

# Education Now and Babies Later (ENABL): Life History Of a Campaign to Postpone Sexual Involvement

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*Education Now and Babies Later (ENABL), a statewide adolescent pregnancy prevention initiative, was inaugurated in California in June 1992. Developed by the state's Office of Family Planning, ENABL utilized a five-session intervention curriculum, Postponing Sexual Involvement (PSI), targeted at delaying the onset of sexual activity among youths aged 12–14. School-wide and community-based activities, along with a statewide media and public relations campaign, reinforced the intervention's message. Data collected from nearly 9,000 surveys, 75 individual interviews and 50 focus groups indicated that youths, parents and community representatives supported the initiative and endorsed its message, although most recommended changes to the curriculum. However, because no impact on sexual behavior could be demonstrated, the campaign was abruptly terminated in February 1996, despite recommendations that the program be retained and improved.* (Family Planning Perspectives, 29:109–114, 1997)

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On June 30, 1992, in the Governor's Council Room at the California State Capitol, Molly Joel Coye, director of the Department of Health Services (DHS), and Gayle Wilson, wife of Governor Pete Wilson, publicly launched the Education Now and Babies Later (ENABL) initiative. This pregnancy prevention program included an educational component complemented by a set of community-wide projects and a coordinated media campaign. At the governor's request, the legislature had appropriated \$15 million for the campaign's first three-year funding cycle. The initiative also included three evaluation components: an outcome evaluation of the program's impact;<sup>1</sup> four formative evaluations of the initiative's acceptance and its adaptation by distinct communities; and a process evaluation to examine the program's implementation.

Widely heralded in the media in the days following its launch, ENABL provided a proactive and positive approach to a troubling social and public health problem. Despite conflicting but pas-

sionate beliefs about how best to address the issues of adolescent sexual activity and pregnancy, the campaign had broad bipartisan endorsement. Long after the official launch, DHS publications and public relations materials continued to emphasize the governor's support for the ENABL campaign.

The instructional core of the ENABL campaign was the Postponing Sexual Involvement (PSI) curriculum.<sup>2</sup> PSI was chosen because published evaluation results had indicated that the curriculum was effective in delaying the initiation of sexual intercourse, and therefore early pregnancy, among youths in populations with high rates of teenage pregnancy.<sup>3</sup>

In previous implementations, PSI had been accompanied by a reproductive health curriculum that included information about contraception. However, since vocal constituencies insisted that families were the more appropriate providers of information regarding sexuality, program managers in the state's Office of Family Planning (OFP) decided to use only the five-session PSI curriculum.<sup>4</sup> To compensate for the omission of the reproductive health unit in the California initiative, the state required organizations implementing the ENABL program to verify that youths who participated in the intervention had completed a reproductive health curriculum before receiving PSI.

Even in the context of California's volatile history of reproductive health policies, ENABL seemed to have promise. Social and religious conservatives liked

the program's sole emphasis on postponing sexual activity, and reproductive health educators who traditionally provide information about contraception and disease prevention (information that is not part of the curriculum) eventually came to support ENABL's approach for middle school youths.<sup>5</sup>

Three and one-half years after its launch, ENABL had evolved from a groundbreaking health education campaign into a way of life for the agencies and communities involved in the program. Over time, ENABL continued to gain support among providers, parents and students in California, and was recognized nationally by professional associations, including the National Organization for Adolescent Pregnancy, Parenting and Prevention, and the Society of Public Health Educators. Buoyed by the initiative's apparent suc-

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See also pp. 100–108.

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cess, numerous other cities and states (including Florida, Minnesota and Wisconsin) considered or initiated similarly constructed, and sometimes identically named, programs.

Despite its promise, though, the program failed to meet its objectives: Our evaluation of the curriculum found that it had not delayed the initiation of sexual intercourse among the young participants.<sup>6</sup> Consequently, in December 1995, the governor announced his decision to cancel the entire initiative. Those involved with ENABL at every level, from local contractors to students, were "shocked and dismayed"<sup>7</sup> at the program's demise. Even the governor's spokesperson reported that Wilson was "disappointed" when he found out that the initiative had not been effective.<sup>8</sup>

In this article, we report on our examination of the California initiative's design, as well as the process of its acceptance, its implementation and, ultimately, its demise. Our hope is that understanding the life cycle of this large and groundbreaking campaign will inform future efforts to influence the initiation of sexual intercourse among young teenagers.

