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The Real Deal: A Program Evaluation of a Teen Pregnancy Program

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LOYOLA UNIVERSITY CHICAGO

THE REAL DEAL: A PROGRAM EVALUATION OF A
TEEN PREGNANCY PROGRAM

A DOCTORAL RESEARCH PROJECT SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL OF EDUCATION
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF EDUCATION
PROGRAM IN SCHOOL PSYCHOLOGY

BY

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CHICAGO, ILLINOIS

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ABSTRACT

Teen pregnancy rates within the United States continue to be the highest amongst developed countries. The purpose of this study was to evaluate whether the Real Deal, a teen pregnancy prevention program currently implemented in a high school in a Midwestern state, has a short- and/or long-term impact on students' a) perceptions of taking care of a baby by oneself, b) abstaining from sexual activities, c) delaying pregnancies until obtaining a post-secondary education, and d) delaying pregnancies until after marriage. Furthermore, the study evaluated staff perceptions on a) ease of program implementation and b) adequacy of the content within the program. Data was analyzed using descriptive analysis for each survey administered to participants and the nonparametric Kruskal-Wallis test was utilized to determine the significance of the data obtained from the survey instruments. Survey instruments with a 5-point Likert-type scale were utilized to quantify participant responses, Cronbach's alpha was calculated to determine the internal consistency of the survey instruments. Participants included Sophomore students in Section South (n=109) and staff who implemented the program (n=20). Overall findings of the study revealed a significant short-term and long-term impact of the program implementation on students' perceptions of taking care of a baby on one's own. Findings revealed a significant short-term, but no long-term impact on students' perceptions of delaying pregnancies until getting married. The findings revealed a significant long-term impact, but no short-term impact on students' perceptions of the

importance of abstaining from sexual activities and delaying pregnancies until obtaining a post-secondary education. Staff who implemented the program overall agreed that the program is easy to implement and the content is relevant to teen pregnancy. Implications of the study are discussed.

CHAPTER I

INTRODUCTION

Program Description

The Real Deal is a program implemented in a Midwestern state through the Lake County Health Department. The program is designed to help participants learn the responsibilities and expenses they may have given two different possible life situations. The program is implemented over the course of two hours once a year with approximately 200 tenth grade students at Shiny High School. Shiny High School is divided into two campuses. Each campus has four sections. Over the years, different sections have taken part in the program, while other sections have not. For the purposes of this study, Section South data was reviewed. During the first round, participants are given an envelope stating that they are 25 years old, a single parent, and working a job they would obtain if they did not have any education past a high school diploma. The participants also obtain the amount of money they would get in a month working the given job. The two-hour activity takes place in the school auditorium where staff members, including mental health providers, a few teachers, and community members, are set up at different stations including Child Support, Baby Supplies, Child Care, Clothing, Housing, Transportation/Insurance, Groceries and Personal Care, Communication, Furnishing, Entertainment/Recreation, Life Surprises/Duck of Chance, Financial Advisors, College and Vocational, Drug/Alcohol and Prevention, Smoking

Prevention, and Sexually Transmitted Disease. Participants must go to each station and are given options of things to purchase at each station (The Lake County Health Department, 2011).

For example, when a student goes to the transportation station, s/he has to purchase a car and insurance or a bus card. The cars also come in different price ranges meaning students can purchase a Nissan for less money and lower insurance or an Audi for more money and higher insurance. Moreover, insurance for males is higher than it is for females. When students go to the clothing station, they get to choose clothing from three different groups. The brands of the clothing in each group determine the cost. When students go to the housing station, they can choose to rent an apartment on their own or have a roommate. Students have to go to each station with the amount of money they are given and purchase an option from each of the stations. There are staff members who walk around and give participants stickers suggesting the student is a smoker, has an STI, got a DUI, etc. When a participant receives a sticker as such, s/he must go to an appropriate station to pay for or get educated on whatever the sticker indicates (The Lake County Health Department, 2011).

During the second round, the students are asked to undergo the same process, but this time, their envelope states that the participant is the same age (25), does not have any children, and has a career one would be able to obtain only with a post-secondary education. This time, the students have more money in their envelope as well. After each round, students are given the opportunity to debrief and engage in staff-led discussions regarding their experiences (The Lake County Health Department, 2011).

Programs such as the Real Deal can be beneficial to adolescents as they begin to make decisions that will have a long-term impact on their futures. Evaluating such programs to determine if they result in changes in beliefs and attitudes may contribute to the school-based, teen pregnancy prevention literature.

Research Problem Statement/Purpose of Study

Although the teen pregnancy rate has declined drastically since its peak in the early 1990's, this rate continues to be six to nine times higher in the United States than the developed countries with the lowest birth rates (Centers of Disease Control and Prevention, 2011). According to Mollborn (2011), "about half of teen mothers' children live in poverty" (p. 34). As a school psychologist in the school, the number of teen pregnancies became a concern. At the time this research was conducted, Shiny High School was separated into two different campuses and each campus was separated into four different sections. For the past two years, a few of the sections have implemented a pregnancy prevention program called "The Real Deal" in hopes of reducing teen pregnancies within the school. The purpose of this study is to investigate what, if any, impact this program has on the students' perceptions of becoming a teen parent. Furthermore, this study will evaluate staff perceptions of the Real Deal program as it relates to ease of implementation and adequacy of the content within the program.

This study will provide school administrators, school mental health providers, school teachers, and the community with research-based information that might help further plan for and develop programs to help reduce the rate of teen pregnancies within Shiny Public Schools.

Research Questions

This study aims to answer the following questions:

1. Does The Real Deal, a teen pregnancy prevention program, have a short-term impact on students' perceptions of: a) taking care of a baby on one's own; b) abstaining from sexual activities; c) delaying pregnancies until completion of college/vocational training; and d) delaying pregnancies until marriage?
2. Does The Real Deal, a teen pregnancy prevention program, have a long-term impact on students' perceptions of: a) taking care of a baby on one's own; b) abstaining from sexual activities; c) delaying pregnancies until completion of college/vocational training; and d) delaying teen pregnancies until marriage?
3. What perception does personnel implementing The Real Deal have of the program as it relates to: a) ease of program implementation; and b) adequacy of the content within the program?

CHAPTER II

REVIEW OF THE LITERATURE

Although the rate of teen pregnancies has decreased significantly within the past few decades, the number of pregnancies among adolescents between the ages of 15 and 19 remains significantly high within the United States. According to The National Campaign to Prevent Teen and Unplanned Pregnancies (2016), the number of teen pregnancies in the United States continues to outnumber teen pregnancy rates when compared to those in similar countries. Teen pregnancy rates account for all pregnancies as opposed to actual births, which are measured by the teen birth rate. According to the U.S. Department of Health and Human Services (2016), the teen birth rate in the United States in 2014 was 24.2 births per 1,000 teens. When compared to the rest of the states, the Midwestern state has a birth rate that ranks right within the middle range, 22.8 births per 1,000 teens (U.S. Department of Health & Human Services, 2016).

According to the Centers for Disease Control and Prevention (2011), there are racial and geographic disparities in teen pregnancies. Teen birth rates are significantly higher amongst individuals who are ethnic minorities versus White (Centers for Disease Control & Prevention, 2011). More specifically, the teen birth rate is significantly higher for Hispanic teens (34.9 births per 1,000 teens) and non-Hispanic Black teens (31.8 births per 1,000 teens) than it is for non-Hispanic White teens (16 births per 1,000 teens).

Negative Impact of Teen Pregnancy

When working with teens who become pregnant during high school, the near future becomes more complicated in the sense that there is an additional individual that the teen will be responsible for rearing. Stange (2011) conducted a cross sectional analysis of data from the National Education Longitudinal Study of 1988 (NELS) and the Postsecondary Education Transcript Study (PETS). In the original study, the researchers collected transcripts and surveyed a nationally representative population of women over the course of eight years who were post high school (1992-2000). For the purposes of his study, Stange analyzed data consisting of a sample of 2,955 women of which 751 became mothers at some point during the eight years the study was conducted. Stange concluded that those who become parents at a younger age were less likely to complete postsecondary levels of education eight years after completing high school.

Not only do teen pregnancies impact one's education and options for future employment and prosperity, but as Jacobs and Mollborn (2012) suggest, teen pregnancies can also impact the social-emotional well-being of teen parents. Jacobs and Mollborn conducted a qualitative study as they interviewed 30 Latino and 18 African American teen mothers living in the metropolitan area of Denver, Colorado. The teen mothers either attended a high school for teen mothers or received services from a city hospital clinic. Each interview lasted from 45 minutes to an hour and transcribed through the NVivo qualitative software package. The researchers analyzed the transcriptions and looked for common important themes (Jacobs & Mollborn, 2012). Results of the study suggest that adolescent girls who become mothers have difficulty maintaining important relationships

and attachments as they begin to lose connectivity to the baby's father, their own fathers, mothers, grandparents, siblings, and friends (Jacobs & Mollborn, 2012). Furthermore, upon becoming teen mothers, the young women have to abruptly shift to a certain level of independence and autonomy. The young mothers move from adolescence to adulthood quickly and lose ties with family members and friends. Consequently, they may become suppressed emotionally, become lonely, and find friendships with their children (Jacobs & Mollborn, 2012).

Fletcher (2012) also analyzed data from the National Longitudinal Study of Adolescent Health (Add Health). Through this database, Fletcher found that 4,943 women reported being pregnant as teens. Of the 4,943 women, 1,050 fit the criteria for the instrumental variable approach and therefore, made up the sample for this study. For the within-sister comparison, Fletcher utilized the same database and collected data on all teen mothers who had sisters, which yielded a sample size of 1,500. Fletcher also included a third sample in her study where she analyzed responses to the Midlife Development in the United States (MIDUS) survey. The MIDUS was administered to 7,000 individuals ages 25 to 74 in 1994 to 1995. For the purposes of her study, Fletcher analyzed surveys completed by 900 female twins or siblings. Based on the results from the MIDUS, Fletcher determined that there were not any significant differences between teen mothers and non-teen mothers as it pertains to long-term behaviors such as smoking, drinking, or drug use. However, Fletcher uses the MIDUS results to suggest that teen mothers are less likely to be married or obese in the long run and more likely to marry husbands who are less educated. It is worth noting that although not much research has

been done on the long-term impact of teen pregnancies on physical health and engagement in healthy behaviors of the mother, according to the study conducted by Fletcher, there are not any significant differences when it comes to long-term health for women who became pregnant as teens and those who did not. Fletcher suggests that early childbearing may have a potentially positive impact on mothers because they are more likely to abstain from using drugs, alcohol, tobacco, and engaging in unhealthy and risky behaviors. Although teen pregnancies can have a positive or negative impact on individuals, there are also factors that influence teen pregnancies that may be out of ones' control.

