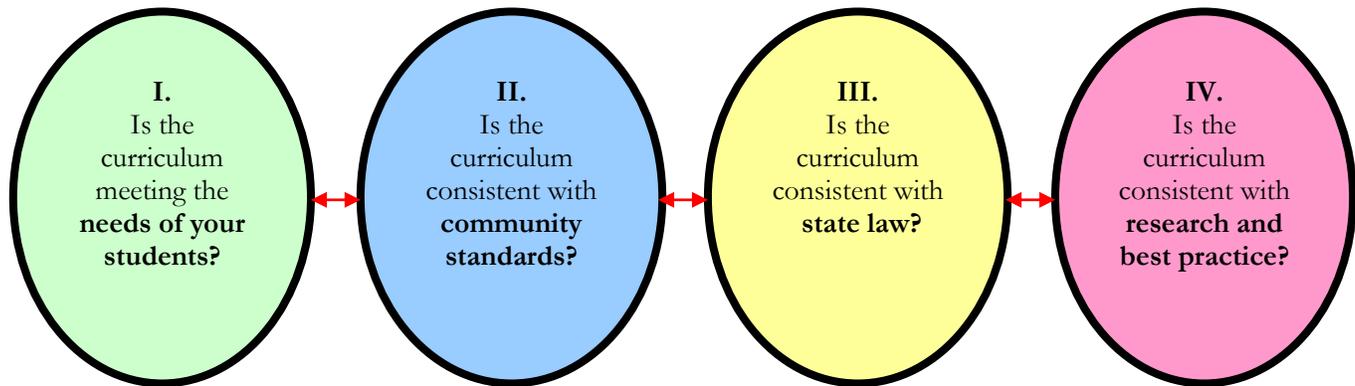


# HIV/STD and Sexuality Education

## Curriculum Evaluation Tool

A wide variety of HIV/STD and sexuality education programs are available. How does a school district or community know which one to choose? Many school and community educators have requested a user-friendly guide to evaluate curricula that take into consideration the needs of students and wishes of the community. To help with the selection process, this curriculum evaluation tool outlines and provides guidance to address four key questions:



School districts ask whether they should review published curricula and programs or write their own. Communities understand that cost, time and energy are often barriers to creating new curricula at the local level to keep young people safe and healthy. Evidenced-based curricula for HIV/STD prevention and sexuality education currently exist.

Research supports the fact that healthy children are better able to learn and succeed academically.

Minnesota Coordinated School Health has extensive resources and tools and the expertise to help you in your process of choosing effective HIV/STD and sexuality education programs. Contact staff to assist your district in the decision-making process.

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### Adapted from Michigan for Minnesota

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## I. STUDENT NEEDS

*A curriculum is unlikely to be effective if it does not meet the needs of the student population.*

### A. Rationale for Assessing Student Needs

What do your student populations look like? What types of risks are they taking? What kinds of specific programs are needed to reduce students' risks and to support health and educational achievement?

As a district and community, you have some information to address these questions related to the needs of your students.

*For example, have you considered what proportion of your students:*

- Have plans and goals that reinforce a decision to be abstinent?
- Have adults they can turn to for accurate information or advice?
- Have a serious boyfriend/girlfriend?
- Are engaged in risk behaviors?
- Have had sex (ever or in the past three months)?
- Used birth control or risk reduction for sexually transmitted diseases?
- Have multiple partners?
- Have significantly older partners?
- Have sexual relations while they or their partner are under the influence of alcohol and other drugs?
- Have experienced sex against their will or without their consent?
- Have ever been pregnant/gotten someone pregnant?
- Have ever had a sexually transmitted disease?

### B. Student Needs and Curriculum Selection

The answers to some of these questions can help to:

1. **Narrow** the **menu** of curricula to review; and
2. **Highlight contents** or **lessons** that are critical to be included.

***Example 1:***

If almost half of your student population has had sex, how might this influence the types of curricula your district reviews (e.g., abstinence-only or abstinence plus risk reduction)?

***Example 2:***

If a significant number of students have had **older** sexual partners, how might this influence the **content** to be included in the curriculum (e.g., how power and status might affect negotiation and decision-making)?

