

# What Works



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## What Works for Adolescent Sexual and Reproductive Health:

LESSONS FROM EXPERIMENTAL EVALUATIONS OF PROGRAMS AND INTERVENTIONS

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### OVERVIEW

The United States continues to have one of the highest teen birth rates in the developed world,<sup>1</sup> and adolescent rates of sexually transmitted infections (STIs) are also high.<sup>2</sup> These factors highlight the need to identify effective evidence-based programs to improve adolescent reproductive health. This brief synthesizes findings from 118 experimental evaluations of 100 program models. These were evaluations measuring reproductive health of youth and adolescents to determine how frequently these programs work to improve behavioral sexual outcomes such as sexual initiation and activity, number of sexual partners, anal/oral sex, sex under the influence of drugs/alcohol, condom and contraceptive use, sexually transmitted infections (STIs), and pregnancies or births. These programs used a range of program approaches and served a variety of populations in many different settings.

### KEY FINDINGS

This review identified 56 program evaluations that found positive impacts on sexual behaviors for at least one outcome, including programs that incorporated a variety of approaches, settings, and durations. Our review highlights a number of key findings:

- Programs that focus on improving parent-youth relationships, particularly communication about sexual behavior and romantic relationships, were frequently found to be effective at reducing teen pregnancy and key determinants.
- Several implementation components were frequently found to be effective, including programs that incorporate service learning/community service components, those that involve homework (for example, teen conversations with parents), and programs that describe themselves as being culturally-tailored or designed for a specific population, particularly for African American and Latino populations.

- For every type of program intervention—including comprehensive sex education, abstinence education, youth development, clinic-based approaches, and even early childhood education approaches—some programs were identified as effective.
- A few implementation components were not frequently found to be effective, including programs that were only delivered didactically (i.e., they did not include any interactive activities, such as role-playing, games, or group discussions), and programs that incorporated job or education preparation components.

## BACKGROUND

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The 2013 birth rate of 26.5 per 1,000 teens ages 15 to 19 is 44 percent lower than the 2000 rate, and is the lowest recorded U.S. teen birth rate.<sup>3</sup> However, U.S. teen birth rates remain higher than other developed countries<sup>2</sup>; an estimated one in nine teens will have a birth before they reach age 20, and these percentages are even higher among racial and ethnic minorities.<sup>4</sup> In particular, black and Hispanic teens have birth rates that are double the rates of whites in the U.S., although many of these differences reflect socio-economic disadvantage among these populations.<sup>4</sup> Also, a substantial proportion of teen births (17 percent in 2013) are the teen parents' second or higher-order births,<sup>4</sup> which are linked to greater disadvantage among teen parents and their children.<sup>5</sup>

Teen childbearing is linked to a host of negative outcomes among teen mothers, their children, and society as a whole. Although many teen parents were disadvantaged before they got pregnant, researchers have found that early parenthood is associated with decreased maternal educational attainment and increased poverty,<sup>6</sup> and poorer academic and behavioral well-being among children.<sup>7</sup> In fact, recent research has found intergenerational trends in early childbearing, suggesting that improvements in the current generation are linked to greater economic well-being of the next generation in adulthood.<sup>8</sup>

These factors highlight the need to identify effective evidence-based programs to improve adolescent reproductive health. Key proximal determinants of teen pregnancy and/or STIs include the timing and frequency of sexual activity, the number of sexual partners, and the consistency of use of condoms and other effective methods of contraception. Accordingly, this study highlights programs that have been found to have impacts on not only teen births and STIs, but also key sexual and contraceptive determinants.

## ABOUT THE STUDY

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This brief synthesizes lessons learned from 118 evaluations of reproductive health programs located in Child Trends' database of social interventions designed for children and youth—LINKS (Lifecourse Interventions to Nurture Kids Successfully). Evaluations were selected if they were implemented primarily with youth under the age of 18, did not target expectant/pregnant and parenting adolescents, and assessed impacts on pregnancies, births, STIs, or the reproductive health behaviors that lead to these outcomes. Although psychosocial outcomes (such as attitudes or intentions) are also important predictors of teen births and STIs, they were not included in this synthesis because of space limitations. The goal was to examine whether and how programs affect outcomes for youth and adolescents, so no limit was placed on the type, structure, frequency, and duration of the programs. Therefore, this synthesis includes programs designed for and specifically targeting reproductive health outcomes, and those which were not aimed at impacting reproductive health outcomes but measured at least one of the following outcomes:

- **SEXUAL INITIATION** – the percentage of teens who ever had sex;
- **FREQUENCY OR RECENCY OF SEX** – how often or how recently youth had had sex; number of sexual partners;
- **ANAL/ORAL SEX** – the initiation or frequency of anal or oral sex, or number of anal or oral sex partners;
- **SEX UNDER THE INFLUENCE OF DRUGS OR ALCOHOL;**

- **CONDOM USE** – including recent use and consistency;
- **CONTRACEPTIVE USE** – including any use, hormonal method use, use of long-acting reversible methods (LARCs), such as IUDs and implants;
- **CONTRACTING STIS**; or
- **PREGNANCY OR BIRTH.**

This review does not focus on the magnitude of the impacts found, but rather the number of statistically significant impacts on measures of reproductive health outcomes. The impacts of the programs reviewed for this brief are reported in the following categories:

The impacts of the programs reviewed for this brief are reported in the following categories:

- **FOUND TO WORK:** Programs in this category have positive and statistically significant impacts on the majority of measures assessed within each outcome. This would include, for example, a program that found an impact on frequency of condom use and condom use at first sex, but did not find an impact on condom use at last sex. Additionally, programs were considered to have worked if the impact was delayed, such as a program that found no impact on pregnancy at posttest but a positive impact at follow-up.
- **MIXED FINDINGS:** Programs in this category have varied impacts on particular outcomes, either at different times, for different subgroups, or on different measures. For example, a program that results in significant reductions in initiation of sex at posttest but has no impact at follow-up would receive a “mixed” coding. A program that works for one subgroup of participants but not for another subgroup (when impacts on the full sample were unreported), would also receive a “mixed” coding. A program that had a positive impact on chlamydia rates, but no impact on gonorrhea rates would receive a “mixed” STI coding.
- **NOT FOUND TO WORK:** Programs in this category have non-significant, marginally significant, or negative impacts on the majority of measures assessed. Note that some programs in this category may have found positive impacts, but they were not found for the majority of subgroups, follow-ups, or measures of the same outcome.

## FINDINGS

A wide variety of programs have found impacts on reproductive health outcomes. Our last synthesis<sup>9</sup> in 2008 included only about 50 program evaluations that had been implemented and rigorously evaluated. Over the last six years, the number of programs eligible for this synthesis has doubled. This synthesis includes 118 program evaluations of 100 program models. Sixteen of these program models have had one or more replications, including one that was replicated in a setting and population similar to that of the original program implementation, and 15 that differed from the original implementation based on population, setting, or program components.<sup>a</sup> Due to this variability, we examined each replication as though it were a separate program. To differentiate between these implementations, we included each implementation’s publication year. Because of the wide variety of programs, settings, and target populations, we provide information about each program in Table 1. Overall, 40 of the 118 rigorous evaluations were found to work on at least one reproductive health outcome, and another 16 evaluations had mixed findings. With respect to the specific outcomes:

- nine of 52 evaluations worked for initiation of sex, and six had mixed findings;
- 11 of 55 evaluations worked for frequency or recency of sex, and five had mixed findings;
- seven of 44 evaluations worked for number of sexual partners, and two had mixed findings;

<sup>a</sup>All Stars, was combined in our coding because the two implementations were true replications. Note that we include five evaluations of Be Proud! Be Responsible!; for all other programs we only include one replication.

- three of seven evaluations worked for anal/oral sex;
- two of 14 evaluations worked for sex under the influence of drugs/alcohol;
- 17 of 79 evaluations worked for condom use, and eight had mixed findings;
- four of 32 evaluations worked for contraceptive use, and five had mixed findings;
- four of 24 evaluations worked for contracting STIs, and one had mixed findings; and
- eight of 40 evaluations worked for pregnancies or births, and three had mixed findings.

Overall, we found one or more programs with positive impacts for all age groups and race/ethnicities. Effective programs varied in duration and contact hours, although some program approaches favored certain lengths (discussed in more detail below). Almost all programs incorporated some type of psychosocial skill-building into the program (such as negotiation and refusal skills or healthy relationship skills), while about half of the programs included behavioral skill-building (such as condom-use skills). Some programs were effective for just one gender<sup>b</sup> while others worked for both.

Based on the review of reproductive health programs (Table 1), some general statements are possible.

#### ■ FOUND TO WORK:

Several types of programs and implementation approaches were generally, though not always, found to work to reduce teen pregnancy or key determinants.

**Parent-youth relationship programs.** Parent-youth relationship programs are focused on improving parent-youth relationships, particularly communication about sexual behavior and romantic relationships. These programs varied in their implementation approaches; some focused on both parents and teens (for example, in a clinic or home setting), some only had parent participants, and others had only youth participants (who, for example, completed a series of homework assignments with their parents). These programs were generally implemented with younger youth (ages 13 or younger), and many were home-based. Of the 11 parent-youth relationship program evaluations, eight programs worked for at least one outcome and one had mixed findings.<sup>c</sup> Of the 10 parent-youth program evaluations that measured at least one sexual activity outcome (initiation, frequency, partners, anal or oral sex, or sex under the influence), three worked for at least one outcome and one was mixed – finding impacts for some but not all sub-populations, follow-ups, or measures of the same outcome.<sup>d</sup> Five of six that measured condom use worked.<sup>e</sup> The one evaluation that measured pregnancies/births worked.<sup>f</sup>

- In addition to parent-youth relationship programs, 30 additional programs included a parent/family component. These programs incorporated families into the program through a variety of methods – including a parent meeting or training, homework for youth to complete with their families, and providing parents services or referrals to services in the community – but did not make the parent-youth relationship the main focus of the program. Most of these programs took a comprehensive sex education or risk-reduction approach. Ten of these programs worked for at least one reproductive health outcome and four had mixed findings.<sup>g</sup>

**Service learning/community service component.** Eleven programs incorporated a service learning or community service component, although the length of time committed to service varied from one visit to a full year. Most programs with a service learning component took a

<sup>b</sup>For example, Aban Aya Project found a positive impact on recent sexual intercourse for males, but no impact on females; Children's Aid Society (CAS)-Careera Program 2002 found a positive impact on dual method use for females, but no impact for males.

<sup>c</sup>Worked: Familias Unidas 2009; Familias Unidas 2012; Familias Unidas + Parent-Preadolescent Training for HIV Prevention (PATH); Families Talking Together; Keepin' it R.E.A.L.; Project TALC; REAL Men; STRIVE (Support to Reunite, Involve and Value Each Other); Mixed: New Beginnings

<sup>d</sup>Worked: Familias Unidas 2012; Families Talking Together; STRIVE Mixed: New Beginnings

<sup>e</sup>Familias Unidas 2009; Familias Unidas 2012; Familias Unidas + PATH; Keepin' it R.E.A.L.; REAL Men

<sup>f</sup>Project TALC

<sup>g</sup>Worked: Carolina Abecedarian; CAS-Carrera 2002; Get Real; HIV Prevention for Adolescent in Low-Income Housing Developments; It's Your Game: Keep it Real 2010; MTFC; Positive Action Program; Prime Time; Safer Choices 1999, 2001b; TeenSTAR 2005b; Mixed: Aban Aya Youth Project; CAS-Carrera 2001; Focus on Youth Plus ImPACT 2003; It's Your Game: Keep itReal 2012, 2014

youth development approach or a comprehensive sex education approach, and most were implemented in a school setting. Almost all programs with a service learning component were longer in duration, lasting more than six months and including 20 or more contact hours. Overall, six of the 11 program evaluations worked for at least one outcome.<sup>h</sup> Of the six program evaluations that measured sexual activity, two worked for at least one outcome.<sup>i</sup> Two of six that measured condom use worked.<sup>j</sup> Two of six that measured contraceptive use worked.<sup>k</sup> Three of seven that measured pregnancies/births worked.<sup>l</sup>

**Homework component.** A wide variety of program approaches incorporated homework assignments into the program, and many of these programs also included a family/parent component. Eleven out of 20 programs with a homework component worked, and two had mixed findings for at least one reproductive health outcome.<sup>m</sup> Of the 17 that measured at least one sexual activity outcome, five worked for at least one of these outcomes.<sup>n</sup> Of the 12 that measured condom use, five worked and one was mixed.<sup>o</sup> Of the eight that measured contraceptive use, two worked and two were mixed.<sup>p</sup> Two of five that measured pregnancies/births worked, and two were mixed.<sup>q</sup>

**Culturally-tailored programs.** Twenty-eight programs described themselves as “culturally-tailored,” meaning they were adapted or designed for a specific population. Many of these programs described themselves as incorporating aspects of Latino or African American culture through activities such as role playing, videos, group discussions, or interactive exercises. Several program approaches—including comprehensive sex education, parent-youth relationship, and clinic-based programs—included programs that were described as culturally-tailored. Fifteen of these 28 programs worked for at least one outcome and two had mixed findings.<sup>r</sup> Of the 27 culturally-tailored programs that measured at least one sexual activity outcome, 11 worked for at least one outcome and one was mixed.<sup>s</sup> Of the 22 that measured condom use, 10 worked and two were mixed.<sup>t</sup> Only one program measured contraceptive use, and it did not work. Of two programs that measured pregnancies/births, one was mixed.<sup>u</sup>

#### ■ MIXED FINDINGS:

Several types of programs and implementation approaches were found to have mixed findings with regard to reducing teen pregnancy or key determinants.

