What Works
2011–2012
Curriculum-Based Programs
That Help Prevent Teen Pregnancy

www.TheNationalCampaign.org
www.Bedsider.org
blog.TheNC.org
www.StayTeen.org

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The National Campaign
to Prevent Teen and Unplanned Pregnancy
In Brief: What Programs Help Prevent Teen Pregnancy?

What programs delay sexual initiation, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy? Over the years, The National Campaign has produced and disseminated a number of detailed reports and publications designed to answer this question. Here, in shorthand form, is an overview of what is known about carefully evaluated interventions that help delay sex, improve contraceptive use, and/or prevent teen pregnancy. We encourage those who want to learn more to review extensive materials on this topic at http://www.TheNationalCampaign.org/resources/effectiveprograms.aspx.

More detailed information about the programs listed in this brochure is available online in The National Campaign’s Effective Programs Database at http://www.TheNationalCampaign.org/resources/programs.aspx. This database includes detailed information about the programs along with information about how to access the curriculum.
How do you define effective?

**WHAT WORKS**

There is now persuasive and growing evidence that a number of programs can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy. The strongest evidence stems from program evaluations that are experimental in nature—that is, participants are randomly assigned to treatment and control groups—and focus on changes in the behavior of program participants. Less powerful but still important evidence also comes from quasi-experimental designs. Effective programs can be divided into five broad categories:

- **Curriculum-based education** that usually encourages both abstinence and contraceptive use. These programs are generally offered as part of regular school classes or as part of after-school programs either on school grounds or in community centers.

- **Service learning** programs whose primary focus is keeping young people constructively engaged in their communities and schools. Participants in such programs typically take part in community service (such as tutoring, working in nursing homes, or helping fix up recreation areas) and reflect on their service through group discussions or writing about their experiences. Sometimes, a bit of education about ways to prevent teen pregnancy and related problems is included in the curriculum.

- **Youth development** programs tend to take a broader approach. For example, one youth development program that has been found to be effective with girls combines health care, academic assistance, sex education, participation in performing arts and individual sports, and employment assistance. All of these activities are designed to encourage participants to think and plan for their future.

- **Parent programs** that involve both parents and adolescents and, in general, seek to improve parent-child communication, particularly on sex and related topics. These programs are usually offered in a community-based setting, and are targeted to moms, dads, or both.

- **Community-wide** programs that tend to be much broader in scope and that encourage involvement from the entire community (not just teens and their parents). These programs might include public service announcements, educational activities for the community, or community-wide events such as health fairs.

Because of the significant variety among these interventions, communities now have more choices and more opportunities than ever to find programs that suit local values, opportunities, and budgets. Below are two charts of those programs that have evidence of success. Please note that, in general, *clinic-based* programs are not included in this publication. More information about clinic-based programs is available in The National Campaign brochure, *What Helps in Providing Contraceptive Services for Teens*.

**CHARACTERISTICS OF EFFECTIVE PROGRAMS**

Researchers have also identified a number of common characteristics of curriculum-based programs that are effective; many of these attributes probably apply to other types of programs, too. For example, effective curricula:

- Convince teens that not having sex or that using contraception consistently and carefully is the right thing to do, as opposed to simply laying out the pros and cons of different sexual choices. That is, there is a clear message.

- Last a sufficient length of time (i.e. more than a few weeks).

- Select leaders who believe in the program and provide them with adequate training.

- Actively engage participants and have them personalize the information.

- Address peer pressure.

- Teach communication skills.

- Reflect the age, sexual experience, and culture of young people in the program.

For more information about the 17 characteristics of effective curriculum-based programs please refer to Chapter 7 in *Emerging Answers 2007* by Dr. Douglas Kirby available at: [http://www.TheNationalCampaign.org/e2007](http://www.TheNationalCampaign.org/e2007)

**HOW TO CHOOSE A PROGRAM**

How can communities increase the chances that the programs they select—or design on their own—will actually change teen sexual behavior? Keeping your target group in mind, consider the following three strategies:

- **Best choice**: choose a program already shown through careful evaluation to be effective with similar groups of adolescents, and then put it into action as it was designed—no changes, no additions or deletions.

- **Next best choice**: if using an existing successful program is not possible, communities should select or design programs that incorporate as many characteristics of effective programs as possible (see above).