Factors that Influence Teen Pregnancy

Rocca, Doherty, Padian, Hubbard, and Minnis (2010) conducted a longitudinal study with Latina teens from San Francisco in order to explore the role intentions play in the high number of teen pregnancies amongst Latina teenagers. Rocca et al. conducted their study by collecting qualitative and quantitative data from 555 male and female adolescents they recruited through the community and then following up with 230 female adolescents who they believed fit the criteria for the study. Of the 230 participants, the end sample consisted of 213 female adolescents who followed through with the continuous data collection and visits every six months for two years required for the longitudinal study analysis. Rocca et al. conducted interviews with the participants and analyzed the data using generalized estimating equation approach. Results of their study suggest that pregnancy intentions, as measured by the participants' "wantedness" to become pregnant and their "happiness" of being pregnant, "may serve more as

independent risk factors than as intermediary variables” (p. 193). Rocca et al. suggest that the inaccessibility to effective contraceptives for teens who want to avoid pregnancy is one reason for the high number of teen pregnancies seen today and more of a focus should be put on developing programs to allow access to effective contraceptives for teens.

The Centers for Disease Control and Prevention (2011) analyzed data from two different surveys: the national Youth Risk Behavior Survey (YRBS) and the National Survey of Family Growth (NSFG). The researchers analyzed data collected by the CDC between 1991 to 2008 through the YRBS, a survey administered to high school students in private and public schools in the US in order to determine the prevalence of students who have ever been sexually active and those who were currently sexually active and not using contraceptives (Centers for Disease Control & Prevention, 2011). Moreover, in order to determine the prevalence of use of contraceptives, receiving of sexual education, and/or parent communication regarding sexual health, data collected between 2006 to 2008 through the NSFG, a survey conducted with men and women aged 15 to 44 with a nationally representative sample was also analyzed (Centers for Disease Control & Prevention, 2011). Results of these analyses indicate that access to contraceptives, sexual education classes, and conversations with parents regarding sex, and comprehensive teen pregnancy prevention programs may help decrease the number of teen pregnancies (Centers for Disease Control & Prevention, 2011).

Akella and Jordan (2015) conducted a qualitative study with 20 teen mothers attending an alternative school for teen mothers in Albany, Georgia. The study consisted

of in-depth 30 to 60 minute interviews with the teen mothers as well as observations and information gathered through the brochures provided by the alternative school. The data gathered was in regard to the African American teen mothers' cultural norms, pregnancies, and challenges. Moreover, the study uses Bandura's (1977) Social Learning Theory to suggest that the teen mothers behave in ways they observe close family members and friends behaving such as getting pregnant as teenagers (Akella & Jordan, 2015). According to Akella and Jordan, their research study suggests that there is "a direct link between poverty, education and culture of the teenagers and the occurrence of adolescent pregnancies" (p. 59). In their study, Akella and Jordan state that the teens they conducted their study with reported observing sexual health and reproductive behaviors of their parents and others around them. The 20 teens involved in this study then acted in ways they deemed was acceptable, resulting in teen pregnancies.

Mollborn, Domingue, and Boardman (2014) conducted a study regarding norms around teen pregnancies, concentrating on norms within the school. In their study, they examined 75 different high schools, with a total of 8,764 respondents, within the United States using data from the National Longitudinal Study of Adolescent Health (Add Health), examining health-related behaviors through a nationally representative sample of teens. According to Mollborn et al., "norm strength and consensus may have shaped teenagers' motivations for avoiding pregnancy and thereby school-level teen pregnancy prevalence" (p. 257). This suggests that in schools where students felt that teen pregnancies were more normal, the rate of teen pregnancies was higher. It should also be noted that the racial composition of the schools did not play as significant of a role on

teen pregnancies within the schools as did the norms regarding teen pregnancies within the school (Mollborn et al., 2014). These findings relate to findings by Akella and Jordan (2015) and suggest that an individual's social environment, rather than race, can impact the prevalence of teen pregnancies because individuals absorb acceptable behaviors by observing those around them.

Penman-Aguilar, Carter, Snead, and Kourtis (2013) conducted a study through which they analyzed 14 peer-reviewed articles regarding socioeconomic status and its impact on teen pregnancies on a family- and community-level. Through their research, Penman-Aguilar et al. found that teens who come from low-income conditions may be at a greater risk of becoming pregnant because research shows "that socioeconomic factors represent but one set of influences on teen birth rates" (p. 128). This research study suggests that there are a number of contributing factors to the high teen-pregnancy rate, low-socioeconomic status being one of them. Thus increased interventions and supports at all levels, individual, family, and community, are needed.

Kearney and Levine (2012) conducted a study through which they analyzed data from five data sources, Vital Statistics system, National Surveys of Family Growth (NSFG), Youth Risky Behavior Surveillance (YRBS), the Guttmacher Institute, and the Family and Fertility Survey (FFS), in order to determine why the teen birthrate in the U.S. is so high and why it is important. Kearney and Levine state that young women who do not have the means of advancing economically or socially are more likely to become teen mothers, or mothers out of wedlock. They further suggest that there is no significant difference in economic status between minorities who have children as teenagers versus

those who do not have children as teenagers. Based on this data, Kearney and Levine suggest that the root of future disadvantages is not teen pregnancies, but socioeconomic disadvantages. According to Kearney and Levine, teens who have a child and do not see that delaying a pregnancy will bring them any advantage are not the problem. Our society is the problem because the young women feel disadvantaged regardless of their race, culture, ethnicity, socioeconomic status, etc. Instead of investing in prevention programs for teen pregnancies, the United States should invest in addressing social problems such as increasing opportunities and reducing poverty in order to provide more opportunities for disadvantaged families (Kearney & Levin, (2012).

Prevention and Intervention Programs

Beyond examining social and context influences on teen birth rates, it is also important to examine the role of sexual health intervention and prevention programs. Luschen (2011), completed an ethnography within a high school teaching comprehensive sexual health to students. For the purposes of her study, Luschen observed a health class for the course of two semesters, interviewed the teacher of the class at three different times, and interviewed students taking the class in order to collect her qualitative data. Luschen states that the government spent billions of dollars on teaching students abstinence only and, “that young women are often positioned as accountable for their failures to prevent unintended outcomes” ([pp. 85-86). Luschen further suggests that, “one can make the right (healthy) decision once s/he has full and accurate full information” (p. 86). This means that there should be education on not only what sex can cause (e.g., unwanted pregnancies and disease) but also that sex can be pleasurable. He

states that we need to inform and educate students on the topic before we can make conclusions about the decisions the students make (Luschen, 2011).

Stanger-Hall and Hall (2011) conducted a study yielding similar results that Luschen (2011) did. Stanger-Hall and Hall retrieved data from the Education Commission of the States and looked at each state to collect data on the rate of teen pregnancies and the level of sexual education students receive in each state. Results showed that states that had a larger population of White students had less emphasis on abstinence only sexual education and also had smaller teen pregnancy rates. On the contrary, states with a larger minority population tended to have more laws regarding teaching abstinence only in schools and had higher teen pregnancy rates. Stanger-Hall and Hall suggest that comprehensive teen pregnancy prevention programs recommending abstinence, but also teaching contraceptive use, work best in preventing teen pregnancies and sexually transmitted infections.

Through their research, Craft, Brandt, and Prince (2016) discuss an interesting consideration when implementing teen pregnancy prevention programs in schools. Craft et al. collected qualitative data by interviewing 11 middle school leaders in South Carolina regarding a comprehensive teen pregnancy prevention program currently implemented in the schools. Craft et al. determined that in order to successfully implement a prevention program and for it to be sustainable, a school has to have the resources including staff, materials, funding, training, curriculum, etc. In schools that are more affluent, the resources can be available and students will get the instruction suggested. On the contrary, school that lack resources, will find other topics they see as

priorities and invest in those. This supports the idea that those of lower socioeconomic status will not get the exposure to prevention programs and will continue to bear higher rates of teen pregnancies.

Through his research on teen sexual health, Kirby (2002) reviewed 73 studies measuring impact on sexual behavior, contraceptive use, pregnancy, and childbearing targeting adolescents in middle and high school. Overall, Kirby found four different types of programs to be successful. These include: sex and STD/HIV education programs covering both abstinence and condoms or contraceptives, protocols for one-on-one counseling between teens and clinicians in health settings, service learning programs, and the Children's Aid Society-Carrera Program. Kirby relates that educating adolescents on sexual behavior and contraceptive use does not increase the likelihood that they will engage in sexual intercourse, but will increase the use of contraceptives or delay the onset of intercourse. He also states that positive relationships with adults, the school, and the community as well as plans for college and the future can help decrease the teen pregnancy rate. According to Kirby,

it is very encouraging that there are now four different and somewhat complimentary types of programs for adolescents with rather strong evidence that they effectively reduce either unprotected sex that place youth at risk of pregnancy or STD/HIV, or that they reduce actual pregnancy. (p. 56)

In addition to this research, Kirby adds, "programs that effectively decrease school dropout and improve attachment to school, school performance, and educational and

career aspirations are likely to either delay sex, increase condom or contraceptive use, or decrease pregnancy and childbearing” (p. 31).

