AMP! Los Angeles 2012-13

A Qualitative Analysis of High School Focus Groups

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Executive summary

The face of HIV and other sexually transmitted infections (STI) in the United States (US) has changed. As incidence and prevalence rise among youth, these statistics warrant intensified efforts to promote and deliver engaging and accurate school-based sexual health education. Interventions that provide theory- and evidence-based approaches to HIV prevention are best equipped to serve youth and effect lasting behavior change. Such approaches are promising and several arts-based interventions have been developed for high school youth, yet greater evaluation of these programs is needed to determine their effects.

AMP! (**A**rts-based, **M**ultiple intervention, **P**eer-education) is a sexual health education and HIV prevention approach that weaves together medically accurate information and prevention strategies with the arts and has showed great potential for increasing HIV/AIDS knowledge and reducing stigma and risk behaviors. *AMP!* has grown and changed with each iteration of implementation since its inception in 2010, and the guiding research question for the 2013 *AMP!* evaluation was: what is the efficacy of AMP! for program participants? Both quantitative survey data and qualitative focus group data were collected to answer this question. However, this report focuses on the qualitative analysis and findings from the focus group discussions.

Findings indicate that the AMP! intervention effectively delivered innovate sexual health curriculum that covered a wide range of topics, while simultaneously addressing the nuances of young peoples' real life experiences. The salient themes identified included 1) near-peer modeling enhancing the learning experience; 2) increased knowledge related to condom use; 3) facilitators and barriers to condom use; 4) increased awareness of HIV-related stigma and self-efficacy in decreasing stigma; and 5) recognizing the importance of sexual health communication.

Participants noted new knowledge gained regarding condom mechanics, condom negotiation and HIV/STIs. They readily discussed their increase in self-efficacy regarding sex/sexual health communication and decreasing HIV-related stigma while at the same time acknowledging HIV-related risks that are present within their own communities. Also noteworthy were participants' connection with the Sex Squad members and their stories, demonstrating the importance of near peer modeling. Participants validated the need for innovative sexual health curriculum in schools that emotionally connects high school students to the people delivering the interventions, and improves the knowledge and self-efficacy necessary to negotiate safe sex behaviors and promote optimal sexual health.

Findings suggest that AMP! effectively impacted and improved all of the participants' condom use and HIV knowledge, and self-efficacy to communicate sexual health expectations and decrease HIV stigma. The evidence presented in this report provides a stronger rationale for the continued evolution of AMP! and demonstrates a need for continued sexual health programming that extends beyond the original three AMP! interventions. Reviewing these qualitative findings alongside the quantitative results is an important next step in determining the most effective components of AMP! and areas for improvement.
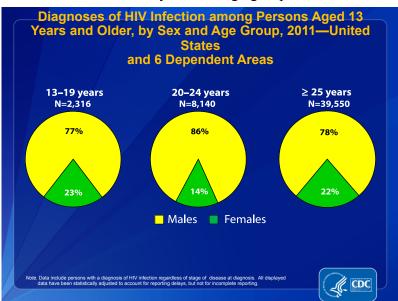
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Introduction

The face of HIV and other sexually transmitted infections (STI) in the United States (US) has changed. As illustrated in Table 1, youth ages 13-29 are particularly at risk, accounting for 39% of new HIV infections in 2009 (CDC, 2012). Rising rates of STI's among youth age 15-24 (CDC, 2013) also reflect the trend of young people having unprotected sex at earlier ages (CDC, 2011). Approximately one third (32.9%) have already had sexual intercourse by the ninth grade, and 6 out of 100 (6.2%) experience sexual intercourse before the age of thirteen, in sixth grade or earlier (CDC, 2012). These statistics warrant intensified efforts to promote and deliver engaging and accurate school-based sexual health education.

Table 1. HIV infection by sex and age group

Diagnoses of HIV Infection among Persons Aged 13 Years and Older, by Sex and Age Group, 2011—United States and 6 Dependent Areas

13–19 years N=2,316 — 77% / 23%
20–24 years N=8,140 — 86% / 14%
≥ 25 years N=39,550 — 78% / 22%

Males Females

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

A review of the evidence-based programs recommended by the CDC shows that interventions targeting youth typically deliver information via four types of activities: traditional pedagogical techniques, skill-based exercises, arts-based exercises, and experiential education. Traditional pedagogical techniques include classroom instruction, group discussions and exercises, and video presentations. Skills-based exercises deliver HIV prevention and sexual health messages through games, condom demonstrations, and role-plays. Examples of arts-based program components include arts-making workshops, dance, drama, photography, and music. Finally, experiential education program components use non-traditional methods and real-world experiences such as engaging in community service activities and writing newspaper opinion editorial articles to engage students in learning about HIV/AIDS and sexual health.

Though all of these program components are effective, some are more effective than others at reducing youth sexual risk behaviors. Behavioral theory-based programs, arts-based programs, and peer education programs are of particular importance in stemming these risk behaviors. Interventions that used theory to address norms and teach skills and those that feature creative intervention activities showed greater reductions in sexual risk behaviors than interventions that were not guided by a specific theoretical model that addressed critical aspects of risk reduction (Coyle, 2006, Coyle, 2004, Campbell, 2009). Creative, arts-based interventions, such as *My Body: My Voice*, resulted in higher self-reported self-efficacy to negotiate condom use, behavioral intention to use condoms, and knowledge of HIV/STIs. In addition, peer education was more effective than traditional teaching methods such as instructor lectures in increasing HIV and sexual health knowledge among students in an urban New Jersey high school (Mahat,

2008). Theory and arts-based programs actively engage youth in changing their attitudes, beliefs, and self-efficacy and increasing their knowledge about sexual health. Interventions that provide theory- and evidence-based approaches to HIV prevention are best equipped to serve youth and effect lasting behavior change. Such approaches are promising and several arts-based interventions have been developed for high school youth, yet greater evaluation of these programs is needed to determine their effects.