## C. Gathering Student Need Data

Steps to follow:

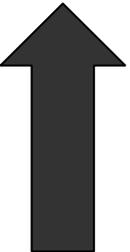
1. **Gather local and state data** that is already available to begin to build the picture of student needs.
2. **Collect new data** to fill in the gaps to further clarify the picture.

### *Possible sources of data:*

- Minnesota Student Survey-state trends and local school district data
- State and Local Health Departments- STD, teen pregnancy & birth data
- Other student surveys
- Youth Risk Behavior Survey (YRBS) for national behavior trends
- Focus groups
- Safe and Drug Free Schools surveys (SDFS)
- Anecdotal information
- Asset Surveys

3. **Compile** your information in a meaningful way and discuss implications for curricula selection (see sample form below).

Better Indicators



Health Outcomes

Behavior

Intentions

Knowledge

Remember that what students **know** may not determine what they **do**.

The best data on student needs will reflect not only knowledge but also student **intentions, behaviors** and/or **outcomes**.

### Sample Worksheet Summarizing Student Need Data

Information/Data about Your Students	Source of Data	Implication(s) for Curriculum Selection
168 youths in the school community under age 18 were diagnosed with chlamydia during the previous year.	Betty Smith, STD Division, Local Health Department	Students in high school need education about STD risk, transmission and prevention.
34 youths in the school community under the age of 15 were diagnosed with chlamydia during the previous year.	Betty Smith, STD Division. Local Health Department	Instruction on STDs needs to begin prior to the ninth grade.
36% of 9 <sup>th</sup> grade students who reported using alcohol 3x or more in the last 30 days also reported having had sexual intercourse 3 or more times in their lives versus 5% of 9 <sup>th</sup> graders who reported no alcohol use in the last 30 days.	Minnesota Student Survey 2004	Students need instruction on connections between substance use and sexual risk-taking.
80% of high school students in Alternative Education (compared with 49% of students in General Education) have ever had sex.	Alternative Schools and Area Learning Centers Minnesota Student Survey 2004	Alternative Education students need a curriculum with a greater emphasis on risk reduction.

## II. COMMUNITY STANDARDS

*A curriculum is unlikely to be implemented or effective unless it is consistent with what most parents want for their children.*

### A. Determining Community Standards

The best way to find out what parents in the community want for their children is to ask them in the form of a brief, **straightforward survey**. Following are questions that could be asked of parents to determine when certain content might be introduced in a K-12 curriculum.

At what grade levels should each of the following possible sexuality education/reproductive health topics first be taught?				
TOPICS	K-3	4-5	6-8	9-12
1. <b>Reproductive Anatomy:</b> Describes the reproductive parts of the male and female bodies and how they work.				
2. <b>Physical and Social Changes Associated with Puberty and Adolescence:</b> Teaches boys and girls about the physical, emotional, and social changes of puberty and adolescence.				
3. <b>Positive Communication with Family:</b> Develops expressing feelings, listening, empathy, problem-solving, limit-setting skills and recognizes parents as a resource.				
4. <b>Positive Friendships:</b> Identifies characteristics of positive friends; initiating, maintaining and ending friendships.				
5. <b>Healthy Intimate Relationships:</b> Recognizes healthy and unhealthy relationships, differentiating between emotional and sexual intimacy, positive characteristics of a boyfriend/girlfriend.				
6. <b>Sexual Decision-Making:</b> Includes developing skills, such as communication, assertiveness, refusal and negotiation skills for sexual decision-making.				
7. <b>Pregnancy and Childbirth:</b> Explains how pregnancy occurs, the importance of prenatal care and the birth of babies.				
8. <b>Parenting Responsibilities:</b> Explores physical, emotional, social and economic responsibilities of parenting and impact on future goals.				
9. <b>Abstinence:</b> Discusses reasons for not having sexual intercourse and develops skills (e.g., communication and refusal) for being abstinent.				
10. <b>Sexually Transmitted Diseases (including HIV/AIDS):</b> Includes information about the transmission, symptoms, treatment and prevention of sexually transmitted diseases such as HIV/AIDS, herpes and syphilis.				
11. <b>Risk Reduction:</b> Provides information about condoms as a means to reduce risk for HIV and other sexually transmitted diseases.				
12. <b>Contraception:</b> Provides information about birth control methods, such as abstinence, condoms, birth control pills and Depo-Provera and their roles in preventing pregnancy.				
13. <b>Sexual Orientation/Identity:</b> Teaches that some students self-identify or are perceived to be gay, lesbian, or bisexual and that all students deserve to be treated with respect (i.e., no name-calling, taunting, bullying).				
14. <b>Sexual Abuse, Rape and Sexual Assault:</b> Provides information about forced sexual activity and ways to prevent it, the laws and where to go for help.				
15. Which topics, if any do you believe the school district <b>should not</b> cover in a sexuality education/reproductive health set of lessons? Please list:.				