Coffee, Fenning, and Wells (2016) also discuss the importance of promoting teen sexual health by working together at the home, school, and community levels. The authors discuss the idea that it can be difficult to promote sexual health within schools because one must consider laws and legislature regarding what is allowable within each state. Moreover, some schools may not have the funding or resources for successful implementation of evidence-based strategies in schools. However, Coffee et al. also provide evidence-based strategies that school personnel can suggest to families and community members, which allows for promoting sexual health at the community and home levels. These strategies consist of consultation between school personnel and guardians to teach effective communication between children and guardians, having appropriate school personnel act as liaisons between homes, communities, and schools in order to connect guardians to resources to better understand sexual education and what is available, and to build partnerships between the different community organizations (Coffee et al., 2016).

Overall, not only is the teen pregnancy rate higher in the United States than most other developed countries, there are also major disparities when it comes to teen pregnancy rates and race. Research shows that teen pregnancies are more prevalent in socioeconomically disadvantaged, minority population than they are in more affluent populations. Research also shows that teen pregnancies have a negative impact on teen mothers including a decreased likelihood of obtaining a post-secondary education and

lack of social-emotional ties. According to aforementioned studies, there are a number of factors influencing teen pregnancies. Researchers suggest that some teens may lack access to or avoid contraceptives and may intend on getting pregnant because they believe pregnancies are a path to adulthood and pregnancies rates are higher in populations where pregnancies are seen as a norm. Based on research findings, pregnancies are more prevalent in populations with a low SES because individuals do not see themselves progressing economically and do not see pregnancy as a barrier to future success. Based on this information, one can conclude that it is important to implement evidence-based teen pregnancy prevention programs within schools in order help educate teens and decrease the teen pregnancy rate in the United States because teen pregnancies have a negative impact and impose barriers teens may not be aware of.

Due to the disparities amongst ethnic and racial populations portrayed by the national data on the teen birth rate, the high number of racial minorities within Shiny High School (pseudonym), and the number of teen pregnancies in Shiny High School, the purpose of this study will be to evaluate a teen pregnancy prevention program, The Real Deal, that is currently implemented in Shiny High School.

CHAPTER III

METHOD

Part of the implementation of the Real Deal requires students to take a pre- and post- survey on the day the program is implemented. This data, obtained during the 2016-17 school year, was used and compared to determine the short-term impact of the Real Deal. Three months after the program was conducted within the Section in the 2016-17 school year, another post-survey was conducted. A staff survey to obtain information regarding the staffs' perception of the ease of program implementation was also conducted at this time. This data was compared for program evaluation purposes.

Setting

Based on data from the Lake County Health Department and Community Center (2016), the overall teen birth rate in this county in a Midwestern state in 2013 was 16.7 births per 1,000 teens. Based on data obtained through mental health support providers in Shiny High School, 20 out of approximately 1,000 female students attended groups for pregnancy support during the 2014-15 school year. This number represents the minimum number of pregnant teens attending the high school during that year because it does not account for the teens who did not bring proof of pregnancy or seek support from the school. During their pregnancy and as they continue to attend school, the pregnant teens receive supports from the school and community to educate them and help them transition into motherhood. Based on data collected during the 2014-15 school year, two

of the teen mothers have gotten married and remained married to the fathers of their children. One of the teens has had a second child. The rest of the teens are currently single mothers.

Shiny High School is a suburban area school and is divided into two campuses, which are divided into four sections each. The school is divided into four parts and each part is considered a section. In each section, there are approximately 800 students. Each section has its own principal, psychologist, counselors, social workers, teachers and students.

Approximately ten years ago, the Real Deal program was implemented within the entire school, across both campuses, through the Lake County Health Department. Until last year, the 2015-16 school year, the program was not implemented at all. Now it is being implemented in two sections at one campus with sophomore level students and with all students in all grade levels at the second campus.

Participants

The Real Deal was implemented in Shiny High School with Section South Sophomores on March 1, 2017. Part of the implementation of the program requires teachers to administer the Real Deal Survey (Pre) to students before the implementation of the program and the Real Deal Survey (Post) right after the administration of the program. The researcher obtained the existing data from the Section South staff. This included the attendance for the day as well as Real Deal Survey (Pre) and Real Deal Survey (Post) student responses. Of the 109 students who participated in the implementation of the Real Deal Program, 102 students responded to the Real Deal

Survey (Pre) (N=102) and 96 students responded to the Real Deal Survey (Post) (N=96). This data was used to evaluate the short-term impact of the Real Deal Program. The researcher pulled the four items on the survey pertaining to teen pregnancy prevention and used that as the Real Deal Survey (Three-Month Follow-Up) to evaluate the long-term impact of the Real Deal Program. The Real Deal Survey (Three-Month Follow-Up) was administered to students on June 1, 2017. Of the 102 students who initially completed the Real Deal Survey (Pre), 91 completed the Real Deal Survey (Three-Month Follow-Up) (N=91). Moreover, of the 109 students who attended the program implementation, 72.5% of the students identify as Hispanic, 16.5% identify as Black, 6.4% identify as White, and 4.6% identify as Other (Asian, American Indian, Two or More Races, and Pacific Islander). Based on data obtained from the state Report Card for the 2015-2016 school year, 48% of the students in Shiny High School come from low-income families. Moreover, 77% of the students identify as Hispanic, 15% of the students identify as Black, 4.5% of the students identify as White, and 3.5% of the students identify as Other (Asian, American Indian, Two or More Races, and Pacific Islander).

Staff who participated in the implementation of the Real Deal were emailed a link to the Staff Perception Survey, which was created through Survey Monkey (see Appendix A for email to staff). The link was emailed to staff by the school social worker, thus the total number of staff members who received the email is not certain. Moreover, staff members were not asked to provide demographic data on the survey, thus specific demographic data is not available for the purposes of this study. Of the approximately 20 staff members who received the link, eight completed the Staff Perception Survey (N=8).

According to the school report card, 78.4% of the school personnel identify as White, 3.9% identify as Black, 3.3% identify as Hispanic, 3.8% identify as Asian, and 73.7% are Female.

Variables

The dependent variables in this study include: 1) students' perceptions of taking care of a child on ones' own, how strongly students agree or disagree that it is difficult to take care of a baby on one's own, 2) students' perceptions of the importance of teens abstaining from sexual activities, how strongly students agree or disagree that it is important for teens to abstain from sexual activities, 3) students' perceptions of delaying pregnancies until obtaining a post-secondary education, how strongly students agree or disagree that they will wait to have a baby after they finish college/vocational training, 4) students' perceptions of delaying pregnancies until getting married, how strongly students agree or disagree that they will wait to have a baby until after they get married, 5) staffs' perceptions of ease of program implementation, how strongly those implementing the Real Deal agree or disagree that implementing components of the Real Deal was easy to do, 6) staffs' perceptions of the adequacy of the content within the program, how strongly those implementing the Real Deal agree or disagree that the content taught through the implementation of the program is relevant to what the program aims to teach.

Instruments

Real Deal Survey (Pre)

As part of the Real Deal program, participants complete surveys created by the program developers (The Lake County Health Department, 2011). The surveys ask participants to rate statements on a scale of Strongly Agree, Agree, Unsure/No Opinion, Disagree, and Strongly Disagree. The statements included measure participants' attitudes and beliefs regarding STIs, parenting, sexual health, alcohol and drug use, education, and relationships with adults. The Real Deal Survey (Pre) consists of 15 test items and is administered to participants at the end of the orientation session right before the activity. According to the Lake County Health Department, there is no information regarding the validity or reliability of the Real Deal Survey (Pre) in the manual of the program (The Lake County Health Department, 2011). For the purposes of this study, the internal consistency of the four survey items extracted from the Real Deal Survey (Pre) was calculated in order to determine how reliable the measure is. The Cronbach's alpha for the Real Deal Survey (Pre) is .466 suggesting that the survey is not reliable and the results should be interpreted with caution.

Real Deal Survey (Post)

The Real Deal Survey (Post), developed by the program developers asks participants to rate statements on a Likert scale in order to measure attitudes and beliefs on STIs, parenting, sexual health, alcohol and drug use, education, and relationships with adults (The Lake County Health Department, 2011). The Real Deal Survey (Post) consists of 17 items and is administered to participants upon completion of both rounds

of the event and discussion of their experiences in small groups. According to the Lake County Health Department, there is no information regarding the validity or reliability of the Real Deal Survey (Post) in the manual of the program (The Lake County Health Department, 2011). For the purposes of this study, the internal consistency of the four survey items extracted from the Real Deal Survey (Post) was calculated in order to determine how reliable the measure is. The Cronbach's alpha for the Real Deal Survey (Post) is .572 suggesting that the survey is has low reliability and the results should be interpreted with caution.

Real Deal Survey (Three-Month Follow-Up)

The Real Deal Survey (Three-Month Follow-Up) consists of four test items, relevant to the purpose of this study, extracted from the Real Deal Survey (Pre) and the Real Deal Survey (Post) developed by the Lake County Health Department (The Lake County Health Department, 2011). However, the Real Deal Survey (Three-Month Follow-Up) is administered to participants three months after they initially take part in the implementation of the Real Deal Program. For the purposes of this study, the internal consistency of the Real Deal Survey (Three-Month Follow-Up) was calculated in order to determine how reliable the measure is. The Cronbach's alpha for the Real Deal Survey (Three-Month Follow-Up) is .561 suggesting that the survey has low reliability and the results should be interpreted with caution.

Staff Perception Survey

School personnel also rated statements using the Likert scale, but the statements on this survey included the staffs' perceptions regarding the ease of implementation and

the adequacy of the content of the Real Deal program. The Staff Perception Survey consists of 68 items and was administered to staff three months after the implementation of the Real Deal (see Appendix B for Staff Perception Survey administered).

Procedure

The participants for this study were all sophomore students who took part in the Real Deal program implemented in their section. School mental health staff have existing pre- and post-survey data collected during the program implementation. The pre- and post-surveys do not have students' names on them or any identifying information other than whether the student is male or female. The staff also took attendance and has record of who attended school the day the program was implemented. Based on attendance data, 109 students attended the implementation of the program. Of the 109 students who attended the program implementation, 72.5% of the students identify as Hispanic, 16.5% identify as Black, 6.4% identify as White, and 4.6% identify as Other (Asian, American Indian, Two or More Races, and Pacific Islander).

