# Georgia State University ScholarWorks @ Georgia State University

**Psychology Dissertations** 

Department of Psychology

Fall 12-18-2013

# An Evaluation of the Delivery of Sexuality Education in a Youth Development Context

Jessica Thomason

Follow this and additional works at: https://scholarworks.gsu.edu/psych diss

**Recommended** Citation

Thomason, Jessica, "An Evaluation of the Delivery of Sexuality Education in a Youth Development Context." Dissertation, Georgia State University, 2013. https://scholarworks.gsu.edu/psych\_diss/124

This Dissertation is brought to you for free and open access by the Department of Psychology at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Psychology Dissertations by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

# AN EVALUATION OF THE DELIVERY OF SEXUALITY EDUCATION IN A YOUTH

# DEVELOPMENT CONTEXT

by

JESSICA THOMASON

Under the Direction of Gabriel Kuperminc

# ABSTRACT

The present study is a mixed-method evaluation of the delivery of sexuality education in the context of a youth development program called Cool Girls, Inc. Part one was a quasi-experimental, pre and post-test design for which 216 program participants and 92 demographically matched comparisons were surveyed on variables associated with healthy sexual decision-making. It was hypothesized that participation in the program would be associated with increases in these variables, increases in helping resources for questions about sex, and that helping resources would mediate the relationship between participation and study outcomes. Participation predicted one of the sexual efficacy items: at the trend level. Length of time in Cool Girls, Inc. significantly predicted one attitudes toward sexuality item. Helping resources at time two predicted post-test hope at the trend level. The mediation hypothesis was not tested due to the lack of findings for path b in the mediation model. Part two of the study was a qualitative process evaluation consisting of interviews with each of the program's site coordinators. Group activities and discussion were the most common forms of delivering the sexuality education. The most common topics were relationships, the body, and sex. Site coordinators tended to express external support, but experienced some internal barriers and barriers to involving parents. It was revealed that Cool Girls, Inc. increases social capital by providing site coordinators as mentors and increasing intergenerational closure. How each part of the study informs one another, as well as limitations and future directions are discussed.

INDEX WORDS: Youth development, Sexuality education, Adolescence

# AN EVALUATION OF THE DELIVERY OF SEXUALITY EDUCATION IN A YOUTH

# DEVELOPMENT CONTEXT

by

# JESSICA THOMASON

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy of Community Psychology

in the College of Arts and Sciences

Georgia State University

2013

Copyright by Jessica Dana Thomason 2013

# AN EVALUATION OF THE DELIVERY OF SEXUALITY EDUCATION IN A YOUTH DEVELOP-

# MENT CONTEXT

by

# JESSICA THOMASON

Committee Chair: Gabriel Kuperminc

Committee: Kathleen Roche

Kelly Lewis

Winnie Chan

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

August 2013

# DEDICATION

This dissertation is dedicated to all of my friends and family who have supported and guided me through this process. Specifically, I would like to dedicate it to my grandfather, Norman Jack Miles, who was always encouraging and expressed his love and pride for me. It is also dedicated to my best friend and loving husband, Matthew Crowell, and my son, Alexander Ellis Crowell, the light of my life.

# ACKNOWLEDGEMENTS

I would like to acknowledge my dissertation committee, who helped guide me through this process. I would especially like to thank Dr. Gabriel Kuperminc, my academic advisor and mentor. I could not have accomplished this without his kind support and guidance for the past six years.

# TABLE OF CONTENTS

Youth Development Programs and Sexuality Education2
Potential Issues with Implementing sexuality curricula in a school setting5
An ecological approach to promoting positive sexuality development in adolescents
Parent involvement
Supportive networks
Promoting Positive Sexuality Development in Pre and Early Adolescents11
Sexual Efficacy12
Correlates of Healthy Sexual Development
Self-worth and Body Image13
Cool Girls, Inc. Program Description15
My Body My Choice15
METHOD17
Evaluation Study Part One17
Participants17
Procedures17
Measures
Evaluation Study Part Two Method25
REFERENCES
APPENDICES Error! Bookmark not defined.87

The teen pregnancy rate in the United States is the highest among most industrialized nations (Darroch, Singh, & Frost, 2001; Lawlor & Shaw, 2004), and is marked with substantial racial and ethnic disparities. Black and Latina teen girls are more than twice as likely as White teen girls to become pregnant at least once before they turn twenty (Ventura et al, 2008). Victims of sexual violence are disproportionately female, ethnic minority, and poor (Boykins et al, 2010; Capelleri, Eckenrode, & Powers, 1993). Sexual minority youth continue to be the victims of hate crimes within their schools and communities (Rivers, 2000). Attempts at educating youth about sexuality within the public school system have had little success, with federal funding increasing over the years for programs that feature an exclusive focus on sexual abstinence, despite growing evidence that such programs are ineffective. Additionally, programs that focus solely on providing youth with knowledge about sexuality may be unsuccessful because they fail to promote other aspects of positive development that lead to healthier sexual lifestyles, such as a positive future orientation (Kirby & Coyle, 1997).

Youth Development Programs (YDPs) are implemented in schools and communities with the goal of promoting the positive development of multiple aspects of youths' lives, such as academics, health and wellness, and self-concept (Roth, Brooks-Gunn, Murray, & Foster, 1998; Catalano, Berglund, Ryan, Lonczak & Hawkins, 2002). They do so by providing programming that promotes internal resources (e.g., self-determination) and providing youth with access to external resources (e.g., positive adult role models). YDPs have the potential to play a valuable role in helping individuals, schools, and communities address the healthy and positive sexual development of their adolescents. For example, YDPs likely have greater flexibility in developing and implementing sexuality education curricula than schools. Such flexibility may be particularly important for communities in which sexuality education is a highly polarized issue. Additionally, when YDPs are able to realize their goals of integrating the efforts of schools, parents, and communities (Eccles & Gootman, 2002; Roth & Brooks-Gunn, 2003), such programs can facilitate parents' and communities' contributions to youths' sexuality education. For example, YDPs may encourage parent-child communication and strengthen social networks of parents and families (e.g., parents of participating youth getting to know one another). Therefore, participation in a YDP may lead directly to vital increases in internal resources thought to be associated with healthy sexual behaviors later in adolescence, and may do so indirectly by increasing youths' access to external, social resources (see Figure 1 for this study's theoretical framework).

In part one of the present study, I conduct a quantitative outcome evaluation of Cool Girls, Inc., a YDP for girls in Atlanta, GA, by investigating the mechanisms of change experienced by youth who participate. In part two, I conduct a process evaluation by qualitatively investigating the program features, challenges of implementation, and how Cool Girls, Inc. involves youths' broader social network, through interviews with the women who run the program at various school sites. This study is unique in that I will fill gaps in the Youth Development literature by examining these processes in the context of a school-based YDP, and for an age group (pre and early adolescents) that is rarely studied with regard to sexual efficacy and sexual health.

#### Youth Development Programs and Sexuality Education

In the early 1990s, researchers and practitioners expanded the idea of deficit-based, singleissue prevention programs to that of Youth Development Programs (YDPs), which attempt to address the positive development of the whole child, thereby empowering youth, preventing a wide range of risky behavior, and promoting positive youth development (Roth, Brooks-Gunn, Murray, & Foster, 1998). In particular, YDPs attempt to integrate the efforts of all members of the community (Eccles & Gootman, 2002; Roth & Brooks-Gunn, 2003), especially parents, who play an important role in the socialization of their children. Indeed, many researchers now recognize that promoting Positive Youth Development (PYD) may lead to a reduction in sexual risk behaviors, even when programs do not explicitly focus on sexuality (Allen et al, 1990; 2001; Kirby & Coyle, 1997; Gavin et al, 2010; Schwartz et al, 2010). For example, Kirby and Coyle (1997) reviewed 8 studies on programs, 6 of which successfully decreased teen birth rates. Five of these 6 did not explicitly focus on sexuality. The authors posit that these programs were successful because they targeted a youth development goal often ignored in typical sexuality education programs - motivation to avoid pregnancy - by increasing life opportunities and beliefs in the future. For example, rigorous evaluations of the Teen Outreach program, a youth development program which involves youth in community service, has demonstrated reductions in teen pregnancy and school dropout for program participants relative to randomly assigned controls (Allen, Philliber, Herrling, & Kuperminc, 1997) and that these effects are greatest among older, higher-risk teens in programs with community service components (Allen et al., 1990; 2001). More recently, Gavin et al (2010) reviewed impact studies of PYD programs on sexuality outcomes by conducting a literature review of 30 programs, 15 of which were successful in improving adolescent sexual and reproductive health. They found that there were significant differences in the successful and unsuccessful programs. For example, effective programs were significantly more likely to include several PYD goals including, but not limited to, strengthening school and family contexts (Gavin et al, 2010). These studies point out the ability for programs that do not emphasize sexuality to decrease sexual risk through promoting aspects of positive youth development, such as selfefficacy, through the use of service opportunities and access to supportive adults (Allen, Seitz, & Apfel, 2007). In the present study, I will quantitatively investigate whether a YDP increases several variables thought to be associated with reduced sexual risk taking, including hope, sexual efficacy, self-worth, body image, and access to social resources.

Although PYD programs may be providing internal resources that reduce problem behavior, such as risky sex, youth will fully benefit when they also have knowledge of safe sex practices

and reproductive health (Blake et al, 2001; Main et al, 1994; Kirby, 2001; Kirby, 2004; Kohler, Manhart, & Lafferty, 2007; CDC, 2004c). Some communities may not provide youth with essential information about sex that can also help them make healthy decisions. PYD programs are in the unique position to provide sexuality education in a context that also promotes essential internal resources for healthy decision-making more broadly.

In practice, sexuality education in the United States reflects a wide range of expectations about what our youth should be taught (Guttmacher Institute, 2011). Many Americans believe that their children should be taught Comprehensive Sexuality Education (CSE) in their schools. To some, "comprehensive" simply means teaching abstinence until marriage as the expected standard while including information about contraceptives (often called "abstinence-plus"). However, the Sexuality Information and Education Council of the United States (SIECUS) expands "comprehensive" to include topics such as dating, sexual violence, and sexual orientation (SIECUS, 2006). Much research suggests that comprehensive sexuality education is effective, as evidenced by reducing high-risk sexual behaviors among youth (including LGBTQ youth), delaying initiation of sexual intercourse, and reducing pregnancy rates (Blake et al, 2001; Main et al, 1994; Kirby, 2001; Kirby, 2004; Kohler, Manhart, & Lafferty, 2007; CDC, 2004c). However, despite this success, Hedman, Larsen, and Bohnenblust (2008) found that participation in CSE programs (as defined by the SIECUS guidelines) was not correlated with lower teen pregnancy rates. Upon further investigation, the researchers discovered substantial variation in the amount of CSE topics that were covered, which may have contributed to the lack of findings (see below for more detail). Also, despite the fact that research on school-based CSE programs has shown promising results, some research suggests the effect of these programs may be quite small. For example, Silva (2002)'s meta-analysis of twelve school-based sexuality education programs from 1985 to 2002 found the overall effect size of these programs to be less than .09, although effect was measured only in terms of number of sexual partners, frequency of sexual encounters, and delay of onset of sexual activity. Therefore, it could be that even when CSE programs do prove "successful", their effects on changing behavior are modest. Additionally, outcomes that reflect the broader goals of CSE (i.e., prevention of sexual violence, knowledge of and respect for sexual diversity) are rarely measured and reported. Therefore there is little evidence of the effectiveness of CSE on these outcomes. It could be that a combination of YD programming and sexuality education could fill in the gaps that are often missing in school-based sexuality education alone. Indeed, Romeo and Kelly (2009) point out that the PYD framework and the goals of comprehensive sexuality education go hand in hand, and that sexuality education should be incorporated into this framework. For example, the SIECUS guidelines for comprehensive sexuality education emphasize positive sexuality, rather than the deficit, or risk-based education many youth receive. Additionally, the SIECUS guidelines go beyond individual behavior change to emphasize the relational (i.e., interpersonal factors) and collective components (i.e., community norms, values, and available resources) of sexual development (SIECUS, 2006). These goals are in line with the PYD framework, which emphasizes individual, relational, and community strengths to promote positive development and healthy decision-making (Gavin et al, 2010). In the present study I qualitatively investigate the delivery of sexuality education in the context of a PYD program.

#### Potential Issues with Implementing sexuality curricula in a school setting

In addition to filling in the gaps of traditional, school-based sexuality education, YDPs may help communities get around barriers faced by school-systems such as variations in addressed topics, a perceived lack of parent and community support due to the sensitivity of topics or moral-conservative views of sexuality, and a lack of funding for sexuality education due to an increased emphasis on standardized testing. No two sexuality education programs are alike, and furthermore, there is likely to be substantial variation in the methods of instruction within the same school. Indeed, some studies have found that teachers often omit certain topics. For example, Moore and Reinzo (2000) found that public school teachers from one school district reported covering an average of 25 out of the 36 topics in the SIECUS guidelines. Hedman, Larsen, and Bohnenblust (2008) also asked sexuality education instructors to indicate which SIECUS topics they covered, and found that some topics were rarely taught. For example, only 1 of 23 respondents (4%) reported putting a major emphasis on sexual orientation, while 8 (35%) reported a minor emphasis, and 14 (61%) left it out all together. Hedman et al. also reported that some topics were taught more often (e.g., 79% put a major emphasis on decision-making). Other studies have found similar results with regard to topic instruction in sexuality education (Klein, 1994; Jeffries, Dodge, Bandiera, & Reece, 2010; Landry, Darroch, & Higgins, 2003).

There is little research on why teachers do not always follow topic guidelines. However, Jeffries, Dodge, Bandiera, and Reece (2010) point out that sexuality education is often taught in a polarized political context. For example, although parents may support CSE, their school system may be receiving federal funds for abstinence-only education. As a result, instructors may feel conflicted about what topics they can and cannot cover. Some topics that are more socially or politically "sensitive" may be left out if an instructor believes someone at their school or a parent would find it inappropriate. For example, as referenced above, Hedman, Larsen, and Bohnenblust (2008) found sexual orientation was one of the topics most likely to be excluded from instruction.

Regions in the U.S. that hold moral-conservative views toward sexuality may still experience barriers to implementing sexuality education at the individual and community level. As Jackson and Weatherall (2010) point out in their feminist critique of sexuality education, multiple nations have experienced the influence of moral-conservative views toward sexuality within their schools. Within the United States, there may be some variation by region in how likely communities are to support sexuality education. For example, Landry, Darroch, Singh, and Higgins (2003) found that teachers in the Southern United States were more likely to emphasize abstinence as the only way to prevent STDs and unwanted pregnancy and the ineffectiveness of contraception. Cool Girls, Inc., the YDP I will be investigating in the present paper, is located in Atlanta, Georgia, a state historically known for holding conservative social and political views. Indeed, the state has recently accepted several million dollars from the Federal Government for abstinenceonly education and does not require that schools teach about contraceptives (Bridges, 2008).

Moral-conservative views of sexuality may contribute to internal and external barriers faced by teachers and administrators who seek to implement sexuality education within their schools. Scales and Kirby (1983) identified 164 perceived barriers in their comprehensive literature review. They then surveyed 104 sexuality education professionals asking them to identify the most restrictive barriers. The most frequently cited barrier was administrators' fear of community opposition to sexuality education. However, other barriers that have nothing to do with social or political views of sexuality may also exist. For example, Constantine, Slater, and Carroll (2007) conducted a qualitative study assessing parents', teen mothers', teachers', and health professionals' motivational support for school-based sexuality education. Participants agreed that there should be collaboration among parents and teachers, as well as appropriate teaching methods (i.e. open student inquiry vs. authoritarian teaching). However, participants also reported barriers to implementing sexuality education within schools. The emphasis school personnel place on academics, as well as a lack of resources, limits the amount of time, energy, and money schools are willing to spend on sexuality education (Constantine, Slater, & Carroll, 2007). Indeed, with the increased emphasis on standardized testing (Haladyna, Haas, & Allison, 1998), schools and teachers may have little time to implement "additional" topics into their curriculum, such as sexuality. YDPs that collaborate with community stakeholders and parents may help alleviate the perceived barrier of a lack of community support. Additionally, having a program funded by outside sources may reduce pressure for schools already on tight budgets to fund sexuality education.

Sexuality curriculum in the context of a YDP has rarely been investigated thoroughly. Cool Girls, Inc. has collaborated with schools to conduct their program, and the instructors of their curriculum are school administrators, staff, or teachers. Additionally, the program takes place primarily after school and on school grounds. In the qualitative investigation of perceived barriers (or opportunities) to sexuality education, I will ask program-based instructors whether they experience some of the same barriers as those teaching school-based sexuality education, and whether community and parent support for the program helps break down such barriers and provide opportunities for implementation.

#### An ecological approach to promoting positive sexuality development in adolescents

Prevention and social change occur most successfully through intervention at the community level (Dryfoos, 2000). In a review of approximately 100 prevention programs, Dryfoos (2000) found that the most successful involved several community agencies working together. In fact, she notes that one of the successful teen pregnancy prevention programs "…concentrated on community education through media and a speaker's bureau, training of parents, clergy, and other community leaders…" (2000, p. 229). Despite the importance of the community in addressing issues like teen pregnancy, most school-based sexuality education involves only the school system. Therefore, YDPs may help school systems increase the involvement of other community members, such as parents, and increase youth social networks.

#### Parent involvement

A parent's involvement in his or her child's school life would be what Bronfenbrenner (1979) termed the meso-system level of development (the interaction of two or more developmental contexts; in this case, family and school). Research suggests that parents play an important role in their children's sexual socialization. Discussions of safe sex practices can lead to less sexual risk behavior by increasing the use of birth control and condoms (Aspy et al, 2007; Hadley et al, 2008). Additionally, parental monitoring of children has been associated with delayed initiation of sexual intercourse (Miller, Benson, & Galbraith, 2001), a decrease in the number of sexual partners (Buhi & Goodson, 2010), and decreased sexual risk situations for urban pre-adolescents living in public housing (Baptiste et al, 2007). For these reasons, interventions that aim to decrease sexual risk by targeting families may be successful. For example, using a rigorous research design with randomized controlled trials, Murry et al (2011) evaluated an intervention program for rural, Southern African American families designed to increase positive parenting (e.g., authoritative parenting styles and racial socialization) and parent communication about sex. They found that parents in the intervention group increased positive parenting; by late adolescence, the youth in the intervention group were less likely to engage in risky sex. Furthermore, in a survey of 117 parents of girls who participated in Cool Girls, Inc., 69% of parents reported that their comfort level, and their daughter's comfort level, with talking about puberty and sex increased due to the girls' participation in Cool Girls, Inc. (Faust, DiMeo-Ediger, & Kuperminc, 2013). The researchers also conducted interviews with 34 parents, and a common theme was that Cool Girls, Inc. helped parents communicate generally, and specifically about "sensitive" topics, with their daughters. In the present study, I hypothesize that girls who participate in Cool Girls, Inc. will experience increases in the number, diversity, and helpfulness of people they can turn to for questions about sex, which may include parents. I also qualitatively investigate the role of Cool Girls, Inc. in increasing parent communication from the perspective of the program's site coordinators.

Despite the importance of parents in helping their children to make healthy sexual choices, parents do not always discuss these issues with their children and when they do, they may provide their children with medically inaccurate information (Eisenberg et al, 2004). This suggests that sexuality education that reaches out to parents may not only increase their involvement in the sexuality education of their children, but may also serve to educate the parents who in turn might be more likely to convey accurate information.

Although the area of sexuality education in research and practice has been very limited with regard to assessing multiple developmental contexts, a large body of research indicates that parental involvement in schools has a positive impact on the psychological well-being (Cripps & Zyromski, 2009) and academic success of youth (Hill & Tyson, 2009; Topor, Keane, Shelton, & Calkins, 2010). Therefore, it could be that parent involvement in sexuality education has a positive impact on adolescent sexuality by encouraging well-being and healthy decision-making. Despite the importance of parents in the sexual socialization of their youth, few studies have evaluated the impact of sexuality education programs that seek to increase parent involvement. Part of the reason for this is that few school-based sexuality education programs have involved parents and those that have show mixed results. For example, Oliver, Leeming, and Dwyer (1998) conducted a mixed-method evaluation of a program that aimed to increase parent involvement and communication about sexuality through the use of parent-child homework assignments and parent workshops. Parents reported that the homework assignments encouraged their children to discuss new topics with them, promoted communication, and brought up postponed topics. However, other evaluations of school-based programs have found no effects on parent-communication (Wackett & Evans, 2000; Smylie, Maticka-Tyndale, & Boyd, 2008). More research is needed in this area to determine whether parent involvement in the sexual education of their youth will lead to healthier sexual behavior.

#### Supportive networks.

Research suggests that being involved in social organizations and having support from parents and friends plays an important role in reducing sexual risk-taking (Smylie, Medaglia, & Maticka-Tyndale, 2006; Brady, Dolcini, Harper & Pollack, 2009; Henrich, Brookmeyer, Shrier, & Shahar, 2006). For example, Henrich, Brookmeyer, Shrier, and Shahar (2006) found that being connected to parents and having supportive friendships predicted a decrease in mid to late-adolescents sexual risk behaviors (i.e., not using condoms, drinking during last sex). Research on the concept of social capital provides further support for the likelihood that membership in social networks may decrease risky sexual behavior. One aspect of social capital, *intergenerational closure*, describes the extent to which members of one's social network know one another. Research has shown that intergenerational closure is associated with low levels of externalizing (delinquent or aggressive) behavior (Fletcher, 2001), decreased alcohol use (Thorlindsson, Bjarnason, & Sigfuxdottir, 2007), and may contribute to social norms among youth about "appropriate behavior", as defined by a community's norms and values (Coleman, 1988). More recently, Browning, Burrington, Leventhal, and Brooks-Gunn (2009) found that collective efficacy (the extent to which people in one's neighborhood know and trust one another) and intergenerational closure predicted decreases in the number of sexual partners among adolescents, particularly older youth.

Research on the importance of parents in the sexual socialization of their children, parent involvement in school, and the importance of social networks suggest that connections between the family and school microsystems are critical to positive youth development. However, most of this research focuses on mid to late adolescents, and few studies have examined sexuality education and inclusion of parents in programs targeting pre- and early adolescents. In the present paper I will investigate the ways in which a community-based YDP educates pre to early adolescent girls, as well as involves parents in the sexual socialization of their youth.

### Promoting Positive Sexuality Development in Pre and Early Adolescents

Given the risk associated with early sex initiation (Brookmeyer & Henrich, 2009), research on the impact of sexuality education programs, and youth development programs, on pre and early adolescents is critical. Almost half of adolescents report that they have had sex before or during high school, and this number increases to 58% for Black, female adolescents (CDC, 2009). Furthermore, only 61% of sexually active adolescents report condom use during their last sexual intercourse, and this number drops substantially to 52% for Black, female adolescents and 48% for Hispanic, female adolescents (CDC, 2009). Although most first reported sexual intercourse occurs in high school, De Rosa et al (2010) found that a substantial number of middle school aged adolescents report having sexual intercourse (9%) or oral sex (3%). Of those who reported having had sexual intercourse, one-third reported that they did not use a condom (De Rosa et al, 2010). Therefore, for pre and early adolescents it may be useful to measure proximal indicators of sexuality, or outcomes thought to be associated with risky sex later in adolescence. Variables that have been found to be associated with early sex initiation or risky sex in adolescence include low perceived parental support (Miller, Benson, & Galbraith, 2001), low selfesteem (for early adolescent females) (Spencer, Zimet, Aalsma, & Orr, 2002), and low body image (Akers et al, 2009). There is also evidence to suggest that these risk factors cut across race and ethnicity (Perkins, Luster, Villarruel, & Small, 1998). In the present study, I hypothesize that youth who participate in a YDP will experience increases in sexual efficacy, their feelings of selfworth, body image, and hope compared to a demographically matched comparison group.

