

SEXUALITY EDUCATION: DEVELOPING AND IMPLEMENTING A PEER PROGRAM IN COLLEGE RESIDENCE HALLS

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THE CHALLENGE

Human immunodeficiency virus (HIV)/AIDS is the sixth leading cause of death among 15-24 year olds in the United States according to the Centers for Disease Control and Prevention (1995). One in five reported AIDS cases are diagnosed in the 20-29 year age group. Most of these cases are the result of an HIV infection acquired ten years before during the teen years. One in four sexually active teenagers becomes infected with a sexually transmitted disease each year (The Alan Guttmacher Institute, 1994). Many of these STDs act in synergy with HIV to enhance the transmission of both (Center for Disease Control and Prevention, 1992).

Women account for the largest increase in HIV infection through heterosexual contact (Guinan, 1992). Heterosexual exposure is responsible for 50% of the accumulated cases among women ages 13-19 years and 49% of the accumulated cases among women ages 20-24 years (Centers for Disease Control and Prevention, 1993). Many young women lack good communication skills in sexual matters placing them at additional risk for heterosexually transmitted HIV infection (Guinan, 1992).

In spite of massive international research efforts, education remains the only effective way to prevent the rising rates of STD/HIV infection. But information alone does not change behavior. According to the National Survey of Adolescent Males (1988), 73% of 15-19 year olds received formal instruction about AIDS, 79% about birth control and 58% about the skills needed to resist sexual activity. The skills needed to resist sexual activity had a stronger independent influence on reducing sexual activity than the instruction about AIDS or birth control. The authors concluded that the skills needed to resist sexual activity should coexist with education about contraception and condom use (Ku, Sonenstein & Pleck, 1992). The Centers for Disease Control and Prevention (1988) also recommends a combined education approach.

Although abstinence is the only method to provide 100% protection from pregnancy and STD/HIV infection, many "safe sex" programs present statistics that are confusing and misleading. No highly effective method exists to protect a sexually active woman against pregnancy and infection

(Cates & Stone, 1992a). The effectiveness rates of birth control methods reflect only pregnancy prevention, not the prevention of STD/HIV infection (O'Connell, 1996). A woman can only get pregnant during a part of her cycle, but the risk of infection exists throughout her cycle. This is not reflected in the theoretical effectiveness rates of birth control methods that are presented in most "safe sex" programs.

Health educators have the opportunity and responsibility to develop programs that do more than present information on AIDS and birth control. These programs can present opportunities for students to develop their communication skills and identify their feelings and values about sexuality. Students cannot make an informed choice on whether to become sexually active without first understanding the separate risks of pregnancy and STD/HIV infection.

A SOLUTION

Sexuality, Personhood & Relationships © (SPR) is an education program developed at Catholic University of America and sponsored by the Student Health Advisory Council (SHAC). SPR's goal is to assist peer educators in identifying their personal values and feelings about sexuality. The program, developed by Mary Lee O'Connell, RN, MSN, assists students to identify the physical, psychological and spiritual components of sexuality and to become more effective communicators. SPR integrates the positive values of the Catholic Church's teachings on human sexuality as it prepares students to take an active role in the development and implementation of residence hall sexuality programs.

PEER EDUCATION

Peer education provides a low cost opportunity to reach many at-risk students and at the same time provide benefits for the peer educators. Peer educators learn current health information, presentation skills, active listening, role playing and value clarification. Effective peer educators integrate what they have learned, interpret for fellow students, and synthesize information into meaningful presentations. They are also likely to incorporate their knowledge of health promotion and risk reduction into their own lives. The goal of a peer health education is to help students make healthier choices and to develop a campus community to support and assist them in maintaining these choices (Fabiano, 1994).

Students who might be lost to professionals' education outreach share a common language and culture with peer educators. These educators live in the same environment, have unlimited access and have a better opportunity

to confront risky behavior and intervene at the “teachable moment.” They can share health information, encourage behavior change, and serve as role models (Gould & Lomax, 1994).

DEVELOPMENT OF THE PROGRAM

The SPR programs evolved from student teaching projects at the School of Nursing in N525 Contemporary Women’s Health and N531 Human Sexuality in Health and Illness. Both courses were open to nursing and non-nursing students and encouraged students to develop and evaluate peer education programs in the residence halls. The programs provided an opportunity to pilot different content, experiment with different formats and identify a combination that met the needs of the undergraduate students.

