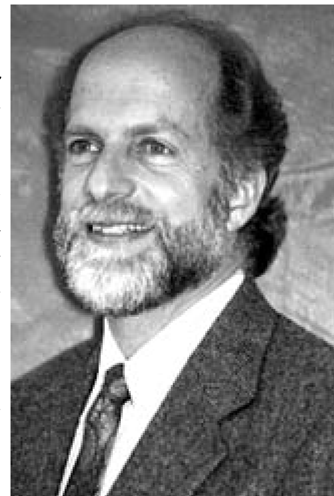
Interview with Dr. Douglas Kirby
by Tony Norris



Douglas Kirby, Ph.D., is a member of the National Campaign to Prevent Teen Pregnancy's Board of Directors and is Chairman of its Task Force on Effective Programs and Research. He is also Senior Research Scientist at ETR Associates, a California-based nonprofit organization dedicated to improving the well being of individuals, families and communities through education, training and research. For more than twenty-two years, he has directed state-wide and nation-wide studies of adolescent sexual behavior, abstinence-only programs, sexuality and HIV education programs, school-based clinics, school condom-availability programs and youth development programs.

Over the years, he has also authored or co-authored more than one hundred volumes, articles and chapters on adolescent sexual behavior and programs designed to change that behavior. In the interest of full disclosure, ETR Associates point out that they have developed, and continue to market, two of the eight programs ("Reducing the Risk"; "Safer Choices") that Dr. Kirby reviewed in his study and that he concluded have the strongest evidence of effectiveness.

In 1997, he wrote for the National Campaign, "No Easy Answers", which concluded that most studies assessing the impact of programs to reduce teen sexual risk-taking failed either to measure or to find sustained long-term impact on behavior. Earlier this year, he wrote "Emerging Answers", which revealed more positive findings about the long-term effectiveness of programs designed to reduce teen pregnancy. He was interviewed by telephone from his office in Scotts Valley, California.

Norris: You've been directing studies on adolescent sexuality for over twenty-two years. How did you get involved in the field of teen pregnancy prevention?

Kirby: I was a sociologist at San Diego State University in California and, as a professor, needed to publish articles to obtain tenure. Someone across the hall asked me to write the methodological appendix for a college textbook on human sexuality. Needing to publish, I agreed and wrote about how people do research on sexuality in the United States.

A couple of years later, in 1979, I was working in Washington, D.C., for a research think tank, doing research on mathematical modeling of U.S. and Soviet missile capabilities. I was in a secured area, left my office and started walking down the hall. I happened to pass the office of a vice-president of a different division of the company I was working for, and overheard him talking to his secretary. He was telling her that the federal government wanted them to do sex education research; he laughed because all his experience was strictly with the military.

I stopped, without thinking, and mentioned that I had written that methodological appendix at San Diego State College. He literally grabbed me and asked if I would write a proposal for the sex education research project. I told him that I had not only never written a proposal, but that I had never even seen one and that the chances of us writing a successful proposal were one in ten thousand. But he insisted, since he needed more funds for his division, and I wrote it. The proposal was accepted and that got me started doing research on adolescent sexuality and sex education.

Of course, I wouldn't have been willing to write the proposal if I had not already been interested in issues of overpopulation, poverty, sexuality, and adolescents.

Norris: That sounds like a case of serendipity.

Kirby: It certainly was. I believe that a number of opportunities come our way and if we recognize them, take advantage of them, and pursue them, they can lead to experiences that can change our lives. That experience certainly changed mine.

Norris: Did you have any experiences as a teenager that affected you and led to your interest in this field?

Kirby: Not particularly. When I was a teenager in high school, most of us didn't have sex, we didn't even know about condoms and contraception. Oral contraceptives weren't even available yet. Things changed dramatically when I went to college. My first year in college, I can remember that we could have girls in our rooms on Friday and Saturday nights only, from seven to ten o'clock in the evening, but…

Norris: …but you had to keep your door open and feet on the floor…I was at Rutgers in the late 1960s, I remember…

Kirby: …yeah, that was the system. But then, when I went to graduate school at the University of California at Los Angeles, five or six years later, things had changed dramatically – we had co-ed dorms, where men and women lived on the same floors, and, sometimes, in the same rooms.

