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Girl World: A Primary Prevention Program for Mexican American Girls

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Theories about women's health have not traditionally been extended to include the healthy development of young women. This article applies a women's health perspective to the implementation and evaluation processes of a gender-specific primary prevention program that worked with 9- to 14-year-old Hispanic girls in a low-income community. Although community-based after-school programs can be an important venue for education and girls' development, long-term effects are elusive to evaluate. The authors used ethnographic techniques to learn more about girls and their interactions with the program and to assess short-term program impact. Three themes were found: Program environment can contribute to girls' expression and behavior, issues of struggling families can slide girls into early adulthood, and mentoring can benefit both girls and adult women. Community-based primary prevention programs, although an essential part of a social safety net available to low-income girls, provide researchers with a unique set of evaluation challenges.

Keywords: *gender-specific programs; primary prevention; community-based programs; youth development*

Although youth development programs have been found to be an effective primary prevention strategy for adolescent sexual risk behaviors, small community-based youth development programs for preteen girls such as after-school, sports, and arts programs have not been the focus of evaluation efforts to date (Kirby, 2001). These programs can be an important venue for health education and girls' development, providing materials and supplementing the often limited resources of schools in low-income communities or

families with working parents. Youth development programs serve as an important policy alternative in communities where comprehensive sex education and clinics addressing sexual risk behaviors are not available.

Although challenges exist in the design and implementation of evaluations, they are important in deciding which of our efforts should be replicated or changed, especially as we face the competing challenges of decreased revenue and increased need present in many low-income and/or immigrant communities. This article describes the implementation and evaluation process of Girl World, a community-based program developed as such an alternative.

► LITERATURE REVIEW

Instead of celebrating increased opportunities for growth and expression that are potentially available to both girls and boys today, middle and high school girls in the United States experience decreased confidence, decreased interest in math and science, and decreased willingness to voice their opinion. To be accepted by their peers and avoid standing out from the crowd, many preteen girls dampen interests that might diverge from that of their friends, minimize their unique experiences, and suppress their own voices and opinions (Brown & Gilligan, 1992). By age 12, self-consciousness, a heightened concern about appearance, and a strong interest in boys dominate the girls' attention, frequently to the point of neglecting their own interests. At the same time, researchers have found a sharp drop in the self-esteem of middle and high school girls, in strong contrast to findings showing increasing self-esteem of boys of the same age (American Association of University Women, 1991).

Preteen girls in American society today are not a uniform group, and their needs likewise are heterogeneous.

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For example, Hispanic girls form the largest minority group in the United States and have higher rates of teen pregnancy, suicide attempts, alcohol and drug abuse, self-reported gun possession, and school drop-out rates than do African American or White girls (National Coalition of Hispanic Health & Human Service Organizations, 1999). Hispanic girls are a diverse group reflecting the family backgrounds and cultures of Mexico, Puerto Rico, Cuba, Dominican Republic, and other Central and South American countries. The diversity of cultural backgrounds, acculturation, and socioeconomic status affects the strengths and social problems found in these different groups. Mexican American girls for example have a higher school drop-out rate than Cuban Americans and the highest teen pregnancy rates of all Hispanic groups (National Coalition of Hispanic Health & Human Service Organizations, 1999). Programs that are aimed at targeted populations provide ideal opportunities to address such differences in culturally specific and sensitive ways.

The etiology of the changes that occur to middle school girls and the differences found between cultural groups are elusive. Completing an educational program, especially high school, is associated with reduction in many of the related risk behaviors that lead to high rates of sexually transmitted diseases, early pregnancy, and school dropout (Freeman & Rickels, 1993). However, these behaviors do not occur in isolation; rather, poor school performance, pregnancy, substance abuse, and delinquency form an interrelated web with similar etiologies and prevention strategies (Dryfoos, 1990).

Many communities have developed programs for preteens that implicitly or explicitly focus on maximizing youth development and minimizing risks, including reproductive behaviors (Hahn, Leavitt, & Aaron, 1994; Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). Programs to prevent teen pregnancy have concentrated on both the sexual and nonsexual antecedents

of risky behaviors, and evaluation reports are now available. In general, programs that focused on both sexual and nonsexual antecedents were effective in delaying and reducing sexual activity (Kirby, 2001). Service learning and general youth development programs that focused on nonsexual antecedents and provided academic tutoring, employment, and sports were also found to have an impact in reducing sexual risk behaviors and pregnancy (Melchor, 1998; Philiber & Allen, 1992). Abstinence only education programs have not to date demonstrated any overall effects on sexual behavior (Kirby, 2003; Sather & Zinn, 2002).

