

Appendix A: Search Terms

The following search terms were used in this systematic review.

Concept	Search Terms [Pubmed] [CINAHL, PsycINFO] [Popline]
Family Planning	<p>"family planning services"[Mesh] OR "family planning policy"[Mesh] OR "reproductive health services"[Mesh] OR "family planning"[All fields] OR "Title X"[All fields] OR "planned parenthood"</p> <p>"family planning services" OR "family planning policy" OR "reproductive health services" OR "family planning" OR "Title X" OR "planned parenthood"</p> <p>"family planning"/"family planning centers"/"family planning education"/"family planning information centers"/"family planning organizations"/"family planning training"</p>
Contraception	<p>"contraception"[Mesh] OR "contraceptive agents"[Mesh] OR "contraceptive devices"[Mesh] OR "contraception behavior"[Mesh] OR "birth control"[All fields]</p> <p>"contraception" OR "contraceptive agents" OR "contraceptive devices" OR "contraception behavior" OR "birth control"</p> <p>Contraception is an included term under "family planning"</p>
Adolescents	<p>"adolescent"[Mesh] OR "adolescent behavior"[Mesh] OR "adolescent development"[Mesh] OR "pregnancy in adolescence"[Mesh]</p> <p>"adolescent" OR "adolescent behavior" OR "adolescent development" OR "pregnancy in adolescence" OR adolescence OR "adolescent care" OR "adolescent parents" OR "adolescent attitudes" OR "adolescent fathers" OR "adolescent mothers"</p> <p>youth/"adolescent health"/"adolescent health services"</p>

Appendix B

The following electronic databases were searched in the systematic review.

Database	URL for Search Platform
Cumulative Index to Nursing and Allied Health Literature	http://ebscohost.com/
The Campbell Library	http://www.campbellcollaboration.org/library.php
The Cochrane Library	www.thecochranelibrary.com
Database of Abstracts of Reviews of Effects	http://www.crd.york.ac.uk/crdweb/
EMBASE	http://ebscohost.com/
MEDLINE	http://ebscohost.com/
PsycINFO	www.apa.org/psychinfo
PubMed (pre MEDLINE)	http://ebscohost.com/
U.K. National Health Service Economic Evaluation Database	http://www.crd.york.ac.uk/crdweb/
U.S. National Guideline Clearinghouse	www.guidelines.gov
HealthSTAR	http://www.kfinder.com/newweb/Products/hstar.html
POPLINE	http://www.popline.org/
Education Resource Information Center	http://www.eric.ed.gov/
UK National Institute of Clinical Excellence	http://www.nice.org.uk/
Evidence for Policy and Practice Information and Coordinating Centre	http://eppi.ioe.ac.uk/cms/
TRIP	http://tripdatabase.com/

Appendix C: Summary of Evidence for Studies on Parent-Child Communication about Sexual Health

Citation	Study design	Population	Intervention	Results	Assessment of study
Anderson et al. (1999) ²⁴	<p><u>Design:</u> Cluster RCT</p> <p><u>Funding source:</u> Two</p> <p><u>Follow up:</u> Pre-test and post-test surveys with follow up assessment at 12 months</p>	<p><u>Target group:</u> Grades 5th through 7th girls and boys attending summer and after-school programs.</p> <p><u>Selection:</u> Schools were randomized into intervention and comparison sites. Families were recruited during community meetings announced by the schools and community agencies.</p> <p><u>Sample:</u> Enrolled=405, Dropped out=59 Included in sample=251 (61.9% completion rate)</p> <p><u>Characteristics:</u> <i>Gender</i> 59.8% Female, 40.2% Male <i>Race/ethnicity</i> AI=2.4%; A or PI=5.6%; BNH=20.7%; H or L=45.8%; W, NH=12.7%; O=5.2% <i>Age</i> 9-11 yrs=83.7% 12-14 yrs=16.3% <i>Education</i> >80% reported being college bound <u>Setting:</u> Urban</p>	<p>The Reaching Adolescents and Parents (RAP) intervention, divided into eight sessions, included age-relevant content and activities covering self-esteem, values, effective communications, peer and family relationships, responsible decision making, and the physical and emotional changes associated with puberty. The intervention was offered in community centers and school settings. Six of the eight sessions were scheduled for the early adolescents. One session involved both parents and early adolescents, and a final session was provided for the parents.</p> <p><u>Aims:</u> Increase parental involvement in their children’s family life education</p>	<p><u>Short term outcomes:</u> The RAP group showed significant change between pretest and posttest ($p<0.05$) indicating improved communications with their parents as compared with the delayed-RAP group (effect size=0.019, observed power=0.59). Participants in both study groups had demonstrated significant increase in influence by others (parents and friends) than they did at baseline. There were no significant differences between groups. This difference between groups did not continue to the 12-month instrument administration.</p> <p>Participants in both study groups had demonstrated significant increase in the total number of reasons they provided for not having sex at 12 months than they did at baseline. There were no significant differences between groups.</p>	<p><u>Quality:</u> Level I</p> <p><u>Risk for bias:</u> High</p> <p><u>Strengths:</u> Random assignment</p> <p><u>Weaknesses:</u> No intent-to-treat, lack of blinding</p>
Blake et al. (2001) ²⁹	<p><u>Design:</u> Cluster RCT</p>	<p><u>Target group:</u></p>	<p>Participants received Managing the Pressures Before Marriage</p>	<p><u>Short term outcomes:</u></p>	<p><u>Quality:</u> Level I</p>

