

EVIDENCE TABLES

A review of the effectiveness and cost effectiveness of alcohol and sex and relationship education for all children and young people aged 5-19 years in community settings

Lisa Jones, Geoff Bates, Jennifer Downing, Harry Sumnall, Mark A Bellis
Centre for Public Health, Liverpool John Moores University



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1 Programmes targeting alcohol use

1.1 Systematic reviews and meta-analyses

Study details	Review parameters	Outcomes	Notes
<p>Foxcroft et al., (2002)</p> <p>Systematic review ++</p> <p>Objective: To identify and summarize rigorous evaluations of psychosocial and educational interventions aimed at the primary prevention of alcohol misuse by young people and To assess the effectiveness of primary prevention interventions over the longer-term (> 3 years).</p> <p>Databases searched: Project CORK, BIDS, PSYCLIT, ERIC, ASSIA, MEDLINE, FAMILY-RESOURCESDATABASE, HEALTH-PERIODICALS-DATABASE, EMBASE, BIDS, Dissertation-Abstracts, SIGLE, DRUG-INFO, SOMED, Social-Work-Abstracts, National-Clearinghouse-on-Alcohol-and-Drug-Information, Mental-Health-Abstracts, DRUG-database, ETOH</p> <p>Years: NR</p>	<p>Inclusion: RCTs, NRCT, ITS design, controlled clinical trial, controlled prospective study. Primary interventions for those up to age 25 years. Alcohol-specific or generic interventions providing alcohol outcomes</p> <p>Exclusion: NR</p> <p>Number of studies included: 56 studies</p>	<p>Primary prevention for alcohol misuse in young people.</p> <p>Schinke 2000 reported that the skills based intervention group were around 7% less likely than a control group to be weekly drinkers three and a half years after baseline measurement. This was statistically significant although the public health impact of this effect is difficult to judge.</p> <p>Spoth 2001 conducted an evaluation of a family-based intervention using a strong design, and although there was a moderate attrition rate, there was also a consistent pattern of effectiveness across the three drinking behaviour variables they reported. Importantly, the effectiveness of this intervention seemed to increase over time.</p> <p>Ineffective - Communities Mobilizing for Change on Alcohol programme - showed no clear results. Project Northland (Perry 1996) - no long-term effectiveness</p> <p>Community conclusion - If community interventions can have a significant impact on important youth alcohol misuse outcomes at the same time as impacting on other groups within a community (e.g. Holder 1997) then there may ultimately be an economy of scale. Instead of different interventions for different groups, a single community intervention that covers all these groups may be more cost-effective.</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>The major limitation was that the unit of allocation and analysis was different.</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>Research into important outcome variables is needed. Evaluation methodologies need to be improved. SFP needs to be evaluated on a larger scale. Culturally focused interventions need to be further developed and rigorously evaluated.</p>

Study details	Review parameters	Outcomes	Notes
<p>Foxcroft et al., (2003)</p> <p>Systematic review +</p> <p>Objective:</p> <p>Databases searched: 22 databases. Including MEDLINE, EMBASE, ASSIA, PSYCLIT.</p> <p>Years: NR</p>	<p>Inclusion: RCTs, matched controlled before-after design and interrupted time-series design. Participants were young people up to 25 years. Studies evaluated psychosocial interventions aimed specifically to develop psychological and social skills in young people (e.g. peer resistance) or educational interventions that aim specifically to raise awareness of the potential dangers of alcohol misuse (e.g. increased knowledge).</p> <p>Exclusion: non-English</p> <p>Number of studies included: 56 studies (20 of which showed ineffectiveness).</p>	<p>41 RCTs, 14 NRCTs, 1 ITS.</p> <p>The results of this review point to Strengthening Families Program as an effective intervention over the long-term for the primary prevention of alcohol misuse. Other interventions worth considering are culturally focused interventions (e.g. Schinke et al., 2000).</p> <p>Findings showed that evidence for the life skills training programme was less convincing. Authors make the point that policy makers should be informed of this finding, given the widespread acceptance and use of LST.</p> <p>Community interventions have the added benefit of going beyond youth which may be more cost-effective (Holder, 1997).</p> <p>Whether interventions focused on alcohol alone or alcohol as one of a number of drugs, appeared to have no effect on outcome in the studies reviewed.</p>	<p>Strengths and/or weaknesses of the evidence presented: Methodological quality of interventions is better than those reported in the authors' previous review</p> <p>Evidence gaps and/or recommendations for future research: Research into important outcome variables needs to take place to understand predictors of alcohol misuse. The methodology of evaluations needs to improve. SFP needs to be evaluated on a larger scale.</p>

Study details	Review parameters	Outcomes	Notes
<p>Petrie et al., (2007)</p> <p>Systematic review ++</p> <p>Objective: To review parenting programmes to prevent tobacco, alcohol or drug abuse in children</p> <p>Databases searched: PubMed, PsychInfo, CINAHL, SIGLE</p> <p>Years: different for each database from 1960-October 2003</p>	<p>Inclusion: RCTs and CBA studies. Parents with children aged <18 years. Any parenting programme intervention involving parents which was designed to develop parenting skills, improve child/parent communication or enhance the effects of other interventions. Studies also had to include a measure of one of the following: Smoking, drinking, drug use by the child Intention of child to participate in smoking, drinking or drug use alcohol and drug related risk behaviours in child antecedent behaviours such as truancy etc.</p> <p>Exclusion: if designed to manage children with established drug, alcohol, or smoking habits or focused on parents who were receiving treatment for their own addictions to alcohol or drugs.</p> <p>Number of studies included: 46 reports on 20 studies met inclusion criteria</p>	<p>The strongest evidence found in the review was based on work that had been undertaken with preteen and early adolescent children. Here parenting programmes evaluated led to a significant reduction in one or more of the outcome variables, in particular alcohol use, drugs or tobacco compared with controls. They included ISFP and PDFY programme.</p> <p>LST was found to be as effective as an intervention that included LST in conjunction with the ISFP. Effective interventions focussed on developing strategies to involve adolescents in family activities to maintain familial bonds and manage conflict. Also, an emphasis on parental engagement in an activity-based programme.</p> <p>Most effective interventions at reducing substance use in <18 children: emphasised development of social skills and sense of personal responsibility among young people, as well as addressing issues related to substance use. Included active parental involvement.</p> <p>All three trials with good allocation concealment showed significant positive effects.</p>	<p>Strengths and/or weaknesses of the evidence presented: Few studies distinguished between regular and occasional use</p> <p>Evidence gaps and/or recommendations for future research: Use of more rigorous, independent measures are needed. Further research is needed to assess the applicability of these findings to other social groups</p>

Study details	Review parameters	Outcomes	Notes
<p>Smit et al., (2008)</p> <p>Systematic review ++</p> <p>Objective: to quantify the effectiveness of family interventions in reducing adolescent drinking through meta-analysis of RCTs</p> <p>Databases searched: Cochrane Database of Systematic Reviews, ERIC, Medline, PsycInfo</p> <p>Years: 1995-2006</p>	<p>Inclusion: RCTS targeted parents with children <16 yrs, describing a family intervention where at least half of the programme had to be targeting parents directly, all types of learning media were included e.g. group sessions, skills training, booklets, and CD-ROM programmes, the intervention was carried out in a general population and reported on the effectiveness of the study.</p> <p>Exclusion: Intervention was designed to manage at-risk groups, or part of a multicomponent intervention and no separate analyses were performed for family interventions, the outcome was not actual alcohol use e.g. intention to use alcohol, and the subjects were not randomly assigned to the intervention or control condition.</p> <p>Number of studies included: 18 articles</p>	<p>Main findings point to a favourable effect of family interventions on alcohol initiation and frequency of alcohol consumption among young people. The effects were maintained over time.</p> <p>Studies targeting all families within a group (mainly schools) showed a somewhat stronger effect, as compared to interventions targeting families independently for alcohol initiation, any use of alcohol in the past month and frequency of alcohol use</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>Not all included studies could be combined into a single meta-analysis due to differences in outcomes.</p> <p>Small number of studies.</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>There is a need for future research to use intent-to-treat analysis</p>

1.2 Programmes delivered in social, health and community settings

Study details	Intervention and population details	Analyses	Results
<p>Elder et al., (2002)</p> <p>RCT (Cluster) +</p> <p>Objective: To evaluate a community-based tobacco/alcohol use prevention programme</p> <p>Setting: Community - specify School (evenings)</p> <p>Country: USA</p> <p>Funding source: National Cancer Institute</p>	<p>Population details</p> <p>Inclusion: Adolescents and one adult care-giver from 22 schools within 15 school districts with a sufficiently eligible number of Migrant Education families.</p> <p>Exclusion: NR</p> <p>Total n= 660 adolescents</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 51%</p> <p>Mean age (range): NR</p> <p>Ethnicity: Majority were Mexican</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: Sembrano Salud</p> <p>Focus/aim: Tobacco and alcohol use prevention</p> <p>Programme type:</p> <p>Theoretical base: NR</p> <p>Key components: Presentation of information, modelling and behavioural rehearsal; developing parental support through enhanced parent-child communication. Additional components were telephone booster calls and three newsletters.</p> <p>Providers/delivers: Bilingual/bicultural Mexican Americans, participated in training sessions</p> <p>Length, duration, intensity: 8 weekly 2-hr sessions</p> <p>Other details:</p> <p>Comparator: First aid/home safety educational programme</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Generalised estimating equations</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Organisation/institution</p> <p>Time to follow-up: Post-test, 1- and 2-years</p> <p>Other details: 10\$ incentive for each person was provided for completion of the baseline and post-intervention assessment.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: n= 637 (post-test), 587 (1 year), 537 (2 years), respectively</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>There was no difference between intervention and control groups in their susceptibility to drinking at any follow-up (OR 0.87; 95% CI 0.66, 1.14).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no difference between intervention and control groups in terms of 30-day drinking at any follow-up (OR 1.21; 95% CI 0.74, 1.97). The authors report that alcohol prevalence started and remained at low levels throughout the study.</p>

Study details	Intervention and population details	Analyses	Results
<p>Schinke et al., (2005)</p> <p>RCT (cluster) -</p> <p>Objective: The study examined the feasibility and preliminary effectiveness of an interactive CD-ROM designed to prevent alcohol abuse among high-risk youth.</p> <p>Setting: Community - specify Afterschool agencies</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcoholism and Alcohol Abuse</p>	<p>Population details</p> <p>Inclusion: Adolescents from 41 community-based agencies in greater New York City</p> <p>Exclusion:</p> <p>Total n= 489</p> <p>Intervention, n= 329</p> <p>Comparator, n= 160</p> <p>Male n (%) = 49%</p> <p>Mean age (range): median 10.84 years</p> <p>Ethnicity: 54% African American, 30% Hispanic, 11% White, 5% other</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Thinking Not Drinking: A SODAS City Adventure</p> <p>Focus/aim: To prevent alcohol abuse among high-risk adolescents</p> <p>Programme type:</p> <p>Theoretical base: Social cognitive theory, problem-behaviour theory, peer-cluster theory and family networks theory</p> <p>Key components: Goal setting, coping, media literacy, peer pressure, assertiveness training and preventive strategies</p> <p>Providers/delivers: CD-ROM</p> <p>Length, duration, intensity: Ten, weekly 45 minute sessions</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Gain score analyses</p> <p>Unit of allocation: School or youth programme sites</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: See comments</p> <p>Comments: Matched on age, gender and school grades, but family composition and race differed</p> <p>Attrition</p> <p>Number of participants completing study: 100%</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Participants who received the interactive CD ROM scored more positively on assertion skills and perceived harm of alcohol than control participants ($p < 0.0005$ and $p < 0.053$, respectively).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no difference in alcohol or other drug use among the intervention and control groups. The authors report that frequency of substance use behaviour was low.</p>

Study details	Intervention and population details	Analyses	Results
<p>Tebes et al., (2007)</p> <p>CBA +</p> <p>Objective: To examine the effectiveness of an after-school program delivered in urban settings on the prevention of adolescent substance use.</p> <p>Setting: Community - specify Afterschool agencies</p> <p>Country: USA</p> <p>Funding source: Center for Substance Abuse Prevention</p>	<p>Population details</p> <p>Inclusion: Adolescents enrolled in after-school programmes serving middle and high schools</p> <p>Exclusion:</p> <p>Total n= 304</p> <p>Intervention, n= 149</p> <p>Comparator, n= 155</p> <p>Male n (%) = 53%</p> <p>Mean age (range): mean 14.5 years (SD 1.6)</p> <p>Ethnicity: 76% African American, 20% Hispanic, 4% White, <1% American Indian or Asian</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Adolescent Decision-Making for the Positive Youth Development Collaborative (ADM-PYDC)</p> <p>Focus/aim: To promote well-being and prevent substance use among adolescents</p> <p>Programme type: Youth development programme</p> <p>Theoretical base: NR</p> <p>Key components: Curriculum covered: (1) understanding and coping with stress; (2) decision-making; (3) information about tobacco, alcohol and drugs; and (4) applying decision-making. Cultural heritage materials were included in the curriculum.</p> <p>Providers/delivers: Community group leaders</p> <p>Length, duration, intensity: 18 sessions</p> <p>Other details:</p> <p>Comparator: Range of after-school activities, including academic support, counselling services, and recreational activities.</p>	<p>Process details</p> <p>Data collection method(s): One on one interviews</p> <p>Statistical method(s) used to analyse data: Hierarchical linear modelling analysis; propensity scores were entered in the HLM model to adjust for the bias between the non-equivalent groups.</p> <p>Unit of allocation: School / After-school programme</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test, 1 year</p> <p>Other details: The ADM-PYDC curriculum was part of an overall after-school programme that included regular field trips to community agencies, civic organisations, businesses, and schools to promote learning about community service and understanding one's cultural heritage.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: See comments</p> <p>Comments: The intervention group contained a significantly higher percentage of girls, were older, had a higher grade level, had parents with more education, were less likely to live with two parents, and a significantly higher percentage of participants who had tried cigarettes.</p> <p>Attrition</p> <p>Number of participants completing study: 1-year: Intervention 62%; Control 58%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>At post-test, intervention participants reported an increased perception of risk of harm compared with the control group (p=0.006), but there was no difference on this measure at the 1-year follow-up. There were no significant differences in drug beliefs at post-test or 1-year between intervention and control participants.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Between pre-test and follow-up, the change in alcohol use was significantly greater among the intervention group relative to the control group. The odds of using alcohol from pre-test to follow-up were less for the intervention group relative to the control group (OR 0.365; 95% CI 0.15– 0.90).</p>

1.3 Programmes delivered to parents and families

Study details	Intervention and population details	Analyses	Results
<p>Bauman et al., (2000)</p> <p>RCT (Individual) -</p> <p>Objective: To evaluate a family programme to reduce use of cigarettes or alcohol</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Drug Abuse</p>	<p>Population details</p> <p>Inclusion: Families with children aged 12-14 years</p> <p>Exclusion:</p> <p>Total n= 203 families (baseline users of alcohol)</p> <p>Intervention, n= 99 families</p> <p>Comparator, n= 104 families</p> <p>Male n (%) = 49%</p> <p>Mean age (range): range 12-14 years</p> <p>Ethnicity: 73% White; 13% Black; 9% Hispanic; 5% Other (whole sample)</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Family Matters</p> <p>Focus/aim: Help families prevent the onset of substance use</p> <p>Programme type: Family orientated tobacco and alcohol prevention</p> <p>Theoretical base: Theories of socialization; value expectancy theory; health belief model; social learning theory; social inoculation theory</p> <p>Key components: Activities included discussion about consequences of alcohol/tobacco use; family influences on children; family characteristics to influence adolescent drug use; rules and sanctions related to alcohol/tobacco use; factors outside the family that can influence substance use</p> <p>Providers/delivers: Health educators</p> <p>Length, duration, intensity: 4 booklets</p> <p>Other details: NA</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire (self-report)</p> <p>Statistical method(s) used to analyse data: Generalised estimating equations</p> <p>Unit of allocation: Families</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3 months; 12 months</p> <p>Other details: Only families who completed follow-up were included in the analysis</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Intervention and control groups were not balanced on ethnicity</p> <p>Attrition</p> <p>Number of participants completing study: 30 families were lost-to-follow-up</p> <p>Reasons for non-completion: Not reported</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no difference between intervention and control families in the mean number of days on which participants had drunk alcohol in the past 30 days.</p>

Study details	Intervention and population details	Analyses	Results
<p>Beatty et al., (2008)</p> <p>RCT (cluster) +</p> <p>Objective: Parent-child communication about tobacco and alcohol</p> <p>Setting: Parent</p> <p>Country: Australia</p> <p>Funding source: Western Australian Public Education Endowment Trust and by a Western Australian Health Promotion Foundation (Healthway) Research Training Scholarship</p>	<p>Population details</p> <p>Inclusion: Parents with children age 10-11 years;</p> <p>Exclusion: NR</p> <p>Total n= 1,201 parents</p> <p>Intervention, n= 353 (29%)</p> <p>Comparator, n= 848 (71%)</p> <p>Male n (%) = NR</p> <p>Mean age (range): 10-11 years</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: To reduce alcohol and tobacco use by young people</p> <p>Programme type: Parent intervention</p> <p>Theoretical base: Diffusions of social innovation theory; social cognitive theory</p> <p>Key components: Five communication sheets containing self-help information and activities for parents; covered communication, role modelling, parenting style and family management techniques, information about alcohol and tobacco.</p> <p>Providers/delivers: NA</p> <p>Length, duration, intensity: Not clear</p> <p>Other details: Parents in one intervention condition were provided with an opportunity to choose the order in which they received the five sheets.</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Logistic regression</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Individual, see other details</p> <p>Time to follow-up: NR</p> <p>Other details: Within-school correlations were estimated and found not to be significantly different from zero.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Differences found on five characteristics</p> <p>Attrition</p> <p>Number of participants completing study: 69%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Intervention group parents were more likely to report having spoken to their child about drinking alcohol (OR=2.8, 1.76-4.35, p<0.001). Intervention parents were more likely to have spoken to their child about alcohol more recently (p<0.001) (more specifically in the past 1-2 months; OR=3.1, 1.95-4.95, p<0.001, or the past 3-4 months; OR=1.9, 1.17-3.16, p=0.01) for a longer duration (p=0.006) (OR>2.5 for each time-period versus not spoken), with a greater level of engagement (p=0.006) (OR=2.3, 1.33-3.91, p=.003), covering more essential topics (p<0.001) (specifically all three nominated topics than none of the topics; OR=2.2, 1.46-3.32, p<0.001).</p> <p>Multinomial regressions indicated that intervention parents were twice as likely to have spoken to their child about smoking in the 2 months prior to being surveyed (OR=2.1, 1.22-3.75, p=0.008), to report high engagement rather than no engagement (OR=2.2, 1.13-4.18, p=0.020), and discussed more essential topics (OR=1.6, 1.09-2.45, p=0.017).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p>Brody et al., (2004; 2006)</p> <p>RCT (Cluster) +</p> <p>Objective: To evaluate the Strong African American Families Program intended to delay the onset of alcohol use and reduce alcohol consumption</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcoholism and Alcohol Abuse</p>	<p>Population details</p> <p>Inclusion: African American mothers and their 11-year-old children; resided in nine rural counties</p> <p>Exclusion: NR</p> <p>Total n= 332</p> <p>Intervention, n= 182 (55%)</p> <p>Comparator, n= 150 (45%)</p> <p>Male n (%) = 132 (47%)</p> <p>Mean age (range): mean 11.2 years</p> <p>Ethnicity: African Americans</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: Strong African American Families Program</p> <p>Focus/aim: Resistance efficacy approach to reduce drinking</p> <p>Programme type: Alcohol use prevention program</p> <p>Theoretical base: NR</p> <p>Key components: Concurrent parent/child sessions followed by joint sessions where skills learnt are practiced</p> <p>Providers/delivers: Trained group leaders</p> <p>Length, duration, intensity: Seven consecutive 2-hour weekly meetings</p> <p>Other details:</p> <p>Comparator: Received 3 leaflets via mail</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Structural equation modelling with latent variables, ANCOVA.</p> <p>Unit of allocation: Counties</p> <p>Unit of analysis: Individual; authors calculated an intraclass correlation, which indicated that SEM could be used to analyse the data without biasing the parameter estimates.</p> <p>Time to follow-up: post-test; 24 months</p> <p>Other details: Families were paid \$100 at pretest, posttest and 2-year follow up</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Equivalent for family demographic characteristics. Any differences were controlled for.</p> <p>Attrition</p> <p>Number of participants completing study: 305 (92%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Compared with control families, parents and young people in intervention-group families reported greater changes from pre- to post-test in regulated, communicative parenting* (p<0.01). Based on the results of a multilevel ANCOVA (inclusion of county-level effects), a medium effect size emerged for regulated communicative parenting (effect size 0.47; p<0.01). Further analyses undertaken by Murray et al., (2007) found support for the hypothesis that programme induced changes in parenting led to an increase in youth self-pride which was associated with peer orientation, sexual risk intentions, and behaviour at long-term follow-up.</p> <p>*Characterised by four practices: involved-vigilant parenting; clearly articulated parental expectations for alcohol use; communication about sex; and racial socialisation.</p> <p>Personal and social skills</p> <p>Compared with control families, parents and young people in intervention-group families reported greater changes from pre- to post-test in youth protective factors* (p<0.05). Based on the results of a multilevel ANCOVA (inclusion of county-level effects), a small to medium effect size emerged for youth protective factors (effect size 0.39; p<0.03). Further analyses indicated support for the hypothesis that changes in youth protective factors were mediated through intervention induced changes in regulated, communicative parenting.</p> <p>*Five protective factors against the early onset of alcohol use and sexual activity: a planful future orientation; resistance efficacy; negative attitudes towards alcohol use and sexual activity; negative images of drinking youth; and acceptance of parental influences.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>New alcohol user proportions were significantly lower at both post-test (p<0.05) and follow up (p<0.05) in the intervention group compared to the control group. Participation in the programme predicted lower rates of growth in alcohol use among rural African American youth over the follow-up period. SAAF participants experienced 17.4% less growth in alcohol use for each unit increase among the control group. Further analyses indicated that changes in youth alcohol use from the pre-test to the long-term follow-up were mediated through the programme's enhancement of youth protective processes from pre- to post-test.</p>

Study details	Intervention and population details	Analyses	Results
<p>Carlson et al., (2000) [#668]</p> <p>CBA -</p> <p>Objective: A pilot intervention to increase parent-child communication about alcohol avoidance - using postcards as a tool</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Parents/guardians of participating 6th grade students attending two schools.</p> <p>Exclusion:</p> <p>Total n= 650 parents</p> <p>Intervention, n= 237 parents (FU)</p> <p>Comparator, n= 241 parents (FU)</p> <p>Male n (%) = NR</p> <p>Mean age (range): 6th grade pupils</p> <p>Ethnicity: 65% Black; 30% White; 5% Other</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: STARS for families</p> <p>Focus/aim: To improve parent-child communication regarding alcohol use</p> <p>Programme type: Parent-based intervention</p> <p>Theoretical base: Health Belief Model, Social Cognitive Theory</p> <p>Key components: Postcards and parent-child discussion</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: 10 postcards were mailed twice a week over five weeks</p> <p>Other details: None</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Other phone survey</p> <p>Statistical method(s) used to analyse data: chi square</p> <p>Unit of allocation: School</p> <p>Unit of analysis: School, individual</p> <p>Time to follow-up: Two months</p> <p>Other details: NR</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 478 (74%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Intervention parents/guardians were more likely than control parents/guardians to have talked to their child about avoiding alcohol 10 or more times in the past year (chi square= 10.49, 4df, p=0.03). Intervention parents/guardians were also more likely to have talked to their child in the last 30 days than control parents/guardians (chi square=14.78, 4df, p=.01)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p>Cohen and Rice (1995)</p> <p>RCT (cluster) -</p> <p>Objective: Evaluation of parent targeted intervention to reduce children's substance use</p> <p>Setting: Parent Family home</p> <p>Country: USA</p> <p>Funding source: NIDA</p>	<p>Population details</p> <p>Inclusion: School substance use curriculum for 5th and 7th grade students</p> <p>Exclusion: NR</p> <p>Total n= C1 = 1034; C2 = 1244</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = C1 = 48%; C2 = 50%</p> <p>Mean age (range): C1 = 5th Grade</p> <p>Ethnicity: C1 = 15% Asian, 32% Hispanic, 38% White, 4% black, 11% other; C2 = 15% Asian, 27% Hispanic, 40% White, 4% Black, 15% other</p> <p>Other baseline: 41-58% had initiated alcohol at baseline</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To provide parents with skills to support children regarding substance use</p> <p>Programme type: substance use prevention (including alcohol)</p> <p>Theoretical base: Skills development</p> <p>Key components: Parental skills training around substances; Drug refusal skills, family rules about drugs</p> <p>Providers/delivers: NRS - facilitators</p> <p>Length, duration, intensity: 4 sessions cohort 1, 3 sessions cohort 2</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey internally validated</p> <p>Statistical method(s) used to analyse data:</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: post intervention, yearly for 4 years</p> <p>Other details: Few parents attended sessions</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: See comments</p> <p>Comments: random assignment based on ethnic mix, socioeconomic status and achievement scores</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>No difference in parenting behaviours between groups across time. When children's perceptions of parenting behaviours were stratified by the onset of children's tobacco or alcohol use, children who became smokers or drinkers showed larger declines in parental respect, parental rapport and parental monitoring compared with children who remained non-smokers or non-drinkers. However, parents whose children reported having substance-using peers consistently perceived their parents-child relationship as having higher indexes of rapport (p<0.001), respect (p<0.001), and monitoring (p<0.001).</p> <p>Differences in means over time between drinkers and non-drinkers: Cohort 1 (1) p value; Cohort 2 (2) p value</p> <p>Student perception of parent respect for child: p<0.001; P=0.0081</p> <p>Student perception of parent-child rapport: p=0.11; p=0.0015</p> <p>Student perception of parental monitoring: p=0.0004; p<0.0001</p> <p>Student perception of parent's knowledge of children's friends: p=0.45; p=0.92</p> <p>Personal and social skills</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No differences in alcohol and tobacco use between groups across time. Cohort 1 - experimentation with alcohol increased from 42.3% to 71.7%. Cohort 2 - experimentation with alcohol increased from 55.4% to 72.8%</p>

Study details	Intervention and population details	Analyses	Results
<p>Johnson et al., (1996)</p> <p>RCT (cluster) -</p> <p>Objective: Evaluation of the effects of a community-based program designed to delay onset and reduce the frequency of alcohol and other drug use among high-risk youths</p> <p>Setting: Church communities</p> <p>Country: USA</p> <p>Funding source: Center for Substance Abuse Prevention</p>	<p>Population details</p> <p>Inclusion: High-risk youth and their families in five church communities</p> <p>Exclusion:</p> <p>Total n= 120*</p> <p>Intervention, n= 59</p> <p>Comparator, n= 61</p> <p>Male n (%) = 42%</p> <p>Mean age (range): 12-14 yrs</p> <p>Ethnicity: 16% African American</p> <p>Other baseline: NR</p> <p>*Post-test sample only</p> <p>Intervention details</p> <p>Name: Creating Lasting Connections</p> <p>Focus/aim: Delay the onset and reduce the frequency of alcohol and other drug use</p> <p>Programme type: Community-based</p> <p>Theoretical base: NR</p> <p>Key components: Training modules for parents and young people (substance use knowledge and issues, family planning skills, and communication skills); follow-up case management services</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: 3 training modules (12-16 hours each); 1 yr case management</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANCOVA (with and without repeated measures)</p> <p>Unit of allocation: Group - Families</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: post-test; 12 months</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments:</p> <p>Attrition</p> <p>Number of participants completing study: 120 (% NR)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Significant effects at 3 months and 1 year on alcohol and other drug (AOD) knowledge and beliefs (both $p < 0.001$).</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Significant effects at 3 months on youth involvement in setting AOD rules ($p < 0.001$); family communication (parent report, $p=0.06$); bonding with mother (youth report, $p=0.08$). No significant effects on family meeting practices, family rules about ATOD, family rules about non-AOD youth behaviour, youth involvement in setting non-AOD rules, family communication (youth report), parents frequency of alcohol use, parents' quantity of alcohol use, bonding with mother (parent report), bonding with father (youth report), bonding with siblings (parent report).</p> <p>At 12 months, there were no significant effects on family meeting practices, family rules about ATOD, family rules about non-AOD youth behaviour, youth involvement in setting non-AOD rules, family communication (parent or youth report), parents frequency of alcohol use, parents' quantity of alcohol use, bonding with mother (parent report), bonding with father (youth report), bonding with siblings (parent report).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p>Jones et al., (2005)</p> <p>RCT (cluster) +</p> <p>Objective: To examine whether the effects of a family-focused primary-care-based intervention were moderated by positive parenting and/or adolescent gender.</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Families with a child in 5th or 6th grade; accompanied to a well-child visit by a parent/guardian.</p> <p>Exclusion: NR</p> <p>Total n= 2,153 families</p> <p>Intervention, n= 1,235 families</p> <p>Comparator, n= 918 families</p> <p>Male n (%) = 51%</p> <p>Mean age (range): mean 11 years</p> <p>Ethnicity: 97% White</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Educate families about risks associated with substance use, encourage family communication about the risks, and encourage families to establish policies and engage in activities to prevent risky behaviour.</p> <p>Programme type: Family-focused intervention</p> <p>Theoretical base: NR</p> <p>Key components: Families agreed to discuss the target risk behaviours and to develop policies; parent, child and clinician signed a “family contract”; three sets of material mailed to families (quarterly newsletters; brochures focusing on effective communication and annual reminders)</p> <p>Providers/delivers: clinicians - physicians, nurses</p> <p>Length, duration, intensity: NR</p> <p>Other details:</p> <p>Comparator: Physician discussed bicycle helmet, car seatbelt or gun safety</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: t-test; chi-square</p> <p>Unit of allocation: Clinics</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 12-, 24- and 36-months</p> <p>Other details: Only families that had complete data at all assessments were included in the analyses.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Balanced on all measures except significantly more female children in control group</p> <p>Attrition</p> <p>Number of participants completing study: n= 2,153 (70% of original sample)</p> <p>Reasons for non-completion: Losing contact with families who moved; parents withdrawing</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>There was no intervention effect on adolescent internalizing or externalizing of problems. Significant prevention program effect for boys on externalizing of problems (p<0.05) with lower externalizing in intervention boys.</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was not a main effect of the intervention effect on alcohol and tobacco use index. Contrary to the authors’ hypotheses, maternal positive parenting, paternal positive parenting, gender of the adolescent, and the interaction of these variables did not moderate the effect of the prevention programme on the alcohol and tobacco use index.</p>

