



Curriculum-Based Reproductive Health and HIV Education Programs for Youth

- *Curriculum-based reproductive health and HIV education programs reach large numbers of young people and can help them reduce sexual risk taking.*
- *Evidence-based standards can guide programs to adapt, develop, and implement effective curricula.*

Reproductive Health (RH) and HIV education programs based on written curricula can increase knowledge, shift attitudes, enhance skills, and change behaviors to prevent pregnancy and HIV infection among in-school and out-of-school youth. RH and HIV education is more likely to be effective if curricula are designed and implemented according to standards (see Table 1).

Of the 24 standards presented in Table 1, 17 are based on a recent review and analysis of program evaluations in developing and developed countries¹. Two-thirds of these evaluations reviewed found a significant positive impact on one or more sexual behaviors or outcomes, such as delaying initiation of sex or reducing the number of partners. The other third found a positive impact on two or more behaviors or outcomes.

The remaining 7 standards in Table 1 were developed through an expert consultative meeting on curriculum-based education convened by YouthNet/Family Health International in January 2006. They reflect the knowledge and experience of the researchers, programmers, and policymakers participating in the expert meeting.

Lessons Learned

- Curriculum-based RH/HIV education programs do not increase sexual activity.²
- Implementing curriculum activities over multiple years—in an order that corresponds to the developmental stages of adolescents—may help sustain positive pregnancy and HIV prevention behaviors over a relatively long period of time.
- Both adult-led and peer-led programs are effective; there is stronger evidence that adult-led programs are effective.
- When effective curriculum-based programs are replicated, they should stay as true as possible to the original curriculum—in length, activities, settings, etc. The more the program deviates from the original curriculum, the less likely it will be effective.

Programmatic Considerations

- **Consider curriculum-based education as one component of a broader strategy to reach youth.** Curriculum-based education is most effective in improving reproductive health when it is part of a comprehensive set of activities that reinforce behavior-change messages, create a supportive environment, and increase access to services.
- **Build on existing structures and assets.** Education programs can get off the ground more quickly and be more sustainable if they are part of community-based organizations, churches, schools, and other existing institutions.
- **Programs need to train and motivate educators to teach about RH and HIV/AIDS.** Some educators may need extra motivation to teach sensitive parts of a curriculum. Programs should also train teachers to use participatory methods, which are key components of many curricula.
- **Include evaluation, documentation, and dissemination.** Monitoring and evaluation provides information needed to make mid-course corrections. Also, documenting and



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disseminating evaluation results demonstrates program lessons learned that can assist a wider audience planning to implement curriculum-based education activities.

The key contents of curriculum development and implementation are listed in Table 1, below.

Table 1. Checklist of Standards³

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.
5. Consider availability of resources.
6. Pilot test curriculum and revise as needed.

B. Curriculum Content and Approach

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.
6. Incorporate instructionally sound and participatory approaches.
7. Use activities, messages, and methods that are appropriate to the culture, age, and sexual experience of targeted populations.
8. Address gender issues and sensitivities in both the content and teaching approach.
9. Cover topics in a logical sequence.
10. Present information that is scientifically and medically accurate.

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 oversight.
5. Implement activities, if needed, to recruit youth participants.
6. Implement activities to retain and monitor youth participants.
7. Establish monitoring and assessment systems to improve program effectiveness on a continual basis.
8. Include activities to address all key topics designated by the curriculum and implement the activities in the order presented.

¹ Kirby, D., Laris, B.A., Rolleri, L. Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries, Youth Research Working Paper No. 2. Arlington, VA, Family Health International/YouthNet, 2005.

² Kirby, D. et al. 2005.

³ Senderowitz, J., Kirby, D. Standards for curriculum-based reproductive health and HIV education programs. Arlington, VA, Family Health International/YouthNet, 2006.

Where to get more information: www.maqweb.org

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