

The Impact of a Male Mentoring Program on Academic Achievement in Central Kentucky: Please Call Me Mister Project

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Abstract

Data suggesting help is needed to reduce the disparities in academic, social, and health disparities among minority youth were the catalyst for the development of Kentucky State University's Please Call Me Mister Project. Research has shown that an inverse relationship exists between academic achievement and health risk behaviors. Please Call Me Mister Project is a theoretically and empirically based after-school interactive male mentorship intervention for two cohorts of boys attending middle and high school students in three counties in Kentucky. The study employs a quasi-experimental design that includes two cohorts of boys, those in the intervention cohort and those in the comparison group cohort. Intervention group participants are boys attending middle schools (grades 6, 7 and 8) located in Franklin County, Kentucky. Their comparison group counterparts are a cohort of boys attending middle schools located in Scott County and Fayette County, located approximately 30 miles from Franklin County. Both intervention and comparison group participants are followed into high school. The project is designed to assist youth with their academic, personal, social, and leadership development through exposure to ten 45-minute sessions that include goal setting, future aspirations, responsibility, conflict resolution, avoiding risky behaviors, graduating from high school and college, leadership, and participation in the political process. A baseline survey was administered during the 2017-2018 school year. The follow-up survey was administered during the 2018-2019 school year. The purpose of this quasi-experimental designed study was to determine if statistically significant relationships exist between health-risk behaviors and academic achievement among boys participating in the Please Call Me Mister Project at 12-month follow-up. Results revealed that intervention participants' academic performances were significantly higher among intervention cohort participants. In addition, although not statistically significant, participants showed higher future aspiration. At follow-up, they were more likely to report being bullied and experiencing depression. Despite these unexpected and not yet explained findings, the researchers are heartened by the improvements in grade point averages and believe the data uncovered in this study offer great direction for the trending behaviors that will be addressed in future sessions.

Keywords: Mentoring • African American • Hispanic • Male • Youth

Introduction

Research has shown that an inverse relationship exists between academic achievement and health risk behaviors [1,2]. Proficient academic skills are associated with higher adoption of health behaviors and lower adoption of risky behaviors [3,4]. Students who obtain higher scores in

school are less likely to participate in maladjusted behaviors in and out of the school setting, that is, they are more likely to make healthy behavioral decisions that reflect their future aspirations [5,6]. These youths are not only more likely to abstain from activities that may derail their futures, but also to abstain from negative peer influences. They are also more likely to have positive parental support [7,8].

It is well documented that a divide exists between the academic achievement of African American and Hispanic students and their White counterparts [9,10]. Minority students are more likely to live in impoverished and high crime areas where they may be exposed to negative influences [11]. They are also more likely to attend schools with fewer educational and support resources and to have teachers with lower expectations regarding their capabilities [9-12].

Many African American youth are living at or near poverty levels, in families with no health insurance, and may or may not have the knowledge or academic opportunity to practice intellectually promoting behaviors [13,14]. The deficiency in studies that focus on boosting the scholastic standing of minority students through provision of risk reduction strategies and behavior change interventions has led to a gap in understanding what methods are most effective [15].

The Centers for Disease Control and Prevention (CDC) have identified six health-risk behaviors that are responsible for the leading causes of mortality, disability, and social problems among American youth as well as adults [16]. They include substance use (tobacco, alcohol, and other drug use), sexual behaviors that contribute to unintended pregnancies and sexually transmitted infections, unintentional injury and violence, unhealthy dietary behaviors, and physical inactivity. The CDC has used its Youth Risk Behavior Surveillance System to collect data about these health risk behaviors among school-age youth [17].

Data suggesting help is needed to reduce the disparities in academic, social, and health disparities among minority youth were the catalyst for the development of Kentucky State University's Please Call Me Mister Project (PCMMP). PCMMP is a theoretically and empirically based after-school interactive male mentorship intervention for middle and high school students. This quasi-experimental study was conducted to determine if statistically significant relationships exist between health-risk behaviors and academic achievement among boys participating in the PCMMP.

