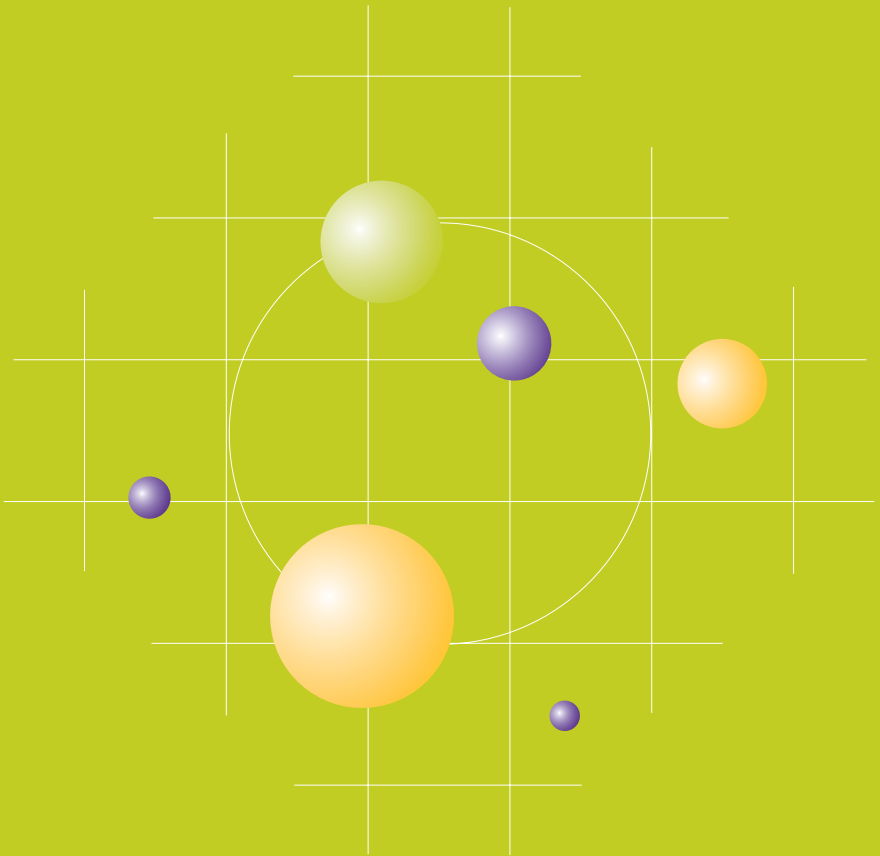


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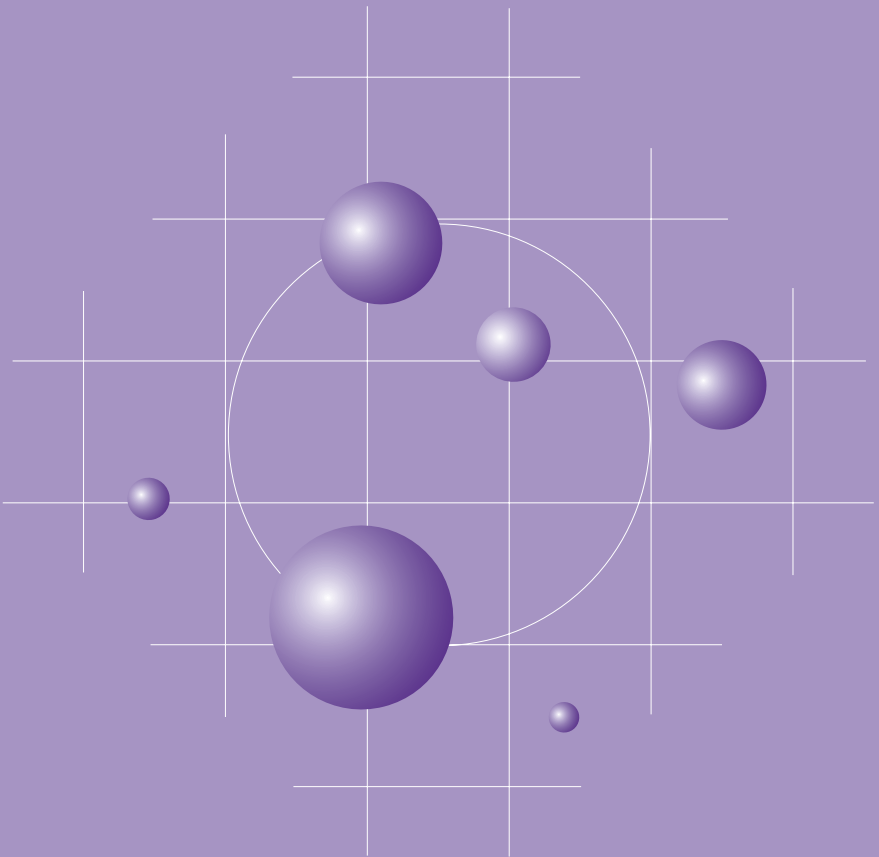
# Standards for Curriculum-Based Reproductive Health and HIV Education Programs



**Judy Senderowitz  
and Douglas Kirby**

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# Standards for Curriculum-Based Reproductive Health and HIV Education Programs



YouthNet is a five-year program funded by the U.S. Agency for International Development (USAID) to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International (FHI) and includes CARE USA and RTI International. This publication is funded through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The information contained in the publication does not necessarily reflect FHI or USAID policies.

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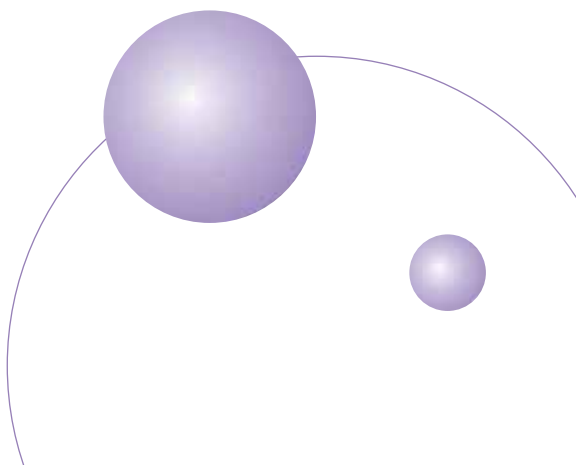
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# Acknowledgments

This document is a result of two sources of data and information: 1) research commissioned by Family Health International (FHI)/YouthNet on the impact and quality of sex and HIV education curricula for youth; and 2) discussions about field experiences in using such curricula in developing countries, held at a two-day meeting in Washington, DC, January 9-10, 2006 (see Annexes 1 and 2).

The research was published in a YouthNet working paper by Dr. Douglas Kirby and colleagues, *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*, which is available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm> (click on Working Paper No. 2). The research team reviewed published evaluations of projects using reproductive health or HIV curricula and included in its findings a set of 17 characteristics of effective curricula (see Annex 3).

The two-day meeting in Washington was designed to present the findings of this review and to add information to the discussions based on first-hand experiences in implementing curriculum-based programs in developing countries. The first day, which was open to the public, included primarily presentations, with some questions and general discussion. The second day was an expert consultation, with invited participants, who are listed in Appendix 2. The purpose of the expert consultation was to discuss in-depth the Kirby research and presentations from the first meeting, focusing on the 17 characteristics of effective curricula. The discussions at the expert meeting served as the basis for developing the standards presented in this manual. The research and meetings are discussed further in Section I.

Judith Senderowitz wrote this manual based on the Kirby research, discussions at the expert consultation meeting, input from participants at the expert meeting, and her own knowledge and background in the field. As a consultant in the youth reproductive health and HIV field, Senderowitz has worked widely on strategic

planning and program implementation and has written hundreds of evaluations, overview papers, and expert documents for Advocates for Youth, the World Bank, World Health Organization, the United Nations Population Fund, U.S. Agency for International Development, Pathfinder International, and others.

Dr. Douglas Kirby of ETR Associates has studied sex and HIV education curricula for youth for more than 25 years and has produced a series of seminal reports and publications on the topic, including *Emerging Answers* for the U.S. National Campaign to Prevent Teen Pregnancy and the 2005 report for FHI/YouthNet. He has co-authored research on the *Reducing the Risk*, *Safer Choices*, and *Draw the Line* curricula, all of which significantly reduced unprotected sex, either by delaying sex, increasing condom use, or increasing contraceptive use.

Hally Mahler, who managed behavior change communication projects at YouthNet, coordinated the meetings and the development of this report. Others at FHI/YouthNet also assisted: Aliza Pressman helped gather the examples presented in this report; Cindy Waszak Geary coordinated the Kirby research paper; Bill Finger coordinated editing and production of this report; Chris Parker was copyeditor; Karen Dickerson assisted with design and production. Thanks to the following people who reviewed all or parts of this report prior to publication: Mahua Mandal and Shanti Conly at the U.S. Agency for International Development; JoAnn Lewis, Tonya Nyagiro, and Ed Scholl of FHI; and meeting participants. Design is by Hopkins Design Group.



# Introduction and Overview

Worldwide, more than 1.5 billion young people are in the transitional years, ages 10 to 24. The knowledge they acquire, the values and attitudes they develop, and the skills they learn will have enormous effects on their future well-being – and also that of their societies. Most of these young people live in developing countries, where their reproductive health is vulnerable, especially for girls and young women. Rates of unintended pregnancy and sexually transmitted infections (STIs) remain high, and HIV has become the leading cause of death for young people in some areas, such as sub-Saharan Africa.

In order for young people to make good decisions about sexual and reproductive health (RH) matters, they need good information, values and attitudes consistent with health goals, skills to behave consistently with their knowledge and values, and access to quality health services. Curriculum-based education can contribute to providing what young people need in a structured format, with flexible approaches that can be implemented in a variety of settings. With these features, curriculum-based approaches constitute an important strategy in addressing HIV/AIDS and unintended pregnancy. Program evaluations and overview studies have found that curriculum-based RH/HIV education can be effective in widely differing geographic areas, various cultural settings, and among youth of different income levels and both sexes.\*

Curriculum-based education is defined in this document as an organized set of activities or exercises ordered in a developmental fashion and designed to enable its target audience to obtain specific knowledge, skills, and/or experiences. Curriculum-based programs can be implemented in schools, community agencies, health facilities, and other settings where young people can assemble regularly.

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\* Kirby D, Laris BA, Roller L. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. Research Triangle Park, NC: Family Health International, 2005.