In many small and/or conservative communities today, implementing any sexuality education program other than abstinence only can be a challenge. Despite the unproven nature of abstinence only programs and strong research-based evidence that clearly documents that teaching adolescents about sex does not increase sexual behaviors, local political pressures often result in comprehensive sex education being unavailable for many girls (Kempner, 2003; Kirby, 2001). In such political climates, projects focusing on girls' development provide an important and feasible alternative for primary prevention efforts aimed at sexual risk behaviors.

► THEORETICAL BACKGROUND

A feminist or gender-specific perspective on health examines women's experiences within their social and political context (Andrist & MacPherson, 2001; MacPherson, 1983; Raftos, Mannix, & Jackson, 1997). Because it focuses on health, not disease or illness, this perspective views women within the context of relationships, family, and community; understands that class and race/ethnicity interact with gender to lead to different outcomes for women of all ages; and does not accept status quo values and assumptions about women (Harrison, 1993; Hughes, 1990). Health professionals who use this perspective to guide their work with young women reject the limitations of a disease model that only addresses HIV, sexually transmitted disease (STD), and pregnancy prevention. They pay attention to research findings about the health consequences of sexual risk behaviors but understand sexuality as a natural expression of social, developmental, and biological needs, not a pathologic act of risk taking (Harding, 1987; Nathanson, 1991). Girls' overall growth and development is the focus of attention, not their "deviant" behavior.

A gender-specific perspective also understands that the experiences and development of young women and men differ (Erkut, Marx, Fields, & Sing, 1998). Whereas the importance of cultural and/or racial sensitivity is a basic tenet of health promotion programs, the need for gender-specific programs, especially for young people, may be less familiar. Traditional youth development programs have been based on the implicit assumption that what works for boys will also work for girls (Ms. Foundation, 2001). Unfortunately, such nonspecific

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programming generally winds up with activities attractive to boys while girls' issues and needs are overlooked (Phillips, 1998). Extending a gendered perspective to programs that are not anatomically determined (i.e., breast or prostate cancer) can strengthen health promotion efforts with groups that may be difficult to access.

► COMMUNITY NEEDS ASSESSMENT

In 1999, a founding group of academic faculty and community women came together to address the challenge of preventing the pregnancies and STDs with which many young preteen girls presented at local clinics and schools. The group conducted a formal needs assessment of the larger community and learned that the city's population was 60% Mexican American, with low education levels and high rates of poverty. The birth rate for 10- to 14-year-olds was twice the national average, and 38% of all cases of chlamydia and 27% of gonorrhea were in adolescent females (San Antonio Metropolitan Health District, 2000). Sexuality education in the schools was limited to abstinence only curricula, and no gender-specific youth development or sports programming for girls existed in any of the low-income neighborhoods of the city. Although these neighborhoods had a strong family orientation, economic survival assumed a greater priority for many families than maximizing girls' development (National Research Council, 1993).

► IMPLEMENTATION

Integrating data from a literature search and the community assessment, the founding group realized the critical lack of and need for primary prevention. Working through a new community-based organization that focused on women's health, the group targeted a nearby neighborhood with very minimal resources and developed a plan to implement Girl World, a community-based, skill-building program for preteen girls. The goal of the program was to address the antecedents of positive developmental behaviors using strategies that were supported by research findings.

A literature review guided by the work of Kirby (2001) provided the following three general areas for programming: (a) healthful behaviors such as participation in sports and attachment with adults (Harvey & Spigner, 1995; Sabo, Miller, Farrell, Barnes, & Melnick, 1998), (b) general skills and personality traits such as less susceptibility to peer norms and stronger self-image (Bearman, Bruckner, Brown, Theobald, & Philiber, 1999; Holmbeck, Crossman, Wandrei, & Gasiewski, 1994), and (c) sexual beliefs including less stereotypical gender roles and importance of avoiding pregnancy (Foshee & Bauman, 1992; Zabin, Astone, & Emerson, 1993). These three areas were incorporated into program activities and discussion topics.

The program partnered with local female volunteers to offer skill-building workshops four afternoons a week. Volunteers, who responded to flyers and personal requests made to local arts and social service agencies, were selected through a brief interview process. Selection criteria included enthusiasm, the ability to positively engage girls, and the presence of an interesting skill or educational topic to share. The diverse group of women included a local poet, a karate instructor, a potter, medical students, a grandmother who taught quilt making, a belly dancer, and the Planned Parenthood health educator. Girls' suggestions for activities such as field trips and sleepovers were incorporated into program planning.

Program participants were initially recruited through extensive contact with local schools, but minimal cooperation from teachers and support staff led staff to seek informal outreach through girls, parents, and community groups. Word of mouth proved to be the most effective recruitment strategy, with more than 80% of girls coming because they had heard about the program from a friend or family member.

