

EXECUTIVE SUMMARY Year 1 Abstinence Report

Introduction

The Abstinence Only Education Program. In response to the societal cost of non-marital pregnancy and births a new formula grant program to Title V of the Social Security Act was added through section 510(b). Congress allocated \$50 million in federal funds through 2002 to:

Provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

States who opt into this program must match every four federal dollars they receive with three state-raised dollars. The State of Arizona received this funding and has committed the required matching funds, and additional Welfare Reform Block grant funding from the Department of Economic Security for the Arizona Department of Health Services (ADHS) to implement a comprehensive Abstinence Only Education Program in Arizona. Approximately \$2,887,047 was allocated to 16 program contractors in eleven of the fifteen counties in Arizona. The program is multi-component and community-based primarily servicing school-age children, grades 4 through 12, and secondarily parents, and interested adults. The services are comprised of classes, workshops, and other activities designed to promote the abstinence only message and enhance abstinence behavior skills. Additionally, ADHS awarded \$795,000 to a marketing firm to implement a statewide media campaign to promote the abstinence only message to parents and school age children.

The Purpose and Design of the Program Evaluation

The evaluation seeks to answer questions within a rich and complex program and policy context. The range of experience and operations represented in the contracted agencies suggests that within the statewide program there are 16 smaller entities to understand and evaluate. The evaluation, using various methods, provides the Arizona Department of Health Services with valuable information to make programming and policy recommendations. The program evaluation is designed to examine both the *process* and *impact* of the programming. The evaluation centers around two major questions:

< *How did the program promote the message of abstinence until marriage as the safest and most viable lifestyle choice?*

This question will be answered through the process study of the program that will occur in the first two years of the project. This phase of the evaluation uses various methods such as review of program documents, site visits, and staff questionnaires to understand what the program components are, and how the services are being delivered. It helps to also answer the questions, "How, with whom, by who, at what

costs, is the program being implemented?"

< *Was the program successful in motivating participants to choose abstinence until marriage?*

This question is addressed by the impact study and assesses whether the program has any short or long-term impact on the participants as measured by changes in participants' attitudes, skills and behaviors. The study employs methods such as pre- and post-program questionnaires, comparison groups, and analysis of the ADHS Vital Statistics on live birth rates to answer the impact question. Although the collection of impact data has begun, it is estimated that it will take at least two years for the program sites to fully establish their programming so that impact can be assessed with confidence.

< *This report summarizes findings from the first year of the process study component of the evaluation.*

The evaluation findings from this first year have a formative purpose. It takes into account that program contractors are still developing as well as implementing their abstinence only programs. No matter how well planned, unforeseen circumstances usually arise in the first years of a new project, and it is expected that adjustments are usually made. The evaluation tracks and describes these changes, as well as program staff's perceptions about their work. Therefore, the results described are not conclusive, but are meant for further program development, planning, and adjustments.

Description of the Arizona Abstinence Only Program

The Abstinence Only Education Program is comprised of 16 local program sites that reflect diversity in service provision and context. Because of the program diversity, the evaluation strives to understand the unique program characteristics at the site level. The first year of the evaluation focused on 13 of the 16 program sites because three sites received their ADHS contracts nine months into the first year. Since it was not feasible to conduct 13 different evaluations, the similarities and differences across the sites were examined in terms of their program context, structure, and delivery.

Program Goals. There are five over-arching goals of the state-wide project which form the basis for the program's conceptualization and components:

- 1) *To promote abstinence as a healthy choice and positive lifestyle through statewide development and implementation of programs designed to change a culture that sends conflicting messages about out-of-wedlock sexual activity.*
- 2) *To develop and implement programs specifically for school-age children, males and females, grades 4 through 12.*
- 3) *To develop and implement programs for parents and interested adults on adolescent growth and development, the benefits of abstinence and improving parent/child communication.*

- 4) *To reduce the incidence of out-of-wedlock pregnancies and births through development of a program specifically targeting adults.*
- 5) *To involve the community in the development of and implementation of programs and activities that are accessible and promote and support abstinence decisions.*

In addition, the federal and state governments set performance goals for each project year. The Performance Goals are:

- < *Decrease in unwed birth rates for 15-24 year olds.*
- < *Reduce the proportion of adolescents 17 years of age and younger who have engaged in sexual intercourse.*
- < *Reduce the pregnancy rates for 15 to 17 year olds by 0.5% each year.*
- < *Reduce the STD rates for 15 to 19 year olds by 1% per year.*
- < *Obtain the rate of birth for pre-teens ages 9-12 at less than 1% by county and within communities and decrease the amount of early and frequent dating among this population.*
- < *Fifty percent (50%) of the youth surveyed will be able to identify the abstinence media message.*
- < *Increase the number of people involved in the community level abstinence programs and the number of collaborative partnerships developed.*

The Curricula. Abstinence only curricula are the core of the service provision, and the program sites are currently using 11 different versions which target school-age children, adults, and parents. Contractors were required to select their curricula based on specific Federal Guidelines. The program interventions address these guidelines from varied perspectives and with varied intensity. Most of the curricula are copyrighted and have been implemented elsewhere around the nation. Program contractors were allowed to modify or enhance their curriculum to fit the needs of the target group they were servicing. The diversity of curricula are viewed by providers as a strength, which allows them to tailor content and activities to their target groups' needs.

