Effectiveness of Wellness and Life Skills Education for Adolescent Females of Inner-City East St. Louis

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EFFECTIVENESS OF WELLNESS AND LIFE SKILLS EDUCATION FOR ADOLESCENT FEMALES OF INNER-CITY EAST ST. LOUIS

By

Rebecca J. Busler

Honors Scholarship Project

Submitted to the Faculty of

Olivet Nazarene University

for partial fulfillment of the requirements for

GRADUATION WITH UNIVERSITY HONORS

April, 2014

BACHELOR OF SCIENCE

in

NURSING

[Signatures and dates]
To my magnificent mom, Sue Busler.

She has taught me to love others selflessly to equip them for success.

Thanks to her devotion to helping others I was introduced to the beautiful and bright girls at the CAC, whom this project is also dedicated to.
I would like to thank my nursing professors. They have equipped me with knowledge that extends way past charts and tables in the textbook and have taught me wisdom and compassion through their daily examples. Two professors in particular have impacted this project. Professor Susan Day sparked and encouraged my interest in community health and showed me how to put that into real world experience. Dr. Rosalie Tuttle has encouraged, supported, listened, and counseled me through this process and has been a phenomenal project mentor. I would also like to thank the honors department from my university, who provided financial assistance for needed supplies. The monetary contribution made my project more feasible and I am very grateful.

Nisya Hurst also played a large roll in my project as my assistant teacher. She is a health educator with the Southern Illinois Healthcare Foundation (SIHF), who provided the Smart Girls Life Skills curriculum. Kelsey Steines and Taylor Westrate deserve recognition for helping me analyze data using SPSS. Taylor, my family, and friends also deserve recognition for their ideas, support, and encouragement.

I would also like to extend gratitude to Jessica Neal and the Christian Activity Center (CAC). Jessica facilitated their educational programs and made me feel welcome. She encouraged me through the process and had many discussions with me about how to best reach the girls at the organization to make the most meaningful impact. Lastly, I want to thank the girls from the CAC who participated. They were enthusiastic learners and have potential to make a difference in their community. They have inspired me to pursue projects and service like this in the future.
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ABSTRACT

This off-campus health education internship was conducted at the Christian Activity Center (CAC) in East St. Louis, IL. East St. Louis is a community filled with poverty, violence, poor health, and failing schools. The need for life skills and wellness education is significant. The goal of the internship was to provide practical health-related information to enlighten young women about their own bodies and high-risk behaviors in hopes that they could apply the information and make adjustments or choices to improve their own lives. To meet this objective a proven successful curriculum, *Smart Girls Life Skills Training*© (Smart Girls), was taught in conjunction with an educator from Southern Illinois Healthcare Foundation (SIHF). There were seven class sessions held that covered different topic matter: enhancing self esteem, goal setting, assertiveness training, dating relationships, sexual responsibility, sexually transmitted infections, and a review celebration day. Approximately 15 adolescent females volunteered to take the class. A research component was incorporated to evaluate the effectiveness of the education. The participants took pre and post-tests before and after each session, a comprehensive post-test following the whole course, and a repeat comprehensive post-test two and a half months later. A control group of five girls also took the same repeat comprehensive post-test. The results revealed an increase in knowledge from the pre-test scores to the post-test. Additionally, significant results between the control group (M=70.2) and the experimental group (M=90.2) were determined. The results showed that the purpose was met but further research could be conducted.
INTRODUCTION

East St. Louis is known for its failing public school system, high rates of poverty, and even higher rates of crime. These factors all lead to poor habits and even poorer outcomes mentally, physically, spiritually, and financially. Over a quarter of the population is under 18 years old according to the U.S. Census Bureau (2010). So, it is thought that this trend can be broken through educating young people about real life skills and personal wellness. There are multiple organizations that have begun creating curriculums targeting teens for this purpose. These programs are created to enlighten and empower youth so that they can make better life choices. The initial results of these programs have proven to be successful.