Three months after the implementation of the Real Deal, the Real Deal Survey (Three-Month Follow-Up) was administered to the students who participated in the Real Deal. These measures were administered to the students by the staff members based on the small group discussion group in which the students were in for the Real Deal program implementation. Each teacher took attendance the day of the Real Deal program implementation, thus each teacher knew which students to administer the additional measure to. Upon arrival into their first period class, the students were given the Real Deal Survey (Three-Month Follow-Up). The students were not asked to give any

identifying information except their gender because it is part of the surveys developed by the program developers.

Each student who attended the Real Deal program implementation was given an envelope to take home to their parents two weeks prior to the administration of the Real Deal Survey (Three-Month Follow-Up). The envelope consisted of a letter stating the purpose of the study and discussed consent (see Appendix A for purpose of study letter and consent in English and Spanish). As it is done for any initiative within the school and as it was done for the initial implementation of the Real Deal program, parents had the choice of opting-out of the research study by calling the section office or signing and returning the consent form.

The Staff Perception Survey was given to staff via a link to Survey Monkey. The email was sent to the staff by the school social worker, person responsible for organizing the program within the school. The email with the link for Staff Perception Survey was prefaced by a page informing participants of the purpose and conditions of the study. Participants had the choice of consenting to the research study by continuing to complete the survey or not consenting to the research study by refusing to complete the survey (see Appendix A for staff purpose of study letter and consent).

Data Analysis

The rating choices were interpreted as follows: Strongly Agree (5), Agree (4), Unsure/No Opinion (3), Disagree (2), and Strong Disagree (1). The total number of students who answered each question and their rating was recorded for each survey (i.e.

Real Deal Survey (Pre), Real Deal Survey (Post), Real Deal Survey (Three-Month Follow-Up), and Staff Perception Survey).

Scored pre-existing data collected from 102 survey responses on the Real Deal Survey (Pre) and 96 survey responses on the Real Deal Survey (Post) and additional data collected from 91 survey responses on the Real Deal Survey (Three-Month Follow-Up) and 8 survey responses on the Staff Perception Survey was entered into SPSS. Data for the Real Deal Survey (Pre), Real Deal Survey (Post), and Real Deal Survey (Three-Month Follow-Up) was analyzed using descriptive analysis to calculate the median, mode, range, minimum, and maximum for each survey administered to participants and the nonparametric Kruskal-Wallis test was utilized to compare medians and determine the significance of the data obtained from the Real Deal Survey (Pre), Real Deal Survey (Post), and Real Deal Survey (Three-Month Follow-Up) for the outcome variables: 1) students' perceptions of taking care of a child on ones' own, how strongly students agree or disagree that it is difficult to take care of a baby on one's own, 2) students' perceptions of the importance of teens abstaining from sexual activities, how strongly students agree or disagree that it is important for teens to abstain from sexual activities, 3) students' perceptions of delaying pregnancies until obtaining a post-secondary education, how strongly students agree or disagree that they will wait to have a baby after they finish college/vocational training, 4) students' perceptions of delaying pregnancies until getting married, how strongly students agree or disagree that they will wait to have a baby until after they get married. Descriptive analysis was utilized to analyze data obtained through the Staff Perception Survey as it pertains to 1) staffs' perceptions of ease of program

implementation, how strongly those implementing the Real Deal agree or disagree that implanting components of the Real Deal was easy to do and 2) staffs' perceptions of the adequacy of the content within the program, how strongly those implementing the Real Deal agree or disagree that the content taught through the implementation of the program is relevant to what the program aims to teach.

CHAPTER IV

RESULTS

The purpose of this study is to evaluate the Real Deal, a teen pregnancy prevention program currently implemented in Shiny High School, and the short-term and long-term impact it has on 1) students' perceptions of taking care of a child on ones' own, how strongly students agree or disagree that it is difficult to take care of a baby on one's own, 2) students' perceptions of the importance of teens abstaining from sexual activities, how strongly students agree or disagree that it is important for teens to abstain from sexual activities, 3) students' perceptions of delaying pregnancies until obtaining a post-secondary education, how strongly students agree or disagree that they will wait to have a baby after they finish college/vocational training, 4) students' perceptions of delaying pregnancies until getting married, how strongly students agree or disagree that they will wait to have a baby until after they get married. Furthermore, the study aims to explore 1) staffs' perceptions of ease of program implementation, how strongly those implementing the Real Deal agree or disagree that implanting components of the Real Deal was easy to do and 2) staffs' perceptions of the adequacy of the content within the program, how strongly those implementing the Real Deal agree or disagree that the content taught through the implementation of the program is relevant to what the program aims to teach.

Descriptive Data Analysis

The median score for the outcome variable “It is hard to take care of a baby by yourself” was 4 (agree) on the Real Deal Survey (Pre). Following the implementation of the Real Deal, the median score increased to 5 (strongly agree) on the Real Deal Survey (Post) and continued to be 5 on the Real Deal Survey (Three-Month Follow-Up). There were two modes for the outcome variable on the Real Deal Survey (Pre), 4 and 5. The mode also increased to 5 on the Real Deal Survey (Post) and continued to be 5 on the Real Deal Survey (Three-Month Follow-Up) (see Table 1 for descriptive data for survey item “It is hard to take care of a baby by yourself”). These results suggest that after the implementation of the Real Deal, students were more likely to strongly agree that it is hard to take care of a baby by oneself.

Table 1

It is Hard to Take Care of a Baby by Yourself

Survey	N	Median	Mode	Range	Min	Max
Real Deal (Pre)	102	4	4, 5	4	1	5
Real Deal (Post)	96	5	5	4	1	5
Real Deal (Three-Month Follow-Up)	90	5	5	4	1	5

The median score for the outcome variable “It is important for teens to abstain from sexual activities (not have sex)” was 3 (unsure/no Opinion) on the Real Deal Survey (Pre). The median score on the Real Deal Survey (Post) continued to be 3 (unsure/no Opinion) but increased to 4 (agree) on the Real Deal Survey (Three-Month Follow-Up). [see Table to for descriptive data for survey item, “It is important for teens to abstain from sexual activities (not have sex)”]. These results suggest that right after the

implementation of the Real Deal, the students did not change their perceptions on the importance for teens to abstain from sexual activities, but three months after the implementation of the Real Deal program, the students were more likely to agree that it is important for teens to abstain from sexual activities.

Table 2

It is Important for Teens to Abstain From Sexual Activities (Not Have Sex)

Survey	N	Median	Mode	Range	Min	Max
Real Deal (Pre)	102	3	3	4	1	5
Real Deal (Post)	94	3	3	4	1	5
Real Deal (Three-Month Follow-Up)	90	4	4	4	1	5

The median score for the outcome variable “I plan to wait until I finish college/vocational training and make enough money before I have a baby” on the Real Deal Survey (Pre) was 4.5 (agree) On the Real Deal Survey (Post), the median increased to 5 (strongly agree) and was 5 on the Real Deal Survey (Three-Month Follow-Up). The mode on all three administrations of the survey was 5. The range for this survey item on the Real Deal Survey (Pre) and the Real Deal Survey (Post) was 4 as the minimum was 1 and maximum was 5. On the Real Deal Survey (Three-Month Follow-Up), the range was 3 as the minimum was 2 and maximum was 5. This suggests that no student who completed the Real Deal Survey (Three-Month Follow-Up) strongly disagreed with this survey item (see Table 3 for descriptive data for survey item, “I plan to wait until I finish college/vocational training and make enough money before I have a baby”). These results suggest that after the implementation of the Real Deal, students were more likely to

strongly agree that they plan to wait until they finish college/vocational training and make enough money before they have a baby.

Table 3

I Plan to Wait Until I Finish College/Vocational Training and Make Enough Money Before I Have a Baby

Survey	N	Median	Mode	Range	Min	Max
Real Deal Survey (Pre)	102	4.5	5	4	1	5
Real Deal Survey (Post)	95	5	5	4	1	5
Real Deal Survey (Three-Month Follow-Up)	90	5	5	3	2	5

The median score for the outcome variable “I plan to get married before I have a baby” on the Real Deal Survey (Pre) was 4. The median increased to 4.5 on the Real Deal Survey (Post) administered right after the implementation of the Real Deal and decreased again to 4 on the Real Deal Survey (Three-Month Follow-Up). The mode was 5 for this survey item on all three surveys administered (see Table 4 for descriptive data for survey item, “I plan to get married before I have a baby”). These results suggest that students were more likely to strongly agree that they plan to get married before having a baby right after the implantation of the Real Deal, but less likely to strongly agree that they plan to get married before having a baby three months after the implementation of the Real Deal.

Table 4

I Plan to Get Married Before I Have a Baby

Survey	N	Median	Mode	Range	Min	Max
Real Deal (Pre)	102	4	5	4	1	5
Real Deal (Post)	94	4.5	5	4	1	5
Real Deal (Three-Month Follow-Up)	91	4	5	4	1	5

Gender Differences

When comparing male responses and female responses for the outcome variable “It is hard to take care of a baby by yourself,” the male median score was 4 on the Real Deal Survey (Pre) and the Real Deal Survey (Post). The median increased to 5 on the Real Deal Survey (Three-Month Follow-Up). The female median score, however, was 4 on the Real Deal Survey (Pre), increased to 5 on the Real Deal Survey (Post) and decreased to 4 on the Real Deal Survey (Three-Month Follow-Up). Throughout the three administrations of the surveys, most male students strongly agreed with the survey item and none of the respondents strongly disagreed with the survey item on the Real Deal Survey (Pre). The male students were more likely than female students to strongly agree on this survey item on the Real Deal (Pre). Male students were more likely to agree with this survey item three months after the program was implemented whereas female students were more likely to agree with this survey right after the survey was administered (see Table 5 for descriptive statistics based on gender for outcome variable, “It is hard to take care of a baby by yourself”).