Organizational Context. The contractors for the abstinence only programs are experienced non-profit and for-profit agencies in service provision to school-age children and adults. Nearly half of the contractors have had direct experience providing abstinence or teen pregnancy prevention programs. They are members of coalitions, partnerships, and collaborations which provide them assistance in program promotion, program direction and other areas.

The program funding ranges from \$68,961 to \$207,438 per fiscal year. ADHS payments are based on a monthly base rate, and fee for service, using a unit of service concept based on a minimum number of people served per hours of service.

The community context that most contractors face for promoting the abstinence only message ranges from very receptive to apathetic or skeptical. Community members either tend to be skeptical about the programming because it is associated with sex education, or they feel that contraceptive knowledge must be taught in conjunction with the message of abstinence. However, most sites achieve positive responses from

school officials and parents once they understand the program content more in-depth.

Program Educators. Program educators for the abstinence only education program are both adults and teens. Most have had prior experience working with preteens and teens but not in the capacity of an abstinence only program. However, most feel confident in their ability to teach the abstinence only curriculum. The majority also feel that the abstinence only programs make sense for preteens and teens. The program educators as a group reported being committed to helping children, alleviating social problems, and/or developing their skills in teaching and interacting with youth. This was shown through their reasons for becoming involved in the program.

Recruitment and Retention. In the first year of program implementation, the contractors focused on obtaining community acceptance for their program and the evaluation. The primary methods for recruiting participants were through meetings with school officials, parents, personal contacts, and the local media. Recruitment and retention of program participants was a problem, especially for contractors providing services to parents and other adults. Approximately half of the participants (53%) completed all of the required sessions for a given program. A much larger percent, 88% of the participants completed half or more of the required sessions. Retention rates were lower for individuals in after-school programming and those who had a Hispanic background. However, 12 of the 13 program sites were working in school-based or other structured settings such as detention centers, group homes, or residential treatment facilities which helped in the retention of school-age children and some adults.

Barriers to Program Implementation. The major barriers to program implementation cited by contractors were: the ADHS payment system, the program evaluation requirements, and recruitment and retention issues. These barriers related directly to their ability to recruit and retain participants. The ADHS payment system, is a fee for service, and requires that contractors obtain and retain a minimum number of participants in a class. This payment system is required for all state contracts under the legislatively mandated State of Arizona procurement code. While program contractors were fully aware of these payment requirements, and negotiated their minimum number of participants to be served to receive payment, several contractors who provide after school services or serve high-risk, transient populations still found the payment structure a constraint. The evaluation requirements posed difficulties because school officials and parents were reluctant to have children answer questions about their sexual activity that are asked on the questionnaires, and for children to have their names tracked in the ADHS Vital Records database for live birth rates. Even though confidentiality is assured, and careful measures are taken to protect all participants, tracking of the primary program outcomes of sexual activity, pregnancy and birth rates is uncomfortable for some segments of the community.

Participant Profiles before Receiving the Program

Contractors projected a target number of 13,000 in the first year. Approximately 11,000 were served at least one program session. Of this number served in the first year, a total of 5,675 participant data were available for analysis and reporting by the data

analysis cut-off date of March 15, 1999. This number includes programming to children (4.3%), preteens (22%), teens (68.5%), adults (3.5%), and parents (1.5%). The participants' ages spanned 8 to 72 years old. However, the majority of the participants (87.5%) were ages 11 to 18 years old. There was almost equal representation of males and females. Nearly 70% of the sample were either White or Hispanic. Eleven percent (11%) were Native Americans. The most frequently mentioned tribal memberships were: Navajo, Hopi, Pima, Pascua Yaqui, and Tohono-O'Odham.

Children. The 107 children who completed matching pre- and post-program surveys in three program sites are primarily from a Hispanic background, live with two parents, and receive a free school lunch. They present a fairly positive profile of themselves before they received the program. The children said they had good decision-making skills, fairly high self-esteem, and felt accepted and liked by their friends. The majority engage in typical activities for their age, such as spending time with their friends, playing games and sports, and spending time with their families.

