Science and Success

SEX EDUCATION AND OTHER PROGRAMS THAT WORK TO PREVENT TEEN PREGNANCY, HIV, AND SEXUALLY TRANSMITTED INFECTIONS

EXECUTIVE SUMMARY

ADVOCATES FOR YOUTH 2012, THIRD EDITION

Debra Hauser, President
email: info@advocatesforyouth.org

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.

This document is a revised and enlarged version of the first edition, published in 2003. All versions were principally researched and compiled by Sue Alford, with assistance from Emily Bridges, Tanya Gonzalez, Laura Davis, and Debra Hauser.

ISBN: 0-913843-34-5

2000 M STREET NW, SUITE 750 WASHINGTON DC 20036 USA
P:202.419.3420 F:202.419.1448 www.advocatesforyouth.org

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Introduction

Teen pregnancy in the United States has declined significantly in the last two decades.[1] Despite these declines, rates of teen birth, HIV, and STIs in the United States remain among the highest of any industrialized nation.[2] Socio-economic, cultural and structural factors such as poverty, limited access to health care, racism and unemployment contribute to these high rates. Yet, behavioral interventions also show promise for helping young people reduce their risk for unwanted pregnancy, HIV and other STI. Program planners can look to the body of available evaluation and research to identify programs to help young people learn the information and skills necessary to reduce their risk. Many of these programs are best suited for implementation by community-based organizations or in after school-programs or clinics. These programs can be used to provide a foundation for sex education, yet none is comprehensive enough to stand alone in substitute for comprehensive sexual health education. School-based educators should instead look to the *National Sexuality Education Standards: Core Content and Skills, Grades K-12* available at www.FutureofSexEd.org for guidance concerning the development and implementation of comprehensive, age-appropriate sexual health education.

Advocates for Youth recognizes however, that communities across the United States are interested in implementing evidence-informed programs that can help young people reduce their risk for unintended pregnancy, HIV and other STIs. To that end, Advocates reviewed the existing literature to identify programs with evidence of effectiveness. A description of these programs follows.

Criteria for Inclusion—The programs included in this document all had evaluations that:

- Were published in peer-reviewed journals (a proxy for the quality of the evaluation design and analysis);
- Used an experimental or quasi-experimental evaluation design, with treatment and control/comparison conditions;
- Included at least 100 young people in treatment and control/comparison groups.

Further, the evaluations either:

- Continued to collect data from both groups at three months or later after intervention

And

- Demonstrated that the program led to at least two positive behavior changes among program youth, relative to controls:
  - Postponement or delay of sexual initiation;
  - Reduction in the frequency of sexual intercourse;
  - Reduction in the number of sexual partners / increase in monogamy;
  - Increase in the use, or consistency of use, of effective methods of contraception and/or condoms;
  - Reduction in the incidence of unprotected sex.

Or:

- Showed effectiveness in reducing rates of pregnancy, STIs, or HIV in intervention youth, relative to controls.

Program Effects—Thirty-six programs met the criteria described above: these 36 programs were able to affect the behaviors and/or sexual health outcomes of youth exposed to the program.

- **Risk Avoidance Through Abstinence**—Sixteen programs demonstrated a statistically significant delay in the timing of first sex among program youth, relative to comparison / control youth. One of these programs is an intervention for elementary school children and their parents. The other 15 programs target middle and high school youth and all include information about both abstinence and contraception, among other topics and/or services. (See Table A)
- **Risk Reduction for Sexually Active Youth**—Many of the programs also demonstrated reductions in other sexual risk-taking behaviors among participants relative to comparison /control youth. (See Table A)
  - 16 programs helped sexually active youth to increase their use of condoms.
  - 13 programs showed reductions in the number of sex partners and/or increased monogamy among program participants.
  - 10 programs assisted sexually active youth to

reduce the frequency of sexual intercourse.

- 11 programs helped sexually active youth to reduce the incidence of unprotected sex.
- 9 programs demonstrated success at increasing use of contraception other than condoms.

- **Reduced Rates of Teenage Pregnancy or Sexually Transmitted Infections**—Twenty-one programs showed statistically significant declines in teen pregnancy, HIV or other STIs. Fourteen demonstrated a statistically significant impact on teenage pregnancy among program participants and seven, a reduced trend in STIs among participants when measured against comparison / control youth. (See Table A)
- **Increased Receipt of Health Care** *or* **Increased Compliance with Treatment Protocols**—Four programs achieved improvements in youth's receipt of health care, compliance with treatment protocols, or other actions that improved their health. (See Table A)

Programs' Setting—The programs and their evaluations are grouped in this document in three sections.

- Section I describes 14 effective programs designed for and evaluated in school settings, including some that are linked to reproductive health care.
- Section II describes 14 effective programs implemented by community agencies outside of the school or clinic environment.
- Section III describes 8 effective, clinic-based programs.

To view a table summarizing of programs' settings as well as the grade range, locale, and populations served by each, please see Table B. For a more detailed description of each program and its evaluation refer to the relevant sections of this document.

Within the description of each program, Advocates for Youth includes information about the program's components, the populations with whom the program is most effective, evaluation methodology, and evaluation findings. When applicable, Advocates includes this same information regarding replications. Finally, each program summary includes contact information for learning more about and/or ordering the program.

Note: A number of evaluated programs did not meet all the criteria for inclusion in this document, yet may be worth considering. Programs were not included here if the evaluation:

- Has not been published in a peer-reviewed journal;
- Found or measured only one positive behavior change;
- Did not include a comparison or control group; and/or
- Did not include at least 100 young people in participation and comparison / control groups, combined.

