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Developing Countries**

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: Teen STAR</p> <p>Reference: Cabezón, Vigil, Rojas, Leiva, Riquelme, Aranda, García</p> <p>2005</p> <p>Contact person: Carlos Cabezón, Camino La Fuente 969, Las Condes, Santiago, Chile ccabezon@uandes.cl</p>	<p>Country: Chile</p> <p>Location in country: San Bernardo</p> <p>Rural/urban: Urban</p> <p>Income level: Mixed (low and middle income)</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 15-16 years</p> <p>Grade level: 9th grade (first year high school)</p> <p>Gender: F=100%</p> <p>Race/ethnicity White Hispanic</p> <p>Total sample at baseline: N=1259</p> <p>Matched baseline-4 years sample: N=1259</p>	<p>Setting: All-girls high school classrooms</p> <p>Structure: Curriculum consisted of 14 45-minute units taught once per week for the full school year.</p> <p>Behaviors targeted: pregnancy rates</p> <p>Mediating factors targeted: None collected</p> <p>Basic message: Choose abstinence and value your fertility.</p> <p>Theoretical basis: Cognitive- behavior theory</p> <p>Topics covered: Gender differences, gender prejudice, anatomy and physiology of reproduction, puberty, fertility, fertility awareness, emotions, controlling behavior, sexuality in the media, self assurance and decision making, marriage and family, value of life, family planning methods, pregnancy and birth</p> <p>Methods: Interactive learning included group discussion, brainstorming, fertility awareness instruction, homework, videotapes, skill building activities, role playing, and dramatizations.</p> <p>Development of curriculum/ program: Natural Family Planning Center (NFPC) in Washington DC (see Seidman et al. 1995)</p> <p>Educators and their training: Regular classroom teachers attended the 45 hour Teen STAR training program.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Experimental. Classes of incoming 9th graders were randomly assigned to intervention and control groups. There were two intervention cohorts; each cohort was followed throughout the four years of high school. One additional control cohort was followed beginning the year prior to the start of the intervention.</p> <p>Cohort design: Documentation of all clinical pregnancies</p> <p>Timing of surveys: Clinical data was collected for four years for all students</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: NA</p> <p>Sample size for sexually experienced at last follow-up: NA</p> <p>Retention Rate: 100%</p> <p>Statistical analysis: A pregnancy risk ratio was calculated for intervention and control students. Chi-square tests were used to test for homogeneity.</p>	<p>Impact on behaviors: Pregnancy +</p> <p>Impact on mediating factors: NA</p>	<p>All</p> <p>The program recommended sexual abstinence, explained fertility awareness registration methods, and explained, but did not recommend the use of contraceptives.</p> <p>Measurement of pregnancy rates was complicated by the lack of recorded data on abortions (since they were illegal in Chile). Reliable data in sexual activity and contraceptive use was not collected in this study.</p>

1 NR= Not recorded, NA= Not applicable

2 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	
Program name: The Grade 7 Project	Country: Jamaica	Setting: Classrooms	Type of design: Quasi-experimental. Five schools using the curriculum were selected as intervention sites and 5 other schools were identified as matches.	Impact on sexual behaviors: Initiation of sex (during study period): At 9 & 21 months Use of contraception (during first sex during study period): At 9 & 21 months	All 0 0 0* 0	This was a rigorous study with a large sample size and rigorous statistical analyses. *Use of contraception at first sex was almost significant at 9 months (p=.08)
Reference: Eggleston, Jackson, Rountree 2000	Location in country: 10 schools across the country Rural/urban: Mixed	Structure: Sessions were given once a week for 45 minutes to groups of 30 to 60 students for the entire school year (9 months). Behaviors targeted: Contraceptive use, initiation of sex Mediating factors targeted: See measured mediating variables to the right.	Cohort design: Matched pre and posttest surveys Timing of surveys: Questionnaire data were collected at baseline, at 9- and 21- months post-intervention.	Impact on mediating factors: Time during menstrual cycle pregnancy occurs At 9 & 21 months Pregnancy possible at first sex At 9 & 21 months Condoms protect against STD At 9 & 21 months Birth control pills protect against STD At 9 & 21 months Having sex with a virgin cures STD At 9 & 21 months Standing during sex prevents pregnancy At 9 & 21 months Drinking Coke/Pepsi after sex prevents pregnancy At 9 & 21 months OK for girl to have sex with boy who is not steady partner (SP) At 9 & 21 months OK for boy to have sex with girl who is not steady partner (SP) At 9 & 21 months If you really love your SP you should have sex At 9 & 21 months If boy spends money on girl she should have sex At 9 & 21 months A girl who uses birth control is being responsible At 9 & 21 months A boy who uses a condom is showing respect At 9 & 21 months Condoms are only for boys who have sex with multiple partners At 9 & 21 months Birth control are only for girls who have sex with multiple partners At 9 & 21 months A teen girl should have a baby to prove fertility At 9 & 21 months A girl is responsible enough to be a mother At 9 & 21 months A boy is responsible enough to be a father At 9 & 21 months	0 0 0* 0 -- + 0 + 0 0 0 0 0 + + + 0 + 0 0 0 + 0 + 0 0 0 0 0 0 0 0 0 + 0 + 0 0 0 0 0	
Contact person: Elizabeth Eggleston, Family Health International, PO Box13950, Research Triangle Park, NC 27709 USA eeeggleston@rti.org	Income level: Low Pregnancy Risk level: High STD/HIV Risk level: High Age: 11-14 years Grade level: 7th=100% Gender: M=48% F=52% Race/ethnicity: NR Total sample at baseline: N=945 Matched baseline-9 month sample: N= 868 Matched baseline-21 month sample: N=718	Basic message: Abstinence is the best way to avoid STDs and pregnancy. If you have sex, use contraception. Theoretical basis: NR Topics covered: Reproductive anatomy and physiology, STDs, contraceptive methods, clarifying myths about contraception, STDs and pregnancy, risks and consequences of teen sexual activity and pregnancy, media messages, family, peer, and community norms about sex and adolescent pregnancy Methods: Classroom lectures, visual aids, question answer sessions, small group discussions. Development of curriculum/program: The Women's Centre developed the curriculum based on their experience providing educational, health, and social services to pregnant and parenting adolescents. Educators and their training: Female educator-counselor employees of the Women's center taught sessions. Implementation: All activities implemented	Comparison intervention: A variety of other sexuality and family life education curricula or no sexuality education Sample size for sexually inexperienced at baseline: N=627 Sample size for sexually experienced at last follow-up: N=427 Retention Rate: 92%% at 9 months; 76% at 21 months Statistical analysis: Bivariate analysis using chi-square tests of association and multiple logistic regression analysis using generalized estimation equations to assess short and long term effects while controlling for specific factors for each variable.			Due to large class sizes the authors recognize that they were not able to implement more effective participatory teaching techniques.

