SiHLE

Sistas, Informing, Healing, Living, Empowering
Health Workshops for Young Black Women

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User’s Guide

PASHA
Program Archive on Sexuality, Health & Adolescence
Supported by a grant from the National Institute of Child Health and Human Development and the U.S. Office of Population Affairs
This program is one in a collection of promising teen pregnancy and STD/HIV/AIDS prevention programs called the Program Archive on Sexuality, Health and Adolescence (PASHA). These programs were selected for their demonstrated positive impact on fertility- and STD/HIV/AIDS-related behaviors. For each program included in the collection, archive staff first acquire the original program and evaluation materials from the developers/distributors. Then they assemble a package containing all of the materials needed for program implementation (e.g., video, teacher’s manual), readesigning items as necessary, and in collaboration with the original developer. In addition, a starting point for re-evaluating the promising program is provided in the form of two accompanying evaluation packets. To facilitate the replication, adaptation and further evaluation of these interventions throughout the country, all PASHA materials are designed to be comprehensive, user-friendly and visually appealing. The development and contents of this program package are described more fully in the User’s Guide that follows.

Selection Criteria

All of the programs in PASHA were evaluated by a Scientist Expert Panel according to the following criteria:

1. Scientific rigor of evaluation (appropriate design and methods, with comparison group)

2. For pregnancy prevention programs, a follow-up assessment must have occurred at least six months beyond the end of the intervention period. For STD/HIV/AIDS prevention programs, a follow-up assessment must have occurred at least three months beyond the end of the intervention period.

3. The pregnancy prevention programs must have targeted youngsters 10-19 years of age. For STD/HIV/AIDS prevention programs, interventions targeting college students were also considered.

4. Demonstrated positive impact on one or more of the following fertility-related and/or STD/HIV/AIDS-related risk behaviors for one or more subgroups of teens:
   - Postponing sexual intercourse
   - Decreasing the frequency of sexual intercourse
   - Decreasing the number of sexual partners
   - Increasing contraceptive use at first intercourse
   - Increasing contraceptive use at most recent intercourse
   - Increasing consistent contraceptive use among the sexually active at every intercourse
   - Preventing pregnancy
   - Increasing use of effective STD/HIV/AIDS-prophylactic method at first intercourse
   - Increasing use of effective STD/HIV/AIDS-prophylactic method at most recent intercourse
   - Increasing consistent use of effective STD/HIV/AIDS-prophylactic method at every intercourse
   - Substitution of lower-risk sexual behaviors for high-risk behaviors
   - Increasing STD/HIV/AIDS prevention-related behaviors (i.e., increased condom purchasing, increased voluntary condom carrying)
   - Preventing STDs/HIV/AIDS
Call for Nominations

An ongoing process is used to select programs for the PASHA collection. The process begins with calls for nomination and extensive literature searches to identify candidate programs. After PASHA staff prepare briefing documents describing the development and evaluation of each intervention, a Scientist Expert Panel votes on the final selection. Practitioners, program developers and researchers are invited to submit information on promising programs to PASHA staff for consideration during the next round of program selection. Your participation in this process will ensure that PASHA represents the strength and diversity of the fields of teen pregnancy and teen STD/HIV/AIDS prevention.

The PASHA Collection

PASHA was established by Sociometrics Corporation in 1995, with funding from the US Office of Population Affairs (OPA). In 1999, the National Institute of Child Health and Human Development (NICHD) joined OPA as co-sponsor of PASHA. Currently, PASHA is co-sponsored by NICHD and CDC (the Centers for Disease Control and Prevention). Since 1983, Sociometrics has played a leading role in developing technological innovations for social science research. PASHA represents a continuation of Sociometrics' work in preparing, packaging and disseminating high-quality, research-based materials supporting efforts to improve adolescent health and development.