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<p><u>Funding source:</u> Office of Adolescent Pregnancy Programs, U.S. DHHS</p>	<p><u>Number of study groups:</u> Two</p> <p><u>Follow up:</u> Post-test at seven weeks after baseline, within one week of program completion</p>	<p>8th grade health or family and consumer sciences students</p> <p><u>Sample:</u> Included in sample=351</p> <p><u>Characteristics:</u> <i>Gender</i> 48% Female, 52% Male <i>Race/ethnicity</i> W, NH=85%</p> <p><u>Setting:</u> Suburban</p>	<p>(MPM) curriculum (a modified version of Postponing Sexual Involvement curriculum) enhanced by five homework assignments each involving parental participation</p> <p><u>Aims:</u> Assess effectiveness of homework in changing beliefs, self-efficacy and intentions to delay sexual onset</p>	<p>Adolescents in the MPM-enhanced group did not differ from those in the MPM-only group with respect to knowledge or most attitudinal values immediately after the intervention. Students in the MPM-enhanced group expressed significantly greater self-efficacy with regard to refusing or avoiding substance use and sexual behavior (16.8 vs. 15.8 overall), and were less likely to intend to have sex before completing high school (0.4 vs. 0.5).</p> <p>The two groups reported similar levels of comfort in talking to their parent about sex. Students in the MPM enhanced group reported more frequent communication with their parents than did adolescents who did not receive the parent-child homework assignments (overall means, 7.2 and 5.8, respectively). This difference reflects more frequent communications about prevention strategies (1.6 vs. 1.0) and consequences of sexual intercourse (1.6 vs. 1.1).</p>	<p><u>Risk for bias:</u> Moderate</p> <p><u>Strengths:</u> Random assignment</p> <p><u>Weaknesses:</u> No intent-to-treat, lack of blinding</p>
<p>Brody et al. (2004) ¹⁸</p> <p><u>Funding source:</u> National Institute</p>	<p><u>Design:</u> RCT</p> <p><u>Number of study groups:</u> Two</p>	<p><u>Selection:</u> African American families and their 11 year old children in rural U.S.</p> <p><u>Sample:</u> Enrolled: Intervention=172, Control=150 Attrition: Intervention=7,</p>	<p>The Strong African American Families intervention Program was administered for rural African American families with an 11-year old young adolescent who were randomly assigned to the intervention group. The program consists of seven</p>	<p><u>Short term outcomes:</u> Parents and youths in intervention-group families reported greater changes from pretest to posttest in regulated, communicative parenting (b=0.33, p=0.01). Parents and youths in intervention-group families reported greater</p>	<p><u>Quality:</u> Level I</p> <p><u>Risk for bias:</u> Low-to-Moderate</p> <p><u>Strengths:</u></p>

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on Alcohol Abuse and Alcoholism and the National Institute of Mental Health	<u>Follow up:</u> Post-test conducted at 3 months after program	Control=5 <u>Characteristics:</u> <i>Gender</i> 53.6% Female, 46.4% Male <i>Race/ethnicity</i> Target of study was African Americans <i>Age</i> Children’s MN age=11 yrs; Mothers’ MN age=38.1 yrs; Fathers’ MN age=39.4 yrs <i>Education</i> 78.7% Mothers had completed high school <u>Setting:</u> Rural	consecutive weekly meetings held at community facilities, with separate parent and youth skill-building curricula and a family curriculum. <u>Aims:</u> Assess whether communicative parenting changes factors that protect youth from early sexual activity	changes from pretest to posttest in youth protective factors (b=0.23, p=0.05). The significant and positive coefficients indicate that, with pretest levels of the parent and youth intervention targeted behaviors controlled, exposure to SAAF caused the changes in the intervention group to be greater than the changes in the control group.	Random assignment, <u>Weaknesses:</u> No intent-to-treat, lack of blinding
Evans et al. (2009) ³⁰ <u>Funding source:</u> U.S. DHHS, Office of Population Affairs	<u>Design:</u> RCT <u>Number of study groups:</u> Three <u>Follow up:</u> 4 weeks post-exposure and 6 months post-exposure	<u>Selection:</u> All adult Knowledge Networks panelists (N=3,217) living with at least one child aged 10 to 14 years <u>Sample:</u> Eligible=3,217; Enrolled=2,439; dropout=983 <u>Characteristics:</u> <u>Mothers Control:</u> <i>Race/ethnicity:</i> W, NH=86.7%; B, NH=7.4%; H or L=2.6%; O=3.3% <i>Age:</i> MN age=42.8 <i>Education:</i> Less than HS=1.1%; HS Grad=14.8%; Some College=37.8%; Bachelor’s degree +=46.3% <u>Mothers Treatment:</u> <i>Race/ethnicity:</i> W, NH=83.5%; B, NH=8.7%; H or L=4.9%; O=3.0% <i>Age:</i> MN age=42.5	Exposure to a package of multimedia that included: two print PSAs (Public Service Announcements), one 60-second radio Parents Speak Up National Campaign (PSUNC) PSA , and one 60-second TV PSA (“ Talk to me ”) that featured preteen children asking their parents to talk to them about waiting to have sex. <u>Aims:</u> Promote parent-child communication about sex	<u>Short term outcomes:</u> Results indicated that there were large effects of PSUNC exposure on visiting the 4parents.gov Web site. Documented evidence of treatment effect on both fathers and mothers recommendations to their children to wait before becoming sexually active 6 months post-exposure. Fathers increased initiation of conversations with their children about sex 4 weeks after exposure. There was no evidence of a campaign dose–response effect with respect to parent–child communication behavior. There was evidence of a dose–response effect on 4parents.gov use among mothers. Booster condition mothers were no more likely to initiate conversations about sexual activity, talk frequently	<u>Quality:</u> Level I <u>Risk for bias:</u> High <u>Strengths:</u> Random assignment, <u>Weaknesses:</u> no intent-to-treat, high attrition, recall/social desirability bias, and lack of blinding