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: Nyeri Youth Health Project</p> <p>Reference: Erulkar, Ettayang, Onoka, Nyagah, Muyonga 2004</p> <p>Contact person: Annabel S. Erulkar, Population Council, Medlab Building 14B, Roma Road, Roman Ridge, Accra Ghana aerulkar@pcaccra.org</p>	<p>Country: Kenya</p> <p>Location in country: Nyeri & Nyahururu Municipalities</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: 10-24 years</p> <p>Grade level: NR</p> <p>Gender: M=47% F=53%</p> <p>Race/ethnicity: Kikuyu=90%</p> <p>Total sample at baseline: N=1171</p> <p>Baseline-36 month sample: N= 1568</p>	<p>Setting: Community-wide including in homes, schools, church youth groups, youth clubs, and sports clubs</p> <p>Structure: Counselors met with groups weekly for 4-8 weeks in 90-120 minute sessions.</p> <p>Behaviors targeted: Sexual initiation, frequency, number of partners, condom use</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: Atiri - Talk to a respected adult counselor for information and support.</p> <p>Theoretical basis: Principles for youth programming</p> <p>Topics covered: Community, family and individual values, adolescent development, sexuality, gender roles, relationships, pregnancy, STI, HIV/AIDS, harmful traditional practices, substance abuse, planning for the future, children's rights, and advocacy, adult attitudes toward dealing youth issues and communication between adults and youth</p> <p>Methods: Based in Kikuyu traditions, respected and well known young parents were nominated to be trained as project counselors called "Friends of Youth." These counselors educated parents, youth, and school teachers through group discussions, role plays, drama, and lectures. The family planning association also trained a network of local health care providers to provide youth friendly services.</p> <p>Development of curriculum/program: The program utilized the "Life Planning Skills for Adolescence in Kenya" curriculum and was jointly developed by Population Council, PATH and FPAK.</p> <p>Educators and their training: Counselors were trained for one month in the use of the curriculum.</p> <p>Implementation: All activities implemented; 75% of intervention group had heard of the program and about 30% had personal contact with program.</p>	<p>Type of design: Quasi-experimental. Intervention community was matched with a comparison community; adolescents in each community were randomly selected using a multistage stratified sample.</p> <p>Survey design: Cross-sectional pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline and 36 months.</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N=727</p> <p>Sample size for sexually experienced at last follow-up: N=439</p> <p>Retention Rate: NA</p> <p>Statistical analysis: Bivariate and multivariate regression with logistic regression at each survey point, controlling for covariates. All analyses were stratified by gender.</p>	<p>Impact on behaviors:</p> <p>Sexual initiation 0*</p> <p>Abstained from sex for past 6 months 0 +</p> <p>Condom use at last sex + 0</p> <p>Had less than 3 partners in last 3 years 0 +</p> <p>Impact on mediating factors:</p> <p>Discussed reproductive health with parent - +</p> <p>Discussed reproductive health with other adult + +</p>	<p>All NA</p> <p>Subgroups Males Females</p> <p>This study has a large sample size and long term follow-up; however the strength of the results is weakened by not having matched surveys.</p> <p>*Results came close to significance for males for initiation of sex (p<.10).</p> <p>The success of the project was closely related to strong management, outreach to adults (and not just youth), and using adult counselors as consistent with local Kikuyu traditions.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: School-based AIDS education</p> <p>Reference: Fawole, Asuzu, Oduntan, Brieger 1999</p> <p>Contact person: I.O Fawole Department of Preventive and Social Medicine, College of Medicine, University of Ibadan, PMB 5017 GPO, Ibadan, Nigeria</p>	<p>Country: Nigeria</p> <p>Location in country: One local government area (LGA) within the city of Ibadan</p> <p>Rural/urban: Urban</p> <p>Income level: Low income</p> <p>Pregnancy Risk level: High</p> <p>STD/HIV Risk level: High</p> <p>Age: Mean age=17.6 (exp); 17.8 (control)</p> <p>Grade level: Senior classes</p> <p>Gender: M=46.8% (exp); 42.9% (control) F=53.2% (exp); 57.1% (control)</p> <p>Race/ethnicity Yourba=97.9% (exp); 99.5% (control)</p> <p>Total sample at baseline: N=450</p> <p>Total 6 month sample: N=443</p>	<p>Setting: Senior classes (1,2, 3)</p> <p>Structure: 6 weekly sessions lasting between 2 and 6 hours</p> <p>Behaviors targeted: Delay initiation of sexual intercourse; decrease number of partners, increase contraceptive use</p> <p>Mediating factors targeted: Knowledge of HIV/AIDS, attitudes about AIDS and people with AIDS</p> <p>Basic message: AIDS affects many Nigerians, protect yourself from AIDS by abstaining from sex or using condoms.</p> <p>Theoretical basis: NA</p> <p>Topics covered: Transmission and prevention of AIDS, attitudes towards HIV/AIDS, sexual practices, contraceptive use</p> <p>Methods: Lecture, films, role-plays, stories, songs, debates, essays, condom demonstration (experiential)</p> <p>Development of curriculum/ program: Based on results of baseline survey</p> <p>Educators and their training: Taught by a community physician and two trained teachers.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Experimental. Two schools were selected as intervention schools and two were selected as control schools.</p> <p>Survey design: Cross-sectional pre and posttest surveys from selected classes at each school</p> <p>Timing of surveys: Questionnaire data were collected at baseline and 6 months post-intervention.</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N=291</p> <p>Sample size for sexually experienced at last follow-up: N=134</p> <p>Retention Rate: 96%</p> <p>Statistical analysis: Frequency distribution of variables, chi squared tests of association, and analysis of variance</p> <p>There were no significant differences between groups at baseline.</p>	<p>Impact on sexual behaviors:</p> <p>Initiation of sexual activity +</p> <p>Number of sexual partners +</p> <p>Use of condoms at last intercourse 0</p> <p>Consistent use of condoms 0</p> <p>Recent history of STD 0</p> <p>Impact on mediating factors:</p> <p>Knowledge of prevention and transmission of AIDS +</p> <p>Attitude towards AIDS (e.g., AIDS is a problem in Nigeria) +</p>	<p>All</p> <p>The validity of the results is limited by the failure to analyze the change over time between the intervention and comparison groups. Statistical analyses compared the end-line responses between groups, not the change over time.</p> <p>The sample size for sexually experienced youth at posttest was small, possibly preventing positive results for condom use from being statistically significant.</p> <p>A multi-stage sampling technique was used for sample selection. The 11 schools in the LGA were divided into two groups based on geographical location. The two intervention schools were located next door to each other. The control schools were selected by simple balloting from the other group of schools. Within each of the three senior classes, two classrooms were selected, all students in those classrooms participated in the study.</p> <p>A larger number of baseline students (both intervention and control) indicated that they were sexually experienced than students at the follow-up.