Workshops were offered four afternoons a week from 3:00 to 5:30 p.m. in the "girls only" clubhouse. Two afternoons were scheduled with specific workshops each week, one afternoon was devoted to an ongoing project such as quilt making or beading and one afternoon was reserved for games, homework, and quiet work. Girls knew what was planned ahead of time. The first girls to arrive from school helped to set out the snack and sat quietly talking about their day. New girls were introduced, along with the volunteer leader for the day, the activity explained, and opinions and objections talked through. Girls with pressing issues were invited to talk privately with a staff member.

Between June 2000 and May 2002, 120 girls took part in after-school and summer programming, 388 additional girls took part in one-time sporting day activities, and 250 female volunteers led workshops or participated in sporting days. The overwhelming majority of girls were 12 years old (76%, range = 9 to 14, $SD = .89$) and from Mexican American families (95%).

► EVALUATION

To consider program participants from a more objective perspective than day-to-day work involved and to assess the impact of the program on girls, staff agreed to participate in an impact evaluation. Ethnographic methods were selected because of their utility, unobtrusive data gathering, and usefulness (Patton, 1990).

A variety of materials from the initial 2 years of Girl World development and programming were available for examination and analysis, including the following:

- program and field notes,
- participant observations of program sessions,
- open-ended interviews with 8 program volunteers,

- text from four Intentional Storytelling sessions, a program activity presenting brief scenarios depicting common social problems and girls' responses to them (Fullwood, DeBold, & Davis, 2000).

Two of the authors (Bobo and Kelly) used techniques of analyzing ethnographic field notes suggested by Emerson, Fretz, and Shaw (1995), which included close reading, open coding, and the writing of initial memos. Significant words and phrases in the data were labeled and assigned preliminary codes by each investigator. Areas of coding disagreement were discussed and resolved. Passages were grouped together and tentative category labels assigned to each group. To facilitate the detection of themes, data were organized into matrices of related content (Miles & Huberman, 1994). The remaining authors reviewed the analysis and offered opinions about the appropriateness of the findings. Their opinions were integrated into the final analysis.

► RESULTS

The analysis revealed three themes.

1. Program environment can contribute to the development of girls' expression and behavior. Visitors immediately noticed the contrast between the general urban blight of the exterior of the building and the interior with its bright walls filled with positive images of women and girls, comfortable furniture and pillows, and library of books and magazines accessible to girls. "It certainly seemed like a safe space!" was the comment of an early volunteer. The environment was created with the enthusiasm of the small staff and the energy of the girls. Together they were able to transform an ugly space in a strip mall into a comfortable meeting space and worked together to establish rules of appropriate behavior that would be followed in the clubhouse.

When girls initially participated in clubhouse activities, they sat apart from each other, answered questions with monosyllabic responses, interrupted often, and did not listen to each other. Staff worked on reinforcing girls' strengths, carefully reframing negative behaviors, and demonstrating ways to show respect for themselves, their peers, and adults. After only a brief period of time in the group setting, girls greeted adult visitors, conversed easily with them, were not self-deprecating, worked more easily with the variety of girls present on any given day, and were clearly comfortable voicing their opinions and their likes and dislikes.

Staff also assured that programming was presented in a manner that was easily accessible to and congruent with girls being encouraged to speak and participate in hands-on activities. People or agencies that worked with the program were strongly encouraged to deliver their messages using interactive, hands-on activities over presentations of didactic material.

Volunteers found their experiences with the girls to be uniformly positive, and all were interested in returning for further interactions. Their comments included the following:

- "I wish I had had a program like this when I was a girl. It would have made such a difference in my life."
- "This is a bright welcoming community of peers and caring adult women."
- "I was impressed with the program working with this age group—I had expected younger girls. This is an overlooked age."
- "The programming was very diverse and open to different cultures and arts."
- "The list of rules and guidelines was unique, positive and very creative."
- "Allows the girls to be the stars, gives them the opportunity to just be themselves."

Comments from girls included the following:

- "I know that I can always trust the staff."
- "This program is so cool. It is never boring."
- "I have gotten to do some really neat things here that I never knew about before."
- "I love hanging out here with Shana and Felicia. Yeah, there are rules, but they are really nice about getting us to listen. They never yell at us. It's so different from school. Here we really learn stuff."
- "Once I was in this program, I knew people here would listen to me and not judge me. It was a place I could come to and nobody would laugh. I just like doing things, anything really."

2. Issues of economically struggling families may slide girls into early adulthood. All girls in the program came from working families. Although the home environments for some were structured and comfortable, many were haphazard, with seeming little attention paid to safety, oversight, or emotional solace. Girls explicitly or indirectly discussed many of the family issues at the clubhouse. They mentioned minimal supervision; moving in and out of shelters; parents in prison; family substance abuse; multiple family members that lived with them for short or extended periods of time; the lack of air conditioning, telephone, or family car; and adolescent siblings with babies who lived with them. They talked about their role as babysitters for family and friends and in one situation, selling candy in a bar at night with family members or friends. Girls were introduced early to adult situations both in real life and in generally uncensored exposure to violence and adult sexual situations in movies, TV, and music.

