meeting its general goals. He asserts that the participants in *MYEP*'s mentoring program specifically have largely avoided the criminal justice system and that only one out of 60 participants has fathered a child. Without *MYEP*, Hargrove believes that these statistics would be much worse. In addition, *MYEP*'s participants have shown good academic progress, and none have been held back in school.

History

MYEP was launched in 1985 with a \$100,000 grant from the Ford Foundation. Initially, the greatest challenge faced by the program was gaining acceptance and credibility within the community and recruiting young men to participate in the program. Through a strong community presence, this barrier was overcome, and, according to Hargrove, rather than having to be recruited, community members now actively seek out involvement with the program.

The Program

MYEP is designed to run as an after-school program from 3 to 7 PM Monday through Friday. The program runs on a routine schedule: the young men spend 1 hour and 15 minutes doing their homework and studying. They then share a meal that is provided by *MYEP*. After the meal, 30 to 45 minutes is dedicated to workshops or "rap sessions," which may be either organized curriculum-guided discussions or informal group talks about current events or community happenings. Time is also dedicated to recreation and individual academic tutoring. During the summer, *MYEP* runs a program that facilitates academic training and educational and recreational field trips.

The "life-skills" portion of *MYEP* takes place through both workshops and "rap sessions." The workshops are guided by *MYEP*'s own curriculum, with content varying according to the age of the partici-

pants. *MYEP* breaks down participants into three different age groups: 8 to 10, 11 to 13, and 14 to 18. The boys ages 8 to 10 address such issues as growing up in their community, doing well and behaving in school, and growing up without a father in their homes. Hargrove thinks that often the young men feel pressure from a young age to be “the man in the house.” The program tries to “create a buffer zone” and impress upon the young boys that they are still children and do not need to take on the responsibilities of a grown man.

While still addressing problems of growing up, the boys ages 11 to 13 begin to deal with issues of sexuality as well. The program stresses abstinence as the best option until one is prepared for the responsibility of fatherhood. However, topics such as birth control, sexually transmitted diseases, and communication and decision-making skills are also discussed. In addition to its own curriculum, *MYEP* invites teen peer teachers to provide two interactive workshops a year addressing issues of sexuality.

Young men ages 14 to 18 are put through a 16-part “manhood training” called the “Rites of Passage.” The Rites of Passage incorporates the sexuality and communication components delivered to the younger boys; however, it also includes components on job skills training, financial management, community service, and African-American history. A certificate of completion is given to those who attend the entire training.

Hargrove sees the mentoring program as *MYEP*'s greatest strength. On Saturdays, men from the church and the community volunteer to spend a few hours one on one with the program participants. The young men are set up with a mentor through their parents' request. As the relationship strengthens, mentors and participants spend more time together in activities that the two enjoy.

Parents are included as much as possible in *MYEP*. *MYEP* facilitates a support group through which parents meet to discuss the progress of their children, share personal experiences, and help each other with parenting problems. In addition, the group concentrates on program-specific issues such as fund raising efforts and content of the curriculum and activities. The group meets once per month for ten months during the school year.

Finally, physicians who are members of the Shiloh Baptist Church donate their time once per year to offer the young men physicals on site at the Family Life Center.

Hargrove thinks that often the young men feel pressure from a young age to be “the man in the house.” The program tries to “create a buffer zone” and impress upon the young boys that they are still children and do not need to take on the responsibilities of a grown man.

Participants

MYEP is designed specifically to meet the needs of African-American males between the ages of 8 and 18 in the Shaw area of Washington, D.C. According to Hargrove, 90 percent of participants are low-income and about 15 percent are sexually active. Only one of the 60 participants is already a father and only two young men are required through court order to attend the program. *MYEP* focuses on working with young men who are at risk of falling into the criminal justice system or becoming involved in violent situa-

tions. The program has been minimally successful in recruiting members of local “crews,” small gang-like groups within neighborhoods.

All participants enroll in the program in September at the beginning of the school year. *MYEP* drops off a few fliers at schools and apartment buildings to spread the word about its services, but most participants hear about the program by word of mouth. In the four years that Hargrove has been director, the program has not had a problem filling its capacity of 60 participants. Some young men are attracted to the program because they can gain access to the church’s basketball court. Still others recognize that the staff will act as their advocates within school if needed. Participants’ parents often seek to enroll their sons in *MYEP*. Hargrove says that most of his program participants come from single-parent, female-headed households. Mothers may feel that their sons will benefit from the male role-modeling and influence that *MYEP* can provide. In all cases, parents must sign their children up for the program and each participant must be enrolled in school. Participants are involved in the program for at least one year; however, the average length of involvement is five years.

Funding

Currently, *MYEP* serves 60 young men with funding by the Department of Justice, Shiloh Baptist Community Church, and private donations. Hargrove thinks that to offer a “bare bones” program with the minimum staff, out-of-date equipment, and no field trips, the services can be delivered for about \$75,000. However, with a minimal staff but high quality equipment and field trips, the program would cost about \$125,000.

Staff

MYEP is supported by three paid staff: a director, an assistant director, and a recreation coordinator. In addition, four regular volunteers donate their time as tutors and chaperones for recreational activities.

Barriers

In trying to involve young men in pregnancy prevention, Hargrove believes the biggest barrier is promoting abstinence as an acceptable option. He says that by ages 14, 15, and 16, young men have developed a casual attitude toward sex and women. Changing this mindset can prove to be challenging. In overcoming these attitudes, Hargrove says that program facilitators keep emphasizing to young men that it is okay to be sexually responsible. Often the young men actually do see the benefits of abstinence, but the peer pressure to be sexually active overrides the program’s messages of postponement. Many young men cannot acknowledge that they are at risk of unwanted pregnancy or infection.

LESSONS LEARNED

- ▶ **Make the information real and accessible.** Statistics and preaching will not work. Hargrove insists that young men must be brought to a true understanding that “bringing a child into the world is much more complex than having sex.” Many of these young men see a father as someone who comes around every once in a while or drops a check in the mail. The program’s role is to try to counter this image and show the participants that a man can be very active in the life of his child.

Men's Services Program

Baltimore City
Healthy Start, Inc.
Interview with
Joseph Jones, Director
Baltimore, MD

"Fathers and male support persons are extremely influential to the outcome of a pregnancy, and to the ongoing health and well-being of a baby."

While men are often placed on the sidelines of prenatal care, pediatric care, and family planning, Jones envisions them to be right in the center, alongside mothers and children.

Philosophy

What is one commonly overlooked key to promoting better birth outcomes, infant health, and pregnancy prevention? According to Joe Jones, Director of the *Men's Services Program*: get the men involved. This philosophy, that "fathers and male support persons are extremely influential to the outcome of a pregnancy, and to the ongoing health and well-being of a baby," lies at the foundation of Baltimore City Healthy Start's *Men's Services Program*. While men are often placed on the sidelines of prenatal care, pediatric care, and family planning, Jones envisions them to be right in the center, alongside mothers and children. Jones seeks to bring out the male potential to be a strong source of support and encouragement for better health in both their female partners and their children. The *Men's Services Program* works to unleash this potential by helping men to further themselves emotionally, educationally, and financially.

Fostering a sense of empowerment in these men is not an easy task—many have a long way to go. Most often, they have never had an arena to develop their skills in parenting and relationships. Completely accepting men exactly as they are when they come through the door is a fundamental attitude adopted by the program. The primary goal is to help these men move into the next level of personal development, whatever that level may be. While the program strives to promote a healthy relationship between male and female partners, the focus remains on the importance of the father's involvement with the child, regardless of the nature of his relationship with the child's mother. Jones realizes that many of his participants have fragile relationships with the mothers of their children. Therefore, the primary goal of the program is not to salvage the romantic relationship between the parents, but rather to help them to cooperate as the care-givers of the child so that the child may have a relationship with both parents.

The *Men's Services Program* takes a holistic approach to the process of personal development. Participants work with program staff in learning fathering skills, utilizing job skills, accessing employment opportunities and educational assistance, and becoming involved in the development of their children. Healthy Start takes the stance that active parenting begins at conception. Therefore, participants follow a standard "care plan" that includes attendance at prenatal and pediatric appointments in addition to attendance at weekly life skills education and group therapy sessions.

History

The roots of the *Men's Services Program* began in 1990 when Jones was employed with a locally funded infant mortality reduction program. In working as a substance abuse counselor with pregnant and postpartum women, Jones often felt anxious about being met with hostility from these women's partners. He encountered just the opposite, however. Not only did these men want help for the moth-

ers of their children, but they also wanted help for themselves, particularly in finding employment. Thus when the project applied for Healthy Start initiative funding from the U.S. Department of Health and Human Services, they advocated for men's needs by including a specific male service component that would serve the lowest income neighborhoods in Baltimore. In 1992, the project began to receive \$8.6 million annually to implement a large-scale infant mortality reduction program, which included the *Men's Services Program*. With a successful beginning in 1993, the program has continued to expand and now provides services to 100 men in West Baltimore and 100 men in East Baltimore.

The Program

The *Men's Services Program* is provided in a satellite office in the south end of both the East and West catchment areas. The male-specific services are intentionally housed away from the main Healthy Start center, which provides the majority of services to female clients. This is done to maintain the feeling of privacy and confidentiality of the female Healthy Start participants.

Both the males and females in Healthy Start go through a "life planning" session in which they meet with case managers to establish care plans to be followed during the program. Life planning counselors discuss such issues as education assistance, employment assistance, and information around contraception and child spacing. Life planning is provided to the male/female parent couple together and then to each individually. In situations in which the male and female are not a couple, the session is done on an individual basis only.

The *Men's Services Program* client care plans require male participants to attend prenatal and pediatric visits, as well as weekly life skills education and group therapy sessions. The educational sessions revolve around a 15-part curriculum, The Healthy Start Father's Journal, developed specifically for the *Men's Services Program*. Although the curriculum contains a total of 15 modules, each module requires more than one session to complete. While flexible, Jones says that the pilot project took 33 weeks to complete; however, he is modifying this time frame. The curriculum begins with a discussion of what it means to be an African-American male within the community. Many of these men have been "nurtured on the street" and may feel that manhood is characterized by the ability to pull a trigger or to father many children. The group confronts these old concepts of manhood and explores new, positive definitions.

Male sexuality is a central topic during which the group talks about the sexual pressures that men face and how to manage those pressures. Contraceptive methods and the male responsibility in preventing "serial pregnancies" is also discussed. Effective male/female and male/male communication is stressed.

Group activities are used to help the men learn about the importance of childhood development and health. In discussing fetal development, the men are broken up into three small groups. Each group is responsible for learning about fetal development during one trimester of pregnancy and reporting the facts to the rest of the group. In this way, the men grow to truly understand *why* certain behaviors are harmful to the fetus. Breastfeeding is also greatly encouraged. The men participate in role plays around breastfeeding in which one plays the female partner and the other plays the male partner. In this scenario, the female partner is reluctant to breastfeed and the male partner must stress the benefits and encourage the behavior. Behind these activities lies the belief that if men are provided with proper information, they can play a primary role in encouraging their female partners to practice good health behaviors.

Employment is a primary concern to many *Men's Services Program* participants; the program is able to provide some assistance in this capacity through grant funding and collaboration. Through a \$12 million grant from the U.S. Department of Housing and Urban Development, the *Men's Services Program* is able to hire contract workers to do lead abatement in Baltimore's inner-city housing on the condition that the contractors, in turn, employ a proportion of fathers from the *Men's Services Program*. Currently 25 participants are employed in the lead abatement program; the *Men's Services Program* has plans to increase the number of participants to 50 over the next year. In addition, the *Men's Services Program* collaborates with the Kaiser Permanente Bridge Program to provide health insurance for the men employed in the lead abatement program. The *Men's Services Program* also has an agreement with the Johns Hopkins Hospital and the Baltimore Hyatt Regency Hotel in which a concerted effort is made to hire men from the program for available positions.

Participants

Men's Services Program participants have usually fathered children of women enrolled in the Healthy Start program. However, a man can also participate as a support person without necessarily being the biological father. The *Men's Services Program* is very proactive in its recruitment process. The female clients will offer the names of their male partners to their own case managers, and these names are, in turn, given to the *Men's Services Program* case managers. The case managers seek out the male partners in the community and invite them to come to "Father's Journal" meetings or group therapy sessions. Jones states that the program staff will approach a man 10 or 11 times before they will give up on their attempts to include him. Some of these men may react negatively, but many see it as an alternative to the "madness of the community." Ultimately, Jones says, 50 to 60 percent of recruited men become involved with the *Men's Services Program*.

The participants in the *Men's Services Program* are between the ages of 16 and 40, with the average age being 24. All of the men are African-American and come from low-income households. Eighty percent are unemployed at the time they enroll in the program. Participation in the program is completely voluntary. Jones feels that the men are attracted to the program by a sincere desire to get something better out of life; the *Men's Services Program* offers them an alternative.

Funding

In addition to the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development (HUD), Baltimore City Healthy Start receives additional funding from the Rauch Foundation. Jones estimates that the *Men's Services Program* costs a total of \$400,000 per year to provide in full.

Staff

Both the East and West Baltimore sites are staffed by a case coordinator, two senior level men's services advocates, and two entry level men's services advocates. The *Men's Services Program* employs an all-male staff, which Jones sees as just short of critical. The central philosophy of accepting clients exactly the way they are may mean initially dealing with very negative behaviors. Jones says that a woman in this position would be required to set exceptionally strong boundaries and to be prepared for the men to approach her in a sexual way. Jones strives to recruit staff from the community who have a similar background to that of the men in the group. He believes that staff need to be professional and para-professional men from the community. He states that it is also helpful if the men were at one time or another in the same environment as the participants but have succeeded in "breaking out" and furthering themselves in mainstream society.

Qualifications for each employment level range from a good comprehension of the English language for entry level advocates to at least one year of college for the case coordinator positions. In some cases, Jones is able to hire men who are "graduates" of the *Men's Services Program*. For senior level advocate positions, Jones recruits at the local community college and looks for men with at least one year of experience in community work and a high school diploma or GED.

Barriers

Actively involving men in a traditionally female arena has proved somewhat difficult. Jones says that currently, in trying to include males in prenatal care services, health care workers have sometimes been reluctant to allow men into the clinic. Jones is currently working with a city-wide consortium that, among other tasks, addresses such barriers to male involvement in maternal and child health

care. Jones feels that if men can be comfortably included in the family planning, prenatal, and pediatric visits and receive education, empowerment, and information along with their partners, they can act as a source of support in maintaining their partners' and children's health.

LESSONS LEARNED

- ▶ **A program really must cater to men and accept them where they are.** Jones says that men have had very little exposure to the type of information that the *Men's Services Program* is delivering. Program staff have to find out what the men know and where they are coming from in order to present material in a way that appeals to the participants. Sometimes the staff may have to deal initially with negative attitudes or behavior, such as poor hygiene or aggression. No matter what, the program staff gives the men respect but also commands respect in return.
- ▶ **Do not expect a male to join the program on the first approach.** Recruitment with this population requires trust building and may take more persistence.
- ▶ **Consistency within the program is very important in setting an example for the men.** This means that no matter what the circumstances, the sessions are always running at their scheduled times or an explicit sign is left that states where the group is and/or when they will meet again.

Project Alpha

Alpha Phi Alpha
Fraternity, Inc.
Interview with
Wilbur Jackson,
Regional Coordinator
San Jose, CA

Philosophy

Project Alpha, co-sponsored by Alpha Phi Alpha Fraternity, Inc. and the March of Dimes Birth Defects Foundation, is a three-part pregnancy prevention program that is implemented by local Alpha Phi Alpha fraternity chapters and their surrounding communities. Because the project is implemented in a variety of settings nationwide, the format and details of the program vary—sometimes a community will host a half-day workshop; others may host a weekend camping retreat. In all cases, however, *Project Alpha's* most basic goal is to encourage males to think about pregnancy prevention and to open the lines of communication between young men and knowledgeable adults. Community involvement is always a key component. The program is not meant to simply provide information but to encourage the young men to take the knowledge they have gained a step further and share it with others around them.

