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A PROJECT OF THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY ★

# WHAT WORKS 2010

Curriculum-Based Programs  
That Help Prevent Teen Pregnancy

# WHAT WORKS



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**The National Campaign**  
to Prevent Teen and Unplanned Pregnancy

## In Brief: **What Programs Help Prevent Teen Pregnancy?**

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



## WHAT WORKS

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

- **Curriculum-based education** that usually encourages both abstinence and contraceptive use. These programs are generally offered as part of regular school classes or as part of after-school programs either on school grounds or in community centers.
- **Service learning** programs whose primary focus is keeping young people constructively engaged in their communities and schools. Participants in such programs typically take part in community service (such as tutoring, working in nursing homes, or helping fix up recreation areas) and reflect on their service through group discussions or writing about their experiences. Sometimes, a bit of education about ways to prevent teen pregnancy and related problems is included in the curriculum.
- **Youth development** programs tend to take a broader approach. For example, one youth development program that has been found to be effective with girls combines health care, academic assistance, sex education, participation in performing arts and individual sports, and employment assistance. All of these activities are designed to encourage participants to think and plan for their future.
- **Parent programs** that involve both parents and adolescents and, in general, seek to improve parent-child communication, particularly on sex and related topics. These programs are usually offered in a community-based setting, and are targeted to moms, dads, or both.
- **Community-wide** programs that tend to be much broader in scope and that encourage involvement from the entire community (not just teens and their parents). These programs might include public service announcements, educational activities for the community, or community-wide events such as health fairs.

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

## CHARACTERISTICS OF EFFECTIVE PROGRAMS

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

- Convince teens that not having sex or that using contraception consistently and carefully is the *right* thing to do, as opposed to simply laying out the pros and cons of different sexual choices. That is, there is a clear message.
- Last a sufficient length of time (i.e. more than a few weeks).
- Select leaders who believe in the program and provide them with adequate training.
- Actively engage participants and have them personalize the information.
- Address peer pressure.
- Teach communication skills.
- Reflect the age, sexual experience, and culture of young people in the program.

For more information about the 17 characteristics of effective curriculum-based programs please refer to Chapter 7 in *Emerging Answers 2007* by Dr. Douglas Kirby available at: <http://www.thenationalcampaign.org/ea2007>

## HOW TO CHOOSE A PROGRAM

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

- **Best choice:** choose a program already shown through careful evaluation to be effective with similar groups of adolescents, and then put it into action as it was designed—no changes, no additions or deletions.
- **Next best choice:** if using an existing successful program is not possible, communities should select or design programs that incorporate as many characteristics of effective programs as possible (see above).
- **Last best choice:** if options one and two are not possible, communities should (1) select the specific sexual behavior(s) they want to change, (2) study and understand the factors in the lives of young people most closely tied to the behavior to be changed, and (3) design activities that might affect some or all of these factors. For example, if the behavior to be changed is early sexual activity, learn about the factors that are closely tied to early sex (such as older partners) and then design interventions to change those factors. Visit <http://www.thenationalcampaign.org/resources/pdf/pubs/SexualRisk.pdf> for more information on risk and protective factors.

## How do you define effective?

## EVEN EFFECTIVE PROGRAMS CAN'T DO IT ALL.

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

## A NOTE OF CAUTION ABOUT EFFECTIVE PROGRAMS

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

- How do *you* define effective? For example, is a program effective if its good results last only a relatively brief amount of time or only among boys? In other words, pay careful attention to the specific results of program evaluation and think carefully about what constitutes success. Is a 10 percent improvement enough? What if a program helps on one issue (i.e. increases contraceptive use) but not on another (i.e. no impact on age of first sex)?
- Consider the magnitude of success. For example, if a program is successful at delaying participants from having sex, how *long* was the average delay? An effective program may only change things a bit.
- Pay attention to the criteria used to define “effective.” The criteria used for these charts are described in detail below. Note that there is no nationally standardized criteria for identifying effective programs, thus lists may vary.
- Keep in mind that there may very well be a number of creative programs that are effective in helping young people avoid risky sexual behavior that simply have not yet been evaluated.

