A higher proportion of students in the intervention group than in the control group were Hispanic (17% vs. 7%), and a somewhat lower proportion were black (32% vs. 39%). In addition, students in the intervention arm attended a higher proportion of sessions than did those in the control group (89% vs. 86%).

Thirty-eight percent of all participants had had sexual intercourse by baseline. Sixty-seven percent of sexually experienced students had had sex in the three months preceding the study, and 60% of this group had always used a condom in this period. Forty percent of all students said they carried condoms or had quick access to them, and 27% had talked to a health professional about a sex-related issue in the past year. The intervention and control groups did not differ on these factors at baseline.

The two groups had similar scores for the cognitive mediators (not shown). The only difference between groups was that individuals in the control group initially reported higher condom negotiation skills than intervention students (mean, 4.0 vs. 3.9, p=.04).

**Overall Outcomes**

The curriculum’s largest and most consistent effects on cognitive outcomes were found within the domains of knowledge (Table 2, page 15). Students exposed to BPBR reported significantly greater knowledge about STDs and condoms immediately following the intervention than controls, and these differences were sustained for one year after the intervention. (Similarly, throughout the follow-up period, students in the control group reported significantly higher scores in their general health knowledge than the intervention group, providing evidence of a control intervention effect—not shown.) Significant differences were also seen in efficacy, beliefs, perceived peer beliefs and intentions. While a few of these were sustained through four months (e.g., condom negotiation skills, condom technical skills, condom use beliefs), most were no longer evident by 12 months. The intervention had a more erratic impact on impulse control, peer belief regarding sexual activity, and intentions to have sex and to use a condom in the future.

BPBR had a significant effect on only one behavioral outcome (Table 3, page 16). At the four-month follow-up, among students who had been sexually inexperienced at baseline, a higher proportion of intervention students than of control students reported having talked to a health professional about a sex-related matter since the immediate posttest survey. While the two groups appeared to be different on a number of other behaviors, none of the differences reached statistical significance.

**Stratified Analyses**

The second aim of the study was to examine whether BPBR would resonate with adolescents for whom the intervention was not originally intended, such as female, white and suburban (regardless of race) adolescents. Because we