A Good Time:

After-School Programs to Reduce Teen Pregnancy

By
Jennifer Manlove, Ph.D
Kerry Franzetta
Krystal McKinney
Angela Romano Papillo, M.A.
Elizabeth Terry-Humen, M.P.P.

January 2004

Acknowledgements

A Good Time is part of the National Campaign's Putting What Works to Work (PWWTW) project, an effort to publish and disseminate the latest research on teen pregnancy in straightforward, easy-to-understand language and provide clear implications for policy, programs, and parents. PWWTW is funded by the Centers for Disease Control and Prevention (CDC) and is supported by cooperative agreement number U88/CCU322139-01. Materials developed as part of this project are solely the responsibility of the authors and do not necessarily represent the official views of CDC. The National Campaign wishes to thank the CDC for its support of this portion of the National Campaign's research program.

The National Campaign gratefully acknowledges its many funders. Special thanks go to the David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, the Roger and Vicki Sant Fund of the Community Foundation for the National Capital Region, the William and Flora Hewlett Foundation, and the John D. and Catherine T. MacArthur Foundation for generously supporting the full range of Campaign activities.

The National Campaign and the authors of this report also thank the members of the PWWTW Scientific Advisory Committee for their helpful comments on early drafts of this document. Without question, their careful review and advice has made this a much more useful document.

Last, but certainly not least, we extend our heartfelt thanks to Child Trends, our colleague organization and partner in this project. In particular, we wish to acknowledge the work of the authors of this publication. The quality of their work is manifest throughout and stands as testament to the continued leadership provided by Child Trends in the area of high-quality research on children's issues. We also thank the authors for their good cheer through multiple drafts of this report.

Child Trends would like to thank Kristin Moore and Laura Lippman, who provided comments on early drafts of the document, and Erum Ikramullah and Chelsea Richmond for their careful edits to various versions of the report. The National Campaign would like to thank Anne Brown Rodgers and Karen Troccoli for their valuable insights and edits to this publication.

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ISBN: 1-58671-050-8
Suggested citation: Manlove, J., Franzetta, K., McKinney, K., Romano-Papillo, A., & Terry-Humen, E.(2003). *A good time: After-school programs to reduce teen pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy.

Design: amp&rsand graphic design, inc.
1700 Connecticut Avenue, NW, Suite 401
Washington, DC 20009
www.ampersand-design.com

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John Santelli, Chief, Applied Sciences Branch, Division of Reproductive Health, CDC

Project consultants:

JJ Card, President, Sociometrics Corporation

Doug Kirby, Senior Research Scientist, ETR Associates

Jennifer Manlove, Senior Research Associate, Child Trends, Inc.

Susan Philliber, Senior Partner, Philliber Research Associates

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Note to Reader

Those in states and communities working directly with young people are often the first to note that there are many wonderful community-level and school-based programs that appear to reduce teen pregnancy. Over the past several years, a growing body of scientific evidence has been developed supporting this belief. In recent years, much more has been learned about the relative effectiveness of teen pregnancy prevention programs. Indeed, careful research has shown that a wide range of programs — from sex and HIV education to programs that encourage young people to participate in community service — can be effective in delaying the onset of sex, increasing the use of contraception, and decreasing teen pregnancy.

This is a heartening development given that, until quite recently, little was known about what programs might be most efficacious in preventing teen pregnancy. This growing pool of "effective" programs is particularly good news for communities searching for programmatic answers to still-high rates of teen pregnancy. While many communities have already been putting this knowledge to work on the front lines, others continue to look for guidance about what programs to put in place.

A Good Time provides detailed descriptions of those after-school programs that have been shown through careful research to have a positive impact on adolescent sexual behavior. In addition to providing results from program evaluations, *A Good Time* contains practical information on the costs and availability of program curriculum, and lengthy descriptions of what is covered in each curriculum. *A Good Time* joins the expanding base of program evaluation literature from which communities can draw in making their decisions about what programs they might consider using. (Those interested in learning more about effective teen pregnancy prevention programs are encouraged to visit the National Campaign's website — www.teenpregnancy.org — to review the findings contained in the publication, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy,* and for other relevant materials from the National Campaign. We also encourage readers to visit the Child Trends website — www.childtrends.org — to review their helpful charts on "what works" in adolescent reproductive health.)

As important and helpful as these findings are, it is also very important to put this report in context. When assessing the effectiveness of programs, readers are encouraged to keep in mind the following:

These findings *only* reflect those programs that have been evaluated. Only a handful of after-school programs have been evaluated at all and, of those, fewer still have been studied using rigorous research designs. Consequently, we know less than we would like to about the efficacy of after-school programs in preventing teen pregnancy. It may very well be that there are any number of creative after-school programs that are effective in helping adolescents avoid risky sexual behavior that simply have not been evaluated at all.

What do you mean by effective? What makes a program "effective" or "successful?" For example, should a program that demonstrates significant positive effects over a relatively brief period of time be considered successful when the program was originally designed to influence behavior over a long period of time? What about a program that has a positive impact on only boys or only girls, even though it was designed to affect both? Can a program that significantly delays participants' sexual initiation but has no effect on their subsequent contraceptive use be considered effective? Readers should pay careful attention to specific results of each program evaluation.

Programs may have unmeasured positive effects. This review is narrowly focused on the effect certain after-school programs have on teen sexual activity, contraceptive use, and pregnancy. It could be that these programs have positive effects beyond these specific measures — building adolescent self-esteem or knowledge of HIV risks, for instance.

Programs can't do it all. Since teen pregnancy is rooted partly in popular culture and social values, it is unreasonable to expect that programs *alone* can change forces of this size and power. Making true and lasting progress in preventing teen pregnancy will likely require a combination of community programs *and* broader efforts to influence values and popular culture. Of course, another reason why it is unfair to place the entire responsibility for solving the teen pregnancy problem on the backs of community programs is that many programs, even "effective" programs, often have only modest results, many are fragile and poorly-funded, and few teens are enrolled in these programs.

So, what to do? Those searching for a programmatic answer to the question "what works to prevent teen pregnancy" should pay close attention to the guidance provided in this publication, other National Campaign materials, and the growing body of high-quality research provided by other organizations.[1] It is increasingly clear that a broad array of programs can be at least partially effective in delaying sex, improving contraceptive use, and preventing pregnancy among teens. The important news is that community-level interventions need not start their efforts from scratch. Communities should strongly consider putting in place those programs with the best evidence of success but resist holding unrealistic expectations for program success and the temptation to assume that programs *alone* can solve a problem as complex as teen pregnancy. Our hope is that *A Good Time* will provide some clear guidance to communities and encourage those concerned with adolescents to explore, develop, and evaluate new and innovative approaches to preventing teen pregnancy.

Sarah S. Brown
Director

1 As noted in the acknowledgments, this publication was funded, in part, by the Centers for Disease Control and Prevention as part of a continuing effort to publish and disseminate the latest research to help states and communities improve their teen pregnancy prevention efforts. Other national organizations — including Advocates for Youth (advocatesforyouth.org) and the National Organization on Adolescent Pregnancy, Parenthood, and Prevention (NOAPP.org) — have also received grants from the CDC for similar purposes. Readers interested in learning more are encouraged to visit their websites. For those interested in future relevant National Campaign materials, please visit our website at, teenpregnancy.org.

Introduction

Because young people spend so many hours in school, much attention has focused on how to educate kids about teen pregnancy prevention during the school day. Of equal importance, however, is considering how to continue that mission during after-school hours, when many teens are unsupervised and vulnerable to risky behaviors. Research has shown that teens are more likely to postpone sexual involvement and avoid pregnancy when they can envision a positive future. To that end, after-school programs offer an appropriate vehicle for helping teens enhance their education and employment opportunities, set goals for their lives, and consider how the decisions they make today will affect them tomorrow — including decisions about sex and contraception. With this in mind, many communities across the country have developed pregnancy prevention programs that occur during after-school and weekend hours. By examining their experiences, we can build our understanding of what kinds of after-school programs are working to postpone sexual involvement, enhance contraceptive use, and reduce the incidence of teen pregnancy and the transmission of sexually transmitted diseases (STDs), including the Human Immunodeficiency Virus (HIV).

With funding from the U.S. Centers for Disease Control and Prevention (CDC), the National Campaign to Prevent Teen Pregnancy has joined with Child Trends to assess the effect of after-school programs on adolescent sexual activity, contraceptive use, and pregnancy and childbearing. For the purposes of this report, the term "after-school programs" encompasses programs that:

1) occurred after-school;
2) occurred on weekends, but could be altered to fit an after-school format; and/or
3) had both after-school and school-day components.

All programs described in this report have been carefully evaluated, and met several scientific criteria. They must have:

- been completed in 1980 or later;
- been conducted in the United States or Canada;
- been targeted at pre-adolescents or adolescents between the ages of nine and 18 and/or in grades 6–12;
- used an experimental or quasi-experimental design[1];

1 Experimental designs randomly assign study participants to intervention and control groups and then compare the two groups. Quasi-experimental designs do not randomly assign study participants to either group but do compare the intervention group with a comparison group of youth with similar characteristics.

- had a sample size large enough to make comparisons between program and control groups[2]; and
- measured effects on sexual or contraceptive behavior, pregnancy and/or childbearing[3].

Our primary emphasis is on programs that have received rigorous random-assignment experimental evaluations; however, we have also included quasi-experimental evaluations with matched samples. These programs with quasi-experimental evaluations are identified and distinguished from random assignment experimental studies. In addition, while most programs have shown varying levels of positive outcomes related to teen sexual behavior, some have not. The latter have also been included here so that readers can consider both program characteristics that are promising and those that are not.

A Good Time: After-School Programs to Reduce Teen Pregnancy begins with a summary of what is known from the research about unsupervised time, sexual risk-taking among teens, and after-school programs. Next is an overview of the programs described in the report, along with a list of key themes that emerged from evaluation of these programs. The report then profiles twelve after-school programs that were evaluated using experimental or quasi-experimental designs.

It is important to note that, although experience and common sense might suggest that after-school programs would reduce sexual risk-taking behaviors, few such programs have actually been evaluated. And of those that have been studied, even fewer have used rigorous research designs. As a result, reliable information is limited regarding the ability of after-school programs to prevent risky sexual behavior among teens. Still, the information provided in this report can help to guide program providers, policy-makers, and funders in the selection of programs for their communities.

What the Research Shows

Higher amounts of unsupervised time are associated with risky sexual behaviors. Adolescents with extensive unsupervised time have more opportunity to engage in risky sexual behaviors. This can result in unintended pregnancy or acquiring/transmitting STDs, including HIV. In fact, a small but significant minority of sexually active teens aged 16–18 (15 percent) reported that they first had sexual intercourse during after-school hours of 3 p.m. to 6 p.m. (National Campaign to Prevent Teen Pregnancy, 2003). One in four sexually active African American teens reported that they first had sexual intercourse in the hours immediately after school (National Campaign to Prevent Teen Pregnancy, 2003).

In order to minimize such unsupervised time, many communities have instituted after-school programs for teens and pre-teens. And whether or not the ostensible goal of these programs is to reduce sexual risk-taking, evidence suggests that the very nature of after-school interventions may contribute to such a positive outcome (as explained below). For example, adult supervision has been linked to decreased sexual activity among teens. Also, after-school and evening programs get teens involved in alternative activities, that is, activities other than sex. Finally, programs that focus teens on education- and career-related activities can motivate youth to plan for their futures and avoid behaviors — such as risky sexual activities — that can put those futures in jeopardy.

Adult supervision is strongly linked to reduced sexual risk behaviors among teens. One study of high-risk teens from an urban school district found that the likelihood of having sex for the first time increased with the number of unsupervised hours that teens have in a week (Cohen, Farley, Taylor, Martin, & Schuster, 2002). For boys (but not girls), unsupervised time was related to more sexual partners over a lifetime and to an

2 For the purposes of this report, the sample size must include 75 or more program and control group participants.
3 In many cases, the evaluations measured knowledge, attitudes, and communication skills, which are believed to influence risk-taking behavior. However, the primary focus of this report is the influence of programs on adolescent *behavior*.

increased risk of STD infection. For girls (but not boys), the likelihood of being sexually active was greater for those who did not participate in after-school activities. The authors of this study assert that increased parental supervision reduces risky sexual behavior among teens.

This argument is well supported by other research. For example, a high level of parental monitoring of teens is associated with delayed initiation of sex (Hogan & Kitagawa, 1985; Miller, 1998; Smith, 1997), a lower number of lifetime sexual partners (Miller, Forehand, & Kotchick, 1999), and increased condom use (Miller et al., 1999). A related finding is that teens in one-parent or working families are more likely to initiate sexual intercourse at early ages, which may be due, in part, to their having less supervision during after school hours (Afexentiou & Hawley, 1997; McLanahan & Sandefur, 1994; Moore, Miller, Glei, & Morrison, 1995; Santelli, Lowry, Brener, & Robin, 2000). Youth whose mothers worked long hours during their childhood also are more likely to have sex by an early age (Mott, Fondell, Hu, Kowaleski-Jones, & Menaghan, 1996). This research suggests that offering supervised activities to teens when they would otherwise be on their own may help them avoid sexual risk-taking.

After-school programs may reduce risky sexual behavior by involving teens in activities that provide alternatives to sex. Research has shown that constructive activities can have a positive effect on adolescent sexual behavior. For example, teenage girls who play sports are more likely to delay sexual initiation, have fewer sexual partners, or become pregnant than those who do not (Miller, Sabo, Farrell, Barnes, & Melnick, 1998; Sabo, Miller, Farrell, Barnes, & Melnick, 1998). For both boys and girls, sports participation is associated with better contraceptive use (Miller et al., 1998). Although self-selection bias may affect these observations, it is also true that teens who are involved in sports and other activities simply have less time for sex and, perhaps, more reason to avoid pregnancy.

It is worth noting that faith-based programs may have a positive effect on teen sexual behavior and pregnancy risk. Several studies suggest that teens who are involved in religious activities (including regular church attendance) and who have strong religious beliefs initiate sex at a later age (Bearman & Brückner, 2001; Resnick et al., 1997; Thornton & Camburn, 1989; Wilcox, Rostosky, Randall, & Wright, 2001), and are less likely to have a teen birth (Manlove, Terry, Gitelson, Papillo, & Russell, 2000). (When teens with strong religious attendance and beliefs do engage in sexual intercourse, it appears that they are less likely to use contraception (Studer & Thornton, 1987)). This suggests that faith-based organizations may be important players in instituting after-school or weekend programs for teens.

