

ADOLESCENT RISK BEHAVIOR

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I WOULD LIKE TO SHARE a synthesis of several pieces of research that I've done over the past ten or twelve years. The focus in my research institute has been on adolescent risk behavior, with a special emphasis on teen pregnancies. First, in the U.S. this has been a particular problem, so I will share a bit of the nature of the problem. Second, I will show you a couple of flawed policies that we have engaged in to try to solve the problem. I will then share some emerging trends that are occurring in this country as a way to address the issue of teen pregnancy. There is a significant role for families and parents in all of this, as you would no doubt suspect.

The teen pregnancy rate in the U.S. has shown some interesting trends. For example, from about 1982 to 1987 there was a little bit of a decrease—and then, for some reason, it went way up. Since 1990, however, it's been dropping consistently and steadily. This is a big change that has created some excitement among health officials and policymakers. In fact, they're so excited that many of them are out claiming credit for the changes.

We have some data called the National Survey of Family Growth that we collected on a national scale in 1988. At that point in time, the teenage pregnancy rate was 111 pregnancies per 1,000 teens, which was calculated from a combination of births and abortions, and with an estimate for miscarriages. In 1995 we collected the same cycle of data again; at that point, still on the way down, it was down to 101.1 and dropping. With that national data, we've been able to analyze the national trends and to come up with some interesting analyses and conclusions.

Obviously the pregnancy rate is made up of both births and abortions. During this period, the birth rate was going up while the abortion rate was going down. In other words, there was a negative correlation. At about this point in time, that changed and they both started going down. I am struck by the very dramatic change in the dynamics of this situation.

The popular explanations are from some federal agencies and national organizations. The Advocates for Youth Press, shortly after these trends became evident, said "the positive change in teen sexual behavior is a result of increased condom usage." The Department of Health and Human Services' secretary said, "the dramatic increase in contraceptive use at first intercourse may be responsible for the leveling off and recent decline of teenage birth rates." Planned Parenthood said, "the dramatic decline in unplanned preg-

nancy has occurred to a large extent as a result of higher contraceptive prevalence and use of more effective methods." And the office of Population Affairs said, "while the proportion of adolescent females who have experienced sexual intercourse has increased over time, (which by the way is not true; that rate is declining for teenagers) the likelihood of pregnancy has decreased. Increases in contraceptive use by adolescent females contribute to this change." Now you might wonder how all these people could be wrong. I will, in a shorthand way, try to illustrate to you why they are.

First of all, there's not a completely unreasonable basis for them making that claim because, in fact, condom use among adolescents did increase from 1988 to 1995, the period for which we have national data collected at the individual level. So they stop right there, at this data and say, "Well, we have an answer." The problem with that answer is that it ignores the dramatic decline in pill use that occurred at the same time. The net effect is that overall, contraceptive use is lower, not higher than it was. I can't think of a way that lower rates of overall contraceptive use would create lower rates of teen pregnancy if contraceptives were the solution. It doesn't wash. So we began to look for other explanations.

During this same time period, in spite of the statement mentioned earlier, there has been a decline in sexual activity trends during this same time period, both for males and for females. Something is happening in this culture that is bringing that trend to lower levels. The shift toward abstinent behavior is likely the result of multiple factors and forces operating simultaneously, including awareness and concern about AIDS and other STDs. Not to be ignored in this shift, however, is the large increase in the number of teens reached each year with programs that promote abstinence as their central message. These programs have multiplied dramatically and account for a twelvefold increase since 1986 in the number of teens exposed to a clear and direct message each year about sexual abstinence.

There are figures representing the teen pregnancy rate in 1988 and 1995. What we're trying to look at then, with the data that's available in the National Survey of Family Growth, is how much of the decline we can explain as a function of changes in adolescent behavior regarding contraceptive use and failure rates of contraception, and how much we can account for by looking at sexual experience rates and sexual activity rates. Sexual experience means it may have occurred one time but it's not an ongoing practice, and sexu-

al activity means that a sexual experience occurred sometime in the past year. What does the combination look like, with the impacts of contraceptive use and failure and sexual experience and sexual activity?

If we just look at contraceptive use and failure rates of contraception, we see a decline that goes from 111 down to 109. It does appear there is some impact due to contraceptive use. If, however, we look at the changes in sexual activity and sexual experience, the drop is much larger and much closer to the actual rates. What we're looking for is the best fit of the data. The combination gets us pretty close—for the most part the gap is a function of behavior, not a function of contraceptive use.

