

Adolescent Sexual Health in Barre, Massachusetts

Rachel Bensen RN², Chase Bradford¹, Nick Chasse RN², Christina Janssens RN², Cassidy Mellin¹, Brittany Novak¹

Konstantinos Deligiannidis MD³, Cynthia Jeremiah MD³

¹University of Massachusetts Medical School, ²University of Massachusetts Graduate School of Nursing, ³Barre Family Health Center



University of
Massachusetts
Medical School



Conclusions

Through a comprehensive analysis of Girl Talk, a community needs assessment, and collaboration with Quabbin Regional High School to introduce sexual health sessions to the students, our group found the following:

- + Disparities exist between parent and teen perceived communication about sexual education at home
- + Parental involvement is crucial:
 - Most parents want their teens to have formal sexual education
 - Feedback suggests parents should be leaders of teen sexual education, in concert with healthcare providers
 - Parents lack tools to talk to teens about sexual health
 - Tremendous parental interest in "Parent Sex Talk Workshops"
- We are organizing a Parent Talk to learn about parent concerns regarding Girl Talk and Guy Talk

- + Female teens are more likely than male teens to attend a 10 session seminar series
- + Co-Ed seminars are favored by teens, though some sensitive topics should be taught in single-sex settings
- + Target age for sexual health education is 13-14 years old
- + Small group sessions at Barre Family Health Center only capture a small percentage of students
- + Coalition between Quabbin HS and Barre Family Health Center is crucial for sustainability
 - Two 40 minute sex talks to seniors at QRHS were well received
 - Continue working with QRHS principal to provide sex health sessions to freshman, sophomores, juniors.
 - Q&A with Gay Straight Alliance demonstrated a need for inclusive sexual health information
- Future sessions for multiple grades will capture largest population and will promote Girl and Guy Talk

References and Acknowledgements

We would like to thank Dr. Cynthia Jeremiah and Dr. Konstantinos Deligiannidis for supporting our efforts. We would also like to thank all of the Barre Family Health Center medical staff and residents for including us in this important work. Thank you to Dr. Diane Blake and Abigail Ortiz for their guidance on talking to teens about sex. Thank you to Maureen Widing MSN RN, Candy Ericson, and Quabbin HS for welcoming us into their community.

+ Duberstein Lindberg, L., et al (2012). Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes. *Journal of Adolescent Health*, 51(4), 332-338.

+ Goesling, B., et al. (2014). Programs to Reduce Teen Pregnancy, Sexually Transmitted Infections, and Associated Sexual Risk Behaviors: A Systematic Review. *Journal of Adolescent Health*, 54(5), 499-507.

Introduction

After Quabbin Regional High School cut the sexual health program due to lack of funding, the Barre Family Health Center stepped in to help fill in the gap. Last year, a group of physicians at the Barre Family Health Center implemented the first session of "Girl Talk: Our Bodies Our Voices," a 10 week sexual health curriculum for middle school girls. Our project focused on both improving and extending this important work.

GOALS:

- 1) Assess the success of "Girl Talk" and make adjustments to the current curriculum
- 2) Determine how to make "Girl Talk" more sustainable
- 3) Conduct a needs assessment for a potential sexual health program for adolescent males ("Guy Talk")
- 4) Research and develop "Guy Talk" curriculum
- 5) Present a sexual health series for high school seniors at Quabbin Regional High School

Barre Demographics

- + Barre is a rural community in central Massachusetts with a population of 5,365.
- + Per capita income: \$20,476 (MA: \$25,952)
- + White non-Hispanic population: 96.5% (MA: 78.6%)
- + Barre is home to Barre Family Health Center (BFHC) and Quabbin Regional High School (QRHS)
- + There is no sexual health education at QRHS and the nearest Planned Parenthood is roughly 30 minutes away.

Procedures

- + Teen & Parent Need Assessment Surveys
- + Teen & Parent Follow-up Interviews via telephone
- + Expert Consultation with UMass physicians and Director of Health Programs in Jamaica Plain, MA
- + Literature Review of established curriculums
- + Two 40 minute presentations to QRHS seniors with survey feedback
- + Sexual Health Seminar with QRHS Gay Straight Alliance

Girl Talk Curriculum Revisions

Addition of the following topics:

- + Self-Harm
- + Substance Use/Abuse
- + Health Awareness
- + Eating Disorders
- Inclusive language
- LGBTQ inclusion



Girl Talk Feedback

We contacted participants (teens & parents) of the inaugural February 2015 "Girl Talk: Our Bodies Our Voices." The results were overwhelmingly positive among all 5 parents and 3 teens we reached.

