

CORE POLICY # 3

Use Students as a Captive Audience in Schools to Give Them Key Risk Prevention Messages and to Identify At-risk Youth Who Need Remedial Support

Schools—which are one of the strongest protective factors in the lives of young people—can deliver both traditional education curricula and prevention programs specifically targeted toward preventing risky behavior. School-based prevention programs can be either universal (in other words, serve all young people within the school) or they can target at-risk youth to try to prevent them from engaging in risky behavior in the future.¹ School-based interventions that have been recognized to be successful in reducing risky behavior include the following: (i) universal curriculum-based HIV and sex education to inform young people about reproductive health and reduce risky sexual behavior; (ii) life skills² training at the secondary level that helps young people to develop self-management and social skills and gives them information related specifically to gateway drug use, including tobacco, alcohol, and marijuana; (iii) violence prevention programs; and (iv) screening services to identify students who have vision, hearing, learning, substance abuse, HIV/AIDS, and other health problems, which should ideally be accompanied by a referral system (for example to specialized programs either run by the government or nonprofit organizations) to address the problem or provide academic enrichment.³

How Do School-based Interventions Prevent Risky Youth Behavior?

Schools have several advantages as a place for delivering risk prevention programs, including the following: (i) a group of caring adults whom young people trust and who typically are positive role models for them, which is particularly important when dealing with sensitive topics; (ii) the ability to reach many young people at once, especially before young people develop negative attitudes, values, and practices; (iii) the preassigned responsibility for imparting skills and knowledge that will help young people to make better decisions and, ultimately, positively influence their behavior; (iv) a structured and safe environment, which is conducive to teaching young people about their bodies and safe health behavior as well as for providing them with the necessary health services without having to face obstacles such as cost, access, and transportation; and (v) the ability of education professionals to identify students who may be particularly at risk and offer them referral services to address the problem or provide them with remedial education to prevent them from dropping out of school. In particular, providing life skills training within schools is critical for preventing at-risk youth from dropping out, preparing them for further education and/or job training, and increasing their overall employability. In essence, schools are one of the primary protective factors for young people because of their dual function as provider of hard skills and knowledge via traditional educational curricula and of soft skills, such as life skills, and the sense of connectedness that they offer young people.

Research Findings: Providing the Evidence Base

HIV and Sex Education. School-based sex education and HIV prevention programs can help increase young people's knowledge of HIV/AIDS and, if implemented correctly and carried out in conjunction with other activities, may also help to change and/or reduce their risky sexual behavior. An evaluation of Thailand's *Teens on Smart Sex*, a curriculum-based, teacher-led program focusing on sexual initiation and the use of condoms, found that program participants had higher levels of knowledge on HIV/AIDS and more positive attitudes toward condom use, particularly among females, than youth in the control group. The program also had a positive impact on teachers' knowledge and experience in teaching about HIV, sexuality, and gender.⁴ Evaluations of the United States' *Skills, Opportunity, and Recognition* (SOAR) program (formerly known as the

