

MEASURE Evaluation

Working Paper Series

Curricula Review of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth

Carla Lopez, Ilene Speizer

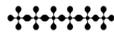
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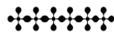
Carolina Population Center
University of North Carolina at Chapel Hill
206 W. Franklin Street
Chapel Hill, NC 27516
Phone: 919-966-7482
Fax: 919-966-2391
measure@unc.edu
www.cpc.unc.edu/measure



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Carla Lopez, MPH
Ilene Speizer, PhD, MHS

MEASURE Evaluation Project



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Abstract

In an effort to mitigate the spread of HIV in developing nations, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) supports HIV prevention programs that emphasize "abstinence and be faithful for youth" (ABY) among a broader array of prevention interventions. The focus of this report is on multi-country, multi-year PEPFAR ABY programs implemented by 14 nongovernmental and faith-based organizations that were awarded a total of \$100 million in central funding by the U.S. Agency for International Development's Office of HIV/AIDS at the beginning of PEPFAR. Most of these ABY programs are curriculum-based programs; however, to date, the curricula have not been evaluated for quality. Furthermore, few published standards and guidelines exist for HIV prevention curricula, especially for developing countries. This paper uses an evaluation tool that compiles known characteristics of high quality reproductive health and HIV prevention curricula to evaluate the strengths and weaknesses of curricula used by centrally-funded PEPFAR ABY programs. Recommendations are made for strengthening the curricula reviewed. In general, curricula reviewed used a variety of participatory teaching methods and addressed such life skills as self-esteem and effective communication, covered topics in a logical sequence, and addressed multiple risk and protective factors affecting sexual behaviors. Curricula vary greatly in their use of skills-based exercises within the lessons, with curricula for younger youth being more likely to use strategies that build skills of participants. Curricula for older adolescents and young adults were weaker since they did not adequately address the needs of sexually experienced youth, including secondary abstinence, mutual faithfulness, and condom use. Topics such as sexual violence, drugs, and communication with parents were not well covered in most of the curricula reviewed. This review is useful for program managers 1) seeking to strengthen their current curricula (if using one of the curricula reviewed), 2) searching for a curriculum to use in a future HIV prevention program for youth, 3) wanting to identify lessons that could be borrowed from other curricula to strengthen their current program, or 4) designing new curricula that are sure to have the components of effective curriculum-based programs.

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Curricula Review of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth

Introduction

In 2003, President George W. Bush announced the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), a \$15 billion effort to address the HIV pandemic through comprehensive support for prevention, care, and treatment, with special emphasis on 15 "focus" countries. A key prevention strategy for PEPFAR has been support for HIV prevention programs that emphasize "abstinence and be faithful" (AB) messages; those AB programs that specifically target youth ages 10 to 24 are known as ABY (AB for youth) programs. PEPFAR funds, both centrally from headquarters and through U.S. government (USG) country offices abroad, were used for ABY prevention activities. The focus of this report is on 14 multi-country, multi-year ABY programs implemented by nongovernmental and faith-based organizations that were awarded a total of \$100 million in central funding by the U.S. Agency for International Development (USAID) in 2004 and 2005, at the beginning of PEPFAR. These 14 awardees are also known as Track 1.0 ABY programs.

These Track 1.0 ABY programs were undertaken in the 12 sub-Saharan African PEPFAR focus countries and in Guyana and Haiti by 10 faith-based and four secular partners with varied degrees of experience in abstinence and youth programming (Speizer & Lopez, 2007). At the time of curriculum collection for this review, the ABY partners were in the middle or near the end of their five-year funding cycle. Most of the programs are curriculum-based and target in-school youth, as well as out-of-school youth through youth clubs, churches and mosques, and youth associations. None of these 14 centrally-funded ABY programs have been thoroughly evaluated to determine their effectiveness in reducing HIV infection by promoting ABY messages, nor have the 20 or so curricula used by those programs been evaluated to assess their quality.

The effectiveness of a program depends on a myriad of factors including well-trained staff, willing participants, appropriate implementation of the program, time and space in which to teach youth, cultural appropriateness of the messages, sufficient resources, and support from communities. As a result, ensuring that programs use high-quality curricula alone may not result in the success of a program in meeting its goals, but is likely to better enable a program to do so. Nevertheless, there are several advantages to using a good curriculum. Curriculum-based programs are more likely to be grounded in theory and informed by research, lead to more structured and intensive programs, facilitate the teaching process for the instructor, counteract the personal biases of the instructor, and result in better outcomes when led by an adult (Kirby, Laris, & Rolleri, 2005; Ferguson, Dick, & Ross, 2006).

What is a high quality curriculum? While numerous studies, including reviews of multiple abstinence and reproductive health programs, have been published on the success of curriculum-based sexual education programs for youth in the U.S. (Blake, Ledsky, Lehman,

Goodenow, Sawyer, & Hack, 2001; Borawski, Trapl, Lovegreen, Colabianchi, & Block, 2005; Denny, Young, Rausch, & Spear, 2002; Denny & Young, 2006; Jemmott, Jemmott, & Fong, 1998; Lohrmann, Blake, Collins, Windsor, & Parrillo, 2001; Mains, Iverson, McGloin, Banspach, Collins, & Rugg, 1994; Mullen, Ramirez, Strouse, Hedges, & Sogolow, 2002; Villarruel, Jemmott, & Jemmott, 2005; Wilson, Goodson, Pruitt, Buhi, & Davis-Gunnels, 2005; Yoo, Johnson, Rice, & Manuel, 2004); fewer papers have been published on the characteristics of the programs that have made them successful. In general, papers that mention qualities of sexual health curricula in the United States recommend that educators do the following:

- Tailor programs to **youths' knowledge, attitudes, skills, and behaviors** to avoid giving youth information they already know, or failing to give them important information they do not know (Centers for Disease Control and Prevention [CDC], 2005).
- Teach **life skills**, in addition to knowledge, that will facilitate healthy sexual behavior and allow sufficient time for youth to practice these skills and get feedback on their performance. While there is no consensus on the definition of life skills, they typically include building self-esteem and assertiveness, resisting peer pressure, identifying life goals, communicating effectively with peers and partners, negotiating for safer sex or abstinence, refusing sex or drugs, and establishing personal boundaries for sexual activity (Kirby, Korpi, Adivi, & Weissman, 1997; Kirby & Coyle, 1999; Nation, Crusto, Wandersman, Kumpfer, Seybolt, & Morrissey-Kane, 2003; Schaalma, Abraham, Gillmore, & Kok, 2004; The National Campaign to Prevent Teen Pregnancy, 2003; Tiendrebeogo, Meijer, & Engleberg, 2003).
- Address youths' **perceptions of peer and community norms** (CDC, 2005; Nation et al., 2003; The National Campaign to Prevent Teen Pregnancy, 2003).
- Tailor programs to be **culturally appropriate** to the target audience (CDC, 2005; Kirby & Coyle, 1999; The National Campaign to Prevent Teen Pregnancy, 2003).
- **Use theory** to address cognitive and psychosocial determinants of behavior (Kirby & Coyle, 1999; Nation et al., 2003; Schaalma et al., 2004; The National Campaign to Prevent Teen Pregnancy, 2003).
- Involve **parents/caregivers** (Nation et al., 2003; Schaalma et al., 2004a; Silva, 2002).
- Provide adequate **instruction time** of about 12 to 15 hours (Kirby & Coyle, 1999; The National Campaign to Prevent Teen Pregnancy, 2003).
- Create a **safe environment** for youth by establishing ground rules for mutual respect and confidentiality (Schaalma et al., 2004).

Published papers on sexual health education outside of the U.S. include many of the recommendations bulleted above (Gachuhi, 1999; Gallant & Maticka-Tyndale, 2004; Kirby, Laris, and Roller, 2005; Senderowitz & Kirby, 2006; Tiendrebeogo et al., 2003). The most recent and comprehensive publication that provides standards for youth sexual health education applicable to international settings is a paper by Senderowitz and Kirby (2006), which lists 24 standards for effective reproductive health and HIV prevention curriculum-based programs. Ten of these 24 standards are directly related to curriculum content, while the rest address design/development and implementation. The work by Senderowitz and Kirby is grounded in

earlier work by Kirby, where he reviewed 83 sexual education and HIV prevention curriculum-based programs in developing and developed countries (Kirby, Laris, & Roller, 2005). The earlier work is supplemented by the experiences of experts in the field of sexual health education.

