

NEW MEXICO TEEN PREGNANCY COALITION

NEWS FLASH

March 2006

Welcome to the March issue of the New Mexico Teen Pregnancy Coalition's
NEWS FLASH

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NATIONAL RESOURCES

[1. New from the National Campaign to Prevent Teen Pregnancy](#)

**Subject: National Campaign E-Gram
February 17, 2006**

"Copy That"

New Help on Replication Now Available

As research emerges on effective teen pregnancy prevention programs, practitioners in states and communities are often urged to "replicate programs with fidelity." Actually doing so can be difficult, however. For instance, many of those working with youth want to know what it actually means to replicate with fidelity, how to tap needed resources and get guidance on content,

implementation, and evaluation, and whether it is advisable to adapt an existing program. Practitioners also want information about how to find programs effective with specific populations (e.g. gender, age, and racial and ethnic groups) and in various settings such as communities and schools.

To help address this important topic, the National Campaign is releasing, *Copy That: Guidelines for Replicating Programs to Prevent Teen Pregnancy*. The 31-page publication, funded by the Annie E. Casey Foundation - and written by Public/Private Ventures (P/PV) in consultation with the National Campaign, makes clear that a key step to lowering teen pregnancy rates further is to extend the reach of teen pregnancy prevention programs that have been shown to have positive results. Although the nation has succeeded in decreasing teen pregnancies and births, these rates remain very high compared to other industrialized nations. Moreover, large disparities remain between the various racial and ethnic groups. Replicating programs proven to work is an important strategy to continuing recent progress.

The report provides general guidelines for practitioners who are considering adopting a program for replication or thinking about preparing their own program for replication. It answers questions such as:

- What does replication mean?
- Which questions are the most important to answer before choosing and operating a program (or offering a program to others to replication)?
- Why are these questions so important?
- What does a program need in order to be replicable?
- What is involved in successful replication?

The report features three programs to illustrate different approaches to replication— Plain Talk, CAS-Carrera, and the Teen Outreach Program.

The report discusses the importance of considering internal factors - the program model and its effectiveness, including how to tell if a program is effective - as well as external factors, such as the program developers' capacity to replicate, the kinds of partnerships that are necessary for success, and the potential accessibility of both short- and long-term funding.

The publication is available for order and/or download on the National Campaign's website, www.teenpregnancy.org beginning Friday, February 17.

[2. New from Advocates for Youth](#)

New Douglas Kirby paper on Sex Education

The Impact of Sex and HIV Education Programs in Schools and Communities on Sexual Behaviors among Young Adults

By Douglas Kirby, PhD, B.A Laris, MPH, and Lori Roller, MSW, MPH ETR Associates

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Acknowledgments

Douglas Kirby, B.A. Laris, and Lori Roller work for ETR Associates, a research organization that has studied sex and HIV education in schools for over two decades.

The authors appreciate input and review comments from: Karin Coyle of ETR Associates; Ralph DiClemente of the Rollins School of Public Health of Emory University; John Jemmott of the Annenberg School of Communication at the University of Pennsylvania; Angela Obassi of Liverpool School of Tropical Medicine; David Ross of the London School of Hygiene and Tropical Medicine, Shanti Conly of USAID and Bill Finger and Cindy Waszak Geary of Family Health International (FHI).

YouthNet is a five-year program funded by USAID to improve reproductive health and prevent HIV among young people. The YouthNet team is led by FHI and includes CARE USA and RTI International. This publication is funded through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The information contained in the publication does not necessarily reflect FHI, USAID or ETR policies.

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Executive Summary

Introduction

Sex and HIV education programs that are based on a written curriculum and that are implemented among groups of youth in schools, clinics, or other community settings are a promising type of intervention to reduce adolescent sexual risk behaviors. This paper summarizes a review of 83 evaluations of such programs in developing and developed countries. The programs typically focused on pregnancy or HIV/STI prevention behaviors, not on broader issues of sexuality such as developmental stages, gender roles, or romantic relationships.

The review analyzed the impact these programs had on sexual risk-taking behaviors among young people. It addressed two primary research questions:

- 1) What are the effects, if any, of curriculum-based sex and HIV education programs on sexual risk behaviors, STI and pregnancy rates, and on mediating factors such as knowledge and attitudes that affect those behaviors?
- 2) What are the common characteristics of the curricula-based programs that were effective in changing sexual risk behaviors?