The residence hall programs included nutrition, exercise, stress management, skin cancer, breast cancer, sexually transmitted diseases, and natural family planning. Although attendance ranged between three to eight students, the programs received excellent evaluations and repeated requests for more information on women’s health and sexuality. Peer educators suggested the development of a specific program to address students’ sexuality questions with the general and non-threatening title, “Know Your Body Class.”

PEER EDUCATION'S GOALS

The following semester a new group of students collaborated to develop and present a “Know Your Body Class for Women” in the residence halls. The peer educators’ goal was not to teach everything that a woman needed to know but to help students realize that they needed more information about their bodies. Peer educators wanted to assist each woman to know more about her body, recognize normal changes, and know when to seek professional care. Peer educators attended the Archdiocese of Washington’s Natural Family Planning classes to increase awareness and appreciation of their own fertility and the Catholic Church’s teachings on sexuality.

EVALUATION

In evaluating the “Know Your Body” classes, peer educators stated that they were well prepared and confident in presenting the class content. Resident Assistants (RAs) concluded that the peer educators were both knowledgeable and professional in presenting the class material and answering students’ questions. Peer educators and RAs concluded that the “Know Your Body Class” for women worked best when held in the RA’s room with a maximum of ten women. The private setting and small room

encouraged students to ask personal questions. Students commented that this format was “not too big so one felt crowded and not too small that one felt uncomfortable.” They stated that the program “cleared many questions and concerns we’ve had but would never attempt to explore with friends over dinner table conversation.” One RA commented, “This was my best program all year.”

During the evaluations the peer educators consistently expressed concern about the content of the students’ questions and the small numbers of students attending the programs. The questions that college freshmen typically asked were basic anatomy questions covering information that should have been learned in grade school. Peer educators commented that the number of basic questions confirmed the need for the programs. Although the programs received excellent evaluations from those attending, getting the students to attend was a consistent problem despite extensive advertising. Students questioned whether an informal, group participation format would encourage more students to attend.

INCREASING STUDENT PARTICIPATION

In an attempt to increase student participation, a game show format was developed to incorporate the health promotion content of the nutrition class. “Nutrition Jeopardy” was developed and eighteen students attended the first program. The following semester “Sexual Jeopardy” was offered and twenty-five students attended. The goal was to use the game show format to awaken student interest and to follow this program with a “Know Your Body Class” for women and a separate class for men.

The “Know Your Body Class” and “Sexual Jeopardy” program evolved over the semesters. The name of the “Sexual Jeopardy” program was changed to “Sexual Trivia” by the new peer educators from the SPR program. Presenting teams now consist of at least one male and one female peer educator. New student volunteers join the current peer educators in determining the categories and questions as well as choosing the questions that they will personally ask. Mary Lee O’Connell, RN, MSN attends the first two programs that each peer educator presents. She serves as a resource for one or two questions, but the peer educators soon find they are well prepared and can anticipate the group’s questions. During a program, if peer educators do not know the answer to a question, they can send the students the information through a follow-up note to the R.A.

Peer educators experimented with different game show formats such as “Jeopardy” and “Hollywood Squares,” as well as female students against male students, or one residence hall against another. Evaluations indicated

that large teams did not give enough opportunity for individual participation. It was decided that the most successful format was teams of four. Each team was given a color and the RAs kept score on large posters. The team captain was given a packet of cards marked A, B, C, D or True, False to raise up and indicate the group's answer. Small teams gave all students the opportunity to contribute to the discussion and help decide the group's answer. After the correct answer was given, the peer educators gave an explanation and answered any questions. RAs provided refreshments and prizes for the winning team.

EVALUATIONS

Students evaluating the programs stated that the content was "not the same old stuff." That it was "informative and the questions were interesting," the "competition made tough issues cool to handle," and the atmosphere was friendly. Students also asked for more written information and more information on sexually transmitted disease. The "12 Secrets of Sexual Health" for men and women, handouts reflecting a holistic approach to health, were developed (See Appendix 2 & 3). These handouts are given out at the end of the program when the educators encourage students to come to a "Know Your Body Class." Peer educators also use this time as an opportunity to explain the services that are available at the campus student health center and emphasize that strict confidentiality is maintained.