The ABY curricula review presented here uses what is known about effective sexual health education curricula to determine the quality of the ABY curricula used by centrally funded PEPFAR ABY programs. Issues pertaining to curriculum design, development, or implementation lie outside the scope of this review. Similarly, this review will not attempt to determine whether the ABY curricula reviewed are founded upon theoretical principles, as this would be difficult to ascertain by reading the curricula.

Curriculum-based interventions for youth HIV prevention generally promote one or more of the following objectives: delayed sexual debut and/or abstinence (A), mutual faithfulness and/or partner reduction (B), and increased, correct and consistent condom use (C). All 14 curricula reviewed included a primary emphasis on abstinence, but varied substantially in the extent to which they addressed mutual fidelity/partner reduction, and information on condoms and contraception.

The purposes of this review are to a) determine how well the ABY curricula adhere to the content standards of effective curricula as defined by Senderowitz and Kirby (2006), b) provide recommendations for how each curriculum can be strengthened, c) identify strengths of each curriculum which may be of use by subsequent curriculum developers, and d) identify gaps in existing curricula that should be considered in future ABY program design.

Methods

Curricula were collected as part of a targeted process evaluation by MEASURE Evaluation. Site visits were undertaken in June and July of 2006 with 13 of the 14 centrally-funded PEPFAR ABY programs. Site visits were undertaken in Haiti, Kenya, Tanzania, Ethiopia, and Mozambique. During each site visit, the evaluation team first met with project managers to gain a thorough understanding of how programs were developed, implemented, and managed. The evaluation team then met with trainers, peer educators, and other field staff to get their perspectives on the activities with which they were involved. All interviews were conducted using a process evaluation tool developed for this project to obtain standardized information from each project visited. At the completion of each site visit, each of the centrally funded ABY programs was asked to provide to MEASURE Evaluation the curricula they were using in their ABY programs. The curricula were collected upon return to the U.S. The deadline for curriculum submission was February 2007, to permit those organizations that were making programmatic changes since the June/July 2006 site visits to provide to MEASURE Evaluation their most recent training manuals and tools. Of the curricula collected, only the ones that met the selection criteria below are included in this evaluation. Curricula must:

- be used in countries visited by the MEASURE Evaluation team during the targeted process evaluation (Haiti, Kenya, Tanzania, Ethiopia, and Mozambique);

- meet the following definition of curricula: an organized set of activities or exercises designed to convey specific knowledge, skills or experiences in an ordered or incremental fashion (Kirby, Laris, & Roller, 2005);
- be the primary curriculum used by the ABY programs for the foreseeable future (curricula used as interim curricula while organizations develop their own curricula, or curricula that are still being developed, were not included);
- target youth between the ages of 10 to 24;
- be available for review in English; and
- be available for review by February 15, 2007.

One ABY implementer is not using a curriculum-based program, while another implementer had not decided upon a strategy by the review deadline. Two additional curriculum-based programs did not meet the criteria since their final curricula were still under development. Sixteen curricula met the above criteria:

- *ARK Guides (ages 10 to 14)*
- *ARK Guides (15 to 24)*
- *Choose Life (10 to 14)*
- *Choose Life 15+*
- *Generation of Leaders Discovered (GoLD)*
- *HOPE worldwide HIV/AIDS Prevention Program*
- *It Takes Courage*
- *Kenya National Life Planning Skills Curriculum*
- *Maisha Bora*
- *My Choice is Life (10 to 14)*
- *My Choice is Life (15 to 18)*
- *My Choice is Life (19 to 24)*
- *Food for the Hungry's Supplement to Choose Life*
- *There is Hope*
- *Together We Can*
- *Youth Action Kits*

Table 1 provides background information on the curricula reviewed in this paper.

Table 1. Background Information on PEPFAR-Funded ABY Curricula Included in this Paper

Curricula Used in ABY (Intended Age Range)	Implemented by	Developed by	Countries Visited Where Used for ABY	Setting	Intended User
<i>ARK Guides (ages 10-14)</i>	World Vision	World Vision	Tanzania, Kenya, Haiti	In and out of school groups and clubs	Youth and adult educators
<i>ARK Guides (15-24)</i>	World Vision	World Vision	Tanzania, Kenya, Haiti	In and out of school groups and clubs	Youth and adult educators
<i>Choose Life 10-14</i>	World Relief	World Relief	Haiti, Kenya, Mozambique	In and out of school	Peer educators
<i>Choose Life 15+</i>	World Relief, Food for the Hungry	World Relief	Haiti, Kenya, Mozambique	In and out of school	Peer educators
<i>GoLD</i>	Salesian Mission (*SM no longer using this curr.)	Generation of Leaders Discovered (GoLD)	Kenya, Tanzania	Church youth groups, religious school clubs	Trainers of peer educators
<i>HOPE worldwide HIV/AIDS Prevention Program</i>	HOPE worldwide	HOPE worldwide	Kenya	In-school clubs	Youth trainers
<i>It Takes Courage</i>	Samaritan's Purse	Kerus Global Education	Kenya, Mozambique, Ethiopia	Community members	Trainers of community educators
<i>Kenya National Life Planning Skills</i>	HOPE worldwide	HOPE worldwide and PATH	Kenya, Tanzania	unknown	Trainers of trainers, peer educators, youth ages 12 to 24
<i>Maisha Bora</i>	International Youth Federation (and its implementing partners)	International Youth Federation – EA YPI-TZ	Tanzania	Girl Guides, Scouts, YMCA, school clubs	Peer educators
<i>My Choice is Life (10 to 14 year olds)</i>	ADRA	ADRA	Kenya, Tanzania	Primary school, church groups	Training of trainer manual (age of the facilitator is unclear)
<i>My Choice is Life (15 to 18 year olds)</i>	ADRA	ADRA	Kenya, Tanzania	Secondary school, church groups	Peer educator trainers and peer educators (15 to 18 year olds)
<i>My Choice is Life (19 to 24)</i>	ADRA	ADRA	Kenya, Tanzania	College	Peer educator trainers and peer educators (19 to 24 year olds)
<i>Supplement to Choose Life</i>	Food for the Hungry	Food for the Hungry	Mozambique, Haiti, Ethiopia	Y to Y youth groups	Peer educators – Use after completion of <i>Choose Life</i>
<i>There is Hope</i>	Samaritan's Purse	Samaritan's Purse	Kenya, Mozambique, Ethiopia	Community members	Unspecified trainers
<i>Together We Can*</i>	American Red Cross	International Federation of the Red Cross & Red Crescent USAID and Health Communication Partnership	Haiti, Tanzania	In and out of school	Peer educators
<i>Youth Action Kit</i>	Catholic Relief Services	International Federation of the Red Cross & Red Crescent USAID and Health Communication Partnership	Ethiopia	In and out of school groups and clubs	Unspecified facilitators

* American Red Cross shared an updated curriculum in October 2007, and the updated version is reflected in this report.

The Evaluation Tool

An evaluation tool was developed to assess the quality of the ABY curricula. The evaluation tool includes the known characteristics of effective youth sexual health curricula and catalogues the topical areas covered by each curriculum. The evaluation tool was developed by incorporating the 10 curriculum content standards identified by Senderowitz and Kirby (2006) (see Table 2) with curriculum recommendations from other program evaluations. Topical areas were also included in the evaluation tool to better reflect the scope of each curriculum and its approach to ABY. Topical areas are not meant to imply that all curricula are expected to cover all topical areas listed in the evaluation tool. In some cases, topical areas expand upon a curriculum content standard to provide greater depth of information. For example, the topical area of coercion/sexual violence may provide more detail on issues relating to the gender standard. In addition to describing content, the tool also characterizes qualities related to the utility and physical characteristics of the curriculum to its intended user. This covers the inclusion of instructions to the facilitator, a list of materials needed for each module, and attractiveness of the format. The 10 Senderowitz and Kirby standards for effective curricula, plus the 47 additional topical areas and ease of use features (see Appendix A) comprise 57 characteristics of curricula addressed by the evaluation tool.

Review Process

Each curriculum was reviewed by two reviewers using the evaluation tool. The two reviewers generally agreed; and, when there was disagreement, this was discussed. The evaluation tool was used to assess the content areas covered by the curricula as well as to provide recommendations for strengthening the curricula. This report is based on the two reviewers' comments on each curriculum as well as their summary perspectives on the ABY curricula.