- **Last best choice**: if options one and two are not possible, communities should (1) select the specific sexual behavior(s) they want to change, (2) study and understand the factors in the lives of young people most closely tied to the behavior to be changed, and (3) design activities that might affect some or all of these factors. For example, if the behavior to be changed is early sexual activity, learn about the factors that are closely tied to early sex (such as older partners) and then design interventions to change those factors. Visit [http://www.TheNationalCampaign.org/resources/pdf/pubs/SexualRisk.pdf](http://www.TheNationalCampaign.org/resources/pdf/pubs/SexualRisk.pdf) for more information on risk and protective factors.
EVEN EFFECTIVE PROGRAMS CAN’T DO IT ALL.

Teen pregnancy has many causes, and it is unreasonable to expect any single curriculum or community program to make a serious dent in the problem on its own. Making true and lasting progress in preventing teen pregnancy requires a combination of community programs and broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more.

A NOTE OF CAUTION ABOUT EFFECTIVE PROGRAMS

Even those programs that have been shown to be effective in changing teen sexual behavior may have relatively modest results. This is due in part because programs often serve only a fraction of the kids in the area who are at risk, and is particularly true when a program is poorly funded. Consequently, it is important to think carefully about what an effective program can actually accomplish. Some things to consider:

- How do you define effective? For example, is a program effective if its good results last only a relatively brief amount of time or only among boys? In other words, pay careful attention to the specific results of program evaluation and think carefully about what constitutes success. Is a 10 percent improvement enough? What if a program helps on one issue (i.e. increases contraceptive use) but not on another (i.e. no impact on age of first sex)?

- Consider the magnitude of success. For example, if a program is successful at delaying participants from having sex, how long was the average delay? An effective program may only change things a bit.

- Pay attention to the criteria used to define “effective.” The criteria used for these charts are described in detail below. Note that there is no nationally standardized criteria for identifying effective programs, thus lists may vary.

- Keep in mind that there may very well be a number of creative programs that are effective in helping young people avoid risky sexual behavior that simply have not yet been evaluated.

CHARTS OF EFFECTIVE PROGRAMS

Over the years, The National Campaign has released a number of publications dedicated to answering the question: what programs have the best evidence of success in changing teen sexual behavior? The charts that follow summarize the best program reviews contained in these various publications and elsewhere. Those who wish to learn more about any of these programs are encouraged to review these publications in detail.

INCLUSION CRITERIA

All of the programs described here have been carefully evaluated and have met several criteria. Specifically, each of these program evaluations must include at least the following characteristics:

- Been completed and published in 1980 or later,
- Been conducted in the United States or Canada,
- Been targeted at middle and/or high school aged teens, approximately ages 12–18,
- Included baseline and follow-up data (for at least 3 months),
- Measured impact on behavior,
- Included at least 75 people in both the treatment and the control groups,
- Used sound statistical analyses, and
- Used an experimental or quasi-experimental evaluation design.

Again, it is important to note that, in general, those programs that have been evaluated using an experimental design (the first chart) provide stronger evidence of effectiveness than those evaluated through a quasi-experimental design (the second chart). The two charts below have been divided to reflect this difference. Also note that those quasi-experimental evaluations noted with a star are considered to be more rigorous than those quasi-experimental evaluations listed without a star. A final thought: Careful readers may note that several programs listed as effective in previous versions of the brochure are not on the current list of effective programs. There are several explanations for these changes, including (1) the curriculum is no longer available, and/or (2) more careful examination of the results of particular evaluations surfaced some weakness in the evaluation designs.

How do you choose a program?
**AT A GLANCE**

**LIST OF EFFECTIVE PROGRAMS**

(Experimental Design)

Note that the programs below have been evaluated using an experimental design. That is, participants are randomly assigned to treatment and control groups. As a general matter, programs that have been evaluated using an experimental design provide stronger evidence of effectiveness than those using a quasi-experimental design.