Program Background & Components

AMP! (**A**rts-based, **M**ultiple intervention, **P**eer-education) is a sexual health education and HIV prevention approach that weaves together medically accurate information and prevention strategies with the arts and has showed great potential for increasing HIV/AIDS knowledge and reducing stigma and risk behaviors (Sanchez & Johnstone, 2010; Taboada et al 2013). *AMP!* was developed in Los Angeles through a collaboration between the UCLA Art and Global Health Center (AGHC) and the HIV/AIDS Prevention Unit of the Los Angeles Unified School District (LAUSD), and has been implemented in 9th grade classrooms since 2010. Although *AMP!* has grown and changed with each iteration of implementation, the intervention as implemented and evaluated in Spring 2013 was comprised of three arts-infused components:

Table 2: *AMP!* 2013 Components

Component	Description
Sex Squad Performance	Undergraduate students developed, rehearsed, produced and performed a theater piece about sexual health and HIV for high school students. In addition to theater training, the undergraduate students received HIV and sexual health education and training. The final show was an episodic compilation of scenes, monologues, spoken word and song – weaving together humor, vulnerability, personal narrative, and medically accurate information to promote HIV prevention knowledge and strategies.
Interactive Theater Workshop	Trained undergraduate students led high school students in an interactive workshop to teach about how to properly use a condom, negotiate using condoms with a potential partner, or discuss condom use with a parent. The workshop began with warm up activities, and then presented three short scenarios where the characters must learn to communicate effectively. The undergraduate students were trained in forum theater techniques to facilitate audience interventions; high school students had the opportunity to step in to one of the scenes and try out what they would do if they were in the situation presented.
Positively Speaking	HIV+ advocates trained by the LAUSD Health Education Program visited school classrooms to share personal stories of what it's like to live with HIV, how/when they learned about their diagnoses, behaviors that put them at risk, issues of disclosure, and medication routines. Speakers use standard storytelling techniques to build empathy and understanding, while simultaneously weaving in prevention messages. The goal of this component was to expose students to PLWHA and reduce stigma.

A fourth component that has not been standardized to be delivered as an essential part of the intervention, but is a promising strategy of integrate into future incarnations (Sanchez & Jackson, 2010; Taboada et al, 2013) is student art-making. When this component has been informally implemented there is strong anecdotal evidence from participants and teachers that engaging in the art-making facilitated the synthesis of information delivered through the 3 *AMP!* components and creating the conditions for behavioral change. This component may range from teacher-led art projects to the creation of high school Sex Squads.

Many of the interactive theater methods employed by *AMP!* evolved from the pioneering work of Brazilian thinker Augusto Boal, who utilized drama as a platform through which participants could rehearse social change. Boal sought to break down barriers between spectators and the dramatic action of performance through his *Theater of the Oppressed* (Boal, 1979). To do this, he created techniques that empower spectators to play a part in the drama by directing the action, suggesting solutions to conflict, replacing characters in the action, or having dialogue with characters about their motivations (Conrad, 2004; Francis, 2011, Schaedler, 2010). The work of Pieter Dirk-Uys has also been influential in the growth of *AMP!;* his respective hypotheses positing that humor can create the conditions necessary or discussing challenging topics such as HIV/AIDS and sexual health. In similar fashion, public health theoretical frameworks about health behaviors such as Social Cognitive Theory (SCT) may be applicable for understanding how a theater-based approach may affect change in participants. Because of SCT's focus on observing others through observational learning and social modeling (Bandura, 1986), practitioners have applied it to theater-based interventions. Interventions such as *AMP!* allow viewers to observe actors perform desired behaviors (social modeling) and even allow participants or "spect-actors" to practice desired behaviors by taking part in the action (Lieberman et al, 2011; Joronen et al, 2008; Kamo et al, 2008; Lauby et al, 2010; Guzmán et al, 2003).

Evaluation Design & Questions

The guiding research question for the *AMP!* evaluation was: what is the efficacy of AMP! for program participants? Both quantitative survey data and qualitative focus group data were collected to answer this question. While the quantitative methods sought to assess the outcomes related to knowledge, attitudes, and behaviors among high school participants, a qualitative approach focused on understanding how participants engaged with each component of *AMP!* and how the different pieces of the intervention contributed to overall outcomes. This report therefore focuses on the qualitative analysis and findings from the focus group discussions.

Focus group discussions are considered an efficient method of gathering a range of ideas, feelings, and responses to one experience or theme (Kitzinger, 1995). The foundation for this methodological approach is based on a constructivist ideology. Constructivism relies upon multiple truths as a mechanism for understanding and appreciating diverse experiences. This is important as it allows multiple and even conflicting insights and experiences to work together to generate broad ideas and concepts (Lincoln & Guba, 1985). This approach provided a platform to develop a rich and meaningful analysis of the high school focus group data, and efficiently organize findings to help answer the guiding research question.