Terminology

In this report, the *facilitator* is considered to be the person who would use the curriculum to teach others. Persons being taught with the curriculum are considered to be the *participants* or *beneficiaries*. The terms *curriculum* and *manual* are used interchangeably in this report since they both represent a set of materials used to train a group of individuals. Finally, *modules* are self-contained educational sessions about a general topic that usually comprise parts of a

Table 2: Senderowitz and Kirby's 10 Standards for Curricula Content*

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 youths' culture, age, and sexual experience.*
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 medically and scientifically accurate.*

*Senderowitz & Kirby, 2006

curriculum. A *module* may contain several lessons or activities on subtopics within the overall *module* topic.

Findings and Recommendations

The findings are presented first by the 10 Senderowitz and Kirby standards for program content. Following the presentation of the 10 standards, additional content areas included in the curricula are presented, followed by a presentation of the utility of the curriculum to the facilitator.

Senderowitz and Kirby Standards of Curriculum Content and Approach

1) Incorporates a means of ensuring a safe environment for participating and learning

One way to create a safe environment for youth is to establish training ground rules that include confidentiality and mutual respect (Schaalma et al., 2004). Half of the curricula, like *Together We Can*, provide a list of ground rules to which participants can add their own ground rules. *There is Hope* asks participants to come up with their own list, but includes a list of recommended ground rules in the facilitator's manual.

Another way of protecting youth and encouraging their involvement is to have an anonymous question box that the facilitator answers questions from at the start of every module. This allows participants to ask sensitive questions without having to identify themselves. Nine of the curricula include this feature. *Maisha Bora* is exemplary in that it provides a step-by-step diagram to help the facilitator create a question box and reminds the facilitator to address questions from the box at the start of every lesson.

2) Focus on clear health goals in determining curriculum content, approach, and activities

Health goals of all the curricula fall within the categories of abstinence, extramarital pregnancy prevention, HIV prevention, and sexually transmitted infection (STI) prevention. All of the curricula focus on abstinence and mention the transmission modes of HIV, with varying degrees of detail and directness. Unintended pregnancy and STI prevention are included as topic areas in about half of the curricula.

While all the curricula are used in HIV prevention programs, the approaches and objectives are different. For example, some have abstinence as the primary objective and HIV avoidance is a beneficial side-effect of abstinence. Curricula that focus on abstinence as the primary objective tend to have less depth on transmission and prevention of HIV and other STI. Conversely, some curricula have HIV avoidance as the primary objective and abstinence is presented as a means to attaining that objective. These curricula tend to provide greater depth on HIV transmission modes and often cover varying prevention strategies including abstinence, partner reduction and condom use. The suitability of one approach over another may depend heavily on the values of the community and the implementing organization.

3) Focus on specific behaviors that lead to or prevent unintended pregnancy, STIs, and HIV

Abstinence

The main health behavior emphasized in these curricula is abstinence until marriage. In some cases, "abstinence" is defined as abstaining from all forms of sexual contact, including

mutual masturbation and genital touching. Other curricula define abstinence as refraining from penetrative sex and list other forms of sexual contact as alternatives to penetrative sex.

The nine curricula that include more religious content tend to frame abstinence as a desirable end in itself, with HIV avoidance as a valuable outcome of abstinence. These curricula use varying strategies such as: asking youth to reflect on what their religion tells them about premarital sex, using religious stories to form the basis for discussions on the perils of sexual activity, and warning youth of the emotional fallout of failed premarital sexual relationships. Curricula with less of an emphasis on religious values tend to focus on abstinence as a means to prevent HIV, STI, and unintended pregnancy.

Abstinence messages alone may not lead to behavior change. As such, all of the curricula aim to teach skills that aid participants to become or remain abstinent. Examples include teaching life skills to build participants' confidence to follow through on their intentions and work toward their life goals, including the goal of abstinence until marriage. Similarly, youth are given an opportunity to practice responding to pressure lines to have sex from their partners and peers to help build refusal skills. For example, the *ARK Guides (ages 10-14)* covers self-esteem by identifying things participants like about themselves, and encouraging youth to examine how self-esteem relates to abstinence, with the underlying goal of promoting self-esteem. In addition, *Choose Life 15+* is one curriculum that encourages youth to talk about sexual boundaries and practice effective communication skills that may enable youth to form relationships that support their intentions to be abstinent.

Only five of the curricula offer messages and skills on secondary abstinence specifically for sexually active youth. One exception is the *Supplement to Choose Life 15+* curriculum developed by Food for the Hungry that addresses risk reduction for youth who are not yet ready to commit to abstinence, and for youth who do not use condoms. The supplement takes into account the fact that not all sexually active youth may have the knowledge and skills to commit to abstinence, even if they become convinced it is a good decision. This curriculum includes discussions of low risk alternatives to penetrative sex, helping to support their abstinence message. The supplement also includes a module for sexually active youth with condom information intended to protect participants against STIs and unintended pregnancy until they can commit to abstinence. This module is a good example of how risk reduction messages can be integrated within abstinence curricula.

Delayed Sexual Debut

Abstinence until marriage may be appropriate for some, but may not be appropriate for other youth, cultures, and communities. Abstinence can also be defined as abstinence for a duration of time (e.g., for a year) or until a certain age. These goals may be more attainable for some youth, and they still promote HIV prevention behavior change. Only *Maisha Bora* discusses delayed sexual debut as a desirable outcome for participants, although field observations revealed that some organizations, such as Food for the Hungry, ask participants to decide for themselves what kind of abstinence they want to commit to.

Condom Use

Within the ABY curricula reviewed, the topic of condom use ranges from no mention of condoms at all to a facilitator-led demonstration of how to put on a condom, with an opportunity for youth to practice putting a condom on a wooden model. The *Youth Action Kit* portrays

condom use as healthy and responsible behavior and teaches participants condom negotiation skills. The *ARK Guide (15 to 24)* promotes condoms exclusively among sero-discordant married couples.

The curricula that include condom messages refer to using condoms “correctly and consistently,” but in only four of the curricula is this term actually defined. The annex of *Food for the Hungry’s Supplement to Choose Life* and the *Together We Can* curriculum include a good example of how to introduce the topics of condoms in a discussion of abstinence, present a definition of “correctly and consistently,” include answers to common questions about condoms, and discuss important details such as proper storage of condoms. The two curricula also contain a condom demonstration that allows youth to learn the steps in putting on a condom, determine if a condom is expired, and decide what to do if the condom breaks or is damaged. Knowing where to obtain condoms is important if youth are being encouraged to use condoms. *Together We Can* is the only curriculum that asks participants to identify locations in the community where condoms can be purchased. Programs can also ask peer educators to identify youth-friendly locations to obtain condoms such as youth centers or stores where youth feel comfortable purchasing condoms. The *GoLD* curriculum asks trainee peer educators to work in small groups to map youth friendly services in their communities and to try the services themselves so that they can better refer their peers. This activity could be adapted to include youth-friendly sources of condoms.

Information on condom use is not always featured as a lesson or module in the curricula. One of the curricula that does not include a lesson on condoms does include messages to the effect that while condoms help reduce risk of HIV infection, they are not 100% effective while two others without condom lessons have explicit messages to discourage condom use. The *Choose Life* curricula that do not include condom use lessons include additional information as a separate reference section in the appendix for facilitators. While additional information on condoms in a reference sheet or appendix may be necessary for facilitators, this leaves the development of condom messages largely up to the facilitator. Without clear guidance on the position of the curriculum-based program on condoms, condom messages may be influenced by facilitators’ personal bias and risk being negative or inaccurate; this was a finding from discussions with peer educators and trainers during the site visits with these programs (Speizer and Lopez, 2007).

Mutual Faithfulness/Partner Reduction

While almost all curricula mention that mutual faithfulness in marriage is important, few of them mention why mutual fidelity to an uninfected partner is an important component of the ABY strategy and none contains skills-based messages for married youth on how to promote faithfulness in their marriages. Furthermore, partner reduction and mutual monogamy among unmarried youth is rarely targeted by the programs (see below).

Since partner reduction (as compared to faithfulness in marriage) implies condoning extra- or premarital sex, it is only mentioned in curricula that promote condom use among sexually active youth. As with mutual faithfulness, strategies and skills for partner reduction are absent from these curricula. The curriculum that best addresses partner reduction and mutual faithfulness is the *Youth Action Kit*. The curriculum presents the benefits and challenges of being mutually faithful, and the different expectations for males and females. Participants are encouraged to discuss their sexual history with their partner, and use condoms even if they think their partner is being faithful. The curriculum focuses on promoting trust between partners.

