

Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections

Until recently, teen pregnancy and birth rates had declined in the United States. Despite these declines, US teen birth and sexually transmitted infection (STI) rates remain among the highest in the industrialized world. Given the need to focus limited prevention resources on effective programs, Advocates for Youth undertook exhaustive reviews of existing research to compile a list of those programs proven effective by rigorous evaluation. Nineteen programs appeared in *Science and Success* when it was first published in 2003; seven additional programs are included in *Science and Success, Second Edition*.

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— Twenty-six programs met the criteria described above. These 26 programs were able to affect the behaviors and/or sexual health outcomes of youth exposed to the program.

Risk Avoidance Through Abstinence— 14 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 13 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, Page 3-4)

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, Page 3-4)

- 14 programs helped sexually active youth to increase their use of condoms.
- 9 programs demonstrated success at increasing use of contraception other than condoms.
- 13 programs showed reductions in the number of sex partners and/or increased monogamy among program participants.
- 7 programs assisted sexually active youth to reduce the frequency of sexual intercourse.
- 10 programs helped sexually active youth to reduce the incidence of unprotected sex.

Reduced Rates of Teenage Pregnancy or Sexually Transmitted Infections— Thirteen programs showed statistically significant declines in teen pregnancy, HIV or other STIs. Nine demonstrated a statistically significant impact on teenage pregnancy among program participants and four, a reduced trend in STIs among participants when measured against comparison / control youth. (See Table A, Page 3-4)

Increased Receipt of Health Care or Increased Compliance with Treatment Protocols— Six programs achieved improvements in youth's receipt of health care, and/or compliance with treatment protocols. (See Table A, Page 3-4)

Program Content— Of the 26 effective programs described here, 23 included information about abstinence *and* contraception within the context of sexual health education. Of the three that did not include sexual health education, two were early childhood interventions and one was a service-learning program.

Following is a brief description of each of the 26 programs. For more detailed descriptions, please see *Science and Success*, Second Edition, *Advocates for Youth*, 2008, or visit www.advocatesforyouth.org/programsthatwork/.

Table A. Effective Programs: Impact on Adolescents' Risk for Pregnancy, HIV & STI Programs

School-Based Programs
 Community-Based Programs
 Clinic-Based Programs

	<i>Delayed Initiation of Sex</i>	<i>Reduced Frequency of Sex</i>	<i>Reduced Number of Sex Partners</i>	<i>Increased Monogamy</i>	<i>Reduced Incidence of Unprotected Sex</i>	<i>Increased Use of Condoms</i>	<i>Increased Use of Contraception</i>	<i>Increased Use of Sexual Health Care/Treatment Compliance</i>	<i>Reduced Incidence of STIs</i>	<i>Decreased Number or Rate of Teen Pregnancy / Birth</i>
1. AIDS Prevention for Adolescents in School			★	★		★			★	
2. Get Real about AIDS			★			★				
3. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	★	★					★			
4. Postponing Sexual Involvement: Human Sexuality & Health Screening	★						★			
5. Reach for Health Community Youth Service	★	★				★	★			
6. Reducing the Risk	★				★		★			
7. Safer Choices	★				★	★	★	★		
8. School / Community Program for Sexual Risk Reduction among Teens	★					★				★
9. Seattle Social Development Project	★		★			★				★
10. Self Center (School-Linked Reproductive Health Care)	★				★		★	★		★
11. Teen Outreach Program										★
12. Abecedarian Project										★
13. Adolescents Living Safely: AIDS Awareness, Attitudes & Actions		★	★			★				

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 significant positive outcome in regard to the particular behavior or impact.