Given the extensive use of curriculum-based RH/HIV programs, a set of standards can help assess the quality of existing curricula, select or adapt existing curricula, or develop new curricula. Standards can also assist programs in implementing curricula. Some of the key advantages that standards can provide include:

- **A compendium of research-tested and experience-based standards of effective programs.** The standards identified in this document are based on research into characteristics of effective programs coupled with field experience of practitioners and managers (see “Development of the Standards,” below).
- **Guidance on curriculum selection, adaptation, or design.** Standards form a good basis for selecting, adapting, or developing a curriculum because they have met the tests of feasibility, practicality, and effectiveness.
- **A framework for assessment and evaluation.** Managers can use the standards to maintain and upgrade quality of implementation, including their use in more formal evaluations, which can indicate progress made according to various areas and characteristics. Managers can also use the standards for intermediate assessments, mid-course corrections, and annual reviews.
- **A means to publicize program progress and foster support.** Using the standards to show where the program stands, or how much it has improved, can help demonstrate the program’s successes to stakeholders, the public, and donors.

## Development of the Standards

These standards are based on two sources of information: 1) research commissioned by FHI/YouthNet, conducted by Dr. Douglas Kirby and his colleagues at ETR Associates, and reported in the YouthNet working paper, *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*; and 2) discussions about field experiences in using such curriculum in developing countries, held at a two-day meeting in Washington, DC, January 9-10, 2006.



The research study was designed to: 1) determine the effects (if any) of curriculum-based programs on sexual and RH knowledge, attitudes, and behavior; and 2) identify the common characteristics of the curricula shown to be effective in changing sexual risk behaviors.

The Kirby team reviewed evaluations of curriculum-based programs (see box) and established criteria for the analysis of specific information obtained. This enabled the review team to determine the effectiveness of the curriculum-based programs across culture, settings, and age, and then to identify the common characteristics of the curricula found to be effective. (See the working paper for more details on methodology.)

### Selection of Evaluation Studies

The Kirby team identified 83 evaluation studies for the review, which met these criteria:

- ▼ Programs had to be curriculum-based, delivered to youth in group situations, and target youth ages 9 to 24.
- ▼ Evaluations of the programs were completed or published after 1990.
- ▼ Research methods had to consist of reasonably strong experimental or quasi-experimental designs with both intervention and comparison groups and both pretest and post-test data collection, with sample sizes of at least 100.
- ▼ Impacts had to be measured for at least three months on rapidly changing behaviors (such as frequency of sex, number of sexual partners, use of condoms or contraception, and sexual risk-taking) and for at least six months for those behaviors that change less rapidly (such as initiation of sex, pregnancy and birth rates, and STI rates).

The review noted some limitations, including lack of details in some evaluations, especially on implementation of the curriculum. Also, some evaluations had weak evidence of impact, which meant that a clear relationship between effectiveness and characteristics was difficult to demonstrate. The researchers developed a list of 17 characteristics of effective curriculum-based

programs as a “best approximation” of what is needed to achieve effectiveness in these programs (see Annex 3). For details on these characteristics, see the YouthNet working paper at: <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm> (click on Working Paper No. 2).

Field experiences in implementing curriculum-based programs were a central part of a two-day workshop convened by YouthNet, held in Washington, DC, January 9-10, 2006. The first day was open to the public and included a summary of the ETR/YouthNet study and other recent studies of curriculum-based programs in developing countries. In addition, presentations focused on implementation issues in Kenya and Jamaica, the planning process for multiple countries by UNICEF, and other perspectives (see Annex 1).

The second day was an expert consultation, with invited participants, who are listed in Annex 2. This consultation sought to provide context to the characteristics of effective curricula identified in the research, consider tips and lessons learned that could help translate the characteristics into workable standards, and suggest additional experience-based issues that should be considered in developing standards.

Participants at the consultation included program managers and implementers from developing countries, program strategy and review specialists, researchers, educators (including peer educators), curriculum development experts, leaders in the reproductive health and HIV education fields, and donors. The meeting provided an opportunity for researchers and practitioners to merge their areas of expertise and move from research findings to formulating practical guidance for programming.

The 24 standards presented here are based on the characteristics from the research and the discussions from experts on field implementation. Twenty of the standards are adapted from the 17 characteristics; four of the standards emerged from the technical meeting. Along with the standards are tips to help improve the attainment of the standards and program examples to illustrate how standards can be implemented.

## How to Use This Manual

This manual can be used by program designers, curriculum developers and adapters, educators, managers, evaluators, and others to assess the quality of their existing or proposed curriculum and implementation – either at a single point in time or at intervals to look at changes over time. Trainers, supervisors, and educators can use these standards as a basic reference tool to learn more about what experts consider state-of-the-art programming.

Before using an existing curriculum, program managers should review it carefully to be sure that it is appropriate for their cultural setting, age of youth, and other factors. If a curriculum is being designed specifically for a program site, these standards can increase the likelihood of positive outcomes. If an existing curriculum is being selected or adapted for implementation, these standards can help assess the likely effectiveness of such a curriculum, and provide guidance for adding and revising elements for a particular population, culture, and setting. These standards can also help assess and improve existing programs.

The manual is designed to be flexible in its application. Section II provides a chart of the 24 standards, with brief descriptions. This chart can be used separately or posted for easy reference. The standards are divided into three sections:

- A. Curriculum Development and Adaptation
- B. Curriculum Content and Approach
- C. Curriculum Implementation

In general, the first two groups of standards – on curriculum development and adaptation and on curriculum content and approach – are directed at those who develop, write, and adapt curricula. The standards on curriculum implementation in the third group are more likely to involve managers who have responsibility for implementing the curriculum.

Section III repeats the basic information from the chart of standards and adds tips for ensuring that the standards are met. This section also provides examples and lessons learned from experience in using RH/HIV education curricula.

These standards describe high-quality program features, but they may not all be equally relevant in a particular setting or culture. For example, existing laws or policies could make some of the standards difficult or impossible to meet. Program managers may need to alter them for a particular program setting. The reviewers of a curriculum and these standards should include the managers, supervisors, trainers, and educators, and possibly stakeholders such as government representatives, program partners, and youth themselves.

The resources in Annex 4 may also help in developing or adapting curricula and in developing reproductive health and HIV education programs. They include background materials, tools, research, curricula, and Web sites.

### **Beyond the Standards: Major Issues in RH/HIV Education Programming**

This manual provides solid evidence for the elements of a curriculum and how these elements should be delivered. However, many concerns precede the development and implementation of a curriculum, such as establishing a conducive policy environment. Even though some important issues need to be addressed post-implementation, such as scaling up an effective program, such major issues need to be considered *before* beginning to use the standards. Whether or not these issues are – or will be – important to a program, they should at least be considered in the earliest planning stages. Below is a summary of these issues.

- **Foster a supportive policy environment.** The legal and policy environment must be supportive enough that a selected curriculum can be implemented without serious barriers. If there are laws or policies that would preclude such effective implementation, advocacy actions may be needed to address issues that can make the environment more supportive.
- **Develop support of community stakeholders and government.** The community needs to be informed, accepting, and supportive – to a minimal extent, at least – in order to assist with changing the policy environment and to provide advocacy for the continuing program. Identifying key stakeholders is

important. These include local government leaders, education and health authorities, faith-based leaders, civil society leaders, parents, and youth themselves. If the program is intended to be in the formal education or another government sector (even if that will occur in the future), involving government leaders at the early stage of program planning is essential.

- **Build on a foundation of existing structures and assets.** Programs can always get underway more quickly and have greater longevity if they are established as part of existing structures and efforts, such as part of functioning organizations, integrated into government programs, or implemented as partnerships with ongoing activities.
- **Position the process within a larger program.** Curriculum-based programs in the schools are part of the larger educational structure and system. They require approvals, review and adoption, teacher credentialing, grade level sequencing, testing, and other issues to comply with policy and practice. Outside of the schools, educational programs of this type often fit into a larger social service or community-based effort that also may require that certain conditions be met.
- **Link the process to other youth/prevention activities.** A curriculum-based initiative is an important component of a more comprehensive goal to improve youth reproductive health and prevent HIV infection. Community stakeholders involved with the curriculum process may well have opportunities to support other youth services and opportunities that reinforce messages from the curriculum and teaching process.
- **Support and expand existing infrastructure and capacity.** Infrastructure is important, particularly if the curriculum is to be implemented in multiple locations, and certainly if it is to be scaled up to a provincial or national level. These issues include human resources, training capacity, management systems, availability of supervisors, quality oversight, and other issues that depend on professionals and systems in order to establish and carry out quality implementation.

- **Plan for sustainability.** The ability to continue a program, especially a broad and extensive program, needs attention and planning at the beginning of an initiative. Program continuity depends on the availability of human and financial resources, which in turn require stakeholder ownership and integration into larger programs.
- **Prepare for scaling up.** Educational programs can be scaled up most effectively when they are designed for scale-up at the beginning. For successful scale-up, key conditions are necessary: a tested, proven, and feasible model curriculum; a favorable policy and legal environment, ideally with a mandate; a network of existing structures able to incorporate the model curriculum program; an infrastructure of teacher training, management, supervisory, and assessment capacity to prepare, administer, and monitor the implementation; human resources able to implement the program (or be trained to do so); community acceptance and support to help sustain and support the efforts; and financial resources available to continue funding the program.
- **Build in evaluation, documentation, and dissemination.** Evaluating and documenting the process, achievements, and conclusions of the program are valuable to the evolving program itself as a basis for improving its effectiveness. The evaluation process can also help to demonstrate program success, to expand the program, and to help a wider audience interested in pursuing similar programs.

# 2

## Checklist of Standards

### Standards

### Description

#### A. Curriculum Development and Adaptation

1. Involve professionals, stakeholders, and those with relevant experience in the development process.
2. Conduct assessments of the target group(s)' needs and assets.
3. Use a planning framework that relates health goals, desired behavior change, and activities.
4. Consider community values and norms in designing activities.

The curriculum development or adaptation process involves professionals with backgrounds in behavioral theory, education, instructional design, evaluation, reproductive health, and HIV; stakeholders such as teachers, parents, and youth; and others who can lend expertise and relevance such as those familiar with the local culture and infrastructure.

The planning team reviews data on HIV, STIs, pregnancy rates, sexual and contraceptive behavior, protective and risk factors, and other relevant matters, supplemented by focus groups and interviews with the target audience(s) and relevant adults, if possible.

The development/adaptation process uses a framework (or “logic model”) that specifies the health goals, behaviors affecting those goals, determinants of those behaviors, and activities addressing those determinants.

Community norms, values, and traditions are identified and, as appropriate, incorporated into the issues, examples, and priorities of the content.

## Standards

## Description

### A. Curriculum Development and Adaptation (continued)

5. Consider availability of resources.

The planning team identifies human, infrastructure, and financial resources for use in the program and factors these resources into the design so that the approach and activities are feasible.
6. Pilot test curriculum and revise as needed.

The developed curriculum is tested with individuals who represent the target population, and revisions are incorporated as suggested by the testing.



## Standards

### B. Curriculum Content and Approach

## Description

1. Incorporate a means to assure a safe environment for participating and learning.
2. Focus on clear health goals in determining curriculum content, approach, and activities.
3. Focus on specific behaviors that lead to or prevent unintended pregnancy, STIs, and HIV.
4. Address multiple risk and protective factors affecting sexual behaviors.
5. Include multiple activities to change each of the targeted risk and protective factors.