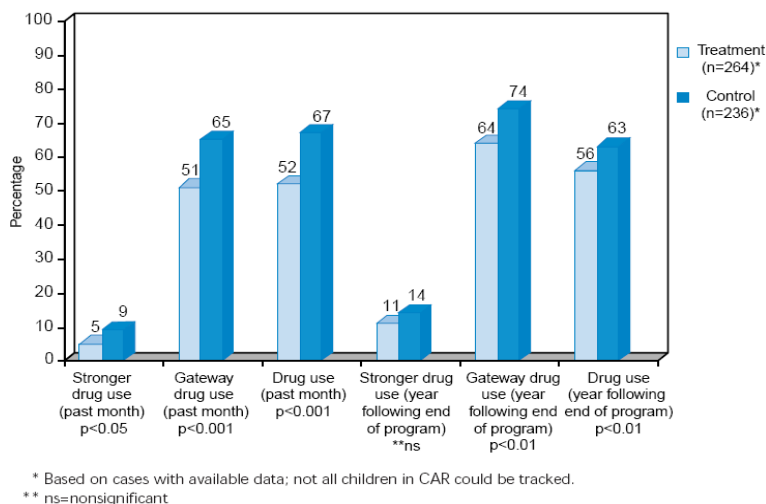
Seattle Social Development Project), a model program based on the idea that positive social bonds can reduce antisocial behavior and delinquency and which includes teacher and parent training, found that program participants reported having significantly fewer sexual partners than the control group, and females in the treatment group had a significantly reduced likelihood both of becoming pregnant and of giving birth by the age of 21. Using a prospective study design with comparison schools, an evaluation of Mexico's *Planeando tu Vida (Planning Your Life)*, a curriculum-based, teacher-led program that focuses on sexual initiation and contraceptive use, found that, at the end of the intervention, sexually active young people who participated in the intervention were more likely to use some form of contraception than sexually active students who had not participated in the program or those who had attended a traditional family life education course.⁵ An evaluation of Jamaica's *Grade 7 Project* found that participants were significantly more knowledgeable about pregnancy prevention and condom use and had a more mature attitude to sexual activity than nonparticipants. However, the study showed no significant differences between participants and nonparticipants in the age of their initiation of sexual intercourse and in whether they used contraception during their first sexual intercourse.⁶ In Chile, the school-based sex education intervention *Adolescence: Time of Choices* has been found to have increased the use of contraceptives and reduced the incidence of teen pregnancy among young people who participated in the program.⁷ A study in the U.S. state of Massachusetts showed that adolescents in schools where condoms were available were better informed about how to use condoms, were more likely to have been given instructions on how to use condoms, and were less likely to report having ever had sexual intercourse or at least to having had recent sexual intercourse than students in other schools. The same study found that sexually active students in schools where condoms were available were twice as likely to report having used a condom during their most recent sexual encounters, were more likely to use condoms to prevent pregnancy, and were less likely to use other forms of contraceptives than students in other schools.⁸

Life Skills. South Africa's *Life Skills* program, a curriculum-based and teacher-led program, was found effective in reducing the frequency of sexual intercourse among participating students.⁹ An evaluation of the model *Life Skills Training (LST)* program in the United States, a three-year, classroom-based tobacco, alcohol, and drug abuse prevention program that teaches young people drug resistance skills, personal self-management skills, and general social skills, showed that LST students had significantly lower tobacco, alcohol, and marijuana use (50–75 percent), lower multiple drug use (up to 66 percent), and lower pack-a-day smoking (by 25 percent) than students in control groups and had decreased their use of inhalants, narcotics, and hallucinogens.¹⁰ In contrast, a meta-analysis of the U.S. school-based *Drug Abuse Resistance Education (D.A.R.E.)* program, created in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District as a substance-abuse prevention program for grades K-12, which included 17 hour-long weekly lessons taught by police officers, showed that while the program did work to increase knowledge about substance abuse, the effect of the program on attitudes toward drugs, attitudes toward the police, and self-esteem were modest; furthermore, studies have found that the program's short-term effects on substance abuse by fifth and sixth graders were small. These findings suggest that the D.A.R.E. program might benefit from using more interactive strategies and emphasizing social and general competencies, instead of a traditional, didactic approach.¹¹

Violence Prevention. Though relatively few school-based violence prevention programs have been rigorously evaluated, the results of the few studies that have been published are encouraging. Studies of the *PeaceBuilders* program in the United States, which targets all students and uses techniques such as role playing and group and individual rewards to teach violence prevention, found decreases in self-reported and teacher-reported aggressive behavior by participants, as well as decreases in the number of disciplinary incidents and suspensions after the program was implemented. The program was also shown to have a higher impact on at-risk young people.¹² An evaluation of the *Second Step Violence Prevention* program, a classroom-based curriculum targeted toward all students that has been implemented both in the United States and Canada, and that teaches such skills as empathy, problem solving, and decision making, found that it led to a moderate decrease in physically aggressive behavior and an increase in pro-social behavior among schoolchildren.¹³ An evaluation of CASASTART (Striving Together to Achieve Rewarding Tomorrows) (formerly the *Children at*

Risk [CAR] program), a school-based substance abuse and delinquency prevention program in the United States that works with high-risk young people and their families, showed that, one year after completing the program, participants were significantly less likely to have used drugs in the previous month, were significantly less likely to be using drugs one year after the end of the program, were significantly less likely to report selling drugs at any time in their lives, and were significantly less likely to have committed a violent crime one year after finishing the program than those in the control group (see figure).¹⁴

Changes in Drug Use by CAR Participants and Control Group in Five U.S. Cities



Source: U.S. Department of Justice/Office of Justice Programs/National Institute of Justice, November 1999.