Study details	Intervention and population details	Analyses	Results
<p>Koutakis et al., (2008)</p> <p>NRCT ++</p> <p>Objective: To evaluate a 2.5-year prevention programme working through parents, targeting drinking among 13–16-year-olds.</p> <p>Setting: Parent</p> <p>Country: Sweden</p> <p>Funding source: Swedish National Institute of Public Health</p>	<p>Population details</p> <p>Inclusion: Inner city, public housing and small town areas; Junior high schools grades 7-9 parents of students.</p> <p>Exclusion: NR</p> <p>Total: students, n=811; parents, n=651</p> <p>Intervention: students, n=393; parents, n=339</p> <p>Comparator: students, n=418; parents, n=312</p> <p>Male n (%) = NR</p> <p>Mean age (range): 13-16 years;</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: The Örebro Prevention Programme</p> <p>Focus/aim: To reduce adolescent alcohol use</p> <p>Programme type: Alcohol prevention programme</p> <p>Theoretical base: increased involvement in organised leisure activities reduces use of drugs/alcohol and delinquency.</p> <p>Key components: zero-tolerance to alcohol use, promoting leisure activities, parental influence on adolescents, parent-child contracts.</p> <p>Providers/delivers: External: Project workers</p> <p>Length, duration, intensity: 5 semesters, 1x meeting per semester, 30mins</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: general linear models, ANCOVAs, chi-squared, t-tests</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: grade 7, grade 8, grade 9 for both students and parents.</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Parent control group significantly stricter.</p> <p>Attrition</p> <p>Number of participants completing study: Grade 8 students, n=653; parents, n=524; Grade 9 students, n=705; parents, n=506</p> <p>Reasons for non-completion: Absence from school; no reason reported for parents</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Parental attitudes towards alcohol at PT were significantly greater among intervention parents in comparison to control parents (p<0.001).</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>The increase in youth drinking and last month drunkenness was steeper in the control group, compared to the intervention group at post-test (both p<0.001). The proportion of participants who had been drunk several times during the last month was twice as high in the control group as in the intervention group (27.0% versus 12.6%, p<0.001). The number needed to treat (NNT) was 7.7 for being drunk during the last month and 7.1 for being drunk frequently.</p> <p>Early starters (those who had been drunk at least once at baseline, n=148) reported increased drunkenness over time (p<0.001). This increase was steeper in the control group than in the intervention group, (p<0.01).</p>

Study details	Intervention and population details	Analyses	Results
<p>Loveland-Cherry, (1999)</p> <p>RCT (Individual) -</p> <p>Objective: To evaluate an intervention designed to enhance protective factors and minimize risk factors identified as influencing adolescent alcohol use</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Students in 4th grade from three school districts and their families.</p> <p>Exclusion: NR</p> <p>Total n= 892</p> <p>Intervention, n= 90/428 at FU (21%)</p> <p>Comparator, n= 338/428 at FU (79%)</p> <p>Male n (%) = 46%</p> <p>Mean age (range): 4th Grade</p> <p>Ethnicity: 86% European American</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To develop parent/family assets that are proposed to maximise protective factors and minimise parent/family risk factors.</p> <p>Programme type: Alcohol misuse prevention</p> <p>Theoretical base: Social cognitive theory, problem behaviour theory</p> <p>Key components: In-home sessions, family meetings and follow-up phone calls; booster sessions in 7th grade; semi-annual newsletters</p> <p>Providers/delivers: "Field Staff"</p> <p>Length, duration, intensity: Three hour long in-home sessions</p> <p>Other details: None</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures MANOVA</p> <p>Unit of allocation: Families</p> <p>Unit of analysis:</p> <p>Time to follow-up: Annual follow up for 4 years</p> <p>Other details: families were paid \$5 for each completed interview and \$10 for each completed session</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 428 (48%) provided complete data at all four follow-ups</p> <p>Reasons for non-completion: missing data from one or more follow ups</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Alcohol use increased over time in both the intervention and control group. Prior drinkers in the intervention condition (n=11) reported somewhat less alcohol consumption over time than prior drinkers in the control condition (n=50). At 4 years, students without prior drinking reported less use if their parents were in the intervention group (n=79), whereas control group students with no prior drinking (n=288) reported more alcohol use.</p> <p>Prior drinkers in the intervention condition reported less alcohol misuse and a sharper decline in drinking problems than prior drinkers in the control group. Among students with no prior drinking, in 4th and 5th grade, intervention group students reported minimally lower rates of misuse than control students, but at 6th grade, those in the control group reported lower rates of alcohol misuse than those in the intervention group. Based on analysis at the 4-year follow-up, among no prior drinkers students in the intervention group reported less alcohol use and misuse compared to control students (p=0.01 for use; p=0.04 for misuse). Among prior drinkers, the results were not significant.</p>

Study details	Intervention and population details	Analyses	Results
<p>Mason et al., (2009)</p> <p>RCT (cluster) +</p> <p>Objective: To report on the long term follow up of an alcohol abuse prevention intervention, Preparing for the Drug Free Years</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Families of sixth graders enrolled in 33 rural schools in 19 counties.</p> <p>Exclusion: NR</p> <p>Total n= 429 families</p> <p>Intervention, n= 221 (51%)</p> <p>Comparator, n= 208 (49%)</p> <p>Male n (%) = 206 (48%)</p> <p>Mean age (range): mean 11.35 years</p> <p>Ethnicity: >95% White</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Preparing for the Drug Free Years (PDFY)</p> <p>Focus/aim: See Spoth et al., 2001; 2004</p> <p>Programme type: Alcohol abuse prevention</p> <p>Theoretical base: Social development model</p> <p>Key components: Four parent only sessions and one session, focusing on peer resistance skills, involved both parents and children.</p> <p>Providers/delivers: Video</p> <p>Length, duration, intensity: Five weekly sessions</p> <p>Other details: Programme content was provided by video.</p> <p>Comparator: Provided with four fact sheets describing various aspects of adolescent development.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: regression; structural equation modelling</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 10 years</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 313 (73%; 152 PDFY; 161 control)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>At age 22, a higher but non-significant proportion of control participants met criteria for alcohol abuse disorder in the past year than intervention group participants (16% PDFY group vs. 21% control; p=0.36).</p> <p>The rate of alcohol abuse for PDFY women (6%) was significantly lower than for control group women (16%; p<0.05 for comparison), but among men, the rate of alcohol abuse for PDFY men (29%) was non-significantly higher than in control men (25%; p=0.66 for comparison).</p> <p>Further analyses indicated that intervention effects on prosocial skills were associated with the reduction in alcohol abuse disorder in adult females.</p>

Study details	Intervention and population details	Analyses	Results
<p>Schinke et al., (2004)</p> <p>RCT (cluster) +</p> <p>Objective: To test a CD-ROM intervention with and without a parent involvement component to reduce risk of alcohol use among an urban sample of early adolescents</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Young people attending 43 community agencies; aged 10-12 years.</p> <p>Exclusion: NR</p> <p>Total n= 514</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 250 (48.6%)</p> <p>Mean age (range): mean 11.5 (SD 0.53) years</p> <p>Ethnicity: 54% Black, 30% Hispanic, 11% white, 5% Asian or other</p> <p>Other baseline: family involvement; peer influence; alcohol, cigarette and cannabis use</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To reduce the risk of alcohol use among urban adolescents</p> <p>Programme type: Alcohol prevention</p> <p>Theoretical base: Family interaction theory; social learning theory; problem behaviour theory</p> <p>Key components: (1) CD-ROM programme covered goal setting, coping, peer pressure, refusal skills, norm correcting, self-efficacy, problem solving, decision making, and communication. Instruction and skills practices of problem-solving steps to help youths assimilate information on avoiding alcohol.</p> <p>(2) Parent intervention consisting of a videotape and two newsletters + workshop booster sessions</p> <p>Providers/delivers: CD-ROM</p> <p>Length, duration, intensity: Ten, 45-minute sessions; 30-minute boosters sessions</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures MANOVA</p> <p>Unit of allocation: Community site</p> <p>Unit of analysis: NR</p> <p>Time to follow-up: post-test; 1-, 2- and 3-year follow-ups</p> <p>Other details: Parents received food and movie coupons for participating</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: No differences on any outcomes</p> <p>Attrition</p> <p>Number of participants completing study: 514 (100%) post-test; 513 (99%) 1-year; 452 (88%) 2-years; 469 (91%) 3-years</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Family involvement: CD ROM plus parent group had significantly better scores than controls at post-test and 2-year follow up and by the 3-year follow-up had significantly better scores than the control and CD ROM only groups (all p<0.05). Family involvement scores increased in both intervention groups over time and remained stable in the control group.</p> <p>Significant main effect of intervention (p<0.001) on peer influence outcomes. Peer influence outcomes improved over time in both intervention groups and worsened in the control group.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Significant main effects seen for the intervention on alcohol use in the past 30 days (p<0.001). Youths in both intervention groups reported less monthly alcohol use than controls at all follow up times. At 3-years, the CD ROM plus parents group also reported less use than the CD ROM only group.</p> <p>Alcohol use in past 30 days. CD; CD + parent; Control</p> <p>Posttest: 3.7 (0.16); 3.7 (0.14); 3.8 (0.14)</p> <p>1-year: 3.7 (0.69); 3.6 (0.75); 3.8 (0.76)</p> <p>2-years: 3.8 (0.89); 3.6 (0.77); 3.9 (0.74)</p> <p>3 years: 3.2 (0.60); 3.2 (0.55); 3.9 (0.63)</p>

Study details	Intervention and population details	Analyses	Results
<p>Schinke et al., (2009)</p> <p>RCT (Individual) +</p> <p>Objective: To evaluate a computer-mediated intervention to prevent underage drinking among early adolescent girls</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Drug Abuse</p>	<p>Population details</p> <p>Inclusion: Participant dyads needed to: (1) include a daughter aged 10-13 years; (2) have access to a private computer; and (3) assure that the mother and daughter would complete measurement and intervention procedures.</p> <p>Exclusion: NR</p> <p>Total n= 202 pair of girls and mothers</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 100% female</p> <p>Mean age (range): mean 12.2 years</p> <p>Ethnicity: 67.8% White, 14.1% Latina, 9.5% Black, .5% Asian, 8% other</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To enhance the quality of girls' relationships with their mothers and teach girls cognitive-behavioural skills to avoid underage drinking</p> <p>Programme type: Underage drinking prevention</p> <p>Theoretical base: Family interaction theory</p> <p>Key components: Computer-mediated intervention modules on: parent-child communication; interpersonal relationships; respect; conflict management; negotiating arguments; media portrayals of drinking; peer norms of underage drinking; and alcohol use-refusal skills</p> <p>Providers/delivers: CD-ROM</p> <p>Length, duration, intensity: 14 modules, 4-5 modules/week for 3 weeks</p> <p>Other details: NA</p> <p>Comparator: Wait list control</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: General linear model repeated measures analyses</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test; 2 months</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Intervention arm girls reported less intention to drink as adults at pre-test.</p> <p>Attrition</p> <p>Number of participants completing study: 199 (99%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Compared with girls who received the control, intervention girls reported better normative beliefs about underage drinking ($p<0.05$) and greater self-efficacy about avoiding alcohol ($p<0.05$) at posttest and follow-up. Intervention girls also showed greater improvements on these measures over time ($p<0.001$ and $p<0.05$, respectively). At posttest and follow-up, fewer girls in the intervention arm than control arm said that they intended to drink alcohol when they became adults ($p<0.05$).</p> <p>Personal and social skills</p> <p>Relative to girls in the control group, intervention girls reported improved communication with their mothers at posttest and follow-up ($p<0.05$), and also reported greater improvement than control girls over time ($p<0.05$). Compared to control girls, at posttest and follow-up, intervention girls reported more parental rules against drinking ($p<0.05$), greater parental monitoring of their out-of-home activities ($p<0.01$), improved family conflict management skills ($p<0.05$), and improved alcohol use-refusal skills ($p<0.05$). Intervention girls also showed greater improvements on these outcomes over time.</p> <p>There was no significant difference between in the intervention and control group based on mothers' reports of mother-daughter communication or parental monitoring, but intervention mothers were more likely to have parental rules against underage drinking ($p<0.05$).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Girls in the intervention arm reported less alcohol consumption than control girls in the past week ($p<0.01$), month ($p<0.05$), and year ($p<0.01$).</p>

Study details	Intervention and population details	Analyses	Results																								
<p>Spoth et al., (1999)</p> <p>RCT (cluster) +</p> <p>Objective: To examine the long term effects of the Iowa Strengthening Families Program on alcohol initiation outcomes</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Drug Abuse; National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Families of 6th graders enrolled at 33 rural schools in 19 contiguous counties. School selection based on school lunch programme eligibility and community size (<8,500).</p> <p>Exclusion: NR</p> <p>Total n= 446 families</p> <p>Intervention, n= 238 families (53%)</p> <p>Comparator, n= 208 families (47%)</p> <p>Male n (%) = 214 (48%)</p> <p>Mean age (range): NR</p> <p>Ethnicity: NR</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Iowa Strengthening Families Program (ISFP)</p> <p>Focus/aim: Targets the enhancement of family protective processes, along with family risk reduction.</p> <p>Programme type: Substance use prevention</p> <p>Theoretical base: Biopsychosocial model</p> <p>Key components: Youth and parent skills-building curriculum and joint parent and child, family curriculum sessions. Parents taught effective means of clarifying expectations based on child development norms, using appropriate disciplinary practices, managing strong emotions concerning their child and effectively communicating with their child. Children learn additional skills for dealing with peer pressure and other personal and social interaction skills. Engagement in activities to increase family cohesiveness and positive involvement of the child in the family.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: 7 sessions over 7 consecutive weeks, 2 hours</p> <p>Other details: Programme content was provided by video.</p> <p>Comparator: Minimal contact</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANOVA; t-test</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 1 and 2 years</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: No significant differences between groups</p> <p>Attrition</p> <p>Number of participants completing study: PT, n= 374 (84%); 1-year, n= 317 (71%); 2-years, n= 294 (66%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Intervention group participants showed lower rates of initiation on each of the three alcohol ever-use measures at both the 1- and 2- year follow-ups relative to the control group. For each measure the percentage difference in new users was larger at the 2-year follow up than at the 1-year follow up.</p> <table border="0" style="width: 100%;"> <tr> <td colspan="2">% ever used alcohol</td> </tr> <tr> <td>Users, 1-yr follow-up: 26.7; 36.1</td> <td>Users, 2-yr follow-up: 35.3; 56.0</td> </tr> <tr> <td>New users, 1-yr follow-up: 16.3; 23.8</td> <td>New users, 2-yr follow-up: 26.1; 47.5</td> </tr> <tr> <td>Relative reduction (vs. control): 31.5</td> <td>Relative reduction (vs. control): 45.1</td> </tr> <tr> <td colspan="2">% ever used alcohol without permission</td> </tr> <tr> <td>Users 1-yr follow-up: 8.7; 20.0</td> <td>Users, 2-yr follow-up: 19.0; 41.8</td> </tr> <tr> <td>New users 1-yr follow-up: 6.4; 16.2</td> <td>New users, 2-yr follow-up: 17.3; 39.3</td> </tr> <tr> <td>Relative reduction (vs. control): 60.5</td> <td>Relative reduction (vs. control): 56.0</td> </tr> <tr> <td colspan="2">% Ever been drunk</td> </tr> <tr> <td>Users, 1-yr follow-up: 6.8; 9.0</td> <td>Users, 2-yr follow-up: 9.8; 19.1</td> </tr> <tr> <td>New users, 1-yr follow-up: 5.1; 7.2</td> <td>New users, 2-yr follow-up: 8.0; 18.0</td> </tr> <tr> <td>Relative reduction (vs. control): 29.2</td> <td>Relative reduction (vs. control): 55.6</td> </tr> </table> <p>(ISFP, 1-yr n=161; 2-yr n=153; PDFY, 1-yr n=155; 2-yr n=141)</p> <p>Relative reduction amongst intervention students who attended more than half of the intervention sessions was higher than the intervention group as a whole after 1-year, but differences at 2-years were minimal</p>	% ever used alcohol		Users, 1-yr follow-up: 26.7; 36.1	Users, 2-yr follow-up: 35.3; 56.0	New users, 1-yr follow-up: 16.3; 23.8	New users, 2-yr follow-up: 26.1; 47.5	Relative reduction (vs. control): 31.5	Relative reduction (vs. control): 45.1	% ever used alcohol without permission		Users 1-yr follow-up: 8.7; 20.0	Users, 2-yr follow-up: 19.0; 41.8	New users 1-yr follow-up: 6.4; 16.2	New users, 2-yr follow-up: 17.3; 39.3	Relative reduction (vs. control): 60.5	Relative reduction (vs. control): 56.0	% Ever been drunk		Users, 1-yr follow-up: 6.8; 9.0	Users, 2-yr follow-up: 9.8; 19.1	New users, 1-yr follow-up: 5.1; 7.2	New users, 2-yr follow-up: 8.0; 18.0	Relative reduction (vs. control): 29.2	Relative reduction (vs. control): 55.6
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Study details	Intervention and population details	Analyses	Results
<p>Spoth et al., (2001; 2004)</p> <p>RCT (cluster) +</p> <p>Objective: To evaluate the effects of two family interventions on the trajectories of substance initiation</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Drug Abuse; National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Families of 6th graders enrolled in 33 rural schools in 19 contiguous counties. Schools were selected on the basis of school lunch programme eligibility (15% or more of district families eligible for free or reduced-cost lunches)</p> <p>Exclusion: NR</p> <p>Total n= 667 families</p> <p>Intervention, (1) ISFP n= 238 families; (2) PDFY n= 221 families</p> <p>Comparator, n= 208 families</p> <p>Male n (%) = NR</p> <p>Mean age (range): 6th grade</p> <p>Ethnicity: 98% White</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: (1) Iowa Strengthening Families Program (ISFP); (2) Preparing for the Drug Free Years (PDFY)</p> <p>Focus/aim: (1) To enhance family protective and resiliency processes and to reduce family-based risk factors associated with child behaviour problems; (2) To enhance protective parent-child interactions and to reduce family-based risk factors for early substance use initiation.</p> <p>Programme type: Substance abuse prevention</p> <p>Theoretical base: (1) biopsychosocial model; (2) social development model</p> <p>Key components: (1) Children and parents attended each session. Parents taught to clarify expectations, use appropriate disciplinary practices, manage strong emotions regarding child, and effectively communicate with their child. Child session include peer resistance and peer relationship training. Engagement in activities designed to increase family cohesiveness and positive involvement of the child in the family. (2) Four parent-only sessions, children attend one session with their parents. Parents instructed on risk factors for substance abuse, developing clear guidelines on substance-related behaviours, enhancing parent-child bonding,</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Multilevel ANCOVA; z tests; logistic growth curve analyses</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 4 years; 6 years</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 4-years, n= 447 (67%); 6-years, n= 304 (46%)</p> <p>Reasons for non-completion: excluded schools where data was only available from 5 or fewer students</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Substance use initiation in 10th grade: new user proportions were significantly lower for adolescents in the ISFP condition than for control group adolescents for: ever having drunk alcohol (relative reduction [RR] 26.4%; p<0.01); ever drunk without parent permission (RR 32.0%; p<0.01); and ever been drunk (RR 40.1%; p<0.01). New user proportions were also lower among PDFY adolescents than control adolescents but these differences were not statistically significant.</p> <p>Lifetime substance use behaviours (%): PDFY; ISFP; control</p> <p>Ever drank alcohol: 60%; 50%; 68%</p> <p>Ever drank without parent permission: 51%; 40%; 59%</p> <p>Ever been drunk: 36%; 26%; 44%</p> <p>Analysis of rates of substance use increases showed that control group new user proportions increased at a significantly greater rate than ISFP new user proportions for alcohol use and drunkenness (both p<0.01), and PDFY new user proportions for drunkenness (p<0.05). Analysis of past month alcohol use found significant differences between both the PDFY and ISFP groups in comparison to controls (RR 41% and 30%, respectively; p not reported). In addition, both PDFY and ISFP adolescents reported a significantly lower past month frequency of drinking compared to controls (effect size= 0.28 and 0.26, respectively, both p<0.05), and significantly lower alcohol composite use index scores for both the ISFP and PDFY groups at the 10th grade follow-up, relative to the control group (p<0.01 and p<0.05, respectively).</p> <p>At the 12th grade follow-up, the analyses indicated slower overall growth in lifetime use of alcohol among adolescents in ISFP condition relative to controls (p<0.05) in relation to controls. Initiation of alcohol use without parental permission and drunkenness showed significantly delayed growth rates to specific use levels. PDFY effects were only shown on cigarette use.</p>

	<p>monitoring compliance with their guidelines and providing appropriate consequences, managing anger and family conflict, and enhancing positive child involvement in family tasks. Children are instructed on peer resistance skills.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: (1) Seven sessions once a week for seven consecutive weeks; (2) 5 sessions conducted once per week for 5 weeks.</p> <p>Other details: Programme content was provided by video.</p> <p>Comparator: Received four leaflets describing adolescent development</p>		
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Study details	Intervention and population details	Analyses	Results
<p>Stevens et al., (2002)</p> <p>RCT (cluster) +</p> <p>Objective: To compare the effects of two interventions delivered through paediatric primary care practices, which sought to prevent early drinking and smoking or to influence bicycle helmet use, gun storage and seatbelt safety among children in 5th/6th grade.</p> <p>Setting: Community - Paediatric primary care offices</p> <p>Country: USA</p> <p>Funding source: National Institute of Alcohol and Alcohol Abuse</p>	<p>Population details</p> <p>Inclusion: Families with fifth and sixth grade children in 12 paediatric primary care practices</p> <p>Exclusion: NR</p> <p>Total n= 3111</p> <p>Intervention, n= 1780</p> <p>Comparator, n= 1331</p> <p>Male n (%) = I 50%/C 54%</p> <p>Mean age (range): mean (SD): I-11.0 (0.9)/ C-11.0 (0.8)</p> <p>Ethnicity: NR</p> <p>Other baseline: ~40% of responding parents had drinking problem</p> <p>Intervention details</p> <p>Name: Dartmouth Prevention Project</p> <p>Focus/aim: Promote family communication and prevent high-risk behaviours</p> <p>Programme type: risk-reduction programme</p> <p>Theoretical base: NR</p> <p>Key components: Engaging child and parent in a joint discussion and encouraging communication about alcohol and tobacco use. Child, parent and clinician signed a contract that the family would talk about the risks at home and develop a family policy. Print materials (clinician's letter, newsletter) mailed to families. Families also received a biannual telephone call and incentives.</p> <p>Providers/delivers: Paediatricians and nurse practitioners</p> <p>Length, duration, intensity: Over 36 months; 12 newsletters</p> <p>Other details:</p> <p>Comparator: Discussions centred on bicycle helmet, seatbelt use or gun storage</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Logistic regression analysis</p> <p>Unit of allocation: School - Practice pairs</p> <p>Unit of analysis: Organisation/institution</p> <p>Time to follow-up: 12-, 24- and 36-months</p> <p>Other details: Paediatricians and nurse practitioners received training and ongoing support during implementation of the programme</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no difference in children's drinking between the alcohol and tobacco group and safety group at the 12-month follow-up. At 24- and 36-months, there was a moderate increase in children's drinking among all children who received the alcohol intervention (24 months: OR 1.27; 95% CI 1.03, 1.55; 36 months: OR 1.30; 95% CI 1.07, 1.57).</p>

Study details	Intervention and population details	Analyses	Results
<p>Toomey et al., (1996)</p> <p>RCT (cluster) -</p> <p>Objective: Alcohol prevention for parents of 7th graders. Amazing Alternatives! Home Program - a component of Project Northland</p> <p>Setting: Parent, home-based</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Parents from Project Northland cohort who returned the postcards from the booklets</p> <p>Exclusion: NR</p> <p>Total n= 1,028 youth; n=521 parents</p> <p>Intervention, n= 257 parents (49%)</p> <p>Comparator, n= 264 parents (51%)</p> <p>Male n (%) = NR</p> <p>Mean age (range): Grade 7</p> <p>Ethnicity: Primarily white</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Amazing Alternatives! Home Program</p> <p>Focus/aim: To improve communication between parents and their children concerning alcohol-related issues, to improve parenting skills like monitoring and to reduce underage drinking.</p> <p>Programme type: Alcohol prevention programme</p> <p>Theoretical base: NR</p> <p>Key components: Booklets, two focus groups with parents</p> <p>Providers/delivers: Booklets</p> <p>Length, duration, intensity: Four booklets</p> <p>Other details: NR</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANCOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: PT and >1 year</p> <p>Other details: NR</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Non-participants demonstrated greater elevations on scales measuring psychosocial risk factors of adolescent drinking</p> <p>Attrition</p> <p>Number of participants completing study: students - 83%; parents - >90%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Parents attitudes and behaviours at follow up 1 (C-control (%); I-intervention (%); F value; P value) (*<0.05, **<0.01, ***<0.001)</p> <p>Not OK for 18-20 year olds to drink (1=agree, 0=disagree): 58; 64; 0.90; ns</p> <p>will not allow teens to drink when senior (1=agree, 0=disagree): 97; 96; 0.78; ns</p> <p>Family rules against drinking: 96; 99; 3.13; ns</p> <p>How many parents of your child's friends do you know? (1=none-5=nearly all): 3.36; 3.44; 0.59; ns</p> <p>How often do you contact other parents about alcohol-related situations? (1=always, 0=less often): 16; 23; 3.46; ns</p> <p>Special rules or systems for unsupervised periods (1=yes, 0=no): 77; 82; 1.36; ns</p> <p>Check parties for adult supervision (1=always, 0=less often): 82; 90; 0.52; ns</p> <p>Always monitor teen's whereabouts (1=always, 0=less often): 87; 87; 0.01; ns</p> <p>Student attitude reports at follow up 1 and 2 follow up 1 & follow up 2 (C-control (%); I-intervention (%); F value; P value: *<0.05, **<0.01, ***<0.001)</p> <p>Family rules against youth drinking (1=yes, 0=no): (FU1-.67; .79; 15. 98;**) : (FU2-.74; .75; 0.32; ns)</p> <p>Talked about consequences if caught drinking (1=yes, 0=no): (FU1-.65; .73; 0.64;*) : (FU2-.65; .68; 0.45; ns)</p> <p>My parents will allow me to drink when I am a high school senior (1=yes, 0=no): (FU1-.65; .68; 0.13; ns): (FU2-.67; .69; 0.15; ns)</p> <p>Parents' rules as a reason not to use alcohol (1=not important-5=very important): (FU1-3.84; 4.08; 6.10;*) : (FU2-3.82; 3.74; 0.95; ns)</p> <p>Adjusted analysis students' alcohol use intentions (1=likely not, 5=likely would)</p> <p>21 or older: (FU1-3.04; 2.98; 0.38; ns): (FU2-3.12; 3.29; 2.20; ns)</p> <p>Next year: (FU1-1.78; 1.68; 1.49; ns): (FU2-2.28; 2.21; 0.33; ns)</p> <p>next month: (FU1-1.59; 1.55; 0.26; ns): (FU2-2.00; 1.98; 0.02; ns)</p> <p>Next week: (FU1-1.53; 1.46; 0.83; ns):)FU2-1.86; 1.84; 0.06; ns)</p> <p>Personal and social skills</p> <p>Student surveys (n=1028)</p> <p>(C-control (%); I-intervention (%); F value; p-value) (*<0.05, **<0.01, ***<0.001)</p> <p>Had discussions about...</p> <p>Family rules about alcohol: .00; 87; 2204; ***</p> <p>Consequences for breaking rules: .43; 55; 12.02; **</p> <p>Problems could have with alcohol use: .48; .56; 4.93; *</p>

