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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: PRESSEC</p> <p>Reference: Diez, Juárez, Nebot, Cerda, Villalbi 2000</p> <p>Contact person: Elia Diez, Agencia de Salut Pública de Barcelona, Pl Lesseps 1, 08023, Barcelona, Spain ediez@aspb.es</p>	<p>Country: Spain</p> <p>Location in country: Barcelona</p> <p>Rural/urban: Urban</p> <p>Income level: Mixed</p> <p>Pregnancy Risk level: Low</p> <p>STD/HIV Risk level: Low</p> <p>Age: 15-22 years Mean age=16.7 years</p> <p>Grade level: 10th and 11th grade</p> <p>Gender: M=47.3% F=52.7%</p> <p>Race/ethnicity: Mostly white</p> <p>Total sample at baseline: N=1673</p> <p>Matched baseline-3+ months sample: N=1215</p>	<p>Setting: 17 high schools and vocational schools</p> <p>Structure: The PRESSEC condition received 7 hours (2 hours of information and 5 hours of strategies for risk reduction); the information condition received 2 hours of information on AIDS.</p> <p>Behaviors targeted: Sexual activity, condom use</p> <p>Mediating factors targeted: Knowledge, attitudes, intentions</p> <p>Basic message: NR</p> <p>Theoretical basis: Social cognitive theory, health belief model and theory of planned behavior</p> <p>Topics covered: Basic HIV/AIDS information, social factors influencing behavior and personal skills</p> <p>Methods: The program included small group discussions, individual homework assignments, role playing, videotapes, large group discussion</p> <p>Development of curriculum/program: Program was collaboratively developed by AIDS experts and Barcelona City Health Department. A pilot survey was conducted to assess knowledge, attitudes, perceptions, and beliefs; teachers' and institutions' views and needs were also considered. An initial version was pre-tested for acceptability and understanding.</p> <p>Educators and their training: Teachers participated in a training session where materials were reviewed and concerns were addressed and clarified.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Experimental. Seventeen schools agreed to participate and were randomly assigned to one of three conditions. However, two schools were moved from the intensive intervention group to the information group at the schools' requests.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline and at 3+ months (100 days).</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: NR</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention rate: 73%</p> <p>Statistical analysis: Differences among groups at baseline were assessed through t tests and chi-squared tests. Bivariate and multi-variate analyses of variables and outcomes were done using Wilcoxon tests and logistic regression, controlling for baseline measures of the outcome variables and demographic characteristics.</p>	<p>Impact on behaviors:</p> <p>Initiation of sexual activity 0</p> <p>Condom use, ever 0</p> <p>Impact on mediating factors:</p> <p>AIDS knowledge +</p> <p>Pregnancy knowledge +</p> <p>Contraception knowledge 0</p> <p>Condom use attitudes +</p> <p>Perceived susceptibility 0</p> <p>Intention to use condoms +</p> <p>Intention to refrain from unprotected sex +</p>	<p>All</p> <p>The validity of the results is limited by the short follow-up time.</p> <p>The program is associated with condom use among students who began engaging in sex post intervention, while students who were sexually active at baseline were resistant to condom use.</p> <p>Vocational school students behave differently than high school students and probably need a more intensive approach.</p>

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2 Change Change in outcome for group receiving intervention relative to comparison group: no significant change = 0; significant desirable change = +; significant undesirable change = -; marginally significant change ($p \leq .1$) = 0*.

Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: Peer Education Intervention</p> <p>Reference: Kvalem, Sundet, Rivo, Eilertsen, Bakketeig 1996</p> <p>Contact person: Ingela Lundin Kvalem NOVA - Norwegian Social Research P.O. Box 3223 Elisenberg N-0208 Oslo, Norway ingela.lundin.kvalem@nova.no</p>	<p>Country: Norway</p> <p>Location in country: Vestfold county</p> <p>Rural/urban: Mixed</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 16-20 years</p> <p>Grade level: Secondary</p> <p>Gender: M=50% F=50%</p> <p>Race/ethnicity NA</p> <p>Total sample at baseline: N=2,070</p> <p>Matched baseline-8 month sample: N=1568</p> <p>Matched baseline-14 month sample: N=1425</p>	<p>Setting: Secondary schools (high schools/colleges)</p> <p>Structure: Over 2 consecutive days, students spent 10-14 hours in three different activities (identifying facts, identifying situations and behaviors, and identifying the problem and generating solutions). Older peers, the target of the intervention, taught younger peers.</p> <p>Behaviors targeted: Condom use</p> <p>Mediating factors targeted: NR</p> <p>Basic message: You can find the solution to your problem.</p> <p>Theoretical basis: Cognitive social learning theory, social influence theory</p> <p>Topics covered: STD, pregnancy, contraception, risk perception, barriers to safe sex, decision making, safe sex self-efficacy</p> <p>Methods: The teachers introduced and organized the work while the youth were actively problem solving the issues. Specific topics were chosen by the students and investigated and discussed in depth prior to presenting them to younger peers. The youth chose between lectures, role plays, or posters and brochures to present the information.</p> <p>Development of curriculum/program: The program was based on the results of several national studies of teens' sexuality knowledge and behavior and successful theoretical models.</p> <p>Educators and their training: The 14 intervention classroom teachers, who had experience with AIDS information programs, received 8 hours of training in how to structure and guide the program.</p> <p>Implementation: All activities implemented; teachers reported difficulty with problem-solving part of the intervention</p>	<p>Type of design: Experimental. A stratified sample of 124 classes was randomly assigned to one of 4 conditions – "Solomon four-group design" (intervention with pretest, intervention without pretest, no intervention with pretest, no intervention and no pretest).</p> <p>Cohort design: Matched pre and posttest surveys for two groups, posttest only for two groups</p> <p>Timing of surveys: Questionnaire data were collected at baseline, at 8 months (6 months post intervention) and at 14 months.</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N=412</p> <p>Sample size for sexually experienced at last follow-up: N=561</p> <p>Retention Rate: 76% at 6 months; 69% at 12 months</p> <p>Statistical analysis: Logistic regression analyses were controlling for time since first sex and number of sexual partners</p>	<p>All*</p> <p>Impact on behaviors:</p> <p>Sexual activity, ever: at 6 months 0</p> <p>Condom use during most recent sex: At 6 & 12 months 0 0</p> <p>Impact on mediating factors: NR</p>	<p>This is a strong evaluation design with random assignment and large sample size. However, the statistical analyses did not adjust for clustering of students in classrooms. A class variable (number of students in each class with intercourse experience) and a school variable (type of school) was entered in the logistic Regression analysis in order to control for class and school effects.</p> <p>The combination of the pretest survey and the intervention had a significant effect on condom use, but intervention alone did not have a significant positive effect.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: APAUSE: Added Power And Understanding in Sex Education.</p> <p>Reference: Mellanby, Phelps, Crichton, Tripp 1995</p> <p>Contact person: John H. Tripp Department of Child Health, Peninsula Medical School, Universities of Exeter and Plymouth, Church Lane Heavitree, Exeter EX25SQ, England J.H.Tripp@ex.ac.uk</p>	<p>Country: England</p> <p>Location in country: Devon</p> <p>Rural/urban: Mixed</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 12-16 years</p> <p>Grade level: Main inputs in UK Year 9 (age 13+, US 8th grade)</p> <p>Gender: M=50.8% F=49.2%</p> <p>Race/ethnicity: NA</p> <p>Randomised samples at year1 (no exposure), year 2 (partial exposure) and year 3 (full exposure): N=870,836 and 842</p> <p>Comparison distant control samples in Y1,2 and 3: N= 317,852 and 2856</p>	<p>Setting: Secondary schools</p> <p>Structure: 15 -30 one hour lessons taught in year 9 and 10, with the evaluation questionnaire given in 10th grade</p> <p>Behaviors targeted: Sexual activity</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: Delay sexual activity, resist pressure.