The methods used in this review included three primary activities:

- 1) comprehensively searching for and retrieving all studies meeting specified criteria,
- 2) coding all the results of those studies, and
- 3) conducting a content analysis of 19 curricula that were clearly effective at changing behavior.

Results and Discussion

The results are divided into four sections: characteristics of the studies reviewed, impact of programs on sexual risk behaviors and pregnancy and STI rates, impact of programs on mediating factors for sexual risk behaviors, and characteristics of the curricula-based programs that positively affected behaviors.

Characteristics of the Studies Reviewed. Of the 83 studies identified that matched the study criteria, 56 were conducted in the United States, 9 in other developed countries (Canada, Netherlands, Norway, Spain, and the United Kingdom), and the remaining 18 were conducted in developing countries (Belize, Brazil, Chile, Jamaica, Kenya, Mexico, Namibia, Nigeria, South Africa, Tanzania, Thailand, and Zambia). About half of the 83 focused only on preventing HIV/STIs; nearly one-third covered both HIV/STIs and pregnancy; and nearly one-fifth focused only on pregnancy. Virtually all the programs encouraged specific sexual risk reduction and protective behaviors. The vast majority encouraged abstinence but also discussed or promoted the use of condoms or contraception if young people chose to be sexually active. More than 80 percent of the evaluations identified one or more theories that formed the basis for the program and often specified particular psychosocial mediating factors to be changed. Social learning theory and its sequel, social cognitive theory, formed the basis for more than half of the programs evaluated. About half of the studies employed an experimental design with random assignment of individual youth, classrooms of youth, or entire schools or communities, while the remaining half used a quasi-experimental design. Only 23 studies measured impact on pregnancy or STI rates, and of these, only nine used laboratory tests to measure these health outcomes. More than half (59 percent) of the studies measured impact for a year or longer, while 22 percent measured impact for two years or longer. Many of these studies or their published articles had significant limitations such as limited explanations of the programs, problems with implementation, weak evaluation designs, measurement issues, and statistical shortcomings.

Impact of Programs on Sexual Risk Behaviors and Pregnancy and STI Rates.

The 83 studies generally reported on one or more of six aspects of sexual behavior: initiation of sex, frequency of sex, number of sexual partners, condom use, contraceptive use in general, and composite measures of sexual risk-taking (e.g., frequency of sex without condoms). A few studies reported on pregnancy and STI rates.

Initiation of Sex. Of the 52 studies that measured impact on this behavior, 22 (42 percent) found that the programs significantly delayed the initiation of sex among one or more groups for at least six months, 29 (55 percent) found no significant impact, and one (in the United States) found the program hastened the initiation of sex.

Frequency of Sex. Of the 31 studies that measured impact on frequency, nine (29 percent) reduced the frequency, 19 (61 percent) found no significant change in frequency, and three (all in developed countries) found increased frequency among any major groups at any point in time.

Number of Sexual Partners. Of 34 studies measuring this factor, 12 (35 percent) found a decrease in the number of sexual partners, while 21 (62 percent) found no significant impact.

Condom Use. Of the 54 studies measuring program impact on condom use, almost half (48 percent) showed increased condom use; none found decreased condom use.

Contraceptive Use in General. Of the 15 studies measuring impact, six showed increased contraceptive use, eight showed no impact, and one (in the United States) showed decreased contraceptive use.

Sexual Risk Taking. Some studies (28) developed composite measures of sexual activity and condom use (e.g., frequency of sex without condoms). Half of them found significantly reduced sexual risk-taking. None of them found increased sexual risk-taking.

Pregnancy Rates. Of the 13 studies that measured pregnancy rates, three found significant positive effects, nine found insignificant effects, and one (in the United States) found significant negative effects.

STI Rates. Of the 10 studies that measured impact on STI rates, two found a positive impact, six found no significant impact, and two found a negative impact.

