



## **ProjectTruth: A Youth and Family Abstinence Intervention in Buffalo, New York**

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### **Introduction and Description of the Program**

The incidence of teen pregnancy in 2002 across the 8 counties of Western New York ranged between 14.4 and 36.3 per 1,000 girls aged 15 to 17 (NYS DOH 2005). Continued reduction in these rates is merited because, in select zip codes, the pregnancy rate exceeds 200 per 1,000 teens. ProjectTruth is a SPRANS Abstinence Education Project funded program, conforming to the A-H guidelines of abstinence-only pregnancy prevention. Specifically, ProjectTruth is based on the Game Plan curriculum integrating character education with abstinence education. The curriculum is based on the idea that sexual decision-making may be aided by character traits including self-control, responsibility, and the courage to withstand sexual desires. Character traits also include the “six pillars of character” (Meyers 2000), among these being trustworthy, respectful, responsible, fair, caring, and a good citizen. The curriculum also includes goal setting, facts about sex, STDs and abstinence, culture and media influences, refusal skills, parental communication, and abstinence until marriage. Selected from the 20 objectives of the program, those that were the focus of these analyses were to: (1) identify abstinence as the only certain prevention; (2) list benefits of abstinence; (3) list negative consequences of sex outside of marriage, (4) describe character traits relevant to abstinence; (5) discuss abstinence with parents; (6) be able to make responsible choices about sexual activity (resist sexual urges); (7) be able to reject sex advances; and (8) plan to remain abstinent until marriage. It was expected that significant increases in measures of these objectives would be evidenced in a one group pre and post test design. In addition to serving adolescents with the abstinence curriculum, other adolescents received a variety of life skills in youth development trainings, peer mentoring, inpatient/outpatient counseling, or home referrals. These adolescents were excluded from these analyses because they did not receive the intact abstinence curriculum.

In addition to the programs presented to adolescents, a one-session program was designed for adults. The objectives of that program were for participants to: (1) list positive consequences of abstinence; (2) list negative consequences of sex outside of marriage; (3) list character traits related to abstinence; and (4) increase the participants’ self-efficacy to discuss abstinence with adolescents. Using a one group posttest only design, the adult program was expected to evidence success by high rates (at least 80 percent) of adults being able to list at least one response (such as a positive consequence, negative consequence, or character trait) and to report self-efficacy to discuss abstinence with adolescents. All sessions were conducted by ProjectTruth staff.

## Methods

Adolescents (ages 12 to 18) received 8 or 13 classes (8 focusing on abstinence, 13 if an extended character education piece was included) during the school day. Adolescents completing the curriculum also completed a self-report pretest and posttest instrument with single-item self-reports on each of the objectives, which were compared with chi-squared and t tests as appropriate. The instrument included closed-ended, multiple choice items for some objectives, but also open-ended questions asking respondents to list as many answers as they could (such as positive consequences of abstinence, negative consequences of sexual activity, or character traits related to abstinence). Adult programs included a posttest only evaluation based on the adult objectives listed above. Similar open-ended questions (such as positive consequences, negative consequences, or character traits) were used with adults. In addition, a set of 12 questions was developed to measure self-efficacy to discuss abstinence with adolescents. Descriptive statistics were examined for evidence of satisfactory performance or self-efficacy.