Methods

Sampling and Procedures
Focus group participants were recruited from the intervention high school where the full AMP! program was delivered and evaluated during Spring 2013. Ninth grade students from the intervention high school self-selected to participate in 3 focus groups regarding their experience with the AMP! program. The inclusion criteria were recent participation in AMP! programming delivered within their high school, a desire to participate, competence to participate, and parental consent. Parents or guardians of the self-selected student participants signed and returned permissions slips documenting their consent for their children to participate in the AMP! focus groups. Focus group participants were not asked to fill out forms documenting their demographic information. However, the note-taker for the focus groups did record the race/ethnicity and gender of each participant. Nine out of ten participants were Latina/o and 1 student was Asian, mirroring the school ethnicity demographics of 90% Latino and 6% Asian, 1% Black and 1% White (Greatschools, 2013). Five focus group participants were female and five male. The 3 focus groups were conducted between April and June 2013, and took place in a teacher's classroom in the student's high school. Each focus group was conducted within a week of exposure to the 3 components of the AMP! intervention.

Each focus group discussion lasted between 60 and 75 minutes, and was conducted by two facilitators, one of whom took detailed notes in order to capture the participants' emotional responses and body language not captured by an audio recording device. The first focus group asked questions related to the student's feedback and experience of the Sex Squad Performance, while the second focus groups asked similar questions about the Interactive Theater Workshop. The third focus group was broken up into two sessions: the first half addressed the participants' experiences with Positively Speaking, the second half of the focus group addressed the participants' experience with the AMP! program overall. The full focus group guides are included at the end of this report as Appendix A.

Participant Confidentiality and Privacy
Each session was audio recorded. In order to maintain confidentiality, student names were not stated, instead students were given individual numbers between 1 and 10, and students would state their number before responding to questions so that the research team had a method of deciphering multiple responses to each question. A teacher was present in another location within the classroom due to administrative protocol of that particular high school. Students were provided with food and beverages during the focus group sessions.

Instruments
The Los Angeles focus group facilitators used standardized focus group guides developed by a group of graduate students at the University of North Carolina at Chapel Hill, where AMP! was simultaneously being piloted in Spring 2013. The guides were developed to capture detailed feedback from a small group of students and complemented quantitative surveys administered to all participants to assess outcomes. Within the focus group settings, students answered questions and were prompted to elaborate by the facilitators. Facilitators did not lead or persuade participants to answer in a specific manner but did prompt students in order to encourage a rich conversation among focus group participants.

Data Analysis

After each focus group, the audio recordings were transcribed verbatim by one of the facilitators. Each transcripts was then independently coded by the two facilitators using Atlas ti version 7. Codes were applied using a codebook initially developed at UNC and modified to fit the cultural and political environment of Los Angeles. Throughout the coding process, codes were modified and/or new codes were created to fully capture the many nuances of the students' responses to the focus group questions. For instance, "formal sexual health education" and "informal sexual health education" were two codes developed in Los Angeles in order to accurately distinguish between a formalized sexual health curricula within schools or delivered by programs versus informal sexual health messages received from families, peer group or the media. After the transcripts were coded, the two coders reviewed the transcripts line by line in order to compare codes and resolve any discrepancies or discuss differences in coding. Once the coders established consensus, the transcripts were merged to reflect the final coded documents as well as the master codebook. This process was supervised by the UCLA AGHC research consultant to ensure that rigorous methods and best practices were used.

Since both coders also facilitated the focus groups, they were able to pull from their experience facilitating the groups and notes discussing participants' body language, emotional responses, and group dynamics that are not captured in the transcripts. Both coders were able to discuss rationale behind linking codes to quotes. Rationale was often based on the experience of facilitating the group as well as the coders' understanding of the code definitions. Often, if separate but similar codes were linked to quotes, both sets of codes were incorporated in order to capture the depth and nuances of participant responses. Memos were written up describing the coding process, salient themes, emerging themes, and findings that directly responded to the research questions. The rigorous coding, memo writing, and analysis process inform the findings included in this report.

Limitations

There are limitations to the focus group method and thus, the findings reported here. For one, the experience of ten ninth grade students in one LAUSD high school does not reflect the experience of all 9th grade or high school students' experience with AMP!. The data from the focus groups was rich and nuanced, providing a wealth of information regarding concrete and experiential elements of AMP!, but should may not be generalizable. Lastly, due to school policy, a teacher had to be present in the room during the focus group. Although this teacher appeared to have good rapport with the students, was at the other end of the classroom and not involved in the focus group discussion, and was a sexual health instructor, it was possible that her presence could have inadvertently influenced how students in the focus group responded to questions.

Findings

All the participants reflected on their own unique perception of the overall AMP! experience, related the program content to their lives and demonstrated an appreciation for other group members' perception and experiences as well. Although all participants verbalized excitement and enthusiasm for all the components of AMP!, they also exhibited diverse and sometimes contradictory experiences of the messages with each of the AMP! intervention components. Participants expressed emotional and personal connections with the AMP! college student performers, as well as changes in perception, self-efficacy, and communication. Although the focus groups did not address longer-term aspects of behavior change such as safer sex or other sexual health practices, the students confirmed that the seeds to longer-term behavior change had been planted. Summary descriptions of the salient themes that emerged in response to the guiding evaluation question of program efficacy are reported as follows.

Near-peer modeling enhanced the learning experience
The participants' enthusiasm and emotional connection to the characters was immediately apparent to the facilitators and was augmented with each of the successive focus groups. What was impressive within their statements throughout the focus groups was that they demonstrated an appreciation for the Sex Squad performers' stories, and immediately verbalized the connection they had with them.