The curriculum includes guidelines for participant involvement that foster an environment of respect, trust, confidentiality, openness, and comfort in discussing sensitive issues.

The curriculum clearly states specific health goals (HIV prevention, STI prevention, and/or pregnancy prevention), focusing on susceptibility to the risks and consequences of not reaching these goals. It also gives a clear message about achieving these goals.

The curriculum covers the behaviors that relate to HIV infection, STI infection, and/or pregnancy (such as abstinence, frequency of sex, number of sexual partners, and use of protection) in clear and consistent ways with good examples of situations that could lead to, or avoid, negative consequences. The curriculum tailors messages to the target group(s) and advocates for responsible, desirable behavior.

The curriculum focuses on, and is designed to change, the specific risk and protective factors (e.g., knowledge, values, attitudes, perceptions of peer norms, intentions, skills, and self-efficacy) that affect the specified behaviors.

Activities to change targeted risk and protective factors use approaches that facilitate such changes, involving effective ways to learn information, discuss and consider behaviors, and practice skills.

## Standards

## Description

### B. Curriculum Content and Approach (continued)

- |   |  |
|---|--|
| 6. Incorporate instructionally sound and participatory approaches.  | The curriculum identifies instructional approaches that actively involve the participants and help participants to personalize the information.  |
| 7. Use activities, messages, and methods that are appropriate to the culture, age, and sexual experience of targeted populations. | The curriculum content emphasizes instructional methods, responsible behaviors, issues, needs, and examples relevant to the target audience(s) as researched and assessed.   |
| 8. Address gender issues and sensitivities in both the content and teaching approach.   | The curriculum includes issues of gender discrimination and power imbalances, looks at how males and females experience RH/HIV issues differently, and uses gender-sensitive approaches to teaching sexual health. |
| 9. Cover topics in a logical sequence.  | The curriculum presents topics in an order conducive to learning, following stages of motivation, information, values and attitudes, and skills.   |
| 10. Present information that is scientifically and medically accurate.  | The content presented is accurate, with myths and incorrect beliefs clearly identified as such.  |

## Standards

## Description

### C. Curriculum Implementation

1. Make relevant authorities and gatekeepers aware of the program's content and timetable, keep them informed of significant developments, and encourage them to support the program.
2. Establish a process resulting in the selection of appropriate and motivated educators.
3. Provide quality training to educators.
4. Have in place management and supervision needed for implementation and oversight.

Building on the support obtained prior to implementation, continuing communication assures that local government, the health and education sectors, and local community leadership (such as youth group leaders, faith-based representatives, and parents) are kept informed and supportive.

The educators who will implement the curriculum are selected through a transparent process that identifies relevant and desirable characteristics, such as interest in teaching the curriculum, commitment to young people's development, comfort with discussing sexuality, and ability to communicate with, and relate to, participants.

Training of the selected educators uses appropriate trainers and training curricula, sets clear goals and objectives, covers participatory methods, provides practice opportunities, offers a good balance between learning content and practicing skills, conducts a performance-based assessment, and requests participants' feedback.

Managers and supervisors (existing or recruited) are trained to manage and oversee implementation activities and are available for assistance to educators after training.

## Standards

## Description

### C. Curriculum Implementation (continued)

- |   |  |
|---|--|
| 5. Implement activities, if needed, to recruit youth participants.  | The program plans effective ways to recruit participants, if needed (such as for non-school-based programs), through such actions as providing information to youth in places where they congregate, partnering with local organizations, offering sessions at convenient times and locations, and removing barriers to participation, including transportation.   |
| 6. Implement activities to retain and monitor youth participants.   | Youth participants are monitored for program participation and satisfaction, with feedback used to improve retention.  |
| 7. Establish monitoring and assessment systems to improve program effectiveness on a continual basis.                             | Easy-to-use monitoring systems to track implementation and type and amount of participation, which are easy to use, are established from the beginning of the program, including the training of those responsible for the monitoring. Findings that result from this monitoring are available to program managers in a timely way to make needed program design adjustments. Evaluation of program effectiveness is conducted, if possible. |
| 8. Include activities to address all key topics designated by the curriculum and implement the activities in the order presented. | Implementation of the curriculum avoids significant omissions or alterations and follows the intended order.   |

## A. Curriculum Development and Adaptation

### 1. Involve professionals, stakeholders, and those with relevant experience in the development process.

The curriculum development or adaptation process involves professionals with backgrounds in behavioral theory, education, instructional design, evaluation, reproductive health, and HIV; stakeholders such as teachers, parents, and youth; and others who can lend expertise and relevance such as those familiar with the local culture and infrastructure.

#### Tips

- Involve people with “on-the-ground” expertise, including those who have developed curricula, obtained approvals, and taught curricula, in your setting.
- Be sure to include people with knowledge about factors that influence the sexual behavior of youth.
- Involve someone who knows what types of instructional strategies are most effective at changing these factors.
- Involve organizations representing persons living with HIV and AIDS.
- Involve someone who knows the infrastructure and resources of the local community.
- Define a process for the curriculum development, including roles and responsibilities, timelines, and how communications and decision-making will take place.
- If the curriculum is to gain legitimacy in the formal school system or be adopted for scaling up, involve the Ministry of Education to assure acceptability and conformance with policy.

## Example

In a school-based HIV/AIDS education program in Belize primary and secondary schools, the proposed curriculum was to be adapted from an existing manual, previously evaluated in the United States. In order to ensure that the content, wording, and approach were relevant and appropriate to the Belize setting, an advisory board was convened to review the manual and make recommendations for revision. Advisors included government officials, teachers, church officials, health care workers, nongovernmental organization representatives, peer educators, and individuals personally affected by HIV/AIDS in Belize. Following the revision based on guidance from these stakeholders, the adapted version was pilot tested, providing comments and suggestions to modify the curriculum further.

## 2. Conduct assessments of the target group(s)' needs and assets.

The planning team reviews data on HIV, STIs, pregnancy rates, sexual and contraceptive behavior, protective and risk factors, and other relevant matters, supplemented by focus groups and interviews with the target audience(s) and relevant adults, if possible.

### Tips

- Review data that apply as closely as possible to the intended target audience.
- Try to understand through focus groups what behaviors are common to this population, what barriers exist to their behaving responsibly, what myths are commonly held, what motivates them to take protective action (key benefits), and what the target audience needs to learn to be successful.

## Example

After using conventional activities for needs assessments, such as focus groups discussions and key informant interviews, the Association for Reproductive and Family Health in Nigeria decided to carry out a more far-reaching approach, participatory learning and action (PLA), to better identify and meet their in-school beneficiaries' needs in life planning and reproductive health. PLA activities emphasize stakeholder participation. They include:

- ▼ meetings with community leaders in advance of field activities
- ▼ meetings with school principals and teachers
- ▼ on-site walks to understand the school environment
- ▼ visual tools such as school mapping, flow charts, pair-wise ranking/scoring, school calendar, matrix scoring, and sexuality lifelines

All of this is followed by analysis and discussion of the results.

The PLA helped the project leaders to interact with, and learn about, the youth culture. This process informed the curriculum content, language, and implementation, emphasizing the way learners can best understand and internalize the issues. An important benefit from the PLA process was the fostering of significant community involvement and support for all phases of the project's implementation.

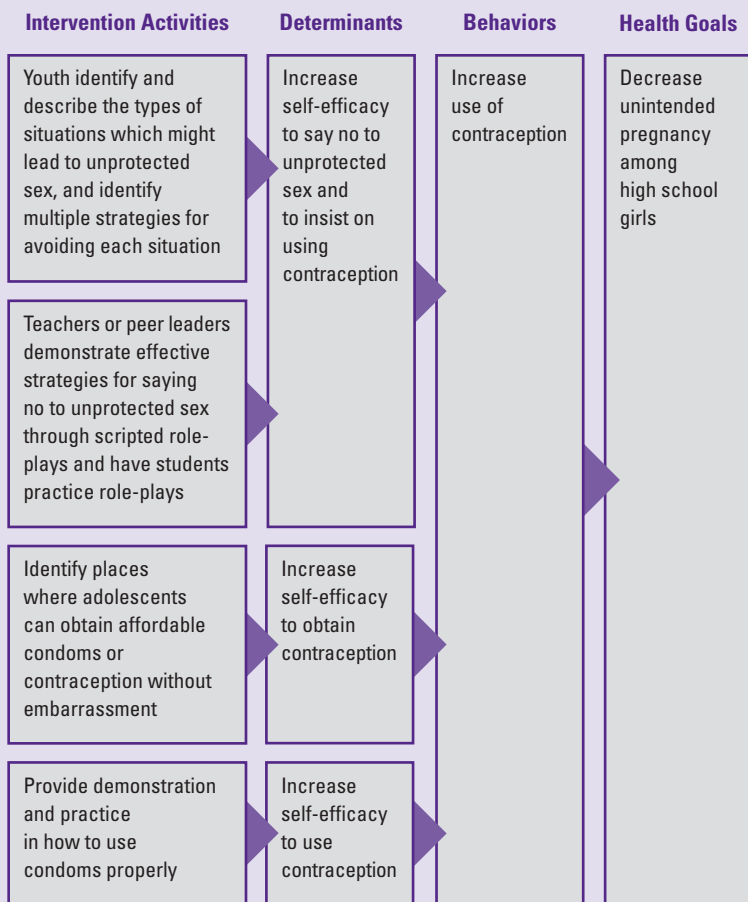
### **3. Use a planning framework that relates health goals, desired behavior change, and activities.**

The development/adaptation process uses a framework (or “logic model”) that specifies the health goals, behaviors affecting those goals, determinants of those behaviors, and activities addressing those determinants.

#### **Tips**

- Use research, focus groups, and relevant experience to identify elements in the model.
- Identify the risk and protective factors (determinants) that affect behavior based on theory, research, or experience.

## Excerpt from a Logic Model



Adapted from: Kirby D, Roller L, Wilson MM. *Characteristics Assessment Tool: A Guide for Program Developers and Educators*. Washington, DC: Health Teen Network, 2006.



#### 4. Consider community values and norms in designing activities.

Community norms, values, and traditions are identified and, as appropriate, incorporated into the issues, examples, and priorities of the content.

##### Tips

- Understand the cultural context of the community where the curriculum will be implemented as a starting point in setting priorities and selecting activities.
- Build activities and messages around important values that support good decision-making and healthy behavior.
- Identify from among those values and traditions which views might constitute barriers to effective education on RH/HIV and develop a strategy to address them.