For more information about these and other programs, please visit www.advocatesforyouth.org/programsthatwork/

This paper uses the researchers' own language to identify race/ethnicity. In program summaries, the terms African American, Black, Hispanic, and Latina all may occur.

TABLE A. EFFECTIVE PROGRAMS: IMPACT ON ADOLESCENTS' RISK FOR PREGNANCY, HIV AND STIS

Note: Blank boxes indicate either 1) that the program did not measure nor aim at this particular outcome/impact or 2) that the program did not achieve a signifi cant positive outcome in regard to the particular behavior or impact.

	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced Number of Sex Partners	Increased Monogamy	Reduced Incidence of Unprotected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy / Birth
School Programs										
Aban Aya Youth Project		•				•				
AIDS Prevention for Adolescents inw School				•		•			•	
Get Real about AIDS			•			•				
It's Your Game: Keep it Real	•	•								
Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	•	•					•			
Postponing Sexual Involvement, Human Sexuality and Health Screening	•						•			
Promoting Health Among Teens	•	•								
Reach for Health Community Youth Service		•				•	•			
Reducing the Risk	•				•		•			
Safer Choices	•				•	•	•	•		
School / Community Program for Sexual Risk Reduction among Teens	•					•				•
Seattle Social Development Project	•		•			•				•
Self Center (School-linked health center)	•				•		•	•		•
Teen Outreach Project (TOP)										•
Community Programs										
Abecedarian Project										•
Adolecents Living Safetly		•	•			•				

TABLE A. CONTINUED

	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced Number of Sex Partners	Increased Monogamy	Reduced Incidence of Unprotected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy / Birth
Be Proud! Be Responsible!		•	•			•				
Becoming a Responsible Teen	•	•			•	•				
California's Adolescent Sibling Pregnancy Prevention Program	•						•			•
Children's Aid Society-Carrera Program	•					•	•	•		•
Community Level HIV Prevention for Adolescents in Low-Income Developments	•					•				
¡Cuidate!		•	•		•	•				
FOCUS									•	•
Focus on Kids Plus ImPACT										•
Making Proud Choices!	•	•			•	•				
Multidimensional Treatment Foster Care										•
Poder Latino	•		•							
Project TALC										•
Clinic Programs										
CAMI+										•
HIV Risk Reduction for African American and Latina Teenage Women			•		•				•	
HORIZONS						•			•	
Project RESPECT					•				•	
Project SAFE (Sexual Awareness for Everyone)			•	•	•			•	•	
SiHLE			•		•	•			•	•
Tailoring Family Planning Services to the Special Needs of Adolescents							•			•
TLC: Together Learning Choices			•		•					

TABLE B. EFFECTIVE PROGRAMS: SETTINGS AND POPULATIONS SERVED

Note: Blank boxes indicate either 1) that the program did not measure nor aim at this particular outcome/impact or 2) that the program did not achieve a signifi cant positive outcome in regard to the particular behavior or impact.

	Urban	Suburban	Rural	Elementary School	Middle School	Sr. High	18-24	White	African American/ Black	Hispanic/ Latino	Asian	Sex
School Programs												
Aban Aya Youth Project	•				•				•			*M*
AIDS Prevention for Adolescents inw School	•					•		•	•	•	•	*BOTH*
Get Real about AIDS	•	•	•			•		•		•		*BOTH*
It's Your Game: Keep it Real	•				•				•	•		*BOTH*
Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	•				•				•			*F*
Postponing Sexual Involvement, Human Sexuality and Health Screening	•				•				•	•		*BOTH*
Promoting Health Among Teens	•				•				•			*BOTH*
Reach for Health Community Youth Service	•				•				•	•		*BOTH*
Reducing the Risk	•	•	•			•		•	•	•	•	*BOTH*
Safer Choices	•	•				•		•	•	•	•	*BOTH*
School / Community Program for Sexual Risk Reduction among Teens			•	•	•	•		•	•			*BOTH*
Seattle Social Development Project	•	•		•				•	•		•	*BOTH*
Self Center (School-linked health center)	•				•	•			•			*F*
Teen Outreach Project (TOP)	•	•	•			•		•	•	•		*BOTH*
Community Program												
Abecedarian Project	*Not Specified*								•			*BOTH*
Adolecents Living Safetly	•				•	•			•	•		*BOTH*

TABLE B. CONTINUED

	Urban	Suburban	Rural	Elementary School	Middle School	Sr. High	18-24	White	African American/ Black	Hispanic/ Latino	Asian	Sex
Be Proud! Be Responsible!	•				•	•			•			*M*
Becoming a Responsible Teen	•				•	•			•			*BOTH*
California's Adolescent Sibling Pregnancy Prevention Program	•		•		•	•				•		*BOTH*
Children's Aid Society-Carrera Program	•				•	•			•	•		*F*
Community Level HIV Prevention for Adolescents in Low-Income Developments	•				•	•			•		•	*BOTH*
¡Cuidate!	•					•				•		*BOTH*
FOCUS	•						•	•	•	•		*F*
Focus on Kids Plus ImPACT	•				•	•			•			*BOTH*
Making Proud Choices!	•				•				•			*BOTH*
Multidimensional Treatment Foster Care	*Does not specify; took place in homes across Oregon*				•	•		•				*F*
Poder Latino	•				•	•	•			•		*BOTH*
Project TALC	•				•	•		•	•	•		*BOTH*
Clinic Programs												
CAMI+	•				•	•			•			*F*
HIV Risk Reduction for African American and Latina Teenage Women	•				•	•	•		•	•		*F*
HORIZONS	•					•	•		•			*F*
Project RESPECT	•					•	•	•	•	•		*BOTH*
Project SAFE (Sexual Awareness for Everyone)	•					•	•		•	•		
SiHLE	•	•			•	•			•			*F*
Tailoring Family Planning Services to the Special Needs of Adolescents		•	•		•	•		•				*F*
TLC: Together Learning Choices (This program is also effective with American Indian Youth)	•				•	•	•		•	•		*BOTH*

