ATTACHMENT B

Justification for Topics Covered in the TPP Replication Study Baseline Instrument

**Question Justification**

| Question # |  | Tracking | Covariate | Other |  |
| --- | --- | --- | --- | --- | --- |
| 1.1 | Date of Birth | 🗸 | 🗸 |  | There are marked differences in sexual activity among teens by age, gender, and race/ethnicity. These differences in sexual behavior are reflected in the large differences in reproductive outcomes such as the pregnancy, birth and abortion rate by teens’ age and race. (Browning et al. 2004; Abma et al. 2004; Guttmacher 2006; Santelli et al. 2000; Blinn-Pike 1999; Watt and Nagy 2000) |
| 1.3 | Gender | 🗸 | 🗸 |  |
| 1.4, 1.5 | Race and ethnicity |  | 🗸 |  |
| 1.6 | Language spoken at home |  | 🗸 |  |
| 1.2 | Grade level |  | 🗸 |  | This question is important to determine in what grade the respondent entered the study. |
| 1.7 | Expectation for future education |  | 🗸 |  | There is an extensive literature that shows that positive expectations for future education lead to delayed sex, decreased frequency of sex, a decreased number of partners, an increase in condom use, and decreased pregnancy and childbearing. (Beuhring et al., 2000, Halpern, et al., 2000, Lanctot, et al., 2001, Moore, et al., 1998) |
| 1.8, 1.10, 1.11 | Connectedness/links to school/community/ religious programs and institutions |  | 🗸 |  | There is research evidence to show that adolescents who are connected to school and/or community institutions and/or who are members of faith communities are at lower risk for antisocial behavior and substance abuse and are more likely to delay sexual initiation.(Blum and Rinehart, 1997; Catalano et al. 1999; Gambone and Arbreton, 1997) |
| 1.9 | Exposure to sexual health education |  | 🗸 |  | These questions will be used to assess teens’ exposure to the messages presented in the program, prior to participation in the study |
| 2.1, 2.2, 2.3, 2.4 | Parental supervision/monitoring |  | 🗸 |  | These questions will be used to measure the perceived level of parental supervision. Parental monitoring and supervision have been found to be inversely related to a number of problem behaviors among adolescents, including early sexual debut, number of sexual partners, and pregnancy risk. (Miller et al. 2001; Rodgers 1999; Li et al. 2000; Sieverding et al. 2005) |
| 2.5-2.7  6.10-6.13  6.18-6.21 | Quality of parent-child relationship |  | 🗸 |  | There is an extensive literature evaluating the relationship between parent-child connectedness and teen sexual activity. All but a few studies indicate that parent-child closeness is negatively associated with pregnancy risk, early sexual initiation, number of sexual partners and consistent use of contraception. (Miller et al. 2001) |
| 3.1 | Attitudes towards abstinence and teen sex |  | 🗸 |  | Teens’ attitudes about sex and abstinence are associated with the intension to have sex and with early initiation of sexual activity, where a more positive/less permissive attitude towards sex serves as a protective factor. (Buhi and Goodson 2007; Gillmore et al. 2002; Carvajal et al. 1999; Cleveland 2003; DiIorio et al. 2004; Meier 2003) |
| 3.2, 3.3 | Attitudes towards teen pregnancy |  | 🗸 |  | Teens with a more positive attitude towards pregnancy are more likely to become pregnant. Attitudes towards teen pregnancy are also related to contraceptive use among females, where those with a higher motivation to avoid pregnancy are more likely to use contraception. (Ryan et al. 2007; Bruckner et al. 2004; Jaccard et al. 2003) |
| 3.4, 3.5, 3.9 | Attitudes towards condom and contraceptive use |  | 🗸 |  | Positive attitude towards contraception has been linked to an increased likelihood of contraceptive use among sexually active adolescents (Bruckner et al. 2004; Sheeran et al. 1999; Ryan et al. 2007). |
| 3.6-3.8  3.10-3.13a | Knowledge of STDs and the effectiveness of contraceptives in reducing risk and teens’ confidence in their knowledge |  | 🗸 |  | Findings on the relationship between knowledge of STDs and prevention and teen sexual activity are inconsistent. However, according to Rock et al. 2005, this might be due to the fact that prior studies focused on objective knowledge, and ignored teen’s confidence in their knowledge. (Rock et al. 2005; Boyer et al. 1999; DiClemente et al. 1996; DiClemente et al. 1992) |