##### Example

In Kenya, the design of the Nyeri Youth Health Project was based on research into indigenous (Kikuyu) traditions. Consistent with these norms, respected and well-known young parents (in the Kikuyu system of *atiri* or respected adult counselor) were nominated by young people and parents to give adolescents sexual and reproductive health information and referrals for services. Known as “Friends of Youth,” these adult counselors were trained to use a life skills curriculum, which they provided for schools, church youth groups, youth clubs, and sports clubs, tailored to the age, preferences, and needs of the group. Evaluators, who identified a number of significant behavior changes in their study population, found as valuable the unique combination in Nyeri of a project designed and managed by the local community, and consistent with its culture and traditions.

## Example

Early HIV interventions in Botswana were designed for individual behavior change independent of social context. Safer sex and gender issues were presented in a way that seemed counter to tradition, divisive, and demoralizing. A new approach – using old values – was needed for effective HIV education, preventing new infections, fighting AIDS-related stigma and discrimination, and promoting gender equity. The Botswana Ministry of Education, BOTUSA (a partnership between the MOH and the CDC), and the Education Development Center developed materials based on the Botswana principle of *Botho* or humanness. *Botho* teaches respect for other’s rights, oneself, and is a call to social responsibility. Over 200 activities were developed for learners in grades 1 to 12. The interactive skill-building activities emphasize how one’s actions have consequences for the family and community. The materials allow for infusion and integration of HIV messages into a broad array of subjects such as moral education and language, rather than just health or science.

### 5. Consider availability of resources.

The planning team identifies human, infrastructure, and financial resources for use in the program and factors these resources into the design so that the approach and activities are feasible.

#### Tips

- Assure a fit between the educator capacity and the type of activities designed to teach the curriculum.
- If a lack of certain key skills is identified, consider a plan to build the capacity of the educators. If particular expertise is available or possible to add, adjust the curriculum accordingly.
- Consider training and engaging youth in leadership roles in various activities and exercises so they can help facilitate when adequate adult capacity is not available.

- Assess the availability of materials and technology and make sure that activities do not require more than are available.
- If the curriculum is being designed or adapted to be scaled up, make sure that resources needed for the pilot do not exceed what would be available in a scaled-up program.

### Lesson Learned

In the successful programs reviewed by the ETR/YouthNet research, videos and films were not incorporated as teaching methods in the curriculum in communities lacking equipment to play them. Similarly, in schools lacking paper and pencils, individual worksheets were not part of the curricular activities.

## 6. Pilot test curriculum and revise as needed.

The developed curriculum is tested with individuals who represent the target population, and revisions are incorporated as suggested by the testing.

### Tips

- Try to use conditions that are close to intended implementation settings and resource availability so that the pilot tests will be relevant to actual use of the curriculum.
- Get practical feedback from participants in the pilot tests, especially on what worked and what did not and on ways to make weak elements stronger and more effective.
- Pilot test the entire curriculum if at all possible.

## B. Curriculum Content and Approach

### 1. Incorporate a means to assure a safe environment for participating and learning.

The curriculum includes guidelines for participant involvement that foster an environment of respect, trust, confidentiality, openness, and comfort in discussing sensitive issues.

#### Tips

- The curriculum should provide tips on how educators can enforce ground rules for a safe environment.
- The curriculum should suggest “icebreakers” and other techniques to help participants feel comfortable with the group.
- The curriculum should encourage educators to give positive recognition and positive reinforcement to students’ questions or comments.
- If beneficial for creating a safe environment, certain topics in the curriculum could be taught to girls and boys in separate groups.

#### Example

Guidelines that curricula use to create a safe environment include: not asking personal questions, respecting the right to refrain from answering questions, recognizing that all questions are legitimate questions, not interrupting others, respecting the opinions of others, and maintaining the confidentiality of views expressed.

### 2. Focus on clear health goals in determining curriculum content, approach, and activities.

The curriculum clearly states specific health goals (HIV prevention, STI prevention, and/or pregnancy prevention), focusing on susceptibility to the risks and consequences of not reaching these goals. It also gives a clear message about achieving these goals.

## Tips

- The curriculum must stay focused on the objectives that help meet the goals. For example, if the goal of the curriculum is to decrease HIV risk, time should not be taken up with discussions of extraneous issues such as clean water.
- In focusing on the goals, the curriculum should increase motivation to avoid unintended pregnancy, STIs, and HIV, using activities such as those described in Standard 5, Curriculum Content and Approach (see page 32).

### **3. Focus on specific behaviors that lead to or prevent unintended pregnancy, STIs, and HIV.**

The curriculum covers the behaviors that relate to HIV infection, STI infection, and/or pregnancy (such as abstinence, frequency of sex, number of sexual partners, and use of protection) in clear and consistent ways with good examples of situations that could lead to, or avoid, negative consequences. The curriculum tailors messages to the target group(s) and advocates for responsible, desirable behavior.

## Tips

- The curriculum explicitly covers issues of sex, condom use, and contraceptive use.
- Specific situations that can lead to unwanted sex or unprotected sex, and how to avoid them, are proposed for discussion.
- Proper use of condoms and contraceptives is described, as well as overcoming barriers for obtaining and using them – with sensitivity and awareness of appropriate information depending on the age of the students involved.
- The curriculum addresses the key benefits (to the audience) of the suggested behaviors.

## Example

Some curricula for groups that include youth who are both sexually experienced and inexperienced include the message: “Always avoid unprotected sex. Abstinence is the safest method. If you have sex, always use protection against pregnancy and STIs.”

#### **4. Address multiple risk and protective factors affecting sexual behaviors.**

The curriculum focuses on, and is designed to change, the specific risk and protective factors (e.g., knowledge, values, attitudes, perceptions of peer norms, intentions, skills, and self-efficacy) that affect the specified behaviors.

#### **Tip**

- Focus on those factors affecting the behaviors that the program hopes to change (e.g., attitudes about avoiding sex, having fewer sexual partners, or increasing condom use).
- Consider carefully which risk and protective factors should be emphasized, so that the curriculum focuses on particularly important factors such as those identified in the box on the next page.

## Lesson Learned

The ETR/YouthNet review of 83 evaluated programs found that the risk and protective factors below were frequently targeted and improved. To be on the list, at least three programs that significantly reduced reported sexual activity (or increased reported condom or contraceptive use) had to significantly improve the factor, and other research studies must have previously demonstrated that the factor reduced sexual activity (or increased condom or contraceptive use). At least three programs that *reduced sexual activity* and at least three programs that *increased condom use* focused on and improved the following factors:

1. Knowledge, including knowledge of sexual issues, HIV, other STIs, and pregnancy (including methods of prevention)
2. Perception of HIV risk
3. Personal values about sex and abstinence
4. Attitudes toward condoms (including perceived barriers to their use)
5. Perception of peer norms and behavior about sex
6. Self-efficacy to refuse sex and to use condoms
7. Intention to abstain from sex or to restrict sex or number of partners
8. Communication with parents or other adults about sex, condoms, or contraception

In addition, at least three programs that *reduced sexual activity* focused on and improved:

9. Self-efficacy to avoid STI/HIV risk and risk behaviors
10. Actual avoidance of places and situations that might lead to sex

In addition, at least three programs that *increased condom use* focused on and improved:

11. Intention to use a condom

Just as some programs that reduce sexual activity also increase condom or contraceptive use, some programs that reduce sexual behavior also improve factors for condom or contraceptive use, and vice versa. The fact that programs that reduce sexual activity and programs that increase condom use affected eight of the same risk and protective factors provides more evidence that it is possible to do both with the same programs.

## **5. Include multiple activities to change each of the targeted risk and protective factors.**

Activities to change targeted risk and protective factors use approaches that facilitate such changes, involving effective ways to learn information, discuss and consider behaviors, and practice skills.

### **Tips**

- The curriculum includes basic, medically correct and accurate information about risks of having sex and methods of avoiding sex or using protection through such activities as short lectures, class discussions, competitive games, simulations, skill-building exercises, and videos.
- The curriculum addresses perceptions of risk, both susceptibility and severity, through highlighting local data on the incidence or prevalence of HIV/STIs or pregnancy, class discussions, videos (especially with true stories about young people), handouts, skits, and other approaches.
- The curriculum addresses personal values about having sex or premarital sex and perception of peer norms about having sex through group discussions, “values voting” (an exercise where participants say yes, no, or maybe to a series of value-based questions), role-playing, and practicing refusal lines.
- The curriculum addresses individual attitudes and peer norms about abstinence, ability to abstain, and reducing the number of sexual partners.
- Practical information is discussed regarding how to remain abstinent and reduce the number of sexual partners in the face of peer pressure and other pressures to have sex.
- The curriculum addresses individual attitudes and peer norms toward condoms and contraception by discussing their effectiveness and emphasizing condoms as the only significant protection against both STIs and pregnancy during sexual activity – if used consistently and correctly. Attitudes to discuss include perceived effectiveness in preventing STIs and



pregnancy, difficulties obtaining and carrying condoms, embarrassment in asking one's partner to use a condom, the inconvenience of using a condom, and the loss of sensation while using a condom.

- Practical information is discussed about where to obtain condoms (with minimal embarrassment), through visits to drug stores and other means.
- Skills and self-efficacy to use those skills (typically through role-playing) are addressed and practiced, focusing on the ability to: refuse unwanted, unintended or unprotected sex; insist on using condoms or contraception; and use condoms correctly.
- The curriculum provides exercises to communicate with parents and other adults through homework assignments and direct provision of information and skills to parents.

### Example

According to the ETR/YouthNet review, many programs, especially those for younger youth, promoted abstinence by repeatedly emphasizing that abstaining from sex was the safest method of avoiding HIV/STIs and pregnancy. Several programs included group discussions about the advantages and disadvantages of engaging in sex. Educators guide the discussion so that avoiding sex was viewed as the best choice by youth. A few curricula discussed methods of showing that you care about someone without engaging in sex. Several programs provided data from broader representative surveys or from anonymous class surveys showing that many youth their age were not having sex and that many peers their age believed their best option was to avoid having sex at that time. Other activities included talking about ways people use to get someone to have sex when the person may not want to.

## 6. Incorporate instructionally sound and participatory approaches.

The curriculum identifies instructional approaches that actively involve the participants and help participants to personalize the information.

### Tips

- The curriculum should use a mix of the following methods: short lectures, class discussions, small group work, video presentations, stories, live skits, role-plays, simulations of risk, competitive games, forced-choice activities, surveys of attitudes and intentions with anonymous presentation of results, problem-solving activities, worksheets, homework assignments (including assignments to talk with parents or other adults), drug store visits, clinic visits, question boxes, hotlines, condom demonstrations, quizzes, and a variety of other interactive activities.
- Sharing of participants' success is encouraged, such as examples of how they asserted themselves and prevented a coercive sex situation.
- The curriculum should foster critical thinking on these issues and link to broader critical reflection on issues in the school and community.

### Example

The MEMA kwa Vijana curriculum in Tanzania included many skits put on by the students to demonstrate common situations that might lead to unwanted sex and its consequences. After the students performed each skit, the class discussed what the youth could or should have done differently. Typically, the discussions focused on what girls could have done.

