

Science and Success

Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections

Despite recent declines in teen pregnancy, US teen birth and sexually transmitted infection (STI) rates remain among the highest in the western world. Given the need to focus limited prevention resources on effective programs, Advocates for Youth undertook exhaustive reviews of existing research to compile a list of the programs proven effective by rigorous evaluation. Nineteen programs appeared in *Science and Success* when it was first published in 2003; five additional effective programs were included in the 2006 *Science and Success: Supplement I*. This document summarizes the programs in *Science and Success* and in *Supplement I*.

Criteria for Inclusion—All programs had evaluations that:

- Were published in peer-reviewed journals (a proxy for the quality of evaluation design and analysis).
- Used an experimental or quasi-experimental design, with treatment and control / comparison conditions.
- Included at least 100 young people in treatment and control / comparison groups, combined.
- Collected baseline and post-intervention data from both treatment and control / comparison groups.

Further, the evaluations either:

- Continued to collect data from both groups at three months or later after intervention, and
- Demonstrated that the program led to at least *two beneficial changes in sexual behavior* among program youth, relative to controls.

Or:

- Showed program effectiveness in reducing pregnancy, STIs, or HIV among intervention youth, relative to controls.

Program Content—Of the 24 programs that fit the criteria above, 21 include sexual health information about abstinence *and* contraception and/or reproductive health services. Of the three that do not, two are early childhood interventions and one is a service-learning program.

Risk Avoidance through Abstinence—Twelve programs effectively show a statistically significant delay in the timing of first sex among program adolescents, relative to control youth. One of the 12 programs is an intervention for elementary school children and their parents. The other 11 programs include information about both abstinence and contraception among other topics and/or services.

Risk Reduction for Sexually Active Youth—In addition to the delay of first sex, 22 programs showed reductions in other sexual risk-taking behaviors among participants, relative to control youth, including increased use of condoms (12 programs) and other contraception (9 programs) and/or reduced number of sexual partners (9), frequency of sex (7), and incidence of unprotected sex (6). (See Table A.)

Reduction in Teen Pregnancy or STIs—Eleven programs showed statistically significant declines in teen pregnancy, births, HIV, or other STIs. Nine demonstrated a statistically significant impact on teenage pregnancy / births among program participants, compared to controls, and one, a reduced trend in STIs.

Table A. Effective Programs and Their Impact on Adolescents' Risk for Pregnancy

PROGRAMS	BEHAVIORAL OUTCOMES						HEALTH IMPACTS	
	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced Number of Sex Partners	Reduced Incidence of Unprotected Sex	Increased Use of Condoms	Increased Use of Contraception	Decreased Incidence of STIs	Decreased Number or Rate of Teen Pregnancy/Birth
1. Reducing the Risk	★			★		★		
2. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	★	★				★		
3. Postponing Sexual Involvement, Human Sexuality & Health Screening	★					★		
4. Safer Choices					★	★		
5. Reach for Health Community Youth Service	★	★			★	★		
6. AIDS Prevention for Adolescents in School			★		★		★	
7. Get Real About AIDS			★		★			
8. School/Community Program for Sexual Risk Reduction Among Teens	★				★			★
*9. TeenStar								★
*10. SiHLE				★	★		★	★
11. Self-Center (School-Linked Reproductive Health Center)	★			★		★		★
12. California's Adolescent Sibling Pregnancy Prevention Project	★					★		★
13. Adolescents Living Safely: AIDS Awareness, Attitudes & Actions		★	★		★			
14. Becoming a Responsible Teen	★	★		★	★			
15. Children's Aid Society—Carerra Program	★				★	★		★
16. Be Proud! Be Responsible! A Safer Sex Curriculum		★	★		★			
17. Making Proud Choices!	★	★		★	★			
18. Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth	★		★					
*19. Tailoring Family Planning Services to the Special Needs of Adolescents						★		★
*20. HIV Risk Reduction for African American & Latina Teenage Women			★	★			★	
*21. Project SAFE (Sexual Awareness for Everyone)				★			★	
22. Seattle Social Development Project	★		★		★			★
23. Abecedarian Project								★
24. Teen Outreach Project (TOP)								★

Note: Blank boxes indicate either: 1) the program did not measure, nor aim at, this particular outcome/impact; or 2) the program did not achieve a significant positive outcome in regard to the particular behavior or impact. For more information on each program's aims and outcomes, please see *Advocates for Youth's* complete report. Asterisks (*) denote programs in 2006's *Science and Success Supplement I*.