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## Program Overview

The ENABL initiative was based on the belief that a comprehensive, statewide social marketing campaign, grounded in a curriculum for which there was some evidence of success, could counteract the societal and peer influences that encourage young people to engage in early sexual activity.<sup>9</sup> The campaign was designed for youths aged 12–14; its goal was to lead young teenagers to postpone the initiation of sexual activity. The initiative entailed locally developed activities implemented in school and community settings, training for staff at agencies contracted to run the program's intervention and a statewide media campaign. Lastly, the initiative included a statewide evaluation with process and formative components, as well as an assessment of the curriculum's impact on behaviors and associated beliefs and attitudes.

From early 1992 to mid-1994, OFP funded 28 intervention projects coordinated by nonprofit educational, health and social service agencies. The majority of these organizations were located in counties with the highest teenage birthrates in the state. Twenty-four of the original 28 agencies were refunded for the second cycle, which began in mid-1994, and four new agencies received funding at that time. Funding was expected to continue until mid-1997.

## Implementation

The initiative had several components implemented at the local level; the central element was the PSI curriculum. The program's five one-hour sessions covered the risks of early sexual involvement, media and societal pressures, peer pressures, assertiveness techniques and skill reinforcement. Adults, including professional health educators and some college interns, taught 11,985 PSI courses, or 91% of all interventions. During the initial funding cycle, 12 agencies also trained high school students to implement the intervention. These youth leaders taught 1,222 courses, accounting for 9% of the interventions.

Local program staff were taught the PSI intervention, and they in turn trained adult and youth leaders in their own communities. Quarterly roundtable meetings and an annual leadership conference convened by OFP invited local program managers and health educators to discuss implementation issues related to community organizing, working in culturally diverse

communities, augmenting the local media and public relations campaigns and implementing the statewide evaluation.

As required by California law, all programs included information sessions for parents. These sessions were conducted to introduce the PSI curriculum and to provide parents with an opportunity to ask questions about the program. Eighteen projects also delivered a supplementary curriculum, PSI for Parents, which was designed to teach parents to reinforce their children's PSI experiences. More than 60,000 parents attended one or more of the parent information or supplementary curriculum sessions.

Agencies implementing the ENABL program also conducted several additional types of activities to support youths in their efforts to delay the initiation of sexual intercourse and to inform them of the availability of community resources. These activities included developing and publicizing referral networks of health and social services for youths, as well as planning and conducting school and community events that promoted alternatives to sexual involvement. These activities were designed to involve large numbers of youths in the ENABL campaign, thus increasing acceptance of the program and its messages.

Contractors were also expected to publicize in their communities media messages relevant to the ENABL campaign and to conduct activities aimed at involving the larger community. These messages promoted awareness of the incidence of teenage pregnancy and fostered community support for changing social norms. Efforts included arranging radio and newspaper interviews and encouraging local media to air professionally produced public service announcements.

## Statewide Media Campaign

The initiative's statewide media and public relations campaign was based on social marketing approaches<sup>10</sup> that have been used to address other public health issues such as smoking<sup>11</sup> and heart disease.<sup>12</sup> Evaluations of these campaigns had suggested that mass media combined with community outreach and individual services can be effective in promoting changes in attitudes and behavior.<sup>13</sup>

The statewide media campaign was headed by a professional public relations firm and employed a variety of subcontractors who specialized in reaching particular ethnic communities. The campaign used a variety of public relations strategies to raise community awareness about

problems related to teenage pregnancy, to inform the public about the ENABL program, to encourage young people to become involved with ENABL and to contribute to a supportive environment for youths who were trying to resist pressures to become sexually active.

