

**Reducing Sexual Risk Behavior
Among Young People
A Training Toolkit for Curriculum Developers
February 1, 2013**

by Douglas Kirby

ETR Associates

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High school students in KwaZulu-Natal, South Africa.

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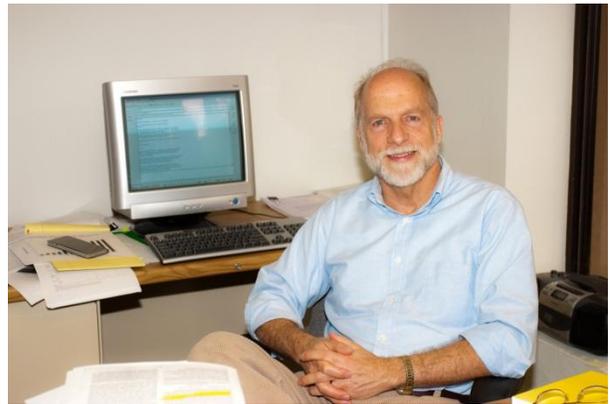
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In Memoriam

Douglas Bernard Kirby, PhD, a senior research scientist at ETR Associates and a pillar in the field of adolescent sexual and reproductive health, died of a heart attack on Saturday December 22, 2012 while climbing Cotopaxi in Ecuador. He was 69.



Dr. Kirby was one of the world's leading experts on school and community programs to reduce sexual risk taking, and dedicated his career to promoting sexual and reproductive health among young people through his writing, teaching, and research. He authored over 150 articles, chapters and monographs on these programs, and frequently spoke nationally and internationally on his work. He served as a scientific adviser to the CDC, USAID, WHO, UNFPA, UNESCO, and the National Campaign to Prevent Teen and Unplanned Pregnancy.

Dr. Kirby joined ETR Associates in 1988. He was involved in the creation and/or evaluation of numerous sex and HIV education curricula including *Reducing the Risk*, *Safer Choices*, and *Draw the Line/Respect the Line*, among others. He authored several encyclopedic reviews of the scientific literature, such as *Emerging Answers 2007*, which summarized the literature on adolescent sexual behavior and HIV/STD/pregnancy prevention programs. This work facilitated access to scientific research and paved a pathway for progress toward more effective prevention programs. More recently, Dr. Kirby worked with colleagues to create *Promoting Sexual Health*, a program that focuses on STD and pregnancy prevention among young adults and features the promotion of healthy sexual relationships. He also authored a theoretical guidebook, *Reducing Adolescent Sexual Risk*, on how to develop and adapt sexuality education curricula.

Over the past two years, Dr. Kirby worked with the UN Regional Team for Young People (UNFPA, UNESCO and UNICEF) in East and Southern Africa Region (ESAR) to support development of effective and more impactful sexuality education curricula for in and out of school adolescents and young people. Work included development of a *Training Toolkit for Designing Effective Curricula* and capacity building for more than 250 technicians representing Ministries of Education, Ministries of Health, non-governmental organizations, consultants and UN staff from over a dozen ESAR countries on designing effective programs.

Dr. Kirby was a passionate professional who was incredibly generous with his time—answering inquiries from research colleagues, policy-makers, and students with thought and depth. He relished the opportunity to explore scientific issues, and continuously pondered and tackled complexities of the field. Doug was also a caring human being who took personal interest in

those he met. He loved a good conversation and took the time to build relationships, show concern, and share his support no matter how overwhelmed or busy he was in his professional life.

Dr. Kirby will be missed in the field of adolescent sexual and reproductive health both in the U.S. and globally, and especially in East and Southern Africa Region where he was mostly engaged in the last two years. One of Dr. Kirby's goals in life was to help make the world a better place—he achieved that goal and more. Dr. Douglas Kirby will always hold a position of influence in the field of sexual and reproductive health and will continue to serve as an inspiration to all those lives he touched and others in the field for years to come.

Donations in Dr. Kirby's memory can be made to Zambia Orphans of AIDS (<http://www.zambiaorphans.org/>), or Doug Kirby Adolescent Sexual Health Research Grant, Indiana University. Contact Natalie Kubat at nkubat@indiana.edu or 812-855-7891.

May your soul rest in eternal peace our colleague and friend.

UN Adolescent Sexual and Reproductive Health Team: Dr. Asha Mohamud, Mr. Leonard Kamugisha and Ms. Mary Otieno, Keneth Ehouzou, and Mr. Brian Kironde (UNFPA); Dr. Patricia Machawira and Ms. Sandisile Tshuma (UNESCO); and Mr. Rick Olson (UNICEF); and Mr. David Kitchen and Ms. Sarah Stevens (ETR).

March, 2013

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This training toolkit has benefited from the input of many people.

Lori Rolleri at EngenderHealth wrote the entire session on gender. She also reviewed the entire manual and suggested revisions.

The South Carolina Campaign to Prevent Teen Pregnancy funded the original development of some of the sessions, provided a series of trainings where they were implemented and provided recommendations for revisions. Forrest Alton was particularly helpful.

In 2011, UNFPA, UNESCO, UNICEF and HEARD cofunded the development of materials and the implementation of a week-long training held in Johannesburg, South Africa, for UN and Ministries' of Education Curriculum Development Staff from 10 eastern and southern African countries.

In 2012, UNFPA, UNESCO and UNICEF cofunded the implementation of trainings in Lusaka, Zambia, Chisamba, Zambia, and Bagamoya, Tanzania, and additional revisions suggested by those trainings.

