

# Adolescent Sexual Health Education Programs

## CA PREP and I&E

December 2020



# DATA BRIEF

Adolescent sexual health education provides youth with critical skills and knowledge to make healthy decisions about their sexual and reproductive health (SRH). Research has shown that comprehensive, medically accurate and developmentally appropriate sexual health education, including information on risk-reducing strategies and contraception, helps to prevent unintended pregnancy, HIV and sexually transmitted infections (STIs).<sup>1</sup> California's Adolescent Sexual Health (ASH) education programs, the federally-funded California Personal Responsibility Education Program (CA PREP) and the state-funded Information and Education Program (I&E), support local agencies to provide comprehensive sexual health and life skills education to young people.

CA PREP	<p><b>FINANCING:</b> \$5.1 million, Family &amp; Youth Services Bureau</p> <p><b>CURRICULUM:</b> Agencies select one or more of five evidence-based models that best meet their populations' needs.</p>
I&E	<p><b>FINANCING:</b> \$1.5 million, California State General Fund and Title XIX</p> <p><b>CURRICULUM:</b> Agencies select lessons from evidence-based or evidence-informed curricula to design programming to meet their populations' needs.</p>

This brief provides an overview of California's laws, program services and participant SRH knowledge. It describes the 16,047 youth who

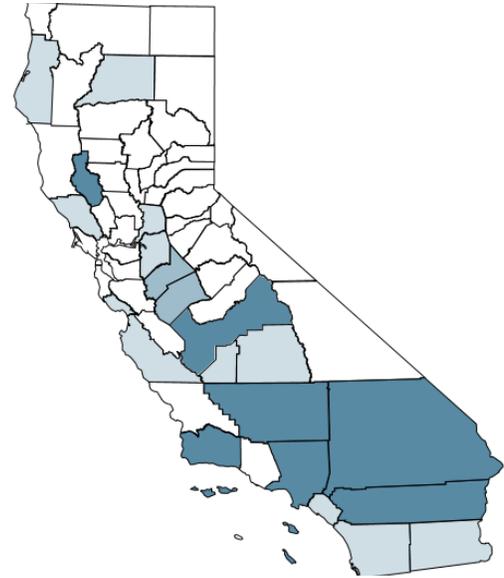
completed CA PREP and participated in I&E (July 2016-June 2017) and survey data from CA PREP (July 2016-June 2017) and I&E (March-June 2017), with 15,158 youth at program entry and 14,704 youth at exit.

## ADOLESCENT SEXUAL HEALTH EDUCATION LAWS

California has long been a leader in promoting adolescent sexual and reproductive health. In 2007, California passed the Sexual Health Education Accountability Act (SHEAA), requiring state-funded sexual health education programs to be medically accurate, age-, linguistically- and culturally-appropriate, and unbiased. In 2016, California passed the California Healthy Youth Act (CHYA), requiring schools to provide age-appropriate, comprehensive, medically accurate sexual health education in middle and high schools. These state laws help to ensure that all California youth served in state-funded programs and schools receive ASH education that will lead to the best possible outcomes. CA PREP and I&E meet these state mandates and also provide information about eligibility and access to clinical SRH services and require local community engagement to strengthen adolescent well-being.

## WHERE WE SERVE

In 2016-17, 34 agencies served youth in 22 different counties. Half (50%) of program participants were served in traditional high school settings, 19% in alternative/continuation schools, 9% in middle schools, 7% in community-based organizations and 7% in juvenile justice facilities. A smaller proportion of participants were served in other settings, including 6% in shelter/transitional housing and 1% in foster care.



CA PREP		I&E	CA PREP and I&E
Humboldt	Shasta	Merced	Fresno
Imperial	Sonoma	Stanislaus	Kern
Kings	Tulare		Lake
Madera			Los Angeles
Monterey			San Bernardino
Orange			Santa Barbara
Sacramento			Riverside
San Diego			
San Joaquin			
Santa Cruz			



## WHO WE SERVE<sup>2</sup>

16,047 youth were served in California’s ASH education programs from July 2016-July 2017.

### Gender Identity



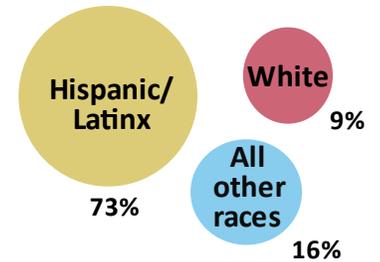
53% of participants were male, 46% were female and 0.3% were another gender identity.