Teens who believe that they have future opportunities have incentives to postpone sexual involvement, use contraception more consistently, and avoid unwanted pregnancies or births. This perspective helps explain why education and career opportunities may help teens steer away from risky sexual behavior. Teens with higher educational aspirations are less likely to become sexually active at a young age or to have a child (Afexentiou & Hawley, 1997; Moore, Manlove, Glei, & Morrison, 1998; Smith, 1997). In addition, teens with higher grade point averages are more likely to delay sexual initiation (Resnick et al., 1997) and to use contraception the first time they have sex (Manning, Longmore, & Giordano, 2000). By contrast, adolescents who drop out of school are more likely to become pregnant as a teen (Manlove, 1998).

Overview of Three Types of After-School Programs

The profiles in this report are grouped into three general categories — curriculum-based sex education programs, youth development programs that also address sex education, and service learning programs.

Curriculum-based sex education programs. This report profiles five sex education programs that were experimentally-evaluated and showed positive outcomes related to sexual behaviors or contraceptive use, including condom use, at least in the short-term and for certain groups of teens. These programs included both abstinence-based and comprehensive approaches to teen pregnancy and STD prevention. They were relatively short in duration (ranging from five hours to 16 hours in length) and included myriad activities ranging from discussions to role playing exercises. All programs incorporated skill-building sessions for teens to practice refusal of sex and negotiate contraceptive or condom use. These programs targeted adolescents within a broad age range: sixth and seventh graders (*Making a Difference! An Abstinence-Based Approach to HIV/STD,* profiled on page 23, *Making Proud Choices! A Safer-Sex Approach to HIV/STD and Teen Pregnancy Prevention,* profiled on page 27); youth aged 9-15 (*Focus on Kids,*[4] profiled on page 15); tenth through twelfth graders (*Be Proud! Be Responsible!,* profiled on p. 19); and teens aged 14–18 (*Becoming a Responsible Teen,* profiled on p. 11). All five programs were evaluated with African American youth in inner-city locations. Some focused on the effects on boys, others on girls, and some on both genders, and all found some positive effects on sexual behavior and/or contraceptive use. Two additional sex education programs that were experimentally evaluated but found no effects on sexual behavior and/or contraceptive use are also included in this report: *AIDS Risk Reduction Education and Skills Training (ARREST)* and *Postponing Sexual Involvement/ Education Now and Babies Later* (PSI/ENABL) (see the profiles on p. 31 and p. 34). The profiles include evaluator insights on why these programs showed no effects on outcomes.

Youth development programs. Three experimentally-evaluated programs of this type are profiled. All focused on enhancing education and career options among youth, provided some type of sex education, and were intensive and multi-year. The *Children's Aid Society-Carrera* program evaluation (profiled on p. 37) was a three-year program that involved teens aged 13–15 and included sex education as one of seven program components. *Quantum Opportunities* (profiled on p. 43) was a four-year program for teens that began in the ninth grade and focused on education, life skills development, and community service. The third program listed in this category is actually a combination of programs taking place over a one to two year period: The teen participants in the *Washington State Client Centered Pregnancy Prevention Programs* were aged 14–17 and the programs included sex education, mentoring, support group sessions, and social and recreational activities. Experimental evaluations of all three programs found reduced levels of sexual experience, increased contraceptive use, and/or reduced likelihood of pregnancy or childbearing for at least some of the program participants. *Quantum Opportunities* and *Carrera* focused on African American and Hispanic teens, while the *Washington State* program participants were primarily white teens.

Service learning programs. The single experimentally-evaluated service learning program in this report combined an in-school component with supervised after-school community volunteer experiences. The *Teen Outreach Program (TOP*, profiled on p. 49) took place over one school year, involved adolescents in ninth through twelfth grades, and focused on preventing negative outcomes ranging from school failure to pregnancy. The majority of teens who participated in *TOP* were girls (85 percent) and African American (67 percent). Although a main *TOP* objective was to prevent adolescent pregnancy, sex was not a primary topic of discussion and was given little emphasis in some sites. The evaluation showed that *TOP* teens had a

4 More recent evaluations of specific components of *Focus on Kids* (which did not include a control group) have been called into question because of interviewer fabrications (Findings of Scientific Misconduct, 2003). However, these interviewers did not participate in the studies cited in this report, nor have any of the data collected by the interviewers in question been included in any published analyses of *Focus on Kids* (Mitchell, 2003; Stanton personal communication, 2003; Wu et al., 2003). In fact, the study director of *Focus on Kids*, Dr. Bonita Stanton, initiated the review of these interviewers (Mitchell, 2003).

reduced likelihood of teen pregnancy, school suspension, and course failure while in the program. A second service learning program, *Learn and Serve America,* used a quasi-experimental evaluation, and demonstrated promising outcomes (see p. 54.) *Learn and Serve America* is a funding source that passes through states for distribution in schools and community organizations. This one-year program was used in middle schools and high schools and was associated with a reduced risk of pregnancy immediately after the program was completed.

Key Insights From Evaluated After-School Programs

Several key themes emerged from the evaluations of these after-school programs.

1) A variety of approaches can affect pregnancy and/or STD risk among teens. These programs ranged from short, curriculum-based sex education programs to intensive multi-year, youth development programs. Each demonstrated some positive outcome including delayed sexual initiation, improved contraceptive use or condom use, and/or reduced pregnancy/childbearing. This means communities that want to set up after-school programs have several options from which to choose.
2) After-school programs can have a positive influence on teens' pregnancy risk even if they do not have a strong sex education focus. This is important news for communities that are embroiled in arguments over what to teach — or not to teach — youth in the classroom about reproductive health. Service learning programs offer a good option for communities that want to avoid a controversy over traditional sex education programs. For instance, although *TOP* focused primarily on engaging youth in community service, evaluations found it reduced pregnancy rates among teens. This approach appears effective for multiple racial/ethnic groups, in rural and urban settings, and in middle schools and high schools.
3) Community-based programs that occur outside of the school building and after school hours can reach some of the highest-risk youth — those who may not be in school. This is a critical group to connect with in efforts to reduce the incidence of STDs/HIV and teen pregnancy.
4) The more intensive and multi-component youth development programs may have the greatest effects on teen pregnancy risk, at least for some populations. For example, evaluations demonstrated that the *CAS–Carrera* program reduced teen pregnancy and birth rates among African American and Hispanic girls for the three years that participants were in the program. Meanwhile, some of the less intensive, curriculum-based sex education programs that demonstrated short-term effects are testing whether subsequent "booster" sessions can prolong their impact. (see program profiles *Making a Difference!,* p. 23, *Making Proud Choices!,* p. 27, *Focus on Kids,* p. 15).
5) Communities can do a lot with a little. Several short-term, curriculum-based programs reviewed in this report were shown to have some effect in delaying the onset of sex, reducing the frequency of sex, decreasing the number of sexual partners, and/or increasing the use of condoms and other forms of contraception among teens — at least in the short-term for certain groups of teens. Whether a community chooses to adopt a short-term or longer-term curriculum-based program, it is important to pay careful attention to the characteristics of the program. In the National Campaign's 2001 review, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy,* author Douglas Kirby notes that the most successful curricula-based programs have ten characteristics in common (see box page 6).

Conclusion and Ideas for the Future

So far, the evaluation research on the effects of after-school programs on teens' sexual behavior is encouraging. But more information is needed on several fronts. For instance, we know very little about how these programs would fare with various populations and in different settings. It would also be helpful to "unbundle" the programs so we could better understand the effects of each element on adolescents' decision making about sex: how important was the curriculum or the community service opportunities or the relationship with a caring adult? Another topic about which information is lacking is the actual costs of operating such programs. Cost and required staffing information is included in the profiles when available, but it tends to be incomplete.

That said, enough solid evaluation research on after-school programs already exists to put more such programs in place. Educators, parents, policymakers, and others concerned about the well being of teens can use the profile information to determine which type of program would fit best in their community and to begin the process of putting such programs into place. And in order to contribute further to our base of understanding about how after-school programs can help to postpone sexual involvement and reduce teen pregnancy, all newly established programs should include a rigorous evaluation component.

Successful Programs...

1) focus on specific behavioral goals;
2) are based on theoretical approaches;
3) deliver clear messages about sexual activity and/or contraceptive use;
4) provide basic information about risks associated with teen sexual activity and methods to avoid pregnancy or STDs;
5) address social pressures toward having sex;
6) provide activities to practice communication and refusal skills;
7) incorporate multiple teaching methods and personalize information to individual needs;
8) are tailored to participants' age-level, culture, and level of sexual experience;
9) are long enough to cover all information and activities; and
10) provide appropriate training for teachers or peer leaders who are committed to the program.

SOURCE: (KIRBY, 2001)

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Program Profiles

In this section are descriptions ("profiles") of selected after-school programs. All these programs have been evaluated to assess their effect on adolescents' behavior related to sexual activity, contraceptive use, pregnancy, and/or childbearing. As noted earlier in this report, some of these programs are specifically designed to delay teen sex and/or improve contraceptive use. Others are not but researchers have analyzed their effects on these outcomes. All profiled programs either: (1) occurred after-school; (2) were held on weekends, but could fit an after-school format; or (3) had after-school and in-school components.

The program profiles are divided into three categories: curriculum-based sex education programs, youth development programs, and service learning programs. Most of the programs described in this report were evaluated using experimental designs, and showed positive outcomes in the areas of teen sexual behavior, contraceptive use, and/or pregnancy/birth rates. A few did not, and abbreviated profiles are included for them as well to serve as examples of approaches that appear less promising. An abbreviated profile is also included for *Learn and Serve America* — the one program that was evaluated with a quasi-experimental design and for which there is no curriculum available for purchase.

Finally, it is important to note that these profiles are based on program evaluations. Therefore, they describe the specific circumstances (such as location, timeframe, number of participants, and demographics) under which each program was assessed. The majority of these after-school programs are currently in place across the country, and most of the programs' curricula are available for purchase.

Curriculum based Sex Education Programs

1. Becoming a Responsible Teen
2. Focus on Kids
3. Be Proud! Be Responsible!
4. Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention
5. Making Proud Choices! A Safer-Sex Approach to HIV/STD and Teen Pregnancy Prevention

Curriculum based Sex Education Programs that Did Not Change Participants' Behaviors

6. AIDS Risk Reduction Education and Skills Training (ARREST)

7. Postponing Sexual Involvement/Education Now and Babies Later (PSI/ENABL)

Youth Development Programs

8. Children's Aid Society — Carrera Program
9. Quantum Opportunities Program
10. Washington State Client Centered Pregnancy Prevention Programs

Service Learning Programs

11. Teen Outreach Program
12. Learn and Serve America (quasi-experimental evaluation)

Curriculum Based Sex Education Programs

Becoming a Responsible Teen (Overview)

Becoming a Responsible Teen (BART) was a community-based program for African American teens aged 14–18. This eight-session program served youth who were in school and those who had dropped out. It operated in an urban Southern setting and was evaluated in the early 1990s.

Although *BART* was designed as an HIV/AIDS prevention program, it also included information on pregnancy prevention. Group discussion and role-playing activities aimed to build participants' communication and decision-making skills regarding sexual behaviors, as well as HIV/STD and pregnancy prevention. Abstinence education was integrated into the program as well.

An experimental evaluation of the program in Jackson, Mississippi found the following:

- Immediately after completing the program, participants were more likely to use condoms during sex than were control group members.
- One year after finishing the program, girls (but not boys) were more likely to use condoms than girls in the control group.
- One year after program completion, participants who were virgins at the program's outset were more likely to have delayed having sexual intercourse than their control group counterparts.
- Sexually experienced participants had lower levels of sexual activity one year after finishing the program than the control group.

BART is being adapted for other groups of youth, including Caucasians, Hispanics, and mixed race teens. To date, these programs have not been as rigorously evaluated as the original program.

Program costs included $5,600 for training group leaders and $60 per group leader for curriculum and training materials. Travel costs averaged an additional $2,500.

INSIGHTS AFTER THE FACT

Key challenges

- The evaluators had to locate a university through which to conduct the program. After doing so, the program was successfully carried out.
- Program staff had to work hard to educate parents about the program in order to gain their support.

Lessons learned

- Youth who are provided with information about the consequences of teen pregnancy, HIV, and other STDs can make good choices.
- The program had a positive effect on delaying first-sex for some of the teens enrolled in *BART*.

SOURCE: JANET ST. LAWRENCE, CHIEF, BEHAVIORAL INTERVENTIONS AND RESEARCH BRANCH, CENTERS FOR DISEASE CONTROL AND PREVENTION.

Becoming a Responsible Teen
(Detailed Description)

PROGRAM DESCRIPTION

BART was a community-based HIV prevention program — which also focused on pregnancy prevention — designed to increase knowledge about HIV/AIDS among African American youth.

Population Served

BART served low-income African American boys and girls aged 14-18. Twenty-eight percent of participants were male and 72 percent were female. The teens were either in public school or had dropped out of school. Teens who were HIV positive or who showed symptoms of HIV/AIDS were not included in the program.

Setting

The program was located in a community health care facility in Jackson, Mississippi that primarily served low-income minority clients. Eighty-two percent of the center's clients were from families that received Medicaid.

Goals

BART aimed to help participants clarify their values regarding sex and to enhance their communication, negotiation, and problem-solving skills. This program was designed as an HIV/AIDS prevention program. However, the curriculum also includes information associated with adolescent pregnancy prevention. Abstinence is discussed as the primary way to prevent the transmission of HIV and to prevent pregnancy; however teens are also taught about using condoms to prevent HIV/AIDS.

Type of Intervention

BART participants were divided by gender into small groups, each of which had one male and one female leader. The groups met eight times for discussion and role-playing, focusing on a different topic at each session (see curriculum description below).

The program was based on social learning theory and self-efficacy theory. Social learning theory posits that individuals can act to avoid problems if they are exposed to alternative behaviors and participate in role-playing. *BART* defined self-efficacy as the belief that an individual can prevent HIV transmission by choosing an appropriate option, such as abstinence or condom use.

Main Messages

The program provided teens with HIV/AIDS prevention information and training on communication/negotiating skills regarding sex. *BART* stressed that abstinence is the best way to prevent HIV infection, but that other preventive measures, such as condom use, were also important.

Operation/Logistics

Length of program: The intervention consisted of one session per week for eight weeks. Each session was 90-120 minutes long.

Size of program: Group sizes ranged from five to 15 teens for each eight-week session.

Components of intervention: Four elements comprised the intervention:

1) Youth received information about HIV/AIDS risk.
2) Youth were trained to use their knowledge about HIV/AIDS to act on their own behalf.
3) Role-playing was used to enhance the teens' communication skills so they could better navigate high-risk situations.
4) *BART* reinforced positive behaviors so they would become the norm within the teens' social circles.

Staffing requirements: Each group had a male and a female leader.