Overall, these results strongly indicate that these programs were far more likely to have a positive impact on behavior than a negative impact. Two-thirds (65 percent) of the studies found a significant positive impact on one or more of

these sexual behaviors or outcomes, while only seven percent found a significant negative impact. One-third (33 percent) of the programs had a positive impact on two or more behaviors or outcomes. Furthermore, some of these programs had positive impacts for two or three years or more. In general, the patterns of findings for all the studies were similar in both developed and developing countries. They were effective with both low- and middle-income youth, in both rural and urban areas, with girls and boys, with different age groups, and in school, clinic, and community settings. A review of replication studies of four different curricula in the United States revealed that curricula did have similar positive behavioral effects when they were replicated, provided all activities were implemented as designed in the same type of setting and with similar populations of youth. When many activities were omitted or the setting was changed, the curricula were less likely to have a positive effect.

Impact of Programs on Mediating Factors for Sexual Risk Behaviors. The studies reported on various mediating factors that contribute to the behavior changes, such as knowledge, perceived risk, values and attitudes, perception of peer norms, self-efficacy and skills, and others. Most programs increased knowledge about HIV, STIs, and pregnancy (including methods of preventing STI/HIV and pregnancy). Half of the 16 studies that measured impact on perceived HIV risk were effective at increasing this perceived risk. More than 60 percent of the many studies measuring impact on values and attitudes regarding any sexual topic were effective in improving the measured values and attitudes. More than 40 percent of the 29 studies that measured impact on perceived peer sexual behavior and norms significantly improved these perceptions. More than half of those studies that measured impact on self-efficacy to refuse unwanted sex improved that self-efficacy, and more than two-thirds increased self-efficacy to use condoms. Regarding changing motivations, 10 of 16 programs increased motivation or intention to abstain from sex or restrict the number of sex partners, and 10 of 14 programs increased intention to use a condom. Eight of 11 programs increased communication with parents or other adults about sex, condoms, or contraception. Thus, the evidence was strong that many programs had positive effects on relevant knowledge, awareness of risk, values and attitudes, self-efficacy, and intentions – the very factors specified by many psychosocial theories as being the determinants of behavior. Furthermore, all of these factors have been demonstrated empirically, to be related to their respective sexual behaviors. Thus, it appears highly likely that changes in these factors contributed to the changes in sexual risk-taking behaviors.

Characteristics of the Curriculum-Based Programs that Had Impact. The analysis of these effective curricula led to the identification of 17 common characteristics of the curricula, including their development, content and implementation. The large majority of the effective programs incorporated most of the 17 characteristics of successful curriculum-based programs identified in this analysis. Also, programs that incorporated these characteristics were much more likely to change behavior positively than programs that did not incorporate many

of these characteristics. Five of the 17 characteristics involve the development of the curriculum; eight involve the curriculum itself; and four describe the implementation of the curriculum.

Developing the Curricula. The development teams 1) involved multiple people with varied backgrounds, 2) assessed relevant needs and assets of the target groups, 3) 7 used a logic model approach that specified health goals and other objectives and activities, 4) designed activities consistent with community values and available resources, and 5) pilot-tested the program.

Curricula Content. Effective curricula commonly 1) focused on clear goals of preventing HIV/STI and/or pregnancy, 2) focused on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or contraception) and gave a clear message about those behaviors, 3) addressed psychosocial risk and protective factors affecting those sexual behaviors, 4) created a safe environment for youth, 5) included multiple activities to change the targeted risk and protective factors, 6) employed instructionally sound teaching methods that actively involved the participants and helped them personalize the information, 7) employed appropriate activities and messages (for participants' culture, age, sexual experience), and 8) covered topics in a logical sequence.

Implementation of the Curricula. When implementing curricula, effective programs commonly 1) secured at least minimal support from authorities, 2) selected educators with desired characteristics, trained them, and provided ongoing monitoring and support, 3) recruited youth if necessary and retained them, and 4) implemented virtually all activities as designed.

Recommendations

The results and discussion led to the programmatic and research recommendations that follow.

Programmatic

- Communities should implement curriculum-based sex and HIV education programs, preferably those proven to be effective with similar populations or those incorporating as many of the effective curriculum characteristics as possible.
- When organizations develop their own curricula or significantly adapt other existing curricula, they should follow the five characteristics for developing effective curricula and incorporate the eight content characteristics.
- When organizations implement programs, they should follow the four characteristics for implementing effective curricula.
- Programs may have their greatest impact in areas where issues of pregnancy and HIV/STIs are most salient. Thus, while programs should reach all youth, they should be especially certain to reach high-risk youth.
- Schools and other groups should provide adequate time and resources for these programs to be implemented.