> "They weren't all just about kind of like teaching you like the facts about it itself but more like kind of tying it in to like life in different ways that would affect people and stuff… when they were performing the stories it was their stories and they were just trying to tell us about what happened. So they made it like um they were telling us what they did so that we could kind of reflect on them."
>
> Participant in Focus Group 3

> "I think it's that it gets better because like their stories were like kind of sad and how that the bad things that they went through but and then now that then it went that they are able to talk about it and that they grew from it. So that like even through like everyone's little things that we'll all somehow move on from that and grow from our experiences."
>
> Participant in Focus Group 3

In addition to relating to the Sex Squad members and their stories, the participants also verbalized an emotional connection to the HIV positive speakers. The participants' connection to the Sex Squad members and Positively Speaking speakers speak to be power of sharing personal experience. This is a core element of AMP! that is uniquely different from other more traditional classroom and text-based sexual health curriculum, and effective at providing an emotional connection to the presented material.

Increased knowledge related to condom use
Condom use emerged as salient theme throughout each of the three focus groups. Participants discussed condom use in terms of knowledge of how to use a condom and recognized condom use as a key element woven into each component of the AMP! intervention. The technical

aspects of condom use and condom use knowledge was often discussed in response to their participation within the Interactive Theater Workshop, where participants learned the steps to properly using a condom, competed in a condom relay race, and engaged in interactive scenarios about condom negotiation.

> "I learned about condoms because I didn't really know that there was a certain way, there was an upside and a downside to put it. So I learned about that and applying it"
>
> Participant in Focus Group 2

> "I learned that there were steps to follow to put that [condom] on, instead of just putting it on."
>
> Participant in Focus Group 2

> "I learned that there was an expiration date, because I didn't know there was an expiration date."
>
> Participant in Focus Group 2

> "From everything we've learned … the condom use was really important to me because there's so many ways to mess it up."
>
> Participant in Focus Group 3

Not only were the technical aspects of condom use mentioned, as illustrated by the participant quotes above, but participants also expressed the importance and rationale behind condom use in high pressure or risky situations and identified this as an area for improvement in future iterations of AMP!

> "I think it's also important that they know about STDs and stuff because when people think of condoms, they think oh I'm trying not to get them pregnant but they don't think about the diseases that condoms protect you from."
>
> Participant in Focus Group 2

> "I think you guys should talk about the most unusual times where you put on condom, for example, if you're going to a party and you might get drunk, and you're not wearing condoms and you are having sex and you might get the female pregnant. So it would be good to talk about the unusual times to wear condoms, just in case."
>
> Participant in Focus Group 2

The quotes describe how condom use techniques taught in AMP! were viewed in terms of knowledge about the applied use of condoms and condom negotiation in more common situations and uncommon situations. These statements served as concrete examples of how students have increased their knowledge of condom use as well as thinking about protection against not only pregnancy but STIs and HIV for themselves and their partners.

Participants reported learning about condom use techniques through YouTube and instructions within a condom box prior to the AMP! intervention. However, participants still had many

questions about condoms and were not always confident in their condom use knowledge. For instance, one participant asked, "how do you, uh, store a condom, like do you put them in your pocket or, uh, should you put them in your refrigerator, or something hot or cold?" Some other concerns stated by participants were what do if the condom breaks or how to put on a condom in the dark, which demonstrated not only their knowledge of various sexual situations, but also demonstrated areas of continued growth regarding efficacy within these nuanced circumstances. While their technical knowledge increased, and attitudes and awareness may have changed, participants' less frequently expressed how this information applied to their own lives and behavior.

Identifying facilitators and barriers to condom use
Participants' attitudes and perceptions of what promoted and prevented effective and consist condom use were also salient. Participants expressed how culturally embedded ideas around condom use combined with knowledge of the use of condoms as a protective device against pregnancy and STIs/HIV impacted their views on using, purchasing and carrying condoms. Religion, gender, sexuality, multiple roles and expectations, and stigma tied to these were pronounced and described as affecting attitudes regarding condom use, as these factors shaped thoughts, perceptions and ideas. Participants described concrete examples of how the media and gender roles and expectations influenced condom use:

> "I think the media somehow makes using condoms a bad thing because in some movie when a mom and dad sees that the boy or girl, or their daughter or son has condom, they get mad, like, "oh you got condom" and that they should have, they should have been like "that's good" because they, you know, protected themselves. But instead, they yell at them."
>
> Participant in Focus Group 2

> "I think it should be okay for girls, if they're talking about condoms, and sex, cuz like they pointed out in the thingy mabob, how sometimes, a guy might not know what to do, it would be good if a girl at least knows so, and that way she can be protecting herself and her partner from making any mistakes during intercourse."
>
> Participant in Focus Group 2

> "Even though she's on birth control, she could still have an STD and you could get it. So, that's a good reason to still wear a condom."
>
> Participant in Focus Group 2

These quotes represent the multiple contextual influences that impact attitudes regarding condom use and participants' attitudes regarding condom use and sex safety. Participants also reported various levels of belief in their ability to navigate the technical, emotional and interpersonal elements of condom use and negotiation in many diverse situations. Participants specifically touched on how their beliefs in their ability to use a condom had changed as a result of the AMP! intervention.

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"I personally, I would be comfortable buying them, or getting them anywhere. Just so long as I know that I'm being protected."