## Methods

This article reports on the process and formative evaluations of the ENABL initiative. These evaluations addressed acceptance of the program among youths, parents and communities. They investigated issues related to implementation of the standard (adult-led) program, the youth-led program (including recruitment, training, logistics and the fidelity of program implementation) and of PSI for Parents. The formative evaluations also examined factors that may have facilitated or hindered program delivery.<sup>14\*</sup>

Survey data were collected from 7,326 youths participating in the intervention, from 1,491 parents and from 205 adult health educators and teenage group leaders, to assess their satisfaction with the program. The surveys, which were designed to gather opinions about the implementation of the PSI curriculum and about the goals of the overall campaign, provided early indications of community response to PSI and to the initiative as a whole.<sup>15</sup>

The formative evaluations used a wide range of qualitative procedures, including 75 personal interviews with providers and 50 focus groups with youths, peer leaders and parents. These methods were also used to examine the programs' adaptation among culturally diverse youths, and to explore the relationship between ethnic perspectives and program objectives.

In addition, 14 quarterly and three annual standardized process evaluation reports containing agency-level service statistics and narrative descriptions were examined. These evaluation reports provided information on the breadth and scope of program implementation, including numbers and types of clients served, numbers of PSI sessions delivered, settings for delivery and other appropriate statistics.<sup>16</sup>

Additional sources for this article include personal communications, press releases, newspaper articles, media materials, official work plans and notes taken at meetings with statewide and local contractors. In combination, these data provide a detailed picture of the ENABL initiative and the PSI curriculum.

Despite the comprehensive nature of

\*For extensive data on satisfaction with components of ENABL according to ethnicity, gender, race, partner status and curriculum leader type, see reference 15.

this evaluation, several important aspects of the campaign were not assessed. Specifically, neither the impact of the media campaign nor the impact of community activities on either teenagers or the community at large was included in our evaluation. However, a separate and relatively modest evaluation of the media campaign was completed.<sup>17</sup>

## Findings

### *Program Acceptance*

The study was not designed to compare the relative strength of support versus opposition to ENABL. However, we were able to identify some specific characteristics of both the endorsements and the criticisms the initiative received.

Overall, the ENABL campaign had broad appeal. In general, contractors were successful in gaining acceptance for the program: They were invited to deliver the PSI curriculum at the same locations year after year, and fewer than 1% of parents refused to permit their children to participate. Many contractors believed that the ENABL campaign contributed to a growing consensus in California that youths 14 and younger are not prepared physically, cognitively or emotionally to engage in sexual intercourse, and that they should be strongly encouraged to delay the initiation of sexual activity. Indeed, agency staff reported that one of the most appealing qualities of the initiative was its positive message that 12–14-year-olds benefit by postponing sexual activity. District- and school-level administrators, teachers, school board members, agency directors, students and parents all reported support for ENABL's approach.

Nonetheless, in the early stages of the implementation, most contractors (23 of 27 whom we interviewed) encountered some opposition or uncertainty about ENABL from a variety of sources, including parents, school board members, school curriculum committees and a church. Twelve contractors encountered resistance in communities that did not perceive a need for the program since they felt they had a good existing program (N=8) or since teenage pregnancy was not perceived to be an issue in that area (N=4). Four contractors encountered opposition from school officials who believed their schedules were already full, and three others because of pressing community events such as changes in key school personnel or the closing of a major employer in the community. Eight contractors encountered opposition to ENABL based on its association in some communities and in

the state with Planned Parenthood.

Some contractors also found opposition specific to the PSI curriculum. Nine contractors met with resistance because ENABL did not explicitly promote abstinence until marriage, while two reported opposition because PSI was thought to be too simplistic and because it did not address the needs of sexually active teenagers. Indeed, the two main criticisms of the curriculum were its lack of specific messages advocating premarital abstinence\* and its perceived weakness relative to other curricula. The latter point was raised by teachers, nurses, district administrators and church officials who judged their existing family life education curricula to be longer, superior and adequate for their purposes.

Overall, contractors were more likely to gain community acceptance for ENABL if they communicated the goals and objectives of the program clearly, emphasized common interests in their discussions with community leaders and potential opponents, demonstrated flexibility with the nonessential elements and firmness with the essential elements of the program, and kept program quality high by teaching small manageable groups (for example, in health or science classes rather than in much larger physical education classes).