History

The Alpha Phi Alpha fraternity became active in teen pregnancy prevention in the late 1970s. At this time, the fraternity's Chicago chapter was searching for an issue that they could work on to improve the well-being of their local community. The chapter chose teen pregnancy for two reasons. First, they felt that teen pregnancy resulted in poor health and social outcomes in the community. Second, they recognized that this was an issue from which young men were largely excluded and that male involvement could be greatly increased. With this, the chapter moved to sponsor a pregnancy prevention conference for high school males called "A Strong Future for Our Children—Our Responsibility and Our Challenge" with funding from the Metropolitan Chicago Chapter and the National Headquarters of the March of Dimes Birth Defects Foundation. After the success of the pilot project, March of Dimes and Alpha Phi Alpha expanded the project to additional cities; the project, which came to be known as *Project Alpha*, is now implemented by 700 chapters nationwide.

The Program

Whether a one-hour presentation, a full-day workshop, or a weekend retreat, all events focus on the same three basic components: knowledge, attitudes, and skills. Through these events, facilitators hope that young men will come to truly appreciate the benefits of pregnancy prevention. With the help of a general Leader's Guide, each Alpha Phi Alpha fraternity weaves these components into an event that is best suited for the participants in its community.

Knowledge

The knowledge-building component is meant to arm young men with factual information. Wilbur Jackson, *Project Alpha's* Regional

Coordinator in San Jose, feels that ideally, these informational presentations should be delivered by experts in each field who are skilled at working with young people. For example, he recommends that the human sexuality components (physiology, STDs, and contraception) be delivered by a urologist. Jackson feels that a specialist is particularly important when it comes to question-and-answer sessions, as he or she has the tools to answer unpredictable questions and dispel myths and fears that the young men might have. Jackson sees that young men often have the “Sesame Street answer” to questions about sexuality. They know the most basic facts but do not truly understand them, and they have trouble translating the facts they do know into actual behavior.

The knowledge-building component can be modified to be appropriate for each specific group. Topics typically include comprehensive sexuality, social development, societal impacts and consequences of teen parenting, and legal implications of parenting. In addressing the social and legal issues, Jackson recommends bringing in a lawyer or a social worker to discuss teen pregnancy’s impact on families and the community. Some chapters have added additional components to the curriculum as well, such as tobacco use and substance abuse.

Jackson sees that young men often have the “Sesame Street answer” to questions about sexuality. They know the most basic facts but do not truly understand them.

Attitudes

The motivation component gives the young men the tools to incorporate their new-found knowledge into their lives as well as into their larger communities. Before they can do this successfully, the young men first need to explore their own values and determine how they can use the information in a way that feels most comfortable for them. For example, if a young man strongly believes in abstinence, he might wish to carry the information back to his community in a way that supports sexual postponement. A young man who believes that sexual activity is acceptable, however, might choose to stress contraceptive use. The position that the actual program takes can be determined by the sponsoring organization, although *Project Alpha*’s most basic message is that abstinence is the only 100 percent “bulletproof” way to avoid pregnancies.

Skills

For the final piece of *Project Alpha*, the participants deliver the information that they have learned to the larger community. Jackson thinks that this component is the most difficult to implement because of the time and resources required. Some relatively simple options are for participants to arrange for assembly speakers at their schools or to address the parent-teacher association. When possible, helping the teens get on a local radio or TV talk show is not only the most effective way to reach a broad audience, but it is also really fun for the teens.

Program Delivery Options

Project Alpha can be delivered in a variety of formats. Although Jackson is willing to do even a one-hour presentation just to provide the most basic information to young men, he strongly feels that multiple-day sessions are the most effective. While one-day conferences have the advantage of costing less and reaching a larger number of youth, Jackson prefers to do two-day weekend retreats with the young men. Longer programming gives participants the opportunity to feel more comfortable, let down their guard, and become interested enough to learn. A weekend also allows facilitators to go into greater depth with the subject matter and leaves the young men more time to think about what they have learned and ask questions. Finally, the recreational downtime between sessions gives teens the opportunity to ask questions one on one that they may have been uncomfortable asking in a group setting.

For a typical retreat, the young men and facilitators usually go to a campground outside of their community. The day is spent in educational workshops, group discussions, and recreational activities. In the evening, the participants do a creative presentation of the information they have learned, for example, through rapping or putting on a skit. A retreat usually includes about 50 young men with each adult leader responsible for a certain number of young people.

Longer programming gives participants the opportunity to feel more comfortable, let down their guard, and become interested enough to learn.

Participants

All conferences and events are completely voluntary. The participants are recruited through other organizations that tell the young men about a *Project Alpha* event. Referring organizations include schools, church groups, Big Brothers/Big Sisters, the Boy Scouts, and other youth services programs. Adult leaders are volunteers. Although such events are normally free of charge, Jackson observed that attendance improved when a small registration fee was required.

Funding

Jackson finds *Project Alpha's* two greatest strengths to be that it is steered at the local level and is run primarily on volunteer support. Some funding is received from the March of Dimes and the National Fraternal Organization to develop educational tools such as videos and posters; however, most work is done through community-based efforts and local contributions. During the planning stages of an event, a finance subcommittee is responsible for requesting donations and generating in-kind contributions. For example, the pilot project in San Jose benefited from a \$3,000 donation from the IBM corporation. Some broader-based funding, however, has been secured from the Kellogg Foundation to implement *Project Alpha* in selected major cities across the United States. This grant will provide \$3,000 per year for each city over the course of three years.

Jackson estimates the total cost of a *Project Alpha* conference to be about \$5,000 for a weekend retreat and about \$2,000 for a one-day workshop. Most of these costs can be easily covered by securing in-kind donations. Because the program is not “institutionalized,” meaning not implemented within schools or other more structured settings, paid staff are not a consideration and the cost is greatly diminished.

Staff

The fact that *Project Alpha* is sponsored by a fraternity has been a great strength in enlisting the help of skilled volunteers. Because all of the Alpha Phi Alpha alumni are college graduates, the project has a large pool of dedicated professionals to draw on to participate in events. This, combined with Alpha Phi Alpha’s relationship to the March of Dimes, offers strong networking capabilities for generating financial support, contributions, and other types of assistance. In addition, fraternity members and alumni can act as positive male role models for many of these young men.

Barriers

Jackson thinks that the greatest barrier that the program has faced has been its inability to do adequate follow-up with its participants. At the moment, *Project Alpha* cannot assess its impact on teen pregnancy prevention. Generating the financial support for a *Project Alpha* conference also requires a considerable amount of energy.

LESSONS LEARNED

► **Collaborate.** Jackson believes that the most effective way to implement a *Project Alpha* conference is to build coalitions with other agencies that work with youth. The first pilot project in San Jose focused heavily on building coalitions during its six-month planning process and was able to generate support from 50 local organizations such as teen service organizations, churches, Planned Parenthood, the Native American Community Center, and the African American Community Center. Jackson says that the event brought out “a large number of adult leaders who cared a lot about the young people in the community.” Alpha Phi Alpha in San Jose continues to network within the community, offering curriculum support and other collaborative efforts to agencies in the area that are interested in developing a male pregnancy prevention involvement program.

Project MISTER

Medina Children's
Services
Interview with
Cynthia Williams,
Project Director
Seattle, WA

Cynthia Williams, Project Director, believes that the young men are drawn to the program because they feel ready to make a step toward improving their lives, and the program is ready to work with them.

Williams says that "when they take the risk to reach out, they have someone right there to support them."

Philosophy

Project MISTER (Male Information and Services To Encourage Responsibility) seeks primarily to help young men gain a positive sense of self-regard and to make "self-serving" choices such as waiting to father a child, staying enrolled in school, and staying out of the criminal justice system. The program takes an interagency approach, working closely with the Public Health Department and the schools. Programming takes place within two "alternative high schools," schools geared toward serving students who may be engaging in "at-risk" behavior or are in need of special academic attention. The program utilizes case-management, job skills training, and community networking in an effort to decrease gang involvement, juvenile offense, teen pregnancy, and school drop-out rates while hoping to increase employment readiness. Cynthia Williams, Project Director, believes that the young men are drawn to the program because they feel ready to make a step toward improving their lives, and the program is ready to work with them. Perhaps these young men see that they are behind academically and have not made all of the wisest decisions. Williams says that "when they take the risk to reach out, they have someone right there to support them."

History

Medina Children's Services is a private, non-profit agency that seeks to promote family and child welfare. In addition to *Project MISTER* and its female component, *Project SISTER*, the agency provides adoption and fostering services as well as pregnancy counseling. The idea for *Project MISTER* surfaced in the late 1980s as staff began to recognize that the partners of the females enrolled in *Project SISTER* were in great need of services. Many of these young men were out of school, uneducated, and unemployed. The agency moved to provide a "mirror" image of *Project SISTER* tailored to the needs of males. *Project MISTER* was started in 1990 with a \$25,000 grant from the Public Welfare Foundation, a national foundation. In the same year, the program received a \$100,000 grant from the federal Office of Minority Health.

The Program

Project MISTER is part of a larger youth services program sponsored by the Medina Children's Services. Last year, the program served 100 young men enrolled primarily in alternative high schools. The program is delivered in a regularly scheduled class for one class period per day. *Project MISTER's* daily classes are facilitated by case-managers and cover such issues as health, pregnancy prevention, anger control, and employment readiness. The classroom groups are not guided by a specific curriculum; however, the case-managers cover the same topics in their classes using their own collection of

materials. The project has developed a workable curriculum training manual available for purchase.

In addition to classroom workshops, each male participant meets one on one with his case manager an average of five to six hours per month to develop a case plan, set personal goals, and address specific needs. A nurse from the Public Health Department is also available at each site for 10 to 20 hours per week. Williams says that much of the pregnancy prevention education that occurs one on one with the nurses results from “pregnancy scares” when couples believe that the female is pregnant and seek out help. The nurses also provide educational sessions two times per year within the *Project MISTER* classroom on prevention, contraception, and partner negotiation.

There is also a *Project MISTER* Fatherhood program that assists teen fathers in accepting and meeting the challenges of responsible parenting. Community discussions are held to highlight teen fathers’ need for education and other system supports.

The *Project MISTER* program incorporates field trips that are meant to reinforce the messages that the young men learn in class. For example, the group may go to a state prison and talk with the inmates, to a neonatal intensive care unit to see infants born to parents who used drugs, or to a college campus to meet some of the male college students. To promote leadership skills, *Project MISTER* also encourages the participants to sponsor events, such as dances or larger educational workshops, in order to learn how to conceptualize a plan and work together to see it to completion.

In order to empower young men through positive male role modeling, *Project MISTER* and “The Breakfast Group” collaborate to provide a mentoring component. “The Breakfast Group” is a group of African-American professional and business men who organize and participate in events with the young men; for example, every year the Breakfast Group has a Super Bowl party for the participants in which the young men and the mentors get together and watch the game on a big screen TV. The Breakfast Group mentors are also involved in the end-of-the-year *Project MISTER* graduation reception called “Tie One On.” This reception honors participants who are either graduating from high school or have completed a year of *Project MISTER*. During this ceremony, the participants are given neckties by the Breakfast Group. An added bonus to the program is a necktie design contest in which participants can win prizes and scholarships and have their ties provided for the Tie One On event. The neckties are now sold as a program fund raiser and participants have an opportunity to learn marketing and business skills.

Participants

Overall, the ethnic make-up of the *Project MISTER* participants is quite varied. About 47 percent of the participants are African-American, 13 percent are biracial, 10 percent are white, 8 percent are Latino, 3 percent are Native American, 9 percent are Asian Pacific Islander, and 2 percent are unknown. In response to such

diversity, a fundamental goal of the program is to increase recognition and celebration of one's own as well as others' cultures. *Project MISTER* aims to highlight the differences among participants in an appreciative way. For example, when they have big events, participants are encouraged to bring foods representative of their cultures. Williams remarks that she has never sensed any tensions between participants along ethnic lines.

The *Project MISTER* participants are between the ages of 13 and 21, with the average age being 17. About 60 percent of participants are from low-income backgrounds. Williams estimates that 75 percent of the participants are sexually active and that 15 percent are already fathers.

Most participants enroll voluntarily; however, 10 percent are court ordered to participate in the program. *Project MISTER* has had the most success in recruiting participants by networking with other agencies, such as the Breakfast Group, the Public Health Department, the Urban League, the juvenile courts, and the Seattle African American Mentorship Consortium. In addition, word of mouth among young people about the program is very positive. Many young men see their friends having great success within the program and want to become involved. Last year, the program placed 24 percent of its participants in employment; one-third of the participants graduated from high school or received a GED; and 98 percent did not become fathers.

Funding

The project is funded by a combination of public grants and foundation support. The current funding sources are the United Way, Horizon's, and Greenville Foundation. To maintain its current level of programming, Williams believes that *Project MISTER* costs about \$100,000 to \$150,000 per year. The project lacks additional resources, however, to expand to meet the increasing needs within the schools.

Staff

Project MISTER now serves two schools in Seattle with a staff of five: a Project Director for both the male and female components, two male case-managers, one community resource development coordinator, and one administrative support staff person. The program provides one case-manager in each school in which the program is implemented, with each case-manager carrying a case load of about 30 young men.

The community resource development coordinator is responsible for providing employment readiness training to the participants covering such topics as résumé development, interview skills, and appropriate dress and hygiene. He also recruits and coordinates the program's mentors, tutors, and professional legal speakers, who occasionally address the group about legal rights/responsibilities.

In addition to the core staff, nurses from the Public Health Department are available on campus to answer questions or give referrals for needed services.

Barriers

Many of Medina Children's Services' obstacles in providing services to males have revolved around inadequate funding. Because some of the state funding is earmarked to provide services solely to females, not all of *Project MISTER's* expenditures can be billed to these grants. Rather than cutting back on services, the agency draws upon its own resources to provide *Project MISTER* in full. In addition, the alternative schools that *Project MISTER* currently serves continue to enroll a growing number of middle-school-age adolescents. These 11, 12, and 13 year-old males are put into "reentry programs" in alternative school settings in order to help them "stabilize." Although the younger males would benefit from being involved with *Project MISTER*, the program does not have adequate funding and staff to make these necessary expansions.

LESSONS LEARNED

- ▶ **Working "hand-in-hand" with the community gives males the opportunity to view their community in a more positive light.** *Project MISTER* works with several community agencies in order to bring the young men as many services as possible and to expose them to all the good resources that their community has to offer.
- ▶ **Working within the school setting gives the program easier access to young men.** *Project MISTER* also has the opportunity to help make school a more positive experience for its participants. Project Director Cynthia Williams feels that one of the greatest successes of the program has been the graduation rates of the participants; 79 percent of the program's participants have had positive academic outcomes.
- ▶ **While having an all-male component is important, incorporating additional male/female peer groups can be very beneficial to the participants.** Male/female discussion forums provide a safe place for males and females to talk with each other about important issues. Williams says that many of the participants do not know how to deal with the opposite sex in a non-sexual way. She feels that facilitating this kind of communication is key in young men and women learning to respect each other.

The Responsive Fathers Program

Philadelphia City School District
Interview with Gregory Patton, Director
Philadelphia, PA

While many urban young men are thought to lack positive male role models in their lives, Gregory Patton, co-director of the *Responsive Fathers Program (RFP)*, believes that male role models are there—it just takes some extra effort to bring young men and adult men together in a meaningful way.

Philosophy

While many urban young men are thought to lack positive male role models in their lives, Gregory Patton, co-director of the *Responsive Fathers Program (RFP)*, believes that male role models are there—it just takes some extra effort to bring young men and adult men together in a meaningful way. To accomplish this, Patton facilitates all-male assemblies in Philadelphia public middle schools in which all the males in the school, young and old, are brought together to share their experiences and learn from each other.

The goal of *RFP* is to prevent pregnancy and violence by building a sense of respect for oneself and others. Patton says that the assemblies target the common “it won’t happen to me” attitude among students by discussing the realities of early parenthood in a way that young males can understand. *RFP* focuses on short-term goals such as “what do you want to be when you are 16?” rather than looking at the distant future—something that may not be tangible to middle school students. The program stresses to young men that they do not have to struggle to survive *with* a child—they can *prevent* births and open the door to choices in their lives. A child can always come later, when they are prepared to accept the emotional and financial responsibility. Patton feels that these young men need to be told that, even in the face of social and peer pressure to do otherwise, it is okay to succeed.