**Early childhood programs.** While only two programs implemented in early childhood were included in this synthesis, one of these programs worked for reducing teen pregnancies or births. One was a high-quality childcare and preschool program for high-risk children; children were followed until age 21 and the program had an impact on reduced teen pregnancy.<sup>v</sup> The second—a home-visiting-

<sup>h</sup>Keepin' it R.E.A.L.; Prime Time; Quantum Opportunities Program 1994; Reach for Health Service Learning Project; TOP 1992; TOP 1997

<sup>i</sup>Worked: Prime Time; Reach for Health Service Learning Project

<sup>j</sup>Keepin' it R.E.A.L.; Prime Time

<sup>k</sup>Prime Time; TOP 1992

<sup>l</sup>Quantum Opportunities Program 1994; TOP 1992; TOP 1997

<sup>m</sup>Worked: Carolina Abecedarian; CAS-Carrera 2002; Families Talking Together; Horizons; It's Your Game: Keep it Real 2010; Keepin' it R.E.A.L.; Prime Time; REAL Men; Safer Choices 1999, 2001b; TeenSTAR 2005a; TeenSTAR 2005b; Mixed: CAS-Carrera 2001; It's Your Game: Keep it Real 2012, 2014

<sup>n</sup>Worked: CAS-Carrera 2002; Families Talking Together; It's Your Game: Keep it Real 2010; Prime Time; TeenSTAR 2005b

<sup>o</sup>Worked: Horizons; Keepin' it R.E.A.L.; Prime Time; REAL Men; Safer Choices 1999, 2001; Mixed: It's Your Game: Keep it Real 2012, 2014

<sup>p</sup>Worked: Prime Time; Safer Choices 1999, 2001; Mixed: CAS-Carrera 2001; CAS-Carrera 2002

<sup>q</sup>Worked: Carolina Abecedarian; TeenSTAR 2005a; Mixed: CAS-Carrera 2001; CAS-Carrera 2002

<sup>r</sup>Worked: Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; ¡Cuidate!; Familias Unidas 2009; Familias Unidas 2012; Familias Unidas + PATH; Families Talking Together; Get Real; Horizons; Making a Difference 2010; Reach for Health Service Learning Program; SiHLE; Sisters Saving Sisters; Mixed: Aban Aya Youth Project; Project RESPECT 2007

<sup>s</sup>Worked: BART; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; ¡Cuidate!; Familias Unidas 2012; Families Talking Together; Get Real; Making a Difference 2010; Reach for Health Service Learning Program; SiHLE; Sisters Saving Sisters; Mixed: Aban Aya Youth Project;

<sup>t</sup>Worked: Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; Familias Unidas 2009; Familias Unidas 2012; Familias Unidas + PATH; Horizons; SiHLE; Sisters Saving Sisters; Mixed: ¡Cuidate!; Project RESPECT 2007

<sup>u</sup>SiHLE

<sup>v</sup>Carolina Abecedarian Program

based program to promote the well-being of first-time, low-income mothers and their children—did not find impacts for the full sample of children, at 15-year follow-up, on initiation of sex, number of partners, or pregnancy.<sup>w</sup>

**Clinic-based programs.** Several programs that incorporated a clinic-based approach found impacts on sexual and reproductive health outcomes. Clinic-based programs were designed for implementation in a clinic or were implemented by clinic staff or physicians. Many of these programs targeted adolescents seeking contraceptive services. Nearly all of the clinic-based programs were implemented with older youth ages 14 to 18, and most contained a one-on-one component; fewer were group-based. Clinic-based programs tended to have shorter durations; nearly all lasted less than three months and had less than 10 contact hours with participants. Six out of 14 clinic-based programs worked for at least one outcome, and three had mixed findings.<sup>x</sup> Of the 11 evaluations that measured at least one sexual activity outcome, two worked for at least one outcome and two were mixed.<sup>y</sup> Of the 12 that measured condom use, three worked and three were mixed.<sup>z</sup> Both program evaluations that measured contraceptive use worked.<sup>aa</sup> One of the two that measured pregnancies/births worked.<sup>bb</sup>

- In addition to clinic-based programs, 13 additional programs implemented a comprehensive sex education, parent-youth relationship, or youth development program in a clinic setting. These programs weren't specifically designed as clinic-based interventions but were sometimes implemented in a clinic setting. Of these 13 programs, seven worked for at least one outcome and three had mixed findings.<sup>cc</sup>

**Comprehensive sex education programs.** A wide variety of comprehensive sex education programs were included in this synthesis; a program was considered to be comprehensive if its key focus was on improving reproductive health outcomes (e.g., preventing pregnancy, increasing STI/HIV knowledge). In general, comprehensive sex education programs promoted abstinence and contraception. Many of the comprehensive sex education programs in this synthesis were administered in a school-based setting, although several took place in community-based organizations. Thirteen of the 47 programs worked for at least one reproductive health outcome and eight had mixed findings—working for one but not all sub-populations, follow-ups, or measures of the same outcome.<sup>dd</sup> Of the 44 evaluations that measured at least one sexual activity outcome, 11 were of programs that worked for at least one outcome, and four were mixed.<sup>ee</sup> Overall, comprehensive sex education programs were more likely than other program types to measure anal/oral sex and sex under the influence (see below). Of the 40 that measured condom use, nine worked and five were mixed.<sup>ff</sup> Of the 17 that measured contraceptive use, one worked and three were mixed.<sup>gg</sup> One of the eight that measured pregnancies/births had mixed findings.<sup>hh</sup>

<sup>w</sup>Nurse-Family Partnership; note only the evaluation of the children 15-year outcomes was eligible for our synthesis. Also, note that impacts on subsequent births were found for the mothers.

<sup>x</sup>Worked: Horizons; Prime Time; Project IMAGE; Project RESPECT 1998; Reproductive Health Counseling for Young Men; Health Improvement Project (HIP) for Teens; Mixed: Health Belief Model Intervention to Increase Condom Use Among High Risk Female Adolescents; Project RESPECT 2007; What Could You Do?

<sup>y</sup>Worked: Prime Time; HIP for Teens; Mixed: Project RESPECT 2007; What Could You Do?

<sup>z</sup>Worked: Horizons; Prime Time; HIP for Teens; Mixed: Health Belief Model Intervention to Increase Condom Use Among High Risk Female Adolescents; Project RESPECT 1998; Project RESPECT 2007

<sup>aa</sup>Prime Time; Reproductive Health Counseling for Young Men

<sup>bb</sup>HIP for Teens

<sup>cc</sup>Worked: Becoming a Responsible Teen (BART); Children's Aid Society (CAS)-Carrera Program 2002; Families Talking Together; Project TALC; Sistering, Informing, Healing, Loving, and Empowering (SIHLE); Sisters Saving Sisters; Washington State Client-Center Pregnancy Prevention Programs; Mixed: CAS-Carrera Program 2001; New Beginnings; Teen Talk

<sup>dd</sup>Worked: Assisting in Rehabilitating Kids (ARK); Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; ¡Cuídate!; Get Real; HIV Prevention for Adolescents in Low-Income Housing Developments; It's Your Game: Keep it Real 2010; Promoting Health Among Teens (PHAT)- Comprehensive Abstinence and Safer Sex Intervention; Safer Choices 1999, 2001b; SIHLE; Sisters Saving Sisters; Mixed: Draw the Line/Respect the Line; Focus on Youth 1996a, 1996b; Focus on Youth plus imPACT 2003; HIV Infection Prevention in Mexican Schools; It's Your Game: Keep it Real 2012, 2014; PSI 2000; SHARP (Sexual Health and Adolescent Risk Prevention); Teen Talk

<sup>ee</sup>Worked: ARK; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; BART; ¡Cuídate!; Get Real; HIV Prevention for Adolescents in Low-Income Housing Developments; It's Your Game: Keep it Real 2010; PHAT- Comprehensive Abstinence and Safer Sex Intervention; SIHLE; Sisters Saving Sisters; Mixed: Draw the Line/Respect the Line; Focus on Youth plus imPACT 2003; PSI 2000; Teen Talk

<sup>ff</sup>Worked: ARK; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; HIV Prevention for Adolescents in Low-Income Housing Developments; Safer Choices 1999, 2001b; SIHLE; Sisters Saving Sisters; Mixed: ¡Cuídate!; Focus on Youth 1996a, 1996b; Focus on Youth plus imPACT 2003; It's Your Game: Keep it Real 2012, 2014; SHARP

<sup>gg</sup>Worked: Safer Choices 1999, 2001; Mixed: Focus on Youth 1996a, 1996b; HIV Infection Prevention in Mexican Schools; PSI 2000

<sup>hh</sup>SIHLE

**Youth development programs.** Several programs in this synthesis focused on youth development, school achievement, or health outcomes (many in combination with reproductive health outcomes), or were designed to increase pro-social behavior such as cooperation and sharing. Youth development programs were longer in duration than other program approaches. Notably, all of the youth development programs that reported program duration lasted more than six months and included more than 20 contact hours. Several of these programs were multi-year intensive programs implemented, at least in part, in schools, and many programs included a job or education-preparation component. Overall, seven of the 17 youth development programs worked for at least one outcome and one had mixed findings.<sup>ii</sup> It is important to note, however, that seven of the nine programs that did not work for any reproductive health outcome only measured pregnancies/births.<sup>jj</sup> In fact, only three of the fourteen program evaluations that measured pregnancies/births worked and two were mixed.<sup>kk</sup> Four out of seven programs that measured at least one sexual activity outcome worked for at least one.<sup>ll</sup> None of the three program evaluations that measured condom use worked. One out of five worked and two were mixed for contraceptive use.<sup>mmm</sup>

**Abstinence education programs.** Abstinence-based or abstinence-focused education programs are programs that promote abstinence above all other approaches. Four out of 14 programs worked for at least one outcome and one had mixed findings.<sup>nn</sup> This is an improvement on our previous synthesis, in which we found that no abstinence programs worked for any outcome.<sup>9</sup> More specifically, three out of 13 abstinence education program evaluations that measured at least one sexual activity outcome<sup>9</sup> worked for at least one outcome and one was mixed.<sup>oo</sup> One out of seven programs worked for pregnancies/births.<sup>pp</sup> None of the abstinence programs that measured condom use (eight), contraceptive use (six), or STIs (five) worked.

