

HIV / STI and Sexuality Education Curriculum Evaluation Tool

November 2005

Dear Sex Education Supervisor and Advisory Board Co-Chairs:

There are a wide variety of curricula available in HIV/STI and sexuality education that can be included as part of a coordinated school health program. How does your district know which one to choose? Many school districts have requested a user-friendly guide to evaluate curricula that takes into consideration the needs of students and wishes of the community. To help with this selection process, a workgroup of the Comprehensive School Health Coordinators' Association developed this tool that outlines four key questions:

I. Is the curriculum meeting the needs of your students ?	II. Is the curriculum consistent with community standards ?
III. Is the curriculum consistent with research and best practices ?	IV. Is the curriculum consistent with state law ?

Districts have also asked whether they should review curricular packages or write their own curricula. We encourage districts *not* to reinvent the wheel, but rather, review existing curricular packages based on the above criteria. The bottom line is that schools do not have the time or energy to develop and implement programs that are no more likely to keep young people safe and healthy. Further, research supports the fact that healthy children are better able to learn and succeed academically.

Your Comprehensive School Health Coordinator, typically found at the ISD or RESA office, has an extensive number of resources, tools, and the expertise to help you in your process of choosing effective HIV/STI and sexuality education programs. Do not hesitate to contact them to assist your district in the decision-making process.

Sincerely yours,

Comprehensive School Health Coordinators' Association

Developed and updated by a workgroup of the Comprehensive School Health Coordinators' Association

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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 kind of risks are they taking? What kinds of specific programs are needed to reduce students' risks and to support health and educational achievement? This data is important to help a local district meet the legal requirement of selecting materials and methods that address student needs. §380.1507(5)(b)

As a district and community you already 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 or girlfriend?
- Are engaging in risk behaviors?
- Have had sex (ever or in the past three months)?
- Use risk reduction methods to prevent pregnancy and sexually transmitted infection?
- Have multiple partners?
- Are having sex under the legal age of consent?
- Have significantly older partners? (an age difference of 3 or more years)
- 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 or gotten someone pregnant or had a sexually transmitted infection?
- Have had underage sex?

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:

- State and Local Health Departments
 - Youth Risk Behavior Survey (YRBS)
 - Safe and Drug-Free Schools surveys (SDFS)
 - Asset surveys
 - Other student surveys
 - Focus groups
 - Anecdotal information
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 health 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, STI Division, Local Health Department	Students in high school need education about STI 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, STI Division, Local Health Department	Instruction on STIs needs to begin prior to the ninth grade.
35% of the district's high school students who have ever had sexual intercourse used alcohol the last time.	Youth Risk Behavior Survey	Students need instruction on connections between substance abuse and sexual risk taking.
90% of high school students in alternative education (compared with 45% of students in general education) have had sex.	Alternative Education Youth Risk Behavior Survey	Alternative education students need 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. The following topics include those identified in §380.1507b and include other topics that have been identified as key components of a comprehensive scope and sequence for sexuality education. Below are questions that could be asked of parents to determine when certain content might be introduced in the K-12 curriculum.

At what grade level should each of the following possible sexuality education/reproductive health topics <u>first</u> be taught?					
TOPIC	K-3	4-5	6-8	9-12	Should not be taught
1. Puberty and Adolescence: Teaches boys and girls about the physical and social changes of puberty and adolescence.					
2. Reproductive Anatomy: Describes male and female reproductive anatomy and function.					
3. Positive Communication With Family: Encourages students to talk with their parents and other trusted adults about feelings, relationships and setting limits.					
4. Positive Friendships: Identifies characteristics of positive friends, including initiating, maintaining, and ending friendships.					
5. Child Sexual Abuse: Teaches personal safety concepts, such as good touch-bad touch, stranger danger and identifying trusted adults who can help.					
6. Healthy Dating Relationships: Recognizes healthy and unhealthy relationships. Differentiates between emotional and physical intimacy, and limit setting.					
7. Abstinence: Discusses benefits of abstaining from sex or ceasing sexual activity. Teaches assertiveness skills for resisting pressure, such as communication and refusal.					
8. Skills to Avoid Risky Behaviors: Includes developmental skills, such as decision-making, communication, assertiveness, refusal, and negotiation, to avoid risky situations.					
9. Legal Consequences of Underage Sex: Provides information about the criminal consequences of underage sexual activity.					
10. Pregnancy and Childbirth: Explains how pregnancy occurs, the importance of prenatal care, and how babies are born.					
11. Parenting Responsibilities: Explores the responsibilities of parenting (e.g., economic, physical, emotional, social, and legal) and their impact on future goals. Provides information on responsibilities to children born in and out of wedlock.					
12. Adoption and Safe Delivery: Provides information on adoption services and the safe delivery of newborns law.					
13. Sexually Transmitted Infections (including HIV/AIDS): Information about the transmission, symptoms, treatment, and prevention of sexually transmitted infections, such as chlamydia, gonorrhea, genital herpes, genital warts, and HIV/AIDS.					
14. Risk Reduction: Provides information about condoms as a means to reduce risk for HIV and other sexually transmitted infections.					
15. Contraception: Provides information about birth control methods, such as condoms, birth control pills, and Depo-Provera and their role in preventing pregnancy.					
16. Sexual Orientation/Identity: Teaches that all students deserve to be treated with respect (e.g., no name-calling, taunting, bullying) and that some students self-identify or are perceived to be gay, lesbian, or bisexual.					
17. Harassment, Sexual Assault and Rape: Provides information on the law, prevention skills, and where to go for help.					
Additional Comments:					