- Organizations should encourage research to develop and evaluate programs that may be even more effective than current programs.
- Communities should not rely solely on these programs to address problems of HIV, other STIs, and pregnancy but should view them as an important component in a larger initiative that can reduce sexual risk-taking behavior to some degree.

Research

- More rigorous studies of promising programs should be conducted in developing countries and with groups at highest risk, because there are gaps in these areas in the existing literature.
- Evaluations can and should use randomized experimental designs.
- Sample sizes should be sufficiently large to have adequate statistical power for important statistical analyses, including those among sub-groups.
- Whenever possible, laboratory tests rather than self-reported data should be used for measuring pregnancy and STI rates.
- Statistical analyses should assess program effects on mediating factors and the impact of these factors on behaviors.
- Researchers should determine which mediating factors are most important across cultures and then measure these more consistently so that studies can be compared more easily.
- Published results of evaluations should provide more complete descriptions of their programs.

For more information, or to access the complete report, Contact

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3. [New from the Center for Law and Social Policy](#)

Learning from the Youth Opportunity Experience: Building Delivery Capacity in Distressed Communities

By Linda Harris. In 2000, the U.S. Department of Labor awarded significant Youth Opportunity (YO) Grants to 36 high-poverty urban, rural, and Native American communities. The grants were designed to serve all young people in these areas, regardless of income or connection to school or work. Communities

were required to assess and integrate existing youth-serving systems and agencies to support education, work exposure, youth development, and other services for young people. Despite evidence of considerable community accomplishments, the YO grants were ended in 2005. This report, based on a survey of 22 of the 36 sites, examines the approaches' strengths, challenges, and lessons learned, and offers recommendations for policy and practice.

www.clasp.org/publications/youthopportunity_report.pdf

A four-page Executive Summary is also available.

www.clasp.org/publications/youthopportunity_executivesummary.pdf

The Center for Law and Social Policy (CLASP), a national, nonprofit organization founded in 1968, conducts research, policy analysis, technical assistance, and advocacy on issues related to economic security for low-income families with children. For more information about CLASP, visit www.clasp.org

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4. New from the Healthy Teen Network

NEW WEBSITE

Healthy Teen Network Launches New Website and Members Only Section

On March 1, Healthy Teen Network launched it's NEW website which not only provides the public with a comprehensive array of resources and research, but also offers its members exclusive access to current and archived publications, electronic newsletters, recent funding opportunity announcements, workshop and other presentation materials, special promotions and more. Healthy Teen Network is the only national membership network that serves as a leader, a national voice, and an educational resource to professionals working in the area of adolescent reproductive health – specifically teen pregnancy prevention, pregnancy and parenting. To view the redesigned website, please visit www.healthyteennetwork.org

We hope you enjoy the new site!

Conference: Coming of Age: Supporting Teens and Young Families in the 21st Century

November 15-18, 2006
Hyatt Regency Orange County
Anaheim, CA

For more information, please contact:

Laura E. Brittingham
HTN Conference Manager
(202) 547-8814

CALL FOR PROPOSALS

Coming of Age: Supporting Teens and Young Families in the 21st Century

Healthy Teen Network and the California Alliance on School Age Parenting and Pregnancy Prevention (CAC SAP) are issuing a call for Workshop Proposals: April 7, 2006 Deadline. Our conference attracts more than 800 professionals who work on behalf of adolescents and their children to reduce teen pregnancy, promote beneficial decisions regarding sexuality and reproductive issues, ensure healthy pregnancies, and support teen parents to raise healthy children. This year, the conference is being held November 15-18, 2006 in Anaheim, California, at the Hyatt Regency Orange County.

Program administrators, advocates, childcare providers, family planning providers, youth workers, educators, nurses, physicians, midwives, social workers, school officials, researchers and others are invited to share their expertise at this multi-disciplinary conference. Please use the links to the left of this email or refer to the Conferences à Call for Proposals section on Healthy Teen Network's website (www.HealthyTeenNetwork.org) to download the application, view Healthy Teen Network's Mission Statement and get assistance with the conference theme, focus areas and objectives. For information about CAC SAP and to read their Mission Statement you may refer to the "About Us" section of the CAC SAP website at www.CACSAP.org. Conference registration is not yet being accepted but will be available on the website in the near future.