The peer educators evaluation indicated that no one had difficulty with the subject matter but numerous suggestions were offered to improve the wording of the questions. More categories and additional questions were developed as a result of the evaluations. There are currently nine categories (See Figure 1) and one hundred and fifteen questions.

Although the programs were well received, there were not enough peer educators to meet the requests for the residence hall programs. Students who taught the classes were seniors who developed the programs as part of the women's health or human sexuality classes. Once their courses were completed, students graduated and were no longer available to present the programs. Additional students were needed to fulfill the requests for residence hall programs. "Sexuality, Personhood & Relationships" (SPR) was developed to meet this need.

DEVELOPING AND IMPLEMENTING A PROGRAM

SPR began as the result of a meeting with Fr. Michael Mannion, The Catholic University of America's Chaplain and Director of Campus Ministry. Fr. Mannion brought together members of Campus Ministry, Housing and

Residential Services, Student Health, the School of Nursing, the Archdiocese of Washington's Office of Natural Family Planning and student representatives to assess the needs of the university community. The need to continue and expand residence hall programs was recognized, as well as the need to develop an ongoing program to prepare peer educators. SPR was developed to meet this need. The broad-based sponsorship and Fr. Mannion's active recruitment of the students contributed to the success of the program.

Initially the SPR program was held in the Campus Ministry offices. But because student evaluations indicated that the high profile of Campus Ministry may intimidate some students, the program was presented in one of the residence halls. The sponsorship of the SPR programs also changed. A Student Health Advisory Committee (SHAC) was established to address the health needs of the campus community and the SPR programs became a part of SHAC. Donna Gray, the moderator of SHAC, Terry Brady Novak, Director of Student Health Services, and Fr. Mannion reviewed and edited all of the residence hall programs. Fr. Mannion named the program, "Sexuality, Personhood & Relationships."

The peer educators' program is based on the content of N525 Contemporary Women's Health and N531 Human Sexuality in Health and Illness. Four sophomore students, two men and two women, are asked to serve as peer facilitators for the SPR program. These students receive four hours of preparation that includes the content and philosophy of the program as well as the opportunity to become more effective communicators in discussing sexuality issues. The six one-and-a-half hour evening programs are divided so that each male-female team is responsible for three programs.

Peer facilitators lead the small group discussions that begin each evening's program, introduce faculty and guest speakers, and contribute to the ongoing evaluation of the program. They become more comfortable with and effective in communicating about sexual concerns and are recognized by other students as an integral part of the SPR program.

The SPR program is presented during the third week of the spring semester. This allows time to recruit students during the fall and early spring semester and to be completed before the spring break. There is no requirement to serve as a peer educator after the completion of the program. All students are welcome but sophomore students are more actively recruited as they are available as peer educators during their junior and senior years.

Advertised across the campus, the program receives high marks for its student-friendly timing with a commitment to begin and end on time, e.g., "Thursday—8:30-10:00PM—After 'Friends' and before 'ER'." Thursday

evenings are chosen by the peer educators as a time when busy students begin to wind down from the week's academic demands and have more time to participate in a volunteer program.

SEXUALITY, PERSONHOOD & RELATIONSHIPS ©

Although the SPR program is developed by the author, other members of the faculty and community also serve as presenters. This approach enriches the program and shares the demands of this all volunteer program. SPR consists of six evenings:

1. The History of Sexuality—Cultural and Religious Influences—Mary Lee O'Connell, RN, MSN

What messages are given by society?

What attitudes and beliefs are promoted in the '90s?

What does it mean to be a man and woman in the '90s?

Small group activity: The "Slang Game"

Homework activity: Male and Female Anatomy Quiz

2. God's Plan for Sexuality—Anne Lanctot, Director of Natural Family Planning, Archdiocese of Washington

What is the Bible's message on sexuality?

What are the Catholic Church's teachings on Sexuality?

How does Natural Family Planning fulfill God's design?

Small group activity: "Adolescent Memories"

Homework activity: "Marriage Contract"

3. Relationships—Integrating the Physical, Psychological and Spiritual Person—Mary Lee O'Connell, RN, MSN

How does the male and female body function?

What makes an intimate loving relationship?

How do you develop trust in a relationship?