Table 5

Gender Differences for Outcome Variable “It is Hard to Take Care of a Baby by Yourself”

Survey	Male				Female			
	n	Median	Mode	Range	n	Median	Mode	Range
Real Deal Survey (Pre)	43	4	5	3	58	4	4	4
Real Deal Survey (Post)	37	4	5	4	58	5	5	4
Real Deal Survey (Three-Month Follow-Up)	34	5	5	4	51	4	5	4

When comparing male responses and female responses to the outcome variable “It is important for teens to abstain from sexual activities (not have sex),” the medians and modes for all three surveys administered were 3 for male respondents. The median and mode for the Real Deal Survey (Pre) completed by the female students were also 3, but both increased to 4 on the Real Deal Survey (Post) and Real Deal Survey (Three-Month Follow-Up) suggesting that females were more likely to agree with this survey item than male students [see Table 6 for descriptive statistics based on gender for outcome variable, “It is important for teens to abstain from sexual activities (not have sex)”].

Table 6

Gender Differences for Outcome Variable “It is Important for Teens to Abstain from Sexual Activities (Not Have Sex)”

Survey	Male				n	Female		
	N	Median	Mode	Range		Median	Mode	Range
Real Deal Survey (Pre)	43	3	3	4	58	3	3	4
Real Deal Survey (Post)	37	3	3	4	56	4	4	4
Real Deal Survey (Three-Month Follow-Up)	34	3	3	4	51	4	4	4

When comparing male responses and female responses to the outcome variable “I plan to wait until I finish college/vocational training and make enough money before I have a baby,” the median and mode for all administrations of the survey were 5 for female respondents. For the male respondents, the median was 4 for the Real Deal Survey (Pre) and Real Deal Survey (Post) and increased to 5 for the Real Deal Survey (Three-Month Follow-Up). The mode for the male respondents was 5 for the Real Deal Survey (Pre), decreased to 4 for the Real Deal Survey (Post), and increased again to 5 on the Real Deal Survey (Three-Month Follow-Up). The female respondents were more likely to strongly agree on this survey item than male students on the Real Deal Survey (Post). None of the male respondents strongly disagreed or disagreed on this survey item on the Real Deal Survey (Post). None of the female respondents strongly disagreed or disagreed with this survey item on the Real Deal Survey (Three-Month Follow-Up), whereas none of the male students strongly disagreed on this survey item (see Table 7 for descriptive

statistics based on gender for outcome variable, “I plan to wait until I finish college/vocational training and make enough money before I have a baby.)”

Table 7

Gender Differences for Outcome Variable “I Plan to Wait Until I Finish College/Vocational Training and Make Enough Money Before I Have a Baby”

Survey	Male				Female			
	n	Median	Mode	Range	n	Median	Mode	Range
Real Deal Survey (Pre)	43	4	5	4	58	5	5	4
Real Deal Survey (Post)	37	4	4	2	57	5	5	4
Real Deal Survey (Three-Month Follow-Up)	34	5	5	3	51	5	5	2

When comparing male and female responses to outcome variable, “I plan to get married before I have a baby,” the median score on all three administrations for the male students was 4 whereas the median for the female students was 4 on the Real Deal Survey (Pre) and increased to 5 on the Real Deal Survey (Post) and Real Deal Survey (Three-Month Follow-Up). The mode for the male students was 4 on the Real Deal Survey (Pre), increased to 5 on the Real Deal Survey (Post) and decreased again to 4 on the Real Deal Survey (Three-Month Follow-Up). The mode for the female students was 5 on both, the Real Deal Survey (Pre) and the Real Deal Survey (Post), but decreased to 4 on the Real Deal Survey (Three-Month Follow-Up). This suggests that the female students were more likely than male students to strongly agree to this survey item on the Real Deal Survey (Pre). None of the male students strongly disagreed or disagreed with this survey item on the Real Deal Survey (Post) and none of the male students strongly disagreed with this

survey item on the Real Deal (Three-Month Follow-Up) (see Table 8 for descriptive statistics for the outcome variable, “I plan to get married before I have a baby”).

Table 8

Gender Differences for Outcome Variable “I Plan to Get Married Before I Have a Baby”

Survey	Male				Female			
	n	Median	Mode	Range	n	Median	Mode	Range
Real Deal Survey (Pre)	43	4	4	4	58	4	5	4
Real Deal Survey (Post)	37	4	5	2	56	5	5	4
Real Deal Survey (Three-Month Follow-Up)	34	4	4	3	52	5	4	4

Research Question 1

Research Question 1a: Does The Real Deal, a teen pregnancy prevention program, have a short-term impact on students’ perceptions of taking care of a baby on one’s own?

A Kruskal-Wallis test showed a significant difference with a p-value of .000 when comparing the pre-test and post-test data suggesting that there is a significant impact between the students’ perceptions of taking care of a baby on ones’ own before the implementation of the Real Deal and right after the implementation of the Real Deal. Students were more likely to agree that it is difficult to take care of a baby by oneself right after the implementation of the Real Deal than they were before the implementation of the Real Deal, suggesting that the Real Deal has a short-term impact on students’ perceptions of taking care of a baby on one’s own.

Research Question 1b: Does The Real Deal, a teen pregnancy prevention program, have a short-term impact on students' perceptions of abstaining from sexual activities?

A Kruskal-Wallis test showed no significant difference with a p-value of .25 when comparing the pre-test and post-test data. This suggests that there is no significant impact between students' perceptions of the importance of teens abstaining from sexual activities before the implementation of the Real Deal and right after the implementation of the Real Deal. Students were equally likely to agree that it is important for teens to abstain from sexual activities before the implementation of the Real Deal and right after the implementation of the Real Deal, suggesting that the Real Deal does not have a short-term impact on students' perceptions of abstaining from sexual activities.

Research Question 1c: Does The Real Deal, a teen pregnancy prevention program, have a short-term impact on students' perceptions of delaying pregnancies until completion of college/vocational training?

A Kruskal-Wallis test showed no significant difference with a p-value of .364 when comparing the pre-test and post-test data. This suggests that there is no significant impact between students' perceptions of delaying pregnancies until obtaining a post-secondary education before the implementation of the Real Deal and right after the implementation of the Real Deal. Students were equally likely to agree that it is important to delay pregnancies until obtaining a post-secondary education before the implementation of the Real Deal and right after the implementation of the Real Deal,

suggesting that the Real Deal does not have a short-term impact on students' perceptions of delaying pregnancies until obtaining a post-secondary education.

Research Question 1d: Does The Real Deal, a teen pregnancy prevention program, have a short-term impact on students' perceptions of delaying pregnancies until marriage?

A Kruskal-Wallis test showed a significant difference with a p-value of .044 when comparing the pre-test and post-test data. This suggests that there is a significant impact between students' perceptions of delaying pregnancies until getting married before the implementation of the Real Deal and right after the implementation of the Real Deal. Students were more likely to agree that it is important to delay pregnancies until marriage after the implementation of the Real Deal than they were right before the implementation of the Real Deal, suggesting that the Real Deal does have a short-term impact on students' perceptions of delaying pregnancies until getting married.

Research Question 2

Research Question 2a: Does The Real Deal, a teen pregnancy prevention program, have a long-term impact on students' perceptions of taking care of a baby on one's own?

A Kruskal-Wallis test showed a significant difference with a p-value of .000 when comparing pre-test and three-month follow-up data, suggesting that there is a significant impact between the students' perceptions of taking care of a baby on ones' before the implementation of the Real Deal and three-months after the implementation of the Real Deal. Students were more likely to agree that it is difficult to take care of a baby by

oneself three months after the implementation of the Real Deal than before the implementation of the Real Deal, suggesting that the Real Deal does have a long-term impact on students' perceptions of taking care of a baby on one's own.

A Kruskal-Wallis test showed no significant difference with a p-value of .786 when comparing the post-test and three-month follow-up data, suggesting that there is no significant impact between the students' perceptions of taking care of a baby on ones' own right after the implementation of the Real Deal and three months after the implementation of the Real Deal. Students were equally likely to agree that it is difficult to take care of a baby by oneself three months after the implementation of the Real Deal and right after the implementation of the Real Deal.

Research Question 2b: Does The Real Deal, a teen pregnancy prevention program, have a long-term impact on students' perceptions of abstaining from sexual activities?

A Kruskal-Wallis test showed a significant difference with a p-value of .036 when comparing pre-test and three-month follow-up data, suggesting that there is a significant impact between the students' perceptions of the importance of teens abstaining from sexual activities before the implementation of the Real Deal and three-months after the implementation of the Real Deal. Students were more likely to agree that it is important to abstain from sexual activities three months after the implementation of the Real Deal than before the implementation of the Real Deal, suggesting that there is a long-term impact of the Real Deal on students' perceptions of abstaining from sexual activities.

A Kruskal-Wallis test showed no significant difference with a p-value of .587 when comparing the post-test and three-month follow-up data, suggesting that there is no significant impact between the students' perceptions of the importance of teens abstaining from sexual activities right after the implementation of the Real Deal and three months after the implementation of the Real Deal. Students were equally likely to agree that it is important to abstain from sexual activities three months after the implementation of the Real Deal and right after the implementation of the Real Deal.

Research Question 2c: Does The Real Deal, a teen pregnancy prevention program, have a long-term impact on students' perceptions of delaying pregnancies until completion of college/vocational training?

A Kruskal-Wallis test showed a significant difference with a p-value of .021 when comparing pre-test and three-month follow-up data, suggesting that there is a significant impact between the students' perceptions of delaying pregnancies until obtaining a post-secondary education before the implementation of the Real Deal and three-months after the implementation of the Real Deal. Students were more likely to agree that it is important to delay pregnancies until obtaining a post-secondary education three months after the implementation of the Real Deal than they were before the implementation of the Real Deal, suggesting that the Real Deal has a long-term impact on students' perceptions of delaying pregnancies until obtaining a post-secondary education.