</p> <p>Theoretical basis: Social learning theory with assistance of peer educators</p> <p>Topics covered: Puberty, reproduction, contraception, STDs, negotiation in relationships, assertiveness skills</p> <p>Methods: A senior teacher and a doctor taught 6 lessons, classroom teachers aimed to teach 15-20 lessons, and older peer educators taught 4 lessons. The emphasis of avoidance of risk came from "empowered" personal choice and resistance to pressure gained through role plays and group work.</p> <p>Development of curriculum/program: The peer leader component was a modified version of Postponing Sexual Involvement (see Howard).</p> <p>Educators and their training: The research team (a senior researcher and a doctor) provided a manual and support for the classroom teachers and 20 hours training and supervision for the peer leaders.</p> <p>Implementation: All activities implemented but variable hours of teacher input</p>	<p>Type of design: Experimental. Participating schools were matched into two groups and then groups were randomly assigned to the intervention or control condition. An additional group of control schools in a different region were included. (Young people in intervention schools were in slightly higher risk groups on several demographic variables than controls.)</p> <p>Cohort design: Surveys from three cohorts of 10th grade students with varying levels of exposure (none, partial, full)</p> <p>Timing of surveys: Questionnaire data were collected in March and April for 3 consecutive years from young people at mean age of 16 in UK year 11.</p> <p>Comparison intervention: Existing sex education</p> <p>Sample size for (presumed) sexually inexperienced at baseline (age 13) in year 3 randomized sample: N=842</p> <p>Sample size for sexually experienced at last follow-up (age 16), in same groups: N=401</p> <p>Retention Rate: NA</p> <p>Statistical analysis: Two by two tables were created to express relative risks of program effects; multivariate analysis was performed with logistic regression to assess program effects.</p>	<p>All</p> <p>Impact on behaviors: Initiation of sexual intercourse +</p> <p>Impact on mediating factors: Knowledge of contraception + Knowledge of STD + Perceived benefits of sex + Normative beliefs (number of peers who are sexually active) +</p>	<p>To examine cross contamination between program and control schools in the same area, a distant control group with similar characteristics was drawn from a different geographic region; this sample increased annually (n=317 in year 1, n=852 in year 2, n=2856 in year 3).</p> <p>Cohort 3 was the group that received the full intervention in grades 8 and 9 and then completed the questionnaire in 10th grade in year 3 (9 months after the completion of the intervention). This group was compared to the local control group, the distant control group, and cohort 1 and 2 from the intervention school.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Sample Subgroups			Additional Comments
					All	Males	Females	
<p>Program name: McMaster Teen Program (MTP)</p> <p>Reference: Mitchell-DiCenso, Thomas, Devlin, Goldsmith, Willan, Singer, Marks, Watters, Hewson</p> <p>1992, 1997</p> <p>Contact person: Alba DiCenso, School Of Nursing, McMaster University, Faculty of Health Sciences, Health Sciences Centre, Room 3N25B, 1200 Main Street West, Hamilton, Ontario, L8N3Z5 Canada dicensoa@mcmaster.ca</p>	<p>Country: Canada</p> <p>Location in country: Hamilton, Ontario</p> <p>Rural/urban: Urban</p> <p>Income level: Mixed</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: Mean age = 12.6 years</p> <p>Grade level: 7th=50% 8th=49%</p> <p>Gender: M=48% F=52%</p> <p>Race/ethnicity: Mixed</p> <p>Total sample at baseline: N=3374</p> <p>Matched baseline-3 month sample: N= ~ 3340</p> <p>Matched baseline-12 months sample: N= ~3337</p> <p>Matched baseline- 24 months sample: N= ~3030</p> <p>Matched baseline-36 months sample: N= ~2831</p> <p>Matched baseline- 48 months sample: N= ~1886</p>	<p>Setting: Senior elementary school classrooms</p> <p>Structure: Small co-educational groups of 6-8 students met for 10 one hour sessions over 6-8 weeks led by trained tutors.