The Effects of Comprehensive Sex Education on Knowledge & Sexual Risk Behaviors of Youth Churchgoers’ Aged 14-24

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Significance of the Problem

- Adolescents and young adults account for nearly half of the 20 million new cases of sexually transmitted infections (STIs) each year. Four in 10 sexually active teen girls have had an STI that can cause infertility and even death.
- Adolescents who participate in risky behaviors have short-and-long term consequences that are preventable.
- The sexual purity of adolescents and young adults has created a social and economic burden in the US that disproportionately affects many African American communities. Risky actions are usually due to poor decision-making and a lack of cognitive and/or emotional maturity, which may have life-long consequences such as HIV/AIDS.

Review of the Literature

- Database Search: A literature search of published and unpublished studies was conducted from 2006 to 2015.
- Keywords: sexually transmitted disease, STD, sexually transmitted infection, STI, HIV, adolescent, young adults, prevention, sexual health, sexual behavior, improve* knowledge, increase* knowledge, education, sex education, risk-reduction, behav* risk, computer, internet, counseling* religio*, faith*, church, abstinence, abstinence-only, authentic abstinence, and comprehensive sex.
- Inclusion and exclusion criteria: The inclusion and exclusion criteria were framed around STI prevention and risk reduction. The included studies focused on adolescents and youth aged 15-24 engaging in interventions that were research-based and peer-reviewed or government led in the U.S. Studies also focused on education, abstinence, condom use, and STI behavioral interventions that were intended to reduce the risk or prevent STIs, HIV/AIDS transmission, and pregnancy. The included studies were conducted in various locations, such as churches or religious settings, schools, private practices, and STI clinics, using social media that were published between 2006 and 2015.

Decision to Change Practice

- Information was gathered from the clinical site.
- The development of a pretest survey is essential to assess health beliefs using the HBM perception constructs (Biehl, 2013; Show & Ok, 2000).
- Age and developmentally appropriate online-computerized STI education for the church age adolescents and young adults is needed (CDC, 2011; FoSE, 2013; NYS, 2013).
- Cultural and spiritual beliefs should be considered and infused into STI education.
- High-intensity interventions, >2 hours of contact, are designed to reduce the incidence of STIs (Ciccarone et al., 2016).

Implementation

- Evidence-Based Practice Model

EBP model provided for the six sequential step process to guide the EBP project, (a) assess the need for change, (b) link the problem with interventions and outcomes, (c) critically appraise best evidence, (d) develop practice change design, (e) implement and evaluate the change, (f) integrate and maintain the change.

Health Belief Model

Concepts and Application

- (All concepts were measured on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree”)

<table>
<thead>
<tr>
<th>Concept</th>
<th>α</th>
<th>β</th>
<th>γ</th>
<th>Discrimination</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) perceived susceptibility, (b) perceived benefits, (c) perceived barriers, (d) cues to action, (e) self-efficacy</td>
<td>0.86</td>
<td>0.71</td>
<td>0.86</td>
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Answering the PICOT Question

- Computerized comprehensive STI education was developed.
- The Centers for Disease Control and Prevention (CDC) (2015) and Future of Sex Education Initiative (FoSE) (2015) guidelines were used to guide the educational program.
- To address youth churchgoers’ and religion specific needs abstinence, purity, and STI education were provided.
- Pre and Post Youth Health Survey (YHS)
- Included 32 of the most relevant questions out of 101 total questions adapted from the Sexual Risk Behavior Beliefs and Self-Efficacy Scale (SRBBSS) were used to develop the Youth Health Survey. The YHS tool measures sexual-risk-taking behavior, sex attitudes, social norms about sexual intercourse, and self-efficacy in refusing sex.
- STD-Q27 Pre and Post Survey
- STI knowledge was assessed using the 27 item questionnaire (Larson & Carey, 2015).

Implementation Participants

- Setting: Pentecostal churches in Northwest Indiana was the setting for this project as well as other local community churches.
- Participants: a convenience sample of predominantly African American adolescents and young adult churchgoers aged 14 to 24 from the Northwest Indiana Region were utilized.
- Procedure: participants and or parents signed all consents prior to participation. Copies of consents were given to all based on parent preference; consent/assent forms were mailed or e-mailed out for parent/child signatures.
- Schooling.com* links were texted and e-mailed to each church youth.
- Youth used alias names to keep discussion board responses private.
- Church youth completed the demographic and survey the YHS.
- Computer-based comprehensive STI education along with a discussion board was delivered using schooling.com®. Gift cards were distributed post-intervention.

Recommendations

- Implementation during the summer months to avoid time conflicts with employment and school assignments/projects.
- Continued use of key stakeholders for project support and youth motivation.
- More research is warranted using church youth and setting.
- Longer follow up periods should also be examined.
- Continued need to offer education in this setting and offer messages that use best practice but framed to meet the needs of churchgoers.