| 3.14-3.17 | Intention to engage in/abstain from sexual activity; intention to use birth control |  | 🗸 |  | Intention to engage in sexual activity is the single most stable predictor of initiation of sexual intercourse and of participation in sexual behavior. (Buhi and Goodson 2007) |
| 3.18, 3.19 | Dating status |  | 🗸 |  | Dating during early adolescence is associated with an increased likelihood of sexual initiation in adolescence. At the same time more than half of sexually active teens had at least one sexual experience outside of a romantic relationship  (Thornton 1990; Cooksey et al. 2002; Manning et al. 2005). |
| 3.20 | Ever had sex |  |  | 🗸 | This question will be used to identify teens with and without prior sexual experience. Sexually inexperienced teens will skip Section 4 of the questionnaire and will not be asked about sexual activity. |
| 4.1 | Confirmation - sexual activity |  |  | 🗸 | Confirming that respondents are completing the correct sections of Part B. |
| 4.2-4.6, 4.14, 4.15, 4.19 | Initiation of sexual activity |  | 🗸 | 🗸 | These are the primary outcome measures for the study. They will be used to control for prior sexual experiences. In addition, baseline sexual activity will be used to stratify the sample to allow examination of differential program impact on teens who were sexually experienced vs. inexperienced at baseline. |
| 4.9. 4.11, 4.17, 4.21 | Frequency of sexual activity |  | 🗸 | 🗸 |
| 4.10, 4.16, 4.20 | Number of sexual partners |  | 🗸 | 🗸 |
| 4.7, 4.8,4.12, 4.13, 4.18, 4.22 | Condom and other contraceptive use |  | 🗸 | 🗸 |
| 4.26a, 4.26b | Pregnancy |  | 🗸 | 🗸 |
| 4.27 | Spoken to a doctor about sexual health |  | 🗸 | 🗸 |
| 4.28-4.30 | STDs |  | 🗸 | 🗸 |
| 4.31, 4.32 | Experience of dating violence |  | 🗸 | 🗸 |
| 4.24, 4.25 | Age of onset of puberty |  | 🗸 |  | Early onset of puberty is a strong predictor of a variety of risk behaviors, including sexual risk behavior |
| 5.1- 5.7 | Tobacco and alcohol use |  | 🗸 |  | The consumption of cigarettes, alcohol and drug use among adolescents is associated with early initiation of sexual activity as well as sexual risk taking. While much of the association can be explained by common risk factors that predispose teens to both alcohol misuse and risky sexual behavior, there exists a direct link between alcohol consumption and post-drinking risky sexual behavior. This direct link is strongest among teens who expect alcohol consumption to lead to risky sex. (Tapert et al. 2001, Li et al. 2001, Boyer et al. 1999; Fergusson and Lynskey 1996; Sen 2002; Dermen 1998 et al.; Santelli et al. 2001) |
| 5.8-5.12 | Drug use |  | 🗸 |  |
| 6.1-6.5 | Peer pressure |  | 🗸 |  | There is a rich body of research pointing to a strong association between teens’ behavior and the behavior of or the perceived norms of their peers. While some of this observed relationship is the result of teens selecting peers who have similar values, a weaker, but stable relationship remains after taking into account the selection process. These questions will allow us to identify teens under a possible positive or negative influence of their peers as well as the level of involvement with friends. (Jaccard et al. 2005; Buhi and Goodson 2007; Kinsman et al. 1998; Sieving et al. 2006) |
| 6.6-6.9  6.14-6.17 | Parents’ Education and Employment Status |  | 🗸 |  | These questions will be used to construct indicators of socioeconomic status, which will serve as control variables. Socioeconomic status is correlated with the probability that youth will engage in sexual and other high-risk behaviors. (Forste and Haas 2002; Santelli et al. 2000; Miller et al. 2001) |
| 6.22-6.25 | Household structure/living situation/marital status of parents |  | 🗸 |  | There is a well established link between family structure and the probability that youth will engage in sexual activity. While some researches argue that this relationship can be explained by mediating factors such as mother-child relationship and mother's attitude toward sex, others argue that there is a direct link, independent of such mediating factors. (Sturgeon 2008; Davis and Friel 2001; Pearson et al. 2006) |