shown) were forgetting to use (28%), side effects (19%),
being too sexually aroused (15%), alcohol use (13%) and
partner opposition (12%). Overall, women in the inter-
vention and control groups were similar in their social
and demographic characteristics, as well as their sexual
behavior and contraceptive use.

At the conclusion of the enrollment counseling session,
intervention participants selected one or more of the
following risk reduction steps: continue current method
(214), increase consistency of use (37), start or restart
a method (91), obtain medical follow-up (59) or think
about starting a method (132).

**Intervention Effects**
At the two-month follow-up, participants were asked
to report their success in completing their selected risk
reduction steps. Ninety percent reported success in
continuing their current method, 66% in increasing
their consistency of use, 75% in starting or restarting a
method, 47% in obtaining medical follow-up for a method
and 81% in thinking about starting a new method.

At the time of enrollment, the proportion of women in
the intervention group reporting a high level of contra-
ceptive use was 59%. Two months later, the proportion
who had either improved their level of use or maintained
a high level was 72% (p<.001—Figure 1). In the control
group, the proportions were 58% and 66%, respectively
(p<.05). However, the proportions at two months were
not significantly different between the groups. The pro-
portions of intervention and control participants who
improved their level of contraceptive use or maintained a
high level decreased at eight months to 63% and 62%,
respectively; again, the difference was not statistically
significant. At the 12-month follow-up, 64% of interven-
tion participants reported improvement or an ongoing
high level of contraceptive use, compared with 60% of
control participants; this difference was also not statisti-
cally significant.

Similarly, among participants who used condoms, the
proportion reporting consistent use did not differ be-
 tween the intervention and control groups at any point
in the study, and this proportion did not change signifi-
cantly over the study period (not shown).

A significantly higher proportion of black women in
the intervention group than in the control group reported
improvement of contraceptive use or maintenance of a
high level of use at the two-month follow-up (72% vs.
55%; p<.05). A significant difference remained at the 12-
month follow-up (60% vs. 54%), although the proportion
for the intervention group declined over time. There was
no significant difference between proportions of inter-
vention and control participants who improved or main-
tained a high level of use at the two-month follow-up (80% vs. 67%). No differences or trends
were found in contraceptive use when participants were
analyzed by marital status, education level or pregnancy
intention.

Among women reporting no barriers to contraceptive
use, the proportion who improved or maintained a high
level of use during the first two months of the study was
significantly higher in the intervention than in the control
group (84% vs. 73%; p=.01—Figure 2). The proportions
did not differ significantly at eight or 12 months. Among
women who reported barriers to contraceptive use, there
were negligible differences at all time points between
the proportions of intervention and control participants
who improved or maintained a high level of use (Figure 3,
page 26).

During the 12-month study, 10% of participants
became pregnant, 1% received a chlamydia diagnosis
and 8% had another STD diagnosed, according to their
questionnaire responses or chart review (not shown); there
were no significant differences between interven-
tion and control groups.

Intervention participants reported a high level of
satisfaction with WRAP and the health educators. Large
proportions strongly agreed or agreed that it had been