CURRICULUM

The *BART* curriculum is packaged in a three-ring binder and includes information about the program's theory, history, evaluation, and tips for starting up a program. It also includes detailed lesson plans for each session, complete with objectives, materials lists, and planning tips. Each session consists of several group activities, all of which are mapped out in detail in the curriculum. The eight sessions proceed in the following sequence:

- **Session 1** introduces the program and focuses on HIV/AIDS prevention. Activities dispel myths about HIV/AIDS and encourage participants to assess their own degree of risk.
- **Session 2** focuses on stereotypes associated with HIV/AIDS and links HIV with drug use. Participants view a video about some friends who are dealing with AIDS and play a game that teaches them about levels of risks. Discussion of abstinence, condom use, and attitudes toward safer sex occur in this session.
- **Session 3** addresses HIV/AIDS prevention by discussing condoms, including how to use them correctly.
- **Session 4** works to enhance problem-solving and communication skills. Participants watch a video about negotiating with partners in order to learn the difference between assertive, passive, and aggressive communication.
- **Session 5** builds on session 4 and allows participants to practice using assertive communication through role-playing in potentially risky situations.
- **Session 6** uses a video and group discussion to explore feelings about peers and others living with HIV. Participants are encouraged to personalize the seriousness of engaging in risky behavior.
- **Session 7** reviews the previous six sessions. Participants engage in activities that prepare them to talk to their friends and family about HIV/AIDS.
- **Session 8** asks participants to discuss how the program has affected their lives. Activities focus on identifying strategies for building on what they have learned. A ceremony is held to celebrate program participation and achievements.

EVALUATION

Type

Two hundred and forty-six youth were randomly assigned to either the *BART* program or a control group. Participants received all eight sessions of the program. Control group teens received only Session 1, which provided information on the transmission and prevention of HIV/AIDS.

Components

Instruments and frequency: Self-administered questionnaires were given at baseline, immediately following program completion, and at six and 12 months after the program ended.

Results measured: Condom use was measured immediately after teens completed the program and again six and 12 months later. Sexual activity measures, including the number of sexual partners and condom use for vaginal, oral, and anal intercourse, were assessed one year after program completion. A 24-item assessment measuring HIV/AIDS knowledge was also given 12 months after the program ended.

Findings

BART participants were more likely to report using condoms immediately following the intervention than were control group teens (83 percent and 62 percent, respectively). Females (not males) in the program group were more likely to use condoms one year after *BART* than were females in the control group (72 percent and 50 percent, respectively).

One year after the program ended, participants who were virgins at the program's outset were more likely to have delayed sexual intercourse than were

control group virgins (12 percent and 31 percent, respectively). In addition, program participants who were sexually experienced prior to the intervention reported a lower rate of sexual activity than the control group at the one-year follow-up (27 percent and 43 percent, respectively). No differences were observed for the number of sexual partners.

CONTACT INFORMATION

Program Contact

Janet St. Lawrence, Ph.D.
Evaluator
Chief, Behavioral Interventions and Research Branch
Division of STD Prevention, MS-E44
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA, 30333
Telephone: 404-498-3446
Fax: 404-498-3430
E-mail: nzs4@cdc.gov

Evaluation Contact

Janet St. Lawrence, Ph.D.
Evaluator
Chief, Behavioral Interventions and Research Branch
Division of STD Prevention, MS-E44
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA, 30333
Telephone: 404-498-3446
Fax: 404-498-3430
E-mail: nzs4@cdc.gov

Curriculum Contact, Materials

Doug Kirby, Ph.D.
Senior Research Scientist
ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
Phone: 800-321-4407
Fax: 800-435-8433
Email: dougk@etr.org
Website: http://www.etr.org

Training Contact

Linda Fawcett
ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
Phone: 831-438-4060
Fax: 831-461-9534
Email: lindaf@etr.org
Website: http://www.etr.org

RESOURCES

ReCAPP Website:
http://www.etr.org/recapp/programs/teen.htm

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Focus on Kids (Overview)*

Focus on Kids was a community-based program designed to reduce HIV risk among African American girls and boys aged 9-15. Participants met once-a-week for eight weeks. At each session, small groups of youth heard lectures, viewed videos, and/or participated in role-playing and discussions. Primary topics included abstinence and contraception use. The goal was to encourage participants to adopt behaviors that would reduce their risk of contracting HIV. The program was evaluated in 1993 in nine recreation centers located in three Baltimore public housing developments.

An experimental evaluation of *Focus on Kids* revealed that, six months after completing the program, participants had greater intentions to use condoms and higher self-reported condom use than the comparison group. Participants did not demonstrate a greater knowledge of HIV prevention than control group members six months after completing the program. One year after the program ended, differences between the program and control groups disappeared. This suggests that *Focus on Kids* had a short-term impact.

To date, *Focus on Kids* has been evaluated only in an urban setting and only with African American youth. Currently, the program is being replicated in rural West Virginia and in the Bahamas, and these evaluation findings will be available in the future.

A kit that includes the *Focus on Kids* curriculum, evaluation materials, questionnaires, and a video is available for $265 from PASHA (see page 18). Group training is available from ETR Associates at an average cost of $5,600 for development, $2,600 for travel expenses, and $105 per person for program materials for 20-50 teens.

INSIGHTS AFTER THE FACT

Key challenges

- It is important to explain to members of the community why HIV prevention should be a priority. If adults, parents, and other leaders understand this point, they are more likely to accept *Focus on Kids*.
- The most important way to engage kids in the program is to make it enjoyable. It is less important where it is housed.

Lessons learned

- Educating parents about the program content increases their support and involvement. In Baltimore, program staff developed a parent education session that summarized the sexuality education/HIV prevention information their children were receiving. This prepared the parents to answer any questions their children had about session topics.

SOURCE: DR. BONITA STANTON, CHAIR, DEPARTMENT OF PEDIATRICS, WAYNE STATE UNIVERSITY.

* More recent evaluations of specific components of *Focus on Kids* (which did not include a control group with no treatment condition) have been called into question because of interviewer fabrications (Findings of Scientific Misconduct, 2003). However, these interviewers did not participate in the studies cited in *A Good Time*, nor have any of the data collected by the interviewers in question been included in any published analyses of *Focus on Kids* (Mitchell, 2003; Stanton personal communication, 2003; Wu et al., 2003). In fact, the study director of *Focus on Kids*, Dr. Bonita Stanton, initiated the review of these interviewers (Mitchell, 2003).

Focus on Kids (Detailed Description)

PROGRAM DESCRIPTION

Focus on Kids was a community-based HIV prevention program evaluated in 1995.

Population Served

Focus on Kids served low-income African American youth aged 9–15. Some were in school, while others had dropped out. More than half of the participants were male (56 percent) and more than one-third (36 percent) had already had sexual intercourse before the program started.

Setting

Focus on Kids was held in nine recreation centers in urban, low-income communities of Baltimore, Maryland. Program planners selected recreation centers rather than schools because they believed the highest risk youth were less likely to be in schools. The social nature of recreation centers also made it easier for youth to recruit their peers for the program.

Goals

Focus on Kids aimed to prevent at-risk youth from acquiring HIV by increasing their understanding of HIV transmission and teaching them about prevention strategies, such as abstinence and condom use.

Type of Intervention

Youth were recruited at community recreation centers and each was asked to select between three and ten friends of the same gender to form a "friendship group." Each group was run by two adult facilitators and met weekly. Meeting activities ranged from lectures by the facilitators to role-playing and group discussions. The boys and girls also participated in short "field assignments," such as calling an HIV hotline to ask questions.

Focus on Kids was based on the protection motivation theory. This theory posits that at-risk adolescents can prevent HIV transmission if they understand the risks and consequences of their behaviors, and have considered strategies for avoiding risky sexual behaviors.

Main Messages

The program was considered an "abstinence plus" program. Participants were taught that abstinence and avoiding drug use were the only certain ways to prevent HIV infection. They also learned about the effectiveness of condoms and other contraceptives in preventing pregnancy, HIV, and other sexually transmitted diseases.

Operation/Logistics

Length of program: The intervention consisted of eight 90-minute sessions (described below). Facilitators could substitute a one-day retreat for one of the sessions.

Size of program: At each program site, between three and ten same-gender youth comprised a "friendship group." Each group worked with two adult co-facilitators.

Components of intervention: Focus on Kids consisted of two primary components. First, the facilitators showed a video about sexual health; told the participants about useful informational resources on HIV; discussed the consequences of risky sexual behaviors; and worked on building communication skills regarding HIV prevention.

Second, adolescents did role-playing and had small-group discussions about topics such as saying "no" to sex and the risks of sex. Using the "SODA" decision-making model (**S**top and state the problem; **O**ptions — consider the options; **D**ecide and choose the best solution; **A**ction — act on your decision), teens were taught to think through risky situations and consider potential consequences of their behavior.

Staffing requirements: Two adult co-facilitators — one the same gender as the group members — led each "friendship group."

CURRICULUM

The curriculum includes age-specific lessons, with separate information for teens aged 9–12 and 12–15.

- **Session 1** "Trust Building and Group Cohesion" includes games that help establish ground rules for how the group will operate. It also provides materials the group leaders can use to teach lessons on decision-making.
- **Session 2** "Risks and Values" focuses on helping teens define and rank their own values. Using a brainstorming activity, participants create a list of safe-sex guidelines (including risk-free activities such as dancing) and safer-sex guidelines (such as using a condom when having intercourse). In addition, during this session participants learn that abstinence and avoiding drug use are the best way to prevent the transmission of HIV.
- **Session 3** "Educate Yourself: Obtaining Information" explains how adolescents can gather information that will help them make informed decisions about HIV prevention.
- **Session 4** "Educate Yourself: Examining Consequences" includes information on proper condom use and a discussion about the possible outcomes for teens who are sexually active.
- **Session 5** "Skills Building: Communication" focuses on communication styles, interacting with partners, and decision-making skills.
- **Session 6** "Information About Sexual Health" teaches about HIV transmission and contraception. In this session, participants discuss various ways to show care for someone without having sexual intercourse compared with having intercourse. In addition, various forms of contraception are discussed during this session.
- **Session 7** "Attitudes and Skills for Sexual Health" addresses ways to set personal goals. It also includes role-playing exercises, which teach the kids how to say "no" to sex or insist on condom use, for example.
- **Session 8** "Review and Community Project" allows program participants to select a community project designed to provide them with an opportunity to share knowledge and experience gained from the program. Such projects could include creating posters with HIV prevention information for display in schools or recreation centers; writing articles for a school or community newspaper; or creating skits for presentation at school assemblies.

EVALUATION

Type

Focus on Kids used an experimental, random-design evaluation. In total, 383 adolescents were matched according to common characteristics. Two hundred and six were randomly assigned to the program group, and 177 were assigned to a control group. All youth were African American and the average age was 11.3 years old. They were interviewed six and 12 months after the program ended.

Components

Instruments and frequency: Evaluations were based on results from three identical questionnaires given to all 383 adolescents. They filled out the questionnaires before the program started and then six and 12 months after completing it.

Outcomes measured: Knowledge and attitudes about HIV prevention were assessed. These included whether youth knew condoms were protective against HIV transmission; measures of teens' intentions to use condoms in the future; and actual condom usage by sexually active youth participants. No abstinence measures were included in this evaluation.

Findings

Teens who participated in *Focus on Kids* had more positive condom-use outcomes six months

after finishing the program than did the control group teens. Six months after completing the program, participants also perceived greater risks of not using condoms and were more likely to report condom use intention than were adolescents in the control group (3.4 versus 2.9 on a 1-5 scale). Additionally, adolescents in *Focus on Kids* were more likely to report using condoms the last time they had sex than were members of the comparison group (85 percent versus 61 percent). However, participants and control group members did not differ on their knowledge of HIV prevention six months after the program ended, and all significant differences between the two groups disappeared by the 12-month evaluation. The program evaluators suggest that booster programs to help sustain the intervention impacts should be explored and evaluated (Stanton et al., 1996).

Focus on Kids is currently being evaluated in rural West Virginia and in the Bahamas.

CONTACT INFORMATION

Program Contact
Dr. Bonita Stanton, M.D.
Evaluator
Chair, Department of Pediatrics
Wayne State University — Medicine
Pediatrics
Children's Hospital Room 140
540 E. Canfield
Detroit, MI 48201
Phone: 313-745-5870
Email: ap1972@wayne.edu

Evaluation Contact
Dr. Bonita Stanton, M.D.
Evaluator
Chair, Department of Pediatrics
Wayne State University — Medicine
Pediatrics
Children's Hospital Room 140
540 E. Canfield
Detroit, MI 48201
Phone: 313-745-5870
Email: ap1972@wayne.edu

Curriculum Contact, Materials
Program Archive on Sexuality, Health and Adolescence (PASHA)
Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
Phone: 650-949-3282
Fax: 650-949-3299
E-mail: socio@socio.com
Website: http://www.socio.com/pasha.htm
Cost: $265

Training Contact
ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
831-438-4060
Email: susanb@etr.org
Website: http://www.etr.org

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Be Proud! Be Responsible! (Overview)*

Be Proud! Be Responsible! was a community-based program designed to reduce HIV risk among African American boys in grades 10–12. The program, evaluated in 1988, focused on out-of-school youth. *Be Proud! Be Responsible!* sought to increase the boys' knowledge about HIV prevention and to motivate them to reduce risky behaviors. The program was led by a trained facilitator and administered to a small group in one five-hour session.

Be Proud! Be Responsible! emphasized abstinence and condom use. It also included skill-building exercises that taught the participants how to talk about these issues with their peers.

An experimental evaluation of *Be Proud! Be Responsible!* conducted in an inner-city Philadelphia school found that participants reported less frequent sexual intercourse, fewer sexual partners, and fewer days of not using condoms than did a control group three months after the program ended. *Be Proud! Be Responsible!* is being adapted for Latinos in a Philadelphia program. An experimental, random-assignment evaluation of *Be Proud! Be Responsible!* is underway with Caucasian adolescents in the Chicago area.

Program costs include $5,600 for training and $2,500 to cover the costs of travel for trained facilitators and training materials. The curriculum costs $250 per group leader trainee. In addition there is a stipend of $40 per participant ($15 for participation in the intervention and $25 for completing the 3-month follow-up). The curriculum package can be purchased for $295.

INSIGHTS AFTER THE FACT

Key challenges

- It is important that facilitators adhere to the curriculum and not try to modify it in any way. Changes can affect the program's outcomes.

Lessons learned

- Take the time to explain to parents, adults, and other community leaders the reasons that their teens are at risk for HIV. This increases the likelihood that they will become involved in and supportive of the program.