PASHA Staff

Josefina J. Card, Ph.D., Principal Investigator

Sponsor

National Institute of Child Health & Human Development
Susan Newcomer, Ph.D., Project Officer

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Workshops for Young Black Women

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Health Workshops for Young Black Women

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The SiHLE intervention was developed specifically to address the STI/HIV/AIDS prevention needs of African-American adolescent girls. Research has shown that this subgroup of the general population is at higher risk than their White or Hispanic peers. SiHLE was originally implemented in the South, where adolescent HIV prevalence was higher than any other geographic region in the U.S.

Participants were culled from girls seeking health services at four community health agencies. To be eligible to participate, girls needed to be African American between the ages of 14 and 18 and have engaged in vaginal intercourse within the previous six months. At baseline, 522 sexually active African-American girls, aged 14-18, completed the baseline survey and were randomized into either the HIV-prevention intervention (n=251) or the general health control group (n=271). Each group received a four-session, 16-hour intervention that was offered on consecutive Saturdays.

The HIV-prevention intervention was grounded in social cognitive theory and the theory of gender and power. Participants explored issues related to ethnic and gender pride, risk reduction strategies (including correct and consistent condom use), negotiating safer sex, and healthy relationships as they relate to practicing safer sex.

At the six-month follow-up point, intervention girls reported using condoms more consistently in the previous 30 days than did their control group counterparts (intervention, 75.3% vs. control, 58.2%). At the 12-month follow-up, intervention girls continued to report more consistent condom use both in the previous 30 days (intervention, 73.3% vs. control, 56.5%) and during the entire 12-month review period (adjusted odds ratio, 2.30; 95% CI, 1.51-3.5; P<.001). In general, at the 12-month point, girls in the intervention group were more likely to have used a condom at last intercourse, and less likely to have had a new sexual partner in the last 30 days. They also had better condom application skills and a higher percentage of condom-protected sex acts than their control-group peers. Promising effects were also observed for chlamydia infections and self-reported pregnancy.
### Program Abstract (continued)

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SiHLE is suitable for use in community based organizations and clinics that provide services to adolescent African-American girls.

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Program Abstract (continued)

Program Length

SiHLE is delivered in four 4-hour sessions for a total of 16 contact hours.

Staffing Requirements/Training

In the original implementation, a female African-American health educator delivered the intervention, assisted by two African-American peer educators. There was no formal training for either the health educator or the peer educators. However, their respective roles are clearly delineated in the booklets of the Facilitator’s Manual. You may wish to develop a training program for future health educators in your milieu.

Program Materials

This PASHA program package contains nearly everything you will need to implement SiHLE: the Facilitator’s Manual (one booklet for each of the four sessions and an appendix of selected activities used in the control condition), photocopy masters of posters, the participant Handbook, additional handouts, the SiHLE Jeopardy game, and session evaluations.

Additional materials such as condoms, name tags, etc, are listed in the Materials Checklist at the start of each session booklet of the Facilitator’s Manual.

There are some secondary materials you will need to obtain to implement this intervention. Most materials will be readily available in your milieu (photocopier, easel pads, markers, etc).

Notes about Evaluation

This program box contains a copy of the exit interview for girls used to collect baseline and follow-up data during the original evaluation of this program. (Please refer to the yellow “Original Evaluation Materials” booklet.) Additional resources for evaluation are also included:

(1) Prevention Minimum Evaluation Data Set (PMEDS), a generic questionnaire that can be adapted to suit most prevention programs, and

(2) Local Evaluator Consultant Network Directory.
Program Abstract (continued)

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Before using these or any survey instruments with your teens, it is very important that consent be received from the appropriate people in your community (e.g., school officials, parents, etc.). Most programs can benefit from outside help in designing and carrying out an evaluation. Your local university may be a good place to look for outside help—or you may refer to the Local Evaluator Consultant Network Directory. For further information, call PASHA staff (see below).

