Clients noted that programs were generally better than they had expected and said that offering more service hours could improve them. Participants identified confidentiality and trust as critical program features. Teenagers’ experiences with the programs appeared to be enhanced when their sense of trust and safety was high, when their relationship with staff was strong, and when education about sexuality and contraception was reinforced through discussion, individual counseling or advocacy.

Outcome Evaluation

Methods and Procedures

Participants in project evaluations were randomly assigned to a treatment or control group, typically on the basis of whether their birth date is an odd or an even number. Appropriate consent had to be obtained for participation: For clients younger than 14, both active parental consent and client assent were required; for those 14 or older, only the client’s consent was needed. The evaluation is based on results of pretests administered to clients before the start of the intervention (and generally before assignment to treatment or control groups) and posttests administered upon its completion. Data were typically collected from clients in group settings; participants who were absent for the initial test were surveyed later.

The basis for data collection was the Teenage Pregnancy Prevention Computerized Information System (TPPCS), which is used to monitor and evaluate a wide range of teenage pregnancy prevention programs.* The data system was modified to fit the specific requirements of each project, but where possible, the same information was gathered for all sites to enhance comparability. TPPCIS was designed to capture three types of variables: demographic, risk and outcome. It included items assessing teenagers’ educational aspirations, the importance they attach to future education, their communication with their parents, teenagers’ and parents’ values concerning sexuality, and teenagers’ sexual intention and sexual behavior (in both cases, including contraceptive use).

Interventions were conducted within the school year, but began at slightly different times because of differences in schools’ agendas. Consequently, for the seven projects covered in this article, the interval between the pretest and posttest was 5–9 months and averaged seven months (see Table 4). Considerable emphasis was placed upon obtaining adequate follow-up. Attempts were made to obtain information from clients remaining in the project as well as those who did not continue. Most teenagers who were lost to follow-up had left the state or transferred to other schools.

We compared the demographic and risk variables shown in Table 2 between participants with follow-up data and those who were lost to follow-up. The only statistically significant difference (p<.05, two-tailed) across all sites was gender: A smaller proportion of clients in the group who were not followed up than in the followed-up group were female (61% vs. 72%). For youth sites, only two indicators were statistically significant. In site C, 50% of those lost to follow-up were females, compared with 48% of those followed up. In site D, 33% of those lost to follow-up reported receiving mostly Ds and Fs, compared with 14% of those who were followed up.

For teenage sites, the differences were more pronounced. Overall, clients who were lost to follow-up were at higher risk than those who were followed up. Their mothers were less likely to have a high school education (23% vs. 32%), they were more likely to have mostly Ds and Fs (21% vs. 13%) and they were more likely to have repeated a grade (26% vs. 14%). This bias occurred within each teenage site.

Further tests were conducted to determine if this bias occurred between treatment and control groups for those lost to follow-up. For all sites combined, only one factor was statistically significant: Clients in the treatment group were more likely than those in the control group to have mothers who were not high school graduates (40% vs. 24%). No statistically significant differences were observed for demographic and risk indicators within sites for those lost to follow-up.

A perplexing problem has to do with “diffusion” (or “contamination”). Since each project’s clients, whether assigned to the treatment or the control group, at-

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