## B. Quality of the Results

It is important to consider whether or not your survey results are **representative** of parents in your school. Keep in mind that results that come from a **convenience sample** rather than a **random sample** may not represent the views of all parents in the district.

### *Consider:*

- How was this information **collected?** (i.e., anecdotal comments, committee members, survey of selected parents at PTA meeting or other school event, surveys sent home to parents)
- Are the results **representative** of most parents with students in the district?
- Do they also **represent** the views of other key stakeholders in the community?
- Did parents and/or other key stakeholders in the district have the chance to **express** their views honestly and openly?
- If the answer(s) are “no” to the above, your survey results may not be valid. The district may want to consider collecting the data again in a more scientific fashion.

## III. LEGAL OBLIGATIONS

*A curriculum must be consistent with state law.*

In Minnesota, HIV/STD prevention education must be consistent with Minnesota Statute 121A.23 Programs to Prevent and Reduce the Risk of Sexually Transmitted Infections and Diseases.

Each district must have a program that includes at least:

1. Planning material, guidelines and other technically accurate and updated information;
2. A comprehensive, technically accurate and updated curriculum that includes helping students to abstain from sexual activity until marriage;
3. Cooperation and coordination among districts and SC's; (Service Cooperatives)
4. A targeting of adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases, for prevention efforts;
5. Involvement of parents and other community members;
6. In-service training for appropriate district staff and school board members;
7. Collaboration with state agencies and organizations having a sexually transmitted infection and disease risk reduction program;
8. Collaboration with local community health services, agencies and organizations having a sexually transmitted infection and disease risk reduction program; and
9. Participation by state and local student organizations.

## IV. RESEARCH AND BEST PRACTICE

*A curriculum is unlikely to be effective unless it is consistent with research regarding effective instruction for HIV/STD and/or pregnancy prevention.*

Significant bodies of research repeatedly point to the same factors critical for successful, school-based HIV/STD and pregnancy prevention programs.<sup>1</sup> **Effective** programs, as defined by researchers, impact one or more of the following outcomes:

- Delay initiation of sexual intercourse
- Maintain or encourage return to the practice of sexual abstinence
- Reduce the number of sexual partners
- Support the consistent use of risk reduction methods (i.e., condoms, birth control) for those who are sexually active
- Decrease cases of sexually transmitted diseases or pregnancy

As the district reviews curricula, consider the following key issues: **research** and **best practice**.

### A. Research

1. Has the program been evaluated for **behavioral** intentions or outcomes?
2. If yes, what was the **quality** of the evaluation?
  - a. Was it published in a peer-reviewed journal?
  - b. Did it include a follow-up survey in addition to a pre- and post-test?
  - c. Did it include a comparison or control group?
  - d. Was the study population and/or setting similar to yours?
3. What were the **results** of the evaluation? Did it demonstrate statistically significant change in key outcomes such as sexual behavior?

### B. Best Practice

Not all programs have gone through a rigorous evaluation. Even programs that have not been **formally** evaluated should include the following characteristics of programs found to be effective. The following characteristics are **best practice**.

<sup>1</sup>Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy: Washington, DC.