Program Acquisition & Implementation Cost

The cost of this PASHA program package is $245.00. This price includes one complete set of materials needed to implement this program, the resources for evaluation described above, as well as telephone technical support on program implementation and evaluation for one year (call PASHA staff; see below).

Contact Information

Program Archive on Sexuality, Health and Adolescence (PASHA)
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Bibliography

The Program

Program Rationale and History

Among adolescents, African American girls comprise a subgroup of the U.S. population that is at especially high risk of HIV infection. Despite the fact that research has shown that these girls are disproportionately impacted by the HIV epidemic, no intervention designed specifically for African American girls had demonstrated effectiveness in reducing HIV-related risk behaviors. The SiHLE program was developed to address this issue in a gender-, culture-, and age-appropriate manner.

The original implementation of SiHLE was conducted between 1996 and 1999. Participants were culled from girls seeking health services in four community health agencies in the Birmingham, AL area. The program was delivered to small groups of 10-12 participants on four consecutive Saturdays at a family medicine clinic. SiHLE was implemented by an African American, female Health Educator and two African American Peer Educators. The Peer Educators were instrumental in modeling skills and creating group norms supportive of HIV prevention.

Girls randomized into the control condition received a program of equal length that addressed anger and stress management, healthy eating and exercise, and preparing for the professional world (some of these activities appear in the Appendix to the Facilitator's Manual).

Prior to implementing the trial of SiHLE, the research team field-tested both the intervention and control programs with adolescents from the study population.

In 2005, SiHLE was selected by a Scientist Expert Panel for inclusion in Sociometrics' Program Archive on Sexuality, Health and Adolescence (PASHA). The curriculum materials were then obtained from the original developer of the program. Following acquisition of all materials, PASHA staff wrote this User's Guide, assembled the evaluation resources and prepared the PASHA program replication kit. Finally, Sociometrics' archiving work was reviewed and approved by the original developer.
Theoretical Framework

Social cognitive theory and the theory of gender and power provided the theoretical framework for SiHLE. Social cognitive theory posits that providing information alone is insufficient to change behavior. Sustained behavioral change requires skills to engage in these behaviors and the ability to use the skills consistently, possibly under difficult circumstances. The theory of gender and power argues that self-protection by women is often adversely influenced by economic factors, abusive partners, and the socialization of women to be sexually passive or ignorant.

Program Overview

SiHLE is a hands-on, interactive intervention, requiring that the participants take part in the activities and discussions. In the first session, participants sign a “SiHLE Pact” in which they commit to participate actively and be supportive of their Sistas in the program.

Sessions are comprised of discrete activities, most with corresponding exercise pages in the participant Handbook and/or posters. All posters and Handbook pages are integrated into the Facilitator’s Manual for reference during the sessions. Some activities have additional handouts, such as “Pieces & Parts” in session 4. Please refer to the Program Materials and Posters envelopes for the photocopy masters of these documents.

The first SiHLE workshop focuses largely on logistics and on ethnic and gender pride. The “SiHLE Motto” is introduced, as are ground rules. The session then moves on to explore the joys and challenges of being an African American female, and to examine some of the contributions made by other African American women in the arts and sciences. Session 1 includes the poem, “A Room Full of Sisters,” by Mona Lake Jones, to help the participants appreciate Black women’s inner and outer beauty. Also in the first session, the concept of personal values is introduced through the “Personal Values Clarification” exercise. The importance of personal values is a recurring theme in the remaining three sessions. At the close of the first session, participants are asked to complete a pictograph depicting their vision for their lives at age 25.