1. All4You! (2006, dates in this cell note the year the evaluation was published)
4. Be Proud! Be Responsible! (1992)
5. Children’s Aid Society (CAS)—Carrera Program (2002)
9. Focus on Kids (1996) (packaged as Focus on Youth)
10. Focus on Kids plus ImPACT (2004) (packaged as Focus on Youth plus ImPACT)
11. HIV Prevention for Adolescents in Low-Income Housing Developments (2005) (Packaged as Teen Health Project)
13. HORIZONS HIV intervention (2009)
14. It’s Your Game...Keep it Real (2010)
18. Multidimensional Treatment Foster Care (2009)
20. Promoting Health Among Teens
22. REAL Men (2007)
25. Teen Outreach Program (1997)
<table>
<thead>
<tr>
<th>NAME OF PROGRAM</th>
<th>DELAYED SEXUAL INITIATION</th>
<th>IMPROVED CONTRACEPTIVE USE</th>
<th>REDUCED TEEN PREGNANCY</th>
<th>STUDY SETTING AND SAMPLE</th>
<th>SELECTED EFFECTS</th>
<th>CONTACT INFORMATION</th>
<th>FOR FURTHER INFORMATION</th>
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<tr>
<td>All4You! (2006, dates in this cell note the year the evaluation was published)</td>
<td>No</td>
<td>Yes (for 6 months only, not 12 or 18 months)</td>
<td>Not measured (NM)</td>
<td>In-school program evaluated with teens in alternative schools; the intervention also included a service learning component; urban setting</td>
<td>6 months after the program ended: • Program participants were 2 times more likely than those in the control group to report using a condom at last sex.</td>
<td>Information and evaluation: Karin Coyle, Ph.D. ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 <a href="mailto:karinc@etr.org">karinc@etr.org</a> Phone: 800-321-4407</td>
<td>Emerging Answers 2007 <a href="http://www.thenationalcampaign.org/EA2007">www.thenationalcampaign.org/EA2007</a></td>
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<tr>
<td>Aban Aya Youth Project (2004)</td>
<td>NM</td>
<td>Yes (Boys only)</td>
<td>NM</td>
<td>In-school and after-school youth development program for African American students grades 5–8; urban setting</td>
<td>At the end of the program: • 78–80% of boys in the two intervention groups used condoms compared to 65% of boys in the control group.</td>
<td>Evaluation: Brian R. Flay, Ph.D. Professor of Public Health College of Health and Human Sciences Oregon State University 254 Waldo Corvallis, OR 97331 Email: <a href="mailto:Brian.Flay@oregonstate.edu">Brian.Flay@oregonstate.edu</a></td>
<td>It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention <a href="http://www.thenationalcampaign.org/resources/pdf/pubs/Guy_Thing.pdf">www.thenationalcampaign.org/resources/pdf/pubs/Guy_Thing.pdf</a></td>
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| Children’s Aid Society (CAS)—Carrera Program (2002)                           | Yes (Girls only)          | Yes (Girls only)           | Yes (Girls only)       | Multi-year after-school youth development program for high-risk high school students aged 13–15; urban setting | At the end of the program:  
  • Girls in intervention group were 18% less likely to have had sex than girls in the control group; were 55% less likely to become pregnant; and were 80% more likely to use dual methods of contraception at last sex.  
  • Males in the intervention group did not positively change sexual behavior. | For Information and to purchase:  
  Dr. Michael Carrera  
  The Children’s Aid Society  
  105 East 22nd St  
  New York, NY 10010  
  Phone: 212-876-9716  
  Web: www.stopteepregnancy.com or www.childrensaidsoociety.org | A Good Time  
  www.teenpregnancy.org/works/pdf/goodtime.pdf  
  Not Yet  
  www.teenpregnancy.org/works/pdf/NotYet.pdf  
  Emerging Answers 2007  
  www.thenationalcampaign.org/EA2007 |  
| ¡Cuidate! (2006)                                                               | Not Reported              | Yes                        | NM                     | After-school program for Latino teens in grades 8–11; urban setting | At 3 months, 6 months, and 12 months after the program ended:  
  • Teens in the intervention group were significantly less likely than those in the control group to have recently had sex, and to have had multiple partners (although the evaluation did not report initiation of sex).  
  • Teens in the intervention group were significantly more likely than those in the intervention group to report consistent condom use.  
  • The intervention was particularly effective for Spanish speaking teens. Spanish speaking teens in the intervention group were 5 times more likely than Spanish speaking teens in the control group to report using a condom at last sex. | Evaluation:  
  Antonia M. Villarruel, Ph.D., R.N  
  University of Michigan,  
  School of Nursing  
  400 N Ingalls, Room 4320  
  Ann Arbor, MI 48109-0482  
  Email: avillarr@umich.edu  
  To purchase:  
  Select Media  
  www.selectmedia.org | Emerging Answers 2007  
  www.thenationalcampaign.org/EA2007  
  Science Says #32: Effective and Promising Teen Pregnancy Prevention Programs for Latino Youth  
  www.thenationalcampaign.org/resources  
  HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention  
  www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm |  
| Draw the Line/Respect the Line (2004)                                           | Yes (Boys only)           | No                         | NM                     | In-school program for youth grades 6–8; urban setting | At 36-month follow-up:  
  • 19% of boys in the program had sex compared to 27% in control. | Information:  
  Karin Coyle  
  ETR Associates  
  4 Carbonero Way  
  Scotts Valley, CA 95066  
  Phone: 800-321-4407  
  Web: www.etr.org  
  To purchase:  
  PASHA Archive: www.socio.com/pasha.php?partner=campaign | No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School Youth  
  www.thenationalcampaign.org/resources/pdf/pubs/No_Time.pdf |  