## CHARTS OF EFFECTIVE PROGRAMS

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

## INCLUSION CRITERIA

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

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

Again, it is important to note that, in general, those programs that have been evaluated using an experimental design (the first chart) *provide stronger evidence of effectiveness* than those evaluated through a quasi-experimental design (the second chart). The two charts below have been divided to reflect this difference. Also note that those quasi-experimental evaluations noted with a star are considered to be more rigorous than those quasi-experimental evaluations listed without a star. A final thought: Careful readers may note that several programs listed as effective in *What Works 2009* are not on the effective programs list for 2010. There are several explanations for these changes, including (1) the curriculum is no longer available, and/or (2) more careful examination of the results of particular evaluations surfaced some weakness in the evaluation designs.

## How do *you* choose a program?

# WHAT WORKS 2010

## AT A GLANCE

### LIST OF EFFECTIVE PROGRAMS (EXPERIMENTAL DESIGN)

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

- 1 All4You! (2006, dates in this cell note the year the evaluation was published)
- 2 Aban Aya Youth Project (2004)
- 3 A Theory-Based Abstinence-Only Program (2010)
- 4 Becoming a Responsible Teen (1995)
- 5 Be Proud! Be Responsible! (1992)
- 6 Children's Aid Society (CAS)—Carrera Program (2002)
- 7 ¡Cuídate! (2006)
- 8 Draw the Line/Respect the Line (2004)
- 9 Focus on Kids (1996) (packaged as Focus on Youth)
- 10 Focus on Kids plus ImPACT (2004) (packaged as Focus on Youth plus ImPACT)
- 11 HIV Prevention for Adolescents in Low-Income Housing Developments (2005) (Packaged as Teen Health Project)
- 12 HIV Risk Reduction Among Detained Adolescents (2009) (Keepin' It R.E.A.L.=Responsible, Empowered, Aware Lifestyles)
- 13 HORIZONS HIV intervention (2009)
- 14 It's Your Game...Keep it Real (2010)
- 15 Keepin' It R.E.A.L.! (2006)
- 16 Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998)
- 17 Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998)
- 18 Multidimensional Treatment Foster Care (2009)
- 19 Positive Prevention (2006)
- 20 Reach for Health Community Youth Service (RFH-CYS) (2002)
- 21 REAL Men (2007)
- 22 Safer Choices (2004)
- 23 SiHLE (HIV Prevention Intervention) (2004)
- 24 Teen Outreach Program (1997)

	1	2	3	4
<b>NAME OF PROGRAM</b>	All4You! (2006, dates in this cell note the year the evaluation was published)	Aban Aya Youth Project (2004)	A Theory-Based Abstinence-Only Program (2010)	Becoming a Responsible Teen (1995)
<b>DELAYED SEXUAL INITIATION</b>	No	NM	Yes	Yes
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes (for 6 months only, not 12 or 18 months)	Yes (Boys only)	No	Yes
<b>REDUCED TEEN PREGNANCY</b>	Not measured (NM)	NM	NM	NM
<b>STUDY SETTING AND SAMPLE</b>	In-school program evaluated with teens in alternative schools; the intervention also included a service learning component; urban setting	In-school and after-school youth development program for African American students grades 5–8; urban setting	After-school program (implemented on Saturdays in school classrooms) for African American teens in grades 6–7; urban setting	After-school program for African American teens aged 14–18; urban Southern setting
<b>SELECTED EFFECTS</b>	6 months after the program ended: <ul style="list-style-type: none"> <li>Program participants were 2 times more likely than those in the control group to report using a condom at last sex.</li> </ul>	At the end of the program: <ul style="list-style-type: none"> <li>78–80% of boys in the two intervention groups used condoms compared to 65% of boys in the control group.</li> </ul>	Among virgin participants, 2 years after baseline: <ul style="list-style-type: none"> <li>33.5% of those in the intervention group had initiated sex compared to 48.5% of those in the control group.</li> <li>Among those who had sex in the past 3 months, there was no difference in condom use between the intervention group and control group 2 years after baseline.</li> </ul>	1 year after the intervention: <ul style="list-style-type: none"> <li>Girls in intervention were 44% more likely than girls in control group to use condoms.</li> <li>Virgins in the intervention group were 61% less likely to initiate sex than virgins in the control group.</li> </ul>
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<b>FOR FURTHER INFORMATION</b>	Emerging Answers 2007 www.thenationalcampaign.org/EA2007	It’s a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.thenationalcampaign.org/resources Emerging Answers 2007 www.thenationalcampaign.org/EA2007	*Note that the evaluation for this program was recently released and no additional information about the curriculum is available at this time. We will provide additional information as it is available.	A Good Time: After School Programs to Reduce Teen Pregnancy www.thenationalcampaign.org/resources Not Yet: Programs to Delay First Sex Among Teens www.thenationalcampaign.org/resources Emerging Answers 2007 www.thenationalcampaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/factsheets/BART.htm