This internship contained a research component to show the effectiveness of one such curriculum, Smart Girls Life Skills Training© (Smart Girls). The curriculum was taught with guidance by Southern Illinois Healthcare Foundation (SIHF) and was facilitated by the Christian Activity Center (CAC) of East St. Louis, IL. The goal was to provide education on life skills and wellness to the urban adolescent African American girls who signed up to take the class. The ultimate objective was for the girls to take the information they learned out into the real world and to make better life choices. This study had the potential to prove the effectiveness of Smart Girls and perhaps inspire a permanent installation of the program into the curriculum of the CAC, local schools, and churches to reach as many girls as possible and to inspire change in the community. The research component of this project analyzed various pre-tests and post-tests taken by an experimental group and a control group. It is hypothesized that at least 60% of the students will pass the post-test with a 60% and that 60% of students will improve their
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pre-test score by 10%. The results of the pre and post-tests were analyzed using SPSS to determine the significance.
The Christian Activity Center (CAC) dates back to the 1800s and was created to help needy populations. In the nineteen-seventies the organization took on the name Christian Activity Center and focused their mission on reaching out to school age children, youth, and their families (Christian Activity Center, 2013, para. 1-3). Baker, Gilley, James, and Kimani wrote in their study of health education in Atlanta, “Youth are most vulnerable to gangs, violence, drugs, and other high-risk behavior following school dismissal. Therefore, it is essential to provide enjoyable and productive activities to the youth during after school hours” (2012, p. 1). The CAC shares similar beliefs and they currently offer after school programs during the school year and are open all day during the summer to provide students with safe, fun, educational, and productive activities as alternatives off the streets.

The CAC still operates and reaches out to the residents of East St. Louis, IL. Previously made observations of the community and past experiences at the CAC have provided insightful information that this community is in great need. The city lies just across the Mississippi River from St. Louis but the polished city skyline is not reflected here. CNN described the city in a recent article:

East St. Louis is an impoverished, blighted and economically depressed area. There are many abandoned lots and partially burned houses. Violent crime in the city is more than 15 times higher than the rest of nation, according to police statistics. The unemployment rate was 13.9% in May 2012, more than five percentage points higher than the national average. U.S. Census figures show 41% of the 27,000 residents live below the poverty line. (Sepulvado, 2012, para. 7)
This same information was reflected in statistics found from the US Census Bureau (2010). East St. Louis is a part of St. Clair County and according to their most recent comprehensive community health assessment they ranked 94 out of 102 Illinois counties (with 1 being the best and 102 being the worst ranked) for health outcomes such as premature mortality, poor physical health, and poor mental health. They ranked 101 out of 102 for health behaviors such as tobacco use, excessive drinking, teen pregnancy, obesity, and motor vehicle crash death rate. Finally, they ranked 99 out of 102 for social and economic factors such as high school and college graduation rates, unemployment, children in poverty, inadequate social support and violent crime rate (St. Clair County Health Commission, 2011, p. 21). This evidence is just a glimpse of the statistics that reveal how East St. Louis falls far below the state and national averages in many high-risk health categories.

These statistics also prove that additional education is needed in the areas of wellness and life skills. The CAC partnered with the Southern Illinois Healthcare Foundation (SIHF) to provide education on these much-needed topic areas. The mission statement of SIHF is, “Lead individuals and communities to their healthiest lifestyle by providing a coordinated network of health and supportive services” (SIHF, 2014). SIHF uses a curriculum called Smart Girls Life Skills Training© (Smart Girls) that is used to educate adolescent girls on various topics such as self-esteem, goal setting, assertive communication, dating and relationships, sexual responsibility and personal hygiene, and STIs. Other studies have shown that educational programs tailored to inner-city youth have been effective (Baker, Gilley, James, & Kimani, 2012; Lancaster, Lenz, Meadow, & Brown, 2013). The Health Belief Model, a theory of community health, can be used
when evaluating or creating educational programs such as these. This model stresses that people’s cultural surroundings are likely to influence personal experiences, opinions, behaviors, and beliefs. This includes habits and thoughts formed on personal life skills and wellness. This is important to consider when tailoring education to a specific population such as African American teenage girls of East St. Louis, IL (Allender, Rector, & Warner, 2010, pp. 317-318; World Health Organization, 2012, pp. 23-25).