Methods

The study was approved by the Institutional Review Board of Kentucky State University to compare the effects of the PCMMP on boys attending this after-school program against the effect of a standard-care intervention (receipt of the CDC youth self-help booklet) provided to a comparison group of male students. Prior to the start of the study, the investigative team sent a letter to middle school principals leading schools located in ethnically diverse, socioeconomically disadvantaged communities in Frankfort, Kentucky, requesting their schools' participation. After agreement was obtained, points of contact were assigned by the administrators for each school. The school contacts coordinated the distribution of letters to parents of students attending the study schools notifying them about the study and their active consent was requested. Boys who returned signed consent forms became participants in the study.

Data were collected via self-administered survey at both intervention and comparison schools at baseline (year 1-2017-2018 school year). Intervention group participants are a cohort of boys attending middle schools (grades 6, 7 and 8) located in Franklin County, Kentucky. Their comparison group counterparts are a cohort of boys attending middle

schools located in Scott County and Fayette County, located approximately 30 miles from Franklin County. Both intervention and comparison group participants are followed into high school. The follow-up survey was administered during the 2018-2019 school year. As students matriculate into high school, the aforementioned methodology is repeated by PCMMP administrator to continue tracking and to provide the intervention to intervention group participants. Inclusion criteria for all participants included the ability to speak, read, and write English.

The survey was administered in an after-school setting by trained Kentucky State University staff. Before survey administration, an explanation about the purpose of the survey and students' rights as research subjects were provided. Comparison group participants received a \$10 K-Mart or Walmart gift card after each observation as well as free admission to sports, musical, and theatrical events on their campuses for their involvement in the project. Intervention group participants were not afforded gift cards or other incentives; however, they were afforded all intervention components at no charge.

The importance of the study and the procedures in place to assure confidentiality were explained to students before each data collection. Students who did not want to participate or whose parent(s) denied consent were given an alternate activity. To obtain the maximum number of student responses, reasonable efforts (at least two attempts within a two-week period) were exerted to locate and students who were absent during scheduled survey administration days.

Intervention

The PCMMP is designed to assist youth with their academic, personal, social, and leadership development. Specifically, youth are exposed to ten 45-minute sessions that include goal setting, future aspirations, responsibility, conflict resolution, avoiding risky behaviors, graduating from high school and college, leadership, and participation in the political process. The main emphasis of the program is on creating perceptions of the benefits of avoiding high risk behaviors and focusing on behaviors that enhance academic success (i.e., graduating from high school and/or college).

The social cognitive theory [18] provides the primary framework for the operationalization of PCMMP, specifically that behavior is a result of the interaction between personal factors (knowledge level, personal values, attitudes, beliefs, and self-efficacy), environmental (both social and physical aspects of the individual's surroundings and include elements such as influential role models, social and normative support, and availability of facilities and resources that support or discourage a particular behavior), and behavioral influences (current behavioral patterns and behavioral capabilities).

Before implementation, the PCMMP, a community advisory group was created to develop an infrastructure for bi-directional information transmission from parents, students, mentors, and stakeholders in the Frankfort community. Stakeholders were selected by a nomination process. Contacts throughout Frankfort were asked to make recommendations for youth advocacy leaders and/or minority serving organizations that should serve on this advisory group. The research team ensured that advisory board members represent a broad range of demographic characteristics and opinions. The board is made up of 10 members who meet quarterly in full session and in smaller meetings to accomplish specific tasks. Several key functions of the advisory groups that were performed in year one of the project included reviewing the intervention plans of mentors, providing feedback on specific youth norms, and reviewing the intervention methodology. Based on the advisory groups' feedback, bi-directional ideas were shared to enhance the team's intervention methodology and the intervention framework was tailored to meet the need of the targeted students to include academic, leadership, social, and personal development.

Measures

The Child and Youth Resilience Measure (CYRM-28) [19] is a self-report of the available individual, relational, communal, and cultural assets that may amplify the resilience of youth and adults. Option 2 of the CYRM-28 was used to ensure middle school students' capacities to understand all

questions. A three-point response scale ("No", "Sometimes", and "Yes") is used.