<div align="right">Participant in Focus Group 2</div>

"I tell her we wanna use a condom, and she always checks up if I did or if I didn't. I think the communication is key. Cuz you might do it wrong or you might not even put it on and then you can get her pregnant."

<div align="right">Participant in Focus Group 2</div>

Increased awareness of HIV-related stigma and self-efficacy in decreasing stigma

HIV awareness and stigma reduction are key outcomes for the AMP! program, yet difficult constructs to measure. The qualitative findings demonstrate positive intervention effects among program participants, and furthermore demonstrate the potential reach of AMP! participants' to their peers, specifically how information is filtered into their social networks. For example, participants expressed sharing the stories from Positively Speaking with their peers:

"I did talk to friends about it, and I told them the story but it was a lot different because they weren't really educated about HIV, so they kept asking me a lot of questions and some that I didn't even know, I felt like they were curious cuz they asked a question and I would answer it half way and then they'd ask another question and it kept going like that."

<div align="right">Participant in Focus Group 3</div>

Participants specifically recalled correcting misinformation about HIV when they heard a myth or false information

"I would feel pretty confident because I wouldn't want them giving anyone else any false information."

<div align="right">Participant in Focus Group 3</div>

"I would correct the person, like I would change their minds about it, and I would stand up for whatever was said."

<div align="right">Participant in Focus Group 3</div>

Participants also reported changes in perception of HIV, as well as attitudes towards people living with HIV (PLWHA) based on the Positively Speaking component of the AMP! intervention:

"Before I thought they just looked a lot different than us, but it turns out they look exactly the same, they just take a lot, a lot of medication to keep themselves from getting anymore sick, that's one thing to note."

<div align="right">Participant in Focus Group 3</div>

"It's kind of hard to believe that they live completely normal lives just like we do and you can't, um, you can't identify who they are because of their illness."

<div align="right">Participant in Focus Group 3</div>

"When I thought of HIV I, I pictured someone, like, just looked so ill or they were dirty so it wasn't how I expected."

<div align="right">Participant in Focus Group 3</div>

"Before Positive Speaking I thought that people with HIV I thought that they might just do something wrong and that the bad thing that they did so that they get the disease and that they have it [HIV] coming to them but after Positively Speaking I know that its not necessarily that they do bad thing then they get disease but maybe they don't even know that it's not their fault to get HIV."

<div align="right">Participant in Focus Group 3</div>

The evidence suggests that Positively Speaking was a memorable and efficacious component of AMP! that strongly impacted stigma and attitudes towards PLWHA. Participants commented on their increased knowledge and ability to recognize myths, their awareness of what it is like to live with HIV, and the importance of preventing misinformation. Several participants shared what they learned with their wider social networks, indicating the potential for knowledge gained in AMP! to be shared with non-participants.

Recognizing the importance of sexual health communication
Sexual health communication was a salient throughout the focus groups and was discussed in terms of communication with peers, partners and family. Participants specifically discussed the importance of sexual health communication regarding safety during sexual encounters.

"I think it is important to have communication cuz what if something does go wrong, so it would be nice to know before, but what, but what actions take place if something did go wrong."

<div align="right">Participant in Focus Group 2</div>

Participants varied in their perception of communicating specific information and how to communicate with different types of people. The following two quotes illustrate two of the perceptions presented:

"I think it does because sometimes you have stronger communication with some people, sometimes you don't. So I think it would all depend on that one person, who your partner is."

<div align="right">Participant in Focus Group 2</div>

"I think, [safe sex communication with a new partner versus a long-term partner] should be the same, just because you have to communicate the possible outcomes, so I think it would be easier. Maybe the comfort level wouldn't be the same, but communication wise it should be."

<div align="right">Participant in Focus Group 2</div>

These statements demonstrate how different students feel information should be communicated with different types of people and provides a good example of the many nuances that are involved in sexual health communication beyond just knowledge of sex safety.

Participants also discussed sexual health communication in school, at home with family, and their comfort in discussing these topics in various situations. Participants shared their differing views on the best way to share information and ways to provide comfortable and safe spaces for learning about important topics:

> "I think that as a discussion I would feel better in a smaller group but if you were actually there to listen to the speaker then I would feel better in a larger group."
>
> <div align="right">Participant in Focus Group 4</div>

> "All of us here [in the focus group] are interested about the topic, but for the whole class like some people that I know they're not really interested and they forget about the things and here people are interested and so they're more easy to talk to and open."
>
> <div align="right">Participant in Focus Group 4</div>

> "I told my mom and I told my sister. And they were surprised, they were like, because in our community, a lot of people who go through things like she did, and so we were all imagining that it could have happened to all these people."
>
> <div align="right">Participant in Focus Group 3</div>

The quotes above exemplify the importance of environment and culture in sexual health education and their impact on discussions at home or within school among diverse groups of students. Some participants stated that some students in their class may not be mature enough to handle certain situations or may not be interested in the topics, making communication regarding sexual health more challenging.