#### Sexual Efficacy

Most of the research on sexuality among adolescents focuses on reducing risk behavior, and therefore measures outcomes such as condom use, number of sexual partners, early sex initiation, and teen pregnancy rates. Additionally, most researchers emphasize the importance of early intervention. However, few studies have focused on proximal indicators of reduced sexual risk, such as attitudes and confidence in negotiating sexual relationships. This is partly due to the lack of research on interventions aimed at pre and early adolescents, who for the most part, have not yet engaged in sexual activity. There is little research on individual-level attitudes and perceived access to resources for pre and early adolescents, especially among minority youth. However, among a sample of Bohemian pre and early adolescents, Yu et al (2008) found that female participants with higher self-efficacy for condom use were more likely to report intention to use condoms later in adolescence. Also, among African American preadolescents, Wallace, Miller, and Forehand (2008) found that participants who perceived their friends as engaging in sexual activity were more likely to report intentions to engage in early sex. Therefore, given that relatively few pre and early adolescents report being sexually active, their attitudes, knowledge, and beliefs about sexuality may be the most important markers of later sexual behavior. In the present study I will investigate the effectiveness of a YDP on the sexual efficacy of primarily ethnic minority, pre and early adolescent girls, as defined by knowledge of access to resources, negotiating sexual relationships, and attitudes about sexual behavior.

#### **Correlates of Healthy Sexual Development.**

#### Self-worth and Body Image

Among female youth, having high self-esteem, or self-worth, has been associated with reduced risk behavior, including sexual risk-behavior. Spencer, Zimet, Aalsma, and Orr (2002) found that among urban, primarily White adolescent females, girls with higher self-esteem were more likely to delay first intercourse than those with lower self-esteem. For ethnic minority, female pre and early adolescents, the research on self-esteem, body image, and their contribution to sexual risk behavior is limited (Doswell, Miller, Thompson, & Braxter, 1998). However, among African American female adolescents, some researchers have found that psychological factors such as depressive symptoms predict risky sexual behavior over time (Seth et al, 2011).

Body image is an important aspect of self-concept (Harter, 1985) that is essential for understanding the sexuality development of young adolescent girls due to it's contribution to feelings of self-worth for this population. Body image has been shown to contribute to feelings of self-worth for both genders, but is particularly important for young girls (Nishina, Ammon, Bellmomre, & Graham, 2006). Pubertal changes during the transition into adolescence lead to increases in body fat for girls, and given the societal pressure for thinness and importance placed on physical beauty for females (Hargreaves & Tiggemann, 2003), this is thought to contribute to depression (Ge et al, 2003). Puberty is also beginning at younger ages, especially for African American girls, making this transition occur at a time when girls may be less prepared developmentally (Salazar et al, 2005). In addition, some researchers have found that African American girls have higher self-esteem and body image that White girls (Crago, 1996). However, other researchers have found that African American adolescents (Seigel, 2002) and Latinas (Toro et al, 2006) also experience negative body image associated with depressive symptoms. These symptoms are often caused by media images portraying sexual stereotypes (Peterson et al, 2007). In addition to its contribution to self-esteem, or self-worth, some research also suggests that body image may be directly related to sexual efficacy and risk-behavior. For example, Wild, Flisher, Bhana, and Lombard (2004) found that girls with low body image self-esteem were more likely to report risky sexual behavior (e.g., not using protection against disease at last intercourse).

*Hope.* A child's sense of hope is thought to be an important precursor to an overall sense of self-worth. Children must believe they can accomplish goals (agency), as well have a sense of the route they must take to accomplish their goals (pathways) (Snyder et al, 1997). Hope has been positively associated with academic achievement among adolescent and young adult populations, athletic performance, physical well-being, and mental health (see review in Snyder, Rand, & Sigmon, 2002). More recently, in an intervention designed to increase hope among middle school students, hope was associated with increases in life satisfaction and self-worth compared to a demographically matched comparison group, who showed no increases in these areas over time (Marques, Lopen, and Pais-Ribeiro, 2011). Schmid et al (2011) conducted trajectory analyses of students who participated in a 4-H participation study over two years (7th grade to 9th grade). They found that those with higher hope scores were more likely to be members of the high Positive Youth Development (Competence, Confidence, Connection, Character, and Caring) trajectory and the lower depressive symptom trajectory, indicating that hope for the future is associated with these positive developmental outcomes over time (Schmid et al, 2011). There is also evidence that hopelessness is associated with negative youth outcomes, such as suicidality among non-heterosexual youth (Langhinrichsen-Rohling, Lamis, and Malone, 2011). Duke, Borowsky, Pettingell, and McMorris (2011) found that hopelessness was associated with violent behavior among middle and high-school aged youth. There is less research on the association between hope and risk-behavior, specifically sexual risk-taking. However, Kagan et al (2012) found that hopelessness was associated with inconsistent condom use among low-income, urban, African American male adolescents. There is a lack of research on hope among pre and early adolescent females, particularly ethnic minority females. However, given the associations among hope,

PYD outcomes, for other groups of adolescents, it is plausible that hope would be a significant predictor of positive outcomes for this population as well.

#### **Cool Girls, Inc. Program Description**

Cool Girls, Inc. is a PYD program for urban and low-income pre and early adolescent girls. Their mission statement asserts that they empower girls by "...breaking the cycle of poverty, low self-esteem, and teen pregnancy... through education and exposure to a broader world of opportunity" (Cool Girls, Inc., 2011). Cool Girls, Inc. is located in Metro Atlanta, GA, at five elementary schools and three middle schools. The primary component of the program is the after school club (Cool Girls Club) which occurs one day a week at each school site. At this club, girls interact with volunteers from the community, who provide academic tutoring, as well as the program's site coordinators, who work at the school site and administer the Cool Girls life skills curriculum. The life skills curriculum includes a sexuality education component called "My Body My Choice". In addition, the curriculum includes topics pertaining to positive self-image, empowerment, conflict resolution, leadership, and healthy relationship skills (including healthy dating and avoiding abusive relationships). The program includes additional components that focus on health and exercise, technology (i.e. web design and computer programming), and monthly weekend fieldtrips designed to expose them to other cultures, art, and athletics (Cool Girls, 2011).

# My Body My Choice

The module for "My Body My Choice" for elementary aged girls primarily focuses on puberty and reproduction (see Appendix 1). In this module, girls also interview an adult female of their choice about her experience with puberty. For middle school girls, "My Body My Choice" includes puberty and reproduction, and also expands to other topics including planning for your menstrual cycle, abstinence, contraception, pregnancy, STDs/STIs, and HIV/AIDS. The topics are delivered using a variety of methods such as discussion, activities, and games. Sometimes discussion includes an activity where girls can write down an anonymous question for the site coordinator to answer to the group. For middle school participants, "My Body My Choice" is taught during weeks seven through twelve of each semester. The participants are therefore exposed to these sessions twice, for a total of ten weeks per school year. For elementary school participants, the session titled "Boobies and Body Hair" (see Appendix 1) is taught for one week, twice a year.

**Parent Events.** "A Beautiful Me" is a yearly event for parents, Cool Girls participants, and volunteers. The event is designed to provide information and create awareness about issues such as preventing teen pregnancy and abuse and exploitation. In addition, Cool Girls, Inc. emphasizes the importance of parent-child communication. "Back to Cool" is a yearly event for parents and Cool Girls, Inc. participants to welcome them into the new school year and a new year of Cool Girls, Inc. At this event, it is explained to parents that Cool Girls will be discussing sexuality and puberty with their daughters. The importance of parent-child communication is also emphasized. For example, parents are encouraged to ask their daughters about what they are learning at Cool Girls, Inc. and to reinforce these messages.

In part one of this study, I quantitatively investigated whether Cool Girls, Inc. is meeting two important goals of YDPs: increasing internal and external resources, specifically regarding sexuality. For hypothesis one, I posited that girls who participate in Cool Girls, Inc. will experience increases in sexual efficacy (attitudes about sex, negotiating sexual relationships, and access to resources), body image, global self-worth, and hope from pre- to post-test compared to a demographically matched comparison group (Figure 2, path c). For hypothesis two, I posited that girls who participate in Cool Girls, Inc. will experience increases in helping resources for questions about sex from pre- to post-test compared to a demographically matched comparison group (Figure 2, path a). For hypothesis three, I posited that access to helping resources for questions about sex mediates the association between participation in Cool Girls, Inc. and the internal resources listed above in hypothesis one.

## **METHOD**

#### **Evaluation Study Part One**

## **Participants**

Youth survey data were collected from 216 Cool Girls, Inc. participants and 92 demographically matched comparisons. As shown in Table 2, Cool Girls and comparisons were well matched on ethnic identity, family composition, and socioeconomic status as defined by eligibility for a free or reduced priced school lunch. However, there was some variation in grade level (i.e., there were fewer 5<sup>th</sup> grade comparisons). The sample was predominantly African American followed by Latina, and most participants were eligible for a free or reduced price lunch.

# Procedures

The data for the quantitative analysis in this paper were collected as part of a three-year (2009-2012) longitudinal evaluation of the Cool Girls, Inc. program. The original study design included the collection of youth survey data from Cool Girls, Inc. participants and a demographically matched comparion group at pre (September – November), post (April – June), and follow-up time points (April – June the following year). However, due to the inadequate number of comparison group participants collected at pre-test, the study was extended for another year so data could be collected from and combined with a second cohort. Additionally, for the present study I used only pre and post-test youth survey data (no follow-up data) from the combined cohorts.

Cool Girls, Inc. participants were recruited in two ways: site coordinators were given consent forms by a member of our research team and asked to pass them out to youth at the school site, and parents received the consent form through the Cool Girls participant application packet at the beginning of the school year. Parents then gave the signed consent forms to their daughters to return to the site coordinators. Comparison group participants were recruited in two ways. First, site coordinators were asked to hand out and collect consent forms for girls in their school who they believed would benefit from the Cool Girls, Inc. program. Second, after taking the survey, Cool Girls, Inc. participants were asked to name three girls at their school who they thought would answer the questions like they did. Site coordinators were then asked to give a comparison consent form to the nominated girls.

Youth survey data were collected for Cool Girls, Inc. participants during Cool Girls Club at each school site. Participants completed the survey online in a computer lab at their school while one to three members of the research team monitored the room and answered questions. Although at times Cool Girls, Inc. volunteers were in the room to help with monitoring, only research team members answered questions about the survey. Although the general procedures for data collection were consistent, procedures differed slightly in each school district.<sup>1</sup> Each time a participant filled out the survey, she received a five-dollar gift card. Youth data from the comparison group were collected at each APS school site during the participants' lunch period. The methods used were the same for the comparison group, except the research team also provided the participants with lunch.

# Measures

**Cool Girls, Inc. Participation.** Although data were collected separately for Cool Girls, Inc. participants and comparisons, participants were asked "Are you in the Cool Girls program?" Participants who said yes were coded "1" and those who said no were coded "0".

Length of time in Cool Girls, Inc. Participants were asked if they were in the Cool Girls, Inc. program. Those who responded "yes" were then asked, "How long have you been in Cool Girls, Inc.?" Response options were "This is my first year", "This is my second year", "This is my third year" or "I have been in Cool Girls, Inc. four years or more". Comparisons and girls

<sup>1</sup> One of the school districts did not approve our research team to collect data on school property after a principal raised concerns about youth survey questions. Data for participants at these schools were collected at GSU and other Cool Girls, Inc. events.

who responded "This is my first year" were given a "0" for this variable, and all other participants were given a "1".

Social resources for questions about sex. Three variables were created for social resources for questions about sex by asking participants whether they had someone they could go to for questions about sex. If they responded yes, they were asked the person's name and how the person is related to them. Participants had the opportunity to name up to three people. Therefore, the *number of different people* available for questions about sex could range from zero to three. In order to measure the *diversity* of the participants' helping resources for questions about sex, a dichotomous variable was creating marking whether (1) or not (0) they had at least one non-family helping resource. For each person named, participants were asked "When you go to this person for help, how often do you get the help you need?" and could respond almost never, sometimes, often, or almost always. Therefore, the helpfulness score for each named person could range from zero to four. Helpfulness scores were averaged for each participant, creating the *helpfulness* of social resources for questions about sex and could range from zero to four. In order to capture all three aspects, an index variable for social capital was created using the above three measures. Participants received a score of "1" if they had at least two people to go to, another "1" if at least one of those people was a non-family member, and another "1" if the average helpfulness of their resources was rated "often" or "almost always". Therefore, the social capital index variable could range from zero to three.

**Sexual efficacy.** Participants were asked a series of questions regarding their access to resources for pregnancy and STDs, ability to negotiate within sexual relationships, and attitudes about sexual behavior. The questions were derived from past evaluations of Cool Girls, Inc., as well as from the Center for Disease Control's (CDC) Youth Risk Behavior Surveillance Survey (2004) (see Table 1 for questions). The *access to resources* questions were dichotomous, and were therefore summed, creating a scale ranging from zero to three. The response options for the other questions were strongly disagree (1), disagree (2), agree (3), or strongly agree (4), and

were averaged, creating continuous variables for the *ability to negotiate within sexual relationships* scale and the *attitudes about sexual behavior* scale. The Cronbach's Alphas for these and the rest of the study's measures are presented in Table 5.

**Global Self-Worth and Body Image.** Participants' self-concept was assessed using an adaptation of the Self-Perception Profile for Children (Harter, 1985; Kuperminc, Darnell, & Alvarez-Jimenez, 2008). For this study, I used the two subscales measuring global selfworth (i.e., "I am happy with myself") and body image (i.e., "I am happy with the way that I look"). The response options were on a 4-point Likert scale ranging from "Not true" to "Always true."

**Hope.** Participants' sense of hope was assessed using the Children's Hope Scale (Snyder et al, 1997), which measures two constructs: agency (i.e., *"I think I am doing pretty well*") and pathways (i.e., *"I can think of many ways to get the things in life that are most important to me"*). *Agency* measures the presence of internal thoughts and beliefs required to achieve goals, and *pathways* measures one's sense of their ability to identify and follow the required routes to achieve goals (Snyder et al, 1997). There were six response options, ranging from "none of the time" to "all of the time". I averaged all the questions resulting in an overall score for hope.

#### **Covariates.**

*Number of parents in the home.* Participants were given a list of family members (e.g., mother/stepmother, father/stepfather) and asked to check a box next to the ones with whom they live. For this variable, participants who lived with both parents were given a "1"; all other participants were given a "0".

*Live with extended family*. For the same survey question given for number of parents in the home, participants who indicated they lived with an extended family member (e.g., aunt, grandfather) were given a "1"; all other participants were given a "0".

*Grade level.* Participants indicated which grade they were in (options were 5<sup>th</sup> through 9<sup>th</sup>). Participants who indicated they were in the 5<sup>th</sup> grade were given a "1" for elementary school; all other participants were given a "0" for middle school. There were no 9<sup>th</sup> grade participants.

*Ethnicity*. Participants were asked, "What is your ethnic background?" and were given the following choices: African American/Black, Latina/Hispanic, Asian/Vietnamese, Pacific Islander, Caucasian, or Other. From these responses, dummy-coded variables were created for the two largest groups, African American/Black and Latina/Hispanic, and "others": For the first variable, participants who chose African American/Black were given a "1" and everyone else was given a "0". For the second variable, participants who chose Latina/Hispanic were given a "1", and all other participants were given a "0". See Table 2 for the ethnic breakdown of the whole sample.

*Cohort.* Participants who were recruited in the first cohort were given a "1" and participants who were recruited in the second cohort were given a "0".

*Participation in extracurricular activities.* Participants were asked three questions about their involvement in activities outside of Cool Girls, Inc.: "I go to sports practice or play in games", "I take lessons or attended classes outside of school", and "I go to meetings or activities for a club or youth group (not including Cool Girls)". Response options included "Never", "A few times a month", "Once or twice a week", or "Almost every day". For each question, participants who responded "Never" were given a "0", and all others were given a "1". The three question responses were then summed, creating a scale from 0 to 3, with 0 indicating they did not participate in any, and 3 indicating some degree of participation in each.

## **Evaluation Study Part One Results**

#### **Preliminary Analyses**

Attrition Analysis. I conducted attrition analysis for participants who completed both a pre and post-test and participants who completed a pre-test only with t-tests and chisquares on all study variables (global self-worth, body image, hope, sexual attitudes, sexual negotiation, access to resources, or the social capital index) and potential covariates (number of parents in the home, living with extended family or not, grade level (elementary school or middle school) length of time in Cool Girls, ethnicity (African American, Latina, or "other"), cohort, and participation in extracurricular activities). The two groups were not significantly different on any study variables. However, participants who only took a pre-test only were more likely to be in fifth grade ( $\chi^2(1, N = 261) = 7.59, p < .01$ ), and more likely to be in cohort one ( $\chi^2(1, N = 261) =$ 9.76, p < .01).

A third group of participants, those who completed a post-test only, were also compared to participants who completed both time points (see Table 3 for frequencies and percentages of the three groups)<sup>2</sup>. The two groups were not significantly different on any study variables. However, participants with only a post-test were more likely to be in cohort one ( $\chi^2(1, N =$ 227) = 13.00, *p* < .001). I included grade level (5<sup>th</sup> grade vs. middle school) and cohort in all further analyses as covariates.

**Missing Data.** The percentage of missing data in the study variables ranged from 16.6% to 39.6%. The data were imputed using multiple imputation, which maximizes statistical power by retaining each case, maintaining the variability of residuals, and by producing several data sets, thereby maximizing representativeness of the imputed values (Widaman, 2006). Five datasets were imputed and the final estimates were based on analysis for each separate dataset by pooling the averages using Rubin's (1987) rules.

**Reliability of study variables.** I ran reliability analysis on each of my study variables except for the helping resources index. The helping resources index variable at pre-test was significantly correlated with the post-test measure (r = .27, p < .01) (see Table 4), suggesting moderate stability in the measure over time. As shown in Table 5, the reliability for each sexual efficacy

<sup>&</sup>lt;sup>2</sup> Because of delays in IRB processing, we were not given approval to begin recruiting comparisons until several weeks into fall data collection in year 1. As a result, we decided to continue recruiting participants in the spring. We were successful in recruiting an additional 29 comparisons and 18 Cool Girls for whom we have "post-test" only data.

scale was poor, while the reliability for Global Self-Worth, Body Image, and Hope was acceptable to good. For the sexual efficacy scales, I removed items with low-item total correlations. For the attitudes about sexuality scale, I removed the item "*It is ok for people my age to have sex*", which improved the alpha estimate to .54 at pre-test and .60 at post-test. For the access to resources scale, I removed the item "*If I wanted a condom I could get one*", which improved the alpha estimate to .79 at pe-test, and .76 at post-test. However, removing items from the ability to negotiate sexual relationships scale did improve the alpha estimate to adequate levels. Because of the low reliability for the attitudes about sexuality and ability to negotiate sexual relationships scales, I examined individual items as outcome variables in subsequent analyses (see Table 6 for all outcome variables with means and standard deviations).

**Examination of potential covariates.** Seven variables were examined as potential covariates: number of parents in the home, living with extended family or not, grade level (elementary school or middle school) length of time in Cool Girls, ethnicity (African American, Latina, or "other"), cohort, and participation in extracurricular activities. Two of these variables were significantly correlated with the study's IV (participation in Cool Girls, Inc.) and significantly predicted outcomes and were therefore included in all further analyses of these outcomes (Jaccard, 2006): length of time in Cool Girls, Inc was positively correlated with the sexual efficacy item "A person should not pressure someone into sexual activity" (B = .30, p < .05). Also, Grade level was significantly correlated with the study's IV (participation in Cool Girls) and significantly predicted the following sexual efficacy items: "I think it is important to use condoms" (B = .35, p < .05), "It is OK for people my age to have sex" (B = -.14, p < .05), "If I feel pressure to have sex, I know I can handle it" (B = .60, p < .01), and "If I wanted a condom, I could get one" (Exp(B) = 12.2, p < .01). Due to these results, the wide developmental range between 5<sup>th</sup> and 8<sup>th</sup> grade, and the developmental changes that can occur as youth transition into middle school, grade level was included in *all* analyses. Cohort was also included in all analyses in order to account for any time changes that may have affected outcomes between the two groups.

**Correlations among variables.** Correlations among all study variables are shown in Table 4. Most pre-test study variables were significantly correlated with their corresponding posttest measure (r = .18 - .30). However, pre-test attitudes toward sexuality was negatively correlated with its post-test measure (r = .13).

### **Primary analyses**

**Hypothesis 1.** I used hierarchical multiple regression to test the hypothesis that participation in Cool Girls, Inc. would be associated with increases in sexual efficacy, body image, global self-worth, and hope from pre- to post-test (Figure 2, path c). For each outcome variable, pre-test levels of the dependent variable and necessary covariates were entered in step one, and participation in Cool Girls, Inc. was entered in step two. Participation predicted one of the sexual efficacy items: "*I would feel comfortable insisting that my partner and I use a condom or another form of birth control*" (B = .50, p = .08) at the trend level. Moreover, length of time in Cool Girls, Inc. significantly predicted the attitudes toward sexuality item "*A person should not pressure someone into sexual activity*", (B = .41, p < .05). Participation in Cool Girls was unrelated to any of the other sexual efficacy items, body image, global self-worth, or hope. To further explore the effect of participation, I analyzed level of attendance among the Cool Girls, Inc. participants (n = 216). An attendance variable was created among Cool Girls, Inc. participants who reported attendance every week or most weeks (1) and those who reported attending a few times a month, once a month, or a few times a year (0). However, this variable did not predict any of the study outcomes.

**Hypothesis 2.** To test whether participation in Cool Girls, Inc. predicted the hypothesized mediator, helping resources for questions about sex, (Figure 2, path a), pre-test levels of the helping resources index variable was entered in step one, and participation in Cool Girls, Inc. was entered in step two. Participation in Cool Girls, Inc. did not predict increases in helping resources from pre to post-test.

#### Helping resources for questions about sex predicting study outcomes. To test

whether the helping resources index at post-test predicted the outcome variables (Figure 2, path b), pre-test levels of the outcome variable were entered in step one, and the helping resources index at post-test was entered as the IV in step two. None of the anticipated covariates were significantly correlated with the IV in this analysis (helping resources index) and were therefore not included in analysis. Helping resources at time two predicted post-test hope (B = .10, p = .09) at the trend level (Figure 2, path b).

**Hypothesis 3.** True mediation can only occur when the IV significantly predicts the proposed mediator (Figure 2, path a), and the proposed mediator significantly predicts the DV(s) (Figure 2, path b) (Shrout & Bolger, 2002; Hayes, 2009). This was not the case for my study, so I could not test hypothesis three.