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|                                                                 |                           |                           |                        |                                              |                                                                 |                                                                 |                        |</p>
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<th>NAME OF PROGRAM</th>
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<th>Two potential settings:</th>
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<tr>
<td>• Clinic-based program for mothers of African American and Latino adolescents age 11–14; urban setting</td>
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<tr>
<td>• School-based program for mothers of African American and Latino adolescents in grades 6–7; urban setting</td>
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<tr>
<td>After-school program for African-American youth aged 9–15; urban setting</td>
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<tr>
<th>SELECTED EFFECTS</th>
<th>9 months after the clinic-based intervention:</th>
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<tr>
<td>6% of youth in the intervention group had ever had sex compared to 22% of youth in the control group</td>
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<td>6 months after the intervention:</td>
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<tr>
<td>• Youth in intervention were 39% more likely to have used a condom at last sex than control group.</td>
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<tr>
<th>CONTACT INFORMATION</th>
<th>Information and evaluation:</th>
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<tbody>
<tr>
<td>Vincent Guilamo-Ramos, Ph.D., MSW</td>
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<tr>
<td>Professor and CLAFH Co-Director</td>
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<td>James Jaccard, PhD</td>
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<td>Professor and CLAFH Co-Director</td>
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<tr>
<td>New York University</td>
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<td>Center for Latino Adolescent and Family Health</td>
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<tr>
<td>Silver School of Social Work</td>
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<tr>
<td>1 Washington Square North</td>
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<tr>
<td>New York, NY 10003</td>
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<tr>
<td>Email: <a href="mailto:Vincent.ramos@nyu.edu">Vincent.ramos@nyu.edu</a></td>
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<td>Evaluation:</td>
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<tr>
<td>Bonita F. Stanton, M.D.</td>
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<tr>
<td>Department of Pediatrics at Wayne State University</td>
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</tr>
<tr>
<td>Children’s Hospital of Michigan, 3901 Beaubien Blvd, Suite 1K40 Detroit, MI 48201</td>
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<tr>
<td>Phone: 313-745-5870</td>
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<tr>
<td>Email: <a href="mailto:bstanton@med.wayne.edu">bstanton@med.wayne.edu</a></td>
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<tr>
<td>Information and to purchase:</td>
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<tr>
<td>Cherri Gardner, Senior Program Manager</td>
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<tr>
<td>ETR Associates, 2811 Adeline Street Oakland, CA 94608</td>
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<tr>
<td>Phone: 510-645-1047 x609</td>
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<td>Email: <a href="mailto:cherrig@etr.org">cherrig@etr.org</a></td>
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<td>Web: <a href="http://www.etr.org">www.etr.org</a> and <a href="http://www.etr.org/foy">www.etr.org/foy</a></td>
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<tr>
<td>To purchase:</td>
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<tr>
<th>FOR FURTHER INFORMATION</th>
<th>Center for Latino Adolescent and Family Health</th>
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<tr>
<td><a href="http://www.nyu.edu/socialwork/clafh">www.nyu.edu/socialwork/clafh</a></td>
<td>A Good Time</td>
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<td><a href="http://www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf">www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf</a></td>
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<td>No Time to Waste</td>
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<td><a href="http://www.thenationalcampaign.org/resources/pdf/pubs/No_Time.pdf">www.thenationalcampaign.org/resources/pdf/pubs/No_Time.pdf</a></td>
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<td>Emerging Answers 2007</td>
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<td><a href="http://www.thenationalcampaign.org/EA2007">www.thenationalcampaign.org/EA2007</a></td>
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<tr>
<td>HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention</td>
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<td><a href="http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/FOY.htm">www.cdc.gov/hiv/topics/research/prs/resources/factsheets/FOY.htm</a></td>
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<td>NAME OF PROGRAM</td>
<td>DELAYED SEXUAL INITIATION</td>
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<tr>
<td>Focus on Kids plus ImPACT (2004) (packaged as Focus on Youth plus ImPACT)</td>
<td>Yes</td>
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<tr>
<td>HIV Prevention for Adolescents in Low-Income Housing Developments (2005) (Packaged as Teen Health Project)</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV Risk Reduction Among Detained Adolescents (2009) (Keepin’ It R.E.A.L=Responsible, Empowered, Aware Lifestyles)</td>
<td>NM</td>
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</table>