I have, by the way, reviewed this with several key agencies, such as Child Trends Organization, the National Campaign to Prevent Teen Pregnancy, and the Urban Institute, groups that wouldn't necessarily agree philosophically but when confronted with the data said, "You know, I think you're right. You've done this right. We have not published this data yet but we're getting there."

So the explanation that we've been hearing is that 80 percent of the drop in the teen pregnancy rate is due to contraceptive change. This is from the Alan Guttmacher Institute (AGI), the research arm of Planned Parenthood. They say that 80 percent is due to contraception and 20 percent is due to abstinence behavior. The problem with their approach was they calculated the effect of abstinence and they attributed everything else, without measuring it, to contraceptive use, which is a very poorly designed kind of methodology. What we found by not speculating, but by simply looking at the data, was that 20 percent of the change was due to contraceptive use, and 64 percent of the change was due to changes in sexual behavior. That's a very different picture than what we've been told by the national organizations—basically the story is exactly opposite of what federal agencies have told us, and much of what they tell us is in support of the policies that currently exist.

The best explanation for the reduction in the teen pregnancy rate is the explanation which best fits the data. Using an approach which incorporates more and better components in the equation and which uses the actual measures of those components provides a more accurate and defensible explication of the national trend. Changes in adolescent sexual behavior, both initiation and discontinuation, appear to be the leading factor in the declining rates.

One of our basic policy strategies in this country is a contraceptive mentality, giving children devices and medicines that supposedly, through some source of forward planning, logic, and rational thought, these teenagers will carefully use and protect themselves against pregnancy. I have raised five teenagers, and they were good ones, but none of them were rational, thoughtful, and forward planning. Part

of the flaw in our strategy in our country has been that we've made an assumption about the way kids think and operate and function and behave—and it's wrong. In fact most adults, when it comes to sexuality, are not very rational, thoughtful, and forward planning. So I take issue with this kind of policy.

The second strategy that we've engaged in this country has been based on the premise that what young people lack is information, and that if we can give them more and better information at earlier ages, they'll become better decision makers and will reduce the risk behavior. That's the premise. What's wrong with that premise? The first thing that's wrong with it is it doesn't work.

Here are a couple of examples: In a study of 5500 college freshmen in Canada, where 74 percent of the men and 69 percent of the women had at least one experience with sexual intercourse, 40 percent reported this behavior as recurring often, and 40 percent of the men and 25 percent of the women reported at least five different partners. Overall, the respondents' knowledge of HIV was reasonably good; however, neither the decision to be sexually active, the number of partners they had, nor the use of condoms was related to knowledge about HIV or STDs. There was no relationship between knowledge and behavior. Does that surprise anybody? I have to say that it did me the first time because I had bought into that same sort of mentality that knowledge affects behavior. I bought that because I never stopped to really think about it until the studies started coming out.

Another example shows that neither sex education nor birth control knowledge significantly affects the chances that a black or white teenager would have a child in the two-year period under study. Our findings suggest that knowledge, as measured by birth control knowledge and sex education courses, is not successful in reducing the chance of an out-of-wedlock childbearing. In contrast, our findings, from the Hansen, Ginsburg, and Meyers study, show that the attitudes and values of adolescents and their parents play an important role in reducing the changes of out-of-wedlock childbearing, and thus may be a critical factor in addressing the problem of teenage pregnancy in the United States. These findings have important implications for programs and policies addressing teenage pregnancy and childbearing. Although sex education is often promoted as a way to reduce the incidents of early pregnancy, our results suggest that simply requiring more students to take more sex education classes is not the answer. Our findings on the importance of values and attitudes have implications beyond the school. We found that adolescents with strong feelings of control over their lives, with higher educational expectations, and with parents who show concern and have higher educational expectations for their daughters, have lower chances of experiencing teenage pregnancy. Thus, the influence of parents is

an important component in the complex set of factors affecting teenagers childbearing behavior.