I. School Based Programs

Evaluation has shown that sex education programs that includes information about both abstinence and contraception does **not** increase the frequency nor hasten the onset of sexual intercourse.[3,4,5,6,7]

ABAN AYA YOUTH PROJECT

This classroom-based youth development curriculum, aimed at African American youth in grades 5-8, emphasizes African cultural values, heritage, and literature. The curriculum teaches cognitive-behavioral skills to build self-esteem and empathy, manage stress and anxiety, develop healthy interpersonal relationships, resist peer pressure, and develop skills in making decisions, solving problems, resolving conflicts, and setting goals. The program should be offered with components which build support for its lessons among parents, school staff, and community members – available separately from the PASHA-packaged curriculum. **Evaluation** *found that this program assisted sexually active males, but not females, to reduce frequency of sex and increase their condom use between baseline and the end of 8th grade. The Aban Aya Youth Project also helped males reduce violence, substance abuse, and school delinquency. No findings relating to female participants were statistically significant.*[8]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3200; E-mail, pasha@socio.com; Web, http:// www.socio.com. *This is for the curriculum only.*

For more information on the evaluation or the parental, school and community components, please contact

Brian R. Flay, Ph.D, Professor of Public Health, College of Health and Human Science, Oregon State University: Corvallis OR 97331; E-mail, Brian.Flay@oregonstate.edu

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOL

This HIV/STI prevention curriculum comprises six sessions, delivered on consecutive days, and includes experiential activities to build skills in refusal, risk assessment, and risk reduction. It is recommended for use with African American, Hispanic, white, and Asian high school students in urban settings. **Evaluation** *found that this program assisted sexually experienced participants to increase monogamy, reduce the number of their drug-using sexual partners, and increase condom use. The program had no significant effect on delaying the initiation of sex. Evaluation found the program to be associated with a favorable trend in the incidence of STIs among participants, relative to controls.*[9]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http:// www.socio.com

GET REAL ABOUT AIDS

This HIV risk reduction curriculum comprises 15 sessions delivered over consecutive days. It includes experiential activities to build skills in refusal, communication, and condom use. Other components include activities, such as public service announcements, to reach more youth and reinforce educational messages. It is recommended for use with sexually active, white and Hispanic, urban, suburban, and rural, high school students. **Evaluation** *found that the program assisted sexually active participants to reduce the number of their sexual partners, increase condom use, and increase condom purchase. The program did not affect the timing of sexual initiation. It did not reduce the frequency of sex among sexually active youth nor their use of drugs and alcohol prior to having sex.*[10]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http:// www.socio.com

IT'S YOUR GAME: KEEP IT REAL

This school-based program includes lessons in 7th and 8th grades, personal journaling, and parent-child homework activities. It is recommended for use with African American and Latino, low-income, urban youth. The curriculum incorporates a life skills decision-making paradigm that assists students to: 1) select personal limits on risk behaviors; 2) detect situations that might challenge these limits; and 3) use refusal skills and other tactics to

protect their chosen limits; and 3) use refusal skills and other skills and other tactics to protect their chosen limits. **Evaluation** *found that at ninth grade follow-up, participants were less likely to have initiated sex than the control group, and sexually active youth were less likely to have had sex than youth in the control group.*[11]

For More Information or to Order, Contact

Susan R. Tortolero, Ph.D., Center for Health Promotion and Prevention Research, University of Texas Health Science Center at Houston: 7000 Fanin, Suite 2080, Houston TX 77030; Phone, 713-500-9634; E-mail, Susan.Tortolero@uth.tmc.edu

POSTPONING SEXUAL INVOLVEMENT (AUGMENTING A FIVE-SESSION HUMAN SEXUALITY CURRICULUM)

This five-session, peer-led curriculum is designed to augment a five-session human sexuality curriculum led by health professionals, who also refer sexually active youth for nearby reproductive health care. It is recommended for use with eighth grade, black urban youth, especially those at socioeconomic disadvantage. Evaluation showed delayed initiation of sexual intercourse and, among sexually experienced participants, reduced frequency of sex and increased use of contraception. When replicated without fidelity (including omission of the five-session human sexuality curriculum), the program led to no changes in sexual behavior among participants relative to comparison youth.[12,13,14]

For More Information or to Order, Contact

Marian Apomah, Coordinator, Jane Fonda Center; Emory Unversity School of Medicine: Building A Briarcliff Campus, 1256 Briarcliff Road, Atlanta, GA, 30306; Phone, 404.712.4710; Fax, 404.712.8739

POSTPONING SEXUAL INVOLVEMENT, HUMAN SEXUALITY & HEALTH SCREENING

This pregnancy prevention program combines the five-session, peer-led Postponing Sexual Involvement curriculum with elements drawn from the Self Center (described below), and includes: three classroom sessions on reproductive health, delivered to seventh graders by health professionals and, again the next year, to eighth graders; group discussions; and a full-time health professional from outside the school and working in the school. Other components of the program include individual health risk screening and an eighth grade assembly and contest. The program is recommended for seventh and eighth grade, urban, African American, economically disadvantaged females. **Evaluation** *found that the program assisted female participants to delay initiation of sexual intercourse and increased the use of contraception by sexually active female participants. Evaluation found no statistically significant impact on the sexual behaviors of male participants.*[15]

