

Using Theater Arts to Engage Latino Families in Dialogue about Adolescent Sexual Health: The PATH-AT Program

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Abstract: This paper describes the Promoting Alternatives for Teen Health through Artes Teatro (PATH-AT) program, a peer-led, after-school, abstinence-based education intervention, targeting Latino/a youth at risk for teenage pregnancy and their parents. A distinguishing trait of the program is the use of theater arts to engage program participants with program content.

Key words: Adolescent sexual health, abstinence education, pregnancy prevention, edutainment, culturally-specific interventions.

Adolescents in the United States engaging in risky sexual activities are at risk for unplanned pregnancy, immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and other sexually transmitted diseases (STDs) or infections.¹ Risky sexual behaviors are common among Latina/o and Hispanic youth compared with youths of other ethnicities.²

Among Latino/a adolescents in 2007, the incidence of sexual activity before the age of 13 was 8.2%, and the prevalence of having four or more sexual partners was 17.3%.³ Latino/a teens are more likely than non-Latino Whites to contract chlamydia, gonorrhea, and syphilis.⁴ Pregnancy rates for Latinas ages 15–19 years are higher (128.0 per 1,000 population) than their non-Latino White peers (45.2 per 1,000).¹

As such, Northridge Hospital Medical Center's (NHMC) Center for Healthier Communities (CHC) recognized the need to minimize the negative impact of risky sexual intercourse among Latina/o youth in their community, the north and northeast San Fernando Valley of the City of Los Angeles. Although historically proven

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ineffective (but see Jemmott et al.⁵ and Buhi et al.⁶) abstinence-only education was favored over comprehensive sex education in this context for several reasons. First, abstinence education is well supported by the Latino/a population, because it aligns with Latino cultural values.^{7,8} Second, the hospital has a history of administering abstinence education programs in schools within the community. Such programs have been well received by the community, schools, parents, and teens, and surveys of parents indicated their preference for abstinence-only programs to continue. Third, comprehensive sex education was offered in school health classes. Finally, the political landscape favored abstinence-only education at the time. Given these factors, CHC sought to develop an innovative approach to abstinence-only sex education that would supplement the comprehensive approach to sex education presented in health classes. Based on the Theory of Planned Behavior,¹¹ an extension of the Theory of Reasoned Action,⁹ the PATH-AT Program presents an abstinence-based curriculum during an after-school program, delivered by peer educators, and reinforced by theater arts. The program incorporates parent workshops and family activities, with the ultimate goal of reducing unintended pregnancies, HIV/AIDs, and STDs.

Peer Educators in Health Promotion Programs

Health promotion *via* peer education has been used with mixed success to target a variety of health risk behaviors.^{10–15} Harden reported that target audiences typically express positive views about peer-led health education.¹⁶ However, in a study comparing peer-led with adult-led school sex education in a group of 13- to 14-year-old students, Mellanby et al.¹⁷ reported that, while peer educators appear to be more effective in establishing conservative norms and attitudes about sexual behavior than adults, they may be less effective imparting factual information and facilitating student engagement in classroom activities.

“Edutainment” in Health Promotion Programs

“Edutainment,” education *via* entertainment, is the use of performing arts and broadcast media to change audience members’ knowledge, attitudes, and behaviors regarding a specific issue in culturally relevant ways.^{18,19} Involvement in the theater arts leads to students’ advancements in reading, better knowledge retention, improved self-concept and motivation, and greater empathy and acceptance of others.^{19,20} A study of the New Image Teen Theater in San Diego found that exposure to theatrical performances led to modest increases in knowledge about sex and willingness to discuss sexual matters.²¹

Parental Involvement in Health Promotion Programs

Parent-child closeness and parental monitoring/supervision predict healthy sexual behavior in adolescents.^{20,22–27} Generally, there is an inverse relationship between constructive parent-child communication on sex-related topics and youths’ sexual activity.²⁸ Consistent with sexual socialization theory,²⁹ these findings suggest that teenagers who talk with their parents about sexual issues are more likely than their counterparts to

comprehend their parents' expectations about sexual responsibility, form their own judgments about their sexual behaviors, and know ways to curtail sexual risks. Since parental attendance and participation appears essential to maximizing student outcomes, many abstinence-based education programs include a parental component.^{30,29} Parents are most likely to attend an event in which their children are being recognized for achievements or are performing.³¹⁻³³

The PATH-AT program was designed to elicit parents' involvement in their children's sex education through the theater arts. Coupled with an abstinence-based curriculum delivered by peer educators, the PATH-AT program promotes teen sexual health aimed at preventing adolescent pregnancy in at-risk communities.