Workshop 2 opens with “Call Me Black Woman,” a poem by Priscilla Hancock Cooper. The poem reminds participants that Black women can be found worldwide, speaking a variety of languages, wearing their hair
in many different ways, yet still connected through their heritage. Participants then share their thoughts on the personal values exercise they completed in the first session. This discussion highlights the concept that personal values are personal, and that individuals rank the importance of values based on their individual system of thoughts and beliefs. An examination of the influence of personal values on the pictograph exercise follows. The discussion then moves to the subject of STIs: what they are, how they are transmitted, and the impacts of undiagnosed STIs on a woman, and potentially on her baby. A card swap game demonstrates how quickly and easily STIs can be spread among partners. Participants explore a few STI-related myths and facts before moving on to the concept of risk and risk reduction. The session also introduces OPRAH: the four-step method for putting on condoms (Open, Pinch, Roll and Hold). Participants practice with condoms for the first time during this session, using penis models (or other proxies) and water-based lubricants. Workshop 2 closes with a game of “S/HLE Jeopardy” to test participants’ STI/HIV knowledge.

Maya Angelou’s poem, “Phenomenal Woman,” opens the third workshop as participants revisit the theme of pride in being a Black woman. In this session, participants delve deeper into the concept of risk with the “Luv & Kisses” activity, in which they rate the risk level of activities such as massage, showering together or anal sex without a condom. They explore reasons/excuses why other people and they themselves don’t use condoms (and why they will start using condoms). The “Keep It Simple Sista” activity introduces the role of communication and communication styles in negotiating safer sex. The group practices their assertive communication skills with role plays. More condom practice follows. The “Alcohol & Sex—Not a Good Mix” activity demonstrates how safer sex intentions can be impaired by alcohol.

In workshop 4, the S/HLE Sistas practice their assertive communication skills by drawing “He says...” cards (condom excuse lines) and providing spontaneous “She says...” responses. Their workshop peers rate the assertiveness level of the response by holding up numbered cards. Maya Angelou’s poem, “Still I Rise” returns the girls to the concepts of ethnic and gender pride. An in-depth look at healthy and unhealthy relationships follows, including discussion on domestic violence and seeking help when in unhealthy situations. Working in groups for the “Pieces & Parts” exercise, the participants determine whether statements represent aspects of healthy or unhealthy relationships. “The Power Pie” activity examines eight facets of abuse, and invites participants to revisit their own relationships for evidence of power and control issues. Additional workshop time is devoted to potential dangers of breaking up with an abusive partner, and seeking help. In the final activity, “Your Time to Shine,” the health and peer educators change places with the S/HLE Sistas: the Sistas “teach” four specific exercises while the educators “learn.”
Program Materials

The PASHA program package contains all of the key materials that you will need to implement the SiHLE program.

**Facilitator’s Manual.** The SiHLE Facilitator’s Manual (four booklets and an appendix) provides scripted guidance for delivering SiHLE, as well as session outlines and materials checklists. Pages from the participant Handbook and copies of the posters used during the workshop sessions are integrated into the booklets for reference. In addition, the Manual includes an appendix with a select group of activities that were offered to the control group during the original trial of SiHLE. These activities address issues such as anger management, diet and exercise. You may wish to use these activities to augment your implementation of SiHLE.

**Handbook.** Distribute a copy of the participant Handbook to each SiHLE Sista. When reproducing the Handbook, you may wish to use pre-drilled paper so that the Handbook can be inserted easily into a three-ring binder. Alternatively, you may choose to distribute the pages for each workshop at the beginning of the corresponding session. PASHA staff suggests that you sign the Graduation Letter (Handbook page 62) prior to distribution.

**Program Materials and Session Evaluations.** A few activities require special handouts or cards. In addition, there is a session evaluation form for each workshop. These items appear, as photocopy masters, in the Program Materials or Evaluations envelopes.

**Posters.** There are 17 posters used in SiHLE. Photocopy masters (8½" x 11") can be found in the Posters envelope.

**Brochures.** As part of the discussion of healthy/unhealthy relationships (workshop 4), participants received a brochure entitled, “Domestic Violence.” The SiHLE program package includes 50 copies of this brochure. Additional copies are available from ETR Associates (contact information appears on the back of the brochure).