History

RFP began in 1992 with a five-year grant from the Pew Charitable Trust Foundation. Initially the program was sponsored by the Children’s Network, a private, non-profit agency whose mission was to improve the life chances for youth. Funding for the Children’s Network was discontinued in 1995, which has temporarily put delivery of *RFP* on hold. Currently, Patton is working to negotiate reinstatement of *RFP* through the Philadelphia School District.

The Program

The *Responsive Fathers Program* is delivered to sixth-, seventh-, and eighth-grade boys within urban middle schools in North and West Philadelphia. *RFP* is unique in the active role that the adult men in the school play during the assembly. Male staff and faculty are asked to sit on a panel of facilitators who lead discussions, share their own experiences, and answer questions. Any man who is active in the school may participate, including the principal, the teachers, the facilities maintenance staff, or fathers who serve as school volunteers. By actively involving the adult men in the school, Patton hopes to “humanize” the male staff in the eyes of the students. He feels that often students cannot see staff and teachers as real people with lives outside of school. To the students, they are only authority figures. Patton says that students are often surprised to learn that their teachers have children of their own and do fun things with

kids, such as coaching sports teams. This personalized interaction gives students the opportunity to see that the male authority figures in their lives really do care about young people.

The program is delivered over the course of three 90-minute assemblies. Each assembly, run by an adult male panel and student assistant facilitators, includes presentations, group activities, and discussion. Patton, who is active on the adult male panel, also recruits a different student volunteer to help facilitate each day's discussion. He says that the young men who volunteer for this role are usually motivated by a desire to rap in front of the group. After the assembly, the facilitators make themselves available to the young men for an additional 90 minutes to answer questions and provide one-on-one discussion.

The first day's meeting is an introduction and involves a general discussion about "male issues," specifically pregnancy prevention, violence prevention, and respect for oneself and others. This discussion is continued into the second meeting. Many of the young men will have gone away the day before and talked with older brothers, friends, or cousins about what they learned in the first day. For example, they may discuss fathering a child as a great financial responsibility. Often they will return the next day with a list of possible tactics to get out of fathering responsibilities, such as paying child support. The facilitators use this opportunity to combat the incorrect information the participants may have received from other young men and to reinforce the fact that if they father a child, they are responsible. The third day's discussion revolves around the demands of parenting and the benefits of not having children as a young man. Facilitators encourage the boys to stay focused on their life plans and not to be sucked into a "macho" image that can influence their decisions about sex.

RFP always tries to connect its messages with real examples the young men can understand. When addressing interpersonal skills, the group talks about "name-calling" and lack of respect. To illustrate, the group constructs two lists of both positive and negative things that they might call a young woman. In response to the negative, Patton asks them, "Is your sister, mother, or grandmother one of these names? Why would you call someone else's sister, mother, or grandmother that?" He wants young men to take responsibility for what they say and to realize that if they want respect, they have to give it.

Ultimately, *RFP's* goal is to encourage male responsibility and condom use to prevent pregnancy—the program strives to accomplish this, however, by focusing more heavily on the risks of STDs and HIV. Patton believes the risk of infection is more immediate and personal to young men and offers a greater incentive to use condoms. He says that young men do not feel much responsibility for birth control and do not see a pregnancy as having anything to do with them. Many of them feel that even if they fathered a child, they would not play any role in the baby's daily upbringing. Patton continually tries to get the message through that taking responsibility for a child is not optional.

Learning from others' real-life, personal experiences is a fundamental approach of *RFP*. Patton himself was raised in the inner-city and became a teen father. He uses his own experiences to share firsthand with the students the difficulties that he had to face in fathering a child at a young age. Other adult males on the panel also share their experiences, telling of decisions they have made in their lives and the outcomes of these decisions. They tell the students about their own childhoods and what their fathers were like, in addition to telling the students about their relationships with their own children. Whenever possible, Patton encourages the young men to share examples of real experiences that have happened to their "cousins" or "friends." He hopes to get the message across that when people make choices in their lives, they are faced with the consequences—and these may sometimes be painful.

Participants

Last year the program served 2,000 male students, 99 percent of whom were African-American. Because of the differences in mindset and willingness to participate, Patton prefers to combine the sixth- and seventh-grade boys into one assembly while providing a separate assembly for the eighth-grade boys. He says that getting through to the eighth-grade boys takes a little more work because they tend to have more of an "attitude" and may be more resistant to the program's messages.

Funding

Patton estimates the total cost of *RFP* to be about \$50,000 per year. In addition to receiving grants through the Pew Charitable Trust Foundation, the program has also received money from the Philadelphia School District, the Danforth Foundation, the Casey Foundation, and the Milken Family.

Staff

Last year the program succeeded in serving 10 schools in North and West Philadelphia relying on a staff of four: a director who also acts as an assembly facilitator, an associate director and facilitator, and two administrative staff members.

Barriers

Patton faces barriers on a variety of levels in trying to engage young men in a discussion of pregnancy prevention and responsibility. He feels that males largely do not see a child as their responsibility. He estimates that about 50 percent of the males he deals with see no financial or emotional responsibility to fathering a child, an attitude that he feels arises, in part, from being raised in a single-parent home themselves. Patton does say, however, that the young men will readily admit to their own resentment in seeing their sisters and

other women in their lives being left to care for a baby on their own. This resentment, however, does not necessarily translate into a sense of personal responsibility. In addition, he feels that many young women in the community he serves receive a lot of social and peer support when they have babies; this indirect encouragement strongly competes with *RFP's* messages to postpone sexual intercourse and child bearing.

Patton believes that much social support exists for young people to grab on to short-term solutions in dealing with the urban problems that they face. Doing the “right thing” does not appear to pay off in the immediate future. In addition, Patton points out that the media paint a very negative picture of African-American males that is then embraced by the young men. He says that the students he deals with can easily point out who in their neighborhood was recently shot, killed, or paralyzed, yet they have no idea who on their block holds a college degree. Patton tries to emphasize that there are males in the neighborhood who hold regular jobs and contribute to their community and their families—an idea that he attempts to reinforce with the adult male panel.

LESSONS LEARNED

- **Find out what the young men are interested in talking about.** Allow their ideas and questions to help lead the discussion.

Teen Parenting Skills Project

Bernalillo County
Juvenile Detention
Center
Interview with
Robert Pacheco,
Program Manager
Albuquerque, NM

Robert Pacheco, Program Manager, believes that in order to prevent further pregnancies, a young man not only needs to use contraception, but he needs to take responsibility for the family that he has already started.

Philosophy

The *Teen Parenting Skills Project* provides a variety of life skills education courses to young fathers housed at the Bernalillo Juvenile Detention Center, a county facility that detains adolescents faced with both juvenile and adult crimes. About 30 percent of the 65 Bernalillo Juvenile Detention Center residents are teen parents, the majority being male. In working with this very specific population, the program's overall goals are to reduce the rate of recidivism, promote better parenting, and prevent additional teen pregnancy.

The *Teen Parenting Skills Project* places great emphasis on building a family relationship between the detention center residents and the partners with whom they have had children. Robert Pacheco, Program Manager, believes that in order to prevent further pregnancies, a young man not only needs to use contraception, but he needs to take responsibility for the family that he has already started. Pacheco sees that many of these young men leave the mothers of their children only to get other females pregnant. When these young men become invested in their current partners and children, they learn to take responsibility and work through challenges with their new families. Therefore, while the program teaches the young men to be more active parents, it also teaches them to become better partners and "family men" by exposing them to a broad range of skills and community resources that will help them keep their families together.

History

The *Teen Parenting Skills Project* was started in 1993, when Pacheco recognized that detention center residents were not given a reasonable chance to maintain relationships with their partners and children. Up until this point, only immediate family members were given visitation rights, which prohibited residents from seeing partners to whom they were not married. Pacheco saw this as problematic as several residents had children with these partners. He felt that these restrictions disregarded the importance of holding these families together. In establishing a format that would allow partners and children weekly visits, Pacheco developed the *Teen Parenting Skills Project*.

The Program

The *Teen Parenting Skills Project* incorporates weekly group workshops with Sunday family visits. Group workshops encompass 20 sessions that cover a wide range of life skills topics including family dynamics, decision-making, contraception, the birthing process, child nutrition, child development, anger management, domestic violence, drug use, effective/educational play, family financial planning, partner communication, community resources, and job skills. Many of these workshops are presented by guest speakers such as local judges or Planned Parenthood educators. According to

Pacheco, voluntary involvement is a key aspect of the program; he is only interested in working with teens who have a true desire to become better parents and partners.

Although the workshops are voluntary, in order to have Sunday visiting privileges with partners and children, teen parents are required to attend the life skills classes consistently. Actual Sunday visits last for only one hour; however, they do offer some opportunity for the fathers to have contact with their children and practice their parenting skills. Pacheco impresses upon the teen parents the importance of bonding as much as possible during that hour. He tells the fathers, "If the diaper needs changing, if the baby needs to be fed, *you* need to do it." The visits also give Pacheco an opportunity to observe the family dynamics and the relationship between partners in order to identify any services that may be needed when the residents are released, such as family counseling.

Participants

Each teen parenting class is attended by an average of 10 to 16 teen parents. The average participant is age 16 and the majority are Hispanic. Although the program is open to both males and females, about 80 percent of the resident population is male, making the majority of the program participants male as well. Because the program serves primarily males, much of the program's focus is on fathering and male issues.

Funding

The program has been primarily funded by a Male Involvement grant from the New Mexico State Department of Health totaling \$30,000 and through a grant from the Mayor's Gang Intervention Task Force.

Staff

The classes are arranged and facilitated each time by Pacheco and another co-facilitator. Pacheco prefers to co-facilitate the workshops with a female presenter in order to model positive male/female communication to the participants.

Barriers

In the program's beginning, Pacheco had to ensure that the juvenile detention facility was secure enough to bring in small children on visiting days before the program could be implemented. Pacheco states that generating participant interest in the program has not been a problem; word of mouth around the detention center lets residents know that involvement with the *Teen Parenting Skills Project* is the only way that they can continue to see their girlfriends and their children while they are in the detention center.

LESSONS LEARNED

- ▶ **The program must be “non-threatening” in order to reach the participants.** The program must not take a punitive approach, but rather, it should help males identify the rewards of being involved in their families’ lives. Males need to perceive the program as one that will bring them greater opportunities and offer them resources to take a more positive direction with their lives.
- ▶ **In the face of parenthood, many of these young men make decisions that seem to offer immediate solutions, such as dropping out of school to get a job.** The program’s goal is to help residents see that these decisions will hurt them in the long run and present further challenges and barriers in their relationships and their lives. It allows the teen fathers to ask for help in planning for a better future.

Teens on Track

Planned Parenthood of Southern New Jersey Interviews with Joyce Kurzweil, Lynn Brown, and Shawn Gibson Camden, NJ

Philosophy

Planned Parenthood of Southern New Jersey (PPSNJ) has found a way to incorporate the love of sports with the importance of good reproductive health. Recognizing that nothing appeals to most male adolescents more than athletic competition, PPSNJ developed *Teens on Track (TNT)*, an adolescent reproductive health and pregnancy prevention program targeting males. *TNT* is unique in its “three pronged approach,” which incorporates recreation, education, and medical services for males. The goal: to encourage more responsible behavior and better health among teen males. The appeal: recreation and organized fun. *TNT* staff think that learning and playing can be enjoyed together and hope that this attitude can also be embraced by the young men whom they reach.

History

Prior to 1990, PPSNJ provided medical services to females only. However, high STD reinfection rates among female clients, coupled with continual inquiries into services for male partners, soon drew attention to the unmet needs of males in the community. In response to these needs, PPSNJ set out to develop a program that would appeal to young men while providing them with reproductive health services. They identified a combination of recreation, education, and clinic services as the most hopeful approach and put forth this strategy in a grant proposal to the William Penn Foundation, which awarded PPSNJ funding in 1990 specifically for a male services program.

The Program

Community Education and Recreation

The *TNT* recreation and education components operate in tandem, with each recreational activity preceded by a one-hour education session focusing on male responsibility and related topics. A contract with the Camden YMCA allows the program to use YMCA facilities to provide recreation and education sessions. Since the program’s inception in 1990, the coordinator has tried several types of recreational activities to attract young males to the *TNT* program. Activities have included teen night, cultural events, parties, dances, and basketball, softball, and swimming leagues. Teen night, cultural events, and the basketball and swimming leagues have been the most successful at attracting and retaining participants.

Teen Nite

“Teen Nite” takes place eight Saturday nights per year at the YMCA. Upon arriving, the teens register with a peer counselor in order to keep the *TNT* mailing list up to date. The first activity of the evening is an hour of education related to male reproductive health and sex-

uality. This hour may entail informal rap sessions, outside speakers, and workshops on such topics as male responsibility, self-esteem, and communication. After a one-hour educational program, the participants choose between playing basketball or swimming.

Attendance at Teen Nite has far exceeded the staff's expectations. The first teen night was planned to serve about 30 participants. Instead, 106 males between the ages of 10 and 18 arrived at the YMCA on the first night. Thinking that maybe 106 was a fluke, the second Teen Nite was planned for 75 participants, but 130 males attended. The mailing list is currently up to 600 names.

Sports Leagues

Two basketball and two swimming leagues are organized each year, meeting once or twice a week and lasting six to eight weeks. To accommodate the increasing number of participants, the *TNT* teams are entered into the YMCA basketball and swimming leagues. The first 30 to 45 minutes of each meeting is spent covering a topic related to male sexuality and reproductive health. At the end of the season, an awards party is held for all participants.

In an effort to reach teens from parts of North and South Camden who were not participating in the activities at the YMCA, the *TNT* coordinator goes to neighborhood community centers once a week during the school year and organizes after-school activities. The first hour is spent in discussions of male responsibility, reproductive anatomy and physiology, birth control, and decisionmaking. During the second hour, the teens are free to use the community center's recreational facilities.

Approximately two years ago, *TNT* staff began to plan group outings in order to expand participants' interests beyond sports and recreation. Most of these have centered on science education and include an educational session provided by the host organization. Recent outings have included a trip to the Academy of Natural Science, the Franklin Institute, and a paper mill. The most recent activity added has been a weekend group retreat in which the teens work on developing trust and team building skills. Both the group outings and retreats are attended by 12 to 15 teens; they have been very well attended and are in great demand. Therefore, the *TNT* coordinator hand-picks the participants for these events as an informal award for consistently participating in other *TNT*-sponsored events.

In addition to the *TNT* activities, the male program coordinator also provides sexuality education in the local public schools, reaching elementary school to high school students.

PPSNJ staff intentionally delayed the opening of the clinic until the *TNT* coordinator could build good relationships with the males in the recreation programs. However, even with this delay, males were very slow in coming to the clinic.

Clinic Services

TNT staff use education sessions as an opportunity to inform teen males of the all-male walk-in clinic, which is held twice weekly. The education and recreation activities were initiated approximately 10 months prior to the opening of the male-only clinic. PPSNJ staff intentionally delayed the opening of the clinic until the *TNT* coordinator could build good relationships with the males in the recreation programs. However, even with this delay, males were very slow in coming to the clinic. Currently the clinic sees an average of 6 to 10 males per two-hour clinic session.

A basic array of health services is available to teen males during the clinic sessions, including condom distribution, reproductive health services, sports and work physicals, STD testing, and HIV testing and counseling. The males are greeted and prepared for their visit by the *TNT* coordinator and/or the Latino health educator. A pediatric physician from a nearby hospital examines the teens who come in for services. Clients are referred to a nearby hospital for any complications or for services not offered by PPSNJ.

The Participants

The *TNT* Coordinator's rapport with the young men has been instrumental in establishing the link between the recreation and clinic components. The majority of the male clinic clients (nearly 70 percent) are recreation program participants. The *TNT* program is also marketed through a series of fliers, brochures, and business cards that are printed in both Spanish and English and distributed throughout the community. Fliers are posted in the clinic waiting room, in local schools, at the YMCA, at local community centers, and at local businesses frequented by teens. Also, an outreach program in a public housing project recruits young men into *TNT*.

