

Five-Month Pilot Program Results of Voices 4 Healthy Choices- The Challenges and Lessons Learned

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Introduction

Voices 4 Healthy Choices (V₄HC) is a school-based abstinence education program targeting 7th grade students from three counties in rural Arkansas. Program components include: "Choosing the Best" curriculum; community-based activities and service learning projects; parent education, promoting involvement and increased communication; case management; and access to counseling services. The purpose of the overall project is that teens that participate in the project will: 1) be more likely to avoid behaviors that lead to sexually transmitted diseases and pregnancy; 2) have significantly increased their developmental assets; 3) demonstrate a commitment to abstinence until marriage.

V₄HC has just completed its first year. The data for this abstract will reflect the pilot project completed in spring 2008. During the pilot project, the 8-week "Choosing the Best" curriculum was provided in a school setting, which was also complimented by after school activities and community service learning projects, as well as a parent education component. In all, eight 90 minute after-school activities, one weekend long community service project, and three 2-hour parent groups were completed. When the full project begins in fall 2008 these added elements will take place over 9 months. The purpose of the pilot project evaluation was to review program protocol (i.e. recruitment strategy and program documents), implementation processes, and review initial outcomes of quantitative and qualitative data.

Methodology

To determine the efficacy of V₄HC, a random experimental pre-test/post-test design was used as well as parent and child participant interviews. Participants were randomly assigned to either a treatment, or control group. The treatment and control groups were nestled in the same county, but were housed in different schools. A questionnaire was administered to the both the treatment and control groups at baseline, and at completion of curriculum and community activities. At the end of the pilot intervention phase qualitative interviews were also conducted with program participants, community stakeholders, and program staff.

Initially, a descriptive analysis was computed on all of the variables used in this study, utilizing the Statistical Package for the Social Sciences (SPSS) 16.0 software program. During this stage, data integrity was maintained by examining each variable to assess departure from normality and check for missing data. Missing data was handled by employing a regression imputation method in AMOS 6.0. A paired sample t-test was used because data included the paired observations as a result of the pre- and posttests for each participant. An independent sample t-test was employed to detect mean differences between the treatment and control group on parent/child interaction of sex-related topics, youths' perceptions of social support, and youths' perceptions of abstinence.

Results

Between the treatment and control group, 36 students participated in both baseline and follow-up measurements; 38 were present at baseline, representing a 94% retention rate over the course of the 5-month study. Among the overall sample, the mean age of participants was 12 years, of which 17 were girls and 21 were boys. The participants were predominantly White (47%) and a mixture of White and American Indian (23%), followed by Latinos/Hispanics (18%), American Indian (7%), Asian (2%), and mixture of African American and White (2%). A majority lived in a two-parent household (65.8%).

The statistically significant results of the paired-sample t-test suggest that the V₄HC pilot is making a difference among its participants. On parent/child communication, paired sample t-test result suggest that there were significant differences in scores at time 1 compared to time 2. Youths engaged in

significantly more conversations with parents on sex-related topics. Paired sample t-test also suggests that perceived social support also increased among youths. Although significant scores were found between time 1 and time 2 scores, results of the independent t-test though show that no statistically significant differences exist between the treatment and comparison groups on parent/child communication and social support. However, this is believed to be a result of having a small sample size (N = 38). We believe that once our full project is implemented and our sample size increases; there will be statistically significant differences between the treatment and comparison groups on these key constructs. The program did however make a significant impact in youths' perceptions of abstinence. An independent t-test revealed that significant differences were found between the treatment and control on youths' opinions about abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy and STD's.

Turning to qualitative data, the information suggests the control group and the treatment group did have some differences. Individual interviews included a convenient sample of 9 interviews, with 3 coming from the control group and 6 coming from the treatment group. In the treatment group, the interviewees reflected that before the intervention, parent-child communication on topics of sex was fairly infrequent and resulted in a lot of discomfort. Following the intervention, this communication occurred more frequently, spontaneously, and with more comfort. Another difference seen between the two groups was an increase in reflections of confidence from the treatment teenagers. Several of these treatment teenagers were able to describe instances where they felt more empowered and confident in expressing their opinions, especially as it relates to premarital sex. In summary, both the control and treatment group described an increase in parent-child communication although the topics of discussion were different. The increase in the control group parent-child communication can be attributed to the introduction of the topic through the participation in the study. This communication involved encouraging their child to refrain from sexual activity until marriage. The treatment participants confirmed that the program gave them increased knowledge, tools, and confidence in discussing these topics and making abstinent-informed decisions.

Discussion

Based on the results of this pilot study the data suggests that V₄HC is effectively progressing towards full implementation scheduled in August 2008. The preliminary quantitative and qualitative data collected also suggests the program is doing an effective job at increasing the youth's actual and perceived knowledge and attitudes related to premarital sex. The results of the quantitative data from this pilot project are promising, however, we expect more significant results with an increase in sample size. The qualitative data highlights not only suggestions for the process but some differences in sexual abstinence attitudes and behaviors. Some of these lessons learned include: 1) increase organization and communication within parent component; 2) enhance recruitment protocol; 3) increase strategies to assist with dosage logs and tracking documents; and 4) stream-line data collection procedures. In sum, the pilot project reaffirmed our initial implementation plan, however, the aforementioned lessons learned will certainly enhance the overall efficacy of our program.

Implications

If we continue to find significant and positive results, this community-based intervention has the potential to provide rural communities across the country with an adaptable and effective way of increasing youth's awareness of the harms associated with premarital sex and a good way of increasing communication between parents and children about sex-related topics.

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