

## **PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT**

### **Program Name:**

*Be Proud! Be Responsible! Be Protective!*

### **Developer(s):**

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### **Program Description and Overview**

*Be Proud! Be Responsible! Be Protective!* is an adaptation of the *Be Proud! Be Responsible!* program targeting adolescent mothers or pregnant girls. The curriculum emphasizes the role of maternal protectiveness in motivating adolescents to make healthy sexual decisions and decrease risky sexual behavior.

The overall goal of *Be Proud! Be Responsible! Be Protective!* is to reduce unprotected sex among sexually active, pregnant and parenting teens and to help them make proud, responsible and protective sexual decisions. The intervention aims to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. It also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers.

*Be Proud! Be Responsible! Be Protective!* was designed to be used with small groups ranging from 6 to 12 participants and consists of eight 60-minute modules.

- Module I: Introduction to HIV and AIDS and Their Relationship to Teen Motherhood
- Module II: Building Knowledge About HIV and Unplanned Pregnancy
- Module III: Understanding Vulnerability to HIV Infection and Unplanned Repeat Pregnancy
- Module IV: Understanding Vulnerability to HIV Infection and Unplanned Repeat Pregnancy (Part 2)
- Module V: Attitudes and Beliefs about STDs, HIV/AIDS and Safer Sex
- Module VI: Attitudes and Beliefs about HIV/AIDS, Safer Sex, and Contraception (Part 2)
- Module VII: Building Condom Use Skills
- Module VIII: Building Negotiation and Refusal Skills

### **Core Components**

#### **Content Components**

- Teach correct information about HIV/STDs and pregnancy prevention
- Address behavioral attitudes/outcome expectancies
  - prevention beliefs
  - goals and dreams beliefs
  - partner reaction beliefs
  - hedonistic beliefs
  - personal vulnerability
- Build negotiation skills and problem-solving skills
  - Negotiation, refusal, reframing
  - Use role-playing activities to practice negotiations, refusal, and reframing
  - Skills in problem-solving & getting out of risky behaviors

- Demonstrate (e.g., condom use)
- Build self-efficacy
  - Incorporate theme “Be Proud! Be Responsible! Be Protective!” throughout program
  - Build confidence in skills (e.g., positive reinforcement, support, constructive feedback)
- Enhance feelings of maternal protectiveness
  - Build knowledge
    - transmission of HIV during pregnancy and postpartum
    - effects of HIV on child and family
  - Incorporate goals and dreams for self and child throughout curriculum
  - Build skills in getting out of risky situations
  - Address strengths & challenges of early parenting
  - Writing (“*Letter to My Baby*”)

### **Pedagogy Components**

- Use several key strategies to facilitate behavioral change, including:
  - Modeling – the facilitator sets an example of appropriate behaviors for others.
  - Role-playing – participants are given the opportunity to practice skills by acting out different situations; as many participants as possible should have the opportunity to play the role of the main actor.
  - Performance feedback – participants receive feedback following a role-play; feedback should be focused on the behavioral focus of the role-play; feedback is received first from co-actors, then observers, then the facilitator.

### **Implementation Components**

- Demonstrate a caring and supportive attitude
  - Create caring environment, empathy, nonjudgmental, active listening, constructive feedback, eye contact, responsive (keep your word)
- Integrate & use core intervention materials only, including:
  - *Be Proud! Be Responsible! Be Protective!* curriculum and
  - Six films (“The Subject is: HIV”, “The Subject is: STDs”, “Tanisha and Shay”, “He Said He Loved Me: A Portrait of Personal Vulnerability”, “Wrap it Up: Teen Condom Negotiation”, and “Baby Talk”)
- Use a facilitator who genuinely likes and can work with you, and who is highly participatory and uses interactive skills
- Implementation delivery style should be highly participatory and interactive, and should follow the curriculum (no extras)

### **Target Population**

#### **Target population evaluated**

- Pregnant and parenting females in grades 7-12

### **Program Setting**

#### **Program setting evaluated**

- Schools

### **Program Duration**

Eight, 60-minute modules

### **Curriculum Materials (identify where to access)**

Curriculum materials are available from Select Media at <http://www.selectmedia.org/>.

## **Adaptations**

### **Basic allowable adaptations**

The curriculum was designed to be used with small groups ranging from 6 to 12 participants, but can be implemented in settings with larger numbers of participants. If implemented in larger group settings, the participants should be divided into groups of 6 to 8 for some activities and the small groups should be brought together to share their discussions and results.

The curriculum can be implemented in various community settings, including schools or youth-serving agencies.

Based on the structure of the agency or classes within the schools, educators can implement the curriculum in one of four ways:

- Eight days of approximately one hour per day
- Four days of approximately two hours per day
- Two days of approximately four hours per day
- One day (Saturday) for approximately eight hours, plus time for serving lunch and snacks

## **Target Outcomes**

*Be Proud! Be Responsible! Be Protective!* focuses on HIV and teen pregnancy prevention.

## **Research Evidence**

<b>Study Citation:</b>	Koniak-Griffin, D., Lesser, J., Nyamathi, A., Uman, G., Stein, J. A., & Cumberland, W. G. (2003). Project CHARM: An HIV prevention program for adolescent mothers. <i>Family and Community Health, 26</i> , 94-107.
<b>Study Setting:</b>	Schools in four school districts in Los Angeles County, California
<b>Study Sample:</b>	497 pregnant or parenting female adolescents in grades 7 through 12 <ul style="list-style-type: none"><li>• Mean age 16.7 years</li><li>• 78% Hispanic, 18% African American, and 4% other</li></ul>
<b>Study Design:</b>	Schools in four school districts in Los Angeles County, California
<b>Study Rating:</b>	Cluster randomized trial. Participating schools were randomly selected for either a treatment group that implemented the intervention or a control group that implemented a general health promotion program, for a period of one year. Assignment status switched the following year. Surveys were administered immediately before the intervention; immediately after the intervention; and three, six, and twelve months after the intervention.

**Study Findings:**

Three months after the intervention:

- The study found no statistically significant program impact on the number of unprotected sexual episodes.

Six months after the intervention:

- The study found no statistically significant program impacts on the number of unprotected sexual episodes or the number of sexual partners in the previous 3 months.

Twelve months after the intervention:

- Adolescents participating in the intervention reported having significantly fewer sexual partners in the previous 3 months.
- The study found no statistically significant program impacts on the number of unprotected sexual episodes.

The study also examined program impacts on measures of AIDS knowledge, intentions to use condoms, self-efficacy, attitudes, maternal protectiveness, and social desirability. Findings for these outcomes were not considered for the review because the outcomes fell outside the scope of the review.

**Last Updated:** 05/31/2012