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# An Alignment Between the Choosing the Best Life Curriculum and Title V Program Guidelines

Charletta Hope Barringer-Brown  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Charletta H. Barringer-Brown

has been found to be complete and satisfactory in all respects,  
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Abstract

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by

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Ed.S, Virginia Polytechnic Institute and State University, 2000

M.Ed, Virginia State University, 1998

B.A., Virginia Commonwealth University, 1996

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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## Abstract

The research problem in this study addressed the lack of evaluation criteria used to assess the LIFE curriculum's alignment with the A-H guidelines of the federally funded Title V abstinence education program. These A-H guidelines have existed for almost two decades but no evaluation has been done that measured the degree of alignment between a specific curriculum and the federal A-H guidelines. Using Lewis' theory of the culture of poverty as the foundation, the purpose of this qualitative study that used a constant comparison analysis was to evaluate the level of alignment of the LIFE curriculum with each of the eight guidelines (A–H) of the Federal Title V abstinence education program. The research question that this study sought to address was: Is there is an alignment between the LIFE abstinence education curriculum and the Title V abstinence education Federal Guidelines A-H? The data was collected from the 8 lessons within the LIFE curriculum documents, were then coded using a deductive reasoning strategy. The data was then subjected to content analysis using a qualitative software program, which was Atlas.ti. Learning outcomes from each of the eight LIFE curriculum lessons were listed in a six-column table that showed the alignment of the desired outcome with the evaluation criteria of the A-H guidelines. Overall, the LIFE curriculum was found to be 71% in alignment with the A-H guidelines. This study has policy implications such that it may provide insight to policymakers, parents, and communities regarding the need for further alignment between federal guidelines and abstinence education curriculum. Attention to alignment issues may impact positive social change by assisting in the reduction of pregnancy rates among those ages 10-19 years old.

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## Dedication

This dissertation is dedicated to my late mother, Hulda May Brown. She was my first teacher and lifelong role model. She was my greatest cheerleader. I am grateful to have had her dedication, encouraging words, unconditional love, and support. She was my sounding board and document editor from elementary school through doctoral studies. Although she passed away before the completion of this program, she has undoubtedly contributed to this achievement. She will forever remain in my heart and is always remembered fondly.

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## Chapter 1: Introduction to the Study

When the federal government first began funding Title V abstinence education programs, it created specific guidelines to define the parameters under which these funds were to be used. As reported by the HHS (2015), the abstinence education “A-H guidelines” were defined as follows:

- (A) Has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- (C) Teaches that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- (G) Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
- (H) Teaches the importance of attaining self-sufficiency before engaging in sexual

activity (Social Security Act, Title V section 510. [42 U.S.C. 710]).

This study was undertaken because there are no recent, relevant research studies that focused on measuring the alignment between the LIFE abstinence education curriculum and the Federal Title V Guidelines. This study investigated the alignment between the LIFE curriculum and the Federal A-H guidelines.

### **Background of Study**

As reported by the Centers for Disease Control (CDC, 2015), while currently at historic lows, youth pregnancy rates remain a major social, health, and economic problem in many communities in the United States. According to the HHS (2014) and the Centers for Disease Control and Prevention (CDC, 2015), teen pregnancy rates have declined during the last two decades. Birth rates among youth and teens declined in 2013 from 2012, by 10%. The HHS (2014) reported that this decline began in 2002. The birth rate among youth and teens ages 15-19 dropped to 42 births per 1,000 in 2002. This decrease in teen pregnancies demonstrates a 5% decrease from 2007 and a 28% decrease from 2005. The CDC (2015) suggested that the most significant decrease was from 2005 through 2012 among 15-19 year olds. Youth and teens between the ages of 15-17 demonstrated a 37% decrease, as compared to 17% for teens 18–19 years of age. The HHS (2014) reported that there were significant decreases in the rates of teen pregnancies among Asian, Native American, White non-Hispanic, and Black non-Hispanic youth and teens between the ages of 15-19 during the timeframe of 2005-2012. There were significant increases in the rates of teen pregnancies among Hispanic and Latino youth



and teens between the ages of 15-19 during the timeframe of 2005-2012 (HHS, 2014). This increase in teen pregnancies and birth rates among Hispanic and Latino youth and teens was attributed to greater numbers of immigrants entering the United States during the given timeframe (HHS, 2014).

According to the HHS (2014), age-graded, family life education and/or abstinence-only curriculum education programs are important for helping youth pregnancy prevention initiatives. These programs focus on the development of a plan for youth and teens to create a viable, positive future (Harris & Cheney, 2015).

Following a study of the Choosing the Best program, Lieberman and Su (2012) reported results that were in support of abstinence-only education when evaluating (a) the risks associated with sexual involvement, (b) attitudes toward abstinence from sexual activity, and (c) the intention to abstain from various sexual activities. However, Lieberman and Su were unable to find any differences between the abstinence-only group and the control group when they investigated the actual behaviors among the participants. The researchers discovered that some of the Choosing the Best program participants were engaging in sexual activities during the 5 months prior to their participation and reported condom use during their most recent sexual intercourse. Lieberman and Su (2012) stated that the participants who reported being sexually active before the program began and who then received an abstinence-only education intervention reported fewer episodes of sexual intercourse. These participants also reported fewer sexual partners during the previous 5-month period than the sexually active students within the control group. This

data indicates a positive correlation between participation in an abstinence education program and reduced casual sex among participants, with the caveat that this is the result of one study of one program.

In another study, Chen, Yamada, and Walker (2011) also found that a specific abstinence-only education program was effective and determined that participants experience significant, long-term benefits through their evaluation of the Healthy Respect Character Education Program (HRCEP). The goal of this particular abstinence education program was to increase knowledge about the health risks and consequences of early sexual activity and other risky behaviors. The overall program objective was to increase the individual's self-esteem and positive life experiences through participation. Harris and Cheney (2015) conducted a systematic literature review to assess the effectiveness of the Positive Youth Development program. The Positive Youth Development program was designed to promote positive sexual health behaviors among children and teens. The program's interventions were reported to show significant associations between Positive Youth Development focused interventions and the age of participants' first sexual encounters. The program helped decrease pregnancy rates among the teenage participants. The study demonstrated that abstinence education programs can be effective in promoting reproductive health in child and teen program participants. The findings also help establish that abstinence education programs assist communities in decreasing dependence on public financial assistance, other socioeconomic conditions, and costs of health-care for pregnancies among children and youth. Harris and Cheney recommended

that future studies should (a) include cultural adaptation of curricular materials and methods used, (b) the timeframe of the interventions, (c) separating minority status from the discussion of socioeconomic status, and (d) excluding the high-risk behaviors among certain minority groups.

Title V Abstinence Education programs have been funded by the HHS since 1996, but there has been limited discussion of the impact of the programs sponsored by the Adolescent Family Life Act (AFLA), which include the Maternal and Child Health (MCH) block grant known as Special Projects of Regional and National Significance (SPRANS) and the Community-Based Abstinence Education (CBAE) grant program. (Tolman & McClelland, 2011). AFLA was the precursor to Title V, enacted in 1982 and known colloquially as the “Chastity Act.” The limited results of the AFLA prevention programs have not been made public and have thus not appeared in the scientific literature (HHS, 2016). The basic research designs for the majority of programs funded by Title V abstinence education have been inadequate and thus could not provide meaningful data for any policy or program changes (Brindis & Moore, 2014). The lack of meaningful data was in part due to the poor relationships between measures, the lack of demonstrated program goals, unclear evaluation methods, and incorrect data analysis designs. There were no differences in children and teens who perceived that they were committed or able to avoid sexual behaviors that could lead to pregnancy and those who purposefully became pregnant. The children and teens who had experience with goal setting and character building activities were shown to be more successful in avoiding

pregnancy than their peers who did not participate in these character building activities. They believe that pregnancy would seriously disrupt their plans and/or goals (Brindis & Moore, 2014). It then leads the researcher to the assumption that including components of abstinence education programs, along with some specific curriculum delivery techniques and evaluation of learning outcomes could be beneficial additions to the Choosing the Best abstinence education curriculum.

As discussed by the HHS (2015), even though teen pregnancy has declined, there are many reasons for the decreases - for example, health, social, interpersonal, economic, and educational factors - and these reasons are likely to be operating in a complex sequence. These factors are paired with an increased concern about the negative consequences of early childbearing, which has in turn promoted public interest in programming designed to assist families and communities progress from welfare to work. There has been an emphasis on personal responsibility for one's own behavior and a renewed focus on family- and community-centered approaches to abstinence education. which have both contributed to a broad scope of initial efforts in family life education. These approaches have often focused on abstinence education curriculum models as primary tools to prevent early and risky sexual behaviors among youth and teens, ages 10-14.

As reported by the HHS (2015), there is a movement within government agencies and among prevention epidemiologists toward measuring program effectiveness and using significant scientific evidence to assist with major decision-making regarding the

funding and extension of social programs and services. This emphasis on using data to influence funding decisions has led to an increasing desire to conduct outcome-based and impact evaluations on abstinence education programs for youth and teens. Researchers are still in the early stages of building a strong evidence base in the area of classroom-based abstinence education programs. There are a relatively small number of evaluations of abstinence education curriculum that demonstrate effective results in postponing sexual initiation, reducing the number of sexual partners, increasing contraceptive use, and/or decreasing rates of pregnancy, births, STDs and STIs among children, youth, and teens (Cushman, Kantor, Schroeder, Eicher & Gambone, 2014; Kirby, Coyle, Alton, Rolleri, & Robin, 2011).

As part of the movement to comply with the Federal Title V guidelines, the *Choosing your best LIFE* curriculum was developed by Bruce Cook in 1993. As reported by the HHS (2015) the Choosing the Best curriculum program is the most widely used and recognized abstinence education curriculum program in the United States. According to Cook (2015) since 1993, over 400,000 students have completed the LIFE curriculum program within the United States. According to Cook (2015) the purpose of the The LIFE curriculum was designed to educate children, youth, and teens on the advantages of delayed sexual activity. Specifically, the LIFE curriculum seeks to empower youth and teens to make healthy lifestyle choices, in order to reduce the rate of unplanned pregnancies and STDs among children, youth, and teens. Making healthy choices will improve students' life outcomes for themselves and their families. As a general overview,

the curriculum includes learning outcomes on making healthy choices, teaches the benefits of marriage, valuable relational skills, and life goal setting.

This study was conducted because no studies were found that evaluated the alignment between federally funded Title V abstinence education programs and the LIFE curriculum.

### **Problem Statement**

The research problem in this study addressed the lack of evaluation criteria used to assess the LIFE curriculum's alignment with the A-H guidelines of the federally funded Title V abstinence education program. These A-H guidelines have existed for almost two decades but no evaluation has been done that measured the degree of alignment between a specific curriculum and the federal A-H guidelines. According to Kirby et al. (2011), there have been numerous abstinence curricula but none have been evaluated against the A-H guidelines. There have been no appropriate criteria for judging the effectiveness of the approved evidence-based curriculum in comparison to the federal guidelines.

The LIFE curriculum is one of the evidenced-based abstinence curricula approved by the HHS (2015). It was selected because it is the most widely recognized abstinence education curriculum used in the United States. It has been used by more than 4 million students, ages 10-19, in 47 different states from 1993 to 2014 (HHS, 2015). The LIFE curriculum purports to be consistent and in alignment with federal A-H guidelines that were established for abstinence education programs. The LIFE curriculum serves public

school systems and community-based educational groups. According to Lieberman and Su (2012), students who were taught the LIFE curriculum were more likely to delay the initiation of any sexual behavior than those who were not taught according to this curriculum.

Therefore, this study was conducted to evaluate the alignment between a research-based abstinence education curriculum program and the federal A-H guidelines. As reported by Harris and Cheney (2015) and Kirby et al. (2011), those who are particularly interested in policy programs that are designed to break the cycle of poverty by reducing the number of children born out of wedlock and to decrease the rates of teen pregnancy may find this evaluation of alignment and its implications to be of great interest. Prosser (2015) asserted that written curriculum should be selected for evaluation because the correlation between the method in which a textbook discusses a topic or subject and what is being taught in classrooms, is a strong predictor of learning outcomes.

The LIFE curriculum was chosen for this study because the researcher observed that there were no health or school districts within the jurisdiction of the Virginia Department of Health choosing to continue this abstinence education curriculum beyond early ninth grade.

### **Purpose of the Study**

The purpose of this study was to investigate the alignment of the LIFE abstinence education curriculum to the eight A-H guidelines as mandated by the Title V Section 510 (b)(2)(A-H) of the Social Security Act for Community Based Abstinence Education

(CBAE). The A-H guidelines were used to measure the extent to which any alignment may exist among the selected abstinence education textbook curricular materials. The study was conducted to evaluate the written curriculum. Prosser (2015) said that written curriculum should be selected for evaluation because the correlation between the approach in which a textbook discusses a subject or topic and what is taught in classrooms is a strong predictor of learning outcomes. For lawful reasons and academic concerns, teachers and instructors must adhere to the goals and objectives stated in the course, as part of the family life curriculum. Moreover, abstinence-only education is federally funded and the programs are accountable to the public. This is due to the fact that the programs are supported through public tax contributions. Conducting an evaluation of the written curriculum for the LIFE curriculum would be one of the most nonintrusive ways to accomplish this measure. The curriculum materials are printed documents that are easily accessible by the public.

The researcher reviewed and evaluated the eight lessons for the LIFE abstinence education curriculum. The curriculum lesson topics included the following: (a) Sex, Emotions and Self-Respect; (b) Sex, Alcohol and Respect; (c) Sex, STDs and Honesty; (d) Sex, Pregnancy and Responsibility; (e) Sex, HIV and Compassion; (f) Sex, Love and Healthy Choices; (g) Sex, Limits and Self-Discipline; and (h) Sex, Saying “NO” and Courage. The researcher also reviewed each of the written curriculum content lessons of the LIFE curriculum. The written curriculum consisted of eight individual chapter sections with content activities and short video vignettes to support its content. The eight



individual sections of the LIFE curriculum consisted of 47-50 pages per chapter lesson. The researcher reviewed about 380 pages of written curricula. The researcher reviewed each of the eight individual chapter sections from the LIFE curriculum, which were then compared to each of the federal A-H definitions of Title V.

### **Theoretical Framework**

The theoretical framework for this study was Lewis' (1968) theory of the culture of poverty, which focuses on the role that poverty and socioeconomic disadvantage play and argues that early sexual behavior and childbearing occur more often among impoverished persons. Lewis (1968) suggests that this theory represents "both an adaptation and a reaction of the poor to their marginal position in society" (p. 168). The difference between this theory and similar theories is the view that the behavior of certain impoverished persons may be passed on from generation to generation in particular communities. Lewis' theory is related to the origin of the Adolescents Family Life Act enacted through the Personal Responsibility & Work Opportunities Reconciliation Act, as provided in Title V, Section 510(b) of Social Security Act.

According to Hoyt and Broom (2006) the use of social, cognitive, and behavior change theories grounded in learning through abstinence-only education-based curriculum programs, such as the LIFE curriculum program, have been used for several decades. Social learning theories are effective in influencing risky behaviors and focus on social influences, which act to change personal values, group norms, and building social skills. As reported by Kirby et al. (2011), researchers have demonstrated that programs

grounded in psychological, social, behavior, and cognitive learning theories can be used to identify the risk and protective factors that affect behavior. When the cognitive risk and protective factors are identified, activities and programs developed to address those factors decrease the risky sexual behavior of children and teens. This results in a decrease in the negative physical, social, and environmental consequences of teen pregnancy.

There are many positive individual and social impacts in reducing the early initiation of sexual activity in those aged 10-19 (Harris & Cheney, 2015). According to Oyedele, Wright and Maja (2015), children and teens often make decisions without knowing or understanding the consequences of their actions. Protective factors that may impact decision making include being knowledgeable about sexual activities and how to use contraceptives. Students would also need to understand the barriers to the access of contraceptives, which may include negative attitudes of staff members; peer pressure; sexual force or coercion; low self image or self-esteem; low educational expectations; poverty; family background; and expressed sex-based messages within the media. Moreover, there is limited evidence according to Caldwell (2015) that those who have participated in Title V abstinence-education programs have shown an improvement in their level of risk avoidance and in the invocation of these particular protective factors that could impact decision making. The level of risk avoidance was increased through the use of strategies that included the teaching of protective factors. These program components have assisted children and teens in making better decisions about their sexual behavior (McClelland & Fine, 2008). It is imperative that the selected abstinence

education curriculum program be aligned to the A-H guidelines, which outline effective abstinence education programming, so that the program will influence children and teens to avoid risky behaviors. When these behavioral factors are altered through an abstinence education curriculum program that is in direct alignment with the Federal Title V A-H guidelines, these particular federally funded programs will be able to serve as a change agent and impact the participants' behavior (Carter et al., 2015). If the LIFE curriculum program is found not to be in alignment with the Federal Title V A-H guidelines, a re-evaluation of the curriculum should be undertaken or an alternative program should be selected. These decisions are important to communities, administrators, and public policy makers regarding the continuation or discontinuation of programming (Lê et al., 2015). Selected abstinence education curriculum programs must be in alignment with the Federal Title V A-H guidelines, as to significantly reduce rates of teen pregnancy, which will decrease the number of children born in poverty, in turn positively impacting the social and economic costs to society.

### **Nature of the Study**

The qualitative research method was used to determine whether, and to what extent, there is alignment between the Title V Section 510 (b)(2)(A-H) of the Social Security Act and the LIFE curriculum (Heyvaert et al., 2013). The objective was to

determine the appropriate evaluation criteria to measure the overall alignment between the A-H guidelines and the selected abstinence curricula .

A qualitative approach was chosen for this study due to its emphasis on the evaluation of program alignment and thus effectiveness. According to Yin (2014), when conducting an evaluation of a program's effectiveness, the researcher can experience challenges in the identification of how and why the interventions may have led to the results and or outcomes that may be seen. Yin suggested that investigating phenomena in their real-life context can be a significant tool in discovering how particular interventions and program alignment may be linked (2009). Yin (2014) later stated that this tool represents an advantage over traditional experimental and quasi-experimental designs, which may measure outcomes and some process variables but do not meet the needs of dealing with the variables that may be present in community-based, collaborative initiatives such as the LIFE curriculum and the environments where it is employed.

The LIFE curriculum and the A-H guidelines were the primary sources of data. The evaluation criteria that evolved, which were directly linked to the A-H guidelines, were used to categorize the citations and terms from each of the eight chapter lessons in the LIFE curriculum. These criteria were used to measure the alignment between each of the eight guidelines and the content of the lessons.

### **Guiding Question**

The purpose of this qualitative methods study was to evaluate the alignment between the federal A-H guidelines and the LIFE curriculum. The study evaluated the

content of the curriculum with respect to the eight federal A-H guidelines. Therefore, this study sought to answer the following guiding question:

What is the level of alignment between the LIFE abstinence education curriculum and the Title V abstinence education Federal guidelines A-H?

### **Definition of Terms**

For the purpose of this study, the following definitions have been applied:

*Abstinence-only education:* Abstinence-only education teaches about the avoidance of pregnancy, STDs, or HIV/AIDS by not engaging in any risky or sexual activities or behaviors (HHS, 2015).

*At-Risk Youth:* children, adolescents, and teens ages 10-19, who may be less likely to transition effectively into adulthood and gain the ability to become economically self-sufficient. Characteristics of at-risk youth may include emotional or behavioral problems, problems with truancy, low or limited academic performance, early initiation in sexual activities, demonstrating a lack of interest for academics, and discontinuation in school attendance (HHS, 2015).

*Comprehensive Reproductive Health Education:* is a form of sexual education, which teaches children, youth, and teens about the ways in which to prevent pregnancy through the use of various forms of birth control methods, information on STDs, STIs, and human reproduction. Issues of sexual abuse, personal consent, and what constitutes rape are discussed. Puberty and sexual health are included, in addition to stressing abstinence education (Kirby et al., 2011).

*Safe sex:* To have sexual activity wherein individuals act to protect themselves from contracting diseases (such as HIV/AIDS) by using condoms or by other methods but may also include the reduction of psychological, emotional and social risks (Centers for Diseases Control, 2015).

*Sexual activity:* Any physical activities associated with sexual intercourse or oral sex (U.S. Social Security Act Title V Section 510(b) (2), n. d.).

*Sexuality Transmitted Diseases (STDs)* diseases that are spread by engaging in sexual activity with an individual who has already contracted an STD. You can contract a sexually transmitted disease from having sex that includes contact with the mouth, vagina, penis, and or anus. Sexuality transmitted diseases (STDs) such as HIV or AIDS, cannot be cured and can ultimately cause death (Centers for Disease Control and Prevention, 2015).

*Sexuality Transmitted Infections (STIs)* Infections that are commonly spread by sexual activity, specially vaginal intercourse, anal sex and oral sex. Sexuality transmitted infections (STIs) may not cause any display of symptoms in the individual, in the early stages of the infection. Most often, individuals may spread the infection without their direct knowledge. Symptoms and signs of disease may include discharge, sores and abscesses on or around the genitals, and pain in the pelvic region. STIs that are developed before or during birth may result in poor health outcomes for the baby and the mother (Centers for Disease Control and Prevention, 2015).

*Teen abstinence*: Refers to an individual aged 10-19 who has decided not to have or engage in any sexual activity (Nunn, 2014).

### **Assumptions**

There were several assumptions in this study. The researcher assumed that the data gathered from the LIFE abstinence education curriculum were accurate, complete, and valid. The Title V abstinence education programs rely heavily on whether the curriculum publisher maintains updates following changes in federal regulations and follows effective data collection and data reporting procedures.

### **Scope and Delimitations**

The study is anchored in the fact that the Federal Title V abstinence education A-H guideline criteria was mandated by the Federal Guidelines of Title V Section 510 (b)(2)(A-H) of the Social Security Act, which means that every federally funded abstinence education program must adhere to the guidelines in achieving the goals of the abstinence-only education. Therefore, the evaluation criteria developed in this study may be later transferred for use in evaluating the alignment of other abstinence education curricula to the Title V guidelines. The transferability for the study is significantly based on how the evaluation criteria will be used. As such, the evaluation criteria will be relevant to any context involving the alignment between the federal A-H guidelines using a specific abstinence education curriculum program.

This study is delimited to the evaluation of the written program curriculum and will not be evaluating any cognitive, behavioral, or emotional outcomes, and or school

and family environments. Teacher program commitment and course preparation will not be studied. Consequently, the study was not be concerned in developing criteria for the physical implementation of the curriculum but rather only on the content of the curriculum as guided by the eight federal Title V criteria guidelines. Other criteria guidelines in evaluating the alignment of abstinence programs, aside from the standards mandated by the Federal Guidelines of Title V Section 510 (b)(2)(A-H) of the Social Security Act, will not be included in the evaluation.

### **Limitations**

This study is limited to one federally funded Title V abstinence education curriculum program, the LIFE curriculum program. According to Yin (2009) a selection of a small sample size may not provide the researcher with the ability to enhance the detection of considerable differences that may exist among the values.

### **Significance of the Study**

Prosser (2015) suggested that curriculum in any form and any field should be subjected to an evaluation since the correlation between the method in which a textbook discusses a particular subject or topic and what is taught in classrooms is a strong predictor of participant learning outcomes. It is through the evaluation criteria that the selected abstinence education curriculum program's alignment with the Federal Title V abstinence education A-H guidelines may be appropriately measured.

This qualitative study contributed to the literature on abstinence education curriculum programs that help to reduce rates of teen pregnancy. The majority of the



research on abstinence education curriculum programs has used a quantitative methodology. The review of literature presented findings from controlled reproductive health and family life education curriculum program interventions that were published within the last 15 years in the United States. Much of the literature reviewed did not provide conclusive evidence of positive effects for youth who participated in abstinence education programs.

It seems that the discrepancy between the type of methodology that many of the research studies have used may not allow for logical causal inferences. Although, given that research evidence has indicated that weak methodology designs may produce higher estimates for intervention effects, the use of weak methodology designs should have translated into more significant effects for the research studies, and not less significant. In addition, the discrepancies shown in the results of these quantitative studies demonstrate that there is a need to explore qualitative studies that review the degree to which any alignment exists between a selected abstinence education curriculum program and the Federal Title V A-H guidelines. This study sought to investigate the alignment between the LIFE abstinence education curriculum and the A-H guidelines because the literature is void of these such studies. When considering effective abstinence education curriculum programs that are focused on changing the sexual behavior of children, youth, and teens. Governmental policy lawmakers and community leaders should consider all of the research evidence that is available to them to make effective decisions regarding appropriations in funding for abstinence education. The decision to fund or discontinue

programs should be made with regard to the alignment between abstinence education curriculum programs such as the LIFE curriculum and the Federal Title V A-H guidelines.

This study may be deemed as important because it is the only known study that has evaluated the Federal Title V abstinence education A-H guideline criteria and the alignment of the LIFE abstinence education program curriculum. The LIFE abstinence education curriculum program is the only abstinence education curriculum that is currently presented as being in alignment with the Federal Title V abstinence education A-H guidelines. These abstinence education programs are driven by the standards of the Federal Guidelines of Title V Section 510 (b)(2)(A-H) of the Social Security Act.

Therefore, this study analyzed each LIFE abstinence education learning outcome with the Federal Title V abstinence to determine the alignment between the two. The researcher determined the evaluation criteria based on the desired learning outcomes provided in the A-H guidelines. The evaluation criteria then was used to categorize citations from the LIFE abstinence education curriculum. This was done in order to measure the overall alignment of the LIFE curriculum using the federal A-H guidelines. The researcher collated the summary points that resulted from examination of each of the A-H guidelines. Any notes and or summary points were rephrased into questions that were used to examine specific elements that should be in any abstinence education curriculum program.

This study contributed to the existing body of knowledge in the following ways:

a) an evaluation methodology of one of the leading abstinence education curriculum programs used in the United States, demonstrating the extent to which any alignment may exist to the federal A-H guidelines; b) the evaluation findings may be used to further evaluate the degree of alignment between any other abstinence education curriculum program and the federal A-H guidelines; and c) the study provided significant research review in the field of program evaluation. Prior to this undertaking, there were no evaluations focused on measuring the degree of alignment between the LIFE curriculum and the federal A-H guidelines.

### **Implications for Positive Social Change**

There are significant positive social impacts for reducing risky sexual behavior among children, youth, and teens. Curriculum based abstinence education such as the LIFE program are not capable in being in controlling the extent to whether children, youth, and teens may decide to engage in sexual activity. Children, youth, and teens make their own decisions but those have who have participated in abstinence education curriculum programs that are aligned to Federal Title V abstinence education program A-H Guidelines demonstrate improvement in the threat to protective factors that would influence determination of making decisions regarding their sexual behavior.

As reported by McClain (2015) it is crucial that the aspects that would affect behavior be recognized so that Federal Title V abstinence education A-H Guidelines are aligned with abstinence education curriculum programs are implemented and followed.

If, Federal Title V abstinence education program A-H Guidelines are aligned with abstinence education curriculum programs to address the aspects that influence children, youth, and teen behaviors. If, programs are able to adjust these particular aspects, then the program would affect change and impact the students' behavior. Federal Title V abstinence education curriculum-based programs are developed to have an effect on behavior, cognitive factors of knowledge, and normative. Additionally, Federal Title V abstinence education curriculum-based programs include the teaching of attitude skills, intentions, and the external factors of access to health services at specific grade levels.

The developed and implemented evidence-based Federal Title V abstinence education policy and programs would be utilized to structure the attitudes among children, youth, and teens regarding abstinence, age of first sexual intercourse, increased safe-sex practices, and attainment of sexual health knowledge. Sexual health knowledge would pertain to sexual functioning, emotional impact, birth control methods, STDs/STIs, and HIV/AIDS transmission and prevention among children, youth, and teens. Demonstrated behaviors that have led to decreasing the rates of teen pregnancy would be improved through the use self-efficacy skills to refuse sexual activity. The use self-efficacy skills would decrease the initiation of sexual experiences and increase communication with parents about sex, attitudes toward risky sexual behavior, and to abstain or constrain from sexual activity would lead to making better decisions regarding sexual behavior choices.

Decreasing the initiation of early sexual experiences and other related negative behaviors of children, youth, and teens would result in the decrease in the rates of teen pregnancy. This, consecutively, has a positive affect on the social and economic cost to society. Medical care providers would not encounter delivering as many babies born with birth defects, and or other behavioral issues. Educators and school based administrators would have students that experience higher rates of graduation. There would be decreased high school drop-out rates and a significant increase in youth and teens that were eligible to attend post-secondary education or technical job training, which would result in more successful and rewarding adult lives for these individuals. United States' taxpayers would be subject to less cost associated with increased health care, fewer children who are placed in the foster care system, decreased rates of incarceration of youth, increased family units, and less families living in poverty. Positive social change would also include higher tax revenue and the increase in the earning potential of young adults, decreased unemployment rates, lower rates of poverty, and fewer children raised in single parent households.

Abstinence education curriculum programs that are directly aligned to the Federal Title V abstinence education A-H Guidelines would shape future knowledge and attitudes regarding sexual behaviors among children, youth, and teens. If, abstinence education curriculum programs were aligned to the Federal Title V abstinence education A-H Guidelines this would result in communities exercising traditional behavior and less desirable standards regarding the engaging in premarital sex. Policy makers and

governing officials should consider the implementation of abstinence education curriculum programs that are directly aligned to the Federal Title V abstinence education A-H Guidelines within their schools, communities, and organizations. The implementation of abstinence education curriculum programs that are directly aligned to the Federal Title V abstinence education A-H Guidelines would permit cultural consciousness, which would result in an effect to ` sexual attitudes among children, youth, and teens. The integration of research with individual residents and the needs of community districts would be a key factor in determining public policy practice as well as the national, state, and local level policies affecting the methods of decreasing of teen pregnancy among children, youth, and teens.

### **Summary**

As discussed throughout Chapter 1, the federal government developed eight specific guidelines for abstinence education programs, which were introduced in public schools. The problem this study addressed was the lack of a method to measure the alignment between the LIFE curriculum and the federal A-H guidelines for abstinence education. The LIFE curriculum is a research-based, federally approved curriculum program and is the most widely accepted and used program in the United States. Chapter 1 covered the following topics: the background and foundation of Federal Title V abstinence education programs, the problem statement as it relates to curriculum alignment, the purpose of the study, the theoretical framework, the nature of the study, the guiding research question, a definition of working terms for the study, assumptions,

scope and delimitations, limitations of the study, the significance of the research, and finally the study's implications for positive social change.

Chapter 2 provides a review of the current literature and an overview of the most often cited research scholars on the topic of abstinence education. Chapter 3 explains and justifies the study's methodology. In Chapter 4, the data analysis and general findings are presented based on the framework of the LIFE curriculum and the A-H guidelines. In Chapter 5, the findings and their implications for policy, practice, and future research will be discussed.

## Chapter 2: Literature Review

The purpose of this literature review was to provide a comprehensive background on the social problem of teen pregnancy. The issue of teen pregnancy prevention was reviewed through the lens of research on federally funded Title V abstinence education programs. The development of a theoretical understanding of the issues related to teen pregnancy prevention intervention programs among at-risk youth, ages 10-19, is provided. An understanding of these issues is necessary to answer the research question in Chapter 1.

### **Research Strategy**

According to Harvard (2007), a literature review search should be a well-developed and organized search for all related literature that has been published on the particular topic. The literature on teen pregnancy prevention is extensive in scope and research objectives, dating back to the early 1960s. This review focused on those areas of teen pregnancy prevention that used federally funded abstinence education programs.