**Programs with a booster component.** Several programs included a booster component—that is, holding one or more additional sessions or meetings by phone or in person with participants after the conclusion of the main program. Booster components were most likely to be an additional program session; however, some programs also incorporated booster phone calls, continued individual services for up to a year, or implemented multiple booster activities including group sessions, newsletters, and individual counseling. Six of the 13 programs with a booster component worked for at least one outcome, and two had mixed findings.<sup>qq,rr</sup> Three out of 10 program evaluations that measured at least one sexual activity outcome were found to work for at least one of these outcomes, and two were mixed.<sup>ss</sup> Three out of nine worked and one was mixed for condom use,<sup>tt</sup> and one out of three was mixed for contraceptive use.<sup>uu</sup> Two of three programs worked for reducing pregnancies or births.<sup>vv</sup>

<sup>i</sup>Worked: CAS-Carrera 2002; Positive Action Program; Quantum Opportunities Program 1994; Reach for Health Service Learning Program; Teen Outreach Program (TOP) 1992; TOP 1997; Washington State Client-Centered Pregnancy Prevention Programs; Mixed: CAS-Carrera 2001

<sup>j</sup>Did not work: Early Intervention Program; Flowers with Care; Job Corps; JOBSTART; Student Training and Reentry (STAR); Twelve Together; Up with Literacy

<sup>k</sup>Worked: Quantum Opportunities Program 1994; TOP 1992; TOP 1997; Mixed: CAS-Carrera 2001; CAS-Carrera 2002

<sup>l</sup>Worked: CAS-Carrera 2002; Positive Action Program; Reach for Health Service Learning Program; Washington State Client-Centered Pregnancy Prevention Programs

<sup>m</sup>Worked: TOP 1992; Mixed: CAS-Carrera 2001; CAS-Carrera 2002

<sup>n</sup>Worked: Making a Difference 2010; Positive Prevention; TeenSTAR 2005a; TeenSTAR 2005b; Mixed: Choosing the Best

<sup>o</sup>Worked: Making a Difference 2010; Positive Prevention; TeenSTAR 2005b; Mixed: Choosing the Best

<sup>p</sup>TeenSTAR 2005a

<sup>q</sup>Worked: Familias Unidas 2009; Families Talking Together; Horizons; Making a Difference 2010; MTEC; HIP for Teens; Mixed: Focus on Youth plus imPACT 2003; Postponing Sexual Involvement (PSI) 2000

<sup>r</sup>However, one of these programs, Focus on Youth plus imPACT 2003, did not have a positive impact after the booster session was held. The evaluation found positive impacts on condom use and frequency of sex at the six-month follow-up and no impact at the 12-month follow-up; the booster session was held at seven months. Additionally, the 2010 evaluation of Making a Difference and Making Proud Choices randomly assigned a booster to some participants; analyses of the booster were performed to determine its effectiveness. The evaluation found that the booster enhanced the efficacy of Making a Difference in reducing multiple partners compared with the control group, but did not enhance efficacy of other outcomes. The booster did not enhance the efficacy of Making Proud Choices for any outcomes.

<sup>s</sup>Worked: Families Talking Together; Making a Difference! 2010; HIP for Teens; Mixed: Focus on Youth plus imPACT 2003; PSI 2000

<sup>t</sup>Worked: Familias Unidas 2009; Horizons; HIP for Teens; Mixed: Focus on Youth plus imPACT 2003

<sup>u</sup>PSI 2000

<sup>v</sup>MTEC; HIP for Teens

**Goal setting.** Many programs incorporated goal setting into their implementation, either through homework assignments or group discussions and worksheets, or by encouraging future thinking. A total of 28 programs had participants set goals, and while these programs spanned all program approaches, many of these programs took an abstinence-based, comprehensive sex education, or risk-reduction approach. These programs spanned all settings, ages, and durations. Ten of the 28 programs worked for at least one outcome and four had mixed findings.<sup>www</sup> Five out of 23 program evaluations that measured at least one sexual activity outcome worked for at least one and two were mixed.<sup>xx</sup> Two out of 14 worked and four were mixed for condom use,<sup>yy</sup> and one out of nine was mixed for contraceptive use.<sup>zz</sup> One out of eight worked for pregnancies/births.<sup>aaa</sup>

**Programs that incorporated technology.** Many of the programs in this synthesis incorporated technology into the program in some way (49 in total). However, almost all of these programs included some video watching, but no other use of technology. A few programs were completely video-based or nearly completely video-based, but may have paired it with another approach, such as counseling. Another small set of programs incorporated technology more fully, as an internet-based intervention. Fifteen of 49 programs with a technology component worked for at least one outcome, and nine were mixed.<sup>bbb</sup> Of the 46 programs that measured at least one sexual activity outcome, nine worked for at least one of these outcomes and five were mixed.<sup>ccc</sup> Ten out of 38 programs worked and six were mixed for condom use.<sup>ddd</sup> One out of 14 programs that measured contraceptive use worked and two were mixed.<sup>eee</sup> One out of ten programs worked for pregnancies/births.<sup>fff</sup>

**Female-only programs.** A few programs in this synthesis were implemented with all-female populations. These programs used a variety of program approaches, but the majority were clinic-based or comprehensive sex education programs. Of the 16 programs that were implemented only with females, eight worked for at least one outcome and three were mixed.<sup>ggg</sup> Four of the 11 programs that measured at least one sexual activity outcome worked for at least one outcome and one was mixed.<sup>hhh</sup> Five out of 12 programs worked and two were mixed for condom use.<sup>iii</sup> One out of three programs worked for contraceptive use.<sup>jjj</sup> Of the seven female-only programs that measured pregnancies and births, three worked and one was mixed.<sup>kkk</sup> For comparison, the vast majority of programs were implemented with mixed-gender groups (90 total), and 28 of these worked, 12 were mixed. The remaining nine programs were implemented with male-only populations, and only three of these worked for at least one outcome.<sup>lll</sup>

<sup>www</sup>Worked: Keepin' it R.E.A.L.; Making a Difference 2010; Positive Action Program; Positive Prevention; Project IMAGE; Project RESPECT 1998; Project TALC; Reach for Health Service Learning Program; REAL Men; Washington State Client-Center Pregnancy Prevention Programs; Mixed: Focus on Youth 1996a, 1996b; Project AIM (Adult Identity Mentoring); Project RESPECT 2007; SHARP

<sup>xx</sup>Worked: Making a Difference 2010; Positive Action Program; Positive Prevention; Reach for Health Service Learning Program; Washington State Client-Centered Pregnancy Prevention Programs; Mixed: Project AIM; Project RESPECT 1998

<sup>yy</sup>Worked: Keepin' it R.E.A.L.; REAL Men; Mixed: Focus on Youth 1996a, 1996b; Project RESPECT 1998; Project RESPECT 2007; SHARP

<sup>zz</sup>Focus on Youth 1996a, 1996b

<sup>aaa</sup>Project TALC

<sup>bbb</sup>Worked: ARK; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; ¡Cuídate!; HIV Prevention for Adolescents in Low-Income Housing Developments; Horizons; It's Your Game: Keep it Real 2010; Keepin' it R.E.A.L.; Making a Difference! 2010; Quantum Opportunities Program 1994; REAL Men; Reproductive Health Counseling for Young Men; Sisters Saving Sisters; Mixed: Focus on Youth 1996a, 1996b; Focus on Youth plus imPACT 2003; It's Your Game: Keep it Real 2012, 2014; New Beginnings; PSI 2000; Project RESPECT 2007; SHARP; Teen Talk; What Could You Do?

<sup>ccc</sup>Worked: ARK; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; BART; ¡Cuídate!; HIV Prevention for Adolescents in Low-Income Housing Developments; It's Your Game: Keep it Real 2010; Making a Difference! 2010; Sisters Saving Sisters; Mixed: Focus on Youth plus imPACT 2003; New Beginnings; PSI 2000; Teen Talk; What Could You Do?

<sup>ddd</sup>Worked: ARK; Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; HIV Prevention for Adolescents in Low-Income Housing Developments; Horizons; Keepin' it R.E.A.L.; REAL Men; Sisters Saving Sisters; Mixed: ¡Cuídate!; Focus on Youth 1996a, 1996b; Focus on Youth plus imPACT 2003; It's Your Game: Keep it Real 2012, 2014; Project RESPECT 2007; SHARP

<sup>eee</sup>Worked: Reproductive Health Counseling for Young Men; Mixed: Focus on Youth 1996a, 1996b; PSI 2000;

<sup>fff</sup>Quantum Opportunities Program 1994

<sup>ggg</sup>Worked: Horizons; MTFC; Prime Time; Project IMAGE; HIP for Teens; SiHLE; Sisters Saving Sisters; TeenSTAR 2005a; Mixed: Health Belief Model Intervention to Increase Condom Use Among High Risk Female Adolescents; Project RESPECT 2007; What Could You Do?

<sup>hhh</sup>Worked: Prime Time; SiHLE; Sisters Saving Sisters; HIP for Teens; Mixed: What Could You Do?

<sup>iii</sup>Worked: Horizons; Prime Time; HIP for Teens; SiHLE; Sisters Saving Sisters; Mixed: Health Belief Model Intervention to Increase Condom Use Among High Risk Female Adolescents; Project RESPECT 2007

<sup>jjj</sup>Prime Time

<sup>kkk</sup>Worked: MTFC; HIP for Teens; TeenSTAR 2005a; Mixed: SiHLE

<sup>lll</sup>Be Proud! Be Responsible! 1992; REAL Men; Reproductive Health Counseling for Young Men

#### ■ DID NOT WORK

Several types of programs and implementation approaches were not frequently found to be effective at reducing teen pregnancy or key determinants.

**Risk-reduction programs.** Some programs in this synthesis focused on reducing risky behaviors (such as school dropout, violence, and substance use), but did not focus on reproductive health. Many of the participants in these programs were in juvenile justice, foster care, or residential facilities, and several programs included a job/education preparation component. Overall, only one of the 13 risk-reduction programs worked for at least one reproductive health outcome and two had mixed findings.<sup>mmmm</sup> However, many of these program evaluations did not measure multiple outcomes; 11 of the risk-reduction programs measured a single outcome (five of which only measured pregnancies/births). Two out of the seven program evaluations that measured at least one sexual activity outcome were mixed.<sup>nnnn</sup> The one program evaluation that measured condoms did not work, and neither of the two that measured contraception worked. One of six that measured pregnancies/births worked.<sup>oooo</sup>

**Didactic-only programs.** Didactic programs were programs that did not include any interactive activities, such as role-playing, games, or group discussions. These programs were often lecture-based, and the majority were implemented in a school setting. Only three of the 17 didactic programs had mixed findings (none worked).<sup>pppp</sup> Of the nine that measured at least one sexual activity outcome, two had mixed findings.<sup>qqq</sup> One of four was mixed for contraceptive use.<sup>ttt</sup> None of the nine programs that measured condom use, or the seven that measured pregnancy/births, worked. In comparison, 28 of the 68 programs that included interactive activities worked and 11 were mixed for at least one outcome.<sup>ssss</sup>

**Job/education preparation component.** Many programs incorporated a job or education preparation component, frequently providing tutoring or homework assistance or helping youth find job placements. Several of these programs primarily focused on preparing the participants for getting their GED, returning to school, finding a job, or enlisting in the military, and did not include a reproductive health component. Nearly all of these programs took a risk-reduction or a youth development approach and were long-term, lasting over six months. Overall, only two of the 24 programs with a job/education preparation component worked for at least one outcome, and two had mixed findings.<sup>ttt</sup> Only one of 12 programs that measured at least one sexual activity outcome worked for at least one of these outcomes, and one was mixed.<sup>uuuu</sup> None of the four programs measuring

<sup>mmmm</sup>Worked: MTFC; Mixed: Aban Aya Youth Project; Project AIM

<sup>nnnn</sup>Aban Aya Youth Project; Project AIM

<sup>oooo</sup>MTFC

<sup>pppp</sup>Aban Aya Youth Project; Choosing the Best; HIV Infection Prevention in Mexican Schools

<sup>qqq</sup>Aban Aya Youth Project; Choosing the Best

<sup>ttt</sup>HIV Infection Prevention in Mexican Schools

<sup>ssss</sup>Worked: Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; Be Proud! Be Responsible! 2010; BART; CAS-Carrera 2002; ¡Cuidate!; Familias Unidas 2009; Familias Unidas 2012; Familias Unidas + PATH; Horizons; It's Your Game: Keep it Real 2010; Keepin' it R.E.A.L.; Making a Difference! 2010; Positive Action Program; Positive Prevention; Project RESPECT 1998; PHAT-Comprehensive Abstinence and Safer Sex Intervention; Reach for Health Service Learning Program; REAL Men; Safer Choices 1999, 2001b; HIP for Teens; SiHLE; Sisters Saving Sisters; STRIVE; TOP 1992; TOP 1997; TeenSTAR 2005a; TeenSTAR 2005b; Mixed: Carrera 2001; Draw the Line/Respect the Line; Focus on Youth 1996a, 1996b; Focus on Youth plus imPACT 2003; Health Belief Model Intervention; It's Your Game: Keep it Real 2012, 2014; New Beginnings; PSI 2000; Project RESPECT 2007; SHARP; Teen Talk

<sup>ttt</sup>Worked: CAS-Carrera 2002; Quantum Opportunities Program 1994; Mixed: CAS-Carrera 2001; Project AIM

<sup>uuuu</sup>Worked: CAS-Carrera 2002 Mixed: Project AIM

condom use or the six programs measuring contraception worked, though two were mixed for contraception use.<sup>vvv</sup> Only one of the 20 programs that measured pregnancies or births worked, and two were mixed.<sup>www</sup>

## DISCUSSION/NEEDED RESEARCH

The number of rigorously-evaluated sexual and reproductive health programs has been expanding, and this review identified almost twice as many evaluations as a previous review in 2008.<sup>9</sup> Our tables include 56 programs that were found to work or had a mixed impact on at least one reproductive health outcome or behavior. Of the program approaches reviewed in this study, parent-youth relationship education programs were most frequently found to work (eight out of 11 worked, and one was mixed). The effectiveness of these programs, combined with the positive impact of many programs that incorporate homework components, supports research highlighting the role of parents in adolescent reproductive health behaviors and outcomes.<sup>10</sup> Most other approaches were in the “mixed” category (including early childhood programs, clinic-based programs, comprehensive sex education, youth development and abstinence education programs). These findings highlight the fact that there are many types of effective program approaches to improve sexual and reproductive health outcomes among adolescents. The high number of culturally-tailored programs that were found to work helps confirm the need to include activities and scenarios that are relevant to a wide variety of adolescents and keep them engaged in programs. Evaluation findings from those programs that included service learning components confirm previous studies that have found links between community volunteering and program engagement.<sup>11</sup>

Despite the large sample size and number of findings, our review also highlighted several outcomes and populations that need additional research.