Additional Materials

There are a few additional materials you will need to implement this program; most should be available in your milieu. They include:

- condoms (of various brands), water-soluble lubricants, petroleum jelly, penis models or other penis proxies;
- nametags, flipchart or easel pads, pens, markers and tape;
- photocopier and paper; and
- optional prizes.

A session-specific list of needed materials appears in the opening pages of the Facilitator's Manual for each session.

**Program Implementation**

Before implementing *SiHLE* in your setting, PASHA staff suggests reviewing all of the program materials discussed above. As noted earlier, there was no formal training program developed for the peer educators in the original implementation of *SiHLE*. However, their roles and scripts are clearly marked in the Facilitator's Manual booklets. You may wish to develop a program in your setting that would combine learning about STI/HIV/AIDS prevention with community service via a peer educator program.
Evaluating the Program

The Original Evaluation

Study design

Of the 609 girls who met the eligibility criteria, 522 (86%) agreed to participate in the study. After completing the baseline measures, they were randomized into either the intervention (n = 251) or the control (n = 271). Baseline measures included: 1) a paper-and-pencil questionnaire to assess sociodemographics and psychosocial mediators of HIV-preventive behaviors; 2) an interview with an African American female interviewer to assess sexual behaviors and observe condom application skills; and 3) two self-provided vaginal swabs for STI testing. At baseline, significant differences were found for several variables associated with sexual behaviors (and were included as covariates in subsequent analyses). No differences were observed for sociodemographic characteristics.

Follow-up assessments were conducted at six and twelve months post intervention. Of the 251 girls allocated to the intervention at baseline, 226 (90%) completed the six-month assessment, and 219 (87.3%) completed the 12-month assessment. Of the 271 girls allocated to the control condition, 243 (89.7%) completed the six-month evaluations, and 241 (88.9%) completed the 12-month evaluation. No differences were observed in baseline variables for either study condition in participants retained in the trial compared with those unavailable for follow-up.

Study Population

All participants in the study were African American females between the ages of 14 and 18. All reported having had vaginal sex in the last six months. At baseline, 45 (18%) intervention participants and 50 (19%) control participants were receiving public assistance; 60 (24%) and 63 (23%), respectively, had children; 74 (29%) and 79 (29%), respectively, used a condom at last intercourse; 48 (19%) and 43 (16%), respectively, tested positive for chlamydia; and 126 (50%) and 119 (44%) tested positive for depression.
Outcome Measures

The primary outcome measure was defined as self-reported condom use at every episode of vaginal intercourse. Consistent condom use was assessed for the 30 days and the six months prior to baseline and at the six- and twelve-month assessments. Other outcome measures included self-reported sexual behaviors (e.g., condom use at last vaginal intercourse, percentage of condom-protected vaginal intercourse acts in last 30 days, new vaginal sex partners in last 30 days, number of times participant applied condoms on their sex partners in past six months, self-reported pregnancy), STI status (e.g., positive laboratory test for a new chlamydia, gonorrhea or trichomoniasis infection), and psychosocial mediators of sexual behavior.

Evaluation Questions

The survey instrument contained 296 questions. Participants were asked to report their behaviors over relatively brief time intervals to enhance accurate recall. Constructs were assessed using scales with satisfactory psychometric properties previously used among African American adolescents. HIV prevention knowledge was measured using a 16-item scale (α=0.68). Perceived partner-related barriers to condom use were measured using a six-item scale that assessed attitudes that impeded participants' ability to use condoms effectively (α=0.82). Attitudes toward using condoms were measured using an eight-item scale (α=0.68). Frequency of sexual communication was measured using a five-item scale assessing the frequency with which participants discussed HIV-preventive practices with sex partners (α=0.8). Condom use self-efficacy was measured using a nine-item scale that assessed participants' confidence in their ability to use condoms properly (α=0.88). Participants' condom application skills were rated by interviewers (blind to condition) using a structured scoring protocol that ranged from zero to six, with higher ratings reflecting greater proficiency.