The following databases were used in the search: PsycINFO, PsycARTICLES, Academic Premier, Science Direct, SocINDEX, MEDLINE, ERIC, PubMed, and SAGE Premier. Foundation government sponsored health institutions such as the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services were also consulted.

The following keywords were used: *safe sex programs, family life education, comprehensive sex education, and programs and curriculum: teen pregnancy prevention,*



*abstinence education, Title V, Section 510 (b)(2)(A-H) of the Social Security Act, safe sex programs, reproductive health, sexually transmitted diseases, comprehensive sex education, and evaluation of programs and curriculum.*

This chapter includes (a) a review of the complex nature of teen pregnancy prevention through the use of abstinence and family life education programs and the impact of these curricula on children, teens, their families, and communities; (b) a review of the history of the federal Title V, Section 510 (b) (2)(A-H) of the Social Security Act's policies regarding abstinence education; and (c) a dialogue from multiple perspectives as to why the existing policy structure in evaluating selected abstinence education programs has failed to significantly lower the rates of teen pregnancy and STDs/STIs in the United States.

### **Theoretical Framework**

It is from an extensive review of the current literature that has cited teen pregnancy as one of the major problems in the United States. The most under addressed question is, "Why do young girls from lower socio-economic communities become pregnant at significantly higher rates than their peers in the middle and high income family range?" According to the HHS (2015) it can be noted that rates of early pregnancy among children, youth, and teens has steadily declined within the past few decades. However, the factor that has not changed is the correlation between the incidence of teen pregnancy and socio-economic level. As reported by the HHS (2015) although there has been a steady decline with regard to rates of teen pregnancy, there still remains to be an

over representation of low-income teens, particularly Hispanic and Black youth. According to HHS (2015) the birth rate among 15- to 17-year-old, non-Hispanic Blacks is 36 in 1000, which was more than three times the average. The birth rate among Hispanics is 48 in 1000, which was more than four times the average. The birth rate among non-Hispanic Whites is 12 in 1000 HHS, 2015). When these statistics are compared to the reported rates of teen pregnancy among girls from low-income communities to girls who come from middle and high-income earning families and or communities, it would seem that teen pregnancy is a major problem among lower socio-economic women and girls of color (Harris & Cheney, 2015). Federal policies have been put in place that have provided increased access to contraceptives and reproductive services for children, youth, and teens. Additionally, health care clinics and other resources have been established in low-income communities to support and educate teens and their families regarding healthy life choices and practices (Lê et al., 2015). It is of interest to observe that pregnancy rates among low-income teens remain disproportionately high (Lê et al., 2015). Finer and Zolna (2011) argued that middle and high income earning families have resources that often serve as a restraint to engaging in risky behaviors that may lead to becoming pregnant at an earlier age. This main resource is their socio-economic advantage. Pradhan, Wynter, and Fisher (2015) report that girls who come from lower socio-economic communities are less likely to have access to more advanced educational opportunity. Girls who come from middle to high income earning

families and communities are often resented with a variety of career and job choices, which can lead to economic independence and upward mobility (Pradhan et al., 2015).

Early pregnancies among girls from middle and high income earning families are most likely to end through abortion and or adoption (Kost, 2015). This is a less likely pregnancy outcome for lower-income earning families and communities (Finer & Zolna, 2011). This is as known as a White middle-class life path. As Elliott, Powell & Brenton (2015) suggested middle-class values expect that youth will finish high school and then go on to earn a four-year college degree, establish their careers, and marry before beginning a family. Traditionally, early pregnancy from a White, middle-class perspective was seen as a threat to one's life path. In this middle-class life view, it would be expected that all women would logically try to prevent pregnancy from occurring (Elliott et al., 2015). Therefore, research and policies that attempt to address high rates of pregnancy among lower socio-economic children, youth, and teens often fail recognize how having children at earlier ages can have different implications and significance among various social classes (Kost, 2015). If, teen pregnancy is to be viewed as a social problem, the public must acknowledge who perceives it as such in order to understand why certain groups are more likely to experience early pregnancy and other may not.

The theoretical framework for this study will be Lewis' (1968) theory of the culture of poverty perspective. This theory focuses on the role that poverty and socioeconomic disadvantage play and argues that early sex and childbearing among impoverished persons. Lewis (1968) suggested that this theory represents "both an

adaptation and a reaction of the poor to their marginal position in society” (p. 168). The difference between this particular theory and others is that the argument is that the behavior of certain impoverished persons may be passed on from generation to generation in particular communities. The theory of the culture of poverty is related to the origin of the Adolescents Family Life Act enacted through the Personal Responsibility & Work Opportunities Reconciliation Act, as provided in Title V, Section 510(b) of Social Security Act.

According to Hoyt and Broom (2006) the use of social, cognitive, and behavior change theories that have been grounded in educational learning through abstinence education based curriculum programs, such as the Choosing the Best have been used for several decades. Social learning theories are effective in influencing risky behaviors and focus on social influences, which act to change personal values, group norms, and building social skills. As reported by Harris and Chaney (2015) and Kirby et al. (2011) researchers have demonstrated that programs grounded in psychological, social, behavior, and cognitive learning theories can be used to identify the risk and protective factors that affect behavior. Additionally, when the cognitive risk and protective factors are identified, activities and programs that are constructed to change those factors decrease the risky sexual behavior of children, youth, and teens (Lê et al., 2015). This causes a resulting outcome in a decrease in the negative physical, social, and environmental consequences of teen pregnancy (Tolman & McClelland, 2011). There are many positive

individual and social impacts in decreasing and or reducing early initiation of sexual activity in children, youth, and teens.

However, those who have participated in Title V abstinence education programs that have had demonstrated effectiveness, show improvement in their level of risk avoidance and the protective factors, which impact decision. The increased levels of risk avoidance techniques and the teaching of protective factors have served to help children, youth, and teens in making better decisions regarding their sexual behavior (Spencer et al., 2012). It is imperative that the Title V A-H guidelines, which outline effective abstinence education programming be aligned to the selected abstinence education curriculum program, so that the program will influence children, youth, and teen to avoid risky behaviors. It is important that curriculum programs such as LIFE are able to alter these specific factors. When these behavioral factors are altered through an abstinence education curriculum program that is in direct alignment with the Federal Title V A-H guidelines, these particular federally funded programs will be able to serve as a change agent and impact the participants' behavior. It should be of importance to state and federal public policy law makers that if, selected abstinence education curriculum programs are found not to be in alignment with the Federal Title V A-H guidelines, future funding decisions should be made. These decisions are important to children, youth, and teens, their communities, school- based administrators, and parents regarding effective continuation or discontinuation of programming (Cushman et al., 2014). Selected abstinence education curriculum programs must be in alignment with the Federal Title V

A-H guidelines, as to significantly reduce rates of teen pregnancy, which will decrease the number of children born in poverty. The issue of teen pregnancy as a social problem in the United States needs to be reduced, which in turn, will positively affect the social and economic cost to society.

### **Lack of Theoretical Foundation in Research**

Many abstinence education curriculum programs fail to base their arguments on a firm theoretical foundation. Manlove, Fish, and Moore (2015) reported that a lack of a firm foundation has led to the presence of significant gaps in relevant information within the literature. Lieberman, Fagen and Neiger (2014) and Cushman et al. (2014) have argued that researchers need to incorporate theoretical information into existing interventions and failure to do so leads to misinterpretation and misunderstanding of program data. Therefore, as Gavazzi (2011) asserted, abstinence education programs developed to aid the target groups, their families, and communities do not meet their intended outcomes, which bears minimal results. Providers and abstinence education program developers lack training on how to handle research based theoretical findings and the incorporation of the findings into their existing programs. Such incompetence has seen several preventive initiatives fail to function. Additionally, as suggested by Manlove et al. (2015) lack of theoretical application to abstinence education curriculum programs may lead to stereotyping of teenage behavior as being impulsive and irrational. It is without prior knowledge of teens that researchers tend to report assumptions that may be inaccurate. In fact, research from the HHS (2015) explained that some children, youth,

and teens are capable of making rational decisions. Therefore, they make the appropriate population fit for the application of theoretical frameworks.

### **Teen Pregnancy Program Intervention**

As claimed by Manlove et al. (2015), the presence of sexual education, poor accessibility and availability of contraceptives, and the poor conditions in the social setup as being the cause. In this case, a solution would be the provision of social services. McClelland & Frost (2014) argued that internal problems of teens are the leading causes of early unwanted pregnancies. There are many teen pregnancy prevention methods that make use of interventions that focus on changing the characteristics of the children, youth, and teens. According to Manlove et al. (2015) the features include behavioral, cognitive or psychological that directly affects sexual antecedents. Such characteristics influence the onset of sexual activity, the range of sexual partners, and the usage rate or level of contraceptives among others. Most of the intervention programs are curriculum-based. The aim of the curriculum-based programs is to provide knowledge regarding specific attitudes, beliefs and guide the understanding of children, youth, and teens about sexual behaviors. Teens are taught about risky sexual behaviors that may lead to unplanned pregnancies and the prevention of sexuality transmitted diseases and infections (STDs/STIs). As suggested by Walker (2015) and Mitchell (2008), comprehensive family life education programs incorporate specific reproductive health programs that assist families in getting access to contraceptives to prevent STDs/STIs and unwanted pregnancies.

### **Interpersonal Level Interventions**

The interpersonal level concentrates mostly on the informal relationship between the teens and the family, peers, and even teachers (Le et al., 2015). Therefore, the intervention seeks to help prevent early initiation of sexual activity, which may lead to pregnancies through the interpersonal relationships surrounding the teen. It is evident that an individual's actions and feelings get influenced by the significant members of his or her surroundings (Le et al., 2015). As discussed by the United States House of Representatives Committee of Energy and Commerce (2012), programs at this stage take into consideration the support of peers and the connection with adults and mentors. Essentially, this level prioritizes a teen's personal life. Regarding this, one can understand the background and personal traits of the teen prior to embarking on the relevant program to use (Peter, Tasker & Horn, 2015).

### **Social Structural Level Interventions**

This particular intervention's emphasis is on how the individual's social interactions are made up or comprised. The community does influence the traits and behavior of a person. As reported by Petrova and Garcia-Retamero (2015) and Manlove et al. (2015), children, youth, and teens tend to emulate what they see in their own families and communities. Some of the social factors affecting at risk youth include access to cultural and financial resources, due to limited family income. Additionally, employment opportunities, social policies, and the access to education may influence the lifestyle of the children, youth, and teens (Harris & Cheney, 2015). Social inequality, a



social issue that promotes poverty, also plays a role in teen pregnancy. Similarly, social injustices in the community make the young people engage in deviant behaviors, sex inclusive (Harris & Cheney, 2015). This level also uses the analysis of cultural norms, health factors and access to care among several social necessities to help prevent the teen pregnancies. As found by Lê et al. (2015) society shapes the life of an individual, and for teen pregnancy rates to decline; communal initiatives should be in place.

### **Multilevel Program Interventions**

It is with the acknowledgment of past limitations, there has been a shift from the singular interventions to multifactorial and multilevel approaches. As McClelland and Fine (2008) reported, the one approach focused primarily on the attitudes, knowledge and beliefs of the victims or the community overlooking other areas. In contrast, the multi-methods incorporate factors that address the antecedents to children, youth, and teens becoming pregnant (Walker, 2015). Similarly, the programs equip the children, youth, and teens with materials and tools to navigate the adolescent stage pregnancy-free. Such mechanisms have led to the decline of teen pregnancy rates.

Despite the presence of multilevel programs, several approaches emphasize the individual level attributes. Therefore, the programs do make an impact on the antecedents of sexual behavior exclusively paying little attention to antecedents that are non-sexual. Harris and Cheney (2015) assert that non-sexual antecedents include cultural norms, vocational education, service learning, adult connections and employment opportunities.

It is evident that several programs and levels of intervention exist that aid in decreasing teen pregnancy rates. Manlove et al. (2015) discussed that despite the existence of such initiatives, teen pregnancy still occurs in society. The failure to use theoretical frameworks has been cited as a cause of teen pregnancy program interventions, not being effective (Lê et al., 2015). In fact, as reported by Lê et al. (2015) and Fisher et al. (2014) the majority of theoretical frameworks consider both the personal, internal, and or external factors, along with the environmental. Finally, the theoretical approach shows that there is an interaction that exists between the two elements and how they merge to help in offering a solution to decreasing significant rates of teen pregnancy.

### **Issues in Preventing Teen Pregnancy**

According to the literature there are a number of problems that face the issue of the prevention of teen pregnancy. These issues need to be addressed through the use of multiple levels of program intervention (Harris & Cheney, 2015). According to Lê et al. (2015) this is because apart from counseling and education being offered through comprehensive reproductive health education programs, it is important to intervene for behavior changes and include components such as community support, organizational changes, and planning. Additionally, the components must be addressed using the various theoretical approaches to teen pregnancy intervention program through abstinence education (Lê et al., 2015). Consequently, there are three main levels through, which one can establish and seek an intervention to the prevention of teen

pregnancy. As reported by Harris and Cheney (2015) and Lê et al. (2015) the ways of intervention are through the individual, interpersonal, and community efforts.

Lê et al. (2015) asserted that the community level is the main level of focus on the behavioral factors such as beliefs, knowledge, and attitude. This level of support can assist in the promotion of healthcare practices for teens and their families. Additionally, factors such as past experience and motivation towards academic success, sexual activities, sense of future, pregnancy, and the use of contraceptives are generally addressed. Consequently, Debiec, Paul, Mitchell, and Hitti (2010) observed that at the community level, one's behavior is considered and individuals are encouraged to plan for their future life, think about their education, avoid sexual encounters, control childbearing, and avoid unprotected sex to reduce STDs and other infections. As a result, it is crucial to consider the alternatives offered to the adolescents by the communities towards early childbearing (Harris & Cheney, 2015). In addition, it is paramount to consider various opportunities that can be used by children, youth, and teens to connect with one another, and strengthen their relationships through positive living (Zhang, Jemmott & Jemmott, 2015).

### **Adolescent Developmental Interventions**

As reported by Zhang et al. (2015) when conducting an abstinence education program through the use of teen pregnancy interventions, it is paramount to take into account a child, youth, and teen's development process. Additionally, all the stages affecting the adolescents and teens must be assessed carefully to give full information

about the teenagers and how they fail to foresee and plan for their future. Tolman and McClelland (2011) argued that this is because there is a misconception by the counselors that the adolescents who are physically mature are treated as adults; however, the young teenagers who look to be mature may be thinking in concrete terms. Thus, failing to apply abstract concepts; this includes things such as risk of STDs or early pregnancies in their life. As a result, the teenagers who are not mature and fail to use concrete thinking are problematic to handle because they have a low view of reality. Additionally, individuals who are not abstract thinkers only seem to concentrate on the immediate consequences of their actions or direct behaviors and may fail to consider the future event. However, teenagers who are mature are in a position to anticipate the future events and assemble their personal efforts to avoid undesirable outcomes.

Additionally, Tolman and McClelland (2011) asserted that the negative perceptions of adolescent's cognitive stages of development may hinder the counselor from reaching them in an effective and appropriate manner. As a result, as indicated by Brown (2015) it is important to convey and recommend health messages to adolescents in a developmental and appropriate way; especially when trying to understand the behavior of children, youth, and teens aged 10-19 years. Moreover, counselors should note that teenagers who can use abstract thinking are capable of reverting back to concrete reasoning especially when challenged by their personal issues; this include factors such making an agreement to use contraceptives with their partners or whether or not to be sexually active (Brown, 2015).

In order to prevent early pregnancies in 10-19 year olds, Tolman and McClelland (2011) suggested that is important to strengthen the coordination efforts in the programs that educate and give counseling interventions. Additionally, it is advisable for peers, family members, teachers, that all the adolescents encourage 10-19 year olds to be sexually responsible to avoid early pregnancies. In addition, adults should offer the children, youth, and teens nurturing support especially when transiting from adolescents to adulthood. Spencer et al. (2012) believed that this calls for counselors and health care providers to develop and plan for community interventions. These interventions should deal with the counterproductive or negative forces. This is especially in the economic and social environments; this is meant to provide various alternatives in early sexual practices and pregnancies.

Consequently, there are various factors that promote early pregnancies in 10-19 year olds. These include factors such as level of education, income level, family features, and personal beliefs based on one's religion. It is important for the program practitioners to examine the influencing factors within their planned interventions, which may lessen the impact that they can create in detouring early pregnancies (Harris & Cheney, 2015). According to Peter, Tasker, and Horn (2015) the abstinence education program should be aimed at helping people who are affected by risk factors such as the lack of adequate education or living in poverty. The abstinence education program will help these individuals to a greater degree of teen pregnancy interventions that meet their personal needs. Moreover, Peter et al. (2015) suggested that program

planners can use their creativity in the intervention approaches. The creativity used by the program practitioners, counselors, or the planners should be focused on changing family features that influence the children, youth, and teens moral and value system (Brown, 2015). As asserted by Manlove et al. (2015) it is possible to provide effective interventions to the teenagers' morals and behaviors. For example, if, a child, youth or teen's mother is a smoker or drug user and the father is not there, this should not subject the ten-19 year olds to a doomed life (Harris & Cheney, 2015). This means that a ten-19 year old can be a role model for many by high academic achievement and living positively, despite the formidable challenges (Harris & Cheney, 2015).

Consequently, reported by Spencer et al. (2012) abstinence education and or community intervention program providers should give clear information to persons ages 10-19 that their parents' behaviors should not influence their being. For example, it is important to make it clear that the process of self-actualization in adolescents is not guaranteed by being in the student's body, head of households, or presidents in school. However, when an individual is acting as the head of house and is taking care of the family draws a positive sense in self-actualization. The core responsibility of the abstinence education, family life education, and comprehensive reproductive health intervention program providers is to modify the various variables in self-actualization that are meant to strengthen the teenagers' behaviors in the adolescents (Spencer et al., 2012).

Jackson et al. (2012) found it was crucial to consider the modifying factors and identify the factors that greatly influence the behaviors of the teenagers that promote early pregnancies. According to Jackson et al. (2012) most of the modifying factors are more powerful and explicitly explain human behavior; however, the factors are not seen casually. However, despite the fact the modifying factors are crucial, it is important to consider the various interventions that are probable in intervention programs, such as abstinence education to aid in the prevention of early pregnancy.

Hillis et al. (2004) affirmed that there are four factors that influence early pregnancies. They mentioned poverty, family issues, adolescent growth, and sexual abuse as the main factors that promote sexuality that results in early pregnancies. The above modifying factors should be given specific attention. In addition, it is advisable to develop formal research evaluation methods to measure the consequences of early pregnancies in the children, youth, and teens. However, researchers such as Rohrbach et al. (2015) have argued that it is important to create sexual awareness among teenagers by relating the core modifying factors affecting them to promote prevention of early pregnancies. Moreover, as reported by Walker (2015) and Lê et al. (2015) risk factors such as engaging in unprotected sexual activities, drugs, and substance abuse, and sexual abuse are clustered in the list of the modifying factors. The following is the discussion of the four modifying factors.

## **Poverty**

Mkhwanazi (2010) observed that most of the social structures and variables are correlated and in one way or another and they support the likelihood of early pregnancies. As a result, Harris and Cheney (2015) asserted that poverty and lack of adequate education are the main contributing factors to teenage sexual activities and early pregnancies; the two are correlated. In addition, other factors such as cultural beliefs, ethnicity, parent's level of education, and family trees all revolve around poverty (Harris, & Cheney, 2015). For example, the highest percentages of teens who become pregnant at their early ages are mostly under foster care, at-risk for academic failure in school, or have limited life aspirations (Harris, & Cheney, 2015). As a result, abstinence education and or teen pregnancy intervention program providers should include social and psychological variables that prevent early pregnancies. Additionally, it is important to consider the areas that need intervention, as a result of the factors that have been mentioned. For instance, as Lê et al. (2015) have found, when an abstinence education and or teen pregnancy intervention program provider reviews issues concerning poverty, it may not be possible to recognize and address the causes. The causes of specific poverty may be due to lack of employment, poor educational attainment, gender inequalities, and lack of support from family members. These causes may hinder practitioners from pointing out the effects of poverty and how it influences unplanned pregnancies in children, youth, and teens.



Consequently, it is important to develop various alternatives in the intervention programs to create opportunities of more effective results (Harris, & Cheney, 2015). However, as found by Lê et al. (2015) it is hard to achieve this program because facilities such as family planning and other clinics are not embracing education programs in family planning or offering employments to the teenagers. Yet, it is possible to establish training and education programs especially in the most impoverished communities, as an opportunity to control the issue of unplanned pregnancies and STDs infections among children, youth, and teens (Harris, & Cheney, 2015).

Consequently, Dworsky and Courtney (2010) argued that clinics that support family planning have a role to play in screening clients against other infections resulting from early sexual activities. Additionally, medical practitioners are supposed to motivate and encourage children, youth, and teens to avoid sexual activities that might result in early pregnancies. This guarantees that there is hope for a decent future (Lê et al., 2015). Lastly, the use of the contraceptive by those who are sexually active can be encouraged to prevent unplanned pregnancies.

### **Developmental Factors**

Adolescent development is determined by cognitive, biological, psychological, and social factors. Developmental behaviors in teens are related to early sexual behaviors that may result in early pregnancies. There appears to be a significant gap between cognitive development and biological development. According to Lieberman, Fagen and

Neiger (2014) a teenager, who may believe that they are biologically ready to engage in sexual behaviors may fail to consider the risks of early pregnancies or STDs and STIs. As a result, these children, youth, and teens lack of cognitive maturity, is the main contributor to high rates of unplanned pregnancies. Zhang et al. (2015) affirmed that the more mature a teen may be during the first sexual act, the higher the chance that they will use a birth control method.

Adolescents who are using cognitive abstract reasoning are able to define their personal roles, their identity and examine futures risks involved in sexual behaviors (Oyedele et al., 2015). However, most of the adolescents are struggling to determine their identity and personal independence. Teenagers tend to prove their biological development by engaging in sexual activities with a notation that sexual acts will make them more cognitively mature (Oyedele et al., 2015). Alternatively, adolescents who engage in sexual activities are also motivated by the social pressures around them to engage in these risky behaviors (Harris & Cheney, 2015). Oyedele et al. (2015) found that children, youth, and teens may believe that engaging in sexual activities will make them fit in certain social groups.

### **Family Attitude and Behavior Toward Sexual Activity**

Parental and family behavior and attitude towards sexual intercourse have played a major part in early pregnancies, especially the sexual attitudes displayed by their mothers. According to research that was carried out by Fisher et al. (2014) children and teens whose mothers were sexually active during a younger age, often become sexually

active at an early age, as well. Additionally, the results indicated that girls from mothers who become parents at a tender age are also likely to get pregnant at an early age. In their results, Lê et al. (2015) argued that among girls whose mothers gave birth at ages 12-19 were twice as likely to become pregnant as compared to the daughters of mothers who gave birth at an above 21 or older. Regardless of race, it has been observed within the literature, that those persons who have had mothers with more permissive attitudes towards teenage and premarital sex have had higher rates of the initiation of sexual activity at a much earlier age. Additional factors that put girls at high risk for pregnancy include, the lack of stable parental role models, the lack of positive support and wholesome affection, the lack of constructive supervision before and after school hours, and having a sibling who is already a teenage mother or parent.

Peter et al. (2015) reported that the mothers who become pregnant when young somehow support premarital sex thus, encouraging their daughters to engage in sexual activities. Additionally, lack of adequate parenting skills, and insufficient role models in the household society are two factors that may act to encourage premarital sex. Mothers who become pregnant during their teen years cannot discourage their daughters from the same actions. Many children, youth, and teens see their mother's as role models for their own future. These early pregnancies on the part of their mother may encourage some children, youth, and teens to think that it is normal to engage in sexual activities without the fear of the consequences of becoming pregnant (Foshee et al., 2015).

To avoid this behavior, the program in question should offer case management services and strategies such as parental counseling, recreational activities for the young, and tutoring the young teenagers from becoming pregnant (Foshee et al., 2015). This strategy is a special tool that can control the high rates of early childbearing among the teenagers due to poverty, low level of education or family attitude and behaviors towards sex (Harris & Cheney, 2015).

### **Sexual Abuse and Violence**

According to Lundgren and Amin (2015) sexual abuse and violence are factors that have contributed to early pregnancies among children, youth, and teens. Additionally, this factor is known to cause emotional and psychological torture thus affecting the one's cognitive reasoning, especially at the adolescent stage (Vagi, Olsen, Basile & Vivolo-Kantor, 2015). As a result, this factor has affected children teenagers' development. Thus, these factors may interfere with the role of adaptive functioning, such as the use of contraceptives and other birth control methods. For example, as reported by Lundgren and Amin (2015) children, youth, and teens who have experienced cases of rape, molestation, or sexual abuse and violence may start exercising sexual activities one year after earlier than it is expected. As a result, the program should address the effects of sexual violence and abuse in early childbearing. Additionally, Fagen and Neiger (2014) suggests that the abstinence education or teen pregnancy prevention intervention program should address issues such as rape, molestation, and sexual abuse. These programs should develop strategies to safeguard teens, especially, children and

youth girls from unplanned pregnancies. Foshee (2015) advocated for special training and counseling of program personnel to deal with the modifying factors that may be a cause of early pregnancies in children, youth, and teens.

Prevention interventions for adolescent pregnancies are affected by social and political context, within these modifying factors. Thornberry, Henry, Ireland & Smith (2010) argued that despite all of the theoretical frameworks that have been incorporated into the environmental factors. There are two modifying factors that have not been distinctly addressed. According to Lê et al. (2015) the two most important factors that have not been distinctly addressed by many theories are funding and policy initiatives. As a result, it is important to assess the need for and availability of community and organizational resources, as well as the existence of road blocks to the interventions of early pregnancies.

### **Cognitive Theory and Behavioral Learning Theory**

According to McClelland and Frost (2014), cognitive and behavioral learning theory focuses on solving the problems that identify themselves with the changes in the dysfunctional thoughts, beliefs, and behaviors that contribute to the problems. According to this theory, one's thoughts influence the emotions that in turn act to direct the behaviors. The cognitive therapy examines one's assumptions, beliefs, and thoughts (McClelland & Frost, 2014).

Cognitive therapy is used to encourage people and to examine and change negative thinking or maladaptive behavior patterns (Petrova & Garcia-Retamero, 2015).

As a result, the theory is used to concentrate on environmental factors that influence one's behavior. Behavioral therapy is used to encourage an individual to change their daily habits. For example, when a person is trying to quit smoking, the environment around him or her may hinder them from achieving their goal; however, changing one's daily habits can help from changing the negative or undesired behaviors. McClelland and Frost (2014) have found that use of both cognitive theory and behavioral learning theory have resulted in great benefits in controlling early pregnancies. This is because the two components encourage teenagers to quit from negative behaviors and adopt positive behaviors that are in line with cognitive reasoning (Petrova & Garcia-Retamero, 2015).

### **Social Learning Theory**

The social learning theory has pointed to environmental issues such as unemployment, poverty, uneasiness to change, and the impact of one's behaviors as the main factors contributing to early teenage pregnancy (Walker, 2015). According to the social learning theory, if practitioners do not include clear theoretical systems that support the program implementation the program outcomes may not be achieved. Policy directives must be included in the program so the factors should be taken as the main tool to shape the options available in the particular environment (Walker, 2015). McClelland and Frost (2014) asserted that this is because public policies are effective in abstinence education and or teen pregnancy prevention programs. Public policies affect the options that may be available among the affected individuals. Manlove et al. (2015) have reported

that public policies should be viewed as an effective tool in the prevention of teen pregnancy.

Social learning theory affirms that the policies should be highly prioritized and concrete to ensure the availability of services and programs that work to help in achieving positive behaviors among children, youth, and teens (Lê et al., 2015). This strategy will influence positive effect on the reduction of teenage pregnancy. As suggested by McClelland and Frost (2014) funding is required to ensure that adequate access to a broader range of programs such as family planning education, education in sexuality, and offer other healthcare services. Offering courses to each of the three target populations, communication, particularly on sex which is a sensitive topic, there is the likelihood of minimizing sexual activities among the youths thus reducing unplanned pregnancies.

Alternatively, Fisher et al. (2014) discussed that communities should take social norms as a way of promoting open communication and responsible behavior among the adults and the teens. Sex among children, youth, and teens should not be treated as a norm in the society. According to Walker (2015) children, youth, and teens should be offered the opportunity to take comprehensive reproductive health education classes instead of family life or abstinence-only education courses, in order to avoid early sexual activities that may result in unplanned pregnancies. In addition, public policies and programs should be used to improve the opportunity for education and rates of academic success, youth community service programs that focus on the shift from

elementary and secondary education to young adulthood (Walker, 2015). Moreover, families desperately need jobs and programs that will help provide a stable financial base to move beyond the cycle of poverty. Cushman et al. (2014) suggested that these types of programs will promote communities towards implementing an intervention. Interventions that modify factors that influence early pregnancy in the children and teens, should be implemented in communities where the needs are the greatest.

### **Experiential Learning Theory**

Experiential learning theory is focused on cognitive and experiential learning (Petrova, & Garcia-Retamero, 2015). Cognitive learning is used to how an individual has applied knowledge. Consequently, the experiential theory is used to address the needs or wants of the individual who is learning. Moreover, the theory highlights learning experiences as self-initiated, personal involvement, pervasive effects, and evaluations by learners. As a result, the theory is more or less equal to individual growth and changes. As indicated by Petrova and Garcia-Retamero (2015) human beings are natural and willing to learn new things; every teaching instructor is supposed to facilitate an effective learning environment. First, an instructor should ensure a positive learning environment. Secondly, it is the responsibility of the instructor to clarify the main purpose of what is to be learned. Thirdly, the teacher can organize and make learning resources available; this can be achieved through balancing emotional and intellectual components used in learning. Lastly, it is important to share one's thoughts and feelings with the students, but one's ideas should not dominate in the learning (Harris & Cheney, 2015).



Cushman et al. (2014) asserted that any intervention program that is being implemented should facilitate learning. Cushman et al. (2014) reported that intervention program participants should be given an opportunity to fully participate in the learning and prevention control process of early pregnancy. The program should create room for self-evaluation and rating of the modifying factors that influence early pregnancies. The intervention program must be is geared towards changing participants' view and perception on sexuality, which will prevent increasing rates of teen pregnancies (Harris & Cheney, 2015).

### **Background of Abstinence-only Education Curriculum Programs**

Huber and Firmin (2014) and Lê et al. (2015) reported that abstinence is one of the primary strategies that is used by comprehensive reproductive health educators to curb the prevalence of risk behavior among children, youth, and teens. A primary concern to those who develop abstinence education curriculum programs is the negative consequences of premature sexual activity. Among these are teen pregnancy, STDs and STIs, and HIV/AIDS. According to Huber and Firmin (2014) prior to the 1950s and 1960s, marriage was considered as the bedrock or foundation of civilization, in the United States. America's perceptions of sexual behavior and relations began to shift in the 1940s and 1950s. This shift influenced a change in attitudes, which began in public schools considering the need to teach comprehensive reproductive health education classes. Huber and Firmin (2014) reported that the public schools began placing direct emphasis on the term family life education instead of comprehensive reproductive health

education. Family life education became a more important source of educating students about reproductive issues in school-based courses, during this timeframe.

The traditional values of waiting to have sexual intercourse until after marriage were held as a standard and accepted behavior by most Americans until the 1960s and 1970s. The counterculture during the Vietnam War era began to change behavior and attitudes toward sexual activity. In 1965, the Supreme Court ruled that the use of contraceptives was a constitutional right to all United States citizens. The 1960s introduced the birth control pill, abortion was legalized in the early 1970s, and sex education became mainstream. According to Huber and Firmin (2014) the 1980s to the present are known as the “Modern Era of Sex Education” (p.40). In 1996, President Clinton signed a new welfare reform bill into legislation. The passing of this legislation was designed to address the issue of children born into poverty and the increasing number of welfare recipients.

