

Supplemental table. Experimental and control interventions employed by trials.

Trial	Experimental intervention				Control intervention
	Theoretical basis and formative research	Format and length of intervention	Major elements or issues addressed	Adherence rate	
Balmer 1998 ¹	Not stated	Small group format 26 weekly sessions (60mins each)	Motivation for behaviour, barriers to condom use and their solutions. Negotiation and condom use skills practiced using role-play	Not stated	Information & advice (usual care) plus free condoms
Boyer 1997 ²	AIDS Risk Reduction Model ³	Individual format 4 weekly sessions (60mins each) including written information and video material	Information provision, assessing personal risk and triggers to unsafe sex and alternative approaches (partner choice, communication, reasons for refusal, self-efficacy and sources of support) and personal risk reduction plan. Skills practiced using scenarios and anatomical models	48%	One session of standardised counselling (usual care, 15mins)
Branson 1998 ⁴	Information Motivation Behavioral Skills Model. ⁵ Extensive formative research and pilot testing described	Mixed sex group format 4 sessions in 2 weeks, plus additional session at 2 months	Information provision, personal risk perception, responsibility and self-esteem, decision-making skills. Skills practiced using role-play and games	47%	Two sessions of standardised counselling (usual care, 2x20mins)

Imrie 2001 ⁶	Transtheoretical model of behaviour change and elements of other models. ^{3;6} Pilot study described	Single one-day group workshop (7 hours)	Information provision, goal setting, personal motivation, coping with anxiety and stress, dealing with high-risk situations and impulsive actions, body image, self-esteem, lifestyle balance and 'moving forward'. Issues addressed in exercises between pairs	71%	One session of standardised counselling (usual care, ≥20mins)
Kalichman 1999 ⁷	Information Motivation Behavioral Skills Model. ⁵ Extensive formative research described	Small group format 2 sessions (180mins each) including video material	HIV and AIDS information, condoms (attitudes and use) decision making, problem solving and risk triggers or barriers to safer sex. Skills practised using scenarios taken from popular film clips	85%	Two sessions of information provision including video material as for experimental group (180mins each)
Kamb 1998 ⁸	Theory of Reasoned Action, Social cognition theory. ³ Extensive formative research and pilot testing described	Individual format Enhanced intervention 4 sessions (1x20min and 3x60mins) Brief intervention 2 sessions (20mins each)	Enhanced intervention – sought to change key elements underlying condom use (self-efficacy, attitudes, perceived norms). Sessions included behavioural goal setting exercise Brief intervention – concentrated on actual vs. perceived risk, recognising barriers to safer sex, negotiate achievable plan, support self-initiated change. Sessions included behavioural goal setting exercise	72%	Two sessions of didactic information giving (5mins each)

Maher 2003 ⁹	Theoretical basis not stated, but formative research and development of intervention described	Individual format 3 sessions within 30 days (1x60min plus 2x40-50mins)	Information provision, attitudes to and perception of risk, encourage STI screening and condom use, identify barriers to safer sex and strategies to overcome these and alternatives to intercourse. Identify support for behaviour change and community norms, and determine employment/educational plans. Practice negotiation skills	46% attended ≥2 sessions	Routine clinic counselling (usual care)
Metzler 2000 ¹⁰	Social cognition theory ³ and Information Motivation Behavioral Skills Model. ⁵ Reported to follow pilot work	Individual format 5 sessions (60-90mins each)	Review current behaviour, perceived risk, and personal goals. Work through individualised scenarios and identify effective ways of reducing risk. Reframe individual's avoidance of 'unpleasant feelings' accompanying change leading to acceptance. Practice and develop social skills including assertion, self-management, active listening, condom use, using behaviour modelling or role-play	68% attended ≥4 sessions	Brief counselling and advice (usual care)
NIMH 1998 ¹¹	Theory of Reasoned Action, social cognition theory. ³ Extensive formative research and pilot testing described	Small group format 7 sessions, initially twice weekly (1x60mins plus 6x90-120mins), and including video material	Sought to influence factors critical to behaviour change, i.e. perceived risk of individual behaviours, perceived personal vulnerability, expectation of personal/social approval of adopting safer sex, acceptance of condoms. Develop skills and self-efficacy through behaviour modelling and personalised role-play (condom use, assertive, negotiation, identify and manage antecedents to unsafe sex). Sessions included goal setting and review	63% attended ≥6 sessions	Group education session as for initial experimental group session (1x60min)

O'Leary 1998 ¹²	Social cognition theory. ³ Reported as based on successful intervention in adolescents	Small group format 7 sessions totalling 10 hours	Information giving, perceived and actual risks, identifying and managing antecedents to risk behaviour, self-efficacy, condom use, negotiation, and maintenance strategies. Upbeat messages, fun games, behaviour modelling, scenarios and role-play used to develop skills and self-efficacy	Not stated	Brief counselling and information video (usual care)
Orr 1996 ¹³	Health Belief Model. ³	Individual format Single session (10-20mins)	Information giving to increase perceived personal vulnerability and seriousness. Reduce barriers to condom use by practicing condom use, promoting positive attitudes and developing negotiation skills through rehearsing scenario	Not applicable	Personalised brief discussion and written information (usual care)
Shain 1999 ¹⁴	AIDS Risk Reduction Model. ³ Extensive formative research and pilot testing described	Small group format Three sessions over 3 weeks (3-4 hours each)	Recognise risk, commit to reducing risk, and identify strategies/skills to achieve this. Requires knowledge of STIs, risk behaviours, personal vulnerability, sources of support, perception of benefits and costs in making change. Develop social skills and self-efficacy through games, videos, behaviour modelling and role-play. Practice condom skills	82% attended ≥2 sessions	One session of brief individual counselling (15mins)
Shrier 2001 ¹⁵	Social cognition theory and Transtheoretical model of behaviour change. ³ Pilot study reported	Individual format Single session (30mins) following 7min video illustrating condoms as normative behaviour and negotiating their use	Self assess stage of change, then tailor discussion of condom use (pros and cons), STI information and personalised discussion of other sexual health topics. Practice condom skills and develop negotiation skills using role-play	95%	Brief session giving information and advice (usual care) plus free condoms

Solomon 1989 ¹⁶	Not theory based, but formative research and pilot study described	Small group format Single session viewing video. Condom coupons issued on leaving	Culturally specific video portraying condoms as socially acceptable normative behaviour. Focussing on interpersonal, negotiation and communications skills and attempts to make condoms more sexually appealing	Not applicable	Condom coupons given as for experimental group
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