The U.S.’s *Check & Connect* program, which targets students K–12 in both urban and suburban areas, focuses on increasing school engagement through monitoring of disengagement warning signs, interventions individualized to student needs, relationship building, development of problem-solving skills, and the encouragement of participation in extracurricular activities. “Checking” involves following student engagement indicators, particularly attendance, daily or weekly. “Connecting” includes two levels of student-focused interventions: (i) a basic intervention for all students that includes feedback on their progress and training in cognitive-behavioral problem-solving; and (ii) intensive interventions for those students showing high-risk indicators, which can include tutoring, home-school meetings, or referrals to community resources. Four longitudinal studies using experimental and quasi-experimental designs have been carried out on the program and they have shown that compared to students in control and comparison groups, students served by *Check & Connect* showed significant decreases in truancy, absenteeism, and dropout rates, and increases in school completion.¹⁵

Moving Forward: Factors for Success

- **Target programs according to the ages, experiences, and cultures** of the group of young people at hand.
- **Aim to change social context** (how families and communities function) as well as the attitudes, skills, and behavior of young people to create an environment of support and growth in which young people can develop in positive ways.
- **Start interventions as early as possible.**
- **Train teachers in specific risk-prevention curricula** (violence prevention, sexual education, and HIV prevention) and in screening techniques.
- Create a team of **screening experts** who serve schools.

- **Link knowledge and skills imparted by school-based prevention programs to the rest of the curriculum** and teach them in a logical sequence.
- **Ensure that teaching is interactive** and encourages the active participation of all students, ideally in a small group setting.
- **Balance teaching of knowledge, skills, and facts with peer pressure resistance skills** to achieve greater program effectiveness.
- Foster a **nonjudgmental and trusting environment** in schools.

Endnotes

1. Juvenile Justice Evaluation Center (JJEC) (www.jrsa.org). (Note: The JJEC was discontinued in 2007, but publications are still available at <http://www.jrsa.org/pubs/juv-justice/index.html>.)
2. Although not universally defined, life skills, or soft skills, are generally classified into three categories: (i) *self-concept skills* (self-control, self-esteem, and coping strategies); (ii) *cognitive skills* (decision making, problem solving, and critical thinking); and (iii) *social context skills* (communication; health and self care; social interactions including cooperation, teamwork, and leadership; occupational skills including punctuality, appropriate dress, and job interview techniques; and environmental functionality skills including use of environmental resources, citizenship rights, and use of community social services). (Source: Pan American Health Organization.)
3. Cunningham, W., L. McGinnis, R. G. Berdu, and C. Tesliuc. 2007. "The Promise of Youth: Policy for Youth at Risk in Latin America and the Caribbean." Unpublished paper. World Bank, Washington, D.C.
4. Ross, David A., Bruce Dick, and Jane Ferguson, eds. 2006. *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence From Developing Countries*. UNAIDS Inter-agency Task Team on Young People. Geneva, Switzerland: WHO.
5. Ross, Dick, and Ferguson 2006.
6. Blum, Robert W. 2006. "Policy and Program Recommendations in Adolescent Sexual and Reproductive Health for Latin America and the Caribbean." Policy paper prepared for the World Bank's "Youth at Risk in the Latin America and Caribbean Region: Building a Policy Toolkit." Department of Population, Family, and Reproductive Health. Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD.
7. Blum 2006.
8. World Bank. 2006. *World Development Report 2007: Development and the Next Generation*. New York: World Bank and Oxford University Press.
9. Advocate for Youth. 2002. *Issues at a Glance* (November). Washington, DC. Available at: http://www.advocatesforyouth.org/PUBLICATIONS/freepubs_type.htm. <<http://www.advocatesforyouth.org/publications/iag/youthfriendly.pdf>>.
10. World Bank 2006.
11. Blum 2006.
12. Hammond, C., J. Smink, and S. Drew. 2007. "Dropout Risk Factors and Exemplary Programs, A Technical Report." National Dropout Prevention Center Network, College of Health, Education, and Human Development, Clemson University, Clemson, SC; and Communities in Schools, Alexandria, VA.
13. National Institute of Justice Update. 1994. "The D.A.R.E. Program: A Review of Prevalence, User Satisfaction, and Effectiveness." U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Washington, D.C.
14. Vazsonyi, A., and L. Belliston. 2004. "Evaluation of a School-Based, Universal Violence Prevention Program: Low-, Medium, and High-Risk Children." *Youth Violence and Juvenile Justice* 2(2): 185–206.
15. UNESCO FRESH Tools for Effective School Health. Available at: www.unesco.org/education/fresh.
16. Promising Practices Network of Children and Families. 1999. www.promisingpractices.net; U.S. Department of Justice/Office of Justice Programs/National Institute of Justice, November.
17. Hammond, C., J. Smink, and S. Drew. 2007.
18. Mangrulkar, L., C. Whitman, and M. Posner. 2001. "Life Skills Approach to Child and Adolescent Healthy Human Development." Pan American Health Organization. Available at: <http://www.paho.org/English/HPP/HPF/ADOL/Lifeskills.pdf>.