As reported by Rector and Kim (2007) family life education supporters from the 1960s and 1970s demanded that youth and teens receive comprehensive reproductive health education. This was an extension of the free love movement, provided that there was access and use of contraceptives. Groups that supported the teaching of abstinence-only education believed that providing teens with knowledge and skills would delay them from engaging in sexual activities. Proponents see this method as being more age appropriate. This would assist them in avoiding any of the potential risks of engaging in sexual activity, which may include physical, emotional, financial harm.

According to the HHS (2014) in 2013, there were approximately twenty-seven births per every 1,000 teenage females in the 15–19 age group. There were almost 300,000 reported babies born to females in the same age group. As the HHS (2015) reported that almost ninety percent were out-of-wedlock births. The birth rate among teens in the United States. birth remains higher than that of other developed countries, such as Canada and the United Kingdom.

It appears from a review of the literature that the availability of contraceptives and the legalization of abortion over the past forty years has not been significant in preventing an increase in rates of pregnancies and births among children, youth, and children aged 10-19. Thus, a viable solution was sought by the federal government. It came in the form of the federally funded abstinence education in 1996 as result of the enactment of the Social Security Act by Congress.

Title V section 510 (b) (2) (A-H) of the Social Security Act appears to not only define what should be included in an abstinence-only curriculum program but the conditions that by a body that requires federal funding for implementing an abstinence-only education program. Devaney et al. (2002) outlined that first such a program must be focused on teaching the health, emotional, and social benefits of abstaining from sexual activity. Additionally, the program must specifically be intended to teach children, youth, and teens ages 10-19 that abstinence from out-of-wedlock sexual intercourse, as the standard of behavior expected of them. Furthermore, Malone and Rodriguez (2011)

asserted that the programs must teach that abstinence is the sole route for averting out-of-wedlock pregnancy, STDs as well as other related health complications.

According to Devaney et al. (2002) Title V section 510 (a) of the Social Security Act also requires abstinence education programs to teach that engaging in sexual intercourse after marriage is the accepted standard of sexual activity, and that extra-marital sex has psychologically and physically harmful consequences. Moreover, such programs must teach that having children out-of-wedlock could be both harmful to the child and the parents, and the society at large. Lastly, Malone and Rodriguez (2011) believed that abstinence-only education programs should teach children and youth how to reject unwanted sexual advances and the importance of reaching the level of being self-sufficient before engaging in any sexual activity that may lead to intercourse. These are the contents expected of any abstinence education program anticipating funding from the federal government.

### **Teen Pregnancy Prevention and Abstinence-Only Education Policy**

According to Jensen, Moreno and Rice (2014) the relevance of teen pregnancy prevention and abstinence education policy is supported by many researchers who ascertain that more information is needed on public policies for comprehensive reproductive health education and family life education programs. As reported by Caldwell (2015) current federal policies to prevent teen pregnancy are misguided and ineffective especially among the poor. However, Jensen et al. (2014) argued that Teen pregnancy prevention through the use of federally funded abstinence education policy

programs provide the teenagers with the responsibility and knowledge to be in positive charge of their own lives. As well, McClelland & Frost (2014) supported policies that respect and acknowledge teenagers sexual and reproductive choices and support the family and federal health policies that enable teens to become self-sufficient and responsible members of their communities and the society. These are important issues that will assist in guiding teenagers on the importance of abstinence. They must understand the basic issues of pregnancy prevention and the prevention of STDs and SDIs. Teens must be equipped with the tools to understand that they are not responsible for handling the consequences of parenthood and must avoid the risk of the contraction of potentially dangerous diseases through unprotected sexual intercourse.

According to Brindis and Moore (2014), the most effective teen pregnancy prevention programs to be taught to different public schools within United States remains to be a debatable topic, which is motivated by high birth rates and teen pregnancies as compared to other developed nations. In addition, Brindis and Moore (2014) concluded that much of the debate is focused on whether comprehensive reproductive health education versus family life education and or abstinence-only should be taught in schools. This is because there are those who consider that comprehensive reproductive health education, which covers such topics such as safe sexual practices will send a wrong message to the teenagers and promote sexual activities. Brindis and Moore (2014) explain that this argument has received significant support from the federal government

within the legislation of abstinence-only initiatives through Community-Based Abstinence Education (CBAE), Adolescent Family Life Act (AFLA) and Title V, Section 510 of 1996, among others. The main message of abstinence-only and family life education programs is to delay sexual activity among adolescents. As a result, the programs in order to support the central message cannot include information dealing with safe sex practices and the use of contraceptives. As a result, the education programs focus on such topics including strengthening relationships, maximizing communication, building self-esteem, formulating goals and making decisions, learning etiquette and manners, resolving sexual conflicts, preventing STDs, aspiring marriage, resolving sexual conflicts among others.

### **Comprehensive Reproductive Health Education**

In the United States, there are many comprehensive reproductive health education programs. However, according to the HHS (2015) there is no federal funding that has currently been provided to support comprehensive reproductive health education being taught in the public schools. Comprehensive reproductive health education curriculums follow a framework that has been established by the National Guidelines a working member group of the Sexuality Information and Education Council of the United States (SIECUS). The SIECUS is a gathering of a variety of professionals from fields such as medicine and human sexuality. The National Guidelines working task team of SIECUS establishes the main focus points that provide the generalized information about daily family living, personal skills, human sexuality, sexual behavior, human development,

relationships, sexual health and culture and society. The recognized concepts are delivered through the use of age-suitable levels of learning. Some of the agencies within America that utilize the National guidelines task Force of SIECUS include the Association of Reproductive Health professionals, American Association of Sex Educators, therapists and counselors, Advocates or Youths, Coalition on Sexuality and Disability, National Asian Women Health Organization, Midwest School of Social Work Council, Girls Incorporated, National Coalition of Advocates for Students, Society for Behavioral Pediatrics, Sexuality Information and Education Council of the United States, Planned Parenthood Federation of America, and the National Network for Youth, National Lesbian and Gay Health Foundation.

As discussed by Grossman et al. (2014) comprehensive reproductive health education in United States. focuses on the issues that facilitate children, youth, and teens to make positive decisions. The positive decisions that they will learn to make from participation in intervention programs that promote pregnancy prevention, will keep them healthy and safe. Cushman et al. (2014) reported that abstinence education utilizes an effective approach that provides children, youth, teens with accurate, effective, complete and age appropriate sex education. Abstinence education will protect them from unintended pregnancies and STIs including HIV/AIDS. Although comprehensive reproductive health education programs currently receive no federal funding, Grossman et al. (2014) suggested that it provides medically accurate and age appropriate information.

Comprehensive reproductive health education programs provide information on various topics that are related to sexuality including decision making, relationships, human development, contraceptives, disease prevention, and abstinence (Walker, 2015). The comprehensive family education program provides children, youth, and teens with a strong platform to build healthy relationships and to make informed decisions. The comprehensive reproductive health education programs also teach children, youth, and teens how drug use and alcohol abuse affects judgment and decision making. Comprehensive reproductive health education programs teach the participants skills to avoid unwanted physical, verbal and sexual advances (Walker, 2015). In addition, to comprehensive reproductive health education programs encourage communication on such topics such as behavior changes and sexuality and it also provides medically important information on the side effects as well as the benefits of various contraceptives including pills and condoms among others (Fisher, 2014).

As suggested by Walker (2015) comprehensive reproductive health education continues to be a balanced and responsible form of health education among public schools that aim to assist children, youth, and teens in understanding complex information on sexuality. This type of comprehensive family education program also seeks to help young people to acquire knowledge to make informed decisions by providing them with credible information that will make them to care for their sexual health. According to Walker (2015) teens in public schools who receive comprehensive sex education are more likely to use contraceptives when and or if, they choose to



become sexually active. Those individuals who are only exposed to the abstinence-only message may be more inclined to engage in unsafe sex. According to the Centers for Disease Control (2015), the United States has had a significant increase in new cases of HIV/AIDS rates over the past five years. This is an increase in the reporting of new cases among those aged 13 to 24. According to Caldwell (2015) earlier studies have shown that comprehensive reproductive health education with a direct program emphasis on HIV/AIDS education may be more effective in reduction of sexual risk behaviors. Abstinence-only education programs that do not focus on these specific risk factors may contribute to the increases in HIV and STDs/STIs among children, youth, and teens. As reported by Walker (2015) funding from the federal government has been allocated to promote abstinence-only education, which has limited comprehensive reproductive health education programs that teach this type of sexual health education. Lack of access to comprehensive reproductive health education programs, especially in states that may have higher rates of new cases of HIV/AIDS and or STDs/STIs in the United States is a major health barrier. As argued by Walker (2015) comprehensive family education programs are designed to provide teens with the knowledge and life skills that they will need to understand safe sex methods, and increasing condom use. This knowledge and sexual empowerment will then act to, decrease the rates of new cases of STDs/STIs among adolescents aged 13 through 18.

### **Abstinence-Only Until-Marriage Education Programs**

As reported by the HHS (2015) programs that promote abstinence-only-until marriage education in the United States, do not endorse contraceptive use and follow the A-H definition, which is required to receive the federal funds. As reported by Cushman et al. (2014) some of the curriculum topics that have been established in abstinence-only until marriage programs include developing values and character traits, self-esteem, avoiding risky behaviors, making decisions, formulating goals, strengthening relationships, maximizing communication, understanding parenthood, preventing STIs/STDs and understanding human development, as well as anatomy.

Abstinence-only until marriage programs provide instruction on the importance of abstinence from sexual activities. According to the HHS (2015), the program tends to exclude safe sex practices and other birth control methods. Abstinence-only programs teach students in public schools on the importance of abstaining from sexual activity, as the only absolute way of protection from STDs, STIs, and teen pregnancies (Walker, 2015).

As suggested by Brandon, Smith, Trenholm, & Devaney (2010) abstinence education programs teach human health, psychological development, and discuss social gains obtained from abstaining from sexual activities. Abstinence-only also teaches the effects associated with children, youth, and teens engaging in sex before marriage. According to the HHS (2015) abstinence-only until marriage programs are intended to

inform children, youth, and teens that abstinence is the only effective method of avoiding STDs/STIs, out-of-wedlock pregnancies, and other sexually associated health problems.

According to Kirby et al. (2011) abstinence-only until marriage programs are more effective than comprehensive reproductive health education programs because it teaches children, youth, and teens to avoid risky behaviors that can attribute to reducing early sexual activities. Kirby et al. (2011) have suggested that comprehensive reproductive health education will only encourage children, youth, and teens to engage in sexual activities that will expose them to the use of contraceptives. However, critics of the abstinence-only programs such as Walker (2015), Caldwell (2015) and Peter, Tasker and Horn (2015) have argued that abstinence-only program until marriage fails to provide the teens with comprehensive reproductive health education information that will protect their health. In addition, the opponents of the program asserted that abstinence-only is not valued as a realistic deterrent or it was unavailable as an option among those individuals that could marry. Marriage for gay, lesbian, transgender was not an option prior to the *Obergefell v. Hodges* ruling in 2015. According to Caldwell (2015) and Walker (2015) there is incongruity within the literature regarding the effectiveness of the Title abstinence education programs but the grant program continues to receive a significant amount of federal funding annually from the Title V abstinence education program. Caldwell (2015) argued that for the policy of abstinence-only to transform American society, it must embrace two different approaches. The two approaches are labeling and categorization. The categorization approach labels individuals through the existence of

rules by excluding them or including them in the society (Caldwell, 2015). The approach separates the accepted norms in behavior from the deviant. As a result, the Abstinence-Only-Until-Marriage policy most often excludes the deviant from the definition (Caldwell, 2015).

In the Federal Title V abstinence education A-H guideline definition, Title V funded abstinence-only programs need to promote abstinence outside marriage (Walker, 2015). In addition, the funded programs should not advocate the use of contraceptives but should only discuss their failure (Caldwell, 2015). In the A-H definition, the abstinence-only program will need to be changed due to the fact that prior to June 26, 2015, the term until marriage applied only between a man and a woman. All such previous legislation was made irrelevant on June 26, 2015, when the United States Supreme Court ruled in the plaintiff's favor for the case of *Obergefell v. Hodges*. The United States Supreme Court's ruling in *Obergefell v. Hodges* ensures that states must allow same-sex marriages to be legal. According to the federal ruling, this would include any students or teenagers irrespective to their sexual orientation. The sections D, E and F of the A-H definition of abstinence education previously excluded transgender, bi-sexual and homosexual teenagers from its goal. This definition assumes that all teenagers in United State were able to legally marry, which was not the case prior to the *Obergefell v. Hodges* ruling. As a result, teenagers who embraced an alternative lifestyle had been previously unprotected and excluded from the discussion within Title V abstinence education programs. For this reason, the definition of abstinence education and terminology of the policy title appear

to have been potentially harmful as well as offensive to teens, who were most recently excluded from the policy. As reported by Brown, Masho, Perera, Mezuk and Cohen (2015) many advocate for comprehensive reproductive health education policy that incorporates all children, youth, and teens in America.

### **Abstinence-Only Policies**

According to Huber & Firmin (2014) in the United States, sex education is a greatly debated subject with many forces. Politics and various controversies, public health concerns, and social trends have all affected the teaching of sex education to teens in different ways and at different times. Despite the many forces surrounding sexuality and abstinence education, an important issue is public support for abstinence and comprehensive reproductive health education. According to Huber & Firmin (2014) the majority of Americans support the teaching of comprehensive reproductive health education and abstinence-only education in the middle grades, as well as high schools. Although majority of Americans support comprehensive reproductive health education in high schools, Huber & Firmin (2014) asserted that there are those who object the idea claiming that it will expose the teens to information pertaining to their anatomy and sex. In addition, some of the opponents of sex education argue that family education results to early sex activities and sex is a personal matter that should not be provided to the teenagers. During the 1980s, more attention was given to the high rates of teen pregnancy that were reported and that the research continued to refute the idea that family education among teenagers increased their chances of engaging in sexual activities. In addition, by

the end of 1980s the country increased its focus on the epidemic of HIV/AIDS which further called for family education among teenagers. Twenty-three states by 1989 made it a mandatory for abstinence-only education to be taught in public schools. This was followed by an additional 23 states that strongly supported the idea.

According to McClelland and Frost (2014) the rates of early pregnancies and STDs/STIs have decreased significantly since 2000 in America. Unfortunately, United States in the industrialized world has continued to face high incidences of teen pregnancies. As a result, debate exists on the most effective intervention to reduce or avoid teens' pregnancies and high incidences of sexually transmitted infections. Caldwell (2015) reports that due to the counter argument on comprehensive reproductive health education abstinence-only program, many of the youths serving professionals have become polarized. This is because majority of those who support comprehensive family education have continued not to receive funding from the government since the Congress is in support of abstinence only program. Due to such arguments, family life education advocates in United States have been split into two. One side supports comprehensive reproductive health education that promotes the use of contraceptives and the importance of abstinence with an aim of building skills, positive attitude and knowledge to teenagers which prepares them when they become sexually active (Walker, 2015). There are those who support abstinence-only programs because these programs discourage sexual engagement before marriage. As well, abstinence only programs do not condone the use of contraceptives among teenagers. Title V abstinence education programs have

continued to receive federal funding because they require grantees not promote the use of contraceptives (Walker, 2015). Caldwell (2015) reported that those who are in support of this program argue that by providing the teens with information on how to use contraceptives, it undermines the impact of abstinence only programs, which is the message that needs to be provided to public school children.

Huber and Firmin (2014) report that in 1981 the United States congress enacted the Adolescent Family Life Act (AFLA), this due to the increasing rates of teen pregnancies. The AFLA was enacted with an aim of allocating federal funding to support abstinence-only education programs that were aimed at preventing teen pregnancies. The act was directed at encouraging self-discipline and abstinence among children, youth, and teens within the United States. The Department of Health and Human Services (2015) reports that under the AFLA grants, abstinence-only education programs are given more than 64 million dollars per year. According to the HHS (2013), it has been since 1997 that the department has required abstinence-only programs to comply with Title V abstinence education definition.

In 1996, the United States Congress provided additional funding to the AFLA enacted the Personal Responsibility & Work Opportunities Reconciliation Act. As provided in Title V, Section 510(b) of Social Security Act, state initiatives were provided with \$250 million for a period of five years in order to promote sexual abstinence and behavior changes among United States children and youth ages 10 through 19. Every state except California for the first five years participated in the program. The State of

California did not participate in the program as they had initially implemented such programs in 1990s and decided to terminate their involvement in 1996, for being ineffective. According to the HHS (2013) for a span of five years from 1998 to 2003, the state and federal funds approximating to half a billion dollars were channeled to support the Title V abstinence education programs. Title V funds are administered through the HHS through the Maternal and Child Health Bureau. The federal funds granted under section 510(b) of Title V of the Social Security Act, are provided to any state that agrees to adopt an abstinence-only-until-marriage program. In addition, for the program to be funded it must follow the A-H definition of abstinence education. This program agreement should be followed by the given state matching three dollars for every four federal dollars provided. As part of the Temporary Assistance to Needy Families Act (TANF), the title V abstinence-only until marriage program has continued to receive funds from the federal and state governments.

Bradford (2014) described that apart from the funding specified in Title V section 510, the 2001 Special Projects of Regional and National Significance-Community Based Abstinence Education (SPRANS-CBAE) program allocates funds from the federal government, which are then distributed to individual private and public organizations and the HHS plays an important role in monitoring and supervising abstinence-only-until marriage programs. However, the SPRANS-CBAE must adhere to the A-H definition as stipulated in the Title V, Section 510(b) guidelines.



### **Virginia's Standards for Family Life Education**

According to the Virginia Department of Education (2014) Virginia Administrative Code for family life education, Code of Virginia §22.1-207.1., the standard provides a comprehensive K-12 curriculum. The curriculum provides age-appropriate instruction that deals with family living and community relationships, abstinence education, the value of postponing sexual activity. Abstinence education is taught as a positive choice in the avoidance of an early and unwanted pregnancy. As reported by the Virginia Department of Education (2014) instruction is focused on the promotion of parental involvement. Parents have the right to review the family life curriculum and any supplemental materials, which will be used in instruction of the program (Virginia Department of Education, 2014). The local school board is obligated by the Virginia code to create a multi-disciplinary committee with a maximum number of twenty members and with a broad-based community presentation such as health professionals, students, educators, parents among others. The school based advisory council is required by the Virginia code to explain specific health policies for the school district. This includes abstinence-only and comprehensive reproductive health education, as mentioned.

### **State and Federal Funding for Abstinence Education**

According to the HHS (2015) the Commonwealth of Virginia's Governor's program for abstinence education has allocated over \$1.8 million each year since 2010. The funds have been allocated to support Federal Title V abstinence-only grants provided

through HHS. According to the HHS (2014) the Title V Abstinence Education program received \$837,664 dollars from the HHS. The amount of \$736,552 dollars was allocated to the abstinence education program in Virginia through matching state funds allocated by Governor Robert McDonnell. In 2014, the United States House of Representatives reauthorized the act that provides \$50 million annually to abstinence-only education programs. The United States Senate may revisit this issue before 2016. The Governor's Program on Abstinence Education is designed to assist children and youth ages 10-14 in late elementary and middle school across the Commonwealth through classroom curriculum materials, lessons, lectures, and after-school programs.

### **Mathematica Policy Research**

Almost 50 years ago, Mathematica Policy Research conducted the first social policy experiment in the U. S., which was titled as the New Jersey Income Maintenance Experiment. This experimental study was conducted to investigate a negative income tax . The study was conducted to test the ways in which poor and low-income individuals could be encouraged to gain employment to limit dependence on public programs. The policy research firm became known for their ability to conduct large-scale random assignment evaluations of public policies and programs. As reported by the HHS (2014) the federally funded Title V abstinence education programs and the Job Corps were also studied by the Mathematica Policy Research firm.

According to Petrova and Garcia-Retamero (2015) and Wright (2015) abstinence education programs for preventing STDs and STIs have often been implemented in

different settings and among different populations. Mathematica Policy Research was hired by the HHS to conduct a systematic review of two hundred and eighty-nine evidence-based intervention programs between 1989 and 2012. The objective of these studies was to evaluate the effectiveness of abstinence-only education provided to children, youth, and teens. This study was commenced immediately after the federal government began funding initiatives for abstinence education program to the States. According to Devaney, Johnson, Maynard and Trenholm (2002) the study report on the effectiveness of Federal Title V abstinence education programs among children, youth, and teens was divided into two sections. The first part which was entitled as The Evaluation of Abstinence Education Programs under Title V Section 510: Interim Report examined the recipients of the Federal Title V funding, the operational experiences of the community, the intention of program participants to remain abstinent, sexual activities and the risk of STDs/STIs, and the potential for teen pregnancy. As well, the report reviewed the implementation strategy of the particular program and the theories underlying abstinence education. In order to evaluate this program's effectiveness, the researchers selected abstinence only programs for a comprehensive analysis. Six of the selected programs were community based and used to promote community awareness on adolescent sexual engagements. The remaining five programs targeted specific teen's population. The evaluator of the study further evaluated the process analysis and evaluated the focus groups, their school, community and parents and program educators. This is important as it facilitated them to analyze the program selected in the program

locations. The first evaluation laid a platform that facilitates us to understand abstinence-only education initiative. As reported by Devaney et al. (2002) the second evaluation which is entitled first-Year Impacts of Four Title V, Section 510 abstinence-only education programs evaluated the impact findings of the early recipient programs that supported abstinence-only education and received federal funding. The four programs evaluated under the second evaluation were Teens in Control of Clarksdale, MS, Recapturing the Vision of Miami, FL, Families United to Prevent Teenage Pregnancy of Milwaukee, WI and Choice, My Future! In Powhatan, VA. Under the second evaluation, the Mathematica Policy Research assembled a study sample of teens who were selected randomly. The selected teens were either assigned to the group of those exposed to abstinence only program, while the second group was not subjected to any of the programs. The study design was meant to analyze the effect of abstinence education program on teen's behavior outcomes.

According to the HHS (2014) the Mathematica research study report comprehensively evaluated the impact of intermediate outcome and views on peer influence and relations, teen sexual activity, intercourse and marriage, abstinence, refusals skills, self-concept, the expectations of sexual intercourse before marriage, the consequences of teen sex and communication with parents or guardians. The study concluded that abstinence-only programs impacted on intermediate outcomes related to the participants' risk taking behaviors and sexual activities. The study also reported some successful information pertaining to changing the children, youth, and teens' views on

their personal choices and triggering a positive attitude toward abstinence. The report also indicated that abstinence-only program made the participants less supportive of risky sexual behaviors and to become more supportive of abstinence; reduce dating, increasing expectations for abstaining from sex, and increasing perceptions of risks associated with early sexual intercourse. Although, the Mathematica research study indicated significant results with the use of abstinence-only programs among teens, the study did not meet program outcomes or goals in self-concept refusal skills, peer influences and relationships, as well as communication with parents.

Petrova and Garcia-Retamero (2015) conducted a replication of the previous Mathematica Policy Research study using meta-analysis of the interventions that evaluated the incidence of STDs and STIs, at the follow up intervention stage. Petrova and Garcia-Retamero (2015) identified the major characteristics of effective abstinence-only education program interventions. The results showed that most of the interventions tended to reduce the incidence from seven to six out of 100 participants, which was a 16.6% reduction in relative risk. Interventions that were focused solely on abstinence were reported as having had no effect. The use of comprehensive reproductive health education programs that aim to improve skills and promote safe sexual practices were found to have reduced risk by 4%. Overall, Petrova and Garcia-Retamero (2015) found that when interventions are designed effectively, a rate of reduction greater than 25 to 30% of STD and STI incidence can be achieved.

## **Public Policy as a Construct in Teen Pregnancy Prevention**

According to McClelland and Frost (2014) in recent times teen pregnancy in United States has continued to receive much publicity from the media, the general public and political leaders. As a result, the high rates of teen pregnancy among different states have become a social problem and national threat that needs to be addressed with the urgency required. According to the Library of Congress (2015) dating back to 1903, Theodore Roosevelt was reported to have uttered these words “race suicide”, which described the problem of the country’s problem of out of wedlock births. This is because according to Theodore Roosevelt, the social elite and the intellectually advantaged personnel were not giving birth to children who could sustain the social class in the society. On the contrary, the families of foreign-born immigrants and African Americans significantly increased their child bearing. In an on-going attempt to control population growth among foreign-born immigrant occupants and African Americans, the government in 1800s implemented public policy which aimed at increasing the birth rate among social elites. To address the problem of racial suicide, the Comstock Act of 1873 was established with an aim of reducing abortion and contraceptives use among women in America.

According to Lovett (2009) the Young Rubber, a federal case of 1930 established that the Comstock Act, prohibited women in the United States from using the illegal contraceptives. This paved the way to the use of legal contraception. As a result of federal and state laws, which prevented the funding of family planning services provided

in public schools, contraceptives were only obtained by those who were in high financial statuses and who could afford family private health practitioners. This contradicted the established purpose of public policy and Comstock Act. As a result of this, those who were in highly financial class continued to advance further economically and socially without giving birth to children while those who are poor in the society continued to give multiple birth per family.

Lovett (2009) discussed that in 1935, which was the period when the use of contraceptives was viewed as an immoral means through which those rich in the society abandoned the responsibility of giving birth to children, the government responded with the increased poverty crisis. As a result, the United States Congress during this period enacted the Social Security Act which channeled funds to contraceptive programs. During this time, the government's effort to fight race suicide concept was greatly affected by high poverty index. By 1963, thirteen states had supported the government contraceptive campaign that targeted the reduction of poverty. As time passed, the attitude surrounding contraception and welfare policy drastically changed and the Comstock Act was struck down for being unconstitutional. As a result, the federal government's effort to expound contraceptives and family planning to less fortunate women in America was seen as a great public policy achievement or success. Unfortunately, the government's program to eradicate poverty by providing women with contraceptives that could limit their rate of giving birth excluded children, youth, and

teenagers. As a result, teenagers continued to become pregnant and give birth, increasing poverty index even further.

Although the government supported family planning, the Hyde Amendment was passed in 1976 to prevent the utilization of Medicaid funds from financing induced abortions unless if it was being used for life saving measures of the affected woman. The reauthorization of Title X in 1978, teenagers under the age of sixteen years were restricted from acquiring contraceptives from programs funded by the federal funds without the consent from the parents or guardians. In addition, under the Omnibus Budget Reconciliation Act in 1981, all clinics that were funded by Title X had a moral duty to notify the teens' guardians or parents on teenagers who need to receive reproductive services from the clinic. To prevent teenage pregnancy, the AFLA of 1973 was enacted. It is this act that resulted to the establishment of abstinence-only education. Throughout history, reproductive freedom has been apparent and abstinence-only until marriage program continues to receive state and federal funding in order to support programs that teach the importance of abstinence among children, youth, and teens within public schools.

### **Self-Determination**

Every individual in United States has the right to self-determination. This means that every individual has the freedom to live how they choose. According to a number of political leaders, self-determination concept is a born-given right that should be respected and upheld in a country whose national policy and agenda is to support equality and



freedom among its citizens (Siegel & Siegel, 2015). Unfortunately, throughout history, the majority of Americans who are of lower economic status have fallen victims of their governing bodies, where they have been forced to relinquish their liberty in order to uphold beliefs and values which are in line with the nation's traditions and ideals (Caldwell, 2015).

Fisher et al. (2014) suggested that social public policy in United States, is in place to determine, which liberties are in due course protected for the individual, found to be legal and are appropriate at the discretion of political leaders. Liberties are removed or instated based on moral intent, which makes the freedom of an individual become politically oppressed (Siegel & Siegel, 2015). Policy initiatives such as the abstinence-only-until marriage initiative are enacted to protect the diversity of ideas that reflect the United States, as a country of freedom and moral appropriateness (Siegel & Siegel, 2015). Comprehensive reproductive health education provides teens with the most medically accurate information available, which will pertain to their sexual and reproductive health and wellbeing (Walker, 2015). According to Walker (2015) this includes evidence based research on HIV/AIDS, STDs, contraception, and sexuality. In addition, comprehensive reproductive health education acts to encourage teenagers to acquire medical health services and advice, if they choose to engage in sexual intercourse.

In a pluralistic society, diverse sexual behaviors and attitudes should be respected as long as such attitudes and behaviors are based on non-violence, equality, justice,

responsibility, and ethics (Siegel & Siegel, 2015). Various individuals across United States have varying perspectives and opinions pertaining to reproductive health and sexuality (Caldwell, 2015). This is because individuals come from diverse backgrounds, have diverse cultures and share various personal histories (Caldwell, 2015). However, according to McClain (2015) the majority of individuals irrespective of the past history, culture or ethnicity agree that any sexual behavior and actions must be based on mutual consent, equality, and the principle of respect. McClain (2015) found that the majority of research policy studies call for interventions and measures, which abide to cultural differences and diverse value systems at the national, state, county, city and community levels in order to target most specifically the changing dynamics of children, youth, and children. As argued by Caldwell (2015) comprehensive reproductive health education programs, as weighed against to abstinence-only-programs, are critical in nature. This is because the objective of these abstinence-only education programs is to provide the participants with knowledge that will encourage and promote them to become individuals, who will be able to take care of their minds and bodies (Caldwell, 2015).

Comprehensive reproductive health education programs empower the participants to make the necessary choices as to how to exercise their liberty and right to take care of governing themselves. Liberty of self-determination is value in itself and a primary principle, which cannot be fully separated from any given individual with regard to the case of copious policies (McClain, 2015). As a result, to respect the liberty of every

American, the public policy is established upon the foundation of freedom (McClain, 2015).

According to McClain (2015) public services, which promote people's empowerment, self-determination, and self-awareness through the use of established moral obligations cannot be provided without considering every individual worthy of self-determination. For this reason, the local authority's moral obligations must promote self-determination and self-government principle of all individuals in America (McClain, 2015). Such principles must be based on sound morals and the moral foundation of persons, who will serve as an elected official. However, if, a public policy and freedom of self-government are to be grounded on a political authority of ethical standards, then individuals in America will not be free to live (Siegel & Siegel, 2015). According to their ideas, people will not be truly self-governed. Instead, such individuals will have the freedom to live in accordance to the ideals of American society. As suggested by Siegel & Siegel (2015) the ideals of moral freedom are suppressed, advocated or categorized through social public policy.

Acceptance of the Federal Title V abstinence education program grant in the Commonwealth of Virginia, is a reflection of the conservative public policies that have governed on various moral ideologies. These ideologies, as specified by the state policy makers and legislators have been aimed at the prevention of the early début of sexual activities and other unsafe behaviors such as drug and alcohol use that may lead to pregnancy among children, youth, and teens. This Federal Title V abstinence education

program grant has been used to address other social problems, such as decreasing the number of children born in poverty and out-of-wedlock, drug and alcohol abuse, and sexual violence among teens (Caldwell, 2015).

### **Social Controlling Abstinence-Only Education**

Social controls are organized ways through which the community responds to individuals who they may perceive as troublesome, threatening, worrying, problematic, deviant or undesirable (Siegel & Siegel, 2015). Social control is well described by three sociological theories, which include the theory of social movements, the theory of the emergence and construction of public problems, and the philosophy of non-conformity and public control. For example, as Caldwell (2015) argued sexuality crusades involve acquiring all reproductive health services including the birth control services. The abstinence-only education is about controlling the spread of STDs/STIs and early pregnancies among children, youth, and teens, in our society. According to Caldwell (2015) in today's society, sexuality is seen as a tool that can be used to exert power over the public. Thus, society should be taught about the social, emotional, and the benefits physical wellbeing that are gained through abstinence from sexual activities. Social control is attributed to several examples according to the United States Department of Health and Human Services (2015). The first example would be the process by which a marriage is defined. The way in which a family is defined would have significant impact on how a non-traditional family is viewed. Traditionally, a married couple was defined as one man and one woman and this was the acceptable and recognized family structure.