The PATH-AT Intervention

Background. In 2008, CHC was awarded funds by the U.S. Department of Health and Human Services (DHHS), Office of Population Affairs (OAP) to implement PATH-AT, an Adolescent Family Life Demonstration Project. The development of the PATH-AT program was informed by previous experience administering similar programs, in addition to the extant literature on health promotion in adolescents and theoretical review. Box 1 presents the program's logic model, describing the rationale and assumptions adopted during program implementation and outlining associated outcome expectations. The PATH-AT Program was rigorously evaluated using a nested quasi-experimental design, the outcomes of which are presented elsewhere. This paper describes the PATH-AT program, implemented between February of 2008 and June of 2010.

School recruitment. PATH-AT targets Latino/a middle school students in high-need communities who are at risk for early sexual experimentation and out-of-wedlock pregnancy, as well as other risky activities such as the use of drugs and alcohol. To reach this population, PATH-AT focused its recruitment efforts on middle schools located in Latino/a neighborhoods in north and northeast San Fernando Valley, with a teen birth rate of 49.7 per 1000, one of the 10 highest in California for teen births.³⁴

PATH-AT was studied using a prospective longitudinal quasi-experimental design in which six LAUSD middle schools, located in census tracts identified as teen pregnancy "hot spots," with disproportionately high rates of low-income households,³⁵ were targeted for random assignment into intervention and control conditions (a nutrition and fitness program). Within these schools, 68-93% of students report their ethnicity as Hispanic/Latino/a. Participants were assessed on measures of parent-child communication and sexual beliefs, attitudes, and behavior at program entrance and exit, and at 6-, 12-, and 24-month follow-ups.

The ability to build on relationships with the school system was critical to the success of PATH-AT. Local district staff and school administrators provided classrooms, auditoriums, parent centers, custodial services, and recreational fields at no cost. Faculty sponsors in each school served as critical liaisons between the schools and PATH-AT program, organizing recruitment activities and assisting with supervision of the after-school program. Because NHMC had a good working relationship with the schools, they were receptive to random assignment and did not opt out once assigned to the control condition.

Box 1.