Participants also provided two self-administered vaginal swabs at each assessment point. One swab was tested for gonorrhea and chlamydia, the other for trichomoniasis. (Participants who tested positive for an STI were provided with single-dose treatment and risk-reduction counseling.)

Evaluation Results

Effects of the intervention were analyzed separately at the six-month assessment (baseline to six-month assessment), at the twelve-month assessment (six- to twelve-month assessment), and over the full twelve month period from baseline to twelve-month assessment.
**Overall Condom Use**

Intervention participants were more likely than their control counterparts to report using condoms consistently in the 30 days preceding the six-month follow-up (unadjusted analysis, intervention, 75.3% vs. control, 58.2%; adjusted OR 1.77; 95% CI, 0.97-3.2; \( P=0.06 \)) and the twelve-month follow-up (unadjusted analysis, intervention, 73.3% vs. control, 56.5%; adjusted OR 2.23; 95% CI, 1.17-4.27; \( P=0.02 \)) and over the entire twelve-month period (adjusted OR, 2.01; 95% CI, 1.28-3.17; \( P=0.003 \)). Intervention participants were also more likely than their control counterparts to report using condoms consistently during the six months prior to the six-month assessment (unadjusted analysis, intervention, 61.3% vs. control 42.6%; adjusted OR, 2.48; 95% CI, 1.44-4.26; \( P=0.001 \)) and the twelve-month assessment (unadjusted analysis, intervention, 58.1% vs. control, 45.3%. adjusted OR, 2.14; 95% CI, 1.20-3.84; \( P=0.01 \)) and over the entire twelve-month period (adjusted OR, 2.30; 95% CI, 1.51-3.5; \( P<0.001 \)). In addition, intervention participants were more likely to report using a condom at last vaginal intercourse, and to report a significantly higher percentage of condom-protected sex acts at all reporting periods. Intervention participants also reported a higher frequency of putting condoms on their partners, and fewer episodes of unprotected sex. Intervention participants demonstrated greater proficiency in using condoms at the six- and twelve-month follow-up periods and over the entire twelve-month period.

**Sexually Transmitted Infections**

The crude STI incidence, by condition, was calculated for chlamydia (intervention, 2.1 vs. control, 2.0 per 100 person-months), trichomoniasis (intervention, 0.9 vs. control, 1.2 per 100 person-months), and gonorrhea (intervention, .09 vs. control, 0.7 per 100 person months). Results of STI-specific analyses, adjusting for the corresponding baseline variable and covariates indicate a treatment advantage in reducing chlamydia infections (OR, 0.17; 95% CI, 0.03-0.92; \( P=0.04 \)). Intervention effects were not observed for trichomoniasis (OR, 0.37; 95% CI, 0.09-1.46; \( P=0.16 \)) or gonorrhea (OR, 0.14; 95% CI, 0.01-3.02; \( P=.21 \)).

**Other Results**

In general, intervention participants reported fewer perceived partner-related barriers to condom use, more favorable attitudes toward using condoms, more frequent discussions with male sex partners about HIV prevention, higher condom use self-efficacy scores, and higher HIV prevention knowledge scores. In addition, they were less likely to self-report a pregnancy or have a new vaginal sex partner in the 30 days prior to assessment.
Evaluation Materials

The PASHA program package contains three resources for evaluation: the Prevention Minimum Evaluation Data Set (PMEDS), the Local Evaluator Consultant Network Directory, and a copy of the survey instrument used for girls at all of the interview periods of the original study.