[5. New from the Channing Bete Company](#)

Healthy Communities e-newsletter

Strengthening Individuals, Families, and Communities

Teens and HIV: Mothers' Guidance Reduces HIV Risk for Teenage Girls

Researchers at the University of Illinois at Chicago (UIC) have found that maternal guidance can play a major role in decreasing the risk of HIV infection among teenage girls. The study examined 262 low-income, African American girls ages 11 to 14 at high risk of contracting the virus. "We discovered that adolescents who rely on their parents, as opposed to their friends or others, for direction and guidance were significantly less likely to engage in high-risk HIV behavior," said head researcher Barbara Dancy, professor of public health, mental health, and administrative nursing in UIC's College of Nursing. Of all female teens with HIV or AIDS, more than two-thirds are African American. The study appears in the February 1, 2006, issue of the Journal of Health Care for the Poor and Underserved.

Read the full article at:

<http://tigger.uic.edu/htbin/cgiwrap/bin/newsbureau/cgi-bin/index.cgi?from=Releases&to=Release&id=1352&start=1132067387&end=1139843387&topic=0&dept=0>

Show parents how to help their children avoid HIV

"Parenting For HIV Prevention; A Presentation Kit" (EM99396)R; Spanish (EM99952)R

This engaging presentation teaches parents of 13- to 17-year-olds the nuts and bolts of HIV infection and how to prevent it from spreading, and offers steps they can take to help children make choices that keep them HIV-free.

To learn more or to place an online order, go to:

www.channing-bete.com/presentationkits/products/99396-parent-hiv-prev.html?src=em

Girls and ATOD: Teen Girls Face Unique Risks for Substance Abuse

The use of alcohol, tobacco, and other drugs among teens has been steadily declining in recent years, but a new analysis finds that girls may be at higher risk than many realize. According to Office of National Drug Control Policy (ONDCP) director John P. Walters, Seventeen magazine, and teen medical experts, girls have caught up with boys in illicit-drug- and alcohol-use rates, and now exceed boys' rates for smoking and prescription drug abuse. In addition, research has shown that drugs have a more severe physical and psychological impact on girls, and that girls may turn to substance use to deal with common issues such as depression, low self-confidence, anxiety, and weight loss.

Read the full article at:

www.whitehousedrugpolicy.gov/news/press06/020906.html

Help everyone in your community avoid substance abuse with the resources at:

www.channing-bete.com/public-health/substance-abuse-prevention.html?src=em

Benefits of Breastfeeding : Breastfeeding for Six Months Instead of Four Can Improve Respiratory Health

New research from the University of California (UC) Davis Children's Hospital, the University of Rochester, and the American Academy of Pediatrics (AAP) Center for Child Health Research offers another reason to encourage new mothers to breastfeed. Fully breastfeeding babies for six months rather than just four had a marked impact on their respiratory health. "We found that babies who received an additional two months of full breastfeeding were over four times less likely to contract pneumonia and half as likely to suffer recurrent ear infections," said lead author Caroline Chantry, a pediatrician with UC Davis Children's Hospital. And the benefits were found to continue all the way up to age two. The findings appear in the February 2006 issue of Pediatrics.

Read the full article at:

www.ucdmc.ucdavis.edu/newsroom/releases/archives/childrenshospital/2006/Chantry2-2006.html

Help make every new parent a more confident parent

"Caring For Your Baby -- About Newborn And Infant Care; A Parent's Handbook" (EM93213)K

This reassuring, practical guide provides helpful advice on bonding with a newborn, feeding alternatives, and bathing procedures; gives parents the how-tos for soothing a crying baby, choosing a caregiver, and baby-proofing the home; and much more.