Teen: "Girl Talk helped a lot with confidence and being able to say no in peer pressure situations."

Teen when asked what she learned at Girl Talk about what to look for in a healthy relationship: "Equality, not abusive, trusting each other. Respecting each other to go at a pace that's comfortable for both of us."

Teen when asked if Girl Talk helped her talk to her parents about sexual health and relationships more easily: "I think so. It's easier now to bring things up to people I trust."

Parent when asked why she enrolled her daughter in Girl Talk: "I wanted my daughter to be informed about sexuality, bullying, and self-esteem."

Parent on condom access: "I would like to see students have access to condoms through the nurse's office."

Future Directions: "Girl Talk"

Promoting Girl Talk Sustainability

+ Building community support:

- Parent Talk
- Gay Straight Student Alliance talk at QRHS
- Sexual Health Flex Time Talks at QRHS

+ Building partnerships: Plumley Village, Southern Jamaica Plain CHC, Planned Parenthood, local libraries for space

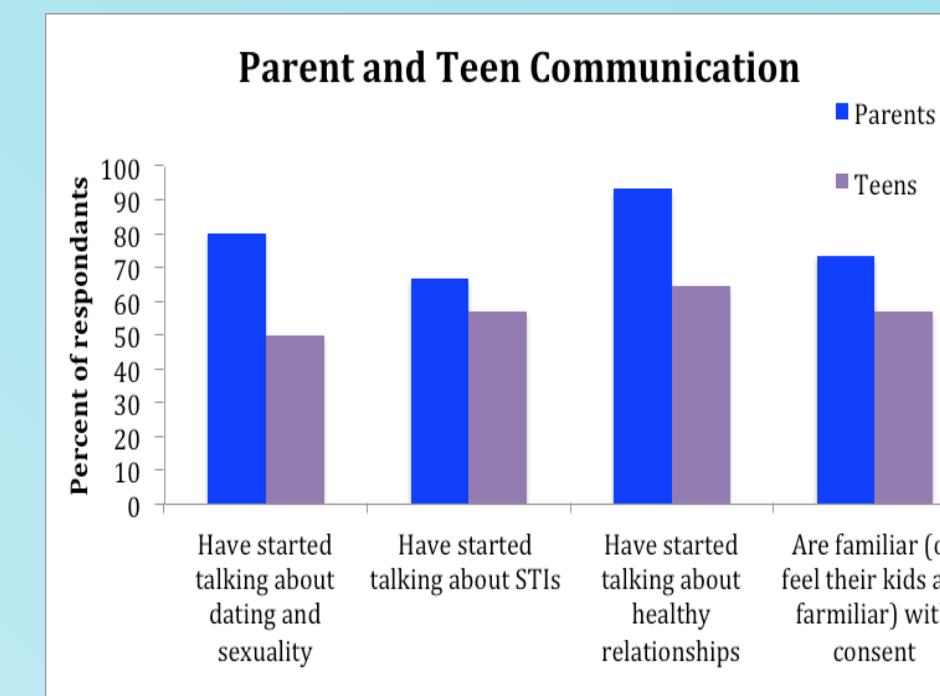
- + Incentivize youth involvement: Peer Health Ambassador
- + Increase Funding: Massachusetts Medical Society grants

+ Involve Medical and Nursing students:

- Sustainable pool of volunteers
- Medical students have possible funding options
- NP students have year-long community service projects

