

Changes in knowledge, attitudes, and behavior
following a sexual health video intervention in
American Indian/Alaska Native youth: the Native
VOICES Project

Lauren T. Adrian

CHANGES IN KNOWLEDGE, ATTITUDES, AND BEHAVIOR FOLLOWING A
SEXUAL HEALTH VIDEO INTERVENTION IN AMERICAN INDIAN/ALASKA
NATIVE YOUTH: THE NATIVE VOICES PROJECT

By

Lauren T. Adrian

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CERTIFICATE OF APPROVAL**

**This is to certify that the Master's thesis of
Lauren T. Adrian
has been approved**

Jodi Lapidus, PhD, Mentor/Advisor

William Lambert, PhD, Member

Stephanie Craig Rushing, PhD, Member

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Abstract

Background

Native American youth experience higher rates of sexually transmitted infections and pregnancy than other racial groups. Despite this fact, no STD prevention tools have been developed specifically for AI/AN youth up to now. This study evaluated the effects of a video-based HIV/STD prevention intervention (Native VOICES) in nearly 800 Native American teens and young adults.

Aims

1. Examine any differences in baseline knowledge and attitudes between demographic subgroups and study arms
2. Examine to what extent pre-intervention knowledge, attitudes, self-efficacy, and intentions are correlated with risk and protective behaviors
3. Seek out factors, including study arm, demographic subgroup, and behavior, that correlate with greater change in knowledge, attitudes, and intention following the intervention
4. Evaluate retention of knowledge six months post intervention

Methods

Nearly 800 youth from tribal settings across the United States were surveyed before and after the intervention. Aggregate scores were created from survey answers to evaluate changes in STD knowledge, condom attitudes and intentions, and dental dam attitudes and intentions. Changes in these constructs were assessed using the scores following the intervention, as well as 6 months after the intervention. Regression analysis was used to examine the effects of the intervention while adjusting for covariates.

Results

Scores for STD knowledge, condom attitudes and intentions, and dental dam attitudes and intentions increased following the intervention. Reported changes in risk behaviors did not strongly correlate with the intervention.

Summary

We believe Native VOICES is a valuable and convenient tool to help decrease teen pregnancy and STD infection in Native populations. The intervention can be used in a group setting with a facilitated discussion portion, or distributed directly to youth via social media. Additionally, youth as well as tribal community members felt that the video was culturally appropriate and entertaining.

Introduction

Infection with HIV, other STDs, and teen pregnancy all have significant personal, social, and economic costs. Sexually transmitted infections, such as HIV, Chlamydia, and Gonorrhea, can lead to lifelong consequences, including AIDS, pelvic inflammatory disease, ectopic pregnancy, infertility, and cancer (Eng, Butler et al. 1997).

American Indians and Alaska Natives (AI/AN) are disproportionately affected by a number of adverse health outcomes, and studies have shown that youths have especially disparate sexual health outcomes compared to other racial groups. American Indian and Alaska Native youth are affected by STDs, HIV, and teen pregnancy at higher rates than their white counterparts (CDC, 2013). Rates of gonorrhea are twice as high in AI/AN youth compared to whites, and rates of chlamydia are nearly four times as high as in white youth (CDC, 2003). AI/AN teen girls have a 25% higher teen birth rate than white youth (Kaufman, Desserich et al. 2007). Twenty percent of Native teen girls aged 15-19 have given birth (Hamilton et al., 2009), and Native girls have the highest rate of repeat teen birth at 21.6% (CDC, 2013).

Evidence suggests that HIV infection is a problem in both urban and rural AI/AN populations. While 68% of HIV-infected AI/ANs live in urban areas, AI/ANs with HIV are more likely than other racial groups to live in rural settings (Bertolli et al., 2004). Rural or reservation-dwelling youth may be relatively protected from HIV infection due to physical isolation and strong social and cultural support. AI/AN youth living in urban areas, however, may be exposed to riskier sexual norms and higher prevalence of HIV, but may also benefit from more accessible sexual health education and services. Prevention efforts therefore need to address both urban and rural or reservation-dwelling adolescents.

These reproductive health disparities may arise from many different and interrelated factors, including a lack of comprehensive sex education, poor access to reproductive healthcare services, rural geography, poverty, stigma, historical trauma, higher rates of

physical and sexual abuse, early debut of sexual activity, early alcohol and drug use, low condom use, and multiple sexual partners (de Ravello et al., 2012). Native young people's reproductive health decisions are shaped by social norms and sexual contexts that include both traditional and contemporary cultural values (Kaufman et al., 2007). As a result, mainstream sexual health campaigns and curricula are often inappropriate and ineffective for AI/AN youth. To meet the unique needs of AI/AN youth, sexual health programs must be tailored to reflect their cultural contexts and values (Craig Rushing & Stephens, 2011; Gilley, 2006).

The continued disparities in sexual health outcomes among AI/AN youth point to the need for the continued development of new interventions, and especially the development of sexual risk reduction interventions specifically for an AI/AN audience. Technology-based interventions offer several advantages over traditional approaches to sexual health education among youth. Technology based interventions may include video, texting, social media, or video games. As compared to a traditional teacher or physician-led intervention, a video intervention can reduce the demands on staff time at a clinic or school, reduce costs, increase patient privacy and acceptance, and increase the reliability and ease of implementation. Tailoring a video intervention for AI/AN youth can improve the effectiveness by making the video more compelling and interesting than a more broadly focused tool. The use of culturally appropriate material can increase interest, attention, and motivation, which may lead to better retention of information and behavior change.

Evidence shows that interventions that highlight motivation and skills in behavior change are the most effective (Carey et al., 2014). Interventions that attempted to instill fear of HIV proved the least effective, while those that focused on changing attitudes, education, and behavior were the most effective at reducing HIV infection (Albarracín et al., 2005).

Native VOICES Intervention

Native VOICES was a project undertaken by the Northwest Portland Area Indian Health

Board (NPAIHB) to adapt a video-based sexual health intervention specifically for American Indian and Alaska Native teens and young adults, 15 to 24 years of age. The project was funded through a grant from the Native American Research Centers for Health, and was carried out by staff at the Northwest Portland Area Indian Health Board, a tribal non-profit organization managed by the 43 federally recognized tribes in Oregon, Washington, and Idaho.

The Native VOICES intervention is based on two STD/HIV video interventions, *Video Opportunities for Innovative Condom Education and Safer Sex* (VOICES/VOCES) and *Safe in the City*, both evidence-based behavioral interventions recognized by the CDC as high impact HIV prevention programs. The VOICES/VOCES intervention is based on the Theory of Reasoned Action (TRA), a model of behavioral change that posits that behavior is influenced by attitudes, beliefs, experiences, and the expectations of other peoples' reactions (CDC, 2016; Glanz, Rimer and Viswanath, 2015). It was created for use in reproductive health clinic waiting rooms and is directed at heterosexual African American and Latino men and women (see: www.effectiveinterventions.org/HighImpactPrevention/Interventions/VOICES.aspx). *Safe in the City* uses an integrated theoretical approach based on increasing knowledge, heightening perception of HIV/STI risk, promoting positive attitudes about condom use, increasing self-efficacy, and teaching skills in condom negotiation, acquisition, and use. It is also meant to be used in clinic waiting rooms, and it depicts heterosexual relationships as well as MSM (see: www.cdc.gov/std/safe-in-the-city/).

To adapt the intervention, the NPAIHB research team used an emergent study design to collect qualitative data and community feedback from tribes in the Pacific Northwest over a three-year period from 2011 to 2013 (Craig-Rushing and Gardner, 2016). Using a community-based participatory research (CBPR) approach, the authors adapted the VOICES script to use Native actors in rural and urban settings. To determine the final script and tone, AI/AN teens and young adults from across the U.S. read or reenacted iterative drafts of the adapted script, and provided feedback on the characters, scenes, tone, and dialogue. The adapted script was shot on location in Oklahoma City in August

2013.

The Native VOICES video (23 minutes) shows actors in several situations that Native youth can relate to – playing basketball with friends, at a party at a private home, and seeking advice from older family members and friends. The video demonstrates condom negotiation and acquisition, as well as the importance of talking about STIs with sexual partners.

A free Native VOICES Toolkit was designed to support the intervention's implementation in diverse tribal settings. The video has also been marketed directly to AI/AN youth on YouTube, Facebook and Twitter. Since its release March 31, 2015 through January 2017, the Native VOICES videos was viewed 2,893 times on YouTube and reached 1,676,400 people on Facebook.

A study was designed to evaluate the effectiveness of the video using three treatment conditions. Three study arms were used to compare the video alone and the video plus facilitated discussion versus the standard of care fact sheets. The original VOICES program included a small group discussion to work on overcoming barriers to condom use. *Safe in the City* included only a video showing and was shown to be effective, so both conditions were included.

The discussion section was split by gender to encourage openness and comfort. Each facilitated discussion was led by an NPAIHB-trained community member who followed a written guide to ensure consistency across locations.

Human Subject Protections

IRB approval was obtained from the Portland Area Indian Health Service Institutional Review Board and the Salish Kootenai College Institutional Review Board. Participants were recruited by local coordinators at the study sites and gave informed assent. Parents of participants under 18 years old were required to sign informed consent forms.

Evaluation Methods

A randomized controlled trial was designed to evaluate the intervention’s cultural appropriateness, acceptability, and effectiveness with AI/AN youth across the U.S. The intervention was evaluated at nine tribal partner sites in Oregon, Minnesota, California, Mississippi, Montana, Arizona, Idaho, and Washington, in school and community settings.

Together, the sites recruited and consented 788 AI/AN youth 15-24 years old to participate in study. A \$20 cash or gift card incentive was offered to participants following completion of the post-intervention survey, and a \$20 incentive was offered for the 6-month follow-up survey.

The study employed a three-armed randomized controlled trial. The intervention condition in Arm 1 consisted of STD prevention fact sheets (attached in the Appendix) plus the Native VOICES video. Arm 2 included fact sheets, the Native VOICES video, and a one-hour, facilitated discussion about sexual health, with participants grouped by gender. The same facilitator led all discussions at the various sites, and worked using a written guide. Arm 3 included fact sheets only.

In order to achieve a balance of urban and rural sites in each arm, as well as similar numbers of participants in each arm, a block randomization strategy was employed. The nine sites in this study were randomized to three treatment arms, with one of three urban sites randomly assigned to each arm and the six rural sites randomly assigned to the arms to end up with approximately 300 youths in each arm.

Table 1. Number of participants in each study arm

Arm 1	Arm 2	Arm 3
Fact sheets and VOICES video	Fact sheets, VOICES video, and facilitated discussion	Fact sheets
253 youth participated in pre and post surveys	198 youth	337 youth
186 at 6 month follow-up	131 at 6 month follow-up	238 at 6 month follow-up

Surveys were designed to assess demographic characteristics, changes in attitudes about condoms and dental dams, sexual behaviors, and self-efficacy to use protection. The survey tool was based on questions from the 2013 Youth Risk Behavior Surveillance Survey (YRBSS), as well as questions used by creators of the VOICES intervention to evaluate two culturally-specific video-based interventions, “Porque Si” and “Let’s Do Something Different.”

Hypotheses

According to the Theory of Reasoned Action, we hypothesized that positive attitudes and intentions surrounding safer sexual health practices would most closely correlate with protective behaviors. We hypothesized that the greatest increases in knowledge would be seen in participants in study Arm 2, where participants watched the VOICES video and participated in a facilitated discussion. We also hypothesized that this group would show the greatest changes in attitudes and behavior. We hypothesized that the video intervention would be more influential because it is entertaining and engaging, and the addition of a facilitated discussion would lead to the greatest changes in behavior and attitudes based on peer involvement. We did not expect that any age group, gender, or environmental setting would demonstrate greater changes in knowledge, attitudes or behavior following the intervention. We hypothesized that those participants in Arm 2 would show the greatest retention of knowledge six months after the intervention, and that those participants in Arm 3, who received fact sheets only, would show the least retention of knowledge.

Data Collection

Intervention efficacy was evaluated using a pre-, post-, and 6 month post-intervention survey (included in the Appendix). The surveys included demographic questions about age, sex, race/ethnicity, and sexual orientation; knowledge questions about proper use of condoms, and STD infection and symptoms; attitude questions about using and procuring condoms and dental dams; and risk behavior questions about vaginal, oral, and anal sex.

Data Management

De-identified survey responses were entered into a Microsoft Access database, and a subset of 258 surveys were double entered to check for agreement. Following double data entry, the percent disagreement was 0.8% for all entered responses. Data were exported from Access to a Stata data set for analysis. Each student was given a unique ID number that was used to match pre-, post- and 6-month follow-up surveys. Data from the pre- and post-intervention surveys were analyzed using Stata statistical software.

Data Analyses

This thesis project used the pre- and post-intervention surveys to evaluate differences between the three study conditions as well as between genders, age groups, and urban versus rural location. Data from the six months post-intervention surveys was used to evaluate changes in behavior and assess retention of information.

The primary constructs measured via pre- and post-intervention surveys were STD knowledge, attitudes towards condoms and dental dams, and self-efficacy or intention to use condoms and dental dams. Scores were created for the following variables: STD knowledge, attitudes towards condoms, attitudes towards dental dams, self-efficacy/intention in regard to condoms, and self-efficacy/intention in regard to dental dams. The aggregate scores were calculated by assigning one point for each correct or ideal survey answer. The complete list of questions included in each score is in the Appendix. The survey questions comprising each aggregate score are summarized in Table 2. Each score was evaluated using Cronbach's alpha to assess the validity of the questions included. The following table illustrates the makeup of aggregate construct scores, as well as the pre-intervention ranges and means scores, for all participants.

An aggregate risk behavior score was also created for each participant based on answers to 27 questions concerning risky sexual practices. The component survey questions of the

risk score are presented in the Appendix.

An aggregate risk score was computed for each study participant. The risk score comprised 19 questions about sexual risk behaviors. One point was awarded for each answer to questions about sexual history (Have you ever had oral/vaginal/anal sex?), age younger than 13 years at sexual debut (How old were you when you had oral/vaginal/anal sex for the first time?), total sexual partners (During your life, with how many people have you had oral/vaginal/anal sex?), number of recent sexual partners (During the past 3 months, with how many people did you have oral/vaginal/anal sex?), alcohol and drug use before last sexual intercourse (The last time you had oral/vaginal/anal sex, did you drink alcohol or use drugs beforehand?), and condom and dental dam use before last sexual intercourse (The last time you had oral/vaginal/anal sex, did you and your partner use a dental dam/condom?).

The main effects examined were correlates of change in knowledge, attitudes, and self-efficacy. We examined differences by age group (15-19 vs 20-24 years), gender, location (urban vs rural), and study arm.

Table 2. Composition of Knowledge, Attitude, and Intention Scores

Knowledge, Attitude, and Intention Score Information

Construct	Number of Items	Sample Question	Response Format	α^*	Mean (Pre-Intervention)	Range (Pre-Intervention)
STD Knowledge	11	You can tell if your partner has an STD by examining him or her	True, False, or I Don't Know	0.77	7.67	0-11
Condom Attitude	8	Using a condom is too much trouble	Agree or Disagree	0.70	6.24	0-8
Dental Dam Attitude (among those who know what a DD is)	8	Dental dams ruin the mood	Agree or Disagree	0.91	4.23	0-8
Condom Intention	6	How sure are you that you could tell your partner you want to start using condoms for vaginal sex?	Definitely, Kind of, Not sure at all, or I would never engage in this behavior	0.68	3.44	0-6
Dental Dam Intention	4	How sure are you that you could use a dental dam correctly?	Definitely, Kind of, or Not sure at all	0.57	0.44	0-4

*Cronbach's alpha computed using baseline data

Survey answers to individual questions were compared across demographic groups and study arms for a closer look at particular aspects of a construct that were problematic for the study participants. Changes in each construct were evaluated using the aggregate score.