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: The Drama Approach to AIDS Education (DramAide)</p> <p>Reference: Harvey, Stuart, Swan</p> <p>2000, 2000</p> <p>Contact person: Dr. James Stuart, Health Protection Agency South West, The Wheelhouse, Bonds Mil, Stonehouse, Stroud Gloucester GL103RF, UK james.stuart@hpa.org.uk</p>	<p>Country: South Africa</p> <p>Location in country: KwaZulu Natal</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: 13-29 years (mean = 17.6)</p> <p>Grade level: Standard 8</p> <p>Gender: M=41% F=59%</p> <p>Race/ethnicity: NA</p> <p>Total sample at baseline: N=1080</p> <p>Baseline-post intervention sample: N=699</p>	<p>Setting: Secondary schools</p> <p>Structure: A play incorporating HIV/AIDS issues is presented to the school by a team of qualified teachers and nurses; team members run drama workshops for students; students present drama, songs, dance, poetry, and posters on 'school open day.'</p> <p>Behaviors targeted: Sexual initiation, number of partners, condom use, STD treatment</p> <p>Mediating factors targeted: HIV/AIDS knowledge, perceived susceptibility of AIDS, attitudes toward people with AIDS, self efficacy in preventive behaviors, confidence in preventive measures, and perceived peer and community norms</p> <p>Basic message:</p> <p>Theoretical basis: Smith's applied behaviour change framework</p> <p>Topics covered: HIV/AIDS transmission, prevention, and misconceptions, attitudes towards personal susceptibility and immediacy of threat, attitudes toward people with AIDS</p> <p>Methods: Students were involved in a highly participatory process of learning about HIV/AIDS and then presenting the information to the rest of the school using drama techniques.</p> <p>Development of curriculum/program: NR</p> <p>Educators and their training: NR</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Experimental. Seven pairs of secondary schools from 5 districts were identified; the paired schools were randomly assigned to the intervention or control condition.</p> <p>Survey design: Unmatched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline and 6 months post-intervention.</p> <p>Comparison intervention: A 10-page booklet on HIV/AIDS and delayed intervention</p> <p>Sample size for sexually inexperienced at baseline: N=710</p> <p>Sample size for sexually experienced at last follow-up: N=287</p> <p>Retention Rate: 65%</p> <p>Statistical analysis: The change in mean scores was measured to assess the influence of the intervention. Linear regression modeling was used to allow for gender, age, and other confounding factors.</p>	<p>Impact on sexual behaviors:</p> <p>Initiation of sex 0</p> <p>Condom use 0</p> <p>Multiple sex partners 0</p> <p>Treated for STD in last 6 months 0</p> <p>Impact on mediating factors:</p> <p>Attitude mean score (12 items) +</p> <p>Knowledge mean score (5 items) +</p>	<p>All</p> <p>High rates of attrition were due to students leaving school, changing schools, and absenteeism. These schools typically have very high rates of absenteeism.</p> <p>Although it did not reach significance, an increased percentage of sexually active intervention students indicated taking precautions to reduce HIV risk.</p> <p>The validity of these results was reduced by the failure to adjust for clustering effects. In re-analysis to adjust for clustering by school, positive changes in attitude were still associated with the drama intervention (p 0.0002)</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments	
<p>Program name: Project Light, adapted</p> <p>Reference: Kinsler, Sneed, Morisky, Ang 2004</p> <p>Contact person: J.J. Kinsler, School of Public Health, University of California, Los Angeles CA 90095 USA jkinsler@mednet.ucla.edu</p>	<p>Country: Belize</p> <p>Location in country: Belize City</p> <p>Rural/urban: Urban</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: Mixed</p> <p>Age: 13-17 years Mean age=15.3</p> <p>Grade level: 8-12</p> <p>Gender: M=37% F=63%</p> <p>Race/ethnicity Creole=77% Garifuna=11% Other=11%</p> <p>Total sample at baseline: N=NR</p> <p>Matched baseline-4 month sample: N=150</p>	<p>Setting: Primary and secondary school classrooms</p> <p>Structure: Seven weekly 2 hour sessions were taught by peer educators to groups of 25 students.</p> <p>Behaviors targeted: Condom use, intercourse, number of partners</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message:</p> <p>Theoretical basis: Theory of reasoned action, social cognitive theory</p> <p>Topics covered: HIV transmission and prevention information, barriers and solutions, peer pressure, condom use, peer norms, communication</p> <p>Methods: Role-playing, exercises, skill-building activities, peer role model testimonials</p> <p>Development of curriculum/program: The program was adapted for the cultural context from Project Light (Center for HIV Identification, Prevention, and Treatment Services, 1998). It was pilot tested and further modified before implementation.</p> <p>Educators and their training: Program implemented by twelve peer educators. They received 32 hours of training plus bi-weekly training for 3 month prior to the implementation.</p> <p>Implementation: All activities implemented; program monitoring activities were inconsistent so it is unknown if all components were delivered as planned.</p>	<p>Type of design: Quasi-experimental. Three schools were selected as the intervention and 3 schools were selected as the comparison group.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Data were collected at baseline and 4 months.</p> <p>Comparison intervention: HIV/AIDS educational handbook</p> <p>Sample size for sexually inexperienced at baseline: N=98</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention Rate: NR</p> <p>Statistical analysis: ANCOVA was used to analyze post-test differences between conditions controlling for pretest scores and demographic variables. There were no significant differences between the two groups at baseline. Effects of clustering at the school level was tested and not significant.</p>	<p>Impact on behaviors: Sexual intercourse Condom use Number of sexual partners</p> <p>Impact on mediating factors: HIV knowledge Condom attitudes Intentions to use condom Peer norms regarding sex and condoms Condom use self-efficacy Parent-adolescent communication</p>	<p>All</p> <p>NR</p> <p>+</p> <p>NR</p> <p>+</p> <p>+</p> <p>+</p> <p>0</p> <p>0</p> <p>0</p>	<p>The small sample size reduced statistical power and may have prevented some results from being significant.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments																																								
<p>Program name: Ngao (Shield)</p> <p>Reference: Klepp, Ndeki, Seha, Hannan, Lyimo, Msuya, Irema, Schreiner 1994, 1997</p> <p>Contact person: Knut-Inge Klepp Institute for Nutrition Research University of Oslo, PO Box 1046, Blindern, N-0316, Oslo, Norway k.i.klepp@medisin.uio.no</p>	<p>Country: Tanzania</p> <p>Location in country: Kilimanjaro and Arusha</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: Mean age=14</p> <p>Grade level: Standard 6 and 7</p> <p>Gender: M=50.4% F=49.6%</p> <p>Race/ethnicity NR</p> <p>Total sample at baseline: N=2026</p> <p>Total 6 month sample: N=1785</p> <p>Matched Baseline-12 month sample: N=814**</p>	<p>Setting: Classrooms</p> <p>Structure: Average 20 hours spent per class over 2-3 months</p> <p>Behaviors targeted: NA</p> <p>Mediating factors targeted: Exposure to AIDS information, communication about AIDS, AIDS knowledge, attitudes toward people with AIDS, attitudes and norms toward sex, intentions to engage in sex</p> <p>Basic message: You can protect yourself from AIDS.