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Forehand et al. (2007) ²⁵	<u>Design:</u> RCT	<p><u>Education:</u> Less than HS=1.5%; HS Grad=13.9%; Some College=44.0%; Bachelor's degree +=40.6%</p> <p><u>Fathers Control:</u></p> <p><u>Race/ethnicity:</u> W, NH=87.1%; B, NH=2.1%; H or L=3.9%; O=6.8%</p> <p><u>Age:</u> MN age=44.5</p> <p><u>Education:</u> Less than HS =3.2%; HS Grad=13.9%; Some College=31.8%; Bachelor's degree +=51.1%</p> <p><u>Fathers Treatment:</u></p> <p><u>Race/ethnicity:</u> W, NH=88.8%; B, NH=4.1%; H or L=3.0%; O=4.1%</p> <p><u>Age:</u> MN age=44.8</p> <p><u>Education:</u> Less than HS =2.7%; HS Grad=13.2%; Some College=34.5%; Bachelor's degree +=49.6%</p>	<p>A single-session communication intervention or a 5-session enhanced communication intervention administered in group format</p> <p><u>Aims:</u> Increase parent-child sexual communication and decrease sexual risk</p>	<p>with their children, or urge their children to wait.</p> <p><u>Medium-term outcomes:</u></p> <p>At baseline, 7, 4, and 4 preadolescents reported sexual intercourse in the single session, enhanced, and control interventions, respectively. At the 12-month follow-up, 14, 11, and 11 new incidents of sexual intercourse were reported by pre-adolescents in these 3 respective groups.</p> <p><u>Short term outcomes:</u></p> <p>The mean differences between study groups at post interventions, 6 months and 12 months suggest that the enhanced intervention is associated with a higher mean change from baseline score for all outcome measures than the control and the</p>	<p><u>Quality:</u> Level I</p> <p><u>Risk for bias:</u> Moderate</p> <p><u>Strengths:</u> Random assignment,</p> <p><u>Weaknesses:</u> high attrition and recall/social desirability bias</p>
<u>Funding source:</u> CDC	<p><u>Number of study groups:</u> Three</p> <p><u>Follow up:</u> Post-intervention and at 6 months and 12 months post-intervention</p>	<p><u>Selection:</u> Parents or legal guardians of a preadolescent that was in the fourth or fifth grade and aged 9 to 12 years at baseline assessment. Must have lived continuously with the preadolescent for the past 3 years; self-identified as African American; and both (child and parent) fluent in English.</p> <p><u>Sample:</u> Enrolled and Randomized=1,115 dyads Completed post intervention follow-up=844 Completed 6 month follow-up=777 Completed 12 month follow-up=757</p> <p><u>Attrition:</u> Total dropout=358</p>			

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<p>Guilamo-Ramos et al. (2011)²⁶</p> <p><u>Funding source:</u> CDC</p>	<p><u>Design:</u> RCT</p> <p><u>Number of study groups:</u> Two</p> <p><u>Follow up:</u></p>	<p><u>Population:</u> African American or Latino youth between the ages of 11 and 14 accompanied to the clinic by a resident mother who were primarily responsible for the adolescent’s care.</p> <p><u>Sample:</u> Enrolled=264 dyads</p>	<p>Participants assigned to Families Talking Together, a brief, parent-based sexual risk reduction intervention for Latino and African American adults met with a social work interventionist for 30 minutes and given a packet containing reference materials and family activities to</p>	<p>single-session intervention. The RR for the enhanced intervention compared with the single-session (RR, 0.98; 95% CI, 0.69-1.39) and control (RR, 1.04; 95% CI, 0.73-1.46) interventions, as well as the single-session compared with the control (RR, 1.06; 95% CI, 0.77-1.45) groups was approximately 1.00 in all cases. However, the RR for the subgroup of preadolescents whose parents attended all 5 sessions in the enhanced arm compared with those whose parents attended the control (RR, 0.65; 95% CI, 0.41-1.03) and single-session (RR, 0.62; 95% CI, 0.40-0.97) interventions was less than 1.00. Preadolescents whose parents attended all 5 sessions of the enhanced intervention had a likelihood of sexual risk at the 12-month follow-up of less than 1.00 relative to those whose parents attended the control (relative risk, 0.65; 95% confidence interval, 0.41-1.03) and single-session (relative risk, 0.62; 95% confidence interval, 0.40-0.97) interventions.</p>	<p><u>Quality:</u> Level I</p> <p><u>Risk for bias:</u> Low-to-Moderate</p> <p><u>Strengths:</u></p>