B. Quality of the Results

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



Consider:

- Was this information **collected using research methodology**?
- 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. RESEARCH AND BEST PRACTICE

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



Significant bodies of research repeatedly point to the same factors critical for **successful** school-based HIV and pregnancy prevention programs.¹ **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, such as condoms and birth control, for those who are sexually active
- Decrease cases of sexually transmitted infection or pregnancy

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

A. Research

- Has the program been evaluated for **behavioral** intentions or outcomes?
- 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?
- 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 characteristics on the next page are **best practice**.

Best practice questions¹ to ask about a curriculum:

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|-----------------------------------|---|---|---|---|---|-------------------------------|---|---|---------------------------------|---|---|--------------------------------------|---|---|--|---|---|--|---|---|---------------|---|---|-----------|---|---|-------------------|---|---|---------------|---|---|--|--|
| 1 | Does the curriculum align with the national standards for health education? ² | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> • Students will comprehend concepts related to health promotion and disease prevention. • Students will demonstrate the ability to access valid health information and health-promoting products and services. • Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. • Students will analyze the influence of culture, media, technology, and other factors on health. • Students will demonstrate the ability to use interpersonal communication skills to enhance health. • Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health. • Students will demonstrate the ability to advocate for personal, family, and community health. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Does it focus on reducing one or more sexual behaviors that lead to unintended pregnancy, HIV, or other STIs? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Is it based on theory of how people adopt or maintain healthy behaviors? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Does it provide a clear, consistent emphasis on abstinence and other forms of risk reduction ? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Does it provide basic, accurate information about risks, ways to eliminate or reduce risk, and possible consequences? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Does it include activities that help students identify and respond to social pressures from sources, such as their peers and the media? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Does the program include multiple opportunities for explanation, demonstration, and practice of skills ? Essential skills include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">• Identifying healthy relationships</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> <td style="width: 50%;">• Avoiding danger/risk situations</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> </tr> <tr> <td>• Communication</td> <td>Y</td> <td>N</td> <td>• Planning and goal-setting</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Identifying peer norms</td> <td>Y</td> <td>N</td> <td>• Accessing community resources</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Perceived risks for HIV, STI, and/or pregnancy</td> <td>Y</td> <td>N</td> <td>• Communicating with parents/guardians</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Negotiation</td> <td>Y</td> <td>N</td> <td>• Refusal</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Decision-making</td> <td>Y</td> <td>N</td> <td>• Other _____</td> <td>Y</td> <td>N</td> </tr> </table> | • Identifying healthy relationships | Y | N | • Avoiding danger/risk situations | Y | N | • Communication | Y | N | • Planning and goal-setting | Y | N | • Identifying peer norms | Y | N | • Accessing community resources | Y | N | • Perceived risks for HIV, STI, and/or pregnancy | Y | N | • Communicating with parents/guardians | Y | N | • Negotiation | Y | N | • Refusal | Y | N | • Decision-making | Y | N | • Other _____ | Y | N | | |
| • Identifying healthy relationships | Y | N | • Avoiding danger/risk situations | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| • Perceived risks for HIV, STI, and/or pregnancy | Y | N | • Communicating with parents/guardians | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Negotiation | Y | N | • Refusal | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Decision-making | Y | N | • Other _____ | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Does it include a variety of best practice teaching methods that encourage higher-order thinking? Such methods include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">• Substantive conversation and discussion</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> <td style="width: 50%;">• Peer education</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> </tr> <tr> <td>• Cooperative learning and small groups</td> <td>Y</td> <td>N</td> <td>• Parent/guardian involvement</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Skills practice and rehearsal</td> <td>Y</td> <td>N</td> <td>• Community linkages and involvement</td> <td>Y</td> <td>N</td> </tr> <tr> <td>• Demonstrations and experiential learning</td> <td>Y</td> <td>N</td> <td>• Case studies, scenarios, role plays</td> <td>Y</td> <td>N</td> </tr> </table> | • Substantive conversation and discussion | Y | N | • Peer education | Y | N | • Cooperative learning and small groups | Y | N | • Parent/guardian involvement | Y | N | • Skills practice and rehearsal | Y | N | • Community linkages and involvement | Y | N | • Demonstrations and experiential learning | Y | N | • Case studies, scenarios, role plays | Y | N | | | | | | | | | | | | | | |
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| • Demonstrations and experiential learning | Y | N | • Case studies, scenarios, role plays | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Does it include goals, teaching methods, and instructional materials that are appropriate to the age, sexual experience, and culture of the students? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Does it last long enough to have a chance of impacting behavior?
<i>Research has shown that programs with 14 or more hours of instruction are more effective.</i> | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Have we selected teachers who believe in the program and will establish a climate conducive to learning? Will the teachers receive curriculum-focused training ? | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