#### **Evaluation Study Part Two Method**

In part two, I qualitatively investigated the delivery of Cool Girls, Inc., particularly the sexuality education component. Qualitative data collection allowed a deeper understanding of the functioning and process of delivering sexuality education in Cool Girls, Inc. from the perspectives of the women who deliver the program and work directly with the participants. It also allowed a richer understanding of the delivery of sexuality education in the context of a school-based YDP (rather than a school only, or community based YDP), a topic rarely studied in this context, and the barriers and/or opportunities that may arise. Through interviews with the site coordinators of Cool Girls, Inc., I investigated the following research questions: 1.) How is sexuality education delivered in Cool Girls, Inc.? 2.) What potential internal or external barriers (or opportunities) do instructors report in implementing the sexuality curriculum? 3.) How does Cool Girls, Inc. increase participants' available social resources for questions about sex, specifically by increasing parent-child communication about sexuality issues?

**Data collection.** To recruit site coordinators, I attended the 2011 site coordinator training meeting to introduce them to the study. I collected their updated contact information and asked them to participate through phone calls and emails. The site coordinators all identified as African American/Black and were between 30 and 55 years old. They were all school employees and were teachers, counselors, or administrators. At our scheduled in-person interviews, each site coordinator first read through and signed the consent form. Each interview was recorded using a digital recorder and uploaded onto password-protected computers at the GSU research lab. I interviewed one site coordinator from each school site (N = 9) with the exception of one of the middle schools, where the site coordinator no longer worked for Cool Girls, Inc. and could not be contacted, for a total of 8 semi-structured interviews. The interviews were approximately one hour long and consisted of five demographic questions and twenty interview questions (see Appendix 3).

**Data Analysis.** Two undergraduate research assistants at Georgia State University transcribed the interview recordings. I followed Braun and Clark's (2006) suggested steps for thematic analysis to analyze the data. For phase one, I went through each interview to familiarize myself with the data and check for transcription errors based on my memory from conducting the interviews. Phases two, three, and four involved producing the study's initial codes, searching for themes, and refining the themes (Braun & Clark, 2006). I created a coding scheme to address my research questions (see Appendix 2). I created the codes based on several sources: the Cool Girls, Inc. curricula, my knowledge of the sexuality education and social capital literature, and the content of the interviews. For example, the Cool Girls, Inc. curriculum is primarily framed around topics that are addressed through individual and group activities. Therefore, for research question number one ("How is sexuality curriculum delivered in Cool Girls, Inc.?") codes were created based on *activities* and *topics* found in the curriculum. To address research question number two ("What potential internal or external barriers (or opportunities) do instructors report in implementing the sexuality curriculum?"), codes were created based on the ways in which site coordinators may feel held back or comfortable, either internally or externally, in delivering sexuality education, particularly when it comes to "sensitive" topics (i.e. sexual intercourse) for this age group. In order to deliver sexuality education, it is believed that instructors must feel internally comfortable and capable, and have support from external sources as well (e.g., parents and school staff). Therefore codes were created based on themes such as internal comfort and external support (see Appendix 2). For research question number three ("How does Cool Girls increase participants' available social resources for questions about sex, specifically by increasing parentchild communication about sexuality issues?"), codes were created based on 1.) the social capital and YDP literature; which describes YDPs as a place for increasing social capital by connecting youth to supportive adult role models (Eccles & Gootman, 2002; Roth & Brooks-Gunn, 2003), 2.) the literature on intergenerational closure, which describes the importance of adults in youths' lives knowing and being connected with one another (Coleman, 1988), and 3.) the ways in which site coordinators may or may not encourage parent-daughter communication, either by teaching girls to communicate or reaching out to parents.

I searched for and refined the themes by openly coding the first four interviews, and adjusting the coding scheme by adding, removing, and altering codes based on the themes found in the interviews. Based on these adjustments, I created a final coding scheme, and coded the final five interviews. To assess inter-coder reliability, I selected two passages from each interview and a trained, undergraduate research assistant coded the passages using the final coding scheme. I selected representative passages from each interview that had at least one code. For example, I would choose two passages from the beginning of the first interview, then two passages from the end of the second interview, then two passages from the middle of the third interview, etc. I also made sure that I was selecting passages that were representative of each research question and all of the codes. I calculated inter-coder reliability by counting up the percentage of codes that the assistant and I agreed on, which was 54.8%. Inter-coder reliability should be at least 70% (Stemler, 2004); therefore the assistant and I met and discussed each individual passage and code in great detail. To re-assess agreement, I selected five more different interview passages and the research assistant coded them. For this second round, our agreement was 77.8%. Due to the difference in curriculum between fifth grade and middle school (e.g., contraception is not included in the curriculum for elementary school), for data analysis, I assessed the research questions by comparing the six elementary school site coordinators' responses to the three middle school responses. Themes were reported in the results if they a.) appeared in the majority of interviews, b.) if they were theoretically relevant to the hypotheses posited in part one of this study and/or c.) if they appeared minimally, but led to new insights about the topic of this paper. For example, although homosexuality was not a focus of this paper, site coordinators' discussions of this topic in the interviews may lead to new understanding about this sexuality education topic in a YDP setting.

### **Evaluation Study Part Two Results**

### **Research Question #1: How sexuality education is delivered**

My first research question was "How is sexuality education delivered in Cool Girls?" In order to answer this question, the site coordinators were asked a series of questions about the curriculum (see Appendix 3), topics that are covered, and how they are taught. It should be noted, that this was not a study on the fidelity of the curriculum. In other words, I did not ask the site coordinators if they completed each activity or covered each topic in the curriculum. Instead, they were asked to recall activities and topics. Therefore, the information provided is most likely a result of recalling the activities and topics that are most memorable to the site coordinators, and does not necessarily mean that others were never covered. Within *activities*, the following themes emerged: Discussion and Individual/Group Activities (see Figure 3 for a thematic map of the results). These are discussed below.

**Discussion**. The most common way of delivering sexuality education, particularly in the elementary schools, was through discussion. Site coordinators described bringing up a topic and having a question and answer session where girls could freely ask and respond to questions relat-

ed to the day's topic. Either the site coordinator brought up a topic, or the girls could put an anonymous question in a "question box" and the site coordinator would pick out the questions and start a discussion. Discussion was also started if a girl was going through a particular issue and brought it up to a group, or if the site coordinator read a scenario about an imaginary girl out loud to the group and had the girls discuss it.

Individual and Group Activities. Despite the individual activities in the curriculum (e.g., keeping a daily diary), this was not a common form of delivering the program. Group activities were far more common, particularly among the three middle schools. However, the "bra activity" and doing skits were the two most common activities among all the schools. The bra activity involved passing out bras to the girls and teaching them how to wear them, and the skits involve groups of participants acting out a pre-written scenario on the day's topic.

In addition to asking what activities the site coordinators used to deliver sexuality education, I also asked about the topics that were covered. Within *topics*, the following themes emerged: The body, pregnancy, relationships, and other topics not covered in the Cool Girls curriculum (see Figure 4 for a thematic map of the results). These are discussed below.

**The Body**. A major theme that emerged, and by far the most common, was discussion of the body in several ways. First, hygiene: teaching girls how to take care of their bodies with regard to cleanliness; taking a bath, brushing your teeth, wearing deodorant, etc. For example, one elementary school site coordinator said "...*smells...hygiene...hy—you know you need to wash up take a bath, deodorant, umm brushing your teeth, cleaning out ears...yea we cover that.*" Second, human development was frequently discussed. Site coordinators reported teaching about body parts and the changes that take place for girls during puberty. For example, another said "...*the changes their bodies will, if they haven't already start to experience and we tell them everybody may not have the same things at the same time...*" Third was menstruation, although less common than general body development. Another elementary school site coordinator said "*Some girls would come and talk to me or come and ask me umm what do I do with this, you know what*  should I use, what should I use for my menstrual cycle and things like that umm when they start so umm they come and ask questions...quite a few questions." These topics seem to be the most common that were brought up by site coordinators either on their own through discussion or through curriculum activities, for both the elementary and middle schools.

**Pregnancy**. Pregnancy emerged as a topic for one of the elementary schools and two out of three of the middle schools. Two of the site coordinators said that when pregnancy came up, it was in the context of dispelling a myth. For example, one site coordinator said "...we talk about kissing touching you know they want to know if they touch a boy will they get pregnant if they kiss a boy can they get pregnant..." However, one of the middle school site coordinators mentioned pregnancy in a list of other similar topics that they discuss: "...because you're teaching about body parts, teaching about contraceptives, contraception, you're teaching about pregnancy your teaching about um the female reproductive system..." Therefore, it is difficult to determine what specifically about pregnancy was taught (e.g., how one becomes pregnant, the stages of pregnancy, etc.).

**Relationships**. Discussing relationships –whether healthy or abusive, or what to do if an adult is abusing you– was a fairly common theme. One site coordinator from an elementary school and one from a middle school described each of these. For example, one elementary school site coordinator said the following: "*We talk about that, we talking about um, boys being, beating on them, uh we talk about abusive behavior, verbal abuse, you know it's not just hitting you, it's, it's verbally abusing you as well which can affect your self esteem..."* Another middle school site coordinator mentioned that a girl asked her what to do if an adult forces you to have sex with them:

"...something to the effect of what if, an adult forced you to have sex with them... I pulled to aside afterwards, to talk to her because I didn't know if something was going on in the home or not but she ne-, she just said it was, something that she just wanted to ask, it wasn't anything going on in the house, so but wh-I did let her know that that was a crime, um that was, you should never be forced an adult should never force a child to, I don't know if it helped, her or not, I dunno, I don't know if it gave her a little freedom to to be ok to say it, um or made her think, I don't know..."

This is an interesting and important theme, because it not only describes a topic that comes up in the context of Cool Girls Club, but it also shows one way in which site coordinators are able to provide an invaluable social resource to the girls: someone they can go to for questions about sensitive topics, whether personally relevant or just for information. This will be discussed in greater detail under research question number three.

**Topics that come up that are not in the Cool Girls, Inc. curriculum**. The site coordinators mentioned several topics that came up that were not explicitly in the Cool Girls, Inc. curriculum. For example, one elementary school site coordinator said that oral sex came up: "*But one of the questions that um have come up in the question box is um is it ok for me to, is it ok for me to, um to touch or to put my mouth different stuff like that...*" Another site coordinator for an elementary school said that anal sex came up:

"Oh I remember it was it was the uh it was a question about um anal sex uh and at that I meant I was totally taken aback from the question therefore I kinda squirmed my way around answering it you know just so that I didn't have to uh go into any specifics or you know I ha I just really didn't know how to answer that question so I I kinda I really just kinda skipped around it and that's what it was so I just didn't feel comfortable addressing that question with that particular at that particular time yeah..."

Negotiating relationships with boys was another topic that came up in elementary school and middle school. One middle school site coordinator said "*I recall lessons about relationships*. *Not necessarily romantic relationships, now on a sidebar will they talk, will they bring that into a conversation? Yes, because of course they're the age when they want to date they're that age where you know they doin' the boyfriend girlfriend thing*..." Homosexuality was recalled as a topic that came up for one middle school site coordinator: "Yes and then you know you make they make a comment or two but it's not something that we stay on because it's un, I don't know whether it's uncomfortable or if it's just something they don't really want talk about right now..." Therefore, despite the fact that some topics, often sensitive, are not explicitly mentioned in the Cool Girls, Inc. curriculum as something important to cover for this age group, the girls will often bring them up in conversation or using the "question box" tool. This is an interesting and important finding, because it tells us two things: 1.) these topics are on girls' minds, whether we bring them up or not and 2.) a YDP has the potential to provide a safe space for girls to bring up sensitive topics if they are comfortable enough to do so. This demonstrates that Cool Girls, Inc. can be a safe space for girls to talk about sensitive topics to an adult that they trust, and among one another under the guidance of an adult. However, when these topics do come up, it is important to consider how they are handled. Do the women running such programs experience internal or external barriers that prevent them from adequately addressing these situations when they arise? For example, the site coordinator who described a girl asking about anal sex did not seem ready to handle the question, and the topic was avoided, leaving the girl's question unanswered.

Finally, despite the fact that prevention, in terms of contraception and avoiding pregnancy and STDs is a major part of the curriculum for middle schools, only one of the middle school site coordinators mentioned contraceptives coming up as a topic. One other middle school site coordinator said that contraceptives and STDs were not in the curriculum, but that she had an outside organization come in for that topic and they covered it. One elementary school site coordinator said that she talked about birth control pills. Another elementary school site coordinator said that she would address the topic if it came up in the question box, which it had. In regard to a question coming up about oral sex, the site coordinator said:

"You know um so so they would understand what that is and we have to open up the dictionary or whatever just so they'll understand what it is and have them, to just so they'll know the different ins and outs of what that would be and then I would tell them the different problems that they could incur. Were you aware that such n such could happen to you if you do that you know just so they'll know and we're honest with them..."

None of the other site coordinators recalled HIV/AIDS, other STDs, or contraceptives coming up as a topic during Cool Girls Club, although this curriculum had been in place for over a year.

In summary, it appears that the most common way of delivering the sexuality education for both the elementary and middle schools is through discussion and group activities. Several important topics are addressed that are arguably important for the girls' learning and development, such as puberty and negotiating relationships. Interestingly, topics often come up in the groups that are not in the Cool Girls, Inc. curriculum, suggesting the girls have these topics on their minds and view the club as a safe place to address them.

# **Research Question # 2: Internal and External Barriers**

The second research question for the qualitative portion of this study was "What potential internal or external barriers (or opportunities) do instructors report in implementing the sexuality curriculum?" In order to answer this question, the site coordinators were asked about the extent to which they follow the Cool Girls, Inc. curriculum, if they ever change or modify the curriculum for a variety of reasons (e.g., they believe it is inappropriate for girls this age), and what types of topics they would cover in a sexuality education class for girls this age (see Appendix 3).

Despite the fact that the site coordinators did not recall covering many topics in the curriculum (see above), when asked "On a scale of 1 to 10, with 1 being not at all, and 10 being completely, how much would you say you follow the Cool Girls sex education curriculum?" the ratings ranged from 5 to 10, with an average of 7.88. Three of the elementary school site coordinators said they often stray from the curriculum because the girls ask a lot of questions that keep them off topic or activity. Interestingly, two of the middle school site coordinators said they follow the curriculum almost exactly (one gave a 9, one gave a 10) because they 1.) do not want to get in trouble for saying something they should not and 2.) the topics are uncomfortable, so having a guide helps her get through it:

"Because with first of all it's a uncomfortable sit- uncomfortable topic anyway. So to have guidelines of course I you know interject, and the people around the ladies that are around the adults interject but I try to go verbatim so I make sure I get out everything that they want us to get out to the girls as far as the sex education is concerned"

The third middle school site coordinator did not give a number, but claimed that she followed the curriculum almost entirely. However, she also said she invited an outside community organization to come in to discuss sex. She describes the organization as a "...faith-based group and they do abstinence education ... " but also said she made sure the Cool Girls, Inc. volunteers covered any of the Cool Girls, Inc. curriculum topics that the organization did not cover. So although this site coordinator seemed somewhat "hands-off" with the sensitive topics, she still made sure they were covered during Cool Girls Club. The middle school curriculum covers the more "sensitive" topics such as sex and STDs. It is interesting that the middle school site coordinators claimed to follow the curriculum almost entirely, although when asked about the topics they cover, sensitive topics were rarely mentioned (see research question number one results above). The results of this interview question indicate that the site coordinators perceive themselves as following the Cool Girls, Inc. curriculum, yet rarely recall addressing many topics that are explicitly state in the curriculum. It could be that these topics simply do not stand out to them, or there could be a disconnect between the site coordinators perception of the curriculum and what they should cover, and what the curriculum actually contains. The remainder of this section describes themes related to barriers that the site coordinators identified with regard to delivering the sexuality education curriculum.

**Internal Barriers.** Internal barriers refer to beliefs or attitudes of the site coordinator that prevent her from addressing sexuality education topics; for example, her own personal values, or embarrassment about a topic (see Figure 5 for a thematic map of the results). Three of the ele-

mentary school site coordinators reported internal barriers as arising from their own values, a lack of knowledge on a topic, or feeling embarrassed when a certain topic came up. One of them said she would not discuss abstinence with her group because it would be too closely related to the topic of sex, so if it came up, she would speak to the child outside of the group (displaying her own personal values about what is appropriate for this age). Another reported not covering menstruation in her group because she was afraid she would give incorrect information. She described how she preferred that the girls learn about the topic of menstruation from A Beautiful Me:

"...when you have professionals talking about it, its a lot, it comes across a lot better and they have this whole setting so that if they're with me in the 4<sup>th</sup> grade then by the time they get to the 5<sup>th</sup> grade they've already gone so then you know if there's anything that comes up, you know cause I don't wanna say the wrong thing or say it the wrong way that the girls won't understand what I'm saying so..."

The other site coordinator expressed feeling embarrassed during the bra activity, although she completed the activity. She also described feeling nervous about giving the right information when a girl in her group asked about a sensitive topic:

"You know the girls got a chance to write down questions so they would ask you know we'll why sometimes do I get stuff in my underwear or different things like that and so I didn't want to quote them something that wasn't true. You know I wanted to go ok ask me the questions and then I'll go and research it and give you the right answer..."

It is unclear from the interview whether she actually researched the question then gave the information to the girl. However, this quote does show how at times, site coordinators may not be prepared for certain questions because they do not feel confident in their knowledge.

**External Barriers.** External barriers refer to anything that lies outside of the site coordinator that prevents her from addressing sexuality education topics; for example, pressure from school staff or a parent that makes her think or feel that she cannot discuss certain topics (see Figure 5). Only one external barrier was mentioned, and it was brought up by one of the elementary school site coordinators. She described the most frustrating thing about being a site coordinator as sometimes having a lack of resources to conduct the activities in the curriculum:

"...not having the umm the supplies or the space sometimes we have some spaces just where we going to meet and the supplies can be frustrating if you don't have the things you need for lets say for last Monday we were doing something and we needed umm paper plates and we didn't have paper plates in our supply bucket just.. those type of things..."

Site coordinators were also asked a series of questions about topics they would or would not include in a sexuality education course for this age group. They were asked generally, and were then probed with a series of topics identified from typical comprehensive sexuality education. The probes referred to general topics that are in the Cool Girls, Inc. curriculum (e.g., human development) and to some that might be considered sensitive or difficult to talk about (e.g., homosexuality). These probes were included in an attempt to assess any barriers or opportunities they might perceive in topics that exist and some that might come up from the girls themselves.

**Barriers regarding sexuality education topics.** In general, the site coordinators expressed concern over keeping their opinions to themselves regarding sexual orientation as a sexuality education topic. If they said they would include the topic, most said they would keep it vague or would talk about respecting different lifestyles. Three elementary school site coordinators and one middle school site coordinator said they would not include sexual orientation in a sexuality education course. All three said they would avoid the topic so as not to offend anyone in the group, due to their own personal views on the topic. For example, the middle school site coordinator said: *"Nahh...well it's not something I would wanna cover because I have definite opinions about that and I don't think I could...put those aside."* When probed further about her views, she said *"Well if I had to I would... But I think that would be somewhat controversial to the parents...because most of my girls are African American and that's kinda like a taboo topic in our community."* Another said: *"Well, I just think if that's y- you know your choice is your, that's your* 

choice, I don't want to, because I choose something different I don't want to be offensive to anybody..." The other elementary site coordinator said she would not include that topic because she would not include sex in general as a topic for fifth graders. Interestingly, even though the last elementary site coordinator said "I don't think so even though we have uh, a few kids that are probably going to end up in that, but, just to, talk, I don't know if it's, I, I don't personally think it's appropriate to talk about it right now..." she would not include it because "for the most part, most of 'em are heterosexual and they, they're into boys, yeah, they are into boys, so that's what we need to cover" Among the other site coordinators, one elementary and one middle school site coordinator said they would keep the topic about respecting diversity and not judging one another. Indeed, the middle school site coordinator said she does discuss homosexuality because it comes up often times in the school in terms of derogatory name calling and bullying:

"...yes I do talk about it because it happens a lot in the building. You know so and so calling someone gay or something faggot... It's more so with the boys then it is with the girls but I don't want the girls umm repeating it or having a conversation about someone's sexual preference and umm I told them that's not for you. You know I...try to explain to them that it's really not their judgment call. You have your right to your own views... but you don't have the right to impose it on somebody else so 'cause you think it's wrong don't mean that it's wrong that's not for you to make that decision and you know I said you're not supposed to judge remember that we're not supposed to judge one another. You accept them as they are like they should be accepting you as you are."

The other two who said they would include sexual orientation said they would keep it definitional only. In other words, they would describe what it means to be homosexual but would not delve any further into the topic. When asked why she would not go beyond providing a definition, the elementary school site coordinator said "*Right because I just feel like if your going into it deeper then your starting to form an opinion, that's just me. I wouldn't. I would go...I would stop right there.*"

Internal Opportunities. In general, the site coordinators expressed positive beliefs about the Cool Girls, Inc. curriculum, indicating they were not experiencing any internal dilemmas in delivering the curriculum (see Figure 6 for a thematic map of the results). For example, one site coordinator said "*I believe in the Cool Girls organization as a whole. And I think what they're doing is an awesome thing*". Another said "*Oh yeah, I do think they should, they should learn the curriculum. I think it's great for them.*" They expressed a variety of internal opportunities to de-livering the Cool Girls, Inc. sexuality curriculum, all of which were distributed fairly evenly among the sites, and the responses were fairly similar across elementary and middle school sites. Specific internal opportunities that were identified included the following: match in personal values, belief that the curriculum is age appropriate, comfort with the topics, agreement with the need for sexuality education, recognizing the importance of the material because of girls' early experiences with sex, and the need to counteract the influence of outsides sources of information and peer pressure. For example, one elementary school site coordinator said:

"Because at this age, um, things are opening up, I mean there, there's the peer pressure, uh, there's the talk, there's the vi- they can see it happening, you know and they just want to fit in, so if you're talking about it early enough, you can get it into their heads that no this not what you should be doing or sh- should be engaging in, if you can catch 'em early enough and teach them, teach them what's right and what's wrong, in- in in respect to sex, it may help, but to not talk about it, and let them go on it from, teenager to m- you know, young adult, without ever having talked about it with someone at home or with someone that is educated about it, I think is very important that we talk about it."

**External Opportunities.** To address external barriers or opportunities the site coordinators might face in delivering the curriculum, each was asked whether she would change or modify the curriculum for fear that someone at their school or a parent would find it inappropriate (see Figure 7 for a thematic map of the results). Each one of the site coordinators expressed having the support of their school staff and parents, indicating they never felt restricted with what they could cover because of an outside influence. The most common response was that the school staff knows about it and are ok with it For example, one site coordinator said:

"...because they they know the general purpose of Cool Girls and the Cool Girls umm I guess mission or whatever and because of that they're I think they're ok with it. umm in a sense they treat cool girls like any other club the sponsors handle it and they let the sponsors have control..."

Other opportunities identified by the site coordinators included the following: 2.) Cool Girls, Inc. is a separate organization, and is not part of the school system 3.) the site coordinator has a good reputation within the school or good relationships with school staff, 4.) the site coordinator is comfortable with the topics herself, so does not believe any one at the school would be uncomfortable, and 5.) the school is aware of the need for sexuality education. The most common was number one. With regard to the independence of Cool Girls from the school system, one site coordinator said:

"I don't care what anybody at the school thinks about Cool Girls... this is not my program this is not their program. You know and if, unless their child is in the program I really don't feel like whoever it is has a say so about what we're doing with the girls... Right it's not part of Atlanta Public School System, you know. We did get permission from the principal to have it here so..."