This definition of a family discouraged those who could not legally marry prior to 2015 or wish to remain unmarried, as it confines sexuality and sexual activities only to the married. Line (A) of the A-H definition of abstinence education teaches the teens on psychological, social and health gains by abstaining from sexual activities. Line (B), (C), (D) and (E) of A-H definition promote sexual activities in the monogamous faithful relationship and warns teens on the consequences of engaging in sexual activities before marriage and the consequences of giving birth to children out of wedlock.

According to Fisher et al. (2014) a second example of behavioral manipulation is based on welfare policy, which warns people against bearing children out of wedlock, as it could have negative impacts on the children, their parents as well as the society as this could negatively burden the society. The HHS (2015) discouraged the unmarried and those who cannot independently support their families from engaging themselves in sexual activities. The third example of social control is based on adolescent sexuality which is the intended control of reproductive freedom as adolescent girls remain under their parents control until they are 18 years of age thus they should abstain from sexual activities until they are legally married. This policy of abstinence-only is aimed at putting boundaries on sexual activities whereby the government is also involved through public policy. Abstinence is the only sure way of preventing teenage pregnancies and STIs but this has failed to work among America's youth as they only target at achieving reproductive freedom which entails access to contraceptives and right to abortion.

The problem of sexuality among children, youth, teens which may lead to early and unwanted pregnancies is the main reason that abstinence-only until marriage policies have been instituted. As Caldwell (2015) reported the United States federal government's abstinence-only policies are not targeted at the reduction of teen pregnancies and incidences of STDs/STIs, as a result of engaging in unprotected sex. However, the initiative is meant to place strategic boundaries on sexuality through the interference of the government via public policy. This is because if, the government aimed at reducing STDs and STIs and teen pregnancies among those ten-19 years of age, it would have adopted a comprehensive reproductive health education, which is a scientifically proven measure of prevention of teen pregnancy as the program promotes education on contraception (Caldwell, 2015). Abstinence is considered by the federal government to be the most effective method in the prevention of teen pregnancy for those 10-19 years of age. High rates of STDs/STIs and teen pregnancy have shown that abstinence-only policies or programs by be unrealistic in their goals (Caldwell, 2015). According to Lê et al. (2015) for this reason the focus must be boarder on initiatives that include the community, parents, and children and teens.

According to the views of many within the United States, comprehensive family education is the most effective teenage pregnancy prevention initiative as it provides the youths with more information pertaining to contraceptive, abortion and reproductive freedom (Walker, 2015). It is with such information teens especially young women will have full control of their reproductive destiny, which empowers them with knowledge to

govern many aspects of their lives. In addition, the reproductive freedom provides women with the necessary equality in political, economic and social settings. If there is a lack of reproductive freedom, women will become economically dependent and this will force them to subordinate to men where they will be manipulated and possibly be placed in a situation to become pregnant. As suggested by Oyedele, Wright and Maja (2015) women should be taught about the advantages of abstinence along with contraceptive use in order to be able to protect them once they become sexually active. Although the government continues to support Abstinence-only programs, it is important also to consider the comprehensive reproductive health education program (Walker, 2015). This is because the abstinence-only program is shown to jeopardize the health of teens by denying them crucial information on sexuality that could prevent them from acquiring STDs/STIs and to prevent unintended pregnancy. Caldwell (2015) and Walker (2015) have argued that teens need to know how to prevent consequences associated with early sexual intercourse. As a result, they have the right to access information regard the use of contraceptives, such as birth control pills and condoms.

### **Evidence-Based Practices**

According to Halcomb and Hickman (2015) agencies and organizations that develop and implement abstinence educational programs are increasingly interested in evidence-based practices to determine the effectiveness and efficiency of a specific program or curriculum. The literature is limited with regard to the study of effective evaluation measures of abstinence education curriculum programs. As reported by Bailey

and Wolf (2014) effective abstinence education curriculum program evaluations must provide detailed feedback to stakeholders that allow identification, description, and replication of effective practices within a program, as well as the identification of practices that could be modified to improve the program or curriculum.

According to Wilson, Goodson, Pruitt, Buhi and Davis-Gunnels (2005) curricula are instructional materials meant to shape and organize the content and the objectives of an educational program. In order to accomplish these two objectives of shaping and organizing educational efforts Wilson et al. (2005) suggested that curriculum programs present certain topics and partially or completely overlook others. The topics that are covered in a particular curriculum are informed by the views of the curriculum developers or designers. In other words, Wilson et al. (2005) asserted that the content of curriculum programs is informed by what the specific curriculum developers and authors consider to be valuable within the chosen content to teach and learn. The tendency by curriculum developers to include and omit certain topics is highly criticized especially as it pertains to school-based family education curriculum. There are two major views regarding on the current family education curriculum in the United States. Malone and Rodriguez (2011) asserted that these two views are informed by supporters of the Abstinence-Only-Until-Marriage programs and the proponents of comprehensive family education. It is important to note that abstinence education programs received significant federal funding between the 1996-2009 timeframe. As reported by Malone and Rodriguez (2011), the federal government spent over \$650 million, which equals fifty million every



year in this particular period as grants to state governments to operate abstinence-only education programs. According to the Social Security Administration (2011) the legality of this funding was drawn from the Social Security Act, specifically Title V section 510. [42 U.S.C. 710] (a). for funding years 2010-2014 that stipulates the conditions that state governments must satisfy as to qualify for this funding. The abstinence education curriculum is basically designed to teach and train young people to remain abstinent. Malone and Rodriguez (2011) and Devaney et al. (2002) reported the curriculum is premised on the notion that abstinence is the sole form of protection from the risk of STDs and STIs and unplanned pregnancies. This particular view is opposed by the proponents of comprehensive school-based sexuality education. Malone and Rodriguez (2011) argued that the abstinence education curriculum ignores important aspects of comprehensive reproductive health education. More specifically, Wilson et al. (2005) reported that critics of abstinence-only education curriculum programs argue that the developers of these programs omit basic anatomy information and discussions of sexual orientation and harassment. These omissions reinforce social problems, such as gender prejudices in the abstinence education contexts. This argument does not, of course, provide a complete picture of the issues surrounding the abstinence education curriculum programs. Therefore, further examination of the evaluation of these abstinence education programs is needed. The subsequent study that has been proposed will embark on an evaluation of a selected abstinence education curriculum program and its alignment to the federal A-H guidelines.

## **Policy and Program Evaluation**

Chen et al. (2011) suggested that federally funded Title V school-based abstinence education programs provide related forms of support such as personal life skill development are effective in decreasing the rates of out-of-wedlock pregnancy children and youth between the ages 10-14. There has been limited research conducted on the cost-effectiveness of such programs. In their study, Chen et al. (2011) used an economic approach to determine if there were effective cost benefits of a school-based abstinence education program by adjusting various factors, such as influencing participants, permitting certain variables, and reinforcement. The results of the study indicated that abstinence education programs are cost-effective and determine that there are significant benefits based on the on-going impact with participants. The findings also establish that abstinence education programs assist communities in decreasing dependence on public assistance programs, other socio-economic conditions, and medical care costs for pregnancies among children, youth, and teens.

According to Tolman and McClelland (2011) Title V abstinence-only education programs have been funded by the HHS since 1996 but there has been limited discussion of the impact of the AFLA-sponsored programs. The results and or findings of these prevention programs has not been made public and has not appeared in the scientific literature. Researchers such as Brindis and Moore (2014) have reported that the lack of results can be attributed, in part, to problems within the specific evaluations and the types of methodology used. Additionally, Brindis and Moore (2014) indicated that the basic

research designs for the majority of the Title V abstinence education funded programs have been too inadequate to provide meaningful data for any policy or program changes. Brindis and Moore (2014) also included reasons for the lack of meaningful data collection such as the poor relationships between measures, the lack of demonstrated program goals, unclear evaluation methods, and incorrect data analysis designs. According to the HHS (2012) there are over 1 million pregnancies among girls aged 10-19 years old in the United States each year, which then result in at least 450,000 live births and over 380,000 abortions to girls in the same age group. It appears that there are significant reasons to focus direct attention to the public policies and programs designed to prevent these out-of-wedlock pregnancies, STDs, and STIs among at-risk youth and their communities.

Brandon et al. (2010) asserted that federal and state Title V abstinence-only education programs are accountable for promoting and improving the health and well-being of children, youth, and teens in the United States. As reported by McClelland and Fine (2008) during the administration of President George W. Bush almost eight hundred million dollars were expended on abstinence education programs within public and private schools in the United States. This significant level of federal funding has come under public scrutiny and to evaluate the impact of Title V abstinence-only education programs for their effectiveness and cost benefit was directed. According to the HHS (2014) a federally funded evaluation of Title V abstinence-only education programming was authorized by the department to assess the program impact on children and youth.

This research investigation was conducted in 1998 and a follow up study was conducted in 2005 on abstinence education policies and the evaluation of their success with children, youth, and children in the prevention of out-of-wedlock pregnancies, STDs, and STIs. As a consequence of the research conducted by the HHS, McClelland and Fine (2008) identified an issue concerning the embedding of science. Brandon et al. (2010) identified a number of practices and consequences of embedding research science that existed within public policy programs such the Title V Abstinence Education program, as well. Brandon et al. (2010) found that when evaluation research is significantly rooted, it can be overrun by supporting information that is often over sighted, and assessment is non-existent in the actual policy decision making and proposed policy changes. Tanne (2009) reported that the President of the United States, Barack Obama suggested the changes to the 2010 federal budget that reversed the policies of the former President George W. Bush concerning the instruction of the abstinence-only curriculum and methods in sex education school based classes. President Obama's budget proposal for the 2010-2014 timeframe increased funding for comprehensive reproductive health education programs and reduced the amount of Title V abstinence-only education program funding based on the scientific findings of effective sex education strategies over the findings of abstinence-only education programs.

### **Evaluation of Abstinence-Only Education Curriculum Programs**

While abstinence-only curriculum programs should not entirely be expected to be uniform, it is fair to expect them to meet the standard requirements stipulated by the

federal government. Devaney et al. (2002) found that those tasked with implementing abstinence-only education programs must adhere to the federal government criterion for assessing Federal Title V abstinence-only education curriculum programs. Therefore, an evaluation of these programs would seek to establish three particular findings. The first of these is the nature and or fundamental theories of abstinence education programs. Secondly, the evaluation would seek to establish the program implementation experiences of specific communities. Third, an evaluation would seek to establish the impacts of abstinence education programs. Finally, more specifically, Devaney et al. (2002) have determined that an evaluation interrogates the extent to which the programs have transformed the knowledge, attitude, and intentions of the youth and adolescent participants, the extent to which these programs have reduced teen sexual activity, and how the programs have increased the threat of pregnancy and STDs. In order to effectively answer these questions, Devaney et al. (2002) suggested that evaluators select a number of abstinence education programs and analyze their implementation as well as their impact. For the implementation and process analysis, evaluators make use of documents, observations, program participants' focus groups. For example, parents and local youth, and interviews with program staff and community leaders. These interviews have helped evaluators in understanding and documenting the crucial characteristics of the range of abstinence education programs that have been put into operation. Devaney et al. (2002) asserted that evaluators make use of longitudinal data for groups of children,

youth, children that had been randomly assigned to abstinence-only education program in the selected community or an assigned control group.

As evidenced from a review of the current literature on abstinence-only education, it is not only advocated for by the federal and state governments but also by various other actors, especially on the conservative side of the political divide. Bailey and Wolf (2014) have reduced the preference for abstinence to a single argument. That is, if adolescents abstain from sex or delay their sexual debut, the risk of teen pregnancy will be zero and the sexual transmission of infectious diseases will be significantly reduced. This, therefore, means that there might be other reasons for preferring abstinence to other programs but the prevention of teen pregnancy and STDs tops the list. Caldwell (2015) has asserted that the developers of the abstinence-only education curriculum programs are motivated by the desirability of the potential results such programs can achieve than with the identifying the most effective ways of persuading teenagers to comply with requirements of such programs. Bailey and Wolf (2014) suggested that the success of the various abstinence-only education curriculum programs is dependent on the voluntary will of learners to abide by the ideas advanced therein as opposed to obligating those learners to embrace the same ideas. In other words, abstinence education curriculum programs are designed to persuade as opposed to forcing learners to embrace them. This argument provides a possible explanation on why the ills (teen pregnancy and the prevalence of STDs) that abstinence education curriculum programs are meant to decrease are still prevalent among children, youth, and teens in the United States.

Caldwell (2015) further observed that few of the abstinence-only education curriculum programs have been evaluated. In fact, the few that have been evaluated have shown insignificant effects in areas such as the timing of sexual debut. Kappeler and Feldman (2014) noted that while teens have been shown to delay their sexual debut, the delay is only for a few months. Contrastingly, abstinence curriculum programs are designed to ensure that teens delay their sexual debut for years.

McClelland and Fine (2008) argued for the adoption of rigorous evaluation of abstinence-focused interventions or the development of new approaches in this area. As has already been mentioned, a rigorous evaluation of abstinence-only education curriculum programs should seek to establish the extent to, which these programs have been implemented and the impact that they have on the target group. According to Kappeler and Feldman (2014) assessing the extent to which a program has been implemented basically entails process evaluation and impact assessment. Kappeler and Feldman (2014) discussed that process evaluation is aimed at providing a full description of the abstinence education program particularly the program goals, organization, content, procedures, personnel, and target population. Impact assessment as suggested by Scott (2014) is aimed at determining the effect the program has had on particular outcomes. Impact assessment particularly compares the effects that abstinence education programs have had on participants in such programs with groups that did not take part in such programs. Scott (2014) further argued that the validity of impact assessment is

dependent on how well abstinence education programs are measured and the comparability of the groups under comparison.

Anderson (2014) advocated for randomized experiments for evaluating the impact of programs aimed at reducing teenagers' high risk behavior. Anderson (2014) reported that the alternative to randomized experiments is the use of a comparison group. Such a group represents what would have happened to program participants if, they had not been enrolled in the program. A randomized control group, on the other hand, assesses subjects drawn from the same population. In other words, a randomized control group consists of participants of an abstinence education program. It appears that most evaluators prefer using the comparison group method of evaluating the effectiveness of abstinence education curriculum programs. Anderson (2014) asserts that this is because these method is not time consuming and it allows the evaluator to make assumptions regarding some aspects of the program. Additionally, Anderson (2014) found that evaluators who used the comparison group method noted that it produced measurable results while sacrificing the relevance of those results overall. It may be worth emphasizing that an accurate evaluation of abstinence education programs would provide policy makers and program developers with valid results on the impact of the intervention strategies for reducing teen pregnancy and the prevalence of STDs among the adolescents and youth. As such, appropriate methods of evaluation should be employed with these particular programs.



There may be contentions on whether the impact the abstinence education programs are properly conducted, there is a general consensus that abstinence education curriculum programs are the most effective way of averting the consequences associated with risky and premature sexual activity. Weed, Birch, Ericksen and Olsen (2011) observed that there is likely to be continued disagreement on how abstinence among the youth can be encouraged. The lack of consensus on the most effective way of promoting abstinence among teens is understandable considering that sexual attitudes and values among teens tend to differ. Weed et al. (2011) conducted a study aimed at evaluating a program that was built on a specific theoretical series of cognitive structures that act to influence sexual behaviors. Weed et al. (2011) reported that this study sought to test the program's effect on sexual initiation twelve months after the program was rolled out. The study conducted a survey which contained a series of five items designed to assess the study's core constructs. First, the children, youth, and teens' level of self-efficacy to maintain abstinence to sexual activity. Second, the children, youth, and teens' beliefs on the impact that engaging in sex could have on their future. Third, the children, youth, and teens' objectives with regard to whether or not they have planned to engage in sex. Fourth, the value the teens placed on abstaining from engaging in sexual activities until they choose to marry. Lastly, the justification provided by the children, youth, and teens for engaging in risky sexual behavior. It is based on these constructs that the program was ultimately meant to achieve three objectives. These are increasing abstinence values and efficacy, improving awareness of the possible negative future effects of engaging in early

sex, decreasing justifications for engaging in sex, as well as the intentions to engage in sex.

Weed et al. (2011) reported that there is a valuable lesson that can be drawn from this study. That is, the evaluation of teen pregnancy and STD prevention intervention programs should not be based on short-term changes. This is because changes in adolescent sexual behavior do occur abruptly and therefore it is difficult to determine whether initiatives such as abstinence education programs are effective in the short-term. This means that the sponsors of abstinence education curriculum programs such as the federal government and state agencies should base their termination of such programs on the outcomes of the evaluation of long-term impacts rather than the short term. In the case of the study conducted by Weed et al. (2008) there appeared to be significant changes in the levels of sexual behavior between the program participants and the comparison group and those did not take part in the program. In fact, according to Weed et al. (2008) sexual experience or initiation among the program participants increased from 29.1% to 33.7% while sexual experience among the comparison group rose from 29.2% to 43.2%. These findings clearly show that the program had a positive effect on the youth that took part in the program compared to those who did not participate.

This is not the only evaluation study to be conducted on the impact of abstinence education programs on sexual initiation among teens. Weed et al. (2011) documented a study that they had carried out on the impact of abstinence-only education programs on the initiation of first time sexual activities among seventh graders in central Virginia. The

study was a one-year evaluation of an abstinence education curriculum that the Virginia Department of Health had developed as a primary prevention or risk avoidance strategy for STDs and teen pregnancy. Weed et al. (2008) discussed that the study was not solely aimed at determining the impact of Virginia Abstinence Education Initiative (VAEI) on the initiation of sexual intercourse by virgin teens after one year. It (the study) was also aimed at establishing how this impact came about. The study made use of variables used to predict behavioral intentions such as the cognitive constructs of self-efficacy namely abstinence efficacy (the teens' self-efficacy to maintain abstinence from sexual activity), future impact of sex (the teens' beliefs on the impact that sex could have in their future), and the abstinence values, and the value the teens placed on abstaining from sex until marriage. In addition to these three cognitive constructs, two measures of perceived social expectations were also employed in the study. These were peer environment and the teen's opportunity for sex with intentions regarding whether or not they planned to engage in sex. As with the various evaluation studies before it, this study registered a significant reduction in the initiation of first time sexual activities among seventh graders after one year in Virginia. As suggested by Weed et al. (2008) this reduction was especially visible in students who participated in the VAEI evaluation program as opposed to those who were not already enrolled in the programs. The VAEI met all the Title V requirements. The fact that an evaluation of this program revealed that it reduced the initiation of sexual intercourse among Virginia teens can also be interpreted to mean that the program also helped in reducing other risks. In other words, the delay in the

initiation of sexual activity among Virginia teens enrolled in the VAEI translates to reduced teen pregnancies and STD infections during the study timeframe.

One of the most prominent abstinence education programs that the federal government has consistently funded is the Heritage Keepers abstinence education program. It is a classroom-based curriculum commonly practiced in South Carolina. Clark, Trenholm, Devaney, Wheeler and Quay (2007) reported that it teaches students the benefits of remaining abstinent from all sexual activity until marriage and the risks related to premarital sexual activity. Clark et al. (2007) asserted that the program is further aimed at equipping teens with resistance skills and tactics that are essential in practicing abstinence and establishing relationships that are devoid of sex. The program also provided students with information about STDs. Weed, Birch and Erickson (2005) observed that the Heritage Keepers abstinence education program has actually played a significant role in delaying the initiation of sexual activity among U.S. teens. This assertion by Weed et al. (2005) is supported by the outcomes of one their evaluation studies on the impacts of the Heritage Keepers program. As shown by Weed et al. (2005) the outcome of the study actually shows that there was a significant and substantial delay in sexual initiation among teens that had participated in this particular program. Interestingly, this kind of results become clearly visible twelve months after the rolling out of this intervention program. Recent reports and surveys reveal that 82% of teens in the United States are of the opinion that teens should not engage in premarital sex. In fact, Weed, et al. (2005) revealed through these surveys that 67% of teens who have

already initiated sexual activity wish that they had waited to have their first sexual encounter.

As Clark, et al. (2005) noted, the Heritage Keepers education curriculum was made up of several components. These include the abstinence-only education component, life skills education component, and the community education components. The evaluation studies on this program focus on the impact of the abstinence-only education component on the prevalence of teen pregnancy and STD infections. The evaluation of this component has yielded positive outcomes with findings that Clark et al. (2005) suggested that there has been a reduction in problems associated with risky behaviors among teens as a result of employing the abstinence education curriculum component. Although the other two components contribute the prevention of risky sexual behavior among American teens, their impact in this area is considerably low. Clark et al. (2005) pointed out that the life skills education component of the Heritage Keepers abstinence education program has shown little impact on teen sexual activity and more so those teens that have already been exposed to sexual activity. This does not, of course, mean that this component is useless since it is useful in teaching teens that are not yet exposed to sexual activity. As an abstinence-only program targeting middle and high school teens, the Heritage Keepers program has been the subject of much criticism. The most criticism has been coming from liberal groups such as the Advocates for Youth among others. Bearman and Brückner (2005) asserted that these critics term it a poor public health policy that does not speak to the reality of the lives of teens. Bearman and Brückner

(2005) pointed out that in spite of the existence of abstinence-only education programs, forty percent of teens continue to have sex while young people who are below 29 years of age account for 30% of all new cases of HIV infections. Therefore, these groups call for the abolition of the Heritage Keepers abstinence education program, as well as other related programs. Bearman and Brückner (2005) suggested the replacement of these programs with comprehensive sexual health information that will assist children, youth, and teens to protect themselves.

Rector and Kim (2007) reviewed evaluations conducted on 15 programs for their effectiveness and concluded that the majority of these programs had a positive impact on the sexual activity of young people. The *Not Me, Not Now* abstinence education was among the fifteen programs evaluated by Rector and Kim (2007). Rector and Kim (2007) reported that this was a community-wide abstinence intervention program that targeted nine-fourteen year olds in Monroe County, New York. Rector and Kim (2007) explained that the implementation of this program involved a mass communication strategy to promote the abstinence message. The program's message was centered on four particular themes. These were raising awareness of and providing an understanding of the social effects of teen pregnancy, honing in on skills for resisting peer pressure, enhancing communication between parents and children, and advocating for abstinence among adolescents and youth.

The evaluation of the *Not Me, Not Now* program showed the communication strategy employed was effective in reaching teen listeners. As Rector and Kim (2007)

reported, ninety-five percent of the target audience admitted to having seen a *Not Me, Not Now* advertisement. The program had substantial success in terms of the positive transformation of children, youth and teens' attitudes. The evaluation further revealed that the program had a positive impact in the sexual behaviors of adolescents and youth ages nine-fourteen. Rector and Kim (2007) reported that there was a significant drop in sexual activity ranging from 46.6% to 31.6% among children, youth, and teens during the intervention period. Additionally, teen pregnancy rates among girls aged 15-17 years fell from 63.4% to 49.5%. Rector and Kim (2007) asserted that the successes registered in the *Not Me, Not Now* program attest to the importance of abstinence education programs. There are similar initiatives in the other states. Examples evaluated by Rector and Kim (2007) included the Operation Keepsake program for 12-13-year-old adolescents and youth in Cleveland, Ohio, the Abstinence by Choice program for 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> graders in Little Rock, Arkansas, and the Teen Aid and Sex Respect program that targeted 7,000 middle and high school students around Utah among others. Scientific evaluations of these abstinence programs have proven that they can be effective in reducing teen sexual activity, creating positive attitude, and behavior changes among adolescents and youth.

Jensen, Moreno and Rice (2014) believed that designers of abstinence-only education curriculum programs should use the outcomes of evaluation studies to identify crucial factors to target in designing the curricula while strengthening the factors that have been shown to bear fruits. It is noteworthy that academic, health, community and government organizations have since the 1990s, invested many resources in promoting

abstinence-focused programs as way of reducing the prevalence of teen pregnancy and STDs. There is no denying that a considerable amount of resources has been spent in evaluating the implementation and impact of these programs. As reported by Caldwell (2015) the absence of a uniform framework through which the evaluation process for abstinence-only education programs is cited in numerous studies as limiting the ability of abstinence education curricula designers to identify the programs that work from those that have no significant impact on the target groups. Jensen et al. (2014) have found that lack of uniformity in the evaluation of abstinence-only programs simply means that there is an absence of well-defined theoretical frameworks for analyzing the outcomes of the evaluation process. Additionally, the implementation process for most abstinence-only education programs fail to include key role models such as parents who have been known to be staunch advocates of abstinence. In fact, parents can play monumental role in reinforcing the sexual abstinence concept if, they are equipped with accurate information and appropriately encouraged. The way this can happen is if, abstinence-only education curriculum programs are designed in a method that supports the parental role. Silk and Romero (2014) indicated the abstinence message should not only come from the school setting but also from the adolescent and or youth's household in a positive direction. The most positive way can only be determined through examining the outcomes of evaluations that have been conducted regarding the effectiveness of abstinence education programs.



HIV/AIDS is as much a threat to children, youth, and teens in the United States, as it is to young people in other parts of the world. Fonner, Armstrong, Kennedy, O'Reilly and Sweat (2014) found that it is essential to note that the number of people living with HIV and the rate of infection in the United States, is relatively low compared to other countries, especially in the developed world. In contrast, the Foundation for AIDS Research (2015) notes that in 2014, five thousand one hundred seventy-two new cases of HIV/AIDS were diagnosed among youth aged between 13-29 years of age in the United States. As reported by the Centers for Disease Control (2015) African Americans comprise almost 14% of the population in the United States. but account for more than half of all new total cases of HIV and AIDS within the 13-29 age group. The Foundation for AIDS Research (2015) reports that the abstinence-only education program was the focal point of the federal government's HIV/AIDS prevention strategy for adolescents and youth ages ten-19. Hauser (2004) observed that the federal government's funneling of hundreds of millions of dollars to state-sponsored abstinence education programs that satisfied Title V's eight-point criteria prompted abstinence programs such as Washington's Teen Aware, Pennsylvania's Abstinence Education and Related Services (AERS), Oregon's Students Today Aren't Ready for Sex (STARS), Minnesota's Education Now and Babies Later (ENABL), among others. However, the Foundation for AIDS Research, (2015) found it important to note that no adequate evidence exists to support the federal government's overreliance on abstinence-only education program as the best the strategy for HIV/AIDS prevention among the youth.

The Foundation for AIDS Research (2015) found that evaluation studies of the effectiveness of these programs in preventing HIV/AIDS among adolescents and youth further show that the programs do not support the rapid scale-up of resources for combating as well as preventing this deadly virus. There is adequate scientific evidence in support of comprehensive reproductive health education programs as the most appropriate strategy for preventing the spread of HIV/AIDS among adolescents and youth in the United States and, other young people globally. Comprehensive reproductive health education is designed to provide risk reduction information as the most effective way of preventing the spread of HIV/AIDS among the adolescents and youth in the United States. This does not mean that abstinence is entirely discarded as a form of HIV/AIDS prevention. The Foundation for AIDS Research (2007) suggested that the truth is that Comprehensive sex education also supports using abstinence to stem the prevalence of HIV/AIDS among the youth. Caldwell (2015 and Walker (2015) have asserted that abstinence education curriculums not are marketed as the most effective way of preventing HIV/AIDS infections. The significance of this finding is that abstinence can be marketed and taught as the most effective form of prevention of pregnancies and prevalence of STDs except HIV/AIDS among children, youth, and teens.

### **Abstinence Education Curriculum Programs**

The Centers for Disease Control (2015) have reported that sexual activity among children, youth, and teens remains widespread. Sexual activity among children, youth, and teens is one of the critical challenges that must be confronted in the United States.

Kim and Rector (2010) observed that abstinence education teaches children, youth, and teens that abstaining from sexual activity outside the context of marriage is the expected standard of conduct expected. Advocates of this message are faced with a difficult task as far as its successful communication is concerned. Kim and Rector (2010) particularly pointed out the contemporary to this message of abstinence. According Kim and Rector (2010) children, youth, and teens are under great pressure from their friends and or classmates to engage in risky sexual behavior. Kim and Rector (2010) believed that the media stands accused of not only endorsing but also glamorizing sexual permissiveness and casual sex. There is a perception among conservatives that the government supports this gratification of sex by the media by funding programs that promote the use of contraceptives and safe sex. As Caldwell (2015) has purported, the perception has been that the federal government's policy on prevention interventions for teen pregnancy and STDs/STDs is sending mixed messages. However, all federal funding for abstinence education programs was eliminated in 2009. According to the HHS (2015) President Obama allocated funding back to the Title V programs for abstinence education in 2010. As reported by the HHS (2015) President Obama has limited the funding that will be allocated to abstinence education and increased funding in his 2015 federal budget for comprehensive sex education. Mathematica Policy Research (2012) argued that offering less federal funding for abstinence education programs is not effective because there is overwhelming social scientific evidence to show that these programs have had a tremendous impact on sexual behaviors of United States children, youth, and teens. In

fact, Kim and Rector (2010) asserted that studies show eighty percent of U.S. parents would like public schools to teach the children, youth, teens to abstain from sexual activity until they are ready to get married. Kim and Rector (2010) further observe that the absence of federal funding for abstinence education programs complicates the lives of adolescents and youth who want to learn about what they stand to gain from abstaining from sexual activity. This is because abstinence receives little or no mention. The consequence of this is that the youth who choose to abstain do not receive sufficient support for their decisions.

It is quite unfortunate that the abstinence education debate has been politicized because this means that the federal funding of abstinence education programs is dependent on the political persuasion of the executive and congressional leadership. It, however seems that the politicization of this matter is inevitable since it deals with issues that are related to reproductive health rights and privileges. Abstinence education curriculum programs have particularly been faulted by liberal pundits for containing misleading information about the effectiveness of contraceptives such as condoms in preventing teen pregnancies and STDs/STIs (Caldwell, 2015). Abstinence education curriculum programs are further faulted for providing children, youth, and teens with misleading information about the sexual activity and the dangers of abortion (Walker, 2015). Here, designers of abstinence education curriculum programs stand accused of stating that five-ten percent of women who have legal abortion risk becoming sterile or having premature births in the future. Furthermore, these programs stand accused of

blurring the religion and science especially when stereotypes about girls and boys are treated as scientific facts. The main contention is that the assertion by abstinence education advocates is that life begins at conception when the scientific and liberal view is held diametrically opposed to this position.

Lickona (2013) observed that sex is a delicate territory. He further notes that of all areas of education, sexuality education, and particularly the subject on abstinence, has the highest potential for conflict. However, he points out that there is overwhelming evidence or a popular perception showing that abstinence from sexual intercourse before marriage is associated better physical and emotional health among children, youth, and teens, as well as adults. Additionally, sexual monogamy is associated with stable marriages. The reason for associating these advantages with abstinence from sexual activity outside of marriage is because participants of abstinence-only education are imparted with important life skills that they use in avoiding risk and making sexual choices that are in their best interests and the interests of the society at large. The advantages associated with abstinence notwithstanding, the support for abstinence-only education curriculum programs and their effectiveness as risk prevention intervention among the adolescents and youth may be likely to be determined by the political side that United States policy makers and congressional leadership identify with.