One study conducted by the makers of the Smart Girls curriculum evaluated how students’ attitudes, perceptions, and communication about sexual responsibility changed after taking the course. Researchers used a 25-item Likert-type scale to gauge the responses and to gain information about participants’ sexual histories (Graves, Sentner, Workman, & Mackey, 2011, p. 465). The general trends of their research showed that attitudes and perceptions may have changed initially but after six months the difference between the control group and experiment group was considered not significant. It is important to note that 5.08% of the 7th graders surveyed stated that they were sexually active, showing that it is important for this education to begin early (pp. 466-467). They concluded by saying that further research needs to be conducted, especially in understanding if the curriculum truly reduces the incidence of teen pregnancy (p. 470).

Given the morals and opinions of the Christian Activity Center they requested that we discuss topics such as STIs and unplanned pregnancy with the primary focus being on abstinence.

“High Five to Healthy Living” is another health education program specifically for inner city youth and it was implemented in Atlanta, GA. The introduction states, “Providing developmental programs to metro Atlanta youth from disadvantaged
circumstances is critical to their maturation into successful productive adults” (Baker, Gilley, James, & Kimani, 2012, p. 1). The population receiving this education was very similar to the population that attends the CAC. The structure of this program was also similar because it was a once-a-week class that used pre-test and post-tests as a form of evaluation. Some differences in this study were that they included both males and females and their ages were slightly younger at only 11-14 years. Their subject matter was focused on oral hygiene, hand washing, physical activity, male/female personal hygiene, and nutrition/food safety. This study demonstrated that the education was effective because on average 69.4% of students increased on their post-test scores (p.6).

One additional study provided education for African American girls on conflict resolution. Lancaster, Lenz, Meadows and Brown (2013) evaluated the effectiveness of a conflict resolution program that was provided to urban African American adolescent girls. The six-week program met for 1.5 hours a week (p. 231). They educated students on conflict resolution and also used pre-tests and post-tests as a means of evaluation. Like the previous two curriculums, this study was able to prove that the education they provided was beneficial and knowledge was obtained. It was also determined that further research needs to be done but that these curriculums serve as good models. One thing they all had in common was that they all focus in on topics that are thought to be highly important to the population of urban adolescents.

Curriculum Topics

Much can be learned from analyzing other educational programs, however there is also a lot to learn from what other research has to say about specific topic areas that may impact urban youth. Self-esteem and mental health are both thought to be major factors
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in the lives of teenagers, but maybe even more so in specific populations. According to
the Center for Disease Control (CDC) *Youth Risk Behavior Survey*, 31.4% of black
females felt sad or hopeless for two or more weeks out of the previous year (Eaton et al.,
2012, p. 10). A quote from a recent study from the Center for Research on Women said,
“The more frequently harassment occurs, and the more upset students are by harassment,
the lower their self-esteem, the more psychological distress they report, and the more
negatively they view their own bodies” (2009, p. 5). East St. Louis is an area that is
riddled with violence and this could affect this population’s self-esteem and self worth.

Another important lesson is on goal setting. Many teens that grow up in urban poverty
feel as if they cannot break the cycle that their parents and grandparents have fallen into.
This is partially due to decreased self-esteem and self worth. These teens do not know
that they are capable of more.

Communication is another topic that can be influenced by the environment. If an
environment is filled with conflict then the communication can quickly escalate to either
aggressive or passive styles of communication. Aggressive communication can easily
turn into aggressive actions. Lancaster, Lenz, Meadows, and Brown (2013) found that
following conflict resolution education the experimental group developed more positive
and assertive attitudes, that could lead to assertive communication, thus dispeling violent
actions (p. 235). Educating that assertive communication, instead of aggressive or
passive communication, is a positive way to resolve conflict could reduce violence and
boost self-esteem.