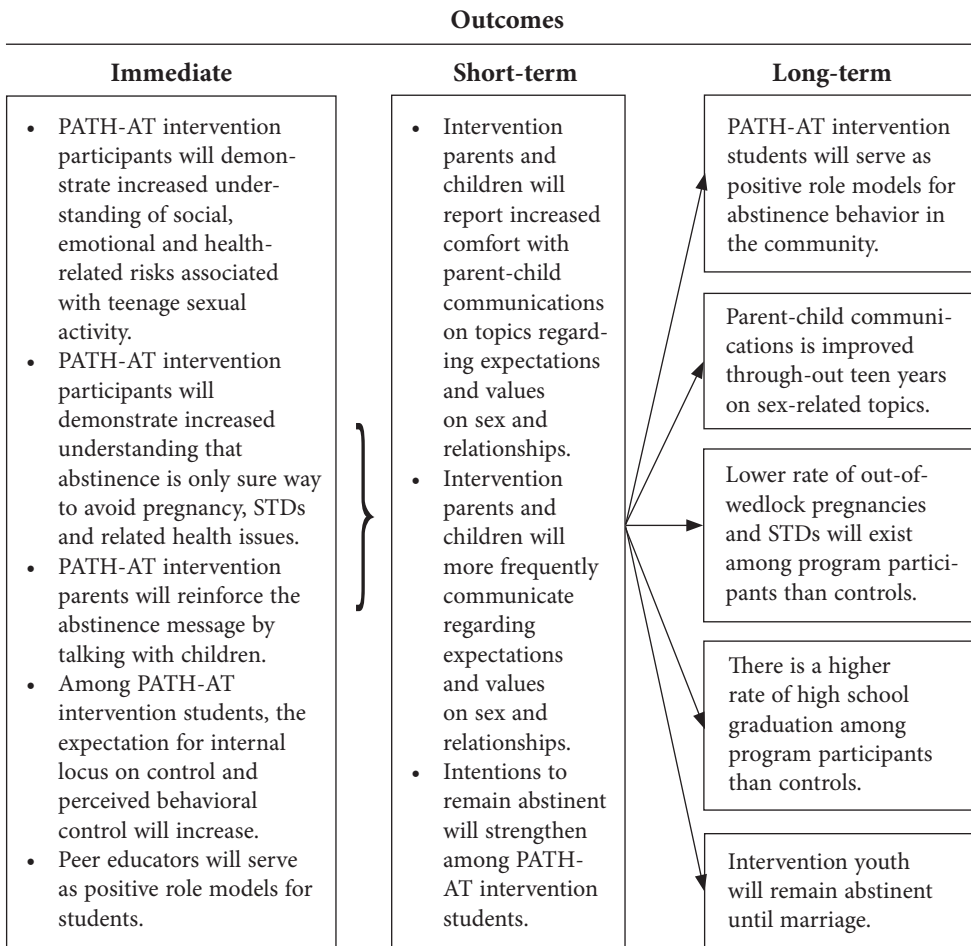
Inputs/ Resources	Activities	Outputs
<ul style="list-style-type: none">• Largely bi-cultural/ bi-lingual Project Staff: PATH-AT Staff and Peer Educators• Excellent reputation of Northridge Hospital in Community• Access to middle school classrooms• Strong A-H compliant abstinence curriculum• Strong support from Los Angeles Unified SD and local NPOS	<ul style="list-style-type: none">• Staff Certified in WAIT Training curriculum• Peer Educators Trained in “WAIT Training” curriculum• “Let’s Talk” workshops (10 hrs) provided to parents by PATH-AT parent coordinators• Teatro developed and delivered by professionals• Fifteen hours of WAIT training provided by Peer Educators to middle school students (6 sessions introduced by theater)• Family Noche de Teatro (2 plays) provided to PATH-AT students and families• YMCA Healthy Family Night provided for parents and students• Graduation/Conference Event for students and parents with workshops• Referrals for other support services as necessary	<ul style="list-style-type: none">• Calendar of training and attendance roster• Certified Trainer documentation/ certification• Abstinence-themed scripts for each performance• Parent contact logs• Parent attendance records• Calendar of events• Student attendance records• Peer Educator notes/ journals• Copies of graduation certificates• Referral logs

Conditions/Needs:

- High rate of teen pregnancy
- Lack of after school activities for adolescents
- High poverty, urban setting
- Social norm of early pregnancy
- Parental supervision decreases as children reach early adolescence
- There is a lack of accurate knowledge about the negative consequences of pre-marital sex
- Parents have difficulty effectively communicating values and expectations regarding sexual behavior to their children

Practical Assumptions:

- Parents will participate in the PATH-AT program activities
- Middle school students will be interested in the program and motivated to attend
- Bilingual/bicultural peer educators will serve as role models for students
- Community sites and classrooms for the program are available and accessible
- WAIT curriculum will be understood by Peer Educators and effectively communicated to students



Causal Assumptions:

- Work with parents in parent workshops and abstinence-related family events will lead to improved and more frequent communication with children regarding sexual behavior, and parental values in this area.
- Use of theater arts will engage students more actively and improve recall by providing a multi-sensory learning experience.
- Through peer-led education and abstinence-related events, students' knowledge and values surrounding sex will be changed
- The cultural disposition and community norms within the schools about teen pregnancy will be successfully altered through interactive education.

Each semester of every academic year, a target of 150 middle school students from each school was recruited to participate in the PATH-AT intervention or control program: One week prior to program implementation, faculty sponsors at each of the six participating schools assisted program staff in obtaining 7th and 8th grade health and science classroom schedules, coordinating school visits with program recruiters, and preparing recruitment flyers and permission slips, among other recruitment activities. During recruitment week, PATH-AT staff conducted 10–15 minute interactive presentations in seven to nine classes per period (total 40–45 presentations per school) and distributed IRB-approved consent and assent forms. Students interested in participating in the program were encouraged to return their signed forms on or before the first day of program implementation.