For More Information or to Order, Contact

Renee R. Jenkins, MD, Dept. of Pediatrics and Child Health, Howard University Hospital: 2041 Georgia Avenue NW, Washington, DC 20060

For Postponing Sexual Involvement—**Marian Apomah, Coordinator, Jane Fonda Center; Emory Unversity School of Medicine:** Building A Briarcliff Campus, 1256 Briarcliff Road, Atlanta, GA, 30306; Phone, 404.712.4710; Fax, 404.712.8739

For the Self Center—**Sociometrics, Program Archive on Sexuality, Health and Adolescence:** Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

PROMOTING HEALTH AMONG TEENS

This abstinence-only program consists of eight one-hour modules which encourage abstinence and build skill in negotiating and resisting pressure, delivered to students in middle schools serving low-income, majority African-American urban communities. Trained educators delivered a variety of interactive activities, including discussions, games, and skills-building exercises, to students. **Evaluation** *found that the program assisted participants to delay sex and reduce frequency of sex.*[16]

Evaluators' Comments: *The results of this trial should not be taken to mean that all abstinence-only interventions are efficacious. This trial tested a theory-based abstinence-only intervention that would not meet federal criteria for abstinence programs. It was not vulnerable to many criticisms that have been leveled against interventions that meet federal criteria. It was not moralistic and did not criticize the use of condoms. Moreover, it had several characteristics associated with effective sexual risk reduction interventions. It was theory-based and tailored to the target population based on qualitative data and included skill-building activities. It addressed the context of sexual activity and beliefs about the consequences of sexual involvement derived from the target population.*

For More Information or to Order, Contact

Loretta Sweet Jemmott, PhD, RN, FAAN, School of Nursing, University of Pennsylvania: 420 Guardian Drive, Philadelphia PA 19104; Phone, 215.898.6373; E-mail, jemmott@nursing.upenn.edu

REACH FOR HEALTH COMMUNITY YOUTH SERVICE

This program combines a health promotion curriculum (40 lessons per year in each of two years), including sexual health information, with three hours per week of community service. Activities help students reflect on and learn from their community experience. The program is recommended for use with seventh and eighth grade, urban, black, and Hispanic youth, especially those who are economically disadvantaged. **Evaluation**

showed delayed initiation of sexual intercourse, an effect that continued even through 10th grade. The program also assisted sexually active participants in reducing the frequency of sex and increasing use of condoms and contraception.[17,18]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

REDUCING THE RISK (RTR)

Reducing the Risk is a sex education curriculum, including information on abstinence and contraception. In 16, 45-minute sessions, it offers experiential activities to build skills in refusal, negotiation, and communication, including that between parents and their children. Designed for use with high school students, especially those in grades nine and 10, it is recommended for use with sexually inexperienced, urban, suburban, and rural youth—white, Latino, Asian, and black. **Evaluation** *showed that it was more effective with lower risk, than with higher risk, youth. Evaluations—of the original program and of a replication of the program—each found: increased parent-child communication about abstinence and contraception; delayed initiation of sexual intercourse; and reduced incidence of unprotected sex /increased use of contraception among participants as well.*[19,20]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

ETR Associates: Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, http://www.etr.org/

SAFER CHOICES

This is an HIV/STI and teen pregnancy prevention curriculum, given in 20 sessions, evenly divided over two years and designed for use with grades nine through 12. The program includes experiential activities to: build skills in communication; delay the initiation of sex; and promote condom use by sexually active participants. Other elements include a school health protection council, a peer team or club to host school-wide activities, educational activities for parents, and HIV-positive speakers. The program is recommended for use with Hispanic, white, African American, and Asian, urban and suburban high school students. **A new evaluation** *showed that Safer Choices effectively assisted sexually inexperienced youth, especially Hispanics, to delay the initiation of sexual intercourse. It assisted sexually experienced youth to reduce the number of new sex partners, reduce the incidence of unprotected sex, and increase use of condoms and other contraception. Earlier evaluation showed that Safer Choices assisted sexually experienced youth to increase condom and contraceptive use. Earlier evaluation also showed that hearing an HIV-positive speaker was associated with participants' greater likelihood of receiving HIV testing, relative to control youth.*[21,22,23,24]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

ETR Associates: Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, http://www.etr.org/

SCHOOL/COMMUNITY PROGRAM FOR SEXUAL RISK REDUCTION AMONG TEENS

This intensive, school-based intervention integrates sex education into a broad spectrum of courses throughout public education (kindergarten through 12th grade). It includes teacher training, peer education, school-based health clinic services (including contraceptive provision), referral and transportation to community-based reproductive health care, workshops to develop the role modeling skills of parents and community leaders, and media coverage of a spectrum of health topics. The program is recommended for use with black and white rural students (kindergarten through 12th grade). **Evaluation** *found that this program reduced teen pregnancy rates in the participating community relative to comparison counties. Replication in two counties in another state found that it assisted youth in one county to delay the initiation of sexual intercourse and assisted males in another county to increase their use of condoms, relative to youth in comparison counties.*[25,26,27]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