			<p>Having friends over to house: .79; .79; 0.06; ns Alcohol messages in the mass media: .27; .34; 3.60; ns Good eating habits: .51; .56; 1.80; ns Sex education: .44; .48; .80; ns</p> <p>Parent survey (n=521) Had discussion about... Consequences if caught drinking: .76; .87; 5.55; * Alcohol-related situations: .83; .94; 14.04; ** Alcohol messages in the mass media: .77; .90; 10.75; ** Encourage child and friends to gather at home: .72; .81; 5.76; *</p> <p>Health and social outcomes related to alcohol and sexual health Adjusted analysis students' alcohol use (1=ever, 0=never) Non-participant; participant; F; p-value (*<0.05, **<0.01, ***<0.001) Lifetime: (FU1-.60; .56; 2.17; ns): (FU2-.61;.61;.97; ns) Past Year: (FU1-.37; .34; 1.13; ns): (FU2-.43; .43; .93; ns) Past Month: (FU1-.12; .12; .03; ns): (.12; .09; .93; ns)</p>
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1.4 Programmes involving the wider community or mass media

Study details	Intervention and population details	Analyses	Results
<p>Cheadle et al., (1995)</p> <p>CBA +</p> <p>Objective: To examine the effectiveness of a 5-year community-based health promotion program to reduce the rate of substance use, particularly alcohol, by adolescents on a Plains State American Indian reservation.</p> <p>Setting: Community - American Indian reservation</p> <p>Country: USA</p> <p>Funding source: Kaiser Foundation</p>	<p>Population details</p> <p>Inclusion: Community selected for funding because of special merit; sampling frame for the survey consisted of 9th and 12th graders in public and private schools where at least 50% of enrolled students resided in the community as defined by the program.</p> <p>Exclusion: NA</p> <p>Total n= 6 communities</p> <p>Intervention, n= 1 community</p> <p>Comparator, n= 5 communities</p> <p>Male n (%) = NR</p> <p>Mean age (range): 9th and 12th grade</p> <p>Ethnicity: NR but included American Indian, White, Hispanic and Asian</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: To reduce the rate of alcohol and drug use among youth ages 21 and younger.</p> <p>Programme type: Multicomponent</p> <p>Theoretical base: NR</p> <p>Key components: Classes, skills development programs, alcohol- and drug-free events, and public campaigns.</p> <p>Providers/delivers: Various</p> <p>Length, duration, intensity: Three years</p> <p>Other details:</p> <p>Comparator: Five nonurban control communities</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey, see other details</p> <p>Statistical method(s) used to analyse data: Logistic regression analysis. Grade- and sex-adjusted means for each of the eight groups were computed for variables measuring exposure to health promotion programs and substance use behaviours. A measure of relative change was created by dividing the absolute change over the 4-year period by the baseline value.</p> <p>Unit of allocation: Area - Reservation</p> <p>Unit of analysis: NR</p> <p>Time to follow-up: Annual surveys over 3 years</p> <p>Other details: School-based surveys of 9th and 12th grade adolescents</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: NA, cross-sectional</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>For three of the four alcohol use variables, except age at first use), the absolute declines in use were greater among reservation American Indians than the overall average, with the relative declines either comparable or somewhat larger than that of other groups (15.9% absolute decline in binge drinking among reservation American Indians vs. 8.0% overall). However, a test for time trends found no significant differences between reservation American Indians and other groups on alcohol use measures.</p>

Study details	Intervention and population details	Analyses	Results
<p>Flynn et al., (2006)</p> <p>CBA +</p> <p>Objective: To test the impact of a 4-year media campaign designed to reduce alcohol use by early adolescents.</p> <p>Setting: Community - Mass media</p> <p>Country: USA</p> <p>Funding source: National Institute on Alcohol Abuse and Alcoholism</p>	<p>Population details</p> <p>Inclusion: Rural Media Area school districts were selected based on contiguity and demographic similarity.</p> <p>Exclusion:</p> <p>Total n= 16 school districts</p> <p>Intervention, n= 8 districts</p> <p>Comparator, n= 8 districts</p> <p>Male n (%) = NA</p> <p>Mean age (range): Grade 7-8</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Reduce demand for alcohol among early adolescents by changing specific mediators of alcohol use.</p> <p>Programme type: Mass media</p> <p>Theoretical base: Social cognitive theory</p> <p>Key components: Television and radio messages directed to youth as they matured from Grades 4-5 into Grades 7-8; radio messages directed toward their parents; training video for retail clerks</p> <p>Providers/delivers: Television and radio</p> <p>Length, duration, intensity: 32 television and 23 radio messages over 4 yrs</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Mixed models; general linear (continuous), generalized linear (dichotomous)</p> <p>Unit of allocation: Area - School districts</p> <p>Unit of analysis: Community/environment</p> <p>Time to follow-up: Annual surveys</p> <p>Other details: Prior to each of the four annual campaigns, independent producers developed concepts for 30- and 60-second messages. Concepts were rated for coverage of objectives and potential appeal to youth by an expert panel.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Participants were evenly distributed by gender, grade, and study area in both surveys.</p> <p>Attrition</p> <p>Number of participants completing study: 2,897 grade 7-8 (97); 2,419 Grade 7-8 (01)</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>No significant media impact was detected on mediators of alcohol use. Positive expectations about consequences of drinking alcohol declined and negative expectations increased; perceived prevalence of youth alcohol use and perceived parental and peer approval of alcohol use declined; and confidence in refusing an alcoholic beverage and the perceived difficulty of obtaining alcoholic beverages from social sources increased in both areas.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>The prevalence of beer drinking decreased in both the Media and Comparison Areas, from 27.7% to 18.3% and 31.2% to 19.8%, respectively. There was no significant difference in the decline between the two areas.</p>

Study details	Intervention and population details	Analyses	Results
<p>Kypri et al., (2005)</p> <p>CBA +</p> <p>Objective: To evaluate 'Think before you buy under-18s drink', a campaign to reduce alcohol-related harm by discouraging inappropriate supply of alcohol by adults.</p> <p>Setting: Community - specify Mass media</p> <p>Country: New Zealand</p> <p>Funding source: Alcohol Advisory Council</p>	<p>Population details</p> <p>Inclusion: Residents (years 11-13 and their parents) of a medium-sized town and a surrounding rural area</p> <p>Exclusion:</p> <p>Total n= 872</p> <p>Intervention, n= 319; 295</p> <p>Comparator, n= 258</p> <p>Male n (%) = 46%</p> <p>Mean age (range): mean 16.6 yrs (SD 0.9 yrs)</p> <p>Ethnicity: New Zealand European (82%), Maori (8%), Samoan (1%), Chinese (1%) and Other (9%)</p> <p>Other baseline: 94% had ever consumed a full glass of alcohol; 49% reported a recent binge episode</p> <p>Intervention details</p> <p>Name: 'Think before you buy under-18s drink' campaign</p> <p>Focus/aim: (1) increase the knowledge of adults of the risks of supplying alcohol to teenagers; (2) encourage a change of attitude such that a teenager's parent is considered the only appropriate supplier of alcohol, and that teenage drinking should occur only under adult supervision; and (3) a reduction in the percentage of adults who supply alcohol to teenagers for unsupervised consumption.</p> <p>Programme type: Mass media</p> <p>Theoretical base: NR</p> <p>Key components: local newspaper and radio advertisements; local radio and print media interviews with community workers; media events, billboard advertisements, the distribution of printed material and the presentation of campaign information at point of sale.</p> <p>Providers/delivers: Media</p> <p>Length, duration, intensity: 1 and a half months</p> <p>Other details:</p> <p>Comparator: Non-intervention community</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Multiple logistic regression.</p> <p>Unit of allocation: Area - town and surrounding rural area</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details: Students who were >18 years at follow-up were not eligible for inclusion in the analyses</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: n=474 (62%) completed both surveys</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>A multivariate logistic regression analysis (with adjustment for unsupervised drinking at baseline and potential confounding variables) showed that teenagers in the two intervention communities had lower odds of being supplied alcohol for unsupervised drinking, relative to teenagers in the comparison community, but this difference was not statistically significant (OR 0.73; 95% CI 0.43, 1.25). Teenagers in the two intervention communities had higher odds of being binge drinkers relative to teenagers in the comparison community, but this difference was also not significant (OR 1.28; 95% CI 0.65, 2.50).</p>

1.5 Published economic evaluation studies

Study details	Research question	Methods of estimation for costs and benefits	Results	Confounders, potential sources of bias and other comments
<p>Spoth et al (2002)</p> <p>Country/currency: USA/\$</p> <p>CEA/CBA +</p>	<p>Research question: To evaluate two interventions designed for general populations by estimating: (1) the cost per case of alcohol-use disorder prevented; (2) benefit-cost ratios; and (3) net benefits per participating family.</p> <p>Population: Families of sixth graders enrolled in 33 rural schools. School selection was based on school lunch program eligibility and community size (<8,500).</p> <p>Intervention: Seven-session Iowa Strengthening Families Program (ISFP) and the five-session Preparing for the Drug Free Years (PDFY).</p> <p>Perspective: Societal</p>	<p>Both direct and indirect costs were assessed and expressed in dollars spent per participant (adjusted for inflation into 1992 dollar equivalents). Facility costs were not included, and the authors ignored the costs of providing informational materials to the minimal contact control group (\$1.25 per family). The authors considered there to be no appreciable opportunity costs associated with participation.</p> <p>For each age, the total number of children who had initiated alcohol use was multiplied by the proportion of future alcohol-use disorders expected among persons who initiated alcohol use at that age (taken from Grant & Dawson, 1997). The rate of future alcohol-use disorders expected for each condition was calculated by dividing the number of cases expected by the total number of persons assigned to each condition and multiplying by 100 to give the number of alcohol use disorder cases expected per 100 families treated. To estimate the number of future alcohol-use disorder cases prevented per 100 families, the rate for each intervention group was subtracted from the rate for the control condition.</p>	<p>Intervention costs for ISFP and PDFY were \$80,562 and \$68,903, respectively.</p> <p>Cost-effectiveness: The number of alcohol-use disorder cases prevented per 100 families was estimated to be 5.53. Dividing this by the cost per 100 families treated (\$68,856) gave an estimated cost for each case of alcohol-use disorder prevented in the ISFP group of \$12,459. Corresponding costs for the PDFY condition for each case of alcohol-use disorder prevented was \$20,439 (\$55,567/2.72).</p> <p>Cost-benefit: The present value of the total lifetime benefit realized by the prevention of a single alcohol-use disorder was calculated to be \$119,633. The benefit-cost ratio equalled the benefit per case prevented, divided by the cost per case prevented. For the ISFP the benefit-cost ratio was 9.60 (i.e. \$ 9.60 was saved for every dollar invested). For PDFY, the benefit-cost ratio equalled 5.85.</p> <p>The net benefit in the ISFP condition was \$5,923 per family (0.0553 cases prevented per family treated x \$119,633 benefit per case prevented - \$689 in intervention costs per family treated). The net benefit in the PDFY condition was \$2,697 per family (0.0272 x \$119,633 - \$556).</p>	<p>No incremental benefit data were available.</p> <p>Information limited on how costs were valued.</p>

2 Programmes targeting sexual health

2.1 Systematic reviews and meta-analyses

Study details	Review parameters	Outcomes	Notes
<p>Arnold & Rotheram-Borus (2009)</p> <p>Systematic review -</p> <p>Objective: To compare HIV prevention programs for young homeless people</p> <p>Databases searched: Medline, PsycInfo and the CRIP database of federally-funded programs</p> <p>Years: Not reported</p>	<p>Inclusion: Programmes that had a HIV prevention focus and targeted homeless youth. Programmes with sufficient information available in published or written form to provide a comprehensive description of the programme and its components.</p> <p>Exclusion: NR</p> <p>Number of studies included: 6 programmes identified</p>	<p>Programmes included: Project STRIVE; Community Reinforcement Approach (Mexico) Ecologically-based Family Therapy (Mexico); Strengths-based Case Management Street Smart; The AIDS Evaluation of Street Outreach Project (AESOP)</p> <p>All programmes were relatively intensive, in some cases up to 35 sessions (minimum of 5) and all programmes supported the notion that homeless youth are in need of intensive and prolonged help.</p> <p>All models were designed as adjuncts to ongoing services, in four cases this was a runaway shelter, in SBCM the services were more likely to be delivered by a mental health provider or social services, and in AESOP it is an outreach arm that can be attached to any type of service.</p> <p>Across programmes, successful engagement of homeless youth and their families requires an approach that does not entail assigning blame or re-examining the past. Programmes with demonstrated success in recruiting and retaining youth are present/future-oriented, skill-based interventions aimed at increasing the youth's ability to reduce behaviours that lead to HIV.</p> <p>The key to effective intervention with this challenging population is likely an intensive intervention that amalgamates components being used in the programmes described in this article:</p> <ul style="list-style-type: none"> Framing the presenting problem, providing information aimed at increasing positive interactions, Building coping skills, Social support or relationship building, Address environmental barriers 	<p>Strengths and/or weaknesses of the evidence presented: NR</p> <p>Evidence gaps and/or recommendations for future research: No evidence examining homeless adolescent females who become pregnant</p>

Study details	Review parameters	Outcomes	Notes
<p>DiCenso et al., (2002)</p> <p>Systematic review ++</p> <p>Objective: Aim to review the effectiveness of primary prevention strategies aimed at delaying sexual intercourse, improving use of birth control and reducing incidence of unintended pregnancy in adolescents.</p> <p>Databases searched: 12 databases; e.g. CATLINE, CINAHL, Embase, Eric, Medline, PsycINFO.</p> <p>Years: 1970 to December 2000</p>	<p>Inclusion: RCTs of adolescents aged 11-18 years</p> <p>Exclusion: Programmes offered in colleges or universities, those that evaluated interventions designed to prevent a second pregnancy, and those that evaluated only knowledge and attitudes. Also those that measured only condom use because study participants may have been using other methods of birth control. Also those studies that measured only births as they did not account for abortions.</p> <p>Number of studies included: 26 trials in 22 published and unpublished reports</p>	<p>Initiation of sexual intercourse - 13 studies in 9642 young women showed no delay in initiation of sexual intercourse (pooled odds ratio 1.12; 95%CI 0.96 to 1.30). Results were consistent across studies. 11 studies of 7418 young men also showed no delay in initiation of sexual intercourse (0.99, 0.84 to 1.16).</p> <p>Birth control - 8 studies of young women showed no improvement in use of birth control at every intercourse (0.95; 0.69-1.30). Three studies of school-based sex education in 1505 young men looked at whether they always used birth control; programmes were shown to be consistently ineffective. Results for birth control at last intercourse showed no improvement for both males and females.</p> <p>Pregnancy - 12 studies in 8019 young women showed no reduction in pregnancy rates (1.04; 0.78-1.40). One study (Allen et al., 1997) did find a reduction. However baseline data was higher in the control group. For males the effects of interventions reducing pregnancies among the partners of men showed an increase in reported pregnancies.</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>Authors were not able to explain the significant heterogeneity among studies that reported use of birth control in young women</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>Future prevention programmes may need to begin at earlier ages.</p>

Study details	Review parameters	Outcomes	Notes
<p>Franklin et al., (1997)</p> <p>Systematic review ++</p> <p>Objective: To analyse using meta-analysis studies on the primary prevention of adolescent pregnancy</p> <p>Databases searched: social Sciences Index, PsychLIT, Educational Resources Information Centre, MEDLINE, CINAHL</p> <p>Years: through 1995</p>	<p>Inclusion: Studies of youths aged 11-20 years. Reported sexual behaviour outcomes.</p> <p>Exclusion: Studies without behavioural outcomes</p> <p>Number of studies included: 32 studies (NB: 19 studies [59%] conducted before 1990)</p> <p>Synthesis: Represents a comprehensive effort to evaluate the effectiveness of primary prevention programmes aimed at junior high and high school teens. Include behavioural outcomes relating to sexual activity, contraceptive use or pregnancy. Provided adequate statistical data needed for a meta-analysis. Three separate meta analyses were conducted for the outcomes</p>	<p>Adolescent pregnancy - Examines outcomes relating to sexual activity, contraceptive use and rates of pregnancy or childbirths.</p> <p>Community-based programmes resulted in increased contraceptive use (ES=0.6062, medium effect) over school-based programmes (ES=0.1195) although both resulted in significant positive effects. Clinic vs. non-clinical programmes showed greater contraceptive use. Programmes emphasising contraceptive distribution and knowledge building (ES=0.3313) were more effective than programmes emphasising only sex education (ES=0.0638). The no-skills approach seemed to be more effective for community-based programmes (ES=0.6196) than for school-based programmes (ES=0.1461).</p> <p>For pregnancy rates - community-based programmes (ES=0.2753) were more effective than school-based programmes (ES=0.0920).clinic programmes (ES=0.2030) also have larger effect sizes than non-clinic programmes (ES=0.0623) and sex education programmes without contraceptive knowledge building (ES=0.0818). In addition, no-skills programmes (ES=0.1798) yielded larger effect sizes than skills programmes (ES=0.206). However, the clinic-based programmes seem responsible for this.</p> <p>Pregnancy prevention programmes reviewed failed to affect the sexual activity of adolescents. However, they were more successful at affecting contraceptive use and pregnancy rates.</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>Limited to those studies presenting behavioural outcomes. Review authors did not contact study authors to collect additional data.</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>they state that it is difficult to find studies appropriate for a meta analysis</p>

Study details	Review parameters	Outcomes	Notes
<p>Guyatt et al., (2000)</p> <p>Systematic review +</p> <p>Objective: To compare the results of randomized trials and observational studies of interventions to prevent adolescent pregnancy</p> <p>Databases searched: 11 databases; including CATLINE, CINAHL, EMBASE, ERIC, MEDLINE, PsycINFO</p> <p>Years: 1970 to May 1993</p>	<p>Inclusion: Studies focusing on adolescents aged 18 years or less. Evaluating sex education classes, school-based clinics, free-standing clinics, practitioner-based services, improved access and community-based programmes. Reporting on sexual intercourse, birth control use, or pregnancy. Studies were included if they were conducted in North America, Australia, New Zealand, United Kingdom, Europe (excluding Eastern Europe) or Scandinavia. Included published and unpublished studies.</p> <p>Exclusion: NR</p> <p>Number of studies included: 30 studies</p>	<p>Randomised controlled trials vs. observational studies.</p> <p>Findings showed a positive intervention effect for initiation of intercourse and trends also favoured outcomes for pregnancy, responsible sexual behaviour and birth control use in observational studies. RCTs were equivocal between intervention and control groups. For males, for observational studies, there was a statistically significant positive moderate intervention effect for initiation of intercourse and responsible sexual behaviour. RCTs showed non-significant trends in favour of intervention for initiation of intercourse and a weak trend in favour of control in responsible sexual behaviour.</p>	<p>Strengths and/or weaknesses of the evidence presented: differences in follow-up times could have resulted in different effectiveness</p> <p>Evidence gaps and/or recommendations for future research: Urge caution in interpreting observation studies and recommend using a stronger research design.</p>

Study details	Review parameters	Outcomes	Notes
<p>Pedlow & Carey (2003)</p> <p>Systematic review +</p> <p>Objective: To provide a review and methodological critique of HIV risk reduction interventions for adolescents that employed a randomised controlled design and measured sexual risk behaviour as an outcome variable.</p> <p>Databases searched: PsycINFO, AIDSLINE, MEDLINE and CINAHL</p> <p>Years: Up to September 2000</p>	<p>Inclusion: Studies that used primarily teenage samples (mean age less than or equal to 19 years); randomised controlled trials; reported primary outcome of sexual risk behaviours; published in peer reviewed journal.</p> <p>Exclusion: Intervention designed to increase rates of HIV testing, unless they reported specific sexual risk reduction outcomes.</p> <p>Number of studies included: 22 studies</p>	<p>Many adolescent HIV risk reduction interventions have been effective but are associated with small effect sizes. The authors highlighted that the most effective studies emphasised a theoretical framework, most often Social Cognitive Theory. Interventions with multiple sessions or long doses have been no more successful than those with shorter doses.</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>Attrition sometimes high and no always reported; lack of information about control conditions</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>Future studies can better apply theory to intervention design</p>

Study details	Review parameters	Outcomes	Notes
<p>Robin et al., (2004)</p> <p>Systematic review +</p> <p>Objective: To review adolescent sexual risk-reduction programs that were evaluated using quasi-experimental or experimental methods</p> <p>Databases searched:</p> <p>Years: 1990-2000</p>	<p>Inclusion: (1) Theoretical basis provided for programmes; (2) information about the intervention (content, duration, facilitators); (3) Random assignment, or matched control groups using a quasi-experimental design that matched units through stratification of risk behaviours and demographic variables; (4) More than 16 participants per condition; (5) Followed participants for at least 4 weeks after the end of the intervention or had immediate pre- and post-tests for interventions lasting four months or longer; (6) attrition rates <40% at follow-up; (7) reported behavioural and biological outcomes or sexual intentions for participants aged 13 yrs or younger.</p> <p>Exclusion: NR</p> <p>Number of studies included: 24 studies; 9 studies conducted in schools</p>	<p>Findings relate to studies conducted across a range of settings and age groups.</p> <p>Programmes that produced positive effects:</p> <ol style="list-style-type: none"> 1. Used trained adult facilitators, and two other programmes with positive effects also used trained peer facilitators. 2. Included content that was specific to reducing sexual risk behaviour such as refusal of unwanted sex and condom-use skills. 3. Commonly employed interactive and participatory educational strategies. 	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>Authors suggest they may have missed studies in their literature review and their analysis may have omitted important research or program design issues</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>Resiliency-based programs should be further explored; focusing on appropriate skills, adapting programs for length, being clear about what constitutes a given program and deciding who should facilitate the program should all be considered. Researchers should also design studies that will clearly reveal which program characteristics drive positive effects in sexual risk-reduction</p>

Study details	Review parameters	Outcomes	Notes
<p>Sales et al., (2006)</p> <p>Systematic review +</p> <p>Objective: To systematically review and synthesise empirical findings from selected adolescent STI/HIV interventions conducted in diverse venues, such as in the community, school, clinics and specialised adolescent centres</p> <p>Databases searched: EBSCO Academic search Premier, Alt HealthWatch, Medline, ERIC, Health Business FullTEXT, Health Source: Nursing/Academic Edition, Health Source: Consumer Edition; PsycARTICLES, Professional Development Collection, Ovid, and PsycInfo.</p> <p>Years: 1994-2004</p>	<p>Inclusion: School, community or clinic-based intervention or intervention developed for special population, published in peer review journals between 1994 and 2004.</p> <p>Exclusion: Studies were excluded if people other than adolescents (age 11-22 years) were included in the intervention, and they did not incorporate behavioural or biomedical outcomes. Also studies conducted exclusively among University students were excluded even if participants were late adolescents.</p> <p>Number of studies included: 39 studies</p>	<p>Community studies - reducing frequency of unprotected sexual intercourse was the most frequent outcome reported, followed by reducing number of sexual partners and sexual activity. The most successful community based interventions were theoretically based, tailored to the target population, implemented by trained facilitators, and the content was diverse and delivered using a wide variety of methods.</p> <p>For interest - School-based interventions - successful interventions were theoretically based, implemented by trained teachers of health educators, include a variety of skills and knowledge building didactic and interactive activities.</p>	<p>Strengths and/or weaknesses of the evidence presented: Variability in reporting of programme results made determining consistency of effects across studies difficult</p> <p>Evidence gaps and/or recommendations for future research: Tailor interventions to the target population. Target those behaviours that are most amenable to change. Expand the scope of STI/HIV interventions programmes beyond the individual. Enlist the family and a behaviour change agent. Incorporate long-term maintenance strategies into interventions. Incorporate biological outcomes as a measure of programme efficacy. Have structured reporting of STI/HIV interventions. Measure cost-effectiveness. Translate and disseminate effective STI/HIV interventions.</p>

Study details	Review parameters	Outcomes	Notes
<p>Underhill et al., (2007)</p> <p>Systematic review ++</p> <p>Objective: To assess the effects of abstinence-only programs for HIV prevention in high-income countries.</p> <p>Databases searched: 30 electronic databases (e.g., CENTRAL, PubMed, EMBASE, AIDSLINE, PsycINFO)</p> <p>Years: Up to 2007</p>	<p>Inclusion: (1) Randomised and quasi-randomised controlled trials; (2) participants in high-income countries, as defined by the World Bank; (3) abstinence-only interventions (programme did not promote condom or contraception use) with HIV prevention as the stated goal of intervention; (4) reported outcome measures directly related to HIV transmission (i.e. outcome measures directly related to HIV transmission)</p> <p>Exclusion: Trials of programs that focused exclusively on pregnancy prevention.</p> <p>Number of studies included: 8 studies of 13 programme evaluations</p> <p>Details of heterogeneity: Prevented meta-analysis</p>	<p>No indications that abstinence-only programmes can effectively reduce HIV risk as indicated by self-reported sexual behaviour, and self-reported STI and pregnancy incidence.</p> <p>Findings do not suggest that abstinence-only programs can effectively encourage abstinent behaviour; although programs did not appear to cause harm, the bulk of the evidence suggests that the programmes are ineffective for preventing or decreasing sexual activity; Yes for both primary abstinence (i.e., preventing sexual initiation) and secondary abstinence (i.e., decreasing the incidence and frequency of recent sex).</p> <p>Authors concluded that abstinence-only programs do not appear to reliably cause harm on the behavioural and biological outcomes of interest.</p>	<p>Strengths and/or weaknesses of the evidence presented:</p> <p>No trial used an intention-to-treat analysis; drop out exceeded 33% in four studies.</p> <p>Two of six studies that used cluster randomisation did not report controlling for clustering in their analysis.</p> <p>All outcome data are vulnerable to self-report bias.</p> <p>Evidence gaps and/or recommendations for future research:</p> <p>Future studies can could address non-US settings; program effectiveness in vulnerable groups, high-school aged use and could have standardized behavioural measures and follow up times</p>

Study details	Review parameters	Outcomes	Notes
<p>Underhill et al., (2008)</p> <p>Systematic review ++</p> <p>Objective: To assess the effects of abstinence-plus programs for HIV prevention in high-income countries</p> <p>Databases searched: 30 electronic databases (including CENTRAL, PubMed, EMBASE, AIDSLINE, and PsycINFO)</p> <p>Years: Up to 2007</p>	<p>Inclusion: (1) Controlled interventions that evaluated the effects of abstinence-plus programs designed to influence behaviour change on at least one outcome measure related to HIV transmission; (2) randomized and quasi-randomized controlled trials; (3) randomized and quasi-randomized controlled trials; (4) abstinence-plus interventions (intervention was a planned effort to encourage sexual abstinence or a return to sexual abstinence as the best means of HIV prevention but the program also promoted condom use, partner reduction, or any other safer-sex behaviour as an alternative to abstinence); and (5) reported outcome measures directly related to HIV transmission.</p> <p>Exclusion: Not reported</p> <p>Number of studies included: 37 studies of 39 programme evaluations</p>	<p>The 39 trials showed no evidence that abstinence-plus programs increase HIV risk among youth participants in high-income countries and multiple evaluations found that the programs can decrease HIV risk.</p> <p>The review found no conclusive evidence that abstinence-plus programs can reduce STI incidence and found limited evidence suggesting that abstinence-plus programs can reduce pregnancy incidence; however, the direction of findings consistently favoured abstinence-plus programs over any controls. Programs had mixed effects on sexual behaviour: individual trials discovered protective effects on incidence and frequency of unprotected vaginal, anal, and oral sex; incidence and frequency of vaginal and anal sex; incidence of any sexual activity; number of partners; number of unprotected partners; condom use; and sexual initiation. No trial observed an adverse effect on any behavioural outcome.</p> <p>Trials assessing HIV/AIDS knowledge found significant results favouring the majority of abstinence-plus program participants over various controls. No adverse effects were reported for any outcome.</p> <p>For community-based or after-school programs that took place outside the family, 14 out of 21 found a protective effect on a least one biological or behavioural outcome.</p>	<p>Strengths and/or weaknesses of the evidence presented: Methodological limitations in studies</p> <p>Evidence gaps and/or recommendations for future research: Improved reporting of methodological, clinical and statistical information; standardised reporting of behavioural outcomes; intention-to-treat analysis; more complete reporting of implementation data; correction for statistical tests and incorporation of cost-effectiveness and participant satisfaction data all required.</p> <p>Need to examine programmes outside USA and in vulnerable groups.</p>