Almost all of the males who participate in the recreational programs or who come into the clinic for services belong to families below the official poverty level. Approximately 70 percent of the program participants are African-American and 30 percent are Latino. All of the males are between 10 and 20 years old.

Funding

The *TNT* program has been funded through a grant from the William Penn Foundation, which covers clinic services and recreation and education programs. This grant has run on a three-year funding cycle and is just under \$100,000 annually. All recreation and education activities are free of charge for teen males. Clients are charged \$3 for clinic visits and \$2 for any necessary medication. Condoms are distributed free of charge. PPSNJ will bill private insurance and Medicaid for services when appropriate.

Staff

The *TNT* program is run by one full-time male coordinator, one Latino health educator, and one part-time outreach worker. A male pediatric doctor from a nearby hospital performs the exams for the twice-weekly male clinic. In delivering the *TNT* program, staff feel that the characteristics of the *TNT* coordinator are a strong determinant of its success. Thus the position is filled by a male who is young enough to be able to relate to the teen males and gain their trust, but also has a solid knowledge of the health care system and of the Camden area.

Barriers

According to the staff, many barriers in program implementation are the result of daily life challenges faced by Camden city teens. Many of the young males lack stable male role models and consistent parental supervision in their households, resulting in behavioral problems. The *TNT* coordinator spends a substantial amount of time simply teaching general respect and responsibility to the teens.

Transportation is another problem cited by *TNT* staff, especially for clinic access. Males must come into the main clinic specifically for services and cannot be seen at satellite clinics. While the clinic is very accessible by public transportation, many teens either do not have the money for bus fare or are unwilling to spend their money on a bus ride. The *TNT* coordinator often goes out in his car to pick up males who need a ride to the clinic.

When the program began, the misconception that Planned Parenthood serves only females inhibited males from coming to the clinic. However, the *TNT* staff feel they have been able to work past this barrier. In the early days of the male clinic, staff made efforts to make the clinic and waiting room more “masculine.” They changed the pictures on the walls, they put away all the female magazines and replaced them with *Sports Illustrated*, and they hired all male staff (including a doctor and a nurse). However, as time went on, it became apparent that some of these precautions were unnecessary. Staff still put out the *Sports Illustrated*, but they no longer modify the decor. In addition, when the male nurse left for another job, staff realized that the males were perfectly comfortable with a female nurse.

LESSONS LEARNED

- ▶ **Receiving treatment from female nurses does not make males uncomfortable once they have come in for services.** Having male educators and outreach workers, however, is important in gaining the trust of the teens and persuading them to take the initial step to come into the clinic.

- ▶ **Some recreational activities are more successful than others.** *TNT* staff have been flexible in trying new activities and approaches and sticking to those that work.
- ▶ **Males come for fun but they look forward to the educational component as well.** Many teens attend events because they want to swim, play basketball, and eat pizza. However, lively discussions surrounding topics to which young males can relate make the educational components appealing as well.
- ▶ **Collaborate with an established recreation facility.** In *TNT's* case, becoming a partner with a recreation facility that enjoys an established reputation and clientele has made the implementation of the recreation programs a much smoother process.

Wise Guys

Family Life Council of
Greater Greensboro,
Inc.

Interview with
Jeff Wilt, Male
Responsibility Educator
Greensboro, NC

Jeff Wilt, a Male Responsibility Educator, sees that “a lot of guys don’t treat females their age as equals.” *Wise Guys* takes the perspective that emotional and sexual abuse can be the result of misunderstanding and lack of communication.

Philosophy

Wise Guys is a pregnancy prevention program that, while offering comprehensive information, stresses abstinence as the only 100 percent effective way to avoid unintended pregnancy and sexually transmitted infections. The program was developed with five specific goals: to empower young men with knowledge, to encourage self-respect, to teach young men the importance of responsibility, to increase the level of communication between youth and parents, and to prevent pregnancy. *Wise Guys* works to assist young men in making “wise decisions” by providing them with accurate sexuality information and guiding them through three very important questions: “Who am I?; “Where am I going?;” and “How do I get there?” In addition to pregnancy prevention, *Wise Guys* covers issues of dating violence, sexual abuse, and healthy relationships and respect between young males and females.

History

Wise Guys is offered by the Family Life Council of Greater Greensboro in North Carolina, a non-profit agency that offers a variety of family-oriented educational programming. The program was started in 1991 through a collaborative effort of the Family Life Council of Greater Greensboro, the Greensboro Coalition on Adolescent Pregnancy Prevention, and a group of concerned citizens from the larger Guilford County area. The program was launched with a five-year, \$59,800 declining grant from the North Carolina Department of Environment, Health, and Natural Resources. Since its inception, *Wise Guys* has continued to thrive, serving more than 1,100 young men in Guilford County last year in urban, suburban, and rural areas.

The Program

The *Wise Guys* curriculum consists of 10 components including self-esteem, values clarification, communication, sexuality, abstinence and contraception, sexually transmitted diseases, decision-making, goal setting, dating violence, and parenthood. The program is delivered in small group sessions once per week and lasts from 10 to 12 weeks. Although the program’s initial focus was pregnancy prevention, recently *Wise Guys* has given increased attention to issues of dating violence and sexual abuse, partly as a response to growing incidents of dating violence in local schools and colleges. Whereas the communication component used to deal primarily with building assertiveness skills, it now focuses more heavily on mutual respect and relationships. Jeff Wilt, a Male Responsibility Educator, sees that “a lot of guys don’t treat females their age as equals.” *Wise Guys* takes the perspective that emotional and sexual abuse can be the result of misunderstanding and lack of communication. The program, therefore, encourages young men to treat females their own age as they would want their “mother, sister, or grandmother to be

treated.” The program also focuses on setting goals, pointing out to the young men that their actions now can have consequences for their future. The program sticks to tangible, short-term examples to which males can relate, such as the inability to play on a sports team if one has to get a job to support a child.

Using data gathered between 1990 and 1994, Philliber Research Associates conducted a formal evaluation of *Wise Guys* that showed several positive results. Researchers compared 335 males who participated in the *Wise Guys* program to a similar comparison group of 145 males who did not receive the program between the time of program entry and a six-month follow-up. The evaluation found increases in knowledge of sexuality and birth control, improved communication with parents, and more positive attitudes toward gender roles among the program participants. Second, males who were sexually active at the time of program entry showed a 28 percent increase in contraceptive use while the comparison group showed a decrease in contraceptive use. Finally, the percentage of males who reported *always* using birth control increased from program entry to program exit and again, from exit to six-month follow-up. Conversely, the comparison group showed an increase in the percentage of males who *never* used contraception.

Participants

Wise Guys targets seventh- and eight-grade students in public middle schools. The program serves males ages 10 to 19. About 40 percent of participants are white and 60 percent are African-American. Individual young men are nominated to participate in the program by school guidance counselors and faculty. The groups normally consist of 6 to 15 males, and presentations are given once per week for 10 to 12 weeks. During the summer months, the program also serves the Boys and Girls Club, summer academies, and housing authority projects; in these settings, program managers at these locations nominate the participants.

Funding

The program has continued to support itself through funds from the City of Greensboro, the Bryan Family Foundation, Z. Smith Reynolds Foundation, Greensboro Jaycees, Community Development block grants, United Way contributions, and from sales of the *Wise Guys* curriculum to outside agencies and sources. Wilt states that the program costs about \$110,000 annually to operate in full.

Staff

Wise Guys is run by two male staff members. The educators are responsible for the entire program, arranging the presentations, conducting and managing program evaluation, assisting with fund raising, and facilitating the actual group sessions.

Barriers

Wise Guys' greatest barrier has been in gaining access to students in public schools because, while *Wise Guys* is an abstinence-based program, comprehensive issues of sexuality are also discussed. The curriculum must renew its approval to be used in the public school system each year. The program has rarely faced bad publicity. When parents have concerns, staff have dealt with this by making themselves available to the community to answer any questions about the curriculum and the program.

The program has also faced problems having adequate time to deliver the curriculum. Sometimes schools only allow the educators 30 to 35 minutes to deliver a session. As a result, some components have to be eliminated from the series due to time constraints. The decision-making, values, and goal-setting components are usually the first to go. In order to address problems of time, the Family Life Council uses a formalized agreement with schools to ensure that their educators are given sufficient time, in both hours and weeks, to deliver all the curriculum material.

LESSONS LEARNED

While *Wise Guys* is an abstinence-based program, comprehensive issues of sexuality are also discussed.

- **Keep the groups small.** Wilt believes that small groups allow the educators to get to know the boys as individuals. He thinks that this offers better results as the “difference is made through people who really care for these guys.” He feels that, ideally, he would work with only five students and have the opportunity to spend time with them daily doing activities after school.

Young Dads Program

Employment Action Center, division of Resource, Inc.
Interview with Edward James, Director
Minneapolis, MN

“Once a person feels good about himself, he will be more responsible. A person is irresponsible in sexual behaviors when he or she lacks the necessary living skills.”

Philosophy

The Young Dads Program (YDP) takes the stance that feeling good about oneself is the first step to responsible health behavior. Stated simply, Edward James, Director of *YDP*, says that “once a person feels good about himself, he will be more responsible. A person is irresponsible in sexual behaviors when he or she lacks the necessary living skills.” Many of the young men he works with are unemployed or homeless; pregnancy prevention may not be the first thing on their minds. However, improving the most basic elements of their lives can free them to focus on being better parents and better partners and on preventing further pregnancies until they are financially and emotionally ready. *YDP*, sponsored by the Employment Action Center (EAC), works to improve these men’s lives within an employment program setting. While focusing primarily on employment training, *YDP* also incorporates parenting skills and preventative health education. The program’s ultimate goal is to help young men understand their responsibility to themselves, their families and communities. The reward—a greater motivation to practice responsible behavior in *all* areas of life.

History

YDP began as a complementary component to EAC’s “New Chance” program which provides similar services for women. The program began in January 1994 when James was hired as the coordinator. James remembers this time with a sense of excitement and frustration. When he came into the project, virtually no steps had been taken to lay the groundwork for services. This was a challenging time with no guidelines or format to follow, and with James being the only staff person hired for the program.

James began recruiting participants by going to the basketball courts, the malls, and anywhere else young fathers might be hanging out. He passed out business cards and told the young men about the program. Not having any support staff, James ran the entire program single-handedly for two years, doing the recruitment, providing the case-management, facilitating the group workshops, and arranging for guest speakers. As the program has grown, James has been able to hire additional staff, enabling participants to receive more individual attention.

The Program

All components of *YDP* strive to bring men more empowerment within their lives and to help them gain greater responsibility for themselves. When a participant enrolls in *YDP*, he meets with a case manager to set a goal of what he hopes to accomplish within the program. This may be to complete a GED, to secure full-time employment, to find housing, or to establish paternity. Once he accomplishes his goal and is able to sustain it for about six months,

he has a “positive termination” from the program with the option to come back if necessary.

The program offers most services on site at EAC. Employment services include job readiness training, interview preparation, résumé development, and instruction on job retention. The vocational counselors work to help participants identify career options suitable for them. The program also offers an on-site GED classroom. Participants who need assistance for drug and alcohol abuse, housing, mental health services, and legal help are referred to other local agencies.

In addition to employment and education services, male parenting support groups are held two times per week. In order to participate in the employment and education services that the Young Dads Program provides, each participant is required to attend six parenting support group sessions. Among other topics, these sessions explore issues such as pregnancy prevention, child support, and gender roles. James himself will usually do a presentation for the group discussing the range of contraceptive methods. Condoms are provided and the group learns how to use and put on a condom. James may also invite a guest speaker from Planned Parenthood, the Public Health Department, or an HIV awareness organization to come in and discuss contraception, HIV, and/or STDs. In teaching the fathering component portion of the workshops, the program uses the Fragile Families Curriculum to discuss basic parenting skills. James states, however, that many of his participants have exceptional barriers to parenting that revolve around homelessness or lack of custody. Many of these men not only need to know how to feed or discipline a child, but also how to maintain their role as a parent under very challenging circumstances.

Outside of EAC, James facilitates male education groups within the juvenile detention center. He hopes to let these young men know what *YDP* has to offer so that, when they are released, they will have a place to go to make necessary lifestyle changes.

Participants

Last year, *YDP* served about 120 young men, the majority African-American. *YDP* targets young urban fathers; however, participants who are not fathers are not turned away from the program. To receive services at EAC, participants must be between the ages of 17 and 26. Participants at the juvenile detention center are between the ages of 13 and 17. The program primarily recruits males through radio public service announcements. Participants also hear about *YDP* by word of mouth through friends and partners who have had positive experiences within the program. More recently the program has used agency collaborations to bring in participants.

Funding

YDP and its female counterpart, “New Chance,” were initially funded by a Minnesota State grant totaling \$190,000. Today the program is funded by the State of Minnesota, Hennepin County, and the McKnight Foundation and costs approximately \$250,000 to run.

Staff

Since January 1996, James has been able to hire three additional staff persons: a full-time employment specialist/case manager, a full-time vocational counselor/case manager, and a part-time vocational counselor/case manager. This has enabled the staff to give more individual focus to those participants who are enrolled and to follow up with those who have left the program. Both of the program’s vocational counselors are African-American males while the employment specialist is a white female. James claims that the one female staff person is excellent and he has seen no conflicts due to gender differences between her and the participants. However, he also believes that having African-American male staff is very important in providing role modeling to the young men. Recently the program has hired a part-time marketing specialist, and volunteers now staff a new mentoring component.

Barriers

In the initial stages of the program, James devoted much of his time to recruitment, which was only partially successful. He began to find that while he was able to recruit many enrollees to the program, the number of men who were successfully completing their goals was only a fraction of those initially enrolled. James sees this as a result of the fact that the program is completely voluntary and that many of the participants are homeless. Although James appreciates that running a program on a voluntary basis brings men in of their own volition, this also makes participant retention difficult.

In the interest of having more positive program outcomes, James has somewhat modified his participant recruitment strategies. His current approach is not to serve a large number of men, but rather to focus on fewer enrollees with increased attention given to meeting individual goals.

LESSONS LEARNED

- ▶ **A program must offer something that will attract the population that it is trying to reach.** Although *YDP* offers comprehensive services, employment assistance is what brings the men in the door.

Young Men's Clinic

Columbia School of Public Health, Center for Population and Family Health; and Presbyterian Hospital's Ambulatory Care Network

Interview with Bruce Armstrong, Young Men's Clinic Coordinator
New York, NY

"Every moment the men are at the clinic [is] a teachable moment."

Philosophy

Bruce Armstrong, coordinator/founder of the *Young Men's Clinic (YMC)* in New York City, realizes something about teenage males that many often forget: young men are shy when it comes to their reproductive health. While Armstrong feels that promoting good reproductive health in males benefits both males *and* females, he also believes that males need their own private sphere in which to address issues of sexuality. *YMC* provides this environment, running an all-male clinic one night and one afternoon per week in an effort to meet the reproductive health needs of young males in the Washington Heights neighborhood. *YMC* is the only clinic of its kind in this community. Services are collaboratively offered by Presbyterian Hospital's Ambulatory Care Network (ACNC) and the Columbia University School of Public Health's Center for Population and Family Health (CPFH).

YMC seeks to enhance the general health of young men and reach them before they experience a negative reproductive outcome, such as an unwanted pregnancy or an STD. Thus, *YMC* staff regard "every moment the men are at the clinic [as] a teachable moment." Staff inform every patient about pregnancy prevention and sexually transmitted diseases, regardless of the nature of his visit.

History

The Presbyterian Hospital, in collaboration with the Center for Population and Family Health at the Columbia University School of Public Health, has offered a range of adolescent reproductive health care services since the mid-1970s. Since 1970, the Center has operated the Young Adult Clinic (YAC), which primarily provided health care and counseling to young women in the Washington Heights community. Realizing that few young males were utilizing the Center's services, the YAC added the *YMC* component in 1986. Through focus groups and in interviews the staff learned that males were not coming into the clinic because of embarrassment about their reproductive health concerns. Thus, *YMC* was started to provide a comfortable place specifically for young men.