SEATTLE SOCIAL DEVELOPMENT PROJECT

This is a school-based program to provide developmentally appropriate, social competence training to elementary school children. Components include educator training each year and voluntary parenting classes on encouraging children's developmentally appropriate social skills. The program is recommended for use with urban, socio-economically disadvantaged children—white, Asian, and Native American, but especially African American—in grades one through six. **Evaluation**

when study participants were age 18, and again when they reached 21, found that the program assisted youth who participated in the program as children to significantly delay the initiation of sexual intercourse and, among sexually experienced youth, to reduce the number of sexual partners and increase condom use, relative to comparison youth. By age 21, the program also showed reduced rates of teenage pregnancy and birth in participants, relative to comparison youth. Other long-term positive outcomes for participating youth, relative to comparisons, included increased academic achievement and reduced incidence of delinquency, violence, school misbehavior, and heavy drinking.[28,29]

For More Information, Contact

Social Development Research Group, University of Washington: 9725 Third Avenue NE, Suite 401, Seattle, Washington, 98115

(This program is not available for purchase)

SELF-CENTER (SCHOOL-LINKED REPRODUCTIVE HEALTH CENTER)

This model of the school-linked health center (SLHC) offers free reproductive and contraceptive health care to participating youth from nearby junior and senior high schools. SLHC staff works daily in participating schools, providing sex education lessons once or twice a year in each homeroom and offering daily individual and group counseling in the school health suite. Staff is also available daily in the SLHC to provide students with education and counseling and, for those youth registered with the clinic, reproductive and sexual health care. The program is recommended for use with urban, black, and economically disadvantaged, junior and senior high school students. **Evaluation** *found that the program assisted participants to delay the initiation of sexual intercourse and to use reproductive health services prior to initiating sex. It also assisted sexually active participants to reduce the incidence of unprotected sex and increase their use of contraception. The program resulted in a reduction in teen pregnancy rates among participants, relative to comparison youth.*[30,31]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

TEEN OUTREACH PROJECT (TOP)

This school-based, teen pregnancy and dropout prevention program involves weekly school classes, lasting one hour, that integrate the developmental tasks of adolescence with lessons learned from community service (lasting at least 30 minutes each week). The curriculum focuses on values, human growth and development, relationships, dealing with family stress, and issues related to the social and emotional transition from adolescence to adulthood. The program is recommended for high school youth at risk of teen pregnancy, academic problems, and school dropout, and is most effective with ethnic minority youth, adolescent mothers, and students with academic difficulties, including previous school suspension. **Evaluation** *of the original program and evaluations of two replications all found that the program reduced rates of pregnancy, school suspension, and class failure among participants, relative to control/comparison youth.*[32,33,34]

For More Information or to Order, Contact

Wyman Teen Outreach Program: 600 Kiwanis Drive, Eureka, MO 63025; Phone, 636-938-5245; E-mail, teenoutreachprogram@wymancenter.org; Web, http://www.wymanteens.org.

II. Community-Based Programs

While school districts throughout the United States provide classes of varying quality and type on sex education, many communities also work to provide programs tailored especially for those youth who are out of school or whose needs are not being adequately met in schools.

ABECEDARIAN PROJECT

This full-time educational program consists of high quality childcare from infancy through age five, including individualized games that focus on social, emotional, and cognitive development, with a particular emphasis on language. During the early elementary school years, the program works to involve parents in their children's education, using a Home School Resource Teacher to serve as a liaison between school and families. The program is recommended for use with healthy, African American infants from families that meet federal poverty guidelines. **Evaluation** *found long-term impacts, including a reduced number of adolescent births and delayed first births as well as increased rates of skilled employment and college education and reduced rates of marijuana use among former participants, relative to controls.*[35]

For More Information, Contact

FPG Child Development Institute, University of North Carolina at Chapel Hill: www.fpg.unc.edu/~abc/

(This program is not available for purchase.)

ADOLESCENTS LIVING SAFELY: AIDS AWARENESS, ATTITUDES AND ACTIONS

This HIV prevention program is designed to augment traditional services available at shelters for runaway youth. The program involves 30 discussion sessions for small groups, each lasting one-and-a-half to two hours and including experiential activities to build cognitive and coping skills. Intensive training of shelter staff and access to health care, including mental health services, are also important components of the program. It is recommended for use with black and Hispanic runaway youth, ages 11 through 18, living in city shelters. **Evaluation** *found that the program assisted youth to reduce the frequency of sex and numbers of sexual partners, and to increase condom use. The program did not affect the timing of sexual initiation.*[36]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

BE PROUD! BE RESPONSIBLE! A SAFER SEX CURRICULUM

This HIV prevention curriculum comprises six sessions, each lasting 50 minutes, and includes experiential activities to build skills in negotiation, refusal, and condom use. It is recommended for use with urban, black, male youth, ages 13 through 18. **Evaluation** *found that it assisted young men to reduce their frequency of sex, reduce the number of their sexual partners (especially female partners who were also involved with other men), increase condom use, and reduce the incidence of heterosexual anal intercourse.*[37,38]

For More Information or to Order, Contact

Select Media: Phone, 1.800.707.6334; Web, http://www.selectmedia.org

For educator training, contact **ETR Associates:** Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, http://www.etr.org/

BECOMING A RESPONSIBLE TEEN

This HIV prevention, sex education, and skills training curriculum comprises eight one-and-a-half- to two-hour sessions. It includes experiential activities to build skills in assertion, refusal, problem solving, risk recognition, and condom use and is designed for use in single-sex groups, each facilitated by both a male and a female leader. It is recommended for use with African American youth, ages 14 through 18. **Evaluation** *found the program assisted participants to delay the initiation of sex and assisted sexually active participants to reduce the frequency of sex, decrease the incidence of unprotected sex (including anal sex), and increase condom use.*[39]

