

PUTTING
WHAT WORKS TO **work**
A PROJECT OF THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY 

WHAT WORKS

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**Curriculum-Based Programs
That Prevent Teen Pregnancy**



What Programs Work to Prevent Teen Pregnancy?

Over the years, the National Campaign to Prevent Teen Pregnancy has produced and disseminated a number of detailed reports and publications designed to answer this question. Here, in shorthand form, is an overview of what is known about carefully evaluated interventions that help prevent teen pregnancy. We encourage those who want to learn more to review extensive materials on this topic at www.teenpregnancy.org/works

WHAT WORKS

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

- 1 Curriculum-based sex education that discusses abstinence and contraceptive use. These programs are generally offered as part of regular school classes or as part of after-school programs either on school grounds or in community centers.
- 2 Youth development programs whose primary focus is keeping young people constructively engaged in their communities and schools. Participants in such programs typically take part in community service (such as tutoring, working in nursing homes, or helping fix up recreation areas) and reflect on their service through group discussions or writing about their experiences. Sometimes, a bit of education about ways to prevent teen pregnancy and related problems is included in the curriculum.
- 3 One program shown to be effective with girls takes a very broad approach that combines health care, academic assistance, sex education, participation in performing arts and individual sports, and employment assistance. All of these activities are designed to encourage participants to think and plan for their future.

Because of the significant variety among these interventions, communities now have more choices and more opportunities than ever to find programs that suit local values, opportunities, and budgets. Beginning on page 10 is a chart of those programs that have the strongest evidence of success.

CHARACTERISTICS OF EFFECTIVE PROGRAMS

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

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

HOW TO CHOOSE A PROGRAM

How can communities increase the chances that the programs they select—or design on their own—will actually change teen sexual behavior? Consider the following three strategies:

- Best choice: choose a program already shown through careful evaluation to be effective with similar groups of adolescents, and then put it into action as it was designed—no changes, no additions or deletions.
- Next best choice: if using an existing successful program is not possible, communities should select or design programs that incorporate as many characteristics of effective programs as possible (see page 4).
- Last best choice: if options one and two are not possible, communities should (1) select the specific sexual behavior(s) they want to change, (2) study and understand the factors in the lives of young people most closely tied to the behavior to be changed, and (3) design activities that might affect some or all of these factors. For example, if the behavior to be changed is early sexual activity, learn about the factors that are closely tied to early sex (such as older partners) and then design interventions to change those factors.

A NOTE OF CAUTION ABOUT EFFECTIVE PROGRAMS

Even though a program may have been shown to be effective in changing behavior, it is important to think carefully about what an effective program actually can accomplish. Some things to consider:

- How do *you* define effective? For example, is a program effective if its good results last only a relatively brief amount of time or only among boys? In other words, pay careful attention to the specific results of program evaluation and think carefully about what constitutes success. Is a 10 percent improvement enough? What if a program helps on one issue (i.e. increases contraceptive use) but makes another issue worse (i.e. lowers age of first sex)?
- Consider the magnitude of success. For example, if a program is successful at delaying first sex among participants, *how long* was the average delay? An effective program may only change things a bit.
- Keep in mind that there may very well be a number of creative programs that are effective in helping young people avoid risky sexual behavior that simply have not yet been evaluated.

How do *you* define effective?

EVEN EFFECTIVE PROGRAMS CAN'T DO IT ALL.

Because teen pregnancy has many causes, and because even effective programs do not eliminate the problem, it is unreasonable to expect any single curriculum or community program to make a serious dent in the problem on its own. Making true and lasting progress in preventing teen pregnancy requires a combination of community programs and broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more. Another reason why it is unfair to place the entire responsibility for solving the problem of teen pregnancy on the back of community efforts is that many of these programs—even those deemed effective—often have only modest results, many are fragile and poorly-funded, and most of these programs serve only a fraction of all the kids in the area who are at risk.

EFFECTIVE PROGRAM CHART

Over the years, the National Campaign has released a number of publications dedicated to answering the question: what programs have the best evidence of success in changing teen sexual behavior? The following chart (beginning on page 10) summarizes the best program reviews contained in these various publications. Those who wish to learn more about any of these programs are encouraged to review these publications in detail.