Key Implementation Considerations	
Anticipated Outcomes	<ul style="list-style-type: none"> • Overall knowledge of sexual health issues, including pregnancy and contraceptives • Increased use of condoms • Increased use of contraceptives • Reduction in HIV transmission and reduction in STDs (sexually transmitted diseases) • Delay in sexual initiation • Fewer unintended pregnancies • Less criminal and violent behavior • Less alcohol and substance abuse • Greater employability
Secondary Effects	<ul style="list-style-type: none"> • Fewer abortions • Promotion of gender equity • Self-efficacy
Responsible Agency/Actor	Ministries of Education, Health, Community Development, or Justice and national training institutes
Targeted Risk Group	Types I and II: Those who are sexually active and at risk for initiating sexual intercourse and other sexual behavior and/or engaging in substance abuse and/or violence
Target Age Group	5–18
Examples of Cost per Beneficiary	<ul style="list-style-type: none"> • United States: <i>Life Skills Training (LST)</i>: Approximately US\$7 per student/per year (curriculum materials averaged over 3-year period; does not include the cost of training, which is a minimum of US\$2,000/day for 1–2 days)^{a/} • United States: <i>CASASTART/CAR</i>: \$3,000 per year/per child and family ^{b/}
Necessary Initial Conditions	<ul style="list-style-type: none"> • Curriculum based on needs and realities of target group • Teachers appropriately trained in risk-prevention curricula • Partnerships with families and communities • Political/governmental support for teaching sexual education and issues of drug use and violence in schools
Specific Examples & Levels of Effectiveness (Strong Evidence and Emerging Evidence)	<ul style="list-style-type: none"> • Thailand: <i>Teens on Smart Sex</i>—Strong evidence • South Africa: <i>Life Skills</i>—Strong evidence • United States: <i>PeaceBuilders</i>—Strong evidence (http://www.peacebuilders.com) • United States: <i>Second Step</i>—Emerging evidence (http://www.cfchildren.org) • United States: <i>CASASTART/CAR</i>—Strong evidence (http://www.casacolumbia.org/absolutenm/articlefiles/203-casastart.pdf) • United States: <i>Life Skills Training</i>—Strong evidence (http://www.lifeskillstraining.com) • United States: <i>SOAR</i>—Strong evidence (http://depts.washington.edu/sdrg/) • United States: <i>Check & Connect</i>—Strong evidence (http://ici.umn.edu/checkandconnect) • Mexico: <i>Planeando Tu Vida</i> (Planning Your Life)—Emerging evidence • Jamaica: <i>Grade 7 Project</i>—Emerging evidence • Chile: <i>Adolescence Time of Choices</i>—Emerging evidence
Issues to Consider for Replication and Sustainability	<ul style="list-style-type: none"> • Appropriate implementation of the curriculum • Involvement of family and community necessary to increase chances of changing behavior • Sexual education in schools requires a political consensus

Sources:

a. University of Colorado at Boulder, Blueprints for Violence Prevention (<http://www.colorado.edu/cspv/blueprints>).

b. <http://www.casacolumbia.org/absolutenm/articlefiles/203-casastart.pdf>.