</p> <p>Behaviors targeted: Delayed initiation of sex, condom use, and avoidance of adolescent pregnancy</p> <p>Mediating factors targeted: Locus of control</p> <p>Basic message: Make responsible decisions about your sexual behavior.</p> <p>Theoretical basis: Cognitive behavioral model</p> <p>Topics covered: Male and female reproductive system, adolescent development, developing responsible relationships, pregnancy and childbearing, peer pressure, intimacy, gender roles, communication, problem solving skills, decision making</p> <p>Methods: There was a tutor guide, a student guide, role plays, group discussion, question and answer periods, films about puberty, and opportunities to learn and practice problem solving and decision making skills.</p> <p>Development of curriculum/program: Developed by he study authors as a collaborative community effort.</p> <p>Educators and their training: Sixty-three tutors (including public health nurses, elementary health and physical education teachers and community health or education professionals) attended a 40-hour workshop on human sexuality, problem-solving facilitation, and small group leadership.</p> <p>Implementation: All activities completed; 92.5% of students attended 80% or more of the lessons</p>	<p>Type of design: Experimental. Twenty-one schools were stratified and randomly assigned to experimental (11 schools) or control (10 schools) conditions.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, immediately post-intervention, 12-, 24-, 36-, and 48- months.</p> <p>Comparison intervention: Conventional board of education sex education (see comments).</p> <p>Sample size for sexually inexperienced at baseline: N=2754</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention Rate: 99% immediate post; 98.9% at 12 months; 89.8% at 24 months; 83.9% at 36 months; 55.9% at 48 months</p> <p>Statistical analysis: Experimental and control groups were compared using chi-square analyses and t tests over time.</p> <p>Survival analyses and logistic regression were used to control for school, school size, gender, and any other variables related to the outcome variables. Treatment group was added last to test its effect. Analyses were adjusted for clustering.</p>	<p>Impact on behaviors:</p> <p>Age of sexual initiation: Over 48 months</p> <p>Frequency of sex Over 48 months</p> <p>First pregnancy: Over 48 months</p> <p>Always use birth control: At 3, 12, 24, 36, 48 months</p> <p>Impact on mediating factors:</p> <p>Locus of control At 3, 12, 24, 36, 48 months</p>	<p>NA</p> <p>0</p> <p>-</p> <p>0</p> <p>0 + 000</p> <p>00000</p> <p>-----</p> <p>0 0 - - 0</p>	<p>In general, this was a very rigorous study with random assignment of schools, large sample sizes, long-term measurement of behavior, and proper statistical analysis.</p> <p>The intervention and comparison curricula differed primarily in the following ways: 1) the MTP was coed; 2) the MTP was taught in small groups. 3) MTP offered practice problem-solving involving sexual activity, and 4) MTP tutors were given specific preparation to teach this topic.</p> <p>Board of education guidelines mandated that all information about contraception was omitted from the program; students requesting this information were referred to the school nurse.</p> <p>Return rates at the 48 month follow-up were affected by the students' move to high school.</p>		

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: AIDS education for secondary students</p> <p>Reference: Schaalma,Kok, Bosker, Parcel, Peters, Poelman, Reinders 1996</p> <p>Contact person: Herman P. Schaalma, The Maastricht Center for Research on HIV/AIDS Prevention and Education (RESHAPE) Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands h.schaalma@qvo.uni-maas.nl</p>	<p>Country: Netherlands</p> <p>Location in country: NR</p> <p>Rural/urban: NR</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: NR</p> <p>Grade level: 9th and 10th grade</p> <p>Gender: NR</p> <p>Race/ethnicity: NA</p> <p>Total sample at baseline: N=3142</p> <p>Matched baseline-4 month sample: N=2430</p>	<p>Setting: 51 lower junior secondary schools</p> <p>Structure: Four one-class lessons on HIV/AIDS embedded in a comprehensive sexuality curriculum</p> <p>Behaviors targeted: Sexual activity, number of partners, condom use</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: NR</p> <p>Theoretical basis: Social cognitive theory</p> <p>Topics covered: AIDS/STD transmission, prevention, and risk perception, attitudes toward safe sex and condom use, values, social influences, communication skills, negotiation skills self-efficacy, condom use</p> <p>Methods: Central teaching principles are "Socratic teaching," active participation, and social modeling. Methods include reading exercises, small and large group discussions, condom demonstration, and interactive use of a student magazine and video.