

ABSTRACT

Delaware youth report high levels of involvement in sexual activity and unintended pregnancies, which contribute to a high statewide infant mortality rate. In response, our team plans to implement a mixed-methods study to evaluate an evidence-based, interactive curriculum, *Wise Guys*, designed to promote healthy relationships and sexual behavior in young men, ages 14-17. Two pilot studies were conducted with local *Wise Guys* groups suggesting positive changes in knowledge, attitudes and behaviors. These empirically-based investigations revealed significant weaknesses in quantitative data collection with teens and challenges to accessing authentic teen perceptions via survey methods. In an effort to address such challenges, the current study will include focus groups to delineate teens’ thoughts on the most salient aspects of *Wise Guys*; which, in turn, will be used to develop a stakeholder-informed survey instrument. The survey will be administered via REDCap, a computer-based medium. Additional focus groups, member checks, and a video journaling component with content analysis will provide rich data to be interpreted with survey data to determine the value of *Wise Guys*. Community engagement in the research process, tool development, web-based data collection, focus groups, video journaling methods, and data analysis will provide the infrastructure for future prevention and intervention research, as well as help to improve future evaluation efforts. This poster highlights the previous local pilot studies and their limitations, and the proposed mixed methods study design. Health promotion programs specific for teens can only be accurately evaluated through developmentally appropriate, technology-based, engaging, and valid methods of evaluation. This research pilots the involvement of youth and use of youth perceptions to determine the effectiveness of the *Wise Guys* program and the feasibility of mixed methods approaches as means to evaluate teen programming.

INTRODUCTION: WISE GUYS

The Wise Guys: Male Responsibility Curriculum is designed to prevent adolescent pregnancy by reaching adolescent males. The program acknowledges young males as "whole" individuals with a variety of needs and desires. Participatory lessons and activities focus on assisting them to ask themselves the questions:

- Who am I?, Where am I going?, How do I get there?

The curriculum will lead the facilitator in communicating accurately and openly with adolescent males about issues concerning self, values, future goals, and sexuality. The curriculum manual is a 250+ page guide for instructors with all of the educational material, handouts and activities needed to bring the program to a group of adolescent males.

The Wise Guys program is divided into 10 sessions, with topics including:

- Myself
- Personal and family values
- Communication and masculinity
- Sexuality
- Parenthood
- Dating violence
- Abstinence and contraception
- Sexually transmitted infections
- Goal-setting
- Decision-making



Wise Guys groups are implemented across the state of Delaware by the Alliance for Adolescent Pregnancy Prevention, which is funded by the Delaware Department of Public Health with administrative oversight by Christiana Care Health System’s Department of Family and Community Medicine. Groups are held in a variety of settings, from high schools and community organizations to summer camps and in the faith-based community.



PREVIOUS WISE GUYS STUDIES

Study Instruments

Studies 1 and 2

“Thoughts on Teen Parenting Survey (TTPS)”

- 44 Likert Scale items
- Reliable and valid
- Cronbach’s Alpha= 0.90-0.93
- Cumulative score, subscale scores, and demographic data
- “If I had a baby as a teen…”

Curriculum-Specific Measures

Pre-test/Post-test-used in Study 2

Demographics

Knowledge about birth control and pregnancy

Relationship scenarios

Communication questions

Behavior questions

- Ever had sex
- Reasons for not having sex
- First had sex
- Contraception at last sex
- Contraception with sexual activity
- Reasons for not using protection

STUDY #1

- Assessed Attitudes—Thoughts on Teen Parenting Survey
- Pre/Post-test design
- Sample: $n = 70$
- Ages = 12-18
- Race: 87% Black/African American, 8% White/Caucasian, 3% Hispanic, and 2% other

	Pretest: M(SD) Range	Posttest: M(SD) Range
CUMULATIVE *	114.6842(22.76288) 112.00	109.8070(22.67821) 81.00
Friendships	6.7794(2.02112) 8.00	6.2239(2.02874) 7.00
Relationships with a boyfriend or girlfriend	15.2273(3.87813) 21.00	14.7273(4.16412) 21.00
Relationships with your family/guardians	10.7206(3.32267) 16.00	10.1594(3.09470) 16.00
YOUR MONEY STATUS*	10.8529(3.48243) 14.00	9.9275(3.34013) 14.00
Education	11.2899(3.17204) 13.00	10.8824(3.14585) 14.00
Career and Work	11.4559(2.73961) 14.00	11.5588(2.86712) 14.00
Personal Characteristics	27.6567(5.53926) 29.00	28.2424(5.36674) 24.00
LIFE IN GENERAL*	21.4531(6.17452) 24.00	20.2769(6.21115) 22.00

STUDY #1 RESULTS

Wise Guys was effective in generating more realistic (lower, negative) attitudes on: the parenting experience (cumulative scale); the financial impacts of teen pregnancy and tangible interventions (money subscale); the impact on day-to-day life (life in general subscale).

STUDIES’ LIMITATIONS

- Survey findings did not match overwhelmingly positive findings heard through anecdotal and informal means
- Long survey bored and frustrated teens
- Lack of authenticity of survey findings with youth
 - Leaving answers blank
 - Answering neutral options
 - Designs with answers
 - Answered same responses repetitively
 - Lack of attention to survey
 - How do we access authentic teen perceptions?



CURRENT STUDY

Mixed-methods study

Includes:

- Focus groups (rich data)
- Youth Advisory Group
- Involving youth in the research process
- Community participatory research
- Youth-informed survey
- Computer-based surveys (REDCap)

- Youth-developed focus group guides
- Video journaling content analysis
- The importance of youth perceptions in teen-related research, programming, and policies

Work supported by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health under grant number U54-GM104941 (PI: Binder-Macleod).