Assertive communication is extremely important in all forms of relationships, but
especially in dating relationships. *The Youth Risk Behavior Survey* showed that the black
females were subject to the highest percentage of dating violence. In the last year 12.2% said that they had been hit, slapped, or intentionally injured by their boyfriend (Eaton et al., 2012, p. 10). Additionally 12.0% of black females said they were forced to have sexual intercourse when they did not want to. Dating violence is unacceptable and it is important to teach young girls about red flags to watch for in their own relationships and to know how to help friends who find themselves in abusive relationships.

Lastly, it is also important for teenagers to have knowledge on sexual responsibility, their own hygiene, pregnancy, and STIs. The Youth Risk Behavior survey also stated that 53.6% of black females (grades 9-12) are sexually active and 17.0% were sexually active before the age of 13 (Easton et al., 2012, pp. 26-27). CDC vital statistics also state that 47.3 babies per 1000 are born to black teen mothers (2013, p. 6). It is extremely important to educate females about their own bodies, how to take care of them, and what to expect. If they have sex it is important for them to understand that may mean that they will be expecting a child. In Illinois, 10% of all births were to teenage mothers and in St. Clair County that statistic jumps to 14% (St. Clair County health care commission, 2012, p. 26). It is also important to teach girls from a young age that pregnancy is not the only undesired result of sex, but that STIs can also result.

Based on studies and statistics, the topics discussed above were identified as important to this specific demographic: self-esteem, goal setting, assertive communication, dating and relationships, sexual responsibility and personal hygiene, and STIs. The models of curriculums have proven that education on these topics may be very beneficial to teenagers. Lastly, the statistics about the population of East St. Louis showed that there is a need for life skills and wellness education in this community.
METHODS

Participants

There were 20 (N=20) females ages 12-18 that volunteered for participation. An experimental group of 15 girls signed up for a small-group class called Smart Girls at the Christian Activity Center (CAC) in East St. Louis, IL. There were also five girls of the same age and demographical characteristics in a control group who volunteered to take the post-test. The control group did not attend the seven-week course. It was originally planned that each participant in the experiment group would attend every class; however; due to circumstances pertaining to the participants’ ages and demographics, attendance often fluctuated with classes ranging in size from two to ten students. It is estimated that five girls attended at least six of the seven classes with a majority attending four of the seven classes.

Instrument

Every session the students were given a pre-test and post-test on that specific subject matter. The pre-tests and post-tests contained the same set of true and false questions. During the last session the students who attended were given a comprehensive post-test. Approximately two and half months later an experiment group (n=5) was given the same comprehensive post-test to measure retention. The control group (n=5) took the same comprehensive post-test to evaluate a difference in scores between those who participated in the course and those who did not.

Procedure

Following institutional review board (IRB) approval, seven classes were co-taught by two young adult females: one was an employee of Southern Illinois Healthcare
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Foundation, who was familiar with the curriculum, and the other was a nursing student from Olivet Nazarene University, who was new to teaching the curriculum. The class was based on a curriculum entitled *Smart Girls* and was modified slightly to make it applicable to the lives of the females in this class. The participants in the course voluntarily signed up and their parents signed a blanket consent form to allow them to take various religious, recreational, academic, or life skills classes while attending the Christian Activity Center (CAC). It was ensured that each participant had a form on record with the CAC. Students’ confidentiality was maintained throughout the entire process.

Between June 10th and August 5th 2013 there were seven class sessions held that covered different topic matter: Enhancing Self Esteem, Goal Setting, Assertiveness Training (Communication), Dating Relationships, Sexual Responsibility, Sexually Transmitted Infections (STI) Education, and a celebration/ review day (Table 1). Each class started with the pre-test. Then, due to the religious affiliation of the CAC, each session began with a Biblical devotion about that class’ topic to set a frame of mind, provide a brief introduction, and maintain routine between sessions. This was generally followed by a brief introductory exercise that reviewed the previous week’s topic and introduced the new one. This was done through questions and discussion. After finding out what correct or incorrect information the students had, the content for that day was presented. In order to reinforce learning role-playing activities, fun worksheets, and review games were incorporated. The class sessions ended with any additional questions or thoughts the participants may have had. The session ended with a thought to ponder over the week or a concept to work on in their lives. The suggested activity was never an
assignment for a grade, but was intended to teach them real life application. The session ended with the post-test and a prayer.