</p> <p>Development of curriculum/program: The curriculum was developed in collaboration with the research team, students, and teachers. An initial needs assessment was conducted and sequential educational objectives were then formulated and theory-driven teaching strategies, methods and materials were developed. Materials were pilot tested prior to inclusion in curriculum.</p> <p>Educators and their training: Teachers were trained to implement curriculum by educational experts and research staff in a one-day training.</p> <p>Implementation: Lesson implementation: 97% AIDS/STD knowledge and risk perception; 96% attitudes toward safe sex/condom use; 96% values, social influences, communication skills; 90% assertiveness and refusal skills. Most teachers omitted homework assignments regarding buying condoms.</p>	<p>Type of design: Experimental. Participating schools were matched in pairs and then schools were randomly assigned to the intervention or control condition.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, and 4 months (4-8 weeks post intervention).</p> <p>Comparison intervention: Existing HIV/AIDS curricula</p> <p>Sample size for sexually inexperienced at baseline: 1895</p> <p>Sample size for sexually experienced at last follow-up: 706</p> <p>Retention Rate: 77%</p> <p>Statistical analysis: Variance within and between schools was assessed; multiple logistic regression was used to explore relationships between variables and outcomes.</p>	<p>All</p> <p>Impact on behaviors: Sexual risk index 0</p> <p>Impact on mediating factors: Knowledge + Attitude + Risk appraisal + Social influence + Self-efficacy + Intended condom use +</p>	<p>In general, this was a strong study design with random assignment of schools, large sample sizes, and proper statistical analysis. However, the validity of the results is limited by the lack of long-term follow-up.</p> <p>The sexual risk index included use of condom and/or oral contraceptives at first and last intercourse, frequency of unprotected sex, number of sex partners, and number of sex partners with whom they had risk-taking sex.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments																																														
<p>Program name: RIPPLE</p> <p>Reference: Stephenson, Strange, Forrest, Oakley, Copas, Allen, Babiker, Black, Ali, Monteiro, Johnson</p> <p>2004</p> <p>Contact person: Dr. J.M. Stephenson, Centre for Sexual Health and HIV Research, Mortimer Market Centre, off Caper Street, London, WC1E6AU, UK jstephen@gum.ucl.ac.uk</p>	<p>Country: England</p> <p>Location in country: Central and southern England</p> <p>Rural/urban: Mixed</p> <p>Income level: Mixed</p> <p>Pregnancy Risk level: Mixed</p> <p>STD/HIV Risk level: Mixed</p> <p>Age: 13-14 years</p> <p>Grade level: Year 9</p> <p>Gender: M=52% F=48%</p> <p>Race/ethnicity Wh=91%</p> <p>Total sample at baseline: N=9508</p> <p>Matched baseline-6 months sample: N=7770</p> <p>Matched baseline-18 months sample: N=6656</p>	<p>Setting: Classrooms</p> <p>Structure: Peer educators delivered three 1 hour sessions during the regular personal, social, and health education class; teachers were not present in the classroom during the lesson.</p> <p>Behaviors targeted: Initiation of sex, pregnancy, contraception</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message:</p> <p>Theoretical basis: NA</p> <p>Topics covered: Relationships, STI, and contraception</p> <p>Methods: Participatory learning through small group activities, role-play, games, activities, condom demonstration and practice</p> <p>Development of curriculum/program: The program was designed by a team of health promotion practitioners. It was pilot tested prior to implementation.</p> <p>Educators and their training: All pupils in year 12 (aged 16-17) were eligible to be peer-educators; there were no selection criteria. Peer educators received a 2-day intensive training and support to prepare lessons from the RIPPLE team.</p> <p>Implementation: There was some variation in implementation of the peer-led session across schools.</p>	<p>Type of design: Experimental. Twenty-seven schools were randomly assigned to the intervention (14 schools) or control group (13 schools).</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, 6, and 18 months.