One site coordinator described how if she ever had a problem in Cool Girls, Inc., she felt she could go to any of the school staff to seek out advice or help:

"And if I had at least something that is so out of the ordinary I will have a prevention specialist, I'll go to the counselors, I go to the principals, I mean you know there are people there for me to seek out help if I need help, and if its something that is um...truly truly hmmm let me go see about this, I'll go and talk with them."

Each one of the site coordinators also expressed having the support of the parents of the girls who participate in the program. The majority of them (seven out of nine) said they felt they

had support because the parents signed a permission slip for their child to participate. Four other themes emerged: 1.) the parents verbally expressed support to the site coordinator, 2.) the site coordinator has a good reputation among the parents and communicates with them frequently about the topics being discussed at Cool Girls Club, 3.) the site coordinator "keeps the door open" to parents by inviting them to the club to meet her and the volunteers, and 4.) if a parent does not want his or her child there, the child will skip for that day. In terms of parents expressing their verbal support, one site coordinator said:

"I said well we're going to A Beautiful Me, and I said um I just wanna let you know that they'll be you know discussing parts of the body, and they'll maybe discussing um about periods and that kinds of thing, she oh oh no <site coordinator's name>, I said and then it might come up you know things about uh STD's and that kind of stuff, she said un uh, she need to go, she need to know all of that. So for me, she said uh uh honey, where do I sign her up and that was that you know."

In terms of keeping the door open for parents, one site coordinator said:

"...I invite you to the mom things or the parent things that they have for Cool Girls so that you can understand what the programs about. So I've already opened the door for you to get all the understanding that you need about what goes on with Cool Girls ...There's a time for you to meet and greet the volunteers and everybody so you had your chance and during each school year if you want to come in the doors are always open..."

## **Research Question #3: Increasing Girls' Social Resources**

For the third research question, "How does Cool Girls increase participants' available social resources for questions about sex, specifically by increasing parent-child communication about sexuality issues?" the site coordinators were asked about their thoughts on parent-child communication and whether they teach girls and parents to communicate with one another. Unlike the coding schemes for the previous two research questions, this coding scheme was predetermined given my theoretical interests in the role of YDPs in increasing social capital and support, as well as the importance of parent-child communication. The scheme was created based on the following topics: 1.) site coordinator thoughts on parent-child communication, 2.) site coordinator as an important social resource, 3.) site coordinators encouraging communication with parents, 4.) intergenerational closure, and 5.) barriers to improving communication between parents and daughters through Cool Girls, Inc. (see Figures 8, 9, and 10 for thematic maps of the results). These codes, like the others, were refined during the coding process.

Site coordinator thoughts on parent-child communication. Each one of the site coordinators believed it was important for parents to communicate with their daughters about topics such as sex, romantic relationships, and puberty. Themes that emerged from the data included the following: 1.) Cool Girls Club may be the only place they receive the information, (e.g., "a lot of times some of the girls start their periods they don't even know, what a kot- what a kotex is, so a lot of the stuff that we talking to them about, they don't get at home.") 2.) It will help girls learn what an appropriate or healthy relationship should be like (e.g., "I think that'll help the girls understand those inappropriate relationships, it'll help them understand what's acceptable and not acceptable, um and you call this love, you know that kind of stuff, that's not nice..."). 3.) Parents may fill in the gaps by providing knowledge about topics that Cool Girls, Inc. may leave out (e.g., "Because the teachers can't do it all, it's like we can't teach them everything, you know once we, teach them something in school, they go home, they gotta, the parents gotta help to, I just feel like they need to get this information, from as many people as possible..."), 4.) Girls are developing early, and 5.) Every adult in a girls' life should be talking with her about these topics. However, all but two of the site coordinators said they believe parents have trouble communicating with their daughters about these topics because 1.) The girls are uncomfortable, embarrassed, afraid, or do not want their parents to get mad, 2.) The parents are embarrassed, or 3.) The parents do not communicate with their daughters because it is not in line with their cultural values. One site coordinator said: "Yes because sometimes girls don't feel like they can open up to their parents, so

it can be hard to get in and talk to them to see what's going on, do you like boys or you know vice versa, or what are you feeling." Another said: "...so I think its just the parents level of how comfortable they are about it themselves because if they're not comfortable about the topic, they probably wont be with their girls..." Finally, one of the coordinators at one of the primarily Latina sites said:

"...'cause a lot at <school name>, a lot of their Cool Girls are Latina...that's what's at <school name>, so that culture I just think that, th- it's a more of a culture mentality, the reason why they don't talk about it, like I just said, you know e- they wan-, they rather do it later, but I don't know..."

In sum, it was well established among the interviewees that parent-child communication is important, but that sometimes barriers to that communication exist. In order to get the site coordinator's opinions on whether Cool Girls, Inc. addresses parent-child communication, they were asked whether they themselves encouraged it and if they believed the Cool Girls, Inc. program in general encouraged this communication.

**Site coordinators encouraging communication with parents.** Seven out of the 9 site coordinators reported that they encourage parent-daughter communication about the topics they cover in the sexuality education curriculum. First, most of them reported referring the girls back to their parents or encouraging them to talk to their parents about any issues they are having in general. For example, one site coordinator said:

"I do I, we make all the effort by um referring them back you know, to their paryou know you need to, you need to tell your mom, you need to talk to her, you need to, you need to do that...because, kinda like what you were talking about before like when your, when something comes up or a topic you'll talk about it but then also refer them to to their parents..."

Second, two of the middle school site coordinators said that they encourage parentdaughter communication by offering a parent perspective: "Because I told them about me and my daughter... I said do you know it was a point where my daughter didn't speak to me and I didn't speak my daughter but my daughter respected me. And I understood to give her space because she was a middle schooler...I still gotta set those rules and regulations they still got to be followed it doesn't matter we'll get through this. And that's what I tell them I know you mad with your mama cause she wont let you wear that hoochie dress I know it ... I know it but you're mama that you gon' look back and say oh god mom why did you let me wear that dress...and I said we were all 13, 12 we were your age once. I said I don't know if all parents do that but I try to tell my kids that I have never been a perfect perfect child..."

"So that's what I'm I'm trying to tell them to listen, to understand you parents perspective, understand where they coming from, but at the same time you gon' have to find a way to communicate how you feel. And then, and we have to go from there, so I'm I'm giving them li'l tidbits of of how to communicate with the parents with the mom and the dad cause some of 'em are living with dad not necessarily with mom so, I think so, I think I'm tryin' yes..."

Third, one site coordinator said she encourages girls to incorporate their mothers' values into the curriculum: "And I always make sure that I include that I say 'what does your mom do' 'what does your mom say' you know things like that... and sometimes the girls say 'oh my mom says the says the same thing' things like that..."

It appears that although parent-child communication is not a formal curriculum topic, the site coordinators are well aware of its importance and tend to encourage it, in various ways, during Cool Girls Club. However, despite their efforts, they also identified a few barriers to their ability to improve parent-child communication through Cool Girls, Inc., because of a lack of parent involvement. The following themes emerged: 1.) one elementary and one middle school site coordinator said they do not see the parents after the enrollment form process, although neither of them reported encouraging communication between parents and daughters in any way; 2.) the two

primarily Latina sites and one other site said not having Cool Girls, Inc. information and forms in Spanish, or having interpreters for the parents, was a major barrier in preventing parent involvement in Cool Girls, Inc. For example, the elementary school site coordinator said:

"...we have parent meetings, but because we don't have interpreters a lot and transportation for the parents to take 'em to the parent meetings or there again interpreters to interpret what's going on... a communication gap between our site and other sites, and I think it's because of that reason, a lot of 'em don't drive, you know so, there's a transportation problem getting them to the parent meetings and when they and if they get there then their just sitting up there because there's no body to interpret what's being said and I've had that happen on several occasions, uh that they've parents have come along on fieldtrips but, they're just, you know they don't know what's going on cause they don't speak the language..."

3.) As shown in the above quote, the site coordinator for the primarily Latina elementary school said the parents not having transportation to and from the school was a barrier. When asked how they thought Cool Girls, Inc. could increase parent involvement, the site coordinators offered the following recommendations: 1.) Cool Girls, Inc. could hold more parent-child events, 2.) more programs for parents, 3.) have parent-child communication curriculum, or 4.) provide incentives for parents to attend Cool Girls Club.

The third research question for this portion of the evaluation study also addressed other sources of social support. First, several themes emerged during the interviews that suggested the site coordinator themselves are an important source of social support.

**Site coordinator as an important social resource.** Eight of the 9 site coordinators indicated being an important social resource for the girls. Within this, several themes emerged that display the various ways in which site coordinators are able to act as critical social resources, and social capital, for Cool Girls, Inc. participants. First, four of the site coordinators indicated they felt they were someone the girls could talk to, someone to share experiences with, and were viewed as more than just a teacher in the context of Cool Girls Club. For example, one said:

"...and then they asked me questions about you know my own cycle and what do I do at school and things like that so being able to share what I do and kinda my own experiences it kinda helped the girls kinda see me not quite as <site coordinator's name> the teacher but as like <site coordinator's name> she's ok <laughs>..."

Another said:

"Yea, yea, yea I'm not <site coordinator's name> anymore I'm we at cool girls talk to me. So I feel like I can get more out of them being they site coordinator in the school I'm seeing them every day and then I see them after school and on field trips and different things like that..."

Second, two of the site coordinators said they helped the girls when dealing with issues, sometimes disciplinary, in other classes. For example, one said:

"It kind of gives me a closer relationship with the girls that's outside of the school so that during the school day if they're having a problem in their classroom I can kind of go get umm and sit and talk to them as if I'm a big sister. You know like ok it's just me and you talk to me tell me what's going on."

Third, two other site coordinators said they help the girls think about goal setting and potential career paths. For example, one said: "...umm kinda related to goal setting like where do you wanna go, what kind of decisions do you need to make, and if you make this choice how is it gonna effect your ability to achieve your goal..." and the other said

"...like ok 'in order to do that you have to have a job and not just any job but have a career' and we talked about how teaching like with me I said this is my career its not just a job where I go and I could possibly get laid off I said it's a career where I can work here until I retire its not just a job where I work here for six months and then ill just see if I can find something better..." Fourth, two of the site coordinators reported being mediators between girls who were having issues with one another. The first not only acted as a mediator, but also was able to talk to two of her fifth graders about sex when they brought up dating and being sexually physical with a boy:

"...one of the girls, sh- they were in a big qualm about one little boy who is now datin' somebody else and he's mine and uh, and you know she did dis wit him and he did, sh- now she dis wit him but anyway we had to pull those girls um we didn't actually the we didn't actually talk about their personal thing then in front of everybody, you know I just asked them what's going on, are you, you know and of course they both said no, but this still... we pulled them out and discussed it and they said one said the other said no, but yet you know we would discuss it and it continued to come up, so, but I think it was beneficial because um by the end of the school year neither one of 'em liked him anymore or was with him anymore I so I do think in some way it could have been beneficial..."

The other acted as a mediator between two girls who were having issues:

"...there was a time when I guess one of the girls came in... and we one of the young ladies was saying that her reasons for not coming was because of somebody else was saying something to her, you know or rolling her eyes or whatever and... and that's why she was not, she hadn't been attending...and these are 2nd graders and umm...so...I said well we'll take care of that we'll talk about that and we'll discuss that, and we'll get to the bottom of it. So I saw <name> the other day but it was, when I brought it up to <name> , it was...<name 2> had gone cause her aunt had come to pick her up early, and <name> was there afterwards, so that's what I mean, you know a situation like that. So I was able to talk to <name>..." Although one of the goals of Cool Girls, Inc. is to attract positive adult role models in the form of volunteers and others outside the community, the program's site coordinators themselves appear to be invaluable resources for the participants. The themes that emerged demonstrate the value of having school personnel serve as the coordinators for a YDP, as they are able to have close contact with the girls not only during club but throughout the day and be a part of their school life as well (e.g., helping girls with issues in their classes).

Intergenerational Closure. Several themes emerged throughout the interviews that suggested Cool Girls, Inc. creates intergenerational closure, a form of social capital, for participants. As described earlier in this document, intergenerational closure is the extent to which important adults in a child's life know and interact with one another (Coleman, 1988). The first type of intergenerational closure reported had to do with the connection between site coordinators and parents, either through communicating about the girls, or by the parents volunteering their time at Cool Girls Club. Six out of the nine site coordinators described instances when this occurs. For example, one elementary school site coordinator described how she discusses one Cool Girls' behavior with her mother:

"...We have one little girl whose you know sweet smart all of that, um her mom she even volunteers a lot... she would ask so how is <name>...Well she's doing ok, well was there, she's like dis, was there any, you know, was you know, she in anybody's face today...and I was like well not necessarily was she in someone's face but this is what occurred and you know she was like oh ok, I just want, she wants to know..."

One middle school site coordinator told a story about a Cool Girl who was caught with a boy outside of the school when she was supposed to be attending Cool Girls Club. The site coordinator and the girl's mother discussed the situation and the mother expressed that she learned a lot about how to talk to her daughter about the incident from the language used in Cool Girls, Inc.:

"So then she said when she saw me she thought about it. She said after I saw you I thought I'm a pose those questions back to her. Are you ready for this? How do you know you're ready for this... that's one instance that I do remember cause her mom and I became really good friends...cause we would talk a lot... her mom was always trying to be as involved as she could be as a single parent."

This theme demonstrates not only the connection that developed between the site coordinator and the parent, but also how Cool Girls, Inc. may increase parent communication.

The second type of intergenerational closure reported had to do with the connection between the site coordinators and other school staff. In two elementary schools and one middle school, site coordinators reported communicating with teachers (and one school counselor) about the behavior and grades of Cool Girls, Inc. participants. In two of the cases, the site coordinator used attending Cool Girls Club or related field trips and events as a behavioral tool. In other words, the teacher would let the site coordinator know if someone's grades were dropping or if someone was misbehaving, and that girl would not be allowed to attend the event. For example, one said:

"We're going bowling on the 19th I can only invite 30 girls, we have 52 girls in the program so I told all of them I have close eye on every last one of you and each day I'm slashing off names because teachers are coming to tell me that you have done this or your grades have slipped..."

Another said:

"Because I talk to the teachers, see I go and see my teachers, the teachers that my girls, I go and they know that, and I let them know, oh, I'll be in your classroom in the morning or you might see me peepin around the corner at anytime so yeah, I'll be watchin you..." The middle school site coordinator described how a gym teacher told her one of the girls was not dressing out for swimming and had received a disciplinary note as a result. The site coordinator spoke with the girl about it and she changed her behavior:

"...so I said we're not gonna get another one of these are we...she was like 'no' I said cause that's not what Cool Girls do. We do the whole thing you know I said education is a very important component. I said not just math, science, and English I want you...you have to do everything... I said physical fitness also help your brain be physical fit so you need to do this part too. So she was like 'oh ok, I'm dressing out tomorrow' <teacher's name> is like 'thank you, <site coordinator's name>'"

This is an example of not only intergenerational closure between the site coordinator and other teachers, but also how Cool Girls, Inc. can promote a sense of identity that promotes positive behavior (e.g., "...*that's not what Cool Girls do*..."): getting a well-rounded education and staying involved in all aspects of school.

### DISCUSSION

The purpose of this study was to evaluate quantitatively and qualitatively the delivery of sexuality education in a youth development context for Cool Girls, Inc., a YDP for girls located in Atlanta, GA. In the quantitative portion of the study I investigated whether Cool Girls, Inc. participants experience increases in outcomes associated with healthy sexual development compared to a demographically matched comparison group from pre to post-test, and whether these increases were mediated by increases in available social resources for questions about sex. In the qualitative portion, I investigated the delivery of sexuality education in the program from the perspective of the site coordinators, the women who run the program, at each school site. I examined how sexuality education is delivered in the context of Cool Girls, Inc., what potential barriers or opportunities site coordinators face in delivering sexuality education, and how the program might increase participants' available social resources for questions about sex, particularly through supporting parent-child communication. There were mixed results for the quantitative findings, with

only partial support for the hypothesis that participation would be associated with increases in internal resources (sexual efficacy, body image, global self-worth, and hope), and no support for the hypothesis that participation in Cool Girls, Inc. would be associated with increases in helping resources for questions about sex. Due to these mixed results, I was unable to test hypothesis three, that access to helping resources for questions about sex would mediate the association between participation in Cool Girls, Inc. and internal resources. Additional findings emerged, suggesting that age related changes may have shaped youths' responses and understanding of the questions. In contrast, the qualitative findings provided rich contextual information that can help explain, and add to, the quantitative results. In the following pages, I will discuss my results from both parts of the study, limitations, future directions, and conclusions.

For the quantitative portion of this evaluation study, I first hypothesized that program participation would predict increases in sex related attitudes and behaviors, including attitudes toward sex, access to resources, and negotiating sexual relationships, as well as correlates of sexual behavior, including body image, global self-worth, and hope. With the exception of a marginally significant association between participation and one of the negotiating sexual relationships items ("I would feel comfortable insisting that my partner and I use a condom or another form of birth control") Cool Girls participants and comparisons did not differ in their responses to sexual efficacy measures or correlates of sexual behavior. It could be that participating in Cool Girls, Inc. builds confidence in girls' ability to be assertive in sexual situations. However, this conclusion is limited given that the other two negotiation items were not associated with participation in Cool Girls, Inc. However, girls who had participated in the program for longer periods of time were more likely than others to endorse one item describing attitudes toward sexuality: "A person should not pressure someone into sexual activity." Participation or length of time in Cool Girls, Inc. was not associated with the other three attitudes toward sexuality items. Some findings were inconsistent with past research on Cool Girls, Inc. in that this study did not capture differences between participants and comparisons in global self-worth, body image, or hope (Kuperminc et

al, 2011). It could be that measuring these outcomes twice with only about six months in between is not enough time to see significant changes. Interestingly, helping resources at post-test significantly predicted hope at post-test, regardless of participation in Cool Girls, Inc. This suggests that having access to people that are perceived as helpful in addressing questions about sex is important for young girls' goal motivation and planning. This finding is consistent with research showing a positive correlation between social support and hopefulness (Mahon, Yarchesky, & Yarchesky, 2004). Unexpectedly, the helping resources index did not predict any of the other outcomes. It could be that this index was too narrow, as it only included those people that girls named that they could go to specifically for *questions about sex*. Indeed, one past study of Cool Girls, Inc. that incorporated other types of helping resources (e.g., people to go to for support and guidance) found that increases in these resources from pre to post-test were associated with increases in other aspects of self-concept: social acceptance and behavioral conduct (Thomason & Kuperminc, in press).

Although expected associations between program participation and sexual efficacy were not found, several age/grade related findings help to shed light on potential developmental processes in how girls understand questions about their sexuality and how transitioning from pre to early adolescence may affect attitudes toward sexuality. Interestingly, grade predicted several sexual efficacy items. Older girls were more likely than fifth graders to agree with "*I think it is important to use condoms*", "*If I feel pressure to have sex, I know I can handle it*", and "*If I wanted a condom, I could get one*". Older girls were less likely to agree with the statement, "*it is ok for people my age to have sex.*" These are findings that show as these girls are transitioning into middle school, they are experiencing a greater sense of agency. It could be that older girls understood the questions better than younger girls. Given that sexual activity is becoming an increasingly normative experience as youth transition through adolescence, it could be that older girls are more exposed to these topic areas, in Cool Girls, Inc. and outside the program. As girls transition into middle school, their knowledge of contraceptives and how to access them may be increasing, although young people may obtain this information from multiple sources.

For hypothesis two, I posited that participation in Cool Girls, Inc. would be associated with increases in helping resources for questions about sex. Neither participation, nor length of time in Cool Girls, Inc., was associated with increases in the helping resource index variable, or each individual variable (number of people, people outside the family, or helpfulness). Again, this could be attributed to the narrowness of the variable. It could also be that the wording of the question was not appropriate for the fifth graders, a large portion of the sample. As described above, the curriculum for the elementary school and middle school girls is quite different. In elementary school, the curriculum does not mention "sex", and focuses primarily on puberty and hygiene. For this reason, it could be that asking the fifth graders about someone they can go to for "questions about sex" was irrelevant. It could be that Cool Girls, Inc. increases fifth graders' social resources for questions related to puberty, menstruation, etc., but that this was not captured with the survey question. In a recent survey of Cool Sisters, the mentors in the Cool Girls, Inc. program, participants were asked about the importance of talking to their mentees about safe sex (Thomason et al, 2012). On a scale of 1 to 4, with 1 being "Not at all" and 4 being "Very", Cool Sisters endorsed a high level of agreement with the question "How important is it for you to talk to your Cool Sister about delaying sex or making sure she protects herself if she does have sex?" (a mean of 3.64 on a 4 point scale), but much lower agreement with the question "How effective do you think you are at talking to your Cool Sister about delaying sex or making sure she protects herself if she does have sex?" (a mean of 2.56; Thomason et al, 2012). These results suggest that the adults that work with youth believe addressing these issues with girls is important, but may also have a hard time with the topic. Therefore, the lack of increases in helping resources about sex might have as much to do with adults' lack of comfort in talking about these issues. This is particularly notable given that past research that found effects of Cool Girls, Inc. in increasing helping networks when help was conceptualized more broadly across multiple topics (Thomason & Kuperminc, in press).

The lack of findings with regard to the sexual efficacy items reveals the difficulty of measuring this construct among youth. The difficulty lies in assessing where youth are in terms of their knowledge and understanding of, interest in, and intention to engage in sexual activity at each age, as there may exist a wide range at each stage of development. For example, for fifth graders, sexual efficacy may be better measured as an understanding and knowledge of how the body works and puberty, as well as connection to quality of relationships with parents. For middle school aged youth, parents are also important, but other measures, such as perception of friends' engagement (or lack of) in sexual activities may become more important (Prinstein, Meade, & Cohen, 2002). For high-school aged youth, knowledge of and how to access contraceptives will become increasingly important. The construct "sexual efficacy" in terms of negotiating sexual relationships, access to resources and contraceptives, and attitudes about sexuality may be better measured when youth are older, or their understanding, interest, and intentions are better understood first.

For the qualitative portion of this study, I sought to gain a deeper understanding of barriers and facilitators of the implementation of the Cool Girls, Inc. sexuality curriculum. To do so, I conducted in-depth interviews with the coordinators at each school site. Interviews allowed me to delve into barriers the site coordinators may face that might not be divulged in a written survey. However, the qualitative portion also helped inform the quantitative by providing insight into the day-to-day implementation of the program. For example, although the middle-school curriculum is fairly exhaustive, site coordinators rarely mentioned discussion of "sensitive" topics about sexuality, which might explain the lack of findings for several of the sexual efficacy variables in the quantitative portion of this study. In the following section, I will discuss how the qualitative findings help to inform understanding of the quantitative findings, and provide recommendations for implementation of sexuality education in the context of youth development programs.