**Evaluations of contraceptive use.** There has been an increased program and health focus on providing teens with hormonal methods of contraception (such as the pill), long-acting methods (IUDs and implants), and dual methods (combining hormonal methods and condoms to prevent pregnancy and STIs) – and an accompanying interest in programs that have found impacts on these outcomes. However, more than twice as many program evaluations in this synthesis measured condom use (70) as measured contraceptive use (32). Further, among those program evaluations that measured contraceptive use, only five measured hormonal methods (two worked and one had mixed findings),<sup>xxx</sup> five measured dual method use (one worked and one was mixed),<sup>yyy</sup> and no programs measured LARC use. The remaining programs only assessed program impacts on a broad measure of any contraceptive use, which does not differentiate between methods.

**Evaluations of programs addressing oral or anal sex.** Unprotected oral sex and anal sex can lead to STIs,<sup>12</sup> yet limited information is available about program approaches that have found impacts on these outcomes. Only seven program evaluations in this synthesis measured anal or oral sex outcomes, three of which worked.<sup>zzz</sup> Most of these seven programs used a comprehensive sex education approach, and they were primarily implemented in schools. All three of the programs that worked for anal or oral sex were comprehensive sex education programs in a school setting.

**Evaluations of programs for older teens and young adults.** For many reasons, this synthesis was restricted to programs that were primarily implemented with youth under the age of 18. However, most teen births are to older teens ages 18 to 19.<sup>4</sup> Therefore, it would be helpful to identify programs that work for older teens in a future synthesis, potentially extended to include young adults ages 20 to 24, who have the highest rates of unintended pregnancy.<sup>13</sup>

<sup>vvv</sup>CAS-Carrera 2001; CAS-Carrera 2002

<sup>www</sup>Worked: Quantum Opportunities Program 1994; Mixed: CAS-Carrera 2001; CAS-Carrera 2002

<sup>xxx</sup>Worked: CAS-Carrera 2001; Reproductive Health Counseling for Young Men; Mixed: Prime Time

<sup>yyy</sup>Worked: Prime Time ; Mixed: CAS-Carrera 2002

<sup>zzz</sup>Be Proud! Be Responsible! 1992; Be Proud! Be Responsible! 1999; It's Your Game: Keep it Real 2010;

**Evaluations of programs implemented in rural areas.** Recent research has highlighted especially-high rates of teen pregnancy in rural areas.<sup>14</sup> However, we identified few sexual and reproductive health programs that were evaluated in rural communities. Only nine were implemented (at least in part) in rural areas, and only one of these had mixed findings (none worked).<sup>aaaa</sup> In contrast, 52 were implemented in urban areas, four were implemented in the suburbs, and 56 did not provide information on urbanicity.

**Better understanding of implementation quality.** Within each type of program approach, we found similar program components incorporated by those programs that worked and those that did not work. Future research should better assess how each program incorporates common implementation components (such as goal setting or technology) and what other aspects of program implementation may contribute to whether programs are effective (such as staffing and youth engagement).

**Replications.** The best test of an evidence-based program is to assess impacts across replicated evaluation studies. Although this review identified many evaluations of programs that measured impacts on sexual and reproductive health, only 16 of the 99 programs reviewed had one or more replications. Many of those replications occurred with a different target population or setting, making it difficult to assess results when impacts differ across evaluations.

**Including outcomes beyond teen pregnancies or births.** Several program evaluations measured only a single reproductive health outcome; this was often a measure of teen pregnancies or births. However, very few school-age teens have a pregnancy or birth,<sup>4</sup> so many of these evaluations do not have adequate statistical power to measure program impacts on teen pregnancies or births. Youth development programs and risk-reduction programs (many of which did not include reproductive health as a major part of the programming) were most likely to include only a measure of teen pregnancy or births. Future evaluations of these program types should also measure other reproductive health outcomes with higher incidences, such as contraceptive use and sexual risk behaviors.

Future research on these populations and outcomes can help expand the stock of evidence-based reproductive health programs. Evidence suggests that a wide variety of programs can contribute to declines in teen births/STIs and the key determinants; therefore with the expansion of these programs we should see improvements in teen birth and STI rates.

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<sup>aaaa</sup>Choosing the Best

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Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Aban Aya Project- Risk Reduction</b> Program designed to reduce rates of risky behaviors</p> <ul style="list-style-type: none"> <li>Two treatment groups, African American mixed gender 5th-8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>		⊕			⊗					<ul style="list-style-type: none"> <li>Mixed impact on recent sexual intercourse; positive impact for males, no impact for females.</li> <li>No impact on condom use for females, positive impact for males in one treatment condition, no impact in the other treatment condition.</li> </ul>
<p><b>Accelerated Academics Academy- Risk Reduction</b> Dropout prevention program</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender middle school students, school setting, more than 6 months, 20 or more hours</li> </ul>								⊗		<ul style="list-style-type: none"> <li>No impact on pregnancy</li> </ul>
<p><b>African American STD/HIV Education- Clinic-Based</b> STD/AIDS clinic intervention to influence male condom use</p> <ul style="list-style-type: none"> <li>African American males aged 15-19, clinic setting, less than 3 months, less than 10 hours</li> </ul>		⊗	⊗		⊗					<ul style="list-style-type: none"> <li>No impact on frequency of sex with steady or casual partner, number of partners, or condom use in the past month.</li> </ul>
<p><b>Afrocentric Peer Counseling- Abstinence-Focused</b> Abstinence-focused program targeting African American females</p> <ul style="list-style-type: none"> <li>African American females aged 12-16, community-based setting, less than 3 months, 10-19 hours</li> </ul>		⊗				⊗		⊗		<ul style="list-style-type: none"> <li>No impact on past month sexual activity, contraceptive use, or frequency of pregnancy</li> </ul>
<p><b>AIDS Education and Counseling in an Office Setting- Comprehensive</b> Physician-delivered HIV-counseling program</p> <ul style="list-style-type: none"> <li>African American mixed gender youth, mean age 17.6, clinic setting, less than 3 months, less than 10 hours</li> </ul>		⊗	⊗		⊗		⊗			<ul style="list-style-type: none"> <li>No impact on frequency of sex, number of partners, condom use, or newly diagnosed STDs.</li> </ul>
<p><b>AIDS- Preventive Intervention- Comprehensive</b> Didactic and a discussion based AIDS prevention program</p> <ul style="list-style-type: none"> <li>Two treatment groups, mixed race/ethnicity and gender, aged 12-18, residential home settings, less than 3 months, 10-19 hours</li> </ul>				⊗	⊗					<ul style="list-style-type: none"> <li>No impact on condom use for vaginal or anal sex.</li> <li>No impact on sex under the influence of alcohol or drugs.</li> </ul>

Program	Outcome								Comments
	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	
<b>AlcoholEdu for College- Risk Reduction</b> Web-based program on alcohol to reinforce positive decision making • Mixed race/ethnicity and gender, first year college students aged 17-19, school setting, less than 3 months, less than 10 hours						✗			<ul style="list-style-type: none"> <li>Negative impact on contraception use (decreased use of contraception).</li> </ul>
<b>All Stars- Two studies (replication 2001, 2004) - Risk Reduction</b> Program to reduce engagement in risk behaviors • Mixed race/ethnicity and gender youth aged 11-13, school setting, more than 6 months, 20 or more hours									<ul style="list-style-type: none"> <li>These evaluations only measured "sexual activity" (10-item index); no impact on this measure</li> </ul>
<b>All4You!- Comprehensive</b> Program for students in alternative high schools with classroom curriculum and service-learning activities • Mixed race/ethnicity and gender high school students, school setting, less than 3 months, 20 or more hours	✗	✗	✗			✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on initiation of sex, number of sexual partners, use of contraception at last sex, or pregnancy since baseline</li> <li>No overall impact on condom use or frequency of sex, however positive impact on frequency of unprotected sex, condom use at last sex, and frequency of sex in the past 3 months at 6-month follow-up, no impact at 12- or 18-month follow-ups</li> </ul>
<b>All4You2!- Comprehensive</b> Program for students in alternative high schools with classroom curriculum and service-learning activities • Mixed race/ethnicity and gender high school students, school setting, duration not reported, 20 or more hours	✗	✗				✗	✗		<ul style="list-style-type: none"> <li>No impact on initiation of sex, frequency of sex in the past 3 months, frequency of unprotected sex, number of unprotected sex partners, condom use at last sex, and use of contraception at last sex</li> </ul>
<b>ARREST- Comprehensive</b> Program to reduce the risk of AIDS among inner-city, minority adolescents • Mixed race/ethnicity and gender youth aged 12-16, community-based setting, less than 3 months, less than 10 hours		✗	✗			✗			<ul style="list-style-type: none"> <li>No impact on number of sexual encounters, number of partners, and condom use</li> </ul>
<b>ASSESS- Clinic-Based</b> Physician administered safe-sex education program • Mixed race/ethnicity and gender youth aged 12-16, clinic setting, less than 3 months, less than 10 hours		✗	✗			✗		✗	<ul style="list-style-type: none"> <li>No impact on frequency of sex in the past 3 months, lifetime or past-3-month partners, pregnancy, or doctor diagnosed STD</li> <li>Overall, no impact on condom use at last sex; positive impact on condom use at 3-month follow-up, no impact at posttest or 6-month follow-up</li> </ul>