SOURCE: DR. JOHN JEMMOTT, DIRECTOR, CENTER FOR HEALTH BEHAVIOR & COMMUNITY RESEARCH, UNIVERSITY OF PENNSYLVANIA. NOTE: DR. JEMMOTT COMMENTED ON *BE PROUD! BE RESPONSIBLE!*, *MAKING A DIFFERENCE!*, AND *MAKING PROUD CHOICES!*

* *Be Proud! Be Responsible!* was the basis for two other programs developed for younger African American teens. *Making a Difference! and Making Proud Choices!* are described on pages 23 and 27.

Be Proud! Be Responsible!
(Detailed Description)

PROGRAM DESCRIPTION

Be Proud! Be Responsible! was a community-based program designed to increase teenage boys' knowledge about preventing HIV. To that end, the program aimed to motivate boys to avoid risky sexual behaviors. It was evaluated in 1988.

Population Served

Program participants were African American males in the tenth through twelfth grades. They were recruited from a local YMCA and a local clinic. Participants reported that their mothers had an average of 13.8 years of education.

Setting

Be Proud! Be Responsible! was held on a Saturday morning at a Philadelphia high school. The program lasted five hours.

Goals

This HIV risk reduction program was designed to increase the boys' ability and motivation to avoid behaviors that would put them at risk for HIV and other STDs.

Type of Intervention

Youth in *Be Proud! Be Responsible!* were assigned to small groups consisting of six to 12 people. The groups watched videos and participated in discussions, role-playing, and other exercises.

Main Messages

Be Proud! Be Responsible! focused initially on how HIV can affect communities, and the importance of avoiding risky behaviors at the individual level. It stressed abstinence and condom use as examples of steps people can take to reduce their risk of contracting HIV.

Operation/Logistics

Length of program: Be Proud! Be Responsible! was designed for one five-hour session. However, the program consists of six 50-minute sessions that could be presented over a longer time frame, such as in an after-school program.

Size of program: Eighty-five boys participated in *Be Proud! Be Responsible!* They met in 14 small groups, each of which had six to 12 participants.

Components of intervention: Activities included discussions, games, role-playing, and videos.

Staffing requirements: Each small group had one facilitator. All facilitators were African American and had at least a bachelor's degree, as well as a background in sexuality education, AIDS education, or another health-related field. Facilitators received six hours of training, and an observer monitored the small groups for program consistency.

CURRICULUM

Be Proud! Be Responsible! includes six sessions:

- **Session 1** "Introduction to HIV/AIDS" introduces the primary goal of the program — protecting youth and their community from HIV. One of the first activities is developing "group rules" that govern the sessions. Participants also watch and discuss a video, "Let's Talk About Sex."
- **Session 2** "Building Knowledge about HIV/AIDS" presents factual information about HIV/AIDS with a particular focus on prevention and transmission. Teens view a video entitled "The Subject is AIDS," which features a multi-ethnic cast. Participants discuss several statements about HIV/AIDS and determine whether the statements are "fact" or "myth."
- **Session 3** In "Understanding Vulnerability to HIV Infection," film clips are used to help the boys understand how sexual behavior is associated with HIV infection risk. They play "The Transmission Game," which encourages them to share their opinions and knowledge of HIV.

- **Session 4** "Attitudes and Beliefs about HIV, AIDS, and Safer Sex" prompts participants to discuss attitudes that influence sexual behaviors. The boys watch a video, "AIDS Not Us," which discusses HIV/AIDS, transmission of the virus, and how to prevent transmission. They also role-play a sexual advice hotline called "Tell it to Tyrone."
- **Session 5** "Building Condom Use Skills" addresses correct condom usage, and also discusses how to overcome peer resistance to condom use.
- **Session 6** "Building Negotiation and Refusal Skills" uses role-playing to help participants communicate more effectively about abstinence and safe sex. They also play a trivia game called "AIDS Basketball."

EVALUATION

Type

A random assignment experimental design was used to evaluate *Be Proud! Be Responsible!* A total of 157 African American males participated; 85 were randomly assigned to the experimental group where they received the curriculum described above. Seventy-two boys were randomly assigned to a control group where they received a five-hour intervention focusing on career opportunities.

Components

Instruments and frequency: The youth completed a pre-intervention, post-intervention, and three-month follow-up self-report questionnaire. Ninety-six percent of the teens (150 males) completed the three-month follow-up survey.

Outcomes measured: Outcomes included HIV/AIDS knowledge (measured with 18 true/false questions) and measures of risky sexual behaviors in the previous three months (including the number of sexual partners, condom use, and vaginal and anal intercourse). The questionnaire also measured attitudes toward risky sexual behaviors (ranging from "extremely negative" to "extremely positive") and intentions to engage in risky sexual behaviors in the next three months (ranging from "extremely unlikely" to "extremely likely").

Findings

At the three-month follow-up, *Be Proud! Be Responsible!* participants had higher HIV/AIDS knowledge, lower intentions to engage in risky sexual behavior, and lower levels of risky sexual behavior than did the control group. Males who completed the program reported fewer days of having sexual intercourse — 2.15 days compared to 5.48 days for the control group. *Be Proud! Be Responsible!* teens also reported fewer sexual partners (an average of less than one compared to 1.8 partners for the control group). In addition, program participants reported fewer days that they did *not* use a condom during intercourse (.64 days compared to 2.38 days among the control group).

CONTACT INFORMATION

Program Contact

Loretta Sweet Jemmott, Ph.D., R.N., FAAN
Evaluator
School of Nursing
University of Pennsylvania
420 Guardian Drive
Philadelphia, PA 19104
Phone: 215-898-6373
215-898-8287
Email: jemmott@nursing.upenn.edu

Evaluation Contact

John Jemmott, III, Ph.D.
Evaluator
University of Pennsylvania
3260 Walnut St.
Philadelphia, PA 19104
Phone: 215-573-9500
Fax: 215-898-2024

Curriculum Contact, Materials
Select Media Film Library, 22-D
Hollywood Avenue
Hohokus, NJ 07423
Phone: 800-343-5540
Fax: 201-652-1973
Website: http://www.selectmedia.org

Training Contact
Linda Fawcett
ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
Phone: 831-438-4060
Fax: 831-461-9534
Email: lindaf@etr.org
Website: http://www.etr.org

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Promising Practices Network Website:
http://www.promisingpractices.net/program.asp?programid=30&benchmarkid=50

Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (Overview)

Making a Difference! was a community-based program for sixth and seventh grade African American youth. It was based on the *Be Proud! Be Responsible!* Program (see profile on page 19) but differed in that it focused only on abstinence (not contraception) for preventing HIV, other sexually transmitted diseases (STDs), and pregnancy. *Making a Difference!* was held in two four-hour sessions in three Philadelphia middle schools. (The program could also be taught in eight one-hour sessions.)

An experimental evaluation found that, three months after finishing *Making a Difference!*, program participants who were virgins at the start of the program were less likely to have had sexual intercourse than virgins in the control group. Twelve months after the program ended, the likelihood of having had sexual intercourse did not differ between participants and control group members. However, program participants did report a higher frequency of condom use.

An experimental, random-assignment evaluation of *Making a Difference!* is underway with Latino teens in Philadelphia to test whether the program is effective with this population.

Participants received $100 ($40 for completing the program and $60 for participating in the evaluation). The curriculum can be purchased for $100, and videos are available for an additional fee. Training costs are not available.

INSIGHTS AFTER THE FACT

Key challenges

- Recognizing that *Making a Difference!* was a short-term program, steps were taken to try and sustain its effect over time. To that end, a project called *Promoting Health Among Teens (PHAT)* provided a booster session (six weeks or three months after *Making a Difference!* ended), and six issues of a newsletter reinforced the program's messages. *PHAT* is following the teens for 24 months to determine whether it has any effect.
- It is important to ensure that facilitators adhere to the curriculum as it is written and not try to modify it in any way.

Lessons learned

- In order to secure the community's support for *Making a Difference!*, program directors had to make sure adults understood that teens were at risk for HIV/STDs and unintended pregnancy. Once this was clear, the community became very involved in the program.
- The evaluation results suggest that intensive, culturally-appropriate approaches that are based on theory can reduce some risky sexual behaviors among inner-city African American adolescents.

SOURCE: DR. JOHN JEMMOTT, UNIVERSITY OF PENNSYLVANIA , DIRECTOR, CENTER FOR HEALTH BEHAVIOR & COMMUNITY RESEARCH. NOTE: DR. JEMMOTT COMMENTED ON *BE PROUD! BE RESPONSIBLE!*, *MAKING A DIFFERENCE!*, AND *MAKING PROUD CHOICES!*

Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (Detailed Description)

PROGRAM DESCRIPTION

Making a Difference! taught African American middle school students that abstinence is the best way to prevent HIV and pregnancy.

Population Served

The studied group consisted of low-income African Americans adolescents in sixth and seventh grades. Slightly more than half (53 percent) were female and they ranged in age from 11 to 13, with an average age of 11.8.

Setting

Making a Difference! was located in three Philadelphia middle schools in low-income communities.

Goals

The goal of *Making a Difference!* was to help boys and girls develop positive attitudes about abstinence and delay first intercourse for those who were virgins. It was also designed to teach teens about prevention of HIV/STDs and unintended pregnancy by reducing the incidence of risky sexual behaviors.

Type of Intervention

Teens were assigned to groups of six to eight participants. Each group was led by two peer facilitators or one adult facilitator. They watched videos and participated in discussions, role-playing, and other communication exercises. The youth received a stipend for participating in the program and for completing evaluation surveys before *Making a Difference!* began and at regular intervals after it ended.

Main Messages

Making a Difference! stressed that abstinence is the only certain way to prevent HIV transmission and pregnancy. It also emphasized that teens should have pride in themselves and their community and that the decisions they make about sex today can affect their futures.

Operation/Logistics

Length of program: Making a Difference! was held over two days, with each session lasting four hours. (It also could work as eight one-hour sessions.)

Size of program: A total of 215 youth participated.

Components of intervention: The program had four components:

1) Helping teens in the program identify their goals and consider how having sex might prevent them from achieving those goals;
2) Increasing understanding about the mechanisms of HIV transmission and unintended pregnancy;
3) Discussing attitudes towards abstinence, HIV/STDs, and pregnancy; and
4) Enhancing teens' ability to confidently communicate their desire to remain abstinent.

Staffing requirements: Each group had one adult facilitator or two peer facilitators, all of whom were African American. All adult facilitators had prior experience working with youth, and peer facilitators were students from Philadelphia high schools. Adult facilitators received 2 1/2 days of training. The peer facilitators received three days of training on small-group facilitation and leadership and four days of training on how to run the program. A trainer observed the small groups to ensure the program operated correctly.

CURRICULUM

The curriculum for *Making A Difference!* includes eight lessons:

- **Lesson 1** "Getting to Know You, and Steps to Making Your Dreams Come True" provides an overview of the program and asks the teens to devise "group rules" to govern the sessions. It

also includes discussions about unintended pregnancy, STDs, and HIV.

- **Lesson 2** “Understanding Adolescent Sexuality and Abstinence” examines the reasons teens have sex; discusses the physical and emotional issues associated with puberty; and reviews the benefits of abstinence. It uses a video called “What Kids Want to Know about Sex and Growing Up.”
- **Lesson 3** “The Consequences of Sex: HIV Infection” examines the possible outcomes of risky sexual behavior, focusing primarily on HIV. Activities include watching the video “Time Out,” which explains HIV transmission, and discussing how various behaviors can increase one’s risk of contracting HIV. Groups also play a trivia game called “AIDS Basketball,” where teens accumulate points by answering questions correctly.
- **Lesson 4** “Attitudes, Beliefs, and Giving Advice about HIV/STDs and Abstinence” focuses on self-esteem and the benefits of abstinence. Through role-playing activities, teens learn how to give advice to peers about resisting sex and being abstinent.
- **Lesson 5**, “The Consequences of Sex: STD Infection” presents information about STDs through various activities. In “The Transmission Game,” for example, teens learn how STDs are transmitted. Another game teaches participants how to negotiate risky sexual situations. A video clip called “Jesse” is viewed.
- **Lesson 6** “The Consequences of Sex: Pregnancy” explains how sex can lead to unintended pregnancy. The session uses role-playing to show teens how they can resist pressure to have sex. A video called “The Truth about Sex” is used to prompt further discussion about pregnancy, STDs, and HIV.
- **Lesson 7** “Responding to Peer and Partner Pressure” explores how peer pressure affects decisions about sex. Youth discuss ways to respond to peer pressure, and role-playing activities provide an opportunity to practice those skills.
- **Lesson 8** “Role Plays: Refusal and Negotiation Skills” gives the boys and girls additional opportunities to practice refusing sexual activity. The session emphasizes why abstinence is a wise choice and how to negotiate for it. The primary activity is role-playing with a peer.

EVALUATION

Type

The evaluation used a random assignment experimental design. It tested whether youth in *Making a Difference!* would report lower levels of sexual intercourse than members of the control group. The control group received a two-day, four-hour intervention on general health promotion. Approximately 93 percent of the teens participated in the 12-month follow-up.

Components

Instruments and frequency: The teens completed questionnaires prior to the program, after it ended, and at three-, six-, and 12-month intervals.

Outcomes measured: The primary outcomes measured at each follow-up (3-, 6- and 12-months) were sexual behaviors and condom use:

- sexual intercourse (yes vs. no)
- frequency of sex (number of days)
- consistency of condom use (always used a condom during intercourse)
- frequency of condom use (rated on a scale of one [never] to five [always])
- unprotected sexual intercourse (yes vs. no)
- frequency of unprotected intercourse (number of days of intercourse when a condom was not used).

Findings

At the three-month follow-up, only 2.9 percent of program participants who were virgins at the start of the program reported first sex compared with 10.3 percent of the control group members

who were virgins at the start of the program. Twelve months after the program ended, participants in *Making a Difference!* reported a higher frequency of condom use than control group members (3.9 vs. 3.2). However, the program participants and control group members did not differ on the other measures of sexual behavior and contraceptive use. There was no difference in the likelihood of having had sexual intercourse between participants and control group members.

CONTACT INFORMATION

Program Contact

Loretta Sweet Jemmott, Ph.D, R.N., FAAN
Evaluator
School of Nursing
University of Pennsylvania
420 Guardian Drive
Philadelphia, PA 19104
Phone: 215-898-6373
215-898-8287
Email: jemmott@nursing.upenn.edu

Evaluation Contact

John Jemmott, III, Ph.D.
Evaluator
University of Pennsylvania
3260 Walnut St.
Philadelphia, PA 19104
Phone: 215-573-9500
Fax: 215-898-2024

Curriculum Contact, Materials

Select Media Film Library, 22-D
Hollywood Avenue
Hohokus, NJ 07423
Phone: 800-343-5540
Fax: 201-652-1973
http:// www.selectmedia.org

RESOURCES

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ReCAPP Website: http://www.etr.org/recapp/programs/makingdifference.htm

ReCAPP Website: http://www.etr.org/recapp/programs/proudchoices.htm

Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (Overview)

Making Proud Choices! was a community-based program for sixth and seventh grade African American adolescents based on *Be Proud! Be Responsible!* (see profile on page 19). Like *Making a Difference!, Making Proud Choices* stressed that abstinence is the best way to prevent HIV, other sexually transmitted diseases (STDs) and pregnancy, but *Making Proud Choices!* also taught that condoms can be effective too. The program was held in two, four-hour sessions in three Philadelphia middle schools. (The program also could be taught in eight hourly sessions.)