***Best practice questions to ask about a curriculum<sup>1</sup>:***

- |   |   |   |
|---|---|---|
| 1. Does it <b>focus</b> on reducing one or more sexual behaviors that lead to unintended pregnancy, HIV or other STDs?  | Y | N |
| 2. Is it based on theory of how people <b>adopt</b> or <b>maintain</b> healthy behaviors?   | Y | N |
| 3. Does it consistently emphasize <b>abstinence</b> from sexual activity and/or using condoms or other forms of <b>risk reduction</b> ?                       | Y | N |
| 4. Does it provide <b>basic, accurate</b> information about risks, methods of risk reduction and/or risk elimination?   | Y | N |
| 5. Does it include activities that address <b>social pressures</b> ?  | Y | N |
| 6. Does the program include multiple opportunities for <b>explanation, demonstration</b> and <b>practice of skills</b> ? Essential skills include:            |   |   |
| • Identifying healthy relationships   | Y | N |
| • Communication skills  | Y | N |
| • Identifying peer norms  | Y | N |
| • Perceived risks for HIV, STD and/or pregnancy   | Y | N |
| • Negotiation skills  | Y | N |
| • Decision-making skills  | Y | N |
| • Avoiding danger/risk situations   | Y | N |
| • Planning/goal-setting skills  | Y | N |
| • Accessing community resources   | Y | N |
| • Communicating with parents/guardians  | Y | N |
| • Refusal skills  | Y | N |
| • Other _____   | Y | N |
| 7. Does it include a variety of <b>best practice teaching methods</b> that encourage higher-order thinking? Such methods include:                             |   |   |
| • Substantive conversation/discussion   | Y | N |
| • Cooperative learning/small groups   | Y | N |
| • Skills practice & rehearsal   | Y | N |
| • Demonstrations/experiential learning  | Y | N |
| • Case studies/scenarios/role plays   | Y | N |
| • Peer education  | Y | N |
| • Parent/guardian involvement   | Y | N |
| • Community linkages/involvement  | Y | N |
| • Other _____   | Y | N |
| • Other _____   | Y | N |
| 8. Does it include goals, teaching methods and instructional materials that are <b>appropriate</b> to the age, sexual experience and culture of the students? | Y | N |
| 9. Does it <b>last long enough</b> (14 or more hours) to have a chance of impacting behavior?   | Y | N |
| 10. Will teachers selected to teach the program receive curriculum-focused <b>training</b> ?  | Y | N |

<sup>1</sup>Adapted from Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy: Washington, DC.

## HIV/STD and Sexuality Education Score the Curriculum

Name: \_\_\_\_\_ Number of Lessons: \_\_\_\_\_

Publisher: \_\_\_\_\_ Year Published: \_\_\_\_\_

Target Audience(s): \_\_\_\_\_ Cost: \_\_\_\_\_

Training Requirements: \_\_\_\_\_

### To what extent is the curriculum...

<p><b>...meeting the needs of your students?</b></p> <p><i>Circle Score:</i> _____ <i>Comments:</i> _____</p> <p>4 = Completely 3 = Mostly 2 = Somewhat 1 = Very Little 0 = Not at All</p>	<p><b>...consistent with community standards?</b></p> <p><i>Circle Score:</i> _____ <i>Comments:</i> _____</p> <p>4 = Completely 3 = Mostly 2 = Somewhat 1 = Very Little 0 = Not at All</p>
<p><b>...consistent with state law?</b></p> <p><i>Circle Score:</i> _____ <i>Comments:</i> _____</p> <p>4 = Completely 3 = Mostly 2 = Somewhat 1 = Very Little 0 = Not at All</p>	<p><b>...consistent with research and best practice?</b></p> <p><i>Circle Score:</i> _____ <i>Comments:</i> _____</p> <p>4 = Completely 3 = Mostly 2 = Somewhat 1 = Very Little 0 = Not at All</p>

**Overall Strengths:**

**Overall Weaknesses:**

**Overall Comments:**

**Overall Score:**

*Total points from above*

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Role: \_\_\_\_\_  
*(teacher, parent, medical professional, etc.)*