

4-19-2016

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Repository Citation

Bensen, Rachel Meyer and Janssens, Christina, "Adolescent Sexual Health in Barre, Massachusetts" (2016). *Graduate School of Nursing Publications and Presentations*. 46.
https://escholarship.umassmed.edu/gsn_pp/46

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Adolescent Sexual Health in Barre, Massachusetts

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Introduction

After Quabbin Regional High School (QRHS) discontinued sexual health education due to cuts in funding, the Barre Family Health Center (BFHC) stepped in to provide youth in the community vital sexual health information. In February of 2015, a group of physicians at the Barre Family Health Center implemented the first session of "Girl Talk: Our Bodies Our Voices," a 10 week sexual health curriculum for middle school girls. Our project focused on both improving and extending this important work and to sustain the availability of sexual health education for adolescents in the Barre community.

GOALS:

- 1) Assess the success of "Girl Talk" and make adjustments to the current curriculum
- 2) Explore ways to make "Girl Talk" more sustainable
- 3) Conduct a needs assessment for a potential sexual health program for adolescent males ("Guy Talk")
- 4) Research and develop "Guy Talk" curriculum
- 5) Present a sexual health series for high school seniors at Quabbin Regional High School

Barre Demographics

- + Barre is a rural community in central Massachusetts with a population of 5,365.
- + Per capita income: \$20,476 (MA: \$25,952)
- + White non-Hispanic population: 96.5% (MA: 78.6%)
- + Barre is home to Barre Family Health Center (BFHC) and Quabbin Regional High School (QRHS)



Procedures

- + Teen & Parent Need Assessment Surveys
- + Teen & Parent Follow-up Interviews via telephone
- + Expert Consultation with UMass physicians and Director of Health Programs in Jamaica Plain, MA
- + Literature Review of established curriculums
- + Two 40 minute presentations to QRHS seniors and juniors with survey feedback and presentation to student interest groups

Girl Talk Feedback

We contacted participants (teens & parents) of the inaugural February 2015 "Girl Talk: Our Bodies Our Voices." The results were overwhelmingly positive among all 5 parents and 3 teens we reached.

Teen: "Girl Talk helped a lot with confidence and being able to say no in peer pressure situations."

Teen when asked what she learned at Girl Talk about what to look for in a healthy relationship: "Equality, not abusive, trusting each other. Respecting each other to go at a pace that's comfortable for both of us."

Teen when asked if Girl Talk helped her talk to her parents about sexual health and relationships more easily: "I think so. It's easier now to bring things up to people I trust."

Parent when asked why she enrolled her daughter in Girl Talk: "I wanted my daughter to be informed about sexuality, bullying, and self-esteem."

Parent on condom access: "I would like to see students have access to condoms through the nurse's office."

Future Directions: "Girl Talk"

Promoting Girl Talk Sustainability:

- + Building community support: Parent Talk, Quabbin High School GSA talk, Sex Health Flex Time Talks at QRHS
- + Building partnerships: Plumley Village, Southern Jamaica Plain CHC, Planned Parenthood, local libraries for space & recruitment
- + Incentivize youth involvement: "Peer Health Ambassador"
- + Increase Funding
- + Involve more UMSMS students

Girl Talk Curriculum Revisions:

- Addition of the following topics:
 - + Self-Harm
 - + Substance Use/Abuse
 - + Health Awareness
 - + Eating Disorders
 - + Inclusive language
 - + LGBTQ inclusion



MLK Semester of Student Service Award Recipient

The MLK Semester of Student Service Awards have funded community service projects initiated by students at UMass Worcester since 2010. This program is a part of a five campus UMass Learn and Serve Grant from the Corporation for National and Community Service. Our project was funded by this grant program.

Grant funding was used to purchase items for Barre Family Health Center to be used in Girl Talk, Guy Talk, and other adolescent sexual education programs in the community. These included male and female interactive anatomy models and the Planned Parenthood Birth Control Educator Kit.

The education kit includes replicas of different birth control methods, a vaginal speculum, a uterus model, and other items to educate adolescents on effective use of contraceptive methods.



Future Directions: "Guy Talk"

- + With help and guidance from an Adolescent Medicine provider and the Director of Community Health Programs at Southern Jamaica Plain CHC (SJPCHC) we developed "Guy Talk"
- + We used the 2005 'On The Real' sexual education program from SJP for male teens as a model for "Guy Talk"
- + We revised "Guy Talk" to suit the specific needs of male adolescents (10-11 years old) in Barre, MA and surrounding towns
- + We added several topics to update the curriculum:
 - Pornography: implications of desensitization and unrealistic sexual expectations
 - Responsible use of Social Media: 'To Sext or not to Sext'
 - Implications of Abortion: Not a 'Quick Fix'

Conclusions

Through a comprehensive analysis of Girl Talk, a community needs assessment, and collaboration with Quabbin Regional High School to introduce sexual health sessions to the students, we determined the following:

- +Disparities exist between parent and teen perceived communication about sexual education at home
- +Parental involvement is crucial through "Parent Sex Talk Workshops"
- +Female teens are more likely than male teens to attend a 10 session seminar series
- +Co-Ed seminars are favored by teens, though some sensitive topics should be taught in single-sex settings
- +Target age for sexual health education is 13-14 years old
- +Small group sessions at Barre Family Health Center only capture a small percentage of students
- +Coalition between QRHS and BFHC is crucial for sustainability

Acknowledgements

We would like to acknowledge and thank the UMSMS MLK Semester of Student Service Awards committee for providing us with the grant funding to continue this important work. We would also like to thank Dr. Cynthia Jeremiah and Dr. Konstantinos Deligiannidis for supporting us, as well as all of the Barre Family Health Center medical staff and residents for their efforts. Thank you to Quabbin Regional High School and the Barre community for welcoming us so warmly and allowing us to be involved in this project.