### **Is Abstinence-Only Education Sufficient?**

Sex has always been a hot topic, especially among the children youth, and teens. Although it is often seen as the best alternative in sex education, abstinence-only

education programs have not been without challenges. Many are concerned that abstinence-only education will deter children youth, and teens from receiving significant information regarding their reproduction and sexual health when they become sexually active (Walker, 2015). As Kirby et al. (2011) asserted, to address these concerns, the “abstinence plus” approach was proposed. The curriculum offers information about contraceptives and sexually transmitted diseases preventive measures for the sexually active students. Critiques of abstinence-plus education fear that the supplementary components of sex education can promote sexual activities among the adolescents, rather than to discourage them. According to The National Survey of Adolescents and Their Parents, which was funded by the Family and Youth Services Bureau, Administration for Children and Families, critiques of abstinence-plus education fear that the supplementary components of sex education can promote sexual activities among the adolescents, rather than to discourage them (HHS, 2015). This particular study was made publically unavailable through the HHS website and could only be accessed by the researcher through a formal FIOA request, while employed with the Virginia Department of Health in 2012.

According to Caldwell (2015) there is limited scientific evidence to support that abstinence-only education programs are effective in the prevention of pregnancy among children, youth, and teens. It is difficult to precisely establish the influence of abstinence-only education program curriculum on adolescent and teen pregnancy, since there is limited evidence regarding the topic. As reported by McClelland and Fine (2008) the

available case studies do not meet the required criteria, scientifically. Kirby (2002) conducted a case study with the National Campaign to Prevent Teen Pregnancy that has provided scientific facts on the impacts of the abstinence-only curriculum. The primary objective of the National Campaign to Prevent Teen Pregnancy is to reduce the number of teen pregnancies. This group of scholars collaborated to assess 10 abstinence-only program curricula in response to the past Heritage Foundation Study (2002), which concluded that this abstinence-only curriculum was effective in reducing teenage sexual activities. Since, it is relatively difficult to argue that a program is a success without establishing some criteria using scientific parameters. As reported by Kirby (2001) in *Emerging Answers*, the Effective Programs and Research Task Force along with the Heritage Foundation's results were grounded on specific measures that were previously recognized in an analysis of parallel studies.

Kirby (2001) and Kirby (2002) found that nine out of the 10 abstinence-only based curriculums programs were reported as having been successful in postponement of the initiation of sexual activities and diminished the participation in regular sexual activity. However, the studies offered insignificant proof to support the study's hypotheses. Kirby (2002) found out that while the findings of the selected studies were promising, it is important to note that the studies were not typical of all journal studies of abstinence-only curriculum programs (p.6). Most of the work reviewed was widely selected from various programs that offered less promising findings. This collective conclusion was similar to the Kirby's (2001) findings, in this case, the outcome indicated

that there was no substantial evidence to support the efficiency of abstinence-only education programs in reducing rates of teen pregnancy.

In the conclusions drawn from the studies, it was found that teens who were unsuccessful in completing the program were twice as likely to experience the possibility of unwanted pregnancy and to contract a STD or STI. Additionally, it was discovered that intercession programs made discrete efforts to enlist and maintain participants who faced a greater risk. Furthermore, it was found that efforts could be done to motivate the participants to remain in the program until its completion, particularly among the high-risk students. Some of the issues enlisted were family life educators and the prioritization of the needs of the teenage, especially those administering abstinence only intercession programs. In addition to this, they further recommended that those delivering these programs must be sensitive to the manner of delivery. They noted that these programs might affect the teenagers negatively particularly those who were sexually active, those who had in the past engaged in involuntary sexual intercourse or those that might have been exposed to sexual abuse in their past.

As found by Manlove et al. (2015) the available scientific studies on pregnancy prevention programs, either were comprehensive sex education or contained a varied approach to their method studies. However, the evidence provided did not submit sufficient evidence to support the abstinence-only programs fully. Due to these evidence gaps, Manlove et al. (2015) questioned the social policy that promotes teenage sex



education, claiming to decrease teenage pregnancies and early initiation or debut or sexual behaviors, rather than adopting a comprehensive approach.

According to Cushman et al. (2014) some of the barriers found within the literature review in abstinence-only programs included insufficient control groups, limited data, poor research designs, inappropriate data analysis methods, and a little relationship between measures and programs objective. These problems were closely associated with abstinence-only education by the federal government. Cushman et al. (2014) conducted a study, which recommended additional scientific research to support the findings. A difference was noted on the effects of the 10 programs that were reviewed but the results and conclusions remained unchanged. For example, when reviewing the programs participation and the control sample groups, it was discovered that the older teenagers were somewhat more advanced in their level of comprehension and understanding, which was in direct contrast to previous studies. The control groups discussed that these teenagers began dating later but reported to have initiated sexuality activity at an earlier age than the previous study participants. As part of the analysis of the pre-test and the post-test scores for the study participants, the results were duplicated as was the case in the previous studies. It was found out that there were no significant interactions that could bring substantial outcomes in the pre-marital sexual characteristics among the teens.

In their conclusion, Cushman et al. (2014) recommended a more comprehensive approach when delivering these programs. They also proposed that previous studies that

indicated positive results in the abstinence-only education adopted a more holistic approach and hence, the positive outcomes. The debate about contraceptives was also brought onboard by the scholars since they concluded that it reduced the cases of teenage pregnancy. They also recommended instead of the abstinence education curriculum focusing on reducing engagement in sexual activity, the main focus should be on the prevention of resulting pregnancies. Additionally, they suggested that the programs should gain knowledge about the behavior of the teens and their sexual activities. The researchers should also pay attention to teens' attitudes and perceptions for better results in terms of the program success. Another suggestion that was raised by these researchers was connecting with the political authorities who are tasked with overseeing the implementation of the abstinence-only programs, at the state and federal levels. They suggested that necessary changes should be made to measure the success of the programs in terms of the number or rate of teen pregnancies reported.

McClelland and Fine (2008) came up with other hypotheses, questioning the methods that were employed in past studies by their colleagues. Their primary concern was the fact that the studies were only concentrated on abstinence-based programs. In their counter accusations, there were several weaknesses. The duals based their conclusions and studies entirely on literature review, without making any scientific assessments. Instead, they suggested that the abstinence-only program ought to have been given a fair trial, before drawing firm conclusions. Although there were studies undertaken in the 1990s about Success Express programs, there was no scientific

evidence tabled to justify their alleged efficiency. More than a decade later, only sex education programs are sponsored by the federal government. Another accusation made by the duals was the method applied by the past scholars as inexpensive and weak. The twofold suggested that instead of conducting research just to oppose abstinence-only programs, they should have focused on preliminary findings in general.

Tolman and McClelland (2011) reviewed some of the published peer reviewed articles that linked sex education and pregnancy behaviors. The foundation sort, in this case, was to establish four major intercessions of school sanatoriums, multi-dimensional programs, abstinence-only programs and theory based programs. In this case, the success was measured in terms of coital traits, the use of contraceptive and teenage pregnancies. Another review that was conducted touched on the national probability surveys of sex education in the mid-1970s so as to establish the relationship between pregnancy intervention and sex education. Kirby et al. (2011) found that in the national probability surveys, there was a variable relationship between comprehensive sex education and sexual character education were discovered. Nevertheless, the review marked some visible relationship between sex education and primary intervention. For example, the participants that remained in the various sex education programs sufficiently delayed sexual initiation to control groups. As well, this was also demonstrated in one of the multi-dimension programs and the three of the four theory based programs assessed by Kirby et al. (2011). The abstinence-only program acknowledged a rise in sexual activities among the teenagers, yet; the findings proved not worth mentioning when replicated.

Kirby et al. (2011) also reported that the findings of the surveys and several additional studies found that the participants were likely to use contraceptives as opposed to those that were non-participants in the program. These comprehensive reproductive health education programs had an insignificant effect upon those that were already sexually active before being enrolled in sex education programs. Additionally, Kirby et al. (2011) discussed one intervention showed evidence promoting the use of contraceptives that were reportedly found in the school sanatoriums. Additionally, Kirby et al. (2011) found that a multi-dimensioned abstinence-only education curriculum program was a success especially on youth pregnancy frequency among the sampled population. Every program had a reduction in the reported number of pregnancies when compared to control programs. Nevertheless, only one of the programs used multi-dimension approach.

Sex education that enlists the use of contraception and HIV/AIDS preventive measures has always been a key recommendation of various scholars to curb teenage pregnancies. Unfortunately, various stakeholders involved in the policy making have continued to advocate for abstinence-only programs despite the efforts and various measures taken to encourage multi-dimension programs. This is evident from the fact that the federal government is only keen to fund abstinence-only education contrary to various recommendations. This led Spencer et al. (2012) to conclude that the prevalent lack of knowledge among the youth pertaining to the considerable risks of vulnerable sexual activities and comparatively limited the use of contraceptives illustrated the need for comprehensive information.

According to Huber and Firmin (2014) over 35 years ago in 1982, the federal government was advised to come up with policies that recommended a comprehensive approach to reproductive education. The recommendations further stated that comprehensive reproductive education can only be administered via multiple platforms for effective results. Some of the areas that have been mentioned include the use of technology, extensive discussion on the use of contraceptives particular with sexual partners and family members. The recommendation further states that comprehensive reproductive health programs are often a safe place for children and teenagers to search and discuss virtues relating to sexual activities and contraceptives among themselves. Huber and Firmin (2014) asserted this can boost the self-esteem of the youths to an extent of them speaking their inner fears when it comes to this topic. Correcting these myths about sex, according to the scholars, can promote knowledge, self-dependency and independence, which will then contribute to building a new healthy character. Moreover, Fonner, Armstrong, Kennedy, Oreilly and Sweat (2014) found that such efforts will significantly influence the teenagers to postpone sexual activities until they become self-sufficient and can handle the responsibility of becoming a parent. Additionally, as reported by Fonner et al. (2014) this will educate them on how to use contraceptives appropriately when and if, they become sexually active.

### **Summary**

As Kappeler and Feldman (2014) discussed, abstinence-only education curriculum programs are designed to shape and organize the content of the objectives of

the Title V, Section 510, of the 1996 Social Security Act abstinence education programs. Abstinence-only education programs have received significant federal funding since 1996. This federal funding was halted in 2009 but authorization was renewed in 2010 through the Obama administration (HHS, 2015). This re-authorization has caused many of the 50 states to decline the federal funding to support potential abstinence-only education programs because the grant requires states to provide a 75% to 25% funding match to operate these programs in low income health districts. This has presented a great burden to already financially struggling districts. The evaluation of the various abstinence education curriculum programs demonstrates that some of these programs have proven to be significantly effective in delaying the initiation of sexual activity in children, youth, and teens. This has proven to be the case with regard to the prevention of STDs/STIs and teen pregnancies. Moreover, the discussion on the actual effectiveness of federally funded Title V abstinence education programs and the methods used to evaluate them is not clear. In addition, the current literature showed that teen pregnancy continues to be a serious problem that affects individuals and their communities. As the research demonstrates, abstinence education and providing basic health promotion information is not inconsistent among federally funded abstinence education programs. Abstinence-only education programs can be an effective tool in the reduction of the risk of disease and unplanned pregnancy. Abstinence-only education and teen pregnancy prevention

programs are most effective if they are properly evaluated and found to be in alignment with the Federal A-H abstinence education guidelines.

The literature serves as a guide regarding future research and a conceptual framework for the evaluation of the LIFE curriculum. There is a void in the current literature with regard to the evaluation of the LIFE curriculum and its alignment to the federally funded Title V Title V abstinence education program A-H guidelines. It is based on this review of the literature, that the researcher will provide recommendations, as to improving the evaluation of Title V abstinence education programs, while maintaining program integrity and standards.

Chapter 3 will provide a comprehensive discussion regarding the methodology and research design the will be employed for the proposed study. This will include the research sample, method of data collection and procedures, method of data analysis, issues of validity and ethical considerations, researcher's role, discussion of the researcher's subjectivity, and the review of secondary sources.

### Chapter 3: Research Methodology

This chapter examines the research methodology. A qualitative methods study was conducted to investigate LIFE program learning outcomes' alignment with the Federal Title V abstinence education A-H guidelines, by carefully examining the eight Title V abstinence education Federal guidelines A-H and identifying how closely the LIFE curriculum outcomes aligned. The eight guidelines include:

1. Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children;
3. Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity;
5. Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
6. Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
7. Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
8. Teach the importance of attaining self-sufficiency before engaging in sexual activity.

The study then used current research on abstinence education, teen pregnancy, and experiential learning to highlight the basic principles and the importance of each of



the evaluation criteria. The findings were summarized in bullet points that characterized a description of specific attributes in each criterion measure.

As stated previously, this particular study serves to fill a significant gap that exists where investigation of alignment data is unavailable or is significantly limited. The overall goal of this summative study is to review criteria based specifically on the Federal Title V standards, and then apply these criteria to the LIFE curriculum in order to determine the degree to which they are in alignment.

In this chapter, the design, program evaluation, sampling strategies, data collection, and validity of the study are provided. Also given are the LIFE curriculum's system of grading, the conformability of the curriculum used, the credibility of the LIFE program, and the reliability of this study.

### **Research Question**

The purpose of this qualitative study was to investigate the alignment between the LIFE curriculum and the federal A-H guidelines. The study examined the content of the curriculum, as guided by the eight Federal Title V criteria guidelines.. After discovering no relevant qualitative studies on evaluating the alignment of the federal A-H guidelines and the LIFE curriculum, I developed the following research question:

Is there is an alignment between the LIFE curriculum and the Title V abstinence education Federal guidelines A-H?

### **Research Design and Rationale**

The qualitative method design was selected because of the call for exploring how the Federal Title V abstinence education guidelines A-H align with the LIFE curriculum. This study was conducted to determine the degree to, which it is in alignment with the Federal Title V abstinence education guidelines A-H. A qualitative methods program evaluation study is appropriate because there is no significant evaluation data that exists for comparison of the LIFE abstinence education curriculum.

This study was the first formal evaluation of alignment to the LIFE abstinence education curriculum, as applied to Federal Title V abstinence education guidelines A-H. Moustakas (1990) suggested that a qualitative methods design research is the most appropriate method for evaluation of alignment of programs. Moreover, Moustakas (1994) observed that qualitative research is also appropriate when the literature does not provide any specific direction for the research evaluation to be conducted. According to Merriam (2009) qualitative reporting is conducted with text or print words rather than the use of numbers (p.17). The majority of the program document data is in written curriculum material text instead of statistical data. A quantitative design would be far less effective for this study because it would not provide the substance needed for an initial program evaluation. Additionally, quantitative research may not provide any insight and or deeper understanding of the Title V abstinence education program implementation. Moreover, quantitative research generally requires a large population, who may share common characteristics. According to Miles, Huberman and Saldana (2013) utilizing a

qualitative methods design may lead to more effective research-based recommendations for future programming decisions regarding federally funded abstinence education programs. The research findings can provide direction for improved federally funded Title V abstinence education program implementation in future funding program cycles.

### **Role of the Researcher**

Several research topics were considered before selecting to study the degree to, which any alignment exists between the LIFE curriculum program and the Federal Title V abstinence education guidelines A-H. I am the principal research instrument, collecting and analyzing various data measuring the degree to, which any alignment exists between the LIFE curriculum program and the Federal Title V abstinence education guidelines A-H. As noted by Moustakas (1990) qualitative research is interpretive, and the researcher's lived experiences, as well as their training, can often influence their selected research approach (p.3).

Similarly, Royse, Thyer, and Padgett (2015) suggested that qualitative research places a premium on the strengths of the researcher. Miles et al. (2013) suggested that as a consequence, both professional and personal experiences lend credibility to the observational research methods. The role of the researcher and their background is important to the study. According to Miles et al. (2013) the researcher's role is to provide a holistic overview of the study's context.

Prior to beginning this study, the researcher had over 18 years of experience working in various positions such as a Senior Management Analyst, Program Director,

Project Director, and as a professor of education. She served as the Program Manager for the Abstinence Education program for the Commonwealth of Virginia with the Department of Health. In this capacity, she supervised federally funded Title V Community-Based Abstinence Education CBAE programs, which were to promote abstinence education, as defined by Section 510(b)(2) of Title V in the Social Security Act. The researcher managed and supervised grants within 64 different health and public school districts. She has presented nationally and internationally on topics to include abstinence education and program evaluation, published in many refereed and peer reviewed journals.

The researcher taught graduate level curriculum, educational research, and program evaluation courses at Fayetteville State University in Fayetteville, North Carolina for the past thirteen years. The course titles are as follows: Advanced Educational Research, Curriculum and Instructional Methods, Research Methods, and Advanced Educational Psychology. The courses are listed under the Department of Middle Grades, Secondary, and Specialized Subjects and Department of Educational Leadership.

The researcher's experiences working with Federally Title V abstinence education programs have provided me with a different perspective regarding the problem of teen pregnancy in the United States. This highlights the fact that drew the researcher toward the use of qualitative approach, which allowed for the opportunity to be pioneering in interviewing and observation strategies. According to Moustakas (1990) the role of the

researcher is to ensure that no bias is shown during data collection and analysis. The researcher ensured that any possible biases in this study will not be present. All information collected from the LIFE curriculum materials were completely and accurately written down and accurately recorded through the use of a digital recorder. Member checking will also be conducted to reduce bias in the qualitative analysis

### **Methodology**

Chapter 3 contains explanations of the research method which facilitated the design strategy related to measuring the degree to which any alignment exists between LIFE curriculum and the Federal Title V abstinence education A-H guidelines. A qualitative methods study was employed for the proposed study. Further, the chapter includes the discussion of the LIFE curriculum program component descriptions, instrumentation process, in addition to procedures for participation, and data collection. Chapter 3 concluded with the techniques to be utilized during the data analysis process.

There are two dimensions to an evaluation. The first dimension refers to the act of conducting a comparison regarding what should be and what is. According to Moustakas (1994) the second dimension includes recognition, clarification, as well as application of a defensible criterion that is suitable in determining the value of an object. Hence, in this study the selected abstinence education curriculum will become the “what is” aspects. The “what should be” aspects are the Federal guidelines A-H. In question form, what is the objective of the research “Does the selected abstinence education curriculum follow the abstinence education guidelines, as stipulated by Federal guidelines A-H?”

To analyze this correlation, a defensible criterion had to be identified and also clarified. However, prior to developing such criteria, many broad fundamental boundaries had been outlined. Consequently, the evaluation criteria had to meet the following requirements:

- It had to comprise of all the eight Federal Guidelines.
- It had to be definite and distinctive from all the other existing criterion being used.
- It had to be supported by the most recent studies in the field.

Yin (2014) observed that despite the fact that it is clear that abstinence programs do not have to emphasize on the definition's components, it must not contradict any component of the definition. In agreement, Berg and Lune (2014) noted that even though equal stress is not needed, it has to be tracked with the objective of creating greater comprehension, especially for a later discourse concerning the weaknesses and strengths of a specified program.

As discussed by Halcomb and Hickman (2015) program evaluations are meant to create greater understanding and to improve educational efforts and to address accountability. The term evaluation has several different meanings. This study will use the definition of evaluation given from the University of Wisconsin-Extension, Program Development and Evaluation. According to Lewis (2015) an Outreach Specialist for Underrepresented Communities with the Department of Program Development and Evaluation with the University of Wisconsin-Extension, the term evaluation refers to the

activity of systematically collecting, analyzing and reporting information that can then be used to change attitudes or to improve the operation of a project or program. As Fisher, et al. (2014) suggested that government policy makers are significant supporters of evaluation studies especially those that are intended to break the cycle of poverty through the reduction of teen pregnancy.

In using a consumer-oriented approach Halcomb and Hickman (2015) accomplished two objectives, which were evaluation of products and the determination of appropriate criteria for judging them. In this study, the researcher reversed the sequence. In other words, first appropriate criteria had to be developed because although federal abstinence education guidelines existed, there were no criteria to measure a curriculum's correlation to the government guidelines. Therefore, central to this research project was the creation of the criteria needed to evaluate one curriculum program against some standard. For example, the standard used are the eight Federal Guidelines.

### **Evaluating Alignment of Curriculum**

Why should we evaluate the alignment of program curriculum? As a starting point, there are two broad meanings to the word "curriculum." According to Posner and Rudnitsky (2006) first, curriculum can mean the objectives, the learning outcomes, or "the expected *ends* of education" (p. 5). As Posner and Rudnitsky (2006) explain the second definition of curriculum is the course strategy, program design, or the expected *means* of education. For the purposed study, the second definition of curriculum will be used.

Education often is influenced by political, religious, and cultural forces, those seen and unseen; the purpose and design of a curriculum is not unaffected by these events. As Miles, et al. (2013) discusses there are five parallel curricula that play a role in any educational environment: the official, the operational, the hidden, the null, and the extra curriculum. As indicated previously, the official curriculum was the main focus of this study. Moreover, as Yin (2014) suggested the null curriculum will be an important consideration since the approaches meet multiple interests and needs.

### **Curriculum Program Evaluation Criteria**

The broad foundational characteristics of each of the Federal Title V abstinence education A-H guidelines will be reviewed. The broad concepts were culled and used to identify a uniqueness that defined each of the Federal Title V abstinence education A-H guidelines. These evaluation criteria will allow the critical one-to-one linkage to the original Federal Title V abstinence education A-H guidelines that assisted in the identification, tracing, and evaluation of program alignment.

The basic foundational attributes of the eight Federal Title V abstinence education A-H guidelines were identified. The researcher has identified Federal Title V abstinence education guidelines (A), (C), (E), and (F) as being cognitive in nature. These particular Federal Title V abstinence education guidelines were found to be the ones that would deal with imparting knowledge to students. In particular, these four guidelines will teach: the gains achieved to the health of an individual by abstaining from sexual activity (A), the protective nature of abstinence from sexual acuity (C), the harmful effects of sexual



activity outside of marriage (E), and the harmful consequences of out-of-wedlock childbirth (F). As mentioned previously, Federal Title V abstinence education guidelines (B) and (D) are to be considered as normative. This would set abstinence and marital fidelity, as expected standards *of* human sexuality within the context of marriage. For example, Federal Title V abstinence education guideline (G) seeks to impart skills sets, as to how to reject sexual advances and reduce vulnerability associated with the use of alcohol and drugs. The (G) Federal Title V abstinence education guideline is behaviorally based. As the last Federal Title V abstinence education guideline (H) addressed the concept of gaining self-sufficiency prior to engaging in any sexual activity. This guideline deals with the issues of emotional maturity or character development. The relationship between being able to gain employment and being able to get married. The Federal Title V abstinence education guideline (H) is developmentally based.

The eight Federal Title V abstinence education A-H guidelines used for evaluation alignment criteria were already created. The main focus point and definition of uniqueness for each of the Federal Title V abstinence education A-H guidelines was initially, highlighted. The researcher kept as a significant amount of the original Federal Guideline wording as possible. The researcher correlated each evaluation alignment criterion to a single Federal Guideline. The total number of evaluation alignment criteria was kept at eight and will help to maintain the direct connection to the Federal Title V abstinence education A-H guidelines. The researcher created a chart, which lists the

evaluation criteria in the right-hand column below. The originally worded Federal Title V abstinence education A-H guidelines are listed in the left column.

The LIFE curriculum program is designed for upper middle school and early high students was developed by Bruce Cook, the founder of Choosing the Best, Inc. The Choosing the Best curriculum series is one of the more popular abstinence education curriculum program series in the country. This particular curriculum includes Choosing the Best WAY, Choosing the Best PATH, Choosing the Best LIFE, Choosing the Best JOURNEY, and Choosing the Best SOUL MATE. Each is designed for a specific year(s) of middle school or high school. For each curriculum, there is a leader guide, a student workbook, and an accompanying video.

Table 1

*Federal Title V, Section 510 Abstinence Education, A-H Guidelines*

Federal Title V, Section 510 Abstinence Education, A–H Guidelines	Abstinence Education Curriculum Program Evaluation Criteria; LIFE program teaches the following:
(A) Have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;	1) The social, psychological, and health gains that are realized from practicing sexual abstinence, by the individual and for society;
(B) Teach abstinence from sexual activity outside marriage as the expected standard for all school age children;	2) That sexual abstinence is an expected standard for all school-age children;
(C) Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;	3) The practice of abstinence as the most safe way to avoid STDs, STIs, out-of-wedlock pregnancy, and other associated health problems;
(D) Teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;	4) The expected standard of sexual conduct between two individuals within marriage;
(E) Teach that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;	5) The harmful effects of sexual activity outside of the context of marriage;
(F) Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;	6) The harmful psychological and physical effects consequences of out-of-wedlock childbirth;
(G) Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and	7) The skills to reject sexual advances and knowledge of how the use of alcohol and drugs increases the level of vulnerability; and
(H) Teach the importance of attaining self-sufficiency before engaging in sexual activity	8) The importance of gaining self-sufficiency prior to engaging in any sexual activity.

The LIFE curriculum was chosen for this study because the researcher did not have any health or school districts that used abstinence education curriculum programs

beyond the early ninth grade. The Title V abstinence education programs in the Commonwealth of Virginia did not teach abstinence-only education beyond early ninth grade in high schools but students who received abstinence education in the fifth grade would have received the LIFE curriculum in the eighth and ninth grades, as a capstone for instruction.

The immediate goal of the LIFE curriculum program is to delay the initiation of sexual intercourse or increase the use of pregnancy and disease-prevention methods, many programs also have the long-term goal of promoting sexual health (Cook, 2015). An abstinence-only program is often the only formal setting in which children, youth, and teens learn about sexuality and disease prevention. As reported by Cook (2015) the information and messages in the curriculum may have a life-long impact on their view of sexuality. The program is designed as a 5-week abstinence based sexuality education curriculum consisting of eight lessons designed to present abstinence as the most positive lifestyle choice for adolescents.

### **Instrumentation**

The study made use of two sources of data and these are (a) LIFE curriculum material documents, and (b) researcher's journal of reflections. The LIFE curriculum material documents were used to examine the alignment between the selected abstinence education curriculum and the Federal Title V A-H guideline criteria. The researcher's journal of reflection will be a compilation of all data gathered for the study that will then be subjected for further analysis.

The LIFE curriculum documents were used primarily to evaluate the alignment between the LIFE curriculum and the Federal Title V abstinence education program. Specifically, LIFE curriculum used for review in the alignment between the eight A-H Title V abstinence education evaluation criteria. That is, the LIFE curriculum was coded to show where the curriculum aligned with each of the Federal Title V A-H guidelines. Moreover, the researcher's journal of reflections was used to support the data and curriculum documents.

The discussion of each of the evaluation alignment criteria took place in three key parts:

1. Comparison of the quality of the criterion to that of other criteria.
2. The explanation of the use of existing research and the fundamental principles and significance.
3. The use of summary bullet points to underscore definite characteristics that will form an integral part of the selected abstinence education textbook curriculum.

Moreover, the summary bullet points and the assessment criteria from that point forward were utilized in assessing the LIFE curriculum with the objective of determining its level of alignment to the Federal Guidelines on abstinence education.

### **Data Collection**

As suggested by Yin (2014) the data were collected primarily through the analysis of documents, which use content analysis and other techniques to analyze and summarize

printed materials. The two primary documents that were analyzed are the Federal Title V abstinence education A-H guidelines for abstinence education and LIFE curriculum. The researcher also attended several Choosing the Best training sessions that were conducted by Cliff Baskerville, the Vice-President of Choosing the Best, Inc., in Richmond, Virginia on October 24-26, 2011, June 26, 2012, November 9-12, 2012, and March 23-25, 2015, which outlined the various documents that are used for the abstinence education program curriculum in grades 5<sup>th</sup> through 9<sup>th</sup>.

According to Crano et al. (2014) remembering that qualitative research is more theory generation than testing, more discovery than proof, Patton (2014) acknowledged the use of inductive analysis where critical themes emerge out of data. Maxwell (2013) echoed this by idea in stating that qualitative orientations can be characterized by beginning without any structure, but structuring the study as it may proceed. Given this approach, the collection of data took several stages.

First, the Federal Title V abstinence education A-H guidelines will be critically examined to capture the broad qualities of each guideline, which may identify unique characteristics that were distinct from each of the other guidelines. These evaluation criteria and were numerically aligned to the Federal Guidelines. Then, the LIFE curriculum lessons were read for content. Citations from the LIFE curriculum were referenced on a 6-column table that will track alignment of the citation to the evaluation criteria or the Federal Title V abstinence education A-H guidelines and graded using a three-tier scale.

### **Procedures for Recruitment, Participation, and Data Collection**

Data were generated through the examination of the LIFE curriculum material documents. Merriam (2009) has suggested that written documents are rich in information, which may be available through public or private records that have been created prior to the research study (p.140). The data were organized, collected, and then the analysis was begun. The document data and the researcher's journal of reflection data were described individually after the introduction to data collection. The collected data was protected in a secured and locked file box in the researcher's residence. It remained completely private and confidential and it was not made public without the Walden University's IRB's permission, to do so. ATLAS ti software was used for documenting the LIFE abstinence education curriculum's references to the distinctiveness and significance of each of the federal guidelines A-H. The software was then applied these criteria to the LIFE curriculum to determine the degree to which it is in alignment with the federal abstinence education standards. The curriculum materials, documents, interview transcripts and research study notes, were entered into the researcher's journal of reflection for comparison and analysis with the data collection.

### **Data Analysis Plan**

As suggested by Maxwell (2013) the documents that provided data for this qualitative methods study were purposefully selected. As described by Merriam (2009) the securing of documents in addition to the initial development of categories will assist in the promotion of systematic qualitative content analysis (p. 52). Similarly, Lodico,

Spaulding, & Voegtle (2010) observed that the use of specific archived program documents. The researcher requested program documents that are purposefully needed to answer each of the research questions.

As suggested by Spaulding (2008) the document data came from the program documents, LIFE abstinence education curriculum, and Title V abstinence education program guidelines/standards A-H (p. 19). Moreover, Spaulding (2008) added that a detailed evaluation chart or matrix should be used to assist in providing a clear direction for conducting a program evaluation study (p. 19).

The curriculum documents were then read, reviewed, and then submitted into the ATLAS ti software program for qualitative method coding to determine the extent to which any alignment existed between the LIFE curriculum and the Federal Title V abstinence education guidelines A-H. The ATLAS ti hermeneutic unit (HU) held the primary archived documents that will be submitted. The coded segments in the HU were open coded through the use of the drag and drop method. The ATLAS ti aspects used to record the inclusion of the Title V abstinence education A-H guidelines and standards, as well as emerging codes.

Merriam (2009) asserted that the researcher should be able to assemble concepts and themes from the collected data. According to Merrriam (2009) research analysis should consist of finding and analyzing codes within the data, separating the data into categories, and themes, while interpreting their meanings, as well as finding the significance within the study. As discussed by Miles et al. (2014) it is through qualitative



data within a mixed methods research study that the conclusions can come to demonstrate the application of inductive reasoning. Qualitative data collection efforts allow researchers to gain knowledge as to how a process unfolds.

Data analysis began when data collection began, both were ongoing. As suggested by Creswell (2009) qualitative research utilizes multiple data sources and then it seeks out patterns, themes, and categories, which apply inductive analysis (p. 175). Maxwell (2013) stated that the use of qualitative research methods permits data that is collected through the review of documents to decide the categories and themes. Miles et al. (2013) discussed that qualitative analysis allows for three choices in data coding: (a) authorizing codes to emerge, (b) using codes that have been predetermined, and or (c) utilizing a combination of predetermined and emerging codes. The researcher used a code book with space for both predetermined and emerging codes for this study. The researcher's code book may develop as data is analyzed. The researcher loaded the data onto an evolving logic model matrix for study analysis.

The ATLAS ti computer assisted qualitative data analysis software (CAQDAS) was used to process and organize the data collected. Data analysis was ongoing, inductive, and comparative. As well, an axial coding procedure was used to consider any relationships among the codes, as they emerged.