**CONTACT INFORMATION**

Evaluation:  <br>Bonita F. Stanton, Ph.D.  <br>Department of Pediatrics, Wayne State University, Children’s Hospital of Michigan, Detroit, MI 48202  <br>E-mail: bstanton@med.wayne.edu  
Dr. Jennifer Galbraith  <br>Centers for Disease Control and Prevention  <br>1600 Clifton Road, Mailstop E-37  <br>Atlanta, GA 30333  
Email: jgalbraith@cdc.gov  
For details on intervention materials:  
Winifred King  
DEBI Technical Monitor  
Centers for Disease Control and Prevention  
Atlanta, GA 30333  
Phone: 404-639-0892  
Email: WKing@cdc.gov  
Information and to purchase:  
Cherri Gardner, Senior Program Manager  
ETR Associates  
2811 Adeline Street, Oakland, CA 94608  
Phone: 510-645-1047 x609  
Email: cherri@etr.org  
Web: www.etr.org and www.etr.org/foy/  

Evaluation:  
Kathleen Sikkema, Ph.D.  
Duke University  
DUMC 3322  
307 Trent Drive  
Durham, NC 27710  
kathleen.sikkema@duke.edu  
To purchase:  
PASHA Archive  

Evaluation:  
Angela D. Bryan, Ph.D.  
University of New Mexico  
Center on Alcoholism, Substance Abuse and Addictions, Department of Psychology  
Albuquerque, NM 87131  
E-mail: abryan@unm.edu

**FOR FURTHER INFORMATION**

Emerging Answers 2007  
www.thenationalcampaign.org/EA2007  

HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention  
www.cdc.gov/hiv/topics/research/prs/resources/factsheets/FOY-ImPACT.htm  

Emerging Answers 2007  
www.thenationalcampaign.org/EA2007  

HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention  
www.cdc.gov/hiv/topics/research/prs/resources/factsheets/teen-health.htm
<table>
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<tr>
<th>NAME OF PROGRAM</th>
<th>DELAYED SEXUAL INITIATION</th>
<th>IMPROVED CONTRACEPTIVE USE</th>
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<tr>
<th>STUDY SETTING AND SAMPLE</th>
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| Clinic-based, out-of-school intervention (held on 2 consecutive Saturdays) for sexually active girls age 15–21; urban setting | 12 months after baseline:  
• Girls in the intervention group were more likely to report consistent condom use in the past 14 days and 60 days than girls in the control group  
• 50% of girls in the intervention group report using a condom consistently in the past 14 days compared to 39% of girls in the control group  
Over the 12 month follow-up, girls in the intervention group were less likely to have a chlamydial infection compared to girls in the control group (42 versus 67; RR = 0.65, 95% confidence intervals =0.42 to 0.98; P=.04) | Evaluation: Ralph DiClemente, Ph.D.  
Rollins School of Public Health,  
Department of Behavioral Science and Health Education, 1518 Clifton Rd NE,  
Room 554, Atlanta, GA 30322  
E-mail: rdiclem@sph.emory.edu  
To purchase: PASHA Archive  
www.socio.com/passt29.php |
| In-school program for middle school students (grades 7–8); predominately African American and Hispanic students; urban setting | Over 24 months:  
• 23% of teens in the intervention group had initiated sex compared to 30% of teens in the control group.  
• 17% of Hispanic teens in the intervention group initiated sex compared to 28% of Hispanic teens in the control group. | Evaluation: Susan R. Tortolero, Ph.D.  
Center for Health Promotion and Prevention Research, University of Texas Health Science Center at Houston  
7000 Fannin, Suite 2080  
Houston, TX 77030  
E-mail: Susan.Tortolero@uth.tmc.edu  
To purchase: PASHA Archive www.itsyourgame.org |
| After-school parent program for youth aged 11–14 and their mothers; urban setting | Over 24 months:  
• Teens in the life skills intervention group were significantly more likely than teens in the social cognitive intervention and the control group to report condom use in the past 30 days, in the past 3 months, and in the past year. | Evaluation: Colleen Dilorio, Ph.D., R.N., FAAN  
Department of Behavioral Sciences and Health Education-Rollins School of Public Health, Emory University  
3520 Clifton Road, NE,  
Room 262, Atlanta, GA 30032  
Email: cdilori@sph.emory.edu  
To purchase: PASHA Archive www.socio.com/passt26.php |