While almost all of the curricula use a hand-shaking game to demonstrate that HIV can spread easily if people are in contact with multiple sexual partners, a follow-up discussion and a clear explanation of the benefits of mutual faithfulness and partner reduction as HIV prevention strategies are largely missing from the curricula. One exception is the *Together We Can* curriculum that presents relationship networks featuring characters who may be using condoms with some partners, but not others. Participants are asked to discuss the risk of contracting HIV for each of several characters, thereby learning how social networks may perpetuate HIV transmission. All curricula for youth ages 15 and older need to consider adding skills-based strategies to address mutual faithfulness and partner reduction as an important strategy for HIV prevention.

4) Address multiple risk and protective factors affecting sexual behaviors

Common risk and protective factors affecting sexual behaviors include individual, family, partner, and peer influences. For example, school attendance and a close relationship with parents are associated with later initiation of sexual activity, while having sexually-active peers increases the risk of early sexual initiation (Kirby, Lepore, & Ryan, 2005; Focus on Young Adults, 2001). Strategies to counteract these risk and protective factors often try to improve a youth's life skills, such as improve the youth's self-esteem, resistance of peer pressure, negotiation skills, and self-worth. For example, the two *Choose Life* curricula (one for 10-14 year olds, the other for 15 years old or older) include modules on topics such as "Self-awareness and Self-worth" and "Making Good Choices." These curricula also include a "Life Skills activity" into every module.

The purpose of developing youths' life skills is to enhance their ability to become or remain abstinent. The assumption is that youth who develop protective skills may be less likely to succumb to risk factors such as pressure to have sex and negative peer pressure. The approaches to addressing life skills vary by curriculum. In most cases, two or three modules of a curriculum are devoted to communication and negotiation skills. Often skills-based activities are also incorporated into other topical areas such as undertaking a debate on the myths and facts on HIV. Typical life skills found throughout the ABY curricula include:

- identifying values, goal-setting, self-esteem
- decision-making
- effective communication
- caregiver communication
- building healthy relationships
- resisting peer pressure

Specific examples of life skills activities used to address the above areas are provided in the section below.

5) Include multiple activities to change each of the targeted risk and protective factors

All of the curricula include activities to address the common risk and protective factors, such as those mentioned above. Below are examples of common activities that address the risk and protective factors. This is by no means meant to be an exhaustive list of activities contained in the curricula, but does typify activities used to address risk and protective factors.

- *Identifying values, goal-setting, self-esteem* (writing down the personal values participants hold, identifying their life goals, identifying good and bad qualities about themselves, exchanging compliments with others). All of the curricula address these life skills often in the form of self-reflection and sharing in small groups.
- *Decision-making* (learning steps to sound decision-making, applying decision-making steps to case studies). The *GoLD* curriculum, the *ARK Guides*, *Together We Can*, *Choose Life 15+*, and *It Takes Courage* all have decision-making steps for youth to follow. Some of these simply ask youth to identify the challenges, choices, and consequences of decisions, while others have more elaborate processes.
- *Effective communication* (learning how to be active listeners, practicing communication skills, practicing responses to common pressure lines, negotiation skills). The *ARK Guide (15 to 24)* contains activities in which participants practice refusing pressure lines to have sex, respond to common pressure statements, and learn to use “I” statements. *Choose Life 15+* asks participants to develop skits based on partner and peer pressure to have sex. The *GoLD* curriculum and the *ARK Guide (10 to 14)* have exercises for youth to practice communicating and listening well. *Maisha Bora* teaches youth ages 15 and older to decline sex without a condom. *Together We Can* contains cartoon strips on safer sex decisions with blank conversation bubbles for participants to fill in.
- *Caregiver communication* (assigning participants interviews with their parents, and discussing whether it is culturally appropriate for youth to talk to their parents about sex). Despite information in the literature that suggests parental involvement leads to better sexual health outcomes for youth (CDC, 2005; Silva, 2002; Tiendrebeogo et al., 2003), this topic is only directly addressed by four of the curricula with an additional two that briefly mention the topic. The *HOPE worldwide HIV/AIDS Prevention Program* manual asks participants to interview their parents about parenting. The *Youth Action Kit* has the most content on caregiver communication. Participants are asked to interview their caregivers about topics covered in the lessons, and develop team role-plays to practice talking to caregivers. Discussion questions encourage positive communication with parents and address the issue of discussing sex and HIV/AIDS with parents and other adults. The corresponding role play scenarios in the Scenario Book that accompanies the curriculum focus on topics such as the appropriateness of approaching parents with questions about relationships, sexual health, and marriage.
- *Building healthy relationships* (learning not to be overly influenced by friendships, identifying characteristics of healthy and unhealthy relationships, setting boundaries for physical relationships). Curricula with activities that address characteristics of relationships tend to focus on different aspects of relationships. For example, the *ARK Guide (15-24)* includes families, friends, and romantic relationships in their coverage of relationships. Participants are asked to describe the difference between love and infatuation, and to list things other than sex that men and women can do to express their love. The *HOPE worldwide HIV/AIDS Prevention Program* manual (for participants in grades 8 to 12) asks participants to identify qualities of true friends and of abusive relationships. Participants are also asked to think about why people date, whether dating is important, what kinds of standards should be set for dating, and what kinds of pressures to date youth may encounter.

- *Resisting peer pressure* (role playing positive and negative peer pressure, discussing case studies, practicing responses to common pressure lines). In most cases, participants discuss case studies of peer pressure, rather than actively practice responding to pressure or role playing situations in which they must refuse to join a group activity. The *My Choice is Life (10 to 15)*, *ARK Guides*, and *Food for the Hungry's Supplement to Choose Life* all contain role plays in which participants practice resisting peer and/or partner pressure.

A number of curricula and lessons miss the opportunity to include skills-building activities into their life skills lessons and modules. For example, a module on relationships may ask participants to list the qualities of healthy and unhealthy relationships. This in itself does not confer participants with the skills to develop healthy relationships or break away from unhealthy ones. A life skills activity suggestion for this situation is found in *My Choice is Life (10 to 15)* which asks participants to work in groups to discuss case studies of healthy and unhealthy relationships. Groups are tasked with deciding what the main character in each case study should do to strengthen her/his healthy relationships, and distance her/himself from the unhealthy ones. Planning for what they may do in various situations may be one way to increase participants' intentions to make and confidence to carry out healthy decisions in situations similar to those depicted in the case studies (Schaalma at al., 2004).

Curricula often include creative activities to engage youth and keep them stimulated, but these activities should not be a substitute for skills-building activities. An activity in the *GoLD* curriculum from the module on boundaries, for example, asks youth to imagine a house and discusses the different types of fencing that could go around the house. This metaphor linking fencing to personal boundaries may stimulate participants' imaginations, but does not give concrete examples of types of physical and emotional boundaries youth may wish to establish for themselves. An exercise later in the module asks a male volunteer to pressure a female volunteer over and over with the line, "Come on baby, let's do it." The female volunteer is supposed to reply over and over with, "No, I don't want to." The notes to the facilitator explain that this is an exercise in effective use of body language, but no information on how to use assertive body language is given in the lesson. This lesson could be strengthened by a) asking youth to think about what physical and emotional boundaries they want in their relationships, b) having youth practice articulating boundaries to a partner in role plays, c) asking youth to respond to a variety of different pressure lines, and d) including all participants in these activities.

The *ARK Guide (15 to 24)* is one of several curricula with good examples of skill-building exercises for effective communication. These activities may be easily introduced into other curricula. *ARK Guide* lessons in the Communication module ask participants to:

- practice non-verbal communication in pairs
- practice good listening skills in pairs
- develop small group skits demonstrating good communication for given scenarios
- brainstorm attacking and avoidance behaviors
- watch skits and identify attacking and avoiding behaviors as a group
- practice turning phrases into "I" statements based on previous examples
- develop small group skits emphasizing different ways of saying "no"
- compete in pairs to develop the most convincing responses to pressure lines for a panel of judges

- watch a role play as a group, then watch it a second time, “freezing” the action and allowing other participants to replace actors and change the outcome by applying better communication skills.

These communication skills can be applied to specific topics such as resisting peer pressure to have sex or use drugs, counseling friends, communicating with caregivers, negotiating for abstinence or condom use with a partner, discussing faithfulness with a partner or spouse, and communicating with peers as a peer educator.