	5	6	7	8
<b>NAME OF PROGRAM</b>	Be Proud! Be Responsible! (1992)	Children's Aid Society (CAS)—Carrera Program (2002)	iCuidate! (2006)	Draw the Line/Respect the Line (2004)
<b>DELAYED SEXUAL INITIATION</b>	NM	Yes (Girls only)	Not Reported	Yes (Boys only)
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes	Yes (Girls only)	Yes	No
<b>REDUCED TEEN PREGNANCY</b>	NM	Yes (Girls only)	NM	NM
<b>STUDY SETTING AND SAMPLE</b>	In-school or after-school program for African American boys grades 10–12; urban setting	Multi-year after-school youth development program for high-risk high school students aged 13–15; urban setting	After-school program for Latino teens in grades 8–11; urban setting	In-school program for youth grades 6–8; urban setting
<b>SELECTED EFFECTS</b>	<p>3 months after the intervention:</p> <ul style="list-style-type: none"> <li>Program participants reported that they did <i>not</i> use a condom during intercourse for 0.64 days compared to 2.38 days in the control group</li> </ul>	<p>At the end of the program:</p> <ul style="list-style-type: none"> <li>Girls in intervention group were 18% less likely to have had sex than girls in the control group; were 55% less likely to become pregnant; and were 80% more likely to use dual methods of contraception at last sex.</li> <li>Males in the intervention group did not positively change sexual behavior.</li> </ul>	<p>At 3 months, 6 months, and 12 months after the program ended:</p> <ul style="list-style-type: none"> <li>Teens in the intervention group were significantly less likely than those in the control group to have recently had sex, and to have had multiple partners (although the evaluation did not report initiation of sex).</li> <li>Teens in the intervention group were significantly more likely than those in the control group to report consistent condom use.</li> <li>The intervention was particularly effective for Spanish speaking teens. Spanish speaking teens in the intervention group were 5 times more likely than Spanish speaking teens in the control group to report using a condom at last sex.</li> </ul>	<p>At 36-month follow-up:</p> <ul style="list-style-type: none"> <li>19% of boys in the program had sex compared to 27% in control.</li> </ul>
<b>CONTACT INFORMATION</b>	Select Media Film Library, 22-D Hollywood Ave Hohokus, NJ 07423 Phone: 800-343-5540 Fax: 201-652-1973 Web: www.selectmedia.org	Dr. Michael Carrera The Children's Aid Society 105 East 22nd St New York, NY 10010 Phone: 212-876-9716 Web: www.stopteenpregnancy.com	Antonia M. Villarruel, Ph.D., R.N University of Michigan, School of Nursing 400 N Ingalls, Room 4320 Ann Arbor, MI 48109-0482 Email: avillarr@umich.edu	ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 Phone: 800-321-4407 Fax: 800-435-8433 Web: www.etr.org  PASHA Archive: www.socio.com/pasha.php?partner=campaign
<b>FOR FURTHER INFORMATION</b>	A Good Time www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007  <i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/factsheets/Be_Proud.htm	A Good Time www.thenationalcampaign.org/resources  Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Emerging Answers 2007 www.thenationalcampaign.org/EA2007  Science Says #32: Effective and Promising Teen Pregnancy Prevention Programs for Latino Youth www.thenationalcampaign.org/resources  <i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm	No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School Youth www.thenationalcampaign.org/resources  Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007