### **System of Grading**

Program evaluations according to Maxwell (2013) seek to determine an evaluation object's value, worth, merit, quality, effectiveness, or significance in relation

to those criteria. To accomplish this, the project will need to apply systematic procedures in gathering trustworthy evidence data and information, which is relevant to the goals and objectives of the program. Therefore, a 6-column table will be created to track, collect, and evaluate the LIFE abstinence education curriculum.

It is based on research from Devaney et al. (2002) that the grading system was a three-tier system where each reference will be graded by "+," "-", or "0," where a "+" will indicate *clear alignment* to the Federal Guidelines, a "0" will indicate a *gray area* where the citation may be ambiguous and requires word adjustment or a missed opportunity, and a "-" will indicate a *possible misalignment* with the Federal Guidelines. The word "possible" was placed there because this is not an official evaluation. A citation was categorized as *possible disagreement* when it is deemed untrue, misleading, or in possible noncompliance to the Federal Guidelines.

### **Coding**

As defined by Merriam (2009) the analysis of qualitative methods data uses inductive thinking to compare different concepts and perceptions of realities (p. 203). As suggested by Glesne (2011) the interpretivist approach assumes that variables may be complex, interrelated, and extremely difficult to measure (p. 9). Merriam (2009) asserted that the researcher should be able to assemble concepts and themes from the collected data (p. 15). According to Yin (2014) research analysis should consist of finding and analyzing codes within the data, separating the data into categories, and themes, while interpreting their meanings, as well as finding the significance within the study (p. 16).

As discussed by Saldana (2013) it is through qualitative design that the conclusions in a mixed methods research study can come to demonstrate the application of inductive reasoning. Studies that use qualitative methods allow researchers to gain knowledge as to how a process unfolds.

Data analysis began when data collection began, both were ongoing. As suggested by Saldana (2013) qualitative methods research studies utilize multiple data sources and then it seeks out patterns, themes, and categories, which apply inductive analysis. Miles et al. (2013) stated that qualitative methods research methods permits data that is collected through the review of documents and participant interviews to decide the categories and themes. Miles et al. (2013) discuss that qualitative analysis allows for three choices in data coding: (a) authorizing codes to emerge, (b) using codes that have been predetermined, and or (c) utilizing a combination of predetermined and emerging codes. The researcher used a code book with space for both predetermined and emerging codes for this study. The researcher's code book was developed as data is analyzed. The researcher loaded the data onto an evolving logic model matrix for further study analysis.

### **Issues of Trustworthiness**

According to Yin (2014), the procedures that were used to ensure the accuracy and credibility of the findings should include member checking, triangulation, and clarification of researcher bias. The data sources that were utilized in this study were a variety of archived written program documents. Miles et al. (2014) suggested that qualitative inquiry recognizes that knowledge and making comparisons are socially

constructed activities. Therefore, the potential for any bias on the part of the researcher may be inherent in communication and interpretation of the data. Glesne (2011) wrote that clarification of researcher bias contributes to trustworthiness.

### **Reliability**

Regarding the issue of personal bias, as related to this study, the researcher acted as an external evaluator. The researcher had personal ideas and opinions about the potential needs of the program. The researcher's personal bias as a person who has considerable knowledge regarding the potential outcomes of the program evaluation for this study was controlled and restricted through the use of peer reviewed scholarly resources instead of basis based on personal ideas or individual beliefs. Credibility was increased through the application of member checking, triangulation, and the explanation of researcher bias.

### **Validity**

As asserted by Crano et al. (2014) to avoid ineffective debates over the validity of quantitative vs. qualitative research, this study used the term conformability. Royse et al. (2015) defined conformability as the impartiality of the research interpretations. To address reliability, two other abstinence education curriculum programs will be reviewed, in addition to the LIFE abstinence education curriculum. The Select Media's Making A Difference! abstinence education curriculum program and the A.J. Green's Game Plan abstinence education curriculum program was reviewed before the LIFE abstinence education curriculum. The purpose was to develop an understanding for a local federally

funded Title V abstinence education program, which utilized the LIFE curriculum in order to establish a preliminary background without biasing this study.

### **Empathic Neutrality**

The phrase “empathic neutrality,” was developed by Patton (2014) and refers to empathy towards the people that they may encounter and the neutrality that should be associated with the findings. Empathy on the part of this researcher can be established by the fact that she was the Abstinence Education Program Manager for the Virginia Department of Health (2011-2013). In addition, the researcher was the founder and the Program Director of Students Making a Right Turn (SMART) 1997-2001. The SMART program was funded in part by the Twenty-first Century Community Learning Centers Grant (21<sup>st</sup> CCLC). According to the U. S. Department of Education (2015) this program was formerly sanctioned by President Clinton in 1998 under Title X, Part I, as an amendment to the Elementary and Secondary Education Act. As reported by Pederson, De Kanter, Bobo, Weinig & Noeth (1999) the overall goal of the program was to provide school aged child care during after school hours with the goal of reducing high-risk behaviors among at-risk children and youth (U. S. Department of Education, 2015).

In alignment with the 21<sup>st</sup> CCLC program, the mission of the SMART program was (1) to educate children and youth ages 10-14 about the benefits of sexual abstinence and avoidance of risky behaviors to (2) place time between first sexual initiation and (3) to avoid transmission of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), and (4) to prevent out of wedlock births among youth ages 10-14. Since

there was alignment between the mission of the SMART program and the federal abstinence education objectives, the researcher developed an understanding for the field of abstinence education and empathy toward those involved.

### **Audit Trail**

Due to the nature of this study, which is the evaluation of the alignment of a selected written curriculum, an audit trail was used because it can be easily reviewed and appraised. Textbooks are written documents that are easily accessible and can be cited to for accuracy. The standards by which, the curriculum program will be measured are fixed. There are eight Federal Guidelines. They were outlined by the United States Congress and have been designated as the criteria that has been set for federal Title V abstinence education contracts to be granted. When a curriculum citation is made, there is a permanent serial number assigned to that reference, which is designed assist with the retrieval, auditing, and or tracking of the actual textbook lessons used.

### **Theoretical Sensitivity**

According to Smith (2015) in *Qualitative psychology: A practical guide to research methods.*, theoretical sensitivity refers to being aware of which data are important in the development the theory to be researched. The theory must be sensitive to the data as it is discovered during the research process. The ability to provide significance to the data, the ability to understand, and means to separate the relevant from that which is not relevant is key to this study. The researcher of this dissertation study developed evaluation criteria for Title V abstinence education programs in the Commonwealth of

Virginia and North Carolina. The researcher reviewed and created content evaluation criteria, which were directly related to the Title V abstinence education A-H guidelines. This was in an effort to substantiate the continuation of grant program funding that was allocated, to the two states during the 2011-2012 and 2012-2013 funding terms. The Title V abstinence education programs in these two states were at risk for discontinuation because proponents of abstinence education asserted that the programs were not medically accurate or appropriate. These public concerns were brought to the attention of the former Governor Robert McDonnell. It was while the researcher was in the role of Program Manager that she was asked to provide a report and copies of the selected abstinence education curriculum program materials to the former Director of the Virginia Department of Health, Dr. Karen Remley, M.D., M.B.A., FAAP. This request was for presentation to the Governor. After a review was completed, the Governor found the curriculum program materials to appropriate for the grade levels 5<sup>th</sup> through 9<sup>th</sup>, in which it was being taught.

### **Dependability**

According to Yin (2014) dependability means having the ability to account for variations in the design of the study and the changing conditions that may surround what was studied. The more traditional term in research is reliability, which means the extent to which a measure, procedure, or instrument yields the same result on repeated trials. As Miles, Huberman, and Saldana (2013) indicated a strong inter-connectedness between validity and reliability. Miles et al. (2013) discussed that since there can be no validity

without reliability and thus no credibility without dependability, a demonstration of the former is sufficient to establish the later.

Nevertheless, Miles et al. (2013) in *Data analysis: A methods sourcebooks*, identified three types of reliability: a) repeatability, b) stability that occurs over a period of time, and c) similarity within a time period. The nature of this study is the examination of abstinence education curricula. This study differs from anthropological observations or other naturalistic inquiry, the object of investigation here is fixed in time and space, it is a textbook. As such, it can be referred to repeatedly to check its accuracy and reliability over any given time, which gives stability and similarity to the study. Walden University IRB approval was confirmed in writing before the study commenced. Data collection began after written IRB approval was received.

### **Summary**

Chapter 3 outlined the methodology, research design, data analysis procedures to be implemented. This chapter also provided details on the procedures that were taken to assure that data remain confidential and properly stored. Ethical concerns, issues of trustworthiness, dependability, and my role as the researcher for the proposed study were also detailed. The research design and approach to this particular study was a qualitative design. The use of qualitative research methods was justified as a research strategy. A review of LIFE's written curriculum allowed the researcher to evaluate the programs' alignment with the Federal Title V guidelines A-H. The researcher consistently compared the written curriculum data with the Federal Title V A-H guidelines throughout the study



using open, axial, and selective coding methods. A deeper discussion of how the data were analyzed and findings extracted will be presented in Chapter 4.

## Chapter 4: Data Analysis and Results

### **Introduction**

The purpose of this qualitative study was to investigate the alignment of the LIFE curriculum with each of the eight federal A-H guidelines. The research question that this study sought to address was as follows: What is the degree of alignment between the LIFE curriculum and the Title V abstinence education Federal guidelines A-H?

In this chapter, the methods used for data collection and analysis are described. This chapter includes discussion of the evidence of trustworthiness, credibility, dependability, transferability, along with the results of the completed study. Chapter 4 addresses critical issues in the study that impact the alignment of the LIFE curriculum with the federal curriculum.

### **Information Collection**

The researcher began the data collection after the official receipt of Walden University IRB approval (Approval No. 01-31-17-0032305) on January 31, 2017, which outlined ethical considerations required of the study.

### **Information Analysis**

#### **Evaluation Model Approach**

The researcher used an evaluation model approach to review the comprehensive, foundational components of each Federal guideline. For example, rather than dividing each paragraph into its smallest, most single element, the broad concepts were selected and used to identify a defining distinctness for each Federal guideline. These evaluation

criteria were reviewed. The broad concepts were then selected and used to identify a distinctness that defined each of the Federal Title V abstinence education A-H guidelines. These evaluation criteria allowed the critical comparison linkage back to the initial Federal Title V abstinence education A-H guidelines that assisted in the identification, tracking, and program evaluation validity for the study.

The basic foundational attributes of the eight Federal Title V abstinence education A-H guidelines were identified. The researcher identified Federal Title V abstinence education guidelines (A), (C), (E), and (F) as being cognitive in nature. These particular Federal Title V abstinence education guidelines were the ones that would deal with imparting knowledge to students. In particular, these four guidelines will teach: the gains achieved to the health of an individual by abstaining from sexual activity (A), the protective nature of abstinence from sexual acuity (C), the harmful effects of sexual activity outside of marriage (E), and the harmful consequences of out-of-wedlock childbirth (F). As mentioned previously, Federal Title V abstinence education guidelines (B) and (D) are to be considered as normative. This would set abstinence and marital fidelity, as expected standards *of* human sexuality within the context of marriage. For example, Federal Title V abstinence education guideline (G) seeks to impart skills sets, as to how to reject sexual advances and reduce vulnerability associated with the use of alcohol and drugs. The (G) Federal Title V abstinence education guideline is behaviorally based. The Federal Title V abstinence education guideline (H) addressed the concept of gaining self-sufficiency prior to engaging in any sexual activity. This guideline deals with

the issues of emotional maturity or character development. The relationship between being able to gain employment and being self-sufficient able to get married. The Federal Title V abstinence education guideline (H) is developmentally based.

The eight Federal Title V abstinence education A-H guidelines used for evaluation criteria were already created. The main focus point and definition of uniqueness for each of the Federal Title V abstinence education A-H guidelines was initially highlighted. The researcher kept a significant amount of the original Federal Guideline wording. Each evaluation criterion was correlated to a single Federal Guideline. The total number of evaluation criteria was kept at eight and will help to maintain the direct connection to the Federal Title V abstinence education A-H guidelines. The researcher created a chart listing the evaluation criteria in the right-hand column shown in the previously presented Table 1. The originally worded Federal Title V abstinence education A-H guidelines are listed in the left column.

### **Summary of Evaluation Criteria**

In the following table the original Federal Title V A-H standard Guidelines and the new investigated criteria are restated. The summary bullet points of each corresponding evaluation criteria are listed below. The summary bullet points were taken directly from a review of the literature in Chapter 2. The evaluation criteria included the LIFE curriculum and the Federal Title V A-H standard Guidelines. The alignment between the selected abstinence education curriculum and each of the given Federal standard Guidelines was then measured.

Table 2

*Evaluation Criteria: Abstinence Education Curricula*

<b>Federal Title V Guidelines</b>	<b>Evaluation Criteria</b> Abstinence education exclusively:
(A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;	1) The social, psychological, and health gains realized from sexual abstinence, both by the individual and for society;
(B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;	2) That sexual abstinence is an <b>expected standard for all school-age children</b> ;
(C) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;	3) The protective nature of abstinence;
(D) Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;	4) The expected standard of human sexual activity is marriage;
(E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;	5) The harmful effects of non-marital sexual activity;
(F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;	6) The harmful consequences of out-of-wedlock childbirth;
(G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and	7) The skills to reject sexual advances and knowledge of how alcohol and drug use increases vulnerability; and
(H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.	8) The importance of developing a mature character prior to engaging in sexual activity.

### **Evidence of Trustworthiness**

The researcher took several measures to ensure the validity of this qualitative study. According to Yin (2014), many critics are hesitant to accept the trustworthiness of qualitative research, frameworks for ensuring accuracy in this form of work have been in existence for many years. Guba and Lincoln (1994) constructed basic four criteria. These constructs are creditability, transferability, dependability, and conformability. In addressing credibility, the researcher attempted to demonstrate that a true picture of the LIFE curriculum under scrutiny was being presented accurately. To allow transferability, the Federal Title VA-H standard guidelines can be used with any selected abstinence education curriculum to determine its alignment with the Federal standards. The researcher has developed a framework that provided sufficient detail of the context of the components needed to justify alignment with any abstinence education curriculum. The reader would be able to decide whether their prevailing curriculum is in alignment with the Federal Title V A-H standards because the findings of this study can justifiably be applied to another abstinence education curriculum. The researcher was able meet the dependability criterion because the use of the eight Federal Title V A-H standard guidelines, which allow future investigators to repeat the study with another selected abstinence education curriculum. Finally, to achieve conformability, the researcher took steps to demonstrate that the findings emerged from the data that was collected directly from the LIFE curriculum and not their own predispositions.

### **Credibility**

The credibility for this study was met by analyzing the data and drawing conclusions based on the findings. I presented the results in a written form that could be verified for accuracy. Patton (2002) discussed that the credibility of any researcher is dependent on training, experience, status, self-presentation, and track record of performance. This study demonstrated the credibility mentioned by Patton through my academic and professional experience with abstinence education and supervision of Federal Title V programs.

### **Transferability**

The transferability of these results can be used parallel to other abstinence education curriculum programs. The results can be used to evaluate any abstinence education curriculum that may receive Federal Title V abstinence education program funding based on A-H standard Guidelines. The focus of this study was to evaluate if, there was an alignment between each of the eight lessons in the LIFE abstinence education and the Federal Title V A-H standard Guidelines. The results of this study achieved dependability or reliability by taking detailed notes during the data collection process and conducting detailed coding of this data.

### **Dependability and Conformability**

Extensive notes were taken during the process of coding the data within Atlas Ti and interpreting the results of the study. As suggested by Lincon and Guba (1985) extensive notes were taken to assist the researcher with the process to support the audits

that were conducted. The researcher made regular entries during the research process. In these entries, the researcher recorded the methodological decisions and the reasons for them, the logistics of the study, and reflection upon what happened in terms of values and interests. As discussed by Moustakas (1994), diary keeping of this type is often private and cathartic for the researcher. The researcher found that this journal keeping assisted in the process of documenting the arguments and further supported transparency within this study.

### **Interpretation of Findings**

This qualitative study used the LIFE abstinence education curriculum, which was a secondary source to collect the data. This written source of data generated a significant amount of data that the researcher had to analyze (Patton, 2002) The results presented in the next section are important to the literature because there have been no qualitative or quantitative studies on this topic. The results of this study supported the need for future qualitative research on this topic. The literature review conducted for this study referenced many quantitative studies on the effectiveness of abstinence education programs but no research that studied the direct alignment between the Title V A-H standard Guidelines and the LIFE abstinence education curriculum. The results of this study concluded that there was significant alignment found between the LIFE curriculum and the Federal Title V A-H standard Guidelines.

The study may be replicated using other abstinence education curriculums. First, this research study constructed a set of criteria that may be used with any selected



abstinence education curriculum that should be aligned to the Title V Federal Guidelines. A correlation of seventy-one percent was found between each of the stated criteria and the Federal Title V A-H standards Guidelines. The criterion was justified and appraised based on the bullet point summaries. Eight summary questions were taken directly from the Federal Title V A-H standard Guidelines to analyze the degree of alignment between the LIFE curriculum and the Federal Title V A-H standard Guidelines for abstinence education.

### **Research Question**

This study was designed to answer one research question: If, there was an alignment between the LIFE curriculum and the Federal Title V A-H standard Guidelines? The purpose of this qualitative methods study was to investigate the alignment between the Federal A-H guidelines and the LIFE abstinence education curriculum. The researcher specifically examined the content of the curriculum, as guided by the eight Federal Title V criteria guidelines. The research question was created through a review of the literature as was discussed in Chapter 2. Federal Title V abstinence education A-H guidelines have existed for almost two decades but there has been no known evaluation that has specifically been conducted to measure the degree of alignment between a specific abstinence education curriculum program and the Federal A-H guidelines. According to Kirby et al. (2011), there have been numerous abstinence education curriculum programs but none have been evaluated against the Federal Title V A-H guidelines. Additionally, as asserted by Kirby et al. (2011) there has been no

appropriate criteria for judging the effectiveness of the approved evidence based curriculum programs, in comparison to the federal guidelines. The LIFE curriculum is one of the evidenced based abstinence curriculum programs approved by the HHS (HHS, 2015). LIFE curriculum program was selected because it is the most widely recognized abstinence education curriculum program used in the United States. The selected abstinence education curriculum program has been used by more than four million students ages 10-19 in 47 different states from 1993 to 2014 (HHS, 2015). The LIFE curriculum program purports to be consistent and in alignment with Federal Title V A-H guidelines that have been established for abstinence education programs. The LIFE curriculum serves public school systems and community based educational groups. Lieberman and Su (2012) published a study that indicated students who received the LIFE curriculum were more likely to delay the initiation of any sexual activity than those who did not receive the abstinence education curriculum program.

Therefore, this study was conducted as an investigation of alignment between one specific research based abstinence education curriculum program and the Title V A-H guidelines. The evaluation is being conducted to determine the alignment of the LIFE curriculum with the federal A-H guidelines. As reported by Harris and Cheney (2015) and Kirby et al. (2011) those who are particularly interested in policy programs that are designed to break the cycle of poverty by reducing the number of children born out of wedlock and to decrease the rates of teen pregnancy may find this type of evaluation study and its results to be of great interest. Prosser (2015) has asserted that written

curriculum should be selected for evaluation because the correlation between the method in which a textbook discusses a topic or subject and what is being taught in classrooms, is a strong predictor of learning outcomes.

The LIFE curriculum program was chosen for this study because the researcher observed that the Virginia Department of Health did not have any health or school districts to use the abstinence education curriculum beyond early ninth grade. The Title V abstinence education programs in the Commonwealth of Virginia did not fund any programs that taught abstinence-only education beyond the second nine weeks of the academic year for ninth grade students in high schools. The researcher supervised abstinence education programs and observed that the students who received abstinence education in the fifth grade would have received the LIFE curriculum program in the eighth and ninth grades as a capstone for abstinence education instruction in the Commonwealth of Virginia. The Virginia Department of Health Title V abstinence education grant in 2010 was written to serve 10-14 years olds in the Commonwealth of Virginia. As a current program director for the Title V abstinence education program grant I was interested how the LIFE curriculum aligned with the Federal Title V A-H standard Guidelines. The LIFE curriculum was the most widely used abstinence education curriculum in the United States. As the program director for the Federal Title V, I selected the LIFE curriculum as the solely approved program for use by the local health and school districts in the Commonwealth.

## Summary

This study was designed to answer one research question: What is the level of alignment between the LIFE curriculum and the Federal Title V A-H standard Guidelines? Chapter 4 has examined and described the data collected during the study. Analysis of the findings demonstrated that the LIFE curriculum was in 71% alignment with the federal A-H guidelines.

Chapter 5 will discuss the interpretation of the findings, the limitations of the study, recommendations for future study and practice. It will also discuss the implications for social change, the researcher's reflections, and the conclusion of the study. I will discuss in more detail what the data means for the current study. A discussion of how the results can be used for future studies pertaining to the evaluation of the alignment between abstinence education curriculum and the Federal Title V A-H standard Guidelines may assist in the issue related to pregnancy prevention among children , youth, and teens.

## Chapter 5: Summary, Conclusion, and Recommendations

### **Introduction**

This research investigated the alignment between the LIFE curriculum and the Federal Title V A-H guidelines. The researcher developed criteria based on the Federal Title V abstinence education A-H guidelines. These criteria were then applied to the LIFE curriculum to determine the degree to which it was in alignment with the federal A-H guidelines. The findings identified a 71% alignment between the Choosing the Best Life's abstinence education curriculum and the Federal Title V A-H guidelines.

### **Research Question**

#### **Evaluation Criteria Summary Questions**

The researcher used evaluation summary questions to review the Choosing the Best Life's abstinence education curriculum. The questions that directed the collection of data were placed here in the summation to provide an example of what should be in an abstinence education curriculum. The A-H standards were posed as questions.

Summary Questions Based on Federal Guideline (A): 1. Does the curriculum have the exclusive purpose to teach the social, psychological, and health gains to be realized by abstaining from sexual activity?

Summary Questions Based on Federal Guideline (B): 2. Is abstinence for all school-age children presented as an expected standard, i.e., as required moral conduct? In other words, is the terminology used to describe the commitment to abstinence sufficiently strong, e.g., clearly beyond just a personal choice or preference?

Summary Questions Based on Federal Guideline (C): 3. Does the curriculum teach that abstinence is the only certain way to protect the individual from STDs, pregnancies, and other associated health problems?

Summary Questions Based on Federal Guideline (D): 4. Is marriage presented as an expected standard for human sexual activity?

Summary Questions Based on Federal Guideline (E): 5. Teaches that a mutually faithful or monogamous relationship in context of marriage is the expected standard of human sexual activity?

Summary Questions Based on Federal Guideline (F): 6. Does the curriculum teach that the problem is childbearing outside marriage, not teen pregnancy per se?

Summary Questions Based on Federal Guideline (G): 7. Does the curriculum teach that young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances?

Summary Questions Based on Federal Guideline (H): 8. Does the curriculum teach the importance of attaining self-sufficiency before engaging in sexual activity?

**Research Question:** What is the level of alignment between the LIFE curriculum program and the Title V abstinence education Federal guidelines A-H?

LIFE curriculum was evaluated by using the evaluation criteria and specifically the summary bullet points. An extensive, detailed evaluation of the LIFE program looked at 177 citations from the Instructor's manual. Using the eight evaluation criteria that corresponded in a one-to-one relationship with the Federal guidelines and the 37

summary bullets that delineated specific details of each of the eight guidelines, references were selected according to their corresponding relevance, cited and numbered according to the original A-H Federal Guidelines order. In this case, Guideline A = 1, Guideline B = 2, etc. The curriculum was read and reread repeatedly and thoroughly. Each citation was documented by a unique, permanent serial number, in addition to the corresponding page number from the LIFE abstinence education curriculum, then graded by either “+,” or “0.” Periodically comments, which included suggestions for improvement, were given in a separate column. In the comments column it was also noted whether the citation was in the instructor’s manual, called the Leader Guide. The entire list of citations and a full description of the grading system is presented in the 6-column table in the appendix titled, “Curriculum Evaluation Data.”

A review of the number of citations in terms of the overall percentages were not a definitive assessment of the program. This was provided as a point of reference to identify where the emphasis of the LIFE curriculum had been placed regarding each of the Federal Guidelines. As was discussed previously, the focus for each Federal Guideline was not a requirement. On the other hand, according to Youth (2002) the grantees of the SPRANS program must adhere to each of the specific eight standards of the welfare reform definition of abstinence.

The researcher found that gray areas did not warrant being classified under the possible misalignment category, the “+” and “0” grades were then added together before

calculating the overall percentages. The percentages of or possible misalignment, were calculated separately. A summary of the overall evaluation is given below.



Table 3

*Summary of the LIFE Abstinence Education Curriculum Evaluation Data*

Standard		# Cit.	% (Per)	
A1	Overall	14	7.91%	Of total (177) citations
	+	11	100.00%	Of “+” & “0” within A1
	0	3		
	-	0	0.00%	Of “-“ within A1
B2	Overall	18	10.17%	Of total (177) citations
	+	10	77.78%	Of “+” & “0“ within B2
	0	4		
	-	4	22.22%	Of “-“ within B2
C3	Overall	9	5.08%	Of total (177) citations
	+	7	77.78%	Of “+” & “0” within C3
	0			
	-	2	22.22%	Of “-“ within C3
D4	Overall	20	11.3%	Of total (177) citations
	+	17	100.00%	Of “+” & “0” within D4
	0	3		
	-	0	0.00%	Of “-“ within D4
E5	Overall	27	15.25%	Of total (177) citations
	+	24	100.00%	Of “+” & “0” within E5
	0	3		
	-	0	0.00%	Of “-“ within E5
F6	Overall	12	6.78%	Of total (177) citations
	+	10	91.67%	Of “+” & “0” within F6
	0	1		
	-	1	8.33%	Of “-“ within F6
G7	Overall	38	21.47%	Of total (177) citations
	+	21	71.05%	Of “+” & “0” within G7
	0	6		
	-	11	28.95%	Of “-“ within G7
H8	Overall	39	22.04%	Of total (177) citations
	+	27	87.18%	Of “+” & “0” within H8
	0	7		
	-	5	12.82%	Of “-“ within H8

Table 4

*Overall Summary of Citations*

	#Citation	% Percentage
+	127	71.7%
-	23	13.1%
0	27	15.2%
Totals	(177)	100.00%

The LIFE curriculum was also investigated in specific areas. Using the eight summary bullet points listed in the table “Evaluation Criteria Summaries,” the LIFE’s abstinence education curriculum was evaluated using specific and in depth issues. To hone in on these focus points, each summary bullet point was then restated in the form of a question. In answering the question, an explanation with appropriate citations from the LIFE curriculum has been provided. A valuable contribution of this study is the specific concentration that is given to both the gray areas and possible misalignments. The formative nature of this study meant that when appropriate, suggestions for improvement were also incorporated into this segment of the evaluation.

After each of the subheadings, general comments related to the “Summary of LIFE Criterion Data” were made. Following this, the summary bullet points in question form were addressed. The numbering followed consecutively from No. 1 through No. 37. To facilitate tracking, the evaluation criteria under which that bullet point/question related was placed in parentheses (A1, B2, etc.).

**LIFE and Evaluation Criterion (A1)**

1. (A1) Does the curriculum have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity?

There were 30 citations classified under this evaluation criterion. This contained slightly over 8% of the total number of citations (177) documented. The grade for this was 100% and it was one of three criteria to receive a perfect score. There was one gray area, which dealt with strengthening the foundation of the abstinence message.

The LIFE curriculum is solely an abstinence-only curriculum. There is no indication of the program being a comprehensive sex education that was adjusted to fit abstinence education parameters. Abstinence is a term that is used and referred to throughout the program. The terms most often used are “safest” and “healthiest” when discussing abstinence from sexual activity. According to Cook (2015) the LIFE curriculum is designed to educate children, youth, and teens on the advantages of the healthy lifestyle choice of delayed sexual activity. The goal of the LIFE curriculum is to empower young people to make safe and beneficial decisions, in order to reduce unplanned pregnancies and STDs/STIs. These positive choices will serve to improve life outcomes for teens and their families. The message of abstinence from sexual activity is carried on throughout the entire LIFE curriculum.

The LIFE curriculum used a convincing argument to persuade students to be abstinent from engaging in sexual activity. The LIFE curriculum used the development of personal goal setting as a method to create a positive path for their future. The LIFE

curriculum directed students to develop clearly defined, written, life-long goals and to understand how abstaining from sex would then support and how sexual activity will derail their aspirations. As stated by Cook (2015) the LIFE curriculum is direct enough to command teens' attention. The 8-session curriculum also helps communicate, dynamically and positively, the value of committing to abstinence (Cook, 2015). Lesson One titled, "Sex, Emotions and Self-Respect" discussed how children, youth, teens view sex differently, while grappling with the emotional impact of sex before marriage. In the instructor's manual, there are cues to for the discussion of looking to the future and making good decisions that will assist the students to accomplish their goals and aspirations in life (Cook, 2015, p. 3-4).

There are a significant number of references in the textbook and among the video segments as to how abstinence will help individuals accomplish their life goals. For example, in a Lesson One video segment that discussed how girls and guys view sex differently, students were shown six different possible negative consequences for both sexes. The video segment was designed to show how the commitment to abstinence would help these teens to accomplish their "LIFE" goals (Cook. 2015, (S. tape 1, part 6). Cook (2015) often uses words and activities to remind students that Abstinence can be the key to your future. Federal guidelines B, D, E, and F all review and discuss abstaining from sex as the expected standard before marriage. In Lesson Six "Sex, Love and Choices", students are asked to interview their parent or guardian regarding their ideas of delaying sex until marriage. Lewis (2016) found through his study of the cycle of poverty

that a significant number of children, youth, and teens follow by example. For instance, if, a girl becomes pregnant at an earlier age and is not married and then has becomes pregnant for a second or even third time. Her children are more likely to follow her example with out of wedlock births.

In Lesson Six “Sex, Love and Choices” children, youth, and teens were given the opportunity to hear others share why they have chosen abstinence. Cook (2015) provided the students with options for evaluating themselves and their goals to be able to find a suitable partner based on this expectation, as a life goal. This is a crucial concept because it gets the student thinking beyond the one-track focus on themselves only frame of mind. Lesson Six had the students to begin thinking about the question; “How will my commitment to abstinence help others accomplish their goals, as well?”

According to Cook (2015) the LIFE curriculum “helps communicate, dynamically and positively, the value of committing to abstinence”. Videos that open each lesson lead naturally to discussion. Each 50-minute segment balances information about healthy choices with role-plays that help guys and girls practice saying “NO”. This is an area where the LIFE curriculum program could be improved. Two areas need to be addressed: a) defining more clearly the concept “social consequences” since it has two meanings both in the LIFE curriculum and in popular usage, and b) emphasizing more of the benefits to community and society rather than just the gain to the individual.

According to McClain (2015) the word “social” can mean two things: the larger circle of influence “relating to human society, or the smaller circle that is more centered

on self, meaning to enjoy the company of others; sociable. For example, as Lewis (1968) suggested the narrower use of the word *social*, focusing on the individual, is found in the LIFE's abstinence education curriculum introduction. In the LIFE instructor's manual, the term "social consequences" refers to the student's "reputation and relationships, which can include family and friends (Cook, 2015, p. 39-44). Examples of the use of the word "consequences" as it refers to our larger human society are:

- Abstinence has numerous benefits for teens and society (Cook, 2015).
- "Social: How it affects my relationships with family and friends." (Cook, 2015, p. 40 (Tape S. No. 6).
- "Choosing to remain abstinent until marriage would help the individuals to build their relationship over time (Cook, 2015, p. 43).
- Video segment No. 4: Nicole and Raoul, what were the consequences when Nicole became pregnant? How did the pregnancy affect Raoul? What became of their relationship after the baby was born? (Cook, 2015, p. 28).