Table A. Effective Programs: Impact on Adolescents' Risk for Pregnancy, HIV & STI Programs

■ School-Based Programs
 ■ Community-Based Programs
 ■ Clinic-Based Programs

	<i>Delayed Initiation of Sex</i>	<i>Reduced Frequency of Sex</i>	<i>Reduced Number of Sex Partners</i>	<i>Increased Monogamy</i>	<i>Reduced Incidence of Unprotected Sex</i>	<i>Increased Use of Condoms</i>	<i>Increased Use of Contraception</i>	<i>Increased Use of Sexual Health Care/Treatment Compliance</i>	<i>Reduced Incidence of STIs</i>	<i>Decreased Number or Rate of Teen Pregnancy/Birth</i>
14. Be Proud! Be Responsible!		★	★			★				
15. Becoming a Responsible Teen	★	★			★	★				
16. California's Adolescent Sibling Pregnancy Prevention Project	★						★			★
17. Children's Aid Society – Carrera Program	★					★	★	★		★
18. Community-level HIV Prevention for Adolescents in Low-Income Developments	★					★				
19. ¡Cuidate!		★	★		★	★				
20. Making Proud Choices!	★	★			★	★				
21. Poder Latino: Community AIDS Prevention Program for Inner-City Latino Youth	★		★							
22. HIV Risk Reduction for African American & Latina Adolescent Women			★		★				★	
23. Project SAFE: Sexual Awareness for Everyone			★	★	★			★	★	
24. SiHLE			★		★	★			★	★
25. Tailoring Family Planning Services to the Special Needs of Adolescents							★	★		★
26. TLC: Together Learning Choices			★		★			★		

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 significant positive outcome in regard to the particular behavior or impact.

I. School Based Programs

1. 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.*¹

For More Information or to Order, Contact

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

2. 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.*²

For More Information or to Order, Contact

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3. 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.*^{3,4,5}

For More Information or to Order Postponing Sexual Involvement to Augment Human Sexuality Education, Contact

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

4. 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.*⁶

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 University 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 & Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, <http://www.socio.com>

5. 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.*^{7,8}

For More Information or to order, Contact

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6. 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.*^{9,10}

For More Information or to Order, Contact

- **Sociometrics, Program Archive on Sexuality, Health & 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/>

7. 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.*^{11,12,13,14}

For More Information or to Order, Contact

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

8. 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.*^{15,16,17}

For More Information or to Order, Contact

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9. 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.*^{18,19}

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)

10. 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.*^{20,21}

For More Information or to order, Contact

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11. 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.*²²²³²⁴

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>.

Section II. Community-Based Programs

12. 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.*²⁵

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.

13. Adolescents Living Safely: AIDS Awareness, Attitudes & 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.*²⁶

For More Information or to Order, Contact

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

14. 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.*^{27,28}

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>

15. 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.*²⁹

For More Information or to Order, Contact

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

16. California's Adolescent Sibling Pregnancy Prevention Project

This teen pregnancy prevention program provides individualized 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.*³⁰

For More Information, Contact

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

This program is not available for purchase.

17. 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.*³¹

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>

18. 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.*³²

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.

19. ¡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.*^{33,34}

For More Information, Contact

- **Antonia M. Villarruel at the University of Michigan School of Nursing**, 400 N. Ingalls, Suite 4320 Ann Arbor, Michigan 48107-0482; Phone 734-615-9696; e-mail avillarr@umich.edu

20. 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.*³⁵

For More Information or to Order, Contact

- **Select Media:** Phone, 1.800.707.6334; Web, <http://www.selectmedia.org>
- For information regarding training, contact **ETR Associates:** Phone, 1.800.321.4407; Fax, 1.800.435.8433; Web, <http://www.etr.org>

21. 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.*^{36,37}

For More Information or to Order, Contact

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

Section III. Clinic-Based Programs

22. 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.*³⁸

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.

