

Characteristics of EFFECTIVE PROGRAMS to Reduce Teen Pregnancy and STIs

Research shows that effective sexuality education programs share a number of common characteristics. These curriculum-based

THE PROCESS OF DEVELOPING THE CURRICULUM	THE CONTENTS OF THE CURRICULUM ITSELF	THE PROCESS OF IMPLEMENTING THE CURRICULUM
<ol style="list-style-type: none"> 1. Involved multiple people with expertise in theory, research, and sex and STI/HIV education to develop the curriculum 2. Assessed relevant needs and assets of the target group 3. Use a logic model approach that specified the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors 4. Designed activities consistent with community values and available resources (e.g. staff time, staff skills, facility space and supplies) 5. Pilot-tested the program 	<p style="text-align: center;">CURRICULUM GOALS AND OBJECTIVES</p> <ol style="list-style-type: none"> 6. Focused on clear health goals – the prevention of STI/HIV, pregnancy, or both 7. Focused narrowly on specific types of behaviour leading to these health goals (e.g. abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behaviour, and addressed situations that might lead to them and how to avoid them 8. Addressed sexual psychosocial risk and protective factors that affect sexual behaviour (e.g. knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them <p style="text-align: center;">ACTIVITIES AND TEACHING METHODOLOGIES</p> <ol style="list-style-type: none"> 9. Created a safe social environment for young people to participate 10. Included multiple activities to change each of the targeted risk and protective factors 11. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors 12. Employed activities, instructional methods, and behavioural messages that were appropriate to the teens' culture, developmental age, and sexual experience 13. Covered topics in a logical sequence 	<ol style="list-style-type: none"> 14. Secured at least minimal support from appropriate authorities, such as departments of health, school districts, or community organizations 15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision, and support. 16. If needed, implemented activities to recruit and retain teens and overcome barriers to their involvement (e.g. publicized the program, offered food or obtained consent) 17. Implemented virtually all activities with reasonable fidelity

Source: *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Douglas Kirby, Ph.D. The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

Prepared by: Sexuality Education Resource Centre, 2003. Revised 2009.