### *Program Implementation*

Between April 1992 and December 1995, contractors implemented the PSI program more than 13,200 times in some 620 schools and community settings, reaching almost 344,000 youths with at least four of the five curriculum sessions. However, some contractors delivered PSI twice to the same youths—first in the seventh grade and again in the eighth grade—so these figures contain some overlap.

PSI was delivered in both school (82%) and community (18%) settings. A substantially smaller percentage of the interventions were implemented in community settings, because it is much more difficult to recruit youths for a five-session curriculum from community agencies, and much easier to offer the curriculum to youths in classrooms. In schools, the program was offered in a range of classes, including science (38%), health (33%), physical education (10%) and a variety of other classes (19%). In community settings, contractors taught PSI in youth recreation programs (28%), churches (25%), social service agencies (17%) and other community settings (30%). Nearly 40% of the PSI leaders were health educators, 23% were classroom teachers and 23% were student in-

terns; the remaining instructors were nurses, youth workers or volunteers.

Institutional factors affected implementation quality in each of the settings. While schools provided legitimacy and trust, curriculum leaders found that large class sizes contributed to discipline problems and were not always conducive to good interactions in role plays and other curriculum activities. School settings were less favorable for other reasons as well; rigid time schedules, bureaucratic limitations, teacher resistance and linguistic diversity within classrooms were obstacles to smooth curriculum delivery.

Although community settings provided flexibility with respect to time and an opportunity to adjust the curriculum for greater cultural sensitivity, recruitment and retention in those settings were problems for some contractors; groups tended to be too small and attendance erratic. Additionally, youths in community settings were often distracted by the recreational activities being conducted at some of the sites.

The contractual emphasis on teaching PSI to large numbers of youths created two problems. In some cases, the same youths received the curriculum in both seventh and eighth grade. Anecdotal evidence suggests that young people who received the curriculum twice were less interested the second time. In addition, some contractors reported difficulty in completing all of the activities to their satisfaction within the required time period. When forced to prioritize activities, contractors generally emphasized delivering the curriculum to the number of youths specified in their contracts, while deemphasizing schoolwide and community-based activities and social marketing projects. The extent to which this occurred could not be quantified.

Moreover, an emphasis on training large numbers of intervention leaders resulted in the inefficient use of resources. Local contractors reported that of the 1,300 adult leaders trained during the first funding cycle, fewer than 600 actually taught the PSI curriculum. The proportions were similar for youth leaders. This emphasis also may have undermined contractors' ability to field teaching staffs as diverse as their student populations; a more productive approach might have been to recruit and train a culturally-representative rather than a large group.

\*To address this issue, OFP subsequently released a curriculum supplement. (See: California Office of Family Planning, *Supplement to the ENABL Basic Educator Training Manual*, Department of Health Services, Sacramento, Calif., Dec. 1994.)

Indeed, intervention leaders were considerably less diverse than were PSI participants. Adult leaders were predominantly female (80%), while participants were nearly as likely to be male as female. About 60% of adult leaders were white, compared with 29% of youths, and about 14% of leaders were Hispanic, compared with 44% of youths. Blacks were represented in approximately equal numbers among both leaders and participants (14% vs. 11%), as were Asians (9% vs. 11%).

In addition to the PSI curriculum, contractors developed and implemented nearly 3,080 schoolwide or agency-based activities, such as flyer distributions, assemblies, rallies and fairs. They distributed promotional materials popular among youths, such as water bottles, certificates, ribbons, book covers and buttons, to build identification with the messages of the ENABL campaign.

These activities appeared to be most effective when large groups of youths assisted in their planning and implementation. However, more than half of the contractors reported that schoolwide and agency-based activities such as essay contests and health fairs were time-consuming and difficult to implement and did not appear to be especially effective. As a result, contractors emphasized the need to identify more cost-effective schoolwide activities that could reach large numbers of students.

Referral networks, a required element of the ENABL program, were intended to provide youths with resources to support their decision to postpone sex, as well as to help them obtain other needed health and social services. Because of a lack of support at the school level or uncertainty about the process, the majority of contractors fulfilled this requirement by simply distributing a referral card with the phone numbers of local health and social service agencies. However, a few contractors conducted the process in a more complete manner, by assessing individual needs, making referrals to appropriate resources and by following up with youths. Individual referrals (N=2,170) were for issues related to family planning (40%), health care (24%), family problems and counseling (22%), school problems (7%) and substance or child abuse (3% each).