</p> <p>Theoretical basis: Theory of reasoned action, and social learning theory</p> <p>Topics covered: Transmission of AIDS, personal HIV risk, refusal skills, communication with parents and community</p> <p>Methods: Lectures, creating posters, writing and performing songs, small discussion groups, role-plays, plays, interviews with parents and others, panel discussions, t-shirts with program logo</p> <p>Development of curriculum: Developed by local health educators and study investigators. The survey was pilot tested and revised.</p> <p>Other characteristics: Educational materials were designed to allow modification for community norms and attitudes.</p> <p>Educators and their training: Two teachers and one health educator from each school attended a one week training.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Experimental. Eighteen schools representing urban, semi-urban, and rural populations from both regions were selected to participate; six schools (one from each of the three locations in each region) were then randomly selected as the intervention schools and the remaining schools were delayed intervention.</p> <p>Cohort design: Cross-sectional pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, 6 and 12 months.</p> <p>Comparison intervention: Delayed intervention</p> <p>Sample size for sexually inexperienced at baseline: N=***</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention Rate: 77% at 12 months</p> <p>Statistical analysis: Data were analyzed using the general linear model procedure (using SAS) and recognizing the nested nature of the sampling. There were no significant differences at baseline on any sociodemographic characteristics.</p>	<p>Impact on behaviors:</p> <p>Initiation of sexual activity at 12 months</p> <p>Impact on mediating factors:</p> <p>Aids information At 6 & 12 months</p> <p>AIDS communication with parents and others At 6 & 12 months</p> <p>AIDS knowledge At 6 & 12 months</p> <p>Attitudes toward people with AIDS At 6 & 12 months</p> <p>Attitudes toward engaging in sexual intercourse At 6 & 12 months</p> <p>Subjective norms regarding sexual intercourse At 6 & 12 months</p> <p>Intention to engage in sexual intercourse over the next 3 months At 6 & 12 months</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Sample Subgroups</th> </tr> <tr> <th>All</th> <th>Males</th> <th>Females</th> </tr> </thead> <tbody> <tr> <td>Initiation of sexual activity at 12 months</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Aids information At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> <tr> <td>AIDS communication with parents and others At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> <tr> <td>AIDS knowledge At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> <tr> <td>Attitudes toward people with AIDS At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> <tr> <td>Attitudes toward engaging in sexual intercourse At 6 & 12 months</td> <td>00</td> <td></td> <td></td> </tr> <tr> <td>Subjective norms regarding sexual intercourse At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> <tr> <td>Intention to engage in sexual intercourse over the next 3 months At 6 & 12 months</td> <td>++</td> <td></td> <td></td> </tr> </tbody> </table>		Sample Subgroups			All	Males	Females	Initiation of sexual activity at 12 months	0	0	0	Aids information At 6 & 12 months	++			AIDS communication with parents and others At 6 & 12 months	++			AIDS knowledge At 6 & 12 months	++			Attitudes toward people with AIDS At 6 & 12 months	++			Attitudes toward engaging in sexual intercourse At 6 & 12 months	00			Subjective norms regarding sexual intercourse At 6 & 12 months	++			Intention to engage in sexual intercourse over the next 3 months At 6 & 12 months	++			<p>The Ministry of Education strongly objects to discussing condom use in primary schools. Therefore, behavioral outcomes were not included.</p> <p>Schools, not students were assigned to the intervention or comparison groups. Schools were nested within treatment by the urban-rural strata in each region.</p> <p>There were no significant differences between groups at baseline.</p> <p>Retention rate was affected by school drop-outs and increased absenteeism on the day of the follow-up survey. It was not feasible to re-schedule the absent students.</p> <p>In Tanzania, HIV prevalence rates among youth aged 15-24 range from 1% in rural areas to 21% in certain urban areas. A substantial proportion of students in primary school grades 5-7 report being sexually active.</p> <p>**The matched baseline-12 month surveys only included students who were in 6th grade at baseline and in 7th grade at follow-up. At baseline, 1063 6th graders completed the survey. The students in 7th grade at baseline were no longer in the school at the 12 month follow-up.</p> <p>***For students with matched baseline and 12 month follow-up, 574 of the 814 sixth graders were sexually inexperienced at baseline.</p>
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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments																																												
<p>Program name: HIV Prevention Workshop and Condom Distribution</p> <p>Reference: Martinez-Donate, Hovell, Zellner, Sipan, Blumberg, Carrizosa</p> <p>2004</p> <p>Contact person: Ana P. Martinez-Donate, C-BEACH, Graduate School of Public Health, San Diego State University, 9245 Sky Park Court, Suite 230, San Diego CA 92123 USA amartinez@projects.dsu.edu</p>	<p>Country: Mexico</p> <p>Location in country: Tijuana</p> <p>Rural/urban: Urban</p> <p>Income level: Mixed</p> <p>Pregnancy Risk level: 9.1% of sexually active students reported a history of pregnancy</p> <p>STD/HIV Risk level: High</p> <p>Age: Mean=17.6</p> <p>Grade level: 10-12th grade</p> <p>Gender: M=37% F=63%</p> <p>Race/ethnicity Hispanic/Latino</p> <p>Total sample at baseline: N=320</p> <p>Matched baseline-3 months sample: N=311</p> <p>Matched baseline-6 months sample: N=309</p>	<p>Setting: 4 high schools</p> <p>Structure: One 3 hour prevention workshop was delivered to groups of 17-36 students. After the workshops were completed, the condom distribution was done through a kiosk set up on school grounds once per week for 3 months. Students received free condoms and HIV and STI prevention information with an anonymous kiosk user card.</p> <p>Behaviors targeted: Initiation of sex, sex frequency, unprotected sex, condom acquisition</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: HIV is a serious illness; HIV affects Mexican youth. To prevent it, avoid unprotected sex by either abstaining from sex or using condoms every time you have sex.</p> <p>Theoretical basis: Health belief model, social learning theory</p> <p>Topics covered: HIV attitudes and risk behaviors, effect of AIDS on health and family, HIV/AIDS transmission and prevention, living with HIV, myths and facts, and condom use and negotiation skills</p> <p>Methods: Safe environment, dramas, games, role plays, videos, young HIV+ speaker, discussion and hands-on condom demonstration</p> <p>Development of curriculum/program: The program was developed by a collaborative team of behavioral scientists, professionals from a community based organization and personnel from Tijuana Health Department.</p> <p>Educators and their training: Two health care professionals with extensive experience in HIV prevention and a group of peers trained in sociodrama for HIV prevention collaborated in the implementation of selected activities.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Two designs were used, one was experimental and one was quasi-experimental. In phase 1, students who volunteered to participate in the program in each of the 4 high schools were randomly assigned to participate in the workshop or to the comparison group. (Randomization unit: Classroom). In phase 2, the condom distribution phase, two of the four schools were randomly assigned to receive the condom distribution (kiosk) and two schools served as the comparisons. This created 4 conditions: workshop with no kiosk, workshop with kiosk, no workshop and no kiosk, and no workshop with kiosk.