The first research question for the qualitative portion was: How is sexuality education delivered in Cool Girls, Inc.? The purpose of this question was to gain a deeper understanding of how the curriculum is actually delivered at each Cool Girls, Inc. site. This is more informative than relying solely on the curriculum as a basis for quantitative analysis, because as I found, often times curriculum is not followed or is altered based on the instructor's comfort level, time constraints, or other factors. In terms of activities, it is not surprising that group activities and discussion were the most frequently used approaches discussed by the site coordinators. These types of activities may be more engaging for young adolescent girls. For example, Furrer & Skinner (2003) found that a sense of relatedness to peers in the classroom was associated with higher engagement academically, especially for early adolescent girls. It could be that site coordinators sensed more engagement and learning by focusing on group discussion and activities, as opposed to doing the many individual activities in the actual curriculum. However, despite using potentially engaging techniques, the quantitative portion of this study did not reveal evidence of "learning" in terms of most of the sexual efficacy, hope, or self-concept variables. It could be that girls are learning the material (e.g., at what age do girls tend to start menstruating) but that this information is not translating into changes in internal resources such as self-concept or a sense of hope. On the other hand, the site coordinators provided several examples of times when, at least from their perspective, they were able to connect with participants on a personal level and make a difference in their lives. It could be that these instances do not happen enough or for enough girls to be captured in a survey, or that the survey questions did not adequately tap into such moments. Interestingly, as mentioned above, participation in Cool Girls, Inc. did predict two sexual efficacy items: comfort insisting on condom or birth control use, and belief that a person should not pressure someone into sexual activity. This suggests that one benefit of participation in Cool Girls, Inc. comes in the form of increasing assertiveness in girls' attitudes about sexuality. As revealed in the qualitative findings, site coordinators are not only able to be valuable social resources for the participants, which in and of themselves could increase this type of confidence, but important,

related topics come up during Cool Girls Club that are not specifically in the curriculum, such as negotiating relationships with boys, and more sensitive topics about sexuality, such as oral sex. When these topics come up, discussion with the site coordinators and the other participants may build girls' confidence in negotiating relationships and being assertive. Cool Girls, Inc. and other YDPs can take away several valuable pieces of information from these findings. First, it may benefit programs to include a wider range of group activities and discussion topics, rather than emphasizing individual activities that are likely to not be addressed (i.e., keeping a daily journal). Second, several topics come up during Cool Girls Club that are not addressed in the curriculum, suggesting these topics are on girls' minds and should be addressed. Adding these topics (e.g., negotiating relationships with boys) to the curriculum may spark even more critical discussions about navigating relationships, including romantic relationships, in their every day lives. The SIECUS (2005) guidelines include many of the topics that arose but were not in the Cool Girls, Inc. curriculum. SIECUS (2005) also includes age-appropriate topics, discussion, and methods that would provide guidance for incorporating them successfully in the curriculum. Additionally, when sensitive topics about sexuality come up, such as oral sex, site coordinators reported that they were not always prepared to address them. As mentioned above, training in this area could help. Researchers and practitioners should look to the mentoring literature on training programs. For example, Kaufman (2010) studied the effects of a mentor-training program on discussing sexuality topics with mentees in Big Brothers Big Sisters (BBBS). Although the experimental and control group both reported increased self-efficacy in discussing sexuality topics, she found that the trained mentors spent more time discussing romantic relationships with their mentees (Kaufman, 2010). Other research has found that when mentors are trained, youth experience matches that are more likely associated with positive outcomes (DuBois, Holloway, Valentine, & Cooper, 2002). This is also true of After-School Programs (ASPs) that involve teacher training (Durlak & Weissberg, 2007), and may translate to programs like Cool Girls, Inc. that employ school staff as coordinators and instructors.

Qualitative research question number two was "What potential internal or external barriers (or opportunities) do instructors report in implementing the sexuality curriculum?" The purpose of this question was to gain an understanding of the barriers and facilitators of implementing a YDP with sexuality curriculum in a school setting, through an organization not associated with the school system. In general, the site coordinators mentioned very few external barriers. In fact, the majority of them said they had support from parents and school staff, and that an important reason for this was that Cool Girls, Inc. is a separate organization that operates outside the school system, and that they have permission from the school principals to be there. This indicates that this structure works well in terms of providing a comfortable and supportive setting for instructors. Having a permission slip for parents to sign was also important for the site coordinators to feel they have parental support. These are structural factors that seem to work well for Cool Girls, Inc., and suggests that when social or political constraints make it difficult for schools to provide comprehensive sexuality education, programs like Cool Girls, Inc. can provide schools an option for offering this type of education for families that want it. One reason for the high attrition rate in this study is the fact that one of the school systems did not want researchers asking questions about sexuality to their students and denied permission to collect data on school grounds. This demonstrates how common fear of community opposition can be for a school system, and how YDPs that include sexuality education may be one way practitioners can get around this barrier. Additionally, one site coordinator mentioned not having enough materials or resources available to implement the curriculum. YDPs can take away several points from these findings: First, the structure of using school staff as site coordinators seems to work well in terms of support from the rest of the school. Having parents sign permission slips also provides site coordinators with the comfort they need o address topics the parents have been told about. Finally, ensuring that the instructors have all necessary materials is important for the program to run smoothly.

For the third qualitative research question, I addressed the ways in which Cool Girls, Inc. may increase social resources for questions about sex: "How does Cool Girls, Inc. increase participants' available social resources for questions about sex, specifically by increasing parentchild communication about sexuality issues?" This was different from the quantitative portion of this study in that it allowed me to ask specifically about parents and parent communication, investigate other social resources, and delve deeper into how Cool Girls, Inc. may increase social resources. For example, Cool Girls, Inc. appears to support intergenerational closure, an important aspect of social capital that has been linked to decreased risk behavior, presumably due to the level of monitoring and support youth receive (Brooks-Gunn, 2009; Coleman, 1998; Thorlindsson, Bjarnason, & Sigfuxdottir, 2007). Indeed, even without directly asking about this theme, it emerged as an important way Cool Girls, Inc. increases social resources.

Cool Girls, Inc. and other YDPs can take away several points from the findings. First, despite the fact that Cool Girls, Inc. has limited parent programming, the site coordinators emphasized the importance of parent communication, and gave several examples of how they communicate with parents in an attempt to meet this goal. Interestingly, the two events that Cool Girls, Inc. does have involving parents were not mentioned ("A Beautiful Me" and "Back to Cool") except for one time when one of the site coordinators complained that "A Beautiful Me" does not provide enough programming for parents. The site coordinators are very interested in parent programming, and recognize the value of parent education and involvement. However, there is little formal programming for parents, and few avenues for parents to get involved on a regular basis. Also, the two site coordinators from primarily Latina schools expressed concern about not having parent materials written in Spanish, and identified this as a barrier to their communication with parents and parent involvement. YDPs should make sure materials are provided in the languages of parents, as well as hire staff or volunteers who can provide necessary translation and communication for all parents, regardless of their primary language. Having a systematic way that parents can be consistently involved that is built into the program would benefit the parents and their daughters; for example, as suggested by one of the site coordinators, curriculum that involves parents and daughters on communication about sexuality topics and occurs regularly throughout

the year. Cool Girls, Inc. and other YDPs should look to the parent-involvement-in-school literature for empirically validated parent programming. For example, Shepard & Carlson (2003) reviewed 20 school-based prevention programs that involved parents in several ways (e.g., parent counseling, skills training, parent-child social activities). They found that the evaluations of these programs reported significant improvements in youth's behavior (e.g., decrease in substance abuse), often compared to school-based interventions that do not involve parents. Although this literature may provide programmatic ways to involve parents, the literature on programs that have increased parent-child communication about sexuality may provide ways to increase this communication specifically. For example, Lederman, Chan, & Roberts-Grey (2008) developed and evaluated an interactive parent-adolescent dyad program that sought to increase parent-child communication about sex, thereby reducing sexual risk behaviors. They found that the program enhanced social control (e.g., parent rules about sex) and self-control (e.g., resisting peer pressure to have sex) among the dyads that participated, relative to a control group. Cool Girls, Inc. and other YDPs should look to this literature to a.) increase parent-involvement in YDPs and b.) increase parent-child communication about sexuality.

Second, the site coordinators expressed being there for the girls as a friend, mentor, and teacher, and gave several examples of times when they connected with a participant on a personal level. Clearly the site coordinators are an important social resource for the girls; therefore, continuing to provide caring adults with an interest in the program is critical. However, training the site coordinators in sexuality education topics and in how to handle "tough" questions would benefit the girls and the program as a whole.

Third, this qualitative question helped me to investigate *how* Cool Girls, Inc. increases participants' social support. The very nature and structure of the Cool Girls, Inc. program encourages intergenerational closure. Having the program take place in the school, with school staff, creates connections between Cool Girls, Inc. staff, teachers and school personnel, and parents. Although I do not have any information regarding the effect this has on sexual efficacy, selfconcept, or hope outcomes, many instances in the qualitative results described how intergenerational closure helped the girls in several ways: by navigating personal relationships with one another and adults, helping the site coordinators address issues girls were having at home, and creating support for the site coordinators from school staff when dealing with parent issues.

## Limitations

Despite the compelling findings of this study, there are limitations worth mentioning. First, the method in which the data for the quantitative portion was collected may have caused some unforeseen differences among the participants. As mentioned above, due to some issues in collecting data from the comparison group in the first year of this study, we had to collect data from a second cohort of participants the following year and merge the data together. Therefore, any differences that may have occurred such as delivery of the curriculum or school programming were not accounted for. I was able to control for cohort in all the analyses in an attempt to account for these differences. Additionally, because we were not allowed to collect data at the school sites at over half of our schools, we had to use alternative data collection methods (holding events at GSU, phone interviews, take-home surveys, etc). Therefore, any differences in responses as a result of the data collection method were not accounted for. Second, the measurement of some of the variables may limit our ability to draw conclusions from the results. For instance, the Cronbach's Alphas for the sexual efficacy measures were low, suggesting that the measures were unreliable in this sample. Given the wide age-range of this sample, it could be that the wording of the questions (e.g., condom use or "handling pressure") was too advanced for the younger participants, a large portion of the sample. Sexual efficacy is a difficult construct to measure, even in older populations. Future researchers should focus on validating reliable measurements for this construct for multiple populations, including pre and early adolescents. Additionally, as mentioned above, the helping resources index may have been limited because we only asked about social resources for questions about sex. Not only may asking about "sex" have been inappropriate for the fifth graders, but it could be that having help from people for other domains (e.g., help

with school work, support and guidance) is just as important for building the internal resources necessary (e.g., confidence) to develop a sense of sexual efficacy, self-concept, or hope. In the future, researchers interested in social resources contributing to sexual efficacy should focus on those resources more generally, or keep the question broader (e.g., someone you can go to for questions about puberty). Additionally, although the participation variables used in this study allowed for some degree of exposure, I was unable to account for the degree to which participants were exposed to the sexuality education components of Cool Girls Club.

The third limitation deals with the study design. Two time points may not be enough time to detect changes that occur as a result of participation in this kind of program, especially since there was only about a six month interval between assessments. It could be that these girls are developing internal resources slowly throughout their participation as pre and early adolescents, and that we may not see the effects of this until later in their lives. Additionally, the internal and external resources they are developing now may not be affecting each other in such a short time period, but may affect their future behavior in terms of making healthy decisions about sexuality. Future research should focus on expanding studies to include at least three time points (Cole & Maxwell, 2003), and focus on developing ways to limit attrition while following participants throughout their adolescence.

### **Future Directions**

In addition to those mentioned above, there are several important findings from this study that can inform future research and practice. First, it appears that YD programming implemented in a school setting works well in this community, as discussed above. Maintaining a positive relationship within the school system and employing school staff not only makes use of valuable resources, but also encourages intergenerational closure among important adults in a child's life. There are several ways in which future researchers could explore the qualitative findings of this study with quasi-experimental designs. Future researchers should develop study designs that quantitatively measure intergenerational closure to see if this type of setting increases this social resource over time, compared to programs that are more disconnected from the school setting. Social Network Analysis (SNA) provides one set of tools that could be useful in developing such measures. For example, Davis, Koroloff, and Johnsen (2012) measured the degree of interorganizational connections among agencies (e.g., school districts, the juvenile justice system, etc) involved in helping youth with mental health issues transition into adulthood. Future research should continue to explore this topic quantitatively, for example by comparing three groups: youth who participate in a YDP, youth who participate in a YDP with sexuality education, and youth who receive neither, to explore the "added value" of integrating sexuality education in YDP programming. Future researchers should enhance data collection methods to decrease attrition over time. This is particularly important for these types of studies, which require large samples to be followed over several years to measure change from pre to mid-late adolescence. Researchers should look to the literature on tracking hard-to-reach populations (e.g., substance users, homeless) for methodology. For example, Kleschinsky et al (2009) summarize several methods that allowed their researchers, and past researchers (Cottler et al, 1996), to reach an 80% retention rate or higher over a 21-month study: gathering collateral information (friends and family) at the beginning of the study, mailing several reminders, increasing monetary incentives with each follow-up, weekly phone calls, and accessing public internet records.

Also, the Cool Girls, Inc. sexuality curriculum is certainly not as exhaustive as traditional comprehensive sexuality education, as laid out in the SIECUS guidelines (2005). Indeed, it appears that many of the topics that were discussed were spontaneously brought up by participants, and not part of the curriculum. It would be useful to integrate the SIECUS guidelines into a YDP in a more structured manner, to ensure important topics are covered and discussed. Additionally, training instructors on the guidelines and how to appropriately address sensitive topics may be beneficial and ensure that questions and comments from participants are turned into valuable learning experiences, rather than brushed over as missed opportunities. However, introducing these guidelines may create barriers in some communities. The site coordinators in this study re-

ported feeling very comfortable with the curriculum. It was when more sensitive topics came up that they appeared to struggle with handling the situation. Practitioners should work with communities when developing curriculum that is comprehensive so that instructors and school systems are supportive, while at the same time not leaving out topics that may isolate participants or cause harm (for example, being inclusive of non-heterosexuality). The sexuality education literature reports that instructors who are trained, or professionally prepared, tend to teach more curriculum topics than those who are not (Rhodes et al, 2013). Working with YDPs and providing professional training to instructors could ensure that topics are addressed, and addressed appropriately, whether they are in the curriculum or come up spontaneously.

Finally, often programs like Cool Girls, Inc. are the most helpful to participants who are at the highest risk. Future research should examine constructs that may act as moderators in predicting these types of outcomes. For example, in the survey used for this study, there is a measure of family connectedness that measures the degree to which girls feel close to their parents. It could be that family closeness moderates the relationship between participation in Cool Girls, Inc. and study outcomes, in that girls who lack a sense of closeness with their parents benefit more from their participation in terms of social resources, sexual efficacy, and self-concept.

Researchers and practitioners have learned a lot about the advantages of implementing a Positive Youth Development framework into YDPs and After-School Programs (ASPs). Focusing on the development of the whole child, rather than singling out specific issues (e.g., drugs, early sex initiation), can help adolescents make positive choices in multiple areas of their lives. However, very few programs include positive sexual development into this framework, and indeed, this is a critical topic that adolescents deal with on a daily basis and certainly needs to be addressed in ways that a.) teach them about how to make healthy decisions (e.g., condom use) and b.) build a sense of efficacy and respect for others. As Romeo and Kelly (2009) point out, comprehensive sexuality education fits nicely with the PYD framework in terms of its goals and focus on health and wellness, instead of the traditional deficit-based sexuality education. Researchers should continue to address this intriguing and relatively new area of study so that we may inform future programs and school policy.

#### REFERENCES

- Advocates for Youth and the Sexuality Information and Education Council of the United States. *Poll on America's Attitudes toward Sexuality Education*. Conducted by Hickman-Brown Research for Advocates and the Council between February 23 and March 3, 1999. Washington, DC: Hickman-Brown, 1999.
- Aiken, L.S. & West, S.G. (1991). Multiple Regression: Testing and Interpreting Interactions. Thousand Oaks, CA: Sage Publications.
- Akers, A.Y. et al (2009). Exploring the Relationship Among Weight, Race, and Sexual Behaviors Among Girls. *Pediatrics, 124*, e913 – e920.
- Allen, J.P, Philliber, S., & Hoggson, N. (1990). School-Based Prevention of Teen-Age Pregnancy and School Dropout: Process Evaluation of the National Replication of the Teen Outreach Program. *American Journal of Community Psychology*, 18, 505-524.
- Allen, J.P., Philliber, S., Herrling, S., & Kuperminc, G.P. (1997). Preventing teen pregnancy and academic failures: Experimental evaluation of a developmentally-based approach. *Child Development*, 64, 729-742.
- Allen, J.P., & Philliber, S. (2001). Who Benefits Most from a Broadly Targeted Prevention Program? Differential Efficacy Across Populations in the Teen Outreach Program. *Journal* of Community Psychology, 29, 637-655.
- Allen, J.P., Seitz, V., & Apfel, N.H. (2007). The Sexually Mature Teen as a Whole Person: New Directions in Prevention and Intervention for Teen Pregnancy and Parenthood. In J. Aber, S. J. Bishop-Josef, S. M. Jones, K. McLearn, D. A. Phillips, J. Aber, ... D. A. Phillips (Eds.), *Child development and social policy: Knowledge for action* (pp. 185-199). Washington, DC US: American Psychological Association
- Aspy, C.B., Vesely, S.K., Oman, R.F., Rodine, S., Marshall, L. & McLeroy, K. (2007). Parental communication and youth sexual behaviour. *Journal of Adolescence*, 30, 449-466.

- Baron, R.M., & Kenny, D.A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173 – 1182.
- Bearman, P.S., Bruckner, H. (2001). Promising the future: Virginity Pledges and First Intercourse. American Journal of Sociology, 106, 859 – 912.
- Bearman, P. & Bruckner, H. (2004). The relationship between virginity pledges in adolescence and STD acquisition in young adulthood: After the promise: The long-term consequences of adolescent virginity pledges. Paper presented on March 19, 2004 at the National STD Conference: Philadelphia, PA.
- Blake, S.M., Ledsky, R., Lehman, T., et al. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91, 940-946.
- Bleakley, A., Hennessy, M. & Fishbein, M. (2006). Public Opinion on Sex Education in U.S. Schools, Archives of Pediatrics and Adolescent Medicine, 160, 1151-1156.
- Boykins, A.D., Alvanzo, A.A., Carsons, S. Forte, J. Leisey, M. & Plichta, S.B. (2010). Minority women victims of recent sexual violence: disparities in incident history. *Journal of Women's Health*, 19, 453-461.
- Brady, S.S., Dolcini, M.M., Harper, G.W., & Pollack, L.M. (2009). Supportive Friendships Moderate the Association Between Stressful Life Events and Sexual Risk Taking Among African American Adolescents. *Health Psychology*, 28, 238-248.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in Psychology. *Qualitative Research in Psychology*, 3, 77 101.
- Bridges, E. (2008). Georgia's Youth: Focus on Sexual and Reproductive Health. Retrieved from http://www.advocatesforyouth.org/storage/advfy/documents/fsgeorgia.pdf.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

- Brookmeyer, K.A., & Henrich, C.C. (2009). Disentangling Adolescent Pathways to Sexual Risk Behavior. *Journal of Primary Prevention*, 30, 677-696.
- Browning, C.R., Burrington, L.A., Leventhal, T. & Brooks-Gunn, J. (2008). Neighborhood Structural Inequality, Collective Efficacy, and Sexual Risk Behavior among Urban Youth. *Journal of Health and Social Behavior*, 49, 269-285.
- Buhi, E.R., & Goodson, P. (2007). Predictors of adolescent sexual behavior and intention: A theory-guided systematic review. *Journal of Adolescent Health*, 40, 4-21.
- Buston, K., Wight, D., & Scott, S. (2001). Difficulty and diversity: the context and practice of sex education, *British Journal of Sociology of Education*, 22, 353-368.
- Cappelleri, J., Eckenrode, J., & Powers, J. (1993). The epidemiology of child abuse: Findings from the Second National Incidence and Prevalence Study of Child Abuse and Neglect. *American Journal of Public Health*, 83, 1622-1624.
- Catalano, R.F., Berglund, L.M., Ryan, J.M., Lonczak, H.S., & Hawkinds, D.J. (2002). Positive
   Youth Development in the United States: Research Findings on Evaluations of Positive
   Youth Development Programs. *Prevention and Treatment*, 5, 1-111.
- Centers for Disease Control and Prevention (CDC, 2004c). CDC HIV/STD/TB Prevention News Update - May 11, 2004.
- Centers for Disease Control and Prevention (2010, June 4). Youth Risk Behavior Surveillance. Morbidity and Mortality Weekly Report, 59, No. SS-5.
- Chapman, E.N., Werner-Wilson, R.J. (2008). Does Positive Youth Development Predict Adolescent Attitudes about Sexuality? *Adolescence*, 43, 505-523.
- Cole, D. & Maxwell, S. (2003). Testing mediational models with longitudinal data: Questions and tips in the use of structural equation modeling. *Journal of Abnormal Psychology*, 112, 558 – 577.

- Coleman, J. (1988). Social capital in the creation of human capital. *The American Journal of Sociology*, 94, 95 – 120.
- Constantine, N. A., Slater, J.K., & Carroll, J. (2007). Motivational aspects of community support for school-based comprehensive sexuality education, *Sex Education*, *7*, 421-439.
- Corliss, H.L., Austin, S.B., Roberts, A.L. & Molnar, B.E. (2009). Sexual Risk in "Mostly Heterosexual" Young Women: Influence of Social Support and Caregiver Mental Health. *Journal of Women's Health*, 18, 2005-2010.
- Costa, F. Jessor, R., Donovan, J. & Fortenberry, J. (1995). Early initiation of sexual intercourse: The influence of psychosocial unconventionality. *Journal of Research on Adolescence*, 5, 93-121.
- Cottler, L.B., Compton, W.M, Ben-Abdallah, A., Horne, M. & Clav-Erie, D. (1996). Achieving a 96.6% follow-up rate in a longitudinal study of drug abusers. *Drug Alcohol Depend*, *41*, 209 217.
- Creswell, J. (2007). Data Analysis and Representation. In C.D. Laughton. *Qualitative inquiry and research design: Choosing among five traditions* (2nd Ed, pp. 147-174). Thousand Oaks, CA: Sage.
- Cripps, K., Zyromski, B. (2009). Adolescents psychological well-being and perceived parental involvement: Implications for parental involvement in middle school. *Research in Middle Level Education Online*, 33, 1-13.
- Darroch, J.E., Singh, S., & Frost, J.J. (2001). Differences in Teen Pregnancy Rate Among Five Developed Countries, *Family Planning Perspectives*, 33, 244-250.
- Davis, M., Koroloff, N., & Johnsen, M. (2012). Social network analysis of child and adult interorganizational connections. *Psychiatric Rehabilitation Journal*, *35*, 265 272.
- De Rosa, C.J., Ethier, K.A., Kim, D.A., Cumberland, W.G., Afifi, A.A., Kotlerman, J., Loya, R.V., & Kerndt, P.R. (2010). Sexual Intercourse and Oral Sex among Public Middle

School Students: Prevalence and Correlates. *Perspectives on Sexual and Reproductive Health*, 42, 197-205.