## Example

In the CEMERA program in Chile, the curriculum “Adolescence: Time of Decisions” fosters active participation of the students. Differing from traditional approaches, teachers in this program do not lecture; they act as facilitators in a workshop addressing a specific subject. Teachers encourage students to take the initiative and to pursue learning in an enjoyable way. In fact, answers to questions come from the students themselves, with the teachers clarifying or correcting misinformation. Furthermore, since students are not tested on the material, they can talk freely without worrying about making a mistake. The teachers have been fully trained on the course content.

### **7. Use activities, messages, and methods that are appropriate to the culture, age, and sexual experience of targeted populations.**

The curriculum content emphasizes instructional methods, responsible behaviors, issues, needs, and examples relevant to the target audience(s) as researched and assessed.

#### **Tips**

- The curriculum guides educators to use data and cultural factors reflecting target population(s), such as rates of HIV and local language, to discuss issues.
- The curriculum appropriately adapts the approach and content according to the participants’ age and sexual experience. For example, if younger youth are the target audience, more basic information and less advanced cognitive tasks and less difficult activities should be used.
- Suggested behaviors should be appropriate for the age and sexual experience of the audience. For example, curriculum designed for younger youth, who are less likely to be sexually experienced, focus more on abstinence, while those for older, more sexually experienced youth place more emphasis on condoms, contraceptive use, and secondary abstinence.

## 8. Address gender issues and sensitivities in both the content and teaching approach.

The curriculum includes issues of gender discrimination and power imbalances, looks at how males and females experience RH/HIV issues differently, and uses gender-sensitive approaches to teaching sexual health.

### Tips

- The curriculum includes information on gender discrimination, inequities, and gender-based violence, and how these attitudes and behaviors affect sexual and reproductive health outcomes.
- The curriculum considers differing developmental aspects of males and females, and different reproductive health needs and concerns of male and female youth.
- The curriculum promotes equal opportunities for females and males in program participation and learning.
- The curriculum explores youth's own gender perspectives, including discrimination, and examines why and where youth learn these perspectives as a way to shape more positive attitudes.

### Example

The curriculum, *My Future Is My Choice*, which was created by the Namibian government and UNICEF, addresses gender-specific issues through a discussion activity. Boys and girls are split into separate groups to discuss their developing bodies, puberty's effects on their relationships with friends and family, and changes in the way they relate to the opposite sex. After a frank discussion, the whole group reconvenes and the facilitator asks probing questions, including why boys and girls are told different things about sex and relationships. They are asked to "think about where this information comes from and if they think it is the kind of information they will give to their children when they are parents." This activity addresses the feelings that young people have about puberty while promoting critical thinking about gender roles.

## **9. Cover topics in a logical sequence.**

The curriculum presents topics in an order conducive to learning, following stages of motivation, information, values and attitudes, and skills.

### **Tip**

- By involving youth in activities to personalize information about their susceptibility to HIV, other STIs, and unwanted pregnancy, and the consequences of these outcomes, the curriculum can motivate participants to avoid these outcomes and can increase interest in subsequent activities that provide information, change attitudes, and improve needed skills.

## **10. Present information that is scientifically and medically accurate.**

The content presented is accurate, with myths and incorrect beliefs clearly identified as such.

### **Tips**

- If there are doubts or questions raised about the accuracy of facts or data, check the material with dependable public health experts or others with reliable information.
- Identify, with the assistance of young people, the common myths and rumors and provide a corrected understanding of the issues involved.
- While respecting individual and community values, the curriculum should make clear distinctions between science-based facts and values-based views.

## C. Curriculum Implementation

- 1. Make relevant authorities and gatekeepers aware of the program's content and timetable, keep them informed of significant developments, and encourage them to support the program.**

Building on the support obtained prior to implementation, continuing communication assures that local government, the health and education sectors, and local community leadership (such as youth group leaders, faith-based representatives, and parents) are kept informed and supportive.

### Tips

- Strategically identify authorities whose approval must be obtained to begin implementation of the curriculum.
- Identify community sectors and stakeholders that could provide support, advocacy, and sustainability as partners and allies.
- Identify and collaborate with, as early as possible, those organizations/agencies that could assist in scaling up the program if this is a program goal.
- If scaling up in the public school system is desired, the Ministry of Education must be – or become – a major player in program expansion.

### Example

In Zambia, a collaboration between the government and Students Partnership Worldwide (SPW) was able to further the goals of both in expanding HIV education in the schools. After the Zambian Ministry of Education (MOE) realized the quality of SPW's program in five to eight schools in each of five districts of the central province, the MOE invited SPW to help implement the government's strategic goals on HIV. A stakeholders' workshop attracted government donors, resulting in support to scale up the number of school programs to 10 schools in six districts and set up a program in the Colleges of Education to prepare educators to teach the curriculum.

## **2. Establish a process resulting in the selection of appropriate and motivated educators.**

The educators who will implement the curriculum are selected through a transparent process that identifies relevant and desirable characteristics, such as interest in teaching the curriculum, commitment to young people's development, comfort with discussing sexuality, and ability to communicate with, and relate to, participants.

### **Tips**

- Establish clear, written criteria and processes to be used for selecting the educators to teach the curriculum so that all interested parties understand how selection will occur.
- Consult with professionals in health and education, as well as with young people, to identify the most desirable attributes for teaching the curriculum based on program objectives and curriculum approaches.
- Especially in large and scaled-up programs, the established criteria should be applied with flexibility and assessed over time; if not working or if necessary to better meet program objectives, the criteria should be revised.
- The most appropriate educators to teach RH/HIV education are not always the most obvious or most convenient (such as a guidance counselor or biology teacher); selection should go beyond categories of educators and look at characteristics of individuals.

## Example

A YouthNet review of teacher training in sub-Saharan Africa (Youth Issues Paper No. 3) included a suggested teacher selection criteria checklist and other background information. For example, teachers who provide reproductive health/HIV education need to have a capacity for “health literacy” – the capacity to obtain, interpret, and understand basic health information and services and the competence to use this information to enhance the learning of concepts and skills by students, parents, and staff. The criteria checklist included 11 key characteristics such as having a commitment to working with youth and teaching this material, having a healthy attitude toward their own sexuality, and demonstrating responsible sexual behavior.

### 3. Provide quality training to educators.

Training of the selected educators uses appropriate trainers and training curricula, sets clear goals and objectives, covers participatory methods, provides practice opportunities, offers a good balance between learning content and practicing skills, conducts a performance-based assessment, and requests participants’ feedback.

#### Tips

- Ensure that the training group size is appropriate to the nature of the training activities so that adequate time and opportunity exist for trainee participation and practice.
- Structure agenda and training sessions to cover the most important topics and exercises and to meet the objectives and needs.
- Allow sufficient time for participants to personalize issues and relate them to their own risks and situations.



- Distinguish between public health needs and teachers' personal values, using local data on sexual activity of youth to help underscore the needs of the students for clear information.
- Emphasize that teachers should avoid "selective teaching" and should learn to teach all sections of a curriculum.

### Example

In a collaborative project in China, PATH worked within Nike factories to reach the young workers with RH and HIV education. The training approach was creative and responded to various realities and needs: limited time for training, desire to enhance internal capacity, and need for sustainability. The factories trained and deployed workers as the facilitators of the training sessions for their co-workers. However, given the short time available to train these facilitators (two days), this initial session was followed by scheduled time for practicing facilitation over a period of three to four months so that the new facilitators could strengthen their skills and confidence. In the actual training session of their co-workers, participatory methods were emphasized. Because co-workers were generally more comfortable with these methods than were managers, and for other reasons, the program used the co-workers to carry out the program with their peers.

#### **4. Have in place management and supervision needed for implementation and oversight.**

Managers and supervisors (existing or recruited) are trained to manage and oversee implementation activities and are available for assistance to educators after training.

#### **Tips**

- In resource-limited settings, management can be viewed as a team, with needed skills present overall and not necessarily with each team member.
- Consider instituting a system to ensure compliance with the goals and approaches of the curriculum.

- Management should ensure that educators’ professional needs are addressed and that educators can openly seek assistance.
- Ensure that supervisors are assisted to keep current with program changes and new information in the field so they can oversee and assist educators effectively.
- Supervisors should explore possible dissonance between teachers’ values and curriculum content. If necessary, they should assist educators to draw distinctions between personal beliefs and facts in order to teach content effectively.
- Educators should be monitored and evaluated; if necessary, educators who are not meeting quality standards should be replaced.

#### **5. Implement activities, if needed, to recruit youth participants.**

The program plans effective ways to recruit participants, if needed (such as for non-school-based programs), through such actions as providing information to youth in places where they congregate, partnering with local organizations, offering sessions at convenient times and locations, and removing barriers to participation, including transportation.

#### **Tips**

- When publicizing the program, be sure to state clear expectations, identify content, and explain time obligations, while also describing the benefits.
- If needed to recruit participants, provide refreshments or other incentives (while retaining clarity on expectations).
- Inform parents and encourage their understanding and support as this will help them to support their children’s participation.

## Lesson Learned

The African Youth Alliance (AYA) provided Life Planning Skills education in the four African countries where it worked (Botswana, Ghana, Tanzania, and Uganda) for both in-school and out-of-school youth. In Tanzania, AYA was particularly successful in attracting out-of-school youth to its activities because the program developed close ties to the communities where they operated, especially through the community-based partner organizations that implemented the sessions. While working through such community-based groups can offer a significant advantage recruiting young people, they are often fledgling groups that lack infrastructure and key skills. A capacity-building component, if possible to add, can remedy this weakness, as well as foster sustainability for the organizations involved.

### **6. Implement activities to retain and monitor youth participants.**

Youth participants are monitored for program participation and satisfaction, with feedback used to improve retention.

#### **Tips**

- Track participation as part of the monitoring and evaluation (M & E) system established at the beginning of the program (see Standard 7, Curriculum Implementation, page 44).
- Establish feedback mechanisms (including confidential means such as suggestion boxes) to obtain the views of participants, on program aspects they like and dislike, as well as their ideas to improve the program.
- Follow up with those who have dropped out of the program to better understand and address dissatisfaction.

## Example

A school-based AIDS education intervention in Nigeria sought feedback from the participating students for two reasons: to help evaluate the program and to identify how subsequent programs can be improved. Students' opinions covered areas they liked as well as concerns. Generally, they liked access to an AIDS education program in their school, interesting sessions, active participation, use of different teaching and skill-building methods, and participation of a health care provider. A small number expressed concerns that condom use might foster sexual experimentation. Most wanted the program to be sustained and expanded.

### **7. Establish monitoring and assessment systems to improve program effectiveness on a continual basis.**

Easy-to-use monitoring systems to track implementation and type and amount of participation are established from the beginning of the program, including the training of those responsible for the monitoring. Findings that result from this monitoring are available to program managers in a timely way to make needed program design adjustments. Evaluation of program effectiveness is conducted, if possible.