Effective School-Based Sex Education Programs

1. Reducing the Risk (RTR)

Reducing the Risk is a sex education curriculum, including information on abstinence and contraception. In 16, 45-minute sessions, it offers experiential activities to build skills in refusal, negotiation, and communication, including that between parents and their children. Designed for use with high school students, especially those in grades nine and 10, it is recommended for use with sexually inexperienced, urban, suburban, and rural youth—white, Latino, Asian, and black. **Evaluation** showed that it was more effective with lower risk, than with higher risk, youth. Evaluations—of the original program and of a replication of the program—each found: increased parent-child communication about abstinence and contraception; delayed initiation of sexual intercourse; and reduced incidence of unprotected sex / increased use of contraception among participants as well.^{1,2}

For more information or to order, contact:

- ETR Associates: Phone 1.800.321.4407; Fax, 1.800.435.8433; Web, <http://www.etr.org>
- Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, <http://www.socio.com>

2. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)

This five-session, peer-led curriculum is designed to augment a five-session human sexuality curriculum led by health professionals, who also refer sexually active youth for nearby reproductive health care. It is recommended for use with eighth grade, black urban youth, especially those at socioeconomic disadvantage. **Evaluation** showed delayed initiation of sexual intercourse and, among sexually experienced participants, reduced frequency of sex and increased use of contraception.³ When replicated **without** fidelity (including omission of the five-session human sexuality curriculum), the program led to no changes in sexual behavior among participants relative to comparison youth.^{3,4,5}

For more information or to order, contact:

- Marian Apomah, Coordinator, Materials Management/Training Support, Adolescent Reproductive Health Center, Box 26158, Grady Health System, 80 Butler Street SE, Atlanta, GA 30335; Phone, 1.404.616.3513; Fax, 404.616.2457

3. Postponing Sexual Involvement, Human Sexuality & Health Screening

This pregnancy prevention program combines the five-session, peer-led *Postponing Sexual Involvement* curriculum with elements drawn from the *Self Center* (described below), and includes: three classroom sessions on reproductive health, delivered to seventh graders by health professionals and, again the next year, to eighth graders; group discussions; and a full-time health professional from outside the school and working in the school. Other components of the program include individual health risk screening and an eighth grade assembly and contest. The program is recommended for seventh and eighth grade, urban, African American, economically disadvantaged females. **Evaluation** found that the program assisted female participants to delay initiation of sexual intercourse and increased the use of contraception by sexually active female participants. **Evaluation** found no statistically significant impact on the sexual behaviors of male participants.⁶

For more information or to order, contact:

- Renee R. Jenkins, MD, Dept. of Pediatrics & Child Health, Howard University Hospital, 2041 Georgia Avenue, Washington DC 20060
- For Postponing Sexual Involvement, contact: Marian Apomah, Coordinator, Materials Management/Training Support, Adolescent Reproductive Health Center, Box 26158, Grady Health System, 80 Butler Street SE, Atlanta, GA 30335; Phone, 1.404.616.3513; Fax, 404.616.2457
- For the Self Center, contact: Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, <http://www.socio.com>

4. Safer Choices

This is an HIV/STI and teen pregnancy prevention curriculum, given in 20 sessions, evenly divided over two years and designed for use with grades nine through 12. The program includes experiential activities to: build skills in communication; delay the initiation of sex; and promote condom use by sexually active participants. Other elements include a school health protection council, a peer team or club to host school-wide activities, educational activities for parents, and HIV-positive speakers. The program is recommended for use with Hispanic, white, African American, and Asian, urban and suburban high school students. *A new evaluation showed that Safer Choices effectively assisted sexually inexperienced youth, especially Hispanics, to delay the initiation of sexual intercourse. It assisted sexually experienced youth to reduce the number of new sex partners, reduce the incidence of unprotected sex, and increase use of condoms and other contraception. Earlier evaluation showed that Safer Choices assisted sexually experienced youth to increase condom and contraceptive use. Earlier evaluation also showed that hearing an HIV-positive speaker was associated with participants' greater likelihood of receiving HIV testing, relative to control youth.*^{7,8,9,10}

For more information or to order, contact:

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

5. Reach for Health Community Youth Service

This program combines a health promotion curriculum (40 lessons per year in each of two years), including sexual health information, with three hours per week of community service. Activities help students reflect on and learn from their community experience. The program is recommended for use with seventh and eighth grade, urban, black, and Hispanic youth, especially those who are economically disadvantaged. *Evaluation showed delayed initiation of sexual intercourse, an effect that continued even through 10th grade. The program also assisted sexually active participants in reducing the frequency of sex and increasing use of condoms and contraception.*^{11,12}

For more information or to order, contact:

- Dr. Lydia O'Donnell: Phone 617.618.2368; email lodonnell@edc.org

6. AIDS Prevention for Adolescents in School

This HIV/STI prevention curriculum comprises six sessions, delivered on consecutive days, and includes experiential activities to build skills in refusal, risk assessment, and risk reduction. It is recommended for use with African American, Hispanic, white, and Asian high school students in urban settings. *Evaluation found that this program assisted sexually experienced participants to increase monogamy, reduce the number of their drug-using sexual partners, and increase condom use. The program had no significant effect on delaying the initiation of sex. Evaluation found the program to be associated with a favorable trend in the incidence of STIs among participants, relative to controls.*¹³

For more information or to order, contact:

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

7. Get Real about AIDS

This HIV risk reduction curriculum comprises 15 sessions delivered over consecutive days. It includes experiential activities to build skills in refusal, communication, and condom use. Other components include activities, such as public service announcements, to reach more youth and reinforce educational messages. It is recommended for use with sexually active, white and Hispanic, urban, suburban, and rural, high school students. *Evaluation found that the program assisted sexually active participants to reduce the number of their sexual partners, increase condom use, and increase condom purchase. The program did not affect the timing of sexual initiation. It did not reduce the frequency of sex among sexually active youth nor their use of drugs and alcohol prior to having sex.*¹⁴

For more information or to order, contact:

- Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475; Fax, 1.650.949.3299; E-mail, pasha@socio.com; Web, <http://www.socio.com>
- AGC Education Media: Phone, 1.800.323.9084; Fax, 847.328.6707; E-mail, agemedia@starnetinc.com

8. School/Community Program for Sexual Risk Reduction among Teens

This intensive, school-based intervention integrates sex education into a broad spectrum of courses throughout public education (kindergarten through 12th grade). It includes teacher training, peer education, school-based health clinic services (including contraceptive provision), referral and transportation to community-based reproductive health care, workshops to develop the role modeling skills of parents and community leaders, and media coverage of a spectrum of health topics. The program is recommended for use with black and white rural students (kindergarten through 12th grade). **Evaluation** found that this program reduced teen pregnancy rates in the participating community relative to comparison counties. Replication in two counties in another state found that it assisted youth in one county to delay the initiation of sexual intercourse and assisted males in another county to increase their use of condoms, relative to youth in comparison counties.^{15,16,17}

For more information or to order, contact:

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

* 9. TeenStar

This 14-unit program includes accurate information about both abstinence and also contraception. Especially recommended for ninth grade Hispanic females, it emphasizes fertility awareness. Interactive units include discussions of gender and gender roles, anatomy and physiology, puberty and fertility, emotions and their connections to behavior, media messages about sexuality, self-assurance and decision making, marriage and family, family planning, pregnancy, delivery, and infant care. **Evaluation** showed that it reduced the incidence of pregnancy among female adolescent students.¹⁸

For more information, contact:

- TeenStar International at <http://www.teenstar.org/>

Effective Community-Based Sex Education Programs

* 10. SiHLE

SiHLE is an HIV prevention program especially designed for sexually active African American teenage women. Consisting of four sessions, each lasting four hours, the program is facilitated by trained, African American females—one health educator and two peer educators. Sihle means beautiful or strong young woman, and the program encourages participants to develop ethnic and gender pride as well as self-confidence. It also builds their skills and awareness for sexual risk reduction. **Evaluation** found increased condom use and reduced number of new sex partners as well as reduced incidence of: unprotected sex; STIs, and pregnancy.¹⁹

For more information or to replicate, contact:

- Ralph J. DiClemente, PhD, Rollins School of Public Health, Department of Behavioral Sciences and Health Education, 1518 Clifton Road NE, Room 554, Atlanta, GA 30322; e-mail: rdiclem@sph.emory.edu