Another study was reported in *Pediatrics Journal* in May 1992, where researchers tracked 602 inner-city youths during their transition from late teen to young adulthood. Change in the total number of risk behaviors was examined. Their basic conclusion was that knowledge about AIDS or HIV infection and its prevention was not associated with any change in risk behavior. So you see, the basic sex education strategy is built on a flawed premise. It's not knowledge that kids lack—knowledge doesn't hurt them, but it can't be counted on to change behavior—knowledge about AIDS or HIV infection and its prevention was not associated with any change in risk behavior, nor were the number of sources of information about the epidemic, acquaintance with those who are infected, estimates of personal risk, or exposure to HIV test counseling. None of that had any affect on behavior. In fact, youths whose risk behaviors increased the most were more likely to know someone who had died of AIDS and to estimate their own risks as high. Is that amazing or what? Most youths reported that they did not use condoms regularly, disliked them, and had little confidence in their protective ability. It is clear that knowledge does not improve risk level in this population, nor does exposure to counseling.

It is apparent that neither information nor the pertinency or relevancy of that information, nor various intervention changes youth behaviors. And then this significant statement, "it is imperative to change direction quickly, to implement preventive interventions that focus on more than just presentation of information. We must take into account known correlates and causes of high risk behavior." Therein is the research challenge. What are the known correlates and causes of high risk behavior? If it's not knowledge, what is it? There are parent and home factors, as well as personality factors like self-esteem and personal confidence. There are also peer influences and the forces that operate in a peer culture that draw kids toward risk behavior, according to the Stiffman study in *Pediatrics*, May 1992.

There is also an assumption not only that contraceptive strategies won't work and that education is the way to promote contraceptive use, but that the problem is the kids just don't have enough access to contraceptives—that there are too many bafflers to accessing contraception. To test that assumption, a researcher named Doug Kirby collected data in the Seattle Public Schools. They had a semester-long sex education program with information about HIV and AIDS, and with explicit material about how to use condoms properly, plus resisting peer pressure, changing actual and perceived peer norms, and developing assertiveness skills. Condoms were made available in schools through baskets and vending machines. No problem of access there—just walk by the basket and grab a handful. However, the study showed

that the percentage of sexually experienced students who used a condom at last sex *decreased* from 57 percent to 51 percent, and the decrease in condom use was greater in schools with clinics and higher distribution rates of condoms. What's happening here? Partly we're dealing with teenagers who are not rational, thoughtful, and forward planning, but are more likely to be impulsive, emotional, etc. The results indicate strongly that making condoms available to students did not increase condom use. It didn't affect sexual activity rates either, at least not in this setting. This leads me to the statement of one of my favorite philosophers, at least on this point. He says, "For every complicated problem, there is a solution that is short, simple, and wrong." That's the road we've been on for nearly twenty years.

Last fall, I was invited to a meeting for the Center for Disease Control in Atlanta, with nineteen others from around the country. When they called me and invited me to this meeting they said, "This is just kind of a small meeting of people who were really involved in research in this area." I said, "My research interests are maybe different than yours. I'm interested in learning how we help kids abstain from sexual activity, because that's the best and surest protection." They said, "We know what you do. We want you to come and tell us about that." That was kind of a breakthrough, because ten years ago I was called a lot of names for doing this kind of research. Anyway, in the course of the meeting one of the professors from University of Washington in Seattle asked, "Is there any study, any single study, that demonstrates that contraceptive education and promotion with teenagers reduces pregnancy rates or STD rates?" There was a pregnant silence in the room (no pun intended), and the answer finally, begrudgingly, was no, we don't have any. And yet there are people who have committed their lives to this strategy. It's amazing to me.

This kind of data requires us to go back and rethink some of our basic assumptions. All programs are built on, if not theory, some loosely woven assumptions, and if the assumptions are wrong the solution will not work. You can count on it. Let's look at the assumptions in terms of this distribution strategy. National data demonstrates that sexual activity is neither inevitable nor irreversible. What I mentioned earlier about the decline in the teenage pregnancy rate has some very important implications. If the rate was inevitable and biologically determined, it would stay the same over time. The fact that it goes up and then it goes down suggests that the behavior driving pregnancy rate is amenable to change—it's amenable to intervention. The challenge is how to identify the factors and the dynamics that drive that behavior. To me that's one of the fundamental questions. Another assumption is that sexually active unmarried adolescents, who are supposedly using more condoms, are not showing a decline in pregnancy rates. The efforts to make condoms

readily available through distribution programs, as recently tested in the Seattle Public Schools study, demonstrated that making condoms available to students did not increase condom use. By the way, to be fair, I should say there are some other studies that can demonstrate there is some increase in use, but none would show a decline in pregnancy rates or a decline in STD rates.

