

10 Characteristics of Effective Sex and HIV Education Programs

- An Assessment Tool -

1. Does your program focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection?

Evidence:

- The program focuses on a small number of behavioral goals directly related to adolescent pregnancy, STD and HIV (e.g. delay the initiation of sex, reduce the frequency of sex, increase the return to abstinence, reduce the number of sexual partners, increase the use of condoms or increase the use of contraception more generally).
- Your program clearly specifies behavioral goals.
- Your program clearly specifies the determinants (i.e. risk and protective factors) that influence these behaviors and describes the determinants on which the program will focus.
- Your program includes a logic model mapping out how activities are related to changing determinants of sexual risk taking behaviors.
- Most activities in your program are designed to change those specified sexual behaviors.

2. Is your program based on theoretical approaches that have been demonstrated to influence health-related behavior?

Evidence:

- Program identifies a health education/behavior, psychological or other related theory which it uses as a foundation for changing sexual behavior.
- Activities provide information about the risks and consequences of engaging in unprotected sex.
- Activities encourage values consistent with abstinence or use of protection against pregnancy and STD if sexually active.
- Activities encourage perceptions of peer norms consistent with abstinence or use of protection against pregnancy and STD if sexually active.

- Activities improve self-efficacy to refrain from unwanted sex or to insist on use of condoms or contraception.
- Activities help students examine and recognize social influences and pressures to have sex.
- Activities provide opportunities for students to learn and practice refusal and negotiation skills.
- Activities provide students with opportunities to learn from the information presented and from the observation of positive behavior of others.

3. Does your program deliver and consistently reinforce a clear message about abstaining from sexual activity AND using condoms or other forms of contraception?

Evidence:

- Your program gives a clear message (e.g. avoid sex or use protection against pregnancy and STD) and continually reinforces that stance at every opportunity (repeating the message or expressing it in different ways).
- Most of the facts, activities, values, and skills support the message and goals of the program.
- Activities reinforce positive peer norms for desired behaviors (e.g. by reinforcing the perception that peers believe abstinence is the best choice).

4. Does your program provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse?

Evidence:

- Your program presents basic information about the consequences of unprotected sex (e.g., unintended pregnancy, sexually transmitted disease, HIV, and their consequences.)
- Your program effectively demonstrates the chances of getting pregnant (or causing a pregnancy) and contracting an STD if having sex without protection.
- Your program provides basic important facts (e.g., HIV+ youth may not know that they are HIV+ and may look completely healthy).

- Your program provides accurate information about ways to prevent unintended pregnancy, STDs and HIV (e.g., abstinence, contraceptive methods).
- Your program provides information/resources about information and services in the community.

5. Does your program include activities that address social pressures related to sex?

Evidence:

- Your program identifies situations that might lead to sex, unwanted sex or sex without protection, and then elicits from the participants strategies for avoiding those situations or getting out of them.
- Activities identify social influences that counter the message of the program (e.g. the perception that “everyone’s doing it”).
- Activities reinforce positive peer norms about responsible sexual behavior (e.g. “Many are choosing to be responsible by postponing sex.”)
- Students re-assess their perception of peer norms about sexuality.
- Students are actively involved in the examination of peer pressure and social influences on their sexual behavior (through classroom discussions, homework assignments, roleplaying, debriefing, etc.).

6. Does your program provide examples of, and practice with, communication, negotiation, and refusal skills?

Evidence:

- Activities provide descriptions of the skill. Skills are clearly broken down with step-by- step instruction.
- Activities model or demonstrate effective use of the skills.
- Activities provide students with multiple opportunities for skill rehearsal and practice.
- Role playing scenarios reflect the audience’s age, sexual experience and culture (e.g. participants can relate to the role play language and scenarios and find them relevant).

- The skills that are taught reinforce the program's goals (e.g. delaying sexual activity or increasing the use of protection).
- Roleplaying activities are processed to encourage students to apply them to their own lives (e.g. by asking how realistic a situation is or how students might respond to social pressure enacted).

7. Does your program employ teaching methods designed to involve the participants and have them personalize the information?

Evidence:

- Program employs a variety of teaching methods that appeal to auditory, visual and kinesthetic learners.
- Participants are actively involved in the presentation of information (peer education, individual reports, discussions, etc.).
- Participants are actively involved in the practice of new communication skills through roleplaying, homework assignments, etc.
- Roleplay is processed, enabling students to discuss how the roleplay applies to their own lives and how they relate to the characters.
- Participants are asked to identify what influences them to engage in risk-taking behaviors.
- Participants are actively involved in other activities, not just listening passively to a lecturer.
- Some of the activities are designed to help youth apply the information to their own lives (e.g., getting them to think about what they would do if they just learned they were pregnant (or got someone pregnant) and to think about how a child or an incurable STD would affect their lives in the long run).

8. Does your program incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students?

Evidence:

- The behavioral goals reflect the participants' age and sexual experience.

- Information reflects the audiences' age, culture, and level of sexual activity, (e.g. roleplaying that is realistic and meaningful to the students).
- Skills reflect the audience's needs and experience (e.g. younger students may need to learn more refusal skills; older, sexually experienced students may need to learn skills to insist on use of protection against pregnancy and STD).
- Strategies for teaching the skills are consistent with the academic skills of the audience, (such as language and literacy levels).

9. Does your program last a sufficient amount of time?

Evidence:

- Your program provides at least 14 hours (or sessions) of instruction OR
- It provides at least five (5) hours of instruction in small groups and is voluntary.

10. Do you select teachers or peer leaders who believe in the program and then provide them with adequate training?

Evidence:

- Program leaders (teachers or peer educators) believe in the basic messages and goals of the program.
- Your program provides at least six (6) hours of educator training, which includes:
 - information on the program goals, content and approach;
 - practice using the teaching strategies included in the program (e.g. roleplaying, leading group discussion);
 - modeling of key lessons;
 - information about the theoretical underpinnings of the program with examples of how they are practiced;
 - information on additional resources and support materials for educators; and opportunities to build educators' confidence in communicating about sexual content and responding to sensitive questions.