# What Works

## What Works for Adolescent Sexual and Reproductive Health:

LESSONS FROM EXPERIMENTAL EVALUATIONS OF PROGRAMS AND INTERVENTIONS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b><u>Assisting in Rehabilitating Kids (ARK)</u></b> - Comprehensive</p> <p>Information and skills-based safer sex training plus risk-sensitization for substance-dependent youth</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, mean age 16, residential drug treatment setting, less than 3 months, 10-19 hours</li> </ul>	✔	✘			✔					<ul style="list-style-type: none"> <li>Positive impact on percent abstained from sex, frequency of unprotected vaginal sex, and frequency of condom-protected intercourse in the past 3 months</li> <li>No overall impact on number of sexual partners in the past 3 months; positive impact at posttest, no impact at 6- and 12-month follow-ups</li> </ul>
<p><b><u>Be Proud! Be Responsible! (1992)</u></b> - Comprehensive</p> <p>HIV education and skills training program for African American adolescents</p> <ul style="list-style-type: none"> <li>African American males, mean age 14.6, school setting, less than 3 months, less than 10 hours</li> </ul>	±	✔	✔		✔					<ul style="list-style-type: none"> <li>Positive impact on number of sexual partners, frequency of unprotected sex, and anal sex</li> <li>Mixed impact on frequency of sex; no impact on remaining abstinent in past 3 months, but positive impact on number of days had sex in the past 3 months</li> </ul>
<p><b><u>Be Proud! Be Responsible! (1999)</u></b> - Comprehensive</p> <p>HIV education and skills training program for African American adolescents</p> <ul style="list-style-type: none"> <li>African American mixed gender youth, mean age 13, school setting, less than 3 months, less than 10 hours</li> </ul>	✘	✘	✔		✔					<ul style="list-style-type: none"> <li>Positive impact on frequency of unprotected sex and anal sex</li> <li>No impact on abstinence in the past 3 months or number of partners</li> </ul>
<p><b><u>Be Proud! Be Responsible! (2000)</u></b> - Comprehensive</p> <p>HIV education and skills training program for African American adolescents</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents in five cities, mean age across five sites was 14-16.5, community-based settings, including detention centers, less than 3 months, less than 10 hours</li> </ul>	✘				✘					<ul style="list-style-type: none"> <li>No impact on frequency of sex, having any sex, or frequency of unprotected sex in the past 30 days</li> </ul>
<p><b><u>Be Proud! Be Responsible! (2010)</u></b> - Comprehensive</p> <p>HIV education and skills training program for African American adolescents</p> <ul style="list-style-type: none"> <li>African American mixed gender youth aged 13-18, community-based settings, less than 3 months, less than 10 hours</li> </ul>	✘				✔					<ul style="list-style-type: none"> <li>Overall positive impact on condom use. Positive impact on consistent condom use, proportion of condom protected intercourse, frequency of condom use, and condom use at last sex</li> <li>No impact on frequency of sex in the past 3 months</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b><u>Be Proud! Be Responsible! Suburban Replication - Comprehensive</u></b>                      HIV prevention program originally developed for Black urban male youth replicated with a diverse population in a suburban setting</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, 10th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>	✗	✗		✗	✗					<ul style="list-style-type: none"> <li>No impact on ever having sex, sex in the past 3 months, consistent condom use, frequency of unprotected sex, and sex under the influence of drugs or alcohol</li> </ul>
<p><b><u>Becoming A Responsible Teen (BART) - Comprehensive</u></b>                      HIV education and skills training program</p> <ul style="list-style-type: none"> <li>African American mixed gender high school students, clinic setting, less than 3 months, 20 or more hours</li> </ul>		✓	✗		✓					<ul style="list-style-type: none"> <li>Positive impact on being sexually active</li> <li>Overall positive impact on condom use (across six measures)</li> <li>No impact on number of sexual partners</li> </ul>
<p><b><u>Carolina Abecedarian - Early Childhood</u></b>                      Child-care and preschool program for high-risk children</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, preschool students in school setting, more than 6 months, 20 or more hours</li> </ul>							✓			<ul style="list-style-type: none"> <li>Positive impact on being a teen parent</li> </ul>
<p><b><u>Children's Aid Society (CAS)-Carrera (2001) - Youth Development</u></b>                      Intensive, year-round, multi-year after-school program designed to promote positive youth development and positive reproductive health</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, aged 13-15, clinic and community-based settings, more than 6 months, 20 or more hours</li> </ul> <p>Note: Same implementation as below CAS-Carrera, but six additional implementation sites were evaluated in this version.</p>	✗			✗		±		±		<ul style="list-style-type: none"> <li>Mixed impact on contraceptive use; positive impact on use of Depo Provera at last sex, no impact on dual method use at last sex</li> <li>Overall, mixed impact on pregnancies and births; positive impact on becoming pregnant or causing pregnancy, but no impact on two measures of births/becoming a father</li> <li>No impact on ever having sex and condom use at last sex</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Children's Aid Society (CAS) (2002) -Carrera - Youth Development</b>            Intensive, year-round, multi-year after-school program designed to promote positive youth development and positive reproductive health</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, aged 13-15, clinic and community-based settings, more than 6 months, 20 or more hours</li> </ul>	✓	±			✗	±		±		<ul style="list-style-type: none"> <li>Positive impact on sexual initiation for the full sample (however subgroup analyses revealed a positive impact for females and no impact for males)</li> <li>Mixed impact on being currently sexually active; positive impact for females, no impact for males (full sample unreported, only measured sexually experienced)</li> <li>Mixed impact on dual method use; positive impact for females, no impact for males (full sample unreported)</li> <li>No impact on condom use at last sex (only measured sexually experienced)</li> <li>Mixed impact on pregnancies and births; mixed impact on pregnancy (positive for female, no impact for males), no impact on births for full sample (however, subpop analyses revealed a positive impact on females, no impact on males)</li> </ul>
<p><b>Choosing the Best - Abstinence-Focused</b>            Classroom-based abstinence curriculum providing developmentally phased messages</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, 9th grade students, school setting, more than 6 months, less than 10 hours</li> </ul>	±	✗								<ul style="list-style-type: none"> <li>Mixed impact on initiation of sex; positive impact at posttest, no impact at follow-up</li> <li>No impact on amount of time since last sex</li> </ul>
<p><b>Circle of Life- Comprehensive</b>            HIV-preventive intervention developed for American Indian and Alaska Native middle school youth</p> <ul style="list-style-type: none"> <li>American Indian/Alaska Native mixed gender middle school students, school setting, less than 3 months, 20 or more hours</li> </ul>	✗	✗			✗					<ul style="list-style-type: none"> <li>No impact on ever having sex in the past 12 months or condom use at last sex</li> <li>Overall, no impact on initiation of sex for the full group and by age, however separate analyses suggest that those who began the program at an earlier age had lower transitions to sexual initiation than those who began the program at later ages</li> </ul>
<p><b>iCuidate! - Comprehensive</b>            Program to reduce rates of sexual risk behaviors</p> <ul style="list-style-type: none"> <li>Hispanic mixed gender youth aged 13-18, school and community-based settings, less than 3 months, less than 10 hours</li> </ul>		✓	✓			±				<ul style="list-style-type: none"> <li>Positive impact ever having sex and having multiple partners in the past 3 months</li> <li>Overall, mixed impact on condom use. Positive impact on consistent condom use and frequency of unprotected sex in past 3 months, but no impact on condom use at last sex or days of protected sex</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Culturally Appropriate STD/AIDS Education in a Clinic Setting</b> <i>Clinic-Based</i> ISTD/AIDS education interventions in a clinic</p> <ul style="list-style-type: none"> <li>African American males aged 15-19, clinic setting, less than 3 months, less than 10 hours</li> </ul>		✗	✗							<ul style="list-style-type: none"> <li>No impact on frequency of sex with steady and casual partners, or on condom use with steady or casual partners</li> <li>Negative impact on number of partners (increased sexual partners)</li> </ul>
<p><b>Draw the Line/Respect the Line- Comprehensive</b> STD and pregnancy prevention program for middle school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, 6th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	±	✗	✗							<ul style="list-style-type: none"> <li>Mixed impact on initiation of sex; positive impact for males, no impact for females</li> <li>Overall, no impact on frequency of sex. No impact on the number of times had sex in the past 12 months for females, positive impact for males only at Year 2 follow-up; mixed impact on had any sex in past 12 months; positive impact on males and no impact for females</li> <li>Overall, no impact on number of partners (positive impact at Year 2 follow-up for males, no impact for females; no impact for either males or females at any other follow-up)</li> <li>No impact on condom use</li> </ul>
<p><b>Early Intervention Program- Youth Development</b> Daily skill-building class for middle school students targeting youth development</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender, 6th-8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>								✗		<ul style="list-style-type: none"> <li>Negative impact (higher pregnancy) on pregnancy at Year 2 follow-up, no impact at Year 3 follow-up</li> </ul>
<p><b>Enhanced Managing Pressures Before Marriage Program (MPM)- Parent-Child Relationship</b> Series of homework assignments for middle school students to complete with their parents</p> <ul style="list-style-type: none"> <li>White, mixed gender 8th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>	✗	✗								<ul style="list-style-type: none"> <li>No impact on initiation of sex or frequency of sex in the past 3 months</li> </ul>
<p><b>Familias Unidas (2009)- Parent-Child Relationship</b> Program aimed to increase parents' involvement in adolescent's home and school life</p> <ul style="list-style-type: none"> <li>Hispanic, mixed gender 8th grade students, primarily home setting (family visits), more than 6 months, 20 or more hours</li> </ul>		✗							✓	<ul style="list-style-type: none"> <li>Positive impact on frequency of condom use in the past 90 days</li> <li>No impact on frequency of sexual activity</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Familias Unidas (2012)- Parent-Child Relationship</b>            Program aimed to increase parents' involvement in adolescent's home and school life</p> <ul style="list-style-type: none"> <li>Hispanic, mixed gender adolescents aged 12-17, primarily home setting (family visits), 3-6 months, 20 or more hours</li> </ul>	✗	✓	✗	✓	✓					<ul style="list-style-type: none"> <li>Positive impact on the mean number of sexual partners in the past 90 days</li> <li>Positive impact on consistent condom use during vaginal and anal sex in past 90 days and condom use at last anal sex; no impact on condom use at last vaginal sex</li> <li>Positive impact on frequency of unprotected sex while under the influence in the past 90 days</li> <li>No impact on initiation of vaginal or anal sex or contracting STIs</li> </ul>
<p><b>Familias Unidas and Parent-Preadolescent Training for HIV Prevention (PATH) - Parent-Child Relationship</b>            Parent-centered intervention to prevent adolescent substance use and unsafe sexual behavior</p> <ul style="list-style-type: none"> <li>Hispanic, mixed gender 8th grade students, primarily home setting (family visits), more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on condom use at last sex</li> <li>Positive impact on STIs</li> <li>No impact on drug or alcohol use before last sex</li> </ul>
<p><b>Families Talking Together- Parent-Child Relationship</b>            Parent-based intervention program focused on improving parent-child communication and parental monitoring</p> <ul style="list-style-type: none"> <li>Hispanic, mixed gender mother/adolescent dyads, adolescents aged 11-14, clinic setting, less than 3 months, less than 10 hours</li> </ul>	✓	✓								<ul style="list-style-type: none"> <li>Positive impact on initiation of sex and frequency of sex in the past 90 days</li> <li>No impact on giving or receiving oral sex</li> </ul>
<p><b>Families United to Prevent Teen Pregnancy (FUPTP) (2007, 2008)- Abstinence-Focused</b>            Series of homework assignments for middle school students to complete with their parents</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and mixed gender adolescents aged 8-13, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗							<ul style="list-style-type: none"> <li>No impact on rate of always remaining abstinent, age of first sex, rate of remaining abstinent in the past 12 months, number of sexual partners, unprotected first sex, frequency of condom use in past 12 months, use of birth control at first sex, frequency of birth control use in past 12 months, ever having an STD, having ever been pregnant, or ever having a baby</li> </ul>

✓ FOUND TO WORK

✗ NOT FOUND TO WORK

± MIXED FINDINGS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Families United to Prevent Teen Pregnancy (FUPTP) (2011) - Abstinence-Focused</b>            Abstinence-focused after-school program            • Mixed race/ethnicity and mixed gender mother/adolescent dyads, adolescents aged 11-14, clinic setting, 20 or more hours, duration varied based on wave</p>	✗									<ul style="list-style-type: none"> <li>No impact on initiation of sex</li> </ul>
<p><b>Flowers with Care- Youth Development</b>            GED program with an intensive counseling component for youth development            • Mixed race/ethnicity and mixed gender, 9th-12th grade students, school setting, more than 6 months, 20 or more hours</p>								✗		<ul style="list-style-type: none"> <li>No impact on pregnancy in the previous year</li> </ul>
<p><b>FOCUS- Comprehensive</b>            Cognitive-behavioral intervention to prevent STIs and unplanned pregnancies for female Marine recruits during training            • Mixed race/ethnicity females aged 17-22, military setting, 3-6 months, less than 10 hours.</p>		✗		✗		✗	✗			<ul style="list-style-type: none"> <li>No impact on inconsistent condom use or unintended pregnancies</li> <li>Overall, no impact on having multiple partners; positive impact for one subgroup, no impact for three other subgroups</li> <li>Overall, no impact on STIs, positive impact for one subgroup, no impact for three other subgroups</li> </ul>
<p><b>Focus on Youth (1996a, 1996b)- Comprehensive</b>            AIDS prevention program for low-income African American youth            • African American mixed gender adolescents aged 9-15, community-based setting, less than 3 months, 10-19 hours</p>						+	+			<ul style="list-style-type: none"> <li>Mixed impact on condom use at last sex; positive impact at 6-month follow-up, no impact at 12-month follow-up (18-month unreported)</li> <li>Mixed impact on contraceptive use; positive impact on effectiveness of contraception at last sex; positive impact at 6- and 18-month follow-ups, no impact at 12-month follow-up. No impact on dual method use</li> </ul>
<p><b>Focus on Youth (2006)- Comprehensive</b>            AIDS prevention program for low-income African American youth            • White mixed gender adolescents aged 12-16, school and community-based settings, less than 3 months, 10-19 hours</p>	✗	✗			✗	✗				<ul style="list-style-type: none"> <li>No impact on initiation of sex, frequency of sex in past 6 months, condom use at last sex, frequency of condom use in past 6 months, or dual method use at last sex</li> </ul>