Preteens. Over 500 preteens were represented from eight of the thirteen program sites. The preteens were ethnically diverse and 28% of the preteens spoke Spanish. They had a mean age of 11 years old and over half reported receiving a free school lunch. When asked their reasons to choose abstinence preteens endorsed health reasons more strongly than value reasons. The most likely reason to choose abstinence was fear of getting AIDS, followed by fear of getting an STD. Value reasons to choose abstinence also rated high, for example, a clear majority indicated that "not having sex is a good and healthy choice for me."

Preteens had a fairly wide range of attitudes toward premarital sex. For example, approximately one third of the preteens agreed with the statement, "Its ok to have sex before marriage if in love" while 17% of the preteens strongly agreed that "sex for unmarried people is okay if both partners agree." With regard to their intent to pursue abstinence and their perceived ability to remain abstinent, preteens had fairly high intentions and felt fairly sure in their ability to stay abstinent. Over half strongly agreed with the statement "I can wait to have sex until I'm married." When asked about parent-child communication preteens showed a low level of comfort in talking with their parents about sexuality. In terms of dating, 26% of the preteens indicated that they were currently dating someone. The sexual behavior reported by preteens revealed 37% had ever kissed a boy or girl on the mouth and 11% had been touched in a sexual manner below the waist. Preteens showed a range of pro-social activity in contrast to their small percentage of risk-taking such as smoking, skipping school, or taking drugs.

Teens. The 1,776 teens who completed both a pre- and a post-program survey in eight program sites were ethnically diverse and mostly English speaking. Approximately 70% lived in a two-parent family and the mean age was 14. Over 70% received the program in schools with Passion and Principles, Inc. serving the highest proportion of students. Over half of the teens reported receiving A's and B's for their grades and did not receive a free school lunch. A large percentage (78%) reported having a prior sex education class.

The teens were asked a number of questions regarding abstinence: reasons to

choose abstinence, and attitudes and intent to pursue abstinence. The teens reported that "health reasons" were "important" to "very important" reasons to remain abstinent. When asked to write in their number one reason to remain abstinent, 57% of the teen responses were due to "negative consequences of sex", such as fear of pregnancy, STDs, and AIDS. Regarding teens' attitudes toward abstinence, the findings are somewhat contradictory. The teens reported that they would "tell others to wait to have sex until married", yet they also reported that it was "okay to have sex before marriage". However, teens were quite clear and mature about their sexual values. For example, they rejected the need to becoming popular as a result of having sex. When asked about their endorsement of the abstinence message and their intent to pursue abstinence in their life, once again the findings are contradictory. A high percentage of teens endorsed the abstinence message, yet also reported being unsure as to whether they would follow the abstinence message in their life. Interestingly, teens were sure of their ability to avoid sexual advances and STDs.

The teens reported positive feelings about themselves and moderate levels of comfort in their communication with their parents regarding sexual topics. When asked to report on their pro-social and risk taking behavior, the teens reported engaging in more pro-social activities, such as "helping someone in your family" and "volunteering in your community" than in risk taking activities, such as "drinking alcohol" and "smoking cigarettes", with overall risk taking activities being fairly low.

The teens surveyed in this sample varied as to the average sexual behaviors engaged in. Over 70% reported having been on a date. A majority of the teens have been kissed and tongue kissed, while over 40% have been touched or explored above and below the waist, while only 25% reported ever having sexual intercourse.

Of the teen non-virgins, the mean reported age of first intercourse was 13.5 years and the average number of lifetime partners was three. However, a bimodal distribution was found with "one partner" and "5 or more partners" being the most frequent responses. Over 60% of non-virgin teens reported using at least one form of birth control during their first and last intercourse experience, with condoms being used most frequently. Of the sexually active teens, 17% had at least one child, 24% were certain they had been pregnant or got someone pregnant, and 24% had been treated for an STD. A majority of teens did not report using alcohol or drugs on their last sexual encounter.

When the non-virgin teens were examined, it was found that 37% were from a residential facility, such as a detention center. Teens from residential centers were also found to engage in more risky sexual behaviors than teens who had received the program in school or community programs, such as having more sex partners, younger age at first intercourse, and accounting for 50% of teens being treated for a STD.

Adults. The sample of adults were 90% male and were in recovery for substance abuse. The average age was over 35 years old. In general, adults indicated that abstinence was not a choice for them. For the most part adults were unsure about the certainty of maintaining a relationship without sex, for example, less than 50% responded very sure to the item, "I can feel important or loved without having sex." All but one of the adults reported having had sexual intercourse. The majority of adults reported drinking alcohol or using drugs prior to having sexual intercourse. A quarter

(27%) of the sample reported having a STD and over 40% of the adults had births out-of-wedlock.