## Results

During the 4 years from 2001 to 2005, a total of 5,832 adolescents completed the curriculum. Of those, 4,833 completed a pretest. Approximately half (52.3 percent) were female. Age ranged from 12 to 18 and grade ranged from sixth to twelfth. Most (80.0 percent) were white, while 11.2 percent were Black African-American, 4.4 percent were Hispanic/Latino, 2.3 percent were Native American, 1.4 percent were Asian, and 0.7 percent were Hawaiian/Pacific Islander. Rates of identifying abstinence as the only certain method of prevention increased significantly from 76.8 percent to 89.6 percent ( $X^2 = 373.4$ ,  $df = 3$ ,  $p < .001$ ). On open-ended questions, participants increased the number of positive consequences of abstinence listed from 4.5 to 5.4 on average ( $t = 15.92$ ,  $p < .001$ ) and increased the number of negative consequences listed from 2.46 to 2.83 on average ( $t = 3.53$ ,  $p < .001$ ). Character traits related to abstinence were not assessed at pretest, but at posttest participants listed a mean of 2.24 traits ( $SD = 1.29$ ). There was no significant change in minutes of discussion with parents ( $M = 43.1$ ,  $SD = 100.5$ , Median = 15.0 minutes;  $t = 0.932$ ,  $p = .351$ ). There was no change in reports of ability to resist their own sexual urges (72.8%,  $X^2 = 1.913$ ,  $df = 2$ ,  $p = .384$ ), however there was a significant increase in reports of ability to reject sexual advances from 67.8 percent to 74.7 percent ( $X^2 = 64.021$ ,  $df = 2$ ,  $p < .001$ ). Plans to remain abstinent until marriage increased from 64.4% to 72.2% ( $X^2 = 70.87$ ,  $df = 2$ ,  $p < .001$ ). A total of 1,956 adults participated. Of these, 79.8 percent were female. Age ranged from 18 to 76, with a mean of 42.3 years old ( $SD = 9.3$ ). Most (93.0 percent) were white, while 3.7 percent were Black African-American, 1.3 percent were Hispanic/Latino, 1.0 percent were Asian, 0.8 percent were Native American, and 0.1 percent were Hawaiian/Pacific Islander. At the conclusion of the one-session adult program, 99.0 percent listed at least one positive consequence of abstinence, with an average of 6.9 consequences ( $SD = 3.77$ , Median and mode = 7.0), 98.5 percent listed at least one negative consequence of sex,

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with an average of 3.22 consequences (SD = 1.33, Median & Mode = 3.0), and 98.2 percent listed at least one character trait related to abstinence, with an average of 2.89 traits (SD = 1.42, Median and mode = 3.0). Self-efficacy to discuss abstinence was measured by a scale made up of 12 items with 5 point Likert response choices ranging 1 to 5. Participants rated their confidence in their ability to discuss the topic—such as sexual behavior in general, abstinence until marriage in general, benefits of abstinence, risks of sexual activity, character traits related to abstinence, skills in resisting sexual urges, and refusing sexual advances. Internal reliability of this scale is high (Cronbach's alpha = .97). Mean self-efficacy ratings were high (M = 4.38, SD = 1.12, Median = 4.58, Mode = 5.0).

## **Discussion**

The results indicate that most objectives were met, although the absence of epidemiological, behavioral, and follow up measures creates important limitations to the evaluation of this program. Although long-term follow up of sexual behaviors and pregnancy rates would be the most direct measure of program success, significant improvements in knowledge, perceived risks of adolescent sexual activity, perceived benefits of abstinence, and intentions (abstinence until marriage) support the value of the program. The one-group posttest only design of the adult program is also a serious limitation for the interpretation of the results. Longitudinal follow up with regard to adult-adolescent conversations about abstinence is needed to demonstrate the effectiveness of the adult sessions. The importance of parental communication identified by previous researchers suggests that this aspect of the curriculum merits strengthening.

## INTRODUCTION

- Incidence of teen pregnancy in 8 Counties of Western New York
  - 14.4 to 36.3 per 1,000 girls aged 15-17
  - Select zip codes: 200 per 1,000 girls (NYS DOH, 2005)

## PROGRAM

- ProjectTruth is based on *Game Plan*
- Integrates Character Education with Abstinence Education
- Character traits include
  - Self- control, responsibility, ability to withstand sexual desires
- Six Pillars of Character (Meyers, 2000)
  - Trustworthy, respectful, responsible, fair, caring, and being a good citizen
- Selected Objectives of the Adolescent Program
  - Identify abstinence as the only certain method of pregnancy prevention
  - List benefits of abstinence
  - List negative consequences of sex outside of marriage
  - Describe character traits relevant to abstinence
  - Discuss abstinence with parents
  - Be able to make responsible choices about sexual activity (resist sexual urges)
  - Be able to reject sexual advances
  - Plan to remain abstinent until marriage
- Selected Objectives of the Adult Program
  - List benefits of abstinence
  - List negative consequences of sex outside of marriage
  - Describe character traits relevant to abstinence
  - Increase self-efficacy to discuss abstinence with adolescents
- Curricular Components
  - Facts about sex, abstinence and STDs
  - Culture and media influences
  - Refusal skills
  - Parental communication
  - Goal setting
- Structure of Program
  - Adolescents
    - 8 sessions on abstinence
    - 5 sessions on character education
    - Pretest-Posttest evaluation design
  - Adults
    - 1 Session on abstinence and character education
    - Posttest only evaluation design