Between 1967 and 1983, eight hospitals near the Washington Heights neighborhood have closed, leaving Columbia Presbyterian Hospital as the only major health care provider in the community. Many Washington Heights residents do not have medical insurance, and there are no public health STD clinics in the neighborhood. As the only provider of free reproductive care specifically designed for men, *YMC* has become an integral part of maintaining the reproductive health among young males in the community.

The Program

The *ACNC/CPFH* facility is turned over to *YMC* one night and one afternoon per week, during which time it serves only males. A typical session at *YMC* starts with a slide presentation facilitated by pub-

lic health student interns from the Columbia University School of Public Health. The slides target male reproductive concerns such as circumcision, STDs, and the male reproductive system. However, they may also focus on concerns specific to women in order to provide information on women's issues and generate questions that will help males to become more informed partners.

After the slide presentation, "life space interviewing" takes place either as individual or small group counseling sessions. The counseling sessions are intended to expand upon the issues presented in the slide shows. For example, if the slide presentation focuses on sexually transmitted diseases and symptoms, the facilitators may engage the young men in subsequent discussions about STDs and HIV using sketches and graphs to describe the infections. Other counseling topics may include responsible decision-making, relationships, and contraception. Male *and* female contraceptive methods are covered so that males can be supportive of their partner's choice and use of a birth control method. Individual counseling is provided by first-year medical students.

YMC does a comprehensive assessment of its participants using the "biheads formula," which stands for *body image, employment, activities, drugs, and sexuality*. The medical students use this approach to record the patients' psychosocial and reproductive health histories. When necessary, referrals are made to the clinic social worker. This person with an MSW has responsibility for making further assessments of need and provides short-term case management services for patients referred for mental health, education, employment and other services.

YMC serves as the primary care provider for many young men in the community, providing comprehensive physical exams, condoms, HIV testing and counseling, and a full array of reproductive health services.

Participants

YMC's major focus is serving sexually active males. Although the clinic serves men who are sexually inexperienced, when staff and resources are limited on a particular clinic afternoon or night, *YMC* prioritizes serving those young men who are in more immediate need of reproductive health services and education. Of the patients seen at *YMC*, 75 percent are from the Washington Heights district and most come from low-income households. About 80 percent of patients are Latino of Dominican descent and 17 percent are African-American. Patients range in age from 15 to 28 with the mean age being 18.1 years old. About one-quarter of clinic patients have been involved with a pregnancy at some point in their sexual history, and many of the older participants have partners of adolescent age. Almost 85 percent report being sexually active.

The services of *YAC* and *YMC* are complimentary and tightly linked. Group counseling sessions at the *YAC* encourage young

women to talk with their partners about getting health screenings at *YMC*. In addition, many *YMC* clients are referred to services by nurse practitioners at the *YAC*.

Funding

The *YMC* is part of the ACNC/CPFH family planning clinic, which now receives funding from Title X grants, Medicaid, and the New York Department of Health. *YMC* currently costs about \$90,000 per year, not including overhead costs.

Although the *YMC* is the only reproductive health clinic of its kind in New York City, funding over the next two years remains uncertain. Armstrong is seeking additional funding from private foundations and individual donors. Until now, *YMC* has not charged a fee for services to its patients. However, the clinic is considering charging a fee for services.

Staff

On a typical night, *YMC* is staffed by Armstrong, three medical providers (a doctor, a nurse practitioner, and a physician assistant), a lab technician, a social worker, and a receptionist. In addition to his work at *YMC*, Armstrong teaches at Columbia University's graduate public health and medical schools. His access to students allows him to recruit about 25 medical students and 8 public health students a year to work at *YMC*. The clinical and student staff are male and female. Patients generally appear to be comfortable with both genders.

Barriers

Armstrong says that one of the greatest obstacles to establishing *YMC* was developing a favorable and trustworthy reputation for the clinic. When the program was started 11 years ago, a client base was generated through referrals from the *YAC* and extensive outreach efforts. Outreach workers chaperoned dances, helped organize athletic events and did presentations at the local schools in order to draw men to the clinic. Sometimes the mothers of younger males who had heard about the program would encourage their sons to make appointments. With few other choices in the community for free health services, word of mouth among the teens eventually created a substantial base of males utilizing *YMC* services.

LESSONS LEARNED

- ▶ **The staff at a clinic must believe that there are advantages to treating males.** Working with young males necessitates a belief that they are interested in reproductive and sexual health issues. Too often, men are seen as “sexual adventurers,” “predators,” and generally not motivated to be involved in reproductive health services. This is an unfortunate misperception. The *YMC* has demonstrated that men will become involved when services are developmentally and culturally tailored to their perceived needs.
- ▶ **Sexually active young males need health services that relate to their real sexual experiences and behavior.** Educators must understand the specific reproductive health concerns of males in order to achieve positive outcomes.

Youth Education and Development Program

The Urban League of Eastern Massachusetts
Interview with
Bruce Taylor,
Program Director
Roxbury, MA

Philosophy

Bruce Taylor, former Director of the *Youth Education and Development Program (YEDP)*, regards *YEDP* as a “living and breathing program,” one that is based on experiential rather than classroom learning. The program is delivered through a curriculum covering 10 “themes” that include such topics as violence prevention, pregnancy prevention, self-esteem, relationships, and community and civic responsibility. The central philosophy guiding the curriculum is the notion of “choice”; life is presented as a series of moment-to-moment choices, each of which has an outcome and a consequence. Delivered as a school-based program designed to promote awareness, achievement, and self-development in young males living in inner-city, minority communities in Boston, *YEDP* stresses the importance of approaching choices using “the 4 A’s”: awareness, acknowledgment, acceptance, and action.

History

YEDP was established eight years ago by The Urban League of Eastern Massachusetts (ULEM) in response to growing gang involvement of young African-American and Latino males in the city of Boston. With the desire to reverse this trend, The Urban League secured a \$10,000 grant from United Way of Massachusetts Bay to begin a comprehensive program with 10 distinct goals: 1) to enhance/improve the educational and social development of African-American and Latino males; 2) to provide academic support that focuses on improved math and science skills; 3) to increase the percentage of promotions to the next grade level; 4) to provide tools and skills necessary for self-development and self-confidence; 5) to build skills that link effort, achievement, and self-confidence to broaden employment options; 6) to increase the employability of young adults; 7) to instill and foster social responsibility and community awareness; 8) to provide behavioral models in conflict resolution and violence prevention; 9) to provide alternative lifestyle options to the negative aspects of drugs, violence, unemployment, poverty, and helplessness; and 10) to heighten awareness and responsibility regarding the risks and costs of teen pregnancy and to delay the onset of sexual activity. In whole, *YEDP* seeks to enable young men “to engage in an expanded belief of their unlimited opportunities and choices as contributing members of society.” In the first year, the program served 30 students; this number has increased to 97 students at four schools in the current year.

The Program

YEDP is designed to be delivered over the course of a nine-month academic year. Currently, *YEDP* is delivered in one elementary school and three middle schools. Two of the schools offer the program as a regular class period during the course of the school day, and the other two offer *YEDP* as an after-school program. In a school program, *YEDP* participants meet five times a week for 45 to

55 minutes. In an after-school program, participants meet for a total of three hours per day, three to four days per week. The *YEDP* curriculum covers ten general “themes”: 1) violence prevention, conflict resolution, and mediation; 2) self-esteem; 3) career exploration (goal-setting, decision-making, entrepreneurial skills); 4) higher education; 5) health; 6) relationships and communication skills; 7) community and civic responsibility; 8) values clarification; 9) media literacy; and 10) cultural enhancement. Each theme is delivered over the course of one month. This format is flexible, however, depending upon the needs of the group and the extent of information to be covered.

Many of these themes are explored through field trips, workshops, and presentations by speakers from outside agencies. Taylor likes to involve parents as much as possible, inviting them to come in and speak about such issues as what it is like to be a single parent, what it is like to be an AFDC recipient in the face of welfare reform, and what it is like to be a working parent. Taylor would eventually like to have teen fathers come in and present their personal challenges and perspectives on fatherhood to the young men; however, finding teen fathers who are willing to do these presentations has proved to be difficult.

The health component of *YEDP* takes a holistic approach covering such issues as mental health, nutrition, substance abuse, sexuality, HIV/STDs, and male sexual responsibility. The program stresses abstinence as an appropriate choice but also presents contraceptive methods and how to put on and use a condom. The program stresses that “when people have sex, there are two partners there,” and although males are often left out of conversations about sexuality, males play a major role in the “game of sex.” The program also addresses the role of the male if he does get a girl pregnant. Taylor says that the program conveys to participants, “If you get a girl pregnant, here is what we would like you to do: be a present dad, go to parenting classes, and be there for prenatal care.” Through these discussions, the young men explore the difference between being a “father” and being a “dad.” Taylor says that most of *YEDP*’s participants come from homes in which the father is not present; therefore, they benefit from a clear discussion about responsible male behavior. To address topics of contraception, *YEDP* will usually bring in guest speakers who cover all of the available contraceptive methods. Although only about 15 percent of the program directly addresses pregnancy prevention, the overarching themes of decision-making and choices help to guide the young men in all areas of their lives, including areas of sexuality.

Participants

The majority of *YEDP* participants are young men of color, with 85 percent being African-American and 10 percent being Latino. The program serves males ages 8 to 15, 90 percent of whom come from low-income families. Although 15 to 20 percent are estimated to be sexually active, Taylor says that none of the participants have

fathered a child in the three years that he has been the director of the program. Many of the participants are nominated to be in the program by either their teachers or their parents. In the few weeks prior to the beginning of the academic year, Taylor makes presentations to teachers in the elementary and middle schools to get the word out about *YEDP* and to generate nominations for boys who might benefit from the program. Young men are nominated for a variety of reasons: they come from single-parent, female-headed households and do not have a male role model; they are academically and/or socially challenged, which means that they may be hanging out with a “tough crowd”; they are court-involved or are at risk of becoming so; or they are seen as desiring more participation and as looking for a form of self-expression. After they are nominated, the young men receive a general presentation about the program and then go through individual interviews. Participation is completely voluntary, and a nomination to the program does not obligate one to become involved.

In addition to those nominated, 30 to 40 percent of the participants are volunteers. These young men hear about the program through word of mouth. They hear about the activities and group workshops from their friends, and they want to be included.

Taylor points out that *YEDP*'s participants are often the youngest siblings in families with three or more children. He sees this as important because when these young men come into the program, they have already learned both good and bad behaviors from their older siblings. Sometimes these influences can be difficult to work with, and ultimately the program would like to have both the parents and the siblings of the participants involved as well. *YEDP* does not strive to combat influences in the home, but rather to “supplement” the home and “construct a partnership” with the family.

Funding

YEDP costs a total of \$216,000 per year to run and is supported by funding through the United Way of Massachusetts Bay, the Mustard Seed Foundation, S.R. Janie Charitable Trust, the State Street Foundation, the Millipore Foundation, Xerox Corporation, and Fleet Bank.

Staff

YEDP is run by a male staff that consists of the Program Director, two full-time “program coordinators,” and two part-time “site consultants.” The program coordinators are primarily responsible for facilitating and delivering the workshops, and, thus far, Taylor has required these positions to be filled by college graduates. He says, however, that if he knew of a graduate of *YEDP* who had the work experience, he would certainly consider employing him in this position. The site consultants also help to facilitate the workshops. In addition to paid staff, the program incorporates the help of 30 volunteers who act as tutors, mentors, presenters, and chaperones on field

trips. *YEDP* actively recruits volunteers through advertisements on the radio and in community newspapers.

Taylor feels that it is important for staff to have a similar background to that of participants. The program is largely based in personal sharing and experience. Taylor says that he can only speak to the group about “me” as a black male. As a black male, he can focus on issues that these young men will face but also impress upon them that the “male needs to help and be a part of our society.” In Taylor’s eyes, “now it is the males’ turn to stand up and be proud and be counted.”

Barriers

The biggest obstacle faced by ULEM in initiating *YEDP* was gaining acceptance and access to students within the Boston Public School System. This barrier was overcome by developing a relationship with the Boston School Committee, which advocated for the implementation of *YEDP* to local school principals.

LESSONS LEARNED

Taylor says that in order to deliver a successful program, “I have to know what they want, and I have to know what they know.”

- ▶ **A needs assessment of the community’s youth must be done first and foremost before a program is implemented.** Taylor says that in order to deliver a successful program, “I have to know what they want, and I have to know what they know.”
- ▶ **Know the limitations of your program and create partnerships with others.** This enables an agency to offer a better program without duplicating efforts within the community. Taylor also sees outreach to other agencies and individuals who have resources and skills that can enhance and benefit the program as absolutely critical.
- ▶ **Program managers cannot be afraid to take chances.** Taylor considers himself very fortunate because he is given the freedom to try new approaches and ideas within the program. Some of these work and some do not; however, he learns where the program needs to move by taking risks, making mistakes, and receiving feedback.

4

Practical Advice and Program Philosophy

The programs we examined were asked about any words of wisdom they might offer to program developers trying to initiate programs like theirs. Here we synthesize their individual perspectives into common threads of advice. First we look at the practical advice they offered and then we examine their views about program philosophy.

Practical Advice from the Programs

1. Be knowledgeable about the needs of the community and the population to be served before implementing your program. Find out what participants know and what they are interested in learning.

Gaining insight into the needs of the participants and the larger community can be achieved through a formal needs assessment or informal feedback from participants. *Plain Talk* of San Diego preceded implementation of services with a neighborhood survey to gather information about community demographics, family planning service availability and accessibility, and knowledge about contraception. Prior to implementation, *Dads Make a Difference* conducted eight single-sex focus groups with adolescents to learn about the teens' knowledge of parenting issues and attitudes toward fathers. The *Dads Make a Difference* curriculum reflects the information and suggestions provided by these preliminary focus groups.

Many programs gain participant feedback by giving young people the opportunity to evaluate the program. Information about what the participants learned and liked can be used to modify the program to better suit participants' needs.

2. Collaborate with other agencies to provide services and to get referrals.

Collaboration with other agencies is integral to many of the programs studied. It can take different forms and serve a variety of purposes. To avoid “reinventing the wheel” with each program effort, Tom Klaus of *It Takes Two* believes that different programs within communities need to identify each other’s strengths and weaknesses. *Project Alpha* relies heavily on multiple-agency and community-wide efforts in order to put on its workshops. Other programs rely on external agencies to provide the physical space needed for their services. Recreation and field trip opportunities can be gained through collaborative efforts as well. Perhaps the most common form of collaboration is when a program brings in a speaker from another agency as an “expert” on a topic—such as educators from Planned Parenthood, the County Health Department, or HIV/AIDS prevention organizations.

Collaboration with other agencies also helps to identify and bring in males who might benefit from a pregnancy prevention program. Males often fall through the cracks within social services. Collaboration means that other agencies can refer participants to your program—many of the programs get their participants through outside agency referrals. Collaboration also makes it easier for males to get hooked up with the variety of services that they need (*Hablando Claro/Plain Talk, Compass, Project Alpha, Wise Guys, Baylor Teen Clinic*).

3. Male staff is essential.

Virtually all programs interviewed point to male staff as critical to success. Securing and retaining male staff, however, has presented challenges for some of these programs (*Hablando Claro/Plain Talk, Always on Saturday, Compass*). Some programs spoke of initial resistance to male-centered programs by female agency staff—some wariness about including men in services that were originally intended to meet the specific needs of women.

Importance of male staff revolves around two primary issues. Many of the young men in these programs were raised in single-parent, female-headed households. Young men are thought to need a positive male influence in their lives that can be provided through male program staff. The second benefit is that male staff allow young men to feel more comfortable about opening up and asking questions. In a clinic setting, for example, having at least a male health educator or outreach worker present to meet with the males prior to their exam is thought to be helpful in breaking down the misconception that reproductive health services are only for women (*Male Involvement Program* of Planned Parenthood of Nassau County, NY, *Young Men’s Clinic, Male Involvement Program* in Landover, MD). Having staff with a similar socioeconomic or ethnic background to the participants is often seen as an additional strength. However, virtually all program providers interviewed stated that having same-sex staff was more important than employing staff with a similar background to the participants.

