

The Impact of Abstinence Education: What Does the Research Say?

Michael Young and Tina Penhollow
Abstract

There has long been controversy in this country about the implementation of school-based sexuality education. In recent years, however, the controversy has centered on abstinence education. Critics of abstinence education programs seem to have three major concerns relative to abstinence education programming: (1) promotion of religion; (2) provision of inaccurate information; and (3) ineffective programming. The focus of this article is on the charge that abstinence education programs are ineffective in reducing risky sexual behavior among teens. Since the federal government is spending hundreds of millions of dollars on programs that must meet the a-h definition of abstinence education this is an important public policy issue. This article includes a review of published evaluations of abstinence education programs (limited to evaluations that addressed behavioral outcomes), commentary on aspects of Doug Kirby's analysis of the effectiveness of abstinence programs, as well as commentary on Robert Rector's defense of the effectiveness of abstinence programs. Additionally, other evaluation issues are addressed, such as apparent opposition to evaluation efforts, concerns with the evaluations of state abstinence education programs, concerns with federally funded evaluation efforts, and evaluation requirements of federal funding agencies.

Evaluation of the Positive Prevention HIV/STD Curriculum

Robert G. LaChausse
Abstract

This study evaluated the effectiveness of Positive Prevention, a theory-based, HIV/STD prevention education curriculum for high school youth. Three hundred fifty-three students participated in a longitudinal experimental design to determine the impact of the curriculum on HIV/AIDS knowledge, self-efficacy to abstain from sex, self-efficacy of condom use, attitudes toward abstaining from sex, and sexual behaviors. Results indicate that the curriculum significantly increased positive attitudes toward abstaining from sexual intercourse, increased self-efficacy to abstain from sexual activity, and increased self-efficacy to use condoms. Among students who had not initiated sexual intercourse prior to the pretest, the curriculum significantly reduced the likelihood that they would have initiated sexual activity six months later. These findings are consistent with the literature surrounding effective school-based prevention programs that suggests that curricula emphasizing social skills while limiting bio-medical information are effective in reducing HIV/STD risk behaviors.

Predicting Intentions to Use Condoms Using Gender, Sexual Experience, and the Theory of Planned Behavior

Daniel Wise, Kathy Goggin, Mary Gerkovich, Kimberly Metcalf, and Sarah Kennedy
Abstract

This study examined condom use intentions among a large diverse group of African American adolescents and provides useful information to assist in the development of effective HIV prevention interventions. Using the Theory of Planned Behavior (TPB), we explored which constructs are important in shaping intentions to use condoms for

younger versus older, female versus male, and sexually experienced versus sexually inexperienced African American youth (n=832). Youth were recruited from inner city schools (n=666) and church youth groups (n= 166). Findings indicate that improving subjective norms will be effective with all groups, whereas interventions to improve perceived behavioral control are likely to have an impact on all except sexually experienced girls. Attitudes toward condom use were associated with condom intentions, but only among sexually experienced youth. Prevention programs could greatly increase their efficacy by creating modules that focus on the needs of specific groups when identification of important characteristics (e.g., sexual experience) is possible. Our results indicate that sexually experienced girls may require the most specialized approaches.

An Interdisciplinary Approach for the Integration and Diffusion of Substance Abuse Prevention Programs

Lori J. Bechtel, Judith Vicary, John Swisher, Edward Smith, Abigail Hopkins, Kimberly Henry, and Daphne Minner

Abstract

Effective substance abuse prevention programs help students develop knowledge as well as psychosocial competencies that can help them resist or delay the initiation of alcohol, tobacco and other drug (ATOD) use. This paper describes the integration process used in a five-year project, Adoption of Drug Abuse Prevention Training (ADAPT), to study the effectiveness of two methods of drug prevention programming, based on Botvin's Life Skills Training (LST) program.¹ Botvin's standard LST program¹ was implemented in three middle/junior high schools, the integrated or infused delivery of LST (I-LST) was implemented in three similar middle/junior high schools, and both methods of delivery were compared with three matched schools that received no treatment. Rather than implementing the traditional LST program, teachers in the infused condition developed a set of prevention lessons each year from the standard LST curriculum constructs and delivered them within their standard subject areas. This infused or integrated approach provided increased dosages of consistent prevention messages from multiple sources within the school in conjunction with their regular subject matter. Strategies for diffusion and adoption of the infused LST model are discussed as well as the teacher training process, lesson implementation, and evaluation procedures. The participating teachers' experiences, recommendations and difficulties are presented, and a sample program infusion matrix is included. Outcome results indicate that neither standard LST nor an infused LST delivery method was found effective for the entire sample, although some encouraging results were found for the females in the study.

The Second National Survey of U.S. Internship Standards in Health Education Professional Preparation: 15 Years Later

Liliana Rojas-Guyler, Randall Cottrell, and Donald Wagner

Abstract

This study assessed internships associated with health education professional programs in the U.S. This study updates findings from an earlier survey published in 1990. Using the 2003 AJHE directory of institutions, 255 health education professional preparation programs were identified. Two hundred and eleven institutions had a health

education/promotion or community health program and were sent a survey packet. Of the 211 surveys sent, 124 completed surveys were returned. Results indicate that overall the vast majority of programs required internships. Undergraduate programs were more likely to require an internship than were masters level programs. Travel reimbursement for site visits was reported by most programs, as was inclusion of site visits in full-time faculty's workload; however, there was a decrease in the proportion of programs reducing workload to compensate for site visits from the first survey. Over half of programs have a policy in place regarding student compensation with almost 40% reporting that student compensation is allowable. Sixty-nine percent of the responding programs have a formal process for approving internship sites. The two most important criteria reported in approving an internship sites were types of work experience provided by the site and previous positive experiences with the site.

Cultural Competence Development in Health Education Professional Preparation Programs

Raffy Luquis, Miguel Pérez, and Kathleen Young

Abstract

To date few studies have been conducted to assess the preparation of health educators in the area of cultural sensitivity and competence. The purpose of this study was to assess efforts and opportunities offered by health education professional preparation programs to prepare health educators in the area of cultural competence. One hundred fifty-seven department chairs or program coordinators completed a survey to elicit information regarding cultural competence and professional preparation programming. Results of the study suggest that most health education professional preparation programs are not offering courses entirely devoted to cultural competency. Nonetheless, it appeared that most programs are adequately addressing cultural competency content-related areas in their courses. The results also showed that most faculty members are committed and feel comfortable with addressing issues of cultural competency with their students. Findings from this survey support the need for the implementation of standardized cultural competency training for faculty members, cultural competency required courses for students, and for discipline-specific standards for cultural competency among health educators.

Guidelines for Making Existing Health Education Programs More Culturally Appropriate

Peter C. Davis and Linda L. Rankin

Abstract

Cultural competence may mean the difference between a successful and an unsuccessful health education program. A program that is not culturally competent often lacks the nuances of a specific culture and is not as effective as a culturally sensitive program. Linguistic and ethnic differences, subcultures, and sex and gender roles within the predominant culture need to be taken into consideration. Specific guidelines for making any health education program more culturally competent are presented.