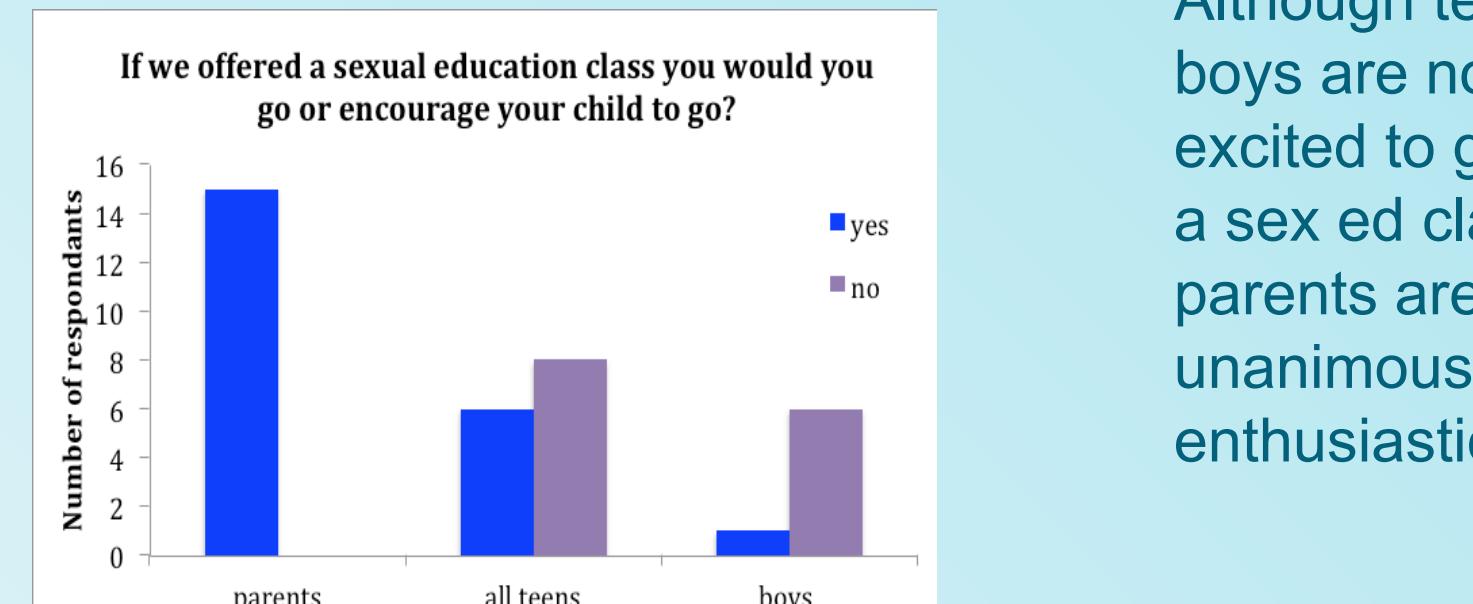
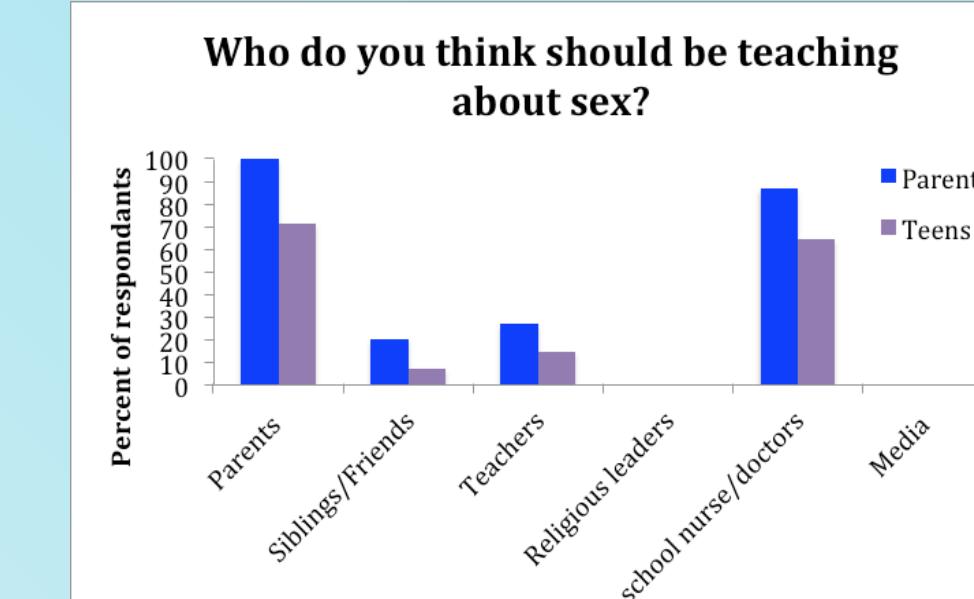
Results of Needs Assessment Survey

The needs assessment survey highlighted the lack of communication between parents and teens and the need for alternate modes of education.



Parents overestimate how much they are telling their kids.

Both parents and teens feel like parents and doctors are the best sex educators



Future Directions: "Guy Talk"

+ With help and guidance from an Adolescent Medicine Physician and the Director of Community Health Programs at Southern Jamaica Plain (SJP) we developed "Guy Talk"

+ We used the 2005 'On The Real' sexual education program from SJP for male teens as a model for "Guy Talk"

+ We revised "Guy Talk" to suit the specific needs of male adolescents (10-11 years old) in Barre, + We added several topics to update the curriculum:

- Pornography: implications of desensitization and unrealistic sexual expectations
- Responsible Social Media use: 'To Sext or not to Sext'
- Implications of Abortion: Not a 'Quick Fix'