**FOR FURTHER INFORMATION**  
**HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention**  
www.cdc.gov/hiv/topics/research/prs/resources/factsheets/horizons.htm  
www.itsyourgame.org  
Emerging Answers 2007  
www.thenationalcampaign.org/EA2007
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<th>STUDY SETTING AND SAMPLE</th>
<th>SELECTED EFFECTS</th>
<th>CONTACT INFORMATION</th>
<th>FOR FURTHER INFORMATION</th>
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</table>
| Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998) | Yes (at 3 months but not at 6 or 12 months) | Yes (at 12 months but not at 3 months or 6 months) | NM | After-school program for African American youth grades 6 and 7; urban setting | 3 months after the intervention:  
• Program participants were less likely to have had sex compared to control group participants (12.5% vs. 21.5%).  
12 months after the intervention:  
• Program participants had a higher frequency of condom use than control group (3.9 vs. 3.2) on a scale of 1 to 5 (never to always). | Information:  
John B. Jemmott III, Ph.D.  
Department of Psychiatry  
Center for Health Behavior and Communication Research  
University of Pennsylvania School of Medicine  
3535 Market St., Ste 520  
Philadelphia, PA 19104  
Email: jjemmott@asc.upenn.edu  
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www.thenationalcampaign.org/resources  
Not Yet  
www.thenationalcampaign.org/resources  
No Time to Waste  
www.thenationalcampaign.org/resources  
Emerging Answers 2007  
www.thenationalcampaign.org/EA2007 |
| Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998) | No | Yes | NM | After-school program for African American youth grades 6–7; urban setting | 12 months after the intervention:  
• Among sexually active youth, those in the program reported a lower frequency of unprotected sex than those in the control group (0.04 days vs. 1.9 days). | Information:  
Loretta Sweet Jemmott, PhD, FAAN, RN  
University of Pennsylvania School of Nursing  
Room 239 Fagin Hall  
418 Curie Blvd.  
Philadelphia, Pennsylvania 19104-4217  
Phone: 215-898-8287  
Email: jemmott@nursing.upenn.edu  
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www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf  
Emerging Answers 2007  
www.thenationalcampaign.org/EA2007 |
| Multidimensional Treatment Foster Care (2009) | NM | No | NM | Case management program for girls (aged 13–17) placed in out-of-home care | 24 months after baseline:  
• Girls in the control group were 2.44 times more likely than those in the intervention group to become pregnant during the follow-up period.  
• 27% of girls in the intervention reported a pregnancy during the follow-up period compared to 47% of girls in the control group. | Evaluation:  
Robert LaChausse, Ph.D.  
Department of Health and Human Ecology  
California State University, San Bernardino, CA  
rlachaus@csusb.edu | Emerging Answers 2007  
www.thenationalcampaign.org/EA2007 |
| Positive Prevention (2006) | Yes (among sexually inexperienced only) | No | NM | In-school program with high school students in 9th grade; 60% of participants were Latino; suburban | At the 6 month follow-up among students who were sexually inexperienced at pre-test:  
• 9% of students in the intervention group reported initiating sexual intercourse compared to 24% of students in the intervention group | Evaluation:  
Robert LaChausse, Ph.D.  
Department of Health and Human Ecology  
California State University, San Bernardino, CA  
rlachaus@csusb.edu | Emerging Answers 2007  
www.thenationalcampaign.org/EA2007 |
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<th>NAME OF PROGRAM</th>
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<tbody>
<tr>
<td>Promoting Health Among Teens: A Theory-Based Abstinence-Only Program (2010)</td>
<td>Yes</td>
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<tr>
<td>Reach for Health Community Youth Service (RFH-CYS) (2002)</td>
<td>Yes</td>
<td></td>
<td>Yes (at 6 month follow-up; did not delay at 3 month or 12 month)</td>
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<td>REAL Men (2007)</td>
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| DELAYED SEXUAL INITIATION | Yes | Yes | Yes (at 6 month follow-up; did not delay at 3 month or 12 month) |
| IMPROVED CONTRACEPTIVE USE | No | Not reported in evaluation | Yes (among sexually experienced teens) |
| REDUCED TEEN PREGNANCY | NM | NM | NM |

| STUDY SETTING AND SAMPLE | After-school program (implemented on Saturdays in school classrooms) for African American teens in grades 6–7; urban setting | In-school service learning program for middle school students; urban setting | After-school parent program with adolescent boys aged 11–14 and their fathers (or a father figure); urban setting |

| SELECTED EFFECTS | Among virgin participants, 2 years after baseline: • 33.5% of those in the intervention group had initiated sex compared to 48.5% of those in the control group | Among boys who received 2 years of the service learning component, 50% had initiated sex by the end compared to 80% control group; among girls who received 2 years of the service learning component 40% had initiated sex by the end compared to 65% of control group | At 12 month follow-up: • 31% of boys in the intervention group reported ever having sex without a condom compared to 60% in the control group. • Fathers in the intervention group were more likely to report talking to their sons about sex-related topics compared to fathers in the control group. |