2.2 Programmes delivered in social, healthcare and community settings

Study details	Intervention and population details	Analyses	Results
<p>Boekeloo et al., (1999)</p> <p>RCT (Individual) +</p> <p>Objective: To determine if STI risk assessment and education tools provided as part of office-based primary care can reduce adolescent risky behaviours.</p> <p>Setting: Community - Primary care sites</p> <p>Country: USA</p> <p>Funding source: National Institute for Child Health and Human Development</p>	<p>Population details</p> <p>Inclusion: 12-15 years old; scheduled to see one of the participating study doctors for a general health examination</p> <p>Exclusion:</p> <p>Total n = 215</p> <p>Intervention, n = 101</p> <p>Comparator, n = 114</p> <p>Male n (%) =</p> <p>Mean age (range): 12-15 years</p> <p>Ethnicity: Majority African-American (~70%)</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: ASSESS (Awareness, Skills, Self-efficacy/Self-esteem, and Social Support)</p> <p>Focus/aim: Sexual risk assessment and education</p> <p>Programme type:</p> <p>Theoretical base: Social cognitive theory, Theory of Reasoned Action</p> <p>Key components: Comprehensive STI/HIV prevention information. Pre-visit audio taped risk assessment, a multicoloured pyramid, two brochures that addressed skills and self-efficacy for sexual health, community resources brochures, and two brochures for parents about how to discuss sex and drug risks with teens.</p> <p>Providers/delivers: Primary care doctors</p> <p>Length, duration, intensity: Not reported</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi-squared, Fisher's exact test, GLM Models</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3- and 9- months</p> <p>Other details: NR</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 3-month Intervention 92%; Control 94%; 9-month Intervention 93%; Control 90%</p> <p>Reasons for non-completion: Could not be reached by telephone, refused to continue participation (parent and child), avoided interview</p>	<p>Knowledge and understanding</p> <p>Based on the interview at immediate post-test, adolescents in the intervention group were more likely than control adolescents to know that HIV is transmitted through oral and anal intercourse.</p> <p>Attitudes and values</p> <p>Based on the interview at immediate post-test, adolescents in the intervention group were more likely than control adolescents to believe that the doctor thought they should use condoms if they had sexual intercourse, believe that they should use condoms if they had sexual intercourse, and believe they should refuse sex with a partner who refused condom use. Perceived HIV susceptibility, condom use self-efficacy, and beliefs about abstinence did not differ.</p> <p>Personal and social skills</p> <p>At the exit interview, intervention group adolescents reported significantly more discussion with the physician about 11 of 13 topics regarding sexuality than control adolescents.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Based on bivariate analyses, there were no statistically significant differences between groups regarding vaginal, anal, and/or oral sexual intercourse (last 3 months or lifetime) or the number of vaginal intercourse partners (last 3 months or lifetime), at either follow-up. A mixed model regression controlling for baseline sexual experience and doctor indicated that intervention participants were more likely to have had vaginal intercourse at the 3-month follow-up (OR 2.46; 95% CI 1.04, 5.84), but not at 9-months follow-up (OR 1.64; 95% CI 0.81, 3.34). Among sexually active adolescents, bivariate analyses found no significant differences between intervention and control participants regarding condom use at last intercourse at 9-months follow-up, but the rate was greater among intervention participants at the 3-month follow-up. This finding was confirmed in a mixed model regression (OR 1.55; 95% CI 1.27, 256.03).</p> <p>No difference between intervention and control participants in their reported STI diagnoses, STI treatment or pregnancies during the last 3 months. At the 9-month follow-up, more control participants reported genital signs of possible STIs than intervention participants.</p>

Study details	Intervention and population details	Analyses	Results
<p>Danielson et al., (1990)</p> <p>RCT (Individual) -</p> <p>Objective: To examine the impact of a reproductive health intervention for male adolescents aged 15-18 years, which combined a highly explicit half-hour slide tape programme with a personal health consultation.</p> <p>Setting: Community - Primary care</p> <p>Country: USA</p> <p>Funding source: Department of Health and Human Services, National Institutes of Health, Kaiser Permanente</p>	<p>Population details</p> <p>Inclusion: Male, aged 15-18 years; had ambulatory care at participating medical offices during recruitment period</p> <p>Exclusion:</p> <p>Total n= 522*</p> <p>Intervention, n= 262*</p> <p>Comparator, n= 260*</p> <p>Male n (%) = 100%</p> <p>Mean age (range): 15-18 yrs</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>*Only numbers reported are for those sexually active at follow-up (90% of the sample)</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: To promote abstinence and contraception</p> <p>Programme type: Reproductive health consultation</p> <p>Theoretical base:</p> <p>Key components: Visit with a health care practitioner which immediately followed the slide tape programme; viewing of a slide tape programme that featured explicit photographs of and information on reproductive anatomy, fertility, hernia, testicular self-examination, STIs, contraception, couple communication and access to health services.</p> <p>Providers/delivers: Health care practitioner, media</p> <p>Length, duration, intensity:</p> <p>Other details:</p> <p>Comparator: Wait list control</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Logistic regression</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: NR</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Knowledge about ways to protect against STIs was significantly associated with the intervention (OR 1.98; p<0.001).</p> <p>Attitudes and values</p> <p>Coercive sexual attitudes* were inversely associated with the intervention (OR 0.74; p<0.05); the association was weak and not statistically significant among those who had already been sexually active at baseline, but was stronger and statistically significant among those who had not yet become sexually active at baseline (OR 0.67; p<0.01).</p> <p>*Two items: "A girl who leads you on should go all the way", and "I might stop seeing some if she refused me".</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No statistically significant effect of the intervention on sexual activity status at follow-up. When confounding variables were controlled for, the association between the intervention and contraceptive effectiveness was statistically significant among the larger population of all males who were sexually active at follow-up (OR 1.51; p<0.05), and particularly among those who were not sexually active at baseline (OR 2.53; p<0.01). A partner's use of the pill at last intercourse was significantly associated with the intervention among all participants who were sexually active at follow-up (OR 1.66; p<0.05).</p>

Study details	Intervention and population details	Analyses	Results
<p>Di Noia & Schinke (2007)</p> <p>RCT (cluster) +</p> <p>Objective: To evaluate the efficacy of Keepin' It Safe, a theory-based, gender-specific, CD-ROM-mediated HIV prevention program for urban, early adolescent girls.</p> <p>Setting: Community - specify Youth services agencies</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Female, aged 11-14 years</p> <p>Exclusion: NR</p> <p>Total n= 31 agencies; 204 girls</p> <p>Intervention, n= 111 girls</p> <p>Comparator, n= 93 girls</p> <p>Male n (%) = 0%</p> <p>Mean age (range): mean I 12.42 yrs (SD 1.11); C 12.45 yrs (SD 1.21)</p> <p>Ethnicity: 28%/30% Hispanic; 57%/51% Black; 6%/1% White; 9%/18% NR</p> <p>Other baseline: 5%/7% had ever had sex</p> <p>Intervention details</p> <p>Name: Keepin' It Safe</p> <p>Focus/aim: Increase HIV/AIDS knowledge, protective attitudes, and skills for reducing HIV risk-related sexual behaviours</p> <p>Programme type: HIV prevention programme</p> <p>Theoretical base: Integrated concepts from the Health Belief Model, theory of reasoned action, theory of planned behaviour, self-efficacy theory</p> <p>Key components: Session on HIV/AIDS knowledge and perceived vulnerability to HIV infection, sexual decision making, self-efficacy, sexual communication and assertiveness, and risk reduction skills building</p> <p>Providers/delivers: CD-ROM</p> <p>Length, duration, intensity: Six weekly sessions</p> <p>Other details: NA</p> <p>Comparator: Wait list controls</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Linear regression models, t-tests and chi square.</p> <p>Unit of allocation: School / Youth agency</p> <p>Unit of analysis: Organisation/institution</p> <p>Time to follow-up: Post-test</p> <p>Other details: Agencies were required to serve a minimum of 20 adolescent females aged 11-14 years, have onsite computers with the minimum hardware specifications required to run Keepin' It Safe, comply with all research protocols, and agree to participate in the study for its duration. Girls received \$30 for participating.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: 204 (75%)</p> <p>Reasons for non-completion: Sporadic attendance, discontinued after school programme</p>	<p>Knowledge and understanding</p> <p>Girls at computer intervention sites had higher post-test knowledge scores than wait-list controls (effect size -0.84; p<0.001).</p> <p>Attitudes and values</p> <p>Girls at computer intervention sites had higher post-test scores than wait-list controls on perceived vulnerability to HIV (effect size -0.21; p<0.01), perceived efficacy (effect size -0.36; p<0.01) and enjoyment of condoms (effect size -0.23; p<0.05), and perceived efficacy (effect size -0.51; p<0.01) and enjoyment of abstinence (effect size -0.86; p<0.001). There was no difference between groups on the measure of partner norms or participants' self-efficacy for low-risk activities.</p> <p>Personal and social skills</p> <p>Girls at computer intervention sites had higher post-test scores on the measure of sexual assertiveness than wait-list controls (effect size -0.57; p<0.001). There was no difference between groups on the measure of sexual communication.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p>DiClemente et al., (2004)</p> <p>RCT (Individual) ++</p> <p>Objective: To evaluate the efficacy of an intervention to reduce sexual risk behaviours, sexually transmitted diseases (STDs), and pregnancy and enhance mediators of HIV-preventive behaviours</p> <p>Setting: Community - Family medicine clinic</p> <p>Country: USA</p> <p>Funding source: National Institute for Mental Health</p>	<p>Population details</p> <p>Inclusion: African American, female, and 14 to 18 years of age; reporting vaginal intercourse in the preceding 6 months; and providing written informed consent.</p> <p>Exclusion: Not sexually experienced</p> <p>Total n= 522</p> <p>Intervention, n= 251</p> <p>Comparator, n= 271</p> <p>Male n (%) = 0%</p> <p>Mean age (range): mean (SD): Intervention 15.99 (1.25); Control 15.97 (1.21) (range: 14-18 yrs)</p> <p>Ethnicity: 100% African American</p> <p>Other baseline: 40%/43% reported consistent condom use in past 30 days</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Reduce risky sexual behaviours and STIs, and enhance skills and mediators of HIV preventive behaviours</p> <p>Programme type: HIV prevention intervention</p> <p>Theoretical base: Social cognitive theory, theory of gender and power</p> <p>Key components: Session 1 emphasised ethnic and gender pride; session 2 enhanced awareness of HIV risk reduction strategies; session 3 enhanced adolescents' confidence in initiating safer-sex conversations, negotiating safer sex, and refusing unsafe sexual encounters; and session 4 emphasised the importance of healthy relationships</p> <p>Providers/delivers: Trained African American female health educator and two African American peer educators</p> <p>Length, duration, intensity: Four 4-hour sessions, consecutive Saturdays</p> <p>Other details:</p> <p>Comparator: General health promotion</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Also interview, skills assessment and vaginal swab specimens</p> <p>Statistical method(s) used to analyse data: Logistic regression</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 6- and 12-months</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 6 mo: Intervention, n=226; Control, n=243</p> <p>12 mo: Intervention, n=219; Control, n=241</p> <p>Reasons for non-completion: Lost or moved, no-show or conflict with other plans</p>	<p>Knowledge and understanding</p> <p>Participants in the HIV intervention group reported higher HIV prevention knowledge scores than control participants.</p> <p>HIV knowledge: Adjusted mean difference (95% CI)</p> <p>6-months: 1.80 (1.34 to 2.42); p=0.001</p> <p>12-months: 0.84 (0.28 to 1.50); p=0.001</p> <p>Baseline to 12 months: 1.45 (1.04 to 1.87); p<0.001</p> <p>Attitudes and values</p> <p>There was a significant effect of the intervention on condom use skills at both the 6- and 12-month follow-up, and across the entire 12-month follow-up.</p> <p>Condom use skills (rated 0-6)</p> <p>1.13 (0.96 to 1.32); p<0.001</p> <p>0.97 (0.69 to 1.23); p<0.001</p> <p>1.06 (0.88 to 1.25); p<0.001</p> <p>Personal and social skills</p> <p>Participants who received the HIV intervention in general reported fewer perceived partner-related barriers to condom use, more favourable attitudes toward using condoms, more frequent discussions with male sex partners about HIV prevention, and higher condom use self-efficacy scores.</p> <p>Condom attitudes</p> <p>1.27 (0.52 to 1.84); p=0.001</p> <p>0.91 (0.08 to 1.67); p=0.008</p> <p>1.18 (0.65 to 1.71); p=0.001</p> <p>Condom barriers</p> <p>-4.81 (-7.03 to -2.22); p=0.003</p> <p>-2.67 (-5.81 to -0.33); p=0.10</p> <p>-4.57 (-6.66 to -2.48); p=0.002</p> <p>Communication frequency</p> <p>1.27 (-0.29 to 2.28); p=0.007</p> <p>1.15 (0.11 to 2.07); p=0.02</p> <p>1.24 (0.70 to 1.77); p=0.001</p> <p>Condom use self-efficacy</p> <p>4.25 (2.70 to 5.86); p=0.001</p> <p>3.65 (1.94 to 5.91); p=0.001</p> <p>3.93 (2.60 to 5.25); p=0.001</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Consistent condom use (defined as use of a condom during every episode of vaginal</p>

			<p>intercourse): Relative to participants in the general health promotion condition, participants in the HIV intervention were more likely to report using condoms consistently in the past 30 days and the past 6 months at: (1) the 6-month assessment; (2) the 12-month assessment; and (3) over the entire 12-month period.</p> <p>Consistent condom use in past 30 days: OR (95% CI) 6-months: 1.77 (0.97-3.20); p=0.06 12-months: 2.23 (1.17-4.27); p=0.02 Baseline to 12 months: 2.01 (1.28-3.17); p=0.003</p> <p>Consistent condom use in past 6 months: OR (95% CI) 6-months: 2.48 (1.44-4.26); p=0.001 12-months: 2.14 (1.20-3.84); p=0.01 Baseline to 12 months: 2.30 (1.51-3.50); p<0.001</p> <p>Participants who received the HIV intervention were more likely to report using a condom at last vaginal sexual intercourse, less likely to self-report a pregnancy (NS), and less likely to report having a new vaginal sex partner in the 30 days prior to assessments.</p> <p>Condom use during last sex: OR (95% CI) 6-months: 5.08 (2.83-9.14); p<0.001 12-months: 3.32 (1.86-5.92); p<0.001 Baseline to 12 months: 3.94 (2.58-6.03); p<0.001</p> <p>New vaginal sex partner in past 30 d: OR (95% CI) 6 months: 0.29 (0.11-0.77); p=0.01 12-months: 0.59 (0.19-1.84) ; p=0.36 Baseline to 12 months: 0.40 (0.19-0.82); p=0.01</p> <p>Self-reported pregnancy: OR (95% CI) 6 months: 0.38 (0.15-0.36); p=0.04 12 months: 0.74 (0.30-1.82); p=0.52 Baseline to 12 months: 0.53 (0.27-1.03); p=0.06</p> <p>HIV intervention participants were more likely to report a significantly higher percentage of condom protected sex acts, both in the 30 days and 6-months preceding the 6- and 12-month follow-up, and over the entire 12 month follow-up. Intervention participants also reported significantly fewer unprotected vaginal intercourse episodes in the last 30 days and 6 months at the 6- and the 12-month assessments and over the entire 12-month period. Participants in the HIV intervention also reported a higher frequency of putting condoms on their partners at the 6- and 12-month assessments and over the entire 12-month period.</p> <p>% Condom use in last 30 d: Adjusted mean difference (95% CI) 6-months: 18.38 (10.47 to 25.45); p=0.001 12 months: 21.09 (10.73 to 32.20); p=0.001 Baseline to 12 months: 21.09 (13.70, 28.48); p<0.001</p>
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			<p>% Condom use in last 6 mo: Adjusted mean difference (95% CI) 6-months: 17.33 (10.26, 24.39); p=0.001 12-months: 18.33 (9.46, 29.86); p=0.001 Baseline to 12 months: 25.07 (19.89, 30.25); p<0.001 Episodes of unprotected vaginal sex in last 30 d: Adjusted mean difference (95% CI) 6-months: -1.06 (-1.82 to 0.27); p=0.046 12 months: -1.06 (-1.86 to 0.44); p=0.002 Baseline to 12 months: -1.17 (-1.88, -0.45); p=0.001 Episodes of unprotected vaginal sex in last 6 mo: Adjusted mean difference (95% CI) 6-months: -6.51 (-10.97 to -2.90); p=0.006 12 months: -5.51 (-11.18 to -0.34); p=0.02 Baseline to 12 months: -7.15 (-11.38, -2.93); p=0.001 Frequency of applying condoms on sex partners: Adjusted mean difference (95% CI) 6 months: 0.69 (0.42 to 0.92); p=0.001 12 months: 0.44 (0.19 to 0.77); p=0.003 Baseline to 12 months: 0.58 (0.37, 0.78); p<0.001</p> <p>The results suggested an intervention effect on Chlamydia infections (OR 0.17; 95% CI 0.03, 0.92; p=0.04), but no difference between groups were observed for trichomonatis (OR 0.37; 95% CI 0.09, 1.46; p=0.16) or gonorrhoea (OR 0.14; 95% CI 0.01, 3.02; p=0.21).</p>
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Study details	Intervention and population details	Analyses	Results
<p>Downs et al., (2004)</p> <p>RCT (Individual) +</p> <p>Objective: To evaluate the impact of a theoretically based, stand-alone interactive video intervention for adolescent females</p> <p>Setting: Community - Healthcare settings</p> <p>Country: USA</p> <p>Funding source: National Institute of Allergies and Infectious Diseases</p>	<p>Population details</p> <p>Inclusion: Aged 14–18, and reported heterosexual vaginal sexual activity in the previous 6 months</p> <p>Exclusion:</p> <p>Total n= 300 recruited</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 0%</p> <p>Mean age (range): NR</p> <p>Ethnicity: 75% African American, 15% White, 10% other or mixed race</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Increase ability to make less risky sexual health decisions</p> <p>Programme type: Video</p> <p>Theoretical base: NR</p> <p>Key components: Interactive video intervention; negotiation behaviours with sexual partners, condom efficacy, and information about reproductive health and viral and bacterial STIs</p> <p>Providers/delivers: Video</p> <p>Length, duration, intensity: single session</p> <p>Other details:</p> <p>Comparator: Same content as video but difference delivery formats: (1) content-matched control, booklet; (2) Topic-matched control (commercially available brochures)</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey and introital swab</p> <p>Statistical method(s) used to analyse data: Logistic regression, ANCOVAs</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 1, 3 and 6 months</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Participants in the video condition were more likely to be abstinent than controls (p<0.05)</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>No effects of intervention condition at any follow-up for general STI knowledge or for specific STI knowledge. Knowledge improved in both the intervention and control conditions over time.</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Participants who received the video intervention were more likely to having been completely abstinent between baseline and the 3-month follow-up (OR 2.50; p=0.027). At the 6-month follow-up there was no difference between conditions on this measure (OR 1.45; p=0.344).</p> <p>No significant difference between intervention and control conditions in how often participants reported using condoms between baseline and the 3-month follow-up, or at the 6-month follow-up. There was no difference in the number of condom failures between conditions at the 3-month follow-up, but at the 6-month follow-up, participants in the video condition reported fewer condom failures in the past 3 months compared to controls (p=0.02).</p> <p>Participants in the video condition were significantly less likely to report having been diagnosed with an STI compared to controls (OR 2.79; p=0.05). The only disease with sufficient power to detect a difference was Chlamydia (OR 7.75; p=0.05).</p>

Study details	Intervention and population details	Analyses	Results
<p>Elliott et al., (1996)</p> <p>NRCT -</p> <p>Objective: To measure the effects of a theatre production on HIV knowledge, attitudes and risk behaviour of young people compared with that of a standard health education seminar.</p> <p>Setting: Community - specify Youth projects</p> <p>Country: UK</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Youth people attending projects randomly selected from a list of willing participants</p> <p>Exclusion:</p> <p>Total n= 10 projects</p> <p>Intervention, n= 132 young people</p> <p>Comparator, n= 85 young people</p> <p>Male n (%) = NR</p> <p>Mean age (range): mean: Intervention 15.8 yrs (SD 1.53); Control 14.9 yrs (SD 1.49)</p> <p>Ethnicity: NR</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Designed to inform young people about HIV, especially the modes of transmission; explore attitudes and emotional issues associated with HIV and inform participants about safer sex practices, in particular proper condom use.</p> <p>Programme type: Theatre</p> <p>Theoretical base: NR</p> <p>Key components: Theatre production ("How to Die of Embarrassment"), workshops</p> <p>Providers/delivers: Theatre company</p> <p>Length, duration, intensity: Single session</p> <p>Other details: NA</p> <p>Comparator: Health education seminars led by two health education officers; workshops and small group discussions. Covered sexual health issues.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey, and focus groups</p> <p>Statistical method(s) used to analyse data: Chi-square, McNemar and t-tests</p> <p>Unit of allocation: Group - Youth group</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test, 2 months</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Theatre participants were significantly older</p> <p>Attrition</p> <p>Number of participants completing study: 34% intervention and 43% control completed both follow-ups</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>There were no significant differences in summary knowledge scores between the two groups at post-test or follow-up. Authors note that the overall levels of knowledge were generally good among participants at baseline.</p> <p>Attitudes and values</p> <p>There were no significant differences in attitudes between the two groups at post-test or follow-up.</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No significant difference between the groups in the number who reported having unprotected sex in the previous 2-months. At the 2-month follow-up, significantly more Theatre participants than Seminar participants reported changing their behaviour in response to intervention (34% vs. 6%; $p < 0.01$). Those reporting a behavioural change in both groups said that they had become more cautious about sex or at least bought and carried condoms more than before.</p>

Study details	Intervention and population details	Analyses	Results
<p>Ferguson (2000)</p> <p>NRCT -</p> <p>Objective: To determine the effects of peer counselling in a culturally-specific pregnancy prevention programme for African American females.</p> <p>Setting: Community - specify Youth agency</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: African American females aged 12-16 yrs; Had successfully completed the 10-wk Camp Horizon Adolescent Pregnancy Prevention programme and were enrolled in the transition programme; resided in one of four neighbourhoods; were not currently pregnant and had never given birth to a child</p> <p>Exclusion: NR</p> <p>Total n= 63</p> <p>Intervention, n= 33</p> <p>Comparator, n= 30</p> <p>Male, NR</p> <p>Mean age (range): mean 13 yrs (range 12-16 yrs)</p> <p>Ethnicity: 100% African American</p> <p>Other baseline: 67% had previously received counselling or advice on sex education</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: To reduce teenage pregnancy rates</p> <p>Programme type: Peer counselling</p> <p>Theoretical base: NR</p> <p>Key components: Group discussions and role play of situations that pertained to sexual behaviour, reproduction, STIs, contraceptives and hygiene. Investigator taught module on life management, family relations, academic and careers.</p> <p>Providers/delivers: Trained peer counsellors (mean 14 yrs, 13-16 yrs)</p> <p>Length, duration, intensity: 2 hrs, weekly over 8 weeks</p> <p>Other details: NA</p> <p>Comparator: No intervention; had previously participated in 10-wk pregnancy prevention programme</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: repeated measures ANOVA, chi square</p> <p>Unit of allocation: Neighbourhood</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test, 3 months</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: n=30 intervention; n=22 control</p> <p>Reasons for non-completion: Moved out of the area</p>	<p>Knowledge and understanding</p> <p>There was no difference in knowledge between the intervention and control group at post-test, but there was a statistically significant increase in knowledge among control participants relative to the intervention group at the 3-month follow-up ($p=0.0047$).</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>None of the participants in either the intervention or control group had become pregnant at the 3-month follow-up. There was no significant delay in sexual intercourse for participants in either the intervention or control group. There was no difference between groups in the use of effective methods of contraception.</p>

Study details	Intervention and population details	Analyses	Results
<p>Jemmott et al., (1992)</p> <p>RCT (Individual) +</p> <p>Objective: To examine an intervention designed to reduce the frequency of HIV risk-associated sexual behaviours among inner-city Black adolescents.</p> <p>Setting: Community - specify After school (Saturday)</p> <p>Country: USA</p> <p>Funding source: American Foundation for AIDS, National Institute of Child Health and Human Development</p>	<p>Population details</p> <p>Inclusion: Black male adolescents</p> <p>Exclusion:</p> <p>Total n= 157</p> <p>Intervention, n= 85</p> <p>Comparator, n= 72</p> <p>Male n (%) = 100%</p> <p>Mean age (range): mean 14.64 years (SD 1.66)</p> <p>Ethnicity: 100% Black</p> <p>Other baseline: In last 3 months: 34% >1 partner; 13% heterosexual anal intercourse; 21% never used condoms; 30% always used condoms</p> <p>Intervention details</p> <p>Name: Be Proud! Be Responsible!</p> <p>Focus/aim: To reduce self-reported unprotected sexual intercourse among African American and Latino girls.</p> <p>Programme type: AIDS risk reduction</p> <p>Theoretical base: NR</p> <p>Key components: Included information about risks associated with IV drug use and specific sexual activities</p> <p>Providers/delivers: Trained facilitator</p> <p>Length, duration, intensity: 5 hours</p> <p>Other details:</p> <p>Comparator: Career opportunities</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANCOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: post-test, 3 months</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>At post-test and 3-months, intervention participants had greater knowledge about AIDS ($p < 0.0001$ and $p < 0.003$, respectively).</p> <p>Attitudes and values</p> <p>At post-test, compared to control participants, intervention participants expressed less favourable attitudes toward risky sexual behaviours ($p < 0.004$) and reported weaker intentions to engage in such behaviours ($p < 0.0001$). At 3-months, intervention participants reported weaker intentions to engage in risky sexual behaviour in the next 3 months than control participants ($p < 0.007$). Non-significant trend towards less favourable attitudes regarding risky sexual behaviour among intervention students.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Controlling for pre-intervention behaviour, at 3-months, intervention students were less likely than controls to report having engaged in risk sexual behaviour (difference -0.36; 95% CI -0.64, -0.08; $p < 0.01$). Across different sexual behaviours the effects of the intervention were fairly consistent. There was no difference between groups in whether participants had sex, but intervention participants reported having sex on fewer days, with fewer women, and with fewer women who were involved in sexual relationships with other men. Intervention participants also reported fewer occasions of sex without a condom and were less likely to report having anal intercourse with women.</p>

Study details	Intervention and population details	Analyses	Results
<p>Jemmott et al., (1998)</p> <p>RCT (Individual) ++</p> <p>Objective: Evaluate the effects of abstinence and safer-sex HIV risk-reduction interventions of young inner-city African American adolescents' HIV sexual risk behaviours when implemented by adult facilitators as compared with peer co-facilitators.</p> <p>Setting: Community - specify</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health.</p>	<p>Population details</p> <p>Inclusion: African American adolescents.</p> <p>Exclusion: NR</p> <p>Total n= 659</p> <p>Intervention, n= (1) 215; (2) 218</p> <p>Comparator, n= 214</p> <p>Male n (%) = 47%</p> <p>Mean age (range): mean 11.8 yrs</p> <p>Ethnicity: African American</p> <p>Other baseline: Sexual activity, sexual orientation.</p> <p>Intervention details</p> <p>Name: Be Proud! Be Responsible!</p> <p>Focus/aim: HIV risk reduction</p> <p>Programme type: (1) Abstinence intervention; (2) Safer-sex education</p> <p>Theoretical base: Social cognitive theory, reasoned action, planned behaviour.</p> <p>Key components: (1) Designed to increase HIV/STI knowledge, strengthen behavioural beliefs supporting abstinence, increase self-efficacy and skills to resist pressure to have sex; (2) Increase HIV/STI knowledge and specific belief that using condoms could prevent pregnancy, STIs, and HIV, enhance hedonistic beliefs, and increase skills and self-efficacy regarding participant's ability to use condoms.</p> <p>Providers/delivers: Trained adult and peer facilitators</p> <p>Length, duration, intensity: 8 x 1hr modules over 2 x Saturdays.</p> <p>Other details:</p> <p>Comparator: Health promotion intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANOVA, chi-squared, t-tests, ANCOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 3-, 6- and 12-months</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: n=429, 411, and 406 respectively</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Condom use knowledge was significantly higher among participants who received the safer sex intervention compared to participants in the control and abstinence groups (both $p < 0.001$). Participants in both the abstinence and safer sex groups had significantly greater knowledge than control participants about HIV risk reduction (both $p < 0.001$), and safer sex participants had significantly higher knowledge than abstinence participants ($p < 0.001$).</p> <p>Attitudes and values</p> <p>Compared to participants in the control group and the safer-sex group, adolescents in the abstinence group believed more strongly that practicing abstinence would prevent pregnancy and AIDS ($p < 0.001$ and $p = 0.02$, respectively), expressed less favourable attitudes toward sexual intercourse ($p < 0.001$ and $p = 0.002$, respectively) and reported weaker intentions of having sexual intercourse ($p = 0.02$ and $p = 0.03$, respectively) in the next 3 months. There was no difference between abstinence and control participants on the other measures. Safer sex participants were more likely than participants in the control and abstinence groups to report condom prevention beliefs (both $p < 0.001$), condom hedonistic beliefs (both $p < 0.001$), condom availability control beliefs ($p = 0.01$ and $p < 0.001$, respectively). They also reported significantly higher impulse beliefs than controls and higher self-efficacy to use condoms ($p = 0.02$ and $p = 0.05$, respectively). There was no effect of either intervention on participant's intentions to use condoms.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>3-month follow-up: Adolescents in the abstinence group were significantly less likely to report having sexual intercourse compared to adolescents in the control group (OR 0.45; 95% CI 0.23, 0.86; $p = 0.02$) and marginally less likely than adolescents in the safer sex groups (OR 0.54; 95% CI 0.28, 1.07; $p = 0.08$). Participants who received the abstinence intervention and who were sexually inexperienced at baseline were significantly less likely than controls to have had sex (OR 0.26; 95% CI 0.08, 0.83) and marginally less likely than those in the safer sex group (OR 0.32; 95% CI 0.10, 1.04). Adolescents who received the safer sex intervention were more likely to report consistent condom use relative to the control group (OR 3.38; 95% CI 1.25, 9.16; $p = 0.02$) and the abstinence group (OR 3.10; 95% CI 0.99, 9.73; $p = 0.05$). Relative to the control group, adolescents in the safer sex group reported a higher frequency of condom use (mean [SD] 4.22 [1.21] vs. 3.56 [1.63]; $p = 0.05$), were less likely to report having unprotected sexual intercourse (OR 0.35; 95% CI 0.13, 0.95; $p = 0.04$) and reported fewer days of unprotected intercourse (mean [SD] 0.07 [0.60] vs. 0.21 [0.60]; $p = 0.04$).</p>