- Doswell, W.M., Millor, G.K., Thompson, H. & Braxter, B. (1998). Self-image and self-esteem in African American pre-teen girls: implications for mental health. *Issues in Mental Health Nursing*, *19*, 71 – 94.
- Dryfoos, J.G. (1990). Common concepts of successful prevention programs. *Adolescents at risk: Prevalence and prevention* (pp.227-244). New York: Oxford University
- DuBois, D.L., Holloway, B.E., Valentine, J.C., & Cooper, H. (2002). Effectiveness of mentoring programs: a meta-analytical review. *American Journal of Community Psychology*, 30, 157 – 197.
- Duke, N.N., Borowsky, I.W., Pettingell, S.L., McMorris, B.J. (2011). Examining Youth Hopelessness as an Independent Risk Correlate for Adolescent Delinquency and Violence. *Maternal and Child Health Journal*, 15, 87 – 97.
- Durlak, J.A. & Weissberg, R.P. (2007). The impact of after-school programs that promote personal and social skills. Chicago: Collaborative for Academic, Social, and Emotional Learning.
- Eisenberg, M.E., Bearinger, L.H., Sieving, R.E., Swain, C., & Resnick, M.D. (2004). Parents' beliefs about condoms and oral contraceptives: Are they medically accurate? *Perspectives on Sexual and Reproductive Health*, *36*, 50-57.
- Elia, J.P., & Eliason, M.J. (2010). Dangerous omissions: Abstinence-Only-Until Marriage School-Based Sexuality Education and the Betrayal of LGBTQ Youth, *American Journal* of Sexuality Education, 5, 17-35.
  - Elia, J.P., & Eliason, M.J. (2010). Discourses of Exclusion: Sexuality Education's Silencing of Sexual Others, *Journal of LGBT Youth*, *7*, 29-48.
- Faust, L., DiMeo-Ediger, M., & Kuperminc, G. (June, 2013). "Her opening up to me and me opening up to her": The Influence of After School Program Attendance on Parent-Child

*Communication*. Presentation at the Society for Community Research and Action conference. Miama, FL.

- Fletcher, A., Newsome, D., Nickerson, P. & Bazley, R. (2001). Social Network Closure and Child Adjustment. *Merrill-Palmer Quarterly*, 47, 500 – 531.
- Gavin, L.E., Catalano, R.F., David-Ferdon, C., Gloppen, K.M, & Markham, C.M. (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*, 46, S75-S91.
- Gaylord-Harden, N. K., Ragsdale, B. L., Mandara, J., Richards, M. H., & Petersen, A. C. (2007). Perceived support and internalizing symptoms in African American adolescents: Selfesteem and ethnic identity as mediators. *Journal of Youth and Adolescence*, *36*, 77-88.
- Ge, X., Kim, I. J., Brody, G.H., Conger, R.D., Simons, R.L., Gibbons, F.X. & Cutrona, C.E.
  (2003). It's about timing and change: Pubertal transition effects on symptoms of major depression among African American youths. *Developmental Psychology*, *39*, 430 439.
- Guttmacher Institute. (2011). *State Policies in Brief: Sex and HIV Education*. Retrieved from http://www.guttmacher.org/statecenter/spibs/spib\_SE.pdf
- Hadley, W. et al (2008). Parent-adolescent sexual communication: Associations of condom use with condom discussion. *AIDS Behavior*, 13, 997-1004.
- Hargreaves, D., & Tiggemann, M. (2003). The effect of thin ideal television commercials on body dissatisfaction and schema activation during early adolescence. *Journal of Youth* and Adolescence, 32, 367 – 373.
- Hayes, A. (2009). Beyond Baron and Kenny: Statistical Mediation Analysis in the New Millennium. Communication Monographs, 76, 408 – 420.
- Hedman, A., Larsen, D. & Bohenblust, S. (2008). Relationship between Comprehensive Sex Education and Teen Pregnancy in MN, *American Journal of Health Studies*, 28, 185-194.

- Henrich, C.C., Brookmeyer, K.A., Shrier, L.A. & Shahar, G. (2006). Supportive Relationships and Sexual Risk Behavior in Adolescence: An Ecological-Transactional Approach. *Journal of Pediatric Psychology*, 31, 286-297.
- Henry, D.B., Schoeny, M.E., Deptula, D.P. & Slavick, J.T. (2007). Peer selection and socialization effects on adolescent intercourse without a condom and attitudes about the cost of sex. *Child Development*, 78, 825-838.
- Herek, (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, 24, 54-74.
- Hill, N.E., Tyson, D.F. (2009). Parental involvement in middle school: A meta-analytic assessment of the strategies that promote achievement. *Developmental Psychology*, 45, 740-763.
- Hsieh, H. & Shannon, S. (2011). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, 15, 1277-1288.
- Huberman, B.K, Berne, L.A. (1995). Sexuality education: Sorting fact from fiction. *Phi Delta Kappan*, 77, 229 – 232.
- Hutchinson, K.M. & Cederbaum, J.A. (2011). Talking to Daddy's Little Girl About Sex: Daughters' Reports of Sexual Communication and Support from Fathers. *Journal of Family Issues*, 32, 550-572.
- Jaccard, J., Guilamo-Ramos, V., Johansson, M., & Bouris, A. (2006). Multiple regression analyses in clinical child and adolescent psychology. *Journal of Clinical Child and Adolescent Psychology*, 35, 456–479.
- Jackson, S. & Weatherall, A. (2010). The (Im)possibilities of Feminist School Based Sexuality Education. *Feminism & Psychology*, 20, 166-185.

- Jeffries, W.L., Dodge, B., Bandiera, F.C., & Reece, M. (2010). Beyond abstinence-only: relationships between abstinence education and comprehensive topic instruction, *Sex Education*, 10, 171-185.
- Kagan, S., Deardorff, J., McCright, J., Lightfoot, M., Lahiff, M., & Lippman, S.A. (2012). Hopelessness and sexual risk behavior among adolescent African American males in a lowincome urban community. *American Journal of Men's Health*, 6, 395 – 399.
- Kirby, D., Coyle, K. (1997). Youth Development Programs, *Children and Youth Services*, 19, 437-454.
- Kirby, D. (2001). Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy:
  cy: National Campaign to Prevent Teen Pregnancy.
  Kirby, D., Laris, B.A.(2009). Effective Curriculum-Based Sex and STD/HIV Education
  Programs for Adolescents. Society for Research in Child Development, 3, 21 29.
- Klein, N.A., Goodson, P., Serrines, D.S., Edmundson, E., & Evans, A. (1994). Evaluation of Sex Education Curricula: Measuring up to the SIECUS Guidelines, *The Journal of School Health*, 64, 328-333.

Kohler, P.K., Manhart, L.E., & Lafferty, W.E. (2008). Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Health*, 42, 344-351.

- Landry, D.J., Darroch, J.E., & Higgins, J. (2003). Factors associated with the content of sex education in U.S. public secondary schools, *Perspectives on Sexual and Reproductive Health, 35*, 261-269.
- Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P.S. (2011). Sexual Attraction Status and Adolescent Suicide Proneness: The Roles of Hopelessness, Depression, and Social Support. *Journal of Homosexuality*, 58, 52 – 82.
- Lawlor, D.A. & Shaw, M.S. (2004). Teenage pregnancy rates: high compared with where and when? *Journal of the Royal Society of Medicine*, 97, 121-123.

- Lombard, M., et al (2008). Practical Resources for Assessing and Reporting Intercoder Reliability In Content Analysis Research Projects. University, Philadelphia, PA, USA, http://www.temple.edu/mmc/reliability
- Luker, K. (2006). When Sex Goes to School: Warring Views on Sex and Sex Education– Since the Sixties. New York: W.W. Norton & Company, Inc.
- Mahon, N., Yarchesky, A, & Yarchesky, T. (2004). Social Support and Positive Health Practices in Early Adolescence, *Clinical Nursing Research*, 13, 216 – 236.
- Main, D.S., Iverson, DC, McGloin, J., Banspach, S.W., Collins, J.L., Rugg, D.L., et al. (1994). Preventing HIV infection among adolescents: Evaluation of a school-based education program. *Preventive Medicine*, 23, 409-417.
- Mayring, P. (2000). Qualitative Content Analysis. *Forum: Qualitative Research.* <u>www.qualitative-research.net http://www.qualitative-</u> <u>research.net/index/php/fqs/article/view/1089/2385</u>
- Miller, B.C., Benson, B., & Galbraith, K.A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21, 1-38.
- Murry, V.M., Berkel, C., Chen, Y., Brody, G.H., Gibbons, F.X., & Gerrard, M. (2011). Intervention Induced Changes on Parenting Practices, Youth Self-Pride, and Sexual Norms to Reduce HIV-Related Behaviors Among Rural African American Youths. *Journal of Youth* and Adolescence, 40, 1147-1163.
- National Public Radio et al. Sex Education in America: *NPR/Kaiser/Kennedy School Poll*. Menlo Park, CA: Kaiser, 2004.
- Nishina, A., Ammon, N., Bellmomre, A., & Graham, S. (2006). Body Dissatisfaction and Physical Development Among Ethnic Minority Adolescents. *Journal of Youth and Adolescence*, 35, 189 – 201.
- Oliver, D.P., Leeming, F.C., & Dwyer, W.O. (1998). Studying Parental Involvement in School Based Sex Education: Lessons Learned. *Family Planning Perspectives*, *30*, 143-147.

- Perkins, D., Luster, T., Villarruel, F. & Small, S. (1998). An ecological, risk-factor examination of adolescents' sexual activity in three ethnic groups. *Journal of Marriage and the Family, 60,* 660-673.
- Prinstein, M.J., Meade, C.S., & Cohen, G.L. (2002). Adolescent Oral Sex, Peer Popularity, and Perceptions of Best Friends' Sexual Behavior. *Journal of Pediatric Psychology*, 28, 243 – 249.
- Rhea, D.J. & Thatcher, G. W. (2013). Ethnicity, Ethnic Identity, Self-Esteem, and At-Risk Eating Disordered Behavior Differences of Urban Adolescent Females. *Eating Disorders, 21*, 223 – 237.
- Rhodes, D.L., Kirchofer, G., Hammig, B.J., & Ogletree, R.J. (2013). Influence of Professional Preparation and Class Structure on Sexuality Topics Taught in Middle and High Schools. *Journal of School Health*, 83, 343 – 348.
- Rivers, I. (2000). Social exclusion, absenteeism, and sexual minority youth. *Support For Learning*, *15*, 13-18.
- Romeo, K.E., & Kelley, M.A. (2009). Incorporating human sexuality content into a positive youth development framework: Implications for community prevention. *Children and Youth Services Review*, 31, 1001-1009.
- Rubin, D.B. (1987) Multiple Imputation for Nonresponse in Surveys. J. Wiley & Sons, New York.
- Salazar, L.F., Crosby, R.A., DiClemente, R.J., Wingood, G.M., Lescano, C.M., Brown, L.K, Harrington, K., & Davies, S. (2005). Self Esteem and Theoretical Mediators of Safer Sex among African American Female Adolescents: Implications for Sexual Risk Reduction Interventions. *Health Education and Behavior, 32*, 413-427.
- Scales, P., Kirby, D. (1981). A Review of Exemplary Sex Education Programs for Teenagers offered by Nonschool Organizations, *Family Relations*, 30, 238-245.

- Schwartz, S.S., Phelps, E., Lerner, J.V., Huang, S., Brown, C.H., Lewin-Bizan, S., Li, Y., & Lerner, R.M. (2010). Promotion as Prevention: Positive Youth Development as Protective against Tobacco, Alcohol, Illicit Drug, and Sex Initiation. *Applied Developmental Science*, 14, 97-211.
- Schwarz, A. (2009). Comprehensive Sex Education: Why America's Youth Deserve the Truth about Sex. *Journal of Public Law and Policy*, *29*, 115-160.
- Seth, P., Patel, S.N., Sales, J.M., DiClemente, R.J., Wingood, G.M., & Rose, E.S. (2011). The impact of depressive symptomatology on risky sexual behavior and sexual communication among African American female adolescents. *Psychology, Health, & Medicine, 16*, 346 – 356.
- Sexuality Information and Education Council of the United States. (2004). *Guidelines for Com*prehensive Sexuality Education: Kindergarten – 12<sup>th</sup> Grade, Third Edition
- Sexuality Information and Education Council of the United States: Policy and Advocacy (n.d.) Retrieved from

http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=478

- Shepard, J. & Carlson, J. (2003). An empirical evaluation of school-based prevention programs that involve parents. Psychology in the Schools, 40, 641 – 656.
- Shrout, P.E., Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New procedures and recommendations. *Psychological Methods*, 7, 422 445.
- Silva, M. (2002). The effectiveness of school-based sex education programs in the promotion of abstinent behavior: a meta-analysis. Health Education Research: Theory and Practice, 17, 471 – 481.
- Smith, E., Dariotis, J., & Potter, S. (2002). Evaluation of the Pennsylvania Abstinence Education and Related Services Initiative: 1998 – 2002. Philadelphia: Maternal and Child Health Bureau of Family Health, Pennsylvania Department of Health.

- Smylie, L. Maticka-Tyndale, E., & Boyd, D. (1998). Evaluation of a school-based sex education program delivered to grade nine students in Canada. Sex Education, 8, 25-46.
- Spencer, J.M., Zimet, G.D., Aalsma, M.C., & Orr, D.P. (2002). Self-esteem as a predictor of initiation of coitus in early adolescence. *Pediatrics*, 109, 581 – 584.
- Stemler, S. E. (2004). A comparison of consensus, consistency, and measurement approaches to estimating interrater reliability. *Practical Assessment, Research & Evaluation*, 9(4). Retrieved September 22, 2013 from http://PAREonline.net/getvn.asp?v=9&n=4.
- Street, J., Harris-Britt, A., & Walker-Barnes, C. (2009). Examining Relationships Between Ethnic Identity, Family Environment, and Psychological Outcomes for African American Adolescents. *Journal of Child and Family Studies*, 18, 412 – 420.
- Thomason, J. & Kuperminc, G. (2013). Cool Girls, Inc. and Self-Concept: The Role of Social Capital. *The Journal of Early Adolescence*,
- Thomason, J., Faust, L., Felmet, K., DiMeo-Ediger, M., & Kuperminc, G. (2012). Cool Girls, Inc., Evaluation Report: July 2010 – June 2011. Submitted to Cool Girls, Inc. September, 2012
- Thorlindsson, T., Bjarnason, T., & Sigfuxdottir, I. (2007). Individual and Community Processes of Social Closure. *Acta Sociologica*, *50*, 161 178.
- Tinsley, H.E., & Weiss, D.J. (1975). Interrater reliability and agreement of subjective judgments. Journal of Counseling Psychology, 22, 358-376.
- Topor, D.R., Keane, S.P, Shelton, T.L., Calkins, S.D. (2010). Parent involvement and student academic performance: a multiple meditational analysis. *Journal of Prevention and Intervention in the Community, 38*, 183-197.
- Ventura, S.J. et al (2008). Estimated Pregnancy Rates by Outcomes for the United States, 1990 2004. *National Vital Statistics Report*, *51*, 1-26.

- Wackett, J. & Evans, L. (2000). An evaluation of the *Choices and Changes* student program: a grade four to seven sexual health education program based on the *Canadian Guidelines* for Sexual Health Education, The Canadian Journal of Human Sexuality, 9, 265-273.
- Wallace, S.A., Miller, K.S., & Forehand, R. (2008). Perceived Peer Norms and Sexual Intentions among African American Preadolescents. *AIDS Education and Prevention*, 20, 360-369.
- Widaman, K.F. (2006). Missing data: What to do with or without them. In R. Bakeman, J.M.
  Gottman, D. Brewer, K. Bub, M. Burchinal, F. P. Graham, & K. McCartney (Eds), *Best Practices in Quantitative Methods for Developmentalists* (pp. 42 65). New York:
  Wiley-Blackwell.
- Wight, D. & Buston, K. (2003). Meeting Needs but not Changing Goals: evaluation of in-service teacher training for sex education, *Oxford Review of Education*, 29, 521-543.
- Wild, L.G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry*, 45, 1454 – 1467.

	A person should not
Attitudes	pressure someone into sexual
	activity.
	I think it is important to
	use condoms.
	Two people having sex
	should use some form of birth
	control if they aren't ready for
	a child.
	It is OK for people my
	age to have sex.
	I know where to find re-
Access to Resources	sources if I become pregnant.
	I know where to find re-
	sources if I get a sexually
	transmitted disease.
	If I wanted a condom, I
	could get one.
	If I feel pressure to have
Negotiating Sexual Relationships	sex, I know I can handle it.
	<i>I would feel comfortable</i>
	insisting that my partner and I
	use a condom or another form
	of birth control.
	It would be hard to me
	to say no to sex if my boy-
	friend/partner wanted to have

*Note.* Response options were strongly disagree (1), disagree (2), agree (3), and strongly agree (4), and were reverse coded for "*It is ok for people my age to have sex*" and "*It would be hard for me to say no to sex if my boyfriend/partner wanted to have sex with me.*"

	<b>Cool Girls</b> $(N = 216)$	<b>Comparisons</b> $(N = 92)$
	Percentage	Percentage
Grade		*
5 <sup>th</sup>	40.7	18.5
6 <sup>th</sup>	33.8	43.5
7 <sup>th</sup>	16.7	14.1
8 <sup>th</sup>	8.8	23.9
Two-parent home	39.8	32.6
Lives with Extended	21.8	26.1
Family		
Ethnicity		
African American	80.6	79.3
Latina/Hispanic	9.3	6.5
"other"	9.7	14.1
Free or reduced-price	93.5	89.1
lunch		

Table 2. Demographic variables for Cool Girls and Comparisons

Table 3. Groups compared for attrition analysis.

	Cool Girls f (%)	Compari- sons f (%)
Pre-test only	58 (26.9)	23 (25)
Post-test only	18 (8.3)	29 (31.5)
Both pre & post-test	140 (64.8)	40 (43.5)

Table 4. Correlations among study variables.

									•	0.	1.	2.	3.	4.
	1. Global Self Worth (1)	25*	47**	21**	31**	25**	.1	01	08	09	07	00	.09	06
	2. Global Self Worth (2)		25*	48**	13	28**	.06	.03	.01	03	01	02	03	.03
	3. Body Image (1)			32**	31**	.15*	.02	.03	12*	08	.02	01	10	.00
	4. Body Image (2)				09	27**	.01	.07	.01	05	.00	03	6	.01
	5. Hope (1)					30**	.00	05	.04	04	07	03	13	03
	6. Hope (2)						.07	05	06	11	00	04	07	12
1	7. Access to Resources							28**	07	02	17*	.05	.20**	12
	8. Access to Resources								.03	05	00	09	03	12*
	9. Sexual Attitudes (1)									.13*	24**	06	02	00
	10. Sexual Attitudes (2)										00	28**	05	.09
	11. Sexual Negotiation													
	12. Sexual Negotiation											18*	08 .02	09 12
k (1)	13. Help Resource In-												.02	12 27*
x (2)	14. Help Resource In-													21

*Note.*  $p < .01^{**}$ ,  $p < .05^{*}$ . The numbers 1 and 2 indicate either pre-test (1) or post-test (2).

Pre-test	Pre-test α / Post-test α
Global Self-Worth	.62 / .66
Body Image	.73 / .76
Норе	.84 / .84
Attitudes about Sex	.25/.32
Sexual Negotiation	.03 / .38
Access to Resources	.54 / .43

 Table 5. Cronbach's Alphas for each study variable at pre and post-test.

	Со	ol Girls	<b>Comparisons</b> (N = 92)		
	(N	= 216)			
	Pre-test	Post-test	Pre-test Mean	Post-test Mean	
	Mean (s)	Mean (s)	(s)	(s)	
Global Self-Worth	3.59 (.49)	3.61 (.49)	3.59 (.47)	3.57 (.44)	
Body Image	3.38 (.66)	3.39 (.67)	3.39 (.69)	3.41 (.63)	
Норе	4.66 (1.04)	4.80 (.91)	4.75 (.93)	4.79 (.98)	
"A person should not pressure someone	3.61 (.90)	3.60 (.90)	3.58 (.95)	3.56 (1.02)	
into sexual activity."					
"I think it is important to use condoms."	3.16 (1.14)	3.44 (.96)	3.15 (1.09)	3.48 (.98)	
"Two people having sex should use	3.50 (.87)	3.52 (.94)	3.51 (.89)	3.44 (1.00)	
some form of birth control if they aren't ready for					
ı child."					
"It is OK for people my age to have	3.72 (.68)	3.79 (.54)	3.75 (.59)	3.85 (40)	
ex."					
Access to Resources	1.09 (.93)	1.25 (.88)	1.09 (.90)	1.24 (.91)	
"If I wanted a condom, I could get one."	.18 (.39)	.18 (.39)	.09 (.30)	.15 (.36)	
"If I feel pressure to have sex, I know I	2.58 (1.32)	2.56 (1.26)	2.60 (1.29)	2.67 (1.23)	

can handle it."