Regression analysis was carried out to elucidate the relationships between construct scores and demographic factors and study arm. Regression models were created for post-intervention STD knowledge, condom attitudes, condom intentions, dental dam attitudes, and dental dam intentions. Independent variables included age group, gender, study arm, and pre-intervention score for each construct. Additionally, regression models were created for 6 months post-intervention construct scores, with the added independent variable pre-intervention risk behavior score.

Results

Table 3. Baseline Demographics

Demographic characteristics	Arm 1 (Video)		Arm 2 (Video + Discussion)		Arm 3 (Control)		Total	
	n	%	n	%	n	%	n	%
Age								
15-19	232	91.6	172	87.3	195	57.9	599	76.2
20-24	21	8.4	25	12.7	141	42.1	187	23.8
Sex								
Male	107	42.4	86	44.1	152	45.1	345	44.0
Female	145	57.6	109	55.9	185	54.9	439	56.0
Other	0	0.0	1	0.8	0	0.0	1	0.2
Race/Ethnicity								
American Indian or Alaska Native	196	78.1	147	91.0	173	65.8	516	75.4
AI/AN and White	16	6.4	5	3.0	24	9.1	45	6.6
AI/AN and African-American	0	0.0	8	4.5	9	3.4	17	2.5
AI/AN and Hispanic or Latino	20	8.0	8	1.5	49	18.6	77	11.3
AI/AN and Asian or Pacific Islander	1	0.4	0	0.0	1	0.4	2	0.3
AI/AN and Other	13	5.2	2	0.0	6	2.3	21	3.1
AI/AN and Two or More Others	5	2.0	0	0.0	1	0.4	6	0.9
Sexual Orientation								
Straight	206	83.7	142	87.6	241	91.6	589	87.5
LGBT	40	16.3	22	12.4	22	8.4	84	12.5
Rural	52	20.4	172	86.4	237	70.3	461	58.3
Urban	203	79.6	27	13.6	100	29.7	330	41.7

A total of 788 AI/AN youth participated in the Native VOICES baseline survey. Just over half (55%) were female; 45% were male. Nearly three-quarters (76%) were 15-19 years old; one-quarter (24%) were 20-24 years old. Two-thirds (67%) lived in rural or tribal communities, and one-third (33%) lived in urban communities. Over 12% identified as lesbian, gay, bisexual, transgender, or two spirit (LGBT-TS). Just over 70% of the study participants completed six-month follow-up surveys.

Significant differences were seen in age group and rural/urban makeup of the study arms. Arms 1 and 2 (VOICES video and video plus discussion) had more younger participants than Arm 3 (fact sheets only). Arm 2 also had significantly more rural youth (86.4%) than Arm 1 (20.4%). There were no statistically significant differences in gender makeup of the three arms, with all three arms comprising 42.5-45.3% males and 54.7-55.9% females.

Table 4. Differences in demographic makeup of study arms

		Study Arm								p
		Total		1 (Video)		2 (Video + Discussion)		3 (Control)		
		n	%	n	%	n	%	n	%	
Age Group										
	15-19	599	76.2	232	91.6	172	87.3	195	57.9	<0.01
	20-24	187	23.8	21	8.4	25	12.7	141	42.1	
Sex										
	Male	345	44.0	107	42.4	86	44.1	152	45.3	0.82
	Female	439	56.0	145	57.6	109	55.9	185	54.7	
Environment										
	Rural	461	58.3	52	20.4	172	86.4	237	70.3	<0.01
	Urban	330	41.7	203	79.6	27	13.6	100	29.7	

Outcome Measures

The primary outcome measures for this study (knowledge, attitudes, and intentions about condoms and dental dams, and self-reported risk and protective behaviors) were evaluated using aggregate scores. Cronbach's alpha was computed for each score to assess their consistency and validity. The knowledge score consisted of the number of correct responses to 11 true or false items about STD infection and condom use

(Cronbach's $\alpha= 0.77$). The attitude scores comprised 8 questions each about condoms and dental dams (Cronbach's $\alpha= 0.70$ for condom attitudes, Cronbach's $\alpha= 0.91$ for dental dam attitudes). Intention scores were based on 6 questions about condoms and 4 questions about dental dams (Cronbach's $\alpha= 0.68$ for condom intentions, Cronbach's $\alpha= 0.57$ for dental dam intentions).

Table 5. Baseline score comparisons of demographic groups

	Total	Age Group			Sex			Environment		
		15-19	20-24	p	Male	Female	p	Rural	Urban	p
STD Knowledge	7.7	7.5	8.5	<0.0001	7.3	8.0	0.0002	7.5	8.0	0.006
Condom Attitude	6.2	6.1	6.8	<0.0001	6.2	6.3	0.154	6.3	6.1	0.898
Dental Dam Attitude	1.4	1.3	2.0	<0.0001	1.2	1.6	0.0238	1.5	1.3	0.15
Condom Intention	3.4	3.2	4.3	<0.0001	3.4	3.5	0.48	3.4	3.4	0.483
Dental Dam Intention	0.4	0.4	0.6	0.0002	0.4	0.5	0.34	0.4	0.5	0.245

Table 6. Baseline score comparisons of study arms

	Study Arm								
	Total		1 (Video)		2 (Video + Discussion)		3 (Control)		p
	mean	SD	mean	SD	mean	SD	mean	SD	
STD Knowledge	7.7	2.68	8.1	2.47	6.6	2.88	8	2.56	<0.01
Condom Attitude	6.2	1.85	6.2	1.83	5.8	2.14	6.6	1.63	<0.01
Dental Dam Attitude	1.4	2.41	1.6	2.4	1.3	2.4	1.4	2.4	0.57
Condom Intention	3.4	1.77	3.4	1.73	3	1.9	3.7	1.68	<0.01
Dental Dam Intention	0.44	0.82	0.4	0.71	0.5	0.88	0.4	0.85	0.49

Pre-intervention scores for STD knowledge ranged from 0 correct to 11 correct, with a mean score of 7.67. The mean score for participants in Arm 2 (video plus discussion) was significantly lower than Arms 1 and 3. Older participants had higher average scores than younger participants (8.5 versus 7.5), and females scored higher than males (8.0 versus 7.3). Urban youth scored slightly higher than rural youth on STD knowledge (8.0 versus 7.5).

Condom attitude scores ranged from 0 to 8 and the overall mean was 6.24. Males and females scored similarly, as did urban and rural youth. The older age group scored higher than the younger age group (6.8 versus 6.1), and statistically significant differences were seen between study arms; the mean in Arm 2 was 5.9 versus mean score in Arm 3 6.6.

Condom intention scores ranged from 0 to 6 with a mean of 3.4. Older participants scored the highest across all subgroups, and had statistically significantly higher mean scores than younger participants (4.3 versus 3.2, $p < 0.001$). Arm 2 had a significantly lower mean score than the remainder (3.0 versus 3.6, $p = 0.0001$). Gender and rural/urban setting had no effect on condom intentions.

Mean dental dam attitude scores were low across all groups, with more than 80% of all participants scoring three or fewer ideal answers out of eight possible. The older age group scored significantly higher than the younger age group for dental dam attitudes (2.0 versus 1.3, $p < 0.001$). Females also scored higher than males (1.6 versus 1.2, $p = 0.02$).

Scores for dental dam intentions were low across all demographics. Scores ranged from 0 to 4 with a mean of 0.44. In a pattern similar to the scores for dental dam attitudes, older participants reported higher scores than younger participants (0.63 versus 0.39, $p = 0.0002$).

Baseline Risk Behaviors

According to the pre-intervention surveys, many of the participants engaged in potentially risky sexual behavior. More than 72% of all participants reported ever having had sex (vaginal, oral, or anal). Over 7% reported first sexual intercourse before age 13 years, and nearly a third (32.6%) reported having had sex with 4 or more partners. Older participants (20-24 years) were more likely to have had sex, and also more likely to have had four or more partners. Troublingly, younger participants were more likely to have had sexual intercourse before age 13 years than the older age group. More than one fifth (21.7%) of all participants reported using alcohol or other drugs before their last sexual intercourse, and more than half (59.2%) did not use a condom during their last sexual intercourse. Most participants (65.5%) had talked to a partner about using a condom at some point, but only 5.3% had ever talked about using a dental dam with a partner. Males reported slightly more risky behavior than females, with higher proportions of males having had sex before age 13 years, having had 4 or more total partners, and drinking alcohol or using drugs before their last sexual contact. Females, however, were slightly less likely to have used a condom or dental dam during their last sexual intercourse. Rural youth were more likely to report alcohol or drug use before sex than urban youth (24.3% versus 18.2%).

The mean risk score for all participants was 3.4 (out of 19). The older age group, 20-24 years, had a significantly higher mean score than the 15-19 year olds (6.0 versus 3.2, $p < 0.001$). Males had a significantly higher mean score than females (4.4 versus 3.5, $p < 0.001$). Scores for rural and urban youth were similar (4.0 versus 3.8). Arms 1 (video) and 3 (fact sheets) had similar risk scores (4.1 and 4.2), while arm 2 (video and discussion) had a lower risk score (3.0, $p < 0.001$).

Table 7. Baseline risk behaviors by demographic characteristics

Risk Behaviors in Sexually Active Respondents (Pre-Intervention)	Percent									
	Total	Age Group		Sex		Study Arm			Environment	
		15-19	20-24	Male	Female	1	2	3	Rural	Urban
Ever had sexual intercourse (inclusive of vaginal, oral, and anal)	72.7	66.1	95.2	73.7	72.9	78.0	63.8	74.0	71.4	74.6
Ever had vaginal sex	67.5	61.3	86.7	68.2	67.5	74.4	57.0	68.3	66.8	68.5
Ever had oral sex	57.2	47.6	87.2	62.2	53.5	59.4	45.0	62.6	56.5	28.3
Ever had anal sex	23.2	18.4	38.0	26.1	21.2	24.0	19.3	24.9	24.1	22.0
Had sexual intercourse for the first time before 13 years	7.8	8.5	5.9	9.8	6.4	10.6	11.6	3.6	6.9	9.1
Had vaginal sex for the first time before 13 years	6.2	6.6	4.8	7.5	5.1	9.8	7.6	2.7	5.2	7.5
Had oral sex for the first time before 13 years	4.1	4.4	3.2	6.2	2.5	4.8	6.8	2.1	3.8	4.6
Had anal sex for the first time before 13 years	1.6	1.9	2.7	2.7	1.6	1.7	4.2	2.4	1.8	1.3
Had sexual intercourse with four or more people	32.6	24.9	55.9	37.6	28.3	33.7	25.1	36.1	36.0	27.8
Had vaginal sex with four or more people	28.0	20.9	50.0	31.6	25.3	30.6	17.4	31.9	31.2	23.6
Had oral sex with four or more people	14.8	9.9	28.7	19.7	10.3	14.5	12.6	16.3	15.6	13.6
Had anal sex with four or more people	6.3	6.2	4.8	9.5	3.0	8.2	8.0	3.9	6.1	6.7
Had sexual intercourse with more than one person in past three months	12.1	10.4	18.2	18.6	7.3	10.2	11.6	14.0	13.5	10.3
Had vaginal sex with more than one person in past three months	8.9	7.4	14.4	12.8	6.2	8.2	7.5	10.4	10.6	6.7
Had oral sex with more than one person in past three months	5.7	5.3	7.0	9.3	3.0	5.1	5.5	6.2	6.5	4.6
Had anal sex with more than one person in past three months	1.4	1.7	0.5	2.6	0.5	0.8	2.5	1.2	1.3	1.5
Drank alcohol or used drugs before last sexual intercourse	21.7	17.5	35.8	23.8	20.5	20.8	15.1	26.4	24.3	18.2
Drank alcohol or used drugs before last vaginal sex (among those who have had vaginal sex)	22.7	21.8	24.7	26.3	19.9	22.4	16.8	25.6	24.7	20.1
Drank alcohol or used drugs before last oral sex (among those who have had oral sex)	24.2	20.0	32.3	24.9	23.8	20.9	19.4	28.9	27.1	20.4
Drank alcohol or used drugs before last anal sex (among those who have had anal sex)	18.9	18.9	19.0	24.1	13.8	11.6	18.0	24.5	21.6	14.5
Did not use a condom during last sexual intercourse	59.2	51.6	85.6	62.9	57.4	63.9	49.3	62.0	59.4	59.4
Did not use a condom during last vaginal sex (among those who have had vaginal sex)	49.4	46.4	55.7	48.7	50.0	60.1	40.7	45.3	49.7	49.1
Did not use a condom during last oral sex (out of those who have had oral sex)	84.9	83.7	87.0	84.3	85.5	86.1	82.9	84.9	85.3	84.5
Did not use a dental dam during last oral sex (out of those who have had oral sex)	91.9	90.3	94.6	88.8	95.2	89.9	88.7	94.6	93.7	89.5

Did not use a condom during last anal sex (out of those who have had anal sex)	66.8	61.9	74.0	60.4	73.0	57.4	63.6	74.7	73.6	56.0
Never talked to a partner about using a condom	34.5	41.1	12.3	35.7	32.8	37.7	37.7	30.3	34.1	35.2
Never talked to a partner about using a dental dam	94.7	95.2	93.1	94.2	95.0	95.3	94.0	94.7	94.4	95.2

Baseline Risk Behavior and Knowledge, Attitudes, and Intentions

In order to examine if pre-intervention STD knowledge, attitudes, and intentions correlate with risk behaviors, as stated in Aim 2, we compared the average construct scores for participants who had and had not engaged in each risky behavior.

Pre-intervention scores for STD knowledge, condom attitudes, dental dam attitudes, condom intentions, and dental dam intentions were all significantly higher for participants who had ever had sexual intercourse (vaginal, oral, or anal). No significant difference was observed for any of the five construct scores between those youth who had and those who had not had first sexual intercourse before age 13 years. Scores for STD knowledge and dental dam attitudes were significantly higher in those participants who had had sex with four or more partners, and no significant differences were observed for the other constructs. Among those youth who did not use a condom during last sexual intercourse, STD knowledge scores were significantly lower compared to those who did use a condom (mean 6.8 versus 8.3, $p < 0.001$). Interestingly, condom intentions were significantly higher among those who did not use a condom during their last sexual encounter (4.0 versus 2.6, $p < 0.001$), but attitudes towards condoms were significantly lower (6.3 versus 6.1, $p = 0.04$). In general, having a positive attitude towards condoms and higher condom self-efficacy were not correlated with having used a condom during last sexual intercourse. Additionally, higher STD knowledge scores were not correlated with abstinence, sexual debut after age 13 years, or having had fewer than four sexual partners.