Norris: When you began in the field, what were some of the theories of why teen pregnancies occurred and what was the conventional wisdom on its prevention?

Kirby: In the late 1970s, people were conscious of the fact that young people didn't have information on sex. There were many articles, small studies, showing that young people had no information about contraception and were misinformed on sex. People believed that if we distributed accurate information, young people would make more informed and more responsible decisions about not having sex or using contraception. It was very much a knowledge-based approach.

Norris: What would you identify as the most dramatic change in the approach to teen pregnancy prevention over the past twenty years?

Kirby: We learned that these knowledge-based programs did increase knowledge, but did not change behavior, and that knowledge alone is not sufficient to markedly change behavior. We then started focusing on programs that taught generic decision-making skills and communication skills. We believed that if young people had accurate knowledge, good decision-making skills, and effective communication skills, then they would make good decisions and communicate those decisions to their partners. However, these programs did not focus on sexual decision-making or communication, and were not effective at changing behavior either.

Finally, we began implementing sex and HIV education programs that really focused upon sex, gave a clear message, addressed the important risk and protective factors associated with sexual and contraceptive behavior, and used interactive teaching techniques, and then programs began to have an impact upon behavior. During the last decade we have refined and improved these kinds of programs, and many programs with these and other characteristics now reduce sexual risk-taking.

Norris: In the two decades you've been studying teen pregnancy and its prevention, were there points at which you realized that you needed to re-evaluate your approach? And what caused these re-evaluations?

Kirby: During my first twelve years conducting research in this field, everything I believed in and

evaluated turned out not to be effective. I evaluated the sex education programs that focused upon knowledge and generic skills, gave many speeches on their behalf, and then was surprised and disappointed when my own research demonstrated they didn't change behavior. My colleagues were also surprised and disappointed. Then I believed that if school-based clinics were established right in the schools, where students would feel comfortable using them and obtaining contraception if sexually active, then students would be more likely to use contraception if sexually active. Again, I gave hundreds of speeches on their behalf, and again, my own research showed that most of them did not markedly increase contraceptive use. Again I was surprised and disappointed.

Then, after twelve years of disappointing research, we began to find programs that actually changed behavior, either by delaying sex or increasing condom or contraceptive use. These are the sex and HIV education programs that share ten important characteristics, a few of which I mentioned earlier.

Norris: "*Emerging Answers"* is much more encouraging than your 1997 report "*No Easy Answers."* What has changed in the last four years?

Kirby: During those four years, the rates of teen pregnancy and childbearing have declined. These declines began about 1991 and continued, indicating that they are not just short-term blips but ongoing and continuing phenomena. When I wrote "*No Easy Answers*," all the rigorous studies with random assignment, large sample sizes and long-term measurement of behavior indicated the programs did not change behavior. By the time I wrote *"Emerging Answers"* multiple rigorous studies had found positive long-term effects upon behavior. When "*No Easy Answers"* came out, studies which attempted to replicate some previous encouraging results consistently failed to replicate those results. That was discouraging. Now, however, independent researchers in different states have replicated some programs and the original positive results have been replicated. This is most encouraging and increases confidence in those programs.

Norris: In "*Emerging Answers"* you stated that there are four types of programs with strong evidence for their success. What are they?

Kirby: The first group includes the sex and HIV education programs that I briefly described before. The second group includes changes in clinic protocols. These can be any type of clinic – health clinic, family planning clinic or STD clinic. The protocols were changed so that the clinician focused more upon sex with the adolescent patient, gave a clear message about avoiding unprotected sex, and sometimes did role-playing or other activities to increase the patients' skills. Both of these groups focused upon sexual behavior. The third group includes service learning programs – these do not focus upon sexual behavior. Instead, they include voluntary service in the community and small group discussions before, during, and after the service. They are quite intensive and the research shows that they do decrease teen pregnancy during the academic year they are involved in the program. Finally, the fourth group includes the Carrera programs. They are very intensive long-term programs with multiple youth development components (e.g., tutoring, sports, art, health care).