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

- Been completed in 1980 or later
- Been conducted in the United States or Canada
- Been targeted at middle and/or high school aged teens, approximately ages 12–18
- Included baseline and follow-up date
- Measured impact on sexual behavior
- Included at least 75 people in the treatment and control groups
- Used an experimental or quasi-experimental design (those programs that have been evaluated using an experimental design provide stronger evidence of effectiveness than those evaluated through a quasi-experimental design and are so-noted in the following chart).



ABOUT THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

The National Campaign is a nonprofit, nonpartisan organization supported largely by private donations. The Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. Our goal is to reduce the teen pregnancy rate by one-third between 2006–2015.



ABOUT THE PUTTING WHAT WORKS TO WORK PROJECT

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

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WHAT WORKS



AT A GLANCE

LIST OF EFFECTIVE PROGRAMS

- 1 ★ Aban Aya Youth Project
- 2 ★ Becoming a Responsible Teen
- 3 ★ Be Proud! Be Responsible!
- 4 ★ Children's Aid Society (CAS) Carrera Program
- 5 ★ Draw the Line/Respect the Line
- 6 ★ Focus on Kids
- 7 Healthy Oakland Teens
*Quasi-Experimental
- 8 Learn and Serve America
*Quasi-Experimental
- 9 ★ Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention
- 10 ★ Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention
- 11 Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth
*Quasi-Experimental
- 12 ★ McMaster Teen Program
- 13 ★ Postponing Sexual Involvement, Human Sexuality, and Health Screening Curriculum
- 14 Postponing Sexual Involvement (PSI) and Human Sexuality
*Quasi-experimental
- 15 ★ Quantam Opportunities Program
- 16 ★ Reach for Health Community Youth Service (RFH-CYS)
- 17 Reducing the Risk
*Quasi-Experimental
- 18 Rochester AIDS Prevention Project
*Quasi-Experimental
- 19 ★ Safer Choices
- 20 Seattle Social Development
*Quasi-Experimental
- 21 ★ Teen Outreach Program
- 22 ★ Teen Talk
- 23 ★ Washington State Client-Centered Pregnancy Prevention Programs

★ As a general matter, programs that have been evaluated using an experimental design provide stronger evidence of effectiveness than those evaluated using a quasi-experimental design. Programs evaluated using an experimental design are noted with a star.

	1 ★	2 ★	3 ★	4 ★	5 ★
NAME OF PROGRAM	Aban Aya Youth Project (2004, dates in this cell note the year the evaluation was published)	Becoming a Responsible Teen (1995)	Be Proud! Be Responsible! (1992) (This program was the basis for two other programs—Making a Difference and Make Proud Choices noted on page 13.)	Children’s Aid Society (CAS) Carrera Program (2002)	Draw the Line/Respect the Line (2004)
DELAYED SEXUAL INITIATION	Not measured (NM)	Yes	NM	Yes (Girls only)	Yes (Boys only)
IMPROVED CONTRACEPTIVE USE	Yes (Boys only)	Yes	Yes	Yes (Girls only)	No
REDUCED TEEN PREGNANCY	NM	NM	NM	Yes (Girls only)	NM
STUDY SETTING AND SAMPLE	School and community based program for African American 5th–8th grade students; urban setting	Community based program for African American teens aged 14–18; urban Southern setting	Community-based program for African American boys grades 10–12; urban setting	Multi-year after-school program for high-risk high school students aged 13–15; urban setting	School-based program for youth 6th–8th grade; urban setting
SELECTED EFFECTS	At the end of the program: <ul style="list-style-type: none">• 80% and 78% of boys in the intervention group used condoms compared to 65% of boys in the control group	1 year after intervention: <ul style="list-style-type: none">• Girls in intervention were 44% more likely than girls in control group to use condoms• Virgins in the intervention group were 61% less likely to initiate sex than virgins in the control group	3 months after intervention: <ul style="list-style-type: none">• Program participants reported that they did not use a condom during intercourse for 0.64 days compared to 2.38 days in the control group	At the end of the program: <ul style="list-style-type: none">• Girls in intervention group were 18% less likely to have had sex than girls in the control group; were 55% less likely to become pregnant and were 80% more likely to use dual methods of contraception at last sex• Males in the intervention group did not positively change sexual behavior	At 36-month follow-up: <ul style="list-style-type: none">• 19% of boys in the program had sex compared to 27% in control
CONTACT INFORMATION	Sociometrics PASHA 170 State Street Suite 260 Los Altos, CA 94022 Phone: 650-949-3282 ext. 203 Website: www.socio.com/pasha.htm Email: socio@socio.com	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: dkirby@etr.org	Select Media Film Library, 22-D Hollywood Ave Hohokus, NJ 07423 Phone: 800-343-5540 Fax: 201-652-1973 Web: http://www.selectmedia.org	Michael Carrera The Children’s Aid Society 105 East 22nd St New York, NY 10010 Phone: 212-876-9716 Web: http://www.stopteenpregnancy.com	ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 Phone: 800-321-4407 Fax: 800-435-8433 Web: http://www.etr.org
FOR FURTHER INFORMATION	It’s a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	A Good Time: After School Programs to Reduce Teen Pregnancy http://www.teenpregnancy.org/works/pdf/goodtime.pdf Not Yet: Programs to Delay First Sex Among Teens http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp	A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp	A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It’s a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School Youth http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf Not Yet, http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It’s a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp

NAME OF PROGRAM	6 ★ Focus on Kids (1996)	7 Healthy Oakland Teens *Quasi-Experimental (In press)	8 Learn and Serve America *Quasi-Experimental (1998)	9 ★ Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998)	10 ★ Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998)
DELAYED SEXUAL INITIATION	NM	Yes	NM	Yes	No
IMPROVED CONTRACEPTIVE USE	Yes	NM	NM	Yes	Yes
REDUCED TEEN PREGNANCY	NM	NM	Yes (short-term)	NM	NM
STUDY SETTING AND SAMPLE	Community-based program for African American youth aged 9–15; urban setting	School-based program for 7th grade; urban setting	School-based middle and high school students; multi site, urban, suburban, and rural	Community-based program for African American youth grades 6 and 7; urban setting	Community-based program for African American youth grades 6 and 7; urban setting
SELECTED EFFECTS	6 months after intervention: • Youth in intervention were 39% more likely to have used a condom at last sex than control group	8–11 months post-intervention: • 5% of virgin program participants had initiated sex in the year following the program compared to 18% of comparison group	Immediately after program ended: • Program participants were half as likely to be involved in a pregnancy than comparison group • No difference in pregnancy rates after 1 year	12 months after intervention: • Program participants had a higher frequency of condom use than control group (3.9 vs. 3.2) on a scale of 1 to 5 (never to always)	12 months after the intervention: • Among sexually active youth, those in the program reported a lower frequency of unprotected sex than those in the control group (0.04 days vs. 1.9 days)
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FOR FURTHER INFORMATION	A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf No Time to Waste http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf	Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf	Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf	A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf No Time to Waste http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp	A Good Time http://www.teenpregnancy.org/works/pdf/goodtime.pdf No Time to Waste http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp

In Emerging Answers, these two programs are referred to by their original name; Be Proud! Be Responsible!

