

# Reducing the Risk

## Program Description

Reducing the Risk is a school-based sex education program that was implemented in 13 high schools in California. The goal of this 16-session program is to reduce the number of students having unprotected intercourse by promoting both abstinence and contraceptive use. The program provides information about abstinence, contraception, HIV, and the risks and the consequences of teen pregnancy. The program uses role-playing to help teens avoid unprotected sex. Reducing the Risk was evaluated six months and 18 months after the program ended.

## Population Served

Reducing the Risk is primarily for 9th and 10th grade students. It is a co-educational program, and has been used with students from a variety of racial/ethnic backgrounds.

## Setting

Reducing the Risk can be implemented in high schools in rural and urban areas. In the evaluated programs, it was included as an addition to the regularly required tenth-grade health class.

## Goals

Reducing the Risk seeks to reduce the likelihood that teens will have unprotected intercourse by encouraging them to remain abstinent and by encouraging those who chose to be sexually active to use contraceptives.

## Type of Intervention

Reducing the Risk is a sex education program that teaches about abstinence and contraception in order to reduce the number of teens engaging in unprotected sex. This classroom-based intervention uses social learning theory, social influence theory, and cognitive-behavioral theory to provide information about abstinence, contraception, HIV, and the risks and consequences associated with teen pregnancy and HIV. Social learning theory suggests that individuals will act accordingly when they understand what needs to be done to avoid something. In the case of pregnancy prevention, an individual would use birth control (or abstain from sexual intercourse) if they understood how to prevent a pregnancy. Social influence theory suggests that individuals will resist social pressure when they have an understanding of various forms of pressure and become motivated to and are capable of resisting pressure. Cognitive behavioral theory suggests that individuals with appropriate cognitive and behavioral skills will resist pressure to engage in unwanted behaviors.

## Operation / Logistics

*Length of program:* Reducing the Risk is a 16 session curriculum designed to be used during a high school health class in 16 sessions. Each session is about 45 minutes' long; however, sessions could be expanded to cover two class periods by increasing discussion time and opportunities for role-playing.

*Components of intervention:* Sessions provide information about abstinence, contraception, HIV, and the risks and consequences of teen pregnancy. In addition, participants learn about the social pressures and risky behaviors around sexuality and teen pregnancy and how to identify and resist social pressures to have sex. The program uses role-playing to assist participants in learning how to avoid unprotected intercourse and also provides opportunities for them to obtain contraceptive information from clinics and stores.

*Staffing requirements:* Regular classroom teachers run the program following a three-day training session.

## Evaluation

### Type

Reducing the Risk was evaluated using a quasi-experimental design. Forty-six classrooms were assigned to either Reducing the Risk or to the comparison group. Some 429 students participated in the Reducing the Risk program and 329 were in the comparison group. The evaluation included a baseline survey and follow-up surveys six months and 18 months after the intervention. The Reducing the Risk evaluation retained 73 percent of students at the 18-month follow-up. In addition, a follow-up study in Arkansas indicated that students who participated in Reducing the Risk were less likely to initiate sexual intercourse compared to the comparison group students (28 percent and 43 percent, respectively) at the 18-month follow-up.

#### Population

In the evaluation program, the majority of participants served by Reducing the Risk were in the ninth and tenth grades (28 percent and 56 percent, respectively); however there were eleventh- and twelfth-grade participants as well (9 percent and 7 percent, respectively). Students included males (45 percent) and females (55 percent). More than half of the participants were White (60 percent). The remaining participants were Latino (20 percent), Asian (10 percent), African American (2 percent), Native American (2 percent), or were of other racial and ethnic backgrounds (6 percent). Most participants lived with both parents (68 percent), and one-fourth lived in single-parent families. The remaining participants lived with foster parents or legal guardians (1 percent) or in other arrangements (6 percent). Approximately three-fourths of participants had mothers who had completed high school, and 48 percent had mothers who had attended college. Thirty-seven percent of the students were sexually experienced before the intervention.

#### Findings

*Sexual experience:* The evaluation found that participants who were virgins when they started Reducing the Risk were less likely to initiate sexual intercourse by the 18-month follow-up compared with students in the comparison group who were virgins (28 percent vs. 38 percent).

*Other outcomes:* No differences were found between the program participants and the comparison members regarding frequency of intercourse, use of effective contraceptive methods at first intercourse or most recent intercourse, frequency of contraceptive use, or pregnancy at the 18-month follow-up. However, female participants were more likely to report using contraception most or all of the time compared with females in the comparison group.

In addition, program participants were less likely to report unprotected intercourse than comparison group students (9 percent vs. 16 percent). These differences were even greater among lower-risk participants (defined as those who lived with both parents, had a mother who finished high school, did not drink alcohol in the previous month, and did not drink five or more drinks on each occasion).

#### **Evaluator Viewpoints**

The evaluators suggested that Reducing the Risk might have altered participants' perceptions that "everyone" is having sex, thereby delaying first sex. The evaluators also suggested that the small differences in contraceptive use between those in the program and those in the comparison groups might have been due to previously established contraceptive use patterns that were difficult to change. In addition, what students in both groups learned about contraceptive use might not have differed dramatically because those in the comparison group received their regular sex education program.

#### **Contact Information**

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**Resources**

Hubbard, B.M., Giese, M.L., & Rainey, J. (1998). A replication study of Reducing the Risk, a theory-based sexuality curriculum for adolescents. *Journal of School Health, 68*(6), 243-247.

Kirby, D., Barth, R.P., Leland, N., & Fetro, J.V. (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives, 23*(6), 253-263.

PASHA Web site: <http://www.socio.com/srch/summary/pasha/full/paspp04.htm>

ReCAPP Web site: <http://www.etr.org/recapp/programs/rtr.htm>