A Kruskal-Wallis test showed no significant difference with a p-value of .146 when comparing the post-test and three-month follow-up data, suggesting that there is no significant impact between the students' perceptions of delaying pregnancies until

obtaining a post-secondary education right after the implementation of the Real Deal and three months after the implementation of the Real Deal Students were equally likely to agree that it is important to delay pregnancies until obtaining a post-secondary education three months after the implementation of the Real Deal and right after the implementation of the Real Deal.

Research Question 2d: Does The Real Deal, a teen pregnancy prevention program, have a long-term impact (as measured by the same-day pre- and three-month follow up surveys and the same-day post- and three-month follow up) on students' perceptions of delaying teen pregnancies until marriage?

A Kruskal-Wallis test showed no significant difference with a p-value of .657 when comparing pre-test and three-month follow-up data. This suggests that there is no significant impact between the students' perceptions of delaying pregnancies until getting married before the implementation of the Real Deal and three-months after the implementation of the Real Deal. Students were equally likely to agree that it is important to delay pregnancies until getting married three months after the implementation of the Real Deal and before the implementation of the Real Deal, suggesting that the Real Deal does not have a long-term impact on students' perceptions of delaying pregnancies until getting married.

A Kruskal-Wallis test showed no significant difference with a p-value of .112 when comparing the post-test and three-month follow-up data, suggesting that there is no significant difference between the students' perceptions of delaying pregnancies until getting married right after the implementation of the Real Deal and three months after the

implementation of the Real Deal. Students were equally likely to agree that it is important to delay pregnancies until getting married three months after the implementation of the Real Deal and right after the implementation of the Real Deal.

Research Question 3

Research Question 3a: What perception does personnel implementing The Real Deal have of the program as it relates to ease of program implementation?

Based on descriptive data analysis, most staff members who completed the Staff Perception Survey indicated that they agree when it comes to the ease of program implementation. This suggests that staff members who participated in the implementation of the Real Deal overall agree that the program is easy to implement. One staff member disagreed with the survey item asking to indicate whether the small group discussion is easy to implement and one staff member disagreed with the survey item asking to indicate whether the large group discussion was easy to implement (see Table 9 for descriptive and Table 10 for frequency statistics for ease of program implementation). On average, about 1 person who completed the survey was unsure or had no opinion for each survey item regarding the ease of program implementation.

Table 9

Ease of Program Implementation Descriptive Data

Station/Activity	Round	Median	Mode	Range	Min	Max	Missing
Introduction	N/A	4.00	4	2	3	5	0
Pre Survey	N/A	4.00	4	2	3	5	0
Child Support	1	4.00	4	2	3	5	0
Baby Supplies	1	4.00	4	2	3	5	0
Child Care	1	4.00	4	2	3	5	0
Clothing	1	4.00	4	2	3	5	0
Housing	1	4.00	4	2	3	5	0

Transportation and Insurance	1	4.00	4	2	3	5	0
Groceries and Personal Care	1	4.00	4	2	3	5	0
Communication	1	4.00	4	2	3	5	0
Furnishing	1	4.00	4	2	3	5	0
Entertainment and Recreation	1	4.00	4	2	3	5	0
Life Surprises/Duck of Chance	1	4.00	4	2	3	5	0
Financial Advisors	1	4.00	4	2	3	5	0
College and Vocational Training	1	4.00	4	2	3	5	0
Drug and Alcohol Prevention	1	4.00	4	2	3	5	0
Smoking Prevention	1	4.00	4	2	3	5	0
Sexually Transmitted Disease	1	4.00	4	2	3	5	0
Small Group Discussion	N/A	4.00	4a	3	2	5	0
Large Group Discussion	N/A	4.00	4	3	2	5	0
Clothing	2	4.00	4	2	3	5	0
Housing	2	4.00	4	2	3	5	0
Transportation and Insurance	2	4.00	4	2	3	5	0
Groceries and Personal Care	2	4.00	4	2	3	5	0
Communication	2	4.00	4	2	3	5	1
Furnishing	2	4.00	4	2	3	5	0
Life Surprises/Duck of Chance	2	4.00	4	2	3	5	0
Entertainment and Recreation	2	4.00	4	2	3	5	0
College and Vocational Training	2	4.00	4	2	3	5	0
Financial Advisors	2	4.00	4	2	3	5	0
Drug and Alcohol Prevention	2	4.00	4	2	3	5	0
Smoking Prevention	2	4.00	4	2	3	5	0
Sexually Transmitted Disease	2	4.00	4	2	3	5	0
Post Survey	N/A	4.00	4	2	3	5	0

a. Multiple modes exist. Smallest value shown.

Table 10

Ease of Program Implementation Frequency Data

Station/Activity	Round	% Strongly Agree	% Agree	% Unsure/No Opinion	% Disagree	% Strongly Disagree e
Introduction	N/A	25.0	50.0	25.0	0.0	0.0
Pre Survey	N/A	25.0	62.5	12.5	0.0	0.0
Child Support	1	25.0	62.5	12.5	0.0	0.0
Baby Supplies	1	25.0	62.5	12.5	0.0	0.0
Child Care	1	37.5	50.0	12.5	0.0	0.0
Clothing	1	37.5	50.0	12.5	0.0	0.0
Housing	1	25.0	62.5	12.5	0.0	0.0
Transportation and Insurance	1	25.0	62.5	12.5	0.0	0.0
Groceries and Personal Care	1	25.0	62.5	12.5	0.0	0.0
Communication	1	25.0	62.5	12.5	0.0	0.0
Furnishing	1	25.0	62.5	12.5	0.0	0.0
Entertainment and Recreation	1	37.5	50.0	12.5	0.0	0.0
Life Surprises/Duck of Chance	1	37.5	50.0	12.5	0.0	0.0
Financial Advisors	1	25.0	62.5	12.5	0.0	0.0
College and Vocational Training	1	25.0	62.5	12.5	0.0	0.0
Drug and Alcohol Prevention	1	37.5	50.0	12.5	0.0	0.0
Smoking Prevention	1	37.5	50.0	12.5	0.0	0.0
Sexually Transmitted Disease	1	25.0	62.5	12.5	0.0	0.0
Small Group Discussion	N/A	37.5	37.5	12.5	12.5	0.0
Large Group Discussion	N/A	12.5	50.0	25.0	12.5	0.0
Clothing	2	25.0	62.5	12.5	0.0	0.0
Housing	2	25.0	62.5	12.5	0.0	0.0

Transportation and Insurance	2	25.0	62.5	12.5	0.0	0.0
Groceries and Personal Care	2	25.0	62.5	12.5	0.0	0.0
Communication	2	12.5	62.5	12.5	0.0	0.0
Furnishing	2	25.0	62.5	12.5	0.0	0.0
Life	2	37.5	50.5	12.5	0.0	0.0
Surprises/Duck of Chance						
Entertainment and Recreation	2	37.5	50.0	12.5	0.0	0.0
College and Vocational Training	2	37.5	50.0	12.5	0.0	0.0
Financial Advisors	2	25.0	62.5	12.5	0.0	0.0
Drug and Alcohol Prevention	2	37.5	50.0	12.5	0.0	0.0
Smoking Prevention	2	37.5	50.0	12.5	0.0	0.0
Sexually Transmitted Disease	2	25.0	62.5	12.5	0.0	0.0
Post Survey	N/A	37.5	50.0	12.5	0.0	0.0

Research Question 3b: What perception does personnel implementing The Real Deal have of the program as it relates to adequacy of the content within the program?

Based on the descriptive data analysis, most staff members who completed the Staff Perception Survey indicated that they strongly agree when it comes to the adequacy of the content within the program as it pertains to teen pregnancy prevention (see Table 11 for descriptive and Table 12 for frequency statistics for adequacy of content within the program). This suggests that staff members who implemented the Real Deal strongly agree that the content of the program is relevant to teen pregnancy prevention. Eighty-seven percent of staff members who completed the Staff Perception Survey strongly

agreed that the Child Support, Baby Supplies, and Child Care stations are relevant to teen pregnancy prevention. Moreover, 75% of the staff members that completed the survey strongly agree that the College and Vocational and Financial Advisors stations from Round 2 are relevant to teen pregnancy prevention.

Table 11

Adequacy of Content Within the Program Descriptive Data

Station/Activity	Round	Median	Mode	Range	Min	Max	Missing
Introduction	N/A	4.00	4	2	3	5	0
Pre Survey	N/A	4.00	3a	2	3	5	0
Child Support	1	5.00	5	1	4	5	0
Baby Supplies	1	5.00	5	1	4	5	0
Child Care	1	5.00	5	1	4	5	0
Clothing	1	4.50	4a	1	4	5	0
Housing	1	5.00	5	1	4	5	0
Transportation and Insurance	1	4.50	4a	1	4	5	0
Groceries and Personal Care	1	4.50	4a	1	4	5	0
Communication	1	4.50	4a	1	4	5	0
Furnishing	1	4.50	4a	1	4	5	0
Entertainment and Recreation	1	5.00	5	1	4	5	0
Life Surprises/Duck of Chance	1	4.50	5	2	3	5	0
Financial Advisors	1	4.00	4	1	4	5	1
College and Vocational Training	1	5.00	5	2	3	5	1
Drug and Alcohol Prevention	1	4.50	5	2	3	5	0
Smoking Prevention	1	4.50	5	2	3	5	0
Sexually Transmitted Disease	1	5.00	5	1	4	5	0
Small Group	N/A	4.50	5	2	3	5	0

Discussion Large Group	N/A	4.00	4	2	3	5	0
Discussion Clothing	2	4.50	4a	1	4	5	0
Housing	2	5.00	5	1	4	5	1
Transportation and Insurance	2	4.50	4a	1	4	5	0
Groceries and Personal Care	2	4.50	4a	1	4	5	0
Communication	2	4.50	4a	1	4	5	0
Furnishing	2	4.50	4a	1	4	5	0
Life Surprises/Duck of Chance	2	4.50	5	2	3	5	0
Entertainment and Recreation	2	5.00	5	1	4	5	0
College and Vocational Training	2	5.00	5	1	4	5	0
Financial Advisors	2	5.00	5	1	4	5	0
Drug and Alcohol Prevention	2	5.00	5	2	3	5	0
Smoking Prevention	2	4.50	5	2	3	5	0
Sexually Transmitted Disease	2	5.00	5	1	4	5	0
Post Survey	N/A	5.00	5	2	3	5	0

a. Multiple modes exist. Smallest value shown.