The class sessions were held in the teen café of the CAC. This room was chosen specifically for its privacy and casual feel. This kind of environment promoted openness and honesty in conversation and learning activities. A small healthy snack was also provided to encourage attendance.

At the end of the last class session the participants were asked to take the comprehensive post-test, which was a compilation of questions pulled from previous post-tests. To test retention this same comprehensive overview exam was given two and a half months later to a group of five girls who participated in the class. To analyze effectiveness, the comprehensive test was also given to a control group of five girls. These girls were also members of the CAC and were of the same demographical group but did not attend the Smart Girls course.

The results of all tests were compiled and analyzed using Statistical Package for the Social Sciences (SPSS). Dependent and independent t-tests were run to determine the significance of the results. The results were then compared to the two previously made hypotheses.
Table 1  
*Class Session Topics and Objectives*

<table>
<thead>
<tr>
<th>Class Topics</th>
<th>Class Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing Self Esteem</td>
<td>• Know the definition of self esteem</td>
</tr>
<tr>
<td></td>
<td>• Be aware of barriers to self esteem</td>
</tr>
<tr>
<td></td>
<td>• Understand the importance of feeling good about themselves</td>
</tr>
<tr>
<td></td>
<td>• Practice techniques for building their own self esteem</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>• Be able to identify accomplishments already made in life</td>
</tr>
<tr>
<td></td>
<td>• Develop a life-line that reflects short and long term goals</td>
</tr>
<tr>
<td></td>
<td>• Identify how decisions affect their future</td>
</tr>
<tr>
<td>Assertiveness Training</td>
<td>• Be able to define and compare assertive, passive, and aggressive behavior</td>
</tr>
<tr>
<td>(Communication)</td>
<td>• Know their rights and the importance of saying no to negative pressure in an assertive way</td>
</tr>
<tr>
<td></td>
<td>• Be able to list and demonstrate the effective verbal and nonverbal skills of assertive behavior</td>
</tr>
<tr>
<td>Dating &amp; Relationships</td>
<td>• Be able to list the characteristics of a healthy dating relationship and unhealthy dating relationship</td>
</tr>
<tr>
<td></td>
<td>• Be able to define dating abuse and explain the different types of abuse</td>
</tr>
<tr>
<td></td>
<td>• Know at least four red flags to watch for in a relationship that could indicate a partner as potentially abusive</td>
</tr>
<tr>
<td>Sexual Responsibility &amp; Pregnancy</td>
<td>• Female reproductive anatomy, menstruation, and pregnancy</td>
</tr>
<tr>
<td></td>
<td>• Emotional and physical effects of puberty &amp; sex</td>
</tr>
<tr>
<td></td>
<td>• Know that abstinence is the greatest gift they can give themselves</td>
</tr>
<tr>
<td>STI Education</td>
<td>• Be able to list the most common STIs, with a general description of each, including symptoms, complications and treatment options</td>
</tr>
<tr>
<td></td>
<td>• Be able to explain why teens are at greater risk of STIs than any other age group</td>
</tr>
<tr>
<td></td>
<td>• Be able to explain why the reasons many teens give for having sex are bad reasons</td>
</tr>
</tbody>
</table>

(Smart Girls Life Skills Training©, 2007)
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RESULTS