11. Self-Center (School-Linked Reproductive Health Center)

This model of the school-linked health center (SLHC) offers free reproductive and contraceptive health care to participating youth from nearby junior and senior high schools. SLHC staff works daily in participating schools, providing sex education lessons once or twice a year in each homeroom and offering daily individual and group counseling in the school health suite. Staff is also available daily in the SLHC to provide students with education and counseling and, for those youth registered with the clinic, reproductive and sexual health care. The program is recommended for use with urban, black, and economically disadvantaged, junior and senior high school students. **Evaluation** found that the program assisted participants to delay the initiation of sexual intercourse and to use reproductive health services prior to initiating sex. It also assisted sexually active participants to reduce the incidence of unprotected sex and increase their use of contraception. The program resulted in a reduction in teen pregnancy rates among participants, relative to comparison youth.^{20,21}

For more information or to order, contact:

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

12. California's Adolescent Sibling Pregnancy Prevention Project

This teen pregnancy prevention program provides individualized case management and care as well as sex education, including information on abstinence and contraception, to the adolescent siblings of pregnant and parenting teens. The program is recommended for economically disadvantaged, Hispanic youth, ages 11 to 17. *Evaluation found that the program assisted female youth to delay the initiation of sexual intercourse and assisted male youth to increase the consistent use of contraception. The program resulted in reductions in teen pregnancy rates among program youth, relative to comparison youth.*²²

For more information or to order, contact:

- California Department of Health Services, Maternal & Child Health Branch: 714 P Street, Room 750, Sacramento CA 95814; Phone, 916.657.2233

13. Adolescents Living Safely: AIDS Awareness, Attitudes & Actions

This HIV prevention program is designed to augment traditional services available at shelters for runaway youth. The program involves 30 discussion sessions for small groups, each lasting one-and-a-half to two hours and including experiential activities to build cognitive and coping skills. Intensive training of shelter staff and access to health care, including mental health services, are also important components of the program. It is recommended for use with black and Hispanic runaway youth, ages 11 through 18, living in city shelters. *Evaluation found that the program assisted youth to reduce the frequency of sex and numbers of sexual partners, and to increase condom use. The program did not affect the timing of sexual initiation.*²³

For more information or to order, contact:

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

14. Becoming a Responsible Teen

This HIV prevention, sex education, and skills training curriculum comprises eight one-and-a-half- to two-hour sessions. It includes experiential activities to build skills in assertion, refusal, problem solving, risk recognition, and condom use and is designed for use in single-sex groups, each facilitated by both a male and a female leader. It is recommended for use with African American youth, ages 14 through 18. *Evaluation found the program assisted participants to delay the initiation of sex and assisted sexually active participants to reduce the frequency of sex, decrease the incidence of unprotected sex (including anal sex), and increase condom use.*²⁴

For more information or to order, contact:

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

15. Children's Aid Society—Carrera Program

This multi-component youth development program provides daily after-school activities—including a job club and career exploration, academic tutoring and assistance, sex education that includes information about abstinence and contraception, arts workshops, and individual sports activities. A summer program offers enrichment activities, employment assistance, and tutoring. The program provides year-round, comprehensive health care, including primary, mental, dental, and reproductive health services. The program involves youth's families and provides interpersonal skills development and access to a wide range of social services. The program is recommended for use with urban, black and Hispanic, socio-economically disadvantaged youth, ages 13 through 15. *Evaluation found that the program assisted female participants to delay the initiation of sexual intercourse and resist sexual pressure. It also assisted sexually experienced female participants to increase their use of dual methods of contraception. The program assisted both male and female participants to increase their receipt of health care. Otherwise, evaluation showed no positive, significant behavioral changes in participating males relative to comparison males. The program resulted in reduced rates of teen pregnancy among participants, relative to comparison youth.*²⁵

For more information or to order, contact:

- Children's Aid Society, 105 East 22nd Street, New York, NY 10010; Phone 212.949.4800; Web, <http://www.childrensaidsociety.org>

16. Be Proud! Be Responsible! A Safer Sex Curriculum

This HIV prevention curriculum comprises six sessions, each lasting 50 minutes, and includes experiential activities to build skills in negotiation, refusal, and condom use. It is recommended for use with urban, black, male youth, ages 13 through 18. *Evaluation found that it assisted young men to reduce their frequency of sex, reduce the number of their sexual partners (especially female partners who were also involved with other men), increase condom use, and reduce the incidence of heterosexual anal intercourse.*²⁶