Contractors implemented 3,540 community awareness activities to build local support for the norm of postponing sex, including presentations to local groups such as churches and fraternal organizations (24%), meetings with local government and state representatives (25%), meetings with coalitions (19%) and community events

such as street fairs and celebrations (14%). Contractors also recruited more than 1,810 volunteers to serve on advisory committees, do clerical work and assist at health fairs. Most of the contractors reported continuing involvement in community task forces or coalitions that existed prior to the ENABL campaign. However, they did not rate activities initiated specifically for ENABL as especially effective.

Contractors planned and implemented more than 2,380 local media activities, including newspaper articles and advertisements (38%), press releases (32%) and radio programs (30%). Audience sizes ranged from millions in the Los Angeles media market to hundreds for local flyer distributions. Not surprisingly, contractors who felt most successful with this aspect of ENABL were those with prior experience working with the media.

#### *Youth Satisfaction*

More than 60% of seventh graders and 59% of eighth graders thought their grade was optimal for implementing PSI, while 31% of eighth graders thought it should be offered in an earlier grade.

In general, youths from all ethnic groups and age-groups were about equally satisfied with PSI and ENABL. Although the content and language of the course embarrassed many youths (especially those from Hispanic and Asian backgrounds), most agreed that it was important for them to learn about and discuss sexuality. While participants enjoyed watching the role-play activities, some found participating in them embarrassing.

Eighty-two percent of youths who responded to the satisfaction survey rated the program as "good" or "excellent." Two-thirds of youths responded that the program was "very important" for people their age.

Gender and partner status significantly affected youths' satisfaction with the intervention. Girls were more likely to rate PSI as "good" or "excellent" than were boys, (87% vs. 76%,  $p < .01$ ). In addition, youths, especially boys, who already had had a serious relationship at the completion of PSI were less satisfied than those who had not yet had one: Nearly 6% of boys who had not had relationships judged the topics "poor" or "very poor," compared with 11% of boys who had had relationships ( $p < .01$ ); the difference was not significant for girls. Focus-group interviews supported these findings: There was general consensus that PSI and ENABL were well received but should be offered before youths experienced sexual pressures.

Despite their high levels of satisfaction with PSI, students also had many suggestions for improving the curriculum. More than 77% wanted more sessions, so they could get to know the instructor and cover the material in greater depth. Youths wanted more realistic videos and more activities, such as role plays, games and discussions, in which they could participate. They also wanted additional topics, such as prevention of infection with sexually transmitted diseases (STDs) and HIV (82%), healthy and unhealthy relationships (73%), ways to show affection without sex (72%), emotions and sex (62%), and birth control (62%). (Nearly 90% of girls wanted more information about contraception.) Youths and the majority of their parents who completed surveys endorsed expanding the content of the curriculum to include more information about prevention of STDs and pregnancy. Despite their criticisms, the majority of youths reported that they intended to delay initiation of sexual involvement as a result of completing PSI.

#### *Adult vs. Youth Leaders*

During the initiative's first funding cycle, 16 agencies implemented PSI using only adult leaders, while 12 agencies employed youth leaders as well. This was in contrast to the original implementation of PSI in Atlanta, which relied entirely upon youths to lead the interventions.<sup>18</sup>

Interviews and focus groups with these 12 contractors, as well as with youths who participated as leaders and with those who received the intervention, indicated that contractors' perceptions often did not match those of the youths involved. Contractors generally believed that participants receiving youth-led PSI were more likely to respond positively to this curriculum than to the adult-led intervention, and more likely to listen to and believe leaders. Some contractors also believed that youths perceived adult PSI leaders, no matter how adept or youthful, as proselytizing, while they believed that youth leaders were generally perceived as credible.

