

Evaluation Results of the Newark, NJ Best Friends Best Men Adolescent Family Life Education Program, An Abstinence-Based Program to Enhance Preteen and Adolescent Health

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Introduction

Newark has high rates of teen pregnancy, STD's/HIV/AIDS, smoking, drug and alcohol use among youth which affect their health. This presentation addresses evaluation of Newark, N.J. Best Friends/Best Men Adolescent Family Life (BF/BM AFL) youth development intervention program which aims to promote abstinence from drinking, drugs, smoking and sex and prevent pregnancy in 10 to 15 year olds. The intervention program, guided by Bandura's social learning theory and Piaget's cognitive development theory, provides youth with a 110 hour, seven component curriculums, implemented in schools, which focuses on group discussions, mentor meetings, dance/physical fitness classes, cultural events, community service, role models, and a recognition ceremony. Activities provide support, positive peer pressure, counseling, health lessons and sexuality information. The literature suggests that multidimensional programs like the BF/BM AFL program which include education on delaying sex, avoiding risky behaviors and positive role models are likely to have positive outcomes for youth. This evaluation study investigates if there are statistically significant differences between BF/BM AFL program participants and those who do not receive this program on outcome variables measured by the AFL Core Evaluation Survey (i.e. avoidance of risky behaviors, effective relationships/ communication with parents/guardians, activities, self perceptions, sexuality/abstinence attitudes, intent to remain abstinent) and the Demographic Questionnaire (i.e. perception of a bright future).

Methods

A quasi-experimental, pretest post-test design was used to evaluate program effectiveness. The program is offered to 6th, 7th and 8th grade high risk students primarily of African American ethnicity from impoverished environments. Four intervention schools (N=269,183 girls/86 boys) and five comparison schools (N=220,123 girls/97 boys) participated. Intervention and comparison schools were matched on key demographic variables (grade level, gender, ethnicity/ race, socioeconomic status). Intervention students were randomly selected to participate using the Best Friends/Best Men procedure. Comparison students, a convenience sample, did not receive the program. The hypothesis for the study was preteens/teenagers participating in the Newark, N.J. BF/BM AFL intervention program will have more positive abstinence outcomes, such as it is important for them and future spouse to remain abstinent from sex until marriage, than comparison group participants. Instruments used for evaluation were the Core AFL Pregnancy Prevention Programs and Demographic Questionnaires which were administered by trained staff to intervention and comparison participants during the same time intervals in September/October (pretest) before the intervention and in June (post-test) after intervention. Data analysis included descriptive statistics, Pearson Chi Square and Mann Whitney U tests. Level of significance was .05. Future analyses will examine differences among grade levels and boys and girls over three years for both intervention and comparison groups.

Results

Post-Test 1 Results: All Intervention Program and All Comparison School Participants

The sample was largely African American students from impoverished environments. **Significantly more intervention than comparison participants reported:** more dating/party rules ($p=.005$); could say no to wrong activities ($p=.005$); can make plans work ($p=.013$); more self confidence ($p=.009$), a bright future ($p=.009$); important for them ($p<.001$) and future spouse to remain abstinent until marriage ($p<.001$); teen sex makes it harder to develop emotionally/ morally ($p=.013$); a problem with unmarried teens having sex if no pregnancy results ($p<.001$); only married people should have sex ($p<.001$); I admire teens ($p<.001$) and my friends admire teens who remain abstinent until marriage ($p<.001$); remaining abstinent is the only certain way to avoid pregnancy, STDs, other health problems ($p=.002$); more friends who think someone should wait until marriage before having sex ($p=.001$). **Significantly more comparison participants than intervention participants reported:** they have more friends who drink ($p=.009$), have tried marijuana/other drugs ($p=.026$).

Post-Test 1 Results: Intervention Girls and Comparison Girls and Intervention Boys and Comparison Boys

