

ABAN AYA YOUTH PROJECT

Overview

The ABAN AYA YOUTH PROJECT (ABAN AYA) is an Afrocentric Social Development curriculum instructed over a four-year period, beginning in the fifth grade. The number of lessons varies each year. This curriculum encourages abstinence, protection from unsafe sex, and avoidance of drugs and alcohol. The name of the intervention is drawn from two words in the Akan (Ghanaian) language: ABAN (fence) signifies double/social protection; AYA (the unfurling fern) signifies self-determination. The purpose of this intervention is to promote abstinence from sex, and to teach students how to avoid drugs and alcohol, and how to resolve conflicts non-violently.

The Aban Aya Youth Project was implemented and evaluated in a low-income, predominately African American population of 5th through 8th graders in 12 Chicago schools. Its evaluation provides strong evidence that the intervention reduced recent sexual activity and increased condom use among its male participants but not among its female participants. Based on literature suggesting that interventions targeting African American youth should emphasize cultural pride and strengthen family and community ties, the intervention promoted African American cultural values and used culturally appropriate teaching methods.

Program Description

Population Served and Setting

The Aban Aya Youth project is designed for African American youth in grades 5 through 8 and was developed to address multiple problem behaviors such as violence, substance abuse, delinquency and sexual activity, simultaneously in a long-term intervention specifically for African American youths. The project is suitable for a school-based, urban setting.

At baseline, 1153 fifth graders participated in the pencil-and-paper assessment. There was an average annual turnover rate of about 20%. Of the group that completed the baseline survey, 668 were still present at the conclusion of the program.

The group was fairly evenly divided between males and females; the average age was 10.8 years. All participants were African American. Follow-up assessments were conducted at the conclusion of grades five through eight for all students in the test schools with parental consent at the time of assessment. Students who transferred out of the test schools were not followed for the purposes of the study.

Operation/Logistics

There are several components to this intervention. First, a classroom-based curriculum with 16 to 21 lessons per year in grades 5 through 8 aims to teach skills to build self-esteem and empathy, manage stress and anxiety, develop interpersonal relationships, resist peer pressure, develop decision-making, problem-solving, conflict resolution and goal setting skills, and apply these skills to avoid violence, delinquency, and unsafe sexual behaviors. The curriculum also focuses on developing a sense of self and purpose by addressing career planning, feelings, personal strengths, and cultural pride among other topics. Cultural values and history are also addressed. In addition, a school/community component involves parent support through parent training workshops, teacher and staff in-service training, and a local school task force. The intervention

Program Length

The Social Development Curriculum (SDC), which is available for replication, is classroom based and involves 16-21 lessons each year in grades five through eight. The lessons are designed to be taught in a typical classroom period, and last approximately 40-45 minutes each.

Staffing/ Training

In the original implementation, health educators delivered the curriculum in social studies class. In order to ensure fidelity of implementation, two training sessions were held before each lesson during which health educators role played the activities and senior project staff provided feedback. In addition, each year, the regular classroom teachers received a four-hour workshop to provide an overview of program content and philosophy.

There is no formal training program required for implementing ABAN AYA. However, training is an essential component in prevention programs. Often instructors find prevention methods differ from teaching methods they normally use. Hence, training can improve the instructors understanding of concepts that drive prevention programs and increase their competence in prevention strategies. Also training helps to increase the fidelity of implementation of your program and increase the likelihood the program will become sustained in your school or agency as the instructors become more comfortable and supportive of the program.

A training program for implementing ABAN AYA is available from Sally Graumlich, EdD, CHES, lead writer and trainer of the curricula. The training will provide an opportunity for instructors to enhance their knowledge of the prevention conceptual framework used to develop the curricula and increase their competence in the instruction of the cognitive-behavioral skills that are taught in the curricula. Training costs are \$1500 for a one-day training session, which includes training materials. Travel expenses are additional. Subsequent technical support is available to those who receive training at \$100/hour.

Evaluation

The Aban Aya Youth Project was evaluated using an experimental design. Schools were stratified into four risk quartiles and were randomly assigned to receive either the classroom-based curriculum, the classroom-based curriculum and the school/community component, or the comparison group, that received a health enhancement curriculum that focused on nutrition, physical activity, dental hygiene, injury prevention, and mental health but also addressed skills, sense of self, and cultural values like the experimental condition. Only results for the classroom-based curriculum with the school/community component are presented here because the curriculum alone did not result in effects for males or females.

Baseline measures were taken prior to program implementation in 5th grade and follow-up measures were taken at each subsequent year until the end of 8th grade. Hierarchical statistical analysis models were used to account for observations nested within schools and for missing data. Growth curve analysis was conducted separately for males and females.

Findings

The results indicate that recent sexual intercourse was significantly lower among intervention males compared to control males, and condom use was significantly higher among intervention than control males. There were no significant effects for females. The authors suggest that it may be difficult to reduce risky behaviors in females because their levels of risky behaviors are lower to begin with compared to males. However, other programs have shifted behavior in similar female populations. The authors also suggest that the use of a combination of female and male health educators may have been particularly effective for males who are often not exposed to male teachers. They also note that the intervention may not have addressed behaviors, such as aggression, in a manner that is relevant to females.

Contact Information and Resources

The materials are available from the PASHA archive. More information is available at <http://www.socio.com/srch/summary/pasha/full/passt24.htm>