SPSS was used to analyze the results of all of the pre and post-tests. A paired samples t-tests was used to analyze the data from the pre and post-test from each session (table 2, figure 1). The results were found to be insignificant based on the p value of the significant 2-tailed values for all topics except sexual responsibility. The post-test scores (M = 90.00, SD = 7.07) were significantly higher than the pre-test scores (M = 74.00, SD = 8.94), t(4) = -3.14, p < .05, d= -1.40. Despite the fact that most of the results were not significant, some results were still important to note. On average the post-test scores increased by 13.7% above the pre-test scores for each given class session. The lowest level of improvement was 4.3% (n=7) (Table 3), which was achieved during the first class session on self-esteem. This could be due to two factors, one is that it was the very first class and the expectations were not set so their level of attention during class may have been lower than the following classes. However, due to the already high pre-test score, it may be more likely that the factor contributing to the lower increase in scores was that the CAC, where all of these girls attend after school programs, highly promotes self-esteem on a regular basis. The highest level of increase was on the subject matter of assertive communication and the scores rose on average by 30% (n=4). Many of the girls mentioned they were unfamiliar with this topic and recognized that this was an important area of growth. A majority said they themselves and their role models exhibit aggressive or passive forms of communication; this increase seems to represent an accurate gain of knowledge and was affirmed by their personal statements.

When the course concluded, the average of all of the post-test exams from the six courses was found to be 94.1%. The average of the comprehensive exam given at the end
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of the course over all of the content was 94.0% (n=2) (Table 4). These two scores seem to validate themselves due to how similar they are, showing that on average they learned and understood a majority of what was being taught. Two and a half months later an experiment group (n=5) achieved an average score of 90.2% (Table 5) on the comprehensive post-test, seeming to show that the participants retained a majority of the information. However, the results were found to be not significant based on an independent samples t-test. The same day the experiment group was given the comprehensive post-test a second time, a control group (n=5) with the same demographics was given the same comprehensive post-test. The control group scored an average of 70.2%. According to an independent samples t-test, those who were in the Smart Girls class (M = 90.20, SD = 7.16) scored significantly higher on the comprehensive post-test that those who did not take the course (M = 70.20, SD = 5.02), t(8) = 5.12, p < .05, d = 3.24.

Table 2

Paired Samples Statistics: All session pre-tests & post-tests

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pre-test Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Esteem</td>
<td>85.71</td>
<td>7</td>
<td>7.868</td>
<td>2.974</td>
</tr>
<tr>
<td>Post-test</td>
<td>90.00</td>
<td>7</td>
<td>14.142</td>
<td>5.345</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>86.00</td>
<td>5</td>
<td>13.416</td>
<td>6.000</td>
</tr>
<tr>
<td>Post-test</td>
<td>100.00</td>
<td>5</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>70.00</td>
<td>4</td>
<td>29.439</td>
<td>14.720</td>
</tr>
<tr>
<td>Training</td>
<td>Post-test</td>
<td>100.00</td>
<td>4</td>
<td>.000</td>
</tr>
<tr>
<td>Dating &amp;</td>
<td>Pre-test</td>
<td>78.89</td>
<td>9</td>
<td>11.667</td>
</tr>
<tr>
<td>Sexual Responsibility</td>
<td>Post-test</td>
<td>84.44</td>
<td>9</td>
<td>12.360</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Pre-test</td>
<td>74.00</td>
<td>5</td>
<td>8.944</td>
</tr>
<tr>
<td>Post-test</td>
<td>90.00</td>
<td>5</td>
<td>7.071</td>
<td>3.162</td>
</tr>
<tr>
<td>STI</td>
<td>Pre-test</td>
<td>87.50</td>
<td>2</td>
<td>17.678</td>
</tr>
<tr>
<td>Education</td>
<td>Post-test</td>
<td>100.00</td>
<td>2</td>
<td>.000</td>
</tr>
</tbody>
</table>
Figure 1

