



Personal Responsibility Education Program (PREP) Evaluation

October 2018

Evaluating a Teen Pregnancy Prevention Program in Rural Kentucky

Although rural counties have the highest teen birth rates in the United States, teen pregnancy prevention practitioners have developed few programs for youth in rural areas.

To identify effective pregnancy prevention approaches for rural youth, the Administration for Children and Families within the U.S. Department of Health and Human Services funded Mathematica Policy Research to evaluate an adapted version of the *Reducing the Risk* teen pregnancy prevention curriculum in rural Kentucky. With grant funding from the Personal Responsibility Education Program (PREP), the Kentucky Department of Public Health has worked through 12 local health departments to implement *Reducing the Risk* in Kentucky high schools. For this study, Mathematica partnered with two of these local health departments to evaluate an adapted version of the curriculum in 13 high schools in a primarily rural area of central and southwestern Kentucky.

Key Findings

Trained health educators from two local health departments successfully delivered the curriculum as part of a mandatory health class that primarily included 9th- and 10th-grade students. To fit within the instructional time allotted by area schools, the educators adapted *Reducing the Risk* by shortening the original curriculum from 12 to 8 hours while still covering the same topics.

The adapted 8-hour version of the curriculum produced impacts similar to what other organizations have achieved when implementing the full 12-hour curriculum in non-rural settings. Earlier studies of *Reducing the Risk* have consistently found that the program increases students' knowledge of reproductive health topics. Studies have found mixed evidence of the program's impact on students in terms of sexual risk behavior. In Kentucky, the adapted version of the program reduced the likelihood of having sex without a condom for the subgroup of students who had had sexual intercourse before the study, but it did not change the likelihood of having sex or having sex without a condom for the overall sample.



Program Impacts After Two Years

Relative to the standard school curriculum, the adapted version of *Reducing the Risk*:

- Increased students' knowledge of contraception and sexually transmitted infections
- Did not change students' attitudes, refusal skills, communication with parents, or intentions to have sex
- Did not change the likelihood of having sex or having sex without a condom in the three months before the two-year follow-up survey for the overall sample
- Reduced the likelihood of having sex without a condom in the three months before the two-year follow-up survey for the smaller sample of students who were already sexually active before they enrolled in the study
- Had a modest cost of \$113 per student

The impacts of *Reducing the Risk* in Kentucky are commensurate with the program's duration and costs, which are at the lower end of the range for federally funded teen pregnancy prevention programs. For schools that cannot invest in more intensive or expensive programs, *Reducing the Risk* may offer an acceptable balance of expected impacts, feasibility, and cost.

Adapting *Reducing the Risk* in rural Kentucky

Reducing the Risk is a widely implemented, classroom-based curriculum designed to prevent teen pregnancy, sexually transmitted infections (STIs), and associated sexually risky behaviors. *Reducing the Risk* identifies abstinence as the most effective way to avoid STIs and unintended pregnancy, but it also provides information on contraceptive methods. The curriculum supplements classroom instruction with interactive skill-building activities designed to improve students' communication skills and ability to say no to unwanted sexual activity.

In Kentucky, staff from the local health departments condensed the curriculum by reducing repetitive material and the number of role-play activities. In addition to condensing the curriculum, staff tailored some content to better fit the rural setting. For example, because of the long distances and limited transportation options available in the largely rural region, staff used regular class time to describe the services available at local health clinics instead of visiting a health clinic with students (as recommended in the standard curriculum).

Health educators implemented the adapted curriculum as intended. During the study period, health educators covered more than 90 percent of their planned activities. Attendance rates were high; students in the study sample attended 93 percent of scheduled sessions. Based on classroom observations and focus group reports, students were receptive to the material, especially the portions that contained interactive elements.

Evaluation methods

During the 2013–2014 and 2014–2015 school years, the study team randomly assigned 13 participating schools to either a treatment group that offered the adapted version of *Reducing the Risk* or a control group that offered the school's standard

Student characteristics at study enrollment

Characteristic	Percentage
Grade level	
9	82
10	15
11 or 12	3
Female	50
Race and ethnicity	
White, non-Hispanic	73
African American, non-Hispanic	13
Hispanic	7
Other	7
Lives with biological mother and father	46
Biological parents are married	43
Currently in a dating relationship	37
Ever had sexual intercourse	16

Source: Baseline survey conducted by Mathematica Policy Research. N = 2,190.

health curriculum. The study team randomly assigned the schools twice—once in summer 2013 and again in summer 2014. Following each round of randomization, schools assigned to the treatment group delivered the adapted version of *Reducing the Risk* as part of a mandatory health class, primarily for 9th- and 10th-grade students.

The study measured students' outcomes by collecting survey data one and two years after study enrollment. Among the 2,222 students who received parental permission to participate in the study, the response rates were 90 percent for the one-year follow-up survey and 83 percent for the two-year follow-up survey. Survey response rates were similar across the treatment and control groups.

The PREP Multi-Component Evaluation

This brief, and the accompanying full report, "Adapting an Evidence-Based Curriculum in a Rural Setting: The Longer-Term Impacts of Reducing the Risk in Kentucky," are part of a series of products from the PREP multi-component evaluation. Learn more about the evaluation at <https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>. Learn more about the PREP initiative at <https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention>.

This brief is in the public domain. Permission to reproduce is not necessary. Suggested citation: Goesling, Brian, Joanne Lee, Robert G. Wood, and Susan Zief (2018). *Evaluating a Teen Pregnancy Prevention Program in Rural Kentucky*. OPRE Report #2018-105. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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