For More Information or to Order, Contact

ETR Associates: Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, http://www.etr.org/

CALIFORNIA'S ADOLESCENT SIBLING PREGNANCY PREVENTION PROJECT

This teen pregnancy prevention program provides in-

dividualized case management and care as well as sex education, including information on abstinence and contraception, to the adolescent siblings of pregnant and parenting teens. The program is recommended for economically disadvantaged, Hispanic youth, ages 11 to 17. **Evaluation** *found that the program assisted female youth to delay the initiation of sexual intercourse and assisted male youth to increase the consistent use of contraception. The program resulted in reductions in teen pregnancy rates among program youth, relative to comparison youth.*[40]

For More Information, Contact

California Department of Health Services, Maternal and Child Health Branch: 714 P Street, Room 750, Sacramento, CA 95814; Phone, 1.866. 241.0395

(This program is not available for purchase.)

CHILDREN'S AID SOCIETY—CARRERA PROGRAM

This multi-component youth development program provides daily after-school activities—including a job club and career exploration, academic tutoring and assistance, sex education that includes information about abstinence and contraception, arts workshops, and individual sports activities. A summer program offers enrichment activities, employment assistance, and tutoring. The program provides year-round, comprehensive health care, including primary, mental, dental, and reproductive health services. The program involves youth's families and provides interpersonal skills development and access to a wide range of social services. The program is recommended for use with urban, black and Hispanic, socio-economically disadvantaged youth, ages 13 through 15. **Evaluation** *found that the program assisted female participants to delay the initiation of sexual intercourse and resist sexual pressure. It also assisted sexually experienced female participants to increase their use of dual methods of contraception. The program assisted both male and female participants to increase their receipt of health care. Otherwise, evaluation showed no positive, significant behavioral changes in participating males relative to comparison males. The program resulted in reduced rates of teen pregnancy among participants, relative to comparison youth.*[41]

For More Information Contact

Children's Aid Society: 105 East 22nd Street, New York, NY 10010; Phone, 212.949.4800; Web, http://www.childrensaidsociety.org

COMMUNITY LEVEL HIV PREVENTION INTERVENTION FOR ADOLESCENTS IN LOW-INCOME DEVELOPMENTS

This HIV prevention program includes training in refusal, condom negotiation, communication, and condom use for adolescents in low-income housing developments. Workshops are followed by a multi-component community intervention including follow-up sessions; a Teen Health Project Leadership Council; media projects, social events, talent shows, musical performances, and festivals; and HIV/AIDS workshops for parents. The program is recommended for low-income adolescents living in housing projects, urban youth, and multi-ethnic youth ages 12-17. **Evaluation** *found that the program assisted participants to delay initiation of sex and assisted sexually active participants to increase condom use.*[42]

For More Information, Contact

Kathleen Sikkema, PhD, Department of Epidemiology and Public Health, Yale University: 60 College Street, P.O. Box 208034, New Haven CT 06520-8034; E-mail, Kathleen.sikkema@yale.edu

(This program is not available for purchase.)

¡CUIDATE!

This HIV prevention curriculum is tailored for use with Latino adolescents. Its goals are to 1) influence attitudes, beliefs, and self-efficacy regarding HIV risk reduction, especially abstinence and condom use; 2) highlight cultural values that support safer sex practices; 3) reframe cultural values that might be perceived as barriers to safer sex; and 4) emphasize how cultural values influence attitudes and beliefs in ways that affect sexual risk behaviors. It consists of six one-hour modules delivered over consecutive days. The program is recommended for urban Latino youth ages 13-18. **Evaluation** *found that the program assisted participants to reduce frequency of sex, reduce number of sex partners, reduce incidence of unprotected sex, and increase condom use.*[43,44]

For More Information, Contact

Antonia M. Villarruel at the University of Michigan School of Nursing: 400 N. Ingalls, Suite 4320, Ann Arbor, MI, 48109-0482; Phone, 734-615-9696; E-mail, avillarr@umich.edu

FOCUS

The intervention, originally aimed at female recruits to the military, but also recommended for use with sexually active females ages 17-22, uses a variety of methods to provide participants with opportunities to develop the motivation and skills to avoid HIV risk behaviors. Methods include didactic teaching, interactive group discussions, self-risk appraisal, and videos. The four-session intervention aims to 1) increase knowledge about unintended pregnancy, STIs, and HIV; 2) modify values, beliefs, attitudes around sexual risk behaviors; 3) increase use of contraception and condoms; and 4) build skills in communication, negotiation, and refusal. **Evaluation** *found that at 14 months after baseline, par-*

ticipants were significantly less likely to have become pregnant or acquired an STI than their counterparts in the control group.[45]

For More Information, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

FOCUS ON KIDS PLUS IMPACT

For use with low income, African American youth ages 13-16, this community-based intervention consists of two major components: Focus on Kids (FOK), an 8-session risk reduction intervention that includes interactive games, discussion groups, videos, and homework; and ImPACT, a culturally appropriate videotape with group discussion and a role play for youth and parents. This program emphasizes making decisions, setting goals, communicating, and negotiating. It helps adolescents to define consensual relationships and provides information about abstinence and safer sex, drugs and alcohol, and selling drugs. **Evaluation** *found that at 24 month follow-up, youth who received FOK+I were significantly less likely than youth receiving FOK only to report having been pregnant or having gotten a girl pregnant.*[46]

The program is packaged as Focus on Youth plus ImPACT.