	11 ★	12	13 ★	14	15 ★
NAME OF PROGRAM	McMaster Teen Program (1997)	Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth *Quasi-Experimental (Under Review)	Postponing Sexual Involvement, Human Sexuality, and Health Screening Curriculum (2000)	Postponing Sexual Involvement (PSI) and Human Sexuality *Quasi-experimental (1990)	Quantam Opportunities Program (1999)
DELAYED SEXUAL INITIATION	No	Yes	Yes (Girls only)	Yes	NM
IMPROVED CONTRACEPTIVE USE	Yes (Boys only)	NM	Yes (Girls only)	Yes (among those who were virgins at the start of the program)	NM
REDUCED TEEN PREGNANCY	No	NM	NM	NM	Yes (birth rates)
STUDY SETTING AND SAMPLE	School-based program for 7th and 8th grade	School and community-based program with Latino youth aged 14–20; urban setting	School-based programs for 7th grade; urban setting	School-based program, 8th grade; urban setting	Community-based intervention for high school students beginning in 9th grade through 12th grade; multi site urban setting
SELECTED EFFECTS	At 1 year follow-up: <ul style="list-style-type: none"> Boys in the intervention group were more likely to report that they always used contraception compared to control group; There was no difference between intervention and control group by 4 year follow-up 	At the 18 month follow-up: <ul style="list-style-type: none"> Male program participants were 92% less likely to initiate sex than comparison group males 	Several months after the intervention: <ul style="list-style-type: none"> Girls in the program were twice as likely as control group participants to delay sex Girls in the program were three to seven times more likely to have used contraception at last sex compared to control group 	1 year after the program: <ul style="list-style-type: none"> Among girls, 17% of program participants had initiated sex compared to 27% of comparison group Among boys, 39% of program participants had initiated sex compared to 61% of comparison group 	Several months after the program: <ul style="list-style-type: none"> 24% of program participants reported being a parent compared to 38% of the control group
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	16 ★	17	18	19 ★	20
NAME OF PROGRAM	Reach for Health Community Youth Service (RFH-CYS) (1999)	Reducing the Risk *Quasi-Experimental (1998)	Rochester AIDS Prevention Project *Quasi-Experimental (2002)	Safer Choices (2004)	Seattle Social Development *Quasi-Experimental (2002)
DELAYED SEXUAL INITIATION	Yes	Yes	Yes (boys only)	Yes (Latino program participants only)	Yes
IMPROVED CONTRACEPTIVE USE	Not reported in evaluation	Yes	NM	Yes	Yes
REDUCED TEEN PREGNANCY	NM	No	NM	NM	Yes
STUDY SETTING AND SAMPLE	School-based middle school students; urban setting	School-based program with high school students	School-based program with middle school youth; urban setting	School-based program for 9th and 10th graders; urban and suburban setting	School-based program for grades 1–6; urban setting
SELECTED EFFECTS	Among boys who received 2 years of the service learning component, 50% had initiated sex by the end compared to 80% control group; among girls who received 2 years of the service learning component 40% had initiated sex by the end compared to 65% of control group	At 18 month follow-up: • Program participants were 35% less likely to initiate sex compared to comparison group	6–12 months post-intervention: • Boys in the peer taught and school teacher groups were 60% less likely to initiate sex than the comparison group participants.	At 31 months follow-up: • Sexually active program participants were 1.5 times more likely to use a condom and 1.5 times more likely to report using another method of birth control than control participants	Follow up was conducted at age 18 and age 21. • Program participants reported later age of first sex (0.5 years older) At age 18: program participants were 35% less likely to have been involved in a pregnancy At age 21: 38% of girls in the program reported having been pregnant compared to 56% of girls in the comparison group
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FOR FURTHER INFORMATION	No Time to Waste http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf Not Yet, http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp	Not Yet http://www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.teenpregnancy.org/resources/reading/males.asp

NAME OF PROGRAM	21 ★ Teen Outreach Program (1997)	22 ★ Teen Talk (1990)	23 ★ Washington State Client-Centered Pregnancy Prevention Programs (2000)
DELAYED SEXUAL INITIATION	NM	Yes (Boys only)	No
IMPROVED CONTRACEPTIVE USE	NM	Yes (Boys only)	Yes
REDUCED TEEN PREGNANCY	Yes	NM	NM
STUDY SETTING AND SAMPLE	School-based intervention, 9th–12th grade; multi site	Community and school based program for students aged 13–19 who used family planning agencies Among boys, 64% of program participants remained abstinent compared to 56% of the control group	School and community-based programs, Caucasian teens aged 14–17
SELECTED EFFECTS	At program completion: • Intervention group participants had half the percentage of pregnancies as the control group (9.8 vs. 4.2)	For girls who had sex after the program started, 35% of participants used effective contraception compared to 65% of the control group	There were three separate locations of implementation and no two sites had the same positive outcome. The behavior of participants in the clinic program did not improve.
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