Small group activity: "Marriage Contract"

4. Homosexuality—Answering Concerns and Questions—Fr. Bob Keffer, University of Maryland, Campus Ministry

What are the cultural, historic and religious influences?

What is/are the cause/causes of homosexuality?

Homosexuality in the 90s—the individual and the family.

Small group activity: Role Playing Exercise

Homework: "How much does the man in your life know?"

5. The Full Picture—Birth Control Methods and STD/HIV Risk—Mary Lee O'Connell, RN, MSN

What are a man and woman's risk of STD/HIV infection?

Why isn't "safe sex" safe?

"The Full Picture": the effects of birth control methods on pregnancy prevention and STD/HIV risk.

Small group activity: "A Sexual Act Should Be..."

6. Taking Care of the Gift of Your Fertility

—Female— Dr. Benita Walton-Moss, CUA School of Nursing

—Male—Terry Brady Novak, Director, CUA Health Services

Listen to your body, recognize early signs of illness.

Health habits that can hurt you, healthy steps to take

Health Tests and Screenings: what do they mean?

Student Health Service, working with you to promote your health.

Small group activity: Looking at Memories and

Planning the Future

CONCLUSION

SPR assists students to identify the physical, psychological, cultural, and religious factors that affect sexual choices. During group activities students clarify their feelings and beliefs and become more aware of the opinions of others. SPR provides the knowledge and skills which peer educators need to encourage others to make healthy choices (See Appendix 1, SPR Evaluation).

In day-to-day interactions in the residence halls, peer educators have the opportunity to correct misinformation and stimulate an environment to support healthy sexual choices.

SHAC wants to reach more students by recruiting more peer educators for the SPR program. These peer educators can serve as role models using teachable moments in the residence halls to encourage healthy behaviors and life style changes. Since the Resident Assistants (RAs) provide daily advice and guidance in the resident halls, the SPR program content may be used as part of their orientation or continuing education program. Future plans also include outreach to area high schools. The “Know Your Body Class for Women” has already been piloted with high school freshmen. Their teacher commented that the peer educators were well prepared and were well received by the students. The SPR program was also well received when the author and peer educators presented it to high school seniors in a local parish.

The author and the peer educators are committed to help others develop and implement sexuality education programs. Students and faculty from other universities have been welcome to attend the programs and the SPR content and handouts are willingly shared.

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FIGURE 1 - SEXUAL TRIVIA CATEGORIES

Sexual Statistics Relationships
 Differences Between Men and Women Sex and Drugs
 Sexual Identity and Homosexuality Love Bugs
 Know Your Body for Men Sex and Violence
 Know Your Body for Women

APPENDIX 1 — SPR EVALUATION *

1) How do you rate SPR?
 not helpful at all 0% somewhat helpful 8%
 extremely helpful 25% not very helpful 0%
 very helpful 67%

2) SPR has given you a greater understanding and control over your emotions.
 no difference 9%
 somewhat greater understanding and control 64%
 much greater understanding and control 27%

3) SPR has given you a greater understanding and empathy for the moods and emotions of others.
 no difference 9%
 somewhat greater understanding and control 73%
 much greater understanding and control 18%

4) Have you and your friends talked about things you learned or discussed in SPR?
 many times 27% once or twice 27%
 several times 36% never 9%

5) How does your knowledge and understanding of fertility and procreative capacity influence your current sexual behavior?
 It makes me determined not to have sex
 as an unmarried person 100%
 It makes me less likely to have sex
 as an unmarried person 0%

6) Number of SPR students who volunteered to help with residence hall programs. More than 50%

*Evaluation adapted from "Holistic Sexuality 1994-1995" Survey
 Property of NFP Center, Washington, DC

