

HEALTHY CHOICES

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Introduction

Ingham County's Healthy Choices Abstinence program administers the Why Am I Tempted (WAIT) Training™ Program Curriculum and the Abstinence: Pick and Choose Activities manual to youth ages 11-18. Healthy Choices' programming includes a 14 week series of weekly presentations at two inner city high schools, a teacher led semester long program at a rural middle school and after school programming through seven Program Partners that consist of local non-profit youth serving agencies, professional groups and area churches. The control group is an inner city high school. Programming also consists of several community events throughout the year. The question addressed in this programs evaluation is if statistically significant differences occur between youth who participate in WAIT Training and those who do not on the outcome variables of 1)improved knowledge of the benefits of abstinence and the risks of early sexual activity, 2) increase of positive relationships, opportunities and attitudes that support abstinence and avoidance of risk behaviors, 3) increase in communication and assertion skills, and 4) increased parent/child communication about sexual topics and risky behaviors.

Methods

The evaluation process for Healthy Choices is viewed as one of continuous quality improvement. All participants agree to an approved Institutional Review Board opt-out consent form to participate in the research survey, the educational programming, both or neither. The AFL Core Baseline Questionnaire pre-test is administered at the onset of participation. At the conclusion of educational programming, participants are required to complete the Core Follow-Up Questionnaire post-test. The collected data is used to assess the impact of the intervention, as well as the influence of other programmatic variables. A database is created and maintained in order to track participant enrollment, activity participation, and pre- and post-test data. The programming is evaluated to track such data as attendance, homework assignments, activities completed, and parental involvement to determine the efficacy of the programming.

Results

Analysis of the year 3 data compiled by Patterson A. Terry, PhD, Michigan State University strongly supports the conclusions that:

- The basic abstinence message is being effectively communicated to participants.
- The program increases participants' sense of self efficacy and future orientation.
- The program reduces participants' likelihood of using drugs and alcohol.

- The program changes participants' perceptions of behaviors likely to lead to early sexual activity—in the desired direction.

A central program objective is an increase in positive attitudes toward abstinence in 70% of participants from pre-test to post-test. Since many participants marked the best possible answer to each of these questions on the pre-test, attaining a 70% increase is an unrealistic goal. A more realistic approach is to examine the sum of two proportions:

- Those who gave the “ideal” answer on both pre-test and post-test, and
- Those who changed in the desired direction from pre-test to post-test.

The overall effectiveness of the program is demonstrated by the fact that answers to all ten questions directly related to attitudes toward sexual abstinence showed a preponderance of change in the positive direction—nine of those changes statistically significant. Ten answers in the same direction would occur by chance less than one time in a million.

Question 6.1 asks: “Does having sex as a teenager make it harder for someone to study and stay in school in the future?” The answers include a 3-point scale, plus a “Haven’t thought about it” response. Answers to that response were combined with the lowest point on the scale for purposes of analysis.

- 8.7% answered “Much harder”, highest point on the scale, on both pre-test and post-test.
- 27.5% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 36.2%.

Question 6.2 asks: “Does having sex before marriage make it harder for someone to have a good marriage and good family life in the future?”

- 5.3% answered “Much harder”, highest point on the scale, on both pre-test and post-test.
- 23.2% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 28.5%.
- The proportion of participants improving was greater than the proportion of participants regressing to an extent that would occur by chance less than one time in 1,000.

Question 6.3 asks: “Does having sex as a teenager make it harder for a teen to grow and develop emotionally and morally?”

- 8.0% answered “Much harder”, highest point on the scale, on both pre-test and post-test.
- 23.4% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 31.4%.

Question 6.4 asks: “Is there a problem with unmarried teens having sex if no pregnancy results from it?”

- 11.7% answered “A big problem, highest point on the scale, on both pre-test and post-test.
- 21.2% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 33.9%.

Questions 6.5a, 6.5b, 6.5d, and 6.5f have the same question and analysis structure.

Question 6.5a asks for agreement/disagreement on a 4-point scale to the statement: “Only married people should have sex.”

- 12.3% answered “Disagree a lot”, highest point on the scale, on both pre-test and post-test.
- 21.9% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 34.2%.

Question 6.5b asks for agreement/disagreement on a 4-point scale to the statement: “It would be OK for teens who have been dating for a long time to have sex.”

- 11.8% answered “Disagree a lot”, highest point on the scale, on both pre-test and post-test.
- 19.8% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 31.6%.

Question 6.5d asks for agreement/disagreement on a 4-point scale to the statement: “I admire teens who remain abstinent (do not have sex) until marriage.”

- 4.3% answered “Disagree a lot”, highest point on the scale, on both pre-test and post-test.
- 21.0% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 25.3%.

Question 6.5f asks for agreement/disagreement on a 4-point scale to the statement: “Remaining abstinent is the only certain way to avoid pregnancy, STDs, and other related health problems.”

- 45.6% answered “Agree a lot”, highest point on the scale, on both pre-test and post-test.
- 18.9% answered higher on the scale on the post-test on the pre-test.
- So the overall success rate was 64.5%.

Discussion

While the data for year three suggests the programming is gaining effectiveness in calculating the value of abstinence in the abstract, the analysis of answers to questions about specific situations related to early sexuality make it clear that the abstract value loses its simplicity when everyday situations arise.

Implications

The data implies that the programming encourages those to remain abstinent and changes attitudes to have a more favorable outlook upon abstinence. However, the responses from adolescents on the surveys indicate that they may not make the decision to be abstinent in a real life situation.

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