Significantly more intervention girls than comparison girls reported: more rules on dating/parties ($p=.041$) and where I am ($p=.027$); can say no to wrong activities ($p=.026$); more self confidence ($p<.001$); its important for them ($p<.001$) and their future spouse ($p<.001$) to remain abstinent until marriage; that sex before marriage makes it harder for good marriage/family life ($p=.049$); problem with unmarried teens having sex if no pregnancy results ($p=.003$); more friends who

think wait until marriage before sex ($p < .001$); only married people should have sex ($p = .002$); they admire teens ($p = .002$) and have friends who admire teens who remain abstinent ($p = .020$); remaining abstinent is the only certain way to avoid pregnancy STD's, other health problems ($p = .020$). **Significantly more comparison girls were higher than intervention girls on:** more questions about body changes, dating, alcohol/drugs ($p = .012$); more friends who tried marijuana/other drugs ($p = .027$); don't have enough control over their life ($p = .008$); can't do things as well as others ($p = .030$); plans hardly ever work out ($p = .022$). **Significantly more intervention boys than comparison boys reported:** admire teens ($p = .012$) and have friends who admire teens who remain abstinent ($p = .043$); important for future spouse to remain abstinent until marriage ($p = .008$); only married people should have sex ($p < .001$); a bright future ($p = .018$) can make plans work ($p = .042$). **Significantly more comparison boys than intervention boys reported:** more friends who drink alcohol ($p = .05$); no talking with parents/guardians about no drinking, no drugs ($p = .043$), no sex ($p = .042$), how to say "no" to alcohol, drugs, sex ($p = .006$); when they break rules, parent/guardians yell, shout, or scream ($p = .030$).

Pretest Post-test Results: Intervention Participants

There were 232 intervention girls and 164 intervention boys who completed the pretest and 183 intervention girls and 86 intervention boys who completed the post test. **Results significantly higher at post-test than pretest for all intervention participants were:** more rules about hanging out ($p = .007$), dating/ parties ($p = .045$); they can say "no" to wrong activities ($p = .001$); can stay away from people who might get them in trouble ($p = .003$); they know they can make plans work ($p = .023$); more self-confidence ($p < .001$); belief that only married people should have sex ($p = .001$). **Results significantly higher at post-test than pretest for intervention girls were:** more rules about hanging out ($p = .009$), where I am ($p = .044$); can say "no" to wrong activities ($p = .019$); stay away from trouble ($p = .032$); can make plans work ($p = .022$); more self-confidence ($p < .001$). **Results significantly higher at post-test than pretest for intervention boys were:** agreed only married people should have sex ($p = .002$).

Pretest Post-test Results: Comparison Participants

There were 139 comparison girls and 108 comparison boys who completed the pretest and 123 comparison girls 97 and comparison boys who completed the post test. **Results significantly higher at post-test than pretest for all comparison participants were:** higher use of marijuana /other drugs ($p = .004$) which can have negative effects; when they break rules parents/guardians make threats that won't be kept ($p = .016$). **Results significantly higher at post-test than pretest for comparison girls were:** higher use of marijuana/other drugs ($p = .045$); **Results significantly higher at post-test than pretest for comparison boys were:** higher use of marijuana/other drugs ($p = .040$); when they break rules, parents/guardians make threats that won't be kept ($p = .026$); said "no" to talking with parents/guardians about how to say no to alcohol, drugs, or sex ($p = .045$).

Discussion

Results suggest that the Newark, N.J. Best Friends/Best Men Adolescent Family Life intervention program is effective in reducing some risky behaviors like drug use, and promoting abstinence attitudes/behaviors in youth. For comparison participants, some behaviors like using marijuana/drugs, increased (higher at post-test than pretest). Parent/guardian communication with teens in the comparison group may not be as effective as in the intervention group. For example, in the comparison group, parents make threats and they don't carry out what they say they will do. Results must be interpreted carefully, as they are results from the early phase of the study. The program is delivered to 6th, 7th and 8th grade students, and some participants, i.e. 6th grade students, have not yet had the full 3 years of the intervention program. Positive effects are anticipated to be maintained over time. Study limitations include participants were not randomly assigned to both the intervention and comparison groups which may contribute to selection bias. Matching schools on demographic variables was implemented to help reduce selection bias. Challenges include difficulty getting comparison schools to agree to no intervention for the length of the study. Incentives like pizza parties have been used to increase student participation and reduce attrition in the comparison group. **Conclusion:** Intervention participants, especially girls, have more positive outcomes related to abstinence behaviors/attitudes than comparison participants. **Implications:** The intervention program helps to prevent youth from drinking and using drugs, maintain abstinence from sex until marriage, promote self-confidence and moral values like being able to say no to wrong activities, as well as improve parental/guardian communication and involvement with teenagers. Abstinence attitudes/behaviors help prevent teen pregnancy, STD's and other health problems. Findings have implications for the development of intervention programs which aim to reduce risky behaviors like drug and alcohol use and foster abstinence attitudes/behaviors in preteens and teenagers thereby promoting adolescent health and well-being.

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