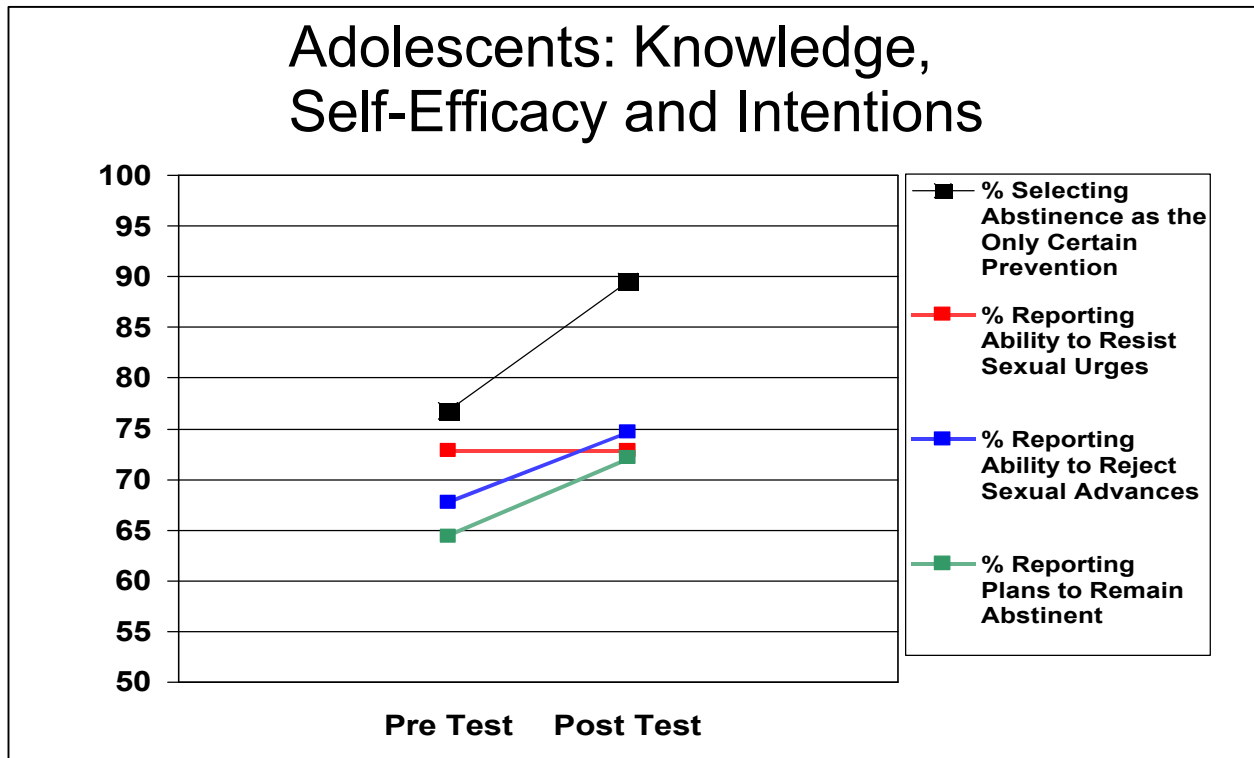
