

Teen Council

2012-13

Planned Parenthood of the Great Northwest began a peer education program in 1988. Since then, the Teen Council program has grown to include 23 active Teen Councils throughout the country. Each Teen Council has up to 18 members who are trained to present information and offer skill-building opportunities to their peers and others. Although Council members provide mostly classroom education on a variety of topics, they help co-facilitate family programs and are involved, peripherally, in marketing, fund raising, and public affairs.

The Teen Council vision is “to provide accurate, unbiased and useful sexuality education; to end ignorance, promote tolerance, and improve communication between teens and the important people in their lives.”

The mission of Teen Council is to empower teenagers to educate and inspire their peers, their families and their communities. The Teen Council educates about human sexuality and healthy decision-making. It inspires teens to use their voices to advocate for just and humane sexual attitudes and policies.

The three pillars that Teen Council stands on are: High Warmth, High Expectations, and High Structure.

This report provides data on the characteristics of 154 Teen Council members and documents changes in knowledge, attitudes, and behaviors related to sexuality and relationships among 128 of them.^{i,ii}

The Characteristics of Teen Council Members

Teen Council seeks members who can focus on learning the skills required to be effective educators and leaders. The program strives to select youth who are representative of the teens they will teach in terms of ethnic, racial, sexual, and socio-economic factors. Teen Council members can participate in the program for up to three years.

In 2012-13:

- ◆ The majority of Teen Council members were female (82%) and over a third were high school seniors.
- ◆ On average, the youth were about 16 ½ years old although they ranged in age from 14 to 18 years old.
- ◆ Nearly two-thirds were Caucasian (62%) and over three-quarters identified as heterosexual (78%).
- ◆ About three-quarters of the youth lived in households where two parents were present (74%).
- ◆ Two-fifths of Teen Council members received free or reduced-price lunch at school.
- ◆ About three-quarters of these young people have mothers who had graduated from high school (74%) and about two-thirds of their mothers' have attended at least some college (67%).

Knowledge Outcomes

Reproductive health knowledge scores increased from 60% to 73% correct from the beginning to the end of the program year. Not surprisingly, first and second year students started with the lower scores and experienced more improvement in knowledge than their third year peers. The knowledge gain by both first and second year students is statistically significant.

Behavior Outcomes

By the end of the school year, among sexually experienced Teen Council members:

- ◆ Less than a fifth of them used alcohol and/or drugs before last intercourse (15%).
- ◆ Virtually all of the sexually active youth used some method of pregnancy prevention the last time they had sex.
- ◆ At post-test, almost all of these young people reported using protection most or every time they had intercourse over the past year, a slight increase since pre-test.
- ◆ Over three-quarters of these young people have been to a doctor or clinic for birth control, an exam, or an STI check (78%).
- ◆ Forty-three percent have been tested for HIV and other STIs since being with their current partner while about a quarter of their partners have been tested (24%).

Teen Council members are much more likely than their national peers to be using the most effective contraceptive methods.ⁱⁱⁱ

Attitude and Belief Outcomes

Reports by program staff and youth suggest that some of the most important outcomes of Teen Council relate to improvements in self-confidence and maturity in handling sexual situations and relationships. To explore these concepts, several attitudes were measured.

- ◆ Youth made statistically significant gains on a *Comfort with Own Sexuality* scale which measured such things as comfort saying “no” to sexual come-ons and having a good understanding of their own sexual feelings and reactions.
- ◆ Teen Council members also made statistically significant gains on a *Self Esteem* scale.
- ◆ Significant, positive changes were also made on a *Confidence in Peer Education Skills* scale.
- ◆ A scale measuring *Perceptions of Relationship with Parent(s)* also showed statistically significant gains.

Outcomes among Parents, Friends, and Audience Members

Positive outcomes were also observed among Teen Council parents, friends, and audience members:

- ◆ Slight improvement in parent comfort regarding talking with their children about how to communicate with a sexual partner.
- ◆ Slight improvements in parents’ beliefs that their children listen to them, hear them, and try to understand what it must be like to be a parent.
- ◆ Friends learned about sexuality and/or sexual health from their friends in Teen Council and three-quarters reported their friends had helped them access sexual health services or resources.
- ◆ Friends reported they are more likely to use protection, more comfortable talking to friends about sexuality and sexual health, and more comfortable talking to their partners about sex because of what they have learned from their friends in Teen Council.
- ◆ Audience members reported learning something new about where to go for sexual health services and almost all answered the topic-specific questions correctly after the presentations.

Conclusions

Overall, the Teen Council program is having a positive effect on the Teen Council members and those they reach – including their friends, parents, and audience members. Not only do Teen Council members gain knowledge about sexuality, they gain the skills and confidence necessary to carry that knowledge to their friends, family and audiences. In so doing, their comfort level with their own sexuality increases as does their comfort in discussing sex and birth control with their parents or a sexual partner.

Perhaps most important is an apparent ownership of their sexuality that blossoms in these young people while in the Teen Council program. These teens gain an understanding of their sexuality and what is right or wrong for them in that arena of their lives; they also gain the skills and confidence to communicate their needs and take action which can keep them safe while being empowered as sexual beings. These young people are more likely than their peers nationally to be sexually active but they are also more likely to be using the most effective birth control methods and less likely to use drugs and/or alcohol before they have sex.^{iv} These teens take control of their sexual health by visiting doctors and/or clinics for their health needs, being tested for HIV and other STIs, and regularly using contraception.

Beyond the quantitative data, the comments of both Teen Council members and their parents suggest that the Teen Council program has strong and potentially long-lasting effects on the lives of these young people and those around them.

ⁱ Sample is made up of Teen Council members from programs operated by Planned Parenthood of the Great Northwest.

ⁱⁱ The full report of these data can be found in Philliber Research Associates, *Planned Parenthood of the Great Northwest Teen Council 2012-2013*, January, 2014, Accord, NY.

ⁱⁱⁱ Centers for Disease Control and Prevention. YRBSS: Youth Risk Behavior Surveillance System. Surveillance Summaries, June 8, 2012. MMWR 2012;61(No. SS-4). Numbers calculated for those in 10th-12th grade and not entire YRBS High School sample.

^{iv} *ibid*.