#### **Tips**

- Seek research assistance from a university or from a partner organization in the community to assist with defining monitoring, assessment, and evaluation systems.
- Make sure that monitoring tools are clear and require minimal time to use if program staff must take time from implementation to use them.
- Help the educators and program staff to understand the value and benefits of monitoring and assessment so that they are more interested in, and committed to, the necessary work.

- Peer educators, or young participants in the program, can also be trained to do monitoring and evaluation – and to recognize its value to program outcomes.
- Consider the importance and, if feasible, the possibility of monitoring to ensure that the curriculum is being delivered in a way consistent with its design and content.
- If possible, consider evaluating the impacts on the target population – but wait until any changes have been made as a result of pilot testing and implementation is well underway. Ideally, a good impact evaluation requires good baseline and follow-up surveys, well-matched intervention and comparison groups, and rigorous implementation.

### Lesson Learned

In an AIDS sexual risk reduction program for young adults in public high schools in Brazil, the evaluation found statistically significant effects for females only. Females reported better communication with their partners about sex and HIV/AIDS and less unprotected sex with non-monogamous partners. Researchers concluded that it is possible to foster positive changes in sexual behavior in disenfranchised communities. However, based on their research findings and analyses, they noted that the lack of changes in male behavior stemmed from the rigid sexual norms and socially determined sexual roles that made it difficult for men to think about HIV risks and responsibility for their sexual behavior. They concluded that vulnerability to HIV infection must be challenged beyond a focus on individual behavior and “merely preaching to young people.” The researchers recommended adjustments to future programs to address socioeconomic obstacles and gender issues in sexual roles, involving continuous intervention at the community level, and carried out over a sufficient time period so as to affect social and cultural norms.

**8. Include activities to address all key topics designated by the curriculum and implement the activities in the order presented.**

Implementation of the curriculum avoids significant omissions or alterations and follows the intended order.

**Tips**

- Because curricula are developed strategically to facilitate learning objectives, the sequence and content should be followed in order to achieve desired effectiveness.
- Omission of key topics can jeopardize learning goals and outcomes; if educators are hesitant about teaching any specific topic, he/she should be encouraged to request assistance in doing so rather than avoiding the topic. Also, an outside professional can be brought in.

**Lesson Learned**

In the ETR/YouthNet research, the results of the replication studies provided some information about the importance of implementation as designed for those few curricula that were evaluated multiple times. Those studies suggested that interventions may be less effective in changing specific behaviors if 1) they are shortened considerably, 2) they omit activities that focus on the desired behavioral change, or 3) they are designed for and evaluated in community settings but are subsequently implemented in classroom settings.



# Annexes

## **Annex 1. Meeting Agenda, New Evidence on Curriculum-Based Reproductive Health and HIV Education for Youth**

### **Global Research and Local Action**

**January 9, 2006** (meeting open to public)

- Objectives:**
1. Share the latest evidence base on RH/HIV curriculum-based education.
  2. Explore implementation and contextual issues around RH/HIV curriculum-based education.
  3. Discuss how to integrate the global evidence and implementation practices to improve the quality of RH/HIV education programs.

**8:30–9:00** **Continental Breakfast Provided**

**9:00–9:15** **Welcome**

Tonya Nyagiro, YouthNet/FHI and Sarah Harbison, USAID

**9:15–9:30** **Setting the Scene**

Hally Mahler and Cindy Waszak Geary, YouthNet/FHI

**9:30–10:30** **New Evidence in RH/HIV Curriculum-Based Education**

Impact of Sex and HIV Education Programs on Sexual Behaviors in Developing and Developed Countries  
Doug Kirby, ETR Associates

**10:30–10:50** **Coffee Break Provided**

**10:50–12:20** **Panel: Breaking Down Further Evidence**

The Potential of Comprehensive Sex Education in China: Findings from Suburban Shanghai  
Bo Wang, Wayne State University School of Medicine

Adolescent Pregnancy Prevention: Abstinence-Centered Intervention with a Cognitive-Behavioral Program in Public High School in Chile

Carlos Cabezon, University of the Andes

HIV Prevention in Kenyan Primary Schools:

Real World Experiences in Research

Eleanor Maticka-Tyndale, University of Windsor

**12:20–1:30 Lunch**

**1:30–3:10 Real Programs Facing Real Issues: Quality, Scale-up, Policy, Teacher Training, Community Support, and Gender**

HIV Prevention in Kenyan Primary Schools:

Real World Experiences in Implementation

Janet Wildish, independent consultant

School-Based Approaches to HIV Prevention:

A Critical Review

Rick Olson and Anna Maria Hoffman, UNICEF

Rethinking Sexuality Education

Nicole Haberland, Population Council

Health and Family Life Education:

A Ministry of Education Perspective

Deloris Brissett, Ministry of Education,

Youth and Culture, Jamaica

**3:10–3:30 Coffee Break Provided**

**3:30–4:30 How Does Recent Research Inform Our Work? A Facilitated Discussion**

Oprah – Susan Adamchak, independent consultant

Rick Olson, UNICEF

Eleanor Maticka-Tyndale, University of Windsor

Judy Senderowitz, independent consultant

Scott Pulizzi, EDC

**4:30–4:45 What Should We Take Home from This Meeting?**

Shanti Conly, USAID

**4:45–5:00 Wrap-up and Thank You**

Tonya Nyagiro, YouthNet/FHI



## **Annex 2. Participants at Technical Consultation Meeting Washington, DC**

**January 10, 2006** (by invitation)

Susan Adamchak, Consultant  
Jerry Aurah, National Organization of Peer Educators, Kenya  
Deloris Brissett, Jamaican Ministry of Education  
Carlos Cabezon, University of the Andes, Chile  
Shanti Conly, USAID  
Jelena Curcic, Y-PEER, Serbia and Montenegro  
Bill Finger, YouthNet/FHI  
River Finlay, IPPF Western Hemisphere  
Cindy Geary, YouthNet/FHI  
Nicole Haberland, Population Council  
Sarah Harbison, USAID  
Anna Maria Hoffman, UNICEF  
Doug Kirby, ETR Associates  
Chris Lubasi, Contact Trust Youth Association, Zambia  
Hally Mahler, YouthNet/FHI  
Mahua Mandal, USAID  
Eleanor Maticka-Tyndale, University of Windsor, Canada  
Lisa Mueller, PATH  
Robyn Munford, Students Partnership Worldwide  
Tonya Nyagiro, YouthNet/FHI  
Rick Olson, UNICEF  
Aliza Pressman, YouthNet/FHI  
Maryanne Pribila, YouthNet/FHI  
Scott Pulizzi, EDC  
Lori Roller, ETR  
Ed Scholl, YouthNet/FHI  
Judy Senderowitz, Consultant  
Sharifah Tahir, Consultant  
Marija Vasileva-Blasev, YouthNet/FHI  
Bo Wang, Wayne State University  
Janet Wildish, Consultant  
Mary Martha Wilson, Healthy Teen Network  
Harriett Yowela, Students Partnership Worldwide, Zambia

## Annex 3. Characteristics of Effective Curriculum-Based Programs\*

### Process of Developing the Curriculum

1. Involved multiple people with different backgrounds in theory, research, and sex/HIV education to develop the curriculum
2. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors
3. Assessed relevant needs and assets of target group

### Content of the Curriculum

1. Created a safe social environment for youth to participate
2. Focused on clear health goals – the prevention of STI/HIV and/or pregnancy
3. Focused narrowly on specific behaviors leading to these health goals, gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them
4. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy)

### Implementation of the Curriculum

1. Whenever possible, selected educators with desired characteristics and then trained them
2. Secured at least minimal support from appropriate authorities such as ministries of health, school districts, or community organizations
3. If needed, implemented activities to recruit youth and overcome barriers to their involvement (e.g., publicized the program, offered food, or obtained consent)

- |  |   |
|--|---|
| <p>4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies)</p> <p>5. Pilot-tested the program</p> | <p>5. Included multiple activities to change each of the targeted risk and protective factors</p> <p>6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors</p> <p>7. Employed activities, instructional methods, and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience</p> <p>8. Covered topics in a logical sequence</p> |
| <p>4. Implemented virtually all activities with reasonable fidelity</p>  |   |

\* Kirby D, Laris BA, Rollieri L. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. Research Triangle Park, NC: Family Health International, 2005.

## Annex 4. Annotated Resources

### 1. Research and General Resources

#### **Advancing Young Adult Reproductive Health, Actions for the Next Decade: End of Program Report**

Pathfinder International, 2001

The FOCUS on Young Adults Program identified 22 school programs that had undergone relatively strong evaluations, most in developing countries. The review concluded that school-based programs can effectively influence students' reproductive health knowledge and attitudes, and appear to have short-term impacts on their reproductive health behaviors. The long-term impact of such programs is less certain. See especially pages 36-41 and 117-126 of the report.

[http://www.pathfind.org/pf/pubs/focus/pubs/eop\\_report.pdf](http://www.pathfind.org/pf/pubs/focus/pubs/eop_report.pdf)

#### **Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy**

National Campaign to Prevent Teen Pregnancy, 2001

This review by Dr. Douglas Kirby identifies 10 specific characteristics of successful programs, such as: using and reinforcing a clear message on one or more sexual behaviors that lead to unintended pregnancy or HIV/STI, involving teachers and peer leaders who believe in the program, using interactive exercises to address social pressures that influence sexual behavior, and giving young people opportunities to practice negotiation and refusal skills. Kirby's new study expanded this list to cover 17 characteristics (see next item).

<http://www.teenpregnancy.org/resources/data/pdf/emerswsum.pdf>

<http://pub.etr.org/ProductDetails.aspx?id=110000&prodid=359>

#### **Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries: Youth Research Working Paper No. 2**

Family Health International, 2005

This review of 83 evaluation studies determined that sex and HIV curriculum-based programs successfully changed knowledge, attitudes, and behaviors in positive ways in different geographical and cultural settings, among youth of different income levels, and among both sexes. It identified 17 characteristics of effective curricula.

<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm>

### **Impact of HIV and Sexual Health Education on the Behaviour of Young People: A Review Update**

Joint United Nations Programme on HIV/AIDS, 1997

This review of more than 60 studies analyzes the effects of sexual health education on the behavior of young people. It found that providing sexual health information to young people does not increase their likelihood of becoming sexually active.

<http://www.unesco.org/education/educprog/pead/GB/AIDSGB/AIDSGBtx/Impact/Intro.pdf>

### **Life Skills and HIV Education Curricula in Africa: Methods and Evaluation**

U.S. Agency for International Development, 2003

This review points out that while many HIV education programs have been implemented, few have been rigorously evaluated. Even so, a number of findings and lessons learned can help guide activities and projects.