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	9 months	Randomized: Treatment=133 Control=131 Attrition=14 dyads (Treatment=5, Control=9) 52.3% <u>Characteristics:</u> <u>Race/ethnicity:</u> H or L=84.5% B, NH=15.5% <u>Age:</u> Adolescents MN=12.9 Parents MN=40.7 <u>Parent:</u> completed HS=28% <u>Setting:</u> Urban	take home and use with their adolescent child. <u>Aims:</u> Prevent sexual risk behavior	sexual intercourse remained at 6% in the intervention condition but increased to 22% in the control condition. This difference was found to be statistically significant ($p<0.05$). For frequency of sexual intercourse in the past 30 days, the mean rating at the 9-month interview was 1.08 for the intervention group and 1.53 for the control group. This difference was statistically significant ($t [262]=4.06$, $p<0.05$). For oral sex, approximately 3% of adolescents reported that they had given or received oral sex at baseline. At nine months, frequency increased to 4% in the intervention condition and 10% in the control group. This difference also approached statistical significance ($p<0.054$).	Random assignment, <u>Weaknesses:</u> recall/social desirability bias and lack of blinding
Haggerty et al. (2007) ²⁷	<u>Design:</u> RCT <u>Funding source:</u> National Institute on Drug Abuse <u>Number of study groups:</u> Three <u>Follow up:</u> Immediate-post and 1 and 2 years following program delivery	<u>Population:</u> Families with African American or European American eighth grade students in Seattle Public Schools. <u>Sample:</u> Enrolled and Randomized=331 families Dropped out at Posttest=5.3% Dropped out at 1 year follow-up=7.5% Dropped out at 2 year follow-up=8% 48.6% <u>Characteristics:</u> <u>Race/ethnicity:</u> B, NH=49.2% W, NH=50.8% <u>Age:</u>	Parents received the Parents Who Care (PWC) intervention. Group 1: Families assigned to the Parent and Adolescent Administered format met for seven consecutive sessions, conducted once per week over 7 weeks in local middle schools. Group 2: Families assigned to the Self-administered with Telephone Support format condition completed a video and workbook activities within 10 weeks. They received written instructions about how to use the	<u>Long-term outcomes:</u> The results indicated no main effects for either intervention method (Self-administered (SA) or Parent and Teen Group (PA)), but marginally significant interactions with race for both intervention methods (SA $p=0.06$, PA $p=0.08$). Post hoc logistic regressions estimated separately by race detected significant reductions in initiation for African American (AA) teens in both intervention methods when compared to AA teens in the control group. The magnitude of the impact was similar for both interventions.	<u>Quality:</u> Level I <u>Risk for bias:</u> Low-to-Moderate <u>Strengths:</u> Random assignment, long follow up time period <u>Weaknesses:</u>

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		Adolescent MN age=13.7 B, NH=13.7 W, NH=13.7 <i>Education:</i> Adolescents: 8th grade=100% Parents: HS Diploma=86.6% B, NH=78.9% W, NH=94.0% College graduate=37.6% B, NH=13.0% W, NH=61.4% <i>Setting:</i> Urban	workbook and video and a checklist of 62 key activities to complete as a family. <i>Aims:</i> Prevent substance use, early initiation of sex, and other risk behaviors	<u>Medium-term outcomes:</u> ORs indicated the chances of initiating sex or substance use were reduced by almost 70% (OR=0.31) for AA teens in the SA compared to controls, and 75% (OR=0.25) for the AA teens in the PA compared to controls. They estimated a logistic regression for each of the five components (four substances and sex) for the combined measure. No main effects for intervention were found. One significant interaction indicated a reduction in initiation of sexual involvement among AA youth in the PA condition ($p=0.02$, OR=0.76).	recall/social desirability bias and lack of blinding
Huston et al. (1990) ³² <u>Funding source:</u> U.S. DHHS	<u>Design:</u> Quasi-experimental (non-RCT) <u>Number of study groups:</u> Two <u>Follow up:</u> One and two months after intervention for those in the experimental group. Control group received	<u>Selection:</u> Parents of middle school children in grades six through eight from schools located in upper-middle socioeconomic class neighborhoods <u>Sample:</u> Enrolled=64 Dropped out=32 85% <u>Characteristics:</u> <i>Race/ethnicity:</i> Experimental: W, NH=58% H or L=33% A or PI=9% Control:	Parents received an educational program consisted of four 2-hour sessions held in classrooms in each of the participating schools. The goals of the program were to enhance the participants' communication skills and knowledge about sexual issues. Topics covered included puberty, male and female anatomy, menstruation, peer pressure, teenage sexual activity and pregnancy, contraception, sexually transmitted diseases and AIDS. Communication skills were taught through the use of small group discussions, exercises and role-playing.	<u>Short-term outcomes:</u> Two-tailed, matched pairs t-test used to compare the difference in total frequency score of the experimental group before and after the program to that of the control group showed a normal distribution of the data and indicated that there was a significant increase in the total amount of communication reported among the study participants (t -test=4.70, $p=0.000053$).	<u>Quality:</u> Level II-1 <u>Risk for bias:</u> High <u>Strengths:</u> Random assignment <u>Weaknesses:</u> high attrition, self-selection bias, recall/social desirability bias and lack of blinding,