Participant Recommendations

Participants' comments throughout the focus group discussions and in the last focus group in particular addressed their own suggestions and recommendation for strengthening the AMP! intervention. Many of their comments reflect their desire for access to more information and more opportunities to ask questions, which reiterates the need for the concepts delivered via AMP! to be revisited and reinforced within the health classroom context to address participants' evolving needs. While AMP! addresses multiple aspects of sexual health and HIV, it is not exhaustive or comprehensive, and therefore is most effective when it augments a comprehensive sexual health education curriculum. The following suggestions may be useful to consider as the AMP! model is refined and the core elements for content solidified:

- Delivering the performance in smaller groups; participants commented that hearing and engaging with those onstage was a challenge with a large audience
- Addressing female condoms during the condom demonstration workshop
- Featuring an HIV positive speaking that had acquired HIV through a non-sexual route of transmission (mother to child, IV drug use, etc) Note: Positively Speaking does provide these speakers and they have been included in AMP! previously.
- Explicitly addressing (in the performance and follow up workshops) how gender roles and expectations may affect sexual health stigma.
- Providing tools for students to assess the accuracy of "informal sex education" such as media messaging and information learned from family and social networks.
- Allowing more time for interaction with Sex Squad members; many participants commented on the desire to start their own Sex Squad and learning from the college students.

Conclusion

The salient findings from the focus groups include 1) near-peer modeling enhanced the learning experience; 2) increased knowledge related to condom use; 3) facilitators and barriers to condom use; 4) increased awareness of HIV-related stigma and self-efficacy in decreasing stigma; and 5) recognizing the importance of sexual health communication. These findings demonstrate the intervention effects on intended condom use and HIV knowledge, self-efficacy to communicate sexual health expectations and decrease HIV stigma, and may be corroborated and quantified with the survey results. Furthermore, focus group findings highlighted the potential reach of AMP! via messages filtering through of participants social networks, as well as the strength of a near-peer approach, as exemplified by the participants' expressed emotional connection to those delivering the interventions and their life experiences. The data validates the need for innovative sexual health programming such as AMP! and demonstrates that AMP! must be augmented by a strong sexual health curriculum in the schools. On-going sexual health education and information addressing the numerous experiences adolescents face is critical to enhancing health outcomes among this population. This evidence provides a stronger rationale for the continued evolution of AMP! and the further explication of these findings with survey results to comprehensively assess intervention effects.

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Appendix A: Focus Group Guides

Introduction

The goal of this focus group is to have an open and honest discussion about the ___ (*UCLA Sex Squad Performance/Positively Speaking/Condom Negotiation Workshop*) you saw ___ (*today, last week, etc.*). Your participation in this activity is completely voluntary. Whether or not you choose to participate will not affect your grade in this class.

Has anyone here ever participated in a focus group? Let me tell you a little more about how it works. A focus group is a type of research in which a group of people (like you!) are asked about their perceptions and attitudes toward a program or idea. I'll ask several questions to facilitate our discussion, but you should feel free interact and respond to each other too. Remember that there is no right or wrong answer, and it's ok to disagree or to have different opinions. Does anyone have questions?

I also want to let you know that I am recording this focus group. However, your responses will be used only for research purposes, and any transcripts of the recording will not include your name. Quotes from what is said here may be shared in AMP! program reports, with parents, teachers, and/or administrators, but they will not hear the recording and your name will not be connected with anything you say. Does anyone have questions?

Ok, let's get started!

Session 1: UCLA Sex Squad Performance

1. What did you like most about the performance?
2. What did you like least about the performance?
   a. What could the actors have done better?
   b. Did any of the topics covered in the performance make you feel uncomfortable?
3. What are the main take-away messages that you remember from the UCLA Sex Squad performance?
4. Do you think it is important to talk about HIV at your school? Why or why not?
5. Could you relate to any of actors or situations in the performance? Which ones? In what ways?
6. Did you talk with anyone about the performance?
   a. Who did you talk to? (Friends, parents, teachers, siblings, etc.)
   b. If so, what did you talk about?
   c. If not, why?
7. We're almost out of time, but I'd like to be sure we've covered everything you want to talk about. Would anyone like to share anything else about the Sex Squad performance?

Session 2: Positively Speaking

1. Before you participated in Positively Speaking, what are some words that you might have associated with someone who is HIV positive?

a. After participating in Positively Speaking, have any of those words changed?
b. Now what words do you associate with someone who is HIV positive?
c. Can you tell me more about why those words have changed?
2. What stories do you remember most from the person you met at Positively Speaking?
a. How did his/her story make you feel?
3. Before the panel, had you met someone living with HIV?
a. If so, can you tell me more about that experience?
b. If not, how do you think you might have reacted?
4. Did you talk with anyone about Positively Speaking?
a. Who did you talk to? (Friends, parents, teachers, siblings, etc.)
b. If so, what did you talk about?
c. If not, why?
5. Do you think it is important to talk about HIV at your school? Why or why not?
6. We're almost out of time, but I'd like to be sure we've covered everything you want to talk about. Would anyone like to share anything else about Positively Speaking?

Session 3: Condom Skills Workshop & Overall Program Feedback

1. What did you like most about the workshop?
2. What did you like least about the workshop?
a. What could the presenters have done better?
3. What did you learn at the condom skills workshop?
a. Did you already know how to use a condom? If so, how did you learn?
b. What do you think is the best way to learn about how to use a condom?
4. Do you have any concerns about using a condom in the future?
5. What did you learn about how to communicate with a partner about using a condom?

6. Are there any condom skills that weren't covered in the workshop?
7. Do you think it is important to talk about condom skills at your school? Why or why not?
8. Would anyone like to share anything else about the Condom Skills Workshop?
9. What connections did you see between the UCLA Sex Squad Performance, Positively Speaking, and Condom Skills Workshop?
a. Were you aware that they are part of the same program?
10. What was most memorable aspect of these three presentations for you?
11. What is the most important thing you learned in these three presentations?
12. Is there anything that you would change about these presentations in the future?
a. What would you delete?
b. What would you add?
13. We're almost out of time, but I'd like to be sure we've covered everything you want to talk about. Would anyone like to share anything else?