</p> <p>Cohort design: Matched pre and posttest interviews</p> <p>Timing of surveys: Questionnaire data were collected at baseline, 3 and 6 months.</p> <p>Comparison intervention: None (Standard sex education curriculum provided at Mexican high schools)</p> <p>Sample size for sexually inexperienced at baseline: N=210</p> <p>Sample size for sexually experienced at last follow-up: N=99</p> <p>Retention Rate: 97% at 3 months; 96% at 6 months</p> <p>Statistical analysis: Parametric and nonparametric tests were used to examine baseline comparability of groups. Age, gender and SES level of school were identified as covariates.</p> <p>A Cox proportional hazard model was used to estimate the influence of the intervention on the likelihood of initiating sexual intercourse. Random effects regression models were used to test effects of intervention on variables.</p>	<p>Sample Subgroups</p> <table border="1"> <thead> <tr> <th></th> <th>Workshop only</th> <th>Kiosk only</th> <th>Workshop + Kiosk</th> </tr> </thead> <tbody> <tr> <td>Impact on behaviors:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Initiation of intercourse: At 3 & 6 months</td> <td>++</td> <td>na +</td> <td>na +</td> </tr> <tr> <td>Sex in past 3 months: At 3 & 6 months</td> <td>0 0</td> <td>na 0</td> <td>na 0</td> </tr> <tr> <td>Unprotected sex in last 3 months: At 3 & 6 months</td> <td>0 0</td> <td>na 0</td> <td>na 0</td> </tr> <tr> <td>Impact on mediating factors:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Condom acquisition in last 3 months: At 3 & 6 months</td> <td>+ 0*</td> <td>na 0</td> <td>na +</td> </tr> <tr> <td>Perceived difficult to acquire condoms: At 3 & 6 months</td> <td>0 0</td> <td>na 0</td> <td>na 0</td> </tr> <tr> <td>Self-efficacy for protective behaviors: At 3 & 6 months</td> <td>0 0</td> <td>na 0*</td> <td>na 0</td> </tr> <tr> <td>Traditional beliefs: condom use: At 3 & 6 months</td> <td>+ 0</td> <td>na 0</td> <td>na 0</td> </tr> <tr> <td>Traditional beliefs: condom provision: At 3 & 6 months</td> <td>+ 0</td> <td>na 0</td> <td>na 0*</td> </tr> </tbody> </table>		Workshop only	Kiosk only	Workshop + Kiosk	Impact on behaviors:				Initiation of intercourse: At 3 & 6 months	++	na +	na +	Sex in past 3 months: At 3 & 6 months	0 0	na 0	na 0	Unprotected sex in last 3 months: At 3 & 6 months	0 0	na 0	na 0	Impact on mediating factors:				Condom acquisition in last 3 months: At 3 & 6 months	+ 0*	na 0	na +	Perceived difficult to acquire condoms: At 3 & 6 months	0 0	na 0	na 0	Self-efficacy for protective behaviors: At 3 & 6 months	0 0	na 0*	na 0	Traditional beliefs: condom use: At 3 & 6 months	+ 0	na 0	na 0	Traditional beliefs: condom provision: At 3 & 6 months	+ 0	na 0	na 0*	<p>Mexican states that border the U.S. report higher rates of HIV/AIDS; Tijuana ranks the highest. Sexual transmission accounts for 86% of Mexico's HIV/AIDS cases. Although socio cultural norms disapprove of adolescent sexual activity, 17-31% of Mexican adolescents have engaged in sexual activities, thus putting them at risk for infection.</p> <p>*Results approached significance at 6 months for condoms acquisition for workshops only (p=.07); self efficacy for protective behaviors for kiosk only (p=.06); and perceived difficulty to acquire condoms (p=.05) and traditional beliefs of condom provision (p=.07) for workshop + kiosk.</p>
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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments																																				
<p>Program name: Primary School Action for Better Health</p> <p>Reference: Maticka-Tyndale, Gichru, Wildish, Brouillard-Coyle, Gallart, Holland, Metcalfe</p> <p>2004</p> <p>Contact person: Eleanor Maticka-Tyndale, University of Windsor, Chrysler Hall South - 50-1, Windsor, Ontario, Canada N9B 3P4 maticka@uwindsor.ca</p>	<p>Country: Kenya</p> <p>Location in country: Nyanza Province & Rift Valley</p> <p>Rural/urban: Mixed</p> <p>Income level: Mixed</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 11-17 years</p> <p>Grade level: Standard 6 & 7 primary school</p> <p>Gender: M=49% F=51%</p> <p>Race/ethnicity: Luo Kikuyu Kisii Kalenjin</p> <p>Total sample at baseline: N=6845</p> <p>Total "Wave 3" sample (Nyanza = baseline-24 months; Rift Valley = baseline -15 months): N=9044</p>	<p>Setting: 220 schools in evaluation</p> <p>Structure: The HIV education program works with existing infrastructure to provide in-service training for teachers, community representatives and peer supporters to support the inclusion of HIV and AIDS education into school activities. Four variations have been implemented: partial funding; training a church leader with the teachers; training and mobilizing health workers to deliver support and information on condoms; and training two additional teachers per school.</p> <p>Behaviors targeted: Initiation of sex, sexual activity, condom use</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: Abstain from sex. If you play sex, use a condom.</p> <p>Theoretical basis: Social Learning Theory</p> <p>Topics covered: Abstinence, condom use, school planning, guidance, factual information on the transmission and prevention of STIs, HIV and AIDS; life skills and living values; adolescent health and sexuality, adolescent environment, the management of HIV and positive living</p> <p>Methods: Participatory methods to use skills and activities, use of Question Boxes and setting up School Health Clubs</p> <p>Development of curriculum/program: The project was developed and managed by Centre for British Teachers.</p> <p>Educators and their training: Two teachers and one community representative per school attended two 1-week trainings; in addition, four peer supporters and one teacher-advisor per school were also trained for one week.</p> <p>Implementation: Over 90% of schools implemented all activities. 75% or more of the activities were implemented in all schools or by all trained teachers. Process data collected and reported every 6 months for school-wide and teacher implementation.</p>	<p>Type of design: Quasi-experimental. Two-hundred and twenty schools were divided between control and intervention arms (including a basic intervention and 5 variations). All students were invited to participate.</p> <p>Survey design: Cross-sectional surveys of all students</p> <p>Timing of surveys: Questionnaire data were collected at baseline and 15 or 24 months, depending on the region. **</p> <p>Comparison intervention: None, regular programming</p> <p>Sample size for sexually inexperienced at baseline: N=3560</p> <p>Sample size for sexually experienced at last follow-up: N=3977</p> <p>Retention Rate: NA</p> <p>Statistical analysis: Odds ratios comparing intervention and control conditions, controlling for pre-program factors.