APPENDIX 2 — 12 SECRETS OF MALE SEXUAL HEALTH ©

1. RESPECT YOUR BODY AND YOUR MIND—Communicate honestly with one another to protect both of you and avoid dangerous situations.
2. EAT MORE FIBER—fruits, vegetables, whole grains, and beans. Lack of fiber was associated with decreased sexuality. Fiber helps remove estrogen from the male intestines.
3. LIMIT FAT INTAKE—No more than 30% of daily caloric intake from fat. This lowers the risk of high blood pressure and diabetes; both conditions impair the ability to have an erection.
4. LIMIT ALCOHOL INTAKE—Shakespeare’s Macbeth was right, alcohol “provokes the desire, but...takes away the performance.” Alcohol decreases testosterone and the hormone balance required to make an erection.
5. DON’T SMOKE—Impotence is more prevalent among heavy smokers. Testosterone levels return to near normal a week after quitting.
6. PROTECT YOUR TESTICLES WHEN EXERCISING—If you are uncomfortable wearing a jock, snug support brief underwear provide the support that you need.
7. EXAMINE YOUR TESTICLES ONCE A MONTH to feel for any abnormal lumps, cysts, or swelling. If you detect anything abnormal, consult your doctor.
8. EXERCISE, BUT DON’T OVERDO. At least 20 minutes of aerobic exercise two/three times a week improved men’s sex lives. Always warm-up and cool down.
9. REPORT ANY BLISTER-LIKE LESIONS in the genital area. If you are sexually active, this may be a herpes infection. This can occur 2 to 30 days after exposure. Infection may have no obvious symptoms.
10. REPORT ANY PAINFUL, BURNING URINATION AND PUS-LIKE DISCHARGE from the penis. If you are sexually active, this may be a warning that you have gonorrhea or chlamydia. These are sexually transmitted diseases (STDs) that can be cured by antibiotics. Even if *the symptoms disappear, you can still be infected.*
11. TREATMENT—All sexually active men with burning on urination and their partners should be treated with antibiotics even if their cultures are negative. Men who have chlamydia often have negative cultures but if untreated they can become infertile
12. EDUCATE YOURSELF ABOUT YOUR BODY AND YOUR HEALTH. Knowledge is the best defense in disease prevention. If you are diagnosed with any STD, consult your physician about additional sources of information as well as support groups.

APPENDIX 3 — 12 SECRETS OF FEMALE SEXUAL HEALTH ©

1. RESPECT YOUR BODY AND YOUR MIND—Communicate honestly with one another to protect both of you and avoid dangerous situations.
2. LIMIT FAT INTAKE—Goal no more than 30% of daily caloric intake from fat. High fat diets are associated with increased estrogen-receptor positive breast cancer.
3. MAINTAIN A “HEALTHY” WEIGHT—A body fat content greater than 22% is needed for estrogen production. 10-15% below normal weight can cause irregular cycles and interfere with fertility and calcium absorption.
4. LIMIT ALCOHOL INTAKE—Women have lower tolerance than men and the effects of alcohol are more intense before a woman has her period. 76% of convicted date rapists used alcohol to seduce their dates. Women who have two drinks a day increase their risk of breast cancer by 40-100%.
5. DON'T SMOKE—Toxic chemicals from cigarette smoke were found in cervical fluid and cells. Smoking increases the risk of infection with human papilloma virus (HPV) that causes genital warts. Some of these can cause cervical cancer especially during puberty when cells are rapidly changing.
6. EXERCISE, BUT DON'T OVERDO—Women who do not exercise 2-3 hours a week double their risk of breast cancer. Always warm-up and cool down.
7. EXAMINATIONS—Do self breast exam each month 4-5 days after your period. If you are 18 years old or sexually active, get a pelvic exam each year. 50 to 80% of chlamydia and gonorrhea may have no symptoms but can cause infertility.
8. CLOTHING CONCERNS—Avoid tight jeans, nylon underwear, wet bathing suits, and damp exercise clothing. All increase the dampness of your vagina and provide a place for harmful germs to grow.
9. CHEMICAL CONCERNS—Avoid feminine hygiene sprays, and deodorant or scented tampons, pads, and panty liners. These can change the natural chemistry that protects you and increase your risk of irritation or infection. They may also mask unpleasant odors that alert you to a vaginal infection.
10. DOUCHING—Don't unless told to by your health practitioner. The chemicals may irritate you, wash away your normal protection and lubrication, or spread a vaginal infection into your uterus. This increases your risk of pelvic inflammatory disease.
11. TAMPONS CAN INCREASE INFECTION—only use on heavy flow days. On light flow days tampons can dry out the vagina and scratch it, increasing the risk of infection. Change tampons every 3-4 hours so harmful germs do not have time to collect and grow.
12. WIPE FROM FRONT TO BACK when going to the bathroom to avoid transferring germs from the bowel movement to the vagina.

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