[http://pdf.dec.org/pdf\\_docs/PNACT985.pdf](http://pdf.dec.org/pdf_docs/PNACT985.pdf)

### **Science and Success in Developing Countries: Holistic Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections**

Advocates for Youth, 2005

This review by Advocates for Youth addresses 10 rigorously evaluated programs that focus on RH and HIV outcomes for youth, three of which rely on curricula.

[http://www.advocatesforyouth.org/publications/sciencesuccess\\_developing.pdf](http://www.advocatesforyouth.org/publications/sciencesuccess_developing.pdf)

### **Sexuality Education in Schools: The International Experience and Implications for Nigeria**

POLICY Project, 2004

This paper reviews the topic in developing countries and its implications for Nigeria, which is in the early stages of carrying out its new national policy on sexuality and reproductive health education. The paper emphasizes that comprehensive sexuality education is effective but also controversial. Despite challenges in taking such projects to a national scale, even conservative countries have moved forward. Programs need to implement a sound curriculum and adequately train and support teachers and students, while adapting the approach to local cultures, language, and religions.

<http://www.policyproject.com/pubs/workingpapers/wps-12.pdf>

## 2. Guides and Tools

### **The AIDS Badge Curriculum**

WAGGS, nd

Targeted to Girl Guides and Girl Scouts, this 28-page curriculum is designed to award badges at three levels. Each level has accompanying fact sheets and activities to inform young women about HIV.

<http://www.waggsworld.org/en/grab/31/1/TheAIDSCurriculum.pdf>

### **Auntie Stella Activity Cards**

Training and Research Support Centre, 2002

Based on findings from participatory research with 13–17 years olds in four rural Zambian schools, 33 activity cards were developed to answer real questions from the field. Each card has a letter from a young person on an adolescent health topic. The reader can interact to find out Auntie Stella's response and is prompted to recall the lesson learned and think about related topics.

<http://www.tarsc.org/auntstella/index.html>

### **Characteristics Assessment Tool: A Guide for Program Developers and Educators**

Health Teen Network, 2006

This tool is an organized set of questions designed to help program developers and educators assess whether a curriculum or program has incorporated each of the characteristics of effective programs. It is designed to help practitioners select, adapt, and develop more effective pregnancy, STI, and HIV prevention programs for their communities.

<http://www.healthyteennetwork.org>

### **Developing Guidelines for Comprehensive Sexuality Education**

Sexuality Information and Education Council of the U.S. (SIECUS), 1999

This “how to” handbook for educators, providers, policy-makers, and activists provides a step-by-step outline to develop guidelines for comprehensive sexuality education programs. Using case studies from Brazil, Nigeria, and Russia, the handbook includes: components of comprehensive sexuality education; steps and processes involved in developing a guidelines project; suggestions for using the guidelines; suggestions for distribution and advocacy; suggestions for coalition building; and resources.

<http://www.siecus.org/pubs/guidelines/guideintl.pdf>

**Developmentally Based Interventions and Strategies:  
Promoting Reproductive Health and Reducing Risk among Adolescents**  
FOCUS on Young Adults, 2001

This tool provides information on the stages of adolescent development (under 10, 10-14, 15-19, and 20-24 years old) and appropriate adolescent sexual and reproductive health programming. It also includes a tool to help guide activity or project development based on information about developmental stages and strategies.

*[http://www.fhi.org/NR/rdonlyres/ekbzhp2y3qh47vcgsmqro3hhb2ru36qb7zd2ycamv5gpfzidi5pcb27dkogcoenjzqcdceqemcxai/Focus\\_tool5.pdf](http://www.fhi.org/NR/rdonlyres/ekbzhp2y3qh47vcgsmqro3hhb2ru36qb7zd2ycamv5gpfzidi5pcb27dkogcoenjzqcdceqemcxai/Focus_tool5.pdf)*

**The Handbook for Evaluating HIV Education**  
Centers for Disease Control and Prevention, nd

This handbook includes nine booklets that address evaluation of HIV policy, HIV curricula, HIV staff development programs, and HIV-related student outcomes. They can be used to help assess the quality of HIV education programs at the state and local levels.

*[http://www.cdc.gov/HealthyYouth/publications/hiv\\_handbook/index.htm](http://www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm)*

**Integrating Sexuality Education and Health Services for Students**  
Centro de Medicina Reproductiva y Desarrollo Integral del Adolescente, 2001

Important factors in this Chilean program included the availability of clinic services to address health needs and provide contraception to students, and the training of teachers for program sustainability.

*<http://www.fhi.org/en/youth/youthnet/publications/focus/projecthighlights/cemera.htm>*

**Learning and Teaching about AIDS at School**  
Joint United Nations Programme on HIV/AIDS, 1997

This eight-page overview paper highlights the challenges faced when learning and teaching about AIDS at school, as well as ways to address those challenges.

*<http://www.unesco.org/education/educprog/pead/GB/AIDSGB/AIDSGBtx/School/LearnGB.pdf>*

**Reproductive Health Programs for Young Adults: School-Based Programs**  
FOCUS on Young Adults, 1997

This publication summarizes key elements in building support for school-based programs, contents of effective curricula, issues in teacher training, and how to link school programs with health services.

*<http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/KeyElements/index.htm>*

## **Resource Package for School Health Education to Prevent AIDS and STD**

UNESCO and World Health Organization, 1994

This prototype resource package was published to assist curriculum planners to design HIV/AIDS/STD education programs for their own school systems, for students aged between 12 and 16. The program is based on participatory methods that have been shown to be effective for teaching behavioral skills. The package has been adapted and translated into French, Spanish, Portuguese, Russian, Chinese, Khmer, and Arabic.

*<http://www.unesco.org/education/educprog/pead/GB/AIDSGB/AIDSGBtx/GuideGB/GuideGB.html>*

## **The Role of Education in Promoting Young People's Sexual and Reproductive Health**

United Kingdom Department for International Development (DFID), 2002

This document includes lessons learned from a consultative meeting held to start a five-year global DFID project called Safe Passages to Adulthood that began in 1999. It provides background information about the overall program and describes five in-school, four out-of-school, and four higher education programs.

*[http://hivaidsclearinghouse.unesco.org/file\\_download.php/educationreport.pdf?URL\\_ID=1602&filename=10432433400educationreport.pdf&filetype=application%2Fpdf&filesize=149374&name=educationreport.pdf&location=user-S/](http://hivaidsclearinghouse.unesco.org/file_download.php/educationreport.pdf?URL_ID=1602&filename=10432433400educationreport.pdf&filetype=application%2Fpdf&filesize=149374&name=educationreport.pdf&location=user-S/)*

## **Skills for Health: The WHO Information Series on School Health, Document 9**

World Health Organization, 2003

Part of the FRESH framework (Focusing Resources on Effective School Health) supported by multiple UN agencies, this 83-page report is designed to strengthen efforts to implement quality skills-based health education on a national scale worldwide. It emphasizes the role of schools but is relevant to out-of-school settings. Chapters cover theories and principles, evaluation evidence and lessons learned, priority actions for quality and scale, and planning and evaluation issues, with useful appendices on selected interventions, resources, and documents.

*<http://www.unicef.org/lifeskills/SkillsForHealth230503.pdf>*

## **Tips for Developing Life Skills Curricula for HIV Prevention among African Youth: A Synthesis of Emerging Lessons**

USAID Office of Sustainable Development, Bureau for Africa, 2002

This synthesis of lessons learned provides practical guidelines for those planning, implementing, or strengthening life-skills curricula for young people in sub-Saharan Africa.

*[http://pdf.dec.org/pdf\\_docs/PNACN635.pdf](http://pdf.dec.org/pdf_docs/PNACN635.pdf)*



### 3. Curricula and Curricula Resources

The curricula below may provide a starting point for use in working with the standards in this manual. All of them have not been evaluated using these standards.

#### **Annotated Bibliography: Sexuality Education Curricula**

Sexuality Information and Education Council of the U.S. (SIECUS), 1998

This bibliography contains information on commercially available curricula that represent effective approaches to teaching about sexuality-related topics.

<http://www.siecus.org/pubs/biblio/bibs0010.html>

#### **Compilation of HIV/AIDS Life Skills Training, Teaching, and Learning Materials**

United Nations Children's Fund

This Web page links to more than 20 resources from UN organizations and more.

[http://www.unicef.org/lifeskills/index\\_14926.html](http://www.unicef.org/lifeskills/index_14926.html)

#### **Life Planning Education: A Youth Development Program**

Advocates for Youth, 1995

This curriculum has 15 chapters on sexuality, relationships, health, violence prevention, community responsibility, skills-building, values, self-esteem, parenting, employment preparation, and reducing sexual risk. It contains interactive exercises, supplemental resources, participant handouts, and a complete guide to implementation. It is intended for use with youth aged 13-18 years, in schools and other settings for sexuality/life skills education, HIV prevention education, and pregnancy prevention.

<http://www.advocatesforyouth.org/publications/lpe/>

#### **Making Proud Choices! A Safer Sex Curriculum**

Select Media, nd

This curriculum includes eight, one-hour modules that can be delivered to groups of six to eight youth by one adult facilitator or two peer facilitators. They can be divided over two days if implemented out of school. They focus on delaying the initiation of sex, reducing the frequency of sex and increasing condom use. Based on social cognitive theory, theory of reasoned action, theory of planned behavior, and elicitation research, the curriculum covers abstinence, condom use to reduce risk of STD and pregnancy, HIV/STD knowledge, hedonistic beliefs about condom use, skills and self-efficacy of condom use, and condom negotiation. In a randomized trial among African Americans in the United States, the curriculum reduced the frequency of sex and increased condom use.

<http://www.selectmedia.org/curriculum.asp?curid=3>

## **MEMA kwa Vijana**

African Medical and Research Foundation, nd

MEMA kwa Vijana (“Good things for young people”) includes in-school sexual and reproductive health education, youth-friendly health services, community-based condom distribution, and community activities. It focuses on delaying the initiation of sex, reducing the number of sexual partners, and increasing condom use. Based on social learning theory, it covers information on STI/HIV, sexuality, abstinence and contraception; refusal skills; self-esteem; moral behavior and social values regarding sex; respecting individual rights; gender issues; and access to reproductive health care. The in-school education is teacher-led and peer-assisted using participatory methods. In a strong randomized trial in Tanzania, the program decreased the number of reported sexual partners and increased reported condom use but did not have any consistent impact on biological outcomes (STIs and pregnancy).

<http://www.amref.org/index.asp?PageID=296>

## **My Changing Body: Fertility Awareness for Young People**

Georgetown University and FHI, 2003

This curriculum, designed for those aged 10 to 14, focuses on the changes surrounding puberty.