For More Information or to Order, Contact

ETR Associates: Cherri Gardner, Senior Program Manager ETR Associates, 2811 Adeline Street, Oakland CA 94608; Phone, 510.645.1047, x609; E-mail, cherrig@etr.org; Web http://www.etr.org/foy

MAKING PROUD CHOICES!

This HIV prevention curriculum emphasizes safer sex and includes information about both abstinence and condoms. It comprises eight, culturally appropriate sessions, each lasting 60 minutes and includes experiential activities to build skills in delaying the initiation of sex, communicating with partners, and among sexually active youth, using condoms. It is recommended for use with urban, African American youth, ages 11 through 13. **Evaluation** *found the program assisted participants to delay initiation of sex and assisted sexually active participants to reduce the frequency of sex, reduce the incidence of unprotected sex, and increase condom use.*[47]

For More Information or to Order, Contact

Select Media: Phone, 1.800.707.6334; Web, http://www.selectmedia.org

For educator training, contact **ETR Associates:** Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, http://www.etr.org

MULTIDIMENSIONAL TREATMENT FOSTER CARE

Multidimensional Treatment Foster Care (MTFC) is an intervention aimed at preventing delinquency and pregnancy among teenage females who are already in trouble with the juvenile justice system. Young women are referred by the justice system for out-of-home care and placed in highly trained and supervised foster homes. Program supervisors coordinate all aspects of youth's placement, supervise clinical staff, and maintain daily contact with the foster parents in order to provide ongoing support and crisis intervention as well as to monitor treatment fidelity. Although each case is individualized, all receive the following MTFC components: daily telephone contact with foster parents; weekly group supervision and support meetings for foster parents; individualized, daily program for each adolescent female; individual therapy for each adolescent female; close monitoring of school attendance, school performance and homework completion; case management; 24-hour on-call staff support for foster and biological families; and psychiatric consultation, as needed. **Evaluation** *found that at follow-up, fewer MTFC participants reported pregnancy than did controls.*[48]

For More Information on the Program, Contact

Patricia Chamberlain, Ph.D, Oregon Social Learning Center: 10 Shelton McMurphey Blvd, Eugene OR 97401; E-mail, pattic@osic.org

PODER LATINO: A COMMUNITY AIDS PREVENTION PROGRAM FOR INNER-CITY LATINO YOUTH

This community-wide, 18-month program provides peer education workshops on HIV awareness and prevention and peer-led group discussions in various community settings. Peer educators also lead efforts to make condoms available via door-to-door and street canvassing and make presentations at major community events. Radio and television public service announcements, posters in local businesses and public transit, and a newsletter augment the work of the peer educators. The program is designed for use in urban, Latino communities in order to reach the community's adolescents ages 14 through 19. **Evaluation** *showed that the program assisted the community's male teens to delay the initiation of sexual intercourse and assisted the community's sexually active female teens to reduce the number of their sexual partners. The program did not affect sexually active participants' frequency of sex.*[49,50]

For More Information or to Order, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

PROJECT TALC

This intervention is designed to improve behavioral and mental health outcomes among adolescents and their parents who are living with AIDS. Module 1, delivered over four consecutive Saturdays, includes eight sessions for the adults living with AIDS. Module 1 focuses on coping with illness, fear, anger, sadness and the meaning of illness and on deciding to disclose, disclosing, and planning for the future. Module 2, delivered over eight consecutive Saturdays, includes 16 sessions for the adults living with AIDS and separate, matched sessions for the adolescents. Sessions include listening and sharing, reducing problem behavior, coping, creating a positive home, resolving family conflicts, dealing with drugs and alcohol, preventing pregnancy or involvement in a pregnancy, encouraging safer sex, and goals for the future. **Evaluation** *found that over four years after the program, youth participants were less likely to become teenage parents than those in the control group.*[51,52]

For More Information, Contact

Web, http://chipts.ucla.edu/interventions/manuals/intervhra1.html

III. Clinic-Based Programs

Clinics are uniquely positioned to meet young people's need for confidential, low-cost family planning and HIV/STI prevention services. Clinic-based programs can help at-risk youth develop prevention strategies as well as offering low-cost medical care and access to condoms and contraception.

CAMI+ (COMPUTER-ASSISTED MOTIVATIONAL INTERVIEWING PLUS HOME VISITING)

This program uses computer-assisted motivational interviewing along with regular home-visiting to encourage low-income, urban, African American teenage mothers to avoid a rapid repeat birth (occurring within two years of the previous birth). A computer survey is used to assess the young woman's risk. Participants then receive biweekly to monthly home visits, parent training, and case management from their CAMI counselor. The counselors provide parent training using a 16-module curriculum that is grounded in social cognitive theory and created specifically for urban African American teenage mothers; three modules focus on safer sex, partner negotiation, and setting goals. Evaluation found that mothers in the CAMI+ group were significantly less likely to have had a second birth by 24 months after their first birth that those in the control group. [53]

For More Information, Contact

Beth Barnet, MD, Department of Family & Community Medicine, University of Maryland: E-mail, bbarnet@som.umaryland.edu

HIV RISK REDUCTION FOR AFRICAN AMERICAN & LATINA ADOLESCENT WOMEN

This skills-based HIV risk reduction intervention is designed for use in health clinics. Intended for use with African American and Latina young women, ages up to 19, who are at high risk of HIV because they have prior STI infections, the program provides young clients with confidential and free family planning services, teaches them how to use condoms, and provides skill building in relation to partner negotiation and condom use. **Evaluation** *found that young women who participated in the intervention had a lower incidence of STIs versus comparisons; they also reduced the number of their sexual partners and their incidence of unprotected sex.*[54]

For More Information or to Order, Contact

Loretta Sweet Jemmott, PhD, FAAN, RN, School of Nursing, University of Pennsylvania: Room 239 Fagin Hall, 418 Curie Blvd., Philadelphia, Pennsylvania 19104-6096; Phone, 215.898.8287; E-mail, jemmott@nursing.upenn.edu

(There is little replication information available for this program.)