At the 12 month follow-up, sexually experienced teens in *Making Proud Choices!* reported a lower frequency of unprotected sex than those in the control group.

An experimental, random-assignment evaluation of *Making Proud Choices!* is currently underway with Latino and African American teens in Philadelphia.

Teens received $100 ($40 for completing the program and $60 for participating in the evaluation). The curriculum can be purchased for $100, and videos are additional. Training costs are not available.

INSIGHTS AFTER THE FACT

Key challenges

- In order to sustain the effects of *Making Proud Choices!* over time, it was supplemented with another program entitled, *Promoting Health Among Teens (PHAT). PHAT* adds a maintenance component to the safer-sex curriculum, includes a three-module “booster” session (either six weeks or three months after the program ends), and distributes six issues of a newsletter that reinforces lessons learned in the program. The maintenance component includes six one-on-one sessions with the teen’s original facilitator to reinforce the safer-sex message and to assess whether the teen is practicing safer sexual behaviors. *PHAT* is following teens for 24 months to see whether effects are sustained over time.
- It is important to ensure that facilitators adhere to the curriculum as it is written and not try to modify it in any way.

Lessons learned

- This program works best in schools and communities that recognize teens are at risk for HIV, other STDs, and unintended pregnancies.
- The evaluation results suggest that intensive, culturally-appropriate approaches that are based on theory can reduce some risky sexual behaviors among inner-city African American adolescents.

Source: Dr. John Jemmott, University of Pennsylvania, Director, Center for Health Behavior & Community Research.
Note: Dr. Jemmott commented on *Be Proud! Be Responsible!, Making a Difference!,* and *Making Proud Choices!*

Making Proud Choices! A Safer-Sex Approach to HIV/STD and Teen Pregnancy Prevention
(Detailed description)

PROGRAM DESCRIPTION

Making Proud Choices! was designed to increase knowledge about HIV, other STDs, and teen pregnancy prevention among African American middle schoolers. It also taught them that condom use is one important prevention strategy.

Population Served

Participants were low-income, African Americans adolescents in sixth and seventh grades. The average age was 11.8 years, and just over half (53 percent) were girls.

Setting

Making Proud Choices! was held in three Philadelphia, PA, middle schools in low-income communities.

Goals

The program aimed to reduce the risk of HIV/STDs and pregnancy among youth. To that end, it stressed abstinence and condom use. After completing the program, youth were expected to have greater knowledge about HIV/STD and pregnancy prevention, better negotiating skills, and reduced risk-taking behaviors.

Type of Intervention

Small groups comprised of six to eight teens met for two four-hour sessions. They watched videos and participated in discussions, games, role-playing, and other exercises. Trained facilitators led each small group. Adult-led groups had one facilitator and peer-led groups had two. Youth received a stipend to participate in the program and to complete surveys at baseline and at regular intervals after the program ended.

Main Messages

Making Proud Choices! presented abstinence as the best way to avoid HIV, other STDs, and pregnancy. The program also discussed condom use as an important option for reducing risks for sexually active teens. Other key messages conveyed that participants should be proud of themselves and their community and that they should consider how taking risks today could prevent them from attaining their future goals.

Operation/Logistics

Length of program: Making Proud Choices! was held over two days in two four-hour sessions. (The program could also be presented in eight one-hour sessions.)

Size of program: Teens were randomly assigned to the program (218 participants) or the control group (214 participants).

Components of intervention: The intervention had four components:

1) Helping teens define their goals and consider how having sex could prevent them from achieving those goals;
2) Increasing knowledge about HIV/STDs and pregnancy;
3) Discussing attitudes towards abstinence, HIV/STDs, and pregnancy; and
4) Teaching skills for negotiating condom use.

Staffing requirements: Each group had one adult facilitator or two peer facilitators, all of whom were African American. All adult facilitators had prior experience working with youth, and they received 2 1/2 days of training. Peer facilitators were students from Philadelphia high schools, and they received three days of training on small-group facilitation and leadership and four days of training on how the program operated. An observer monitored the small groups to ensure program consistency.

CURRICULUM

Making Proud Choices! includes eight lessons:

- **Lesson 1** "Getting to Know You and Making Your Dreams Come True" provides a program overview. Participants develop a set of "group rules" to govern the sessions. They discuss their goals and consider barriers that may stand in the way of achieving them. This session includes discussions of unintended pregnancy, STDs, and HIV.
- **Lesson 2** "The Consequences of Sex: HIV Infection" focuses on the consequences of risky behavior. Teens watch a video, "The Subject is HIV," and discuss HIV prevention strategies.
- **Lesson 3** "Attitudes and Beliefs about HIV/AIDS and Condom Use" addresses how HIV is transmitted and how to prevent transmission. Teens watch a video, "AIDS Not Us," and perform a role-playing activity, "Tell it to Tanisha — AIDS Information Hotline," where they offer solutions to "callers" who have questions about HIV.
- **Lesson 4** "Strategies for Preventing HIV Infection: Stop, Think & Act" encourages teens to make safe choices regarding sex so they can reduce their exposure to HIV. Facilitators show two video clips, "Nicole's Choice" and "Jesse," to prompt discussion about the importance of thinking about situations before taking action. In another activity, "AIDS Basketball," participants score points when they correctly answer questions about HIV/AIDS.
- **Lesson 5** "The Consequences of Sex: STDs" explains how STDs affect peoples' lives. Teens watch a video, "The Truth about Sex," and play "The Transmission Game," which emphasizes how easily someone can contract an STD. Participants discuss their attitudes about risky sexual behavior and contraceptive use.
- **Lesson 6** "The Consequences of Sex: Pregnancy" clarifies "myths" and "facts" about pregnancy. The teens also discuss available methods of birth control and attitudes toward contraception use.
- **Lesson 7** "Developing Condom Use Skills and Negotiation Skills" teaches participants how to use a condom and to negotiate condom use. Role-playing helps teens learn how to refuse unprotected sex.
- **Lesson 8** "Enhancing Condom Use Negotiation Skills" uses role-playing to help teens learn how to resist risky behaviors. A video, "Be Proud! Be Responsible! Negotiation Video Clip," illustrates negotiation skills.

EVALUATION

Type

Making Proud Choices! used a random assignment experimental design. The control group received a two-day, four-hour program on general health promotion. Approximately 93 percent of the teens participated in the 12-month evaluation. It tested whether students in *Making Proud Choices!* reported greater condom use than the control group.

Components

Instruments and frequency: The youth completed a questionnaire before the program, immediately after completing the program, and at three-, six-, and 12-month intervals after it ended.

Outcomes measured: The primary outcomes measured were sexual behaviors and condom use (in the past three months), including:

- sexual intercourse (yes vs. no)
- frequency of sex (number of days)
- consistency of condom use (always using a condom during intercourse)
- frequency of condom use (rated on a scale of one [never] to five [always]), unprotected sexual intercourse (yes vs. no), and frequency of unprotected intercourse (number of days of intercourse when a condom was not used).

Findings

Twelve months after completing the program, participants reported a higher frequency of condom use than control group members (4.2 vs. 3.2 on a scale of one [never] to five [always]). Among youth who were sexually active before the program, those in *Making Proud Choices!* reported a lower frequency of intercourse (1.3 days vs. 3.8 days), a lower likelihood of unprotected intercourse (9.7 percent vs. 31.6 percent), and a lower frequency of unprotected intercourse (.04 days vs. 1.9 days) than teens in the control group. Youth who were virgins at the start of the program did not differ on any of the outcomes measured compared to virgins in the control group.

CONTACT INFORMATION

Program Contact

Loretta Sweet Jemmott, Ph.D., R.N., FAAN
Evaluator
School of Nursing
University of Pennsylvania
420 Guardian Drive
Philadelphia, PA 19104
Phone: 215-898-6373
215-898-8287

Evaluation Contact John Jemmott, III, Ph.D.
Evaluator
University of Pennsylvania
3260 Walnut St.
Philadelphia, PA 19104
Phone: 215-573-9500
Fax: 215-898-2024

Curriculum Contact, Materials
Select Media Film Library, 22-D
Hollywood Avenue
Hohokus, NJ 07423
Phone: 800-343-5540
Fax: 201-652-1973

RESOURCES

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ReCAPP Website: http://www.etr.org/recapp/programs/makingdifference.htm

ReCAPP Website: http://www.etr.org/recapp/programs/proudchoices.htm

Curriculum Based Sex Education Programs That Did Not Change Participants' Behaviors

AIDS Risk Reduction Education and Skills Training (ARREST)

**** EXPERIMENTALLY EVALUATED PROGRAM THAT DID NOT AFFECT TEEN SEXUAL BEHAVIOR ****

PROGRAM DESCRIPTION

The *AIDS Risk Reduction and Skills Training Program (ARREST)* was a community-based after-school HIV/AIDS risk reduction program.

Type of Intervention

The *AIDS Risk Reduction and Skills Training Program (ARREST)* was a community-based program for African American and Latino adolescents, aged 12-16, who were considered to be at high risk for HIV infection. The *ARREST* program utilized a five-session format to educate adolescents about HIV/AIDS transmission and prevention. The first and last sessions were used for assessments. The other three sessions incorporated role-playing, group discussions, homework assignments, and skill-building exercises. Each session began with a discussion to review materials from the previous session, address participants' questions, and focus on a specific topic. At the end of each session, a take-home exercise was given to participants to encourage them to practice skills addressed during that session. The program provided explicit instruction on condom use.

Number of and location of programs

This profile is based on an evaluation of teens who were recruited from three agencies in New York City that provided alternative education and after-school programs for at-risk youth. This study took place in 1989.

Population Served

The only requirements for participation were the ability to speak English and written parental consent. Program participants were New York City Latino (59 percent) and African American (41 percent) teens. Forty-five percent were boys and 55 percent were girls aged 12-16 years.

Setting

The *ARREST* program was facilitated once a week for five weeks in community-based settings serving high-risk youth in New York City. The program was held after school hours.

Goals

ARREST focused on providing information on HIV prevention and improving teens' ability to make informed decisions about being sexually active. The program enhanced participant skills in assertiveness and communication in order to reduce sexual behavior risks.

Main Messages

The primary message conveyed through the *ARREST* program is that knowledge alone is not enough to reduce participation in risky behavior. The program recognizes that it is important to educate teens about HIV infection and then provide activities that foster the development of risk reduction skills. *ARREST* provides information on the benefits of abstinence as well as information on condom use.

Operation/Logistics

Length of program: The *ARREST* intervention consisted of five sessions that were held once a week, lasting 90 minutes per session. Sessions One and Five were used for assessment.

Components of intervention: The *ARREST* intervention included a five-session curriculum focused on HIV/AIDS prevention and risk reduction. The curriculum consisted of an introduction session, three modules, and an assessment session. The first module provided accurate information about what

HIV/AIDS is, how it is transmitted, how it is treated, and ways to prevent exposure. The second module addressed risky behaviors and prevention. Participants learned about the effectiveness of condoms, and how and where to buy them. They were given the opportunity to practice proper use of condoms. The final module was the skills training session, which focused on communication, assertiveness, and negotiation skills.

Participants in this program received a $5 stipend at the end of each session. If a participant attended all of the sessions, he or she received an additional $5 at the conclusion of the program.

Staffing requirements: The *ARREST* program should be facilitated by an adult who is skilled and knowledgeable in the field of AIDS education. It is recommended that one facilitator lead a group of 10 to 12 youth. Facilitators should have experience in leading group discussions and role-plays with adolescents, as well as the ability to model the behaviors that are being taught.

EVALUATION

Type

The *AIDS Risk Reduction Education and Skill Training Program* incorporated an experimental design evaluation. High-risk youth were recruited from community-based agencies to participate in the *ARREST* after-school program. After youth were recruited to the program, they completed an initial questionnaire and role-playing assessment (participants=87). Adolescents were then randomly assigned to participate in the *ARREST* program (participants=41) or were put on the waiting list for the program to act as the control group (participants=47). All adolescents were interviewed again with a questionnaire and a role-playing assessment four weeks after the initial questionnaires were completed.

Questionnaires measured several outcomes related to the risk of contracting HIV/AIDS, including "knowledge of HIV transmission and prevention" (31 questions), "negative attitudes and beliefs about the cause of AIDS" (17 questions), "perception of risk" (two questions), "self-efficacy" (four questions), and "involvement in HIV risk-related sexual and drug-use behaviors" (Kipke, Boyer & Hein, 1993). In addition, the survey measured age at first sexual intercourse, number of sexual partners (in the past month), and condom use (in the past month). Role-play assessments measure decision-making, assertiveness, and communication skills of adolescents when placed in a simulated high-risk situation.

Findings

Although there were no significant differences in outcomes at the pre-test time period, at post-test, adolescents who participated in *ARREST* had higher increases in knowledge of HIV/AIDS (26.7 versus 22.0 on a scale of 1 to 31) compared to members of the control group. Program participants also had higher increases in knowledge about perceived risk of contracting HIV and less negative attitudes about AIDS or people who have AIDS than members of the control group. *ARREST* participants were also more likely to have better overall assertiveness and communication skills, and greater skills in providing a reason for refusal to participate in high-risk behavior and in proposing a low-risk alternative than adolescents in the control group. Nevertheless, participation in the program did not reduce number of sexual encounters, number of sexual partners, use of condoms, or involvement in unprotected sexual intercourse nor did participation increase perceived self-efficacy or refusal skills.

Why no effect?

Evaluators of the *ARREST* program suggest that the short length of this intervention (only three training sessions) may have contributed to the findings that this program had no effect on sexual and contraceptive use behaviors (Kipke, Boyer and Hein, 1993). They also suggest that the findings may reflect small sample size and the small number of sexually experienced teens who were followed for a short period of time. However, the evaluators note that the program had a positive impact on knowledge, attitudes, and perceived risk of

HIV/AIDS, which are considered to be important precursors to behavioral change.

