

# SiHLE Evaluation Focus Group Report July 2015

## Background

Sistering, Informing, Healing, Living, and Empowering (SiHLE) is an evidence-based, group intervention aimed at reducing sexual risk behaviors, STD transmission, and unintended pregnancy among sexually active, African American teenage females ages 14-18. The program functions to enhance skills and mediators of sexual preventive behaviors, such as inter-partner negotiation and communication, attitudes and beliefs around condom and birth control use, and self-efficacy. SiHLE also places an emphasis on promoting ethnic and gender pride for this specific population.

SiHLE is delivered by two peer educators and an adult facilitator in four 3-hour sessions.

Website for more information:

<http://www.cdc.gov/hiv/prevention/research/compendium/rr/sihle.html>

## Purpose

As part of a larger evaluation of the Personal Responsibility Education Program (PREP) in the state of Iowa, researchers from the University of Iowa conducted a focus group with SiHLE participants in summer 2015. The purpose of this qualitative inquiry was to explore SiHLE participants' experiences with and perceptions of the program.

## Methods

One focus group was conducted with SiHLE participants in July 2015. Questions were asked by two trained facilitator related to the following topics:

- Reasons for participation in SiHLE
- Feedback on program likes and dislikes
- Recommendations for improvement
- Knowledge and skills gained from SiHLE
- Connections with community resources

Focus groups were audio recorded and transcribed. Broad themes were generated and organized to provide a broad description of participant responses.

## Results

### *Reasons for participation*

Focus group respondents described several reasons why they initially decided to join SiHLE. Several participants mentioned that they wanted to learn more about sex and/or a parent or teacher requested that they take the course.

Some participants described enrolling simply because it was ‘something to do in the summertime.’ As one participant put it:

*I got recommended by [name of friends]. They said it was fun so I decided to join. And it was free [laughs].*

### *Initial expectations for SiHLE*

Respondents were asked how their expectations of SiHLE compared with the actual experience of participating in the program. Focus group participants mentioned learning more about SiHLE from an informational sheet given to them before the start of the program. All respondents agreed that the program went above and beyond the topics mentioned on this sheet.

*I think we got much more than what they told us on the paper. ‘Cuz they kept it real, put it to you in like, ways that you understand in real life, you know.*

### *Perceived purpose of SiHLE*

Focus group respondents were asked who they believe is the intended audience for SiHLE. Most participants agreed that the program is specifically meant for young African-American women. When pressed further, one respondent noted:

*We’re not given as much credit as we should, you know? We get bad-talked about.*

Some participants also believed that SiHLE could be useful for a broader audience and contains information pertinent to most people regardless of age, gender, or race.

*I think it can really be for anybody. Males, you know, adults. ‘Cuz, you know, everybody needs this information, not just young teenage girls.*

### *Strengths of SiHLE*

Many respondents reported that they most enjoyed the role play and cognitive rehearsal exercises. These activities allowed respondents to test out real life scenarios and unpack their own risk behaviors in a safe space.

*I think the thing that really helped me was the role play. Because we went through it, you know, ‘how am I being there in real life’ and how can you do it in a positive way. Instead of being negative, you know, how the world sees us. So that really affected*

*me because I'm used to always being aggressive. So now I know a way to be a positive light without getting into any trouble.*

More generally, participants appreciated the honesty and 'realness' of the program and its facilitators. Throughout the focus group, respondents often compared the experience of SiHLE with that of sexual education taught in their school, praising the former for its real-life applicability and straightforward style:

*[The facilitators] would keep it real—they wouldn't, like, sugarcoat it.*

*Like, in school, they teach you—but they like, don't show you. They say it but they make it seem like you don't do it, but then when you do do it, you're just like, 'Well, I'm doing all this wrong. Nobody ever gave me this. This is reality.' And the school doesn't teach you any of that. They just teach you what they want you—what they think you should know.*

Several participants mentioned that they had enjoyed an increase in confidence as a result of going through the program. Greater confidence was tied back to skills related to communication styles (e.g., 'being assertive and not being too aggressive or passive—being more confident') and gains in knowledge. As one participant put it:

*R: [SiHLE] was more than enough.*

*I: Was it too much?*

*R: No. It showed you to be a woman and respect yourself. And if you're gonna be out there, do it the right way.*

### *Areas for program improvement*

Focus group participants were silent when asked about drawbacks of the program. The only negative of SiHLE mentioned by any participant was the STD visuals; however, the pictures were still described as ultimately being helpful and instructive given that they represented 'real' scenarios.

*The only thing I can say that most of us wouldn't like, was like, the pictures [LAUGHTER]. The pictures of diseases that help as they're showing us things, like—these are real things. So even though it might be disgusting to see, it's real.*

Many respondents believed that the program should be offered to more people and not restricted to the Waterloo area.

*I think having it more out there, so everybody can know about it.*

*I know a lot of people who need this kind of help.*

### *Gains in knowledge and skills*

Participants all agreed that they know more about resources available in the community as a result of participating in SiHLE. In addition to resources like Allen Hospital, participants also described how the program had taught them to seek help and advice from trusted others, such as ‘a counselor, a teacher. Anyone you can trust. A parent. A close friend.’

Focus group respondents were asked to describe something they learned as a result of the program. One participant mentioned STD prevention:

*How to protect yourself from all the diseases. And like, the higher disease rate in Black Hawk County.*

However, most of the gains described by focus group respondents related to communication styles and negotiation with romantic partners. The group explained how they were taught to express themselves in different ways and ‘handle [themselves] better’ as a result of the program:

*How to communicate better. Like, we learned about different types of communication. Passive aggressive and assertive. So I think that will be good in reality when we get out there.*

Participants mentioned learning about characteristics of abusive relationship and the meaning of sexual consent:

*Basically I learned how to talk to my partner the right way. Show him respect, not get mad at each other in the wrong way. Talking to your partner about anything you’re not comfortable with.*

Focus group respondents mentioned a variety of other skills learned in the program, such as listening to song lyrics ‘in a real way’, ‘putting on the proper color of lipstick,’ and not sending nude photos to a romantic partner.