The Child Depression Inventory 2 (CDI-2) is an abbreviated version of the CDI. It evaluates the well-being of respondents [20]. The CDI-2 includes 10 items that assess respondents' moods over the past 2 weeks. Items consists of three statements ordered in cumulative severity from 0 to 2. For example, for a question such as "I am sad all the time", a score of 2 indicates higher depressive mood and lower well-being.

The future orientation inventory [21] measures respondents' aspirations and confidence in their abilities to overcome adversity. This inventory is operationalized by totaling responses to 9 questions. A four-point scale ranging from "Strongly disagree" (scored as 0) to "Strongly agree (scored as 4) is used.

The online victimization scale is used to assess instances of cyberbullying. The response scale ranges from 1 (never) to 6 (everyday). For example, a question such as "People have said negative things online (like rumors or name calling) about how I look, act, or dress" with a score of 6 indicates higher online victimization [22]. Participants' grade point averages were obtained from school administrators. Additional measures included youth resilience, depression, future orientation, and online victimization.

The researchers hypothesized that boys participating in the PCMMP would have higher prevalence grade point averages at 12-month follow up compared to their comparison group counterparts. It is also hypothesized that they will have higher resilience and aspiration and lower depression and online victimization at follow-up. To test the effectiveness of the intervention, hierarchical regression modeling and independent sample T-testing were used to determine differences at 12-month follow-up. The level of significance was set at $\alpha = 0.05$.

Results

Demographics

During the 2017-2018 school year, there were 166 male (83 in treatment and 83 control group) participants who participated in the KSU-PCMMP baseline survey. Of this cohort, the majority identified as African American (64.5%) and Hispanic American (33.7%) and were mainly between the ages of 11 and 13 years of age: 11 (25.3%), 12 (27.7%) and 13 (34.4%).

Comparing baseline (2017-2018 school year) to the second observation of the study (2018-2019 school year), approximately 95 percent of intervention cohort participants were retained in the study (baseline, 83 participants vs. year 2, 79 participants). Comparably, amongst their counterparts in the comparison group, 89 percent of participants were retained at time 2 of the study (baseline, 83 participants vs. year 2, 74 participants).

Main outcome – grade point average

Intervention cohort participants showed a significant difference in the main outcome variable, Grade Point Average (GPA) from baseline to first follow-up (2.2 to 3.12, $p < 0.05$). A hierarchical regression was performed to adjust for the differences in GPAs within individual schools. The results showed that GPAs stratified by individual schools had no significant impact on participant GPAs (Model 1 GPA 0.232, $p = 0.000$ vs. Model 2 GPA Individual Schools 0.242, $p = 0.568$).

Additional outcomes

The results of additional analyses indicated no significant differences between groups related to youth resilience (67.49 Time 1 vs. 64.81 Time 2) ($p > 0.05$) and future orientation (14.96 Time 1 vs. 15.89 Time 2) ($p > 0.05$). However, significant differences were observed related to online victimization (bullying) (25.74 Time 1 vs. 29.64 Time 2) ($p < 0.05$) and depression (8.43 Time 1 vs. 8.82 Time 2) ($p < 0.05$).

Discussion and Conclusion

During the second year of the PCMMP, participants' academic performances were significantly higher among intervention cohort participants. In addition, although not statistically significant, participants showed higher future aspiration. At follow-up, they were more likely to report being bullied and experiencing depression. While this is not in the expected direction, the researchers believe through anecdotal evidence that participants became more aware of their feelings through the intervention provided as well as more aware of instances of cyberbullying through their understanding of what this form of victimization entails. Although there have not been many studies investigating the impact of higher academic performance on youth in Franklin County, the authors hypothesize that during the last observation period (time 3 of the study), intervention group participants will report higher resilience, future orientation, and other health promoting behaviors as well as lower online victimization (bullying) and depression in addition to higher academic achievement.

When circumstances allow (following COVID-19 stay-at-home orders), focus groups will be held with students to identify why this unexpected difference occurred. Despite these unexpected and not yet explained findings, the researchers are heartened by the improvements in grade point averages and believe the data uncovered in this study offer great direction for the trending behaviors that the Kentucky State University PCMMP team will concentrate on in future sessions.