CONTACT INFORMATION

Program Contact

Michele Kipke, Ph.D.
Evaluator
Professor of Research Pediatrics
Division of Adolescent Medicine
Childrens Hospital Los Angeles
P.O. Box 54700, Mailstop #2
Los Angeles, CA 90054
Phone: (213) 669-4506
Email: mkipke@chla.usc.edu

Evaluation Contact

Michele Kipke, Ph.D.
Evaluator
Professor of Research Pediatrics
Division of Adolescent Medicine
Childrens Hospital Los Angeles
P.O. Box 54700, Mailstop #2
Los Angeles, CA 90054
Phone: (213) 669-4506
Email: mkipke@chla.usc.edu

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Postponing Sexual Involvement/Education Now and Babies Later (PSI/ENABL)

**** EXPERIMENTALLY EVALUATED PROGRAM THAT DID NOT AFFECT TEEN SEXUAL BEHAVIOR ****

PROGRAM DESCRIPTION

Postponing Sexual Involvement/Education Now and Babies Later (PSI/ENABL) was an abstinence-based program for young teens. It used school forums and community activities to encourage youth to postpone sexual activity.

Type of Intervention

The *Postponing Sexual Involvement (PSI)/ Education Now and Babies Later (ENABL)* Program was a school-based and/or community-based after school program for adolescents aged 12-14. The goal of this abstinence-focused program was to postpone sexual involvement. The *PSI/ENABL* program utilized the *PSI* curriculum that was developed in Atlanta for a school-based program. The *PSI* curriculum consisted of five sessions that lasted 45-60 minutes each and operated after school hours. *PSI/ENABL* added school and community-wide activities such as assemblies, flyer distributions, rallies, fairs, and a media campaign to encourage youth to focus on education now and babies later.

The curriculum was based on three guiding educational principles: experiential learning, which actively involves teens using an interactive approach; providing a single, consistent message of postponing sexual involvement; and providing repetition and reinforcement of messages and skills learned in the programs.

Number of and location of programs

The *PSI/ENABL* program operated in 17 high-risk sites in California.

Population Served

An ethnically diverse group of teens participated in the *PSI/ENABL* program. Youth recruited from community-based agencies were more likely to be Asian or Pacific Islander (47-52 percent) and Hispanic (20 percent). Nearly three percent of participants were Black and 5-10 percent were White. The participants' ages ranged from 12 to14 years. Youth in both the intervention and control group were required to receive instruction in human sexuality before participating in *PSI*, although not all participants took part in the same lessons.

Setting

The *PSI/ENABL* program was a statewide initiative to reduce teenage pregnancy in California. Twenty-eight organizations, including school districts, health departments, and community-based organizations, established the *PSI* program in school-based and community-based settings. The ENABL component, a statewide media outreach effort, was put in place in 17 sites as one component of the larger intervention (see below). Program sites were selected because they provided services to communities with high teen birth rates.

Goals

The primary goal of *PSI/ENABL* was to delay the onset of sexual intercourse among middle-school-aged youth. This abstinence-focused program sought to promote healthy alternatives to sexual activity. Among sexually experienced teens, the program goals were to reduce sexual activity and to encourage contraceptive use.

Main Messages

The primary message that was conveyed through the *PSI* program was that it is possible for adolescents to postpone sexual activity. *PSI/ENABL* was designed to help equip young people to resist pressures to become sexually active. Program sessions involved participants in thinking through and discussing the many social and peer pressures they face to become sexually experienced. Participants were then guided through a series of activities that allowed them to practice utilizing skills to resist these pressures.

Operation /Logistics

Length of program: PSI consisted of five sessions, each lasting 45-60 minutes. The evaluation of the *PSI/ENABL* program was based on the five-session *PSI* program and the *ENABL* initiative.

Components of intervention: The intervention was made up of two distinct components:

- *Postponing Sexual Involvement (PSI):* a five-session series focused specifically on helping young people delay sexual involvement. Session topics included risks of early sexual involvement, peer pressure, determining sexual limits, and resisting the pressure to engage in sex. This unit included a supplementary video.
- *Education Now and Babies Later (ENABL):* a statewide media outreach effort, that included flyer distribution, media campaign, assemblies, rallies, and fairs that sent positive messages about postponing sexual involvement.

Staffing requirements: Intervention leaders were primarily adults who received training on how to operate the *PSI* program and effectively deliver the curriculum activities. A very small portion of programs utilized peer leaders who were recruited from 11th and 12th grade. Group leaders received two days of training and practice on how to operate the program. Most leaders belonged to organizations that commonly deal with sexual issues and/or had taught sex education in the classroom.

EVALUATION

Type

The evolution of the *PSI/ENABL* program utilized three levels of random assignment to evaluate the effectiveness of the program. The evaluation in California included 10,600 youth. Half of these teens received the intervention and half served as the control group. The evaluation randomly assigned youth from community-based agencies with after-school programs to the intervention or control group. Teens filled out a self-report survey at baseline and at a 17-month follow-up period. A final sample of 7,340 youth completed the baseline and follow-up surveys.

The surveys included several questions aimed at measuring whether the student became sexually active during the evaluation period, or, if already sexually experienced, whether the student reduced their number of sexual partners or frequency of sexual experiences. Additional questions measured whether the student had experienced a pregnancy and/or a sexually transmitted disease. Other outcomes such as beliefs, attitudes, and intentions that might mediate the initiation of sexual intercourse were also measured.

Findings

There were no significant differences on any of the mediating variables, behavioral intentions, or measures of sexual and contraceptive behaviors among students in the treatment group compared with the control group at the 17-month follow-up period to the study.

Why no effect?

The evaluators suggest that the main reasons the program did not have the intended effects was that the five-session intervention was too short, that developing a program to help delay sexual initiation requires more intensive sessions, and that the curriculum did not provide an adequate number of skill-building sessions to provide teens with a chance to practice refusal skills (Kirby et al. 1997).

CONTACT INFORMATION

Program Contact

Marion Howard, Ph.D.
Evaluator
Emory/Grady Teen Services Program
Grady Memorial Hospital
Box 26158
80 Butler Street
Atlanta, GA 30335-3801
Phone: 404-712-8734
Fax: 404-712-8739
Email: mhowa02@emory.edu

Evaluation Contact

Doug Kirby, Ph.D.
Evaluator
Senior Research Scientist
ETR Associates
4 Carbanero Way
Scotts Valley, CA 95066
Phone: 800-321-4407
Fax: 800-435-8433
Email: dougk@etr.org
Website: http://www.etr.org

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Youth Development Programs

Children's Aid Society (CAS)–Carrera Program (Overview)

The *CAS–Carrera Program* was an intensive, multi-year after-school program for high-risk high school students. It ran year-round, five to six days each week and served teens until they completed high school. The program was held in six sites in New York City between 1997 and 2000. Its goal was to motivate youth to strive for a productive future and avoid behaviors that could hinder achieving their goals.

Through a youth development approach, the *CAS–Carrera Program* addressed the underlying factors associated with teen pregnancy and childbearing, such as poverty, school failure, unemployment, and inadequate health care. The program sought to improve access to health care (including reproductive health services), reduce sexual activity rates, increase contraceptive use, and reduce pregnancy. It included seven components, including employment and academic assistance, family life and sexuality education, performing arts experience, sports training, and mental and physical health care.

An experimental evaluation of the *CAS–Carrera Program* primarily showed positive outcomes for females. At the end of the third year of *Carrera*, girls in the program demonstrated a reduced likelihood of having sex and becoming pregnant, increased likelihood of having used a condom *and* a hormonal contraceptive method at last sexual intercourse, and greater access to health care compared to the control group. Boys in the program were more likely to have received certain health care services, but were less likely to report using a condom and a hormonal contraceptive method at last intercourse than were males in a control group.

The cost of the program in New York City sites was $4,000 per teen per year, or an average of $16 a day per teen. These costs included staffing, medical and dental care, stipends, and wages for teens to work in part-time or full-time jobs. These program costs are likely to be higher in New York City than they would be in other areas of the United States. The program has been funded privately through foundations and donors. In New York City, the Robin Hood Foundation provides principal support.

The program is being replicated in urban, suburban, and rural areas around the country, including Nebraska, Florida, New York State, and Baltimore, MD.

INSIGHTS AFTER THE FACT

Key challenges

- It can be challenging to find a setting to accommodate the *CAS–Carrera Program* because it is comprehensive and long-term.
- The program is more expensive than typical after-school programs. However, the evaluations have found that it is effective with certain populations and is money well spent.
- In order to successfully operate such a comprehensive program, it is important to hire staff with stamina and a strong commitment to helping teens. The program requires very intensive oversight and collaboration between service providers. This is not something many program are used to, but it needs to be built in during the early planning stages.
- In suburban and rural communities, transportation can be a challenge.

Lessons learned

- It is more important to be “kind” than to be “right” when working with teens.
- Spending time on planning activities, such as community organizing, parent orientation, hiring and training staff, and completing consent forms before the program begins will pay off in the long run.
- Make the most of the evaluation. Hiring independent researchers is valuable. Using the results to improve the program on an ongoing basis is key to making it as effective as possible. For example, the *Carrera* program evaluation showed that older teens had already developed patterns of risky behaviors, so the program readjusted its focus to younger teens instead.
- It is important to provide “maintenance training,” that is, monthly training for teachers and staff in the seven program components.

SOURCE: DR. MICHAEL CARRERA, PROGRAM DESIGNER, THE CHILDREN’S AID SOCIETY

Children's Aid Society–Carrera Program (Detailed Description)

PROGRAM DESCRIPTION

The *CAS–Carrera Program* ran between1997-2000 in six New York City sites. It used a youth development approach to reduce risk factors associated with teen pregnancy. Staff members established confidential relationships with participants and provided ongoing mentorship and counseling. Numerous activities and services were available year round.

Population Served

The evaluated *CAS–Carrera Program* served low-income, high-risk boys and girls, aged 13-15. (Note: the program is currently starting with youth aged 11-12; this profile is based only on the programs evaluated with older teens.) Students were not eligible to participate if they were enrolled in any other structured after-school program, were pregnant, or were already parents. The majority of participants (60 percent) were African American; 39 percent were Hispanic. Only one in three participants (35 percent) lived in a two-parent family, and the majority of teens (61 percent) lived with an unemployed adult and/or received entitlement benefits.

Setting

The *CAS–Carrera Program* was an after-school and summer program hosted by youth agencies such as Boys and Girls Clubs. Services were provided in community centers.

Goals

The program sought to help youth develop goals and to motivate them to pursue a productive future. To that end, the program tried to reduce sexual activity, increase contraceptive use, reduce teen pregnancy, and increase access to health care.

Type of Intervention

This intensive program took a "holistic" approach to addressing underlying factors associated with teen pregnancy and childbearing. It addressed economic disadvantage, low academic performance, limited job opportunities, and inadequate health care. The program encouraged teens to focus on the future in order to motivate them to delay sex and to use contraception. The program offered seven components, including mentoring and ongoing counseling, health care, academic assistance, career counseling, crisis intervention, and access to performing arts and sports activities. The *CAS–Carrera Program* involved parents and other adults in various activities.

Main Messages

The program encouraged teens to think about and plan for their futures. One part of that message was that they should abstain from sex or use contraception consistently.

Operation/Logistics

Length of program: The intervention took place over three years. During the school year, program activities were scheduled after school each day for approximately three hours. During the summer, the program provided employment, academic assistance, and sex education for approximately three hours a day. During the period studied, teens participated an average of 16 hours a month. Absenteeism was usually caused by family responsibilities, transportation issues, employment obligations, and educational and extracurricular activities. Almost half of the teens (48 percent) were involved in all program components. To supplement program hours, community organizers made an average of two contacts per month with participants and their families.

Staffing requirements: The seven activity and service components were staffed with a full-time coordinator and part-time employees and volunteers. For example, the academic component was taught by education experts and community volunteers, the performing arts were taught by professional actors, the mental health services were provided by social workers, and the medical and health services were staffed by physicians. A full-time community organizer maintained contact

with participants and their parents, made home visits, followed up on absenteeism, and coordinated the activity schedule for each site.

Components of intervention: The *CAS–Carrera Program* intervention included seven components: five activities and two services.

The activity components included the following:

- Job Club provided employment assistance including resume development, help filling out job applications, and practice with job interview skills. Teens also had to open bank accounts. They received a stipend for attending the Job Club, and it was possible for teens 14 and older to obtain summer jobs and part-time work during the school year.
- Participants received daily academic assistance, including an individual academic performance assessment, tutoring and homework aid, help with preparation for PSATs and SATs, and assistance with college applications. The program provided one-on-one and small-group tutorials during the high school years and offered financial aid for college through a scholarship fund.
- An educator and/or reproductive health counselor provided weekly information sessions on sex and related topics based on the students' age and developmental level. Topics included anatomy and reproduction, contraception, HIV/AIDS, body image, relationships, and gender and family roles.
- Teens participated in various performing arts workshops to help build their self-confidence and talent.
- Individual sports included squash, tennis, golf, snowboarding, and swimming.

The service components included:

- Supervised mental health and counseling provided through weekly sessions with a social worker.
- Medical care provided off-site. Program staff scheduled medical appointments for program participants, including an annual comprehensive medical exam and dental services. Participants also received reproductive health care, including physical exams, STD testing, contraception, and counseling. Staff accompanied participants to medical visits.

EVALUATION

Type

The evaluation of the *CAS–Carrera Program* used a random-assignment experimental design in which teens were randomly assigned to the program group (receiving all services) or to a control group (receiving only the regular youth program provided by the host agency).

Size: Each of the six sites accommodated 100 participants — 50 in the *CAS–Carrera Program* and 50 in a control group. The 2000 evaluation was based on a total of 484 youth with three-year follow-up data and took place at the end of the third program year (242 youth in the *CAS–Carrera Program* and 242 youth in the control group).

Components

Instruments and frequency: Each teen completed an initial "baseline interview." They were interviewed annually, and outcome data were measured at the end of the third program year. Data were collected from three sources: 1) annual self-report surveys; 2) annual tests of sexual knowledge; and 3) monthly attendance records.

Outcomes measured: Four primary outcomes were measured throughout the three-year period. These were: 1) receipt of certain designated health care services (termed "positive health care"); 2) whether teens ever had sexual intercourse; 3) if teens had used a condom and/or hormonal contraception at the most recent sexual encounter; and 4) whether teens had become pregnant or caused a pregnancy. Measures of sexual experience, contraceptive use, and pregnancy were based on self-reports and were confirmed with medical records where possible. Five health care outcomes were self-reported:

- receiving medical care in a setting other than the emergency room;
- having a medical checkup in the last few years;
- receiving a social assessment (items associated with family and environmental factors) at that checkup;
- getting a Hepatitis B vaccination; and
- having a dental checkup in the last year.

Receiving four or more of these health care outcomes indicated "positive health care."