**PMEDS**

PMEDS is an instrument that could be used to evaluate a variety of youth development, teen pregnancy and STI/HIV/AIDS prevention programs, including the SiHLE program. Designed for self-administration with teens between 13 and 19 years of age, this instrument incorporates standardized measures of participants' sexuality-related knowledge, attitudes and behaviors. If you want to focus your evaluation on this aspect of SiHLE, then you may want to consider using the Prevention Minimum Evaluation Data Set (PMEDS) (green booklet). The booklet describes the goals, development and content of the PMEDS questionnaire and provides instruction on how to tailor the questionnaire to suit your particular program. You may want to read the introductory pages and examine the questionnaire for suitability for evaluating your implementation of SiHLE.

**Original Evaluation Instrument**

For program purchasers who wish to undertake an outcome or impact evaluation of their SiHLE program using the evaluation instrument used by the SiHLE program developers, we have included this survey instrument in the PASHA program package. Please refer to the yellow "Original Evaluation Instrument" booklet.

**Consultant Directory**

The Local Evaluator Consultant Network Directory (beige booklet) provides the names, addresses, institutional affiliations and phone numbers for experts who can serve as evaluation consultants for teen pregnancy and/or teen STI/HIV/AIDS prevention programs. The list is organized alphabetically, first by state, then—within each state—by consultant’s last name.

**Evaluation-Related Notes**

These materials are designed to help you begin evaluating your program, should you choose to do so. Before using the instruments included in the PASHA program package or any survey instruments with your teens, it is very important that you receive consent and
approval from the appropriate people in your community (e.g., school officials, parents). Most programs require technical assistance in designing and conducting an evaluation; your local university may be a good place to turn—or you may refer to the *Local Evaluator Consultant Network Directory*. For additional information, call PASHA staff (see Contact Information on page 4).

The intervention may be differentially effective based on previous sexual experience, race/ethnicity, and previous exposure to sexuality education. Therefore, sufficiently large samples must be included in the evaluation in order to have the power to detect program effects.
Technical Support

Sociometrics will provide telephone technical assistance on program implementation and evaluation for one year following your purchase of the PASHA program package. If you need assistance on implementing or evaluating this program or if you have questions about the program materials, please call PASHA at Sociometrics (650) 949-3282 between 8 a.m. and 5 p.m. Pacific Time and ask for the Practitioner Support Group.

Additional Copies of Program Materials

You may order additional copies of the program materials through Sociometrics Corporation. Complete the following order form on the following page and send or fax it to:

Program Archive on Sexuality, Health, and Adolescence
Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
Tel. (650) 949-3282
Fax (650) 949-3299 E-mail: socio@socio.com

A Note about Costs

Sociometrics strives to keep the prices of all program packages reasonable. The price is determined by the number and complexity of program and evaluation materials, as well as the cost of obtaining necessary items (e.g., videos) from outside suppliers. Additionally, to ensure the usability and appeal of the packages, many items have been specially redesigned and upgraded by PASHA staff.
## PASHA Order Form

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Item Code</th>
<th>Qty.</th>
<th>Item Description</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASHA PROGRAM PACKAGE</td>
<td>PASST23PP</td>
<td></td>
<td>PASHA Program Package SiHLE (includes one complete set of materials needed to implement this program, two resources for evaluation, the PASHA User’s Guide and telephone technical assistance on program implementation and evaluation for one year)</td>
<td>$245.00</td>
<td></td>
</tr>
<tr>
<td>PASHA USER’S GUIDE</td>
<td>PASST23UC</td>
<td></td>
<td>PASHA User’s Guide only</td>
<td>$15.00</td>
<td></td>
</tr>
</tbody>
</table>

Total, all items $______
CA residents add sales tax $______
GRAND TOTAL $(includes shipping & handling)* $______

Method of Payment:

- [ ] Check/Money Order (enclosed)
- [ ] Purchase Order (enclosed)
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Cardholder’s Name (please print): ___________________
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Please Mail or Fax Order To: Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
Tel. (650) 949-3282 Fax (650) 949-3299

*Includes standard shipping to all 50 states. For express shipments, or shipments out of the 50 states, additional charges apply.