E is lower for the treatment group (6.5) than for the controls (7.0); although the power is low, the difference is statistically significant (Table 7). The two sites combined also show a statistically significant difference, but the difference is clearly due to the impact of the project at site E, since scores for the treatment and control groups were virtually identical at site G.

The hypothesis that sexual behavior will be lower among treatment clients than among controls is not supported in site E or G, but is strongly supported in site F. At posttest, 77% of clients in the treatment group said that they had used a contraceptive at last intercourse, compared with 24% of those in the control group; the difference is statistically significant with strong power. Additionally, 47% of the treatment group and 11% of controls said that they always use a contraceptive; this difference, too, is statistically significant, but with lower power. Of concern here is that since the contraceptive questions were asked only of clients who had been sexually active in the past month, the sample sizes for these tests are small. This concern notwithstanding, there is partial support for the hypothesis.

Results for sites F and G do not indicate any effect of the project on clients’ intention to use contraceptives. However, in site E, the mean score was significantly higher for the treatment group than for controls.

Support for the hypothesis that project participation will be associated with an increase in contraceptive behavior is also evident in site F. At posttest, 77% of clients in the treatment group said that they had used a contraceptive at last intercourse, compared with 24% of those in the control group; the difference is statistically significant with strong power. Additionally, 47% of the treatment group and 11% of controls said that they always use a contraceptive; this difference, too, is statistically significant, but with lower power. Of concern here is that since the contraceptive questions were asked only of clients who had been sexually active in the past month, the sample sizes for these tests are small. This concern notwithstanding, there is partial support for the hypothesis.

There is no support for hypotheses that treatment and control groups would differ with respect to educational aspirations, substance use or sexual values. Site E showed some positive difference in reported drug use at posttest, but the other two sites showed differences in the opposite direction from what was expected: Treatment clients reported a higher incidence of drug use than controls. In all cases, however, the amount of illicit drug use by both treatment and control group clients is very small.

**Conclusion**

It has taken four years to get a solid test of these hypotheses. While one project consistently shows positive differences between treatment and control groups, and some isolated effects occur in other projects, the interventions show little or no effect across most of the projects. So, where do we go from here? Obviously, one answer would be to conclude that these interventions do not work, cut their funding and start over. Unfortunately, cutting project