<http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/fertilawareyoungpeople.htm>

## **My Future Is My Choice**

Select Media/UNICEF, nd

This curriculum includes 14, two-hour sessions that can be co-taught by a volunteer teacher and an out-of-school youth. It focuses on reducing sexual activity and sexual partners and increasing condom use. Based on protective motivational theory and social cognitive theory, it covers basic facts about reproductive biology and HIV/AIDS, other risk behaviors (alcohol, substance use, and relationship violence), communication skills across gender and age groups, and a framework for decision-making. It uses a variety of narratives, games, facts, exercises, questions, and discussions to address extrinsic and intrinsic rewards, vulnerability, self-efficacy, perceived efficacy of protective measures, and response cost. In a randomized trial in Namibia it delayed the initiation of sex and increased condom use.

<http://www2.ncsu.edu/ncsu/aern/myfuture.html#my%20future>

<http://www.edsn.net/na/Resources/AIDS/hope/AIDS%20Awareness%20Week%20Activities%20MFMFC.pdf>

### **National Family Life and HIV Education Curriculum for Junior Secondary School in Nigeria**

Nigerian Educational Research and Development Council (NERDC), 2003

This curriculum was developed by NERDC, Universal Basic Education, Federal Ministry of Education, and Action Health Incorporated. The curriculum cultivates young people's skills and knowledge in six key areas: human development, personal skills, sexual health, relationships, sexual behavior, and society and culture.

<http://www.actionhealthinc.org/publications/downloads/jnrcurriculum.pdf>

### **Peace Corps Life Skills Manual**

Peace Corps, 2001

This curriculum aims to develop the life skills of young people, in particular dealing with HIV/AIDS. It addresses peer education, HIV/AIDS and other STDs, communication and decision-making skills, among other topics. It is meant for use both in- and out-of-school.

[http://www.peacecorps.gov/library/pdf/M0063\\_lifeskillscomplete.pdf](http://www.peacecorps.gov/library/pdf/M0063_lifeskillscomplete.pdf)

### **Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates**

International Women's Health Coalition, 2004

This resource is a compilation of "some of the best English-language sexuality education materials out there." Drawn from mostly North American sources, these lesson plans address a wide range of topics, from anatomy, to contraception, to STIs and HIV.

<http://www.iwhc.org/resources/positivelyinformed/index.cfm>

### **Primary School Action for Better Health**

University of Windsor, Social Justice and Sexual Health Research Lab, nd

This program is designed to be integrated within the existing school infrastructure and to be implemented both by trained teachers and peer supporters. Based on social learning theory, it targets initiation of sex, sexual activity, and condom use. Its basic message is "Abstain from sex. If you have sex, use a condom." The curriculum covers abstinence; condom use; school planning; guidance; factual information on the transmission and prevention of STIs, HIV, and AIDS; life skills and living values; adolescent health and sexuality; adolescent environment; the management of HIV; and positive living. It uses participatory methods to teach skills and recommends setting up school health clubs. In a randomized trial in Kenya, it delayed the initiation of sex and increased condom use.

<http://www.psabh.info>

### **Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV**

ETR Associates, 2004

This curriculum, implemented since 1991 and now in its fourth edition, has been rigorously evaluated. Based on social learning theory, social influence theory, and cognitive behavior theory, this norms and skill-based curriculum has resulted in a significant reduction in sexual debut over an 18-month follow-up. Exercises focus on delaying sexual initiation and refusing sexual advances. It is targeted to high school students, grades 9-12.

*<http://pub.etr.org/ProductDetails.aspx?id=110000&prodid=359>*

### **Safer Choices: Preventing HIV, Other STD and Pregnancy**

ETR Associates, 1998

Safer Choices is a multiple component intervention designed to produce school-wide change and influence the total school environment. By involving teachers, parents, community members, and especially students, the program is designed to have a positive influence on adolescents' decisions regarding sex and help them feel supported in making the safest choices. It includes 20 sessions that are divided between two successive years, emphasizing that abstinence is the safest choice, but condoms are safer than unprotected sex. Based on social cognitive theory, social influence theory, and models of school change, it covers topics relevant to HIV, other STIs, and pregnancy, as well as social norms about sexual behavior and skills to avoid sex or use condoms. In a randomized trial in the United States, it delayed the initiation of sex, increased condom and contraceptive use, and reduced the frequency of sex without protection. Some effects lasted for three years.

*<http://www.etr.org/recapp/programs/saferchoices.htm>*

### **School Health Education Clearinghouse Online**

Sexuality Information and Education Council of the U.S. (SIECUS)

This collection of more than 100 bibliographies, tools, reports and links, produced by SIECUS with support from the U.S. Centers for Disease Control and Prevention, gives professionals easy access to essential information and materials for school-based health and sex education.

*<http://www.siecus.org/school/index.html>*

## **SiHLE: Health Workshops for Young Black Women**

Sociometrics, nd

This curriculum, designed for African-American girls in the United States, includes four 4-hour sessions that can be taught by a trained health educator and two peer educators to small groups of 10-12 participants. It focuses on reducing the number of new sexual partners and increasing condom use. Based on both social cognitive theory and the theory of gender and power, it covers ethnic and gender pride, HIV risk reduction strategies, abstinence, consistent condom use, reducing sex partners, assertive communication, negotiating safer sex, refusing unsafe sexual encounters, and healthy relationships, using various interactive activities. In a randomized trial in the United States, this curriculum increased condom use, reduced the number of new sexual partners, and reduced the biologically determined incidence of STD and pregnancy rate.

<http://www.socio.com/srch/summary/pasha/passt23.htm>

## **4. Teacher Training Guides and Tools**

### **HIV/AIDS Clearinghouse: Teachers and Educators**

UNESCO

This Web page links to more than 30 documents on the impact of AIDS on teachers from around the world. It includes thought pieces giving personal perspectives, action plans, consultative findings, guidelines, and more.

[http://hivaidsclearinghouse.unesco.org/ev.php?URL\\_ID=2871&URL\\_DO=D\\_O\\_TOPIC&URL\\_SECTION=201&reload=1081972470&PHPSESSID=8fc44caf675ad597d03f58d342aef5e4](http://hivaidsclearinghouse.unesco.org/ev.php?URL_ID=2871&URL_DO=D_O_TOPIC&URL_SECTION=201&reload=1081972470&PHPSESSID=8fc44caf675ad597d03f58d342aef5e4)

### **Reducing HIV/AIDS Vulnerability among Students in the School Setting: A Teacher Training Manual**

UNESCO/Bangkok, 2005

This 263-page manual addresses issues including the basics of growing up (understanding adolescence), HIV/AIDS and drug abuse, HIV/AIDS and human rights, and care and support of people living with HIV/AIDS.

<http://www.fhi.org/NR/rdonlyres/euntxww6trguj7jd5sqaqcc3vwwxd4ex2f5ogjlpjteud4ocjgfgtxhku2vozgj25mb56kcanu5e/UNESCOteachertraining.pdf>

### **The Red Ribbon**

Ombetja Yehinga, Government of Namibia, nd

Developed by Namibian governmental organizations with the support of UNICEF, DFID, GTZ, and others, this online teacher training material is designed to help teachers integrate HIV/AIDS education into their classrooms. It addresses discrimination in the community, tips on how to assess and handle embarrassment when talking about sex, and much more. Each of the five modules has different resources, including scientific information, sample lessons, teaching aids and techniques, tests, and more.

*<http://www.edsnet.na/Resources/AIDS/RedRibbon.htm>*

### **Sexually Transmitted Infections: Briefing Kit for Teachers**

World Health Organization, 2001

This 39-page document has four chapters: understanding STIs, STI education, understanding young people's behavior, and teaching STI prevention. The goal is to inform teachers about STIs, young people's behavior, and basic principles and teaching techniques.

*[http://www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI\\_Briefing\\_Kit\\_for\\_Teachers\\_2001.pdf](http://www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI_Briefing_Kit_for_Teachers_2001.pdf)*

### **Teacher Training: Essential for School Based Reproductive Health and HIV/AIDS Education, Focus on Sub-Saharan Africa – Youth Issues Paper 3**

Family Health International/YouthNet, 2004

This 26-page summary of teacher training issues includes a checklist of criteria for choosing teachers of reproductive health/HIV issues, an assessment of teacher training curricula, a summary of key issues involved, and short case studies from Africa.

*<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm>*  
(click on No. 3)

### **Teaching about AIDS Made Easy: A Manual for Teachers of Grades 5, 6 and 7**

Namibian Ministry of Basic Education and Culture, nd

This 35-page guide for teachers includes general information about AIDS, outlines skills for development by learners, explains teaching methodologies, gives three sample lessons, and lists the qualities of a good HIV teacher.

*<http://www.edsnet.na/Resources/AIDS/Teaching%20About%20AIDS.pdf>*

## 5. Useful Web Sites

**<http://www.advocatesforyouth.org/>**

Advocates for Youth deals with issues of young people's sexual and reproductive health internationally and provides information, training, and strategic assistance to youth-serving organizations, policy-makers, youth activists, and the media.

**<http://www.etr.org/recapp/>**

This site from ETR Associates provides practical tools and resources to help teachers and educators to effectively reduce risk-taking behaviors of youth with evaluated materials.

**<http://www.fhi.org/youthnet>**

Family Health International's YouthNet project (2001-2006) provides a wealth of information, with links by program areas, and a separate publications section.

**<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthInfoNet/YIN23.htm>**

This issue of Youth InfoNet, an online publication of FHI/YouthNet, features 29 Web sites that host collections of resources designed to assist adults working with youth on reproductive health and HIV issues.

**<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthInfoNet/YIN19.htm>**

This issue features 21 Web sites designed to assist youth with information on reproductive health and HIV prevention. The Web sites summarized can also be found on the YouthNet Web site's Resources for Young People page.

**<http://www.ippf.org>**

International Planned Parenthood Federation (IPPF) is the largest voluntary organization dealing with issues of sexual and reproductive health. It hopes to promote and establish the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.

**<http://www.iwannaknow.org>**

This is the American Social Health Association's sexual health information site for young people.

**<http://www.savethechildren.org.uk>**

Save the Children is the leading British charity working to create a better world for children. It works in 70 countries and helps children in the world's most impoverished communities.

**<http://www.siecus.org>**

The Sexuality Information and Education Council of the United States (SIECUS) promotes comprehensive sexuality education and advocates for the right of individuals to make responsible sexual choices.

**<http://www.unaids.org>**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the efforts and resources of eight United Nations system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the HIV/AIDS epidemic.

**<http://www.unfpa.org>**

The United Nations Population Fund (UNFPA) supports developing countries, at their request, to improve access to and the quality of reproductive health care, particularly family planning, safe motherhood, and the prevention of STIs, including HIV/AIDS.

**<http://www.unicef.org>**

The United Nations Children's Fund (UNICEF) works with partners around the world to promote the recognition and fulfillment of children's human rights. Within this site, go to:

*<http://www.unicef.org/programme/lifeskills.html>* for extensive information on life skills-based education





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