Norris: Your report pointed to the Carrera model as having the most sustained, effective impact on reducing teen pregnancy. Connecticut's Department of Social Services has been sponsoring programs based on the Carrera model for a number of years. How would you respond to the criticism that this model, while effective, is too expensive?

Kirby: The Carrera model can be viewed as expensive, but you need to measure the savings to the public from the wider variety of positive outcomes beyond the savings in reducing teen births. There are other positive changes in behavior that the Carrera model produces. Before people criticize the Carrera model for being too expensive, they should do studies on the overall savings to the public of all the behavioral changes that occur.

The Carrera model is designed for high-risk youth; it is not designed for every community around the country. Although less expensive HIV education programs can reduce sexual risk-taking among higher risk youth, overall these youth need more than ten sessions on condoms, contraceptives and abstinence. The Carrera model is a comprehensive intervention for these higher risk youth.

Norris: "*Emerging Answers"* cautions that abstinence-only programs have received little evaluative attention. Without second guessing Dr. Rebecca Maynard (who was our last interviewee), what do you think her study may show in the next couple years?

Kirby: Rather than answer that question, I'd like to answer a related question. I'm not really that familiar with the particular programs she's studying, so I'd rather talk about abstinence-only programs in general. My best guess is that some are effective and some are not. Those that are effective probably embody many of the same elements that differentiate effective sex education programs from non-effective sex education programs. Remember, those elements include focusing upon changing behavior, sending clear messages, actively involving youth in activities so that they personalize the message, lasting long enough to complete numerous activities, and selecting program leaders who can relate to youth and are trained.

Although some programs probably do delay sex, the problem is that we don't currently know which ones are effective and which ones aren't.

Norris: A great deal of attention has been paid to the statement in your report that indicates the availability of contraceptive devices and sex education did not cause an increase in sexual activity, or sexual partners, or even hasten the onset of sexual activity. This was not well received among conservative groups in the country. How would you respond to those individuals?

Kirby: The evidence is very strong. There are twenty-eight studies that show that the availability of contraceptive devices does not increase sexual activity, does not increase the number of sexual partners and does not hasten the onset of sexual activity. Some of the programs that emphasize abstinence and talk about condoms and contraception actually delay sex, reduce the frequency of sex, and reduce the number of sexual partners. Whenever conservatives and I sit down and actually examine the evidence, we always agree with this finding.

Norris: "*Emerging Answers"* received a great deal of attention when it was released in May. Were you surprised by the response?

Kirby: Both surprised and very pleased. You can never predict what will happen at a press conference. It can be like throwing a party that no one comes to. However, the response at the press conference was very positive, probably because teen pregnancy and its prevention are controversial topics these days. The results of the report were carried by a number of television stations and newspapers throughout the country.

Norris: What is your hope for how the results of your research will be applied?

Kirby: I hope people will do three things. First, I encourage communities to consider implementing the programs that have the strongest evidence for success in reducing sexual risk-taking, especially if the youth they are targeting are similar to the youth in the studies. Second, if communities cannot implement those particular programs in their entirety due to financial restraints or community values, then I encourage them to implement programs that embody many of the characteristics of the effective programs. Third, if they can't do that, then I encourage them to use the same process that the researchers used to develop effective programs; that is, use a logic model. Think about the behaviors that you want to change, identify the important risk and protective factors that affect those behaviors, and then create programs that can change those risk factors.

Norris: What does the future of teen pregnancy prevention programs hold for our nation? Will we ever see a substantial decline in teen pregnancy?

Kirby: With each decade, we learn more about adolescent sexual behavior. We learn more about the risk and protective factors that affect adolescent sexual behavior and more about what types of programs can change those factors. That’s good.

We’re also learning that there are multiple kinds of programs that can be effective, and the more options communities have, the more likely they are to implement effective programs.

Of course, we need to continue to learn about what kinds of programs are the most effective and we need to continue to implement those programs that match the community resources and values and have been demonstrated to be effective with our youth.