Although a male facilitator is viewed as essential, having a female speaker or a coed discussion group is also seen as beneficial (*Teen Parenting Skills Project, HiTOPS, It Takes Two, Dads Make a Difference, Project MISTER*). Program staff feel that many young men do not have any idea of how to relate to women on a non-sexual level or how to discuss sexuality-related topics with women. Having a forum that allows them to practice communication is thought to be important, but is rarely included in these programs.

4. Increase your success in recruiting males by offering employment, training, or recreation services and *then* provide reproductive counseling and education.

Recruiting males into programs that are centered entirely around pregnancy prevention has proven to be a challenge for many programs. To overcome this, messages of male involvement in pregnancy prevention have often been incorporated into a larger program agenda that may be more immediately appealing to men. Programs such as the *Men's Services Program* of Baltimore City Healthy Start, Inc. and the *Young Dads Program* attract male participants primarily through employment and education services; however, "life skills" workshops remain an integral part of the program. Although learning family-related life skills may not serve as the initial draw to the program, the men receive and discuss information about parenthood and pregnancy prevention.

Other programs, such as *Teens on Track* and *Always on Saturday*, bring young men in by offering recreational activities but offer a strong educational component as well. The *Male Youth Enhancement Program* of Shiloh Baptist Church attracts young men with a great basketball court.

Reaching young men through their female partners has also proved to be successful because the female partner may be initially attracted to the program and encourage her partner to become involved as well (*Hablando Claro/Plain Talk, Men's Services Program* of Baltimore City Healthy Start, Inc.).

5. Be flexible and willing to test new approaches.

Many program providers agree that program staff must remain flexible enough to acknowledge when a program activity is not successful. Sticking only to strategies that work and being open to trying new ideas is important for keeping the program fresh and interesting for staff and participants.

Program evaluation is rare in male involvement programs. Systematic self-assessments as well as more formal and rigorous program evaluations are needed to measure the successful elements of a program.

6. Approach the subject of pregnancy prevention with males in a playful, entertaining, and nonthreatening way. The information has to be real and accessible.

The majority of program providers interviewed expressed concern that male involvement in pregnancy prevention has either not been addressed at all or, when addressed, has been cast as negative—in terms of blame and irresponsibility. Many males may feel ambivalent or defensive about reproductive responsibility, and this perspective can be a barrier to their program participation. Many program providers recommend being careful to approach the subject in a way that empowers young men to be involved in the prevention process. Klaus of *It Takes Two*, for example, works from an ideal of male “investment” rather than responsibility or involvement. He feels that “involvement” is too ambiguous and “responsibility” has burdensome connotations.

Lecturing is not a widely used strategy; most of these programs incorporate group activities, group discussion, and/or peer facilitation. Program messages are better received if they are conveyed through engaging and fun activities that allow group interaction and discussion. Appendix 4 includes the curricula, films/videos, and activities that the programs have found useful.

7. Take care to develop a good relationship with the community in which you are developing programs.

Regardless of whether or not a program serves the entire community, it must work within the context of the community in which it is based. A positive working relationship with the larger community is essential for a program to gain access to the young people. Programs that deal with issues of sexual health may face special challenges in gaining the trust of the community in which they provide services. Community feelings about pregnancy prevention education can exert great influence on program content.

Some programs, such as *Fifth Ward Enrichment Program*, establish themselves in the community by enlisting the support and interest of influential community leaders. *Hablando Claro/Plain Talk* in San Diego maintains its relationship with the neighborhood primarily using a community group created specifically to communicate the needs and concerns of the larger community to the program providers. This group, made up of both adolescents and adults, meets on a regular basis to discuss goals and strategies for the program. Programs in housing authority projects (*Brothers to Brother*, *Male Youth Enhancement Project*, and *Fifth Ward Enrichment Program*) can establish positive community relationships by going door to door to provide information about their services and by showing their presence in the housing projects. In all cases, respecting the values and wishes of the larger community is essential to gaining trust in the program. In some cases a program “out of the box” can

be tailored to appeal to the community's values. *It Takes Two* uses this approach. As trust increases, often the community is willing to consider expanding its notion of what the program can appropriately cover.

8. Choose lengthier rather than briefer contact with program participants.

Many of the programs interviewed follow curricula that offer some flexibility in the time-frame required for delivery. Providers generally feel that lengthier contact with participants is beneficial in offering comprehensive programming that will more adequately meet the males' needs. *Hombres Jóvenes con Palabra*, for example, is a four-part curriculum, but Jerry Tello feels that ideally it should be delivered over the course of eight weeks. This allows a more in-depth discussion of each curriculum component. Wilbur Jackson of *Project Alpha* is happy to provide a half-day workshop to young men in the community but feels that a weekend retreat is much more effective in providing information and opening discussion with the group. He feels that lengthier contact helps establish trust and a comfort level that allows the males to let down their guard and develop a true interest in the subject matter.

Programs that enroll males for the course of an academic year, or in some cases for several years, find that participants come to rely on the dependability of the program and its facilitators. Consistency in relationships, especially with adult males, may be missing from many of these young men's lives and the programs may help to fill this void. Many program providers stressed the importance of this consistency and reliability in providing an example of following through with one's commitments to others.

9. Use different messages for different developmental stages.

Many of these programs transmit the message that abstinence is the best choice, but they also advise that messages of abstinence and postponement of sex are lost on males once they enter high school. They suggest starting programs for younger teens when abstinence is still considered a viable option.

Program providers say that older teens, usually those who have already entered high school, are not interested in practicing communication and decision-making skills. They want to know about the nuts and bolts of preventing pregnancy and STDs (*HiTOPS, Male Involvement Program* of Planned Parenthood of Nassau County).

Emphasizing STD prevention may have greater impact on young men's reproductive behaviors than concentrating solely on pregnancy prevention. STDs are often seen by males as a more immediate and "real" risk to themselves than pregnancy. Some programs say that the message of "protecting oneself from STDs" works better with males than the message of "protecting one's partner from pregnancy."

10. Remember that satisfied participants and collaborators are the best source of positive program publicity.

Word-of-mouth recruitment is overwhelmingly identified as the most successful way to recruit participants; although, most of these programs also use outreach strategies. Establishing a good reputation within the environment where the program operates (the community, the housing project, the school district) and among the participants is the best way to continue to secure clients.

11. Recognize that active parental involvement is difficult to achieve.

Parental involvement is the exception, not the rule, in these programs. Those programs that do incorporate parents tend to do so through special events or take-home assignments (*It Takes Two, Brothers to Brother*). *Hablando Claro/Plain Talk* takes a community-wide approach encouraging parents and other adults to speak plainly about sexual and contraceptive matters. Even though it is hard to achieve, programs that involve parents find it is worthwhile.

12. Be prepared to be resourceful in keeping your program funded.

Funding for male programs is tenuous. Most of the programs use a combination of funding sources. Many ongoing funding sources—Medicaid, for example—are currently geared toward female pregnancy prevention services. Programs sometimes support male services out of scarce in-house funds. Some programs do a lot with a little money by linking with existing programs and resources. Diversification of funding sources is needed to ensure continuity.

Advice about Program Philosophy

1. Be careful to avoid negative stereotypes.

Programs that want to encourage males to be reproductively responsible are not likely to be successful if they commence by criticizing their new program recruits. As one program director put it, “Preaching responsibility can turn males off.” Programs need to get beyond negative stereotypes, and they need to develop a program philosophy that encourages positive change while not “knocking” where the young males are coming from. They should also avoid unwittingly conveying negative views of women in their enthusiasm to build up men’s roles in reproduction and family formation.

This program philosophy—whatever form it takes—needs to permeate the entire program and, potentially, its host agency. Just tacking a pregnancy prevention component for males onto an existing program may not work if philosophical assumptions and staff attitudes convey negative messages to young men.

2. Make the program the mentor.

Most of these programs are set up in response to high teen pregnancy rates in low-income, economically and politically alienated inner-city communities. Their approaches to prevention respond to the social environments that males in these communities face. It is difficult for males in these communities to take a proactive approach to any aspect of their lives, including pregnancy prevention. Preaching to young men about contraception alone will not prevent many pregnancies. Instead, these programs try to change males' attitudes toward themselves, their relationships with women, and their futures. Most focus on comprehensive life issues—improving self-esteem, relationship skills, and employment skills—to give young men the tools they will need to take control in multiple areas of their lives, to exercise responsibility, and to give them hope for positive futures.

Many of these programs adopt a mentor/nurturer psychology. They identify the need to change current attitudes and behaviors, but they want to avoid stigmatizing the young men as irresponsible and callous about pregnancy prevention. The providers of these programs believe that males fundamentally want to take more responsibility in their lives. They focus heavily on nurturance, role-modeling, and consistency/dependability to rebuild a young man's vision of himself and his future as positive (*Men's Services Program* of Baltimore City Healthy Start, *Fifth Ward Enrichment*, *Brothers to Brother*, *Project MISTER*). Accepting males as they are and then working with them to bring about positive changes is central to the programs' approaches. Theoretically, greater self-respect translates into more responsible behavior and "smarter" decision-making.

3. Use males to guide males into new definitions of "masculinity."

A redefining of "maleness" is central to many of these programs. Many young men are believed to think that it is manly to have casual attitudes toward sex and women (*Responsive Fathers Program*). Programs try to change this perspective, to redefine "manly" as taking responsibility and having positive values and goals (*Dads Make a Difference*, *Youth Education and Development Program*, *Hombres Jóvenes con Palabra*).

How do programs get males to redefine "manliness?" Most do it through the communication and support of other men. Program administrators believe that the redefinition process can only be successfully achieved through a male facilitator. Bonding with a male facilitator can create a situation in which young men feel safe to examine their views of masculinity and initiate activities that are traditionally thought to be "unmale"—such as talking about feelings, goals, and values in a straightforward and honest way (*Responsive Fathers Program*, *Men's Services Program* of Baltimore City Healthy Start). The facilitator cannot be any man; he must have unique characteristics. He should be perceived as "manly" to gain the respect and confidence of the young program participants. But he

must also be a highly skilled communicator and human relations expert to be able to create an environment in which males can open up and talk about their feelings (*Male Involvement Program* of Planned Parenthood of Nassau County, *It Takes Two*). Contact with this type of male is rare for these young men, and is thought to motivate them to participate in prevention programs (*Youth Education and Development Program*). Providers typically believe that males want to have this male-to-male contact even though this motivation is not what initially brings them into the program.

4. Define male responsibility as starting with respect for oneself.

In addition to teaching males new ways to view and communicate with their female partners, programs are teaching them new ways to think about themselves. A common philosophy is that males need to “first learn responsibility and respect for themselves and this respect will translate into their relationships with others.” Program goals include changing young men’s views of gender roles and masculinity, creating self-esteem, and promoting personal responsibility. Programs also use ethnicity and culture as a means of placing sexual behavior within a larger context. In some the context becomes the community itself (*Hablando Claro/Plain Talk*).

Next Steps

1. Create a clearing house.

Program planners seeking information about how to involve males in teen pregnancy prevention need a central, easily accessible, and informed place to turn. Innovative programs need a place to publicize their efforts.

2. Evaluate promising programs.

Programs with track records for attracting male participants are ready to demonstrate that their services and activities make a difference. Rigorous evaluations with experimental or quasi-experimental designs are needed to determine whether programs alter young men’s behavior. To make a better case for continued and sustained funding, programs need to document their achievements.

3. Innovate.

The programs that are highlighted in this guide demonstrate the creativity and ingenuity of their developers. Further funds to develop and support imaginative programs would increase the range of models available. They would also increase the odds that particularly successful approaches are identified.

A P P E N D I X

1

Methodology

How the Programs Were Identified

We cast a very wide net to find programs that successfully work with males to prevent unintended pregnancy. The first step was to send letters to experts in a wide range of human service areas asking for program nominations. We were interested in finding programs located in many different institutional settings. Therefore we solicited nominations from experts in wide-ranging fields including health care, health maintenance organizations, family planning, sexually transmitted diseases, teen pregnancy, youth development, fathers' programs, employment and training, juvenile justice, education, welfare, and substance use.

Letters were sent to more than 100 experts asking them to identify promising programs. In this guide we only include programs nominated by respected professionals in various fields. This limitation may mean that we have missed some excellent programs, but it provides some quality control for the program selection process. Through this nomination process, about 80 potential programs were identified.

Our next step was to send a letter to each of these programs requesting any descriptive materials that they could send us about their programs. Since we were identifying programs that might be replicated, we used this approach to identify those who would respond to requests for information. Almost 60 programs responded to our letters.

We read through all the program materials that were sent to us to identify programs that clearly fit our criteria, those that did not, and those for which more information was needed to make a determination. At this stage, 29 programs were screened out. The remaining programs were then interviewed by telephone.

The first part of the interview determined program eligibility. The program contact person was asked questions about the program's goals, participants, and the length of operation to determine

How the National Survey of Adolescent Males Was Conducted

The National Survey of Adolescent Males

1,729 males ages 15–19 were interviewed face to face by trained interviewers from Research Triangle Institute.

Males living in households throughout the contiguous United States were sampled. Black and Hispanic males were over-sampled so that separate analyses of these subpopulations are possible.

The results shown here are weighted to adjust for sampling, non-response, and post-stratification to the 1995 Census data.

Public-use tapes for the 1995 survey and the earlier 1988 survey are available from Sociometrics in Los Altos, CA.

whether it fit our criteria for inclusion. If it did, a lengthy semi-structured interview was conducted to obtain the information that is now included in the program description that follows. Program descriptions were drafted and in many cases follow-up information was solicited and received from the programs.

We are extremely grateful to the nominating experts and all the nominated programs that responded to our requests for information. Appendix 3 contains a list of all the male involvement programs that we identified, listed by state. Many of these were too small or too new at the time to be included. One year later they will have had more experience. Moreover they could be useful sources of information and advice to program developers operating in communities near theirs.

The 1995 National Survey of Adolescent Males (NSAM) is the third phase of a survey that examines behavioral factors that affect young men's (and their partners') risks of becoming infected with HIV or other sexually transmitted diseases or of becoming a teenage parent. NSAM-1988 was designed by Sonenstein and Pleck to be the first nationally representative survey of the sexual and risk-related behavior of young men in the United States since 1979. The survey was originally planned to correspond with the National Center for Health Statistics' National Survey of Family Growth (Cycle IV-1988) for women of childbearing ages, although NSAM provides more extensive data about sexual activity and risk behaviors. The 1988 respondents were followed up in 1991 and 1995. Also in 1995, a new cohort of 15–19 year olds was interviewed. All waves (1988, 1991, and 1995) of NSAM cover similar topics, with varying degrees of emphasis and reference time-periods. One of the major contributions of NSAM has been the extent to which it has enabled us to examine changes in fertility-related behaviors over time.

In 1995 the survey was conducted by Research Triangle Institute. The sample was drawn to be representative of males ages 15–19 living in the conterminous United States. The sample also was stratified to oversample for black and Hispanic youth. The response rate was 74.65 percent. In 1995 the sample was not limited to never-married eligible youth. As a result, 1,710 never-married males were interviewed and an additional 19 ever-married males were also included.

In both surveys written parental permission was required for teenagers under the age of 18. In 1988 only 6.1 percent of households with eligible respondents did not participate because a parent withheld consent for his/her minor child; in 1995 this proportion was 5.6 percent.

In 1988 and 1995 face-to-face personal interviews were conducted by trained interviewers in the respondents' homes or other confidential locations. The survey consisted of an interview lasting about one hour and a self-administered questionnaire lasting 10–15 minutes that covered many of the most sensitive questions. In 1988 the self-administered questionnaire was a paper and pencil instru-

ment (PAPI); in 1995 most of the respondents completed these questions using audio computer assisted self interview (ACASI) technology, although some respondents were experimentally assigned to PAPI. The results of this experiment will be presented elsewhere. The data presented in this guide come from interviewer-administered items. Core topics include demographic characteristics, family background, educational history and aspirations, and a detailed history of sexual, contraceptive, and HIV-related behaviors, including detailed histories of first and last intercourse and information about recent partners, use of alcohol and drugs, attitudes about condom use, gender role attitudes, and knowledge about sex, AIDS, and contraception.

Distributional data presented in this guide are weighted. Weights were developed to compensate for probability of selection and non-response and were post-stratified to correspond with the March 1987 Current Population Survey and the May 1995 Bureau of Census Preliminary Projections of the Civilian Noninstitutionalized Population by Age, Sex, Race and Hispanic Origin.