The statements have been provided are correct within the LIFE curriculum and direct other questions that may need to be addressed in more detail. The instructor's manual directs the students to analyze how are their personal actions going to have an impact our society? Why would me being sexually abstinent have anything to with helping to make my community and society better? Is there a connection between my individual actions, for example, abstaining from sex until marriage, and improving the standard of living, or lowering taxes and crime rates? Will this benefit our school,

community, or world? These questions need to be given a direct explanation because they will probably not be obvious to the students. A directly stated explanation would especially be important because of the two meanings of the term social.

Even more importantly, emphasizing the narrower meaning of “consequences” misses an opportunity to present a more convincing line of rationale for the behavioral changes that students are being asked to make to remain abstain until marriage, as the Federal Title V abstinence education program suggested. McClelland and Frost (2014) asserted that as a society, we need to help students think on behalf of institutions. As Waite and Gallagher (2000) discussed that marriage is an institution in their book entitled, *The Case for Marriage*. The point lends itself to more persuasive arguments for abstinence and marital fidelity which can be made when the benefits of sexual abstinence are related to larger circles of human society, more so than just the benefits that befall an individual.

### **LIFE and Evaluation Criterion (B2)**

This evaluation criterion had the third highest percentage of *possible misalignments* with 12 percent. There were a total of 61 references, of which 89 % were rated in line with the Federal Guidelines; 7 citations were not. The main reasons for possible misalignments were basically two: the apparently limited obedience to self-created rules (three times) and the violation of free-will, not choice, in the case of sexual abuse or rape.

2. (B2) Is abstinence for all school-age children presented as an expected standard, i.e., as required moral conduct? In other words, is the terminology used to describe the commitment to abstinence sufficiently strong?

The degree of commitment to an abstinent lifestyle in the LIFE curriculum had a wide span. Most often, at least 43 times, abstinence was presented a “choice,” sometimes a “healthy choice” or a “responsible choice,” or “one of the most important choices.” Twenty-eight times or more, abstinence was referred to as a “choice,” sometimes a good choice,” a “great choice,” or a “responsible choice.” At least eight times the word “commitment” was used in relation with abstinence with marriage six times and in connection with life goals three times.

### **LIFE and Evaluation Criterion (C3)**

3.(C3) Does the curriculum teach that abstinence is the only certain way to protect the individual from STDs, pregnancies, and other associated health problems?

The LIFE curriculum met this measure in the discussion of safety and abstinence as a method to protect individuals from STDs, pregnancies, and other associated health problems. All the citations in this area were clearly in alignment with the Federal Guidelines. Abstinence was described as the only method that could guarantee protection against STDs, pregnancies, and other associated health problems. Abstinence was the only effective protection from the possible physical, emotional, mental and social consequences. The LIFE curriculum suggested that abstinence-centered education is the most risk avoidance education that they can provide to their students (Cook, 2015, p. 3).



The LIFE curriculum provided medically accurate information based on the most recent reports and statistics from the HHS (2017) and the Centers for Disease Control (2016). The LIFE curriculum provided information regarding the fact that condoms have been found not effective in preventing the spread of HPV, which is the most common STD and has no cure. In the instructor's manual Lessons Three, Four, Five, and Six, cover standard C of the Federal guideline. These lessons extend beyond the requirements of the Federal standards by providing video segments that teach that safe sex is not safe. Cook (2015) provided a consistent series of discussion and video segments that persuade the student that abstinence until marriage is the best way to protect against STD and out of wedlock pregnancies.

Cook (2015) discussed that sex outside marriage itself is the problem, for example, the curriculum provided instructor prompted discussions that STDs, out-of-wedlock pregnancies, and other related health issues are symptoms of the problem of sexual activity outside of marriage. Most people think of unprotected sex as risky. The LIFE curriculum makes the point that protected sex is still risky. This is not exactly the same as saying sex outside marriage in itself is the problem. The section at the top of the page 35 entitled. "What Happens If You Contract HIV" makes a powerful point of how having disease with no cure could serious effect your life. According to the HHS (2015) although, condom usage has increased significantly over the past 20 years, so has the spread of STDs and STIs. This point is again emphasized in Lesson Five on page 30. The instructor's manual asks the instructor to begin a dialogue with the students related to "do

you think condoms offer 100% protection?’ The important question that was answered is, why have STDs increased, even though condom usage has also increased? The ineffectiveness of condoms to prevent STDs is only part of the answer. The LIFE curriculum provided scenarios that discussed the reason for the increase in STDs is not lack of condom use but rather an increase in multiple sexual relationships. As Kirby (2007) asserted this would help to explain the obvious, which was that sex outside marriage itself is the problem. Nonmarital sex is inherently risky and possibly damaging to the individuals involved.

#### **LIFE and Evaluation Criterion (D4)**

4. (D4) Does the curriculum teach that a mutually faithful monogamous relationship in context of marriage is the expected standard of sexual activity?

This was one of three perfect scores of 100 percent. Four of the 19 citations were in the *gray area* dealing with two topics: the lack of specificity in viewing marriage as an option or lifetime goal (3) and an emphasis on wanting to be loved instead of wanting someone to love (1).

Title V standard D4 was covered briefly in pages 39-44 of the LIFE curriculum. It was one of the shortest discussions provided within the Title V A-H standard guidelines. Lesson Six “Sex, Love, and Choices” included a video segment titled “Choosing to Delay Sex (Abstinence),” which was approximately 4 minutes long. The scenarios of the couples and situations who overcame tremendous odds and a myriad of temptations may be interest to the students. The stories do have teaching quality to them. They some of the

most persuasive components of the entire LIFE abstinence education curriculum. Yet, it is in presenting marriage as required moral conduct that the LIFE curriculum could be more forthright in the development of the instruction. The institution of marriage needs to be presented more in the context of social responsibility than mere personal option. In order to do this, without being coercive, the rationale for marriage needs to be clearly laid out and the public good of the institution of marriage.

Two of the three references listed in the *gray area* were found on the same page and dealt with presenting marriage as an option or choice. A case in point is when the instructor's manual has one activity that asked the students to "list as many reasons as possible for delaying sex before marriage." The LIFE curriculum does not stress that although some students may not want to marry, it assumes that most students will want to marry and have a family (Cook, 2015, p. 41). This should not be presented a choice if, all options are acceptable; it is meant to be an abstinence until marriage education curriculum. The LIFE curriculum does not, provide any options of why a student may not want to marry or be unsure if he or she wants to tie the knot. Here marriage appeared to be an option or choice, not an expected standard. It is not clear whether this was the LIFE abstinence education curriculum's intent by author, or not. According to the Federal Guidelines, it is important to stress that if, anyone wants to have sex then he or she should: a) be married, b) have only one spouse, and c) be monogamous to that person. The issue is not the option of getting married or not getting married. The issue is keeping

sexual activity inside a committed marriage. Under a strict interpretation of the 8-point guidelines, technically there are two options: abstain from sex or get married.

The LIFE curriculum could be improved by providing a more positive view of the aspects of marriage. The LIFE curriculum does not discuss why an individual might not want to get married. Thus, the idea becomes the only way I will be able to have sex is if, I get married, first? In addition to the laundry list of reasons why students in early secondary school may not want to marry will possibly change a matter of later maturity. The LIFE curriculum does not discuss or hold marriage as a lifetime goal.

The LIFE curriculum does not clearly show the correlation between abstinence and its role in marriage. The abstinence definition should always include marriage as the major goal or objective, according to the Title V A-H standard guidelines. The instructor's manual discussed delaying sex until marriage as the healthiest choice for individuals in the introduction (Cook, 2015, p. 3). The message is not directly supported throughout the LIFE abstinence education curriculum. This researcher did not find that Cook (2015) discussed how abstinence can help prepare for marriage in a direct manner. In addition, the layout of the entire LIFE curriculum first presents a significant number of issues primarily dealing with abstinence as a choice. The overall, discussion of marriage and family are limited within the LIFE abstinence education curriculum, as compared to other topics for example, as teen pregnancy, STDs/STIs, and self-control. The researcher found that the intricate relationship between abstinence and marriage could have been better developed. For example, on page 42 in the LIFE curriculum "infatuation or love" are

discussed without the mention of marriage. The LIFE curriculum does discuss delaying sex to help build healthy relationships but it does not mention the word marriage. Since the correlation between sexual abstinence and marriage are the only two expected standards in the Federal Guidelines. The LIFE curriculum must be precise and conclusive. Cook (2015) does not directly discuss that abstinence is also within marriage. The Federal Title V standard guideline D, discussed that the mutually faithful monogamous relationship of marriage is itself an expression of abstinence. The exclusiveness of the marital union means that both partners abstain from sex with everyone except their lawfully wedded spouse. As Waite and Gallagher (2000) suggested before marriage it is called abstinence and after marriage it is referred to as fidelity. As asserted by the Federal Title V A-H standard guidelines abstinence not only protects the individual, it protects marital fidelity.

The LIFE abstinence education program does not place direct emphasis on marriage as an institution, essential for social stability and creating value. The public dimension of marriage is discussed in the LIFE curriculum by suggesting that choosing to delay sex for marriage, you are choosing to wait now so that you and your future spouse will benefit in the long-term. It did not discuss with the students how a stable marriage can create a positive environment for raising children. In comparison, when the LIFE curriculum discussed the risks and consequences of sexual activity, Lessons Two, Six, Seven, and Eight are devoted to this subject and the instructor's manual has numerous notes, suggested responses, and helpful activities. Title V standards (B2) and (D4) are

covered briefly through one lesson pages 39-44 and one video segment from tape 1, part 6. In the instructor's manual on page 41, when the class is asked to discuss the benefits of choosing to delay sex until marriage, no suggestions are made. Without providing this information, the advantages and persuasiveness of marriage was made to be limited. It is true, for example, that if, teens delay having sex until later but not until marriage, they are still subject to all the same risk factors that are associated with sex outside marriage. The only difference is that those factors will come later. Maturity may assist the individual in making better choices, as they get older. The LIFE curriculum needs to discuss that marriage is more than an institution for the safest and healthiest sex.

The LIFE curriculum does not emphasize that the purpose of this curriculum is to teach that the safest, healthiest lifestyle for teens is abstinence until marriage. To refocus the purpose of abstinence and marriage, the LIFE curriculum should switch the sentence around, putting abstinence until marriage as subject and the safest, healthiest lifestyle for teens as the objective. The sentence would then read, the purpose of this curriculum is to promote abstinence until marriage and emphasize that it is the safest, healthiest lifestyle for teens. The Federal Guidelines are directed to do more than to promote safe and healthy lifestyle choices. This would also assist in focusing more on the public benefits of abstinence. For example, the institution of marriage, changing it from a safety and health-related issue, which easily focuses on just the individual. The LIFE curriculum does not clearly address the issue of being monogamous and mutually faithful as integral to a publicly recognized marriage. The LIFE curriculum does contain a persuasive, positive,

and consistent message that sexual activity should be delayed until marriage. The only safe sex is in a marriage relationship where the partners are faithful.

**LIFE and Evaluation Criterion (E5)**

5. (E5) Does the curriculum teach that sexual activity outside the context of marriage is likely to have harmful psychological effects and physical effects?

The LIFE curriculum covers this issue comprehensively. Several lessons in the instructor's manual cover the Federal Title V standard (E). Lesson One, titled "Sex, Emotions and Self-Respect", pp. 5-9, Lesson Three titled "Sex, STDs and Honesty", pp. 17-26, Lesson Four titled "Sex, Pregnancy and Responsibility", pp. 27-32, and Lesson Five titled "Sex, HIV and Compassion", pp. 33-36, provided detailed discussion of how boys and girls view aspects of sexuality activity differently. Standard (E) involves the teaching of the psychological and physical consequences of being sexually active. The video segment in Tape One, parts 1 and 3 included the topics of the emotional and mental consequences of being sexually active. The video segments showed two young adults share their feeling on how they deal with their lives with AIDS. Cook (2015) provides a strongly persuasive agreement to children, youth, and teens regarding being able to separate myths from actual facts about HIV and AIDS. The students are also provided the opportunity for discussion to help them understand the process of discovery and to have empathy and compassion for others.

Cook (2015) provided opportunities for discussion of anger and the feeling of being used after the students completed various activities for each of the lessons. In one

of the scenarios, where no sexual activity is mentioned, two people break up. The response is the unhealthy use of violence or abuse. In another scenario, a boyfriend-girlfriend relationship becomes sexual and one person has the feeling of being used. The healthy response is to choose abstinence.

Kendra's story, on page 9 in Lesson One, is about a young girl who was pressured to have sex by her boyfriend and felt used and disappointed by her decision to have sex with Antonio. Cook (2015) discussed the delaying sex can strengthen self-respect and emotional maturity among partners. The LIFE curriculum suggested that partners would not feel guilty or have regrets at the end of their relationship if, they waited until they knew each other better before engaging in sexual activity. These feelings of guilt and shame would be lessened if, sex was not involved. The point here is that this rationale is similar to consensual sex and cohabitation: agree ahead of time to avoid feelings of regret and guilt. Is this then consensual dating? Regret and guilt are not dealt with through private, personal agreements; they are dealt with through reliance on rules rather than discretionary standards. For example, expected standards, why not explain the difference between dating and courtship? At least present the no-dating option practiced by many religious and ethnic groups.

The LIFE curriculum does not strongly advise sexually active students to immediately stop all intimate sexual activity and seek medical treatment, if needed. Although implied, it is not specifically mentioned within the LIFE curriculum lessons. Students are told that STDs are often asymptomatic and that 70 % of sexually active teens



have never been tested for STDs. The LIFE curriculum does instruct students that that many people who have STDs do not know that they have them. It is always possible to stop unhealthy behavior and to start over, especially when it comes to sexual activity.

Whether you or someone that you know has become sexually active, it is never too late to start over again. Students should be advised to stop sexual activity immediately, get a medical check-up themselves and encourage their partner(s) to also get a check-up.

### **LIFE and Evaluation Criterion (F6)**

6. (F6) Does the curriculum teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.

There is discussion about the harmful consequences to children born outside of marriage in the LIFE abstinence education curriculum. In the LIFE curriculum if, an unmarried girl becomes pregnant, three options were listed: keep the baby, adoption, or abortion (Cook, 2015, p. 31). Marriage was not listed as an option in Lesson Four. Moreover, among the many consequences considered it appears to suppress the intent of marriage. The question for older teens is that marriage can provide a stable home but are you ready for the commitment of marriage? Why the hesitation in the CTB LIFE abstinence education curriculum? If, teenagers—especially older teens are having sex and conceiving children, should we suggest that they reconsider marriage because they may not be ready?

More specifically, there should be a fourth option; it should be to get married. If they are in their early teens, the young couple may not be able to rent a house and/or own

a car or even drive for that matter. If, they do get married or at least engaged, then it may increase the likelihood that the two families will support them. If, grandparents help raise their grandchild, it would give the parents a chance to get more education or possibly finish high school. This would also be consistent with the Federal Guidelines, which provide an expected standard for human sexual activity. If, teenagers are having sex, then they should be married.

**Possible Misalignment.** In Lesson Four “Choices and Consequences” on page 31 the LIFE curriculum asked if, you get pregnant or get someone pregnant what options do you have? (Cook, 2015, p 31-32). One of the options is adoption. The adoption option is placed at an even further distance by raising two questions; how would I feel afterwards? and would I be able to see the baby? Both of these questions focus on the interests of the mother, not the well-being of the child. According to Waite and Gallagher (2000), if marriage is not possible or advisable, then adoption should be seriously considered. The LIFE curriculum does not fully explain the costs, both in terms of public resources as well as the likely detrimental impact on community standards and security, that society pays when children are born outside of marriage?

The curriculum then explains that if someone has been abused or pressured into having sex, their choice to be abstinent has been taken away from them. The public dynamics of the STD epidemics is discussed but the costs society pays when children are born out-of-wedlock are not addressed in the LIFE abstinence education curriculum. This could be added Lesson Six, which addressed Federal standard (B) the section “Sex, Love,

and Choices” and would greatly increase not only the commitment to abstinence but more specifically abstinence until marriage. The students are instructed that bearing children out of wedlock places the child’s parents at increased risk. The likely harm that bearing children outside wedlock has on the child’s parents should also be dealt with. The correlation between out-of-wedlock births vis-a-vis welfare dependency, education, and domestic crime, for example, are well-documented and should be addressed.

12 of 177 citations, representing nearly 15 percent, were categorized under this criterion. This area had the most number of citations. There was 1 that could be placed under the category of possible misalignment; it also had the second lowest percentage at just over 11 percent. The number of ratings, 39, was the highest of any Federal Guideline. The lack of alignment to the Federal Guidelines were, in the eyes of the author of this study, in (3) areas: the handling of secondary virginity (3), the integration of romantic relationships with friendships and dating (3), and, finally, the boundaries for safe dating (3). The substantial number of gray areas referenced were primarily related to one issue, which was dating. Ten citations in this category were related to dating. The other seven area citations came under a variety of categories, including: stronger word selection, placing expected standards above both emotion and reason, and secondary virginity.

The LIFE curriculum is not clear with fully explaining that the problem is childbearing outside marriage, not teen pregnancy. This is really a matter of consistency since in several places the LIFE abstinence education does specifically identifies non-marital sex as the problem. For example, the LIFE curriculum discusses the negative

consequences of sex outside of marriage and the negative emotional effects of sexual activity outside of marriage.

**Gray Area.** Being more detailed with word selection would help identify and target the precise problem of sex outside of marriage, which can result in teen pregnancy. In the LIFE curriculum there were opportunities provided through the activities to ask students, do you think sexual activity is unhealthy for youth and teens? Lesson Four titled, "Sex, Pregnancy, and Responsibility," discussed that teen pregnancy is a significant problem. Reducing the rate of teen pregnancy is one of the most strategic and direct means available to improve overall child well-being and to reduce persistent child poverty. Teen pregnancy has profound consequences for the teen mother, the child, and to society in general. Despite the recently declining teen pregnancy rates, 34% of teenage girls become pregnant at least once before they reach age 19, which results in more than 820,000 teen pregnancies a year in the United States. According to the HHS (2016) the United States has the highest rate of teen pregnancy in the industrialized world.

The LIFE curriculum does not mention that a child, youth, and or teen can be as young as 11 or as old as 19 can become pregnant or father a child. It is true that sexually active girls in their early teen years have additional risk factors to consider but teen pregnancy should not be the primary identifier of the problem. As asserted by the HHS (2016) the problem is not age; it is marital status

**LIFE and Evaluation Criterion (G7)**

7. Does the curriculum teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances?

The (G7) Title V standard is covered in the following LIFE curriculum lessons:

Lesson One “Sex, Emotions, and Self-Respect,” page 9; Lesson Two “Sex, Alcohol, and Respect pages 11-16; Lesson Six “Sex, HIV, and Compassion” page 44; Lesson Seven “Sex, Limits and Self-Discipline” page 44-45; and Lesson Eight “Sex, Saying “NO” and Courage” pages 51-57. The LIFE curriculum has several strong points regarding the involvement of parents, defining abstinence, and addressing how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances. The LIFE curriculum does incorporate some effective and productive teaching methods. For example, at the end of each section, students complete a worksheet with their parents, which must be signed and returned. SIECUS believes that parents are, and should be, the primary sexuality educators of their children and applauds the LIFE’s abstinence education curriculum promoting parental involvement and recognizing the importance of a family's own values. In addition, the curriculum spends a significant amount of time discussing peer pressure and the importance of being assertive. Students need an opportunity to develop character traits and skills that will enhance their ability to make responsible decisions based on their personal values. The influence of the media is also covered, and students are encouraged to analyze how various media sources influence adolescents' attitudes and behavior toward the use of alcohol and drugs.

**LIFE and Evaluation Criterion (H8)**

8. (H8) Does the curriculum teach the importance of attaining self-sufficiency before engaging in sexual activity?

The LIFE curriculum teaches students that abstinence can help with self-confidence, being responsible, respecting others, accomplishing educational goals, developing relationship skills, focusing on studies, and more. These character traits are not only indispensable for a good marriage but they are also essential for gainful employment. The relationship between employability and marriageability needs to be more clearly defined explained. The kind of commitment that enables you to be abstinent until marriage is the same kind of commitment that will enable you to accomplish your goals, to succeed in life and win.

At the conclusion of the LIFE abstinence education curriculum, students are directed to write their goals, their LIFE plan. However, because of the emphasis within the LIFE curriculum on goal-setting, career paths, and dating limitations, the underlying relationship between career goals and abstinence until marriage is not well defined. The discussion that marriage enhances financial well-being but that having well-defined goals keeps you on track with your goals. The fact that marriage helps financially needs to be stated categorically because it is not uncommon for students to think that marriage and family obstruct career paths. The students would view marriage and abstinence as integral parts of building successful, loving, happy, and financially secure futures. In fact, marriage is such a strong indicator of financial earning power that the co-authors of The

Case for Marriage have said, A married high-school graduate in the United States earns as much, on average, as a never-married college graduate. In the United States, according to some estimates, getting a wife increases a man's salary by about as much as a college education. (Waite & Gallagher, 2000, p. 100). Presenting the advantages of marriage in terms of strengthening financial stability would reinforce the LIFE abstinence education curriculum's appeal to the students.

The LIFE curriculum teaches emotional maturity as the ability to put the well-being of others above self, which is often expressed in such terms as empathy, delayed gratification, and trustworthiness. This area is one of within the LIFE abstinence education curriculum's many strengths. Correlating sexual abstinence and emotional maturity is essentially bringing together the fields of character and abstinence education. Self-control is the key to self-sufficiency. The LIFE curriculum has more than 24 references to the concept of self-discipline, with 22 such references where the word choice or self-control is specifically cited. The LIFE curriculum also set out a healthy set of priorities that teens need to be aware of in a mature decision-making process. It is vital that personal feelings not be the basis for making life's important decisions. The LIFE curriculum advised students that the ability to make a good decision should be based on more than feelings. An extension to this is the advice in the instructor's manual where instructors help students understand that if they make decisions based upon what others might think of them.

Adding to the discussion of self-control, the LIFE curriculum presented an excellent definition of love, which is desiring and acting upon what is best for another person, sacrificing short-term pleasure for long-term commitment. The LIFE curriculum distinctly discussed two different types of love are contrasted: healthy love strives to give while unhealthy love seeks to take. This is outstanding because its goes beyond love and infatuation, which is also discussed, placing the responsibility squarely on the individual's ability to give and give and give. The consistency in defining love in terms of self vs. others, in terms of giving vs. taking was a unique perspective, and the LIFE curriculum stands somewhat alone in this approach. Rounding out this topic, two other references need to be included in this discussion of love because of the superb wordage used in each. Love means that you are always there for the other person and that you want what is best for them no matter what. The ultimate sign of love is the ability to put the other person's best interest above your own.

### **Interpretation of Research Findings**

The results of this study supported and extended Lewis' (1968) theory of the cycle of poverty. Lewis based his thesis on ethnographic studies of small minority communities. Despite studying significantly small communities, Lewis extrapolated his findings to suggest a universal culture of poverty. Almost fifty years later, the premise of the culture of poverty paradigm remains the same: that people who live in poverty share a consistent and observable "culture" that may contribute to higher rates of teen pregnancy. Teen pregnancy has far-reaching implications for children, youth, teens, and families, as



well as for states. States often are left to incur medical costs, which are associated with teen births but more significantly, teen childbearing affects spending in the health care and the justice and welfare systems. State funds also are affected by lower wages being earned by teen parents with less education or fewer job opportunities. The consequences continue for future generations as well. According to Lewis (1968) the offspring of teen mothers are often more likely than their peers to live in poverty, have poor educational or health status, and become teen parents themselves.

As important in the age of data-driven decision making, Lewis (1968) has inspired a significant amount of research in the area of access to education and health services for persons living in impoverished communities. According to Billings, (1974), Carmon (1985), and Jones and Luo (1999) researchers around the world tested the culture of poverty concept empirically. As reported by Ortiz and Briggs (2003) others analyzed the overall body of evidence regarding the culture of poverty paradigm.

The results also extended the recommendations in previous studies by Moustakas (1990) that suggested a qualitative methods design research is the most appropriate method for evaluation of alignment of programs. Moreover, Moustakas (1994) observed that qualitative research is also appropriate when the literature does not provide any specific direction for the research evaluation to be conducted. According to Merriam (2009) qualitative reporting is conducted with text or print words rather than the use of numbers (p.17). The majority of the program document data is in written curriculum material text instead of statistical data. A quantitative design would be far less effective

for this study because it would not provide the substance needed for an initial program evaluation. Additionally, quantitative research may not provide any insight and or deeper understanding of the Title V abstinence education program implementation. Moreover, quantitative research generally requires a large population, who may share common characteristics. According to Miles, Huberman & Saldana (2013) utilizing a qualitative methods design may lead to more effective research-based recommendations for future programming decisions regarding federally funded abstinence education programs. The research findings provide direction for improved federally funded Title V abstinence education program implementation in future funding program cycles.

The literature review consisted of studies that were mostly designed for this qualitative methods study to evaluate Federal A-H guidelines and the LIFE abstinence education curriculum. The study examined the content of the curriculum, as guided by the eight Federal Title V criteria guidelines. The research question was created through a review of the literature. The results supported and extended the need for further study because there were no relevant qualitative studies that focused on the evaluation of the alignment of the Title V abstinence education Federal guidelines A-H and the LIFE abstinence education curriculum.

The findings suggested that the LIFE abstinence education posed some misconceptions regarding single parents being uninvolved in their children's learning, largely because they do not value education or marriage. The LIFE curriculum did not discuss that low-income parents hold the same attitudes regarding education, as middle

class or wealthy parents (Compton-Lilly, 2003; Lareau & Horvat, 1999; Leichter, 1978). The results demonstrated the use of the culture of classism is deficit theory. The LIFE curriculum used the deficit perspective in the instructor lessons, which defined students by their weaknesses rather than their strengths. Deficit theory takes this attitude a step further, suggesting that people are impoverished because of their own moral and intellectual deficiencies. Deficit theorists use two strategies for propagating this world view: (1) drawing on well-established stereotypes, and (2) ignoring systemic conditions, such as inequitable access to high-quality schooling, that support the cycle of poverty.

The results of the study further support the need for employing qualitative methodologies when studying Title V abstinence education programs to understand the impact of these curriculum programs have on encouraging conversations between teens and parents, and engaging business, education, faith, nonprofit and other community groups in efforts to reduce the rates of teen pregnancy. The results showed that the use of evidence-based programs such as the LIFE curriculum are required to address each point in the eight-point definition of abstinence education, individual states may determine how much emphasis to place on each point. The LIFE curriculum is required to be medically accurate and to focus on youth at high risk of teen pregnancy.

The data collected during this study were gathered from one abstinence education curriculum, which is used with the Federal Title V abstinence education program; the results are not representative of all abstinence education curriculum. The results of this study do, however, provide a solid foundation for replication with other Federal Title V

abstinence education curriculum programs. There was sufficient data collected that resulted in a finding of an overall alignment between the Federal Title V A-H standard Guidelines and the LIFE abstinence education curriculum. The sample size consisted of only one abstinence education curriculum but the researcher collected rich data that was coded, themed, analyzed, and interpreted.

The impetus of the LIFE curriculum was to promote abstinence from sexual activity, which is viewed as the most safe and healthy lifestyle. The LIFE curriculum sought to inform children, youth, and children about the direct dangers of premarital sexual activity, as well as the advantages of abstinence from sexual activity. The LIFE program used strong personal stories, examples of stable monogamous relationships. The idea of marriage and family were presented as life goals that can be achieved regardless an individual's personal or family background and should be part of each person's life.

The overall summary of the curriculum is given below. A total of 177 citations from the Life program have been documented in this research study. Seventy-one % of the citations (141) were in alignment with the Federal Title V A-H standard Guidelines for abstinence education. Thirteen % of the references were found to be categorized as being in possible misalignment utilizing this study's criteria system of grading.

### **Connection to Theoretical Foundation**

The theoretical framework for this study was Lewis' (1968) theory of the culture of poverty perspective. This theory focuses on the role that poverty and socioeconomic disadvantage play and argues that early sexual behavior and childbearing more often

occur among impoverished persons. Lewis (1968) suggests that this theory represents “both an adaptation and a reaction of the poor to their marginal position in society” (p. 168). The difference between this particular theory and others is that the argument is that the behavior of certain impoverished persons may be passed on from generation to generation in particular communities. The theory of the culture of poverty is related to the origin of the Adolescents Family Life Act enacted through the Personal Responsibility & Work Opportunities Reconciliation Act, as provided in Title V, Section 510(b) of Social Security Act.

According to Hoyt and Broom (2006) the use of social, cognitive, and behavior change theories that have been grounded in educational learning through abstinence-only education based curriculum programs, such as the LIFE curriculum have been used for several decades. Social learning theories are effective in influencing risky behaviors and focus on social influences, which act to change personal values, group norms, and building social skills. As reported by Kirby et al. (2011) researchers have demonstrated that programs grounded in psychological, social, behavior, and cognitive learning theories can be used to identify the risk and protective factors that affect behavior within Federal Title V programs. Additionally, when the cognitive risk and protective factors are identified, activities and abstinence education curriculums are closely aligned to Federal Title V A-H standard Guidelines to change those factors decrease the risky sexual behavior of children, youth, and teens. This causes a resulting outcome in a decrease in the negative physical, social, and environmental consequences of teen pregnancy.

There are many positive individual and social impacts in decreasing and or reducing early initiation of sexual activity in those ages 10-19 (Harris and Cheney, 2015). According to Oyedele, Wright and Maja (2015) children, youth, and teens often make decisions without knowing or understanding the consequences of their actions. However, those who have participated in Title V abstinence education programs that are closely aligned to abstinence education curriculums have had demonstrated effectiveness, show improvement in their level of risk avoidance and the protective factors, which impact decision making. The level of risk avoidance was increased through the use of strategies that included the teaching of protective factors. These program components have assisted children, youth, and teens in making better decisions regarding their sexual behavior (McClelland & Fine, 2008). It is imperative that the Title V A-H guidelines, which outline effective abstinence education programming be aligned to the selected abstinence education curriculum program, so that the program will influence children, youth, and teen to avoid risky behaviors. It is important that the LIFE curriculum was able to alter these specific factors. When these behavioral factors are altered through an abstinence education curriculum that is in direct alignment with the Federal Title V A-H guidelines, these particular federally funded programs will be able to serve as a change agent and impact the participants' behavior (Carter et al., 2015). If, a selected abstinence education curriculum is found not to be in alignment with the Federal Title V A-H guidelines, funding decisions should be made. These decisions are important to communities, administrators, and public policy makers regarding the continuation or discontinuation of

programming (Lê et al., 2015). Selected abstinence education curriculum programs must be in alignment with the Federal Title V A-H guidelines, as to significantly reduce rates of teen pregnancy, which will decrease the number of children born in poverty. The issue of teen pregnancy, as a social problem in the United States needs to be reduced, which in turn, will positively affect the social and economic cost to society.