*Pre versus post-test scores*

Table 3

*Paired Samples Test: Paired Differences in session pre-tests versus post-tests*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mean Difference</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Esteem</td>
<td>4.286</td>
<td>13.973</td>
<td>5.281</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>14.000</td>
<td>13.416</td>
<td>6.000</td>
</tr>
<tr>
<td>Assertiveness Training</td>
<td>30.000</td>
<td>29.439</td>
<td>14.720</td>
</tr>
<tr>
<td>Dating &amp; Relationships</td>
<td>5.556</td>
<td>14.240</td>
<td>4.747</td>
</tr>
<tr>
<td>Sexual Responsibility</td>
<td>16.000</td>
<td>11.402</td>
<td>5.099</td>
</tr>
<tr>
<td>STI Education</td>
<td>12.500</td>
<td>17.678</td>
<td>12.500</td>
</tr>
</tbody>
</table>

Table 4

*One-Sample Statistic: Initial versus Repeat Post-test*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Post-test</td>
<td>2</td>
<td>94.00</td>
<td>.000*</td>
<td>.000</td>
<td>-3.80</td>
</tr>
<tr>
<td>Repeat Post-test</td>
<td>5</td>
<td>90.20</td>
<td>7.155</td>
<td>3.200</td>
<td></td>
</tr>
</tbody>
</table>

* t cannot be computed because the standard deviation is 0.
Figure 2

Post-test comparisons

Table 5

One-Sample Statistic: Experiment Group Post-test versus Control Group Post-test

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiment Post-test</td>
<td>5</td>
<td>90.20</td>
<td>7.155</td>
<td>3.200</td>
<td>-20.00</td>
</tr>
<tr>
<td>Control Post-test</td>
<td>5</td>
<td>70.20</td>
<td>5.020</td>
<td>2.245</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3

Experiment post-test versus control group post-test
DISCUSSION

The purpose statement for this project was to provide health education in areas that are major concerns for this specific demographic of African American adolescent girls at the Christian Activity Center of East St. Louis, IL. The goal was to provide practical health-related information to enlighten these young women about their own bodies and high-risk behaviors in hopes that they can apply it and make adjustments or choices to improve their own lives.

The results have shown that this purpose has been met. A hypothesis was made that students would gain knowledge from sitting through the classes and this could be evaluated with the criteria that at least 60% of the students would pass the post-test with a 60% and to have 60% of students improve their pre-test score by 10%. The lowest score of any post-test was a 70%, so this criterion was met. However, two of the six modules did not have over 60% of the students increase scores by 10%. The Dating and Relationships survey only showed that 55% of the exams showed a 10% increase. One factor that could attribute to this is that many of the girls had recently had a separate class on dating and relationships. So, their pre-test scores started high and there was not much room to improve. Additionally, the STI/HIV education class only showed that 50% of the scores improved by 10%. This can be attributed to the fact that there were only two students in attendance that day, and one student scored a 100% on the pre-test, thus making it impossible for her to raise her score on the post-test. Although the hypothesis was not met, it can be deemed that the latter half of this hypothesis was supported. In general, the students in the class gained knowledge based on the their pre-test versus post-test scores.
Additional ways to assess the hypothesis that knowledge was gained was that the post-test scores increased on average by 13.7%, which is over the 10% in the hypothesis criteria, and with an average score of 94.1%. The results section shows that post-test scores demonstrated learning; the repeat post-test score of the experiment group showed retention, and the post-test score of the control versus experiment demonstrated that the course was effective.

The scores also show that these teenagers have made it this far in life without obtaining some basic life-skills information or have even been misled or misguided by parents, teachers, or the media. During the self-esteem lesson many of the girls mentioned that they felt very insecure because they felt as if they were being compared to famous women. They identified that often times these women are airbrushed and that they are unrealistic, but still felt the need to measure up. To practice promoting self-worth, each girl was given a post-it-note pad and colorful pen to write encouraging words about her-self. Everyday they were to write a word on a post-it-note and stick on their mirror, door, wall, or any prominent location.