Table 8. Comparison of Construct Scores by Risk Behavior Engagement

Risk Behavior	Average Score														
	STD Knowledge			Condom Attitude			Dental Dam Attitude			Condom Intention			Dental Dam Intention		
	Yes	No	p	Yes	No	p	Yes	No	p	Yes	No	p	Yes	No	p
Ever had sexual intercourse (inclusive of vaginal, oral, and anal)	8.1	6.5	<0.001	6.4	5.8	<0.001	1.6	0.91	<0.001	3.9	2.3	<0.001	0.49	0.3	0.0016
Ever had vaginal sex	8.2	6.6		6.4	5.9		1.7	1		3.9	2.5		0.5	0.33	
Ever had oral sex	8.4	6.8		6.4	6		1.8	0.99		4.1	2.6		0.55	0.3	
Ever had anal sex	8.4	7.5		6.3	6.2		1.9	1.3		4.1	3.2		0.45	0.44	
Had sexual intercourse for the first time before 13 years	7.5	7.7	0.35	6	6.3	0.098	1.4	1.4	0.5	3.5	3.4	0.44	0.44	0.44	0.48
Had vaginal sex for the first time before 13 years	7.8	7.7		5.9	6.3		1.6	1.4		3.5	3.4		0.53	0.43	
Had oral sex for the first time before 13 years	7.4	7.7		5.8	6.3		1.6	1.4		3.8	3.4		0.63	0.43	
Had anal sex for the first time before 13 years	6.8	7.7		5.4	6.3		1.7	1.4		3.5	3.4		0.75	0.44	
Had sexual intercourse with four or more people	8.3	7.4	<0.001	6.2	6.3	0.38	1.6	1.4	0.09	3.9	3.2	<0.001	0.48	0.42	0.198
Had vaginal sex with four or more people	8.7	7.4		6.5	6.2		1.6	1.4		4.1	3.3		0.5	0.44	
Had oral sex with four or more people	7.9	7.6		5.9	6.3		1.7	1.4		3.7	3.4		0.39	0.45	
Had anal sex with four or more people	7.1	7.7		5	6.3		1.1	1.5		3.4	3.4		0.38	0.44	
Had sexual intercourse with more than one person in past three months	8	7.6	0.12	6.1	6.3	0.25	1.4	1.4	0.61	3.8	3.4	0.97	0.43	0.44	0.57
Had vaginal sex with more than one person in past three months	8.2	7.6		6.4	6.2		1.4	1.4		3.9	3.4		0.44	0.44	
Had oral sex with more than one person in past three months	8.1	7.6		6	6.3		1.5	1.4		3.8	3.4		0.49	0.44	
Had anal sex with more than one person in past three months	7.6	7.7		4.8	6.3		1.6	1.4		2.7	3.4		0.45	0.44	
Drank alcohol or used drugs before last sexual intercourse	8.1	7.6	0.009	6.1	6.3	0.12	1.7	1.4	0.05	3.7	3.4	0.029	0.4	0.45	0.24
Drank alcohol or used drugs before last vaginal sex (among those who have had vaginal sex)	8.2	7.6		6.2	6.3		1.9	1.4		3.6	3.4		0.44	0.44	
Drank alcohol or used drugs before last oral sex (among those who have had oral sex)	8.3	7.6		6.2	6.3		1.7	1.4		3.8	3.4		0.42	0.44	

Drank alcohol or used drugs before last anal sex (among those who have had anal sex)	7.9	7.7		5.5	6.3		1.7	1.4		3.7	3.4		0.37	0.44	
Did not use a condom during last sexual intercourse	6.8	8.3	<0.001	6.3	6.1	0.04	1.7	1.1	0.0006	4	2.6	<0.001	0.49	0.37	0.02
Did not use a condom during last vaginal sex (among those who have had vaginal sex)	8.3	7.3		6.2	6.3		1.8	1.3		3.9	3.2		0.48	0.42	
Did not use a condom during last oral sex (out of those who have had oral sex)	8.5	7		6.4	6.1		1.7	1.2		4.2	2.9		0.51	0.38	
Did not use a dental dam during last oral sex (out of those who have had oral sex)	8.5	7		6.4	6.1		1.8	1.1		4.2	2.8		0.54	0.36	
Did not use a condom during last anal sex (out of those who have had anal sex)	8.3	7.5		6.2	6.3		1.9	1.3		4.1	3.3		0.42	0.44	
Never talked to a partner about using a condom (among those who have had sex)	6.8	8.1		5.9	6.4		1	1.7		2.1	4.2		0.23	0.55	
Never talked to a partner about using a dental dam (among those who have had oral sex)	7.7	7.9		6.3	6		1.3	3.2		3.4	4		0.36	1.9	

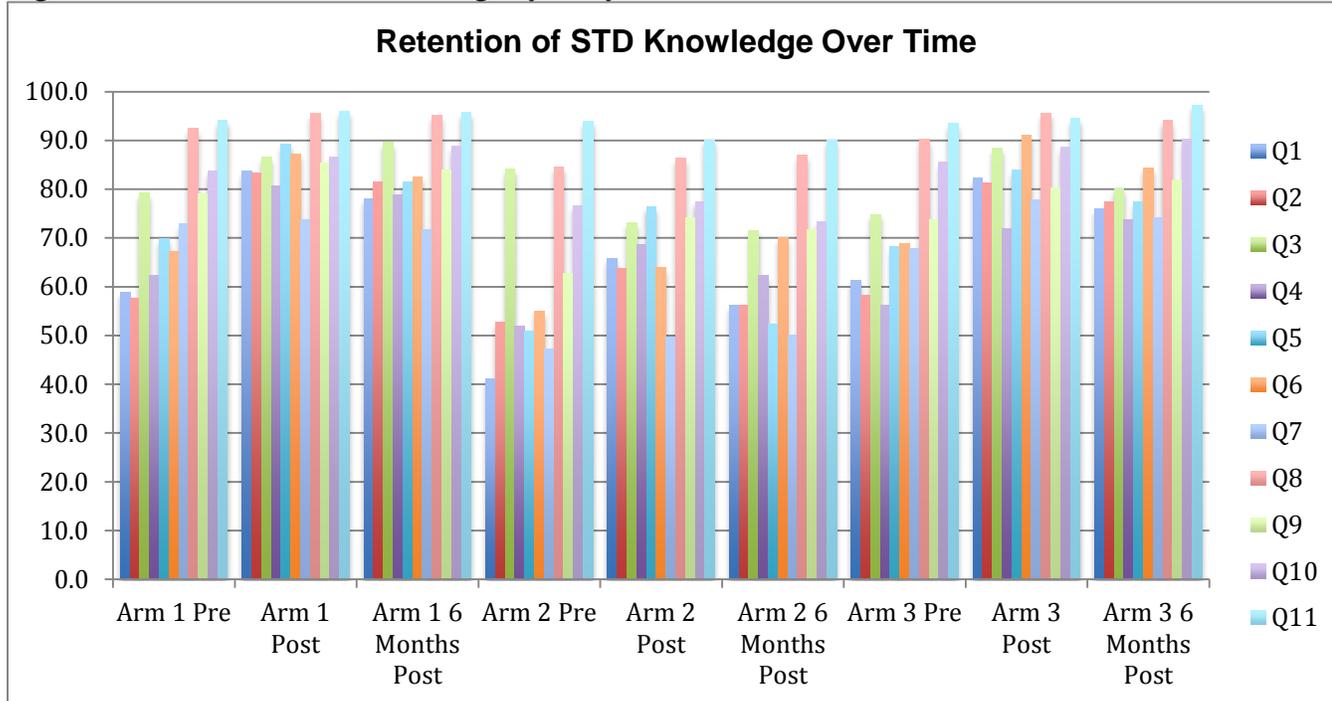
Factors correlated with knowledge, attitude, and behavior change

Immediately following the intervention, in addition to six months post intervention, STD knowledge, condom and dental dam attitudes, and condom and dental dam intentions were assessed via survey. The six-month follow up also included questions about risk behaviors.

Post-intervention scores for all constructs increased by a statistically significant amount in all three study arms, with the exception of the condom intention scores. Condom intention scores were slightly higher in all three arms six months post-intervention compared to pre-intervention.

The mean aggregate knowledge score for all participants before intervention was 7.67 (st dev = 2.68), with an increase to 9.05 following the intervention, and ending at 8.77 6 months following the intervention. On average, the STD knowledge score increased across all three study arms from pre- to post-test ($p < 0.0001$). Notably, improvements in STD knowledge were retained by all three study arms even after six months. As stated in Aim 5, we evaluated retention of knowledge 6 months post-intervention by examining the aggregate STD knowledge score, as well as looked at individual scores to the 11 survey questions. Changes in knowledge based on average percent correct of each question (Q1 through Q11) are summarized in the following graph. Specific questions are listed in the Appendix.

Figure 1. Retention of STD knowledge by study arm over time



Immediately following the intervention, STD knowledge scores for all three study arms increased significantly. The mean score for Arm 1 increased from 8.1 to 9.5 ($p < 0.0001$), the mean score for Arm 2 increased from 6.6 to 7.9 ($p < 0.0001$), and the mean score for Arm 3 increased from 8.0 to 9.4 ($p < 0.0001$). Six months post-intervention, the largest mean gain was seen in Arm 1 (1.2 points, $p < 0.0001$). Arms 2 and 3 also had statistically significant increases pre- to 6 months post-intervention.

The mean condom attitude score pre-intervention was 6.24 (st dev = 1.85). The mean condom attitude score post-intervention for all arms was 6.70 (st dev = 1.54), and the mean score 6 months post intervention was 6.63 (st dev = 1.45). Across all three study arms, the condom attitude score improved significantly from pre- to post-intervention, ($p < 0.05$). Improvements in condom attitudes were retained even after six months.

The mean scores for condom intention were 3.44 (st dev = 1.77) pre-intervention; 3.34 (st dev = 1.61) post-intervention; and 3.68 (st dev = 1.79) 6 months post-intervention. On average, the post-intervention condom use self-efficacy score decreased slightly among

those who viewed only the fact sheets, while it held steady among those who viewed the video or viewed the video with discussion as well. After six months, all three study arms demonstrated additional improvements in condom use self-efficacy, which were statistically significant in arms 2 and 3 ($p < 0.05$).

Mean dental dam attitude scores pre-, post-, and 6 months post-intervention were 1.43 (st dev = 2.41), 5.11 (st dev = 2.32), and 5.76 (st dev = 2.33). On average, dental dam attitude scores improved dramatically across all three study arms from pre- to post-intervention ($p < 0.0001$). Additionally, statistically significant increases in dental dam attitude scores were seen across all three study arms between post-intervention and 6 months post-intervention.

The mean dental dam intention scores were 0.44 (st dev = 0.82) pre-intervention; 0.92 (st dev = 1.09) post-intervention; and 0.76 (st dev = 1.04) 6 months post-intervention. On average, the dental dam intention/self-efficacy score improved dramatically across all three study arms from pre- to post-intervention ($p = < .0001$). Statistically significant improvements in youth's intentions to use dental dams were retained even after six months.

Table 9. Pre- to Post-Intervention Changes in Knowledge, Attitudes, and Intention

Construct	Arm	Pre-Intervention		Post-Intervention		Six Months Post-Intervention		Pre to Post-Intervention Difference		Pre to 6 Months Post Intervention Difference		Post to 6 Months Post-Intervention Difference	
		Mean Score	St Dev	Mean Score	St Dev	Mean Score	St Dev	Mean Change	p	Mean Change	p	Mean Change	p
STD Knowledge	1	8.1	2.5	9.5	1.7	9.3	1.9	1.4	<.0001	1.2	<.0001	-0.2	0.9946
	2	6.6	2.9	7.9	2.9	7.4	3	1.3	<.0001	0.8	0.0095	-0.5	0.8301
	3	8	2.6	9.4	2.2	9.1	2.2	1.4	<.0001	1.1	<.0001	-0.3	0.955
Condom Attitudes	1	6.2	1.8	6.7	1.5	6.6	1.4	0.5	0.0002	0.4	0.0009	-0.1	0.7054
	2	5.8	2.1	6.4	1.7	6.1	1.7	0.6	0.0024	0.3	0.1204	-0.3	0.8964
	3	6.6	1.6	6.9	1.4	6.9	1.3	0.3	<.0001	0.3	0.0006	0	0.4798
Dental Dam Attitudes	1	1.6	2.4	5.2	2.3	5.7	2.2	3.6	<.0001	4.1	<.0001	0.5	0.0202
	2	1.3	2.4	5.7	2.2	6.4	2.4	4.4	<.0001	5.1	<.0001	0.7	0.0007
	3	1.4	2.4	4.8	2.4	5.5	2.4	3.4	<.0001	4.1	<.0001	0.7	<.0001
Condom Intention	1	3.4	1.7	3.4	1.6	3.6	1.7	0	0.7025	0.2	0.161	0.2	0.2309
	2	3.0	1.9	3.0	1.8	3.4	1.9	0	0.8401	0.4	0.0004	0.4	0.0012
	3	3.7	1.7	3.5	1.5	3.9	1.8	-0.2	0.9998	0.2	0.0332	0.4	<.0001
Dental Dam Intention	1	0.40	0.71	0.83	1.00	0.79	1.00	0.43	<.0001	0.39	<.0001	-0.04	0.7151
	2	0.49	0.88	0.98	1.16	0.82	1.17	0.49	<.0001	0.33	0.0011	-0.16	0.6264
	3	0.44	0.85	0.95	1.12	0.71	1.01	0.51	<.0001	0.27	0.0001	-0.24	0.9962