| CONTACT INFORMATION | For Information and Evaluation: John B. Jemmott III, Ph.D. Department of Psychiatry Center for Health Behavior and Communication Research University of Pennsylvania School of Medicine 3535 Market St., Ste 520 Philadelphia, PA 19104 jjemmott@asc.upenn.edu To purchase: www.selectmedia.org | Evaluation: Lydia O’Donnell, Ph.D. Education Development Center, Inc., 55 Chapel Street, Newton, MA 02458 Phone: 617-618-2368 Email: lodonnell@edc.org To purchase: PASHA archive www.socio.com/srch/summary/pasha/full/paspp10.htm | Evaluation: Colleen DiIorio, Ph.D. Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, Room 560, Atlanta, GA 30322 E-mail: cdiiori@sph.emory.edu |

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<th>NAME OF PROGRAM</th>
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<tr>
<td>Safer Choices (2004)</td>
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<tr>
<td>SIHLE (HIV Prevention Intervention) (2004)</td>
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<tr>
<td>Teen Outreach Program (1997)</td>
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</table>

| DELAYED SEXUAL INITIATION | Yes (Latino program participants only) | NM | NM |
| IMPROVED CONTRACEPTIVE USE | Yes | Yes | NM |
| REDUCED TEEN PREGNANCY | NM | Yes (at 6 months, not at 12 months) | Yes |
| STUDY SETTING AND SAMPLE | In-school program for students grades 9–10; urban and suburban setting | After-school program for girls in high school; urban setting | In-school service learning intervention, 9th–12th grade; multi-site |

| SELECTED EFFECTS | At 31 month follow-up:  
• Sexually active program participants were 1.5 times more likely to use a condom and 1.5 times more likely to report using another method of birth control than control participants. | Follow-up was conducted at 6 months and 12 months. At 6 months:  
• Program participants were less likely to report a pregnancy (difference not significant at 12 months).  
At both 6 and 12 months:  
• Program participants were more likely to report consistent condom use and are less likely to report unprotected sex. | At program completion:  
• Intervention group participants had half the percentage of pregnancies as the control group (9.8 vs. 4.2). |

| CONTACT INFORMATION | Information: Karin Coyle, Ph.D. ETR Associates  
4 Carbonero Way  
Scotts Valley, CA 95066 Email: karinc@etr.org  
Phone: 800-321-4407  
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4 Carbonero Way  
Scotts Valley, CA 95066  
Phone: 800-321-4407  
Fax: 800-435-8433  
Web: http://www.etr.org | Evaluation:  
Ralph DiClemente, Ph.D.  
Rollins School of Public Health, Department of Behavioral Science and Health Education,  
1518 Clifton Rd NE, Room 554, Atlanta, GA 30322  
E-mail: rdiclem@sph.emory.edu  
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Phone: 636-938-5245  
Website: www.wymancenter.org |

| FOR FURTHER INFORMATION | Not Yet  
www.thenationalcampaign.org/resources/pdf/pubs/notyet.pdf  
Emerging Answers 2007  
www.thenationalcampaign.org/EA2007  
HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention  
www.cdc.gov/hiv/topics/research/prs/resources/factsheets/SIHLE.htm | A Good Time  
www.thenationalcampaign.org/resources/pdf/pubs/AGoodTime.pdf  
Emerging Answers 2007  
www.thenationalcampaign.org/EA2007 |
AT A GLANCE

LIST OF EFFECTIVE PROGRAMS
(QUASI-EXPERIMENTAL DESIGN)

Note that the programs below have been evaluated using a quasi-experimental design. As a general matter these programs provide a somewhat weaker evidence of effectiveness than those with an experimental design (see previous table). Programs listed below that have relatively stronger evidence of effectiveness are noted with a star. The stronger evidence of effectiveness is either due to the strength of the evaluation design or because there have been two or more replications of the program that have been evaluated and found to have similar results.