HORIZONS

For use with sexually experienced African American females ages 15-21, this program consists of three components: 1) two, four-hour group sessions focused on preventing STIs, including HIV; 2) vouchers that participants can give to their male sexual partners for $20.00 toward the cost of STI testing and treatment; and 3) four 15-minute phone conversations, conducted across one year, to reinforce the messages of the intervention session. Sessions emphasize diverse factors that contribute to young women's STI/HIV risk, including personal, relationship, sociocultural, and structural factors. **Evaluation** *found that program participants reported significantly more condom use compared to controls; and at the 12 month follow up, were significantly less likely to have acquired an STI than control youth.* [55]

For More Information, Contact

Ralph J CiClemente, PhD: Emory University Rollins School of Public Health; E-mail, rdiclem@emory.edu

PROJECT RESPECT

Researchers tested two versions of this clinic-based program aimed at HIV-negative, heterosexual males and females seeking STI testing and treatment: one in which participants received brief counseling interventions and interactive sessions, and one in which participants received an enhanced, longer series of counseling and interactive sessions. The interactive sessions are designed to encourage each client to develop a personal risk reduction plan and to enhance attitudes and skills that will help the client to stick to her/his plan. The program's client-centered counseling also promotes condom use skills, self-efficacy, and healthy attitudes and norms. **Evaluation** *found that both versions of the program resulted in reduced STI incidence compared to controls, while the enhanced version also assisted pro-*

gram youth in reducing unprotected sex than those in the control group.[56]

For More Information, Contact

Ken Hunt, Centers for Disease Control and Prevention: 1600 Clifton Road, NE Mail Stop E-37, Atlanta GA 30333; Phone, 404.639.2058; Fax, 404.639.1950; E-mail khunt@cdc.gov

PROJECT SAFE (SEXUAL AWARENESS FOR EVERYONE)

This gender- and culture-specific behavioral intervention consists of three sessions, each lasting three to four hours. Designed specifically for young African American and Latina women ages 15 through 24, it actively involves participants in lively and open discussion and games, videos, role plays, and behavior modeling. Discussions cover abstinence, mutual monogamy, correct and consistent condom use, compliance with STI treatment protocols, and reducing the number of one's sex partners. Each participant is encouraged to identify realistic risk reduction strategies that she can use in the context of her own life and values. **Evaluation** *found that participants increased their adherence to monogamy, reduced the number of their sexual partners and the incidence of unprotected sex, reduced the incidence of STIs, and increased their compliance with STI treatment protocols.*[57,58,59,60]

For More Information, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

SIHLE

SiHLE is an HIV prevention program especially designed for sexually active African American teenage women. Consisting of four sessions, each lasting four hours, the program is facilitated by trained, African American females—one health educator and two peer educators. Sihle means beautiful or strong young woman, and the program encourages participants to develop ethnic and gender pride as well as self-confidence. It also builds their skills and awareness for sexual risk reduction. **Evaluation** *found increased condom use and reduced number of new sex partners as well as reduced incidence of: unprotected sex; STIs, and pregnancy.*[61]

For More Information, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

TAILORING FAMILY PLANNING SERVICES TO THE SPECIAL NEEDS OF ADOLESCENTS

This effective, clinic-based, pregnancy prevention protocol is designed for use in family planning and other reproductive and sexual health clinics. It is particularly designed to meet the special needs of youth under the age of 18. As such, it provides education geared to the adolescent's cognitive development and offers reassurance of confidentiality, extra time for counseling, information and reassurance d regarding medical exams, and carefully timed medical services. **Evaluation** *found that teens that had these specially tailored services were significantly more likely than other teens to increase their use of effective contraception and had a decreased pregnancy rate.*[62]

For More Information, Contact

Sociometrics, Program Archive on Sexuality, Health and Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, http://www.socio.com

TLC: TOGETHER LEARNING CHOICES

This curriculum is aimed at HIV positive youth in a clinic setting. It consists of 16 sessions of a small group intervention led by trained facilitators. Participants learn skills in solving problems, setting goals, communicating effectively, being assertive, and negotiating safer sex practices. They also improve their self-awareness regarding their feelings, thoughts, and beliefs, especially related to health promotion and positive social interactions. The program can be used with urban, African American or Latino, HIV-positive youth ages 13 through twenty-four. **Evaluation** *found that the program assisted participants to reduce numbers of sexual partners, reduce incidence of unprotected sex, increase positive lifestyle changes (females only), and increase positive coping actions.*[63,64]

For More Information, Contact

A detailed manual for the two sessions is available online at http://chipts.ucla.edu

In addition, this program is a part of CDC's Diffusion of Effective Behavioral Interventions (DEBI) project. For additional information and training visit http://www.effectiveinterventions.org/go/interventions/together-learning-choices

Written by Sue Alford, with assistance from Emily Bridges, Laura Davis, and Debra Hauser, and Tanya Gonzales.

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