Table 12

Adequacy of Content Within the Program Frequency Data

Station/Activity	Round	% Strongly Agree	% Agree	% Unsure/ No Opinion	% Disagree	% Strongly Disagree
Introduction	N/A	37.5	50.0	12.5	0.0	0.0
Pre Survey	N/A	37.5	25.0	37.5	0.0	0.0
Child Support	1	87.5	12.5	0.0	0.0	0.0
Baby Supplies	1	87.5	12.5	0.0	0.0	0.0
Child Care	1	87.5	12.5	0.0	0.0	0.0
Clothing	1	50.0	50.0	0.0	0.0	0.0
Housing	1	62.5	37.5	0.0	0.0	0.0
Transportation and Insurance	1	50.0	50.0	0.0	0.0	0.0
Groceries and Personal Care	1	50.0	50.0	0.0	0.0	0.0
Communication	1	50.0	50.0	0.0	0.0	0.0
Furnishing	1	50.0	50.0	0.0	0.0	0.0
Entertainment and Recreation	1	62.5	37.5	0.0	0.0	0.0
Life Surprises/Duck of Chance	1	50.0	37.5	12.5	0.0	0.0
Financial Advisors	1	37.5	50.0	0.0	0.0	0.0
College and Vocational Training	1	50.0	25.0	12.5	0.0	0.0
Drug and Alcohol Prevention	1	50.0	37.5	12.5	0.0	0.0
Smoking Prevention	1	50.0	12.5	37.5	0.0	0.0
Sexually Transmitted Disease	1	62.5	37.5	0.0	0.0	0.0
Small Group Discussion	N/A	50.0	37.5	12.5	0.0	0.0
Large Group Discussion	N/A	37.5	50.0	12.5	0.0	0.0
Clothing	2	50.0	50.0	0.0	0.0	0.0

Housing	2	50.0	37.5	0.0	0.0	0.0
Transportation and Insurance	2	50.0	50.0	0.0	0.0	0.0
Groceries and Personal Care	2	50.0	50.0	0.0	0.0	0.0
Communication	2	50.0	50.0	0.0	0.0	0.0
Furnishing	2	50.0	50.0	0.0	0.0	0.0
Life Surprises/Duck of Chance	2	50.0	37.5	12.5	0.0	0.0
Entertainment and Recreation	2	62.5	37.5	0.0	0.0	0.0
College and Vocational Training	2	75.0	25.0	0.0	0.0	0.0
Financial Advisors	2	75.0	25.0	0.0	0.0	0.0
Drug and Alcohol Prevention	2	62.5	25.0	12.5	0.0	0.0
Smoking Prevention	2	50.0	25.0	25.0	0.0	0.0
Sexually Transmitted Disease	2	62.5	37.5	0.0	0.0	0.0
Post Survey	N/A	62.5	25.0	12.5	0.0	0.0

CHAPTER V

DISCUSSION

Outcomes

Results of this study suggest that the implementation of the Real Deal program does have a short-term and a long-term impact on students' perceptions of taking care of a baby on one's own. The results suggest that the implementation of the Real Deal program does have a short-term, but does not have a long-term impact on students' perception of the importance of delaying pregnancies until after marriage. The results also show that the implementation of the Real Deal program does have a long-term, but no short-term impact on students' perception on the importance of abstaining from sexual activities and delaying pregnancies until after obtaining a post-secondary education. Staff members implementing the program generally believe the program is easy to implement and strongly agree that the content within the program is relevant to teen pregnancy. However, there is some difficulty expressed by staff when it comes to the ease of implementing the small group and large group discussion activities.

An outcome variable in this study addressed students' perceptions on the importance of teens abstaining from sexual activities. This is the only outcome variable on which the median and mode were 3 (No Opinion, Unsure) for both, male and female, students. These results suggest that teens are not sure or do not have an opinion regarding concepts such as sexual activity and, as Luchen (2011) and Stanger-Hall and Hall (2011)

suggest, more comprehensive sexual education programs need to be implemented in order for teens to learn what it means to be sexually active.

Through their research, Craft et al. (2016) and Coffee et al. (2016) discuss the importance of having resources in order to successfully implement prevention programs. In order to implement the Real Deal program successfully, it was necessary to have staff members and resources available. Considering the results of the Staff Perception Survey, it is safe to say that staff members believe the Real Deal is easy to implement and is relevant to teen pregnancy prevention, thus may be willing to continue implementing the program in the future. The more staff implement the program and see positive results, the more universal the implementation of the Real Deal program may become.

Limitations

Although this study shows that the Real Deal has a significant impact on students' perceptions regarding teen pregnancy prevention topics, there are a few limitations to the study. The study was completed with a specific and small group of participants. In order to get a better evaluation of the Real Deal, it would be useful to implement it in a number of other schools with different demographics. The number of participants who completed the Staff Perception Survey was also low. It would be beneficial to obtain data from more staff participants.

In the future, it would also be beneficial to follow students through each administration of the survey. That is, the same student's results should be followed from Real Deal Survey (Pre) to Real Deal Survey (Post) to Real Deal Survey (Three-Month

Follow-Up) so that more specific comparisons can be made on the impact the Real Deal program has.

Based on the Cronbach's alpha for each survey utilized for the student responses, the surveys were unreliable and responses should be interpreted with caution. In the future, it would be beneficial to look at ways to make the surveys more reliable.

Implications to Research

As discussed in the literature review, the United States of America has the highest number of teen pregnancies than any other developed country. Furthermore, teens who are minorities have the highest percentage of teen pregnancies. Shiny High School, being a school where 92 percent of the students are minorities, has a large number of teens who are at-risk for becoming teen parents. Programs like the Real Deal can be beneficial in preventing teen pregnancies, but it is important to evaluate whether the program will actually have an impact on students perceptions on teen pregnancy topics.

The Real Deal is not an evidence-based teen pregnancy prevention program. However, the results of this study show that there is a significant impact on students' perceptions on teen pregnancy topics. This suggests that there is promise in this program and further data should be collected to enhance the program and potentially make it a widely-used evidence-based teen pregnancy prevention program.

APPENDIX A
CONSENT FORMS

Consent to Participate in Research Parent Copy (English)

Project Title: The Real Deal: A Program Evaluation of a Teen Pregnancy Program

Researcher(s): Sejla Dizdarevic, Ed.S.

Faculty Sponsor: Dr. Markeda Newell, Ph.D.

Introduction:

Your child is being asked to take part in a research study being conducted by Sejla Dizdarevic for a Doctoral Research Project under the supervision of Dr. Markeda Newell in the Department of Education at Loyola University of Chicago.

Your child is being asked to participate because s/he is one of approximately 200 Shiny High School Sophomore students in Section South who participated in the Real Deal Program implemented on March 1, 2017.

Please read this form carefully and ask any questions you may have before deciding whether to permit your child to participate in the study.

Purpose:

The purpose of this study is to collect information regarding the effectiveness and implementation of the Real Deal Program. The Real Deal is a program developed by the Lake County Health Department allowing adolescents to get an idea of what their life might look like when presented with different occupations and family dynamics. In the past, there has not been much research done in order to evaluate the program and its long-term effectiveness.

As adolescents, your children play an important role in determining the effectiveness and needs of programs necessary to succeed academically, as well as, as adults. Therefore, it is important for school personnel and the Real Deal developers to get your children's perspective on the program in order to help prepare students for future success.

Procedures:

If you agree for your child to be in the study, your child will be asked to:

- Complete the same post-survey, developed by the program developers, as they completed during the day the Real Deal was implemented on March 1, 2017. This post-survey will be completed at the end of May, three months after the initial implementation of the Real Deal program.
- The survey administration will take place during the first 5-10 minutes of your child's first period class.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to your child from participation, but the results will provide information about the effectiveness of the Real Deal Program and how it can be changed to benefit adolescents.

Confidentiality:

- Student confidentiality will be maintained to the degree in which the survey will not be identifiable for the survey itself does not asks for any identifying information other than the participant's gender.

Voluntary Participation:

Participation in this study is voluntary. If you do not want your child to be in this study, s/he does not have to participate. Even if you decide to allow your child to participate, your child is free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Sejla Dizdarevic at 224-303-2971 or at sdizdarevic@luc.edu or faculty sponsor, Dr. Markeda Newell, at mnewell2@luc.edu

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent:

If you have read the information provided above, have had the opportunity to ask questions, and agree to have your child participate in the study, please keep this form for your records. **If you do not agree with the information provided above and do not give permission for your child to participate in this research study, please sign below and return to Sejla Dizdarevic in the Section North office. You will be given a copy of this form to keep for your records.**

Parent Signature

Date

Researcher's Signature

Date

Consent to Participate in Research Parent Copy (Spanish)

Título del Proyecto: The Real Deal: Una Evaluación de Programa de un Programa de Embarazo de Adolescentes

Investigador(a): Sejla Dizdarevic, Ed.S.

Patrocinador(a) de la Facultad: Dra. Gina Coffee, Ph.D.

Introducción:

Su hijo(a) está invitado(a) a participar en un estudio de investigación conducido por Sejla Dizdarevic para un Proyecto de Investigación Doctoral bajo la supervisión de la Dra. Gina Goffee en el Departamento de Educación en la Universidad de Loyola de Chicago.

Su hijo(a) está invitado(a) a participar porque su hijo(a) fue uno de los aproximadamente 200 estudiantes de 10° grado de la Casa 3 de la Escuela Secundaria de Shiny que participo en el Programa Real Deal implementado el 1ro de marzo 2017.

Por favor, lea cuidadosamente este formulario y haga cualquier pregunta que tenga antes de decidir si permitirá que su hijo(a) participe en el estudio.