To learn more or to place an online order, go to:

go.channing-bete.com/wa/promotion?p=1&code=H4013

Anger and Injury: Angry People, Especially Men, at Greater Risk of Injury

A study in the January/February 2006 issue of the Annals of Family Medicine has found that people, especially men, are at increased risk of injury while experiencing anger. University of Missouri-Columbia researcher Dr. Dan Vinson, a professor of family and community medicine, interviewed people who had been injured about their emotional state within the 24 hours before the injury occurred. "What we found is that people who describe themselves as feeling 'irritable' have a 30 percent increased risk for getting injured, while those who are feeling hostile are doubling the risk of injury," Vinson said. The study was funded by the National Institute of Alcohol Abuse and Alcoholism, the American Academy of Family Physicians, and the Opal Lewis Fund for alcohol research.

Read the full article at:

munews.missouri.edu/NewsBureauSingleNews.cfm?newsid=8282

Help people improve their mental and emotional health with the resources at:

www.channing-bete.com/public-health/mental-health.html?src=em

Women and Heart Disease: Cholesterol in Women May Behave Differently, Mask Cardiovascular Risk

Research published in a special supplement to the February 6, 2006, issue of the Journal of the American College of Cardiology has found that millions of American women may be incorrectly evaluated as having "clear" arteries -- and may be unaware that they are at increased risk for a heart attack. These women have a condition known as coronary microvascular syndrome, in which plaque spreads evenly through the artery wall instead of forming into major blockages. "When a diagnosis of this condition is missed, women are not treated for their angina and high cholesterol and they remain at high risk for having a heart attack," said NHLBI director Elizabeth G. Nabel, M.D. "We must think out of the box when it comes to the evaluation and diagnosis of heart disease in women." The findings come from the National Heart, Lung, and Blood Institute's (NHLBI) Women's Ischemia Syndrome Evaluation (WISE) study.

Read the full article at:

www.nhlbi.nih.gov/new/press/06-01-31.htm

These practical tools help people heal from a heart attack

"Healing Your Heart; A Self-Care Handbook" (EM94352)K

Easy-to-follow advice and convenient note pages inspire heart patients to take an active role in their rehabilitation, and encourage them to quit smoking; track their diet, exercise, and medications; slowly resume normal activities; and monitor their overall progress.

To learn more or to place an online order, go to:

go.channing-bete.com/wa/promotion?p=1&code=H4013

6. New from the Office of Juvenile Justice and Delinquency Prevention

Youth Service Day Celebrates Contributions of Youth

On April 21-23, 2006, millions of youth will participate in activities marking National & Global Youth Service Day. Now in its 18th year, the observance is being coordinated by Youth Service America, a consortium of nonprofit and youth development organizations that partners with the Office of Juvenile Justice and Delinquency Prevention.

The goals of Youth Service Day are to:

- Mobilize youth to identify and address the needs of their communities through service.
- Support youth on a life-long path of service and civic engagement.
- Educate the public, media, and policymakers about the year-round contributions of young people as community leaders.

Resources:

Planning tool kits, learning service curriculum guides, and other resources are available at www.ysa.org/nysd/index.cfm.

Each month the New Mexico Teen Pregnancy Coalition provides a review of the research and policy reports distributed by National Resources for your information only. The information, and comments expressed in this newsflash as well as any of the information distributed do not necessarily reflect the position of the NMTPC or its funders. Therefore, NMTPC assumes no responsibility for the concepts expressed in this NEWS FLASH.

SPECIAL SECTION: LOCAL

Evaluation Report from NMTPC

**Evaluation of Adolescent Pregnancy Prevention Program
funded by the N.M. Department of Health
Title X Family Planning Program
2004-2005
Summary^{1[1]}**

^{1[1]} The summary was prepared by Judith R. Seltzer, Ph.D. and Lydia W. Pendley, M.A., M.H.S., CHES with Shaening and Associates under a contract with the N.M. Department of Health, Public Health Division, Title X Family Planning Program, DHHS (February 2006).

Introduction

The Title X Family Planning Program (FPP) of the N.M. Department of Health (DOH) funded six Adolescent Pregnancy Prevention (APP) projects during 2004-2005. This was the second year of four-year contracts for the six projects. The overall goal of these projects is to prevent adolescent pregnancy. The APP projects were carried out in several different communities (Albuquerque, Chama, the Las Cruces area (Anthony and Sunland Park), Las Vegas, Raton, Taos, and Tierra Amarilla). Together they reached over 755 students.