</p> <p>Comparison intervention: Usual teacher-led sex education</p> <p>Sample size for sexually inexperienced at baseline: N=8942</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention Rate: 82% at 6 months; 70% at 18 months</p> <p>Statistical analysis: To measure the intervention effect by gender, logistic regression and linear regression was used. Intervention and control schools were similar at baseline.</p>	<p>Impact on behaviors:</p> <p>Initiation of sexual intercourse by age 16: Over 18 months</p> <p>Used contraception at first sex: Over 18 months</p> <p>Unintended pregnancy: Over 18 months</p> <p>Impact on mediating factors:</p> <p>Knowledge of STI prevention: At 6 & 18 months</p> <p>Confident about using condoms: At 6 & 18 months</p> <p>Confident to say no to unwanted sex: At 6 & 18 months</p> <p>No regret at first sex: At 6 & 18 months</p> <p>Knowledge of emergency contraceptive pill: At 6 & 18 months</p> <p>Availability of contraception: At 6 & 18 months</p> <p>Knowledge of common STI: At 6 & 18 months</p> <p>Ability to identify local sexual health services: At 6 & 18 months</p> <p>Attitudes toward condom use: At 6 & 18 months</p> <p>Attitudes toward condom use: At 6 & 18 months</p> <p>Confidence discussing contraception or sex with partner: At 6 & 18 months</p>	<p>Sample Subgroups</p> <table border="1"> <thead> <tr> <th></th> <th>Boys</th> <th>Girls</th> </tr> </thead> <tbody> <tr> <td>Initiation of sexual intercourse by age 16: Over 18 months</td> <td>0</td> <td>+</td> </tr> <tr> <td>Used contraception at first sex: Over 18 months</td> <td>0</td> <td>0</td> </tr> <tr> <td>Unintended pregnancy: Over 18 months</td> <td></td> <td>0*</td> </tr> <tr> <td>Knowledge of STI prevention: At 6 & 18 months</td> <td>0+</td> <td>+0</td> </tr> <tr> <td>Confident about using condoms: At 6 & 18 months</td> <td>00</td> <td>0+</td> </tr> <tr> <td>Confident to say no to unwanted sex: At 6 & 18 months</td> <td>00</td> <td>0-</td> </tr> <tr> <td>No regret at first sex: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Knowledge of emergency contraceptive pill: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Availability of contraception: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Knowledge of common STI: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Ability to identify local sexual health services: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Attitudes toward condom use: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Attitudes toward condom use: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> <tr> <td>Confidence discussing contraception or sex with partner: At 6 & 18 months</td> <td>00</td> <td>00</td> </tr> </tbody> </table>		Boys	Girls	Initiation of sexual intercourse by age 16: Over 18 months	0	+	Used contraception at first sex: Over 18 months	0	0	Unintended pregnancy: Over 18 months		0*	Knowledge of STI prevention: At 6 & 18 months	0+	+0	Confident about using condoms: At 6 & 18 months	00	0+	Confident to say no to unwanted sex: At 6 & 18 months	00	0-	No regret at first sex: At 6 & 18 months	00	00	Knowledge of emergency contraceptive pill: At 6 & 18 months	00	00	Availability of contraception: At 6 & 18 months	00	00	Knowledge of common STI: At 6 & 18 months	00	00	Ability to identify local sexual health services: At 6 & 18 months	00	00	Attitudes toward condom use: At 6 & 18 months	00	00	Attitudes toward condom use: At 6 & 18 months	00	00	Confidence discussing contraception or sex with partner: At 6 & 18 months	00	00	<p>This was a rigorous evaluation with random assignment, large sample sizes, and long term follow-up, and continued follow-up planned.</p> <p>This report covers Phase 1 of the study. Phase 2 will follow the students in the community an additional four years, until the ages of 19-20 years.</p> <p>Retention rates are affected by the fact that one school withdrew from the control arm of the study mid-way through the study.</p> <p>*Results approached significance for unintended pregnancy for girls (p=.07).</p>
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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments																																																												