Our prevailing assumption is that information changes behavior. That is not true. It does not change behavior. Another prevailing assumption is that contraceptive services reduces the pregnancy rate. They don't and they haven't. The third assumption is that access is the key to contraceptive utilization. Access does not change use, at least not in the studies that we looked at. The fourth assumption is that an abstinence message will not be relevant to the sexually active kids. I hear this a lot from the federal agencies who say, "Well yes, abstinence is fine but, what about the sexually active kids?" What about them? I can show you some other studies that suggest that when sexually active kids are given access, information, and instruction about condom use, it does not change teenage pregnancy rates or STD rates. These sexually active kids, in fact, are more responsive, more receptive to the abstinence message; that is, we see more pre-post change from that group of kids than we do for those who have never had sexual experiences. We asked a large sample of sexually active kids what the number one thing was that they thought teens their age needed to hear, and we gave them fourteen choices. Their number one choice was, "How do you change your life if you started down the wrong road?" Number two was, "How do you have a good relationship with somebody without having sex?" Last on the list, was "How do I get more information about contraceptives and how to use them?" That was the thing they were least concerned about. There's a message there. We're not serving these young people if we ignore that position.

The other assumption that's changing now in our country is that we could focus on teen pregnancy and fix that and ignore everything else, and somebody else would worry about drug and alcohol use, and somebody else would worry about STDs. In fact, the purpose of the meeting at the Center for Disease Control, the national organization that looks at these issues, was basically to bring together the four organizations in CDC that dealt with risk behavior, which, up until that time, didn't talk to each other. There was a unit dealing with STDs. There was a unit dealing with drug and alcohol prevention. There was a unit dealing with teen pregnancy. They were treating all of those problems as if they existed in isolation. The fact is that risk behaviors in teenagers travel in clusters, and if we're going to treat one of those problems and ignore the rest of them, we'll have an ineffective strategy.

It is imperative to change direction quickly—to implement preventive interventions that focus on more than just

presentation of information. We must take into account known correlates and causes of high risk behavior. Our research over the last ten years has been doing that, and we have looked at over one hundred different possible causes and correlates of high risk behavior. There are a lot of things that we could put on the list. We have tried in our research to identify not only the important causes and correlates of high risk behavior, but there are over one hundred of them. In fact, a newspaper coming out this summer [2000] has identified two hundred. How do you deal with two hundred correlates of high-risk behavior programmatically? You don't. You can't. We think the challenge is to identify the four or the five or the ten that are the most central, that will give us the most leverage in changing adolescent risk behavior. Here's an example of a simple correlate. This is a sample of kids in seventh, eighth, and ninth grades in the Midwestern United States. The sexual activity rate, those who had had a sexual experience during their school year, was 13.7 percent. However, it was only half that high if there had been no alcohol use in their life. It was 20 percent if, during the past year, they had used alcohol between one and three days per month. If they had used it between one and seven days per week during the past year, it was 46 percent, which is about four times higher. There's a strong correlation between risk behavior pertaining to sexual activity and risk behavior pertaining to drugs, alcohol, etc. In fact, I added the drug figures on—it goes from 46 percent, add another 10 percent and you're up to 56 percent. Risk behavior of all kinds correlates together.

What we've been doing, then, is trying to better identify what are the biggest and most important predictors of this behavior. I've collected data on over 40,000 teenagers now, I've run this analysis on nearly every sample I've collected, including those from Russia and South America and about twenty or thirty states here in the United States, and I always get the same pattern. The most significant, the most potent, the most consistent predictor of risk behavior is their value system. The sense of what's good and bad, right and wrong, important and not important, is more potent, more powerful, and has more impact on behavior than anything else. Notice, by the way, what's missing—there's nothing in here about information. Why is that? Why is information not on there? Because there is no relationship between information and knowledge and behavior. The big predictor was a scale. We measured this, it's a reliable scale with an alpha coefficient of 0.93, very reliable, and a very strong and consistent predictor. The beta coefficient, is 0.55. That's very high. The r^2 value is 0.72 which is extremely high. Most data that gets published, if you're explaining 10 or 15 percent of the variance, you have bragging rights. If you get 50 percent you'll be famous. If you get 72 percent nobody will believe you because it's so high, and this has showed up in every analysis I have done. Your value system is the best predictor.