Program									Comments	
	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs		
<p><a href="#">Focus on Youth plus imPACT (2003)</a> - <i>Comprehensive</i> Two-part program involving the original FOY skill-building curriculum and an additional parental component</p> <ul style="list-style-type: none"> <li>African American mixed gender adolescents aged 12-16, community-based and home settings, more than 6 months, 10-19 hours</li> </ul>		+							<ul style="list-style-type: none"> <li>Mixed impact on condom use at last sex; positive impact at 6-month follow-up, no impact at 12-month follow-up</li> <li>Mixed impact on frequency of sex; positive impact at 6-month follow-up, no impact at 12-month follow-up</li> </ul>	
<p><a href="#">Focus on Youth plus imPACT (2004)</a> - <i>Comprehensive</i> Two-part program involving the original FOY skill-building curriculum and an additional parental component</p> <ul style="list-style-type: none"> <li>African American mixed gender adolescents aged 13-16, community-based and home settings, more than 6 months, 10-19 hours</li> </ul>		×	×	×	×			×	<ul style="list-style-type: none"> <li>No impact on sex in the past 6 months, condom use at last sex, use of birth control at last sex, or if participants had been pregnant or gotten a girl pregnant in the past 6 months</li> </ul>	
<p><a href="#">Get Real</a> - <i>Comprehensive</i> Three-year comprehensive sex education program to delay initiation for middle school students with a family component</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender middle school students, school settings, more than 6 months, 20 or more hours</li> </ul>	✓								<ul style="list-style-type: none"> <li>Positive impact on becoming sexually active by the end of 8th grade</li> </ul>	
<p><a href="#">Griffin-Spalding Middle School Academy</a> - <i>Risk Reduction</i> Dropout prevention program designed for 7th and 8th grade students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 7th and 8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>								×	<ul style="list-style-type: none"> <li>No impact on pregnancy</li> </ul>	
<p><a href="#">Health Belief Model Intervention to Increase Condom Use Among High-Risk Female Adolescents</a> - <i>Parent-Child Relationship</i> Clinic intervention based on the Health Belief Model for high-risk females</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females aged 15-19, clinic setting, less than 3 months, less than 10 hours</li> </ul>								+	×	<ul style="list-style-type: none"> <li>Positive impact on frequency of condom use, but no impact on condom use at last sex</li> <li>No impact on the incidence rate of infection or reinfection</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Health Improvement Project (HIP) for Teens- Clinic-Based</b>            Clinic-based prevention program targeting black female adolescents</p> <ul style="list-style-type: none"> <li>African American females aged 15-19, clinic setting, less than 3 months, 10-19 hours</li> </ul>	✗	✓	✗			✓		✗	✓	<ul style="list-style-type: none"> <li>Positive impact on reducing pregnancy, frequency of sex in the past 3 months, on frequency of unprotected sex (positive impact at 3- and 12-month follow-ups, no impact at 6-month follow-up)</li> <li>No impact on STIs, remaining abstinent, or number of partners (however, abstinence and partners measures revealed a positive impact at 6-month follow-up, no impact at 3- or 12-month follow-ups)</li> </ul>
<p><b>Healthy for Life Project (HFL) - Comprehensive</b>            Program to prevent risky behavior, including risky sexual behavior</p> <ul style="list-style-type: none"> <li>White mixed gender 6th-8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗				✗				<ul style="list-style-type: none"> <li>No impact on ever having sex, frequency of sex in the past month, or consistent condom use</li> </ul>
<p><b>Heritage Keepers Life Skills Education- Abstinence-Focused</b>            Character-based abstinence program</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 6th-12th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗		✗			✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on remaining abstinent or age of first sex, number of partners, condom or contraception use at first sex or in past 12 months, ever having an STD, or pregnancy or birth rates</li> </ul>
<p><b>HIV Infection Prevention in Mexican Schools- Comprehensive</b>            Intervention in Mexican high schools based on UN program on HIV/AIDS</p> <ul style="list-style-type: none"> <li>Hispanic mixed gender youth, mean age 16.7 at one-year follow-up, school setting, more than 6 months, 20 or more hours</li> </ul>						✗	±			<ul style="list-style-type: none"> <li>Overall, mixed impact on use of emergency contraception; positive impact on one variation of the program (which included an emergency contraception promotion component), no impact on the other variation of the program (which did not promote emergency contraception use)</li> <li>No impact on condom use at first or last sex</li> </ul>
<p><b>HIV Prevention for Adolescents in Low-Income Housing Developments- Comprehensive</b>            HIV interventions targeted at the normative social and peer environments of at-risk adolescents</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 12-17, community-based setting, more than 6 months, less than 10 hours</li> </ul>	✓					✓				<ul style="list-style-type: none"> <li>Delayed positive impact on abstinence; no impact at short-term follow-up, positive impact at long-term follow-up</li> <li>Positive impact on condom use</li> </ul>

# What Works

## What Works for Adolescent Sexual and Reproductive Health:

LESSONS FROM EXPERIMENTAL EVALUATIONS OF PROGRAMS AND INTERVENTIONS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Horizons- Clinic-Based</b> Clinic-based STD/HIV prevention program for sexually active African American female adolescents</p> <ul style="list-style-type: none"> <li>African American females aged 15-21, clinic setting, less than 3 months, less than 10 hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on condom use in past 14 days, past 60 days, and at last sex</li> <li>Overall, no impact on STD rates; positive impact on chlamydia, no impact on trichomonas or gonorrhea</li> </ul>
<p><b>Information-Based HIV/STD Risk Reduction Intervention for Adolescent Girls- Comprehensive</b> Comprehensive program to reduce sexual risk among sexually experienced Hispanic and African American females</p> <ul style="list-style-type: none"> <li>Hispanic and African American females aged 12-19, clinic setting, less than 3 months, 10-19 hours</li> </ul>			✗	✗	✗			✗		<ul style="list-style-type: none"> <li>No impact on number of sexual partners in the past 3 months, percent reporting multiple partners in the past 3 months, sex while under the influence, number of days of unprotected sex in the past 3 months, or on the percentage testing positive for an STD</li> </ul>
<p><b>It's Your Game: Keep it Real (2010) - Comprehensive</b> School-based HIV, STI, and pregnancy prevention program that targets middle school students</p> <ul style="list-style-type: none"> <li>African American and Hispanic mixed gender 6th-8th grade students, school setting, more than 6 months, 10-19 hours</li> </ul>	±	✓	✗	✓	✗	✗	✗	✗		<ul style="list-style-type: none"> <li>Positive impact on frequency of vaginal sex in the past 3 months</li> <li>Positive impact on oral sex and anal sex</li> <li>Overall, mixed impact on initiation of sex; no impact on initiation of vaginal sex, but positive impact on initiation of any sex (oral, anal, vaginal)</li> <li>No impact on lifetime or past 3 month number of sexual partners, sex under the influence, condom use at last sex, frequency of sex without a condom in past 3 months, and frequency of sex without contraception in past 3 months</li> </ul>