These home and family situations seemed to impose adult-like roles at an early age. Girls had greater responsibilities and awareness about the hard-edged nature of life than other preteens girls with whom program staff had worked. The field notes contained direct comments from staff such as

- “It was surprising to see 9 and 10 year old girls that were so mature.”
- “The girls’ lives were so complicated.”
- “I was surprised at the girls’ attention spans. They worked together well and came up with an idea they all agreed upon. This is uncommon for that age group.”
- “Last year, more 10-12 year olds got pregnant at our target middle school than ever before.”

Staff was aware of the potential to impose a middle-class bias on their expectations of families and frequently questioned and analyzed their own responses to girls’ situations. The coordinator was concerned that after a group discussion about general support for and maintenance of a nonjudgmental attitude toward a family member who was a lesbian, one girl was not permitted to return to the program. A volunteer questioned whether anything should be said about the girl who was selling candy at night in a bar. Discussions about families were always carefully prefaced with statements about the heterogeneity of families and the complexity of simple answers to complex situations.

3. *Mentoring can provide benefits for both girls and adult women.* Mutual benefits seemed to accrue to both volunteers and girls as a result of their contact. Women seemed genuinely pleased at working with gender-specific programming and suggested that this was an obviously needed, seldom found program component. Girls were exposed to women from all racial/ethnic groups and a great variety of skills and outlooks on life, including an 80-year-old single woman who led a knitting class, a woman from a local belly dancing school, and a graduate of the local high school who played for the Women’s National Basketball Association. Comments of volunteers included the following:

- “I loved the concept—by females for females!”
- “The enthusiasm of the volunteers was great.”
- “Taking the girls through the sporting events of the day was great fun.”
- “I gained a great sense of the challenges faced by the families that I will someday serve as a family physician” (from a medical student).

Girls’ comments included the following:

- “They taught me new things that I never knew.”
- “I liked running around [at sporting day] and not being looked at.”
- “Everyone makes me feel good about myself. I never feel left out.”
- “I thought it was dumb to not have boys there, but I really liked it.”
- “Today, I felt good about my body.”
- “I would like to hang out with older women more. My mom does not talk to me much about things. Just talking would be nice.”

► DISCUSSION

Gender-specific youth development programs such as Girl World have an important role in community-based health promotion activities. These programs form part of the tattered fabric of opportunities still available in low-income communities. Integrating health promotion themes into youth development programs such as Girl World makes health topics available to audiences that would traditionally not have access to this material. The Girl World program focused its attention and activities on a frequently overlooked population, pre-teen Mexican American girls. The program is well accepted by girls themselves, continues to engage participants, and draws a multitude of positive comments from community leaders and funders.

The goal of evaluations of health promotion programs such as Girl World are not intended to either generalize or to statistically validate that they have changed the trajectory of girls’ lives. The impact of programming may not show up for many years, and girls themselves may not realize or be able to express any benefits from program exposure. It is not realistic to expect an after-school program to which girls are exposed a few hours a week to be able to change the social, economic, and ecologic realities of their lives. Evaluation’s more realistic goal is to determine if programs are useful, engaging, and meritorious (Patton, 1990).

Program evaluation is an ongoing challenge for health educators who are both scholars and activists (Patton, 1990; Wenzel & Brill, 1998). Work with community and youth development programs does not fit well with experimental designs. Documentation of significant change from short-term programs can be a daunting task when participants are daily and disproportionately exposed to overwhelmed families, poor schools, violent communities, and hypersexualized media. Evaluation plans, however well conceived on paper, are often frustrated by the realities of programming. The same girls are not always present when evaluation activities occur, making the documentation of change difficult. Staff with strengths in the area of programming may not be as skilled or interested in documentation or data collection for evaluation purposes. Participants may be uncomfortable with formal instruments to evaluate changes in self-efficacy or self-esteem, and the academic researchers may decide to forego them when program staff document that their administration precipitates a drop in attendance. Asking personal questions about sexual activity or substance use seems overly intrusive and not congruent with the overall goal of healthy development. Finally, time and funding for evaluation activities are not always prioritized when resources are limited and program existence is regularly called into question.

Given these challenges, the use of ethnographic methods presents health educators with an opportunity to observe program participants’ interactions and behaviors in an unobtrusive manner, study program

documents, and conduct formal and informal interviews, all of which can be integrated into a final program report (Reinharz, 1992). Ethnography is sensitive to cultural and local community variations and allows the voices of girls and women to be focused on and heard. Results can help researchers to specify areas in need of attention or change.

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