			<p>6-month follow-up: There were no significant differences between adolescents in the abstinence group and adolescents in the control or safer sex group on any of the sexual behaviour measures (in past 3 months). Adolescents in the safer sex group reported a higher frequency of condom use relative to controls (mean [SD] 3.99 [1.22] vs. 3.25 [1.60]; p=0.03).</p> <p>12-months follow-up: Compared to adolescents in the control groups, there was a higher frequency of condom use among adolescents in both the abstinence group (mean [SD] 3.94 [1.28] vs. 3.16 [1.69]; p=0.02) and the safer sex group (mean [SD] 4.15 [1.21] vs. 3.16 [1.69]; p=0.004).</p>
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Study details	Intervention and population details	Analyses	Results
<p>Jemmott et al., (2005)</p> <p>RCT (Individual) ++</p> <p>Objective: To determine the efficacy of a skill-based HIV/STI reduction intervention in reducing self-reported unprotected sexual intercourse among female African American and Latino adolescents.</p> <p>Setting: Community - specify Hospital-based family planning clinic</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: African American and Latino adolescent females who volunteered for the "Women's Health Project". Eligible if (1) were patients at the adolescent medicine clinic; (2) were sexually experienced; (3) were not pregnant; (4) 12-19 years old; (5) could read and speak English; and (6) did not plan to move from the area of the clinic.</p> <p>Exclusion: NR</p> <p>Total n= 682</p> <p>Intervention, n= (1) 228; (2) 235</p> <p>Comparator, n= 219</p> <p>Male n (%) = 0%</p> <p>Mean age (range): mean 15.5 years</p> <p>Ethnicity:</p> <p>Other baseline: 87.1% reported sexual intercourse in the last 3 months</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: (1) Addressed the elevated risk of HIV and STD among inner-city African American and Latino young women, personal vulnerability to HIV and STD, HIV transmission, the diverse messages about sex to which adolescents are exposed, responsibility for sexual risk reduction in romantic relationships, and the importance of using condoms. (2) Addressed beliefs relevant to HIV/STD risk reduction, illustrated correct condom use, and depicted effective condom-use negotiation.</p> <p>Programme type: (1) Information-based; (2) Skills-based</p> <p>Theoretical base: Cognitive behavioural theory</p> <p>Key components: (1) Educational videotapes illustrated correct condom use with a demonstration model and depicted effective negotiation of condom use. (2) Participants practiced the skills needed to use condoms (handled condoms, practiced correct use of condoms with anatomical models, and engaged in role-playing to increase skill in negotiating the use of</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi square tests, Poisson regression, ANCOVA, logistic regression analysis. Standardised effect size estimates presented</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3-, 6- and 12-months</p> <p>Other details: Participants were paid for participation in the trial.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: 3 mo 643; 6 mo 633; 12 mo 604 (89%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Participants who received the skills-based intervention scored higher in post-intervention HIV/STD knowledge (d=0.62; p=0.001), condom use knowledge (d=0.59; P=0.001), compared to those who received the health-promotion control intervention. In addition, the skill-based intervention participants had significantly greater increases in condom use knowledge than did the information-based intervention group participants (d=0.30; P=0.001). Information-based intervention participants scored higher in HIV/STD knowledge (d=0.72; P=0.001) and condom use knowledge (d=0.30; p=.001) than health promotion control participants.</p> <p>Attitudes and values</p> <p>Compared to the health intervention control group, skills-based intervention group participants scored higher on measures of intentions (d=0.21; P=.008), hedonistic beliefs (d=0.28; P=0.001), sexual partner approval (d=0.20; p=0.009), technical skills beliefs (d=0.20; p=0.01), and impulse control beliefs (d=0.19; p=0.02). Information-based intervention participants scored higher on the following measures, compared to the health promotion control group: intentions (d=0.29; p=0.001); hedonistic beliefs (d=0.31; P=0.001); technical skills beliefs (d=0.15; p=0.049), and impulse control (d=0.19; p=0.02).</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Participants who received the skill-based intervention reported less frequent unprotected sexual intercourse at the 12-month follow-up than did those who received the health-promotion control intervention (d=0.28; p=0.002) or the information-based intervention (d=0.19; p=0.033). There was no difference on these measures at the 3- or 6-month follow-up. At the 12-month follow-up, participants who received the skill-based intervention reported fewer sexual partners than participants who received the health-promotion control intervention (d=0.17; p=0.04). Participants who received the skill-based intervention were also less likely to report having multiple partners than were those who received the health promotion control intervention (d=0.25; p=0.002). No differences in the reported number of sexual partners were observed at the 3- or 6-month follow-up. There was a significantly lower self-reported frequency of sexual intercourse while intoxicated among participants who received the skills-based intervention compared with the health-promotion control (d=0.18; p=0.03) and information-based (d=0.18;</p>

	<p>condoms).</p> <p>Providers/delivers: 14 African American women had experience working with inner-city adolescents</p> <p>Length, duration, intensity: Single session, 250 minutes.</p> <p>Other details:</p> <p>Comparator: Health promotion intervention; covered beliefs and skills relevant to behaviours associated with the risk of heart disease, cancer, and stroke.</p>	<p>p=0.03) interventions at the 3-month follow-up and compared with the health promotion control intervention (d=0.23; p=0.005) at the 6-month follow-up. No differences were found at the 12-month follow-up. In addition, participants in the skill-based intervention group reported fewer episodes of unprotected sexual intercourse while intoxicated at the 12-month follow-up than participants who received the health-promotion control intervention (d=0.20; p=0.02).</p> <p>There was no difference in STI rates between groups at the 6-month follow-up. However, at 12-months, participants who received the skill-based intervention were significantly less likely to have an STD than were those in the health promotion control group (10.5% vs. 18.2%; d=0.18; p=0.05).</p>
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Study details	Intervention and population details	Analyses	Results
<p>Kipke et al., (1993)</p> <p>RCT (Individual) +</p> <p>Objective: To evaluate the AIDS Risk Reduction Education and Skills Training programme</p> <p>Setting: Community - Youth agencies</p> <p>Country: USA</p> <p>Funding source: Various sources</p>	<p>Population details</p> <p>Inclusion: English-speaking, aged 12-16 years, and written parental consent.</p> <p>Exclusion:</p> <p>Total n= 87</p> <p>Intervention, n= 41</p> <p>Comparator, n= 46</p> <p>Male n (%) = 45%</p> <p>Mean age (range): mean 13.8 years (range: 12-16 yrs)</p> <p>Ethnicity: 59% Latino; 41% African American</p> <p>Other baseline: 30% heterosexual intercourse; 2% homosexual intercourse</p> <p>Intervention details</p> <p>Name: AIDS Risk Reduction Education and Skills Training (ARREST) programme</p> <p>Focus/aim: AIDS risk reduction and education</p> <p>Programme type:</p> <p>Theoretical base: Health Belief Model, Social Learning Theory</p> <p>Key components: AIDS education; instruction on how to use condoms; and decision-making, communication and assertiveness skills training. Take home exercises.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: Three training sessions</p> <p>Other details:</p> <p>Comparator: Wait list control</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Student's t-test</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: n=86</p> <p>Reasons for non-completion: Missed >1 intervention session</p>	<p>Knowledge and understanding</p> <p>Adolescents in the ARREST group reported significantly higher levels of knowledge at post-test compared to controls (p<0.001).</p> <p>Attitudes and values</p> <p>Relative to the control group, adolescents in the ARREST group reported a significant decrease in negative attitudes towards AIDS (p<0.05), and an increase in the perception that adolescents are at risk of becoming HIV infected (p<0.01).</p> <p>Personal and social skills</p> <p>ARREST participants were observed to have increased behavioural skills for giving a reason for refusing to engage in risk-related activities (p<0.001) and proposing alternative lower risk activities (p<0.001).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No difference in risk-related sexual behaviours between the intervention and control group for the following measures: number of sexual encounters, number of sexual partners, and use of condoms.</p>

Study details	Intervention and population details	Analyses	Results
<p>Morrison-Beedy et al., (2005)</p> <p>RCT (Individual) +</p> <p>Objective: To assess the feasibility of a community-based, small group HIV risk reduction intervention with adolescent girls, and preliminary evidence of its efficacy.</p> <p>Setting: Community - Family planning centre</p> <p>Country: USA</p> <p>Funding source: National Institute of Nursing Research; National Institute of Mental Health; National Institute of Allergy and Infectious Diseases</p>	<p>Population details</p> <p>Inclusion: Aged 15-19, unmarried, sexually active with a male partner in the past 3 months, not pregnant and no births within the past 3 months, and English-speaker.</p> <p>Exclusion:</p> <p>Total n= 62</p> <p>Intervention, n= 33</p> <p>Comparator, n= 29</p> <p>Male n (%) = 0%</p> <p>Mean age (range): mean 17.3 years (SD 1.4, range 15–19)</p> <p>Ethnicity: 59% White, 29% Black, 10% Hispanic, and 2% Asian</p> <p>Other baseline: 28% low-income; 53% two or more sex partners in the past year; 15% history of STIs; 21% previous pregnancy; 11% had a sex partner who injected drugs</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Intervention designed to: (1) provide HIV-related information; (2) increase motivation to change risky behaviours; (3) provide behavioural skills training; and (4) improve HIV-preventative behaviours among girls in the intervention group.</p> <p>Programme type: HIV risk reduction intervention</p> <p>Theoretical base: Information-Motivation-Behavioural Skills Model</p> <p>Key components: HIV-related information and behavioural skills components (assertiveness, self-efficacy, and negotiation) combined with motivational enhancement strategies</p> <p>Providers/delivers: Trained female interventionists</p> <p>Length, duration, intensity: Four 2-hour sessions</p> <p>Other details:</p> <p>Comparator: Health promotion control; addressed anger management, caffeine use, and nutrition</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Generalised estimating equations; chi-squared</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3-months</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline:</p> <p>Comments: Intervention group had higher levels of confidence in condom use.</p> <p>Attrition</p> <p>Number of participants completing study: n=48 (77%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>At the 3-month follow-up, the HIV group scored significantly higher than the control group on knowledge (effect size 0.63; p<0.001).</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>At the 3-month follow-up, the HIV group scored significantly higher than the control group on confidence in condom use (effect size 0.32; p=0.04), and lower on the cons of condom use (effect size 0.35; p=0.03). There was no difference between groups on the following measures: risk perception, readiness, behavioural intentions, and pros of condom use.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Although overall risk behaviour scores were lower within the HIV group relative to the control group, none of the individual risk outcomes, (including vaginal sex with/without condom, received/gave oral sex, alcohol or drug use before sex, and number of partners) were significantly different between the two groups. Control participants talked with partners about safer sex more often than did HIV risk reduction intervention participants (p=0.04).</p>

Study details	Intervention and population details	Analyses	Results
<p>Pearlman et al., (2002)</p> <p>NRCT +</p> <p>Objective: To evaluate the impact of a community-based HIV/AIDS peer leadership prevention program on peer leaders</p> <p>Setting: School</p> <p>Country: USA</p> <p>Funding source: Massachusetts Department of Public Health</p>	<p>Population details</p> <p>Inclusion: Adolescents from nine communities</p> <p>Exclusion: NR</p> <p>Total n= 168</p> <p>Intervention, n= 97 (70%)</p> <p>Comparator, n= 71 (30%)</p> <p>Male n (%) = 62 (37%)</p> <p>Mean age (range): mean 15-16 years</p> <p>Ethnicity: 36% Hispanic; 28% White; 17% Black; 18% Other</p> <p>Other baseline: sexually active; pressured to have sex; perceived chance of getting HIV</p> <p>Intervention details</p> <p>Name: Project Teen Health</p> <p>Focus/aim: a peer leading course to influence the peer leaders knowledge of HIV and sexual risk behaviour</p> <p>Programme type: Peer Leading Preventing AIDS course</p> <p>Theoretical base: NR</p> <p>Key components: Peer Leadership Preventing AIDS course; ongoing group work with an adult advisor to learn about HIV and related skills</p> <p>Providers/delivers: Peer leaders</p> <p>Length, duration, intensity:</p> <p>Other details:</p> <p>Comparator: Adolescents participating in community and school-based programmes; received sex education that was not designed to help youth understand social and peer pressures to have sex or to develop and apply resistance skills to peer pressure.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Multiple regression</p> <p>Unit of allocation: Not clear</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 9 months (post-test)</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: no significant differences reported</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>At 9 months, new peer leaders had significantly more knowledge about HIV/AIDS than comparison youth (p<0.005). Repeat peer leaders were more knowledgeable than new peer leaders.</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>New peer leaders had significantly higher perceptions of themselves as change agents (level of confidence in educating others about HIV/AIDS transmission and prevention; p=0.001)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No significant differences were found between new peer leaders and comparison groups for sexual risk taking behaviour at 9 months. A non-significant trend suggested that boys were more likely to engage in sexual risk taking behaviours than girls.</p>

Study details	Intervention and population details	Analyses	Results
<p>Philiber et al., (2002)</p> <p>RCT (Individual) +</p> <p>Objective: To report the results of an evaluation of the Children's Aid Society-Carrera programme.</p> <p>Setting: Community - Youth agencies</p> <p>Country: USA</p> <p>Funding source: The Robin Hood Foundation</p>	<p>Population details</p> <p>Inclusion: Eligible if not enrolled in an ongoing, structured after school programme; aged 13-15 years; no currently pregnant or a parent</p> <p>Exclusion:</p> <p>Total n= 484</p> <p>Intervention, n= 242</p> <p>Comparator, n= 242</p> <p>Male n (%) = 45%</p> <p>Mean age (range): 13-15 years</p> <p>Ethnicity: Intervention/Control: Black 60%/52%; Hispanic 39%; 45%; Other 1%/3%</p> <p>Other baseline: Intervention/Control: Ever had sex 26%/25%</p> <p>Intervention details</p> <p>Name: CAS-Carrera programme</p> <p>Focus/aim: Pregnancy prevention</p> <p>Programme type:</p> <p>Theoretical base: Not reported</p> <p>Key components: Five activity and two service components. Work-related intervention; academic component; comprehensive family life and sexuality education; arts component; individual sports component. Supplemented by mental health care and medical care.</p> <p>Providers/delivers: Community organisers, other providers not defined</p> <p>Length, duration, intensity: Five days/week school year (~3 h/day)*</p> <p>Other details:</p> <p>Comparator: Regular youth programme</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi-squared, ANOVA, logistic regression (controlled for age, ethnicity, baseline measures and social development barriers)</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Three years</p> <p>Other details: Analysis based on 81% of the original sample. Only included those who supplied data at the 3-yr follow-up.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 81% of the original sample</p> <p>Reasons for non-completion: Moved, never participated, family issues precluded participation, scheduling conflicts, incarcerated</p>	<p>Knowledge and understanding</p> <p>Gains in knowledge were significantly greater among programme participants than controls (22% vs. 11%, respectively). Female programme participants were also more likely to say that they had chosen not to have sex when pressured, compared to females in the control group.</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Odds of becoming pregnant were significantly reduced among female programme participants compared with controls (OR 0.31). Female programme participants were also less likely to be sexually active (OR 0.52) and were more likely to have used a condom and a hormonal method at last intercourse (OR 2.37). There were no significant programme effects on males on these outcomes.</p>

Study details	Intervention and population details	Analyses	Results
<p>Postrado & Nicholson (1992)</p> <p>CBA -</p> <p>Objective:</p> <p>Setting: Community - specify Youth agency</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Young women aged 12-17 yrs; enrolled in four Girls Incorporated member organisation in communities with higher than average rates of teenage pregnancy; participated for at least 1 year</p> <p>Exclusion:</p> <p>Total n= 412</p> <p>Intervention, WPWP, n= 257; GT, n= 84</p> <p>Comparator, WPWP, n= 155; GT, n= 328</p> <p>Male n (%) = 0%</p> <p>Mean age (range): mean 12 years (range 12-14 years)</p> <p>Ethnicity: WPWP Par/Non-Par: Black 76%/72%; White 13%; 17%; Hispanic or other 11%/10%; GT Par/Non-par: Black 55%/80% White 33%/10%; Hispanic or other 12%/11%</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Girls Incorporated: Will Power/Won't Power (WPWP) and Growing Together (GT)</p> <p>Focus/aim: WPWP: addresses social and peer pressures that lead young women into early sexual behaviour and focuses on skills building; GT: Designed to enable parents and daughters to communicate comfortably with each other about human sexuality</p> <p>Programme type: Community</p> <p>Theoretical base: NR</p> <p>Key components: WPWP: Group-building exercises, introduction to relationships and basic assertiveness skills; GT: Parents only session; other sessions focused on physical and emotional changes during puberty, anatomy of reproduction, myths and facts about sexuality and getting pregnant, and other related topics.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: WPWP: 6 sessions; GT: 5 sessions</p> <p>Other details:</p> <p>Comparator: Girls Incorporated who did not enrol in the intervention programmes</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Bivariate and multiple logistic regression analysis</p> <p>Unit of allocation: individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Some imbalance race and whether mother or sister experienced teenage pregnancy</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Girls who did not participate in GT were more likely to initiate sexual intercourse than those who participated (OR 2.6; p=0.054). Participation in WPWP was not associated with initiation of sexual intercourse. Further analysis of the results suggested that nonparticipants and participants with a shorter period of participation in WPWP were significantly more likely to initiate sexual intercourse than those who participated for a longer period.</p>

Study details	Intervention and population details	Analyses	Results
<p>Sikkema et al., (2005)</p> <p>RCT (cluster) +</p> <p>Objective: To examine whether the effects of HIV prevention efforts are stronger and better maintained when they target not only change in individual risk-reduction beliefs and skills, but also change in the social and peer normative environment.</p> <p>Setting: Community, housing developments</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Adolescents from 15 housing developments in three urban areas with high rates of poverty, STIs, and drug use</p> <p>Exclusion:</p> <p>Total n= 1,172</p> <p>Intervention, n= (1) 428; (2) 392</p> <p>Comparator, n= 352</p> <p>Male n (%) = 50%</p> <p>Mean age (range): mean 14.5 years (SD 1.7)</p> <p>Ethnicity: 51% African American, 20% Asian, 10% East African, 5% White, 3% Hispanic, 3% Ukrainian, 2% Russian, 1% Native American and 5% other</p> <p>Other baseline: 73% reported never engaging in sexual intercourse</p> <p>Intervention details</p> <p>Name: Unnamed</p> <p>Focus/aim: Both interventions focused on three aspects of risk avoidance: (1) delaying onset of sexual activity; (2) refraining from unwanted sex among those sexually active; and (3) consistently using condoms if one was or become sexually active.</p> <p>Programme type: (1) Workshop intervention; (2) Community-level intervention</p> <p>Theoretical base: NR</p> <p>Key components: (1) Workshops including HIV/STD education, skills training to avoid and resist unwanted sexual activity, sexual negotiation skills, condom use skills, and risk behaviour self-management; (2) As workshop condition, followed by a multi-component community intervention (follow-up sessions, Teen Health Project Leadership Council [THPLC]*, activities to create social and environmental supports for HIV risk avoidance and HIV/AIDS workshops for parents**)</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: Two, 3 h training sessions</p> <p>Other details:</p> <p>Comparator: Standard AIDS education session; viewed and discussed videotape; condoms and educational brochures were available.</p>	<p>Process details</p> <p>Data collection method(s):</p> <p>Statistical method(s) used to analyse data: Mixed model approach</p> <p>Unit of allocation: Housing developments</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 2 months after completion of community-level intervention</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: n=763 (65%)</p> <p>Reasons for non-completion:</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>At short-term follow-up, before delivery of the community intervention, there was no difference in the abstinence rate among adolescents in the control developments and adolescents in the two intervention developments. At long-term follow-up, adolescents who received the community intervention were more likely to have remained abstinent compared to adolescents living in the control developments (adjusted OR 1.97; 95% CI 1.06, 3.67; p<0.05), but the difference between community and workshop participants was not significant (OR 1.72; 95% CI 0.94, 3.16; p=0.07).</p> <p>At short-term follow-up, before delivery of the community intervention, condom use rates were lower among adolescents in the control developments compared to those in the workshop developments (p=0.01). At the long-term follow-up, compared to control development adolescents, condom use rates were higher in both the community (OR 2.50; 95% CI 1.01, 6.22) and workshop (OR 2.23; 95% CI 0.99, 5.03) condition developments. The difference between the community and workshop groups was not significant.</p>

Study details	Intervention and population details	Analyses	Results
<p>Smith et al., (2000)</p> <p>CBA -</p> <p>Objective: To report on a pilot study of a sexual risk reduction intervention, STAND (Students Together Against Negative Decisions), which targeted 10th grade students.</p> <p>Setting: Community - specify After school programme</p> <p>Country: USA</p> <p>Funding source: MedCen Foundation, Medical Center of Central Georgia, Georgia Chapter of the March of Dimes</p>	<p>Population details</p> <p>Inclusion: Selected to participate from a group of opinion leaders at a high school</p> <p>Exclusion: NR</p> <p>Total n= 74</p> <p>Intervention, n= 21</p> <p>Comparator, n= 53</p> <p>Male n (%) = 50%</p> <p>Mean age (range): mean 16 yrs</p> <p>Ethnicity: 58% African American, 39% White, 3% Other</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: STAND</p> <p>Focus/aim: Abstinence and risk reduction for those who do not abstain</p> <p>Programme type: Peer leadership</p> <p>Theoretical base: Diffusion of innovations theory and the transtheoretical model</p> <p>Key components: Team-building exercises, contraceptive demonstrations, visit to local health department, skills practice, visits from an AIDS specialist physician and nurse, and optional parent/teen activities</p> <p>Providers/delivers: AIDS Education Specialist, middle school counsellor, college interns</p> <p>Length, duration, intensity: 36 hrs over 4 months</p> <p>Other details:</p> <p>Comparator: NR</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANOVA, chi-squared analyses</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test, 8 months (12 months from baseline)</p> <p>Other details: Teens paid \$4.85 per hr of training</p> <p>Baseline comparability</p> <p>Groups balanced at baseline:</p> <p>Comments: Imbalance in ethnicity</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>STAND participants had greater gains on the Risk Behaviour Knowledge scale than comparison students (p=0.02).</p> <p>Attitudes and values</p> <p>No differences on the HIV Prevention Attitude Scale or on the Condom Attitude Scale.</p> <p>Personal and social skills</p> <p>Communication: STAND participants were significantly more likely than comparison students to report speaking with friends about birth control/condoms and STIs (both p<0.01). No difference in the frequency of conversations with parents or other adults, or on the Dyadic Sexual Communication Scale or Health Protection Communication Scale. STAND participants had significantly greater gains in condom use self-efficacy compared to the comparison group (p<0.01) but there was no difference in refusal skills self-efficacy.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no significant difference between the groups in the number of participants who 'non-virgins' at follow-up.</p> <p>STAND participants were more likely than the comparison group to be 'consistent' condom users at follow-up (p=0.05). There was no difference between groups in the number of participants who reported condom use at last intercourse or in the number of condom-protected or unprotected intercourse.</p> <p>There was no difference in the number of participants who reported being involved in a pregnancy, but STAND participants were less likely to have been diagnosed with an STI (p<0.01). Alcohol and other drug use in conjunction with intercourse were not frequently reported in either group.</p>

Study details	Intervention and population details	Analyses	Results
<p>Stanton et al., (1996; 1997)</p> <p>RCT (cluster) +</p> <p>Objective: To examine whether an AIDS-risk reduction intervention delivered to naturally formed peer group increased condom use among African American adolescents</p> <p>Setting: Community - specify Recreation centres</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health, Agency for Healthcare Policy and Research, National Institutes of Health</p>	<p>Population details</p> <p>Inclusion: African American adolescents from nine recreation centres; friendship group consisting of 3-10 same-gender friends within 3 years of age of each other; aged 9 to 15 years</p> <p>Exclusion: NR</p> <p>Total n= 383 (108 groups)</p> <p>Intervention, n= 206 (53 groups)</p> <p>Comparator, n= 177 (55 groups)</p> <p>Male n (%) = 50%</p> <p>Mean age (range): median 11.3 years (range: 9-15 yrs)</p> <p>Ethnicity: 100% African American</p> <p>Other baseline: 36% were sexually experienced</p> <p>Intervention details</p> <p>Name: Focus on Kids</p> <p>Focus/aim: Sessions focused on one or more PMT constructs from difference perspectives. Facts regarding AIDS, STIs, contraception and human development were also provided, as were condoms.</p> <p>Programme type:</p> <p>Theoretical base: Protection Motivation Theory (PMT)</p> <p>Key components: AIDS risk reduction</p> <p>Providers/delivers: Interventionists</p> <p>Length, duration, intensity: 8 weekly meetings (7 1.5 hrs long)</p> <p>Other details:</p> <p>Comparator: Invited to attend weekly sessions on HIV prevention and access to condoms</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: chi-square</p> <p>Unit of allocation: Friendship groupings</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 12-months; 18-months; 24-months.</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 301 (79%) at 6 months; 278 (73%) at 12 months</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Knowledge did not differ significantly between intervention and control participants at either follow-up.</p> <p>Attitudes and values</p> <p>Condom use intentions: Intervention participants were significantly more likely at 6-months to intend to use condoms than control participants (mean score: 3.38 vs. 2.92; p<0.05), but at 12 months there was no difference between groups (mean score: 3.33 vs. 3.41).</p> <p>Condom-related perceptions: Compared to control participants, intervention participants perceived greater peer use of condoms and perceived themselves as more vulnerable to HIV infection. These differences were no longer apparent at the 12 month follow-up.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Self-reported condom use: Significantly greater overall among intervention participants compared with control participants at 6-months (85% vs. 61%; p<0.05), but at 12-months this difference was no longer significant (80% vs. 73%).</p> <p>Long-term follow-up data from Stanton et al., 1997 [#163]: At 6 months and 18 months, control youth were more likely than intervention youths to engage in unprotected sex. Cumulatively in the post-intervention period, intervention youth were less likely to have engaged in unprotected sex than control youths.</p>

Study details	Intervention and population details	Analyses	Results
<p>Villarruel et al., (2006)</p> <p>RCT (Individual) ++</p> <p>Objective: To test the efficacy of a prevention intervention to reduce sexual risk behaviour among Latino adolescents</p> <p>Setting: Community - specify After school (Saturdays)</p> <p>Country: USA</p> <p>Funding source: Grant NR04855 from the National Institute of Nursing Research</p>	<p>Population details</p> <p>Inclusion: Latino adolescents aged 13-18yrs, assent and parental consent.</p> <p>Exclusion: Non-Latino excluded from analysis.</p> <p>Total n= 656</p> <p>Intervention, n= 312</p> <p>Comparator, n= 344</p> <p>Male n (%) = 45%</p> <p>Mean age (range): mean 14.9 yrs (SD 1.49) (range 13-18 years)</p> <p>Ethnicity: 100% Latino</p> <p>Other baseline: 43% had ever had intercourse</p> <p>Intervention details</p> <p>Name: Cuidate! (Adaption of 'Be Proud! Be Responsible!')</p> <p>Focus/aim: STD's</p> <p>Programme type: Community-based</p> <p>Theoretical base: Social cognitive theory and theories of reasoned action and planned behaviour.</p> <p>Key components: Abstinence and condom use were presented as culturally accepted and effective ways to prevent STIs.</p> <p>Providers/delivers: Trained facilitators</p> <p>Length, duration, intensity: 8 hrs over 2 days</p> <p>Other details:</p> <p>Comparator: Focused on behaviours related to significant health issues affecting Latinos, inc diet, exercise, substance use.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi-square, Poisson and negative binomial regression analyses and independent sample t tests.</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: post-test; 3mths; 6mths; 12mths.</p> <p>Other details: Participants were compensated as much as \$110, \$40 after completion of the first 2-session intervention, \$20 for the 3- and 6-month follow-ups, and \$30 for the 12-month follow-up.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments:</p> <p>Attrition</p> <p>Number of participants completing study: n=550 (84%)</p> <p>Reasons for non-completion: Moved away or refused to participate</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Adolescents in the HIV intervention were less likely to report sexual intercourse (OR 0.66; 95% CI 0.46, 0.96), multiple partners (OR 0.53; 95% CI 0.31, 0.90), and days of unprotected intercourse (RR 0.47; 95% CI 0.26, 0.84) and more likely to report using condoms consistently (OR 1.91; 95% CI 1.24, 2.93). There were no significant effects of the intervention on condom use at last sex (OR 1.45; 95% CI 0.97, 2.15) or proportion of days of protected sex.</p> <p>Baseline sexual experience and language use moderated intervention efficacy. Adolescents assigned to the HIV intervention who were sexually inexperienced at baseline reported fewer days of unprotected sex (RR 0.22; 95% CI 0.08, 0.63); Spanish speakers were more likely to have used a condom at last intercourse (OR 4.73; 95% CI 1.72, 12.97) and had a greater proportion of protected sex (mean difference 0.35; p<0.01) compared with similar adolescents in the health-promotion intervention.</p>

