

PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Program Name: *Reducing the Risk*

Developers: ETR Associates (Education, Training and Research)

Program Description and Overview

The primary focus of *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV* is the development of attitudes and skills that will help teens prevent pregnancy and the transmission of STDs, including HIV. This approach addresses skills such as risk assessment, communication, decision-making, planning, refusal strategies and delay tactics. The activities motivate students to take steps to avoid high-risk behaviors.

Class 1: Abstinence, Sex and Protection – Pregnancy Prevention Emphasis

Alternate Class 1: Abstinence, Sex and Protection – HIV Prevention Emphasis

Class 2: Abstinence: Not Having Sex

Class 3: Refusals

Class 4: Using Refusal Skills

Class 5: Delaying Tactics

Class 6: Avoiding High-Risk Situations

Class 7: Getting and Using Protection – I

Class 8: Getting and Using Protection – II

Class 9: Knowing and Talking About Protection: Skills Integration – I

Class 10: Skills Integration – II

Class 11: Skills Integration – III

Class 12: Preventing HIV and Other STD

Class 13: HIV Risk Behaviors

Class 14: Implementing Protection from STD and Pregnancy

Class 15: Sticking with Abstinence and Protection

Class 16: Skills Integration – IV

Core Components

Content Components

- Knowledge of pregnancy risk and prevention.
- Knowledge about STD and HIV risk, prevention, transmission, treatment and consequences.
- Perception of individual risk for pregnancy, STD and HIV and their consequences if teenagers engage in unprotected sex.
- Knowledge of how to be abstinent or use birth control methods effectively and how to access health care information and contraception (including condoms).
- Effective and ineffective refusal skills and delaying tactics.
- Social and peer norms, as well as personal attitudes, about abstinence, sex, unprotected sex, condoms and contraception.
- Self-efficacy and refusal, delay and communication skills in pressure situations in order to avoid pregnancy and STD.
- Self-efficacy and skills to obtain health care information and contraception from a clinic and use it.
- Skills to communicate with parents or other adults about teen sexual activity and birth control.

Pedagogy Components

- Create a safe and effective learning environment in the classroom by establishing group agreements and including mechanisms for asking sensitive questions and actively involving participants.
- Teach all activities in sequence within each lesson.
- Implement all activities using the interactive strategies included in the lessons, as these teaching strategies and activities were designed to influence the theory-based risk and protective factors related to sexual risk behaviors.
- Implement all role-playing activities so that all skills are explained and modeled and participants repeatedly practice those skills.
- State messages about important values and sexual behaviors that are stated clearly and emphasized repeatedly. The key message is that the only responsible alternatives for teenagers are to abstain from sexual activity or to use condoms or other forms of contraception.

Implementation Components

- Classes should be taught 2–3 times per week.
- The classes should be taught so that most youth attend most classes.
- All 16 classes should be taught.
- All classes should be taught in sequence.
- Classes should last at least 45 minutes.
- The ideal class size is between 10 and 30 youth.
- Educators for the Reducing the Risk curriculum should be familiar with the Reducing the Risk content, comfortable discussing the material, and experienced in teaching a skills-based program.
- If the curriculum is implemented in a school setting, appropriate approval should be obtained from the school and parents. If implemented in a non-school setting, appropriate approval should be obtained from the host organization and parents, and steps necessary to successfully recruit youth should be implemented.
- The educators should be adequately trained and experienced in order to teach the content, to implement the interactive activities.

Target Population

Target population evaluated

- It was the first to be evaluated in a high school setting and to have employed such methodological advances as large sample sizes, good comparison/control groups and long-term follow-up. In the original study, *Reducing the Risk* was evaluated in 13 high schools throughout California. 46 classrooms were assigned to either program or comparison groups.

Potential additional target populations noted by developers

- Youth 13-18 years old in grades 8-12

Program Setting

Program setting evaluated

- In school

Potential additional program settings noted by developers

- Non-school settings

Program Duration

- 16 45-minute lessons
- These lessons should be taught in sequence.

Curriculum Materials

Curriculum materials are available from ETR Associates at www.etr.org/pub.

Adaptations

The [RTR adaptation kit](#) provides guidelines and specific possible adaptations that people might like to make during implementation and how those adaptations might affect effectiveness.

Basic allowable adaptations

- Lengthening each class. The classes are designed for 45-minute periods; however, most can be expanded to fill two periods by increasing practice time and providing more time for discussion and disclosure.
- Implementing RTR with educators who are not the same race/ethnicity or gender as the learners
- Having specially trained outside educators teach the curriculum instead of regular classroom teachers
- Changing the title and tailoring the content
- Updating any statistics or facts
- Adding more debriefing or processing questions
- Reinforcing information with additional visual material

Program Focus

Reducing the Risk focuses on HIV, STD, and pregnancy prevention.

Research Evidence

- Study Citation:** 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.
- Study Setting:** Forty-six high school classrooms in rural and urban areas of northern California
- Study Sample:** 758 high school students
- 62% white, 20% Hispanic, 9% Asian, 2% African American, 2% Native American, 5% other
 - 53% female and 47% male
 - 27% ninth graders, 56% tenth graders, 11% eleventh graders, and 6% twelfth graders
- Study Design:** Quasi-experimental design. The study compared students from classrooms that implemented the program with students from classrooms that did not have the program. Surveys were administered before and immediately after the intervention and again 6 and 18 months after the intervention.

Study Rating:

The study met the review criteria for a **moderate** study rating. It did not meet the review criteria for a high study rating because students were not assigned to the intervention and comparison groups at random.

Study Findings:

Six months after the intervention:

- The study found no statistically significant program impacts on sexual initiation, recent sexual activity, contraceptive use, or pregnancy.

Eighteen months after the intervention:

- Female adolescents participating in the intervention who were sexually inexperienced at baseline were significantly less likely to report having had unprotected sex.
- Program impacts on unprotected sex were not statistically significant for male adolescents who were sexually inexperienced at baseline.
- The study found no statistically significant program impacts on sexual initiation (logistic regression models), recent sexual activity, or pregnancy.

The study also examined program impacts on measures of contraceptive knowledge, sexual beliefs, and communication with parents. Findings for these outcomes were not considered for the review because they fell outside the scope of the review.

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