For more information or to order, contact:

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

17. Making Proud Choices!

This HIV prevention curriculum emphasizes safer sex and includes information about both abstinence and condoms. It comprises eight, culturally appropriate sessions, each lasting 60 minutes and includes experiential activities to build skills in delaying the initiation of sex, communicating with partners, and among sexually active youth, using condoms. It is recommended for use with urban, African American youth, ages 11 through 13. *Evaluation found the program assisted participants to delay initiation of sex and assisted sexually active participants to reduce the frequency of sex, reduce the incidence of unprotected sex, and increase condom use.*²⁷

For more information or to order, contact:

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

18. Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth

This community-wide, 18-month program provides peer education workshops on HIV awareness and prevention and peer-led group discussions in various community settings. Peer educators also lead efforts to make condoms available via door-to-door and street canvassing and make presentations at major community events. Radio and television public service announcements, posters in local businesses and public transit, and a newsletter augment the work of the peer educators. The program is designed for use in urban, Latino communities in order to reach the community's adolescents ages 14 through 19. *Evaluation showed that the program assisted the community's male teens to delay the initiation of sexual intercourse and assisted the community's sexually active female teens to reduce the number of their sexual partners. The program did not affect sexually active participants' frequency of sex.*^{28,29}

For more information or to order, contact:

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

* 19. Tailoring Family Planning Services to the Special Needs of Adolescents

This effective, clinic-based, pregnancy prevention protocol is designed for use in family planning and other reproductive and sexual health clinics. It is particularly designed to meet the special needs of youth under the age of 18. As such, it provides education geared to the adolescent's cognitive development and offers reassurance of confidentiality, extra time for counseling, information and reassurance regarding medical exams, and carefully timed medical services. *Evaluation found that teens that had these specially tailored services were significantly more likely than other teens to increase their use of effective contraception and had a decreased pregnancy rate.*³⁰

For more information or to order, contact:

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

* 20. HIV Risk Reduction for African American & Latina Teenage Women

This skills-based HIV risk reduction intervention is designed for use in health clinics. Intended for use with African American and Latina young women, ages up to 19, who are at high risk of HIV because they have prior STI infections, the program provides young clients with confidential and free family planning services, teaches them how to use condoms, and provides skill building in relation to partner negotiation and condom use. **Evaluation** found that young women who participated in the intervention had a lower incidence of STIs versus comparisons; they also reduced the number of their sexual partners and their incidence of unprotected sex.³¹

For more information or to order, contact:

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

* 21. Project SAFE (Sexual Awareness for Everyone)

This gender- and culture-specific behavioral intervention consists of three sessions, each lasting three to four hours. Designed specifically for young African American and Latina women ages 15 through 24, it actively involves participants in lively and open discussion and games, videos, role plays, and behavior modeling. Discussions cover abstinence, mutual monogamy, correct and consistent condom use, compliance with STI treatment protocols, and reducing the number of one's sex partners. Each participant is encouraged to identify realistic risk reduction strategies that she can use in the context of her own life and values. **Evaluation** found that participants increased their adherence to monogamy, reduced the number of their sexual partners and the incidence of unprotected sex, reduced the incidence of STIs, and increased their compliance with STI treatment protocols.^{32,33,34,35}

For more information, contact:

- Rochelle N. Shain, PhD, Department of Obstetrics & Gynecology, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229; E-mail, shain@uthscsa.edu

Other Programs to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections

22. Seattle Social Development Project

This is a school-based program to provide developmentally appropriate, social competence training to elementary school children. Components include educator training each year and voluntary parenting classes on encouraging children's developmentally appropriate social skills. The program is recommended for use with urban, socio-economically disadvantaged children—white, Asian, and Native American, but especially African American—in grades one through six. **Evaluation** when study participants were age 18, and again when they reached 21, found that the program assisted youth who participated in the program as children to significantly delay the initiation of sexual intercourse and, among sexually experienced youth, to reduce the number of sexual partners and increase condom use, relative to comparison youth. By age 21, the program also showed reduced rates of teenage pregnancy and birth in participants, relative to comparison youth. Other long-term positive outcomes for participating youth, relative to comparisons, included increased academic achievement and reduced incidence of delinquency, violence, school misbehavior, and heavy drinking.^{36,37}