✓ FOUND TO WORK

✗ NOT FOUND TO WORK

± MIXED FINDINGS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b><u>It's Your Game: Keep it Real (2012, 2014)</u></b> - Comprehensive School-based HIV, STI, and pregnancy prevention program that targets middle school students</p> <p>Two treatment groups</p> <ul style="list-style-type: none"> <li>Two treatment groups, African American and Hispanic mixed gender 7th and 8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗	✗	⊕					<ul style="list-style-type: none"> <li>Overall, mixed impact on condom use; positive impact on unprotected last vaginal sex at first follow-up, but only positive at second follow-up for one treatment group; positive impact on frequency of unprotected vaginal sex in past 3 months for one treatment group at first follow-up, no impact at second follow-up for either treatment group. No impact on frequency of unprotected anal sex in past 3 months at first follow-up, positive impact at second follow-up for only one treatment group</li> <li>Overall no impact on sexual initiation, however positive impact on initiation of vaginal sex or any sex (vaginal, anal, oral) for one treatment group at first follow-up only</li> <li>Overall no impact on frequency of vaginal sex, however positive impact for one treatment group at the first follow-up</li> <li>No impact on lifetime sexual partners and overall negative impact on partners in the past 3 months (higher number of partners)</li> <li>Overall no impact on anal or oral sex, however positive impact on initiation of anal sex at first follow up and frequency of anal sex at both follow ups for only one treatment group</li> </ul>
<p><b><u>Job Corps- Youth Development</u></b> Social development program for disadvantaged youth and young adults</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 16-24 (majority 18 or younger), community-based and residential settings, time in program varied by individual</li> </ul>								✗		<ul style="list-style-type: none"> <li>No impact on number of sexual partners in the past 3 months, percent reporting multiple partners in the past 3 months, sex while under the influence, number of days of unprotected sex in the past 3 months, or on the percentage testing positive for an STD</li> </ul>
<p><b><u>JOBSTART- Youth Development</u></b> Program for high school dropouts targeting social development</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 17-21, school and community-based settings, more than 6 months, 20 or more hours</li> </ul>								✗		<ul style="list-style-type: none"> <li>Positive impact on frequency of vaginal sex in the past 3 months</li> <li>Positive impact on oral sex and anal sex</li> <li>Overall, mixed impact on initiation of sex; no impact on initiation of vaginal sex, but positive impact on initiation of any sex (oral, anal, vaginal)</li> <li>No impact on lifetime or past 3 month number of sexual partners, sex under the influence, condom use at last sex, frequency of sex without a condom in past 3 months, and frequency of sex without contraception in past 3 months</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Keepin' It R.E.A.L. - Parent-Child Relationship</b>                      HIV prevention programs for African American adolescents and their mothers</p> <ul style="list-style-type: none"> <li>African American mixed gender youth aged 11-14, community-based setting, 3-6 months, 10-19 hours</li> </ul>	✗					✓				<ul style="list-style-type: none"> <li>Positive impact on condom use at last sex</li> <li>No impact on initiation of sex</li> </ul>
<p><b>Making a Difference! (2010)- Abstinence-Focused</b>                      Abstinence-based approach to HIV/AIDS and teen pregnancy prevention</p> <ul style="list-style-type: none"> <li>African American mixed gender 6th and 7th grade students, school setting, 3-6 months, less than 10 hours</li> </ul>	✓	✓	✗			✗				<ul style="list-style-type: none"> <li>Positive impact on initiation of sex and on frequency of sexual intercourse in the past 3 months</li> <li>No impact on having multiple partners in the past 3 months, consistent condom use, or rates of unprotected intercourse</li> </ul>
<p><b>Making a Difference! (1998)- Abstinence-Focused</b>                      Abstinence-based approach to HIV/AIDS and teen pregnancy prevention</p> <ul style="list-style-type: none"> <li>African American mixed gender 6th and 7th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>			✗			✗				<ul style="list-style-type: none"> <li>Overall, no impact on sexual activity in the past 3 months; positive impact on percent of participants who had sex at 3-month follow-up, but no impact at 6- or 12-month follow-ups; no impact on frequency of sex</li> <li>Overall, no impact on condom use; positive impact on frequency of condom use at 12-month follow-up, but no impact 3- or 6-month follow-ups; no impact on consistent condom use, percent reporting unprotected sex, and frequency of unprotected sex</li> </ul>
<p><b>Making Proud Choices! (2010) - Comprehensive</b>                      Safer-sex approach to HIV/AIDS and teen pregnancy prevention</p> <ul style="list-style-type: none"> <li>African American mixed gender youth aged 10-15, school setting, less than 3 months, less than 10 hours</li> </ul>	✗	✗	✗			✗				<ul style="list-style-type: none"> <li>No impact on initiation of sex, sex in the past 3 months, having multiple partners in the past 3 months, and consistent condom use, or any unprotected intercourse</li> </ul>
<p><b>Making Proud Choices! (1998) - Comprehensive</b>                      Safer-sex approach to HIV/AIDS and teen pregnancy prevention</p> <ul style="list-style-type: none"> <li>African American mixed gender 6th and 7th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>			✗			✗				<ul style="list-style-type: none"> <li>No impact on any sex or frequency of sex in the past 3 months</li> <li>Overall, no impact on condom use; positive impact at 3-month follow-up across four measures, but no impact at 6- and 12-month follow-ups</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>The McMaster Teen Program- Comprehensive</b> Pregnancy prevention program for middle school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender</li> </ul> <p>7th and 8th grade students, school setting, less than 3 months, 10-19 hour</p>	✗					✗		✗		<ul style="list-style-type: none"> <li>No impact on sexual initiation for females, negative impact on males</li> <li>No impact on consistency of contraceptive use or if females have ever been pregnant</li> </ul>
<p><b>Middle School Leadership Program- Risk Reduction</b> Leadership workshop targeting youth at-risk of dropping out of school</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender</li> </ul> <p>8th grade students, school setting, more than 6 months, 20 or more hours</p>								✗		<ul style="list-style-type: none"> <li>No impact on pregnancy in past year</li> </ul>
<p><b>Montreal Prevention Experiment- Risk Reduction</b> Intervention for parents and elementary school boys to reduce antisocial behavior</p> <ul style="list-style-type: none"> <li>White males aged 7-9, school setting, more than 6 months, 20 or more hours</li> </ul>	✗									<ul style="list-style-type: none"> <li>No impact on initiation of sex</li> </ul>
<p><b>Multidimensional Treatment Foster Care- Risk Reduction</b> Program designed as an alternative to residential treatment to prevent later incarceration among a high-risk population</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females aged 13-17, home/foster care settings, more than 6 months, 20 or more hours</li> </ul>								✓		<ul style="list-style-type: none"> <li>Positive impact on pregnancy rates</li> </ul>
<p><b>My Choice, My Future! - Abstinence Focused</b> Three year abstinence-focused program</p> <ul style="list-style-type: none"> <li>White mixed gender 8th-10th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗			✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on sexual activity, condom use, contraception use, reporting STDs, or ever being pregnant or having a birth</li> </ul>
<p><b>National Guard Youth Challenge Program- Risk Reduction</b> Intensive residential program for youth who have dropped out of or been expelled from school</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 16-18, residential setting, more than 6 months, 20 or more hours</li> </ul>	✗					✗		✗		<ul style="list-style-type: none"> <li>No impact on being sexually active, consistency of birth control use (negative impact at 3-year follow-up), and parental status</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>New Beginnings- Parent-Child Relationship</b> Group therapy intervention developed for custodial mothers of children ages 9-12 who have recently experienced divorce</p> <ul style="list-style-type: none"> <li>Two treatment groups, white mixed gender children aged 9-12, clinic setting, duration not reported, 10-19 hours</li> </ul>			⊕							<ul style="list-style-type: none"> <li>Mixed impact on number of sexual partners; positive impact in version of program implemented with both mothers and children, no impact in version implemented only with mothers</li> </ul>
<p><b>Nurse-Family Partnership (NFP)- Early Childhood</b> Home visitation program to promote the well-being of first-time, low-income mothers and their children</p> <ul style="list-style-type: none"> <li>Two treatment groups, mixed race/ethnicity mother-child pairs, mothers under the age of 19, children under the age of 2, home and clinic settings, more than 6 months, 20 or more hours</li> </ul>	⊗		⊗					⊗		<p>Outcomes reported for children at 15-year follow-up:</p> <ul style="list-style-type: none"> <li>No impact on initiation of sex or on pregnancy</li> <li>No impact on number of partners, but sub population analyses revealed a positive impact for the adolescents of low SES and unmarried mothers for the treatment group which included home nurse visits from pregnancy through child's second birthday</li> </ul>
<p><b>Parents and Teens for Health (PATH) - Comprehensive</b> Group-based program to teach youth affect management skills to reduce HIV risk</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity males aged 12-18 juvenile drug court setting, less than 3 months, 10-19 hours</li> </ul>	⊗	⊗	⊗		⊗	⊗				<ul style="list-style-type: none"> <li>No impact on lifetime sexual activity, sexual activity in the past 90 days, number of partners in past 90 days, sex under the influence, and condom use at last sex</li> </ul>
<p><b>Peer-Led Sex Education (RIPPLE study) - Comprehensive</b> School-based intervention with older high school students leading class sessions on sex education for younger students</p> <ul style="list-style-type: none"> <li>White mixed gender adolescents aged 13-14, school setting, less than 3 months, less than 10 hours</li> </ul>	⊗					⊗	⊗	⊗	⊗	<ul style="list-style-type: none"> <li>No impact on unprotected first sex, contraceptive use at first or last sex, or self-reported STDS</li> <li>Overall, no impact on initiation of sex; no impact on initiation by age 18, positive impact on initiation by age 16 for females only</li> <li>Overall, no impact on pregnancies and births; no impact on unintended pregnancies or live births, but a positive impact on self-reported pregnancy by age 18</li> </ul>
<p><b>Positive Action Program- Youth Development</b> School-based program focused on social and character development</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 5th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✓									<ul style="list-style-type: none"> <li>Positive impact on ever having sex</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Positive Prevention- Abstinence-Focused</b> Abstinence-focused, HIV/STD prevention education for high school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>	✓	✗								<ul style="list-style-type: none"> <li>Positive impact on initiation of sex</li> <li>No impact on frequency of sex or frequency of condom use among students who were sexually active</li> </ul>
<p><b>Postponing Sexual Involvement (1997) - Comprehensive</b> Middle school program that focuses on delaying sexual activity</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 7th and 8th grade students, school and community-based settings, duration not reported, less than 10 hours</li> </ul>	✗	✗	✗			✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on initiation, frequency, and number of partners ever; no impact on condom use or oral contraceptive use. No impact on ever had an STD</li> <li>No impact on pregnancy in adult-led intervention groups; negative impact in youth-led groups (higher pregnancy)</li> </ul>
<p><b>Postponing Sexual Involvement (2000) - Comprehensive</b> Middle school program that focuses on delaying sexual activity</p> <ul style="list-style-type: none"> <li>African American mixed gender 7th grade students, school setting, more than 6 months, less than 10 hours</li> </ul>	±					±				<ul style="list-style-type: none"> <li>Mixed impact on initiation of sex; positive impact on females at the majority of follow-ups, no impact on males</li> <li>Mixed impact on using contraception at last sex; positive impact for females, no impact for males</li> </ul>
<p><b>Prime Time- Clinic-Based</b> Clinic-based intervention for girls at high risk for pregnancy</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females aged 13-17, clinic setting, more than 6 months, contact hours not reported</li> </ul>		✓	✗		✓	✓				<ul style="list-style-type: none"> <li>Positive impact on abstaining from sex in the past 6 months and condom use with the most recent partner</li> <li>Overall positive impact on contraception; positive impact on hormonal use at 12-month follow-up, no impact at 30 month-follow-up; positive impact on consistent dual method use</li> <li>No impact on number of partners in the past 6 months</li> </ul>
<p><b>Project ACCEL- Risk Reduction</b> Dropout prevention program designed for middle school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 6th and 7th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>								✗		<ul style="list-style-type: none"> <li>No impact on pregnancy rates</li> </ul>
<p><b>Project AIM (Adult Identity Mentoring) - Risk Reduction</b> Project designed to improve decision making around engaging in risky behaviors</p> <ul style="list-style-type: none"> <li>African American mixed gender 7th grade students, school setting, less than 3 months, contact hours not reported</li> </ul>	±									<ul style="list-style-type: none"> <li>Mixed impact on initiation of sex, positive impact short-term follow-up, no impact at long-term follow-up</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Project IMAGE- Clinic-Based</b> Clinic-based behavioral intervention for minority females with a history of abuse and STIs</p> <ul style="list-style-type: none"> <li>African American and Hispanic females aged 14-18, clinic setting, less than 3 months, less than 10 hours</li> </ul>							✓			<ul style="list-style-type: none"> <li>Positive impact on STI infections</li> </ul>
<p><b>Project IMPPACS- Comprehensive</b> Mass media program designed to enhance HIV-preventive beliefs and behavior of high-risk black adolescent</p> <ul style="list-style-type: none"> <li>African American mixed gender adolescents aged 14-17, television and radio ads setting, more than 6 months, less than 10 hours</li> </ul>		✗			✗					<ul style="list-style-type: none"> <li>No impact on number of partners in the past 3 months, no impact on unprotected sexual contact for the full sample (subgroup analyses revealed a positive impact on older adolescents)</li> </ul>
<p><b>Project RESPECT (1998)- Clinic-Based</b> Clinic-based counseling program for teens and adults to prevent STDs and HIV through condom use</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender youth aged 14 and older, clinic setting, less than 3 months, less than 10 hours</li> </ul>			±		±		✓			<ul style="list-style-type: none"> <li>Mixed impact on reporting no casual partners and no new partners; positive impact at 3- and 6-month follow-ups, no impact at 9- or 12-month follow-ups</li> <li>Mixed impact on condom use; positive impact at 3- and 6-month follow-ups, no impact at 9- or 12-month follow-ups</li> <li>Positive impact on acquiring new STDs</li> </ul>
<p><b>Project RESPECT (2007)- Clinic-Based</b> Clinic-based counseling program for teens and adults to prevent STDs and HIV through condom use</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females aged 15-21, clinic setting, less than 3 months, less than 10 hours</li> </ul>			✗		±		✗			<ul style="list-style-type: none"> <li>Mixed impact on condom use at last sex with main partner; positive impact at 3-month follow-up, no impact at 12-month follow-up</li> <li>No impact on number of casual partners or self-report STIs or positive Chlamydia tests</li> </ul>
<p><b>Project SNAPP- Comprehensive</b> AIDS and pregnancy prevention program for middle school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 7th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>	✗	✗	✗		✗	✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on sexual initiation, frequency of sex in the past 3 months, number of partners in past 12 months, under the influence at last sex, condom use at last sex, reported STDs, reported pregnancy, or sex under the influence</li> <li>No impact on birth control pill use at last sex at 5-month follow-up, negative impact (lower pill use) at 17-month follow-up</li> </ul>
<p><b>Project Taking Charge- Abstinence-Focused</b> Abstinence-focused sex and vocational education program for seventh grade students in high pregnancy-risk areas</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 7th grade students, school setting, less than 3 months, contact hours not reported</li> </ul>	✗									<ul style="list-style-type: none"> <li>No impact on initiation</li> </ul>

# What Works

## What Works for Adolescent Sexual and Reproductive Health:

LESSONS FROM EXPERIMENTAL EVALUATIONS OF PROGRAMS AND INTERVENTIONS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><a href="#">Project TALC (Teens and Adults Learning to Communicate) - Parent-Child Relationship</a> Intervention designed to improve behavior and mental health outcomes among parents with AIDS and their children</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 11-18, clinic setting, 3-6 months, contact hours not reported</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on teenage parenthood</li> </ul>
<p><a href="#">Promoting Health Among Teens (PHAT)- Comprehensive Abstinence and Safer Sex Intervention- Comprehensive</a> Program encouraging condom use to reduce risks in African-American youth</p> <ul style="list-style-type: none"> <li>African American mixed gender 6th and 7th grade students, school setting, less than 3 months, less than 10 hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on having multiple partners in the past 3 months</li> <li>No impact on initiation of sex, frequency of sex in the past 3 months, consistent condom use or unprotected intercourse</li> </ul>
<p><a href="#">Quantum Opportunities Program (1994) - Youth Development</a> Intensive, multi-component intervention for disadvantaged high school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender students entering 9th grade, school setting, more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on likelihood of having children for overall score across sites, but analyses by site did not reveal any significant findings</li> </ul>
<p><a href="#">Quantum Opportunities Program (2003, 2004, 2006) - Youth Development</a> Intensive, multi-component intervention for disadvantaged high school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>No impact on sexual initiation, condom use at last sex, or having first child before age 18</li> </ul>
<p><a href="#">Reach for Health Service Learning Program- Youth Development</a> Intervention to help youth make positive health choices and avoid high-risk behaviors</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 7th-10th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on initiation of sex</li> <li>Positive impact on sex in the past 3 months</li> </ul>
<p><a href="#">REAL Men- Parent-Child Relationship</a> Program to provide fathers with HIV communication skills to talk with their sons</p> <ul style="list-style-type: none"> <li>African American males aged 11-14 and their fathers, mean 12.8, community-based setting, duration not reported, less than 10 hours of sessions with the youth, additional hours with just the fathers</li> </ul>										<ul style="list-style-type: none"> <li>Positive, delayed impact on ever having sex without a condom, no impact 3- or 6-month follow-ups, but positive impact at 12-month follow-up</li> <li>No impact on initiation of sex</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>REAL MEN-Risk Reduction</b> short-term program aimed at young men leaving jail</p> <ul style="list-style-type: none"> <li>African American and Hispanic males aged 16-18, community-based and other settings, duration not reported, 20 or more hours</li> </ul>			✗							<ul style="list-style-type: none"> <li>No impact on having 3 or more partners in the past 90 days</li> </ul>
<p><b>ReCapturing the Vision- Abstinence-Focused</b> Abstinence-based one year program for middle school females</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females in 7th and 8th grade, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗			✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on rate of always remaining abstinent, age of first sex, rate of remaining abstinent in the past 12 months, number of partners, unprotected first sex, frequency of condom use in the past 12 months, use of contraception at first sex, frequency of contraceptive use in the past 12 months, having a reported STD, ever being pregnant, or ever having a baby</li> </ul>
<p><b>Reproductive Health Counseling for Young Men- Clinic-Based</b> Reproductive health intervention combining a highly explicit half-hour slide-tape with a personal health consultation</p> <ul style="list-style-type: none"> <li>White males aged 15-18, clinic setting, less than 3 months, less than 10 hours</li> </ul>	✗					✓				<ul style="list-style-type: none"> <li>Overall, positive impact on contraception; positive impact on use of pill at last sex, effectiveness of main method at last sex, and effectiveness of main method used in past year, no impact on methods used in past year or frequency of method use</li> <li>No impact on initiation of sex</li> </ul>
<p><b>Safer Choices (1999, 2001b)- Comprehensive</b> Sexuality education program for high school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗		✗	✓	✓			<ul style="list-style-type: none"> <li>Overall, positive impact on use of protection against pregnancy at last sex; positive impact at 7- and 31-month follow-ups, but no impact at 19-month follow-up</li> <li>Overall, positive impact on condom use across four measures; overall condom use was mixed at 7-month follow-up, did not work at 19-month follow-up, and worked at 31-month follow-up</li> <li>No impact on initiation, frequency of sex, number of partners, and sex under the influence in past 3 months</li> </ul>

