tually exclusive; two of the programs have been developed as school-community partnerships, two are community-clinic partnerships and one is a clinic-school venture.

All interventions are guided by at least one approach (i.e., rationale or theory for behavioral change), and the use of multiple approaches is common. On average, the programs incorporate four approaches; one broad-based community-wide pregnancy intervention includes all eight delineated approaches. Nearly all of the interventions incorporate behavioral skills development (e.g., negotiating condom use, practicing saying no and practicing how to avoid risky situations), contraceptive education and sexuality education into their approach. In addition, 10 programs offer participants access to contraceptives, and nine concentrate on improving self-efficacy. Nine programs (six primary pregnancy prevention and three STD/HIV/AIDS prevention) promote abstinence as the preferred, but not exclusive, choice for adolescents.

Four instructional techniques or components of program delivery predomi-