2.3 Programmes delivered to parents and families

Study details	Intervention and population details	Analyses	Results
<p>Anderson et al., (1999)</p> <p>RCT (cluster) -</p> <p>Objective: To evaluate an intervention to reduce sexual risk behaviours and pregnancy</p> <p>Setting: Community centres and schools</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Young people and their parents attending summer and after-school programmes and in-school classes; provided complete data.</p> <p>Exclusion: NR</p> <p>Total n= 251 (464 participants in original sample)</p> <p>Intervention, n= 185</p> <p>Comparator, n= 66</p> <p>Male n (%) = 41%</p> <p>Mean age (range): mean 10.6 years</p> <p>Ethnicity: 46% Hispanic; 21% African American; 13% European-American; 6% Asian American; 2% Native American; 5% other; 8% unknown</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: Reaching Adolescents and Parents (RAP)</p> <p>Focus/aim: To improve parent-child communication and delay the onset of adolescent sexual debut.</p> <p>Programme type: Family life education/sexual risk reduction</p> <p>Theoretical base: Social learning theory</p> <p>Key components: Sessions on risk reduction, media and peer pressure, values reinforcement, and confidence building skills.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: 8 sessions</p> <p>Other details: Six adolescent-only sessions; one parent-only; and one combined parent and adolescent session including interactive activities</p> <p>Comparator: Delayed intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures ANOVA</p> <p>Unit of allocation: Groups of adolescents</p> <p>Unit of analysis: NR</p> <p>Time to follow-up: 12 months</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: NA</p> <p>Attrition</p> <p>Number of participants completing study: 251 (54%) provided complete data</p> <p>Reasons for non-completion: Left the area, dropped out, did not complete one of pre-test, post-test or follow up</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>No significant differences between groups at follow up for reasons why participants "would NOT have sex now". Both groups indicated they considered the influence of friends and parents to be more important than at pre-test and both increased the total number of reasons why they would not have sex at 12 months.</p> <p>Personal and social skills</p> <p>For parent-child communication, the RAP group showed significant change between pre-test and posttest as compared with delayed RAP group (effect size 0.02; $p < 0.05$). This difference was not maintained at 12 month follow up ($p > 0.05$).</p> <p>RAP; delayed RAP: M (SD)</p> <p>Post-test: 2.8 (0.7); 2.6 (0.7)</p> <p>12 months: 2.6 (0.6); 2.6 (0.7)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No significant differences in pregnancy rates.</p> <p>Self-reported ever being pregnant:</p> <p>Pre-test: RAP group n=3, 1.7%; delayed-RAP group n=1, 1.6%</p> <p>Follow Up: RAP group n=4, 2.5%; delayed-RAP group n=2, 4.3%</p>

Study details	Intervention and population details	Analyses	Results
<p>Dancy et al., (2006)</p> <p>RCT (cluster) +</p> <p>Objective: The Mother/Daughter HIV risk-reduction (MDRR) - aimed at mothers of adolescent daughters</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: African American, female, low income; live in designated community and mother and daughter live together</p> <p>Exclusion: NR</p> <p>Total n= Daughters=262</p> <p>Intervention, n= MDRR=103</p> <p>Comparator, n= MDHP=62; HERR=97</p> <p>Male n (%) = 0</p> <p>Mean age (range): mean 12.4 (range: years)</p> <p>Ethnicity: African American</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: The Mother/Daughter HIV risk-reduction (MDRR)</p> <p>Focus/aim: reduce sexual activity, increase HIV transmission knowledge, self-efficacy and intention to refuse sex</p> <p>Programme type: HIV risk-reduction</p> <p>Theoretical base: cognitive behavioural skills, Fishbein and Ajzen's behavioural intentions; Collins' community-other-mothers</p> <p>Key components: mother's active involvement: in one condition (MDRR) mothers received the curriculum and then trained their daughters.</p> <p>Providers/delivers: Health experts</p> <p>Length, duration, intensity: 6x2hr weekly sessions for mothers - 12 weeks training</p> <p>Other details: Health Experts</p> <p>Comparator: Mother/Daughter health promotion curricula; Health Expert HIV Risk Reduction where health experts taught the girls rather than mothers.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANOVA, logistic regression, generalised linear modelling,</p> <p>Unit of allocation: Community site</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 1-2 weeks after daughter's training completion</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: demographics examined, same on four characteristics</p> <p>Attrition</p> <p>Number of participants completing study: 91% at time 2</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Mediating outcome variables (age, maternal monitoring, and intervention group) were examined to predict HIV knowledge and self-efficacy at refusing sex. No significant difference was found for those exposed to HERR and MDRR. However, those participating in MDHP had less HIV transmission knowledge and less self-efficacy to refuse sex than those in MDRR (P<0.01).</p> <p>At time 2 the adolescents varied significantly in mean HIV transmission knowledge</p> <p>Attitudes and values</p> <p>At time 2 the adolescents varied significantly in mean self-efficacy to refuse sex and intention to refuse sex. Those adolescents in the two conditions with HIV-prevention content (MDRR and HERR) had significantly better outcomes than those in MDHP</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Adolescents who participated in MDRR reported greater intentions to refuse sex and were less likely to be sexually active than those in MDHP. Specifically, daughters in MDHP were 4.8 times as likely to be sexually active than those in MDRR.</p>

Study details	Intervention and population details	Analyses	Results
<p>Dilorio et al., (2006)</p> <p>RCT (cluster) ++</p> <p>Objective: To test two interventions (one based on social cognitive theory [SCT] and one life skills program [LSK]) aimed at mothers and adolescents in delaying initiation of sexual intercourse for youth who are not sexually active and encouraging the use of condoms among sexually active youth</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Aged 11-14 years; member of the Boys and Girls Club; and living with their mothers</p> <p>Exclusion: NR</p> <p>Total n= 582</p> <p>Intervention, LSK = 187; SCT = 194</p> <p>Comparator, n= 201</p> <p>Male n (%) = 229 (39%)</p> <p>Mean age (range): mean 12 years</p> <p>Ethnicity: NR</p> <p>Other baseline: Abstinence rate, 88% control; 92% LSK; 93% SCT</p> <p>Intervention details</p> <p>Name: Keepin' It R.E.A.L</p> <p>Focus/aim: To delay sexual initiation/increase condom use in sexually active youth</p> <p>Programme type: HIV prevention programme</p> <p>Theoretical base: Social cognitive theory; problem behaviour theory</p> <p>Key components: SCT intervention: Four mother daughter sessions together and three separate. Sessions included discussion, games, role plays, skits. Take home activities augmented session content.</p> <p>LSK intervention: Joint first and last sessions, separate for all other sessions. Interactive adolescent sessions including role play, games, discussions, demonstrations; take home activities. Participants visited senior centres and participated in a community service activity. Mothers' sessions included relaxation, discussion and reflection</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: Seven 2-hour sessions over 14 weeks</p> <p>Other details:</p> <p>Comparator: Received a 1-hour HIV prevention session including video and discussion</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures ANOVA; chi-square</p> <p>Unit of allocation: Boys and Girls clubs</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 4-, 12- and 24-months from baseline</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: "some sites had a greater proportion of males" p<.001</p> <p>Attrition</p> <p>Number of participants completing study: 4 months, 94%; 12 months, 93%; 24 months, 90%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>HIV knowledge at 4 months: Adolescents in the SCT and control groups had significantly higher knowledge in comparison to the LSK group (p<0.05). Mothers in the SCT group demonstrated a significant increase in knowledge about HIV at 4 months compared to the LSK and control groups (p<0.01).</p> <p>Attitudes and values</p> <p>No significant differences between groups at 4 months for outcome expectations for abstinence or self-efficacy for abstinence. No differences for mothers' self-efficacy or outcome expectations.</p> <p>Personal and social skills</p> <p>No significant differences between groups at four months for communication with mother or comfort talking to mother about sex. In addition, no differences for mothers' general comfort talking about sex or communication about sex between groups.</p> <p>At 24 months mothers in the two intervention groups were significantly more likely to indicate they had discussed sex related communication topics in the past 3 months (p<0.01), that they definitely will discuss these topics in the future (p<0.01), that they had a high comfort talking about the topic (p<0.001)</p> <p>At 24 months:</p> <p>% mothers discussed sex in past 3 months: SCT 79; LSK 85; Control 71, p<0.01</p> <p>% mothers definitely will discuss sex in future: SCT 78; LSK 71; Control 63, p<0.01</p> <p>% mothers high comfort talking about sex: SCT 65; LSK 60; Control 45, p<0.001</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No significant differences between groups at 4 months for abstinence rate and intimate behaviours; sexual possibility situations</p> <p>Sexually active participants in the LSK intervention group showed a significant increase in the condom use rate compared to in the SCT and control groups for past 30 days (p<0.05) and in the past 6-12 months (p<0.05). No significant differences for condom use in past 3 months.</p> <p>At 24 months sexually active participants in the SCT and LSK groups were significantly more likely to report using a condom the last time they had sex and indicated that they would end sexual activity until they were older (not significant)</p> <p>At 24 months</p> <p>% used a condom last time they had sex: SCT 96; LSK 100; Control 85; p<0.05</p> <p>% would use a condom every time they had sex: SCT 100; LSK 100; Control 94</p> <p>% end sexual activity until they were older: SCT 43%; LSK 47%; Control 24%</p>

Study details	Intervention and population details	Analyses	Results
<p>Dilorio et al., (2007)</p> <p>RCT (cluster) +</p> <p>Objective: To test the efficacy of an intervention among 11-14 year old adolescent boys to promote or delay sexual intercourse, condom use among those who are sexually active, and communication on sexuality between fathers and sons.</p> <p>Setting: Parent Boys & Girls Youth Clubs</p> <p>Country: USA</p> <p>Funding source: National Institutes of Mental Health</p>	<p>Population details</p> <p>Inclusion: 11-14 year old male members of Boys & Girls Clubs; fathers were eligible if aged 18 years or older, were identified by the mother as a significant influence in the adolescent's life, and had at least a 1 year relationship with the adolescent.</p> <p>Exclusion:</p> <p>Total n= 554 (100%)</p> <p>Intervention, n= fathers = 141 (52%)</p> <p>Comparator, n= fathers = 132 (48%)</p> <p>Male n (%) = (100%)</p> <p>Mean age (range): 11-14 year old boys and their fathers</p> <p>Ethnicity: primarily African American</p> <p>Other baseline: Father characteristics including income, education; sons' characteristics including sexual behaviour</p> <p>Intervention details</p> <p>Name: REAL Men programme</p> <p>Focus/aim: to promote the delay of sexual initiation, increase condom use in sexually active participants and increase communication between sons and fathers relating to sexuality</p> <p>Programme type: HIV prevention intervention</p> <p>Theoretical base: social cognitive theory</p> <p>Key components: lectures, discussions, role-plays, games, videotapes and homework as well as weekly goals</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: fathers 7 2hr sessions; sons 1 (final) session.</p> <p>Other details:</p> <p>Comparator: 7 session nutrition and exercise programme</p>	<p>Process details</p> <p>Data collection method(s): One on one interviews</p> <p>Statistical method(s) used to analyse data: t-tests and chi square</p> <p>Unit of allocation: Boys & Girls club sites</p> <p>Unit of analysis: Organisation/institution</p> <p>Time to follow-up: 3, 6 and 12 months follow-up</p> <p>Other details: Justification provided for using unit of allocation for analysis</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: 221 (80%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Intentions about having sexual intercourse. INT; (proportion; p value; 95%CI): CON; proportion</p> <p>3 months: 0.45; 0.110; -0.06-0.29: 0.34</p> <p>6 months: 0.52; 0.140; -0.10-0.39: 0.38</p> <p>12 months: 0.42; 0.040; 0.00-0.17: 0.34</p> <p>Personal and social skills</p> <p>Father's reports</p> <p>Discussion of sex-related topics at INT; (M (SD); p value; 95%CI): CON; M (SD)</p> <p>3 months: 22.60 (14.22); 0.037; 0.68-10.88: 18.29 (15.89)</p> <p>6 months: 22.98 (13.97); 0.162; -1.21-3.93: 20.38 (16.01)</p> <p>12 months: 23.33 (14.37); 0.042; 0.22-6.41: 19.77 (15.27)</p> <p>Intention to discuss sex-related topics INT; (M (SD); p value; 95%CI): CON; M (SD)</p> <p>3 months: 72.75 (10.05); 0.131; -2.56-10.70: 70.10 (13.68)</p> <p>6 months: 70.51 (10.12); 0.319; -3.57-5.82:70.50 (13.28)</p> <p>12 months: 70.37 (12.37); 0.033; 0.61-7.32:67.32 (14.66)</p> <p>Reports regarding sex-related topics among adolescent boys at follow-up</p> <p>Discussion of sex-related topics at INT; (M (SD); p value; 95%CI): CON; M (SD)</p> <p>3 months: 23.19 (12.57); 0.094; -1.07-6.59: 20.54 (13.51)</p> <p>6 months: 22.73 (13.91); 0.111; -0.49-3.45: 21.93 (14.35)</p> <p>12 months: 23.63 (12.50); 0.080; -0.57-7.52: 20.02 (13.73)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Intimate behaviours. INT; (M (SD); p value; 95%CI): CON; M (SD)</p> <p>3 months: 3.50 (2.68); 0.083; -2.07-0.24: 4.25 (2.75)</p> <p>6 months: 3.99 (2.64); 0.050; -1.48 to -0.02: 4.62 (2.69)</p> <p>12 months: 4.42 (2.67); 0.217; -1.48-0.64:4.61 (2.96)</p> <p>Sexual abstinence rate. INT; (proportion; p value; 95%CI): CON; proportion</p> <p>3 months: 0.81; 0.160; -0.06-0.18: 0.75</p> <p>6 months: 0.75; 0.050; 0.00-0.11: 0.69</p> <p>12 months: 0.67; 0.380; -0.11-0.08: 0.68</p>

			<p>Ever had sexual intercourse without a condom. INT; (proportion; p value; 95%CI): CON; proportion 3 months: 0.23; 0.060; -0.50-0.02: 0.48 6 months: 0.32; 0.120; 0.42 to -0.07: 0.57 12 months: 0.23; 0.030; -0.61 to -0.06: 0.57</p>
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Study details	Intervention and population details	Analyses	Results
<p>Forehand et al., (2007)</p> <p>RCT (individual) +</p> <p>Objective: Sexual risk-reduction programme aimed at African American adolescents - 3 study arms</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: Cooperative Agreement grant from the Centres for Disease control and Prevention</p>	<p>Population details</p> <p>Inclusion: child was aged 9-12 years. Parent was the legal guardian of the preadolescent and lived continuously with him/her for the past 3 years. The parent self-defined as African American; and the parent and preadolescent were fluent in English.</p> <p>Exclusion: NR</p> <p>Total n= 1115</p> <p>Intervention, n= Enhanced - 378 (33.9%); single-session 371 (33.3%)</p> <p>Comparator, n= 366 (32.8%)</p> <p>Male n (%) = youth - 45%; parent - 12.3%</p> <p>Mean age (range): 9-12 years old</p> <p>Ethnicity: African American</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Parents Matter!</p> <p>Focus/aim: To improve parent/child communication about sexual behaviour</p> <p>Programme type: sexual risk-reduction</p> <p>Theoretical base: NR</p> <p>Key components: Group sessions focussing on increasing on increasing parents' communication about sexual topics</p> <p>Providers/delivers: facilitators</p> <p>Length, duration, intensity: Enhanced: five 2.5 hour sessions; Single: one session</p> <p>Other details: NR</p> <p>Comparator: Single session condition: one 2.5 hour session of communication; second control: one 2.5 hour session on general health</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANCOVA; relative risk calculated</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: 6 and 12 months</p> <p>Other details: intent to treat analysis conducted</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: enhanced - 84%; single session - 74%; control - 70</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Differences of mean change calculated</p> <p>Sexual communication - parent report</p> <p>Post-test; 6-mts; 12-mts (diff of mean change (95%CI))</p> <p>Enhanced (full intervention) vs. single session: 0.90 (0.36-1.44); 0.67 (0.10-1.24); 0.49 (-0.09-1.07)</p> <p>Enhanced (full intervention)* vs. control: 1.59 (1.04-2.13; 1.54 (0.97-2.13); 1.21 (0.62-1.79)</p> <p>Enhanced (any intervention)* vs. single session: 0.84 (0.42-1.25); 0.70 (0.26-1.15); 0.78 (0.31-1.24)</p> <p>Enhanced (full intervention) vs. control: 1.34 (0.93-1.76); 1.36 (0.92-1.81); 1.32 (0.85-1.79)</p> <p>Single session vs. control: 0.50 (0.09-0.92); 0.66 (0.21-1.11); 0.54 (0.08-1.01)</p> <p>Sexual communication - Preadolescent report</p> <p>PT; 6-mts; 12-mts (diff of mean change (95%CI))</p> <p>Enhanced (full intervention) vs. single session: 1.22 (0.57-1.88); -0.05 (-0.76-0.66); 0.47 (-0.27-1.22)</p> <p>Enhanced (full intervention) vs. control: 1.93 (1.27-2.60); 0.50 (-0.22-1.23); 0.52 (-0.24-1.28)</p> <p>Enhanced (any intervention) vs. single session: 0.78 (0.29-1.28); -0.04 (-0.56-0.49); 0.51 (-0.05-1.07)</p> <p>Enhanced (any intervention) vs. control: 1.35 (0.85-1.84); 0.42 (-0.11-0.95); 0.57 (0.01-1.14)</p> <p>Single session vs. control: 0.56 (0.07-1.06); 0.46 (-0.08-0.99); 0.06 (-0.50-0.62)</p> <p>Parental responsiveness to sexual communication - parental report.</p> <p>PT; 6-mts; 12-mts (diff of mean change (95%CI))</p> <p>Enhanced (full intervention) vs. single session: 0.67 (0.35-0.99); 0.51 (0.18-0.83); 0.44 (0.10-0.78)</p> <p>Enhanced (full intervention) vs. control: 0.74 (0.42-1.07); 0.77 (0.44-1.10); 0.66 (0.32-1.00)</p> <p>Enhanced (any intervention) vs. single session: 0.58 (0.38-0.82); 0.44 (0.18-0.69); 0.45 (0.19-0.72)</p>

			<p>Enhanced (any intervention) vs. control: 0.57 (0.32-0.81); 0.55 (0.29-0.80); 0.54 (0.27-0.80) Single session vs. control: -0.01 (-0.26-0.23); 0.11 (-0.14-0.37); 0.08 (-0.18-0.35)</p> <p>Parental responsiveness to sexual communication - preadolescent report. PT; 6-mts; 12-mts (diff of mean change (95%CI)) Enhanced (full intervention) vs. single session: 0.42 (0.05-0.79); 0.32 (-0.07-0.72); 0.08 (-0.29-0.46) Enhanced (full intervention) vs. control: 0.48 (0.11-0.86); 0.66 (0.25-1.06); 0.28 (-0.10-0.67) Enhanced (any intervention) vs. single session: 0.35 (0.07-0.62); 0.19 (-0.10-0.49); 0.05 (-0.24-0.34) Enhanced (any intervention) vs. control: 0.43 (0.16-0.71); 0.48 (0.18-0.78); 0.26 (-0.03-0.55) Single session vs. control: 0.09 (-0.19-0.36); 0.29 (0.02-0.59); 0.21 (-0.08-0.50)</p> <p>Health and social outcomes related to alcohol and sexual health Preadolescents at sexual risk: Intent-to-treat preadolescents (RR; 95% CI) Enhanced intervention vs. single-session (0.98; 0.69-1.39) Enhanced intervention vs. control (1.04; 0.73-1.46) Single session vs. control (1.06; 0.77-1.45)</p> <p>subgroup analysis - preadolescents whose parents attended all 5 enhanced sessions, the 1 single session or the 1 control session: Enhanced intervention vs. control (0.65; 0.41-1.03) Enhanced intervention vs. single session (0.62; 0.40-0.97)</p> <p>*Enhanced (full intervention) = attended all intervention sessions; Enhanced (any intervention) = attended one or more, but not all intervention sessions</p>
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Study details	Intervention and population details	Analyses	Results
<p>Gustafson et al., (1998)</p> <p>NRCT +</p> <p>Objective: To test the effectiveness of a parent-based intervention in changing parental attitudes and behaviours and in effecting adolescent sexual well-being.</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Convenience sample of parents and their children from a rural area.</p> <p>Exclusion: NR</p> <p>Total n= 58 families (89 parents, 63 young people)</p> <p>Intervention, n= 34 families</p> <p>Comparator, n= 24 families</p> <p>Male n (%) = 42%</p> <p>Mean age (range): mean 14 years (range 12-16 yrs)</p> <p>Ethnicity: Majority White</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Let's Talk: Sex is for Love</p> <p>Focus/aim: Strengthen parental norms and support, help parents promote sexual values of fidelity, initiate communication on sexual behaviour, monitor behaviour and establish family norms for dating and sexual behaviours.</p> <p>Programme type: Parent-targeted programme</p> <p>Theoretical base: NR</p> <p>Key components: Parenting workshop and in-home exercises to complete as a family</p> <p>Providers/delivers: Parish nurse</p> <p>Length, duration, intensity: 3-hour workshop session; four weekly in-home exercises</p> <p>Other details: NR</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANCOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Some differences on sexual health measures at pretest</p> <p>Attrition</p> <p>Number of participants completing study: 78% intervention; 97% control</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Young people in the intervention group scored significantly higher than those in the control group on the Satisfaction with Personal Sexuality scale ($p<.05$) and on the Clarity of Personal Sexual Values ($p<.01$). There was no difference on other measures of adolescent sexual well-being: attitude toward sexuality, quality of communication with mother or father, frequency of communication, understanding personal sexual response, sexual values of fidelity, attitude toward the use of pressure and force in sexual activity, intentions of sexual intercourse, and skills to avoid sexual pressure.</p> <p>Personal and social skills</p> <p>Parents in the intervention group had a significantly greater improvement in their scores on the measure of the Quality of Communication with Teen scale in comparison to the control group (mean [SD]: 0.19 [0.51] vs. -0.05 [0.60]; $p<0.05$). No difference on other measures of parental norms (sexual values of fidelity, frequency of communication, and monitoring) or on measures of social support behaviours (family cohesion and shared family activities).</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p>Lederman et al., (2004)</p> <p>RCT (Individual) -</p> <p>Objective: To examine the effects of an experimental program on attitudes and intentions regarding early sexual behaviours. Two intervention groups - the EP group (received curriculum that leverages social learning approaches for involving parents as teachers) and the AC group (traditional didactic format)</p> <p>Setting: Community - specify After school</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Parent and child dyads from 5 middle schools</p> <p>Exclusion: NR</p> <p>Total n= 804</p> <p>Intervention, n= 90 (11%);</p> <p>Comparator, n= (1) 80 (10%); (2) 634 (79%)</p> <p>Male n (%) = 45%</p> <p>Mean age (range): 11-15 years</p> <p>Ethnicity: 38% Hispanic; 26% African American; 25% White; 10% Other</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: Parent-Adolescent Relationship Education (PARE)</p> <p>Focus/aim: Strengthening family interaction and prevention of sexual risks, HIV, adolescent pregnancy</p> <p>Programme type: Reducing sexual risk behaviours</p> <p>Theoretical base: NR</p> <p>Key components: Parent training sessions based on social learning approaches for involving parents as teachers.</p> <p>Providers/delivers: Health educators and counsellors</p> <p>Length, duration, intensity: 4-week series of 2.5 hour sessions plus 3 boosters</p> <p>Other details:</p> <p>Comparator: (1) Same information as the intervention group but delivered in a traditional, didactic format; (2) Did not receive intervention.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Regression analyses</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3-6 months post-intervention</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Youth that participated in the parent-involved social learning curriculum had a higher post programme total score. The experimental condition made significant contributions in prediction of the post-test domain score for intentions with regard to having sex. Youth that participated in the parent-involved social learning curriculum expressed more definite intentions to postpone sexual involvement.</p> <p>No statistically significant differences between intervention and control students on expectancies regarding consequences of risky sexual behaviour, attitudes toward risk behaviours, and perceptions of parents' disapproval of the youth's involvement in risk behaviours.</p> <p>Personal and social skills</p> <p>No statistically significant differences between intervention and control students on discourse with parents about sexual and other risk behaviours.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Not reported</p>

Study details	Intervention and population details	Analyses	Results
<p>Lederman et al., (2008)</p> <p>RCT (Individual) -</p> <p>Objective: To compare the effects of an interactive safer sex promotion programme with a traditional didactic programme</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institutes of Health</p>	<p>Population details</p> <p>Inclusion: Adolescents and their parents from five schools</p> <p>Exclusion: NR</p> <p>Total n= 192 families</p> <p>Intervention, n= 90 (47%)</p> <p>Comparator, n= 102 (53%)</p> <p>Male n (%) = 79 (41%)</p> <p>Mean age (range): 11-15 years</p> <p>Ethnicity: 36% Hispanic; 29% African American; 24% White; 11% Asian or Other</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Parent-Adolescent Relationship Education (PARE)</p> <p>Focus/aim: To reduce risks for pregnancy and STDs</p> <p>Programme type: Safer sex promotion</p> <p>Theoretical base: Social learning theories; behavioural cognitive theories</p> <p>Key components: Teacher and peer modelling of communication and assertiveness behaviours plus role play; practice opportunities for applying problem solving, decision making and assertive communication skills; activities to personalise information about sexuality and reproduction; exercises to enhance self-efficacy; parent and child discussion</p> <p>Providers/delivers: Health educators and counsellors</p> <p>Length, duration, intensity: 4 2.5-hr weekly sessions + boosters in 3 semesters</p> <p>Other details:</p> <p>Comparator: Attention Control Programme (ACP): same curriculum as the intervention but delivered in a traditional, didactic format.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Regression analyses</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: approx 2 years</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Compared with the ACP group, the PARE group showed increases in knowledge about transmission of and protection against pregnancy and HIV/AIDS (p<0.05).</p> <p>Attitudes and values</p> <p>No differences between programs or across time in self-efficacy for prevention or in the use of behavioural options for resisting pressure to have sex. However, there was a reduction in the diversity of responses on this measure in the ACP group, whereas responses remained consistent for the PARE group (p<0.05).</p> <p>Personal and social skills</p> <p>Compared with the ACP group, the PARE group yielded increases in the extent to which parents were reported to have definite rules about their child's behaviours (p<0.05). No difference between groups in parent involvement in their child's activities.</p> <p>In both groups the frequency of talking with parents about sex, risks and protection decreased over time (p<0.01). However, there was a significant increase in the frequency of talking with friends in both groups (p<0.001).</p> <p>No differences between groups concerning comfort in communication with parents.</p> <p>*With regards to dating, going to parties, drinking alcohol, staying out late, choosing where to go after school; having sex and using contraception.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Not reported</p>

Study details	Intervention and population details	Analyses	Results
<p>McKay et al., (2004); McBride et al., (2007)</p> <p>CBA -</p> <p>Objective: To examine a family-based HIV preventive intervention designed to reduce the amount of time spent in situations of sexual possibility and delay the initiation of sexual activity.</p> <p>Setting: Family, After-school</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health Office on AIDS; W.T. Grant Foundation</p>	<p>Population details</p> <p>Inclusion: Young people in 4th and 5th grade, and their families, from four elementary schools</p> <p>Exclusion: NR</p> <p>Total n= 564</p> <p>Intervention, n= 274 (49%)</p> <p>Comparator, n= 290 (51%)</p> <p>Male n (%) = 194 (42%) at FU</p> <p>Mean age (range): 4th/5th grade children</p> <p>Ethnicity: ~99% African American</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: CHAMP family programme</p> <p>Focus/aim: To delay initiation of sexual activity; reduce time spent in situations of sexual possibility</p> <p>Programme type: HIV prevention</p> <p>Theoretical base: NR</p> <p>Key components: Discussion of sexual possibility situations, puberty and HIV/AIDS; practice in family communication</p> <p>Providers/delivers: Programme leaders (mental health interns, and 1-2 community consultant/parent co-facilitators).</p> <p>Length, duration, intensity: 12, 90-minute weekly meetings</p> <p>Other details:</p> <p>Comparator: Involved in CHAMP family study but did not receive the intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire and interviews</p> <p>Statistical method(s) used to analyse data: NR; t-tests reported</p> <p>Unit of allocation: NA</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: Immediate post-test</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Not discussed; large differences between groups apparent from data presented.</p> <p>Attrition</p> <p>Number of participants completing study: 465 (82%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>No significant differences at post-test between intervention and control groups on knowledge about or attitudes towards HIV/AIDS</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>Significant differences at post-test between intervention and control groups in family decision making (p<0.05). Parents more likely to make decisions in the intervention group. Significant improvements in comparison to controls for CHAMP participants in parental monitoring & supervision (p<0.01), family communication regarding sensitive issues (p<0.01) and in communication comfort (p<0.01).</p> <p>Children in the intervention group reported a significantly higher level of family conflict (p<0.01)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Significant effect of intervention on time spent in situations of sexual possibility at post-test. Young people in the intervention reported that they were in situations of sexual possibility significantly less often compared to controls (p=0.01).</p>