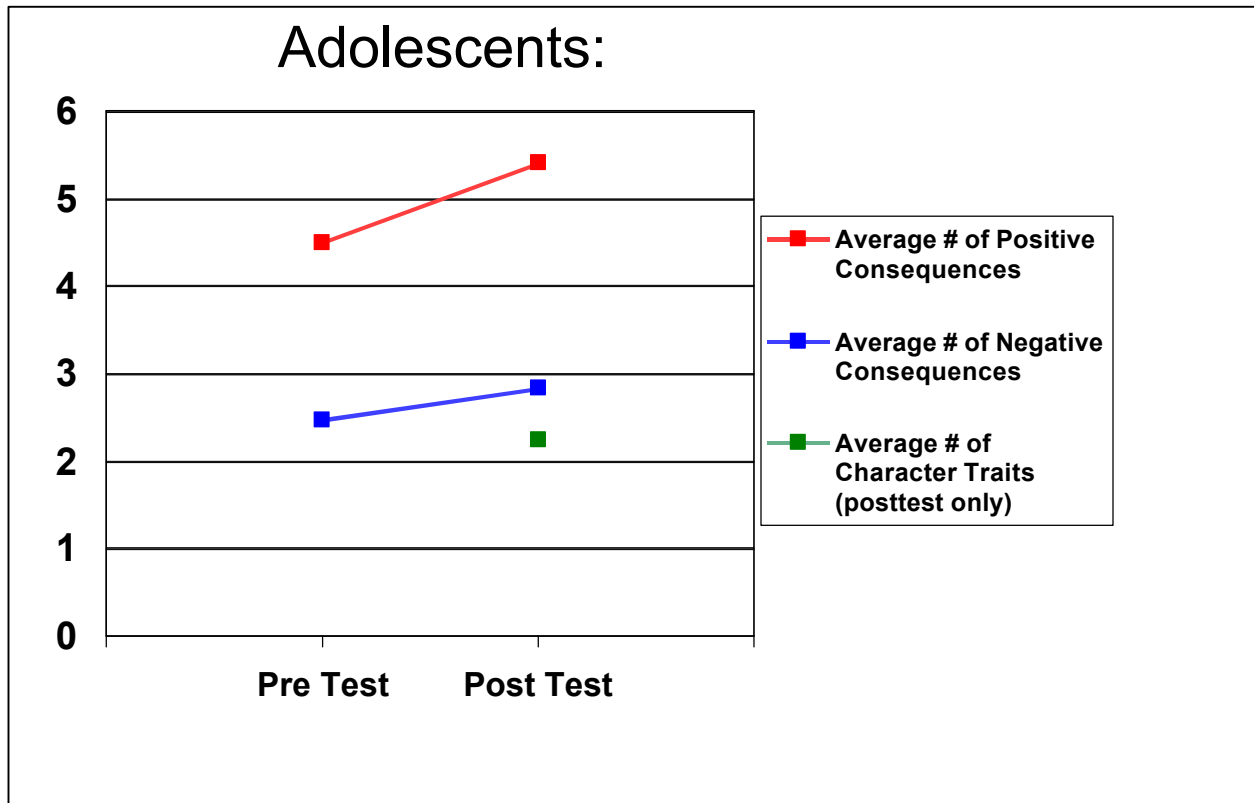
## EVALUATION METHODS

