

Changing Norms: Program REACH Healthy Respect Character Education Program

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Introduction

The Healthy Respect Character Education Program was administered by Program REACH in the 2007-2008 school year to 206 fifth and sixth graders in the Yonkers School District. The program consisted of a school-based abstinence until marriage education program delivered in class to students ages 9-12 by an ethnically diverse, bilingual team of young adult male/female instructors. The classroom curriculum was combined with parent-targeted homework materials and parenting workshops designed to involve parents in conversation with their children about sexual behavior and to help parents take ownership of the program. Students were also allowed to enroll in a 10 week after-school program consisting of one hour of character development and one-hour of ballroom dance lessons each week.

The program aims to change norms and attitudes about sexual behavior in ways supportive of abstinence. It aims to encourage children to talk about sexual behavior with their parents so that parents, and not peers, can be the primary source of information and guidance. It aims to change children's perceptions that everyone is having sex or thinks it is cool by targeting peer norms. It aims to teach about the potential consequences of teen sex. Finally, it aims to transmit attitudes favoring abstinence and instill in students the importance to them personally of waiting until marriage to have sex.

Methods

The project was IRB approved. Two schools in the Yonkers School District in New York were selected to receive the Classroom Program and were matched with four comparison schools with similar student demographics, neighborhood, and admissions criteria. A mailing was sent to all of the parents of potential participants in the study with informed consent forms and a \$5 gift certificate to Dunkin Donuts and an offer of an additional \$10 gift certificate for returning materials, whether or not consent was given. The initial response rate was very low, and Program REACH called each family at home, when schools were willing to share telephone numbers, to try to increase enrollment by encouraging parents to sign and return consent forms. The enrollment for the intervention students was 49%, a total of 190 students, and 43% for the comparison group, a total of 100 students. The sample was comprised of 141 5th graders and 149 6th graders. We administered the AFL Core Prevention Instrument. Many of the outcomes of interest were administered only to 6th grade students, since stakeholders perceived some of these questions to be inappropriate for younger children.

We used random effects logistical regression to examine changes in comparison and intervention students' behaviors attitudes between pretest and posttest. Models controlled for inclusion in the intervention comparison group and time as well as a series of other control variables. The key variable of interest was the interaction between having a posttest score and being in the intervention, since this allowed for comparison both to pretest scores and to the intervention group simultaneously. We examined whether students reported talking with their parents about "changes in your body, dating, or alcohol and other drugs?"; peer norms reflected in whether their 5 closest friends thought that a person should wait until marriage to have sex; consequences of teen sex measured as whether teen sex makes it much harder "for a person to study and stay in school in the future"; personal commitment to abstinence reflected in the statement that it is very important to them personally to remain abstinent until marriage; and attitudes toward teen sex: strong disagreement that "It is OK for unmarried teens to have sex if no one gets pregnant," strong agreement that "Only married people should have sex," and strong disagreement with the view "It would be OK for teens who have been dating for a long time to have sex"

Results

The sample was largely comprised of racial and ethnic minorities, with 40% of the intervention group and 45% of the comparison group describing themselves as White. About 22% of the intervention group and 16% of the comparison group described themselves as Black or African American, and 56% of the intervention group and 68% of the comparison group described themselves as Hispanic. The modal age for students in the program

was 11. After taking the class, 71% of students, including both fifth and sixth graders, had talked with their parents. Students who completed the program were more than three times more likely than at pretest and than compared to the comparison students to report having talked with their parents ($p=0.025$). The program also showed an impact on students' reports about peer norms: Excluding the 32% of sixth-grade students who did not know or did not respond to the question, almost 41% of students reported that their 5 closest friends thought that a person should wait until marriage to have sex. After completing the intervention, students were 19.5 times more likely ($p=0.017$) to choose this target answer compared to pretest and compared to comparison students.

After taking the course, students were more likely to recognize potential consequences of teen sex: 69% of sixth-grade responses indicated that teen sex makes it much harder to stay in school. The odds of giving this target answer was significantly associated with participating in the Healthy Respect Character Education Program, with participants almost ten times more likely to give this target answer than they were at pretest and than comparison students. The program had no significant association with students' attitudes favoring abstinence.

Participating in the intervention showed no significant association with attitudes toward teens sex. However, participating in the Healthy Respect Character Education Program related to an increase in the personal commitment abstinence. While overall about 54% of students, both at pretest and at posttest, said that it was very important to them personally to remain abstinent until marriage, students who completed the program were almost 10 times more likely to give the target answer at posttest.

Discussion

The results suggest that after participating in the Healthy Respect Character Education Program, intervention students are more likely to talk with their parents about sexual behavior and other issues, to perceive their peer group as favorable toward abstinence until marriage, to perceive teen sex as a barrier to completing one's education, and to reporting that remaining abstinent is very important to them personally. However, their attitudes toward teen sex and abstinence showed no or less dramatic change.

In the first year of evaluation, the program found statistically significant differences between the students who took the Healthy Respect Character Education Program and those who did not in some but not all of the norms and attitudes targeted by the program. We will be following the 5th and 6th grade cohort until the end of 7th grade, and using follow-up surveys in 6th and 7th grade to determine the extent to which they maintain the norms and attitudes advocated by the program. We will also be adding new cohorts of 4th, 5th, and 6th graders. This addition will also increase the statistical power of analyses and reduce the risk of misidentifying a program effect as non-significant.

Implications

The Healthy Respect Education Program met its short term goals of changing norms and behaviors in ways supportive of abstinence. This program in its first year seems to rank among the more successful abstinence programs nationally. Yet while students are more likely to talk with their parents and to have a peer group supportive of abstinence, it is unclear whether this change in sources of guidance will be sufficient to promote abstinence once students are confronted with real-life challenges. We also do not know the extent to which reported changes in attitudes will be associated with abstinence behavior. These questions have plagued abstinence programs in general. Extensive and rigorous follow-up are needed to demonstrate these critical long-term outcomes.

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