^{1[1]} The summary was prepared by Judith R. Seltzer, Ph.D. and Lydia W. Pendley, M.A., M.H.S., CHES with Shaening and Associates under a contract with the N.M. Department of Health, Public Health Division, Title X Family Planning Program, DHHS (February 2006).

Adolescent Pregnancy Prevention Projects Supported by the Family Planning Program, N.M. Department of Health, 2004-2005

Location	Organization	Curriculum	Ages/Grade Levels	Setting
Albuquerque	Planned Parenthood NM (PPNM)	Get Real (8 th) Get Smart (9 th)	12-16 years old/ Grades 8 & 9	in-school
Las Cruces	La Clinica de Familia (LCdF)	<i>Making a Difference</i>	11-16 years old/ Grades 5-8	in-school
Las Vegas	21 st Century Learning Center	<i>Teen Outreach Program</i>	11-15 years old/ Grades 6-8	after school
Raton	Service Organization for Youth (SOY)	<i>Health Smart, Making a Difference; Safer Choices</i>	10-15 years old/ Grades 6,8 & 9	in-school
Taos	Community Wellness Center (CWC)	<i>Draw the Line, Respect the</i>	11-13 years old/ Grade 7	after school

^{2[2]} A detailed summary evaluation report with data tables is available on request and is based on the combined results of all six APP projects. Separate project-specific evaluation reports were also prepared because of the variation among the projects and are also available on request.

		<i>Line</i>		
Tierra Amarilla & Chama	La Clinica del Pueblo	<i>Making a Difference</i>	12-14 years old/ Grades 7 & 8	in-school

The projects varied by the curriculum used (seven different curricula were used), the setting (four were in-school and two were after-school), and ages and grade levels. The projects also varied by length of the intervention from the most intense (four days a week for two hours) to the least intense (six class sessions). The number of participants in any one project ranged from 12 to 363. Participants were ages 10 to 16 and were enrolled in grades 5 through 9. The greatest effort was focused on middle school students in grades 6, 7, and 8.

Evaluation Methodology^{2[2]}

All six APP projects were evaluated using standard evaluation surveys that students answered on a variety of topics. There were two versions of the evaluation survey: one for **teens** aged 13 and older and one for **pre-teens** aged 12 and younger. There were also two language versions of the teen and pre-teen surveys (English and Spanish).

The projects administered the evaluation surveys to **participants** before the APP curriculum began and after it ended. This pre- and post-survey methodology was also carried out by administering the same surveys to a **comparison group** of students that did not participate in an APP curriculum.

² A detailed summary evaluation report with data tables is available on request and is based on the combined results of all six APP projects. Separate project-specific evaluation reports were also prepared because of the variation among the projects and are also available on request

Characteristics of Students

Teens

There were matched evaluation surveys for 561 teen participants and 403 teen comparison students. Most participants and comparison students were Hispanic and lived with two parents; about half were female. The average age for both groups was 14 years, but a majority and higher percentage of participants were aged 13 than were comparison students, and a higher percentage of comparison students were aged 15 and 16.

Pre-teens

There were matched evaluation surveys for 196 pre-teen participants and 131 pre-teen comparison students. Most pre-teen participants and comparison students were Hispanic and about half were female. More participants lived with

two parents, grandparents or other relatives, and/or others. While more comparison students sometimes lived with their mother and sometimes with their father or they lived with one parent. The average age for both groups was 12 years, however a lower percentage of participants was concentrated at these ages compared to comparison students; a higher percentage of participants was either younger or older than 12 years compared to comparison students.

2 A detailed summary evaluation report with data tables is available on request and is based on the combined results of all six APP projects. Separate project-specific evaluation reports were also prepared because of the variation among the projects and are also available on request.

Key Evaluation Findings and Conclusions

Exposure to Health Education Topics

- Both teen and pre-teen participants reported considerably higher levels of attendance than did comparison students on three or four topics most closely related to preventing pregnancy: *How body changes during puberty* (large difference reported for teens only), *How pregnancy occurs*, *How to say no to sex* and *Methods of birth control*. Based on these self-reported attendance levels, the **APP projects are reaching participants on these important topics.**

Attitudes about Waiting to Have Sex and Babies

- Most teen and pre-teen participants agreed that *Teens should wait to have sex until marriage* (67% teens and 81% of pre-teens). Even higher percentages of teen and pre-teens participants agreed that *Teens should wait to have babies until they are married* (76% of teens and 86% of pre-teens). The **APP curricula appeared to reinforce APP participants' reported attitudes about waiting to have sex until marriage and waiting to have babies until marriage.**

