MODULE 4: SEXUAL HEALTH CASE STUDY #2

INSTRUCTOR'S GUIDE

Teen Sexual Health

Planning Notes:

- 1) Teams: 4-6 students
- 2) Length: 3-5 class 45-minute periods
- 3) **Resources:** computers for background research; copies of reading on risk factors, and copies of student workbook (Optional: butcher paper, pencils, markers, computer paper)

OVERVIEW:

Teenagers who choose to engage in sexual activities put themselves at serious risk for sexually transmitted infections and pregnancy, especially when they fail to take proper precautions with contraceptive use. Unfortunately, these choices can have serious long-term repercussions, in terms of physical, mental, and social health. It is important for teenagers to receive unbiased, accurate, informative, and positive messages regarding sexual health, in order to counter the misinformation, pressure, and hype surrounding sex.

GOAL:

Engage with a community partner to determine an unmet need in relation to messages regarding sexual health for teenagers; then create an intervention aligned to this need.

ROLE:

You are yourselves, working as a team of health marketing consultants

OBJECTIVE:

Obj. 4.11: Identify community needs related to a health issue and propose a solution to fulfill those needs

DELIVERABLES:

- 1) Interview Summary
- 2) Intervention
- 3) Presentation

The population case study in the previous module (#3) on substance abuse also required students to propose interventions. Ask students what made their prior efforts successful and where they should improve.

ASSESSMENT:

Your interview and intervention will be graded on a rubric.



Case Introduction:

DATA & STATISTICS:

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2011

- 47.4% had ever had sexual intercourse
- 33.7% had had sexual intercourse during the previous 3 months, and, of these
 - 39.8% did not use a condom the last time they had sex
 - 76.7% did not use birth control pills or Depo-Provera to prevent pregnancy the last time they had sex
- 15.3% had had sex with four or more people during their life

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy:

- An estimated 8,300 young people aged 13–24 years in the 40 states reporting to CDC had HIV infection in 2009²
- Nearly half of the 19 million new STDs each year are among young people aged 15–24 years³
- More than 400,000 teen girls aged 15–19 years gave birth in 2009⁴

To reduce sexual risk behaviors and related health problems among youth, schools and other youth-serving organizations can help young people adopt lifelong attitudes and behaviors that support their health and well-being—including behaviors that reduce their risk for HIV, other STDs, and unintended pregnancy.

Source: http://www.cdc.gov/HealthyYouth/sexualbehaviors/

UNINTENDED PREGNANCIES:

Consider assigning some groups to focus on unintended pregnancies while others focus on STIs. If assigning those groups separate articles to read, a good overview of the effects of STIs can be found here: http://www.who.int/mediacentre/factsheets/fs110/en/

Reducing unintended pregnancies is possible and necessary. Unintended pregnancy in the United States is serious and costly and occurs frequently. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased. An unintended pregnancy, once it occurs, is expensive no matter what the outcome. Medically, unintended pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed_and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in

preconception risk identification and management.

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stage. Nearly 1 million teenage pregnancies occur each year in the United States.

Unintended pregnancy is expensive, and contraceptives save health care resources by preventing unintended pregnancy. The pregnancy care cost for one woman who does not intend to be pregnant, yet is sexually active and uses no contraception, is estimated at about \$3,200 per year. Estimates of the overall cost to U.S. taxpayers for teenage childbearing range between \$7 billion and \$15 billion a year, mainly attributed to higher public assistance costs, foregone tax revenues resulting from changes in productivity of the teen parents, increased child welfare, and higher criminal justice costs. Unintended births to teenagers, which account for about 40 percent of teenaged pregnancies, cost more than \$1.3 billion in direct health expenditures each year.

Source: http://www.ndhealth.gov/healthypeople2010/HP2010%20Final%20Report/9%20Family%20Planning.pdf

| Exp | lore | the | Pro | b | lem: |
|-----|------|-----|-----|---|------|
|-----|------|-----|-----|---|------|

Identify risk and protective factors for teen sexual health dilemmas (unintended pregnancies and STIs), using your own background knowledge and any resources you have available.

| Risk | Factors | Protective Factors | | |
|------|--|--------------------|--|--|
| | | | | |
| | Many factors will have an equal and opposite risk vs. protective side factor (Ex: lack of sex education; presence of sex ed; low-income; high-income). Students can choose whether to write them on the Risk or Protective side. A good rule of thumb is: if the factor is an external intervention (ex: sex-ed class, program that helps teens have access to contraception, etc.) then they can be protective factors and the students could choose to focus on the problem of a LACK of that protective factor. | | | |
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| | SOUF | RCES: | | |
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Site Visit Interview:

<u>Setting up Site Visits:</u>The assets of the community and ability of instructor to coordinate visits will be variable. Do what works! Some options include:

- 1. Have reps from sites come into class and each assigned to one small group
- 2. Have students complete visits outside of school on their own
- 3. Have all students in one class take a field trip to one site
- 4. Have one speaker from one site come into the classroom

GOALS:

- 1. Engage in critical thinking and dialogue with experts and front-line workers in the field (this may be an agency, organization, clinical setting, etc.)
- 2. Gain exposure to the real-world work, new perspectives, and resources
- 3. Determine one specific unmet need related to sexual health among teenagers. (You should be able to clearly articulate the risk/protective factor(s) this relates to.)

