no longer statistically significant (p=.14).

There are a variety of possible explanations for what happened among those six seventh grade males. Given that classrooms of students were randomly assigned, it is possible that an especially high-risk group of males may have been assigned to one classroom, which was then assigned to the treatment condition. Alternatively, a small cluster of males may have decided to report incorrectly that they had caused a pregnancy, there may have been some gang activity requiring sexual activity and the claim of paternity, or several males may have each thought they were responsible for a single pregnancy.

In any case, it is unlikely that PSI caused an actual increase in pregnancy rates, for several reasons: First, much of the difference in pregnancy rates between students in the youth-led PSI and those in the corresponding control group occurred only among males in the seventh grade class in one school and did not occur in other classes, schools or agencies, or among females. Additionally, the males receiving youth-led PSI reported extremely high rates of pregnancy in relation to statewide statistics. Finally, there were no significant differences between treatment and control groups in sexual behavior and contraceptive use that would explain differences in pregnancy rates. Thus, the weight of the evidence indicates that neither youth-led nor adult-led PSI had a significant effect upon actual pregnancy rates.

Of those students who at pretest had reported never having had an STD, there were no significant differences at either follow-up between the PSI groups—either youth-led or adult-led—and their respective control groups in the percentage of youths who reported an STD (Table 5). Furthermore, there were no significant differences between the youth-led group and their control counterparts when the analysis was restricted to only sexually experienced youths.

There were no significant differences in reported STD rates between intervention and control participants in the school-wide randomization or among teenagers recruited from community settings. (Rates among intervention groups were lower, although not significantly so.) However, participants in adult-led intervention groups in the classroom randomization design had significantly higher STD rates than did their control group counterparts. Reported STD rates can increase either because greater proportions of youths actually contracted an STD or because larger proportions of youths with an STD decided to be tested and therefore learned that they had an STD. Thus, it is not clear whether an increase in reported STD rates represents a desirable or an undesirable event. Moreover, two of the five STDs listed in the survey question (herpes and crab lice) can be transmitted without sexual intercourse.

It is likely that this significant finding occurred by chance. The STD rates for the intervention and control groups in all three adult-led settings combined were remarkably similar (5–6%), while in the two adult-led settings other than the classroom randomization design, youths in the PSI groups had lower STD rates than did those in the control groups. Moreover, youths in the classroom scheme who participated in the adult-led intervention had not had significantly higher rates of sexual intercourse than their control group counterparts during the previous year (2.8 vs. 2.9 sexual acts), nor did they have a significantly higher number of sexual partners (1.9 vs. 1.8), nor were they significantly less likely to use condoms the last time they had sex (61% vs. 60%). Thus, there is no causal explanation for this finding.

However, it is possible that these students were more likely to obtain STD testing; some PSI leaders gave students referral cards specifying where such testing could be obtained. The weight of our findings strongly suggests that the PSI intervention did not significantly affect actual rates of STD infection.

Discussion
These results provide a remarkably consistent picture of the impact of PSI and the ENABL initiative. In the short term, the intervention had no impact on seven beliefs and attitudes, on four measures of inten-