23. 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.*^{39,40,41,42}

For More Information or to Order, Contact:

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

24. 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.*⁴³

For More Information or to order, Contact

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

25. 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 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.*⁴⁴

For More Information or to Order, Contact

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

26. 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.*^{45,46}

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>

Table B. Effective Programs: Settings & Populations Served

School-Based Programs
 Community-Based Programs
 Clinic-Based Programs

	Urban	Suburban	Rural	Elementary School	Middle School	Sr. High	18-24	White	Black	Hispanic/Latino	Asian	Sex
1. AIDS Prevention for Adolescents in School	★					★		★	★	★	★	Both Sexes
2. Get Real about AIDS	★	★	★			★		★		★		Both Sexes
3. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	★				★				★			Both Sexes
4. Postponing Sexual Involvement: Human Sexuality & Health Screening	★				★				★	★		Females
5. Reach for Health Community Youth Service	★				★				★	★		Both Sexes
6. Reducing the Risk	★	★	★			★		★	★	★	★	Both Sexes
7. Safer Choices	★	★				★		★	★	★	★	Both Sexes
8. School / Community Program for Sexual Risk Reduction among Teens			★	★	★	★		★	★			Both Sexes
9. Seattle Social Development Project [§]	★	★		★				★	★		★	Both Sexes
10. Self Center (School-Linked Reproductive Health Care)	★			★	★	★			★			Females
11. Teen Outreach Program	★	★	★			★		★	★	★		Both Sexes
12. Abecedarian Project	★	★		★					★			Both Sexes
13. Adolescents Living Safely: AIDS Awareness Attitudes & Actions	★			★	★	★	★		★	★		Both Sexes

Table B. Effective Programs: Settings & Populations Served

School-Based Programs
 Community-Based Programs
 Clinic-Based Programs

	Urban	Suburban	Rural	Elementary School	Middle School	Sr. High	18-24	White	Black	Hispanic/Latino	Asian	Sex
14. Be Proud! Be Responsible!: A Safer Sex Curriculum	★			★	★	★	★		★			Males
15. Becoming a Responsible Teen	★			★		★	★		★			Both Sexes
16. California’s Adolescent Sibling Pregnancy Prevention Project	★	★	★	★	★	★				★		Both Sexes
17. Children’s Aid Society—Carrera Program	★			★	★	★			★	★		Females
18. Community-level HIV Prevention for Adolescents in Low-Income Developments	★			★	★	★			★		★	Both Sexes
19. ¡Cuidate!	★			★		★				★		Both Sexes
20. Making Proud Choices	★			★	★				★			Both Sexes
21. Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth	★			★		★	★			★		Both Sexes
22. HIV Risk Reduction for African American and Latina Adolescent Women	★			★	★	★	★		★	★		Females
23. Project Safe – Sexual Awareness for Everyone	★			★		★	★		★	★		Females
24. SiHLE	★	★		★		★	★		★			Females
25. Tailoring Family Planning Services to the Special Needs of Adolescents		★	★	★		★	★	★				Females
26. TLC: Together Learning Choices	★			★	★	★	★		★	★		Both Sexes