After recruitment, students who attended the first after-school session were divided by grade level at each school. A maximum of 30–35 students were assigned to mixed-gender discussion groups to account for attrition. Priority was given to groups of 8th grade students when enrollment exceeded capacity, and 7th grade students were placed on a wait list for the following semester. Students were only allowed to enroll once.

PATH-AT recruited a total of 1,580 youth participants, and served an additional 970 parents and family members. Demographic characteristics of participants are reported in Table 1.

After-school session format. Each semester of every academic year, a newly recruited cohort of program participants attended 12 weekly after-school sessions. Each session was 1.25 hours long and led by two trained peer educators. Peer educators were supervised by at least two adults, at least one health educator (CHC program staff), and a faculty sponsor. All after-school sessions began with a five-to-ten-minute ice-breaker activity, followed by a presentation of the lesson plan scheduled for that week. Students were rewarded weekly for attendance and participation in classroom discussions/activities with tickets used for opportunity drawings held three times during the 12-week program.

Each lesson was based on the Why Am I Tempted (WAIT) Curriculum,³⁶ designed to provide adolescents with the justification, skills, and support to choose abstinence until, and in preparation for, marriage. The curriculum was delivered by peer educators and promotes abstinence as a practical option for youth, whether or not they are currently or have been sexually active, by emphasizing the financial and emotional costs associated with teen pregnancy. With its focus on the skills necessary for building healthy relationships, the WAIT curriculum (delivered by peer-educators) formed the core of the PATH-AT program, reinforced by theater arts and parent/family activities sponsored by the program.

Peer educators. Each spring, PATH-AT staff recruited approximately 20 high school students from local public high schools as *per diem* peer educators. Although program implementation specified 12 peer educators, efforts were made to recruit more based on experience suggesting that anywhere between four and six peer educators fail to complete their one-year commitment to the program. Strategies to recruit peer educators included presentations in Health and Science classes of local high schools, booths at school career fairs, job announcements, and referrals from former peer educators and school counselors. Selected applicants underwent drug testing and tuberculosis

Table 1.**DEMOGRAPHIC SUMMARY OF PATH-AT PROGRAM PARTICIPANTS**

	Male	Female	Total (% total)
Ethnicity			
Hispanic or Latino	409	839	1248 (79)
Not Hispanic or Latino	74	135	209 (13)
Unknown/unreported	40	84	124 (8)
Race			
American Indian or Alaska Native	2	14	16 (1)
Asian	29	38	67 (4)
Black or African American	10	33	43 (3)
Native Hawaiian or Other Pacific Islander	1	9	10 (<1)
White	34	57	91 (6)
More than one race	339	692	1031 (65)
Unknown/unreported	107	215	322 (20)
Age			
<12 years	159	336	495 (31)
13–14 years	253	523	776 (49)
15–17 years	1	3	4 (<1)
18 years or older	0	0	0 (0)
Unknown/unreported	110	196	306 (19)
Total	522	1058	1580

screening and obtained work permits. Preference was given to students who possessed public speaking experience and/or experience working with youth populations. All peer educators were required to make a one-year commitment to the program.

Peer educators participated in six weeks (60–70 hours) of summer training, weekly (two hour) debriefing sessions during the school year, and two team-building retreats. Training sessions included lessons on leadership, presentation skills, classroom management, public speaking, and WAIT and Healthy Me curriculum. *Enrichment Works*, a non-profit theater arts company, trained peer educators in theater pedagogy and acting-related skills. Guest speakers on curriculum-related topics rounded out the summer training program.

Theater arts. During 6 of the 12 after-school sessions, participants were exposed to culturally relevant abstinence-based mini-plays commissioned by *Enrichment Works* and written by multi-cultural seasoned playwrights. Program participants were also exposed to two additional mini-plays presented at a Family Theater Night. Mini-plays were developed to reinforce integral elements of the curriculum by enhancing retention and engagement with the topics presented (see Box 2).