There are three limitations to the current study. Because of the small sample of students in the current study, conclusions regarding students who reside in Central Kentucky are extremely limited. Although this study provides a start, larger comparative studies will provide a more accurate reflection of the rates of the explored academic performance. Next, this study does not reflect the entire youth population in Central Kentucky due to the lack of inclusion of private or homeschooled students. Last, the present study is limited by the number and types of questions asked of the students. Nonetheless, the data uncovered in this research offer potential direction for larger studies investigating the causal differences in academic enhancement among middle high school students in Central Kentucky.

References

1. Bugbee B.A., et al. "Substance use, academic performance, and academic engagement among high school seniors." *J Sch Health* 89.2 (2019): 145-156.
2. Bradley B.J. & Greene A.C. "Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors." *J Adol health*. 52.5 (2013): 523-532.
3. Sun W., et al. "Associations of weekday-to-weekend sleep differences with academic performance and health-related outcomes in school-age children and youths." *Sleep Med Rev*. 46 (2019): 27-53.
4. Lee J.O., et al. "Mechanisms linking high school graduation to health disparities in young adulthood: A longitudinal analysis of the role of health behaviours, psychosocial stressors, and health insurance." *Public Health*. 139 (2016): 61-69.
5. Mazzetti G., et al. "The impact of learning strategies and future orientation on academic success: The moderating role of academic self-efficacy among Italian undergraduate students." *Edu Sci* 10.5 (2020): 134.
6. Poudell T.N. & Maharjan R.K. "Association between the level of aspiration and achievement of students of secondary level." *J Adv Acad Res*. 55.4 (2017): 2362-1303.
7. Silinskas G. & Kikas E. "Parental involvement in math homework: Links to children's performance and motivation." *Scandinavian J Edu Res* 63.1 (2019): 17-37.
8. Cole S.A. "The impact of parental involvement on academic achievement. (doctoral dissertation)." Procentral University, Prescott Valley, AZ. ProQuest LLC, Ann Arbor, MI (2017).
9. Eaton A.A., et al. "How gender and race stereotypes impact the advancement of scholars in STEM: Professors' biased evaluations of physics and biology post-doctoral candidates." *Sex Roles* 82.3-4 (2020): 127-141.
10. Weir K. "What's behind the racial disparity in our education system?" *Monitor on Psychol* 47.10 (2016): 42.
11. Williams J.M., et al. "Protective factors and processes contributing to the academic success of students living in poverty: Implications for counselors." *J Multicult Couns Devel* 45 (2017): 183-200.
12. Liou D.D. & Rotheram-Fuller E. "Where is the real reform? African American students and their school's expectations for academic performance." *Urban Education* 54.3 (2019): 397-429.
13. McKenzie K. "The Effects of Poverty on Academic Achievement." *BU Journal of Graduate Studies in Education* 11.2 (2019): 21-26.
14. Rew L., et al. "Predictors of adolescents' health-promoting behaviors guided by primary socialization theory." *J Spec Pediatr Nurs* 18.4 (2013): 277-288.
15. Peters R.J. Jr., et al. "Sexual education issues and methodologies tailored towards African American inner city boys." *Am J Sex Educ* 5.2 (2010): 116-127.
16. Centers for Disease Control and Prevention (CDC). "Methodology of the youth risk behavior surveillance system – 2013." *MMWR. Morbidity and Mortality Weekly Reports* (2013).
17. Centers for Disease Control and Prevention. "Youth risk behavior survey questionnaire middle school." (2017).
18. Bandura A. "Social foundations of thought and action." Upper Saddle River, NJ: Prentice Hall (1986).
19. Ungar M. & Liebenberg L. "The International Resilience Project: A mixed methods approach to the study of resilience across cultures. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts*." Thousand Oaks, CA: SAGE. (2017): 211-226.
20. Kovacs M. "Children's depression inventory manual." Toronto, ON: Multi-Health Systems, Inc. (2010).
21. Lin M.T., et al. "The relationship between perceived psychological distress, behavioral indicators, and African-American female college student food insecurity." *Am J Health Stud*. 28.3 (2013): 127.
22. Tynes B.M., et al. "The development and validation of the online victimization scale for adolescents." *Cyberpsychology: Journal of psychosocial research on cyberspace* 4.2 (2010): 1-15.

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