RESULTS

- Only 31% of students claimed to have had a sex education course in the past.
- On the pre-assessment quiz, students were tested on their knowledge over HIV transmission, HIV testing, STI treatment and STI prevention.
- On the pre-assessment quiz, 16 students were tested. Students averaged 37.5%.
- On the post-assessment quiz, only 9 of the 16 students were tested. Their average score was 82%.
- In the anatomy and reproductive system lesson, students were asked to complete a fill-in the blank diagram with a word bank for both the male and female internal and external organs.
- Students increased their scores from 6% to 60%.
- Students were asked “What will I do to protect my goals and dreams?” in after the Goals and Dreams lesson and their responses were as follows:
  - Abstain from sex (4 responses), use protection or condoms (7 responses) and get tested for STIs (5 responses).
- On the post-course survey students were asked, “What did you like about the Big Decisions Course?” One of the responses was:
  - “What I liked about the course is it was very informative about how to prevent pregnancy and STIs. It also helps me understand the thing that could happen if you have unprotected sex.”

DISCUSSION

The goals of the project have remained the same throughout the years and each year we have engaged more medical students to serve as facilitators and have reached more students in SAISD. Some of our long standing goals and our achievements to reach those goals are as follows:

1. Provide a safe space to discuss sex and relationships. As seen in the responses to the question “What did you like about the Big Decisions Course?” It was apparent all students appreciated the course and learned facts from the lessons.
2. Improving student’s understanding in anatomy and the science of reproduction, STIs, and contraception provides teenagers with agency over their own health and family planning.
3. Initiate medical student involvement in the community. Providing them the opportunity to learn how to effectively communicate with adolescents in normal conversation and about medical topics. This is a necessary skill for future physicians who will be conveying medical concepts to patients of various education levels, especially in underserved populations.
4. A program continues to come with many challenges including finding a feasible schedule for both the school and facilitators, training medical students in Big Decisions, teaching them how to practice safe sex.
5. Overall, sex education in school districts is an important tool in lowering teen pregnancy rates and the prevalence of sexually transmitted diseases. The consequences of omitting sex education in our school districts are detrimental to our students. Without courses taught by knowledgeable instructors teens are left lacking basic knowledge in the following areas: maintenance of healthy relationships, saying no to risky behavior, understanding reproductive anatomy, an understanding of how to prevent pregnancy and sexually transmitted illnesses (STI) and the consequences of STIs.
6. The school district selected was San Antonio Independent School District, which is the second largest district in Bexar County. In 2015, there were 53,701 students.
7. The school district has 93% of its student population recorded as economically disadvantaged which is defined by their eligibility for free or reduced price meals.
8. In 2012, Bexar county recorded 2,711 births to mothers ages 10-19.
9. Lowell Middle School fosters the Partners Program, which allows 8th graders who have failed one or more courses to earn credits for middle and high school in hopes of catching them up to their peers.

OBJECTIVES

Through the use of Big Decisions we hope to provide:

1. Big Decisions program was implemented at Lowell middle school in their Partners Program course for 2-hours each day for one-week.
2. Data was collected from 16 middle school male students ages ranging from 12 - 17. All the students had the option to opt out of the class.
3. All 10 lessons of the Big Decisions program were implemented.
4. Surveys utilized fill in the blank, multiple choice and open ended questions.
5. Students completed duplicate pre and post quizzes for the anatomy lesson to measure knowledge acquisition.
6. Pre and Post program surveys were given to measure the efficacy of the teaching and the participants’ attitudes towards the course.

REFERENCES

2. Guttmacher Institute, Testimony of Guttmacher Institute, Submitted to the Committee on Preventive Services for Women, Institute of Medicine, 2011.