Appendix B: Focus Group Codebook

Code ID	Code Name	Sub-Code Name	Decision Rules	Example
.0	Context		Apply this code where notes are made about the demographics of the participants or setting of the interview.	
2.0.D	Sexual health knowledge		Apply this code when students discuss information related to general sexual health knowledge, but do not fit into the sub-codes below.	"…I guess they really...like educated me more about safe sex. And like, what can happen if you don't have safe sex" (FG1)
2.1.D		HIV/AIDS/STI knowledge	Apply this code when students discuss their knowledge of HIV/AIDS/STI.	"…Before, before like we really learned about it, I didn't know exactly how you can get HIV, like, I knew you could get it through the blood, but I didn't know if you, like, touched them if you could get it." (FG3)
2.2.D		Condom use	Apply this code when students discuss condom use, such as reasons for using or not using condoms and how to use a condom.	[on how to put a condom on] "…Like check the bubble and there are any openings and when you open it, you can, like, check it with a sombrero. Then you pinch the tip, then you…" (FG2)
2.3.D		Local testing resources and sexual health services	Apply this code when students discuss resources related to testing. This includes information about where and how to access sexual health resources and materials.	[on where to access contraceptives locally] "…Like in the nurse's office, in your local clinic, and like Planned Parenthood, or you can just buy them yourself." (FG2)
3.0.D	Attitudes/beliefs regarding sexual health		Apply this code when students discuss general attitudes/beliefs regarding sexual health, but do not fit into the sub-codes below.	
3.1.D		HIV/STI testing attitudes/beliefs	Apply this code when students discuss their or their peers' attitudes/beliefs about HIV/STI testing, such as the acceptability of routine testing.	[on attitudes toward getting tested] "…I think it would depend on like who might take you and who might like see you like that might change your comfort." (FG3)
3.2.D		Condom use	Apply this code when students discuss their or their peers'	[on teaching in school] "…It is important to talk about

			attitudes/beliefs about condom use such as reasons to use or not use condoms. Apply this code when students discuss condom skills in general.	in school because even kids our age are having sex and they should know at the very least how to do it because, you know, obviously since we haven't been talking about these things, they don't know how to do it and there is actually like pregnant girls on campus that are my age so. We should at the very least know how to use condoms and things like that." (FG2)
3.3.D		Exposure to PLWHA	Apply this code when students discuss their or their peers' attitudes/beliefs about exposure to PLWHA. This includes interacting with PLWHA.	[on expectations of interacting with an HIV positive individual] "…When I thought of HIV I, I pictured someone, like, just looked so ill or they were dirty so it wasn't how I expected." (FG3)
4.0.D	HIV/AIDS/STIs		Apply this code when students discuss HIV/AIDS/STIs on its own rather than in relation to testing or condom use. Use this code if it does not fit into the sub-codes below.	"…I think it is… it was beneficial to learn about it because I had no clue." (FG1)
4.1.I		Perceived susceptibility to HIV/AIDS/STIs	Apply this code when students describe their or others' perception of risk developing HIV/AIDS/STIs. This may include their perceived susceptibility to HIV/AIDS/STIs before, during and after completing AMP!.	"… Uh, I was shocked to hear, to hear that uhm, her boyfriend, husband, uh really, uhm, transmitted the disease to her so that was kind of scary, so you don't expect it to happen to you." (FG3)
4.2.I		Perceived severity of HIV/AIDS/STIs	Apply this code when students describe their or others' beliefs about the negative consequences of getting HIV/AIDS/STIs or leaving it untreated/undiagnosed. This may include their perceived severity of HIV/AIDS/STIs before, during and after completing AMP!.	" Before I thought they just looked a lot different than us, but it turns out they look exactly the same, they just take a lot, a lot of medication to keep themselves from getting anymore sick, that's one thing to note." (FG3)
4.3.I		Misperception about HIV/AIDS/STIs	Apply this code when students describe misinformation or myths about HIV/AIDS/STIs or PLWHA.	"…Lori told us that one of her sisters made her use Styrofoam cups and like plastic utensils when she eats and put like plastic on her seat, and she like, said she felt really bad about it,

				and how she had told them how it made her feel sad because that's not how its transmittable that way, and now I know the treatment because I know the knowledge of how its transmittable." (FG3)
4.4.D		Change of perception to PLWHA	Apply this code when students describe a change or lack of change in how they view, relate to and interact with PLWHA.	[After meeting HIV speakers] " …Before positive speaking um I thought that people with HIV I thought that like they might just like that they might do something wrong and that the bad thing that they did so that they get the disease and that they had they have it coming to them as like the… the disease but after positively speaking I know that like its not necessarily that they do bad thing then they get disease but like maybe they don't even know that it's not their fault to get uh HIV." (FG4)
5.0.D	Self-efficacy		Apply this code on information when students describe their beliefs regarding their ability to make decisions about sexual health, which does not fit in the sub-codes below.	
5.1.D		Self-efficacy to use condoms	Apply this code when students describe their beliefs about their ability to use condoms. Apply this code when students discuss a situation in which they did or did not demonstrate the self-efficacy to use condoms, including negotiation with a partner.	
5.2.D		Self-efficacy to get tested	Apply this code when students describe their beliefs about their ability to locate testing resources and go get tested. Apply this code when students discuss a situation in which they did or did not demonstrate the self-efficacy to get tested.	[on getting tested] " …I actually went with my brother, not to a local clinic but to our friends brothers clinic because she works there. And I got tested there." (FG3)
5.3.D		Self-efficacy to communicate with peers	Apply this code when students describe their beliefs about their ability to communicate with peers about any aspect of sexual	[on talking to other people about sexual health] ",,, I feel comfortable talking about those kinds of subjects