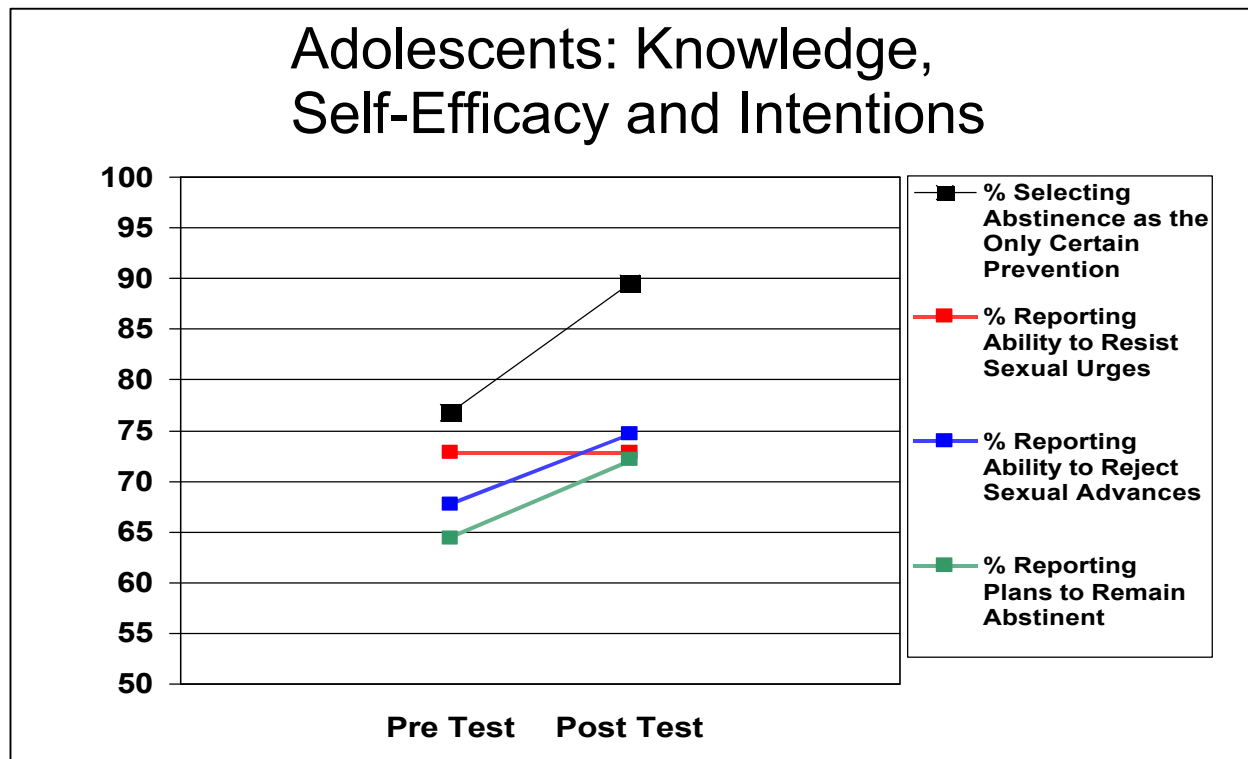
- Adolescents: Pretest-Posttest
  - Single-item, multiple choice, self-reports of knowledge, self-efficacy, and intentions
  - Open-ended tests of knowledge (e.g., “List as many [positive consequences of abstinence until marriage/negative consequences of sexual activity/character traits relevant to abstinence] as you can.”)
  - Report of number of minutes spent discussing abstinence with parents
- Adults: Posttest-Only
  - Open-ended tests of knowledge (e.g., “List as many...)
  - 12-item, 5-point Likert scale measuring self-efficacy to discuss abstinence with adolescents (Internal Reliability: Cronbach’s alpha = .97)