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	no post-intervention questionnaire.	W, NH=75% H or L=25% <u>Setting:</u> Suburban	<u>Aims:</u> Increase parent-child communication about sex		no follow up time for control group
Lederman et al.(2004) ²⁰ <u>Funding source:</u> NR	<u>Design:</u> Pseudo-RCT (2 groups randomized, 1 group “nonparticipant” controls) <u>Number of study groups:</u> Three <u>Follow up:</u> 3-6 months after initiation of intervention	<u>Selection:</u> 6th, 7th and 8th grade students <u>Sample:</u> <u>Experimental:</u> Enrolled and Randomized=92 Dropped out=2 Experimental=55% <u>Attention control:</u> Enrolled and Randomized=83 Dropped out=3 Attention control=58% <u>Nonparticipant control:</u> Enrolled=674 Dropped out=50 Non-participant control=54% <u>Characteristics:</u> <u>Race/ethnicity:</u> <u>Experimental:</u> B, NH=27% H or L=43% W, NH=17% O=11% <u>Attention control:</u> B, NH=31% H or L=28% W, NH=31% O=10% <u>Nonparticipant control:</u> B, NH=26%	Students participated in a multisession prevention program together with their parents. The intervention delivered comprehensive content on risks and protective measures for HIV, STDs, and unplanned pregnancy to address youth perceptions of differential risks and reinforced the lessons by encouraging of family interactions and booster sessions. <u>Aims:</u> To reduce sexual risk intention and improve attitudes	<u>Short-term outcomes:</u> The experimental condition made a significant contribution in the prediction of the post-program total score. Youth that participated in the parent-involved social learning curriculum (EP) had a higher post-program total score $R^2=0.37$, $F(10, 570)=32.83$, $p<0.0001$. The experimental condition made significant contributions in prediction of the post-program domain score for intentions with regard to having sex. Youth that participated in the parent-involved social learning curriculum (experimental group) expressed more definite intentions to postpone sexual involvement $R^2=0.30$, $F(10, 563)=35.21$, $p<0.001$. Post-program domain scores. Results indicated that age ($F=188.85$, $p<0.001$) and gender ($F=9.92$, $p<0.05$) made a significant contribution in the prediction of attitudes about engaging in sexual risk behaviors.	<u>Quality:</u> Level I <u>Risk for bias:</u> Moderate <u>Strengths:</u> <u>Weaknesses:</u> No intent-to-treat Recall/Social desirability bias Lack of blinding

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		H or L=38% W, NH=26% O=10% Age: Experimental: 11-12yrs=48% 13-15 yrs=52% Attention control: 11-12yrs=51% 13-15 yrs=49% Non-participant control: 11-12yrs=45% 13-15 yrs=55% Setting: Suburban			
Lederman et al. (2008) ²¹ Funding source: NIH	Design: RCT Number of study groups: Two Follow up: 4 weeks after baseline assessment and interval of 4 to 6 months for 3 additional assessments	Selection: Middle school students (6th, 7th and 8th graders) aged 11-15 years from five southeast Texas schools Sample: Enrolled and Randomized=192 dyads Dropped out=NR 59% Characteristics: Race/ethnicity: H or L=36% B, NH=29% W, NH=24% A or PI and Other=11% Age: 12 years=29% 13 years=29% 14 years=25%	The curriculum, titled Parent–Adolescent Relationship Education (PARE) is presented in an initial series of 4 weekly small-group sessions followed by a single-session booster in each of 3 subsequent semesters, for a total of up to 18 hours of prevention education distributed across a 2-year period. Interactive program Attention Control Program Aims: To improve social and self-control related to sexual behavior and risk	Short-term outcomes: In both the IP and ACP groups, the frequency of talking with parents about sex and about risks and protection against pregnancy and STDs decreased across the 2-year study period ($\beta = -.24, p < 0.01$) while there was a significant increase in the frequency of talking with friends about these topics ($\beta = 0.83, p < 0.001$). Student’s level of comfort in talking with parents about protection against pregnancy and HIV remained constant. There were no differences between students in the ACP and IP. Compared with ACP, the IP yielded increases in the extent to which parents were reported to have definite rules about the students’ behaviors.	Quality: Level I Risk for bias: Moderate Strengths: Random assignment, Weaknesses: No intent-to-treat Recall/Social desirability bias Lack of blinding