	9	10	11
<b>NAME OF PROGRAM</b>	Focus on Kids (1996) (packaged as Focus on Youth)	Focus on Kids plus ImPACT (2004) (packaged as Focus on Youth plus ImPACT)	HIV Prevention for Adolescents in Low-Income Housing Developments (2005) (Packaged as Teen Health Project)
<b>DELAYED SEXUAL INITIATION</b>	NM	NM	Yes
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes	Yes (at 6 months only, not 12 or 24 months)	Yes
<b>REDUCED TEEN PREGNANCY</b>	NM	Yes (at 24 months for ImPACT group only)	NM
<b>STUDY SETTING AND SAMPLE</b>	After-school program for African-American youth aged 9–15; urban setting	After-school program for African-American youth aged 13–16 years and their parents; urban setting	Community-wide program for teens aged 12–17; urban setting
<b>SELECTED EFFECTS</b>	6 months after the intervention: <ul style="list-style-type: none"> <li>Youth in intervention were 39% more likely to have used a condom at last sex than control group.</li> </ul>	6 months after the intervention: <ul style="list-style-type: none"> <li>Participants in both the parent program and the parent program with booster sessions were more likely than those in the group without the additional parent intervention to report using a condom.</li> </ul> 24 months after the intervention: <ul style="list-style-type: none"> <li>Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent plus booster session group showed no difference).</li> </ul>	18 months after baseline: <ul style="list-style-type: none"> <li>Teens in the community level intervention were more likely than those in the control group to remain abstinent (85% vs. 76%), and were more likely than those in the control group to have used a condom at last sex (77% vs. 62%).</li> </ul>
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<b>FOR FURTHER INFORMATION</b>	A Good Time www.thenationalcampaign.org/resources  No Time to Waste www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007  <i>HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention</i> www.cdc.gov/hiv/topics/research/prs/resources/factsheets/FOY.htm	Emerging Answers 2007 www.thenationalcampaign.org/EA2007  <i>HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention</i> www.cdc.gov/hiv/topics/research/prs/resources/factsheets/FOY-ImPACT.htm	Emerging Answers 2007 www.thenationalcampaign.org/EA2007



	12	13	14
<b>NAME OF PROGRAM</b>	HIV Risk Reduction Among Detained Adolescents (2009) (Keepin' It R.E.A.L.=Responsible, Empowered, Aware Lifestyles)	HORIZONS HIV intervention (2009)	It's Your Game... Keep it Real (2010)
<b>DELAYED SEXUAL INITIATION</b>	NM	NM	Yes
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes (compared to control group, condom use among those in intervention did not decrease)	Yes	No
<b>REDUCED TEEN PREGNANCY</b>	NM	NM	NM
<b>STUDY SETTING AND SAMPLE</b>	Adolescents in juvenile detention facilities; mean age was 15.8; 83% were boys	Clinic-based, out-of-school intervention (held on 2 consecutive Saturdays) for sexually active girls age 15–21; urban setting	In-school program for middle school students (grades 7–8); predominantly African American and Hispanic students; urban setting
<b>SELECTED EFFECTS</b>	<p>12 months after baseline:</p> <ul style="list-style-type: none"> <li>•Teens in the intervention group were less likely to experience a decline in condom use compared to teens in the control group; thus while condom use did not increase among this group, the intervention seemed to mitigate a decrease in condom use.</li> </ul>	<p>12 months after baseline:</p> <ul style="list-style-type: none"> <li>•Girls in the intervention group were more likely to report consistent condom use in the past 14 days and 60 days than girls in the control group</li> <li>•50% of girls in the intervention group report using a condom consistently in the past 14 days compared to 39% of girls in the control group</li> </ul> <p>Over the 12 month follow-up, girls in the intervention group were less likely to have a chlamydial infection compared to girls in the control group (42 versus 67; RR = 0.65, 95% confidence intervals =0.42 to 0.98; P=.04)</p>	<p>Over 24 months:</p> <ul style="list-style-type: none"> <li>•23% of teens in the intervention group had initiated sex compared to 30% of teens in the control group.</li> <li>•17% of Hispanic teens in the intervention group initiated sex compared to 28% of Hispanic teens in the control group.</li> </ul>
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<b>FOR FURTHER INFORMATION</b>	<i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention <a href="http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/teen-health.htm">www.cdc.gov/hiv/topics/research/prs/resources/factsheets/teen-health.htm</a>	<i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention <a href="http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/horizons.htm">www.cdc.gov/hiv/topics/research/prs/resources/factsheets/horizons.htm</a>	<a href="http://www.itsyourgame.org">www.itsyourgame.org</a>