Sexual Behavior

- The **great majority of teens** who participated in the APP projects or were comparison students **had not initiated sexual activity.**
- Participants and comparison students had similar levels of sexual activity at post-survey (26% and 25% respectively reported that they *ever had sex*). **Participating in an APP project did not lead to more sexual intercourse among teens.**
- **Teens** in both the participant and comparison groups were more likely to have ***ever had intercourse if they were older*** (15-16 years old).

- **A minority but not unimportant percentage of teens**, who reported that they ever had sex, said that their **first sexual intercourse was before age 13** (29% of participants and 18% of comparison students).
- **Oral sex in the absence of vaginal sex is rare for teens** (only 3% of participants and 6% of comparison students).
- **Many teens** are having **sex with multiple partners** and may be at greater risk of sexually-transmitted diseases (STDs) and pregnancy (32% of participants and 31% of comparison students reported having sex with two or more partners in the last 12 months).
- **Sexual activity** among teens is **sometimes sporadic**. Of teens who had reported that they *ever had sex*, 13% of participants and 22% of comparison students also reported that they did not have sex in the last 12 months.

Contraceptive Behavior

- Large percentages of sexually-active **teen participants and comparison students used various methods of birth control** (73-75% of teens reported using condoms and 16% reported using birth control pills).
- **While reported use of birth control at last sex is high; consistent use is not high**. 43% of participants and 40% of comparison students reported that they did not use birth control every time they had sex in the last 6 months. Teens not using birth control consistently were at risk of pregnancy and STDs. A higher percentage of participants (37%) than comparison students (31%) reported using birth control *every time*.
- **Most teens** (81% at post-survey for both groups) reported **knowing where to get condoms and other birth control methods**. **Most teens** (84% of participants and 87% of comparison students) reported that **nothing would prevent them from using birth control**.

Pregnancies

- **Very few teens who had ever had sex among both groups reported a pregnancy or causing a pregnancy** although there were five more participants and four more comparison students reporting a pregnancy between pre- and post-surveys. There is a slight difference between the two groups: 8.3% or 12 of 144 sexually-active (i.e. *ever had sex*) participants and 8.9% or 9 of 101 sexually-active comparison students reported that they had ever been pregnant or caused a pregnancy at post-survey.
- At post-survey, among male and female teens who reported that they had *ever had sex*, there were **83.3 per 1,000 participants** and **89.1 per 1,000**

comparison students who reported that they had **ever been pregnant or ever caused a pregnancy**. It is possible that the higher percentage of participants than comparison students who reported using birth control consistently (i.e. every time in the last 6 months) may explain the difference between these two groups.

Resiliency and Risky Behaviors

- Most teen and pre-teen APP participants and comparison students reported having several resiliency behaviors and few risky behaviors. Several changes between pre- and post-surveys suggest that the teen APP participants were slightly stronger in terms of resiliency behaviors than comparison students at post-survey. There is **some evidence that participation in APP projects may strengthen resiliency and protect against risky behaviors for teens.**

Message from the Young Fathers' Project

The New Mexico Young Fathers Project staff members have been active during the month of February as conference attendees and participants, and recipients of training. NMYFP mental health consultants, David Breault, LISW and Gilbert Ramirez, LMSW, presented at the 7th Annual Southwestern Fatherhood and Families Conference in Phoenix. Six staff members went to the conference where they attended sessions on a variety of fatherhood topics including: the basics of being a great dad, creating winning funding proposals, family reunification for clients returning home from prison, understanding the mind set of offenders and the affects of incarceration on their psyche, celebration and healing of unresolved fatherhood issues, and the importance of providing spirituality, culture and traditional ceremonies for adolescents advancing into adulthood.

In March, the Department of Children, Youth and Families provided training to NMYFP field staff on child abuse and case management at a two-day event. These interactive training sessions provided an opportunity to learn new skills and refresh others.

Upcoming efforts include client and partner satisfaction surveys and peer review activities. The efforts will provide useful information on how services delivered are perceived by clients and those who make referrals to the NMYFP.

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