

Communities In Schools of Georgia Adolescent Family Life Demonstration Program

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Introduction

Communities In Schools of Georgia Adolescent Family Life Program is aimed at reducing the number of adolescents in the targeted communities who are engaged in premarital sexual activity by 3 percentage points per year over the five year of the grant period. This change will be measured by surveys and comparison to baseline data collected in the first year of the project. The CISGA Adolescent Family Life Program will target 7th and 9th grade students and their families in 18 selected schools within five counties of Georgia. These five counties represent the diversity of populations in the state including urban, suburban, and rural areas with varying population compositions.

The CIS Adolescent Family Life Program proposes a multi-site fully integrated school-based primary abstinence education model as the comparison group and a school-based, small group mentoring enriched model as the intervention group. The justifications for the school-based approach for delivery of the primary abstinence education and enrichment mentoring intervention are as follows: 1) ensures access and safety for all students, 2) greater potential for implementation with fidelity, 3) greater potential for consistent data collection, 4) cost effectiveness, 5) shared resources, 6) greater community collaboration, and 7) greater potential for matching funds and sustainability.

To achieve the overall goal of the project, five cascading objectives will be accomplished. Using cascading objectives allows the CIS AFL Program to align our objectives downward through the multi-site model to ensure that the primary goal at the top will be accomplished. Program components will correspond to meeting each of the cascading objectives, ensuring that students involved in the project will accomplish the following: 1) have increased understanding of abstinence and benefits of abstention; 2) develop increased social, communication and relationship skills; 3) have increased parental involvement; 4) develop refusal skills; and 5) ultimately commit to abstain from premarital sexual activity.

The program dimension will include curriculum, which will focus on assisting parents, and adolescents concerning understanding self-discipline and responsibility in human sexuality. The class sessions will be 30 minutes per week for 4 nine-week sessions for a total of 18 hours per year, which will allow instructors to spend one hour per topic.

Methods

The evaluation design includes both process and outcome measures. Process evaluation will examine program implementation data related to fidelity, dosage, context, reach, recruitment, barriers, and contamination to help explain observed effects; describe how well the program was implemented; and provide direction for increased program efficiency and effectiveness. The outcome evaluation will be a group-randomized experimental design, with random assignment of 18 schools to treatment or control conditions. A matched pair process for assignment of schools to treatment and control groups used socioeconomic status (percentage of students qualified for free/reduced lunch) and middle or high school status as variables for matching, and a random number function to assign matched schools to the treatment or control group. Power analysis was based on the randomized cluster design, with the school as the unit of treatment. Outcome data analysis will use structural equation modeling techniques to model observed and latent variables and examine relationships between a number of dependent and independent variables, with comparisons across groups.

A school-based primary abstinence education model will be used with the control group, and a school-based small group mentoring enriched model will be used in addition to the primary abstinence

education curriculum with the treatment group. Primary outcome measures are student participant responses on the AFL Core Evaluation Survey and selected items from the CDC Youth Risk Behavior Surveillance System survey addressing abstinence benefits, sexual behavior, social and refusal skills, parent involvement, and commitment to abstaining from premarital sexual activity. Data will be collected from students in the school setting by local coordinators trained by the evaluators, and will require prior active informed consent of parents and student participants using forms and procedures approved by the project IRB Human Subject Office. Seventh and ninth grade participants will complete the paper-and-pencil surveys at three points: before beginning the program, at completion of the program, and one year after completion of the program. The pre-, post-, and one-year outcomes will be measured using the same instrument. Students will be assigned a unique identifier to allow tracking of student data. This design will allow measurement of effects over time.

The working hypothesis is that the addition of mentoring will significantly enhance positive teen and parent outcomes from abstinence education, including increased teen abstinence and decreased teen pregnancy rates.

Results

Results of the data analyses each year will address the following research questions:

1. To what extent does participation in the school-based primary abstinence education program increase the desired outcomes?
2. To what extent does participation in the school-based primary abstinence education program and mentoring increase-desired outcomes?
3. What is the effect on outcomes over time, as measured at completion of the program and one year later?
4. Are there patterns in outcomes attributable to other influences/factors outside of program activities? What are these influences/factors?

Discussion

Major threats to the validity of findings will be attrition and contamination. Efforts will be taken at the school and project level to minimize loss at follow-up data collection points and as a result of required parental permission and return of consent forms. Contamination will be minimized by having schools located at a distance from each other, by using grades separated by more than one year, and by asking students about their participation in other abstinence or mentoring programs.

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