Introduction

- The U.S. has one of the highest rates of adolescent pregnancies compared with other developed countries, (Office of Adolescent Health [OAH], 2014).
- Nearly 20 million American adolescents aged between 15-24 years contract sexually transmitted infections (STIs) annually (CDC, 2009a).
- STIs can lead to serious long term health consequences including infertility, cancer, and even death (Guttmacher Institute, 2011).
- Developing relationships that allow for communication with parents, guardians and other safe adults is an important tool in both pregnancy and STI prevention (Aspy et al., 2007), and is a core component of comprehensive, medically-accurate sexual health education programs (CSHEP).
- Access to the most effective form of sexual health education is fairly limited in North Dakota, leaving adolescents, especially youth of color and recently immigrated youth, vulnerable.

Goal

- The goal is to examine the impact of Reach One Teach One North Dakota (ROTO ND), a comprehensive, medically accurate sexual health education program, on parent-youth communication. ROTO ND uses Making Proud Choices! as the core curriculum, supplemented by three adulthood preparation subjects (adolescent development, healthy relationships, and healthy life skills). The program also includes a peer education component where youth educate others on key health topics.

Method

- Data for this study came from participants in ROTO ND groups held from 2013 -2015. Youth were recruited with the assistance of partner organizations that work with high-risk youth populations.

Participants

Youth were eligible if they were; unmarried, between the ages of 10 -20 years old (M=16.18) and had signed parent/guardian permission to participate. N=174; 66.7% female; 48.3% youth of color; 13.7% LGBT, 33% New American, and 5.3% youth in foster care.

Measures

Parent-Youth Communication (PYC):
Have you ever talked with one or both of your parent(s)/guardian(s) about:
• 7 items, range 0 (No) to 2 (Yes, a lot) See Table 1 for specific items, measured at pretest and posttest

Results

T-tests (See Table 1) indicate significant increases in whether youth have discussed the following topics with parents/guardians:

- abstinence
- STIs
- how to say no to sex
- how to prevent HIV/AIDS using safe sex practices

Discussion

- A significant positive increase in PYC was noted in 4 areas. Although there was not a significant increase in communication for the other 3 areas, they all had higher mean scores at posttest than at pretest. Overall, the results suggest that the program had an effect on PYC, despite PYC not being a core program focus.
- Talking about STIs and HIV/AIDS prevention had the lowest mean scores at pretest, yet they are essential dimensions of sexual health. These are difficult topics for parents and youth to discuss. The increase in PYC on these topics is an indication of the program’s success in helping youth feel more comfortable with them.
- It was not a surprise that there was not a significant increase in PYC about the female menstrual cycle. The majority of this sample was female and older. The mean score at pretest was higher than all other variables, suggesting that these adolescents have already had these conversations.

Conclusions

- Youth and parents may be reluctant to discuss topics related to sexual health, yet communication with and support from parents plays a key role in helping youth make healthy decisions.
- ROTO ND is a comprehensive sexual health education program that is designed to empower young people by increasing their knowledge about and comfort with discussing key sexual health topics.
- Although not a specific program focus, this study suggests that program participation increases PYC about sexual health, which may in turn be an important tool in pregnancy and STI prevention (Aspy et al., 2007).

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