	15	16	17	18	19
<b>NAME OF PROGRAM</b>	Keepin' It R.E.A.L.! (2006)	Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998)	Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998)	Multidimensional Treatment Foster Care (2009)	Positive Prevention (2006)
<b>DELAYED SEXUAL INITIATION</b>	No	Yes (at 3 months but not at 6 or 12 months)	No	NM	Yes (among sexually inexperienced only)
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes	Yes (at 12 months but not at 3 months or 6 months)	Yes	NM	No
<b>REDUCED TEEN PREGNANCY</b>	NM	NM	NM	Yes	NM
<b>STUDY SETTING AND SAMPLE</b>	After-school parent program for youth aged 11–14 and their mothers; urban setting	After-school program for African American youth grades 6 and 7; urban setting	After-school program for African American youth grades 6–7; urban setting	Case management program for girls (aged 13–17) placed in out-of-home care	In-school program with high school students in 9th grade; 60% of participants were Latino; suburban
<b>SELECTED EFFECTS</b>	Over 24 months: •Teens in the life skills intervention group were significantly more likely than teens in the social cognitive intervention and the control group to report condom use in the past 30 days, in the past 3 months, and in the past year.	3 months after the intervention: •Program participants were less likely to have had sex compared to control group participants (12.5% vs. 21.5%). 12 months after the intervention: •Program participants had a higher frequency of condom use than control group (3.9 vs. 3.2) on a scale of 1 to 5 (never to always).	12 months after the intervention: •Among sexually active youth, those in the program reported a lower frequency of unprotected sex than those in the control group (0.04 days vs. 1.9 days).	24 months after baseline: •Girls in the control group were 2.44 times more likely than those in the intervention group to become pregnant during the follow-up period. •27% of girls in the intervention reported a pregnancy during the follow-up period compared to 47% of girls in the control group.	At the 6 month follow-up among students who were sexually inexperienced at pre-test: •9% of students in the intervention group reported initiating sexual intercourse compared to 24% of students in the intervention group
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<b>FOR FURTHER INFORMATION</b>	Emerging Answers 2007 www.thenationalcampaign.org/EA2007	A Good Time www.thenationalcampaign.org/resources  Not Yet www.thenationalcampaign.org/resources  No Time to Waste www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	A Good Time www.thenationalcampaign.org/resources  Not Yet www.thenationalcampaign.org/resources  No Time to Waste www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	www.mtfc.com/index.html	Emerging Answers 2007 www.thenationalcampaign.org/EA2007

	20	21	22	23	24
<b>NAME OF PROGRAM</b>	Reach for Health Community Youth Service (RFH-CYS) (2002)	REAL Men (2007)	Safer Choices (2004)	SiHLE (HIV Prevention Intervention) (2004)	Teen Outreach Program (1997)
<b>DELAYED SEXUAL INITIATION</b>	Yes	Yes (at 6 month follow-up; did not delay at 3 month or 12 month)	Yes (Latino program participants only)	NM	NM
<b>IMPROVED CONTRACEPTIVE USE</b>	Not reported in evaluation	Yes (among sexually experienced teens)	Yes	Yes	NM
<b>REDUCED TEEN PREGNANCY</b>	NM	NM	NM	Yes (at 6 months, not at 12 months)	Yes
<b>STUDY SETTING AND SAMPLE</b>	In-school service learning program for middle school students; urban setting	After-school parent program with adolescent boys aged 11–14 and their fathers (or a father figure); urban setting	In-school program for students grades 9–10; urban and suburban setting	After-school program for girls in high school; urban setting	In-school service learning intervention, 9th–12th grade; multi-site
<b>SELECTED EFFECTS</b>	Among boys who received 2 years of the service learning component, 50% had initiated sex by the end compared to 80% control group; among girls who received 2 years of the service learning component 40% had initiated sex by the end compared to 65% of control group	At 12 month follow-up: •31% of boys in the intervention group reported ever having sex without a condom compared to 60% in the control group. •Fathers in the intervention group were more likely to report talking to their sons about sex-related topics compared to fathers in the control group.	At 31 month follow-up: •Sexually active program participants were 1.5 times more likely to use a condom and 1.5 times more likely to report using another method of birth control than control participants.	Follow-up was conducted at 6 months and 12 months. At 6 months: •Program participants were less likely to report a pregnancy (difference not significant at 12 months). At both 6 and 12 months: •Program participants were more likely to report consistent condom use and are less likely to report unprotected sex.	At program completion: •Intervention group participants had half the percentage of pregnancies as the control group (9.8 vs. 4.2).
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<b>FOR FURTHER INFORMATION</b>	No Time to Waste www.thenationalcampaign.org/resources  Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Emerging Answers 2007 www.thenationalcampaign.org/EA2007  <i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/factsheets/REALmen.htm	Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Emerging Answers 2007 www.thenationalcampaign.org/EA2007  <i>HIV/AIDS Prevention Research Synthesis Project</i> , 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/factsheets/SiHLE.htm	A Good Time www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007