Study details	Intervention and population details	Analyses	Results
<p>Miller et al., (1993)</p> <p>RCT (Individual) +</p> <p>Objective: To evaluate the effectiveness of a sex education curriculum in three groups: one received videos plus newsletters; one received the videos only and the control group received neither</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: Office of Adolescent Pregnancy Programs</p>	<p>Population details</p> <p>Inclusion: Families with a 7th or 8th grade child in two counties and two cities.</p> <p>Exclusion: NR</p> <p>Total n= 548 families</p> <p>Intervention, Video only n=132; Video + newsletter n=126</p> <p>Comparator, n= 290</p> <p>Male n (%) = NR</p> <p>Mean age (range): mean 13.9 years</p> <p>Ethnicity: Mothers and fathers were 93% and 97% White respectively</p> <p>Other baseline: Mothers and fathers were 85% and 88% Mormon; 38% and 56% college educated respectively</p> <p>Intervention details</p> <p>Name: Facts & Feelings</p> <p>Focus/aim: To help parents and children talk about sexual issues at home; to decrease the likelihood of early sexual initiation</p> <p>Programme type: Sex education</p> <p>Theoretical base: NR</p> <p>Key components: Two intervention groups received videos or videos plus newsletters. Videos covered puberty; sexual values; sexual anatomy/ reproduction; meaning of sexuality; consequences of sex; decision-making and refusal skills. Newsletters provided supplementary information and suggestions for activities/ discussion</p> <p>Providers/delivers: Home visitors; and "narrators chosen to be credible to children and parents"</p> <p>Length, duration, intensity: Six, 15-20 minute videos</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures ANOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 1-year</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 504 (92%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Sexual knowledge significantly increased in the intervention group (p<0.001) and among their fathers (p<0.01) when compared to the control families. There was no effect of the intervention on mothers' sexual knowledge. At the delayed post-test there was no difference in knowledge between the intervention and control groups.</p> <p>Attitudes and values</p> <p>Intervention group fathers (p<0.05) and mothers (p<0.001) showed significantly greater abstinence values at follow up compared to control parents. There was no effect of the intervention on teens' likelihood of sex before marriage or in the next year, or teens' abstinent sexual values.</p> <p>No intervention effects on the following measures: teens' acceptability of boys or girls pressuring for sex; teens' peer's sexual values; teen's family's sexual values; or family or peer's influence on teen's sexual values.</p> <p>Personal and social skills</p> <p>Teen, father and mother reported frequency of communication with parents about sex significantly increased in the intervention group in comparison to control families (all p<0.001). The video + newsletter group reported a greater increase in teen's frequency of communication compared to the video only group (p<0.05). However, at the delayed posttest, all three groups returned to their pre-test level of communication frequency (also for father/mother).</p> <p>Father and mother reported quality of communication with teen about sex significantly increased by follow up in the intervention group compared to the control group (p<0.05). However, the gains on these measures were lost by follow-up. There was no intervention effect on teens' perceived quality of communication about sex with their mother or father, or teens' skills to avoid sexual pressures.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>No effect of the intervention on sexual behaviour over follow-up. The authors note that the percentage of adolescents reporting sexual intercourse was very small (3-5% across groups).</p>

Study details	Intervention and population details	Analyses	Results
<p>O'Donnell et al., (2005)</p> <p>RCT (individual) +</p> <p>Objective: To evaluate a parent education initiative for delaying sexual intercourse/ promoting abstinence</p> <p>Setting: Parent</p> <p>Country: US</p> <p>Funding source: National Institute for Child Health and Human Development</p>	<p>Population details</p> <p>Inclusion: One parent and one child from 5th or 6th grade. Schools were selected from primarily Black or Hispanic neighbourhoods where 90% of youths were eligible for free lunch programmes</p> <p>Exclusion: Spanish speaking only parent</p> <p>Total n= 846 youth; n=674 parents</p> <p>Intervention, n= 423 (50%) youth; n= 337 (50%) parents</p> <p>Comparator, n=423 (50%) youth; n=337 (50%) parents</p> <p>Male n (%) 48% youth; 8% parents</p> <p>Mean age (range): 5th or 6th grade students</p> <p>Ethnicity: Primarily Black or Hispanic</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Saving Sex for Later</p> <p>Focus/aim: CD-based intervention to improve parental communication relating to sexual behaviour</p> <p>Programme type: Parent-based intervention</p> <p>Theoretical base: Diffusion of innovation model and theory of planned behaviour</p> <p>Key components: CD-based intervention</p> <p>Providers/delivers: CD/parents</p> <p>Length, duration, intensity: one CD every 10 weeks for six months</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi square, ANOVA, logistic regression</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3 months</p> <p>Other details: intent-to-treat model used</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: no significant differences between the intervention or control groups</p> <p>Attrition</p> <p>Number of participants completing study: 68%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Adjusted Odds ratios (95% CI); P value - *p<0.05, **p<0.01, ***p<0.001, +p<0.10</p> <p>Parental influence:</p> <p>Intervention group - 2.15 (1.36-3.41)***</p> <p>Male youth - 0.50 (0.32-0.79)**</p> <p>Age of youth - 0.87 (0.59-1.28)</p> <p>Hispanic - 1.41 (0.78-2.55)</p> <p>Male parent - 2.11 (0.84-5.31)</p> <p>Age of parent - 1.04 (0.85-1.27)</p> <p>Baseline measure, high communication - 1.27 (0.71-2.25)</p> <p>Baseline measure, high self-efficacy - 1.33 (0.80-2.20)</p> <p>Baseline measure, high oversight - 1.40 (0.84-2.35)</p> <p>Self-efficacy</p> <p>Intervention group - 1.94 (1.21-3.11)**</p> <p>Male youth - 0.54 (0.33-0.86)**</p> <p>Age of youth - 0.90 (0.60-1.33)</p> <p>Hispanic - 0.61 (0.35-1.06)+</p> <p>Male parent - 0.87 (0.41-1.82)</p> <p>Age of parent - 0.91 (0.74-1.12)</p> <p>Baseline measure, high communication - 3.42 (2.03-5.76)***</p> <p>Baseline measure, high self-efficacy - 3.26 (2.00-5.31)***</p> <p>Baseline measure, high oversight - 0.88 (0.50-1.53)</p> <p>Personal and social skills</p> <p>Parents (intervention %; controls %; P value)</p> <p>Low communication - 13.9; 25.7; p<0.001</p> <p>Low self-efficacy - 16.4; 23.6; p<0.05</p> <p>Low monitoring - 4.5; 9.1; p<0.10</p> <p>Low influence - 14.5; 22.1; p<0.01</p> <p>Youths (intervention %; controls %; P value)</p> <p>Low family support - 16.6; 25.3; p<0.01</p> <p>Family rules (mean) - 4.51 (1.88); 4.18 (2.01)</p> <p>Adjusted Odds ratios (95% CI); P value - *p<0.05, **p<0.01, ***p<0.001, +p<0.10</p>

			<p>Communication: Intervention group - 2.45 (1.53-3.92)*** Male youth - 0.85 (0.54-1.35) Age of youth - 0.61 (0.41-0.92)* Hispanic - 0.56 (0.32-0.98)* Male parent - 0.35 (0.17-0.69)** Age of parent - 0.83 (0.67-1.02)+ Baseline measure, high communication - 2.46 (1.44-4.20)*** Baseline measure, high self-efficacy - 1.31 (0.79-2.16) Baseline measure, high oversight - 1.00 (0.57-1.75)</p> <p>Monitoring Intervention group - 1.84 (0.91-3.72)+ Male youth - 0.75 (0.37-1.50) Age of youth - 0.72 (0.41-1.27) Hispanic - 0.99 (0.22-2.25) Male parent - 3.32 (0.43-25.41) Age of parent - 1.21 (0.89-1.64) Baseline measure, high communication - 1.37 (0.56-3.33) Baseline measure, high self-efficacy - 0.90 (0.40-2.04) Baseline measure, high oversight -1.47 (0.68-3.18)</p> <p>Youth characteristics Family rules: Intervention group - 0.27 (0.00-0.55)* Male - -0.40 (-0.68 to -0.10)** Hispanic - -0.62 (-.93 to -0.30)*** Age- -0.13 (-0.37-0.11) Baseline measure, family support - 0.03 (-0.05-0.12) Baseline measure, family monitoring - 0.37 (0.23-0.50)*** Baseline measure, risk behaviours - -0.12 (-0.23 to -0.02)*</p> <p>Family support Intervention group - 1.58 (1.07-2.32)* Male - 1.60 (1.06-2.40)* Hispanic - 0.83 (0.54-1.29) Age - (0.92 (0.66-1.29) Baseline measure, family support - 3.45 (2.24-5.32)*** Baseline measure, family monitoring - 1.30 (1.09-1.56)** Baseline measure, risk behaviours - 1.03 (0.88-1.19)</p>
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			<p>Health and social outcomes related to alcohol and sexual health</p> <p>Youths (intervention %; controls %; p value) Behavioural risks (mean) - 1.91 (1.39); 2.15 (1.33)</p> <p>Youth characteristics. Adjusted Odds ratios (95% CI); P value - *p<0.05, **p<0.01, ***p<0.001, +p<0.10</p> <p>Behavioural risks Intervention group - -0.20 (-0.37 to -0.02)* Male - 0.15 (-0.04-0.34) Hispanic - 0.07 (-0.14-0.27) Age- 0.11 (-0.04-0.27) Baseline measure, family support - -0.06 (-0.12 to -0.01)* Baseline measure, family monitoring - -0.03 (0.12-0.06) Baseline measure, risk behaviours - 0.36 (0.29-0.43)***</p>
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Study details	Intervention and population details	Analyses	Results
<p>Scheinberg (1997)</p> <p>NRCT -</p> <p>Objective: To evaluate the effectiveness of a sex-education curriculum for youths in parent-present or parent-absent classes</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Child enrolled in a junior high or high school; aged 13-15 years; had one parent willing to participate in the research and attend all class sessions.</p> <p>Exclusion: Had received classroom-based training in sex education provided by a community agency or other institution.</p> <p>Total n= 61 families; 122 participants</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = NR</p> <p>Mean age (range): NR</p> <p>Ethnicity: Majority White, 5% Latino, 4% Asian</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Sharing Healthy Adolescent and Parent Experiences (SHAPE) II curriculum</p> <p>Focus/aim: To delay first intercourse, and prevent risky sexual behaviour when sexual activity is initiated</p> <p>Programme type: Sex education curriculum</p> <p>Theoretical base: Social learning theory, social cognitive theory, relational ethics</p> <p>Key components: Parents and children attended classes together. Curriculum covers issues relating to human sexuality; anatomy; birth control; pregnancy and parenting; STD prevention; developing healthy relationships; learning refusal skills</p> <p>Providers/delivers:</p> <p>Length, duration, intensity: Six two-hour sessions</p> <p>Other details: NR</p> <p>Comparator: Children received the curriculum classes but parents did not attend; received one two-hour workshop.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: ANOVA; t-tests</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test</p> <p>Other details: 21 youths were non-randomly assigned to fill the no-parent condition.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments:</p> <p>Attrition</p> <p>Number of participants completing study: 118 participants (60 children, 100%; 58 parents, 95%)</p> <p>Reasons for non-completion:</p>	<p>Knowledge and understanding</p> <p>At posttest, students in the parent-present group had higher knowledge scores compared to students in the no-parent group (mean [SD]: 0.70 [0.15] vs. 0.62 [0.15]; p<0.05). No effect of the intervention on knowledge among parents.</p> <p>Attitudes and values</p> <p>Significant effect of the intervention on satisfaction with social relationships (p<.05). No significant differences between groups in clarity of personal sexual values, recognition of the importance of family, clarity of long-term goals, attitude toward gender roles, attitude toward sexuality in life, attitude toward importance of birth control, attitude toward premarital sex, attitude toward use of force, self-esteem, and satisfaction with personal sexuality.</p> <p>Parent-present group demonstrated more accepting attitudes toward homosexuality than the no-parent group (p=0.05). There were no other effects of the intervention on parent's attitudes towards sexual behaviour, or on parent-child relationship.</p> <p>Personal and social skills</p> <p>Students in the parent-present group reported a decrease in social-decision making skills relative to no change in the control group (p=0.05). No effect of the intervention on comfort engaging in social activities, comfort talking with parents or friends about sex and birth control, comfort expressing concern and caring, comfort getting and using birth control, sexual decision making skills, communication skills, assertiveness skills, and birth control assertiveness skills.</p> <p>Females in the parent-present condition became more comfortable saying 'no' and males became less confident, the opposite effect occurred in the control, no-parent condition. Intervention effects on comfort having current sex life appeared to be negative - both males and females in the parent-present condition became less comfortable, whereas students in the no-parent condition became more comfortable.</p> <p>Parents in the parent-present group increased communication with their child about sexual harassment/abuse, STIs and vaginal intercourse relative to the control group.</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>The sample size was too small to determine the significance of behaviour change.</p>

Study details	Intervention and population details	Analyses	Results
<p>Winett et al., (1992)</p> <p>RCT (Individual) -</p> <p>Objective: To report on the first efficacy test of a home-based intervention designed to inform parents and teenagers about the causes and prevention of HIV and STDs.</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: One- and two-parent families with a child aged 12-14 years residing in one city.</p> <p>Exclusion: NR</p> <p>Total n= 49 families</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 63%</p> <p>Mean age (range): NR</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To inform parents and teenagers about the causes and prevention of HIV and other STIs, to increase parent-teen communication, and to increase skills that will help teenagers avoid or manage risk situations.</p> <p>Programme type: Home-based HIV prevention videos</p> <p>Theoretical base: NR</p> <p>Key components: Video presented facts about HIV transmission and prevention; problem solving and assertiveness; and coping and communication.</p> <p>Providers/delivers: Video</p> <p>Length, duration, intensity: Four videos; 120 minutes total</p> <p>Other details: NA</p> <p>Comparator: Wait list control, received video after 6 month follow-up</p>	<p>Process details</p> <p>Data collection method(s): Questionnaires and assessment of role plays</p> <p>Statistical method(s) used to analyse data: Repeated measures ANCOVA</p> <p>Unit of allocation: Families</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: posttest; 6 months</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 46 families at posttest and 45 families (94%) at follow-up</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Significant changes in parent and teen knowledge outcomes post-viewing. Increases in knowledge were maintained at follow up.</p> <p>Knowledge about HIV: Mean (SD) Post-test; Follow-Up Intervention Parent: 80.9 (10.9)**; 78.6 (8.5)** Intervention Teen: 63.5 (16.3)**; 60.2 (20.6)* Control Parent: 64.6 (18.0); 65.9 (18.6) Control Teen: 42.0 (17.2); 44.1 (17.9) *p<0.05; **p<0.001 (vs. control)</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Significant changes in family problem solving skills post-viewing among the intervention group compared to control group and non-significant changes in teen assertiveness and teen problem-solving scores. Increases in skills were maintained at follow up.</p> <p>Mean (SD) Post-test; Follow-Up Family problem solving skills Intervention: 5.4 (1.0)**; 5.4 (0.7)* Control: 4.3 (1.3); 4.6 (1.5) Teen Assertiveness Intervention: 4.7 (0.9); 4.8 (1.4) Control: 4.15 (1.1); 4.0 (1.3) Teen problem solving skills Intervention: 4.2 (1.5); 4.1 (1.5) Control: 3.30 (1.2); 3.2 (1.2) *p<0.05; **p<0.001 (vs. control)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Not reported</p>

Study details	Intervention and population details	Analyses	Results
<p>Winnett et al., (1993)</p> <p>RCT (Individual) +</p> <p>Objective: To evaluate a family-centred, home-based HIV prevention video programme.</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Families who attended a group practice; at least one child aged 12-14 years</p> <p>Exclusion:</p> <p>Total n= 69 families</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 38 (56%)</p> <p>Mean age (range): children 12-14 years</p> <p>Ethnicity: NR</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: NR</p> <p>Focus/aim: To foster parent and teen knowledge and communication regarding issues related to HIV prevention and to increase family and teen communication skills</p> <p>Programme type: HIV prevention</p> <p>Theoretical base: NR</p> <p>Key components: Video presenting information about HIV/AIDS, teen risk behaviour and health issues; skills training: family problem solving; teen assertiveness and problem solving skills</p> <p>Providers/delivers: Video</p> <p>Length, duration, intensity: 135 minute video + booster workbook</p> <p>Other details: None</p> <p>Comparator: Information only; +40 minute video</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire and assessment of role plays</p> <p>Statistical method(s) used to analyse data: paired t-tests; repeated measures ANCOVA</p> <p>Unit of allocation: Family</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test; approx 4 months</p> <p>Other details: Families were paid \$150 for taking part.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: Authors reported that groups were equivalent on all measures at pre-test, but no details presented to check the validity of this statement.</p> <p>Attrition</p> <p>Number of participants completing study: 69 PT (100%); 46 FU (67%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>In both the skills and information-only groups, knowledge about HIV significantly improved between pre- and post-test and pre-test and follow up among both parents and teens.</p> <p>HIV knowledge at post-test; FU: Mean (SD)</p> <p>Intervention Parent: 91.5 (7.1); 90.3 (7.7)</p> <p>Intervention Teen: 80.2 (12.0); 82.6 (12.5)</p> <p>Control Parent: 93.1 (6.0); 91.0 (7.7)</p> <p>Control Teen: 87.8 (9.6); 83.8 (9.6)</p> <p>In the skills-only group, knowledge about skills improved significantly (p<0.001) between pre- and post-test and pre-test and follow up, relative to the control group.</p> <p>Skills knowledge at post-test; FU: Mean (SD)</p> <p>Intervention parent: 63.0 (27.5)*; 49.5 (26.7)*</p> <p>Intervention teen: 52.7 (31.1)*; 46.0 (31.0)*</p> <p>Control parent: 16.0 (15.6); 12.2 (15.9)</p> <p>Control teen: 13.1 (15.5); 10.0 (13.0)</p> <p>*p<0.001 (vs. control)</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Significant changes in pre- to post-test and pre-test to follow up in family problem solving in the skills-only group compared to the information-only control. No significant changes for either group in teen problem solving or teen assertiveness.</p> <p>Post-test; FU: Mean (SD)</p> <p>Family problem solving</p> <p>Intervention: 5.0 (1.7)*; 5.2 (1.6)*</p> <p>Control: 3.6 (0.8); 3.8 (1.2)</p> <p>Teen problem solving</p> <p>Intervention: 4.9 (1.6); 4.4 (1.4)</p> <p>Control: 4.2 (1.1); 4.7 (1.4)</p> <p>Teen Assertiveness</p> <p>Intervention: 3.2 (1.3); 3.3 (1.3)</p> <p>Control: 2.9 (1.3); 3.0 (1.3)</p> <p>*p<0.001 (vs. control)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Not reported</p>

2.4 Programmes involving the wider community or mass media

Study details	Intervention and population details	Analyses	Results
<p>Doniger et al., (2001)</p> <p>Cross-sectional Time Series -</p> <p>Objective: To evaluate an abstinence-orientated adolescent pregnancy prevention communications programme</p> <p>Setting: Community, mass media</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Young people residing in Monroe County, New York State</p> <p>Exclusion:</p> <p>Total n= NA</p> <p>Intervention, n= NA</p> <p>Comparator, n= NA</p> <p>Male n (%) = NA</p> <p>Mean age (range): 15-17 yrs</p> <p>Ethnicity: NR</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Not Me, Not Now</p> <p>Focus/aim: (1) Communicating the consequences of teen pregnancy; (2) Helping teens deal with peer pressure; (3) promoting parent-child communication about sexuality and relationships; (4) Promoting abstinence among teens</p> <p>Programme type: Mass media</p> <p>Theoretical base: Social learning theory, consumer information processing theory</p> <p>Key components: Paid television and radio advertising, billboards, posters distributed in schools, educational materials for parents and an educational series presented in schools (Postponing Sexual Involvement), sponsorship of community events, website</p> <p>Providers/delivers: Various</p> <p>Length, duration, intensity: Five years</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi-square test</p> <p>Unit of allocation: NA</p> <p>Area</p> <p>Unit of analysis: NA</p> <p>Time to follow-up: NA</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NA</p> <p>Comments: NA</p> <p>Attrition</p> <p>Number of participants completing study: NA</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Not reported</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Four of the five geographic areas included in the analyses demonstrated a statistically significant downward trend in pregnancy rates for 15-17 yr olds between 1993 and 1996. The authors plotted a regression line and calculated the slope of the line, with the slope of the line for the intervention county (Monroe) statistically significantly steeper than the line for the three comparison counties, indicating the rate of decline was fastest in the intervention county.</p>

Study details	Intervention and population details	Analyses	Results
<p>Sieverding et al., (2005)</p> <p>Cross-sectional time series +</p> <p>Objective: To examine the impact of the Youth United Through Health Education programme on STI rates over a 5-year period</p> <p>Setting: Community outreach</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: Aged 12-22 years; sexually experienced</p> <p>Exclusion: Unable to give verbal consent, non-English speaking, deemed unapproachable</p> <p>Total n= NA</p> <p>Intervention, n= 2,078</p> <p>Comparator, n= NA</p> <p>Male n (%) = 53%</p> <p>Mean age (range): mean 18.7 yrs</p> <p>Ethnicity: 87% African American</p> <p>Other baseline: 63% 2+ sexual partners in past 6 months; 47% did not consistently use condoms; 18% had been previously diagnosed with an STI</p> <p>Intervention details</p> <p>Name: Youth United Through Health Education programme</p> <p>Focus/aim: Increase STI screening and treatment</p> <p>Programme type: Outreach</p> <p>Theoretical base: NR</p> <p>Key components: Sexual risk assessment, information on STIs and STI screening sites, role model stories and condoms</p> <p>Providers/delivers: Peer educators</p> <p>Length, duration, intensity: NR</p> <p>Other details: NR</p> <p>Comparator: No intervention,</p>	<p>Process details</p> <p>Data collection method(s): Other STI rates over a 5-year period</p> <p>Statistical method(s) used to analyse data: Linear regression</p> <p>Unit of allocation: Area</p> <p>Unit of analysis: NA</p> <p>Time to follow-up: NA</p> <p>Other details: Chlamydia trachomatis rates were determined in the intervention and comparison neighbourhoods within San Francisco, and rates compared amongst young people aged 14-22 years.</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NA</p> <p>Comments: NA</p> <p>Attrition</p> <p>Number of participants completing study: NA</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>For both males and females in the intervention neighbourhood, C. trachomatis rates remained relatively stable over the 5-year period (1998-2002) and both males and females in the comparison neighbourhood were significantly more likely to C. trachomatis than those in the intervention neighbourhoods (females: OR 3.0; 95% CI 2.3, 3.9; p<0.001 / males: OR 2.9; 95% CI 2.0, 4.4; p<0.001).</p> <p>As there were much fewer C. trachomatis cases in the youngest adolescents, the authors further examined rates in the older youth aged 18–22. Among females and males aged 18–22, those in the comparison neighbourhood were significantly more likely to have C. trachomatis than their counterparts in the intervention neighbourhood (females: OR 2.3; 95% CI 1.7, 3.2; p<0.001 / males: OR 2.3; 95% CI 1.5, 3.5; p<0.001).</p>

2.5 Programmes targeting vulnerable young people

Study details	Intervention and population details	Analyses	Results
<p>Gleghorn et al., (1997)</p> <p>NRCT -</p> <p>Objective: The AIDS Evaluation of Street outreach Project (AESOP)- to determine if the intervention was successful in increasing youth contact with outreach workers, to assess the impact of the intervention on youth HIV risk behaviours, and to explore the relationship between the amount of outreach worker contact and youth participation in HIV prevention activities</p> <p>Setting: Community - specify outreach with homeless/contact at youth centre</p> <p>Country: USA</p> <p>Funding source: Supported by Centres for Disease Control and Prevention</p>	<p>Population details</p> <p>Inclusion: Aged 12-23 years, currently homeless (at least 2 months) or recurrently homeless over past 12 months, or engaged in street economy (i.e. prostitution, drug dealing, pornography, theft etc)</p> <p>Exclusion:</p> <p>Total T1, n=429; T2, n=717</p> <p>Intervention, T1, n=246; T2, n=392</p> <p>Comparator, T1, n=183; T2, n=325</p> <p>Male n (%) T1, n=137; T2, n=76</p> <p>Mean age (range): 12-23 years</p> <p>Ethnicity: White: T1=155, T2=169</p> <p>Other baseline:</p> <p>Intervention details</p> <p>Name: AIDS Evaluation of Street outreach Project (AESOP)</p> <p>Focus/aim: HIV risk-reduction</p> <p>Programme type: HIV risk-reduction</p> <p>Theoretical base: NR</p> <p>Key components: outreach work</p> <p>Providers/delivers: outreach workers</p> <p>Length, duration, intensity: NR</p> <p>Other details:</p> <p>Comparator: comparison sites with limited HIV services and no regular outreach with no subculture-specific interventions and no youth-oriented HIV prevention centres</p>	<p>Process details</p> <p>Data collection method(s):</p> <p>Statistical method(s) used to analyse data: t test, chi square, logistic regression</p> <p>Unit of allocation: Community/environment – sites within communities</p> <p>Unit of analysis: Community/environment</p> <p>Time to follow-up: NR</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: few differences on demographic or risk characteristics</p> <p>Attrition</p> <p>Number of participants completing study: 1,146</p> <p>Reasons for non-completion: NA</p>	<p>Knowledge and understanding</p> <p>Attitudes and values</p> <p>Personal and social skills</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>There was no significant difference for HIV-related referrals or using condoms at last sex with either main or casual partner.</p> <p>The intervention (OR=4.0) and being a recent intravenous drug user (OR=1.7) were both significant predictors of talking to an outreach worker in the past 6 months after adjusting for other covariates. These two predictors, in addition to a history of sex trade, were significantly associated with knowing at least one outreach worker.</p> <p>The intervention significantly predicted the number of referrals in the past 6 months, with intervention youth 4.6 times as likely to receive referrals.</p>

Study details	Intervention and population details	Analyses	Results
<p>Rew et al., (2007)</p> <p>NRCT +</p> <p>Objective: sexual health promotion with homeless youth - brief intervention</p> <p>Setting: Community - specify brief intervention</p> <p>Country: USA</p> <p>Funding source: National Institute of Nursing Research/ National Institute of Health</p>	<p>Population details</p> <p>Inclusion: Homeless young people who sought services through a street outreach programme.</p> <p>Exclusion: NR</p> <p>Total n= 572</p> <p>Intervention, n= 196</p> <p>Comparator, control only, n= 287; both intervention and control, n=89</p> <p>Male n (%) = 52 (58%)</p> <p>Mean age (range): 16-23 years (mean 19.47)</p> <p>Ethnicity: Control: African American (7%); Asian American (1%); European American/white (59%); Latino/Hispanic (12%); American Indian (7%); Multiethnic (8%) other/not known (6%); Intervention: African American (11%); Asian American (1%); White (57%); Latino/Hispanic (9%); American Indian (4%); Multiethnic (9%); Other/not known (9%)</p> <p>Other baseline: Sexual orientation</p> <p>Intervention details</p> <p>Name: unnamed - sexual health intervention</p> <p>Focus/aim: increase sexual health knowledge, self-efficacy</p> <p>Programme type: health promotion</p> <p>Theoretical base: theory of reasoned action, social cognitive theory</p> <p>Key components: taught sessions</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: 8x1hr sessions</p> <p>Other details:</p> <p>Comparator: no intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: general linear mixed model regression</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: T1-PreTest; T2-immediate post-test; T3 - 6 weeks after the end of the programme</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: NR</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Knowledge of AIDS/STDs was significant for both the intervention and control groups over time (both P<0.001). Further analysis showed that knowledge in the intervention group remained stable in T1 and T2 but decreased in T3. For the control group knowledge decreased from T1 to T2 but remained stable to T3.</p> <p>Attitudes and values</p> <p>No significant difference for condom self-efficacy</p> <p>Self-efficacy for breast self-examination increased in women from T1 to T2 then remained stable to T3.</p> <p>Self-efficacy for testicular self-exam increased significantly from T1 to T2 then remained stable to T3 on both intervention and control groups.</p> <p>The overall pattern in each condition was for decreasing reports of assertive communication over time.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Time by interaction effects</p> <p>There was no statistically significant time by interaction effect for any of the four behavioural outcome measures (assertive communication, self-care behaviours, safe-sex behaviours, sexual risk-taking behaviours).</p> <p>Changes over time - Safe sex behaviour:</p> <p>Overall analysis of the time effect showed significant changes over time (P=0.026). However, the overall pattern of statistically significant decreasing levels of safe sex behaviours was occurring primarily in the control conditions (between T1 and T2 (p=0.006), between T1 and T3 (p=0.031), but not between T2 and T3 p=0.815)).</p>