## ADOLESCENT RESULTS

- N = 5,832 (4,833 completed pretest)
- 52.3 % female, age 12-18,
- 80.0 % White, 11.2 % Black/African American, 4.4 % Hispanic/Latino, 2.3 % Native American, 1.4 % Asian, and 0.7 % Hawaiian/Pacific Islander
- Pretest-Posttest
  - Significant increases in knowledge: abstinence as only certain prevention, positive consequences, negative consequences
  - No significant change in minutes of discussion with parents (M = 43.1, SD = 100.5, Median = 15.0)
  - Character traits assessed only at posttest

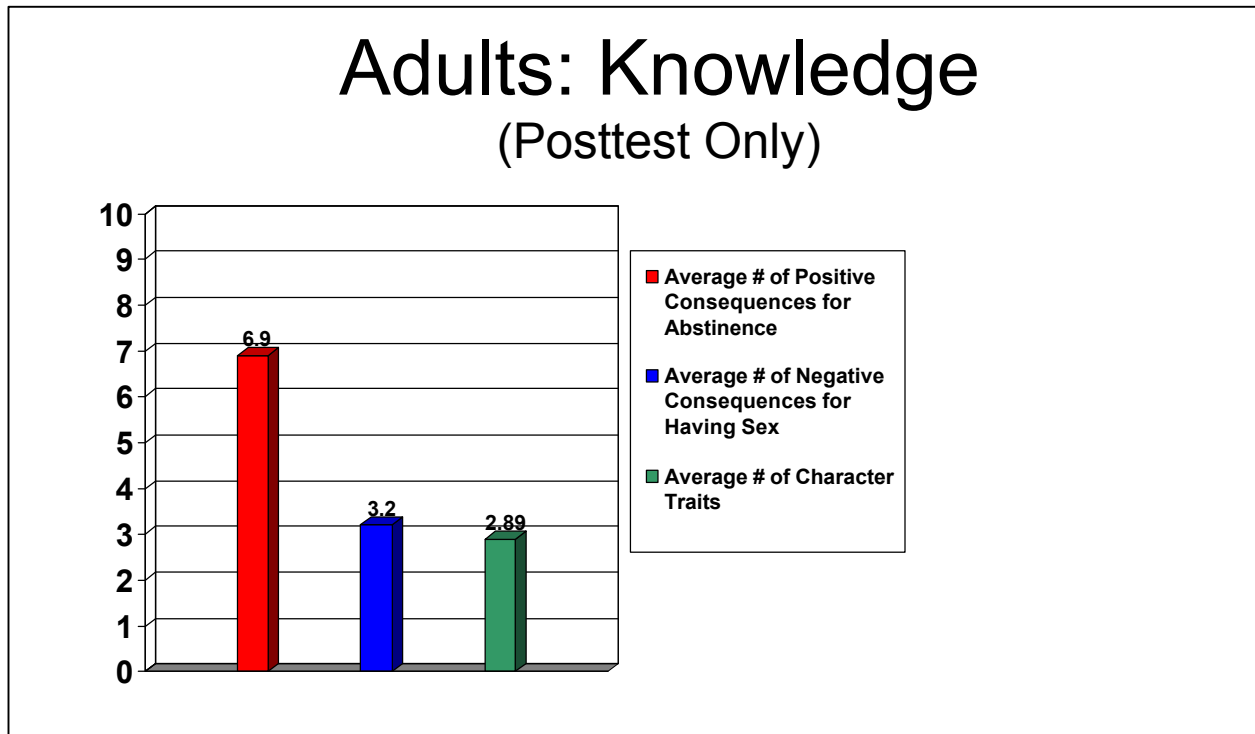
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## ADULT RESULTS

- N = 1,956
- 79.8% Female, age 18 to 76 (M = 42.3, SD = 9.3)
- 93.0 % White, 3.7 % Black/African American, 1.3 % Hispanic/Latino, 1.0 % Asian, 0.8 % Native American and 0.1 % Hawaiian/Pacific Islander
- Posttest Only
  - 99.0 % listed at least one positive consequence of abstinence
  - 98.5 % listed at least one negative consequence of sexual activity
  - 98.2 % listed at least one character trait related to abstinence
  - Mean self-efficacy to discuss abstinence with adolescents was high (M = 4.38, SD = 1.12)



### DISCUSSION

- Most objectives were met
  - Adolescents: Significant knowledge, self-efficacy and intention changes
  - Adolescents: Non-significant: Minutes speaking to parents or ability to resist own sexual urges
  - Adults: Strong posttest-only results on knowledge and self-efficacy
- Limitations
  - No epidemiological, behavioral, or follow up measures
  - Posttest-only evaluation of adult program limits assessment of impact
- Recommendations
  - Continue effective components of program
  - Knowledge, self-efficacy, intentions
  - Modify, strengthen and improve impact on parental communication among adolescents

Working papers and poster abstracts presented at the *Abstinence Education Evaluation Conference: Strengthening Programs through Scientific Evaluation* (Baltimore, Maryland – November 3-4, 2005) are for informational purposes only. Inclusion of these papers and abstracts in the conference or conference packet does not constitute endorsement by the U.S. Department of Health and Human Services of the curricula, program methods, or evaluation findings and conclusions described in these papers and abstracts. The statements expressed are those of the authors and do not necessarily reflect the views of the Department.