Study Arm 1-Video

Study Arm 2-Video + Discussion

Study Arm 3-Control

Figure 2. Average Change in STD Knowledge, by Study Arm

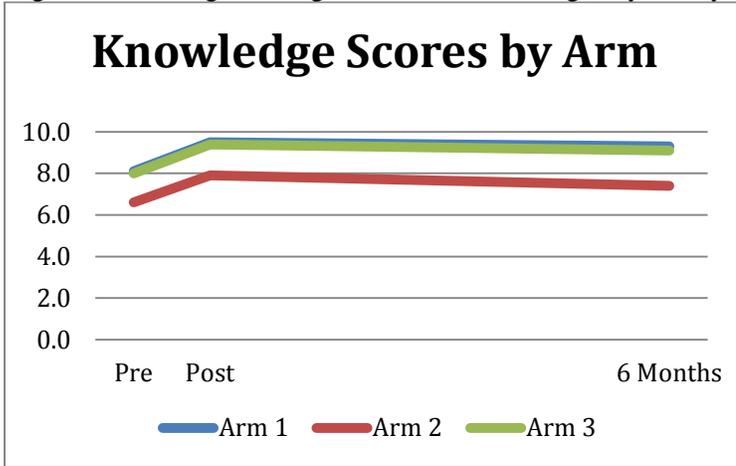


Figure 3. Average Change in Condom Use Attitudes, by Study Arm

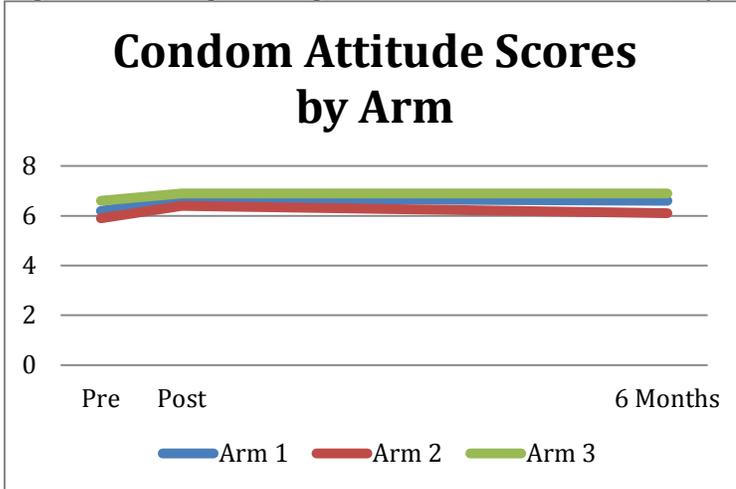


Figure 4. Average Change in Condom Use Intentions, by Study Arm

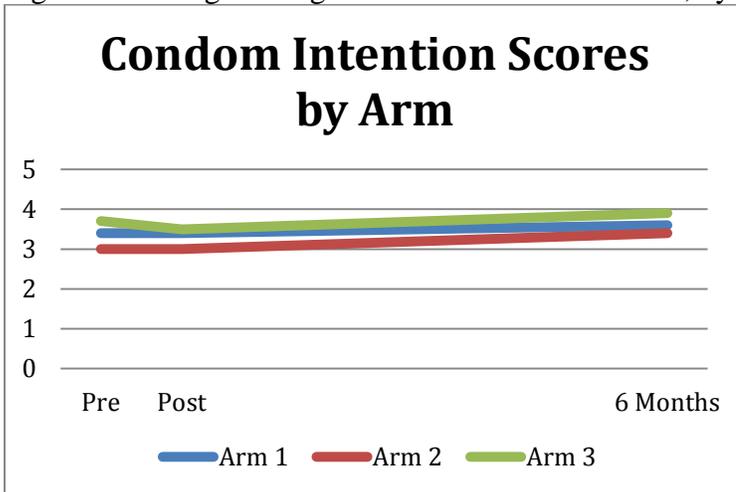


Figure 5. Average Change in Dental Dam Use Attitudes, by Study Arm

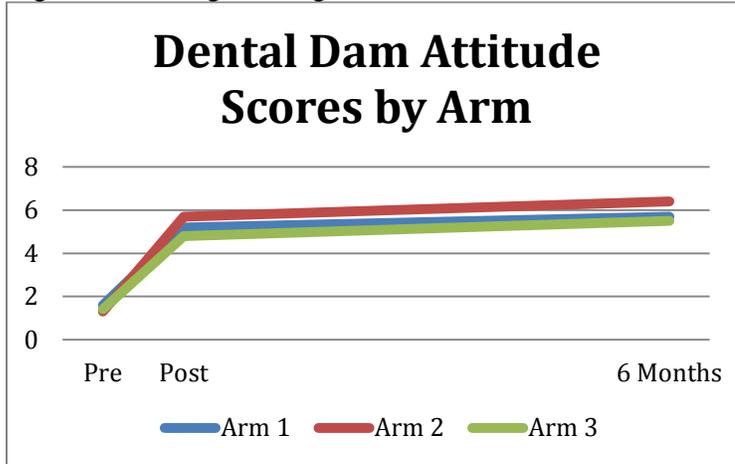


Figure 6. Average Change in Dental Dam Use Intentions, by Study Arm

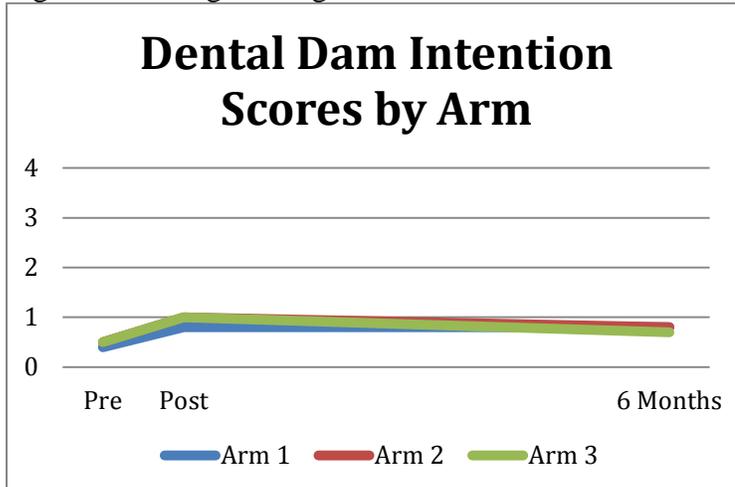


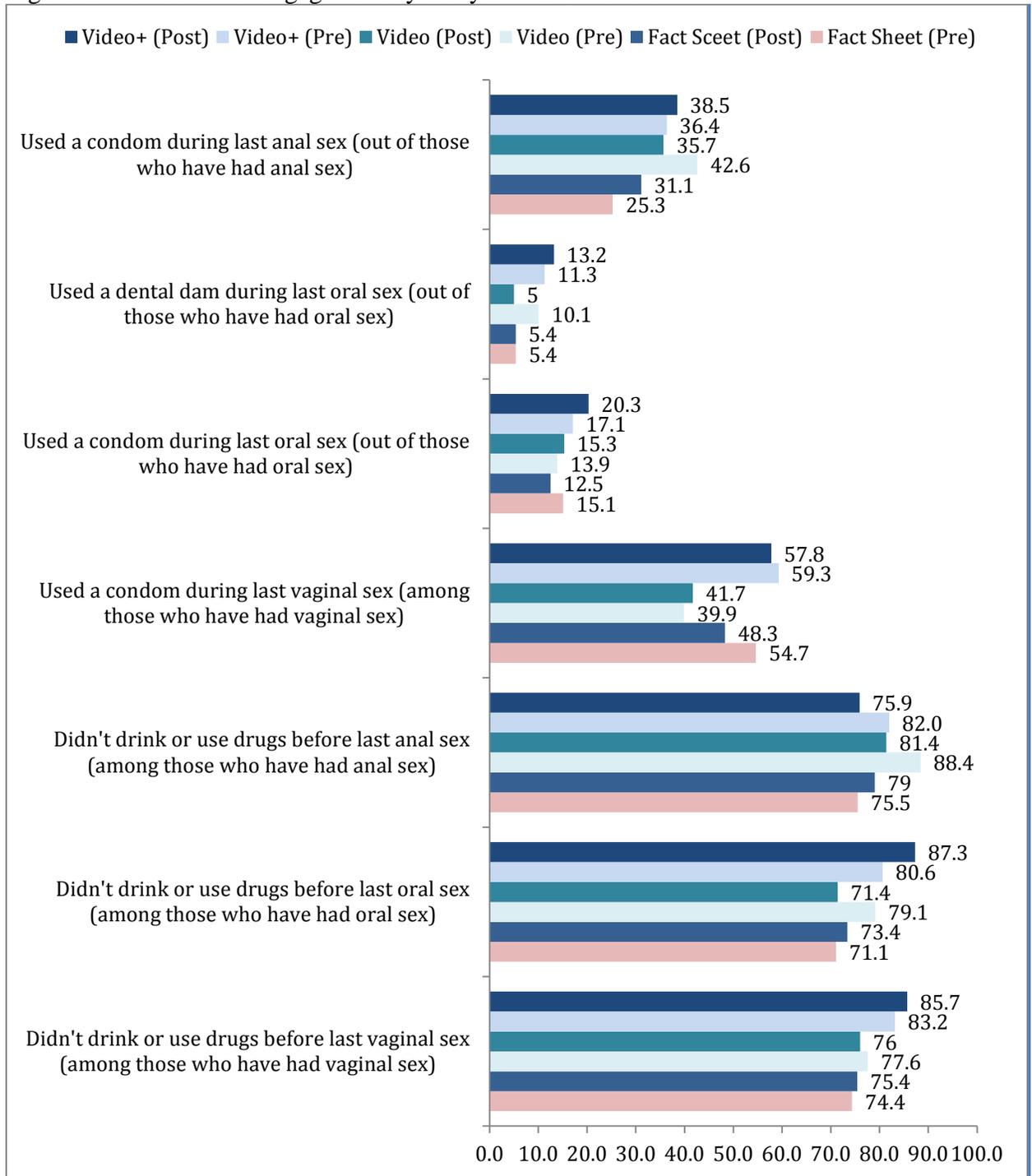
Table 10. Risk behavior engagement by demographic group at 6 months

Risk Behaviors in Sexually Active Respondents	Total %	Age Group		Sex	
		15-19	20-24	Male	Female
Had vaginal sex with at least one person in past three months	51	44.8	72.4	51.3	50.2
Had oral sex with at least one person in past three months	40.8	33.8	65.5	44.2	37.8
Had anal sex with at least one person in past three months	10.9	10.4	11.2	14.2	7.8
Drank alcohol or used drugs before last vaginal sex (among those who have had vaginal sex)	22.4	21	25	23.1	21.4
Drank alcohol or used drugs before last oral sex (among those who have had oral sex)	24.9	24.6	24.5	25	24.1
Drank alcohol or used drugs before last anal sex (among those who have had anal sex)	20.7	21	18.4	23.8	15.4
Did not use a condom during last vaginal sex (among those who have had vaginal sex)	52	50.5	55.7	49.4	54.3
Did not use a condom during last oral sex (out of those who have had oral sex)	85.1	84	87.9	86	84.6
Did not use a dental dam during last oral sex (among those who have had oral sex)	93.4	92.5	95.9	89.1	98
Did not use a condom during last anal sex (out of those who have had anal sex)	65.7	67.4	61.7	65	66.1

At the 6-month follow-up, combining all three study arms, slightly fewer participants (22%) reported drinking alcohol or using drugs before their last vaginal sex, but slightly more (52%) reported not using a condom.

At the 6-month follow-up, combining all three study arms, slightly more participants (25%) reported drinking alcohol or using drugs prior to oral sex, and rates of condom and dental dam use during oral sex remained the same: 85% did not use a condom, and 93% did not use a dental dam.

Figure 7. Risk behavior engagement by study arm at 6 months



Regression Analysis

We created regression models in order to assess the effect of independent factors such as age group, gender, and pre-intervention knowledge on our primary outcomes. Regression models for knowledge, condom and dental dam attitudes, and condom and dental dam intentions are summarized in the figures below.

Table 11. Post Intervention Knowledge Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Knowledge	0.536	0.025	0.486	0.586	<0.001
Male Gender	0.447	0.129	0.193	0.701	0.001
Age Group (15-19 yrs)	0.13	0.163	-0.189	0.448	0.425
Study Arm 1	0.072	0.158	-0.238	0.382	0.649
Study Arm 2	-0.717	0.17	-1.051	-0.383	<0.001

Table 12. Post Intervention Condom Attitudes Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Attitude	0.555	0.026	0.504	0.606	<0.001
Male Gender	0.104	0.088	-0.068	0.277	0.235
Age Group (15-19 yrs)	0.03	0.11	-0.187	0.246	0.789
Study Arm 1	0.026	0.108	-0.185	0.238	0.806
Study Arm 2	-0.138	0.116	-0.365	0.089	0.789

Table 13. Post Intervention Condom Intention Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Intention	0.587	0.027	0.534	0.64	<0.0001
Male Gender	0.136	0.091	-0.042	0.314	0.135
Age Group (15-19 yrs)	0.109	0.353	-0.121	0.338	0.353
Study Arm 1	0.102	0.111	-0.117	0.321	0.36
Study Arm 2	-0.047	0.119	-0.281	0.186	0.691

Table 14. Post Intervention DD Attitudes Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Attitude	0.225	0.036	0.154	0.296	<0.001
Male Gender	0.023	0.194	-0.358	0.403	0.907
Age Group (15-19 yrs)	-0.256	0.229	-0.705	0.194	0.265
Study Arm 1	0.234	0.234	-0.227	0.694	0.319
Study Arm 2	0.785	0.258	0.277	1.292	0.002

Table 15. Post Intervention DD Intention Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Intention	0.56	0.043	0.475	0.646	<0.0001
Male Gender	-0.162	0.072	-0.303	-0.021	0.024
Age Group (15-19 yrs)	0.342	0.09	0.167	0.518	<0.0001
Study Arm 1	0.021	0.088	-0.152	0.194	0.813
Study Arm 2	0.091	0.095	-0.096	0.277	0.339

The regression models show that the most significant factors in predicting post-intervention scores are pre-intervention scores for knowledge, attitudes and intentions. The regression coefficients for pre-intervention scores are relatively high with highly significant p-values (<0.001). In the knowledge regression model shown in Table 11, Arm 2 was negatively correlated with post intervention knowledge (regression coefficient = -0.717, p<0.001), and male gender was significantly positively correlated with post-intervention score (regression coefficient = 0.447, p=0.001). Only pre-intervention scores were statistically significant in the regression models for condom attitudes and intentions, shown in Tables 12 and 13. In the dental dam models, summarized in Tables 14 and 15, pre-intervention scores were strongly associated with post-intervention scores (p<0.001), and Arm 2 (VOICES video plus facilitated discussion) was strongly correlated with higher dental dam attitudes (regression coefficient = 0.258, p = 0.002). Pre-intervention score, male gender, and older age group (20-24) were significantly associated with dental dam intentions.

Table 16. 6 Month Post Intervention Knowledge Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Knowledge	0.409	0.049	0.312	0.506	<0.001
Male Gender	0.241	0.214	-0.181	0.663	0.261
Age Group (15-19 yrs)	0.337	0.237	-0.130	0.805	0.157
Study Arm 1	-0.122	0.240	-0.595	0.351	0.612
Study Arm 2	-0.233	0.322	-0.868	0.401	0.470
Pre-Intervention Risk Score	0.037	0.525	-0.050	0.123	0.405

Table 17. 6 Month Post Intervention Condom Attitudes Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Attitude	0.378	0.052	0.276	0.481	<0.001
Male Gender	0.268	0.158	-0.043	0.579	0.091
Age Group (15-19 yrs)	0.190	0.181	-0.167	0.548	0.295
Study Arm 1	0.026	0.181	-0.331	0.383	0.887
Study Arm 2	-0.226	0.238	-0.695	0.243	0.343
Pre-Intervention Risk Score	-0.029	0.033	-0.094	0.037	0.388

Table 18. 6 Month Post Intervention Condom Intention Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Intention	0.422	0.059	0.305	0.538	<0.001
Male Gender	0.061	0.185	-0.303	0.424	0.743
Age Group (15-19 yrs)	0.173	0.208	-0.237	0.583	0.406
Study Arm 1	-0.082	0.208	-0.493	0.328	0.692
Study Arm 2	-0.132	0.277	-0.678	0.414	0.634
Pre-Intervention Risk Score	0.004	0.038	-0.071	0.079	0.914

Table 19. 6 Month Post Intervention DD Attitudes Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Attitude	0.193	0.064	0.067	0.320	0.003
Male Gender	-0.082	0.355	-0.782	0.619	0.818
Age Group (15-19 yrs)	0.402	0.393	-0.374	1.178	0.308
Study Arm 1	0.645	0.401	-0.148	1.437	0.110
Study Arm 2	1.459	0.526	0.421	2.498	0.006
Pre-intervention Risk Score	-0.061	0.070	-0.199	0.077	0.383

Table 20. 6 Month Post Intervention DD Intention Regression Model

Variables	Regression Coefficient	SE	95% CI		p
			Lower	Upper	
Pre-intervention Intention	0.519	0.064	0.392	0.646	<0.001
Male Gender	0.018	0.123	-0.225	0.260	0.886
Age Group (15-19 yrs)	0.209	0.138	-0.063	0.481	0.131
Study Arm 1	0.254	0.139	-0.021	0.529	0.070
Study Arm 2	0.336	0.190	-0.038	0.710	0.078
Pre-intervention Risk Score	-0.012	0.026	-0.062	0.038	0.641

In order to assess the effect of pre-intervention risk behavior independent of age and gender, we performed similar regression analyses with the pre-intervention risk score added to the models. Adding the pre-intervention risk score to the regression model resulted in generally small regression coefficients for the risk scores. These regression coefficients were statistically significant for both the dental dam attitude (regression coefficient = -0.106, $p < 0.001$) and dental dam intention (regression coefficient = 0.029, $p = 0.011$) models.