			83	
"I would feel comfortable insisting that	2.98 (1.22)	3.05 (1.19)	2.67 (1.35)	2.29 (1.32)
my partner and I use a condom or another form of				
birth control."				
"It would be hard to me to say no to sex	3.45 (.68)	3.57 (.77)	3.52 (.89)	3.58 (.85)
if my boyfriend/partner wanted to have sex with				
me."				
Helping Resources Index	1.14 (.97)	1.19 (1.04)	1.10 (.97)	1.20 (.94)

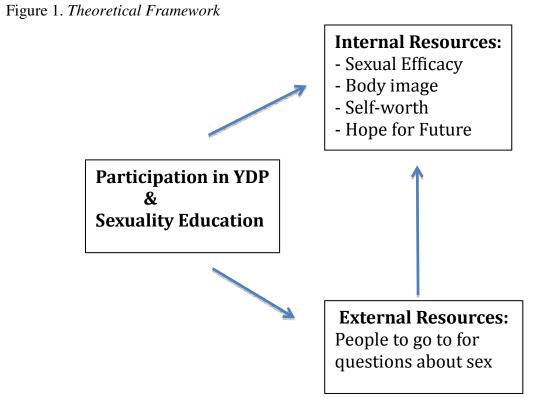
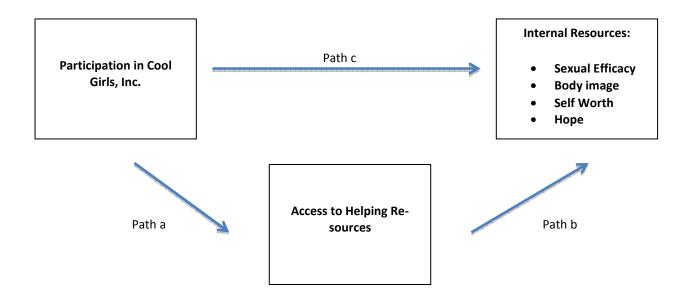
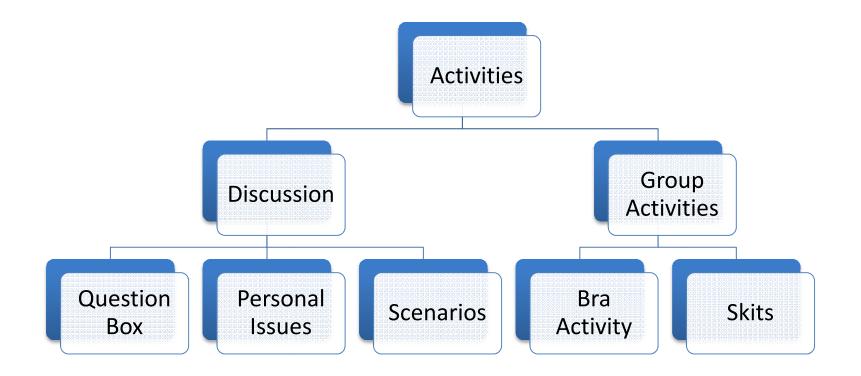
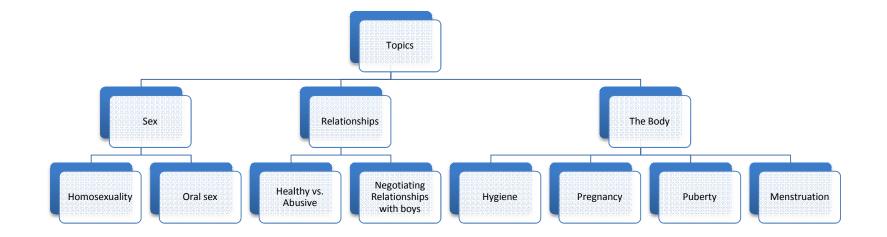
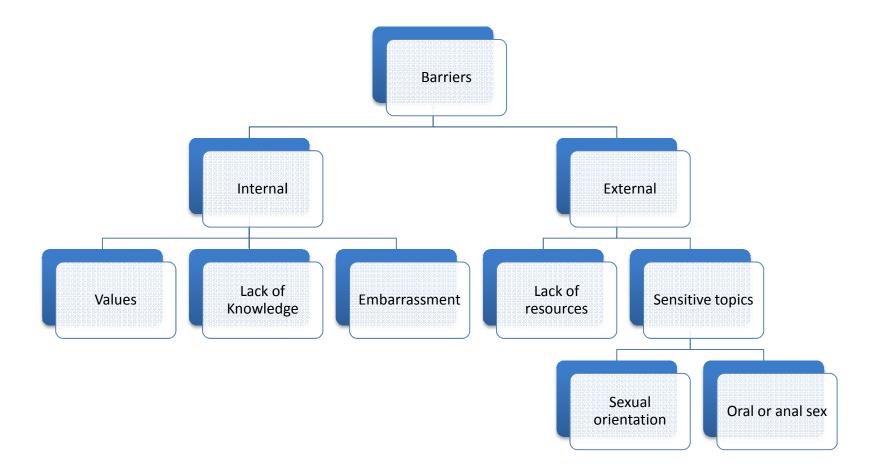


Figure 2. Mediation Model









88

Figure 6. Thematic map for qualitative research question 2: Internal Opportunities

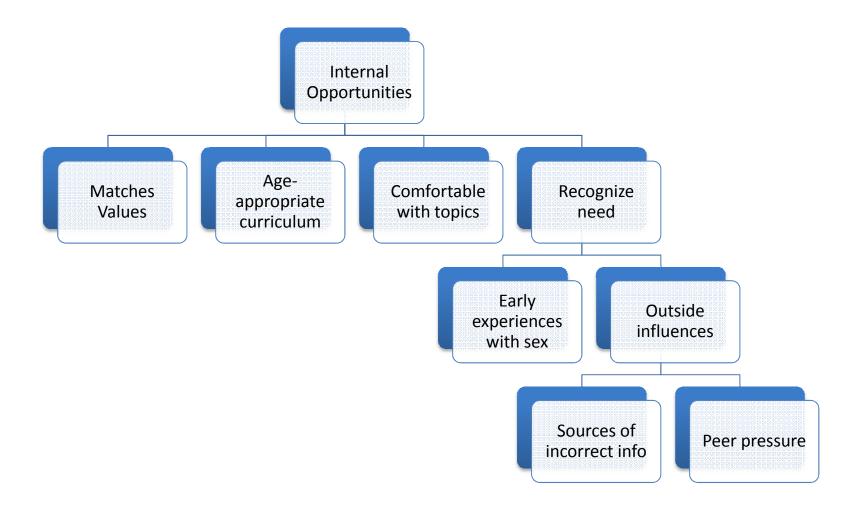


Figure 7. Thematic map for qualitative research question 2: External Opportunities

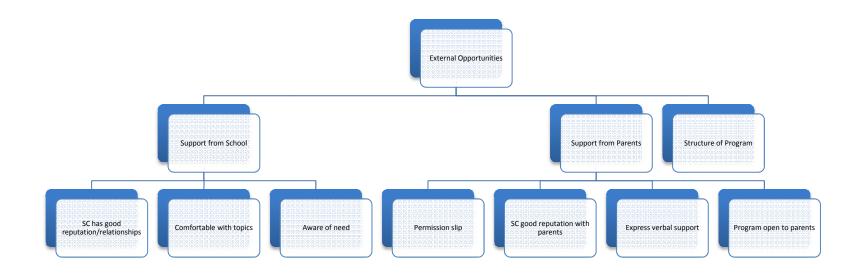


Figure 8. Thematic map for qualitative research question 3: Parent Communication

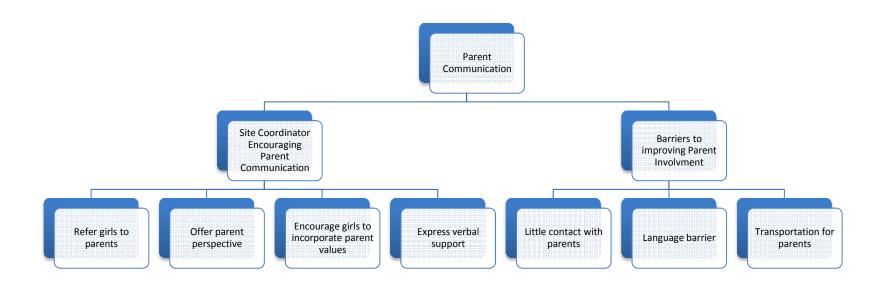


Figure 9. Thematic map for qualitative research question 3: Site Coordinator Perspectives on Parent Communication

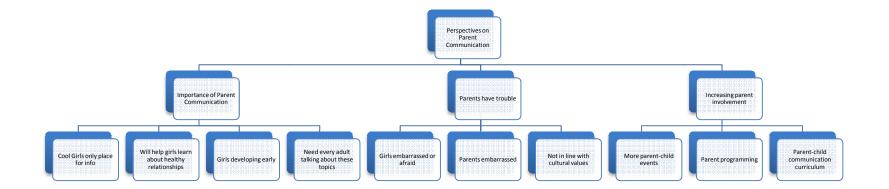
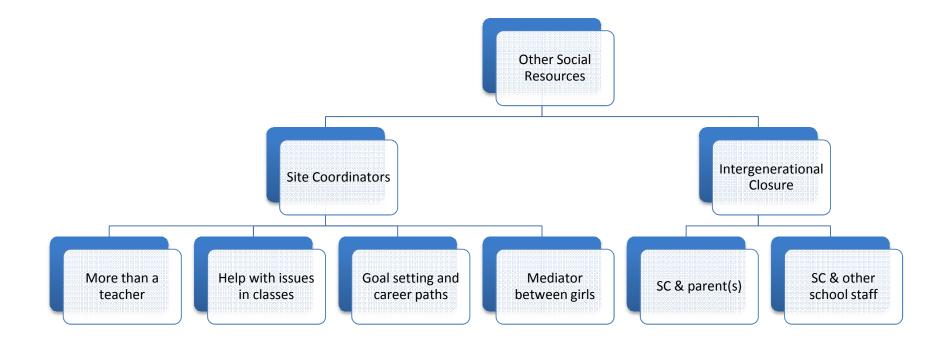


Figure 10. Thematic map for qualitative research question 3: Other Social Resources



## Appendix 1: My Body My Choice Curriculum.



Elementary School Mod 4 My Body, My Choice Week 7 "Boobies and Body Hair"

Objective: Girls will learn about the changes in their body during puberty. They will discuss the growth of breasts and discovery of body hair.

Mate-	Pens
rials:	Handout "Boobies and Body Hair"
	Handout "The Bra Business"
	Bra

Total 55 Minutes

Time:

 Activi Start the discussion with a review of what they learned the week before

 ty:
 about puberty. Explain to the girls that everyone experiences puberty in different ways and at different times.

Tell them that today they will be learning about Boobies, Bra's and Body Hair.

They might laugh a little. But tell them that you want to inform them about these important things so that they are well prepared for when these changes take place. Ask the girls:

Why do we get breasts anyway? Boobies or whatever else they call them. The medical term is "Breasts".

Have the girls give you their answers. They might not know the reason.

Tell them that they are mainly for feeding any babies you might have when you are much older. Breasts/Boobies have breast milk and it is the baby's healthiest first food.

Most people think they look attractive and they are sensitive to be being touched. But their primary purpose is for feeding babies.

Tell the girls that just like their period, sooner or later they will get breasts/boobies. If you get your boobies at a young age, it doesn't mean they will end up big. The sizes of your breasts have nothing to do with when you actually get them. If you are a late developer, you won't necessarily have small breasts. They may continue growing until you are about 17<sup>th</sup>

As your breasts start to grow, they might feel a bit tender, tingly or itchy but this will soon end. One breast may grow faster than the other, but don't worry about it- they will even out. However, no one has exactly the same two breasts.

#### How do Breasts Work

Breasts are made mostly of fat, which cushions and protects the milkmaking areas deep inside. Milk isn't made until a woman has had a baby. It comes out of the nipples through tiny holes that are too small to see.

#### Shapes and Sizes

A lot of girls and women feel self-conscious about their breasts. They come in different sizes. So, some girls and women worry about their breasts being bigger or smaller. All sizes of breasts are normal and pretty.

Transition the discussion to Body Hair. Ask the girls where do women and growing girls in puberty get hair. Of course some of them will say on your arms, head and legs.

Tell them that one of the first changes they will notice is that they will start getting hair in places they didn't have hair before. It might feel silly and it might even look silly.

But tell them it is normal and no one else needs to see it because it is in the spots that are private.

They might notice some hair near their vagina. Tell them that this hair is called, "Pubic Hair". It is called that because it is on the pubic bone. The first hair to sprout is your pubic hair.

This gets curly as it grows and it may be a different color than the hair on your head.

Ask them what they think why hair is down there. The answer will surprise them. No one really knows why people get pubic hair or armpit hair. Some people say it might be so that their sweat can cling to the hair. Some animals use their sweaty smell to attract a mate, but this doesn't work with humans. Monkeys are pretty successful at it. The hair under your arms comes in about a year after you get pubic hair. If you want to shave this hair talk to your mom or a trusted female adult to ask their opinion of the best way to do that.

### Interview Assignment

Tell the girls that they are to interview a female adult in their lives to ask them questions about their puberty experience. They can ask questions about their breasts, body hair, period or any other questions they wanted to know about. Pass out the interview sheet and have the girls come up with 8 questions they would ask.

Example questions:

Where you scared about the changes that were happening to your body?

What did you do when boys stared at your breasts?

When did you get your first bra?

The goal of this assignment is for them to get to know their trust female adult a little better and to talk with her about issues that they are experiencing now or will be soon.

Help them shape the questions. If the girls can not think of any, do the assignment as a group.

Wrap End with a sentence summarizing the activity.

Up:

Appendix 1, continued: My Body My Choice Curriculum.

Cool Girls, Inc.	Middle School
$V^{-1}$	Mod 4 My Body, My Choice
	Week 8 "Planning for My Period"
Objective:	Girls will review information about getting their period. Additionally, they
	will learn about how to be prepared for when they get "IT".
Mate-	Assortment of Sanitary Pads, Panty Liners, Tampons
rials:	Handout "Test your Knowledge about your Period"
	Handout" Answer Key – Period Quiz
	Pens
Total	55 Minutes
Time:	
Activi-	Begin a discussion about getting your period. The girls would have
ty:	learned about this last year. But they are going to review and learn some new
	things associated with their period.
	Some of the girls will have already gotten their period and others will
	not. Remember the age of the girls in your group varies.
	Begin the discussion with reviewing, "Why Periods Happen?"
	Remind the girl that the biggest growing-up change of all is that you
	start having periods. A period- is a few days of slight bleeding each month from
	your vagina. This might sound weird or scary because blood is involved, but
	periods show that your body is working properly. If you know what to expect,
	there is nothing to worry about.

# **Review the following**

# **Periods and Babies**

-Periods have a lot to do with babies. Every month, a woman's womb builds up a thick, soft lining of blood vessels, so that a potential baby could nestle there and grow. When the woman doesn't become pregnant, the womb lining breaks down and comes out of her vagina as a period. Girls usually notice a period has started when they go to the bathroom.

#### When the Period Starts

There are some clues to when your period will start. But it could also come a different time then when your friend or sister's comes. It will probably be about 2 ½ years after your breasts begin to grow. So, if you developed earlier it could be possible that your period will come earlier. Periods can start in elementary, middle or high school depending on the girl.

#### How often, How long?

The time between the start of one period and the start of the next is often about 28 days or about 4 weeks. But this can vary, from 20 -35 days. And each period can last as little as 2 days or as long as 8.

Your period is caused by hormones. It's your sex hormones that make your period happen. In the first half of the month, estrogen makes the lining of your womb thicken up. Then, a ripe egg bursts out of one of you ovaries and travels down the fallopian tube.

Progesterone now thickens the womb lining even more. But when the egg doesn't get fertilized it breaks down and your period starts.

Now, shift the conversation to talking about how to manage your period.

#### \*take out the pads, panty lines and tampons

Ask the girls if they have seen these items before. If there are some girls who raise their hand, ask them to tell them you what they are.

Show them the different kind of pads that girls use. Some are long and think and others are thin. Explain the difference between a pad/sanitary napkin and a panty liner. Explain when you might use one or the other or both.

Demonstrate how to use the pad and liner (meaning show tell them to take off the wrapper/sticky part and explain where they put it.

#### Tell them the following:

Most pads have a sticky strip on the back and you press them into your panties to hold them in place. It might take some practice to get them in the exact right spot. Sometimes putting it a little higher is better.

#### Size and Thickness

Pads come in different sizes. When you go to the store it can be overwhelming because there are a lot of choices. You can choose the one to fit the shape of your body. They come in different thickness. The blood usually flows more heavily near the start of your period, so you might need a thicker pad toward the beginning. You also might need a thicker one at bed time because you won't change it until the morning.

#### Changing Pads

You will get use to knowing when you have to change your pad. You

can feel it getting heavy and wet sometimes. But also you should change it every few hours. Ask an older friend or a trusted female adult how often you should change it. Period blood is completely clean, but once it is outside your body it meets bacteria in the air and that can cause a smell or even an infection.

#### Getting Rid of Pads

You can NOT flush pads down the toilet. You will see signs in public bathrooms telling you this. You need to wrap them up and put them in the trash can. You can either use the wrapper they came in or toilet paper or a bag to throw them away. It's a good idea to take a bag with you when you go out, but in most public bathrooms there are special bins for them in each toilet stall.

Now, shift your conversation to using tampons.

#### Using Tampons

Many women prefer tampons to sanitary napkins because they soak up the

period blood inside of your vagina and you can't feel the tampon once it is in place. There is no risk at all for using tampons. You can not see it through your clothes and you can go swimming in them.

## Types of Tampons

Some Tampons come in different sizes. The size you use depends on how heavy your period is. The tampon could feel uncomfortable and many young girls do not use them but it is perfectly fine for you to try. On light days of your period you can use the regular or mini kind. On heavier days you might want to use the super size tampon. The tampon boxes indicate what kind of size they are. It is also smart to use NON-Deodorant tampons.

#### Putting Tampons In

It is best to try a tampon for the first time when your period is heavy. When you do not have a lot of blood inside of you the tampon can feel uncomfortable to put it. It will go in more easily if your period is heavy. Use a small size, and follow the instructions that come in the box. All the boxes come with instructions. You can also go online and find instructions. You might want to ask an older sister or mom to help you put one in. Do not feel uncomfortable. We all get our period and all have the same body parts.

The tampon needs to go in on an angle and it should be all the way in so you don't feel it at all. You should only see the string not any part of the tampon.

#### Changing Tampons

You can try tampons even if you've only just started your periods. Ask your mom her advice. But you must change your tampons often. You need to change them every 4-6 hours. You should use pads at night and then tampons through out your day.

Pass out the "Test your Knowledge about your Period" quiz. Have the girls answer the quiz true and false. There is a facilitator answer key. After the girls are finished, go over the questions with them and debunk the myths that were presented in the quiz.

**Wrap** End with a sentence summarizing the activity.

10

# Cool Girls, Inc.

Appendix 1, continued: My Body My Choice Curriculum.

# Middle School

Mod 4 My Body, My Choice

Week 9 "STDs/STIs"

**Objective:** The girls will be able to identify symptoms of the most common STDs, and they will be aware of how STDs are transmitted and how they can be prevented.

Mate-Pen rials: Paper Markers Lettered Index Cards marked: C, U, D Information on all six STDS 6 Blank Poster Boards \*Included - Facilitator article on Girls and STDs" Total 55 Minutes Time: Activity: 20 STD (Sexually Transmitted Disease)/ STIs (Sexually Transmitted Infections) minutes

> Tell the girls that sexually transmitted disease (STD/STI) is not a single disease but several different diseases passed from person to person through sexual contact, including vaginal intercourse, anal intercourse, and oral sex.

> Emphasize that STDs/STIs are serious and can cause many physical, emotional and social health

# problems.

Inform the girls that:

- About 3 million teen are infected with an STD each year. About 1 in 8 young people ages 13 to 19 and about 1 in 4 of those teens who have had sexual intercourse.
- About 1 million people in the United States are estimated to be infected with HIV.

Write the names of the following STDs on the board: gonorrhea, herpes, Chlamydia, geni-

tal warts, syphilis and HIV.

Clarify that there are other STDs students may have heard about, but the class will be discussing

the ones most common among teenagers.

Explain that to protect themselves from STD there are 5 things they need to know.

Review with the girls the 5 questions from the prewritten flipchart. (Note: Leave the questions

posted while the girls complete the poster activity.)

- 1. How do you get it?
- 2. How do you know if you have it?
- 3. How can you prevent it?
- 4. Can it be cured? Where can you get tested and treated?
- 5. What can happen if you don't get treated?

# Be sure responses include:

- All 6 STDs, including HIV are transmitted through sexual intercourse with someone who has the infection.
- All 6 can be prevented by choosing not to have sex (the SAFEST choice)
- The risk of getting an STD, including HIV can be reduced by using latex condoms (a SAFER choice) or using latex condoms with spermicides (e.g. foams, creams or jellies).
- All 6 STDs can harm unborn babies and damage a person's reproductive organs (sometimes leading to sterility) Many types of STD can cause other health problems (eg, heart trouble, blindness, etc.)
- If a person had any symptoms of an STD, he or she should see a doctor or go to a health clinic right away.
- People with an STD, including HIV, can pass it to other people through sexual intercourse, even though they look and feel healthy.

Ask the girls to identify common signs/ symptoms of STD for both males and females.

# Be sure responses include:

- Sores, bumps or blisters near the genital or anal areas or the mouth
- Burning or pain when the person urinates
- Swelling or redness in the infected area

Emphasize the importance of getting tested and treated for STD as soon as possible after experiencing symptoms. People who think may have been exposed to HIV should be tested right away.

Remind them that for some STDs (gonorrhea and Chlamydia in particular) some people may not have symptoms. Therefore, people who have sex without using latex condoms should be tested for STD whenever the might have been exposed.

# 35 The Transmission Game

# minutes

Rationale: To participate in an exercise that highlights how easy it is to get STDs should

break down participant's feelings of invulnerability and increase their motivation to practice safer

sex.

# Materials:

• Lettered index cards (C, U, D)

o Pencils

- 1. Ask the girls the rhetorical question:
  - Who gets STDs? Don't answer. Just think about it. We are going to participate in an activity that will help us answer this question.
     Facilitator's Note:
  - The following activity helps participants understand the potential ease of transmission of an STD or HIV if responsible behavior is not practiced. Be aware, however that it can be a very sensitive activity. Some participants might have had a STD, might be HIV positive, or may have family members who are HIV positive. Others might worry about being wrongly identified as HIV positive. Remind participants that the activity is not intended to identify anyone personally and that is strictly an exercise. It should not be taken lightly or used against a member of the

group.

2. For a group of six to eight people, distribute the lettered cards and pencils so that only one person has a "D", one or two people have a "C" and the rest get a "U". (Keep this approximate ratio if the group numbers are larger or smaller). Each card has letter on the back of it. Each letter means something different, but DO NOT tells participants what they mean at this time. C=Condoms

U= Unprotected Sex (oral, anal, or vaginal sex without a condom)

D= Disease (STD/HIV)

- 3. When the six unfinished sentences have been discussed, ask all participants to have a seat.
- 4. Then say the following instructions:
  - a. This has been an exercise involving "verbal intercourse" but we're going to pretend that it involved "sexual intercourses".
  - b. The person who has a "D" on his or her card please stand. Unfortunately, for this activity, you have a disease (HIV or an STD) and anyone with his or her name on your card has possible contracted the disease.
  - c. Say to the person with the "D". Read the names on the back of your card. Say everyone whose name is read, please stand.
  - d. Say to those who just stood up all of you has a "C" on your card can sit down because you used a latex condom and used it correctly.
  - e. All of you with a "U" on your card can remain standing because you took a chance and had unprotected anal, oral, or vaginal sex. You did not use a latex condom and now you are possibly infected with whatever the person you had sex with!!!
  - f. Say to the people still standing I would like each of you to read the names on your written after the person who had the "D" and anyone whose name
  - g. is called, please stand up.

Repeat steps "d" through "g" until all participants with a "U" card are standing.

Count the number of people standing and ask the group to consider what would happen

if they each continued to have unprotected sex with new partners.

Take the cards back and formally remove the disease from the person with the "D" card to

avoid any future stigma by saying, This was just a game. So (name of person) I take this card and

the disease back from you. No one her is infected.

**Wrap** End with a sentence summarizing the activity.

Up:

Appendix 1, continued: My Body My Choice Curriculum

# Cool Girls, Inc.

# Middle School

Mod 4 My Body, My Choice

Week 10 "HIV/ AIDS"

**Objective:** The girls will able to recognize situations that may put them at risk for HIV infection. They will understand that they have the opportunity and the responsibility to make decisions about their behavior.

Mate- Paper rials: Pens Handout "Test Your Knowledge of Aids"

## Total 55 Minutes

# Time:

Activ- Begin a discussion with the girls about HIV/AIDS. Last week you had a conversation ity: about sex and abstinence Additionally, last year's curriculum went over abstince. Explain to the girls that when an adult chooses to have sex there is the potential for getting sick if they do not have safe sex. The girls also learned about contraception last year. This should not be a new topic for them but it might be an uncomfortable one for them to have.

Tell them that there are some sexually transmitted diseases that people who have sex can catch if they are not careful and protected. Today you are going to focus on HIV/AIDS. Express to them that HIV/AIDS is a blood borne disease and can also be caught by receiving blood from someone even if they are not engaging in intercourse. So, although HIV/AIDS is contracted through intercourse between two consenting adults in a committed relationship- it can also be contracted in other ways. Do not scare them but it helps to explain that the disease is in our blood.

Put the word HIV on the board. Define the word by writing "Human Immunodeficiency virus. Explain what a virus is. Explain that you will always have this virus but at some times it can be controlled and it will not always make you sick. Tell the girls that HIV can severely cripple your immune system that fights off disease—that is when the illness becomes AIDS. Explain the difference between HIV and AIDS. Tell them that not all people who have HIV also have AIDS. Magic Johnson is person who has HIV and not AIDS (so far).