# WHAT WORKS 2010



## AT A GLANCE

### LIST OF EFFECTIVE PROGRAMS (QUASI-EXPERIMENTAL DESIGN)

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

- ★ 1 Get Real about AIDS (1994)
- 2 Learn and Serve America (1998)
- 3 Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth (1994)
- 4 Reasons of the Heart (2008)
- ★ 5 Reducing the Risk, (1998)
- ★ 6 Seattle Social Development (2002)

	1 ★	2	3	4
<b>NAME OF PROGRAM</b>	Get Real about AIDS (1994)	Learn and Serve America (1998)	Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth (1994)	Reasons of the Heart (2008)
<b>DELAYED SEXUAL INITIATION</b>	No	NM	Yes (Boys only)	Yes
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes	NM	NM	NM
<b>REDUCED TEEN PREGNANCY</b>	NM	Yes (short-term among middle school youth)	NM	NM
<b>STUDY SETTING AND SAMPLE</b>	In-school program for high school students; urban setting	In-school service learning program for middle and high school students; multi-site, urban, suburban, and rural	In-school, after-school and community wide program with Latino youth aged 14–20; urban setting	In-school program for 7th grade students
<b>SELECTED EFFECTS</b>	6 months post-intervention:  •Teens in the program reported more condom use in the past 2 months compared to teens in the comparison group.	Immediately after program ended:  •Program participants were half as likely to be involved in a pregnancy than comparison group.  •No difference in pregnancy rates after 1 year.	At the 18 month follow-up:  •Male program participants were 92% less likely to initiate sex than comparison group males.	At 12 month follow-up:  •9% of students in the program had ever had sex compared to 16% of students in the comparison group.
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<b>FOR FURTHER INFORMATION</b>	Emerging Answers 2007 www.thenationalcampaign.org/EA2007	A Good Time www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	

	5 ★	6 ★
<b>NAME OF PROGRAM</b>	Reducing the Risk, (1998)	Seattle Social Development (2002)
<b>DELAYED SEXUAL INITIATION</b>	Yes	Yes
<b>IMPROVED CONTRACEPTIVE USE</b>	Yes (among those who were sexually inexperienced at pretest)	Yes
<b>REDUCED TEEN PREGNANCY</b>	No	Yes
<b>STUDY SETTING AND SAMPLE</b>	In-school program with high school students	In-school program for grades 1–6; urban setting
<b>SELECTED EFFECTS</b>	At 18 month follow-up: <ul style="list-style-type: none"> <li>•Program participants were 35% less likely to initiate sex compared to comparison group.</li> </ul>	Follow-up was conducted at age 18 and age 21: <ul style="list-style-type: none"> <li>•Program participants reported later age of first sex (0.5 years older).</li> <li>•At age 18: program participants were 35% less likely to have been involved in a pregnancy.</li> <li>•At age 21: 38% of girls in the program reported having been pregnant compared to 56% of girls in the comparison group.</li> </ul>
<b>CONTACT INFORMATION</b>	ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 Phone: 800-321-4407 Fax: 800-435-8433 Web: www.etr.org  PASHA Archive: www.socio.com/pasha.php?partner=campaign	J. David Hawkins, Ph.D. Professor, Director, Social Development Research Group University of Washington 9725 Third Ave, NE, Suite 401 Seattle, WA 98115 Phone: 206-221-7780 Email: jdh@u.washington.edu
<b>FOR FURTHER INFORMATION</b>	Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Not Yet www.thenationalcampaign.org/resources  Emerging Answers 2007 www.thenationalcampaign.org/EA2007



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

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

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## ABOUT THE PUTTING WHAT WORKS TO WORK PROJECT

Putting What Works to Work (PWWTW) is a project of The National Campaign funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, The National Campaign is translating research on teen pregnancy prevention and related issues into user friendly materials such as this *What Works* document for practitioners, policymakers, and advocates.

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