These results are somewhat contradictory to our hypotheses, based on the Theory of Reasoned Action. We expected that changes in attitudes would increase behavioral intentions and lead to behavior change. While increases were apparent in attitudes towards condoms and dental dams, as well as intentions to use condoms and dental dams, these changes did not generally result in higher reported condom and dental dam use.

Discussion

Native VOICES proved to be an effective tool for increasing STD knowledge, as well as attitudes and intentions towards condoms and dental dams. The video alone was effective for all three constructs evaluated, and may be better at increasing STD knowledge than the video with discussion.

We anticipated that randomization would result in no significant differences in baseline knowledge, attitudes, and behaviors among age groups, gender, rural versus urban location, or study arm. In order to ensure a roughly equal proportion of participants from urban and rural locations in each arm, we used a block, or site-based, randomization. An individual level randomization would not have been practical in this study, as youth may interact in school, at home, or in other activities over the course of six months. After site-based randomization, the arms were significantly different with regard to both gender and urban/rural setting. Arm 1 (video) was the youngest, with over 90% of students aged 15-19, as well as the most urban, with nearly 80% of students residing in an urban setting. These two factors may be offsetting; literature shows that younger teens are generally less knowledgeable and experienced, as are those in rural areas compared to urban environments. Additionally, statistical modeling was used to examine the added impact of the intervention while controlling for demographic characteristics that varied between study arms.

Construct scores for STD knowledge, condom attitudes and intentions, dental dam attitudes and intentions, and risk behavior were created in order to compare differences across time and study arms. Combining several survey questions into one construct score allowed meaningful comparisons without looking at every question individually. The construct scores had generally high Cronbach's alpha scores (0.57 to 0.91). Ideal Cronbach's alpha scores range from 0.7 to 0.9. The dental dam intention Cronbach's alpha score of 0.57 was the lowest, which may represent less homogeneity within the survey items included, or the small number of questions included (4). The dental dam attitude score had the highest Cronbach's alpha at 0.91 may represent too much overlap

in the survey items suggesting a question could be removed or changed in order to gather more information. One limitation of using an aggregate score may be some subtle effects getting lost inside the scores. One particular survey item may have changed significantly but the aggregate score may not fully reflect that change.

The average baseline STD knowledge score was higher among the older group (20-24 years) versus younger, as well as among females versus males, which agrees with reports from other studies. Significant differences existed between study arms for baseline STD knowledge, condom attitudes, and condom intentions, with study arm 2 (video + intervention) having the lowest average scores for all three constructs.

Arms 1 and 3 (video only and fact sheets only) showed the greatest increases in STD knowledge, while Arm 2 was negatively correlated with knowledge. Arm 1 had the greatest retention of knowledge at six months post intervention. The negative correlation of STD knowledge scores with Arm 2 was unexpected and may be due to an increase in confusion following the facilitated discussion instead of greater clarity. The facilitated discussion may have reinforced more positive attitudes and normalized the use of dental dams, for instance, while focusing less on concrete facts about STDs.

Study Arm 2 had the greatest increases in condom attitude and dental dam attitude scores. Participants in Arm 3 best retained positive condom attitudes 6 months after the intervention, while Arm 2 best retained increases in dental dam attitudes. Regression analysis confirmed that Arm 2 was significantly correlated with positive dental dam attitudes. The facilitated discussion may have normalized dental dams, which were relatively unknown before the intervention. The hour-long discussion with peers may have also lead to continued social support in the following months.

Arm 2 had the greatest increase in condom intention at 6 months, and Arms 2 and 3 had the greatest retention at 6 months. For dental dam intentions, the fact sheet only group had the greatest increase post-intervention, and the video only group had the greatest retention at 6 months, although all arms had similar gains in intention scores.

Condom attitudes increased significantly across all study arms, but condom intention scores did not. Attitudes towards dental dams increased greatly across all study arms, and intentions increased significantly as well. This difference may be because condoms were familiar to participants, so a ceiling effect kept the condom scores from increasing much, while dental dams were largely unknown prior to the intervention and thus dental dam scores had far greater room to improve.

Most scores fell slightly at the 6-month post intervention time point. Encouragingly, no scores fell by a statistically significant amount 6 months after the intervention. Dental dam attitude scores and condom intention scores all increased from post-intervention to six month post-intervention. This may be due to more awareness of dental dams in particular, as well as increased acceptance over time towards both dental dams and condoms.

The stated attitudes and intentions towards condoms and dental dams do not necessarily line up with reported condom use during last sexual intercourse. The average post-intervention condom intention score, for example, was significantly higher among those who had not used protection last time they had sexual intercourse. This disconnect between intentions and actual condom use should be addressed with further research.

The video plus discussion group showed the smallest average increase in STD knowledge scores, as well as the worst retention of knowledge 6 months post intervention. When adjusting for demographic characteristics in the regression model, STD knowledge was significantly negatively correlated with study Arm 2. This shows an opportunity to focus on STD education in the facilitated discussion or using another tool to supplement the video intervention. Arm 2 also had a significantly lower average risk behavior score at baseline than Arms 1 and 3. Their relative inexperience may point to a less urgent need to remember facts about STD infection. However, the inclusion of the pre-intervention risk score in the regression model for STD knowledge did not show that the risk score was significantly correlated with knowledge.

The original VOICES video intervention was created for an older, urban audience and the *Safe in the City* video intervention was created for an older, higher risk audience – adults in waiting rooms of sexual health clinics (O’Donnell et al., 1998 and Warner et al., 2008). The original VOICES intervention resulted in about a 4% reduction of incident STD infection. The rate of new STD infection among those who participated in the video intervention was 22.5%, versus a rate of 26.8% among controls. The original VOICES intervention proved especially effective in higher-risk populations, namely men reporting multiple sexual partners. The *Safe in the City* video intervention reduced incident STD infection by about 10% in three STD clinics compared to the control group. The effect sizes seen with Native VOICES, while not measuring STD incidence, appear to be in line with changes following VOICES and *Safe in the City*.

Native VOICES included a discussion portion to enhance behavior change, although we found that the discussion does not seem to add major benefit. The majority of benefit from this intervention was seen with the video only group. The facilitated discussion section of the original VOICES intervention was clearly focused on condoms and involved developing prevention strategies and role-playing condom acquisition and negotiation. The facilitated discussion guide for Native VOICES could be adjusted to reinforce STD knowledge or include role-playing activities though including too much information may muddle the overall message. *Safe in the City* did not include any discussion and led to a significant decrease in STD infections, so we believe it is appropriate to use Native VOICES without the discussion portion, or to further explore adapting the discussion to add to the overall effectiveness.

Limitations

This study relied on self-reported data for sensitive information - age at sexual initiation, numbers of partners, etc. which may be subject to under- or over-reporting, even with anonymous surveys. The randomization protocol we utilized may have resulted in imbalances in demographic characteristics and sexual attitudes and knowledge at

baseline. However, the regression models enabled us to control for demographic differences between arms. Our sample may include more youth from relatively progressive families, if more conservative parents declined to enroll children in the study.

Between the intervention and 6 months post-intervention survey, nearly 30 percent of students were lost to attrition. This is most likely due to difficulties of working with youth populations; teenagers are often busy with school and other activities, participating in a study may not be a top priority, transportation may be difficult, and parents may not wish for children to participate in a sex-focused study. However, we found that students that did not complete the 6 months survey were not significantly different in terms of age, gender, or study arm, so we do not believe that attrition bias is a threat to validity. Despite these limitations, we believe the relatively large sample size in a unique population resulted in a meaningful evaluation of the Native VOICES intervention.

Conclusions

Previous studies have demonstrated the need for culturally relevant sexual health interventions for American Indian/Alaska Native youth (de Ravello, 2014). Native VOICES is currently the first and only intervention purposefully designed for AI/AN youth included in the CDC's compendium of effective HIV interventions.

While students receiving the video as well as discussion did not show the greatest increases across all constructs, the VOICES video had a positive, sustained impact on Native youth. The results of this study demonstrate that AI/AN youth increased STD knowledge, positive attitudes towards condoms and dental dams, and self-efficacy towards condoms and dental dams, and that these increases lasted at least 6 months. The study was able to use a broad and robust sample of youth living in tribal and urban settings across the United States. The Native VOICES video has been widely viewed via social media, so the impact of increasing knowledge, intentions to use protection, and positive attitudes towards condoms and dental dams is likely ongoing across the country.

While the Native VOICES intervention appears promising in several areas of HIV/AIDS prevention, other indicators of knowledge, attitudes, and behaviors remained about the same post-intervention. These results may be due to the inability of an intervention designed to address an individual to effectively work in an entire community. Other programs and interventions that embrace family and community-level practices should be explored in conjunction with Native VOICES.

Implications for Tribes

- Native VOICES is an effective tool for increasing sexual health knowledge, attitudes, and intentions in AI/AN youth. It is the first Evidence-Based Intervention recognized by the Centers for Disease Control and Prevention for preventing HIV and other STDS among Native American youth.
- Significant gains were seen across all study arms and maintained for at least 6 months. STD knowledge,
- Over 90% of participants felt the video was appropriate for AI/AN audiences, 86% thought the characters and scenarios were realistic, and 76% said the video was either highly entertaining or entertaining.
- Native VOICES may be successfully implemented with or without the facilitated discussion, as resources allow, and should be used in conjunction with community and family level programs, and other specific STD and sexual health teaching materials, especially directly communicated to youth, as through social media.

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Today's Date: _____

Native VOICES Survey: Pre-Intervention



1. How old are you? (Please check one.)

- I am younger than 15 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- I am older than 24 years old

2. What is your sex?

- Male
- Female
- Other (please describe): _____

3. What is your race/ethnicity? (Please choose all that apply to you.)

- White
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino
- Other (please describe): _____

4. How do you describe your sexual orientation? (Please choose all that apply.)

- Straight or heterosexual (attracted to the opposite sex)
- Gay (attracted to the same sex)
- Bi-sexual (attracted to both men and women)
- Lesbian (you are a woman attracted to other women)
- Pansexual
- Two-Spirit
- Other (please describe): _____
- Don't know

The next set of questions are true or false questions about sexually transmitted diseases (STDs), HIV, and condoms.

5. Guys who get an STD always show or feel symptoms.

- True
- False
- I don't know

6. Girls who get an STD always show or feel symptoms.

- True
- False
- I don't know

7. You can't get an STD if you only have oral sex.

- True
- False
- I don't know

8. You can tell if your sexual partner has an STD by examining him or her.

- True
- False
- I don't know

9. Some STDs make women unable to have children.

- True
- False
- I don't know

10. Space should be left at the tip of a condom when it is applied.

- True
- False
- I don't know

11. When a man uses a condom, he should unroll it first and then slip it onto his penis.

- True
- False
- I don't know

12. You can get an STD by having penis-to-vagina (vaginal) sex.

- True
- False
- I don't know

13. Women who only have sex with other women can't give each other STDs.

- True
- False
- I don't know

14. Someone can be infected with an STD and not look or feel sick.

- True
- False
- I don't know

15. HIV/AIDS does not affect Native American people.

- True
- False
- I don't know

Please indicate whether you agree or disagree with the following statements about condoms, even if you have never used one.

16. Condoms ruin the mood.

- I agree
- I disagree

17. Using a condom is too much trouble.

- I agree
- I disagree

18. Condoms break too often to really be safe.

- I agree
- I disagree

19. I would be embarrassed to carry condoms with me.

- I agree
- I disagree

20. Using a condom turns me off.

- I agree
- I disagree

21. It is easy to get condoms.

- I agree
- I disagree

22. I am worried what others will think if I were to get condoms.

- I agree
- I disagree

23. I have trouble getting condoms.

- I agree
- I disagree

Please indicate whether you agree or disagree with the following statements about dental dams, even if you have never used one.

24. Do you know what a dental dam is?

- Yes
- No (If no, please skip this section and go to question number 33 on page 6)

25. Dental dams ruin the mood.

- I agree
- I disagree

26. Using dental dams is too much trouble.

- I agree
- I disagree

27. I would never use a dental dam.

- I agree
- I disagree

28. I would be embarrassed to carry dental dams with me.

- I agree
- I disagree

29. Using a dental dam turns me off.

- I agree
- I disagree

30. It is easy to get dental dams.

- I agree
- I disagree

31. I am worried what others would think if I were to get dental dams.

- I agree
- I disagree

32. I have trouble getting dental dams.

- I agree
- I disagree

Based on your own behavior, please indicate how much risk you think you have for the following:

33. Based on your own behavior, how much risk do you think you have for getting an STD (like chlamydia, herpes, or HPV)?

- No risk
- Low risk
- Some risk
- High risk

34. Based on your own behavior, how much risk do you think you have for getting infected with the HIV/AIDS virus?

- No risk
- Low risk
- Some risk
- High risk

35. Here are some reasons that people your age might choose not to have sex. Choose your own reasons for not having sex. Please choose all that apply.

- I do not want to get pregnant or get a girl pregnant
- I do not want to disappoint my parents
- Having sex would interfere with my progress in school
- My boyfriend or girlfriend does not want to have sex
- I want to wait until I am married
- Having sex now is against my personal values
- Having sex is against my religious or cultural values
- I have not met the right person yet
- Having sex now would interfere with my future goals
- I have not had the chance to have sex yet
- I would be too embarrassed to have sex
- Other _____ (please describe)
- None of the above

36. Have you ever gotten tested for an STD (like chlamydia, herpes, or HPV)?

- Yes
- No

37. Have you ever gotten tested for HIV?

- Yes
- No

Please tell us how sure you are that you could do what is described in the following questions about condoms.

38. Imagine that you and your partner have been having penis-vagina (vaginal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-vagina (vaginal) sex

39. Imagine that you and your partner have been having mouth-to-penis (oral) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-penis oral sex

40. Imagine that you and your partner have been having penis-anus (anal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-anus (anal) sex

41. How sure are you that you could use a condom correctly?

- Not sure at all
- Kind of sure
- Definitely sure

42. If you wanted to get a condom, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

43. Have you ever talked to a partner about using condoms?

- Yes
- No

Please tell us how sure you are that you could do what is described in the following questions about dental dams.

44. Imagine that you and your partner have been having mouth-to-vagina (oral) sex but have not used dental dams. You really want to start using dental dams. How sure are you that you could tell your partner that you want to start using dental dams?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-vaginal oral sex

45. How sure are you that you could use a dental dam correctly?

- Not sure at all
- Kind of sure
- Definitely sure

46. If you wanted to get a dental dam, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

47. Have you ever talked to a partner about using dental dams?

- Yes
- No

The next questions are about oral sex. By oral sex, we mean when someone puts his or her mouth on their partner's penis or vagina, or lets their partner put his or her mouth on his penis or her vagina. These questions are very personal.

Remember, all of your answers are kept private.