✓ FOUND TO WORK

✗ NOT FOUND TO WORK

± MIXED FINDINGS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Safer Choices (2001a)- Comprehensive</b> Sexuality education program for high school students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th-12th grade students, school setting, more than 6 months, 20 or more hours</li> </ul> <p>Note: Same implementation as above version of Safer Choices, but entire high school, regardless of participation in program, was evaluated in this version</p>	✗	✗	✗	✗	✗	✗				<ul style="list-style-type: none"> <li>No impact on sexual initiation, frequency in the past 3 months, number of partners in the past 3 months, sex under the influence, and use of contraception</li> <li>Overall, no impact on condom use, however positive impact on frequency of unprotected sex at 19-month follow-up and number of unprotected partners at 31-month follow-up</li> </ul>
<p><b>Safer Sex Intervention for High-Risk Adolescent Girls- Clinic-Based</b> Individualized, clinic-based intervention for girls who are diagnosed with an STD</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females aged 13-22, clinic setting, less than 3 months, less than 10 hours</li> </ul>		✗	✗			✗		✗		<ul style="list-style-type: none"> <li>No impact on being sexually active, condom use, or having an STD since enrollment</li> <li>No impact on number of partners at 1-, 3-, or 12-month follow-ups, positive impact at 6-month follow-up</li> </ul>
<p><b>SHARP: Sexual Health and Adolescent Risk Prevention- Comprehensive</b> Single-session HIV prevention intervention for adolescents in juvenile justice facilities</p> <ul style="list-style-type: none"> <li>Two treatment groups, mixed race/ethnicity and gender adolescents, mean age 15.8, juvenile justice setting, less than 3 months, less than 10 hours</li> </ul>				✗	±					<ul style="list-style-type: none"> <li>Mixed impact on consistency of condom use; no impact at 3-month follow-up, positive impact at 6-month follow-up, positive impact at 9- and 12-month follow-ups only among one treatment group</li> <li>No impact on sex under the influence</li> </ul>
<p><b>Sistering, Informing, Healing, Loving, and Empowering (SiHLE) - Comprehensive</b> HIV-prevention intervention for African American female adolescents</p> <ul style="list-style-type: none"> <li>African American females aged 14-18, clinic and community-based settings, less than 3 months, 10-19 hours</li> </ul>			✓					✗	±	<ul style="list-style-type: none"> <li>Positive impact on having a new sex partner in the past 30 days</li> <li>Overall, positive impact on condom use across six measures</li> <li>Mixed impact on self reported pregnancy; positive at 6-month follow-up, no impact at 12-month follow-up</li> <li>Overall, no impact on STD infections; positive impact on chlamydia, no impact on trichomonas or gonorrhea</li> </ul>
<p><b>Sisters Saving Sisters- Comprehensive</b> HIV-prevention intervention for African American female adolescents</p> <ul style="list-style-type: none"> <li>African American and Hispanic females aged 12-19, clinic setting, less than 3 months, 10-19 hours</li> </ul>			✓	✓	✓			✓		<ul style="list-style-type: none"> <li>Delayed positive impact on number of partners and multiple partners, number of days of unprotected sex, and number of days of unprotected sex while under the influence in the past 3 months; no impact at 3- and 6-month follow-ups, but positive impact at 12-month follow-up</li> <li>Delayed positive impact on testing positive for an STD, no impact at 6-month follow-up, positive impact at 12-month follow-up</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Skills-Based Intervention on Condom Use - Comprehensive</b> Program to increase condom use among teens at high risk of getting STDs</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 14-19, clinic and juvenile detention settings, less than 3 months, less than 10 hours</li> </ul>										<ul style="list-style-type: none"> <li>No impact on number partners in the past 3 months or condom use with a steady or casual partner</li> </ul>
<p><b>Staying Connected with Your Teen- Parent-Child Relationship</b> Family-based program to prevent maladaptive behaviors in youth</p> <ul style="list-style-type: none"> <li>Two treatment groups, African American and white mixed gender 8th grad students, school and other setting, less than 3 months, 10-19 hours</li> </ul>										<ul style="list-style-type: none"> <li>Overall, no impact on initiation of sex. Positive impact in the parent administered treatment group among African Americans only; no impact among European Americans; no impact on initiation in the self administered treatment group on either population</li> </ul>
<p><b>STRIVE (Support to Reunite, Involve and Value Each Other)- Parent-Child Relationship</b> Short family-based program to reduce risk behaviors among homeless/runaway youth</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 12-17, setting chosen by family of participants, less than 3 months, less than 10 hours</li> </ul>										<ul style="list-style-type: none"> <li>Positive impact on number of sexual partners in the past 3 months</li> <li>No impact on having any sex (vaginal or anal) in the past 3 months, the number of times had sex in the past 3 months, or unprotected sex in the past 3 months</li> </ul>
<p><b>Student Training and Reentry (STAR) - Youth Development</b> Skill-building program with counseling and social service components</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th-12th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>No impact on pregnancy in the previous year</li> </ul>
<p><b>Summer Training and Education Program (STEP) - Youth Development</b> Program to reduce academic loss over the summer and reduce teen pregnancy and school dropout</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender youth aged 14-15, school and community-based setting, more than 6 months, 20 or more hours</li> </ul>										<ul style="list-style-type: none"> <li>No impact on contraceptive use, or pregnancy rates</li> <li>No impact on sexual activity (no definition provided)</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><a href="#">Supporting Adolescents with Guidance and Employment (SAGE) - Risk Reduction</a> Community-based violence prevention program targeted toward African American males</p> <ul style="list-style-type: none"> <li>African American males aged 12-16, community-based setting, more than 6 months, 20 or more hours</li> </ul>		✗								<ul style="list-style-type: none"> <li>No impact on sex in the past year</li> </ul>
<p><a href="#">Teen Outreach Program (TOP) (1992) - Youth Development</a> Program to prevent problem behaviors by enhancing normative processes of social development</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 11-21, school setting, more than 6 months, 20 or more hours</li> </ul>						✓		✓		<ul style="list-style-type: none"> <li>Positive impact on regular use of contraception</li> <li>Positive impact on pregnancy</li> </ul>
<p><a href="#">Teen Outreach Program (TOP) (1997) - Youth Development</a> Program to prevent problem behaviors by enhancing normative processes of social development</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 9th-12th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>								✓		<ul style="list-style-type: none"> <li>Positive impact on pregnancy</li> </ul>
<p><a href="#">Teen Talk- Comprehensive</a> Pregnancy prevention program based on the health belief model and on social learning theory</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender youth aged 13-19, school and clinic settings, less than 3 months, 10-19 hours</li> </ul>	⊕							✗		<ul style="list-style-type: none"> <li>Mixed impact on initiation of sex; positive impact for males, no impact for females</li> <li>No impact on effective contraceptive use at last sex</li> </ul>
<p><a href="#">Teens in Control- Abstinence-Focused</a> Two-year abstinence education program designed for 5th and 6th grade students</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender 5th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>	✗	✗	✗			✗	✗	✗	✗	<ul style="list-style-type: none"> <li>No impact on rate of always remaining abstinent, age of first sex, rate of remaining abstinent in the past 12 months, number of sexual partners, unprotected first sex, frequency of condom use in the past 12 months, birth control use at first sex, frequency of birth control use in past 12 months, ever having a reported STD, ever being pregnant, or ever having a baby</li> </ul>
<p><a href="#">TeenSTAR (2005a) - Abstinence-Focused</a> Abstinence-focused year-long pregnancy prevention program</p> <ul style="list-style-type: none"> <li>Hispanic females aged 15-16, school setting, more than 6 months, 10-19 hours</li> </ul>								✓		<ul style="list-style-type: none"> <li>Positive impact on reducing pregnancy</li> </ul>

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>TeenSTAR (2005b) - Abstinence-Focused</b>            Abstinence-focused year-long pregnancy prevention program</p> <ul style="list-style-type: none"> <li>Hispanic mixed gender youth aged 12-18, school setting, more than 6 months, 10-19 hours</li> </ul>	✔	✔								<ul style="list-style-type: none"> <li>Positive impact on sexual initiation</li> <li>Positive impact on sexual discontinuation (if participants went more than three months without having sex)</li> </ul>
<p><b>Theory Driven Intervention to Improve Contraceptive Use- Comprehensive</b>            Theory-driven classroom-based intervention</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender adolescents aged 14-19, school setting, less than 3 months, less than 10 hours</li> </ul>						✘				<ul style="list-style-type: none"> <li>No impact on use of contraception in the past 6 months</li> </ul>
<p><b>Twelve Together- Youth Development</b>            Peer support and mentoring program offering weekly after-school discussion groups led by trained adult volunteers</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender youth, mean age 14, school setting, more than 6 months, 20 or more hours</li> </ul>								✘		<ul style="list-style-type: none"> <li>No impact on female pregnancy in the past year</li> </ul>
<p><b>Untitled group psychosocial intervention plus group motivational enhancement therapy to prevent risky sexual behavior- Comprehensive</b>            Intervention that combines a theory-based sexual risk reduction intervention with a group-based alcohol risk reduction motivational enhancement therapy.</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender detained youth, mean age 15.8, juvenile detention setting, less than 3 months, less than 10 hours</li> </ul>				✘						<ul style="list-style-type: none"> <li>No impact on sex while under the influence in the past 3 months</li> </ul>
<p><b>Untitled group psychosocial intervention to prevent risky sexual behavior- Comprehensive</b>            Theory-based sexual risk reduction intervention that aims to increase safe sex practices through impacting condom use attitudes, perceived norms of condom use, and self-efficacy</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender detained youth, mean age 15.8, juvenile detention setting, less than 3 months, less than 10 hours</li> </ul>				✘						<ul style="list-style-type: none"> <li>No impact on sex while under the influence in the past 3 months</li> </ul>

# What Works

## What Works for Adolescent Sexual and Reproductive Health:

LESSONS FROM EXPERIMENTAL EVALUATIONS OF PROGRAMS AND INTERVENTIONS

Program	Sexual Initiation	Frequency/ Recency of Sex	Number of Partners	Anal/Oral Sex	Sex under the Influence	Condom Use	Any Contraception Use	Contracting STIs	Pregnancies and Births	Comments
<p><b>Up with Literacy- Youth Development</b> In-class and after-school tutoring program for youth with low standardized test scores</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender</li> <li>6th-8th grade students, school setting, more than 6 months, 20 or more hours</li> </ul>								✗		<ul style="list-style-type: none"> <li>No impact on pregnancy in the previous year</li> </ul>
<p><b>Washington State Client-Centered Pregnancy Prevention Programs- Youth Development</b> Seven "client-centered" pregnancy prevention programs combining education and individualized services</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender</li> <li>youth aged 9-17, clinic setting, more than 6 months, contact hours varied by site</li> </ul>	✗	✓					✗			<ul style="list-style-type: none"> <li>Positive impact on sex in the past month</li> <li>No impact on sexual initiation or on always using contraception, contraception use in the last month, contraception use at last sex</li> </ul>
<p><b>What Could You Do? - Clinic-Based</b> Clinic-based interactive video intervention to increase young women's ability to make less risky sexual health decisions</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity females</li> <li>aged 14-18, clinic setting, 3-6 months, less than 10 hours</li> </ul>		±			✗		±			<ul style="list-style-type: none"> <li>Mixed impact on frequency of sex; positive impact at 3-month follow-up, no impact at 6-month follow-up</li> <li>Mixed impact on STDs; positive impact on self-reported STD acquisition, no impact on clinically tested infection</li> <li>No impact on frequency of condom use in the past 3 months</li> </ul>
<p><b>Youth AIDS Prevention Project (YAPP) - Comprehensive</b> School-based prevention program designed to prevent HIV/AIDS and STDs among 7th and 8th graders</p> <ul style="list-style-type: none"> <li>Mixed race/ethnicity and gender</li> <li>7th and 8th grade students, school setting, more than 6 months, 10-19 hours</li> </ul>	✗	✗	✗		✗	✗				<ul style="list-style-type: none"> <li>No impact on initiation, frequency of sex, mean number of partners in the past 12 months, ever using condoms, and ever using condoms with foam</li> </ul>

✓ FOUND TO WORK

✗ NOT FOUND TO WORK

± MIXED FINDINGS

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