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Lefkowitz et al. (2000) ³³	<u>Design:</u> RCT	<u>Population:</u> Mothers of at least one child between the ages of 11-15 years old in Los Angeles area schools	After initial assessment, Intervention group participated in two training sessions, filled out daily questionnaires to work on for 2 weeks immediately preceding the final assessment	In both the IP and ACP, there was a decrease in the reported amount of parent involvement across the 2-year study period ($\beta = -.24, p < 0.001$). Compared with the ACP group, members of the IP group showed increases in knowledge about transmission of and protection against pregnancy and HIV/AIDS ($\beta = -.13, p < 0.05$). The gains across time ($\beta = .13, p < 0.01$) were small. There were no differences between programs or across time in youths' self-efficacy for prevention.	<u>Quality:</u> Level I
<u>Funding source:</u> National Institute of Mental Health	<u>Number of study groups:</u> Two <u>Follow up:</u> Approximately 7 weeks between initial and final assessment	<u>Sample:</u> Intervention: Enrolled and randomized=23 dyads Dropped out=3 Intervention child=50% Control: Enrolled and randomized=27 dyads Dropped out=7 Intervention and Control Control child=55% Mothers=100% <u>Characteristics:</u> <u>Race/ethnicity:</u> Intervention: W, NH=45%, H or L=30%, B, NH=15%, A or PI=5%,	<u>Aims:</u> To improve communication style of mothers when discussing sexuality and AIDS with their adolescent children	<u>Short-term outcomes:</u> Control group mothers spoke for the same amount of time at both time points during the AIDS conversation, intervention group mothers spoke less at posttest than they had at pretest, $p = 0.04$. Mothers reported using the learned techniques 75% of the days that they filled out the questionnaires. For the AIDS conversation, at posttest, intervention group mothers were rated as less judgmental than delayed control group mothers (mean 5.0 vs. 4.6, $p = 0.004$.) Differences between mothers and adolescents' self-reported frequency of communication about sexuality, AIDS and birth control showed no significant interaction for reports of communication about sexuality. Control group adolescents reported similar frequencies of conversations	<u>Risk for bias:</u> Moderate <u>Strengths:</u> Random assignment, <u>Weaknesses:</u> No intent-to-treat High attrition Recall/Social desirability bias

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Miller et al. (1993) ²⁸	<u>Design:</u> RCT	<u>Population:</u> Parents of 9th grade students	Intervention One: The FACTS & feelings program , with videocassettes and newsletters.	about birth control at pretest and posttest (mean (sd)=1.8(1.3) at pretest and mean(sd)=1.7(1.1) at posttest), compared to intervention group adolescents that reported higher frequencies at posttest (mean(sd)=2.2(1.4)), than they had at pretest (mean(sd)=1.5(1.0), <i>p</i> =0.001)). By the final assessment, intervention group dyads, mean(sd) =254.9(92.6), spent more time on topic than delayed control group dyads, <i>mean(sd)</i> =194.6(97.2). By Week 2, adolescents in the intervention group reported more comfort talking to their mothers than adolescents in the delayed control group, <i>p</i> =0.02.	<u>Quality:</u> Level I
<u>Funding source:</u> NR	<u>Number of study groups:</u> Three	<u>Sample:</u> Treatment Group One: Enrolled and Randomized=126; Dropped out=6 Treatment Group Two: Enrolled and Randomized=132; Dropped out=10	Intervention Two: The FACTS & feelings program , with newsletters only	<u>Short-term outcomes:</u> Treatment teenagers showed a significantly larger increase in communication frequency than the control group from pretest to posttest (<i>p</i> =0.000), with the video and newsletter group experiencing an even stronger pre- to post- increase than the video only group (<i>p</i> =0.024). However, at the delayed posttest, all three groups returned to their pretest level. The treatment parents reported a significantly larger increase in communication frequency from pre- to post- than the control parents (<i>p</i> =0.000 for both parents). Only half	<u>Risk for bias:</u> Low-to-moderate
	<u>Follow up:</u> 3 months and then 12 months	Control Group: Enrolled and Randomized=290; Dropped out=29 NR	<u>Aims:</u> To conduct an impact evaluation of video and print resources designed to help parents and children talk about sexual issues at home.		<u>Strengths:</u> Random assignment
		<u>Characteristics:</u> <i>Race/ethnicity:</i>			<u>Weaknesses:</u> No intent-to-treat Recall/Social desirability bias Lack of blinding