Study details	Intervention and population details	Analyses	Results
<p>Slesnick & Kang (2008)</p> <p>RCT (individual) +</p> <p>Objective: To examine a HIV risk-reduction programme for homeless youth</p> <p>Setting: Community - community with homeless youth</p> <p>Country: USA</p> <p>Funding source: NR</p>	<p>Population details</p> <p>Inclusion: 14-22 years old, had been living in the metropolitan area for at least 3 months and planned to remain for at least 6 months, met DSM-IV criteria for alcohol or psychoactive substance use disorders and met criteria for homelessness as defined by Department of Health and Human Sciences</p> <p>Exclusion: NR</p> <p>Total n= 180</p> <p>Intervention, n= 96 (53.3%)</p> <p>Comparator, n= 84 (46.7%)</p> <p>Male n (%) = 118 (66%)</p> <p>Mean age (range): 14 to 22 years - average age 19.2 years</p> <p>Ethnicity: 24 (13%) native American; 1 (1%) Asian; 6 (3%) African American; 54 (30%) Hispanic; 73 (41%) Anglo; and 22 (12%) other</p> <p>Other baseline: depression scale; condom attitude scale; education level</p> <p>Intervention details</p> <p>Name: Community reinforcement approach</p> <p>Focus/aim: reduction of HIV risk behaviour</p> <p>Programme type: risk-reduction</p> <p>Theoretical base: cognitive behavioural</p> <p>Key components: skills building and education</p> <p>Providers/delivers: therapists</p> <p>Length, duration, intensity: 12 community + 4 HIV education and skills sessions, 50min each</p> <p>Other details:</p> <p>Comparator: Through drop-in centre, links with case management, support and youth and community services, also HIV testing and counselling</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: t-tests, chi square, MANOVA, ANOVA, RMANOVA, discriminant function analysis</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3 and 6 months after baseline assessment</p> <p>Other details: Intent to treat design used</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: significant differences in attitudes to condom use</p> <p>Attrition</p> <p>Number of participants completing study: 3 months (73%) (132/180); 6 months (86%) (155/180)</p> <p>Reasons for non-completion:</p>	<p>Knowledge and understanding</p> <p>Attitudes and values</p> <p>NR</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Frequency of condom use: a comparison between baseline and 6-months post-baseline showed that three groups (younger youths in CRA+HIV (14-18yrs), older youths (19-22yrs) in both CRA+HIV and treatment as usual) increased their condom use at 6-months post-baseline. Younger youths (14-18yrs) in the treatment as usual group used condoms less frequently at 6-months post-baseline that they did at baseline. Post-hoc analysis showed that younger youths in CRA+HIV reported more frequent condom use (mean=4.07, SE=0.22) than the youths in treatment as usual (mean=3.04, SE=0.18) (mean difference=1.03, p<0.01).</p> <p>Regardless of treatment condition youth reduced their HIV risk behaviour with a reduction in the number of difference sexual partners in a 24-hr treatment span and the number of sexual partners in the past 3 months.</p>

3 Programmes targeting multiple behaviours

3.1 Programmes delivered in social, healthcare and community settings

Study details	Intervention and population details	Analyses	Results
<p>St Pierre et al., (1995)</p> <p>NRCT -</p> <p>Objective: To evaluate an abstinence-only sexual activity and drug prevention programme, Stay SMART among young people attending Boys & Girls clubs.</p> <p>Setting: Community - Boys and Girls clubs</p> <p>Country: USA</p> <p>Funding source: Department of Health and Human Services</p>	<p>Population details</p> <p>Inclusion: Participants in fourteen Boys & Girls Clubs aged 13 years old</p> <p>Exclusion: NR</p> <p>Total n= 359</p> <p>Intervention, n= (1) 119; (2) 117</p> <p>Comparator, n= 123</p> <p>Male n (%) = 75%</p> <p>Mean age (range): mean 13.6 years</p> <p>Ethnicity: 45% White, 14% Hispanic, 42% Black</p> <p>Other baseline: 48% were 'non-virgins'</p> <p>Intervention details</p> <p>Name: (1) Stay SMART; (2) Stay SMART + booster programme (SMART leaders)</p> <p>Focus/aim: Sessions addressed sexual activity and drug prevention.</p> <p>Programme type: Personal and social competence programme</p> <p>Theoretical base: NR</p> <p>Key components: Stay SMART sessions, including components of LST. SMART leaders peer leader programme designed to build upon skills and knowledge.</p> <p>Providers/delivers: NR</p> <p>Length, duration, intensity: Stay SMART: 12 sessions; 8 booster sessions</p> <p>Other details:</p> <p>Comparator: No intervention</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures ANCOVA</p> <p>Unit of allocation: Group - Boys & Girls clubs</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 3, 15 and 27 months</p> <p>Other details: Intervention participants were required to attend a set number of sessions in order to be eligible for follow-up (9 of 12 Stay SMART sessions; 4 of 5 SMART Leader I sessions and all 3 SMART Leader II sessions)</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 76%, 55% and 42%, respectively</p> <p>Reasons for non-completion: Not reported; some excluded as did not report whether they were virgins at pre-test.</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Non-virgins: Stay SMART only participants perceived significantly fewer social benefits from engaging in sexual activity across all three follow-ups compared to the Stay SMART + boosters participants (mean 2.20 vs. 2.69; p<0.005) and control participants (mean 2.20 vs. 2.71; p<0.005).</p> <p>Virgins: No statistically significant effects.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Non-virgins: Stay SMART participants reported marginally less sexual behaviour compared to the control group at 15-months (p<0.10), and significantly less sexual behaviour (mean [SD] -1.04 [0.75]) compared to the Stay SMART + booster group (mean [SD] 0.391 [0.50]) and the control group at 27-months (mean [SD] 0.774 [0.68]; both p<0.05).</p> <p>Virgins: No statistically significant effects were observed.</p>

Study details	Intervention and population details	Analyses	Results
<p>Wiggins (2009)</p> <p>CBA +</p> <p>Objective: To evaluate the effectiveness of youth development in reducing teenage pregnancy, substance use and other outcomes</p> <p>Setting: Community - Youth service site</p> <p>Country: UK</p> <p>Funding source: Department of Health (England)</p>	<p>Population details</p> <p>Inclusion: Projects selected to deliver the Young People's Development Programme (YPDP). Targeted young people aged 13-15 at risk of teenage conception, substance misuse or exclusion from school</p> <p>Exclusion:</p> <p>Total n= 2724</p> <p>Intervention, n= 1637</p> <p>Comparator, n= 1087</p> <p>Male n (%) = 60%</p> <p>Mean age (range): mean 15 years</p> <p>Ethnicity: Intervention/Control: Black or minority ethnic 23%/20%</p> <p>Other baseline: Intervention/Control: Drunk monthly or more often (last 6 months) 36%/40%; Drug use (last 6 months) 86%/86%; Experience of heterosexual sex 34%/40%;</p> <p>Intervention details</p> <p>Name: Young People's Youth Development programme</p> <p>Focus/aim: Reduce conceptions, STIs, illegal drug use, alcohol consumption; improved mental health and self esteem; reduced school exclusions, absenteeism; improved educational attainment, increased post-16 participation in education; reduced offending/convictions</p> <p>Programme type: Youth development</p> <p>Theoretical base: NR</p> <p>Key components: Education, training/employment opportunities, life skills, mentoring, volunteering, health education, arts, sports and advice on accessing services.</p> <p>Providers/delivers: Youth service agency staff</p> <p>Length, duration, intensity: 6-10 hours, one week a year</p> <p>Other details:</p> <p>Comparator: No intervention; control participants recruited from youth service providers not selected to deliver the YPDP and pupil referral units.</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Logistic regression</p> <p>Unit of allocation: Group</p> <p>Unit of analysis: Group</p> <p>Time to follow-up: Approximately 9- and 18-months</p> <p>Other details: Accounted for clustering in the data</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: No</p> <p>Comments: Baseline differences existed between the two groups</p> <p>Attrition</p> <p>Number of participants completing study: 64%/55% at first FU; 43%/31% at second FU</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Female participants were more likely than control participants to report that they expected to be a parent by age 20 (weighted adjusted OR 1.61; 1.07, 2.41; p=0.02).</p> <p>Significantly more young people in the YPDP group than in the comparison group reported truanting in the previous six months at first but not the second follow-up; explained by increased truanting among young women in the YPDP group in the first year cohort of the project. Also, among young women, YPDP participants were significantly more likely to report temporary exclusion from school at follow-up 1.</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Significantly more pregnancies were reported at follow-up among females in the YPDP groups than in the comparison group (weighted adjusted OR 5.48; 95% CI 2.18, 13.75; p<0.01).</p> <p>Significantly more women in the YPDP group than in the comparison group reported heterosexual sex at follow-up 2 (weighted adjusted OR 3.48; 95% CI 1.49, 8.12).</p> <p>There was no difference in rates of monthly drunkenness among programme and comparison participants.</p>

3.2 Programmes delivered to parents and families

Study details	Intervention and population details	Analyses	Results
<p>Haggerty et al., (2007)</p> <p>RCT (Individual) +</p> <p>Objective: To test the efficacy of a universal prevention programme to prevent substance use and other problem behaviours. Two groups of a self-administered intervention (SA) and a group administered intervention (PA)</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute on Drug Abuse</p>	<p>Population details</p> <p>Inclusion: Families with 8th grade students in public schools; African American or European American; English spoken as primary language; planning to live in the area for the next 6 months.</p> <p>Exclusion: NR</p> <p>Total n= 331 families</p> <p>Intervention, n= 107 SA; n= 118 PA</p> <p>Comparator, n= 106</p> <p>Male n (%) = 170 (51%)</p> <p>Mean age (range): mean 13.7 years</p> <p>Ethnicity: 51% European American; 49% African American</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Parents Who Care (PWC)</p> <p>Focus/aim: To build protection in families by teaching parents strategies to provide their children with opportunities to contribute to their families, to acquire needed skills to take advantage of opportunities, and to use reward and recognition strategies in order to promote bonding.</p> <p>Programme type: Substance abuse and other problem behaviours prevention</p> <p>Theoretical base: Social development model</p> <p>Key components: Self administered with telephone support (SA): Video and work book activities; telephoned weekly by family consultant. Parent and adolescent administered (PA): Youth attended sessions with both or one parent. Families viewed videos together; skill practice in separate groups; workbook and home-based activities.</p> <p>Providers/delivers: SA: Family consultant with prior clinical experience; PA: Workshop leaders</p> <p>Length, duration, intensity: SA: 10 weeks; PA: Seven 2-2.5 hour sessions</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Repeated measures mixed model regression</p> <p>Unit of allocation: Family</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: Post-test; 12 months; 24 months</p> <p>Other details: 26 families (22%) assigned to the PA condition</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: No significant differences according to condition.</p> <p>Attrition</p> <p>Number of participants completing study: PT 313 (95%); 12 mo 306 (92%); 24 mo 304 (92%)</p> <p>Reasons for non-completion:</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Compared to controls, significant reductions in favourable attitudes towards substance use were demonstrated over the follow-up period for youth in the SA format (Cohen's d= 0.26) but not in the PA format (Cohen's d= -0.09). At 24-months follow-up, compared to control families, families assigned to the PA (d= 0.22; p=0.05) and SA (d= 0.39; p=0.03) formats of PWC reported less favourable attitudes towards substance use. There was no intervention effect on perceived harm of substance use over the follow-up period, or at 24-month follow-up.</p> <p>Perceived harm of substance use: Mean (SD) Post-Test; 1-yr; 2-yr</p> <p>African Americans: Control: 3.10 (.81); 2.69 (.89); 2.74 (.73) SA: 3.07 (.89); 2.99 (.87); 2.91 (.81) PA: 3.06 (.96); 2.86 (.96); 2.79 (1.03)</p> <p>European American Control: 2.91 (.73); 2.72 (.66); 2.75 (.68) SA: 3.14 (.66); 3.07 (.54); 2.94 (.52) PA: 2.90 (.76); 2.95 (.58); 2.80 (.57)</p> <p>Favourable attitudes about substance abuse: Mean (SD) Post-Test; 1-yr; 2-yr</p> <p>African American Control: 1.38 (.48); 1.43 (.53); 1.69 (.66) SA: 1.29 (.56); 1.42 (.59); 1.41 (.72) PA: 1.38 (.65); 1.49 (.72); 1.48 (.81)</p> <p>European American Control: 1.55 (.71); 1.84 (.76); 1.94 (.72) SA: 1.27 (.46); 1.36 (.44); 1.59 (.54) PA: 1.39 (.56); 1.60 (.59); 1.67 (.63)</p> <p>Personal and social skills</p> <p>Not reported</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>At 24 months, there were no effects of either intervention format on initiation of substance use or sex amongst those who had not done so at post-test. African American intervention participants were less likely than controls to have initiated sex or substance use (SA</p>

	<p>Other details: NA Comparator: No intervention</p>	<p>OR=0.31; PA OR=0.25) at the 24-month follow-up. Initiation of alcohol and sex; post-test to 24-mo follow-up African American % (n): Control (n=37); SA (n=32); PA (n=42) Sex: 42.9 (15); 38.5 (15); 25.6 (11) p<.05 Alcohol: 24.2 (8); 12.1 (4); 22 (9) European American % (n): Control (n=42); SA (n=41); PA (n=42) Sex: 25.5 (12); 27.9 (12); 41.2 (21) Alcohol: 41.0 (16); 45.9 (17); 36.4 (12)</p>
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Study details	Intervention and population details	Analyses	Results
<p>Prado et al., (2007)</p> <p>RCT (individual) +</p> <p>Objective: Evaluation of the Familias Unidas + Parent-Preadolescent training for prevention of substance use HIV Prevention (PATH) and a first control 'Heart Power! For Hispanics' and a second control looking at PATH - both controls included English for Speakers of Other Languages (ESOL). The vast majority on intervention components are delivered directly to the parents.</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: National institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: 7th grade; one parent at least was born in a Spanish-speaking country in the Americas; the adolescent was attending one of the three participating schools; the adolescent would advance to the eighth grade in the next school year; no history of psychiatric hospitalisation; not planning to move from the area; participating child was living with participating primary care giver; a primary caregiver was available to attend weekly meetings</p> <p>Exclusion: NR</p> <p>Total n= youth = 266; parents = 266</p> <p>Intervention, n= Familias + PATH = 91</p> <p>Comparator, n= ESOL + PATH = 84; ESOL + HEART = 91</p> <p>Male n (%) = youth = 128 (48%); parents = 34 (12.8%)</p> <p>Mean age (range): youth = 13.4(.68); parents = 40.9 (6.2)</p> <p>Ethnicity: NR</p> <p>Other baseline: Family income; Nationality; Family functioning/ communication/ support; Parental involvement; positive parenting</p> <p>Intervention details</p> <p>Name: Familias Unidas + PATH</p> <p>Focus/aim: Increasing parental involvement in adolescents' lives, increasing family involvement, promoting positive parenting and improving parent-adolescent communication to prevent substance use and HIV risk behaviours in young people</p> <p>Programme type: Prevention of substance use and HIV risk behaviours</p> <p>Theoretical base: Ecodevelopmental theory</p> <p>Key components: 2 parent centred modules which also included adolescent participation in family visits and discussion circles with facilitators</p> <p>Providers/delivers: trained facilitators</p> <p>Length, duration, intensity: overall estimated 49hrs dosage, 36months in total</p> <p>Other details: parents were compensated financially for completing assessments</p> <p>Comparator: HEART only and Path only in combination</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Growth curve modelling; chi square; Mediation analysis; ANOVA</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: follow up at 6, 12 (post intervention), 24 and 36 months post baseline</p> <p>Other details: Intention to treat design used</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: randomised to balance participants</p> <p>Attrition</p> <p>Number of participants completing study: 80% (20% attrition)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Mediation analysis for positive parenting on smoking: Familias Unidas + PATH and ESOL + PATH - z=1.45, p=0.15 Familias Unidas + PATH and ESOL + HEART - z=1.10, p=0.27 Familias Unidas + PATH and ESOL + PATH - z=1.27, p=0.20</p> <p>Personal and social skills</p> <p>Growth curve analysis - Family functioning: Familias Unidas + PATH and ESOL + PATH - z=-2.47, p<0.02; d=0.28 Familias Unidas + PATH and ESOL + HEART - z=-3.52, p<0.0005; d=0.38</p> <p>Growth curve analysis. Positive parenting: Familias Unidas + PATH and ESOL + HEART - z=-1.97, p<0.05; d=0.12 Familias Unidas + PATH and ESOL + PATH - z=-2.03, p<0.05; d=0.21</p> <p>Parent-adolescent communication: The mean trajectory increased in Familias Unidas + PATH whilst it decreased in ESOL + PATH - z=-2.43, p<0.02; d=0.26</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Growth curves showed no significant difference in past-90 day alcohol use. Cigarette use: showed significant differences in past-90-day cigarette use: Familias Unidas + PATH and ESOL + PATH - z=3.25, p<0.002; d=0.54 Familias Unidas + PATH and ESOL + HEART - z=2.66, p<0.008; d=0.80 The mean trajectory of smoking in Familias Unidas + PATH decreased but increased in both ESOL + HEART and ESOL + PATH.</p> <p>Illicit drug use: Growth curve analysis indicated significant differences in past-90-day illicit drug use. Familias Unidas + PATH and ESOL + HEART - z=2.02, p<0.05; d=0.58 Familias Unidas + PATH and ESOL + PATH - z=1.07, p=0.028; d=0.05 The observed mean frequency of illicit drug use decreased in Familias Unidas + PATH but increased ESOL + HEART.</p> <p>Mediation analysis Smoking:</p>

	with ESOL		<p>Familias Unidas + PATH and ESOL + PATH - $z=1.32$, ns Familias Unidas + PATH and ESOL + HEART - $z=1.11$, ns</p> <p>Illicit drug use: Familias Unidas + PATH and ESOL + HEART - $z=1.28$, $p=0.20$</p> <p>Unprotected sexual behaviour - no significant difference.</p> <p>Sexual risk behaviours - post hoc analysis (note: small numbers) Lower rates of incidence of STDs: Familias Unidas + PATH - Fisher's exact $p=0.05$ Unsafe sex at last intercourse: Familias Unidas + PATH and ESOL + PATH - $P<0.05$</p>
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Study details	Intervention and population details	Analyses	Results
<p>Stanton et al., (2000)</p> <p>RCT (Individual) +</p> <p>Objective: To increase monitoring by parents and guardians of African-American youth regarding high risk and protective behaviours</p> <p>Setting: Family</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: Resident in one of eight housing developments; For a dyad to be eligible the child had to spend at least 50% of time with that parent; child aged 12-16 years</p> <p>Exclusion: NR</p> <p>Total n= 237 dyads</p> <p>Intervention, n= NR</p> <p>Comparator, n= NR</p> <p>Male n (%) = 51%</p> <p>Mean age (range): median 13.6 years</p> <p>Ethnicity: 100% African American</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Informed Parents and Children Together (ImPACT)</p> <p>Focus/aim: AIDS prevention</p> <p>Programme type: parental monitoring intervention</p> <p>Theoretical base: NR</p> <p>Key components: Video containing demonstrations, communication/negotiation and messages about AIDS, condoms and risky behaviours</p> <p>Providers/delivers: Researchers in the community</p> <p>Length, duration, intensity: 22 minute video</p> <p>Other details: None</p> <p>Comparator: "Goal For IT!" video - education and career training</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: t-tests; chi-square</p> <p>Unit of allocation: Individual</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 2- and 6-months</p> <p>Other details: NA</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments: None</p> <p>Attrition</p> <p>Number of participants completing study: 2 months 88%; 6 months 86%</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>Not reported</p> <p>Attitudes and values</p> <p>Agreement among parent and youth regarding youth involvement in protective/risk behaviours among intervention dyads compared to control dyads was significantly higher for cigarette smoking at 2-months (p<0.01), and for having a boyfriend or girlfriend at 6-months (p<0.05). No differences in agreement on the other behaviours examined.</p> <p>Personal and social skills</p> <p>Intervention youth and their parents were significantly more likely than control youth and their parents to perform condom use skills correctly</p> <p>Overall score (Intervention; Control)</p> <p>Youth: 3.77 [SD 1.22]; 3.00 [SD 1.54]; p<0.001</p> <p>Parents: 3.80 [SD 1.15]; 3.33 [1.04]; p<0.01</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Not reported</p>

Study details	Intervention and population details	Analyses	Results
<p>Stanton et al., (2004)</p> <p>RCT (cluster) ++</p> <p>Objective: To determine whether a parental monitoring intervention with and without boosters can further reduce adolescent risk behaviours among youth who have all received an adolescent risk-reduction intervention</p> <p>Setting: Parent</p> <p>Country: USA</p> <p>Funding source: National Institute of Mental Health</p>	<p>Population details</p> <p>Inclusion: All youth had already participated in Focus on Kids (FOK)</p> <p>Exclusion: NR</p> <p>Total n= 817</p> <p>Intervention, n= 32% - FOK + ImPACT; 29% FOK + ImPACT + boosters</p> <p>Comparator, n= 39% - students- FOK only; parent 'Goal for IT'</p> <p>Male n (%) = 345 (42%)</p> <p>Mean age (range): 13-16 at baseline</p> <p>Ethnicity: African American youth</p> <p>Other baseline: NR</p> <p>Intervention details</p> <p>Name: Informed Parents and Children Together (ImPACT)</p> <p>Focus/aim: risk reduction for alcohol, smoking, drugs and sex</p> <p>Programme type: risk-reduction programme</p> <p>Theoretical base: social cognitive model; Protection Motivation Theory</p> <p>Key components: parent and school components</p> <p>Providers/delivers: Local facilitators</p> <p>Length, duration, intensity: FOK-8 x1.5hr; 4x90m boost; 20min video, role play etc</p> <p>Other details:</p> <p>Comparator: Focus on Kids (FOK) + 20min video on career goals + discussion</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: Chi square, Kruskal-Wallis test, Intraclass correlation coefficient, t test</p> <p>Unit of allocation: Organisation/institution: by school</p> <p>Unit of analysis: Organisation/institution</p> <p>Time to follow-up: 6, 12, 18, 24 months post-intervention</p> <p>Other details: None</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: NR</p> <p>Comments: NR</p> <p>Attrition</p> <p>Number of participants completing study: 494 (60%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>Mean self-efficacy values were significantly higher among youth who received FOK + ImPACT compared with FOK only (Cronbach a = 0.88; ICC = 0.0023). Specifically, self-efficacy was higher for: stopping having sex until older (p=0.005); getting condoms (p=0.012); refusing sex without a condom (p=0.003); refusing sex if asked by a partner (p=0.030); feeling that don't need to have sex with a long-time partner (p=0.034); not needing to have sex even if all friends are having sex (p=0.041); and refusing to deliver drugs for a friend (p=0.000).</p> <p>Response efficacy : significant protective effect demonstrated among youths receiving FOK + ImPACT compared to youths receiving FOK only. One item differed significantly: condoms prevent AIDS during sex (p=0.048)</p> <p>Response cost : marginally significant enhancement of protection demonstrated among youths who received FOK + ImPACT compared to FOK only. Relevant, significant items were: a girl would be fine with a guy refusing sex (p=0.012, NB: favouring control; and sex feels good for girls (p=0.026).</p> <p>Threat appraisal pathway: The alpha values exceeded 0.70 for all 4 subscales assessing this pathway. Only one subscale (intrinsic rewards) demonstrated a significant difference in mean values between groups. Values were significantly lower in youths receiving FOK + ImPACT compared with FOK only</p> <p>Personal and social skills</p> <p>NR</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>At 24 month follow up, five behaviours differed significantly on the basis of intervention assignment to FOK only vs. FOK + ImPACT including use of cigarettes, use of other illicit drugs, asking recent sexual partner if condom always used and 2 general risk behaviours.</p> <p>Youth risk behaviours over the past 6 months: adjusted for ICC.</p> <p>FOK only vs. FOK + ImPACT; FOK only vs. FOK + ImPACT+ booster; FOK + ImPACT vs. FOK + ImPACT + booster; FOK only vs. any ImPACT intervention - p value:</p> <p>Smoked cigarettes: 0.008; 0.016; 0.859; 0.003</p> <p>Drank alcoholic beverages:0.850; 0.887; 0.968; 0.844</p> <p>Used marijuana: 0.401; 0.019; 0.141; 0.056</p> <p>Used other illicit drugs: 0.059; 0.073; 0.954; 0.015</p> <p>Talked with family or other adults about HIV/AIDS:0.830; 0.017; 0.015; 0.209</p> <p>Engaged in sexual intercourse: 0.896; 0.258; 0.238; 0.562</p> <p>Engaged in anal sex: 0.054; 0.462; 0.243; 0.101</p> <p>Asked recent sexual partner if condom always used: 0.393; 0.006; 0.060; 0.037</p>

			Been pregnant or gotten a girl pregnant: 0.012; 0.732; 0.040; 0.086 Used birth control during last sexual encounter: 0.428; 0.076; 0.341; 0.142 Used condom during last sexual encounter: 0.561; 0.471; 0.879; 0.439
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Study details	Intervention and population details	Analyses	Results
<p>Wu et al., (2003)</p> <p>RCT (cluster) +</p> <p>Objective: To determine whether the addition of a parental monitoring intervention (Informed Parents and Children Together [ImPACT]) alone or with “boosters” could enhance (either broaden or sustain or both) the effect of a small group, face-to-face adolescent risk reduction intervention, Focus on Kids (FOK).</p> <p>Setting: Community</p> <p>Country: USA</p> <p>Funding source: National Institutes of Mental Health</p>	<p>Population details</p> <p>Inclusion: Aged 12-16 years; lived in or around the 35 recruitment sites (housing developments, community centres, and recreation centres).</p> <p>Exclusion: Recognised psychiatric disorder or mental retardation</p> <p>Total n= 817</p> <p>Intervention, n= 496 (238 received booster)</p> <p>Comparator, n= 321</p> <p>Male n (%) = 42%</p> <p>Mean age (range): median 14 years (range 12-16 yrs)</p> <p>Ethnicity: 100% Black</p> <p>Other baseline: NA</p> <p>Intervention details</p> <p>Name: Focus on Kids (FOK) plus ImPACT (with or without boosters)</p> <p>Focus/aim: HIV risk reduction, parental monitoring and communication</p> <p>Programme type: HIV risk reduction intervention</p> <p>Theoretical base: FOK: social cognitive theory, protection motivation theory</p> <p>Key components: FOK emphasizes decision making, goal setting, communication, negotiating, and consensual relationships and information regarding abstinence and safe sex, drugs, alcohol, and drug selling. ImPACT emphasises several concepts of parental monitoring and communication through a video, role play and critique, and condom demonstration. Booster session consisted of a review of activities from the earlier sessions and new activities.</p> <p>Providers/delivers: FOK: Group leader with an assistant group leader</p> <p>Length, duration, intensity: FOK: 8 sessions; booster at 7 months & 10 months</p>	<p>Process details</p> <p>Data collection method(s): Questionnaire/Survey</p> <p>Statistical method(s) used to analyse data: General linear modelling</p> <p>Unit of allocation: School</p> <p>Unit of analysis: Individual</p> <p>Time to follow-up: 6 and 12 months</p> <p>Other details:</p> <p>Baseline comparability</p> <p>Groups balanced at baseline: Yes</p> <p>Comments:</p> <p>Attrition</p> <p>Number of participants completing study: 6 mo, n=608 (74%); 12 mo, n=580 (71%)</p> <p>Reasons for non-completion: NR</p>	<p>Knowledge and understanding</p> <p>NR</p> <p>Attitudes and values</p> <p>No difference in risk taking intentions at 6- or 12-months, or according to whether participant's received booster sessions.</p> <p>Risk taking intention: Group means (FOK only; FOK + ImPACT)</p> <p>6 months: 1.94; 1.94</p> <p>12 months: 2.09; 2.02</p> <p>Booster vs. non-booster (12 months): 2.01; 2.03</p> <p>Personal and social skills</p> <p>At baseline, perceptions of parental monitoring were significantly higher among youths in families that were randomised to receive FOK plus ImPACT compared with youths whose families that were randomised to receive FOK plus ImPACT compared with youths whose families received FOK only. Although perceptions between both groups declined after baseline, perceptions of parental monitoring after controlling were significantly higher among those exposed to FOK plus ImPACT compared to those receiving only FOK at 6 months (p=0.008)</p> <p>Health and social outcomes related to alcohol and sexual health</p> <p>Young people in families who received FOK plus ImPACT reported significantly lower rates of sexual intercourse, sex without a condom, and alcohol and cigarette use and marginally lower rates of risky sexual behaviour* compared with youths in families who received FOK only. At 12 months after intervention, again controlling for baseline differences, rates of alcohol and cannabis use were significantly lower and cigarette use and overall risk intention were marginally lower among FOK plus ImPACT youths compared with FOK only youths.</p> <p>Two risk behaviours, use of crack/cocaine and drug selling, were significantly lower among the youths who received the additional boosters compared with youths without the boosters. The rates of the other risk behaviours and intentions did not differ significantly.</p> <p>*getting sexually transmitted disease, getting pregnant or getting a girl pregnant, having sex, using a condom, or having an infant.</p> <p>Group mean scores</p> <p>6 months (FOK only; FOK + ImPACT)</p> <p>Sexual risk: 0.50; 0.43</p> <p>Sexual intercourse: 0.43; 0.37*</p>

	<p>Other details: Comparator: FOK plus attention control condition regarding employment readiness and education</p>		<p>Unprotected sex: 0.29; 0.15** Drank alcohol: 0.31; 0.25* 12 months (FOK only; FOK + ImPACT; FOK + ImPACT / FOK + ImPACT + booster) Sexual risk: 0.40; 0.44 / 0.48; 0.41 Sexual intercourse: 0.35; 0.36 / 0.39; 0.33 Unprotected sex: 0.26; 0.28 / 0.30; 0.26 Drank alcohol: 0.31; 0.22** / 0.22; 0.23 *p<0.05; **p<0.01; ***p<0.001</p>
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