6) *Incorporate instructionally sound and participatory approaches*

All of the curricula reviewed use participatory teaching methods. Examples of the methods used throughout the 16 curricula are mentioned above, in section 5 on multiple activities, and include:

- large and small group brainstorming
- group games
- small group discussions of case studies
- small group presentations
- role plays
- scripted dramas
- creation of songs or poems

Creative activities, such as those listed above, have been associated with positive outcomes for sex education and health promotion programs (Diaz et al., 2005; Tiendrebeogo et al., 2003). Some curricula include more of these participatory activities than others, but a positive finding is that none of the curricula require long lectures of the facilitator.

7) *Use activities, messages, and methods that are appropriate to the youths’ culture, age, and sexual experience of targeted populations*

Culture

Some curricula were written for use in Sub-Saharan Africa and address topics such as cross-generational sex, transactional sex, AIDS orphans, and gender disparities that are relevant to the region. Others, such as the *GoLD* curriculum and the *ARK Guides*, were written with specific countries in mind. The *GoLD* curriculum contains statistics about South African youth, and local slang and terminology. The *ARK Guides* mention locations in Kenya and Tanzania, local currency, and other terms that are used in those countries. Curricula written for more general populations may have to be tweaked for specific populations. For instance, *It Takes Courage*, developed in the United States, contains stories and examples to which some communities in Africa and other developing countries may find it hard to relate. An example is a story the author recounts about going on a walk with her mother who became short of breath and had to be rushed to the hospital for emergency heart surgery. In communities in which emergency heart surgery is not common, affordable, or available, the participants may be better able to relate to a different story that is less alien to their experiences.

In addition to including statistics, terms, and stories that are relevant to the participants, a curriculum may be culturally appropriate in its activities. Talking about sex may be harder in some cultures than others, so activities that directly address this challenge may help facilitate

better discussions. The *Youth Action Kit*, for example, asks participants to discuss whether it is comfortable to talk to parents about issues of sexuality, and *Food for the Hungry's Supplement* asks sexually active youth to discuss the appropriateness of talking openly about sex in their culture. Similarly, interactions between males and females may be less appropriate in some cultures than others. Curriculum developers and implementing organizations may not always be able to predict which activities are appropriate for their target population; therefore piloting curricula and activities is recommended (Schaalma et al., 2004).

Lastly, discussing cultural practices that are relevant to the transmission of HIV are another way of making the curricula more culturally relevant to the audience. The *My Choice is Life (15 to 18)* curriculum specifically discusses issues in Kenya, such as widow inheritance and funeral cleansing rites, which may put community members at higher risk of HIV. The curriculum is careful not to judge such practices. The *ARK Guides* take a more general approach by prompting the facilitator to ask participants about religious and cultural practices throughout the curriculum. This latter approach may be more appropriate for situations in which the same curriculum is used with different populations within a region.

Age and Sexual Experience

Most educators use age as a proxy for sexual experience. The issues facing younger youth with respect to HIV prevention are assumed to differ significantly from those facing older or married youth. *Choose Life*, *My Choice is Life*, and the *ARK Guides* acknowledge these differences by developing age-specific curricula. In the case of the *ARK Guides*, the curricula are essentially the same, but additional materials on topics such as voluntary counseling and testing (VCT), peer pressure, and sexual development have been added for older youth. The *My Choice is Life* curricula are less similar and are the only curricula targeted at three, rather than two, age groups: 10 to 14 year-olds, 15 to 18 year-olds, and 19 to 24 year-olds. The *Together We Can* curriculum approaches the varying age groups by including tips for the facilitator to extend a lesson for older youth or adapt the lesson for younger youth who may not understand the complicated concepts.

Organizations working in communities with a young age at first sex need to consider strategies to ensure that appropriate messages are delivered to their target audience. The average age at first sex for females in the five countries where these ABY curricula are used varies widely. Haitian and Mozambican women in particular are sexually experienced at young ages: about 28% of Haitian and Mozambican 15 to 19 year-old women surveyed in a Demographic and Health Survey had had sex by the age of 15, and about 71% of Haitian and 79% of Mozambican 20 to 24 year-old women surveyed had had sex by the age of 18. The high proportion of sexually initiated youth under the age of 15 may warrant providing information on secondary abstinence, condoms, and safer sex to youth before the age of 15 (Aten, Siegel, Enaharo, & Auinger, 2002). Participants in this age group may also benefit from pregnancy prevention and risk reduction information.

Not all organizations may be comfortable giving younger youth information on contraception. However, care should be taken that messages targeted at younger youth do not inadvertently encourage risky behaviors such as not using condoms (Borawski et al., 2005). For example, in a discussion on teenage pregnancy and abortion, one curriculum tells the facilitator to “lead the participants to discuss how important it is for youth not to use condoms, injection, or pill.” Care should be taken to emphasize to youth, as *Food for the Hungry's Supplement* does, that sex with a condom is always safer than sex without a condom.

The level of detail used in the curricula to address topics such as the progression of HIV in the body, and sexual health and development, is low for youth of all age groups. For instance, although youth ages 10 to 15 may already be facing pressures to have sex and be exposed to myths or inaccurate information about conception and contraception, only the *Kenya National Life Planning Skills* materials used by HOPE worldwide provides depth on the process of conception and contraception options. Equipping youth with correct information on these topics may make them better able to resist pressures to become sexually active and continue to be abstinent. Similarly, *Choose Life (15+)* and the *GoLD* curricula are the only ones to discuss the options facing unwed, teenage mothers. For example the *Choose Life (15+)* curriculum asks the facilitator to provide information on local services for teen or single mothers.

An alternative approach used by the curricula to avoid these age and sexual experience conflicts is to target the youngest youth (or sexually inexperienced youth). One curriculum explicitly states that it is designed for sexually inexperienced youth, but no information is provided on how to identify this target audience. Alternatively, in the description of another curriculum, it is stated that the target audience is youth ages 10-14, however, the curriculum is being used for youth of all ages.

8) Address gender issues and sensitivities in both the content and teaching approach*

Gender issues play an important role in HIV prevention skills and strategies. In communities where women have little power to negotiate for abstinence, safer sex, or condom use within marriage, women's HIV risk reduction strategies may differ from communities where women have more egalitarian rights and powers in relationships (Marston & King, 2006). The topics frequently covered in the curricula under the umbrella of gender include gender roles, stereotypes, and norms; sexual coercion; sexual assault; and cross-generational and transactional sex.

Gender roles, stereotypes, and norms are the most widely discussed gender-related topics among the curricula reviewed. The two main messages of these lessons are that 1) males and females are assigned different gender roles by their cultures, and 2) the only things that males do that females can't do (and vice-versa) are those things related to their reproductive functions. More often than not, gender is addressed indirectly with scattered questions on how issues, such as communication with caregivers about sex, may be different for boys and girls. *My Choice is Life (15 to 18)* and *My Choice is Life (19 to 24)* are exceptions in that they not only incorporate gender throughout the curricula, but also include gender in a module entitled Human Rights and Gender Education. *My Choice is Life (15 to 18)* asks participants to think critically about cultural norms dictating that women must submit to the sexual advances of men. In cultures where women do not typically stand up to men, care should be taken that participants discuss possible repercussions of defying cultural norms.

Some curricula address gender messages that connect sexual initiation with masculinity. *Choose Life* in particular contains messages that reconcile masculinity with abstinence. These messages attempt to redefine masculinity by suggesting that refraining from sexual activity is a lot harder than being sexually active; therefore, men who are abstinent exhibit more strength and self-control than other men.

* Curriculum developers should make sure a gender/sexual violence specialist reviews materials in the entire curriculum to ensure that they address gender issues thoroughly, correctly, and with an eye for culturally specific issues. The discussion in section 8 is from the perspective of a lay person, rather than a gender/sexual violence specialist.

In a few instances, curricula inadvertently reinforce gender stereotypes. One curriculum states that women “mistake lust for love making them easily cheated” (*My Choice is Life (15 to 18)*, page 134). Similarly, the *GoLD* curriculum tells participants that a woman who has had more than five drinks starts producing testosterone and acting like a man on the prowl. This statement insinuates that there is physiological evidence that drunken women are looking for sex, and that men by nature are searching for sex. The *Choose Life* curricula contain many biblical stories, several of which feature women as seductresses or adulterers. The repeated portrayal of women in these roles may reinforce or promote gender stereotypes. These stories can either be replaced, or a discussion can be added to address the role of women in society during biblical times.