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Citation	Study design	Population	Intervention	Results	Assessment of study
Murry et al. (2007) ¹⁹	<u>Design:</u> Cluster RCT	<u>Population:</u> Public middle school students aged 11 years in 5th grade and their caregivers	The intervention group received the Strong African American Families (SAAF) curriculum aimed to increase the use of intervention-targeted parenting consisting of strategies including increased involvement, communication about sex, clear expectations, and racial socialization. The program also aimed to increase	of the gain between pre- and post- was lost by the delayed posttest. The control group experienced a gradual increase in communication frequency across three waves. Neither the treatment and control teenagers, nor the control parents reported any change in quality of communication through three waves. Treatment fathers and mothers reported small but significant increases from pre- to post-, with half of the gains lost by the delayed posttest. Treatment teens and fathers ($p=0.000$ and $p=0.003$, respectively) showed a significant increase in knowledge from pretest to posttest, with a plateau thereafter. Control teens and fathers both showed a gradual increase in knowledge, with their delayed post-means having caught up with the treatment delayed post- means. Neither treatment no control mothers showed any increases.	<u>Quality:</u> Level I <u>Risk for bias:</u> Low-to-moderate <u>Strengths:</u> Random assignment, <u>Weaknesses:</u>
<u>Funding source:</u> National Institute of Mental Health and the National Institute	<u>Number of study groups:</u> Two <u>Follow up:</u> At 3 months and 29 months after	<u>Sample:</u> Enrolled and Randomized=332 Dropped out=48 Intervention group=51% Control group=54% <u>Characteristics:</u> <u>Race/ethnicity:</u>		<u>Short-term outcomes:</u> Participation in SAAF led to an increase in the use of intervention-targeted parenting practices ($\beta=0.34$, $p<0.01$) with pretest levels of parenting practices controlled. Increase in parenting practices, in turn, was associated with an increase in adolescents' self-pride ($\beta=0.25$, $p<0.01$) with pretest levels of self-pride controlled.	

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on Alcohol Abuse and Alcoholism	the program intervention	B, NH=100% <i>Age:</i> 11 years=100% <i>Education:</i> 5th grade <u>Setting:</u> Rural	Youth self-pride including racial identity, self-esteem, and body image. The intervention also addresses Peer orientation, such as the desire for peer group acceptance and impression management as well as the constructs of Sexual risk including sexual intention, sexual willingness, and sexual behavior. Overall, the Structural Equation Model fit the data well: $X^2 (df=159, p=0.061) = (187.41; X^2/df=1.18$. The following fit indices also supported adequate model fit: CFI=0.97; RMSEA=0.03 (90% CI =0.00, 0.04). <u>Aims:</u> Increase adaptive parenting and reduce sexual risk behavior	Increase in self-pride was inversely associated with peer orientation ($\beta = -0.54, p < 0.01$), which in turn, was associated with intent to engage in sexual activity ($\beta = -0.28, p < 0.01$). Intent was associated with engagement in sexual risk behavior ($\beta = -0.31, p < 0.01$). Program-induced changes in parenting led to an increase in youth self-pride, which was associated with peer orientation, sexual risk intentions, and behavior at the 29-month follow-up.	No intent-to-treat Recall/Social desirability bias Lack of blinding
Schuster et al. (2008) ³¹	<u>Design:</u> RCT	<u>Population:</u> Parents of children aged 11-16 years who were in 6th-10th grade. <u>Parents:</u> Enrolled=796 Randomized=567 Dropped out=61 <u>Adolescents:</u> Enrolled and Randomized=683 Dropped out=56 Parents=72% Adolescents=51%	Participants randomized in the intervention group received the “ Talking Parents, Healthy Teens ” intervention program <u>Aims:</u> Help parents learn to address sexual health with their adolescent children	<u>Short-term outcomes:</u> At one week after the program, intervention parents reported discussing more new topics with their adolescents than control parents (mean 4.0 vs. 0.8, 95% confidence interval of the difference 2.7 to 3.6; $p < 0.001$); the differences persisted significantly discussions at three and nine months after the program. Adolescents in the intervention group reported 1.9 more new topics from baseline to one week after the	<u>Quality:</u> Level I <u>Risk for bias:</u> Low-to-moderate <u>Strengths:</u> Random assignment, <u>Weaknesses:</u> No intent-to-treat

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		<p><u>Characteristics:</u> <i>Race/ethnicity:</i> Parents: B, NH=17%, A or PI=14%, H or L=16%, W, NH=47%, O=5% <i>Age:</i> Parents: ≤34 yrs=10%, 35-44 yrs=49%, 45-54 yrs=37%, ≥55 yrs=4% Adolescents: 10 yrs=3%, 11 yrs=21%, 12 yrs=20%, 13 yrs=22%, 14 yrs=17%, 15 yrs=13%, ≥16 yrs=4% <i>Education:</i> Parents: HS or less=5%, Some or 2 yrs college=39%, 4years college=21%, Graduate school=35% Adolescents: 6th to 10th grade NR</p>		<p>program than control adolescents (mean 3.3 vs. 1.4, 95% CI for difference 1.4 to 2.5; $p<0.001$); this persisted at three and nine months. One week after the program, more adolescents in the intervention than in the control group reported receiving parental instruction on how to use a condom since baseline (18% vs. 3%, 6% to 30%; $p<0.001$). The difference between the groups grew by nine months (29% vs. 5%, 13% to 36%; $p<0.001$).</p> <p>Adolescents in the intervention group significantly differed from those in the control group in their ability to communicate about sexual topics at three months ($p=0.02$) and at nine months ($p<0.001$).</p> <p>After the program, parents in the intervention group reported significantly higher scores on a scale measuring openness of communication about sexual matters, compared with their scores at baseline ($p<0.001$ at each follow-up) and with scores in the control group ($p<0.001$ at each follow-up). Scores on the openness of communication scale in adolescents in the control group declined from baseline ($p=0.006$ at nine months), whereas scores for the intervention group improved compared with baseline ($p=0.005$), with higher scores at each follow-up ($p<0.001$ for each).</p>	<p>Recall/Social desirability bias Lack of blinding</p>

