

HIV / STD and Sexuality Education

Curriculum Evaluation Tool

Dear Sex Education Supervisor:

There are a wide variety of programs available in HIV/STD and sexuality education. 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 state law ?	IV. Is the curriculum consistent with research and best practices ?

Districts have also asked whether they should review curricular packages or write their own curricula. We encourage districts *not* to recreate 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 unlikely 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/STD and sexuality education programs. Do not hesitate to contact them to assist your district in the decision-making process.

Sincerely yours,

A Sexuality Education Workgroup of the Comprehensive School Health Coordinators' Association

Developed 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?

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/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?
- Have experienced sex against their will or without their consent?
- Have ever been pregnant/gotten someone pregnant or 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

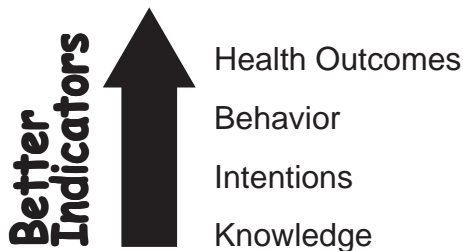
Steps to follow:



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:

- State and Local Health Departments
 - Youth Risk Behavior Surveys (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).



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, 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.
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 ever 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**. 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 sex education/ reproductive health topics <u>first</u> be taught?				
Topic				
1. Reproductive Anatomy: Describes the reproductive parts of the male and female bodies, and how they work.				
2. Physical and Social Changes Associated with Puberty and Adolescence: Teaches boys and girls about the physical, emotional, and social changes of puberty and adolescence.				
3. Positive Communication with Family: Develops expressing feelings, listening, empathy, problem-solving, limit-setting skills and recognizes parents as a resource.				
4. Positive Friendships: Identifies characteristics of positive friends; initiating, maintaining, and ending friendships.				
5. Healthy Intimate Relationships: Recognizes healthy and unhealthy relationships, differentiating between emotional and sexual intimacy, positive characteristics of a boyfriend/girlfriend.				
6. Sexual Decision-Making: Includes developing skills, such as communication, assertiveness, refusal, and negotiation skills for sexual decision-making.				
7. Pregnancy and Childbirth: Explains how pregnancy occurs, the importance of prenatal care, and the birth of babies.				
8. Parenting Responsibilities: Explores physical, emotional, social, and economic responsibilities of parenting and impact on future goals.				
9. Abstinence: Discusses reasons for not having sexual intercourse and develops skills (e.g., communication and refusal) for being abstinent.				
10. Sexually Transmitted Diseases (including HIV/AIDS): Includes information about the transmission, symptoms, treatment, and prevention of sexually transmitted diseases such as HIV/AIDS, herpes, and syphilis.				
11. Risk Reduction: Provides information about condoms as a means to reduce risk for HIV and other sexually transmitted diseases.				
12. Contraception: Provides information about birth control methods, such as abstinence, condoms, birth control pills, and Depo-Provera and their roles in preventing pregnancy.				
13. Sexual Orientation/Identity: 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. Sexual Abuse, Rape, and Sexual Assault: 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 should not cover in a sex education/ reproductive health set of lessons? _____				

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 Michigan, sexuality education and HIV/STD prevention education must be consistent with sections **1507** and **1169** of the **Michigan School Code**. The Michigan School Code outlines a process for approving and implementing sexuality education programs while leaving the exact content to be taught in the district to the discretion of local decision makers. Sections 1169 and 1507 of the Michigan School Code include the following mandates and prohibitions regarding content of instruction.

- It **must** include the principal modes by which dangerous communicable diseases are spread and the best methods for restriction and prevention of these diseases (1169);
- It **must** include the teaching of abstinence from sex as a responsible method for restriction and prevention of these diseases and as a positive lifestyle for unmarried young people (1169 and 1507);
- It **cannot** include the teaching of abortion as a method of reproductive health (1507);
- It **cannot** include the dispensing or distribution of a family planning drug or device (1169 and 1507).

Violation can result in a loss of 5% of the district's State Aid allocation (Michigan State Aid Act).

IV. RESEARCH AND BEST PRACTICE

A curriculum is unlikely to be effective unless it is consistent with the 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 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 (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**.

¹Kirby, 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 curriculum²:

- | | | | |
|-----------|--|---|---|
| 1 | Does it focus 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 adopt or maintain healthy behaviors? | Y | N |
| 3 | Does it consistently emphasize abstinence from sexual activity and/or using condoms or other forms of risk reduction ? | Y | N |
| 4 | Does it provide basic, accurate information about risks, methods or risk reduction, and/or elimination? | Y | N |
| 5 | Does it include activities that address social pressures ? | Y | N |
| 6 | Does the program include multiple opportunities for explanation, demonstration, and practice of skills ? 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 best practice teaching methods 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 appropriate to the age, sexual experience, and culture of the students? | Y | N |
| 9 | Does it last long enough (14 or more hours) to have a chance of impacting behavior? | Y | N |
| 10 | Have we selected teachers who believe in the program? Will they 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.



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Score the Curriculum

Name: _____ Number of Lessons: _____

Publisher: _____ Year Published: _____

Target Audience(s): _____ Cost: _____

Training Requirements: _____

To what extent is the curriculum...

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

Overall Strengths:

Overall Weaknesses:

Reviewer: _____ Date: _____ **Overall Score:**
Total points from above

Reviewer Role: _____
(teacher, parent, medical professional, etc.)