48. Have you ever had oral sex?

- Yes
- No

49. How old were you when you had oral sex for the first time?

- | | |
|--|--|
| <input type="checkbox"/> I have never had oral sex | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old or younger | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years old |
| <input type="checkbox"/> 13 years old | <input type="checkbox"/> 19 years old |
| <input type="checkbox"/> 14 years old | <input type="checkbox"/> 20 years old or older |
| <input type="checkbox"/> 15 years old | |

50. During your life, with how many people have you had oral sex?

- I have never had oral sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

51. During the past 3 months, with how many people did you have oral sex?

- I have never had oral sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

52. The last time you had oral sex, did you drink alcohol or use drugs beforehand?

- I have never had oral sex
- Yes
- No

53. The last time you had mouth-to-penis (oral) sex, did you and your partner use a condom?

- I have never had oral sex
- Yes
- No
- I don't remember

54. The last time you had mouth-to-vagina (oral) sex, did you and your partner use a dental dam?

- I have never had oral sex
- Yes
- No
- I don't remember

The next questions are about vagina-penis (vaginal) sex. These questions are very personal. Remember, all of your answers are kept private.

55. Have you ever had vaginal sex?

- Yes
- No

56. How old were you when you had vaginal sex for the first time?

- I have never had vaginal sex
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years or older

57. During your life, with how many people have you had vaginal sex?

- I have never had vaginal sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

58. During the past 3 months, with how many people did you have vaginal sex?

- I have never had vaginal sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

59. The last time you had vaginal sex, did you drink alcohol or use drugs beforehand?

- I have never had vaginal sex
- Yes
- No

60. The last time you had vaginal sex, did you and your partner use a condom?

- I have never had vaginal sex
- Yes
- No
- I don't remember

The next questions are about penis-anus (anal) sex. These questions are very personal. Remember, all of your answers will be kept private.

61. Have you ever had anal sex?

- Yes
- No

62. How old were you when you had anal sex for the first time?

- I have never had anal sex
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years or older

63. During your life, with how many people have you had anal sex?

- I have never had anal sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

64. During the past 3 months, with how many people did you have anal sex?

- I have never had anal sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

65. The last time you had anal sex, did you drink alcohol or use drugs beforehand?

- I have never had anal sex
- Yes
- No

66. The last time you had anal sex, did you and your partner use a condom?

- I have never had anal sex
- Yes
- No
- I do not remember

The final set of questions are about violence. These questions are very personal. Remember, all of your answers will be kept private.

67. Have you ever been physically forced, manipulated, threatened, or intimidated to perform any sexual act when you did not want to?

- Yes
- No

68. In the past three months, were you physically forced, manipulated, threatened, or intimidated to perform any sexual act when you did not want to?

- Yes
- No

69. Have you had a boyfriend or girlfriend in the past year?

- Yes
- No (If no, please skip questions 70 & 71. You're done with the survey.)

70. In the past year, has a boyfriend or girlfriend hit, kicked, or pushed you in a mean way?

- Never
- Sometimes
- Often

71. In the past year, have you hit, kicked, or pushed a boyfriend or girlfriend in a mean way?

- Never
- Sometimes
- Often

Thank you for your time!

Today's Date: _____

Native VOICES Survey: After Watching Video



1. What is your sex?

- Male
- Female
- Other (please describe): _____

This set of questions are true or false questions about sexually transmitted diseases (STDs), HIV, and condoms.

2. Guys who get an STD always show or feel symptoms.

- True
- False
- I don't know

3. Girls who get an STD always show or feel symptoms.

- True
- False
- I don't know

4. You can't get an STD if you only have oral sex.

- True
- False
- I don't know

5. You can tell if your sexual partner has an STD by examining him or her.

- True
- False
- I don't know

6. Some STDs make women unable to have children.

- True
- False
- I don't know

7. Space should be left at the tip of a condom when it is applied.

- True
- False
- I don't know

8. When a man uses a condom, he should unroll it first and then slip it onto his penis.

- True
- False
- I don't know

9. You can get an STD by having penis-to-vagina (vaginal) sex.

- True
- False
- I don't know

10. Women who only have sex with other women can't give each other STDs.

- True
- False
- I don't know

11. Someone can be infected with an STD and not look or feel sick.

- True
- False
- I don't know

12. HIV/AIDS does not affect Native American people.

- True
- False
- I don't know

Please indicate whether you agree or disagree with the following statements about condoms, even if you have never used one.

13. Condoms ruin the mood.

- I agree
- I disagree

14. Using a condom is too much trouble.

- I agree
- I disagree

15. Condoms break too often to really be safe.

- I agree
- I disagree

16. I would be embarrassed to carry condoms with me.

- I agree
- I disagree

17. Using a condom turns me off.

- I agree
- I disagree

18. It is easy to get condoms.

- I agree
- I disagree

19. I am worried what others will think if I were to get condoms.

- I agree
- I disagree

20. I have trouble getting condoms.

- I agree
- I disagree

Please indicate whether you agree or disagree with the following statements about dental dams, even if you have never used one.

21. Do you know what a dental dam is?

- Yes
- No (If no, please skip this section and go to question number 30 on page5)

22. Dental dams ruin the mood.

- I agree
- I disagree

23. Using dental dams is too much trouble.

- I agree
- I disagree

24. I would never use a dental dam.

- I agree
- I disagree

25. I would be embarrassed to carry dental dams with me.

- I agree
- I disagree

26. Using a dental dam turns me off.

- I agree
- I disagree

27. It is easy to get dental dams.

- I agree
- I disagree

28. I am worried what others would think if I were to get dental dams.

- I agree
- I disagree

29. I have trouble getting dental dams.

- I agree
- I disagree

Based on your own behavior, please indicate how much risk you think you have for the following:

30. Based on your own behavior, how much risk do you think you have for getting an STD (like chlamydia, herpes, or HPV)?

- No risk
- Low risk
- Some risk
- High risk

31. Based on your own behavior, how much risk do you think you have for getting infected with the HIV/AIDS virus?

- No risk
- Low risk
- Some risk
- High risk

Please tell us how sure you are that you could do what is described in the following questions about condoms.

32. Imagine that you and your partner have been having penis-vagina (vaginal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-vagina (vaginal) sex

33. Imagine that you and your partner have been having mouth-to-penis (oral) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-penis oral sex

34. Imagine that you and your partner have been having penis-anus (anal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-anus (anal) sex

35. How sure are you that you could use a condom correctly?

- Not sure at all
- Kind of sure
- Definitely sure

36. If you wanted to get a condom, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

Please tell us how sure you are that you could do what is described in the following questions about dental dams.

37. Imagine that you and your partner have been having mouth-to-vagina (oral) sex but have not used dental dams. You really want to start using dental dams. How sure are you that you could tell your partner that you want to start using dental dams?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-vaginal oral sex

38. How sure are you that you could use a dental dam correctly?

- Not sure at all
- Kind of sure
- Definitely sure

39. If you wanted to get a dental dam, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

The final set of questions are about the Native VOICES Video.

40. On a scale from 1 to 5, how much did you enjoy watching the Native VOICES video?

- 1 – Highly Un-enjoyable
- 2
- 3 – Neutral
- 4
- 5 – Highly entertaining

41. Were the characters in the Native VOICES video believable?

- Yes
- No

42. Were the scenes and situations in the Native VOICES video realistic?

- Yes
- No

43. Do you think the Native VOICES video is culturally appropriate for Native people?

- Yes
- No

44. Did the Native VOICES video change your views about using condoms?

- Yes, I am more likely to use condoms
- Yes, I am less likely to use condoms
- No, my opinion did not change

45. Did the Native VOICES video change your views about using dental dams?

- Yes, I am more likely to use dental dams
- Yes, I am less likely to use dental dams
- No, my opinion did not change

46. Did the Native VOICES video change your views about getting tested for STDs/HIV?

- Yes, I am more likely to get tested for STDs/HIV
- Yes, I am less likely to get tested for STDs/HIV
- No, my opinion did not change

Thank you for your time!

Attach Participant ID Sticker Here

Unique ID #: 00-000

Today's Date: _____

Native VOICES Survey: After Reading Fact Sheets



1. What is your sex?

- Male
- Female
- Other (please describe): _____

This set of questions are true or false questions about sexually transmitted diseases (STDs), HIV, and condoms.

2. Guys who get an STD always show or feel symptoms.

- True
- False
- I don't know

3. Girls who get an STD always show or feel symptoms.

- True
- False
- I don't know

4. You can't get an STD if you only have oral sex.

- True
- False
- I don't know

5. You can tell if your sexual partner has an STD by examining him or her.

- True
- False
- I don't know

6. Some STDs make women unable to have children.

- True
- False
- I don't know

7. Space should be left at the tip of a condom when it is applied.

- True
- False
- I don't know

8. When a man uses a condom, he should unroll it first and then slip it onto his penis.

- True
- False
- I don't know

9. You can get an STD by having penis-to-vagina (vaginal) sex.

- True
- False
- I don't know

10. Women who only have sex with other women can't give each other STDs.

- True
- False
- I don't know

11. Someone can be infected with an STD and not look or feel sick.

- True
- False
- I don't know

12. HIV/AIDS does not affect Native American people.

- True
- False
- I don't know

Please indicate whether you agree or disagree with the following statements about condoms, even if you have never used one.

13. Condoms ruin the mood.

- I agree
- I disagree

14. Using a condom is too much trouble.

- I agree
- I disagree

15. Condoms break too often to really be safe.

- I agree
- I disagree

16. I would be embarrassed to carry condoms with me.

- I agree
- I disagree

17. Using a condom turns me off.

- I agree
- I disagree

18. It is easy to get condoms.

- I agree
- I disagree

19. I am worried what others will think if I were to get condoms.

- I agree
- I disagree

20. I have trouble getting condoms.

- I agree
- I disagree

Please indicate whether you agree or disagree with the following statements about dental dams, even if you have never used one.

21. Do you know what a dental dam is?

- Yes
- No (If no, please skip this section and go to question number 30 on page 5)

22. Dental dams ruin the mood.

- I agree
- I disagree

23. Using dental dams is too much trouble.

- I agree
- I disagree

24. I would never use a dental dam.

- I agree
- I disagree

25. I would be embarrassed to carry dental dams with me.

- I agree
- I disagree

26. Using a dental dam turns me off.

- I agree
- I disagree

27. It is easy to get dental dams.

- I agree
- I disagree

28. I am worried what others would think if I were to get dental dams.

- I agree
- I disagree

29. I have trouble getting dental dams.

- I agree
- I disagree

Based on your own behavior, please indicate how much risk you think you have for the following:

30. Based on your own behavior, how much risk do you think you have for getting an STD (like chlamydia, herpes, or HPV)?

- No risk
- Low risk
- Some risk
- High risk

31. Based on your own behavior, how much risk do you think you have for getting infected with the HIV/AIDS virus?

- No risk
- Low risk
- Some risk
- High risk

Please tell us how sure you are that you could do what is described in the following questions about condoms.

32. Imagine that you and your partner have been having penis-vagina (vaginal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-vagina (vaginal) sex

33. Imagine that you and your partner have been having mouth-to-penis (oral) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-penis oral sex

34. Imagine that you and your partner have been having penis-anus (anal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-anus (anal) sex

35. How sure are you that you could use a condom correctly?

- Not sure at all
- Kind of sure
- Definitely sure

36. If you wanted to get a condom, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

Please tell us how sure you are that you could do what is described in the following questions about dental dams.

37. Imagine that you and your partner have been having mouth-to-vagina (oral) sex but have not used dental dams. You really want to start using dental dams. How sure are you that you could tell your partner that you want to start using dental dams?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-vaginal oral sex

38. How sure are you that you could use a dental dam correctly?

- Not sure at all
- Kind of sure
- Definitely sure

39. If you wanted to get a dental dam, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

The final set of questions are about the Native VOICES Fact Sheets.

40. Did the Native VOICES fact sheets change your views about using condoms?

- Yes, I am more likely to use condoms
- Yes, I am less likely to use condoms
- No, my opinion did not change

41. Did the Native VOICES fact sheets change your views about using dental dams?

- Yes, I am more likely to use dental dams
- Yes, I am less likely to use dental dams
- No, my opinion did not change

42. Did the Native VOICES fact sheets change your views about getting tested for STDs/HIV?

- Yes, I am more likely to get tested for STDs/HIV
- Yes, I am less likely to get tested for STDs/HIV
- No, my opinion did not change

Thank you for your time!

Attach Participant ID Sticker Here

Unique ID #: 00-000

Today's Date: _____

Native VOICES Survey: 6 Month Follow-up



1. How old are you? (Please check one.)

- I am younger than 15 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- I am older than 24 years old

2. What is your sex?

- Male
- Female
- Other (please describe): _____

The next set of questions are true or false questions about sexually transmitted diseases (STDs), HIV, and condoms.

3. Guys who get an STD always show or feel symptoms.

- True
- False
- I don't know

4. Girls who get an STD always show or feel symptoms.

- True
- False
- I don't know

5. You can't get an STD if you only have oral sex.

- True
- False
- I don't know

6. You can tell if your sexual partner has an STD by examining him or her.

- True
- False
- I don't know

7. Some STDs make women unable to have children.

- True
- False
- I don't know

8. Space should be left at the tip of a condom when it is applied.

- True
- False
- I don't know

9. When a man uses a condom, he should unroll it first and then slip it onto his penis.

- True
- False
- I don't know

10. You can get an STD by having penis-to-vagina (vaginal) sex.

- True
- False
- I don't know

11. Women who only have sex with other women can't give each other STDs.

- True
- False
- I don't know

12. Someone can be infected with an STD and not look or feel sick.

- True
- False
- I don't know

13. HIV/AIDS does not affect Native American people.

- True
- False
- I don't know

Please indicate whether you agree or disagree with the following statements about condoms, even if you have never used one.

14. Condoms ruin the mood.

- I agree
- I disagree

15. Using a condom is too much trouble.

- I agree
- I disagree

16. Condoms break too often to really be safe.

- I agree
- I disagree

17. I would be embarrassed to carry condoms with me.

- I agree
- I disagree

18. Using a condom turns me off.

- I agree
- I disagree

19. It is easy to get condoms.

- I agree
- I disagree

20. I am worried what others will think if I were to get condoms.

- I agree
- I disagree

21. I have trouble getting condoms.

- I agree
- I disagree

Please indicate whether you agree or disagree with the following statements about dental dams, even if you have never used one.

22. Do you know what a dental dam is?

- Yes
- No (If no, please skip this section and go to question number 31 on page 5)

23. Dental dams ruin the mood.

- I agree
- I disagree

24. Using dental dams is too much trouble.

- I agree
- I disagree

25. I would never use a dental dam.

- I agree
- I disagree

26. I would be embarrassed to carry dental dams with me.

- I agree
- I disagree

27. Using a dental dam turns me off.

- I agree
- I disagree

28. It is easy to get dental dams.

- I agree
- I disagree

29. I am worried what others would think if I were to get dental dams.

- I agree
- I disagree

30. I have trouble getting dental dams.

- I agree
- I disagree

Based on your own behavior, please indicate how much risk you think you have for the following:

31. Based on your own behavior, how much risk do you think you have for getting an STD (like chlamydia, herpes, or HPV)?

- No risk
- Low risk
- Some risk
- High risk

32. Based on your own behavior, how much risk do you think you have for getting infected with the HIV/AIDS virus?

- No risk
- Low risk
- Some risk
- High risk

33. Here are some reasons that people your age might choose not to have sex. Choose your own reasons for not having sex. Please choose all that apply.