</p>	<p>Sample Subgroups</p> <table border="1"> <thead> <tr> <th></th> <th>All Boys</th> <th>All Girls</th> </tr> </thead> <tbody> <tr> <td>Impact on behaviors:</td> <td></td> <td></td> </tr> <tr> <td>Initiation of sex</td> <td>+</td> <td>+</td> </tr> <tr> <td>Sexual intercourse ever</td> <td>+</td> <td>+</td> </tr> <tr> <td>Condom use at last sex</td> <td>0</td> <td>+</td> </tr> <tr> <td>Impact on mediating factors:</td> <td></td> <td></td> </tr> <tr> <td>STI Knowledge</td> <td>+</td> <td>+</td> </tr> <tr> <td>Belief I can say no to sex</td> <td>0</td> <td>+</td> </tr> <tr> <td>Belief I can have a boyfriend/girlfriend and not play sex</td> <td>+</td> <td>+</td> </tr> <tr> <td>Belief I can tell boyfriend/girlfriend to wait until marriage</td> <td>+</td> <td>+</td> </tr> <tr> <td>Avoided a place to have sex in past month</td> <td>+</td> <td>0</td> </tr> <tr> <td>Ever forced to have sex</td> <td>0</td> <td>+</td> </tr> </tbody> </table>		All Boys	All Girls	Impact on behaviors:			Initiation of sex	+	+	Sexual intercourse ever	+	+	Condom use at last sex	0	+	Impact on mediating factors:			STI Knowledge	+	+	Belief I can say no to sex	0	+	Belief I can have a boyfriend/girlfriend and not play sex	+	+	Belief I can tell boyfriend/girlfriend to wait until marriage	+	+	Avoided a place to have sex in past month	+	0	Ever forced to have sex	0	+	<p>This was a very strong evaluation with a large sample size and long-term follow-up.</p> <p>**The full program consisted of two training sessions for teachers and one for peer supporters. These were spread over a 6-9 month period that was not the same in Nyanza and Rift Valley. Baseline surveys were conducted in both regions prior to the first teacher training. However the baseline surveys were not conducted in both regions at the same time point. Wave 3 follow-up surveys were administered in both regions in October 2003. In Nyanza, the time between baseline and Wave 3 was 24 months, and it was 15 months in Rift valley.</p> <p>The difference in sample size was due to the initiation of Universal Free Primary Education between baseline and any follow-up data collection which produced a substantial influx of students into primary schools.</p>
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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
<p>Program name: A Team Against AIDS (Un Equipo Contra el SIDA)</p> <p>Reference: McCauley, Pick, Givaudan 2004</p> <p>Contact person: Ann McCauley Horizons/ICRW 4301 Connecticut Avenue, NW, Suite 280, Washington DC 20008 USA amccauley@pcdc.org</p>	<p>Country: Mexico</p> <p>Location in country: Toluca</p> <p>Rural/urban: Urban</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 13 -23 years Mean age=16 years</p> <p>Grade level: First year</p> <p>Gender: M=50% F=50%</p> <p>Race/ethnicity: Mexican</p> <p>Total sample at baseline: N=2064</p> <p>Matched baseline-immediate post sample (4 months): N=946</p> <p>Matched baseline-10 month sample: N=946</p> <p>Matched baseline- 16 month sample: N=946</p>	<p>Setting: Four high schools</p> <p>Structure: 30 sessions</p> <p>Behaviors targeted: Sexual activity, condom use</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: NR</p> <p>Theoretical basis: NR</p> <p>Topics covered: Sexuality, anatomy, physiology, values, HIV/AIDS transmission, myths, realities, prevention, and risk perception, safer sex, abstinence, assertiveness, communication, negotiation, sexual orientation, self-esteem, gender and sexuality, decisions making, life course planning</p> <p>Methods: NR</p> <p>Development of curriculum/program: The curriculum was developed by the Institute of Family and Population Research with input and approval from the Mexican Ministry of Public Education.</p> <p>Educators and their training: Twenty-four teachers, counselors, and principals received a 36-hour training course to integrate the program into the school curriculum.</p> <p>Implementation: NR</p>	<p>Type of design: Quasi-experimental. Two schools were assigned to the intervention and two were assigned as comparison. All first year students were invited to participate.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, immediate post intervention (4 months after baseline), 10, and 16 months.</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N=1,745</p> <p>Sample size for sexually experienced at last follow-up: N=750</p> <p>Retention Rate: NR</p> <p>Statistical analysis: Analysis of variance was used to examine the effects of results by group and time.</p>	<p>All</p> <p>Impact on sexual behaviors:</p> <p>Initiation of sexual intercourse 0</p> <p>Condom use 0</p> <p>Impact on mediating factors:</p> <p>HIV transmission knowledge: At 4, 10 & 16 months +++</p> <p>HIV potential consequences knowledge: At 4, 10 & 16 months +++</p> <p>HIV biomedical knowledge: At 4, 10 & 16 months +++</p> <p>Abstinence prevents HIV: At 4, 10 & 16 months +++</p> <p>Perceived confidence to obtain and use condoms: At 4, 10 & 16 months +++</p> <p>Attitudes on condom use: At 4, 10 & 16 months +++</p> <p>Attitudes toward people living with HIV/AIDS: At 4 & 16 months ++</p>	<p>Sample Subgroups</p> <p>Males Females</p> <p>The statistical analysis did not compare the change over time in the intervention group with the change over time in the control group. Instead it provided the significance level at the pre-post changes in each group.</p> <p>Fewer female students reported being sexually active compared to males, however the sexually active females were more likely to have sex consistently during the 6 month recall period. This suggests females may have older regular partners.</p> <p>Males also have higher levels of confidence than females in their ability to obtain and use condoms.</p>

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2 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		
					All	Sample Boys	Subgroups Girls
<p>Program name: Adolescence: A time of decision making</p> <p>Reference: Murray, Toledo, Luengo, Molina, Zabin 2000</p> <p>Contact person: Nancy Murray The Futures Group 1050 17th Street, suite 1000 Washington DC 20036 USA nmurray@tfqi.com</p>	<p>Country: Chile</p> <p>Location in country: Santiago</p> <p>Rural/urban: Urban</p> <p>Income level: Low</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: NR</p> <p>Grade level: 7-12</p> <p>Gender: NR</p> <p>Race/ethnicity NA</p> <p>Total sample at baseline: N=4238</p> <p>Matched baseline-8 month sample (intervention only): N=2247</p> <p>Matched baseline-20 month sample: N=4162</p> <p>Matched baseline-32 month sample: N=4135</p>	<p>Setting: Classrooms and health facility</p> <p>Structure: Curriculum was implemented over 2 academic years; Center for Reproductive Health of Adolescents (CEMRA) staff were on-site to provide counseling, educational support to faculty, and referrals to CEMERA clinic services.</p> <p>Behaviors targeted: Initiation of sex, contraceptive use</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: NR</p> <p>Theoretical basis: NR</p> <p>Topics covered: Relationships, parent-child communications, future goals, reproductive physiology, postponing coital onset, STD, gender issues and other risk behaviors (smoking, drugs, alcohol)</p> <p>Methods: Small group discussions, participatory educational modules</p> <p>Development of curriculum/program: CEMRA adapted the "Self Center" intervention, a US based intervention to the Latin American context.</p> <p>Educators and their training: Teachers received training and parents were invited to attend orientation workshops.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Quasi-experimental. Two intervention schools were selected and matched with three comparison schools.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline and 8, 20 and 32 months.</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: 89% at 8 months; 98% at 20 months; 97% at 32 months</p> <p>Statistical analysis: Data were analyzed for exposure to the program, controlling for grade; Wilcox test for differences; life table techniques</p>	<p>Impact on behaviors:</p> <p>Initiation of sex over 32 months +</p> <p>Contraceptive use, ever over 32 months 0</p> <p>Contraception, last sex, over 32 months 0</p> <p>Impact on mediating factors:</p> <p>Human reproduction knowledge +</p> <p>STI knowledge +</p> <p>HIV/AIDS knowledge +</p>	<p>All</p> <p>Sample Subgroups</p> <p>Boys</p> <p>Girls</p>	<p>The program clinic was less accessible to students (located 3-8 kilometers from the school) than in the US model. However, since oral contraception is available without a prescription it was not considered a major problem.</p>	