Sexual coercion, sexual assault, cross-generational sex, and transactional sex (all grouped under power/violence in this paper) are one of the most poorly addressed topics across the curricula. Sexual coercion is a situation in which a person who does not want to have sex agrees to have sex due to a power differential. For example, a woman may agree to have sex with a man who has done her a favor because she feels she owes him something, or a boy may agree to have sex with his girlfriend because she is pressuring him for sex. Case studies of sexual coercion often feature transactional sex. Transactional sex is prevalent in sub-Saharan African countries and is often a survival mechanism for disadvantaged youth (Marston & King, 2006). Often transactional sex occurs between two people who have a significant age difference (known as cross-generational sex). Lastly, incest is a common theme of case studies in the curricula, though the legal issues and psychological implications for the victim are rarely addressed.

Few curricula address the issue of *consent* which is an important concept for defining rape. Consent is a term that may be best described early in curricula so that it can be re-visited later, such as in lessons on effective communication, self-esteem, and sexual violence. Food for the Hungry’s *Supplement* provides a thorough discussion to explain the importance of consent and to help participants understand what constitutes consent and what does not. Five case studies included in the lesson incorporate themes of transactional sex, cross-generational sex, inappropriate touching, and consent between partners.

Victim-blaming is common throughout the curricula reviewed. In most cases, this occurs when discussion questions ask what the victim could have done differently to avert a rape, or by giving tips for rape avoidance that place responsibility on the potential victim to avoid a rape (for example, the suggestion that women should think about how they dress to avoid eliciting sexual thoughts from men). No discussion of men’s control of their thoughts and behaviors is included in any of the curricula reviewed.

Some curricula address more age-specific topics such as inappropriate touching with younger youth. *My Choice is Life (10 to 14)*, for example, cautions youth about inappropriate touching by family members, though in this curriculum and others, there is a lack of clarity on what is meant by the term “inappropriate touching.” The *ARK Guide (10 to 14)* tells youth always to report inappropriate touching to a trusting adult. Messages directed at older youth include date rape and rape within marriage. Often these cases are mentioned, but not much curriculum time is spent discussing them or advising youth on what to do if they are assaulted. Lastly, only a few curricula directly address the legal definition of rape and the recourses for victims. The *GoLD* curriculum is the only one that discusses the language of the law with respect to rape.

Several curricula make it a point to include case studies in which boys are the victims of sexual violence to dispel the idea that only women can be victims. Nevertheless, there are some missed opportunities to emphasize this point. For example, the *GoLD* curriculum acknowledges that the definition of rape in South African law as crime perpetrated against a woman is a narrow definition; however, the curriculum does not follow with a discussion on sexual violence against boys and men.

9) Cover topics in a logical sequence

While “logical sequence” may be a subjective determination, there are a few cases in which a lesson makes reference to a term, such as “VCT,” several lessons before that term is defined and described. Similarly, a curriculum may use language on HIV at the beginning that assumes participants are aware of how HIV is transmitted while HIV transmission is only addressed towards the end of the curriculum. A more logical sequence, and one which may be more helpful to participants, is one in which new terms are defined and explained before reference is made to them in passing.

The *ARK Guides* and the *My Choice is Life (15-18)* curricula are the only ones that explicitly say they are not intended to be taught in sequence, or even in their entirety. One advantage to this is that the facilitator has the freedom to tailor messages better to the interests of the participants and to the time frame available for teaching the curriculum. A drawback is that lessons are less able to build on each other. Another concern from an implementation perspective is that there is less consistency in the messages delivered to participants if facilitators are free to choose which lessons to teach. Finally, given that facilitators are told to choose lessons based on the needs of their groups, little information is provided in the curricula on how to determine what the needs are of their target group.

10) Present information that is medically and scientifically accurate

Five of the curricula included medical inaccuracies or omissions, unclear or misleading information, and typographical errors that led to false and inappropriate statements. In some cases, the curricula provided true/false questions and some of the answers given were incorrect and would lead to false statements. Other times, medically-related questions would be asked to the group and no answers were provided to the facilitator to ensure that the information provided was correct. While medical inaccuracies and omissions in the curricula were rare, they can be easily avoided by having a medical doctor review the curricula with an eye for information that could be inaccurate if not accompanied by an explanation. Based on conversations with USAID, the authors learned that when medical inaccuracies have been identified by USAID program staff, programs have been required to modify their curricula accordingly.

Other Topics Covered

HIV Content

The amount and quality of the information on HIV varies dramatically across the curricula reviewed. All of the curricula present information on how HIV is transmitted, while only five of the curricula discuss the window period of seroconversion and acute HIV and five discuss treatment options for HIV+ patients. One of the most comprehensive curricula is the *There is Hope* curriculum, which includes a thorough description of VCT in the form of a scripted drama, the window period of seroconversion and how it relates to transmission, myths

and misconceptions about HIV, characteristics of the epidemic in the countries where the curriculum is used, and discussions of stigma against people living with HIV/AIDS. Nevertheless, the curriculum does not mention condom use as a way of preventing HIV infection; and though ARVs (antiretroviral drugs) are mentioned as an expensive way to prolong life, no explanation of what ARVs are is included in the text.

Several curricula were developed years ago, before widespread availability of ARVs. It is also possible that curricula developers may be reluctant to portray HIV as a chronic illness, either because drugs are still out of reach for many people in sub-Saharan Africa or because of a fear that discussing treatment may undermine the importance of prevention. By providing youth with access to as much information about HIV as possible, curricula may be able to contribute towards the demystification of the disease. This may have the added benefits of reducing stigma against people living with HIV/AIDS, denouncing common myths and misconceptions, and promoting family and community discussions on risk reduction.

HIV Counseling and Testing

Knowledge of one's own and one's partner's HIV status, and therefore, access to HIV counseling and testing, is directly relevant to HIV prevention, since abstinence and fidelity do not protect an individual if his/her partner has previously been exposed to HIV. Similarly, any discussion on counseling and testing is incomplete without an explanation of the window period between HIV infection and when a person would test positive on an HIV test, especially since during this window period the viral load and risk of HIV transmission is extremely high. This information may help youth committed to abstinence until marriage as well as those who are or will be sexually active be able to make more informed decisions about their sexual health.

There is Hope, the *GoLD* curriculum, *Maisha Bora*, the *Youth Action Kit*, and the *Kenya National Life Planning Skills* materials used by HOPE worldwide all contain detailed information on VCT. Some of them use scripted dramas and skits to explain the process to youth. The *Youth Action Kit* has a field trip activity to a VCT clinic, and the *GoLD* curriculum suggests inviting a VCT counselor to speak to the group. In contrast to these curricula, five of the other manuals make no mention of VCT.

Sexually Transmitted Infections

The subject of STIs is another topic with a great amount of variability in coverage within the curricula reviewed. Four curricula do not mention them at all, others touch upon general symptoms of STIs and mention a few common ones, while *Maisha Bora* describes symptoms of individual STIs in detail and includes photographs of them in the supplementary materials. Providing youth with adequate information to avoid and treat STIs is an integral part of HIV prevention, given that some STIs may increase the viral load of vaginal fluid and semen, making HIV+ individuals more infectious (Price et al., 2004). STIs themselves can result in short-term discomfort and long-term negative health effects if left untreated. Most curricula that discuss STIs encourage youth to seek treatment at a clinic if they suspect they have an STI. Youth may be more likely to get tested and treated for STIs if they are told what the tests consist of and the nature of treatments for different types of STIs. Care should be taken that the language used to describe symptoms and treatments are appropriate for the audience. For example, *Maisha Bora's* listing of "dilation" and "nodes" as common symptoms of STIs without an explanation of those terms may not be very helpful to some youth participants.

Unintended Pregnancies

Unintended pregnancies are commonly discussed as a potential outcome of premarital sex. The implication is that abstinence has the added side-effect of preventing pregnancy. Only one curriculum discusses the multiple forms of contraception (*Kenya National Life Planning Skills* materials used by HOPE worldwide). This curriculum provides facilitators with fact sheets on each of the family planning methods. The remaining curricula have a notable gap in this type of information, except to say that the pill and “injection” do not protect against STIs. Only *Choose Life* asks the facilitator to provide information to participants on services available in the area for teenage and single mothers. The *GoLD* curriculum is one of the few that discusses options available to teenage mothers. Some curricula mention abortion, but do not define it. Since some participants may be sexually active or have friends who are sexually active, participants may benefit from a lesson or a more thorough discussion of contraception, information on how conception occurs, and local resources for pregnant young women.