			health, including AMP! programming. Apply this code when students discuss a situation in which they did or did not demonstrate the self-efficacy to communicate with peers about sexual health.	around my friends because I know that we all have uhm we all have that, we all think the same, sort of on those types of subjects…" (FG3)
5.4.D		Self-efficacy to communicate with parents/adults	Apply this code when students describe their beliefs about their ability to communicate with parents/adults about any aspect of sexual health, including AMP! programming. Apply this code when students discuss a situation in which they did or did not demonstrate the self-efficacy to communicate with parents/adults about sexual health.	"… I told my mom and I told my sister. And they were surprised, they were like, because in our community, a lot of people who go through things like she did, and so we were all imagining that it could have happened to all these people." (FG3)
5.5.I		Self-efficacy to deal with emotions related to sex	Apply this code when students describe emotional responses to AMP! programming. Apply this code when students discuss themes of empowerment, including their feelings on their levels of comfort in relation to sexual health, feelings of empowerment in hypothetical scenarios, feelings of awareness, preparedness, etc.	"…I think that… them opening up to us about their personal stories made me feel comfortable so I think that's why I kind of wanted to be in this discussion. It made me feel comfortable and open to talk about it." (FG1)
6.0.I	Humor		Apply this code when students discuss humor in relation to AMP!.	"…Since they started off with humor it really got me interested and I was really paying attention cause it was funny." (FG4)
7.0.D	General Feedback		Apply this code to general feedback about AMP! that does not fit into the sub-codes below.	[On the program as a whole] "…I think it was like they all kind of it's they weren't all just about kind of like teaching you like the facts about it itself but more like kind of tying it in to like life in different ways that would affect people and stuff." (FG4)
7.1.I		Relating to the Sex Squad	Apply this code when students discuss whether or not they regarded the Sex Squad members as peers from whom they could learn.	" …Throughout most of it, since they were like really telling you about themselves and what happened to them, they were just, like, it made you feel like you could talk to them

				as well." (FG1)
.2.I		Relating to characters, scenarios	Apply this code when students discuss whether or not the scenarios had elements that relate to any aspect of their lives or to life in general. Apply this code when students discuss whether or not they could relate to the characters in the AMP! performances or to any speakers they may have had.	"I know someone that could relate to, I don't know I forgot their name but it was like, um, it was a gay guy and he said that he was, like, scared to like, tell everyone that he was gay and that's kind of how my cousin was because he didn't know whether to tell us or to keep it to himself." (FG1)
.3.I		Appropriate-ness	Apply this code when information is given about the age/grade/time period that the AMP! should take place.	[on whether or not the content was relevant] "…Yeah I felt like it was, I feel like it was to the point of, like, where I was learning about all that, and like my friends are, like, doing it for the first time and learning about safe sex. So it's like something that's out there right now for me." (FG1)
.4.D		Drawbacks	Apply this code when students discuss things they did not like about AMP!.	[On the performance] "I think, um, like, it took, it was pretty long, so like the bell to go to the next class kindof rushed us. We didn't have, like, enough time just to like relax and get to talk to the people a bit more and get to know them better. So if we would've had more time to communicate with them better it would have been more…" (FG1)
.0.D	Suggestions		Apply this code when students make suggestions for changes to any aspect of AMP!.	[On program content] "…I think I would've liked to see more um a whole new um a whole new workshop I was going to say about abusive relationships because that … understood topics to know how people overcame that." (FG4)
.0.D	Sex education		Apply this code when students describe any aspect of their past and/or current sex education programming.	[on where they had learned about condoms before AMP!] "…There was a program called "Wise" at my middle school, and that's where I learned about it." (FG2)
0.0.D	Communication		Apply this code when students	

			describe their feelings or situations regarding communication about sexual health or AMP programming, whether with peers, parents or other adults.	
0.1.I		Perceived conflicting messages	Apply this code when students discuss problems regarding conflicting messages as experienced during AMP! programming, in the home, in the community, at school, and in the media.	"… The community gives us mixed messages too because both the media and the community, kind of, show that guys can be like open to talk about sex, but girls, you know have to be ashamed about it and don't say anything about it, at all." (FG2)
1.0.D	Gender and Sexuality		Apply this code when students discuss issues related to sexual health specifically in terms of gender and sexuality, when they do not fit into the sub-codes below.	
1.1.I		Gender Roles and Expectations	Apply this code when students discuss differences in gender roles and expectations with regard to sexual health and AMP! programming.	"…Guys are supposed to know more than girls, a little. More about like the topic itself and then how to use condoms and stuff. Like guys are supposed to know how to do all that. And girls, are kind of just supposed to not do anything." (FG2)
1.2.I		Stigma	Apply this code when students describe gender-based stigma in relation to sexual health and AMP! programming.	"…If a guy has multiple partners, its like, he has game, or like he's just, like a player, but girls kind of get called slut and like there's a big difference between like the different words they use." (FG2)
1.3.I		LGBT	Apply this code when students discuss LGBT themes, with regard to sexual health and AMP! programming.	" I know some gay people and they get treated badly." (FG1)