### Age



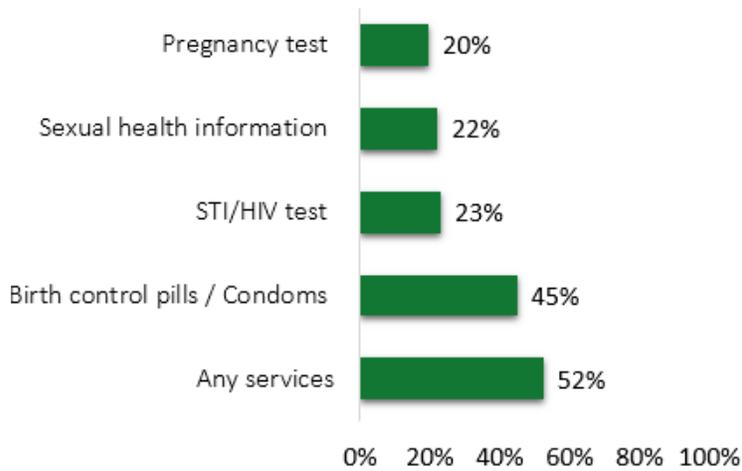
A majority of participants (55%) were 15-17 years old, 36% were 10-14 years old and 9% were 18 years or older.

### Race and Ethnicity



73% of participants were Hispanic/Latinx, 16% were other races and 9% were white.

**Figure 1:** Among those who had ever had sexual intercourse, percentage at entry who had received SRH service (n=4,889)<sup>3</sup>



### Sexual Experience and Use of SRH Services

At program entry, 37% reported ever having vaginal and/or anal sexual intercourse. Among those who had ever had sexual intercourse, 52% reported that they had received SRH services from a doctor or clinic, including the following: 45% had received birth control or condoms, 23% had received testing for HIV or other STIs, 22% had received sexual health information and 20% had received a pregnancy test (**Figure 1**).

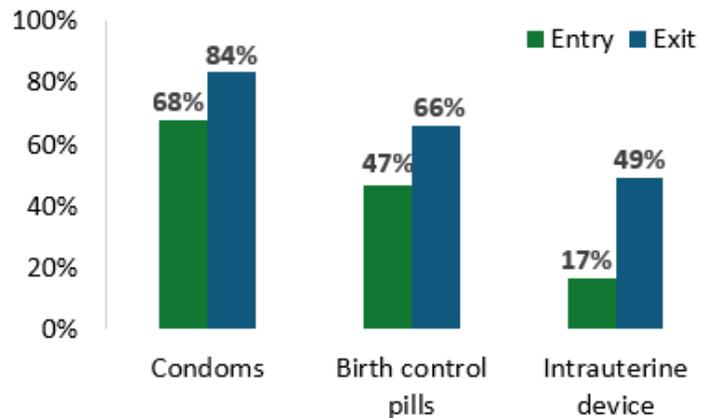
## EFFECTIVENESS OF ASH PROGRAMS

### Sexual and Reproductive Health (SRH) Knowledge

Of the 8,853 matched responses from program entry and exit surveys, participants showed an increase in all measures of SRH knowledge. Notably, participants' knowledge about intrauterine devices (IUDs) increased by 32 percentage points. Knowledge of condoms and birth control also increased, by 16 and 19 percentage points, respectively (**Figure 2**).

Footnotes: 1.) Chin HB, et al. The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections. *Am J Prev Med.* 2012;42(3):272-294. 2.) Refers to youth who completed CA PREP (attended 75% or more of sessions) or were served by I&E. 3.) Among youth surveyed, 400 did not respond about sexual intercourse. Of those reporting sex, 560 did not respond about SRH service use. 4.) All changes between entry and exit are significant ( $p < .05$ ). There were 85 to 316 missing responses for each question.

**Figure 2:** Percentage of participants who answered the SRH knowledge questions correctly at entry and exit (n=8,853)<sup>4</sup>



### Participant Perceptions of the Programs

Overall, ASH education participants reported positive perceptions of the programs at exit: 88% felt that the program activities were helpful, 91% felt respected as a person in the program and 90% felt that the program materials were clear.

## SUMMARY

California's ASH education programs are critical to ensuring the health and well-being of adolescents in the state. Information presented here shows that CA PREP and I&E are making a meaningful contribution to identifying and serving the needs of young people across California, especially within vulnerable communities and in varied settings. Participants reported high satisfaction with both programs, and both programs were effective for improving participants' knowledge of safer sex strategies to reduce the risk of unintended pregnancy as well transmission of HIV/STIs.

*This brief was prepared by the California Department of Public Health Maternal, Child and Adolescent Health Division and the University of California, San Francisco Philip R. Lee Institute for Health Policy Studies.*