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments		
					All	Sample Subgroups	
					Males	Females	
<p>Program name: Life Skills Grade 9 Curriculum</p> <p>Reference: Reddy, James, McCauley 2003</p> <p>Contact person: Ann McCauley Horizons/ICRW 4301 Connecticut Avenue, NW, Suite 280, Washington DC 20008 USA amccauley@pcdc.org</p>	<p>Country: South Africa</p> <p>Location in country: Pietermaritzburg, KwaZulu Natal Province</p> <p>Rural/urban: Urban</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: 12-21 years Mean age=15.8 years</p> <p>Grade level: Grade 9</p> <p>Gender: M=48% F=52%</p> <p>Race/ethnicity: African, white, colored, Asian</p> <p>Total sample at baseline: N=1141</p> <p>Matched baseline-6 months sample: N=646</p> <p>Matched baseline-10 month sample: N=646</p>	<p>Setting: 22 high schools</p> <p>Structure: The curriculum was 6 total hours with sessions taught once a week over two school terms as part of the Life Orientation class.</p> <p>Behaviors targeted: Sexual activity, condom use, number of partners</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: NR</p> <p>Theoretical basis: NR</p> <p>Topics covered: HIV/AIDS transmission and disease progression, the immune system, understanding our bodies and keeping it safe and healthy, self-esteem, self-awareness, family, peer, and community relationships, attitudes and values, sex and sexuality, abstinence, condom use, number of partners, rape and abuse, decision making, conflict resolution, assertiveness, counseling skills, care, and support, substance abuse</p> <p>Methods: Interactive and didactic methods, group work, role plays</p> <p>Development of curriculum/program: The national and provincial South African Departments of Education, Health, and Social Welfare collaborated for the design and implementation of the curriculum; the Medical Research Council of South Africa studied its' implementation.</p> <p>Educators and their training: Eleven teachers participated in a 5 day training to improve their ability to teach the course and their knowledge and attitudes about HIV.</p> <p>Implementation: Teachers indicated that they focused on the factual portion of the course rather than the life skill section (36% did not cover the coping skills).**</p>	<p>Type of design: Quasi-experimental. Eleven schools were assigned to the intervention and eleven were assigned as comparison. Two classrooms within each school were randomly selected to participate.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline, 6 months, and 10 months.</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N= 799</p> <p>Sample size for sexually experienced at last follow-up: NR</p> <p>Retention Rate: 57% at 10 months</p> <p>Statistical analysis: Analysis of variance with repeated measures, controlling for baseline differences was used for the interval level dependent variables. Hierarchical logistic regression analysis was used for the dichotomous dependent variables.</p>	<p>Impact on behaviors:</p> <p>Initiated sexual intercourse at 4 months 0</p> <p>Had sex in last 3 months at 10 months +</p> <p>Number of sexual partners at 4 months 0</p> <p>Condom use at 10 months 0</p> <p>Impact on mediating factors:</p> <p>HIV transmission and prevention knowledge: At 6 & 10 months ++</p> <p>Attitudes about abstinence (believe it is a good idea to not have sex while a teenager) At 6 & 10 months ++ ++</p> <p>Attitudes about abstinence (believe it is OK for teenagers to not have sex) At 6 & 10 months ++ ++</p> <p>Intention to engage in sex in the next 3 months At 6 & 10 months 0 0</p> <p>Intention to have sex with a condom At 6 & 10 months ++</p> <p>Support coercion to have sex At 6 & 10 months 0 0</p>			<p>The statistical analyses did not test the change over time in the intervention group with the change over time in the control group. Furthermore, the report did not provide results for all behaviors for all time periods.</p> <p>Twice as many males than females were sexually active, indicating a higher risk for young men.</p> <p>There was a trend for sexually experienced males in the intervention group to reduce their number of sex partners, although this was not statistically significant, it appears that intervention males are more likely to maintain or switch to monogamy than comparison males.</p> <p>Students in classes that taught all lessons generally performed better on mediating factors than students in classes that did not teach all the lessons.</p> <p>Students reported that they would benefit from learning skills to resist peer pressure and to talk about HIV/AIDS with partners and parents.</p> <p>**Results were also analyzed by dosage. The intervention group was split into two groups: teachers who implemented the full program and those who partially implemented the program. When compared to both the control students and the students who received the partial program, full intervention students had statistically significantly higher HIV knowledge, connectedness/social support, social acceptability of condoms, and social perceptions of sexual behavior.</p>

1 NR= Not recorded, NA= Not applicable

2 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: Teen STAR</p> <p>Reference: Seidman, Vigil, Klaus, Weed, Cachan</p> <p>1995</p> <p>Contact person: Myrna Seidman Institute for Reproductive Health, Georgetown University, 4301 Connecticut Ave. NW, Suite 310, Washington DC 20008 USA seidmanm@georgetown.edu</p>	<p>Country: Chile</p> <p>Location in country: Santiago</p> <p>Rural/urban: Urban</p> <p>Income level: NR</p> <p>Pregnancy Risk level: NR</p> <p>STD/HIV Risk level: NR</p> <p>Age: Mean age = 15.8</p> <p>Grade level: High school</p> <p>Gender: M=35.9% F=64.1%</p> <p>Race/ethnicity NA</p> <p>Total sample at baseline: N=305</p> <p>Matched baseline-12 month sample: N=305</p>	<p>Setting: Classrooms</p> <p>Structure: Curriculum consisted of 18 units and could be taught as a separate class or integrated into other course materials. For first 8 sessions students are separated by gender.</p> <p>Behaviors targeted: Initiation of sex</p> <p>Mediating factors targeted: See measured mediating variables to the right.</p> <p>Basic message: Value your fertility.</p> <p>Theoretical basis: NR</p> <p>Topics covered: Male and female fertility, the menstrual cycle, fertile times, psychosexual development, relationships and sexual responsibility, contraception, STD</p> <p>Methods: Experiential learning, explore, discuss and clarify feelings and values, understand influences and pressures affecting values and behaviors</p> <p>Development of curriculum/ program: Natural Family Planning Center (NFPC) in Washington DC</p> <p>Educators and their training: Fifteen teachers attended a workshop taught by NFPC staff.</p> <p>Implementation: All activities implemented</p>	<p>Type of design: Quasi-experimental. Intervention and comparison groups were identified by the teacher in each high school.</p> <p>Cohort design: Matched pre and posttest surveys</p> <p>Timing of surveys: Questionnaire data were collected at baseline at the end of the intervention (12 months).</p> <p>Comparison intervention: None</p> <p>Sample size for sexually inexperienced at baseline: N=257</p> <p>Sample size for sexually experienced at last follow-up: N=66</p> <p>Retention Rate: 100%</p> <p>Statistical analysis: Response options were combined to create scales and the validity and viability of these were tested. These new variables were then analyzed for program effects using t tests. No controls for baseline differences in demographic variables.