ASSESSMENT:

Before and during your site visit, you will be expected to focus on the following skills:

- **CURIOSITY** Prepare and ask excellent questions. Use all of your senses to make and record observations.
- **INITIATIVE:** Take ownership of the visit. Connect your interests with others' work.
- **PROBLEM-SOLVING:** Identify problems faced by those at the site (relating to the population of teenagers they serve)
- **COMMUNICATION**: Be professional, engaged, and respectful in all of your interactions with anyone at the site.
- **RESOURCEFULNESS:** Find resources to tap into, whether this is people, places, websites, articles, or anything else

SITE VISIT INFORMATION:

| Name of Site: | Visit Date/Time: |
|-------------------------|------------------|
| Address: | |
| Website (if available): | |
| Contact Person: | |
| Phone Number: | _ Email: |
| Signature (from Site): | Date: |

Questions (Prepare in advance; write answers on separate sheet of paper)

Required Questions:

- 1. What is the goal of the organization?
- 2. What population does this organization serve (race, income level, gender, sexuality, neighborhood, religion)?
- 3. What types of services does the organization offer?
- 4. What resources can they provide the community with?
- 5. What types of professionals does the organization employ?

| Problems | Resources |
|----------|-----------|
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| | |
| | |
| | |
| | Problems |

Other Notes & Reflections

POST-SITE VISIT REFLECTION:

The term "Site visit" on this worksheet can be modified to say "Interview" or something else, as needed.

| 1 GOT GITE VIOLE REFERENCE. | to say "Interview" or something else, as needed. |
|------------------------------------|--|
| 1. Summarize your site visit exper | rience in 3-5 sentences: |
| 2. What were the most significar | nt things you learned? |
| 3. What surprised you about the | work done at the site? |
| 4. What risk/protective factor(s) | will your team focus on (this is your unmet need)? |
| 5. What evidence from the site v | visit convinced you that this area is an unmet need? |
| | |

BACKGROUND RESEARCH:

Focusing on your targeted risk/protective factor, take time to gather more information.

| Info Type: | Information: |
|---|--------------|
| Source (title, author, name of site, date, and URL below) | |
| Important | |
| Evidence #1 (statistic, results of research, etc.) | |
| Based on the evidence above, what solutions for this risk/protective factor might work? | |
| Important | |
| Evidence #2 (statistic, results of research, etc.) | |
| Based on the evidence above, what solutions for this risk/protective factor might work? | |
| Summary of Article | |

Identify Solutions:

Review your research together as a team. Discuss the information you gathered and how it helps understand and solve the dilemma posed by your risk factor (or lack of a protective factor).

Write your factor-outcome focus area below:

Risk or Protective Factor: Outcome: Discourage students from simply making a poster or brochure, unless they have compelling reasons/evidence for doing that intervention. Encourage them to think more creatively!

Now you will propose a SMART intervention, aimed at reducing teen pregnancies and STIs, that is aligned to your risk/protective factor. This could be anything from a comic strip to a rap song, from a PSA for the radio to an app for smart phones. Your intervention could involve branding and advertising or setting up medical care programs; it might use fliers and brochures, or a booth set up at a local health fair. Whatever your intervention is, make sure will actually reach your target audience, it will be memorable and engaging, and it will deliver accurate, essential, and clear information.

Use the space below to brainstorm your intervention, then fill out the Intervention Proposal on the next page.

BRAINSTORM SPACE:

| Intervention Proposal: |
|--|
| Risk/Protective Factor: Name of Intervention: |
| Description: |
| |
| |
| How is this intervention SMART? |
| Specific: |
| Measurable: |
| Achievable (yet Ambitious!): |
| Relevant: |
| Time-bound: |
| |
| How would your intervention be evaluated in order to determine how it worked and whether it was successful or not? |
| |
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| Presentation: |
|--|
| Prepare a 4-6 minute team oral presentation that includes the following: |
| Description of community partner |
| Overview of risk/protective factor (unmet need) faced by teen population |
| Summary of research findings explaining problem and possible solutions |
| Presentation of proposed intervention |
| |
| Use the space below to plan and prepare your final oral presentation: |
| |
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Rubric: Your questions will be evaluated using the criteria below. As a team, use the rubric to self-evaluate the questions you came up with. Make any adjustments to improve them.

Obj. 4.11: Identify community needs related to a health issue and propose a solution to fulfill those needs

| | Needs Improveme nt | Emerging Mastery | Partial Mastery | Mastery |
|-----------------------|--|---|--|---|
| INTERVIEW | Demonstrated a lack of curiosity, initiative, problem solving, communication skills, and resourcefulness | Demonstrated emerging curiosity, initiative, problem solving, communication skills, and resourcefulness | Demonstrated satisfactory curiosity, initiative, problem solving, communication skills, and resourcefulness | Demonstrated exemplary curiosity, initiative, problem solving, communication skills, and resourcefulness |
| INTERVENTION PROPOSAL | Effort: Idea is incomplete Quality: Description incomplete or confusing. Effectiveness: Missing or incomplete SMART criteria and evaluation plan | Effort: Idea lacks originality Quality: Description somewhat unclear Effectiveness: Clear but is not convincing or does not meet SMART criteria or have a logical evaluation plan | Effort: Somewhat Creative but may lack originality Quality: Description provides fairly clear explanation Effectiveness: Clear but is only somewhat convincing or does not meet SMART criteria or have a logical evaluation plan | Effort: Creative and original intervention Quality: Description provides clear explanation Effectiveness: Clear and convincing; meets SMART criteria, has appropriate evaluation plan |
| PRESENTATION | Not concise, clear, or thorough; missing most relevant details; or major misalignment | Not concise, clear, aligned or thorough; includes some relevant details | Concision, clarity, alignment, and thoroughness are adequate but could use some improvement; includes most relevant details | Concise, clear, aligned and thorough; includes all relevant details; confident and articulate |