- I do not want to get pregnant or get a girl pregnant
- I do not want to disappoint my parents
- Having sex would interfere with my progress in school
- My boyfriend or girlfriend does not want to have sex
- I want to wait until I am married
- Having sex now is against my personal values
- Having sex is against my religious or cultural values
- I have not met the right person yet
- Having sex now would interfere with my future goals
- I have not had the chance to have sex yet
- I would be too embarrassed to have sex
- Other _____ (please describe)
- None of the above

34. In the last 6 months, have you gotten tested for an STD (like chlamydia, herpes, or HPV)?

- Yes
- No

35. In the last 6 months, have you gotten tested for HIV?

- Yes
- No

Please tell us how sure you are that you could do what is described in the following questions about condoms.

36. Imagine that you and your partner have been having penis-vagina (vaginal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-vagina (vaginal) sex

37. Imagine that you and your partner have been having mouth-to-penis (oral) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-penis oral sex

38. Imagine that you and your partner have been having penis-anus (anal) sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your partner that you want to start using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never have penis-anus (anal) sex

39. How sure are you that you could use a condom correctly?

- Not sure at all
- Kind of sure
- Definitely sure

40. If you wanted to get a condom, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

41. In the last 6 months, have you talked to a partner about using condoms?

- Yes
- No

Please tell us how sure you are that you could do what is described in the following questions about dental dams.

42. Imagine that you and your partner have been having mouth-to-vagina (oral) sex but have not used dental dams. You really want to start using dental dams. How sure are you that you could tell your partner that you want to start using dental dams?

- Not sure at all
- Kind of sure
- Definitely sure
- I would never give or receive mouth-to-vaginal oral sex

43. How sure are you that you could use a dental dam correctly?

- Not sure at all
- Kind of sure
- Definitely sure

44. If you wanted to get a dental dam, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure

45. In the last 6 months, have you talked to a partner about using dental dams?

- Yes
- No

The next questions are about oral sex. By oral sex, we mean when someone puts his or her mouth on their partner's penis or vagina, or lets their partner put his or her mouth on his penis or her vagina. These questions are very personal.

Remember, all of your answers are kept private.

46. Have you ever had oral sex?

- Yes
- No

47. How old were you when you had oral sex for the first time?

- | | |
|--|--|
| <input type="checkbox"/> I have never had oral sex | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 11 years old or younger | <input type="checkbox"/> 17 years old |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 18 years old |
| <input type="checkbox"/> 13 years old | <input type="checkbox"/> 19 years old |
| <input type="checkbox"/> 14 years old | <input type="checkbox"/> 20 years old or older |
| <input type="checkbox"/> 15 years old | |

48. During your life, with how many people have you had oral sex?

- I have never had oral sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

49. During the past 3 months, with how many people did you have oral sex?

- I have never had oral sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

50. The last time you had oral sex, did you drink alcohol or use drugs beforehand?

- I have never had oral sex
- Yes
- No

51. The last time you had mouth-to-penis (oral) sex, did you and your partner use a condom?

- I have never had oral sex
- Yes
- No
- I don't remember

52. The last time you had mouth-to-vagina (oral) sex, did you and your partner use a dental dam?

- I have never had oral sex
- Yes
- No
- I don't remember

The next questions are about vagina-penis (vaginal) sex. These questions are very personal. Remember, all of your answers are kept private.

53. Have you ever had vaginal sex?

- Yes
- No

54. How old were you when you had vaginal sex for the first time?

- I have never had vaginal sex
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years or older

55. During your life, with how many people have you had vaginal sex?

- I have never had vaginal sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

56. During the past 3 months, with how many people did you have vaginal sex?

- I have never had vaginal sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

57. The last time you had vaginal sex, did you drink alcohol or use drugs beforehand?

- I have never had vaginal sex
- Yes
- No

58. The last time you had vaginal sex, did you and your partner use a condom?

- I have never had vaginal sex
- Yes
- No
- I don't remember

The next questions are about penis-anus (anal) sex. These questions are very personal. Remember, all of your answers will be kept private.

59. Have you ever had anal sex?

- Yes
- No

60. How old were you when you had anal sex for the first time?

- I have never had anal sex
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years or older

61. During your life, with how many people have you had anal sex?

- I have never had anal sex
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

62. During the past 3 months, with how many people did you have anal sex?

- I have never had anal sex
- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

63. The last time you had anal sex, did you drink alcohol or use drugs beforehand?

- I have never had anal sex
- Yes
- No

64. The last time you had anal sex, did you and your partner use a condom?

- I have never had anal sex
- Yes
- No
- I do not remember

The final set of questions are about violence. These questions are very personal. Remember, all of your answers will be kept private.

65. In the last 6 months, have you been physically forced, manipulated, threatened, or intimidated to perform any sexual act when you did not want to?

- Yes
- No

Thank you for your time!

Knowledge Score Component Questions

Guys who get an STD always show or feel symptoms
Girls who get an STD always show or feel symptoms
You can't get an STD if you only have oral sex
You can tell if your partner has an STD by examining him or her
Some STDs make women unable to have children
Space should be left at the tip of a condom when it is applied
When using a condom, it should be unrolled first and then slipped onto the penis
You can get an STD by having vaginal sex
Women who only have sex with women can't give each other STDs
Someone can be infected with an STD and not look or feel sick

Condom Attitude Score Component Questions

Condoms ruin the mood
Using a condom is too much trouble
Condoms break too often to really be safe
I would be embarrassed to carry condoms with me
Using a condom turns me off
It is easy to get condoms
I am worried what others would think if I were to get condoms
I have trouble getting condoms

Condom Intention Score Component Questions

How sure are you that you could tell your partner you want to start using condoms for vaginal sex?
How sure are you that you could tell your partner you want to start using condoms for oral sex?
How sure are you that you could tell your partner you want to start using condoms for anal sex?
How sure are you that you could use a condom correctly?
How sure are you that you could get a condom?
Have you ever talked to a partner about using a condom?

Dental Dam Attitude Score Component Questions

I know what a dental dam is
Dental dams ruin the mood (among those who know what a dental dam is)
Using a dental dam is too much trouble
I would never use a dental dam
I would be embarrassed to carry dental dams with me
Using a dental dam turns me off
It is easy to get dental dams
I am worried what others would think if I were to get dental dams
I have trouble getting dental dams

Dental Dam Intention Score Component Questions

How sure are you that you could tell your partner you want to start using dental dams?
How sure are you that you could use a dental dam correctly?
How sure are you that you could get a dental dam?
Have you ever talked to a partner about using a dental dam?

Risk Behavior Score Components
Ever had vaginal sex
Ever had oral sex
Ever had anal sex
Had vaginal sex for the first time before 13 years
Had oral sex for the first time before 13 years
Had anal sex for the first time before 13 years
Had vaginal sex with four or more people
Had oral sex with four or more people
Had anal sex with four or more people
Had vaginal sex with more than one person in past three months
Had oral sex with more than one person in past three months
Had anal sex with more than one person in past three months
Drank alcohol or used drugs before last vaginal sex
Drank alcohol or used drugs before last oral sex
Drank alcohol or used drugs before last anal sex
Did not use a condom during last vaginal sex
Did not use a condom during last oral sex
Did not use a dental dam during last oral sex
Did not use a condom during last anal sex

CONDOMS

CONDOMS ARE EFFECTIVE AT PREVENTING SEXUALLY TRANSMITTED DISEASES (STDs) AND PREGNANCY.

THE FACTS

Condoms come in lots of colors, textures, and sizes. The most important thing to consider is that the condom be made of latex or polyurethane. Both of these are effective at preventing pregnancy and sexually transmitted diseases (STDs), including HIV. Also while male condoms are more popular- female condoms are a good choice too. Like male condoms, they can be used by both men and women during vaginal and anal sex.

The most common mistake is not using condoms...



from the start (of sexual contact)

to finish (after ejaculation)

If you start to put a condom on the wrong way, throw it away and use a new one. You'll know it's inside out because it won't roll down the length of the penis easily.

1 in 2 sexually active young people

will get an STD

... before the age of 25.



REMOVING A CONDOM

Right after ejaculation, hold the base of the condom (so it stays in place and semen cannot spill out), and slowly withdraw the penis while it is still hard. The condom should be wrapped in tissue and thrown away.

Wash your hands with soap and water before touching your partner's genitals.

WHAT IF THE CONDOM BREAKS?

If you feel the condom break while you are having sex stop immediately, withdraw the penis, remove the broken condom, wash your hands with soap and water, and put on a new condom.



PUTTING A CONDOM ON CORRECTLY

- 1 - The rolled condom should be placed over the head of the penis when it is hard.
- 2- Then pinch the tip enough to leave about a half inch space for the semen to collect.
- 3- Holding the tip, unroll the condom all the way down to the base of the penis.

The condom should fit snugly – but not too tight- so that it won't break during sex.

Condoms continued...



FOR WEEKLY HEALTH TIPS

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Condoms can break, slip off, or leak if they are not put on or taken off properly. If this happens while you are having penis-vagina sex, emergency contraception (EC) can be used to prevent pregnancy. EC can be started 5 days after having unprotected sex, but the sooner it's started the better it works.

BUYING CONDOMS

You can buy condoms in lots of places like grocery stores, gas stations, and dispensers in bathrooms. Testing centers and clinics also may have free condoms available.

Many people feel nervous about going to the store to buy condoms or grabbing them from a free basket at the clinic. But remember, lots of people use condoms and all it really says about you is that you are being responsible for you and your partner's sexual health.

THREE TIPS FOR USING CONDOMS

Tip 1: Using a pre-lubricated condom or putting a small amount of water-based lubricant (lube) inside and outside the condom can help prevent rips. This is especially important during anal sex, because unlike the mouth or vagina, the rectum has no natural lubricant.

Tip 2: Never use oil-based lubricant with a condom (like petroleum jelly, body lotion, or vegetable oil), because they can cause the latex to break down, reducing the condoms effectiveness.

Tip 3: Condoms should be kept in cool, dry places (not wallets or in the car!), and always check the expiration date to make sure the condom has not expired.

FOR MORE INFORMATION

For additional information about condoms visit:

- www.itsyoursexlife.com/gyt/know
- www.plannedparenthood.org
- www.weRnative.org

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Dental Dams



DENTAL DAMS ARE GREAT AT PROTECTING AGAINST STDs DURING ORAL SEX.

THE FACTS

Dental dams are thin sheets of latex or polyurethane (rubber) that come in lots of different colors, sizes, and flavors. They are a great way to way to prevent the spread of sexually transmitted diseases (STDs) during oral sex performed on the vagina or anus.

Dental dams get their name because they can be used during different dental procedures. But because dental dams can protect both against skin-to-skin contact and the exchange of body fluids (like semen, vaginal fluid, and blood), they are becoming a popular safe sex tool.

Keep dental dams in cool dry places and check their expiration date .

USING DENTAL DAMS

- 1 – Check the expiration date on the dental dam package. If it is still good, unfold the dental dam and visually check it for any holes or tears.
- 2 – If the dental dam has cornstarch powder on it, rinse that off with water. Starch may cause an infection in the vagina and irritation on the anus.
- 3 – Apply water-based lubricant to the side of the dental dam that will touch your partner’s genitals. This increases your partner’s sensitivity.
- 4 – Place the dental dam over your partner’s genitals and hold it in place, so it doesn’t move too much.

- 5 – Remember that only one side of the dam should come into contact with the genitals, and one side should come into contact with the mouth.
- 6 – When you are finished performing oral sex on your partner, throw out the dam. Dental dams should be used only once.
- 7 – Wash your hands with soap and water.

Keep in mind that when you use a dental dam, you have two safer sex goals. To prevent spreading or getting STDs you must:

- a) prevent exchanging any body fluids (like vaginal fluid, semen, or blood) with your partner, and
- b) prevent any direct skin-to-skin contact with your partner’s genitals and your mouth.

Never use oil-based lube with a latex dental dam. It can make it less effective.



Dental Dams continued...



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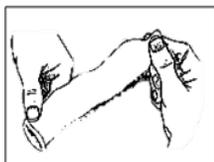
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BUYING DENTAL DAMS

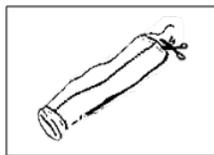
Dental dams can be challenging to find. A promising first stop for those seeking them are sexual health organizations, like Planned Parenthood, or online. You can also buy dental dams at some pharmacies, gas stations and grocery stores. Testing centers and clinics may also have them available for free.

CREATING YOUR OWN DENTAL DAMS

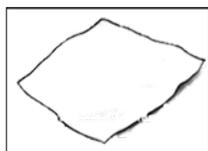
If you are having trouble finding dental dams, unlubricated or dry condoms can be made easily into good substitutes.



With scissors carefully snip off the elastic band part and tip of a condom and then cut down its length.



The resulting rectangular piece of latex or polyurethane is stretchable.



You can also cut open a medical glove, either made of latex or nitrile (for those with latex sensitivities). The easiest way to make a glove into a dental dam is to cut the four fingers off the top of the glove, and then slit down the side of the glove - leaving the thumb intact. If you do this, you can use the thumb to insert your tongue or finger into your partner while still practicing safe oral sex.

FOR MORE INFORMATION

Dental dams are a great way to prevent STDs and play it safe during oral sex. If you still have questions after reading this fact sheet, check out the sites below, but also remember that your doctor, nurse or other health-care provider can provide you with more information about the resources available in your local area.

TO LEARN MORE VISIT:

- www.plannedparenthood.org
- www.weRnative.org

If you make a dental dam from a condom...

make sure it doesn't have a spermicide (like nonoxynol-9).

...It tastes gross and numbs your tongue.

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CHLAMYDIA 101

**CHLAMYDIA IS A VERY COMMON SEXUALLY TRANSMITTED DISEASE (STD).
THE GOOD NEWS IS THAT MOST OFTEN IT'S COMPLETELY CURABLE.**

THE FACTS

Chlamydia is a very common sexually transmitted disease (STD). It's a bacterial infection that can be passed during unprotected vaginal, oral, and anal sex. People who have chlamydia often show no symptoms, which is why many spread the infection to their partners without knowing it.

The good news is that chlamydia can be easily treated with antibiotics. But if someone with chlamydia doesn't get treated, it can cause serious health consequences, like infertility (the inability to have children). That's why it's so important to get tested, learn your status, and get treated if you have it.

People with chlamydia are more likely to be infected



with HIV by an infected partner .

DO I HAVE CHLAMYDIA?

As with other STDs, the only way to know for sure if you have chlamydia is to get tested. Getting tested is easy. To test you for chlamydia your healthcare provider will collect a urine sample (pee) or a swab sample. STD tests should not hurt at all, but if you experience any discomfort tell your provider.

1 in 10 teens who have sex

has Chlamydia.

... it's really common



POSSIBLE SYMPTOMS

Most people don't experience any symptoms when they have chlamydia, but if you do notice something unusual, your symptoms might include:

- Itching, pain, bleeding, or discharge from your rectum
- Abnormal discharge from the vagina, penis, or rectum
- Burning or itching when you pee
- Pain or discomfort during sex
- Pain, bleeding, or discharge from your rectum
- Throat infection (if you have oral sex)
- Nausea or fever

Women may also experience pain in the belly or back (sometimes with a fever) and bleeding after sex or between periods.