NSAM: Question Wording

Sexual Experience

- E5. Have you **ever** had sexual intercourse with a female (sometimes this is called “making love,” “having sex,” or “going all the way”)? (**CIRCLE ONE NUMBER**)
 YES 01
 NO 02
- E7. How old were you when you had sexual intercourse with a female for the **first** time?
 _____ YEARS OLD
- E11. About how many **times** have you had sexual intercourse in **the last 12 months**?
 NUMBER _____
- E10. How many different **females** have you had sexual intercourse with in **the last 12 months**, (that is since this time last year)?
 NUMBER _____
- G9. How old was (**INITIALS** [of last female partner]) when you last had intercourse with her?
 _____ YEARS OLD
- Q2. Have you ever **actually** made someone pregnant? (**CIRCLE ONE NUMBER**)
 YES 01
 NO 02
- Q14. Was a child born from that pregnancy? (**CIRCLE ONE NUMBER**)
 YES 01
 NO 02

Contraception

- G4. The last time you had intercourse with (**INITIALS** [of last female partner]), did you **yourself** use any method of contraception— that is, something to prevent pregnancy or sexually transmitted diseases?
 YES 01
 NO 02
- G5. What method did you use? (**CIRCLE ONE NUMBER**)
 CONDOM 01
 WITHDRAWAL, PULLING OUT 14
 COMBINATION OF METHODS
 (SPECIFY): _____ 15
 OTHER (SPECIFY): _____ 77
- G6. The last time you had intercourse with (**INITIALS** [of last female partner]), did **she** use any of the contraceptive methods listed on this card? (**CIRCLE ONE NUMBER**) (**DO NOT PROBE**)
 YES 01
 NO 02
 DON'T KNOW 08

- G7. What method did she use? Please tell me the number on the card. (**CIRCLE ALL THAT APPLY**)
- DEPO-PROVERA
 DIAPHRAGM OR CERVICAL CAP
 DOUCHING (WASHING OUT) AFTER INTERCOURSE
 FEMALE CONDOM
 SPERMICIDAL FOAM/JELLY/CREAM OR SUPPOSITORY
 IUD, COIL, LOOP
 NORPLANT
 PILL
 RHYTHM, OR SAFE PERIOD
 STERILIZATION
 TODAY SPONGE
 VAGINAL CONTRACEPTIVE FILM OR INSERT
 COMBINATION OF METHODS (**SPECIFY**):
 SOMETHING ELSE (SPECIFY):
- G29. Since you first had intercourse with (**INITIALS** [of last female partner]), about what percent of the time, if ever, did you use a condom?
 ____%
- G30. Since you first had intercourse with (**INITIALS** [of last female partner]), about what percent of the time, if ever, was she using the pill?
 ____%
- G31. Since you first had intercourse with (**INITIALS** [of last female partner]), about what percent of the time did you and she have sex without using a condom, the pill, or another effective method like a diaphragm or Norplant? (Withdrawal is not an effective method.)
 ____%

Attitudes Toward Male Responsibility for Contraception

- P9. I am going to read to you some statements about using contraception. Think about each statement, and tell me how much you agree or disagree. (**READ EACH STATEMENT AND ASK**): Would you say you agree a lot, agree a little, disagree a little, or disagree a lot? (**CIRCLE ONE NUMBER FOR EACH STATEMENT**)

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. Before a male has sexual intercourse with a female, he should know or ask whether she is using contraception.	1	2	3	4
e. If a couple has never discussed contraception, the male should bring it up.	1	2	3	4
c. If a male does not want to have a child, he should not have intercourse without contraception.	1	2	3	4
b. If a male makes a female pregnant, the child is his responsibility as much as the mother's.	1	2	3	4

Reaction to Pregnancy

D3. If you got a female pregnant now, how would your parents react? Would they be:
(**CIRCLE ONE NUMBER**)

- Very upset, 01
- A little upset, 02
- A little pleased, or 03
- Very pleased? 04
- They wouldn't care 05

D4. If you got a female pregnant now, how would your friends react? Would they be:
(**CIRCLE ONE NUMBER**)

- Very upset, 01
- A little upset, 02
- A little pleased, or 03
- Very pleased? 04
- They wouldn't care 05

D5. If you got a female pregnant now, how would you feel? Would you be: (**CIRCLE ONE NUMBER**)

- Very upset, 01
- A little upset, 02
- A little pleased, or 03
- Very pleased? 04
- No different 05

D7. If you got a female pregnant now, how much would it make you feel like you were a real man?
Would you say: (**CIRCLE ONE NUMBER**)

- A lot, 01
- Somewhat, 02
- A little, or 03
- Not at all? 04

Expectations Regarding Condoms

D1. You can choose one of the answers on this card, and give me the number. (**CIRCLE ONE NUMBER FOR EACH STATEMENT**)

	No Chance	A Little Chance	A 50-50 Chance	A Pretty Good Chance	An Almost Certain Chance
a. What are the chances: that if you bought a condom in a drugstore, you would feel embarrassed? Would you say:	01	02	03	04	05
c. What are the chances: that if you used a condom, you would feel less physical pleasure? Would you say:	01	02	03	04	05
g. What are the chances: that if a new partner knew you had a condom ready the first time you had sex the new partner would be upset? Would you say:	01	02	03	04	05
h. What are the chances: that it would be embarrassing for you and a new partner to discuss using a condom? Would you say:	01	02	03	04	05
j. What are the chances: that it would be embarrassing to put on a condom in front of a new partner? Would you say:	01	02	03	04	05

Sources of Information about Contraception

C1. Did you ever talk with either or both of your parents or the people who raised you about:
(**CIRCLE "01" FOR YES OR "02" FOR NO**)

	YES	NO
a. Methods of birth control?	01	02
b. AIDS?	01	02
c. Other sexually transmitted diseases like herpes or gonorrhea?	01	02
d. What would happen if you got a girl pregnant?	01	02

O17. In the last 12 months, has any doctor or nurse discussed any of these topics with you? **(CIRCLE ONE NUMBER FOR EACH)**

	YES	NO
a. Preventing pregnancy	01	02
b. AIDS	01	02
c. Other sexually transmitted diseases	01	02
d. Condoms	01	02

O18. In the last 12 months, have you seen any TV programs or TV ads about these topics? **(CIRCLE ONE NUMBER FOR EACH)**

	YES	NO
a. Preventing pregnancy	01	02
b. AIDS	01	02
c. Other sexually transmitted diseases	01	02
d. Condoms	01	02

C2. Did you ever have any formal instruction in school or in an organized program on the following topics?

C3. What grade were you in when you first received this instruction?

	YES	NO	GRADE
c. Methods of birth control?	01	02	_____
d. Where to obtain contraceptive methods?	01	02	_____
g. How to put on a condom?	01	02	_____

Activities That Teenage Males Engage In

A29. In the past year, about how many hours a week did you spend doing these things?

ACTIVITIES	NUMBER OF HOURS SPENT PER WEEK
a. Playing sports or exercising	_____ PER WEEK
c. Participating in other clubs or youth groups	_____ PER WEEK

A12. Have you attended school, college, or a training program in the last 12 months; since this time last year? **(CIRCLE ONE NUMBER)**

YES	01
NO	02

A17. Now, I would like to find out about your employment. Have you had any jobs for pay in the last 12 months? Please report any job for pay including full-time, part-time, temporary, or summer jobs in the last 12 months. **(CIRCLE ONE NUMBER)**

YES	01
NO	02

Health Care

O12. Do you have a doctor or place where you go for medical checkups or general health care?
(**CIRCLE ONE NUMBER**)

YES 01
NO 02

O13. What type of place is this? (**CIRCLE ONE NUMBER**)

SCHOOL CLINIC 01
CLINIC AT WORK 02
OTHER CLINIC 03
HOSPITAL 04
PRIVATE DOCTOR'S OFFICE 05
HEALTH MAINTENANCE ORGANIZATION 06
OTHER, (SPECIFY) 77

O14. When was the last time you went there for any reason? Was it: (**CIRCLE ONE NUMBER**)

Within the last month, 01
2–6 months ago, 02
7–12 months ago, 03
1–2 years ago, or 04
More than 2 years ago? 05
DON'T KNOW 08

Problem Behaviors

15.* During the **last 12 months**, how often have you smoked marijuana or pot?
(**CIRCLE ONE NUMBER**)

01 Never
02 A few times
03 Monthly
04 Weekly
05 Daily

16.* During the **last 12 months**, how often have you used cocaine or crack?
(**CIRCLE ONE NUMBER**)

01 Never
02 A few times
03 Monthly
04 Weekly
05 Daily

18.* During the **last 12 months**, how often have you taken street drugs using a needle?
(**CIRCLE ONE NUMBER**)

01 Never
02 A few times
03 Monthly
04 Weekly
05 Daily

26.* Have you ever been picked up by the police for doing something wrong? (**CIRCLE ONE NUMBER**)

- 01 Yes
- 02 No

27.* Have you ever been arrested? (**CIRCLE ONE NUMBER**)

- 01 Yes
- 02 No

28.* Have you ever spent time in a jail, prison, or juvenile detention center? (**CIRCLE ONE NUMBER**)

- 01 Yes
- 02 No

A7. What is the highest grade of school or year of college you have completed?

(**CIRCLE ONE NUMBER**)

- | | | | | | | | | | |
|---|----|----|----|-----|-----|----|----|----|--|
| NONE | 00 | | | | | | | | |
| ELEMENTARY SCHOOL | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | |
| HIGH SCHOOL | 09 | 10 | 11 | 12 | | | | | |
| COLLEGE | 13 | 14 | 15 | 16 | | | | | |
| GRADUATE SCHOOL | 17 | 18 | 19 | 20 | 21+ | | | | |
| VOCATIONAL/TRADE SCHOOL
(BEYOND HIGH SCHOOL) | 23 | 24 | 25 | 26+ | | | | | |

(Note: **Behind in school** is computed by comparing grade to age. Males who are two years behind in grade are designated behind in school.)

* Self-administered questions

APPENDIX

2

**Contact Information
for Exemplary
Programs**

PROGRAMS	WILL ACCEPT PHONE CALLS	WILL ACCEPT VISITORS	PROVIDE CONSULTATION	PROVIDE TRAINING	CURRICULUM AVAILABLE	REPLICATION NOTES	CONTACT INFORMATION
Always on Saturday Hartford Action Plan	✓	✓	✓	✓		Program currently testing expanded <i>Always on Saturday</i> curriculum.	Flora Parisky, Chief Operating Officer, Hartford Action Plan 30 Arbor St. Hartford, CT 06106 (860) 232-0641
Baylor Teen Clinic Baylor Medical College	✓	✓	✓			Willing to provide phone consultation but not technical assistance.	Peggy B. Smith, Clinic Coordinator, Baylor Teen Health Clinic 8111 Lawn, Box 2 Houston, TX 77088 (713) 793-3601
Brothers to Brother Wake County Health Dept.	✓	✓	✓	✓		<i>Brothers to Brother Activity and Resource Guide</i> curriculum in publication. To be available February 1997.	Delmonte Jefferson, Project Coordinator, Brothers to Brother, Wake County Health Department, P.O. Box 14049 Raleigh, NC 27620 (919) 250-3990
Compass Adolescent Pregnancy Prevention, Inc.	✓	✓	✓			Expects to provide training in the near future.	Jeff Rodriguez, Male Outreach Coordinator, Adolescent Pregnancy Prevention, Inc. 1300 W. Lancaster St. Fort Worth, TX 76102 (817) 338-4559
Dads Make a Difference University of Minnesota Extension Service	✓	✓	✓	✓	✓	Willing to work with the individual needs and restrictions of different states.	Gary Greenfield, Project Coordinator, Dads Make a Difference, University of Minnesota Extension Service 2020 White Bear Ave. St. Paul, MN 55109 (612) 704-2060
Fifth Ward Enrichment Program	✓	✓	✓			In the process of developing a training program to be completed March 1997.	Ernest McMillan, Fifth Ward Enrichment Program 4014 Market St., Houston, TX 77020 (713) 229-8353
Hablando Claro/Plain Talk Logan Heights Family Health Center	✓	✓	✓			Curriculum development in progress. To be ready in 1997.	Marta Flores, Director, Logan Heights Family Health Center 3538 30th St., Suite B San Diego, CA 92104 (619) 683-7563, ext. 145

HITOPS, Inc.	✓	✓	✓	✓	✓	✓	✓	✓	Curriculum available only with training.	Bonnie Parker, Director HITOPS, Inc. 21 Wiggins St. Princeton, NJ 08540 (609) 683-5155
Hombres Jóvenes con Palabra	✓	✓	✓	✓	✓	✓	✓	✓	Fee required for training and curriculum.	Jerry Tello, Director 15865-B Gale Ave., Suite 1004, Hacienda Heights, CA 91745 (818) 333-5033
It Takes Two Young Women's Resource Center	✓	✓	✓	✓	✓	✓	✓	✓	Training required to implement program.	Tom Klaus, Program Director It Takes Two 1909 Ingersoll Ave. Des Moines, IA 50309-3320 (515) 244-4901
Male Involvement Program Healthy Teen Center	✓	✓	✓	✓	✓	✓	✓	✓		Darryl Bryant, Male Involvement Coordinator, Healthy Teens Center, 7824 Central Ave. Landover, MD 20785 (301) 386-0134
Male Involvement Program Planned Parenthood of Nassau County	✓	✓	✓	✓	✓	✓	✓	✓	Program uses parts of PPNC's Peer Education Program Training Curriculum.	Matthew Buscemi, Male Involvement Program Coordinator, Planned Parenthood of Nassau County 540 Fulton Ave. Hempstead, NY 11550 (516) 483-3193, ext. 3018
Male Outreach Program Valley Community Clinic	✓	✓	✓	✓	✓	✓	✓	✓	The curriculum consists of outlines. Not a detailed, published curriculum. Fee required for training and consultation.	Connie Kruzan, Director Valley Community Clinic 5648 Vineland Ave. N. Hollywood, CA 91601 (818) 763-1718, ext. 210
Male Youth Enhancement Program Shiloh Baptist Church	✓	✓	✓	✓	✓	✓	✓	✓	Training and curriculum available early 1997.	Rev. Barry Hargrove, Director Shiloh Baptist Church Family Life Center 1510 9th St., NW Washington, DC 20001 (202) 332-0213

Continued

PROGRAMS	WILL ACCEPT PHONE CALLS	WILL ACCEPT VISITORS	PROVIDE CONSULTATION	PROVIDE TRAINING	CURRICULUM AVAILABLE	REPLICATION NOTES	CONTACT INFORMATION
Men's Services Program Baltimore City Healthy Start, Inc.	✓	✓	✓	✓	✓	Curriculum available at cost with facilitator guide. Technical assistance available on limited basis.	Joseph Jones, Director of Men's Services, Baltimore Healthy Start, Inc., 600 N. Carey St. Baltimore, MD 21217 (410) 798-7470
Project Alpha Alpha Phi Alpha Fraternity	✓	✓	✓	✓	✓		Wilbur Jackson, Regional Coordinator, 6716 Indian Spring Court San Jose, CA 95120 (408) 268-6171
Project MISTER Medina Children's Services	✓	✓	✓	✓	✓	Training manual available for purchase.	Cynthia Williams, Project Director, Medina Children's Services, 123 16th Ave. Seattle, WA 98192 (206) 461-4520
Responsive Fathers Program Philadelphia Public School District	✓	✓	✓	✓	✓		Gregory Patton, Family Support Coordinator, Family Resource Network, Philadelphia Public School District Administration Bldg., Rm. 509, 21st St. So. of the Parkway Philadelphia, PA 19103 (215) 999-7327
Teen Parenting Skills Project Bernalillo County Juvenile Detention Center	✓	✓	✓	✓	✓		Robert Pacheco, Program Manager, Juvenile Detention Center, 5100 Second St., NW Albuquerque, NM 87107 (505) 761-6606
Teens on Track Planned Parenthood So. NJ	✓	✓	✓	✓	✓	Training manual to be available in 1998.	Joyce Kurzweil, Executive VP Planned Parenthood of Southern New Jersey 317 Broadway Camden, NJ 08103 (609) 365-3519, ext. 219