Program name: Skills for Healthy Relationships Reference: Warren, King 1994 Contact person: Wendy K. Warren, Social Program Evaluation Group, Duncan McArthur Hall - Room B164, Queen's University Kingston, Ontario, Canada K7L 3N6 WARRENW@EDU.C.QUEENSU.CA	Country: Canada Location in country: Ontario, Manitoba, New Brunswick, Nova Scotia Rural/urban: Mixed Income level: NR Pregnancy Risk level: NR STD/HIV Risk level: NR Age: 14-15 years Grade level: 9th graders Gender: NR Race/ethnicity NR Total sample at baseline: N=4512 Matched baseline-post sample: N=3453 Matched baseline-12 months sample: N=3018 Matched baseline-24 months sample: N=2323	Setting: 9th grade classes Structure: Twenty 1-hour classes taught by regular classroom teachers with peer-led, small group discussions during class time Behaviors targeted: Initiation of sex, condom use Mediating factors targeted: See measured mediating variables to the right. Basic message: NR Theoretical basis: Theory of reasoned action Topics covered: Information about AIDS/STD, abstinence, safer sex, peer influence, motivation, interpersonal skills (assertiveness) and condom skills (purchasing and putting on a condom) Methods: The program includes a video, risk thermometers, condom activity, parent guide, parent homework activities, peer leaders, and cooperative learning. Development of curriculum/program: The educational program was developed by Social Program Evaluation Group with support from the Corporation of the Council of Ministers of Education. Educators and their training: Teachers participated in a 3-day workshop for program implementation. Implementation: All classroom activities implemented; the parent component was not widely implemented	Type of design: Quasi-experimental. In each of 4 provinces, 2 school boards were matched and assigned to intervention and comparison groups. Fifty-eight schools (123 classes) were assigned to the intervention or the comparison. Cohort design: Matched pre and posttest surveys Timing of surveys: Questionnaire data were collected at baseline, post program, 12 and 24 months. Comparison intervention: Standard AIDS curriculum Sample size for sexually inexperienced at baseline: N=791 Sample size for sexually experienced at last follow-up: N=1090 Retention Rate: 77% at post; 67% at 12 months; 51% at 24 months Statistical analysis: T-tests between intervention and comparison groups at each of four time intervals. T-tests between pre-test data and post-test data for each group.	Impact on behaviors: Initiation of intercourse: At post, 12 & 24 months Always used condom past two months: At post, 12 & 24 months Condom use during last sex: At post, 12 & 24 months Impact on mediating factors: Knowledge of HIV/AIDS: At post, 12 & 24 months Knowledge of STD: At post, 12 & 24 months Discrimination/compassion scale: At post, 12 & 24 months Intention to discuss sexual history with partner: At post, 12 & 24 months Intention to refuse sex if not ready: At post, 12 & 24 months Ask partner for affection without sex: At post, 12 & 24 months Ask partner about past sex experience: At post, 12 & 24 months Sex refusal skill scenario: At post, 12 & 24 months Assertive communication scenario: At post, 12 & 24 months Able to get condoms: At post, 12 & 24 months Embarrassed to buy condoms: At post, 12 & 24 months Confident to use condoms properly: At post, 12 & 24 months Intentions to use condoms: At post, 12 & 24 months Intentions to discuss condoms: At post, 12 & 24 months Peer norms: At post, 12 & 24 months	<table border="1"> <thead> <tr> <th rowspan="2">All</th> <th colspan="2">Sample Subgroups</th> </tr> <tr> <th>Males</th> <th>Females</th> </tr> </thead> <tbody> <tr> <td></td> <td>000</td> <td>000</td> </tr> <tr> <td></td> <td>000</td> <td>000</td> </tr> <tr> <td></td> <td>000</td> <td>000</td> </tr> <tr> <td>+++</td> <td></td> <td></td> </tr> <tr> <td>000</td> <td></td> <td></td> </tr> <tr> <td>+++</td> <td></td> <td></td> </tr> <tr> <td>+++</td> <td>+++</td> <td>++0</td> </tr> <tr> <td>++0</td> <td>++0</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>+00</td> <td>+00</td> <td>+00</td> </tr> <tr> <td>00+</td> <td>000</td> <td>00+</td> </tr> <tr> <td>000</td> <td>+00</td> <td>000</td> </tr> <tr> <td>++0</td> <td>000</td> <td>++)</td> </tr> <tr> <td>+00</td> <td>000</td> <td>+00</td> </tr> <tr> <td>+++</td> <td>+00</td> <td>+++</td> </tr> <tr> <td>000</td> <td>00+</td> <td>00+</td> </tr> <tr> <td>0+0</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td></td> <td></td> </tr> </tbody> </table>	All	Sample Subgroups		Males	Females		000	000		000	000		000	000	+++			000			+++			+++	+++	++0	++0	++0	000	000	000	000	+00	+00	+00	00+	000	00+	000	+00	000	++0	000	++)	+00	000	+00	+++	+00	+++	000	00+	00+	0+0	000	000	000			<p>The strength of this design was increased by the large number of classrooms and students participating, the long-term follow-up, the similarity of intervention and comparison group students at pre-test, and the analysis of change scores over time.</p>
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