Findings

The baseline interviews showed no differences between the *CAS–Carrera Program* participants and the control group members regarding health care, sexual intercourse, contraceptive use, and pregnancy. At the end of the program's third year, the evaluation revealed better outcomes for girls than for boys. Females in the *CAS–Carrera Program* were significantly less likely to have had sex than the control group females (54 percent vs. 66 percent) and were less likely to have become pregnant than females in the control group (10 percent vs. 22 percent). Females in the *Carrera* group were almost twice as likely to have used a condom *and* hormonal method at last intercourse than the control group participants (36 percent vs. 20 percent). Girls in the program also were more likely to have received positive health care than control group females (74 percent vs. 61 percent).

Male program participants were more likely to have received "positive health care" than males in the control group (64 percent vs. 45 percent). However, there were no significant differences between males in the two groups regarding sexual experience or whether they had caused a pregnancy. Boys in the program were significantly less likely than males in the control group to use a condom and a hormonal method at last intercourse (9 percent vs. 20 percent).

Program evaluators offer several explanations for why the program had significant results for the girls. As described previously, the *CAS–Carrera* approach is intensive and long-term. This likely delayed first intercourse and increased use of effective contraception among the girls. Evaluators also suggest possible reasons for the mixed effect on males. First, males who were sexually experienced before entering the program (38 percent) were less likely to attend the program regularly. As mentioned previously, *CAS–Carrera Programs* are now engaging youth earlier — starting at 11-12 years old instead of 13-15. Second, the evaluators suggest that high-risk boys from inner-city New York may have strong social norms that encourage early intercourse and that conflict with messages in the *CAS–Carrera Program*.

CONTACT INFORMATION

Program Contact

Michael Carrera, Ed.D.
Program Designer
The Children's Aid Society
105 East 22nd Street
New York, NY 10010
Phone: 212-876-9716
Carrera Adolescent Pregnancy Prevention website:
http://www.stopteenpregnancy.com

Dr. Carrera's book, *Lessons for Lifeguards* ($13), which highlights the philosophy and organizing principles of the program, is available through the *CAS–Carrera Program* website:
http://www.stopteenpregnancy.com

Michael Carrera can be contacted directly for information about curricula and protocols for each of the seven program components. The Children's Aid Society also can help with fundraising, provide training, work with an evaluator, and conduct site visits.

Evaluation Contact

Susan Philliber, Ph.D.
Evaluator
Philliber Research Associates, Main Office
16 Main Street
Accord, NY 12404
Phone: 845-626-2126
Fax: 845-626-3206
Email: sphilliber@compuserve.com
Website: http://www.philliberresearch.com

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Quantum Opportunities Program (Overview)

The *Quantum Opportunities Program* was a community-based intervention for low-income ninth-grade students who remained in the program through the12th grade. The program ran in five cities between 1989 and 1993. This four-year program aimed to help students improve their academic performance using a youth development approach that stressed the importance of education, personal development, and community service. *Quantum Opportunities* also focused on sex education, and included sessions on HIV/AIDS and teen pregnancy prevention.

An experimental random-assignment evaluation of participants from four of the sites (San Antonio, TX, Philadelphia, PA, Oklahoma City, OK, and Saginaw, MI) found that students who participated in the *Quantum Opportunities Program* were less likely to become teen parents and more likely to graduate from high school than students in the control group.

Currently, *Quantum Opportunities* is being replicated in urban, suburban, and rural locations across the United States. From 1995–2000, the program ran in seven cities serving 600 teens. Final evaluation results are due to be released in late 2003 or early 2004.

The Ford Foundation funded this pilot program. Its average cost was approximately $10,600 per student over the four-year period. These costs included stipends (about $1.00 for each hour of participation) and bonuses (awarded after the completion of each 100 hours of participation) for participants, an accrual account for post-high school activities (matched funds based on stipends and bonuses), staff time, and agency costs. A curriculum kit that includes two publications (a *User's Guide* and *The Blueprint for Violence Prevention — Book 4: The Quantum Opportunities Program*), two resources for evaluation, and one year of telephone consultation are available for $140.

INSIGHTS AFTER THE FACT

Key challenges

- Getting "buy-in" from the schools is critical to the success of this program.
- Because this is a long-term program, teen participants must be prepared to commit substantial time to it. Program administrators need to take steps to keep the youth focused and engaged over time.

Lessons learned

- It is important to have patience in order to successfully build and operate this program.
- In many ways, serving the girls was more challenging than serving the boys.
- It is important to encourage abstinence but also provide information on other options so teens can protect themselves.

SOURCE: DEBBIE SCOTT, NATIONAL PROGRAM MANAGER, OPPORTUNITIES INDUSTRIALIZATION CENTERS OF AMERICA.

Quantum Opportunities Program (Detailed Description)

PROGRAM DESCRIPTION

The *Quantum Opportunities Program* was a comprehensive youth development program that addressed issues such as life and family skills, health and sex education, family planning, prevention of drug and alcohol abuse, and college planning. It also offered volunteer opportunities in community settings. The program was initially conducted in five sites between 1989 and 1993: Milwaukee, WI; San Antonio, TX; Philadelphia, PA; Saginaw, MI; and Oklahoma City, OK. (The Milwaukee site was not included in the evaluation because it ended after only one year.)

Population Served

The *Quantum Opportunities Program* involved students aged 13-17 who lived in families receiving public assistance. The majority of the teens were African American (76 percent) and aged 14–15 (88 percent). Thirteen percent of the participants were Caucasian and the other 11 percent were Hispanic, Asian, or other race/ethnicity. About half of the teens were males and half females.

Setting

Quantum Opportunities was designed for a community-based organization or school. The educational component was usually held in a computer lab near the students' schools. Other services were provided during after-school hours (2 p.m. to 7 p.m., Monday through Friday) and occasionally on Saturdays.

Goals

The *Quantum Opportunities Program* aimed to help teens from low-income families succeed academically. This included performing well on standardized tests, graduating from high school, and attending post-secondary school. The evaluation examined these outcomes, as well as the effect of the program on the incidence of teen parenthood.

Type of Intervention

Teens aged 13 to 17 whose families received public assistance were randomly selected to participate. The program used case management to deliver services and provided mentoring, computer instruction, and employment opportunities. Teens received stipends for participating and bonus payments for completing specific activities. The program provided "matching funds" for stipends and bonus payments that could be used for approved activities after high school, such as post-secondary schooling or job training. The program was designed so that students would continue to participate throughout high school. Students who dropped out of the program could rejoin at any time.

Main Messages

Quantum Opportunities stressed the benefits of academic achievement and the potential consequences of risky behaviors. It included sessions on sex education, HIV/AIDS, and pregnancy prevention.

Operation/Logistics

Length of program: Quantum Opportunities was an intensive, four-year program that ran throughout the year. Each year participating teens had 250 hours of education, 250 hours of developmental activities, and 250 hours of service, all of which occurred during after-school hours. Educational courses were self-guided computer-assisted classes, and participants worked at their own pace.

Size of program: The program was conducted in four sites, each of which served 25 students.

Components of intervention: The *Quantum Opportunities Program* had three main components — education, developmental activities, and service:

1) Academic courses built skills at the primary, intermediate, and high school level.
2) Developmental activities included group discussions, computer skill development, individual

multimedia opportunities (e.g., viewing videos or listening to audio books), field trips; and other projects (e.g., each participant did a research project and prepared a report).

3) The service component allowed teens to enhance their labor market skills by giving back to their communities. Program coordinators arranged activities for participants in hospitals, nursing homes, and libraries.

Staffing requirements: Each site had a program coordinator, each of whom had a bachelor's degree. The coordinator was responsible for program management (budgeting, resources, planning activities) and case management (developing contracts with participants, writing monthly progress reports, arranging service activities, and meeting regularly with participants). Program coordinators supported the participants, ensured that each received appropriate services, maintained individual case files, and provided stipends. Each coordinator received 6 1/2 days of training before the start of the program and attended annual four-day training sessions.

CURRICULUM

The program includes 48 academic courses and 48 developmental courses. Teens are tested to determine skill level and receive individualized lesson plans. They are assigned to courses based on skill levels. Courses are self-guided and include a lesson book, audiocassettes, videos, and other technical materials. The educational courses require access to computers. The educational curriculum, *Comprehensive Competencies Program*, was designed by the Remediation and Training Institute.

The developmental component includes activities that address personal and social skills including:

- Awareness skills focusing on building self-esteem. This includes developing strategies for coping with peer pressure, stereotyping, and prejudice.
- Civics skills regarding citizens' rights and responsibilities and basic civil and criminal law.
- Community skills, which explain how to use available resources, such as public transportation, libraries, and clinics.
- Computer skills, which focus on developing a basic understanding of computers, word-processing, spreadsheets, and database systems.
- Consumer skills, including banking, budgeting, and money management.
- Cultural skills such as identifying ethnic role models and visiting museums.
- Decision-making skills focusing on issues such as dropping out of school, marriage, parenting, and attending college.
- Employment skills related to job seeking.
- Family skills that focus on relationships, responsibilities, and family planning.
- Health skills, including first aid and preventive care.
- Learning skills that address study skills to help teens become more organized.
- Relationship skills that help with communication abilities.
- Safety skills that include discussions of risky behaviors such as alcohol and other drug use and sex.
- Service skills that focus on community service opportunities.
- Social skills that help teens develop manners and etiquette.

EVALUATION

Type

The *Quantum Opportunities Program's* experimental evaluation randomly assigned half of the participants to the program (100) and the other half to a control group (100).

Components

Instruments and frequency: The intervention lasted for four years and had multiple evaluations. Self-report questionnaires were administered at several points: 1) at the start of the program when youth were entering ninth grade; 2) in the fall of 10th grade; 3) in the fall of 11th grade; 4) in the fall of 12th grade; 5) in the spring of 12th grade; and 6) during the fall following the projected high school graduation date.

Outcomes measured: Information was collected on demographics, employment, education, health knowledge, attitudes, and opinions. Standardized tests measured academic levels. The *Test of Adult Basic Education* and the *Comprehensive Competencies Program Tier Mastery Test* provided information on the academic level of each participant. High school graduation, post-secondary school attendance, and teen parenthood also were measured.

Findings

In the fall after projected high school graduation, participants were more likely to have graduated from high school (63 percent vs. 42 percent), to have attended post-secondary school (42 percent vs. 16 percent) and were less likely to have dropped out of school (23 percent vs. 50 percent) than control group students. Approximately one fourth (24 percent) of the program participants reported becoming a parent by the end of the program in the fall of 1993, compared with 38 percent of the control group.

Findings on educational outcomes were most positive in Philadelphia, which followed the program design most closely. Fully 76 percent of the Philadelphia program participants completed high school compared to 48 percent of the control group. Further, 72 percent of the program participants were attending post secondary school compared with 24 percent of the control group.

The evaluators assert that the positive program outcomes were the result of having a committed staff, a program that started in middle school, and the fact that high-risk teens remained in the program.

CONTACT INFORMATION

Program Contact
C. Benjamin Lattimore
Program Person
Opportunities Industrialization Centers of America, Inc.
1415 Broad Street
Philadelphia, PA 19122
Phone: 215-236-4500 Ext. 251
Fax: 215-236-7480
Email: info@oicofamerica.org
Website: http://www.oicofamerica.org

Debbie Scott
Program Person
National Program Manager
Opportunities Industrialization Centers of America, Inc.
1415 Broad Street
Philadelphia, PA 19122
Phone: 215-236-4500
Fax: 215-236-7480

Evaluation Contact
Andrew Hahn
Evaluator
Heller School for Social Policy & Management, Brandeis University
Waltham, MA 02254-9110
Phone: 617-736-3774
Fax: 617-736-3851
Email: ahahn@brandeis.edu

Curriculum Contact, Materials
Sociometrics
PASHA
170 State St., Suite 260
Los Altos, CA 94022-2812
Phone: 650-949-3282 x236
Phone: 800-846-DISK
Email: socio@socio.com
Website: http://www.socio.com/pasha.htm

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*Washington State Client-Centered Pregnancy Prevention Programs**

PROGRAM DESCRIPTION

The *Washington State Client-Centered Pregnancy Prevention Programs* included school-based and community-based programs that provided adolescents with education, support, and information to help them avoid early sexual activity and pregnancy. Three programs, all funded by the Washington State Department of Health, were carried out between 1995 and 1999.

Characteristics of the Evaluated Population

Most participants in these programs were Caucasian teens aged 14–17.

Setting

The first program was held in a family planning clinic, the second in middle and high schools and administered by a family planning provider, and the third in school-based and community-based settings and administered by a local health department.

Goals

The goal of these programs was to help teens avoid sexual activity and pregnancy.

Type of Intervention

The programs incorporated a client-centered approach to pregnancy prevention. They provided individualized services, education, and skill-building related to contraceptive use and STD and pregnancy prevention. Sessions focused on meeting the individual needs of participants, taking into account their community circumstances.

Main Messages

The *Washington State Client-Centered Pregnancy Prevention Programs* promoted abstinence and encouraged the use of contraception for sexually active teenagers. Staff provided information on the risks of early sexual behavior and stressed responsible decision-making.

Operation/Logistics

Components of intervention: Each intervention combined sex education with a broader youth development approach. Intervention components included:

- an educational component to address issues related to sex, pregnancy, and STD prevention; relationships; self-esteem; decision-making; and life planning;
- individualized support services, referrals, and counseling tailored to meet the needs of each participant;
- family planning services; and
- social and recreational activities.

EVALUATION

The Washington State programs took place in three separate locations. An experimental evaluation reported a reduced likelihood of sexual activity and increased contraceptive use among program participants at the middle/high school program compared to a control group. Participants in the family planning clinic program showed improved sexual and contraceptive *intentions*, but not *behaviors*, compared to a control group. No two sites had the same positive outcome, and the program in the school- and community-based settings showed no effect.

According to the evaluators, the strongest effects occurred in the site with the highest number of hours of participation. The evaluators also note that the sites are using the findings to modify their programs. In fact, the state has mandated a minimum number of hours of "service" per client based on the study's findings.

RESOURCES

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* This profile is brief because curricula are not available for specific programs.

Service Learning Programs

Teen Outreach Program (Overview)

The *Teen Outreach Program (TOP)* was a school-based intervention for students in grades nine through 12. The program was held in 13 states between 1991 and 1995. The primary goal of the program was to prevent high-risk behaviors such as school failure and adolescent pregnancy. Programs ran the full academic year and included classroom discussion in combination with a supervised after-school community volunteer experience.

An experimental evaluation showed that teens from a variety of racial/ethnic groups and socioeconomic levels who participated in *TOP* were less likely to experience pregnancy or cause a pregnancy, and less likely to get suspended from school or to fail a school course during the time they were in the program than teens in a control group.

To date, *TOP* has operated in 15 states in rural, urban, and suburban settings and has involved 4,000 sponsors and 15,000 teens.

Program costs for a class of 18-25 ranged from $100 to $700 per student, with lower costs for volunteer program facilitators and donated space.