During the goal setting module many of the girls did not realize that it was socially acceptable to go on and pursue whatever career they wanted. A majority of the girls stated that in theory they were encouraged to “go to college” or chase their dreams, but they felt as if the reality of their community demonstrated that this was an impossible goal. The girls were given worksheets to write down short term and long-term goals. Then they were told to write down the steps to achieve those goals and were encouraged to practice pursing a short-term goal that week.
When discussing effective communication we reviewed that an assertive style of communication often produces the best results. Many of the girls stated that they have witnessed role models displaying overly aggressive communication, which leads others to respond aggressively or timidly. The girls identified that these examples influenced their styles of communication. We used a role playing game to practice assertive communication.

The dating and relationships class was very discussion based. Every girl mentioned that she had been apart of an abusive relationship or had seen one. It is unfortunate that this is relatively culturally acceptable. As the conversation continued, many of the girls were interested in what they could do for friends who were in abusive relationships and how they could recognize red flags of an abusive relationship. This topic facilitated the most participation out of all of the sessions.

During the class on sexual responsibility and feminine hygiene it was revealed that a majority of the women in this particular community do not use tampons. So, there was a misconception that it hurt too much and that they were unhygienic. Additionally, some of the girls thought that their vagina and urethra were the same opening. We covered the basics of female anatomy and the menstrual cycle. We also talked about the importance of abstinence and monogamy. They felt as if these ideas were outdated and believed that no man would agree to be in a monogamous relationship for his whole life. Many of these ideas and conceptions come from what they have seen or heard in their community.

Lastly, many of the girls knew very little, if anything about STIs. Many of the girls believed that STIs could not be passed through oral sex. Additionally, some of the
girls also thought that the use of oral contraceptives would prevent the spread of an STI.

These misconceptions could lead to serious health conditions if not addressed.
Strengths and Limitations

Strengths of this program include that it was well thought out and organized. The two teachers were young enough that students were able to relate to them but knowledgeable and experienced enough to have credibility and demand attention. The class was taught in a comfortable environment that facilitated learning and conversation with few distractions.

Suggestions for future research include a larger sample size and with more consistent attendance. These changes may provide a more accurate representation of the population. It would also be beneficial to administer an overall pre-test prior to the first session to compare with the comprehensive post-test score. Lastly, it is important that curriculum similar to this be created for boys. If change is going to be made it is important to include both males and females.

Conclusion

This research has shown that adolescent girls of East St. Louis are capable of learning new information that they can apply in regards to life skills and wellness. The results of this research should serve as a call to action. This study had a specific audience and covered specific topics, but male and female urban adolescents could benefit from wellness and life skills education over many different topics. The results demonstrated that the participants gained and retained knowledge during this brief once a week summer program. It cannot be guaranteed that they will apply the information to their lives, but it can without a doubt predict that they are much more likely to make better life choices now that they are educated. Empowerment through life skills education is the first step to changing lives.
REFLECTION

After studying abroad and traveling to visit many different cultures, I didn’t think that doing a project in my own backyard of East St. Louis, IL would prove to be such a culture shock. However, it was. When driving through the streets it is especially evident by the broken stoplights, large potholes on the paved roads and even large mud holes on the gravel roads, cars up on blocks in the yards, bars on all windows that are not already boarded up, gang signs and graffiti decorate the walls, and grown men sit on porch steps with women on the corners. The overwhelming poverty is even more surprising in my own backyard when it is in the shadow of the sparkling St. Louis skyline immediately across the Mississippi river.

The girls in my classes were clearly the product of the city described above. Basic reading and reasoning skills were lacking based on a failing schools system. It was especially evident during in-class work, discussions, and even when we played the game Apples to Apples during our celebration day. What really saddened me was some of the opinions that were ingrained into their brains about themselves, their self worth, and their relationships with others. Throughout the program I learned a lot about what they thought and felt about themselves and the culture they grew up in. I realized that many of the girls have so much more potential than they realize.

This potential could be easily accessed because they are also proud of where they come from and want to make a difference. After this experience I believe that empowerment through educational curriculums like this could facilitate change from the bottom up.
EFFECTIVENESS OF WELLNESS AND LIFE SKILLS EDUCATION

REFERENCES


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