2. Learn and Serve America (1998)
<table>
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<tr>
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<tr>
<td>Get Real about AIDS (1994)</td>
<td>No</td>
<td>Yes (Boys only)</td>
<td>NM</td>
<td>In-school program for high school students; urban setting</td>
<td>6 months post-intervention: • Teens in the program reported more condom use in the past 2 months compared to teens in the comparison group.</td>
<td>Information and to purchase: Discovery Education Email: <a href="mailto:info@unitededlearning.org">info@unitededlearning.org</a> Web: store.discoveryeducation.com/product/show/49428 PASHA Archive: <a href="http://www.socio.com/srcr/summary/pasha/full/passt07.htm">www.socio.com/srcr/summary/pasha/full/passt07.htm</a></td>
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<tr>
<td>Learn and Serve America (1998)</td>
<td>NM</td>
<td>NM</td>
<td>Yes (short-term among middle school youth)</td>
<td>In-school program for middle and high school students; multi-site, urban, suburban, and rural</td>
<td>Immediately after program ended: • Program participants were half as likely to be involved in a pregnancy than comparison group. • No difference in pregnancy rates after 1 year.</td>
<td>Information and to Purchase: Elson Nash Learn &amp; Serve Acting Director Corporation for National and Community Service 1201 New York Ave, NW Washington, DC Phone: 202-606-6834 Web: <a href="http://www.learnandservice.gov">www.learnandservice.gov</a> or <a href="http://www.nationalservice.org">http://www.nationalservice.org</a></td>
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<tr>
<td>Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth (1994)</td>
<td>Yes (short-term among middle school youth)</td>
<td>Yes</td>
<td>In-school, after-school and community wide program with Latino youth aged 14–20; urban setting</td>
<td>Group program delivered to high risk teen boys in juvenile justice facilities; ages 14–18 primarily African American teens</td>
<td>At the 18 month follow-up: • Male program participants were 92% less likely to initiate sex than comparison group males.</td>
<td>For Information: Hispanic Office of Planning and Evaluation, Inc. 165 Brookside Avenue Extension Jamaica Plain, MA 02130 Phone: 617-524-8888 Email: <a href="mailto:streetsmart-HIVprevention@hopemass.org">streetsmart-HIVprevention@hopemass.org</a> To purchase: PASHA Archive <a href="http://www.socio.com/srcr/summary/pasha/full/passt11.htm">www.socio.com/srcr/summary/pasha/full/passt11.htm</a></td>
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<tr>
<td>Preventing AIDS through Live Movement and Sound (PALMS) (2010)</td>
<td>No</td>
<td>No</td>
<td>Yes (among youth with a non-main partner only)</td>
<td>In-school program for 7th grade students</td>
<td>At six-month follow-up: • Teens who participated in the program were significantly more likely to report using a condom the last time they had sex with a non-main partner (97% versus 87%).</td>
<td>Evaluation: Jennifer Lauby, PhD Public Health Management Corporation, 260 S. Broad St., Philadelphia, PA 19102; e-mail: <a href="mailto:Jennifer@phmc.org">Jennifer@phmc.org</a> Program Information: Akil Pierre Project Coordinator 215.731.2021 <a href="mailto:akil@phmc.org">akil@phmc.org</a></td>
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<td>Reasons of the Heart (2008)</td>
<td>No</td>
<td>Yes</td>
<td>NM</td>
<td>In-school program for 7th grade students</td>
<td>At 12 month follow-up: • 9% of students in the program had ever had sex compared to 16% of students in the comparison group.</td>
<td>Evaluation: Dr. Stan Weed Director Irene H. Erickson Research Analyst Institute for Research and Evaluation, 6068 S Jord an Canal Road, Salt Lake City, UT 84118. E-mail: <a href="mailto:weedstan@aol.com">weedstan@aol.com</a></td>
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**FOR FURTHER INFORMATION**

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</table>
| Reducing the Risk, (1998)               | No                     | In-school program with high school students | At 18 month follow-up:  
  • Program participants were 35% less likely to initiate sex compared to comparison group. |
| Seattle Social Development (2002)       | Yes                    | In-school program for grades 1–6; urban setting | Follow-up was conducted at age 18 and age 21:  
  • Program participants reported later age of first sex (0.5 years older).  
  • At age 18: program participants were 35% less likely to have been involved in a pregnancy.  
  • At age 21: 38% of girls in the program reported having been pregnant compared to 56% of girls in the comparison group. |

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<td>Doug Kirby</td>
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<td>ETR Associates</td>
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<td>Email: <a href="mailto:dougk@etr.org">dougk@etr.org</a></td>
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<td>Web: <a href="http://www.etr.org">www.etr.org</a></td>
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| FOR FURTHER INFORMATION                  |                        |                          |                                                                                  |
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| www.thenationalcampaign.org/resources/pdf/pubs/notyet.pdf |                        |                          |                                                                                  |
| Emerging Answers 2007                   |                        |                          |                                                                                  |
| www.thenationalcampaign.org/EA2007      |                        |                          |                                                                                  |

**ABOUT THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY**

The National Campaign is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign seeks to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors. Our goal is to reduce the teen pregnancy rate by one-third between 2006 and 2015.

**ABOUT THE AUTHOR** Katy Suellentrop is The National Campaign’s Director of State Support.


**FUNDING INFORMATION** This research brief was supported by Cooperative Agreement Number 1U58DP002916 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.