Training costs were $595 per person, including the $295 curriculum. On-site training tailored to specific locations is available at a cost of $8,000 plus additional fees for *TOP* resources for groups of 10 or more people.

INSIGHTS AFTER THE FACT

Key challenges

- *TOP* works best when it is added to an ongoing program, rather than when it operates on its own.

Lessons learned

- *TOP* is more likely to be adopted by a community when it is presented as a partnership that can link with existing resources or programs.
- Because *TOP* is a youth development program and not a sex education program per se, some facilitators may not be comfortable discussing reproductive health topics. In the training, *TOP* facilitators are encouraged to bring in outside speakers to cover pregnancy prevention and related topics.

SOURCE: LYNDA BELL, NATIONAL *TOP* COORDINATOR.

Teen Outreach Program
(Detailed Description)

PROGRAM DESCRIPTION

The *Teen Outreach Program (TOP)* was evaluated between 1991 and 1995 in 25 urban and rural high schools in several states. The program was designed to reduce teen pregnancy rates and school failure by providing adolescents with a broad spectrum of developmental opportunities.

Population Served

TOP served adolescents in grades nine through 12. The majority were female (85 percent) and, though the program was open to students of all racial/ethnic groups, most participants were African American (67 percent), followed by Caucasian (19 percent), Hispanic (11 percent), and other race/ethnicities (three percent).

Setting

TOP was conducted as part of the school curriculum during the academic year. Teens participated in the classroom and during after-school and weekend hours in the community. Students could receive course credit for participating in *TOP* as part of a health or social studies class.

Goals

TOP was designed to reduce the incidence of school failure (measured as course failure and suspension rates) and teen pregnancy. The goal of the program was to help adolescents make educated decisions about their lives and become productive adults.

Type of Intervention

TOP consisted of two components: volunteering in the community and activities in the classroom.

Main Messages

Although one key objective was avoiding adolescent pregnancy, reproductive health was not a primary topic in the classroom. The overriding message was that teens can and do make important contributions to the community. Lessons and discussions reinforced positive decision-making and promoted self-awareness and positive self-worth.

When sex and related issues were discussed, abstinence was emphasized along with contraception.

Operation/Logistics

Length of program: TOP lasted the full academic year. Students met at least once each week in the classroom for discussion sessions and volunteered for a minimum of 20 hours a year, with the average student recording 35 hours.

Size of program evaluation: TOP was conducted in 25 sites and included 342 students.

Components of intervention: TOP incorporated three activities: 1) supervised volunteering, 2) classroom discussions pertaining to volunteer experiences, and 3) classroom discussions and activities linked to positive adolescent development.

1) *Supervised volunteering*. High school students selected a volunteer opportunity within their community ranging from helping out in hospitals and nursing homes to peer tutoring. They researched each agency or service before selecting their activity. Throughout the year, participants met with their volunteer supervisor or trained classroom facilitator to discuss their experiences.
2) *Classroom discussions on volunteering.* Weekly classroom sessions complemented community volunteerism. Students shared their experiences with one another and lessons from the *Changing Scenes* curriculum were used (see details below).
3) *Other classroom activities and discussions.* Classroom-based discussions and activities promoted positive social development. The *Changing Scenes* curriculum contained age-appropriate topics and activities (see details below).

Staffing requirements: TOP required a trained classroom facilitator, a site coordinator, and an adult supervisor for the volunteer experience. The classroom adult's role was to facilitate discussions of the *Changing Scenes* curriculum and the volunteer experiences. The adult supervisor for the volunteer portion of *TOP* guided students in their community volunteer activities.

CURRICULUM

Students meet at least once a week in the classroom during the school year to discuss the community volunteer component of the program, and to use the *Changing Scenes* curriculum. Lessons address topics such as communication, values, feelings, and goal-setting.

To make *TOP* appropriate for a range of grades and ages, the curriculum has four levels. Each level contains material that is developmentally appropriate for the age group involved (Level I: 12- to 13-year olds. Level II: 14-year-olds. Level III: 15- to 16-year olds. Level IV: 17- to 19-year olds.) Examples of activities include:

- Learning active listening skills through a story about two people who have a miscommunication and make inaccurate assumptions about each other (Level II).
- Discussing pressures to have sex and identifying reasons to wait (Level III).
- Identifying gender roles through case scenarios (Level IV).

Although the curriculum varies with classroom level and volunteer experience, some examples of chapters in the Level II *Changing Scenes* illustrate the curriculum's overarching approach:

- A chapter on values includes:
  - An introduction on "What does your family say?" in which students explore how they learn values.
  - An activity that allows boys and girls to discuss gender roles.
- A chapter on development that addresses:
  - Health and hygiene.
  - "Looking back" where students think about how their lives have changed as they have grown older.
  - Interviewing a family member about changes he or she experienced in early adolescence.
- A chapter on relationships includes activities on:
  - Making friends, including a discussion on qualities that people look for in a friend and qualities that they find off-putting.
  - Romantic relationships in which students are assigned to groups in which half discuss characteristics they would like to see in a romantic partner and the other half discuss ideal characteristics of a best friend. The whole class then discusses how these characteristics are similar or different.
  - Determining the difference between love and infatuation.
  - Dealing with pressure situations in relationships.
- A chapter on influence includes sessions on:
  - Television viewing and choices that students must make. Teens pretend to be parents of a five- to ten-year-old child and must decide which programs they will allow their child to watch and why.
  - Social pressures tied to gender and culture.
- A chapter on sexuality includes:
  - An introduction to myths and facts about sex.
  - A game called "STD Jeopardy," which tests students' knowledge of STDs.
  - A look at pregnancy probability depending on the type of contraceptive used.
- A chapter on communications/assertiveness includes:
  - An introduction to active listening that teaches students effective methods of communication.

- A role-playing activity on how to be assertive.

- A chapter on goal setting includes:
  - An introduction to short-term and long-term goal-setting.
  - An activity on setting and achieving goals in which students write down a timeline for achieving a goal, steps they can take to accomplish this goal, potential barriers, solutions to these barriers, and resources they can use to help get there.
  - A look at teenage parenthood that explores some of the difficulties it poses, such as dropping out of school and settling for low wage jobs.
- A chapter on decision-making includes:
  - An introduction to examining decisions.
  - An activity that discusses the "3 Cs" of decision-making — challenges, choices, and consequences.

EVALUATION

Type

TOP was evaluated between 1991 and1995 using a random-assignment experimental design. A total of 342 students were randomly assigned to the experimental group and 352 students were assigned to the control group. Before this experimental evaluation, *TOP* was evaluated with quasi-experimental designs in several other locations.

Components

Instruments and frequency: Students in both the experimental and control groups filled out two self-report questionnaires. The first questionnaire was given one to two weeks after the program began and the second after the program was completed. The first questionnaire gathered information on the student's demographic characteristics as well as pre-existing problem behaviors (e.g., a prior pregnancy, school suspension in the past year, or failing a course in the previous year). The second questionnaire, which was administered after the program was completed, measured problem behaviors that had occurred after the first questionnaire was returned.

Outcomes measured: The *TOP* evaluation measured whether program participants had failed a course, been suspended, or been pregnant/caused a pregnancy during the year they participated in *TOP*.

Findings

At program completion, the evaluation found that teens who participated in *TOP* were less likely to experience or cause a pregnancy, be suspended from school, or fail a course than were teens in the control group. Control group adolescents experienced more than twice the percentage of pregnancies compared to adolescents in the program (9.8 percent vs. 4.2 percent).

After controlling for demographic characteristics, grade in school, and baseline problem behaviors, the evaluation team found that *TOP* had a similar effect on outcomes for all racial/ethnic groups, socioeconomic status groups, household composition categories, and grade levels. Compared to those in the control group, *TOP* had a greater effect on reducing the percentage of girls who became pregnant than it did on reducing the percentage of boys who caused pregnancies.

One factor that appeared associated with the likelihood of a student having/causing a pregnancy or being suspended from school was the number of hours the individual volunteered. Non-experimental analyses indicated that the more hours a student volunteered, the less likely that teen was to have or cause a pregnancy.

The program evaluators believe that, because *TOP* focuses broadly on adolescent decision-making and not just on sex, it may be more accepted in communities that are uncomfortable with an exclusive reproductive health approach (Allen, Philliber, Herrling & Kuperminc, 1997).

CONTACT INFORMATION

Program Contact

Gayle Waden
Program Person
TOP National Coordinator
One Greeway Plaza, Suite 550
Houston, TX 77046-0103
Phone: 713-627-2322
Fax: 713-627-3006
Email: gwaden@cornerstone.to
Website: www.cornerstone.to

Evaluation Contact

Joseph P. Allen, Ph.D.
Evaluator
Department of Psychology
Gilmer Hall
University of Virginia
Charlottesville, VA 22903
Office Phone: 434-982-4727
Fax Phone: 978-389-5909
Email: jpa8r@virginia.edu

Training Contact

Lynda Bell
Cornerstone Consulting Group, Inc.
One Greeway Plaza, Suite 550
Houston, TX 77046-0103
Phone: 713-627-2322
Fax: 713-627-3006
Website: www.cornerstone.to

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Learn and Serve America[*]

**** QUASI-EXPERIMENTAL PROGRAM EVALUATION ****

PROGRAM DESCRIPTION

Learn and Serve America is a federal funding source given to states to support service learning programs. Service learning is defined in national legislation as combining "meaningful service in the community with a formal education curriculum and structured time for participants to reflect on their service experience." All programs offer hands-on volunteer experience coupled with the opportunity to discuss the service experience.

Population Served

The *Learn and Serve America* programs served a diverse group of adolescents. Fifty-eight percent of the students were Caucasian, 17 percent were African American, 19 percent were Hispanic, and six percent were Asian, Native American, or multicultural. Many were from families of economic (38 percent) and educational disadvantage (30 percent). Forty percent were male and 60 percent were female. Ten of the programs served 435 high school students and seven served 173 middle school students.

Setting

The evaluated *Learn and Serve* programs were located in 17 middle and high schools in nine states: California, Florida, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Texas, and Wisconsin. Eight programs took place in urban settings, five in suburban settings, and four in rural settings.

The programs included in this evaluation had high-quality and more intensive community service components than the average *Learn and Serve* program.

Goals

The primary goal of *Learn and Serve America* was to involve young people in programs and activities that integrated structured learning experiences with meaningful volunteer service in the community. Although teenage pregnancy was one measured outcome, the goals focused more broadly on academic behaviors, civic and social attitudes, volunteer behaviors, and social development.

Type of Intervention

All programs offered hands-on volunteer service-learning activities coupled with the opportunity to process the service experience in formal and informal discussions. Service-learning activities comprised individual service assignments and group projects. The amount of time spent in service learning differed across programs. Most programs offered community service two to three afternoons per week. The program structure and format varied by program, but tended to include journal writing and group presentations.

Operation/Logistics

Length of program: Learn and Serve America was held during the fall and spring semesters of one school year. The average participant provided more than 70 hours of direct service in combination with a school course. Service learning activities continued through the following year at all sites but one.

Components of intervention: The intervention consisted of two components: 1) a school-based academic course, and 2) service-learning activities. Schools incorporated service-learning into their programs in various ways:

- Six of the program sites built service learning into the basic school curriculum.
- Nine of the sites offered service learning as an academic course.

* This profile is brief because the evaluation was conducted with a less rigorous quasi-experimental methodology, and because no curriculum is available for this program.

- The other sites made no institutional commitment to service learning. Many school-based courses took place during one class period per week, and service projects occurred in the afternoons at least one to two hours per week.

Staffing requirements: Some sites had teachers facilitate *Learn and Serve America*, while others hired part-time service-learning program staff. *Learn and Serve* funding covered personnel costs.

EVALUATION

Type

Learn and Serve America used a quasi-experimental evaluation design. All of the program sites included in this study had been in operation for more than one year, reported higher than average service hours, regularly used written and oral reflection exercises, were school-based, and were linked to a formal curriculum. Among these sites, *Learn and Serve America* chose a subsample of seven middle schools and ten high schools with 608 participants. The control group included 444 participants from the same schools.

Findings

The evaluation examined short- and longer-term effects of the program. Data were derived from surveys administered immediately after the program was completed and one year later.

Short-term effects: Evaluations conducted immediately after the program ended showed that program participants had more positive attitudes and behaviors than did the control group. Teens who participated in *Learn and Serve America* were less likely to experience or cause a pregnancy than teens in the control group (two percent vs. five percent). These effects were marginally significant ($p<.10$). Other areas with positive outcomes for program participants included civic and social attitudes, volunteer behavior, and educational performance.

Long-term effects. Evaluation results one year after the program ended were less positive. No difference in pregnancy rates was found between the program and control groups. *Learn and Serve America* participants did have greater increases in service leadership, school engagement, and science grades than did control group teens.

CONTACT INFORMATION

Program Contact
Amy Cohen, Learn & Serve Director
Program Person
Corporation for National and Community Service
1201 New York Ave, NW
Washington, DC 20525
Phone: 202-606-5000 x484
Fax: 202-565-2786
Email: lsaresources@cns.gov
Website: http://www.cns.gov

A project directory exists on the *Learn and Serve America* website (www.learnandserve.org**), which provides state-level contacts who can provide information on *Learn and Serve America* projects.

Evaluation Contact
Alan Melchior, Project Director
Evaluator
Brandeis University Center for Youth and Communities
Waltham, MA
Phone: 781-736-3775
Email: melchior@brandeis.edu

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Program Profile Grid

AFTER-SCHOOL PROGRAMS

	Profile	Experimental Design	Positive program impacts	Curriculum Available
1. Curriculum-based sex education programs				
Becoming a Responsible Teen	■	■	Sexual debut Sexual activity Condom use	■
Focus on Kids	■	■	Condom use	■
Be Proud! Be Responsible!	■	■	Sexual activity Number of partners Condom Use	■
Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention	■	■	Sexual debut Condom use	■
Making Proud Choices! A Safer-Sex Approach to HIV/STD and Teen Pregnancy Prevention	■	■	Sexual activity Condom use	■
2. Curriculum-based sex education program that did not change participants' behaviors				
AIDS Risk Reduction Education and Skills Training (ARREST)	■	■	No positive impacts	■
Postponing Sexual Involvement /ENABL	■	■	No positive impacts	■
3. Youth development programs				
Children's Aid Society - Carrera Program (CAS–Carrera)	■	■	Sexual debut Contraceptive use Pregnancy	■
Quantum Opportunities Program	■	■	Pregnancy/birth	■
Washington State: Client-Centered Pregnancy Prevention Program	■	■	Sexual activity Contraceptive use	
4. Service learning programs				
Teen Outreach Program	■	■	Pregnancy	■
Learn and Serve America	■		Pregnancy (marginal effect)	