¹Adapted from Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy: Washington, DC. These best practices are also embedded in the Michigan Department of Education State Board Policy to Promote Health and Prevent Disease and Pregnancy (September, 2003).

²The National Health Standards can be accessed on the American Association for Health Education website at <http://www.aahperd.org/aahe/>.

IV. LEGAL OBLIGATIONS

The curriculum content must be consistent with state law.



In Michigan, sexuality education and HIV/STI prevention education must be in compliance with Michigan laws (see statutes §380.1169, §380.1506, §1380.1507, §380.1507a, §380.1507b, §388.1766, and §388.1766a). The law outlines a process for approving and implementing sexuality education programs. It also identifies certain requirements for content:

Required Content:

Instruction in HIV/AIDS and sex education must stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)

Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the best methods for the restriction and prevention of these diseases. (§380.1169)

Sex education material discussing sex must be age-appropriate, must not be medically inaccurate, and must do all of the following:

- a) Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.
- b) Include a discussion of the possible emotional, economic, and legal consequences of sex.
- c) Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sexual intercourse that are not fully preventable except by abstinence.
- d) Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.
- e) The age-appropriate sex education material also must ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees.
- f) Teach pupils how to say “no” to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.
- g) Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.
- h) Teach that the pupil has the power to control personal behavior, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others.
- i) Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.
- j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the Safe Delivery of Newborns Law.
- k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years. (§380.1507b)

Allowed Content:

School districts must teach about the best methods for the restriction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)

Districts are not prohibited from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education program. (§380.1507)

Prohibited Content:

Clinical abortion cannot be considered a method of family planning, nor can abortion be taught as a method of reproductive health. (§380.1507) “Reproductive health” means that state of an individual’s well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1506)

A person cannot dispense or otherwise distribute a family planning drug or device in a public school or on public school property. (§380.1507)



HIV / STI and Sexuality Education

Evaluate the Curriculum

Name: _____ Number of Lessons: _____

Publisher: _____ Year Published: _____

Target Audience(s): _____ Cost: _____

Training Requirements: _____

To what extent is the curriculum...

<p style="text-align: center;">I.</p> <p>...meeting the needs of your students?</p> <p><i>Circle One:</i> <i>Comments:</i></p> <p>Completely</p> <p>Mostly</p> <p>Somewhat</p> <p>Very Little</p> <p>Not at All</p>	<p style="text-align: center;">II.</p> <p>...consistent with community standards?</p> <p><i>Circle One:</i> <i>Comments:</i></p> <p>Completely</p> <p>Mostly</p> <p>Somewhat</p> <p>Very Little</p> <p>Not at All</p>
<p style="text-align: center;">III.</p> <p>...consistent with research and best practice?</p> <p><i>Circle One:</i> <i>Comments:</i></p> <p>Completely</p> <p>Mostly</p> <p>Somewhat</p> <p>Very Little</p> <p>Not at All</p>	<p style="text-align: center;">IV.</p> <p>...consistent with state law?</p> <p><i>Circle One:</i> <i>Comments:</i></p> <p>Completely</p> <p>Mostly</p> <p>Somewhat</p> <p>Very Little</p> <p>Not at All</p>

Overall Strengths:

Overall Weaknesses:

Reviewers: _____ Date: _____

Reviewer Role(s): _____

(educator, parent, community health professional, clergy, student, etc.)