

## **Evaluation Abstract: The Web of Life Teen Pregnancy Prevention Program**

### **Grantee**

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### **Intervention Name**

The Web of Life

### **Intervention Description**

The Web of Life (WOL) program is an adventure-based experiential program based on a positive youth development framework. It aims to foster resilience through skills and challenges that will enable youth to resist risky behaviors, including those that lead to unwanted teen pregnancy. The focus is on social-emotional learning.

The WOL program is delivered to 6th grade youth in school, community, and wilderness settings using experiential (versus didactic) strategies. WOL staff select community and wilderness settings, including those that have local cultural and spiritual significance, to meet the goals and objectives of the curriculum. Specially trained National Indian Youth Leadership Project staff deliver the WOL program, which includes classroom-based, weekly after-school, weekend, and multiday components.

The classroom-based component has 26 sessions, which are delivered to all participants typically in health or physical education classes. The sessions are delivered experientially/interactively and are sequenced developmentally throughout the school year, increasing in challenge and skill level over time. The weekly after-school sessions at the school or nearby locations provide a higher level of challenge and skill acquisition than the other components. Ten daylong sessions are delivered on weekends and school holidays at off-site locations accessible within one day. These sessions provide additional skill-building challenges and include activities such as hiking, climbing/rappelling, and caving.

Three multiday overnight sessions are delivered during major school holiday breaks and the summer. They include the highest level of challenge and skill development for participants. One of these sessions is Native American Horse Inspired Growth and Healing, during which participants interact with horses to deepen their understanding of healthy relationships, communication skills, and interpersonal awareness in a culturally meaningful setting. Other multiday events include canoeing or rafting on rivers in New Mexico and the Grand Canyon. Service learning projects are also integrated into the after-school, weekend, and multiday components.

### **Counterfactual**

Business as usual

### **Counterfactual Description**

Students in the three comparison schools received no specific program. They received their standard school curricula, which included a few sessions devoted to sexual and reproductive health. One of the three schools hosted a number of enrichment programs for students both in and out of school and included a primary focus on American Indian identity.

### **Primary Research Question(s)**

Immediately at the end of treatment, what is the impact of WOL relative to a no-treatment matched comparison group on youth having ever had sexual intercourse?

## **Sample**

During three school years (2012–2013, 2013–2014, and 2014–2015), all 6<sup>th</sup>-grade youth from five middle schools (two treatment and three comparison schools) were eligible for participation in the study. We selected individuals with complete baseline and posttest data, and examined baseline equivalence, resulting in a final analytic sample size of 491 individuals (215 in the treatment and 276 in the comparison conditions).

## **Setting**

Classroom-based components are delivered in two treatment schools located in west central New Mexico that enroll mostly American Indian students. Three schools in the same general geographic area were selected as comparison schools based on school type and size, and demographic makeup. The out-of-school time components (those not delivered in the classroom) are delivered either at the schools or community and wilderness locations.

## **Research Design**

This evaluation employed a quasi-experimental research design to evaluate the impacts of the WOL intervention. The two treatment schools were identified based on their commitment and capacity to support the full implementation of WOL. Treatment sites were selected first, followed by the selection of suitable matched comparison sites. The final sample included three cohorts of 6<sup>th</sup>-grade youth, each lasting one year.

Students' participation in the study required active parental consent. Sixth-grade teachers distributed consent forms to students at all five schools. The consent process for treatment and comparison conditions was the same, except for a sentence in the forms indicating that treatment group students would receive WOL as their incentive and that comparison group students would receive \$10 for each returned consent form distributed either to individual participants or as a lump sum to each classroom.

Due to the young age of participants, the WOL Outcome Survey included only one question to measure the sexual behavior outcome of interest, having ever had sexual intercourse. The survey also included intermediate outcomes which were presumed to be related to later sexual and reproductive health behaviors. These include internal assets, substance use, ethnic identity, and mental health factors. The same survey was administered to study participants in each of three annual cohorts at baseline at the beginning of 6<sup>th</sup> grade (pretest, before the treatment schools began implementing WOL), at the end of the school year (posttest), and as a followup survey midway through the 7<sup>th</sup> grade (six months after the end of treatment for Cohorts 1 and 2 only).

## **Method**

Generalized Estimating Equations were used to adjust for clustering effects. Treatment and comparison conditions were compared on demographic characteristics at baseline. Propensity Score Matching was used to create equivalent groups at baseline. Both conditions were compared at posttest and followup on each outcome. Analyses controlled for age, gender, race/ethnicity, cohort, primary tribal makeup of schools (Pueblo and Navajo), and baseline measures of outcomes.

## **Impact Findings**

No differences were observed between the two groups at posttest or six-month follow up in the percentage who reported having ever had sexual intercourse. The rate for both groups was 2% at posttest and followup, which was expected, given the students were typically 11 years old when the study began. Additional exploratory analyses were conducted on internal assets, substance use, ethnic identity, and mental health factors.

## **Implementation Findings**

Of the 2,639 activities, 89% were completed. Eighty-eight percent of participants attended the school-based sessions; 44% attended after-school and weekend sessions; and 76% attended at least one of the three multiday sessions. A total of 430 youth received services over three years. Implementation quality and fidelity were rated highly by an independent observer as well as through stakeholder

feedback. Program delivery staff received consistent and appropriate training with very little staff turnover. One comparison school offered students a number of experiential enrichment opportunities, some similar to the treatment, and a strong focus on American Indian identity.

**Schedule/Timeline**

Enrollment was completed in fall 2014. Baseline data collection ended in October 2014; the immediate posttest data collection ended in May 2015, and, for Cohorts 1 and 2 only, the six-month followup data collection ended in January 2015.