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Stanton et al. (2004) ²² <u>Funding source:</u> National Institute of Mental Health	<u>Design:</u> RCT <u>Number of study groups:</u> Three <u>Follow up:</u> Assessment conducted a 6, 12, 18, and 24 months	<u>Population:</u> African American adolescents aged 13–16 years living in low income communities <u>Sample:</u> Enrolled=817 Randomized=817 Dropped out=323 58% <u>Characteristics:</u> <i>Race/ethnicity:</i> B, NH=100% <i>Age:</i> MDN=14 years <u>Setting:</u> Urban	Group 1: Focus On Kids (FOK) intervention only, Group 2: Focus On Kids + Informed Parents and Children Together intervention (ImPACT); Group 3: ImPACT + boosters. <u>Aims:</u> To increase monitoring (supervision and communication) by parents and guardians regarding high risk and protective behaviors	<u>Long-term outcomes:</u> After adjusting for the ICC, risk behaviors were lower among those youth whose parents had been assigned to ImPACT. The difference in two sexual behaviors (engaged in anal sex and been pregnant or gotten a girl pregnant) was marginally significant ($p \leq 0.10$) and supported the addition of ImPACT. The difference of two behaviors between FOK only and FOK + ImPACT youth were significant or marginally significant; in all cases, risk behaviors were lower among the ImPACT enhanced group. <u>Medium-term outcomes:</u> Partner notification differed according to randomization to Focus On Kids intervention only vs. Focus On Kids (FOK) + Informed Parent and Children Together intervention (ImPACT). Birth control use during last sexual encounter $p=0.76$) differed in a protective fashion (significantly or marginally significant) among those who had also received FOK + ImPACT + boosters compared with FOK only. <u>Short-term outcomes:</u> Two Behaviors differed in a protective fashion (significantly or marginally significant) among those who had also received FOK + ImPACT + boosters compared with FOK only [(talked with family or other adults about HIV/AIDS	<u>Quality:</u> Level I <u>Risk for bias:</u> Moderate-to-high <u>Strengths:</u> Random assignment <u>Weaknesses:</u> No intent-to-treat High attrition Recall/Social desirability bias Lack of blinding

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Stanton et al. (2000) ²³	<u>Design:</u> RCT	<u>Population:</u> Parents and guardian of African American adolescents aged 12–16 years living in low income urban communities <u>Sample:</u> Enrolled and Randomized=237 dyads Dropped out=NR Parents=96% Youth=49% <u>Characteristics:</u> <u>Race/ethnicity:</u> B, NH=100% Parents=NR <u>Age:</u> Youth MDN age=13.6 NR <u>Setting:</u> Urban	Participants received an Informed Parents and Children Together (ImpACT) intervention, a 22 min video contains clear and specific information on how to avoid risk and emphasizes the importance of social pressures on adolescents and provides parents with ideas about addressing this issue in a manner compatible with their monitoring style. Follow up discussion followed this intervention. <u>Aims:</u> To increase monitoring (supervision and communication) by parents and guardians regarding high risk and protective behaviors	<p><i>p</i>=0.17); (and Partner notification <i>p</i>=0.006)]. The addition of boosters offered further significant protection; those who talked with family or other adults about HIV/AIDS <i>p</i>=0.830 vs. <i>p</i>=0.015 and Partner notification <i>p</i>=0.393 vs. <i>p</i>=0.060 while it was associated with greater risk for engaging in anal sex, <i>p</i>=0.054 vs. <i>p</i>=0.243.</p> <p><u>Long-term outcomes:</u> At baseline, agreement within dyads as to the youths’ involvement in risk behaviors did not differ on the basis of intervention status. At 2 months post intervention, agreement among intervention dyads compared to control dyads was higher among the intervention dyads for “ever had sex” (75% vs. 57%) when compared to control dyads. This agreement was not found to be statistically significant. At 6 months post intervention, agreement among intervention dyads compared to control dyads for the same risk behavior was lower among the intervention dyads (58% vs. 86%).</p> <p><u>Medium-term outcomes:</u> Intervention youth were more likely to perform each of the five specific skills for condom use correctly compared to control youth. For three skills the differences were significant (Squeeze air from tip 50% vs. 31%, <i>p</i><0.01; Keeps tip pinched 52% vs. 32%, <i>p</i><0.01; Unroll to base of penis</p>	<p><u>Quality:</u> Level I</p> <p><u>Risk for bias:</u> Moderate-to-high</p> <p><u>Strengths:</u> Random assignment</p> <p><u>Weaknesses:</u> No intent-to-treat Recall/Social desirability bias Lack of blinding</p>

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				<p>95% vs. 76%, $p < 0.001$). Among adults one differences were similar (Squeeze air from tip 54% vs. 25%, $p < 0.001$) and overall 1.15% vs. 1.04% $p < 0.01$.</p> <p><u>Short-term outcomes:</u></p> <p>Youth and parent perceptions of communication and of parental monitoring did not differ by intervention status.</p>	

HS, high school; NR, not reported; NS, not significant; NH, non-Hispanic; NS, not significant