<p>Wise Guys Family Life Council of Greater Greensboro</p>	✓	✓	✓	✓	✓	<p>On-site training available. Evaluation model available.</p>	<p>Jeff Wilt, Male Responsibility Educator, Family Life Council of Greater Greensboro 301 East Washington St., Suite 204 Greensboro, NC 27401 (910) 333-6890</p>
<p>Young Dads Program Employment Action Center</p>	✓	✓	✓	✓	✓		<p>Clarence Jones, Program Director, Employment Action Center, 2104 Park Ave, So. Minneapolis, MN 55404 (612) 871-6002</p>
<p>Young Men's Clinic Columbia University</p>	✓	✓					<p>Bruce Armstrong, Clinic Coordinator, Columbia University School of Public Health, Center for Population and Family Health 60 Haven Ave., B-3 New York, NY 10032 (212) 304-5247, E-mail: ba5@columbia.edu.</p>
<p>Youth Education and Development Program Urban League of Eastern MA</p>	✓	✓	✓		✓		<p>E. Franklin Miller, Program Director, Urban League of Eastern MA, 88 Warren St. Roxbury, MA 02119 (617) 442-4519</p>

APPENDIX

3

**List of Other Male
Involvement Programs
by State**

Arizona

Linda Cutright, Director
Project ARM
SW Community Net
530 East Riley Drive
Avondale, AZ 85323
(602) 932-4250
(602) 932-2796 FAX

Anthony Valenzuela, Caseworker III
Step Up
Young Father Mentoring Program
1250 South 7th Ave.
Phoenix, AZ 85007
(602)-262-6907
(602)-534-1593 FAX

California

Tamitra Clark, Project Coordinator
Special Friends Project
Planned Parenthood of Pasadena
1045 N. Lake Ave.
Pasadena, CA 91104
(818) 794-5679
(818) 798-4706 FAX

*CA Department of Health Services,
Office of Family Planning Male
Involvement Projects 1995–98*

Alameda County

Carl Bobino, Director
Community Relations & Special Projects
Alameda County Public Health Department
1000 Broadway, Suite 5501
Oakland, CA 94607
(510) 628-7819
(510) 628-7887 FAX

Fresno County

Patsy Montgomery, Manager Central Valley Region
Planned Parenthood of Mar Monte
633 N. Van Ness
Fresno, CA 93701
(209) 488-4942
(209) 488-4999 FAX

Kern County

Nick Bragg, Project Director
Ebony Counseling Center
1309 California Ave.
Bakersfield, CA 93304
(805) 324-4756
(805) 324-1652 FAX

Los Angeles County

Barbara Kappos, Family Services Director
Bienvenidos Children's Center, Inc.
205 East Palm St.
Altadena, CA 91001
(213) 728-9577
(213) 728-3483 FAX

Contact Person: Ada Rodriguez

Liz Herrera, Associate Director
El Nido Family Centers
3679 Motor Ave., Suite 200
Los Angeles, CA 90034
(310) 559-9222
(310) 559-9383 FAX

Contact Person: Sandra Bankhead
9302 South Normandie Ave.
Los Angeles, CA 90044
(213) 757-0101

Project Director: Michael Wynn
4513 Compton Blvd.
Los Angeles, CA 90221
(310) 223-0707

Daniel Rodriguez, Director
Family and Community Educational Services
(FACES)
P.O. Box 1781
Pomona, CA 91769
(909) 469-2479
(909) 622-0547 FAX

Contact Person: Cloyed Miller

Lillian Lew, Director
Southeast Asian Health Project
St. Mary Medical Center
411 E. 10th St., Suite 207
Long Beach, CA 90813
(310) 491-9100
(310) 491-9824 FAX

Project Coordinator: Samon San

Saul Figueroa, Project Coordinator
 Family Life Education
 and Male Involvement Program
 Southern California Youth & Family Center
 101 N. La Brea Ave., Suite 100
 Inglewood, CA 90301
 (310) 671-1222
 (310) 671-0687 FAX

Margo Wainwright, Executive Director
 Youth Intervention Program
 4625 Crenshaw Blvd.
 Los Angeles, CA 90043
 (213) 290-7111
 (213) 296-0697 FAX
Contact Person: Tommy Brown

Madera County

Cheryl Edgar, Project Director
 Madera County Public Health Department
 14215 Road 28
 Madera, CA 93638
 (209) 675-7893
 (209) 674-7262 FAX

Orange County

Cynthia Scheinberg, Men's Action Project
 Coordinator
 Coalition for Children, Adolescents & Parents
 820 Town & Country Road
 Orange, CA 92868
 (714) 972-4859
 (714) 541-4527 FAX
Contact Person: Jose Solorio

Sacramento County

Donald Northcross, Deputy Administration
 The O.K. Program
 Sacramento County Sheriff's Department
 711 G St.
 Sacramento, CA 94814
 (916) 552-8247
 (916) 440-5263 FAX
Contact Person: Brian Randle
 8670 Irish Moss Court
 Elk Grove, CA 95624

San Bernardino County

Ilene King, Program Manager III
 San Bernardino County Department of
 Public Health
 799 East Rialto Ave.
 San Bernardino, CA 92415
 (909) 383-3075
 (909) 386-8181 FAX

Contact Person: Linda Porras

San Diego County

Diane Moss, Executive Director
 Children Having Children, Inc.
 5106 Federal Blvd., Suite 205
 San Diego, CA 92105
 (619) 262-2262
 (619) 262-2263 FAX

Contact Person: Mshinda Nyofu

Liandro Viano
 Logan Heights Family Health Center
 1643 Logan Ave.
 San Diego, CA 92113
 (619) 239-0268
 (619) 239-1015 FAX

Contact Person: Frank Lopez

San Francisco

Bruce Marcus, Project Director
 Family Services Agency of San Francisco
 Teenage Pregnancy & Parenting Project
 2730 Bryant St., 2nd Floor
 San Francisco, CA 94110
 (415) 695-8300
 (415) 824-2416 FAX

Contact Person: Bryan Patton

San Joaquin County

Victor Olano
 San Joaquin County Public Health Services
 1601 E. Hazelton Ave.
 Stockton, CA 95205
 (209) 468-3415
 (209) 468-2072 FAX

Contact Person: Lemuel Williams
 (209) 468-3415
 (209) 468-8032 FAX

San Mateo County

Floreida Quiaoit, MCAH Director
San Mateo County Health Services Agency
225 West 37th Ave.
San Mateo, CA 94403
(415) 363-7850
(415) 327-5238 FAX

Contact Person: Bernestine Benton
(415) 573-3469

Santa Barbara County

Hector Sanchez Flores, Program Manager
Los Compadres: The Young Men's Project
Klein Bottle Youth Programs
401 North Milpas St.
Santa Barbara, CA 93103
(805) 564-7830
(805) 965-7741 FAX

Santa Clara County

Olivia Soza-Mendiola, Deputy Director
MACSA–Mexican American Community
Services Agency
130 North Jackson Ave.
San Jose, CA 95116
(408) 928-1122
(408) 928-1169 FAX

Contact Person: Enrique Arreola

Santa Cruz County

Lynn McKibbin, Senior Public Health Program
Manager
Santa Cruz County Health Services Agency
1080 Emeline Ave.
Santa Cruz, CA 95061
(408) 454-4650
(408) 454-4488 FAX

Tulare County

Robyn Flores, Program Coordinator
Tulare County Health & Human Services Agency
1062 South K St.
Tulare, CA 93274
(209) 737-4660, ext. 2307
(209) 737-4693 FAX

Ventura County

Teri Miller, Associate Executive Director
Interface Children Family Services of Ventura Co.
1305 Del Norte Road, Suite 130
Camarillo, CA 93010
(805) 485-6114
(805) 983-0789 FAX

Colorado

Dr. James Dobson
Focus on the Family
Breakaway
Colorado Springs, CO 80995
(719)-531-3400
(719) 548-4670 FAX

Connecticut

Annika Warren, Director
Plain Talk
67 Hampton St. #101
Hartford, CT 06120
(860) 278-5868
(860) 244-8368 FAX

District of Columbia

Bob Duckett, Associate Director
First Things First
Planned Parenthood Federation
1120 Connecticut Ave., NW
Suite 461
Washington, DC 20036
(202) 973-6399
(202) 296-0956 FAX

Elida Vargas, Teen Project Director
Mary's Center For Maternal and Child Care, Inc.
2333 Ontario Rd., NW
Washington, DC 20009
(202) 483-8196
(202) 797-2628 FAX

Maryland

Rosetta Stith, Director
 Young Fathers/Responsible Fathers Program
 School for Pregnant and Parenting Teens
 2200 Sinclair Lane
 Baltimore, MD 21213
 (410) 396-9398 or 9259
 (410) 522-2229 FAX

Massachusetts

Deborah Finn, Program Coordinator
 The Parenting Project
 Children's Hospital
 300 Longwood Ave.
 Boston, MA 02115
 (617) 355-8559
 (617) 739-5458 FAX

Carol Mitnick, Acting Director
 The Young Males Program
 Project Life
 1534 Tremont St.
 Roxbury, MA 02120
 (617) 442-3620
 (617) 442-1746 FAX

Steve Davis, Director
 Workforce Unemployment Prevention Program
 Cambridge Housing Authority
 675 Massachusetts Ave.
 Cambridge, MA 02139
 (617) 499-7159
 (617) 864-6520 FAX

Minnesota

Lauretta Perry, Project Coordinator
 Boyz II Dadz
 Women's Health Center of Duluth
 32 East First St., Suite 300
 Duluth, MN 55802
 (218) 727-3352 or (218) 879-3990
 (218) 720-4890 FAX

Neil Tift, Director
 Fathers Resource Center
 430 Oak St.
 Minneapolis, MN 55403
 (612) 874-1509
 (612) 874-0221 FAX

Lonn Nick, Outreach Worker
 Male Responsibility and Fathering Program
 United Cambodian Association of Minnesota
 529 Jackson St., #221
 St. Paul, MN 55101-2321
 (612) 222-3299
 (612) 222-3599 FAX

Rev. Chris McNair, Director
 SIMBA
 TURN Leadership Foundation
 122 W. Franklin Ave., #330
 Minneapolis, MN 55404
 (612) 879-9377
 (612) 871-1630 FAX

Missouri

Mildred Anderson, Director
 Parent/Infant Interaction Program
 Vashon High School
 3405 Bell Ave.
 Room 107
 St. Louis, MO 63106
 (314) 531-9028
 (314) 652-3606 FAX

New Jersey

Jerry Kilbane, Director
 Covenant House New Jersey
 3529 Pacific Ave.
 Atlantic City, NJ 08401
 (609) 348-4070
 (609) 348-4356 FAX

Diane Scott, Director of Education and
 Teen Services
 Young Fathers Program
 Horizon Health Center
 706-714 Bergen Ave.
 Jersey City, NJ 17306
 (201) 451-6300
 (201) 451-0619 FAX

New York

Michael Carrera, Director
The Children's Aid Society
350 East 88th Street, 3rd Floor
New York, NY 10128
(212) 876-9716

Tennessee

Leslie McKnight, Coordinator of Community
Services
I Have a Future
1605 Johnston Ave.
Nashville, TN 37203
(615) 320-1568

Texas

Martin McLee, Director
The Southwest Key Program
919 Dragon St.
Dallas, TX 75207
(214) 742-6213
(214) 741-5399 FAX

Vermont

Jordan Engel, Program Coordinator
DADS Program
Addison County Parent/Child Center
P.O. Box 646
Middlebury, VT 05753
(802) 388-3171
(802) 388-1590 FAX

Washington

Caren Adams, Health Educator
Teen Pregnancy Prevention Project
Seattle-King Dept. of Public Health
110 Prefontaine Place South
Suite 500
Seattle, WA 98104
(206) 296-4622
(206) 296-4679 FAX

Wisconsin

June Perry, Executive Director
Each One Reach One
New Concept Self Development Center
4828 W. Fond Du Lac
Milwaukee, WI 32316
(414) 444-1952
(414) 444-5557 FAX

Tolokun Omokunde, Coordinator
Male Responsibility Project
Milwaukee Urban League
2800 West Wright St.
Milwaukee, WI 53210
(414) 374-5850
(414) 562-0249 FAX

A P P E N D I X

4

**Examples of
Materials Used by Male
Involvement Programs**

NAME OF MATERIAL	PROGRAM CURRENTLY USING	DISTRIBUTOR
Curricula		
Always on Saturday Curriculum	Always on Saturday	Always on Saturday
Baltimore Healthy Start, Inc. Father's Journal	Baltimore Healthy Start, Inc. Program Men's Services	Baltimore Healthy Start, Inc.
Be Proud, Be Responsible	HiTOPS	ETR Associates
Growing Up Black and Proud Workbook	Brothers to Brother	Johnson Institute
Heroes and Legacy Curriculum	Fifth Ward Enrichment Program	Fifth Ward Enrichment Program
Hombres Jóvenes con Palabra	Hombres Jóvenes con Palabra	Hombres Jóvenes con Palabra
It Takes Two Curriculum	It Takes Two	It Takes Two
Postponing Sexual Involvement	HiTOPS	ETR Associates
Dads Make a Difference	Dads Make a Difference	Minnesota Extension Service— Ramsey County
Self-esteem through Culture Leads to Academic Excellence	Brothers to Brother	African American Images
Vecino-a-Vecino	Hablando Claro/Plain Talk	Hablando Claro
Videos		
Bay City Kids Video	Brothers to Brother	Films Incorporated Video
Clear Vision	Dads Make a Difference; Project Alpha	ETR Associates
Crossing the Line	Compass	Altshaul Group Corporation
Heart on a Chain	Wise Guys; It Takes Two	ETR Associates
Homeboys	Compass	Coronet-MTI
Hope Is Not a Message	Always on Saturday	
Let's Talk About STD: Testing for Young Men	Planned Parenthood of Nassau County	ETR Associates
Lifers: Learn the Truth at the Expense of Our Sorrows	Compass	Coronet-MTI
Safe for Life	Planned Parenthood of Nassau County	ETR Associates
Self-Esteem	Wise Guys	ETR Associates
Sex, Lies, and the Truth	Wise Guys	Focus on the Family Education Resources
The Miracle of Life	Wise Guys	ETR Associates
Time Out: The Truth About HIV, AIDS, and You	Wise Guys	ETR Associates
Up Against the Wall	Brothers to Brother	African American Images
Pamphlets		
101 Ways to Make Love without Doing It	Responsive Fathers Program	ETR Associates
The Love Bugs	Valley Community Clinic	Krames
You're What?	Planned Parenthood of Nassau County	Pink Inc.!

NAME OF MATERIAL	PROGRAM CURRENTLY USING	DESCRIPTION
Selected Activities		
GI Joe and Barbie Go on a Date	It Takes Two	Explores gender stereotypes through role play.
Empathy Belly	Compass	An artificial belly that can be put on to simulate pregnancy.
Consequence Cards	Hombres Jóvenes con Palabra	Cards drawn at random that emphasize consequences for actions taken.
Forced Choice Activities	Planned Parenthood of Nassau County	Present a scenario or value and ask participants to take a clear stand. Useful for generating discussion.
Stirrups	Always on Saturday	Visit a woman's health clinic or OB/GYN and let male participants lie on exam table with their feet in the stirrups.
Condom Bingo	Baylor Teen Health Clinic	A game played in the clinic waiting room. Condoms are used to cover the blank squares on a bingo playing card. Each teen is asked a reproductive health question and if he/she answers correctly, he/she can cover a blank spot on the card. The first person to cover 5 spots, wins the game.
Wheel of Misfortune	Baylor Teen Health Clinic	A game played in the clinic waiting room. A handmade wooden wheel is divided into different colored pie shapes and broken into categories, such as HIV, birth control, and STDs. Each teen takes a turn spinning the pointer on the wheel and then has to answer a question related to the category on which the pointer lands.
If I Were a . . .	Valley Community Clinic	Teens finish this sentence with "If I were a man," and then "If I were a woman." Allows teens to think about the assumptions and stereotypes they make about each gender and to consider how their lives would be different if they were of the opposite sex.

APPENDIX

5

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