Mini-plays were performed by professional actors with costumes, props, and backdrops: Performances often involved direct interaction with audience members (e.g.,

response or applause, question and answer periods), creating an environment where the audience was engaged with the performers and the messages conveyed, leading to a more favorable milieu for learning and behavior change.²⁰

In addition to these mini-plays, program participants engaged in writing skits, role playing, and activities that demonstrate how rapidly diseases are transmitted, and how to deal effectively with conflict, refusal, and communication skills. Participants performed skits in front of their families at Family Theater Night.

Parent component. The parent component developed by CHC consisted of a series of Let's Talk workshops, Family Theater Nights, and Graduation conferences, all designed to facilitate lines of communication between parents and children about sexuality and relationships. These activities were advertised *via* fliers and personal phone calls made to parents of program participants. PATH-AT conducted all events in both English and Spanish and offered incentives for attendance and participation.

A series of five Let's Talk parent workshops were offered at each school recruited to the intervention. Led by PATH-AT health educators, Let's Talk workshops were two hours long and focused on the consequences of premarital teen sex, parent and adolescent communication, sexual and reproductive health, media pressure, effective conflict resolution, sexually transmitted diseases, and how to raise emotionally healthy children.

Box 2.

PATH-AT PROGRAM LESSONS & PLAYS

PATH-AT Curriculum	
Lesson Topic	Plays & Playwrights
Introduction, Creating Classroom Climate	
Early Sexual Involvement	
Risky Behaviors	Risky Behaviors, <i>Tom Smith</i>
Anatomy Puberty	
Sexually Transmitted Infections	Genital Knowledge, <i>Myle Nye</i> The STI's, <i>Ian Patrick Williams</i>
Media Influence	Reality TV, <i>David Prather</i>
Peer Pressure & Communication	An About Face, <i>Adriana Rogers</i>
Script writing & acting skills	Camping, <i>Chelsea Hackett</i>
Friendship and Dating	Peer And Press, <i>Chris Hart</i>
Love, Commitment & Marriage	Nino and the Principal's Daughter, <i>Joyce Lee</i>
Teen Pregnancy, Labor & Goals	
It's a wrap!	

Family Theater Night occurred once per semester at each intervention site. These events were designed to reinforce the messages presented in the curriculum, promote parent-child communication, and improve connectedness. During Family Theater Night, students performed skits for their families, and two short plays were performed by *Enrichment Works*.

The final PATH-AT family event was a graduation ceremony held at the conclusion of the 12-week program. During the ceremony, curricular content was further reinforced through student and parent activities and games. The graduation event also served to recognize program participants for their work.

Preliminary Outcomes

Results from post-event questionnaires suggest the program was popular and successful (a more detailed analysis of the PATH-AT process evaluation is presented elsewhere). Program dosage for each participant was calculated by dividing the proportion of after-school sessions attended by the total number of sessions available. Students in the intervention condition attended 65% of sessions offered, on average. Fidelity Assessment Forms completed by PATH-AT program staff delivering the intervention condition were used to gauge level of student involvement in the after-school sessions. Student engagement ranged from a mean of 93% to 99.5% across all three program years.

Attendance was higher at family events than formal parent workshops; on average, parents attended 34% of family events, compared with 14.5% of parent workshops. Across all semesters, 133 parents attended at least one workshop. Of those who attended at least one “Let’s Talk” parent workshop, the average proportion of sessions attended ranged was 63.2% across all semesters. In contrast, 559 family members watched their children perform at family theater night across all three years. Similarly, 262 participants and 617 family members attended a PATH-AT graduation ceremony.

Conclusions and Discussion

The PATH-AT program, incorporating peer-led abstinence education, parent participation, and the theater arts, is designed to lessen teen pregnancy, HIV/AIDs, and STIs/STDs in at-risk communities. Behavioral change is often preceded by changes in related beliefs and attitudes about the consequences of behavior,³⁷ and preliminary findings indicate that such changes are underway.

A cooperative relationship with the target school district was critical to the success of PATH-AT, as was the contribution of faculty sponsors. Over-recruitment of peer educators also ensured these roles were filled as intended throughout the program’s duration. Finally, parental participation was particularly challenging; consistent with findings reported elsewhere, parents were most likely to attend events with their children, as opposed to weekly parent workshops. Parents were most receptive to content delivered during discrete, family events, where they knew childcare was provided and free transportation was offered.

Notes

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