Propósito:

El propósito de este estudio es para recopilar información acerca de la efectividad y la implementación del Programa Real Deal. El programa Real Deal es un programa desarrollado por el Departamento de Salud del Condado de Lake permitiéndoles a los adolescentes tener una idea de cómo podría verse su vida cuando se les presenten diferentes ocupaciones y dinámicas familiares. En el pasado, no se han hecho muchas investigaciones para evaluar el programa y su eficacia a largo plazo.

Como adolescentes, sus hijos juegan un papel importante en la determinación de la efectividad y las necesidades de los programas necesarios para tener éxito académicamente, y así como adultos. Por eso, es importante para el personal de la escuela y los desarrolladores del programa Real Deal, el obtener la perspectiva de sus hijos acerca del programa, para poder ayudar a preparar a los estudiantes para el éxito en el futuro..

Procedimientos:

Si está de acuerdo en que su hijo(a) participe en este estudio, se le pedirá a su hijo(a) que:

- Complete la misma encuesta posterior, desarrollada por los desarrolladores del programa que completaron durante el día en el que se implementó Real Deal el 1ro de marzo de 2017. Esta encuesta posterior se completará a finales de mayo, tres meses después de la implementación inicial del programa Real Deal.
- La administración de la encuesta tendrá lugar durante los primeros 5-10 minutos de la primera clase del primer período de su hijo(a).

Riesgo/Beneficio:

No hay riesgos previsible involucrados en participar en esta investigación más allá de los experimentados en la vida cotidiana.

No hay beneficios directos para su hijo(a) al participar, pero los resultados proporcionarán información sobre la efectividad del Programa Real Deal y cómo se puede cambiar para beneficiar a los adolescentes.

Confidencialidad:

- La confidencialidad del estudiante se mantendrá en la medida en que la encuesta no será identificable ya que la encuesta en sí misma no pide ninguna información de identificación aparte del género del participante.

Participación Voluntaria:

La participación en este estudio es voluntaria. Si usted no quiere que su hijo(a) participe en este estudio, él/ella no tiene que participar. Incluso si usted decide permitir que su hijo(a) participe, su hijo(a) es libre de no responder a ninguna pregunta o de retirarse de la participación en cualquier momento sin penalización..

Contactos y Preguntas:

Si usted tiene alguna pregunta acerca de este estudio de investigación, siéntase libre de ponerse en contacto con Sejla Dizdarevic al (224) 303-2971 o sdizdarevic@luc.edu o patrocinador(a) de la facultad, Dra. Gina Coffee a gcoffee@luc.edu.

Si usted tiene alguna pregunta acerca de sus derechos como participante en esta investigación, puede comunicarse con la Oficina de Servicios de Investigación de la Universidad de Loyola al (773) 508-2689.

Declaración de Consentimiento:

Si usted ha leído la información proporcionada anteriormente, ha tenido la oportunidad de hacer preguntas, y acepta que su hijo(a) participe en el estudio, por favor guarde este formulario para sus registros. **Si no está de acuerdo con la información proporcionada anteriormente y no da permiso de que su hijo(a) participe en este estudio de investigación, por favor firme abajo y regréselo a Sejla Dizdarevic en la oficina de la Casa 1. Se le dará una copia de este formulario para guardarlo para su registro**

Firma de los Padres

Fecha

Firma del Investigador(a)

Fecha

Email to Staff

Dear Real Deal Colleagues,

The psychologist in Section North, Sejla Dizdarevic, is completing research regarding the impact of The Real Deal on teen pregnancy prevention. In March, you helped with the implementation of this program. In order to maintain anonymity, she has asked me to forward you the following email she sent to me asking you to please complete, if you chose to, the following survey.

Project Title: The Real Deal: A Program Evaluation of a Teen Pregnancy Program

Researcher(s): Sejla Dizdarevic, Ed.S.

Faculty Sponsor: Dr. Markeda Newell, Ph.D.

Introduction:

You are being asked to take part in a research study being conducted by Sejla Dizdarevic for a Doctoral Research Project under the supervision of Dr. Markeda Newell in the Department of Education at Loyola University of Chicago.

You are being asked to participate because you were one of approximately 50 school personnel and community volunteers who participated in the implementation of the Real Deal Program on March 1, 2017.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is to better understand the long-term effectiveness and implementation of the Real Deal Program. Participants of this study will be asked to answer a variety of questions about their current perspectives on the implementation of the Real Deal Program.

Procedures:

If you agree to be in the study, you will be asked to:

- Complete a survey regarding your perspectives on the implementation of the Real Deal Program.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but the results will provide information about the effectiveness of the Real Deal Program and how it can be changed to benefit adolescents.

Confidentiality:

- Participant confidentiality will be maintained to the degree in which the survey will not be identifiable for the survey itself does not asks for any identifying information and will be completed using Survey Monkey, a secure online survey administration format.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to *contact Sejla Dizdarevic* at 224-303-2971 or at *sdizdarevic@luc.edu* or faculty sponsor, Dr. Markeda Newell, at *mnewell2@luc.edu*

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent:

By clicking on the link (<https://www.surveymonkey.com/r/VF6CLKC>) and completing the survey, you agree with the conditions of this survey and give consent to participate in the research.

Consent to Participate in Research Student Copy

Project Title: The Real Deal: A Program Evaluation of a Teen Pregnancy Program

Researcher(s): Sejla Dizdarevic, Ed.S.

Faculty Sponsor: Dr. Markeda Newell Ph.D.

Introduction:

You are being asked to take part in a research study being conducted by Sejla Dizdarevic for a Doctoral Research Project under the supervision of Dr. Markeda Newell in the Department of Education at Loyola University of Chicago.

You are being asked to participate because you were one of approximately 200 Section South Sophomore students who participated in the Real Deal Program on March 1, 2017.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

The purpose of this study is to see if the Real Deal has an impact on students who participate in it.

Procedures:

If you agree to be in the study, you will be asked to:

- Complete another post-survey like the one you completed on March 1st when you participated in the program. The survey will be the same survey you completed on March 1st.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but the results will provide information about the effectiveness of the Real Deal Program and how it can be changed to benefit adolescents.

Confidentiality:

- Student confidentiality will be maintained to the degree in which the survey will not be identifiable for the survey itself does not asks for any identifying information other than the participant's gender.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact Sejla Dizdarevic at 224-303-2971 or at sdizdarevic@luc.edu or faculty sponsor, Dr. Markeda Newell, at mnewell2@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent:

By completing this survey, you indicate that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study.

APPENDIX B
SURVEY

Staff Perception Survey

Male _____ Female _____ Date _____

Rate the following statements by placing an X in the box that best matches what you think.

	Strongly Agree	Agree	Unsure/ No Opinion	Disagree	Strongly Disagree
Please indicate the degree to which you agree or disagree the following components of The Real Deal are relevant to teen pregnancy prevention:					
1. Introduction to the program					
2. Administration of the Pre-Survey					
3. Round 1 Activity/Stations					
1. Child Support					
2. Baby Supplies					
3. Child Care Station					
4. Clothing Station					
5. Housing Station					
6. Transportation/ Insurance					
7. Groceries and Personal Care					
8. Communication					
9. Furnishing					
10. Entertainment/Recreation					
11. Life Surprises/Duck of Chance					
12. Financial Advisors					
13. College and Vocational					
14. Drug/Alcohol and Prevention					
15. Smoking Prevention					
16. Sexually Transmitted Disease					
4. Small group discussions					
5. Large group discussions					
6. Round 2 Activity/Stations					
1. Clothing Station					
2. Housing Station					
3. Transportation/ Insurance					
4. Groceries and Personal Care					
5. Communication					

6. Furnishing					
7. Entertainment/Recreation					
8. Life Surprises/Duck of Chance					
9. Financial Advisors					
10. College and Vocational					
11. Drug/Alcohol and Prevention					
12. Smoking Prevention					
13. Sexually Transmitted Disease					
7. Administration of Post-Survey					
Please indicate the degree to which you agree or disagree the following components of The Real Deal are easy to implement:					
8. Introduction to the program					
9. Administration of the Pre-Survey					
10. Round 1 Activity/Stations					
1. Child Support					
2. Baby Supplies					
3. Child Care Station					
4. Clothing Station					
5. Housing Station					
6. Transportation/ Insurance					
7. Groceries and Personal Care					
8. Communication					
9. Furnishing					
10. Entertainment/Recreation					
11. Life Surprises/Duck of Chance					
12. Financial Advisors					
13. College and Vocational					
14. Drug/Alcohol and Prevention					
15. Smoking Prevention					
16. Sexually Transmitted Disease					
11. Small group discussions					
12. Large group discussions					
13. Round 2 Activity/Stations					
1. Clothing Station					
2. Housing Station					
3. Transportation/ Insurance					
4. Groceries and Personal Care					
5. Communication					
6. Furnishing					
7. Entertainment/Recreation					

8. Life Surprises/Duck of Chance					
9. Financial Advisors					
10. College and Vocational					
11. Drug/Alcohol and Prevention					
12. Smoking Prevention					
13. Sexually Transmitted Disease					
14. Administration of Post-Survey					

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VITA

Dr. Dizdarevic earned her doctoral degree in school psychology from Loyola University Chicago. Prior to earning her doctoral degree, Dr. Dizdarevic earned her Education Specialist in school psychology and her Master of Education in educational psychology degrees at Loyola University Chicago. She is a former afterschool teacher working at a community center serving students who come from diverse backgrounds, low SES, and social and emotional needs. She is currently a bilingual practitioner in the schools and serves as a supervisor in a diverse school environment. Dr. Dizdarevic is trained in PREPaRE: WS1 Crisis Intervention and Preparedness and WS2 Crisis Intervention and Recovery and serves as a member on the school's district mental health crisis team. She is also trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Intervention for Trauma in School (CBITS).

DOCTORAL RESEARCH PROJECT COMMITTEE

The Doctoral Research Project submitted by Sejla Dizdarevic has been read and approved by the following committee:

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