Parents. The 84 parents who responded to the post-program survey were primarily White, well-educated, middle-class mothers with families of two to four children. They were active in their community, and highly endorsed abstinence for children, teens and adults. Their self-reported behaviors about pre-marital sex indicate that about half did not have sex before they were married. About 20% of the parents had children who attended abstinence programming in the past year. This sample of parents communicated with their children about a range of topics related to sexuality and healthy decision-making at least once a year. Communication about postponing sex and male-female relationships were more frequently discussed (once a month to once a week).

Participant Satisfaction with the Program

All program participants had high satisfaction with the abstinence only education program. Participants liked their instructors, and felt they were competent in their teaching abilities. In general, the teen and adult participants felt comfortable expressing their opinions, but were not as likely to participate in class. A fairly high percentage said they would recommend the program to friends.

Teens and adults indicated that the program clarified their attitudes and values about their sexuality, and gave them a greater sense of control over their sexual decision-making. However, both teens and adults were less likely to indicate that the program increased their intent to abstain from sex before marriage.

Parents said that the program helped to improve communication with their children about relationships, reasons to postpone sex, and healthy decision-making. Parents indicated a very high level of satisfaction with the program, and felt the program clarified their attitudes and values about their child's sexual behavior, and increased their comfort in talking with their children about postponing sex until marriage.

Media Campaign Evaluation

Winward Cooley Advertising and Public Relations was contracted by the Arizona Department of Health Services to conduct marketing and media services to promote the Abstinence Only program. The agency proposed to communicate the message of abstinence through a variety of media, primarily television and radio, which would supplement and support the programs offered by the State's program contractors. Winward Cooley developed a media strategy that included development and release of three 15-second TV and radio spots over a six-month period; a 1-888 toll-free number to provide additional information; a Web site; and public relations support to individual contractors.

The goals of the media strategy included the following:

- < *To reach the maximum possible audience with greatest frequency*
- < *To provide a link to more information via a toll free number and a web site*
- < *To focus on younger kids to instill values and perceptions early*
- < *To encourage and remind the teen audience that abstinence is the best option*
- < *To prepare the parent audience to educate their children and be ready for questions arising from the advertising campaign.*

The evaluation of the media campaign consists of three major components: 1) an evaluation of the marketing strategy which is an analysis of the documents produced for the advertising campaign; 2) a survey of teenage youth which is a measure designed to test the recall, recognition, and response of students to the ads; and 3) a survey of program contractors which is designed to assess the assistance provided to contractors by Winward Cooley and to identify provider's perspective of the overall effect of the media campaign. The survey of program contractors is planned for the Fall of 1999.

Winward Cooley was successful in the implementation of the stated goals and objectives . Winward Cooley developed a campaign that presented the public with a message that encouraged sexual abstinence and did so in compatibility with the educational contractors. They also created the "Call to Action" through the 1-800 telephone number and the Web site. The only goal or objective that was not clearly implemented through their media strategy was that of having state-wide coverage. With the use of cable TV, the rural areas did not appear to get adequate coverage.

The survey of students to examine recall and recognition of the ads found that students did report recall and recognition of the ads. For example, the Wedding Cake ad was recalled by 32.8% of urban high school students but only 5.8% of rural students. There was very little ad recall among rural middle school students, urban middle school students were not surveyed. The original performance goal of 50% recall was not obtained, however, without a baseline measure this goal may have been unrealistic at the outset.

Of those students who had seen the ads, a large percentage reported that they did not like the ads. The survey does not determine why students disliked the ads. The ads appear to have little effect on high school behavioral intent such as talking with someone about abstinence, or calling the toll-free number. However, such ads are rarely expected to influence behaviors or intentions.

An important consideration in the evaluation of the media campaign is the level of reach that can be obtained through advertisement on TV, radio, and other media outlets. Also, it must be recognized that the media campaign of abstinence until marriage is advertised in a medium (TV) where children are inundated with examples of unmarried adults having sexual intercourse. Specific recommendations concerning the media campaign are presented in Chapter 10.

Recommendations

Regarding the observations and conclusions discussed above the following recommendations are provided for consideration:

- # Substantive changes made to curricula should be documented by program staff and reviewed by ADHS staff. Specific criteria should be developed to determine what is considered substantive and what are curricula enhancements that do not fundamentally alter the program content and intent.
- # Given that the payment structure was mentioned as a barrier to program implementation by the majority of program sites, and the ADHS payment structure is mandated by the State of Arizona procurement code, both ADHS staff and the program contractors should work together to develop more successful strategies for recruiting and retaining program participants within the constraints of this payment structure.
- # Consider provision of technical assistance and/or funding to program sites for curriculum to be translated into Spanish. ADHS might want to consider funding a contractor to specifically design a curriculum that is culturally sensitive to Hispanic and Native American populations.
- # Consider provision of technical assistance and/or funding to program sites for psychological follow-up to participants who identify themselves as sexual abuse victims.