Alcohol and Drugs

When included, alcohol and drugs tend to be discussed at the same time. Some curricula do little more than list commonly used drugs and their side-effects, while others, such as the *GoLD* curriculum or *My Choice is Life (15 to 18)*, encourage discussion of terms such as “drug,” “dependency,” “abuse,” and “addiction;” list common red flags of drug abuse; and suggest reasons why youth may turn to drugs. A few curricula do not discuss drugs at all, except to tell participants not to use them. Field visits with ABY program facilitators revealed that drug use is frequently a topic that facilitators, including peer educators, asked for more information on (Speizer and Lopez, 2007).

Utility of the Curriculum to the Facilitator

The ability of the facilitator to deliver the messages in the curriculum effectively is determined by the quality of the curriculum, as well as the qualities of the facilitator and the dynamics of the participants. This review will be limited to the characteristics of the curriculum that contribute to the delivery of high quality messages that may lead to behavior change among youth.

While there are variations in the way the curricula are designed, most curricula include an introduction to the facilitator explaining the goal of the curriculum (and in some cases, of the ABY program), and the role of the facilitator in reaching that goal. All the curricula are divided by topic with self-contained teaching modules for each one. Common topics range from STI facts to communication skills, to identifying personal values. Most curricula introduce life skills as separate modules, rather than integrating them into other lessons. For example, an entire module may be devoted to self-esteem, rather than incorporating self-esteem messages into a module on friendships.

Some introductory materials to the facilitator, such as those in the *ARK Guides* and *Choose Life*, include information on how to use the manual (such as the topics covered, the layout of each module, explanations of symbols, and tips on preparation and classroom management). The *GoLD* curriculum, which is intended for use to train peer educators, contains the most material on the benefits and strategies of peer education, as well as several pages of guidance for the facilitator at the beginning of the curriculum on how to use the curriculum. Having a clear understanding of what the curriculum is trying to accomplish may allow

facilitators to focus their messages better for participants. Similarly, having instructions on how to use the curriculum may increase the facilitator's ability to make the most of the curriculum.

Stronger curricula include a brief explanation to the facilitator at the beginning of each module on the purpose and importance of the lesson and the teaching strategies employed. This information is helpful in ensuring that the facilitators are able to execute the lesson smoothly. Nearly all of the curricula designate estimated time frames and materials needed for activities. All also list the objectives of each module, though not all of the objectives are necessarily well linked to the activities contained in the module. An introduction for the facilitator, a list of objectives, time frames for activities, and materials needed for each objective may help the facilitator prepare for the lesson and better use her/his time. In addition, providing information on the amount of preparation time may help facilitators be better prepared for each session.

Facilitators often need access to more detailed information than the messages they impart to their participants. This includes providing them with possible answers to discussion questions or explanations of why statements are true or false (for example when myths are discussed). Most curricula include this type of information within the text, however, at least one curriculum often left the explanations up to the facilitators who may not know what the right answer is and why. Providing facilitators with additional reference material can help them to clarify points and answer participants' questions accurately and with confidence. Not all of the curricula include supplemental reference material for the facilitator. In most cases, additional material is included in an appendix. HIV and STI frequently asked questions, information on condoms and VCT, and tips on facilitating discussions and role plays are typical of the information found in appendices of the curricula reviewed. One advantage of providing this material in an appendix, rather than dispersing it throughout the manual, is that the facilitator can quickly locate the information. Furthermore, it does not clutter or confuse the material in the curriculum meant to be imparted to the participants during the lesson. One possible exception is the inclusion of two-page resource sheets at the end of four modules in the *Youth Action Kits*. The resource sheets provide additional information on HIV/AIDS, abstinence, faithfulness, and condom use at the end of modules on those topics. This may make it easier to incorporate information from the resource sheets into the lessons.

Discussion

The curricula reviewed in this paper reflect the diverse approaches and messages used by centrally-funded curriculum-based ABY partners in PEPFAR. This diversity is in part a product of the values and goals of the curriculum developers and the characteristics of the population for whom the curricula were designed. Some curricula, such as *There is Hope, It Takes Courage, Choose Life*, and *My Choice is Life*, are intended for audiences for whom religious values carry a lot of weight. These curricula do not incorporate condom use as part of their HIV prevention messages and instead focus on discouraging pre- and extra-marital sex by appealing to the religious convictions of their audience. These curricula may be less appropriate for participants who are already sexually initiated. Conversely, curricula such as *GoLD, Kenya National Life Planning Skills, Maisha Bora, Together We Can*, and *Youth Action Kit* provide messages that are more appropriate for delivery in a variety of settings with a variety of audiences.

Curriculum developers and users interested in promoting sexual risk reduction in addition to abstinence may find the activities and messages in *Maisha Bora, Food for the Hungry's Supplement, Together We Can*, and the *Youth Action Kit* helpful, as they have the

strongest content on condoms and secondary abstinence. *Food for the Hungry's Supplement*, in particular, does a good job of encouraging abstinence while still addressing the needs and challenges of sexually initiated youth and youth who are not ready to commit to abstinence. It is, however, a supplement, and designed to be used in conjunction with *Choose Life*. While only parts of the *Kenya National Life Planning Skills* (KNLPS) manual are reviewed in this paper as a supplement to *HOPE worldwide HIV/AIDS Prevention Program*, KNLPS should be acknowledged as a valuable resource for reproductive health curriculum developers and users. It does an excellent job of presenting information on difficult topics such as sexual development, conception, and stigma, by exhaustively addressing these topics and providing additional information to the facilitator. The KNLPS manual is not solely an abstinence and faithfulness manual, and therefore ABY curriculum developers and users may not want to use it in its entirety.

All curricula are weak in promoting skills for faithfulness within marriage and partner reduction, especially considering that many of the youth participating in the ABY programs may already be married or sexually experienced. One recommendation for building these skills is to strongly promote the benefits of VCT to ensure both partners are seronegative before marriage and within sexual partnerships. The curricula with the strongest content on VCT are the *GoLD* curriculum, *Maisha Bora*, *There is Hope*, and the *Kenya Life Planning Skills* manual. Communication skills are included in all of the curricula. These lessons can be augmented by including communication skills with a spouse about faithfulness. The *Youth Action Kit* has the strongest content encouraging partner communication about faithfulness.

Some curricula are better structurally organized and more visually appealing than others. The *Choose Life*, *GoLD*, and *ARK Guides* curricula in particular stand out as having a standardized format for every module and easy-to-follow instructions to the facilitator (*Food for the Hungry's Supplement* is designed to look like the *Choose Life* curricula).

The evaluation tool used in this review may be useful to those program managers looking for an existing curriculum or parts of a curriculum to use for their programs. In this case, the evaluation tool could serve as a checklist. Program managers and educators are advised to carefully read through a prospective curriculum to ensure that its stated goals are reflected in its messages and activities.

ABY curriculum developers may also find the evaluation tool helpful in deciding how to structure their curricula and consider what content to include. These decisions are best made after identifying the target population, their sexual experience, the most important challenges they face, and what knowledge and skills they need to overcome these challenges. Working with community members throughout the curriculum selection and development process may help ensure that the messages incorporated into the curriculum are culturally appropriate while at the same time building community involvement in the goals of the curriculum. Curriculum developers are encouraged to have their curricula reviewed by experts in gender, sexual violence, HIV and STIs, sexual development, and other technical topics to ensure their accuracy and reduce the chances of inadvertent harmful consequences of content messages. Addressing these types of issues may also help curriculum developers be better able to identify activities and lessons from the ABY curricula reviewed in this paper that best fit their needs. Even the highest quality curricula, however, do not alone make successful curriculum-based programs. Careful thought, execution, and oversight of the implementation process is necessarily for a curriculum to live up to its full potential.