However, survey results revealed that there were no significant differences in overall satisfaction with PSI between youths receiving adult- and youth-led interventions. Moreover, there were no significant differences between the two groups in feelings of comfort with group leaders, or in perceptions that leaders were able to communicate clearly the messages in the curriculum or encourage participants to express their opinions. When pressed, focus-group participants expressed greater en-

thusiasm for youth-led than adult-led PSI, but they indicated that the leader's most important quality was their ability to establish a rapport with participants, and not their age, gender or ethnicity.

Despite enthusiasm about youth-led PSI, some specific problems emerged. Classroom observations revealed considerable inconsistency in the quality and content of youth-led instruction. At best, leaders were energetic, fluent and clear; at worst, they were awkward and dull. Furthermore, some youth leaders expressed reservations about giving unequivocal support to the program's message to postpone sex. Their internal conflicts or reservations may have undermined the focus and clarity of the messages.

Overall, contractors reported that youth-led PSI was far more difficult and costly to implement than adult-led PSI. Youth leaders required substantially more training, supervision and management than did adult leaders. Since few had previous teaching experience, they needed more guidance and practice over a longer period of time to achieve effective presentation skills and to become fully familiar with the PSI curriculum. In addition, adult staff had to plan and schedule youth presentations, obtain permission for youth leaders to be excused from their own classes and shuttle them to teaching assignments in geographically dispersed areas. Long distances between the leaders' high schools and ENABL middle schools, coupled with a lack of effective public transportation, also impeded smooth implementation of the youth-led PSI curriculum.

Four factors appeared to be related to the successful implementation of youth-led programs: careful selection and screening of a small cadre of youth leaders; thorough training, supervision and support; frequent opportunities to teach; and an agency-wide commitment to working with youths. Implementation of youth-led PSI, especially on a scale as large as that of the California initiative, requires considerable planning and resources.

### **Parent Involvement**

ENABL leaders reached more than 60,000 parents in a range of settings, including Parent-Teacher Association meetings, Parents' Nights at local middle schools, information sessions about PSI, and PSI for Parents sessions. Eighteen contractors presented more than 600 PSI for Parents sessions to some 9,000 parents, typically condensing the two-session curriculum into one. The program gave parents insight

into the issues and pressures faced by today's youths, in addition to information about the curriculum that their children were to receive. Slightly more than two-thirds of the courses were delivered in school settings, and the remainder were delivered in churches or youth recreation centers. Fathers and mothers were about equally likely to attend in either setting, but three-fourths of participants were mothers. Materials for parents were developed in 10 languages, including Cantonese, Spanish, Tongan and Ukrainian.

Parents who attended PSI for Parents and completed satisfaction surveys were extremely enthusiastic about the program. Nonetheless, contractors continually faced challenges in finding effective ways to recruit parents. Support from schools and teachers and from other community leaders were key factors in increasing parental attendance.

Most parents who attended the program indicated they wanted to see the curriculum their children would receive in school. Some instructors appeared to concentrate excessively on this aspect of the program, to the detriment of teaching the PSI for Parents curriculum. As was true for their children, parents wanted to learn more about how to communicate about sex within the family.

### **Epilogue**

In May 1995, we delivered our draft evaluation report to OFP and the Department of Health Services. After responding to their comments, the final report—composed of the formative and process evaluations discussed here and the PSI impact evaluation that described the program's impact on sexual behavior and associated variables<sup>19</sup>—was forwarded to OFP in September 1995.

Despite the lack of positive outcomes from the impact evaluation, we concluded that there were good reasons to improve, rather than eliminate, ENABL: There was a need for a program that promoted the postponement of sexual involvement among middle school youths; parents and students strongly supported ENABL's message; and research findings could be used to develop remedies for problems in the curriculum.

In combination with ENABL's media and community activities, an improved curriculum could represent an important step toward a comprehensive and effective program. Therefore, we recommended that OFP maintain and strengthen the ENABL infrastructure and continue to deliver the program's message to California's youths,

their parents and their communities. We recommended that OFP preserve its heavy investment in the campaign, adding that the initiative had built up "brand identification" for the ENABL program.