Tell the girls that there is an increase in young girls contracting HIV and that is a direct result of engaging in unprotected sexual intercourse. That is why choosing abstinence is the best option for them. If you are sexually active or engage in unsafe drug use- you can get HIV.

#### Here are some possible signs of HIV in Women:

(If they have engaged in unprotected sexual intercourse or unsafe drug use).

Frequent vaginal yeast infections
Swollen Glands
Persistent dry cough
-increase of genital warts or herpes outbreak
Flu-like symptoms
-Chronic Fever, night sweats and headaches
-Diarrhea and Weight Loss

Tell the girls: HIV is COLORBLIND. It's contracted through unprotected sex (vaginal or oral) if the person is infected with HIV and they are your partner- you are at risk.

Someone people don't know they have HIV or do not tell their partner. This is how the risk increases.

#### Share with them some Statistics:

\*Worldwide, the highest rate of new HIV infection is among young people. This has a lot to do with the fact that really young people are having sex.

\*Girls' rate of infection is higher than boys.

\*75 percent of girls infected are African-American and Latina

\*Only 50 percent of young people who have sex are using condoms

# Tell the girls:

HIV is a virus that breaks down your t-cells- the cells that fight off disease. Normally, we have hundreds of thousands of these cells, but if you get infected, the virus kills them. Once your t-cell count is below 200 your body can no longer fight off illness like it used to. That is why a lot of HIV infected people actually die from related illness like: Pneumonia and TB. A person who gets infections over and over is called "Full Blown Aids". Some people who are infected can live for a long time and some people only live a few months.

Ask the girls if they have any questions. They might have some questions about HIV and/or sexual situations etc.

Ask the girls to find a partner to work with. Pass out the handout "Test your knowledge of AIDS" Have the girls answer the questions with their partner.

When the girls are done with the questions, go over the questions with the entire group. Ask the girls if they have any questions.

## **Journal Assignment**

Have the girls write a letter to their elected official asking them to support more research and funding for HIV/AIDS research so that they can find a cure for the disease. Tell girls that it is important to tell policy makers to pay attention to the need for more research and funding to educate other young people about the disease.

**Wrap** End with a sentence summarizing the activity.

Up:

Appendix 1, continued: My Body My Choice Curriculum



Objective: Materials:

Total Time: Activity: 20 minutes

Middle School Mod 4- My Body, My Choice Week 11 "Abstinence"

Girls will continue exploring issues of adolescence, including why waiting is a good choice, relationships, sexually transmitted disease prevention and alternatives to sexually behavior.

Pen Paper

55 minutes

Abstinence

Tell the girls:

Introduce the activity by pointing out that failure to make good decisions about sex is one of the reasons teens can become infected with HIV, other STDs and/or experience an unplanned pregnancy.

Explain that one decision teens can make about sex is to not have it—to abstain until they are older.

Pin up large sheet paper with the word "Abstinence" written on it.

Ask girl to define abstinence. Write their responses on one of the sheets. If the girls do not make the following points, make them yourself:

- a. Abstinence is a deliberate decision to avoid something. People choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities.
- b. People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviors), fear (of punishment, of negative consequences), and disinterest.
- c. People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners—no kissing, no holding hands. For another, it may mean abstaining from one particular behavior, such as avoiding vaginal intercourse. For the purpose of this exercise, abstinence should mean having no sexual intercourse: vaginal, oral, and/or anal.

Split the girls into four groups give the groups 15 minutes to list and discuss at least ten reasons

why teens might decide to not have sex.

Once the groups have completed their list, ask them to share the reasons they have listed with

the rest of the class. Record the reasons on a master list. Teens should have identified some of the fol-

lowing, if not add them to the list:

35 minutes

Copyright © Let's Make Peace, Inc. 2009

Wrap Up:

a. Religious beliefs, personal beliefs, not ready for sex, want to wait until married, want to wait until out of high school, risk of pregnancy, risk of STDs, don't want to jeopardize goals, relationship with parents, not in love, peer pressure, not interested.

Ask the girls to discuss the reasons listed.

Ask the girls to evaluate if each reason is a "good" or "bad" reason in their opinion to choose abstinence. Validate that people have different reasons for choosing abstinence and that each should be valued and respected.

Explain to the group that abstinence is only 100 percent effective if used consistently and correctly. Ask the girls what they think you mean by that statement. End with a sentence summarizing the activity.

Copyright © Let's Make Peace, Inc. 2009

Appendix 1, continued: My Body My Choice Curriculum



Objective: Materials:

Total Time: Activity: 20 minutes

Middle School Mod 4 My Body, My Choice Week 12 "Contraception & Pregnancy"

The girls will focus on the risks associated with sexual activity, namely becoming pregnant, and methods for preventing an unwanted pregnancy with particular emphasis on abstinence.

Handout "My Daily Diary" Handout "Week of a Teenage Parent" Birth Control Reference Birth Control Supplies (condom, pills etc)

55 minutes

Contraception & Pregnancy

Tell the girls:

While most adults prefer that teens under age 18 not have sex, consensus is even stronger for "middle school" youth — those ages 14 and younger. There is good reason to be especially concerned about sexual activity among these very young adolescents.

While the proportion of unmarried teen girls age 15-19 who have had sexual intercourse decreased between 1988 and 1995, the proportion of unmarried teen girls who have had sexual intercourse at 14 and younger increased appreciably during the same time period.

Compared to delayed sexual activity, early sexual activity has been linked to a greater number of

sexual partners over time and an increased risk of both teen pregnancy and sexually transmitted diseases.

A recent national survey found that the younger a girl was the first time she had sex, the more likely it was to have been unwanted.

ASK:

The girls why they think adolescents choose to have sex? Read over the small group discussion on "Why Adolescents Choose to Have Sex" Ask the girls to review some of the things they learned during the last session. Write down on the flipchart some of the girls' responses to the question. Explain to them that they will spend this session discussing the reality of teen parenthood.

My Daily Diary Worksheet

Have the girls complete the "My Daily Dairy Worksheet". Next explain to the girls to listen carefully to a story "A Week In the Life of Teenage Parents"

Have a short discussion regarding the difference in the girl's daily diary and the teenage parent's story.

35 minutes

EXPLAIN:

Copyright © Let's Make Peace, Inc. 2009

Introduce methods, focusing on what each is and how it reduces pregnancy risk.

Hand out the Birth Control Reference Sheet

Emphasis should be on what it is and how it reduces pregnancy risk. It is probably not necessary

in this grade to go into much detail about how a method is used, its benefits, its side effects, its medical risks, its cost, etc. If questions about these issues are asked, do answer them to the best of your knowledge (or say "I don't know"), but we don't recommend raising them yourself.

Then, debrief through discussion, eliciting as much input from students as possible. Be careful to affirm students for contributing their answers, even when their answers are wrong or biased.

These are some points to raise and emphasize as you review the answers:

1. Which method of birth control works 100% of the time (if people are careful to "use it all of the time)?

• Abstinence and then, only if sperm are not ejaculated, even on the woman's genitals.

1 2. Which are the more effective methods of birth control ? (Accept any 6 of these

9) • Abstinence

· Hormonal Methods: Pill, Patch, Ring, the Shot (Depo Provera), Implant

Sterilization

· Combining two methods (e.g., condoms with a hormonal method)

1

- d. Which are the less effective methods of birth control? (Accept any 6 of these 7) Sponge Dia-phragm Fertility Awareness Condoms ("male" and "female")
- e. Which methods give the most protection from STIs (sexually transmitted

infections)?

Abstinence • "Male" and "Female" condom

NOTE TO TEACHERS: Stress that only abstinence is a guarantee, but it has to mean abstaining

not only from vaginal sex, but also oral and anal sex in order to really protect people from STIs.

1 5. Which methods are safer than having a baby ?

• All of them, and especially abstinence.

6. Why is it good to talk with your parents, guardians or other trusted adults about birth control, if you can?

avoids secrecy, lying, guilt, mistrust • may bring family closer together • may offer support in going to the doctor or pharmacy

• may offer help in decision-making about intercourse or about birth control from their experience

• I.U.D. These are 90-100% effective in actual use

Copyright © Let's Make Peace, Inc. 2009

Wrap Up:

7. Where else besides this class, could a person get accurate up-to-date information about birth control?

Parents or Guardians • Other trusted adults • Family Doctor • Gynecologist

Family Planning Clinic, like Health Department or Planned Parenthood • Pharmacist • Clergy •
Internet

• Public Library End with a sentence summarizing the activity.

• lets you share beliefs.

Copyright © Let's Make Peace, Inc. 2009

# **Coding Scheme for Interviews**

# **Research Question:**

1.) How is sexuality education delivered in Cool Girls? - BLUE

Scheme:

- ACT = Activity
  - $\circ$  DISC = Discussion
    - QB = Question Box
    - ISS = issue comes up that girl is dealing with and it is discussed and resolved within the group
    - SEN = SC reads out scenario and they discuss what should be done
  - IND = Individual activity
    - IA = Interview Assignment
    - JA = Journal Assignment
    - DD = Daily Diary
  - GACT = Group activities
    - BA = Bra Activity
    - FHA = Feminine Hygiene Activity
    - TG = Transmission Game
    - LTL = Letter to Legislator
    - SGA = Small Group Abstinence activity
    - SKIT = Skit
    - DIVAD
    - SPLIT = split groups based on grade in middle school
      - SPLITE = split groups based on grade in elementary school
    - MIX = mix group based on grade in elementary school
    - VID = video
    - SEACT = self-esteem activity
    - CIRC = "circle time"
- TOP = Topic
  - $\circ$  SEX = sex
    - PREG = pregnancy (how babies are made)
    - SO = Sexual Orientation (homosexuality vs. heterosexuality)
    - SEX = What is sex
  - $\circ$  REL = relationships
    - ADABUS = what to do if adult is abusing you
    - HR = Healthy Relationships
    - AR = Abusive Relationships

- GR = Gender Role expectations
  - GRR = Gender Role Reinforcing (teaching how to behave as a girl, encouraging "lady-like" behavior)
    - GRRB = Gender Role Reinforcing about Boys (teaching how to behave / act appropriately around boys
  - GRC = Gender Role Challenge (it's ok for girls to be "like boys" don't have to follow roles such as only being a house wife)
  - GRE = Gender Role Equality
- SS = Sexual or dating Scripts
- PP = Peer Pressure
- FR = Friendships
- DAT = dating
- o BODY
  - HYG = Hygiene
  - HD = Human Development/Puberty
    - HDM = Human Development menstruation
  - BIMG = positive body image
- $\circ$  PREV = Prevention
  - AB = Abstinence
  - CON = Contraceptives
  - HIV = HIV/AIDS
    - HIVT = HIV Transmission
    - HIVP = HIV Prevention
  - STD = STDs
    - STDT = STD Transmission
    - STDP = STD Prevention
- NCUR = Topics that come up that are not in the curriculum
  - NCORAL = oral sex
  - NCDREL = "dealing" with relationships
  - NCANSEX = anal sex
  - NCNEG = Negotiating male/female relationships (not in curriculum)
  - NCHOM = homosexuality
- INT = internal resources as topic
  - INTSE = self-etseem

# **Research Question:**

2.) What potential internal or external barriers (or opportunities) do instructors report in implementing the sexuality curriculum?

Scheme:

- BAR = Barrier to implementing sexuality education
  - IB = Internal Barrier
    - IBV = Internal Barrier because of personal Values

- IBE = Internal Barrier because of Embarrassment
- IBK = Internal Barrier because of lack of Knowledge
- EB = External Barrier
  - EBS = External Barrier because of school Staff or administration
  - EBP = External Barrier because of Parent
  - EBR = External Barrier because of lack of Resources
- BARSCNTOP = Topics that site coordinators would NOT include in a sex ed course
  - SCNSO = site coordinator would NOT include sexual orientation
    - SCNSOO = site coordinator would not include sexual orientation because she is afraid she will offend someone
    - SCNSOREL = not in line with her religious beliefs/doesn't believe it is an acceptable lifestyle
    - SCNSOA = not age appropriate
    - SCNSOMH = most girls are heterosexual
  - SCNGR = no gender roles
  - SCNSS = no sexual scripts
- OPP = Opportunities in implementing sexuality education
  - IOPP = Internal Opportunity to imp
    - IOV = Internal Opportunity because Values match
    - IOAA = Inter Opportunity because SC believes it is age appropriate
    - IOC = Internal Opportunity because of Comfort with topics
    - IOK = Internal Opportunity because of Knowledge of topics
    - ION = Internal Opportunity because SC agrees with the need for sex ed
      - IMPES (Important, early-sex) = site coordinator recognizes importance of material because of girls' early experiences with sex
      - IMPFR (importance, friends) = site coordinator recognizes importance of material because can help them "keep tabs" on not only Cool Girls, but their friends outside the program;
      - IMPOI = recognizes importance of material because of all the outside influences girls experience and the need to "counteract" them – peer pressure, for example.
  - EO = External Opportunity
    - EOS = External Opportunity because perceived support from School Staff
    - EOP = External Opportunity because perceived support from Parents
    - EOR = External Opportunity because have required Resources
  - OPPSCTOP = topics that site coordinators would include in a sex education course
    - SCTOPNCUR = topics they would include that are not in the CG curriculum
      - SCPBND = site coordinator thinks physical boundaries within relationships should be included
      - SEREL = would include religious views in sex education
      - SCGRE = site coordinator thinks that gender role equality should be included in curriculum but it is not

- SCGRC = site coordinator thinks that challenging gender roles (or a role) should be included in curriculum but it is not
- SCSTD5 = stds believes it should be included but is not for  $5^{th}$  graders
- SCNR = negotiating relationships
- SCPOL = would include pol action
  - SCPOLE = would include political action because it will educate girls on the political process
  - SCPOLEC = because it will help education communities
- SCHR = healthy relationships
- SCSO = would include sexual orientation
- SCDSS dating and/or sexual scripts
- SCSPP = pressure to engage in sexual activity
- SCEDU = getting an education
- SCGRR = would include gender role expectations
- SCTOPCUR = topics they would include that are in the CG curriculum
  - SCHD = site coordinator human development
    - $\circ$  SCHDM = menstruation
  - SCAB = site coordinator would include abstinence and it IS in the curriculum
  - SCCON = site coordinator would include contraceptives in curriculum and it IS in curriculum
  - SCHYG = site coordinator believes hygiene should be included (and it IS in the CG curriculum)
  - SCAR = abusive relationships
  - SCPP = would include peer pressure
  - SCPREG = pregnancy

# **Research Question:**

3.) How does Cool Girls increase participants' available social resources for questions about sex, specifically by increasing parent-child communication about sexuality issues?

# Scheme:

- CWA= Contact with positive adult role models
  - SCR = Site coordinator as resource
    - SCRR = site coordinator as resource by providing materials (e.g., site coordinator reported providing girls with menstrual pads when needed)
    - SCRP = site coordinator promotes pathways to achieve educational and/or career goals (social capital!) – e.g., how to get to where they want to go
  - $\circ$  VR = Volunteer Resource
  - $\circ$  MR = Mentor Resource
- COM = Communication
  - SCE = Site Coordinator Encourages communication between girls and parents

- SCET = Site Coordinator Encourages girls to discuss CG topics with parents
- SCEP = Site Coordinator Encourages girls to communication with parents in general
  - SCEPM = sc encourages girls to think about what mom says about topic to incorporate parent values/messages
  - SCEPS = sc encourages girls to communicate with parents to discuss sexual topics
- SCEMAT = SC provides materials/info to parents
- SCEMIR = SC encourages parent communication by offering parent perspective to girls
- AVCON = sc encourages girls to talk to parents in order to avoid conflict with parents over certain topics
- IGC = intergenerational closure
  - ICSCP = CG increases social resources because site coordinators communication with parents about girls
  - ICSCT = CG increases social resources by creating intergenerational closure between SC and teachers
  - ICPVOL = CG increases social resources by creating IG by parents volunteering at Cool Girls
  - ICPM = IC btw parents and mentors
  - ICSCS = IC btw SC & school staff
  - SCICPS = site coordinator increase intergenerational closure by making parents sign out their daughters...? This may go under another category about things site coordinators do on their own to increase communication/IG with parents
- BARCOM = barriers to improving parent/child communication through Cool Girls
  - NMEET = SC don't meet with parents
  - NOINT = no interpreters for Spanish-speaking parents
  - NOTRANS = parents do not have transportation to meetings
  - PROG = Programming cool girls needs more programming for parents
    - PCE = Parent-Child Events
    - PFP = Programs for Parents
    - PCC = Parent-Child Communication Curriculum
  - PARI = cool girls could increase parent involvement by providing incentives
- SCPAR Site coordinators thoughts on parent communication and involvement
  - SCPARI = it is important
    - SCPARIO = it is important because it may be the only place they receive the information
    - SCPARIAR = it is important because it will help girls learn what an appropriate/healthy relationship is like
    - SCPARIR = it is important because it allows sc to reinforce what parents have taught
    - SCPARIG = parents may fill in gaps; provide knowledge that CG leaves out

- SCPARISC = important because girls should have "social capital" every adult in girls' life should be talking about these topics with her
- SCPARIED = important bc girls developing early
- SCPARNI = it is not important
- SCPART = parents have trouble
  - SCPARTA = parents have trouble communicating because they're afraid girls will have sex if they talk about it
  - SCPARTE = parents have trouble because they're embarrassed or uncomfortable
  - SCPARTR = parents have trouble because they cannot relate to these topics at the girls' age
  - SCPARTC = for cultural reasons
  - SCPARTCL = for Latin American culture reasons
  - SCPARTTY = think daughter is too young
- SCPARNT = parents have no trouble

# **Other Codes**

REL = site coordinator expresses religious views about sex

RELS = site coordinator struggles with keeping religious views to herself

SECON = sex education component consistent with school's

SENCON = not consistent

SCGEN = site coordinator mentions gender specification (for example, saying "especial-

ly for girls" or "girls should be taught"... etc)

CGBEHAV = cool girls sets behavioral expectations for participants

SCADCAMP = sc expresses the need for more ad campaigns in communities promoting

safe sex

Random code - girls as interpreters for their parents - GRLINT

Appendix 3: Interview protocol.

# **Interviews with Site Coordinators**

School: \_\_\_\_\_

*Interviewer:* Good morning (afternoon)! Thank you very much for agreeing to meet with me for an interview. The questions I'm going to ask you today will be focused around your experiences as a facilitator of the Cool Girls program. Specifically, I'm interested in hearing your thoughts on the sexuality education component of the program. I'm hoping that the information you provide will give me a better understanding of how Cool Girls functions at your school.

Please go ahead and read through this consent form, which outlines your rights as a research participant in this study (*interviewer will allow participant to read through consent form*).

At this point, I'm happy to answer any questions you have about what you've read (*interviewer will answer any questions the participant has about the consent form and their participation in the study; If participant agrees to participate, the interviewer will give her a copy of the consent form to keep*).

I would also like to emphasize that everything we discuss will remain confidential, and your responses will be grouped with that of around 14 other facilitators and you will not be identified personally. Additionally, any information you share will stay between us and the GSU researchers, and will not be shared with any one at your school. Our interview is being taped. This is only for my note-taking purposes and these tapes will only be heard by the GSU evaluation team.

# Demographic questions

- 1.) Age:
- 2.) Race/ethnicity:
- 3.) Job at school (teacher, administrator, etc):
- 4.) Length of time at school:
- 5.) Length of time as a site coordinator for Cool Girls:

# Questions about curriculum

- 1.) Tell me about one of your most memorable experiences as a site coordinator for Cool Girls.
- 2.) What do you like most about being a site coordinator for Cool Girls? *Interviewer may ask probing questions here (i.e., why, tell me more about that, etc)*
- 3.) What do you like the least about being a site coordinator for Cool Girls? *Interviewer may ask probing questions here (i.e., why, tell me more about that, etc)*

- 4.) On a scale of 1 to 10, with 1 being not at all, and 10 being completely, how much would you say you follow the Cool Girls sex education curriculum? *The interviewer will then ask the site coordinator to explain why they chose that number.*
- 5.) Do you ever feel like you cannot or should not cover certain topics or parts of the Cool Girls curriculum? Why or why not?
- 6.) Do you ever skip, or modify parts of the Cool Girls curriculum because you believe it is inappropriate for girls this age? If yes, please tell me about a time when you did this.
- 7.) Do you ever skip, or modify parts of the Cool Girls curriculum because you are afraid someone at your school would find them inappropriate for girls this age? If yes, please tell me about a time when you did this.
- 8.) Do you ever skip, or modify parts of the Cool Girls curriculum because you are afraid a parent would find them inappropriate for girls this age? If yes, please tell me about a time when you did this.
- 9.) Is the Cool Girls curriculum consistent with what the students at your school receive? How is it the same/different?
- 10.) What topics do you cover related to puberty, sexuality, or romantic relationships?
- 11.) How do you teach these topics (i.e., lecture, activities, etc)?
- 12.) What topics do you think should be covered in a sex education course for this age group?

# Probes

Human development/puberty? Why or why not? If yes, what exactly would you talk about in a session on human development/puberty?

Healthy and/or abusive relationships? Why or why not? If yes, what exactly would you talk about in a session on Healthy and/or abusive relationships?

Sexual orientation (i.e. homosexuality and heterosexuality)? Why or why not? If yes, what exactly would you talk about in a session on sexual orientation?

Gender role expectations? Why or why not? If yes, what exactly would you talk about in a session on Gender role expectations?

Sexual scripts (ways that girls and boys learn to behave in dating/sexual situations)? Why or why not? If yes, what exactly would you talk about in a session on Sexual scripts?

Resisting peer pressure/pressure to engage in sexual activity? Why or why not? If yes, what exactly would you talk about in a session on resisting peer pressure/pressure to engage in sexual activity?

Abstinence? Why or why not? If yes, what exactly would you talk about in a session on abstinence?

Contraceptives? Why or why not? If yes, what exactly would you talk about in a session on contraceptives?

- 13.) One of the activities in the curriculum is to have girls write a letter to their legislator requesting more funding for HIV/AIDS research. Have you done this? Why or why not? Do you think it is important for youth to be politically active in their communities? Would you support this as part of Cool Girls?
- 14.) Tell me about a time when you saw or knew that the Cool Girls sexuality education curriculum was benefiting a participant at your school.
- 15.) Given what we've discussed, do you believe Cool Girls is effective at preventing teen pregnancy/helping girls make healthy decisions? If yes, how do you think they're helping? If no, what do you think they could do better?

# Questions about parent communication

- 1.) Do you think it is important for parents to discuss puberty with their daughters at this age? Romantic relationships? Sex? Why or why not?
- 2.) Do you think parents have difficulty communicating with their girls about puberty at this age? Romantic relationships? Sex? Why or why not?
- 3.) Do you think Cool Girls helps parents communicate with their girls better? If so, how? If not, what do you think they could do better?
- 4.) Tell me about a time when you saw or knew that the Cool Girls sexuality education curriculum was benefiting a parent of one of the girls at your school.
- 5.)Do you teach your girls how to communicate better with their parents better? If so, how? If not, what do you think you could do better?

Interviewer: Thank you so much for your participation. If you have any questions at all, please do not hesitate to call.