References

- Aten, M. J., Siegel, D. M., Enaharo, M., & Auinger, P. (2002). Keeping middle school students abstinent: Outcomes of a primary prevention intervention. *J Adol Health, 31*(1), 70-78.
- Blake, S. M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *Am J Public Health, 91*(6), 940-946.
- Borawski, E. A., Trapl, E. S., Lovegreen, L. D., Colabianchi, N., & Block, T. (2005). Effectiveness of abstinence-only intervention in middle school teens. *Am J Health Behav, 29*(5), 423-434.
- Centers for Disease Control and Prevention (CDC). (2005). *The Handbook for Evaluating HIV Education — Booklet 3*. Atlanta, GA: CDC. Retrieved March 29, 2007 from http://www.cdc.gov/healthyouth/publications/hiv_handbook/hiv_booklet3/index.htm
- Denny, G., & Young, M. (2006). An evaluation of an abstinence-only sex education curriculum: an 18-month follow-up. *Journal School Health, 76*(8), 414-422.
- Denny, G., Young, M., Rausch, S., & Spear, C. (2002). An evaluation of an abstinence education curriculum series: Sex can wait. *Am J Health Behav, 26*(5), 366-377.
- Diaz, M., Mello, M. B., Sousa, M. H., Cabral, F., Castro e Silva, R., Campos, M., et al. (2005). Outcomes of three different models for sex education and citizenship programs concerning knowledge, attitudes, and behavior of Brazilian adolescents. *Cadernos de saude publica / Ministerio da Saude, Fundacao Oswaldo Cruz, Escola Nacional de Saude Publica, 21*(2), 589-597.
- Ferguson, J., Dick, B., & Ross, D.A. (2006). Conclusions and recommendations. Chapter 10. In *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*. World Health Organization technical report series, 938, 317-41. Geneva: World Health Organization.
- Focus on Young Adults. (2001). *Advancing Young Adult Reproductive Health: Actions for the Next Decade, End of Project Report*. Washington D.C.: Pathfinder International.
- Gachuhi, D. (1999). *The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Regions and the Response of Education Systems to HIV/AIDS: Life skills Programmes*. Geneva: United Nations Children's Fund.
- Gallant, M., & Maticka-Tyndale, E. (2004). School-based HIV prevention programmes for African youth. *Soc Sci Med, 58*(7), 1337-1351.
- Jemmott, J. B., 3rd, Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African-American adolescents: a randomized controlled trial. *JAMA, 279*(19), 1529-1536.
- Kirby, D., & Coyle, K. K. (1999). School-based programs to reduce sexual risk-taking behavior. *Child Youth Serv Rev, 19*, 425-436.

- Kirby, D., Korpi, M., Adivi, C., & Weissman, J. (1997). An impact evaluation of project SNAPP: An AIDS and pregnancy prevention middle school program. *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education*, 9(1 Suppl), 44-61.
- Kirby, D., Laris, B. A., & Roller, L. (2005). Impact of sex and HIV education programs on sexual behaviors of youth in developing countries. Youth Research Working Paper No. 2. Research Triangle Park, NC: Family Health International.
- Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: Which Are Important? Which Can You Change?* New York: National Campaign to Prevent Teen Pregnancy.
- Lohrmann, D. K., Blake, S., Collins, T., Windsor, R., & Parrillo, A. V. (2001). Evaluation of school-based HIV prevention education programs in New Jersey. *J School Health*, 71(6), 207-212.
- Mains, D. S., Iverson, D. C., McGloin, J., Banspach, S. W., Collins, J. L., Rugg, D. L., et al. (1994). Preventing HIV-infection among adolescents — evaluation of a school-based education-program. *Prevent Med*, 23(4), 409-417.
- Marston, C., & King, E. (2006). Factors that shape young people's sexual behaviour: a systematic review. *Lancet*, 368(9547), 1581-1586.
- Maticka-Tyndale, E., & Brouillard-Coylea, C. (2006). The effectiveness of community interventions targeting HIV and AIDS prevention at young people in developing countries. Chapter 8. In, *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*. World Health Organization technical report series, 938, 243-85. Geneva: World Health Organization.
- Mullen, P. D., Ramirez, G., Strouse, D., Hedges, L. V., & Sogolow, E. (2002). Meta-analysis of the effects of behavioral HIV prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States. *J Acquired Immune Deficiency Syndromes*, 30, S94-S105.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention: Principles of effective prevention programs. *Am Psycho*, 58(6/7), 449-456.
- Price, M. A., Miller, W. C., Kaydos-Daniels, S. C., Hoffman, I. F., Chilongozi, D., Martinson, F. E., et al. (2004). Trichomoniasis in men and HIV infection: data from 2 outpatient clinics at Lilongwe central hospital, Malawi. *J Infect Diseases*, 190(8), 1448-1455.
- Schaalma, H. P., Abraham, C., Gillmore, M. R., & Kok, G. (2004). Sex education as health promotion: What does it take? *Archives of Sexual Behavior*, 33(3), 259-269.
- Senderowitz, J., & Kirby, D. (2006). *Standards for Curriculum-Based Reproductive Health and HIV Prevention Education Programs*. Arlington, VA: Family Health International.

- Silva, M. (2002). The effectiveness of school-based sex education programs in the promotion of abstinent behavior: a meta-analysis. *Health Ed Res: Theory Practice, 17*(4), 471-481.
- Speizer, I., & Lopez, C. (2007). *Field Assessment of Emergency Plan Centrally-funded HIV Prevention Programs for Youth..* SR-07-34. Chapel Hill, NC: MEASURE Evaluation.
- The National Campaign to Prevent Teen Pregnancy. (2003). *Characteristics of Effective Curriculum-based Programs*. Washington: The National Campaign to Prevent Teen Pregnancy. Retrieved March 30, 2007, 2007, from www.teenpregnancy.org
- Tiendrebeogo, G., Meijer, S., & Engleberg, G. (2003). *Life Skills and HIV Education Eurrricula in Africa: Methods and Evaluations*. Technical Report No. 119. Washington: U.S. Agency for International Development, Office of Sustainable Development, Bureau for Africa.
- Villarruel, A. M., Jemmott, L. S., & Jemmott, J. B.,3rd. (2005). Designing a culturally based intervention to reduce HIV sexual risk for latino adolescents. *J Assoc Nurses in AIDS Care, 16*(2), 23-31.
- Wilson, K. L., Goodson, P., Pruitt, B. E., Buhi, E., & Davis-Gunnels, E. (2005). A review of 21 curricula for abstinence-only-until-marriage programs. *J School Health, 75*(3), 90-98.
- Yoo, S., Johnson, C. C., Rice, J., & Manuel, P. (2004). A qualitative evaluation of the students of service (SOS) program for sexual abstinence in Louisiana. *J School Health, 74*(8), 329-334.

Appendix A – Curriculum Review Tool Used to Review ABY Curricula

Curriculum Review Tool	
Topical Areas Covered	Curriculum
ABC	
▪ A	
▪ B	
▪ C	
HIV/AIDS	
▪ What is HIV	
▪ Life history of virus	
▪ Transmission modes	
▪ Prevention	
▪ Characteristic of epidemic in country	
▪ Acute HIV/window period	
▪ VCT	
▪ Social impact	
▪ Treatment	
▪ HIV/AIDS myths and misconceptions	
▪ Stigma against PLWHA	
STIs	
▪ Descriptions and symptoms	
▪ Transmission	
▪ Treatment of STIs	
Coercion/sexual violence	
Cross-generational sex	
Transactional sex	
Messages/skills for sexually experienced youth	
▪ Secondary abstinence	
▪ Proper condom use/ safer sexual practices	
▪ Partner reduction	
Sexual health and development	
Unintended pregnancy	
▪ Adoption	
▪ Abortion	
Instructions to facilitator on how to make referrals	
Negotiation skills	
Drugs and alcohol	
Communication with caregivers	
Relationship skills	
Life skills: self-esteem, self-efficacy, and related life skills concepts, etc.	
Other topics	
Utilitarian and physical characteristics of the manual	

Introduction to facilitators	
Peer education strategies	
Manual/lesson plan for educators	
Instructions to facilitator within curriculum	
Objectives and outline of each lesson	
Expected time frame and list of materials needed	
Confidentiality discussed	
Ground rules established	
Opportunity for anonymous questions	
Take-home activity	
Additional reference materials	
Professional look of materials	
Attractive illustrations, format, photos	
Other features	
Religious content	
<i>Characteristics of Effective Curriculum-Based Programs (Senderowitz & Kirby, 2006)</i>	
Content of Curriculum	<i>Curriculum:</i>
Focused on clear health goals	
Focused on specific behaviors that affect goals	
Addressed multiple risk and protective factors	
Created a safe social environment	
Included multiple activities	
Use skills-based teaching methods	
Appropriate to the youths' culture, developmental age, and sexual experience	
Covered topics in a logical sequence	
Address gender issues	
Present medically and scientifically correct information	