### **Limitations of the Study**

Additionally, to provide a more in-depth research study, given the limitation that this research study reviewed only one curriculum model (the Life abstinence education curriculum), the researcher also reviewed, cited, and sorted a total of 177 scholarly references according to the eight Title V guidelines. The researcher used this information to identify the overall strengths and weaknesses of the LIFE curriculum in comparison to the eight Title V Federal Guidelines. Each citation was then graded in terms of alignment, possible misalignment, or gray areas. The researcher created 35 questions to address in detail a variety of elements that should comprise abstinence education. Where the LIFE curriculum was found to have gone beyond the given standard, it was recorded with those comments. Moreover, critical comments from the researcher explained when the LIFE curriculum fall short in providing a clear or detailed explanation of the Federal standard. It was found that certain references may not have been in correct alignment with the Federal Title V guidelines. The researcher did not find reason to be overly disparaging regarding points of inconsistency and suggestions for improving the LIFE curriculum were provided when appropriate.

### **Practical Recommendations**

The study will serve as a foundation for future research that will generalize the applicability of the results. The research will serve as a model for other evaluation studies that measure the alignment between a selected abstinence education curriculum and the Federal Title V A-H standard Guidelines. The evaluation study presents findings utilized to determine if, a selected abstinence education curriculum is meeting the objectives for the Federal Title V abstinence education program to receive funding or to determine a need for discontinuation due to the lack of alignment with the stated Guidelines.

#### **Recommendations for Further Action**

Due to natural constraints of time, finances, and size of this research, limitations were inevitable. Turning limitations into opportunities gives rise to future research. It is, therefore, recommended that:

The impact of school, family, and community environments, and teacher commitment and training must be evaluated. Each of these areas should be correlated with the selected abstinence education curriculum. Other selected abstinence education curriculum in addition to the LIFE curriculum should be studied to evaluate their alignment with the Federal Title V A-H guidelines. The selection of other age groups should be investigated to develop an understanding of specific issues that may need to be addressed in the promotion of an abstinence until married lifestyle.

Abstinence education and marriage outside the heterosexual environment should be evaluated, as well. Abstinence education and marriage outside the heterosexual



environment should be evaluated, as well. According to Advocates for Youth (2008) lesbian, gay, bisexual, transgender, and queer (LGBTQ) children, youth, and teens must be given the opportunity to learn in inclusive settings that are accepting of their experiences and exposure. LGBTQ children, youth, and teens must be afforded access to abstinence education curriculum programs that are necessary to stay safe and healthy. As suggested by Caldwell (2015) all too often, LGBTQ children, youth, and teens fail to receive abstinence education instruction and materials that appropriately address their identities, behaviors and experiences. Abstinence education is often valuable a source of information on making healthy choices for children, youth, and teens. According to Kirby et. al. (2011) studies have shown that appropriately designed and implemented abstinence education curriculum programs may reduce risky behaviors and help to support more positive sexual health outcomes among children, youth, and teens. Positive abstinence education curriculum program outcomes include the reduction of teen pregnancy and STD and STI rates.

As reported by Advocates for Youth (2008) LGBTQ children, youth, and teens experience comparable health benefits to their peers who are not members of the LGBTQ community when participating in effective abstinence education curriculum programs. Abstinence education curriculum programs must be inclusive to LGBTQ children, youth, and teens. For example, inclusive abstinence education curriculum program would provide content to assist the student's understanding of gender identity and sexual orientation. As reported by CDC (2015b) the abstinence education curriculum should

provide age-appropriate medically accurate information that would incorporate positive representation of LGBTQ persons who are involved in romantic relationships and families. According to Jackson, Henderson, and Haw (2012) the need for protective measures during sex for individuals of all identities must be emphasized. Additionally, common myths and stereotypes about behavior and the identity of LGBTQ persons must be dispelled. As reported by *GLSEN (2014)* most abstinence education curriculum programs are not inclusive of LGBTQ children, youth, or teens. The *GLSEN 2013 National School Climate Survey* found that less than five percent of LGBTQ students had health courses that included positive examples of LGBTQ individuals or healthy relationship choice topics.

A complete abstinence education curriculum analysis should be conducted to evaluate the overall effectiveness of a textbook's materials, to include the *Choosing the Best's Life* abstinence education program. The textbook materials should then be correlated according to the degree of alignment with the Federal Title V A-H guidelines. Further research should seek to examine the components that are directly implied within any abstinence education curriculum program that seeks to receive Federal Title V funding.

### **Recommendations for Future Research**

The effectiveness of the *LIFE* curriculum has been found to positively transform the community if its implementation effectively followed, as intended. Children, youth, and teens are encouraged to adopt behavior changes that prevent them from engaging in

premarital sexual behaviors within the LIFE abstinence education curriculum.

Resultantly, as Hayward (2012) found that if, they abstain from sex until marriage, they also evade contracting STDs and STIs that are transmitted through sexual intercourse.

Although it brings about a two-sided transformative effect, the positive side of the social change caused is reinforced. This study has evaluated the positive impact generated in students when the LIFE curriculum is implemented. Overall, as the HHS (2016) has considered sexual activity outside of marriage as an ethical dilemma. The Federal Title V A-H standard guidelines specify that people should engage in sexual acts when they have identified a life partner for marriage. However, critics have nullified the effectiveness of abstinence education curriculum bringing about positive social impact since they argue that children, youth, and teens still engage in sexual behaviors before marriage, which is the societal problem. Senator Bill Cassidy, who is from Louisiana has made a name for himself as an advocate of “abstinence-only” education. In 2014, he co-sponsored the Abstinence-Only Reallocation Act of 2013, which would award grants and special funding to public and private schools which teach abstinence only curriculums instead of a more comprehensive sex education curriculum. Despite efforts by some democratic legislators to address this problem, Louisiana is one of the leading abstinence-only education advocates in the United States. This research found that approximately one-third of all middle and high schools in Louisiana are taught abstinence education solely. This may explain why Louisiana has been rated as the 6th highest teen pregnancy rates in the nation. As an aside to the related issue, Senator Cassidy’s daughter became pregnant

at age 17, toward the end of the same legislative session in 2013 and the proposed Act was not passed in Congress.

As Siegel and Siegel (2015) discussed conservatives view that comprehensive sex education curriculum programs that introduce contraceptive methods to students could be responsible for activating the behavior. According to Kirby (2007) many conservative believe that students who would alternatively not engage in these behaviors, would then be encouraged to do so if such information was provided to them. In fact, such curriculums have participated in changing the perspective of a student who had believed from childhood that sexual behavior is only for those who are married. Therefore, the LIFE curriculum does help students to begin development of social growth and maturity in congruence with societal ethical norms. The materials that are taught under the LIFE curriculum are relevant in accordance with the age of the students.

According to the LIFE abstinence education curriculum, educators realize that sexual behavior before marriage could have detrimental implications in children, youth, and teens lives. Disadvantages that occur from this behavior range from emotional, social, economic, psychosocial, and educational shortcomings. Therefore, the LIFE curriculum does assist in the prevention of many children, youth, and teens from being subjected to these situations by helping them to identify a healthy relationship, as well as refusing to enter into possible relationships where abuse could be incurred (Lê et al., 2015). Decision-making skills are inculcated in the process since the teen is educated on how to select a life partner with who they will live together in marriage. According to

Walker (2015) in a stable life that is free from the shortcomings of premarital sex, students can set future goals and plan on how they will achieve them realistically.

Although information about the use of contraceptives is included under some abstinence education curriculum, less attention is set on the issue. Kirby (2015) stated that investing in the contraceptives topic enables teens to get a clear picture of the role of some of the methods in preventing unwanted pregnancies and sexually transmitted diseases (STDs). Given all of this information improves their decision-making skills since they make life choices from all the information they receive. However, the practicality of abstinence curricula lies in the ability of educators to impart knowledge about the essence of saving sex for marriage (Lee et al., 2013).

### **Recommendations for Practice**

According to Walker (2015) avoiding the information about the use of contraceptives does not enable children, youth, teens to have healthy relationships. Some conservatives believe that encouraging sex education taught in an abstinence education based curriculums does arouse certain feelings whereby students develop sexual feelings towards each other. Many conservatives believe that unwanted pregnancies and STDs result from relationships started in a classroom, school, or community setting based on comprehensive sex education. For example, in 2012 the Tennessee House of Representatives passed a bill [HB 3621] that augments the state's abstinence-only sex education curriculum to allow parents to sue school teachers or organizations that promote "gateway sexual activity." The bill defined "gateway sexual activity" as "sexual

contact encouraging an individual to engage in a non-abstinent behavior." The stated purpose of the bill was to promote sexual risk avoidance, provide medically-accurate information, discuss the challenges that single teen mothers face and to discuss the interrelationship between teen sexual activity and exposure to other risk behaviors such as smoking, underage drinking, drug use, criminal activity, dating violence, and sexual aggression." Liberal Democratic critics of the bill argued that what it meant to demonstrate gateway sexual activity was vaguely defined and that even holding hands or hugging could constitute an actionable offense in the state. The state bill (SB 3310) passed and was signed into law by Governor Bill Haslam on May 10, 2012. The state of Tennessee agreed that the urge of wanting to try out the discussed contraceptives among themselves develops once the information has been given to them. Also, health practitioners acknowledge that no contraceptive guarantees maximum protection against pregnancy. The minimal chances of getting pregnant despite the use of the control methods are likely to occur in the teens since they may even not know how to use them effectively. However, if the pregnancy and STDs are evaded, it may be difficult for the teen to undergo emotional torture due to a broken relationship. The deep wounds generated from such experiences cannot be eroded by a mere fact that a condom was used for protection. Relationships between youth and teens are not likely to last for a significant amount of time hence, emotional hardship is a common occurrence. Healthy social coexistence is also created from abstinence education programs since topics of STDs are discussed. Students then get to understand the potential routes of transfer of

these infections hence dispute myths of transmission such as AIDS being transmitted by skin contact. Therefore, students can live peacefully with infected members of the society without inducing stigma. By promoting gender stereotypes as facts, abstinence equips teens with skills of detecting and avoiding wrong sexual advances.

However, although the LIFE curriculum is in alignment with the Federal Title V A-H guidelines, the policies that define it may not be effective enough in reducing pregnancy among children, youth, teens. It has been hypothesized that by the time a student reaches the teen age, hormones and peer pressure become driving features of their sexual life. Therefore, it is more beneficial to encourage them to engage in safe sex practices rather than emphasizing on abstinence. No matter how much abstinence is stressed by this curriculum, some of the children, youth, and teens engage in sexual activity without the slightest knowledge of how to protect themselves (Lê et al., 2015). The unwanted pregnancies and STD transmissions that occur from these practices then lead to immense stigmatization of the victims (Cheney & Harris, 2015). They are considered to be immoral or to lack appropriate societal values since abstinence is the only accepted guiding principle of a healthy lifestyle before marriage (HHS, 2016).

### **Implications for Social Change**

The study has established a foundation for social change that was aimed at exploring the alignment between the Federal Title V A-H standard Guidelines and the LIFE abstinence education curriculum. The LIFE curriculum has been studied and investigated based on its alignment to the Federal Title V A-H standard Guidelines.

Students, especially those who come from lower socioeconomic statuses, obtain most of their information at school and from other children, youth, and or teens. Since some parents may not be open to sharing information regarding abstinence with their children, the school and other sources may serve as other educators. The literature review did establish an alignment with the LIFE curriculum with each of the eight Federal Title V program A-H Guidelines.

Research works in the field of abstinence program evaluation can be developed from the current study that even involved the linkage of social activities with Lewis' theory of the cycle of poverty. Researchers have done less of the evaluation using such improvement strategies. There are several programs on abstinence that are currently being implemented nationwide including the 'reasons of the heart' and 'sex can wait.' Substantial variations occur in the way these programs are implemented, their curricula, and the target youth population. Currently, the available evaluations suggest with findings that are predominantly general regarding the conditions under which the programs operate and the target populations. More specific findings from qualitative studies such as this one can be drawn if experimental studies are set up. From experimental study designs, the evaluation is more rigorous, and the validity can be proven from the participants. The confidence with which researchers draw conclusions from a quantitative study regarding the impact of a certain abstinence education curriculum on the life attainment of students must be investigated, as well.



Such research can be organized in future studies so as to simulate how an abstinence education curriculum would have impacted on participants. A clearer picture that reinforces the findings of qualitative studies can then be depicted when youths are assigned to participate in the program while a control group is scheduled not to receive any abstinence education curriculum. To ensure that the abstinence education curriculum is the only variable between the control and intervention group, random selection of participants is paramount. Well-designed and well-implemented experiments to investigate the impact of the intervention can be realized effectively. According to Santelli (2006) future studies could also investigate the role of information obtained from external sources on the expected results of an abstinence education curriculum. This step will require the establishment of factors that will be used to measure the levels of physical and psycho-emotional harm to the two distinct study groups. Evaluation of results from contrast studies can also help in establishing the content coverage of the subject that should be taught in a program so as to realize optimum results. For instance, studies can be done to evaluate the degree of delayed sexual onset in teens who are under an exclusive contraceptive program and those who integrate it with abstinence. The effectiveness of a contraceptive program can also be investigated concerning whether the teens are using the contraceptives rightfully. Qualitative research has limitations such as failing to use appropriate literature as well as not being critical enough.

The abstinence education curriculum would need to ensure the implementation of a sex-education law which should prohibit school districts from sharing information on

sexual behavior since it is only allowed after marriage. However, some states have found such laws as a violation of other existing laws hence the need for legislators to create harmony amongst the laws that affect healthcare and sexuality among youth and teens. It has been ruled in some states such as California that it is not safe for school children to receive programming that abstinence is the safest way of preventing pregnancy and STDs. Instead, it is considered that children who have reached 11 years of age need to be completely informed with accurate health facts as required by law. Walker (2015) has asserted that health facts do not guarantee abstinence as a preventive strategy of STDs but rather the use of contraceptives such as condoms and birth control. Therefore, a controversy is created and a need develops for it to be researched further by policymakers and legislators.

The initiation of early sexual experiences by children, youth, and teens leads its self to costly effects not only for the teens but also for the entire society. When such teens get pregnant, they will have to leave their newborns under the care of their parents or guardians. At their age, most of them do not have a way of earning their own livelihoods and are still dependent on their parents. A worse situation is created when the parents are not finically equipped to take care of a baby and other members of the society will be obligated through tax allocations help in caring for the newborn. Sexual activity could also make the teens contract STDs that could be a source of a long lasting emotional distress. Therefore, the LIFE curriculum among others may save society from facing such consequences with children, youth, and teens.

According to the HHS (2016) while the teen pregnancy rate has been declining over the past two decades, rates of teen pregnancy and birth can differ significantly from state to state within the United States. However, the researcher found that there seems to be a connection between abstinence education or the lack thereof being offered in grades 5<sup>th</sup> through 9<sup>th</sup> and high rates of teen pregnancy and parenthood in the secondary grades. As reported by the HHS (2016), the teenage birthrate was highest in Mississippi (55 per 1,000 in 2010), and the next highest rates were in New Mexico (53), Arkansas (53), Texas (52) and Oklahoma (50). The lowest rates were in New Hampshire (16), Massachusetts (17), Vermont (18), Connecticut (19) and New Jersey (20). There seems to be direct correlation between states with more conservative politics regarding abstinence education and sex education and high rates of teen pregnancy and birth.

This researcher found that states whose residents have more conservative religious beliefs on the average tend to have higher rates of teenagers giving birth. The relationship could be due to the fact that communities with such religious beliefs may frown upon contraception. If, the community culture is not successful in discouraging teen sexual activity, the pregnancy and birth rates tend to rise. As well, on average teen pregnancy and birth rates are higher in rural areas in southern states rather than more urban cities in northern states. According to the HHS teens across the country have been engaged in having less sex and using more reliable contraception, while teens in rural areas have been engaged in more sex and using less birth control. There are not as many sexual health resources in rural counties, where teens may have to travel farther to

the nearest public health clinic. Additionally, deeply rooted attitudes about sex, which include school districts that may refuse to teach any form of abstinence-only plus sex education because of the cost. For example, the state of Mississippi has failed to pass the following House Bills, which were introduced during the 2016 legislation session: HB 756, 2413, 932, 992, and 2594. Most the House Bills introduced in the Mississippi of House Representatives related to the curriculum on sex-related education and required the local school board of each school district to implement a program on personal responsibility education into the middle and high school curriculum. The selected curriculum must have been deemed evidence based and medically accurate by the Mississippi State Department of Health. The House Bills stipulated that the curriculum must include information that abstinence from sexual activity is the only way to prevent unintended pregnancy. In the end, the data reinforced that it is not simply a matter that children, youth, and teens are engaging in risky behaviors, such having unprotected sex. They are engaging in sexual activity and have not been fully informed fully of the risks and lack access to contraception and family planning services. The community, policymakers, parents, and society should support abstinence education curriculum being taught in schools because it reduces the burden implicated on them when their children, youth, and or teens become pregnant.

### **Implications for Policy Change**

Researchers, policymakers, and public health experts have sought to define what abstinence education should consist of because of its importance to public health

outcomes. The Federal Title V A-H standard Guidelines definition of abstinence has implications for changes in policy. Currently, Federal and state governments have allocated significant funding to abstinence-only promotion policies without considering the definitions of the behaviors that the target population should abstain from. For example, according to SIECUS (2016) in FY 2016, \$85 million was provided to abstinence education programs, which may only be allotted to abstinence education curriculum programs that promote abstinence only sex education, and the importance of refraining from any kind of sexual contact until marriage. Congress also provided \$75 million to the Federal Title V abstinence education program, which includes an eight-point (A-H standard Guideline) definition of abstinence-only education, and teaches that, regardless of age or circumstance, sex outside of marriage will lead to "harmful physical and psychological effects. However, sexual activity has not been defined within the law. As such, there is a gap between the definition of such behaviors and the funding and implementation of the Federal Title V abstinence education program policy.

The relationship between abstinence-only education curriculum programs and the prevalence of noncoital activities are not known. The absence of information presents implications for changes in policy because the outcome of implementing abstinence-only education curriculum programs has not been measured on a known scale. The effect of this is that both health professionals and policy-makers have not developed clear and effective health intervention mechanisms that target risk-reduction because of lack of evaluation methods in place to measure the alignment between the Federal Title V A-H

standard Guidelines and a selected abstinence education curriculum. As such, the lack of information presents a problem in terms of decision-making on the implementation of abstinence-only curriculum programs.

In the United States, the relationship between increased abstinence from vaginal intercourse and reduction of rates of pregnancy and HIV among children, youth, and teens have been noted. For instance, research conducted by the HHS (2016) revealed that between 2015 and 2016, a 25 % reduction in U.S. teen pregnancy was attributed to a decline in sexual activity among children, youth, and teens. Additionally, a seventy-five percent reduction in STDs and STIs was attributed to contraceptive use. Another recent study by the HHS (2016) suggested a decline of HIV infections in the United States attributed to a reduced number of sexual engagements among children, youth, and teens ages 10-19, fewer sexual partners and increased contraceptive (condom use) was found to be the reason for this decrease. While this information could have positive implications for changes in policy, it excludes accurate data regarding contraceptive use. As such, the effectiveness of such information is unknown. This could have poor or negative social implications because of unclear or incomplete data. For instance, the declines in teen pregnancies in the United States began before the implementation of the Federal Title V A-H standard Guidelines for abstinence education programs demonstrating the credence of abstinence-only education curriculum. However, the reduction of HIV prevalence and decreases in the rates pregnancy among children, youth, and children are contributed to factors other than abstinence-only education curriculum programs. Therefore, the

divergence between the alignment of abstinence-only education curriculum programs and Federally funded Title V abstinence education programs shows that reliance on these aspects may be misleading and dangerous when used to formulate policies at the local, state, and federal levels.

The key questions, therefore, focus on defining program alignment between selected abstinence education curriculum and the Federal Title V standard Guidelines in shaping the intentions and attitudes of children, youth, and teens regarding future sexual activity and achieving desired behavioral outcomes. For example, no abstinence education curriculum receiving Federal Title V abstinence education program funding has shown any alignment to the A-H standard Guidelines and their success in terms of helping children youth, and teens delay sexual activity in the United States. The specific aspect that leads children youth, and teens to delay engagement in sexual activity in Title V abstinence education programs has not yet been indicated. Such questions and concerns have to be addressed because they determine future public health policy and program initiatives. The lack of alignment between Federal Title V A-H standard Guidelines and selected abstinence education curriculum prevents public health experts and policymakers from fully assessing the viability and effectiveness of abstinence education in reducing unintended pregnancies and sexually transmitted diseases such as HIV. Researchers, policymakers, and public health professionals should conduct research on abstinence education curriculum programs and their effects on early or unwanted pregnancies and sexually transmitted diseases. Conducting research to determine the

alignment of abstinence education curriculum between the Federal Title V A-H standard Guidelines will provide greater fiscal responsibility and assist in determining the need for policy changes that may act to positively affect children, youth, and teens.

The HHS has not developed any formal assessment evaluation quality that conforms to general social science research standards for the Title V abstinence education program grantees. The HHS has not provided a through discussion of teen pregnancy prevention as it directly relates to the Federal Title V abstinence education A-H Guidelines, the importance of long-term positive benefits to society, and the use of any nationally based research studies that demonstrate evidence criteria combined to report what may be effective in attaining specific measurable outcomes for children, youth, and teens. There is no national evaluation data base that uniformly allows Federal Title V abstinence education grantees to submit their individual program site supervision data to the agency or comparison among other grantees. Federal Title V abstinence education program does not provide an opportunity to report areas of agreement or disagreement among program grantees regarding abstinence education intervention strategies. The Federal Title V abstinence education program has not provided an opportunity for grantees to be a part of the selection process for review of evidenced based research. Policy recommendations must be made to acknowledge that a continuum of evidence credibility reporting and direct oversight by the Federal Title V abstinence education program effectiveness should be conducted on a scale of significant or insignificant assurance. According to Royse, Thyer and Padgett (2015) the program evaluation



literature on abstinence education programs demonstrated that randomized experiments would be a better choice for assessing the effectiveness of curriculum programs when several causal influences may possibly create ambiguity within the results. As reported by Kirby et. al. (2011) these types of studies are often difficult, to conduct. An investigation of program effectiveness must ensure that control exposure to the intervention ensure that treatment and control groups' experiences will be separate during the course of the study. Royse, Thyer and Padgett (2015) have suggested other comprehensive options to conducting randomized experiments. For example, Royse, Thyer and Padgett (2015) suggest considering quasi-experimental comparison group studies because these types of studies will test comparison group methods against randomized methods. There is a need for statistical analyses of observational program data and in depth case studies that will compare the abstinence education program participants outcomes against a randomly assigned control group to measure the programs' broad ranging impact. Saldana (2013) suggested that the credibility of program effects is determined by how sound the studies' designs methodology is in direct competing causal explanations. It is recommended that collecting further data and pursuing comparisons can assist in determining other explanations.

The policy recommendations concluded that if, findings from randomized studies was the only indicator of effectiveness it would be likely that many other valuable practices would be overlooked. Second, according to Saldana (2013) most consistent assessments of program evaluation results involve the need for research competence but

can be developed with comprehensive procedures and training. Third, there should be other considerations when implementing an intervention regarding effectiveness, cost and suitability to the local community must be points of significance. Lastly, improving the program evaluation quality would allow for identification of effective interventions with regard to abstinence education curriculum programs.

### **Researcher's Reflection on Research Study**

The doctoral process has been rewarding as it has allowed me to contribute to a gap in knowledge that results from policy legislation. This study was inspired from the researcher's work as a Program Director for Abstinence Education with the Virginia Department of Health. During the researcher's tenure with the Virginia Department of Health Direction was provided in program planning and implementing abstinence education and health promotion programs for children, youth, and teens. The direction was provided to the health districts that had chosen to submit local health district grants to participate in the Title V abstinence education program for the Commonwealth. However, when the researcher began the position, management and staff, that included trained doctors, nurses, and psychologists, did not know the purpose of the abstinence education grants. As well, there was no familiarity or understanding of the various abstinence education curriculums that were available. Additionally, senior level management did not know what training was necessary or relevant to sustain the programs in the various health districts with regard to abstinence education. It became the

researcher's responsibility to identify Title V abstinence education curriculum and appropriate program training.

Moreover, I had the responsibility of educating management, staff, and even school district personnel about the purpose and benefit of having a Title V abstinence education program curriculum taught in their individual health and school districts. Management, staff, local health district professional, and school based administrators were able to understand how to address issues related to teen pregnancy and STIs and STDs prevention through the use of abstinence education curriculum to educate children, youth, and teens. All health districts were eligible to apply for these formula grants. PREP projects focus on educating youth ages 10-19 about responsible sexual behavior and also address at least three of the following topics: healthy relationships, adolescent development, financial literacy, parent-child communication skills, education and employment preparation skills, and healthy life skills to assist children, youth, and teens with addressing their health issues.

When I learned that more health districts were interested in applying for the Title V abstinence education grants, I was encouraged regarding the possibilities for a reduction in rates of teen pregnancy in the Commonwealth of Virginia. Then I began to think of the limitations caused by the lack of training of grantees, level of competencies in program site evaluation, or knowledge of the various abstinence education curriculum programs. Therefore, I decided that I would devise a study that would further explore the alignment between one specific research based abstinence education curriculum program

and the Title V A-H guidelines. The evaluation was conducted to determine the alignment of the LIFE curriculum with the Federal A-H guidelines. As reported by Harris and Cheney (2015) and Kirby et al. (2011) those who are particularly interested in policy programs that are designed to break the cycle of poverty by reducing the number of children born out of wedlock and to decrease the rates of teen pregnancy may find this type of evaluation study and its results to be of great interest. Prosser (2015) has asserted that written curriculum should be selected for evaluation because the correlation between the method in which a textbook discusses a topic or subject and what is being taught in classrooms, is a strong predictor of learning outcomes.

This doctoral process it was helpful for the researcher to keep focus on the purpose of this study and to utilize this learning process. This learning opportunity will serve to benefit throughout the researcher's career. Additionally, this study contributed to the researcher's ethical responsibility to life-long learning and program evaluation competence. This study will be used as a catalyst to professional development and future endeavors regarding program evaluation of educational curriculum. This study promotes positive social change through the answering of the research question and applying the study findings to developing curriculum, creating trainings, and teaching. Furthermore, it supports Title V A-H standard Guidelines and the commitment to expanding knowledge and continuing education to children, youth, and teens. Thus, conducting this study was justified as it filled a knowledge gap and was shown to be relevant to public policy practice.

### **Conclusions of Study**

This study was designed to investigate the alignment between the Federal Title V A-H standard Guidelines and the LIFE abstinence education curriculum. The researcher chose to explore if, an alignment existed between the Federal Title V A-H standard Guidelines and the LIFE curriculum because of the importance of preventing pregnancy and parenthood among children, youth, teen is closely associated with a host of social and economic issues that affect teen parents, their children and society. This study confirmed a few preconceived notions that the researcher had about the LIFE curriculum and how children, youth, and teens enrolled in the programs may not be more likely than those not enrolled to delay sexual initiation, to have fewer sexual partners, or to abstain entirely from sexual activity.

This study was limited to one specific abstinence education curriculum and it would be negligent to attempt to apply the findings of this study to other abstinence education curriculum programs in a general statement. These are the reasons that future qualitative research is necessary to gain a more complete understanding of the Federal Title V A-H standard Guidelines and how they may be in alignment with various abstinence education curriculum. The results of future studies can be combined with the results of this study, analyzed, and then applied to Title V abstinence education curriculum programs. The alignment between the Federal Title V A-H standard Guidelines and the LIFE curriculums is a significant factor in determining the impact of a Title V abstinence education program for the prevention of pregnancy among children,

youth, and adults. Abstinence education curriculum programs that receive Federal Title V abstinence education program funding have a responsibility to adhere to the A-H standard Guidelines, which is vital for the success of the selected program. Most importantly, the reduction of pregnancy rates among children, youth, and teens depends on abstinence education curriculums that follow and are aligned closely with the Federal Title V A-H standard Guidelines to reach its goals.

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## Appendix A: Permission to Conduct Research

**From:** IRB <irb@mail.waldenu.edu>  
**Sent:** Tuesday, January 31, 2017 6:58 PM  
**To:** Charletta Barringer (charletta.barringer@waldenu.edu)  
**Cc:** Lori Demeter  
**Subject:** IRB Materials Approved - Charletta Barringer

Dear Ms. Barringer,

This email is to notify you that the Institutional Review Board (IRB) confirms that your doctoral capstone entitled, "An Evaluation of the Alignment of a Selected Title V Abstinence Education Curriculum," meets Walden University's ethical standards. Since this project will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. Your IRB approval number is 01-31-17-0032305.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to [IRB@waldenu.edu](mailto:IRB@waldenu.edu) as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to the project staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website:

<http://academicguides.waldenu.edu/researchcenter/orec>

You are expected to keep detailed records of your capstone activities for the same period of time you retain the original data. If, in the future, you require copies of the

originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Sincerely,  
Libby Munson  
Research Ethics Support Specialist  
Office of Research Ethics and Compliance  
Email: [irb@waldenu.edu](mailto:irb@waldenu.edu)  
Fax: 626-605-0472  
Phone: 612-312-1283

Office address for Walden University:  
100 Washington Avenue South, Suite 900  
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://academicguides.waldenu.edu/researchcenter/orec>

## Appendix B: Notification of Approval to Proceed to Final Study Stage

**From:** workflow@laureate.net <workflow@laureate.net>  
**Sent:** Tuesday, January 31, 2017 6:59 PM  
**To:** charletta.barringer@waldenu.edu  
**Cc:** lori.demeter@waldenu.edu; gloria.billingsley@waldenu.edu  
**Subject:** Notification of Approval to Proceed to Final Study Stage

Congratulations! Your Walden Institutional Review Board application has been approved. As such, you are approved by Walden University to proceed to the final study stage.

If you have questions about the final study process, please contact [research@waldenu.edu](mailto:research@waldenu.edu).



### Appendix C: Evaluation of Program Curriculum Data

Curriculum Title: Choosing the Best (LIFE) Abstinence Education Curriculum Program

Company Chief Operating Officer (COO) and Author: Bruce Cook

Publisher: Choosing the Best Publishing

Abbreviations: “S. #” will be the serial number; a unique number that will be assigned to each individual reference and generated sequentially, starting at the beginning of the curriculum, which will continue to the end. This number may not change despite various sort orders.

“Pg.” is the page number in the curriculum. The teacher’s manual LIFE program does not have separate page numbering, the numbering in the student workbook will be used. Page 7 is the first number printed in the workbook; counting forward, the Introduction is, therefore, page 4 although it is not numbered.

“Reference” will be referred to as the quotation from the curriculum. This was from notes in the leader’s guide. If the citation was part of the leader’s guide, this was indicated by a “LG” in the “Comments” column; otherwise the reference was from the student workbook.

“EC” is the evaluation criteria numbered 1 to 8. These corresponded to the original A-H Federal Guidelines. Each criterion was summarized in a series of bullet points that provided an in-depth understanding of each criterion.

“GS” is the grading system which is three-tiered, where each reference was graded by that the grading system will be a three-tier system where each reference will be graded

by”+,” “-,” or “0,” where a”+” will indicate *clear alignment* to the Federal Guidelines, a “0” will indicate a *gray area* where the citation may be unclear and requires word adjustment or a missed opportunity, and a “-“ will indicate a *possible misalignment* with the Federal Guidelines. The word “possible” will be placed there because this is not an official evaluation. A citation will be categorized as *possible disagreement* when it is deemed untrue, misleading, or in possible noncompliance to the Federal Guidelines. “0” will indicate an area where the citation may be ambiguous; or where it most often will require an alternative description or represents a missed opportunity for further discussion.

“Comments” will be the author’s observations that provide descriptive, or suggestive discussion. CTB LIFE = will refer to citations from the Choosing the Best (CTB) LIFE curriculum i.e., in the leader’s guide and or video segments.