</p>	<p>Impact on behaviors:</p> <p>Initiation of sex +</p> <p>Impact on mediating factors:</p> <p>Affirmation of abstinence 0</p> <p>Rejection of permissiveness 0</p> <p>Peer influences 0</p> <p>Understanding fertility patterns/mood changes 0</p> <p>Understanding fertility patterns/ability to be a parent +</p> <p>Understanding fertility patterns/myself as a person 0</p> <p>Likelihood of sex in next year 0</p>	<p>All</p> <p>The intervention and comparison groups were not well matched on outcome behaviors. Relative to the intervention group, at baseline the comparison group was more likely to have ever had sex, to have had sex more recently, to have had sex more frequently and to have had sex with more partners. It has had more permissive sexual values.</p> <p>The change in sexual initiation rates is due to the high rates of comparison males initiating sex (almost 10 times higher than the rate for program males). This is not surprising given the higher sexual risk profile of the comparison group at baseline.</p>

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Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments		
					All	Sample Subgroups	
					Male	Female	
Program name: My Future is My Choice Reference: Stanton, Li, Kahihuata, Fitzgerald, Neumbo, Kanduuombe, Ricardo, Galbraith, Terreri, Guevara, Shipena, Strijdom, Clemens, Zimba, Xiaoming, De Jaeger 1998, 1999 Contact person: Bonita F. Stanton, Department of Pediatrics, Wayne State University, Children's Hospital of Michigan, Detroit, MI 48202 USA bstanton@med.wayne.edu	Country: Namibia Location in country: Caprivi and Omusati Rural/urban: Mixed Income level: NR Pregnancy Risk level: NR STD/HIV Risk level: NR Age: 15-18 years Median=17 Grade level: Grades 9-11 Gender: M=46% F=54% Race/ethnicity: NA Total sample at baseline: N=515 Matched baseline-post intervention sample: N=452 Matched baseline-6 month sample: N=379 Matched baseline-12 month sample: N=359	Setting: 10 secondary boarding schools Structure: Fourteen 2-hour sessions were co-taught by a volunteer teacher and an out-of-school youth to 15-20 students during after school hours over a 7 week period. Behaviors targeted: Sexual initiation, sexual activity, number of partners, condom use Mediating factors targeted: See measured mediating variables to the right. Basic message: You have a choice about sex. Theoretical basis: Protective motivational theory, social cognitive theory Topics covered: Basic facts about reproductive biology and HIV/AIDS, other risk behaviors (alcohol, substance use, relationship violence), communication skills across gender and age groups, framework for decision making Methods: A variety of narratives, games, facts, exercises, questions, and discussions were used to address extrinsic and intrinsic rewards, vulnerability, self-efficacy, perceived efficacy of protective measures, and response cost. Development of curriculum/program: Based on the Focus on Kids curriculum developed and evaluated in the US. Extensive revisions were made based on focus groups, data analysis, and pilot testing. Educators and their training: Facilitators participated in a 40 hour training session focused on practical skills, team building, and logistics. Implementation: All activities implemented	Type of design: Experimental. All youth in grades 9 or 11 were invited to participate. Those enrolled completed a preliminary session and the baseline survey. Students were then randomly assigned to intervention or control. Cohort design: Pre and posttest surveys Timing of surveys: Questionnaire data were collected at baseline, post-intervention (2 months), and at 6 and 12 months. Comparison intervention: Delayed intervention Sample size for sexually inexperienced at baseline: N=255 Sample size for sexually experienced at last follow-up: N=244 Retention Rate: 88% at 2 months; 74% at 6 months; 70% at 12 months Statistical analysis: Bivariate analysis using chi-square tests and an analysis of variance (ANOVA) was conducted controlling for baseline knowledge, gender, and age.	Impact on behaviors: Ever had sex (at 6 months) 0 Sex in past 6 months (at 6 months) 0 Number of partners: at 2, 6, 12 months 000 Abstinence among baseline virgins: at 2, 6, 12 months 00+ Abstinence among sexually experienced at baseline: at 2, 6, 12 months 000 Condom use by sexually active: at 2, 6, 12 months +00 Condom use by sexually experienced at baseline: at 2, 6, 12 months 000 Condom use among all: at 2, 6, 12 months 000 Impact on mediating factors: Discussed previous sex experience with new partner: at 2, 6, 12 months 0+0 Alcohol use: at 2, 6, 12 months 0++ Violence in relationship: at 2, 6, 12 months 000 Fondling: at 2, 6, 12 months 000 Condoms are easy to find: at 2, 6, 12 months +++ Know how to put on condom correctly: at 2, 6, 12 months +++ Could make partner use condom even if he/she doesn't want to: at 2, 6, 12 months 00+ Could ask for condoms at a clinic: at 2, 6, 12 months +00 I could ask a partner about past sexual relationships: at 2, 6, 12 months 000 I could refuse to have sex if partner refused to use condom: at 2, 6, 12 months 000 Following measured at 6 months: Intend to have sex 0 Intend to use a condom + Intend to have sex with multiple 0 Intend to drink alcohol with friends + Beat up a girlfriend 0 Close friends have sex 0 Know students who got pregnant 0 Girls like the way sex feels 0 Important to have sex to be a man 0 Important to have sex to be woman 0 My decisions on sex affect family 0 A girl may say no to sex but really mean yes 0 A girl should say no to sex 0 I can be intimate without sex + I could have a partner for a long +	This is a strong evaluation design with random assignment and long-term follow-up. This study was based on the adaptation of an effective US based program to be culturally appropriate for implementation in Namibia. There were differential effects based on gender. Both male and female virgins benefited from the program, but in different areas (males increased condom use, females delayed sexual initiation, had lower alcohol use, and more self-efficacy).		

1 NR= Not recorded, NA= Not applicable

2 Change in outcome for group receiving intervention relative to comparison group: no significant change = 0; significant desirable change = +; significant undesirable change = -; marginally significant change (p₂ ≤ .1) = 0*.

Study Information	Community/ Sample Characteristics	Program Description	Study Design and Analytic Methods	Results ²	Additional Comments
				time and not have sex + 0 0	
				If a girl refuses sex with boyfriend + 0 0	
				it is OK if he hits her + 0 0	
				Sexually active friends use condoms 0 + 0	
				It doesn't matter what I do, I will get AIDS 0 0 0	
				OK for girl to carry condoms 0 0 0	
				Boys who use condoms are responsible 0 0 0	
				Will use a condom every time to prevent AIDS 0 0 0	
				Can explain how woman gets pregnant + 0 0	
				Condoms take away boys pleasure during sex + + 0	
				AIDS is caused by virus 0 0 0	
				You can get AIDS by touching 0 0 0	
				Food can give you AIDS 0 0 0	
				Can tell if someone does not have AIDS by looking at them + + 0	
				No need to use condom with withdrawal 0 0 0	
				Birth control protects from AIDS + 0 +	
				Can get AIDS first time have sex + + +	
				Can get AIDS if have sex with only one person 0 0 0	
				Girl can get pregnant first sex + + +	
				Best protection from AIDS is no sex 0 0 +	
				People in Namibia have AIDS 0 0 0	
				AIDS only in cities in Namibia 0 0 0	

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