Coming along here at a close second is a scale that we call personal efficacy, and it has to do with the level of confidence that they have that they can engage in specific behavior that will produce valued results. "I am confident, I am sure, I am able." You can see why these two things go together. You could have a young person who values abstinent behavior but has no confidence that they can engage in the behavior that will produce that outcome. Or you can have a kid that's very confident and self-assured but has a weak and flaky value system. It takes both of those things together to produce change and behavior. Here are my illustrations of that. In my country we play American football. They play it in the junior high schools, in the high schools, and in the colleges, and it's a big deal. A bigger deal than it ought to be. We've got the high school quarterback who is a very confident, self-assured high self-esteem kid, and a very effective seducer. You cannot rely on one single factor to produce the change that you're looking for. That's why we're looking at this in what we call a multi-variant analysis. We've run this test with over a hundred variables and these keep coming up consistently as the best predictors. Everything else drops by the wayside.

This has to do with several things, including the age at which parents allow their children to date, and whether they allow them to be steady daters. I was in Armenia a few years ago, and I really liked what I saw. I saw a group of girls coming into the town square in Aruban, supervised by two adult women. These were teenage girls. I thought yes, that's a great system, and the boys were standing around loosely on the edges, sort of gawking and looking, but that's as close as they got. I thought "Man, I'm going to go home and tell my girls about this. They'll love this." It has to do also with the kind of culture that they live in and the extent to which they believe that that opportunity will be presented to them. It is mostly affected by early dating, frequent dating, steady dating, and lack of supervision by parents.

I recently analyzed some data in Louisiana, where we questioned students about their parents' expectations. Questions were typically something like, "Do your parents have any rules or expectations about the age when you can begin dating?" and so on. One question was, "Do your parents have rules and expectations about chores and duties around the home and about doing your homework from school?" Would you believe the answers were "No, my parents don't have any rules about dating, but they have a lot of rules about homework"? What's the message here? The kids also believe the parents have no standards and expectations about whether it's okay to have sex or not. The message here is it's okay to have sex, kids, but get your homework done first. Years ago we had a TV program in our country called "The \$64,000 Question" and now we have one called "Who Wants to be a Millionaire?" This is the million dollar ques-

tion: If the value system of kids is one of the key factors driving behavior, then what, in fact, affects the kids' value system? We went back another level in our analysis and said, "How do we account for, how do we explain their value system? How do we explain personal efficacy? How do we explain opportunity?" We found that two of the big factors were the parents' value system, and the extent to which the kids respected the parents' opinions.

Let me tell you a personal story—it has nothing to do with data, it is anecdotal—I remember as a fifteen-year-old boy I had a room downstairs in our home, and I remember my father coming down the stairs. I should tell you by way of background, that he was not a religious man. He was a man of moral conviction and ethical standards, but he did not go to church on Sundays, especially if it was opening day of fishing season or hunting season. But, I had great respect for him. When he told me things, I believed him. We had a good relationship, we were close, and we did a lot of things together. So, when he told me something, it made a difference, and when he came down with a little pamphlet in his hand one time, beads of sweat on his forehead, I knew something was up. He stuttered and he stammered and then he finally thrust this little pamphlet toward me and he said, "Here, read this. It will explain it better than I can." The pamphlet had a yellow cover and it had a few gory pictures in there with diseased genitalia on it, but that wasn't the important thing. What happened next was the important thing and, if it had been written inside my eyelids with indelible ink it wouldn't have stayed any better or been more memorable to me, and I believed him because he lived it. He said, "Don't ever, ever take advantage of a young woman." End of lesson. I didn't learn all about the human reproductive system and how long the fallopian tubes were and all the rest of that stuff. I just learned that you respect women. The value was implanted in me so securely, so deeply that it never left, and I never violated it.

