

PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Program Name:

Making A Difference (MAD)

Developers:

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Program Description and Overview

The *MAD* curriculum is divided into eight 1-hour modules:

- Module 1: "Getting to Know You and Steps to Making Your Dreams and Goals Come True" provides an introduction to the curriculum, sets up the theme of proud and responsible behavior, and asks participants to identify short-term and long-term goals and dreams.
- Module 2: "Understanding Adolescent Sexuality and Abstinence" provides an overview of reproductive anatomy, discusses messages about sex, discusses how people express themselves sexually, and the benefits of abstinence.
- Module 3: "The Consequences of Sex: HIV/AIDS" includes information on HIV etiology, transmission and prevention.
- Module 4: "Attitudes, Beliefs, and Giving Advice about HIV/STDs and Abstinence" includes activities that explore how self-esteem affects decision-making, especially in relation to giving advice about abstinence.
- Module 5: "The Consequences of Sex: STDs" includes activities that teach information about STD etiology, types, transmission and prevention.
- Module 6: "The Consequences of Sex: Pregnancy" includes activities that teach knowledge about pregnancy and prevention, as well as how to respond to peer pressure.
- Module 7: "Responding to Peer Pressure and Partner Pressure" includes interactive activities that address participants' problem-solving and negotiation skills regarding abstinence.
- Module 8: "Role Plays: Refusal and Negotiation Skills" includes activities for participants to further practice refusal and address partner and peer pressure.

Core Components

Content Components

- Teach correct information about puberty and adolescent sexual development
- Teach correct information about strategies to prevent HIV, STDs, and pregnancy
- Foster more positive attitudes and beliefs about abstinence
- Build negotiation skills and problem solving skills regarding abstinence
- Build self-efficacy in adolescents and a desire to practice abstinence
- Strengthen sense of pride and responsibility in making a difference

Pedagogy Components

- Create a positive learning environment that is youth-centered
- Use role plays where all participants practice and receive feedback on their negotiation skills
- Facilitate small group activities
- Allow participants to view and process videos
- Present data visually

- Address multiple learning styles

Implementation Components

- All curriculum activities must be completed in order
- Facilitators are well-trained in the model
- Facilitators have credibility with youth and are well-trusted by youth
- Facilitators maintain confidentiality
- Facilitators must demonstrate a caring and supportive attitude
- Delivery of intervention must be highly participatory

Target Population

Target population evaluated

- In the original study, the participants were African-American teens, ages 11-13.

Potential additional target populations noted by developers

- Use of the intervention in older teens is allowable, provided that older teens are not placed in groups with younger teens.
- Teens of different racial and ethnic groups may participate, and changing the names and settings of the situations in the role plays to reflect the participants' is allowed.

Program Setting

Program setting evaluated

- In the original study, the intervention was implemented in urban schools on consecutive Saturdays.

Potential additional program settings noted by developers

- The developers note that the curriculum may be delivered in other settings such as community-based organizations. The curriculum may be delivered in schools either during the regular school day or in after-school programming. However, the activities must remain interactive and all of the youth must have a chance to participate in role plays and practice new skills. If integrating the curriculum into the school period, implementers must consider that the class periods would be shorter than the hour, and should contact the developer for more information on how to spread out the curriculum accordingly.

Program Duration

- The curriculum is eight hours long.
- In the original study, the intervention was delivered over 2 consecutive Saturdays with 4 modules delivered per day.
- The eight-hour intervention may be delivered in different ways, such as 2 modules per day over 4 days or 1 module per day over 8 days. However, the developer recommends that the entire intervention be completed within 2 weeks if possible.

Curriculum Materials

Curriculum materials are available from Select Media at www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens/.

Adaptations

Basic allowable adaptations

- In the original study, the intervention the groups were mixed with boys and girls. The program may be delivered to either single gender or mixed gender groups.

- The original study used African-American adults, who were community leaders, counselors, or teachers, as facilitators. The program may be implemented using facilitators of different ethnic or professional backgrounds, so long as the facilitators possess the skills and characteristics of a good facilitator and have experience working with teens. Peer educators are allowed, as long as they are paired with an appropriate adult.
- In the original study, the participants were placed in groups of 6-8 teens. Larger groups are allowable, provided that additional time is built into the schedule to ensure that the youth are able to participate in activities and practice skills.
- In the original study, the participants were African-American teens. Teens of different racial and ethnic groups may participate, and changing the names and settings of the situations in the role plays to reflect the culture of participants is allowed.
- In the original study, the participants were ages 11-13. Use of the intervention with older teens is allowable, provided that older teens would not be grouped with younger teens. The developers recommend dividing youth into groups into similar age.

Program Focus

Making A Difference focuses on abstinence, HIV/STD prevention, and teen pregnancy prevention.

Research Evidence

Study Citation: Jemmott, J. B., Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: A randomized controlled trial. *Journal of the American Medical Association*, 279(19), 1529–1536.

Study Setting: Saturday program offered to students attending three middle schools in a low-income area of Philadelphia, PA

Study Sample African American adolescents in grades 6 and 7

- Mean age 11.8 years
- 53% female and 47% male

Study Design: Randomized controlled trial. In each participating school, study participants were randomly assigned to receive either the *Making a Difference!* program, the *Making Proud Choices!* program, or a control group that received a general health-promotion curriculum on diet, exercise, cancer awareness, and smoking. Surveys were administered immediately before the program (baseline), immediately after the program (posttest), and 3, 6, and 12 months after the program.

Study Rating: The study met the review criteria for a **high** study rating.

Study Findings:

Three months after the program ended:

- Adolescents participating in the intervention who were sexually inexperienced at baseline were significantly less likely to report having had sexual intercourse in the previous 3 months.
- Program impacts on rates of sexual intercourse were not statistically significant for adolescents who were sexually experienced at baseline.
- The study found no statistically significant program impacts on frequency of sexual intercourse, condom use, or unprotected sexual intercourse.

Six months after the program ended:

- The authors assessed the same behavioral measures as at the 3-month follow-up survey, and found no statistically significant program impacts.

Twelve months after the program ended:

- The authors assessed the same behavioral measures as at the 3-month follow-up survey, and found no statistically significant program impacts.

Program impacts were also examined on measures of condom use consistency. Findings for these outcomes were not considered for the review because they did not meet the review evidence standards. Specifically, findings were reported only for subgroups of youth defined by sexual activity at follow up.

The study also examined program impacts on attitudes toward abstinence, as well as condom use knowledge, skills, and beliefs. Findings for these outcomes were not considered for the review because they fell outside the scope of the review.

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