References

1. Walter HJ, Vaughan RD. AIDS risk reduction among a multiethnic sample of urban high school students. *JAMA* 1993; 270:725-730.
2. Main DS, Iverson DC, McGloin J *et al.* Preventing HIV infection among adolescents: evaluation of a school-based education program. *Preventive Medicine* 1994; 23:409-417.
3. Howard M, McCabe JB. Helping teenagers postpone sexual involvement. *Family Planning Perspectives* 1990; 22:21-26.
4. Kirby D, Korpi M, Barth RP *et al.* The impact of the Postponing Sexual Involvement curriculum among youths in California. *Family Planning Perspectives* 1997; 29:100-108.
5. Cagampang HH, Barth RP, Korpi M *et al.* Education Now and Babies Later (ENABL): life history of a campaign to postpone sexual involvement. *Family Planning Perspectives* 1997; 29:109-114.
6. Aarons SJ, Jenkins RR, Raine TR *et al.* Postponing sexual intercourse among urban junior high school students—a randomized controlled evaluation. *Journal of Adolescent Health* 2000; 27:236-247.
7. O'Donnell L, Stueve A, San Doval, A *et al.* The effectiveness of the Reach for Health Community Youth Service learning program in reducing early and unprotected sex among urban middle school students. *American Journal of Public Health* 1999; 89:176-181.
8. O'Donnell L, Stueve A, O'Donnell C *et al.* Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the Reach for Health service learning program. *Journal of Adolescent Health* 2002; 31:93-100.
9. Kirby D, Barth RP, Leland N *et al.* Reducing the Risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives* 1991; 23:253-263.
10. Hubbard BM, Giese ML, Rainey J. A replication study of Reducing the Risk, a theory-based sexuality curriculum for adolescents. *Journal of School Health* 1998; 68:243-247.
11. Coyle K, Basen-Engquist K, Kirby D *et al.* Short-term impact of Safer Choices: a multicomponent, school-based HIV, other STD, and pregnancy prevention program. *Journal of School Health* 1999; 69:181-188.
12. Coyle K, Basen-Engquist K, Kirby D *et al.* Safer Choices: reducing teen pregnancy, HIV, and STDs. *Public Health Reports* 2001; 116 (Supplement 1):82-93.
13. Kirby D, Baumler E, Coyle K *et al.* The Safer Choices intervention: its impact on the sexual behaviors of different subgroups of high school students. *Journal of Adolescent Health* 2004; 35:442-452.
14. Markham C, Baumler E, Richesson R *et al.* Impact of HIV-positive speakers in a multicomponent, school-based HIV / STD prevention program for inner-city adolescents. *AIDS Education & Prevention* 2000; 12:442-454.
15. Vincent ML, Clearie AF, Schluchter MD. Reducing adolescent pregnancy through school and community-based education. *JAMA* 1987; 257:3382-3386.
16. Koo HP, Dunteman GH, George C *et al.* Reducing adolescent pregnancy through a school- and community-based intervention: Denmark, South Carolina, revisited. *Family Planning Perspectives* 1994; 26:206-211.
17. Paine-Andrews A, Harris KJ, Fisher JL *et al.* Effects of a replication of a multicomponent model for preventing adolescent pregnancy in three Kansas communities. *Family Planning Perspectives* 1999; 31:182-189.
18. Lonczak HS, Abbott RD, Hawkins JD *et al.* Effects of the Seattle Social Development Project on sexual behavior, pregnancy, on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years. *Archives of Pediatrics & Adolescent Medicine* 2002; 156:438-447.
19. Hawkins JD, Catalano RF, Kosterman R *et al.* Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine* 1999; 153:226-234.
20. Zabin LS, Hirsch MB, Smith EA *et al.* Evaluation of a pregnancy prevention program for urban teenagers. *Family Planning Perspectives* 1986; 18:119-126.
21. Frost JJ, Forrest JD. Understanding the impact of effective teenage pregnancy prevention programs. *Family Planning Perspectives* 1995; 27:188-195.
22. Allen JP, Philliber S, Hoggson N. School-based prevention of teen-age pregnancy and school dropout: process evaluation of the national replication of the Teen Outreach Program. *American Journal of Community Psychology* 1990; 18:505-523.
23. Allen JP, Philliber S, Herling S *et al.* Preventing teen pregnancy and academic failure: experimental evaluation of a developmentally-based approach. *Child Development* 1997; 64:729-742.