For more information, contact:

- Social Development Research Group, University of Washington, 9715 Third Avenue NE, Suite 401, Seattle, WA 98115

23. Abecedarian Project

This full-time educational program consists of high quality childcare from infancy through age five, including individualized games that focus on social, emotional, and cognitive development, with a particular emphasis on language. During the early elementary school years, the program works to involve parents in their children's education, using a Home School Resource Teacher to serve as a liaison between school and families. The program is recommended for use with healthy, African American infants from families that meet federal poverty guidelines. **Evaluation** found long-term impacts, including a reduced number of adolescent births and delayed first births as well as increased rates of skilled employment and college education and reduced rates of marijuana use among former participants, relative to controls.³⁸

For more information, contact:

- FPG Child Development Institute, University of North Carolina at Chapel Hill; Web, www.fpg.unc.edu/~abc/

24. Teen Outreach Project (TOP)

This school-based, teen pregnancy and dropout prevention program involves weekly school classes, lasting one hour, that integrate the developmental tasks of adolescence with lessons learned from community service (lasting at least 30 minutes each week). The curriculum focuses on values, human growth and development, relationships, dealing with family stress, and issues related to the social and emotional transition from adolescence to adulthood. The program is recommended for high school youth at risk of teen pregnancy, academic problems, and school dropout, and is most effective with ethnic minority youth, adolescent mothers, and students with academic difficulties, including previous school suspension. **Evaluation** of the original program and evaluations of two replications all found that the program reduced rates of pregnancy, school suspension, and class failure among participants, relative to control/comparison youth.^{39,40,41}

For more information, contact:

- Cornerstone Consulting Group, P.O. Box 710082, Houston, TX 77271-0082; Phone, 215.572.9463; Web, <http://www.cornerstone.to>

Table B. Successful Programs: Settings & Populations Served

PROGRAM	LOCALE			RANGE				POPULATIONS			
	Urban	Sub-urban	Rural	Pre-School	Elementary	Junior High	Senior High	White	Black	Hispanic/Latino	Asian
1. Reducing the Risk	★	★	★				★	★	★	★	★
2. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	★					★			★		
3. Postponing Sexual Involvement, Human Sexuality & Health Screening	★					★			★		
4. Safer Choices	★	★					★	★	★	★	★
5. Reach for Health Community Youth Service	★					★			★	★	
6. AIDS Prevention for Adolescents in School	★						★	★	★	★	★
7. Get Real About AIDS	★	★	★				★	★		★	
8. School/Community Program for Sexual Risk Reduction Among Teens			★		★	★	★	★	★		
*9. TeenStar	★	★					★			★	
*10. SiHLE	★	★					★		★		
11. Self-Center (School-Linked Reproductive Health Center)	★					★	★		★		
12. California's Adolescent Sibling Pregnancy Prevention Project	★		★			★	★			★	
13. Adolescents Living Safely: AIDS Awareness, Attitudes & Actions	★					★	★	★	★	★	
14. Becoming a Responsible Teen	★						★		★		
15. Children's Aid Society—Carrera Program	★					★	★		★	★	
16. Be Proud! Be Responsible! A Safer Sex Curriculum	★					★	★		★		
17. Making Proud Choices!	★					★			★		
18. Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth	★						★			★	
*19. Tailoring Family Planning Services to the Special Needs of Adolescents		★	★				★	★			
*20. HIV Risk Reduction for African American & Latina Teenage Women	★					★	★		★	★	
*21. Project SAFE (Sexual Awareness for Everyone)	★						★		★	★	
22. Seattle Social Development Project	★				★			★	★		★
23. Abecedarian Project	★			★	★				★		
24. Teen Outreach Project (TOP)	★	★	★				★	★	★	★	

• Throughout, populations are identified using the language of the original evaluation. For example, some programs are recommended for use with African American youth, and others, for use with black youth; some programs are recommended for use with Latino youth, and others, for use with Hispanic youth.

Asterisks (*) denote programs in 2006's *Science and Success Supplement I*.

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3. Howard M, McCabe JB. Helping teenagers postpone sexual involvement. *Family Planning Perspectives* 1990; 22:21-26.
4. Kirby D, Korpi M, Barth RP *et al.* The impact of the Postponing Sexual Involvement curriculum among youths in California. *Family Planning Perspectives* 1997; 29:100-108.
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