CHLAMYDIA 101 continued...



GETTING TREATED

Fortunately, chlamydia can be easily treated with antibiotics. But because someone can become reinfected with chlamydia, it's important that you and all of your partners get tested and treated (if you are infected).

People with chlamydia should not have sex until they - and their sex partners - finish treatment.

HOW TO PROTECT YOURSELF

Get Educated

For vaginal and anal sex: Learn how to use latex condoms the right way, and use them every time. They're the only way to prevent STDs during vaginal and anal sex.

For oral sex: Use condoms for oral sex on a penis, and dental dams for oral sex on a vagina or anus.

For fingering, hand jobs, and other intimate touching: Wash your hands with soap and water after touching your partner's genitals before touching your own (and vice versa). To be extra safe, some people choose to use latex gloves. Find what works for you.

Get Tested

Getting tested with your partner, and treated if you have an infection, will keep you safe from the negative consequences of chlamydia.

Be Smart

Have sex with only one partner, who has been tested and is not infected, and who is only having sex with you.

Stay Clear

Avoid drinking alcohol and doing drugs before you have sex. It's difficult to make good decisions under the influence.

WHAT DOESN'T WORK

- "Pulling out" before a man ejaculates into the vagina or anus
- Birth control (it only reduces risk for pregnancy)
- Washing your genitals, peeing, or douching after sex

FOR MORE INFORMATION

For additional information about chlamydia and other STDs visit:

- www.itsyoursexlife.com/gyt/know
- www.plannedparenthood.org
- www.weRnative.org

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GONORRHEA 101

GONORRHEA IS A VERY COMMON SEXUALLY TRANSMITTED DISEASE (STD). THE GOOD NEWS IS THAT MOST OFTEN IT'S COMPLETELY CURABLE.

THE FACTS

Gonorrhea is a very common sexually transmitted disease (STD). It's a bacterial infection that can be passed on during unprotected vaginal, oral, and anal sex. People who have gonorrhea often show no symptoms, which is why many spread the infection to their partners without knowing it.

The good news is that most cases of gonorrhea can be easily treated with antibiotics. But if someone with gonorrhea doesn't get treated, it can cause serious health consequences, like infertility (the inability to have children). That's why it's so important to get tested, learn your status, and get treated if you're infected.

People with gonorrhea are more likely to be infected



with HIV by an infected partner .

DO I HAVE GONORRHEA?

As with other STDs, the only way to know for sure if you have gonorrhea is to get tested. Getting tested is easy. To test you for gonorrhea, your healthcare provider will collect a urine (pee) or a swab sample. STD tests should not hurt at all but if you do experience discomfort, tell your provider.

1 in 2 sexually active people...

will get an STD by the age of 25.



POSSIBLE SYMPTOMS

Most people don't experience any symptoms when they have gonorrhea, but if you do notice something unusual, your symptoms might include:

- Abnormal discharge from the vagina, penis, or rectum
- Burning when you pee
- Pain or discomfort during sex
- Itching, pain, bleeding, or discharge from your rectum
- Painful bowel movements

Women may also experience pain in the belly or back (sometimes with a fever) and bleeding after sex or between periods.

GETTING TREATED

Fortunately, most forms of gonorrhea can be easily treated with antibiotics; however, some forms of drug resistant (incurable) gonorrhea are showing up in the U.S.

It is important to know that someone can become re-infected with gonorrhea. Because of this, it's important



GONORRHEA 101 continued...



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that all the sex partners of an infected person get tested and treated (if they are infected).

People with gonorrhea should not have sex until they - and their sex partners - finish treatment.

HOW TO PROTECT YOURSELF

Get Educated

For vaginal and anal sex: Learn how to use latex condoms the right way, and use them every time. They're the only way to prevent STDs during vaginal and anal sex.

For oral sex: Use condoms for oral sex on a penis, and dental dams for oral sex on a vagina or anus.

For fingering, hand jobs, and other intimate touching: Wash your hands with soap and water after touching your partner's genitals before touching your own (and vice versa). To be extra safe, some people choose to use latex gloves. Find what works for you.

Get Tested

Getting tested with your partner and treating any infection, will keep you safe from the negative consequences of gonorrhea.

Be Smart

Have sex with only one partner, who has been tested and is not infected, and who is only having sex with you.

Stay Clear

Avoid drinking alcohol and doing drugs before you have sex. It's difficult to make good decisions when under the influence.

WHAT DOESN'T WORK

- "Pulling out" before a man ejaculates into the vagina or anus
- Birth control (it only reduces risk for pregnancy)
- Washing your genitals, peeing, or douching after sex

FOR MORE INFORMATION

For additional information about gonorrhea and other STDs visit:

- www.itsyoursexlife.com/gyt/know
- www.plannedparenthood.org
- www.weRnative.org

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HIV & AIDS

THERE IS NO CURE FOR HIV/AIDS. THE GOOD NEWS IS THAT IF TREATED EARLY PEOPLE WITH HIV/AIDS CAN LIVE LONG HEALTHY LIVES.

WHAT IS HIV?

HIV is a virus that attacks the cells in your body's immune system. Because your immune system normally defends your body against illness, HIV makes it difficult for your body to fight off diseases and infections.

HIV can be passed on during unprotected vaginal, oral, and anal sex, through sharing needles or syringes, and from an HIV positive mother to her child during pregnancy, birth, or breast feeding. People who have HIV often show no symptoms, which is why HIV positive people may spread the infection without knowing it.

WHAT IS AIDS?

AIDS is an advanced stage of HIV. There are two ways doctors decide if an HIV positive person has AIDS:

1. *Based on infections*- When an HIV positive person gets one or more infections that do not usually affect someone who is healthy.
2. *Based on blood tests*- When the number of healthy immune cells in an HIV positive person drops to a certain low point, or when the amount of HIV in their blood reaches a certain high point.



How quickly someone with HIV advances to AIDS depends on many different factors. One important factor is how quickly a person gets tested and gets into care.

1 in 5 people with HIV...

don't know they are infected.



That's why it's so important to get tested, learn your status, and get treated if you learn you are HIV positive. Treatments for HIV have improved significantly, and many people who receive treatment early live long healthy lives.

If you are HIV positive, your healthcare provider can teach you how to care for yourself and will provide you with information on different treatment options.

DO I HAVE HIV?

The only way to know for sure if you have HIV is to get tested. Getting tested is easy. To test you for HIV your healthcare provider will collect either a blood sample or a swab from your mouth. These tests should not hurt, but if you experience any discomfort tell your provider.

HIV & AIDS continued...



FOR WEEKLY HEALTH TIPS

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WHAT IF I TEST POSITIVE FOR HIV?

Fortunately, with the availability of different treatments today, you can lead a long and healthy life as an HIV positive person.

If you've tested positive, see a doctor who has experience treating HIV even if you don't feel sick, find a support system that can help you cope with the emotional challenges ahead, talk with your partners about your status, and learn how to reduce the risk of passing on HIV by using latex condoms and dental dams.

HOW TO PROTECT YOURSELF

Get Educated

For vaginal and anal sex: Learn how to use latex condoms the right way, and use them every time. They're the only way to prevent STDs during vaginal and anal sex.

For oral sex: Use condoms for oral sex on a penis, and dental dams for oral sex on a vagina or anus.

For fingering, hand jobs, and other intimate touching: Wash your hands with soap and water after touching your partner's genitals before touching your own (and vice versa). To be extra safe, some people choose to use latex gloves. Find what works for you.

Get Tested

Get tested with your partner, and discuss how you will have safer sex if one or both of you are infected. Ask to be tested if you learn that you are pregnant. This is an important step to protecting your baby's health.

Be Smart

Have sex with only one partner, who has been tested and is not infected, and who is only having sex with you.

Stay Clear

Avoid drinking alcohol and doing drugs before you have sex. It's difficult to make good decisions when under the influence.

HOW OFTEN SHOULD I GET TESTED?

Young people who are sexually active should get tested at least once a year. It's also smart to get tested before you start a new sexual relationship, or if someone you've had sex with tells you that they are HIV positive. It's easy. Just ask your healthcare provider.

WHAT DOESN'T WORK

- "Pulling out" before a man ejaculates into the vagina or anus
- Birth control (it only reduces risk for pregnancy)
- Washing your genitals, peeing, or douching after sex

FOR MORE INFORMATION ON HIV/AIDS

- www.itsyoursexlife.com/gyt/know
- www.plannedparenthood.org
- www.weRnative.org

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HPV, Genital Warts, & Cancer

HUMAN PAPILLOMA VIRUS [HPV] IS THE MOST COMMON SEXUALLY TRANSMITTED DISEASE (STD). THE GOOD NEWS IS THAT MANY PEOPLE HEAL FROM IT WITHOUT NEEDING TREATMENT.

WHAT IS HPV?

HPV is a viral infection that can be passed on during unprotected vaginal, oral, and anal sex. It can also be passed from an infected mother to her child. People with HPV often show no symptoms, which is why many spread the infection without knowing it.

The good news is that most people who have HPV do not develop health problems from it. In the majority of cases, the body naturally clears HPV within 2 years. But sometimes the body does not clear HPV.

HPV can cause genital warts, warts in the throat (which is rare), and cervical cancer and other, less common but serious cancers, including cancers of the vagina, penis, anus, and throat.

Like the flu, there are many types of HPV.

Some cause genital warts

and others cause cancer.



1 in 2 people who are sexually

active will get an STD ...

by the age of 25.



GENITAL WARTS

Genital warts usually appear as a small flesh colored bump or group of bumps in the genital area. They can be large, small, raised or flat, or shaped like a cauliflower. Health care providers can usually figure out if someone has genital warts by looking at the warts. There is no cure for any kind of HPV, including the types that cause genital warts, but if the warts cause you discomfort they can be removed with medications that you can apply yourself or through treatments performed by your healthcare provider. If left untreated, genital warts might go away, remain unchanged, or increase in size or number.

CERVICAL AND OTHER CANCERS

Cervical cancer doesn't usually cause any symptoms unless it is quite advanced. Because of this, it's important for women to get a regular pap test (to check for abnormal cells). Some experts also recommend getting an anal pap test to check for signs of anal cancer for those who regularly have anal sex. Getting a pap test can find early signs of disease, so that problems can be treated early before they develop into cancer.



HPV continued...



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Other HPV-related cancers might not show any symptoms until they are advanced and more challenging to treat. For signs and symptoms of these cancers, check out www.cancer.gov.

HOW TO PROTECT YOURSELF

Get Educated

For vaginal and anal sex: Learn how to use latex condoms the right way, and use them every time. They're the only way to prevent STDs during vaginal and anal sex.

For oral sex: Use condoms for oral sex on a penis, and dental dams for oral sex on a vagina or anus.

For fingering, hand jobs, and other intimate touching: Wash your hands with soap and water after touching your partner's genitals before touching your own (and vice versa). To be extra safe, some people choose to use latex gloves. Find what works for you.

Get Vaccinated

Vaccines have been developed to protect both men and women from HPV infection. These can prevent a majority of problems caused by HPV, including genital warts and cancer. Ask your healthcare provider about the different HPV vaccines and whether they recommend one for you.

Get Tested

If you are a woman, get regular pap tests to screen for signs of cervical cancer. If you have regular anal sex, some experts also recommend getting an anal pap test. Both tests involve collecting a small amount of cells using a Q-tip swab. They should not hurt, but if you experience any discomfort talk to your healthcare provider.

Be Smart

Have sex with only one partner, who has been tested and is not infected, and who is only having sex with you.

Stay Clear

Avoid drinking alcohol and doing drugs before you have sex. It's difficult to make good decisions when under the influence.

WHAT DOESN'T WORK

- "Pulling out" before a man ejaculates into the vagina or anus
- Birth control (it only reduces risk for pregnancy)
- Washing your genitals, peeing, or douching after sex

FOR MORE INFORMATION ABOUT HPV

For additional information visit:

- www.itsyoursexlife.com/gyt/know
- www.plannedparenthood.org
- www.weRnative.org

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SYPHILIS FAQs

SYPHILIS IS A SEXUALLY TRANSMITTED DISEASE (STD) THAT CAN KILL. THE GOOD NEWS IS THAT IF CAUGHT EARLY IT'S COMPLETELY CURABLE.

THE FACTS

Syphilis is a bacterial infection that can be passed on during unprotected vaginal, oral, and anal sex. It can also be passed from a mother to her child. People who have syphilis may show no symptoms, which is why it is possible to spread the infection without knowing it.

The good news is that, if caught early, syphilis can be easily treated with antibiotics. But if someone with syphilis doesn't get treated, it can cause serious health consequences, including permanent damage to their internal organs. That's why it's so important to get tested, learn your status, and get treated early if you learn you have it.

People with syphilis are more likely to be infected

with HIV by an infected partner .



POSSIBLE SYMPTOMS

It is common to describe the symptoms of syphilis in three stages: primary, secondary, and late stages of infection.

Primary Stage - Most people experience few symptoms when they are initially infected with syphilis, but if you do notice something you might see a sore (or many sores) called a chancre. This sore usually lasts 3-6 weeks and will heal without treatment. The sore is often not painful. Although the sore heals, the person is still infected with syphilis and will progress to the next stage of infection.

1 in 2 people who have sex...

will get an STD by the age of 25.



Secondary Stage- A skin rash will appear (often on the palms of the hands and the bottoms of the feet), at times followed by sores in the mouth, vagina, anus, or other mucous membranes. Some people also experience fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. If left untreated, some of these symptoms may go away.

Late Stage- In the late stage of syphilis, the bacteria damages peoples' internal organs, like the brain, heart, liver, and bones.

DO I HAVE SYPHILIS?

The only way to know for sure if you have syphilis is to get tested. Getting tested is easy. To test you for syphilis your healthcare provider will collect a blood sample or a swab sample of the chancre tissue. These tests should not hurt, but if you experience any discomfort tell your provider.



SYPHILIS FAQs continued...



FOR WEEKLY HEALTH TIPS

CONTESTS AND LIFE ADVICE...

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GETTING TREATED

Fortunately, early stages of syphilis can be easily treated with antibiotics. But the later stages of syphilis can be more challenging to treat. That's one reason it's important that you and all of your partners get tested and treated early on if you are infected.

People with syphilis should not have sex until they- and their sex partners - finish any treatment prescribed by their health-care professional and only after their sores are completely healed.

HOW TO PROTECT YOURSELF

Get Educated

For vaginal and anal sex: Learn how to use latex condoms the right way, and use them every time. They're the only way to prevent STDs during vaginal and anal sex.

For oral sex: Use condoms for oral sex on a penis, and dental dams for oral sex on a vagina or anus.

For fingering, hand jobs, and other intimate touching: Wash your hands with soap and water after touching your partner's genitals before touching your own (and vice versa). To be extra safe, some people choose to use latex gloves. Find what works for you.

Get Tested

Getting tested with your partner, and treated if you have an infection, will keep you safe from the negative consequences of syphilis.

Be Smart

Have sex with only one partner, who has been tested and is not infected, and who is only having sex with you.

Stay Clear

Avoid drinking alcohol and doing drugs before you have sex. It's difficult to make good decisions under the influence.

WHAT DOESN'T WORK

- "Pulling out" before a man ejaculates into the vagina or anus
- Birth control (it only reduces risk for pregnancy)
- Washing your genitals, peeing, or douching after sex

FOR MORE INFORMATION

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- www.plannedparenthood.org
- www.weRnative.org

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