24. Allen JP, Philliber S. Who benefits most from a broadly targeted prevention program? Differential efficacy across populations in the Teen Outreach Program. *Journal of Community Psychology* 2001; 29:637-655.
25. Campbell FA, Ramey CT, Pungello E *et al.* Early childhood education: young adult outcomes from the Abecedarian Project. *Applied Developmental Science* 2002; 6(1):42-57.
26. Rotheram-Borus MJ, Koopman C, Haignere C *et al.* Reducing HIV sexual risk behaviors among runaway adolescents. *JAMA* 1991; 266:1237-1241.
27. Jemmott JB, Jemmott LS, Fong GT. Reductions in HIV risk-associated sexual behaviors among black male adolescents: effects of an AIDS prevention intervention. *American Journal of Public Health* 1992; 82:372-377.
28. ETR Associates. Be Proud! Be Responsible! Programs that Work. <http://www.etr.org/recapp/programs/proud.htm>.
29. St. Lawrence JS, Brasfield TL, Jefferson KW *et al.* Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology* 1995; 63:221-237.
30. East P, Kiernan E, Chavez G. An evaluation of California's Adolescent Sibling Pregnancy Prevention Program. *Perspectives on Sexual & Reproductive Health* 2003; 35:62-70.
31. Philliber S, Williams Kaye J, Herrling S *et al.* Preventing pregnancy and improving health care access among teenagers: an evaluation of the Children's Aid Society—Carrera Program. *Perspectives on Sexual & Reproductive Health* 2002; 34:244-251.
32. Sikkema KJ, Anderson ES, Kelly JA *et al.* Outcomes of a randomized, controlled community-level HIV prevention intervention for adolescents in low-income housing developments. *AIDS* 2005; 19:1509-1516.
33. Villarruel AN, Jemmott JB, Jemmott LS. A randomized controlled trial testing an HIV prevention intervention for Latino youth. *Archives of Pediatrics & Adolescent Medicine* 1006; 160:772-777.
34. Centers for Disease Control & Prevention. Cuidate! A Culturally-based Program to Reduce HIV Sexual Risk Behavior among Latino Youth; http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/cuidate!.htm; accessed 11/16/2007.
35. Jemmott JB, Jemmott LS, Fong GT. Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: a randomized controlled trial. *JAMA* 1998; 279:1529-1536.
36. Sellers DE, McGraw SA, McKinlay JB. Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth. *American Journal of Public Health* 1994; 84:1952-1959.
37. Smith KW, McGraw SA, Crawford SL *et al.* HIV risk among Latino adolescents in two New England cities. *American Journal of Public Health* 1993; 83:1395-1399.
38. Jemmott JB, Jemmott LS, Braverman PK *et al.* HIV/STD risk reduction interventions for African American and Latino adolescent girls at an adolescent medicine clinic. *Archives of Pediatrics & Adolescent Medicine* 2005; 159:440-449.
39. Shain RN, Piper JM, Newton ER *et al.* A randomized controlled trial of a behavioral intervention to prevent sexually transmitted diseases among minority women. *New England Journal of Medicine* 1999; 340(2):93-100.
40. Shain RN, Piper JM, Holden AEC *et al.* Prevention of gonorrhea and chlamydia through behavioral intervention: results of a two-year controlled randomized trial in minority women. *Sexually Transmitted Diseases* 2004; 31(7):401-408.
41. Shain RN, Perdue ST, Piper JM *et al.* Behaviors changed by intervention are associated with reduced STD recurrence: the importance of context in measurement. *Sexually Transmitted Diseases* 2002; 29:520-529.
42. Korte JE, Shain RN, Holden AEC *et al.* Reduction in sexual risk behaviors and infection rates among African Americans and Mexican Americans. *Sexually Transmitted Diseases* 2004; 31:166-173.
43. DiClemente RJ, Wingood GM, Harrington KF *et al.* Efficacy of an HIV prevention intervention for African American adolescent girls: a randomized controlled trial. *JAMA* 2004; 292:171-179.
44. Winter L, Breckenmaker LC. Tailoring family planning services to the special needs of adolescents. *Family Planning Perspectives* 1991; 23:24-30.
45. Rotheram-Borus MJ, Lee MB, Murphy DA *et al.* Efficacy of a preventive intervention for youths living with HIV. *American Journal of Public Health* 2001; 91:400-405.
46. Centers for Disease Control & Prevention. TLC: Together Learning Choices: A Small Group Level Intervention with Young People Living with HIV/AIDS; http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/TLC.htm; accessed 11/16/2007.



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