When we talk about the parents' values, the parents not only have to have values, they have to live them, they have to express them, and the relationship between the parent and the child has to be strong because that relationship is the bridge by which values are transmitted from one generation to the next. Without the bridge you might as well stand on the edge of Grand Canyon, which in our country is a big chasm, and holler at your kids on the other side and hope that the wind doesn't carry everything downwind before it gets to them. The value transfer, the value transmission process is a key one. If we take parents out of the loop, out of the equation, out of the solution, we are going to miss the major portion of where we can have an impact. Some may say, "Well, this is the way we do it in America, we have the schools do it, we take the parents out of it." The problem with our strategy in this country is we've got the wrong message,

the contraceptive message and the message that “sex is okay, just be responsible.” We’ve got the wrong message going through the wrong channel, which is the schools and the television system and some community agencies. We’re doing two things wrong. There are some changes occurring. I’ve seen in the last five years some pretty amazing things happening because we finally had to face the data and say what we have been doing has not worked. If you have any sense of integrity you’ve got to give it up and try something else.

In addition to the parents’ values and respecting parents’ opinions, the importance of religion and attending church was an important predictor. However, do you know any kids who, on their own, without parental encouragement, support and example, attend church and think it’s important? Not hardly. Self-concept was a good predictor of both the value system and personal efficacy. Where do you think a health self-concept and a healthy self-esteem come from? Do you think they’re born with it? Do you think they get it at school? Oh, maybe a little. The primary factor again is the parents—the families.

The problem that we’re trying to solve in this country in terms of teen pregnancy and STDs is a complicated one, not a simple one. It has very little to do with contraception and information. It has a lot to do with value systems and culture, and with personal efficacy and some of those more difficult notions to grasp but, until we grasp them and incorporate them into our strategies, we won’t succeed.

I have a project that I’m evaluating now back on the east coast where, in the short run, we have seen a big effect on changing the value system, even in the public schools. A big effect on changing your level of personal efficacy. A big effect on independence from peer influence. A big effect on future orientation. By the time you get a half a dozen of these changed, you can expect a change out here both in intention and in behavior. Let me illustrate that. Peer influence could be either positive or it could be negative. We just made some simple dichotomies here. Here’s dating behavior, early dating, frequent dating, steady dating. Here’s alcohol use. Here’s the value system across here. Notice what happens. Under the most optimum combination, that is positive peer influences, you’re not dating early and frequently—this was tough for my daughters because as they were growing up I knew about this data, and I said, “Well, no problem, you can date when you’re twenty-five.” They didn’t buy that, but we did hold the line, they were allowed to group date when they were sixteen—that is, if anybody would have them by that time because of course they were old maids. When my youngest son, who’s now almost twenty-one, was leaving to go to Korea on assignment for our church, I was seeing him off at the airport with his mother, my wife, and I gave him a big hug and told him I loved him, and I said, “Are you disappointed that it’s your old dad here giving you a hug

instead of some pretty girl?” He said, “No dad, that’s the way I planned it.” The neighbor boy, who was a friend of his, had different plans. He got a young lady pregnant. He got married at nineteen. He struggled to make ends meet. I give them two more years and they’ll be divorced. Our family culture, our family dynamics are so powerful, so potent, and so important we must not allow anybody to rob those from us.

As the value system changes, the best combination was positive peers, no dating behavior, no alcohol use, and high values. The transition from virgin to nonvirgin status in a twelve-month time period was 4.6 percent. The average is 13–15 percent. As the value system weakens, the transition rate is three times higher. Just changing the values, everything else was the same. The worst possible combination is to have negative peers, dating early and frequently and steadily, using alcohol, low values—the transition rate is 48 percent. It’s ten times higher. We’re not talking just about intention. We’re talking about actual behavior and looking at the transition and the factors that influence that transition. See how that works.

Our interventions in this country are poorly designed for the most part. Some of them rely on TV commercials, and that could affect a kid’s awareness, but that’s about all. Others are designed on giving kids more information. That might affect a kid’s knowledge. They may or may not understand it, but if they do understand it, it still wouldn’t change behavior. Not until we start affecting their belief system, their value system, their efficacy and skill level, their commitment level, and put it into practice can we have any hope of impacting behavior. Most of our interventions right now are up at this level, we’ve got to get down to that level. Then that positive behavior needs to be reinforced.

Part of my message here is that we need to think about not only the assumptions that we base our interventions on, but the level that we reach in the life experience of the child. We’ve got to reach down deep into that system before we’re going to affect behavior. We’re not going to affect it up here, we’re not going to affect it here, we’re not going to do very much here, we’ll start getting a little bit here and then when we impact their value system, their level of efficacy, their personal commitment, practice, and positive behaviors reinforced can we have any hope of moving them in the right direction in terms of behavior.