In view of the failure of the PSI curriculum and associated schoolwide activities to have a positive and significant impact on behaviors, we encouraged OFP to support the development and evaluation of a stronger and developmentally sequenced curriculum for middle school youths that would focus on delaying the onset of intercourse. We also encouraged development of a new curriculum that would incorporate known characteristics of effective programs and instruction: greater focus on skill-building; more time for group discussions, review and reinforcement of curriculum messages; more consistency in involving students in activities; and more attention to helping students personalize information.<sup>20</sup>

The report recommended that the curriculum incorporate numerous suggestions made by contractors, youths and parents. For example, a revised curriculum would review anatomy and physiology and include more information on STDs, healthy and unhealthy relationships and parental communication. Any video materials to be used should be more acceptable to youths, more effective and better integrated into class discussions. We also advised the OFP to alter the youth-led and parent components of PSI to make them easier to implement successfully and to develop more cost-effective school and community activities that would be mutually reinforcing and consonant with those delivered through the media campaign and the curriculum.

Neither the governor nor the program's advocates were prepared for the possibility of negative findings. Canceling a program so suddenly and in the middle of the fiscal year was a highly unusual occurrence. In an effort to explain the unexpected termination, stakeholders and observers alike looked for answers to the troubling question: Why was a program that had seemingly been so politically favored, so widely popular and so well-established summarily ended? One columnist suggested that the program was canceled because it was expensive and ineffective,<sup>21</sup> and another quoted the governor as saying, "I have concluded that we need a much more comprehensive strategy to deal with out-of-wedlock pregnancy."<sup>22</sup> Two other writers described how changes in California's Assembly leadership had eroded political support for all

OFF programs, especially those conducted by Planned Parenthood affiliates.<sup>23</sup>

Furthermore, the results of the outcome evaluation had the potential of being misconstrued as suggesting that the intervention actually increased pregnancies (a significant finding that we rejected upon closer examination). The political fallout of having the data misinterpreted in this way might also have had an influence on the decision to eliminate the program.

Ultimately, considering ENABL's high profile, the negative evaluation results and the changes in the Assembly leadership, it should not have been surprising that the governor decided to cancel the program. While a few contractors found alternative funding to continue their ENABL projects through the end of the school year, most closed their programs on February 29, 1996, when funding was eliminated.

## Recommendations

Much can be learned from the life history of this large adolescent pregnancy prevention program. The cancellation of ENABL suggests that before a campaign of its size, complexity and high political profile is launched, preliminary research must ensure that the core elements of the campaign will have their intended effect. It is very important that an intervention component be selected for which there is strong evidence of success in delaying the onset of intercourse among members of the designated target group. Unfortunately, no existing middle school curriculum meets that standard. Hence, there is a real need to develop a program and demonstrate its effectiveness before undertaking another large-scale effort.

Furthermore, recent research has highlighted the difficulties involved in addressing the problem of pregnancy among very young teenagers. For example, the finding that two-thirds of babies born to the youngest adolescents (those 14 and younger) were fathered by men at least 20 years of age<sup>24</sup> indicates that the issues underlying a young teenager's decision to have sex may be too complex to address solely through a school-based curriculum. Therefore, we recommended that program components be targeted so that youths at lower immediate risk receive a baseline educational program that bolsters media and community messages, while youths at

greater risk of becoming pregnant or causing a pregnancy receive more intensive services, in addition to the baseline program.

If a complex social marketing scheme is to be an element in the campaign, then its influence on public attitudes and behaviors should be explicitly evaluated by documenting and assessing more fully any changes in the public's acceptance and in the contractors' support for the primary message of the campaign. It is possible that a campaign may improve acceptance for a potentially important message, even in the absence of measured change in adolescent behavior upon short-term follow-up.

ENABL met a very difficult social policy challenge: It articulated a core of positive reproductive health messages for young adolescents that was acceptable—and even popular—across the political spectrum in California. Even given the volatility of the climate surrounding reproductive health issues in the state, fewer than 1% of parents refused permission for their children to participate. The overwhelming majority of middle school youths and their parents who completed the curriculum and responded to our surveys thought ENABL was a valuable program; at the same time, they supported a more comprehensive approach. Nevertheless, ENABL's popularity could not insulate it from the political imperative to show immediate success. In the end, its high profile, size and possible premature emphasis on the evaluation of behavior change worked against OFF's hope that the program would become an institution in California's reproductive health system.

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