RESULTS

Multivariate Analyses

Three years after enrollment, 79% of participants were still involved at some level in their CAS–Carrera program. Forty-eight percent were actively involved in all program components, and 31% had contact with program staff outside of the weekday, after-school schedule. Those who were no longer involved had moved (8%), had never participated (5%), or had family issues that precluded participation, had scheduling conflicts or were incarcerated (8%). In contrast, only 36% of the control students were regularly participating in a program after three years, a retention rate that represents a decline from 42% at the end of the first two years.

Over three full years of programming (i.e., combining fall semester, spring semester and summer cycles), adolescents assigned to the CAS–Carrera program attended about 16 hours per month, on average; among the 48% who were most actively involved, the average was 22 hours. Participants spent the greatest number of hours receiving academic support, because most program sites offered tutoring, homework help and similar activities daily. (Job Club, family life and sexuality education, artistic self-expression and sports were generally offered on alternating days.)

The community organizers made about two contacts per month with adolescents or their families outside of program hours. Their logs suggest that absenteeism was caused by teenagers’ family responsibilities (such as having to babysit younger siblings), family mobility, employment, educational activities and participation in extracurricular activities at school. Parents sometimes punished their children by making them miss program days, a practice that the program discouraged.

Among the program participants only, we examined the total number of hours spent in program activities during the fall and spring cycles over the three years by participants’ characteristics. The oldest females attended significantly more hours than the oldest males (225 vs. 182—Table 2), and sexually experienced females attended significantly more hours than sexually experienced males (203 vs. 167). However, a multivariate analysis based on the total sample showed that only prior sexual experience was independently and negatively related to attendance, net of the other variables in the table (not shown).

When we compared the sexual, reproductive and health care outcomes among program and control students, we found gains in knowledge over time to be significantly greater among program participants than among controls. The number of correct responses on the knowledge questionnaire rose by 22% and 11%, respectively (Table 3). Females in the program were significantly more likely than those in the control group to say they had chosen not to have sex when pressured (73% vs. 36%). Program women were significantly less likely than controls to have ever had intercourse.

Moreover, sexually experienced program females were significantly more likely than controls to have used a condom with a highly effective method (i.e., the pill, the injectable or the implant) at last intercourse (36% vs. 20%). There were no significant differences by group assignment, however, in the proportions of young women who reported having used a condom at last coitus. Perhaps most important, at the third-year follow-up, females in the CAS–Carrera program had significantly lower rates of pregnancies and births than control females.

While male participants in the program also had significantly higher gains in knowledge than controls, the other positive sexual and reproductive outcomes found among women were not evident among men. In fact, program males were significantly less likely than control males to have used a condom along with a highly effective method at last intercourse (9% vs. 20%).

Young people in the CAS–Carrera program were more likely than controls to receive health care at a place other than the emergency room (94% vs. 83%). Further, the proportion of males who had received a social assessment at their last doctor visit was twice as high among program males as among control males (65% vs. 32%). Program participants of both sexes were significantly more likely than...