Several people at UNFPA, UNESCO, UNICEF and Population Council were particularly helpful, either in terms of implementing the trainings, providing ongoing support or providing feedback: Asha Mohamud, Patricia Machawira, Mary Otieno, Sandisale Tshuma, Arno Willems, Rick Olson, Leonard Kamugisha, Sera Kariuki, Matthias Lansard, Mathias Herman, Nicole Haberland and Debbie Rogow.

UNFPA funded the development of this Training Toolkit for the Africa Region with technical support from UNESCO and UNICEF while the field-testing was cofunded by the three agencies.

This Training Toolkit will be used to strengthen the capacity of national and regional teams responsible for developing sexuality education curricula for in-school and out-of-school youth in the East and Southern Africa region.

I want to extend my sincere thanks to all of these institutions and individuals.

Douglas Kirby, August 2012

Overview of Training Design for Curriculum Developers

Overall Goal

The overall goal of this training is to reduce HIV transmission, the transmission of other sexually transmitted infections (STIs) and unintended pregnancy among young people.

There is an ever increasing and compelling body of evidence that curriculum-based programs (e.g., sex and STI/HIV education programs in schools or elsewhere) can reduce multiple sexual risk behaviors that place young people at risk of HIV, other STIs and unintended pregnancy. For example, they can delay sex, reduce the number of sexual partners and/or increase condom use.

Curriculum-based programs are programs that are based on a curriculum or structured set of activities involving groups of people, young people in this case. They can be distinguished from spontaneous one-on-one interactions between educators and learners or only broad school, community, or media awareness activities.

Although curriculum-based programs can be effective at changing behavior, not all curricula and programs are effective. About two-thirds change one or more behaviors among all participants or important groups of participants, while the remaining one-third may increase knowledge or have other positive effects but do not significantly change behavior. The programs that were effective at *changing behavior* were different from those that did not change behavior, and the characteristics that distinguish between effective and ineffective programs have been delineated.

Thus, this training can contribute to the overall goal of reducing HIV, STI and unintended pregnancy by helping curriculum designers develop curricula that incorporate the characteristics of effective programs, and secondarily to help other professionals provide needed support for the implementation of programs based on these curricula. When these programs are widely implemented with fidelity, they can reduce sexual risk behavior and STI/HIV transmission.

Training Objectives

This training has two primary objectives:

1. To increase participants' knowledge and skills to design and adapt sex and STI/HIV education curricula for young people so that those curricula are more likely to change young people's sexual behaviors that affect HIV transmission, other STI transmission, unintended pregnancy and coerced sex.
2. To develop a partial blueprint for an effective sex and STI/HIV education curriculum for each country (or group of participants).

More Specific Learning Objectives

At the completion of this five-day training, participants will be able to:

1. Summarize the impact of the HIV epidemic in the host country
2. Summarize the evidence on the impact of sex and STI/HIV education curricula worldwide
3. Describe the characteristics of effective sex and STI/HIV education curricula
4. Develop a well-constructed logic model including:
 - a. Specification of one or more reproductive health goals for a specific populations
 - b. Selection of one or more sexual behaviors that directly affect the health goal
 - c. Selection of risk and protective factors that influence the selected sexual behaviors
 - d. Selection, adaptation and/or development of curriculum activities designed to intentionally change the selected risk and protective factors
5. Identify important reproductive health goals and the populations they wish to reach
6. Identify and select important behaviors and actions that affect their health goals
7. Create clear messages about the sexual behaviors selected for the logic model
8. Select or identify important psychosocial factors that affect the selected behaviors and can in turn be improved by curriculum activities
9. Select, adapt and/or create effective learning activities designed to increase knowledge about pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
10. Select, adapt and/or create effective learning activities designed to increase perception of risk of pregnancy, HIV and other STIs
11. Select, adapt and/or create effective learning activities designed to improve positive attitudes and values about preventing pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
12. Select, adapt and/or create effective learning activities designed to support positive peer norms related to preventing pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
13. Select, adapt and/or create effective learning activities designed to change harmful or inequitable gender norms related to pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
14. Select, adapt and/or create effective learning activities designed to strengthen skills and self-efficacy needed to practice healthy sexual behavior
15. Select, adapt and/or create effective learning activities designed to increase parent-child communication about sexuality
16. Select, adapt and/or create effective learning activities designed to strengthen intentions to engage in healthy sexual behavior
17. Develop and carry out their implementation action plans

Organization of the Training

The organization of the training reflects these learning objectives and is based on a very clear logic.

- **Presentation of evidence on the prevalence of HIV, other STIs and pregnancy in the host country:** First, evidence is presented by someone representing the host country on the prevalence of HIV, other STIs and unintended pregnancy in the host country. Ideally, these data are also presented for teens and young adults, and data on adolescent sexual risk behavior are also presented. These data demonstrate that HIV (and probably other STIs and pregnancy) are important issues for the country.
- **Presentation of evidence from Africa on declines in HIV prevalence and changes in behavior among young people:** Evidence from UNAIDS is presented showing that HIV prevalence among young people 15–24 declined by more than 25 percent in 13 African countries and that within all these countries there were delays in initiation of sex, decreases in numbers of sexual partners or increases in use of condoms among either males or females. This demonstrates that behavior change among young people is possible and can lead to reductions in HIV prevalence.
- **Global evidence on the impact of sex and STI/HIV education programs:** Second, strong evidence from countries around the world is presented demonstrating that some programs delayed the initiation of sex, reduced the frequency of sex, reduced the number of sexual partners, increased condom use, increased contraceptive use, and reduced unprotected sex. As noted above, about two-thirds of the programs had a significant positive impact on behavior and one-third did not have a significant impact on behavior. Thus, some programs were effective, while others were not. Throughout the remainder of the training, the results of an in-depth comparison of the effective programs and the ineffective programs are presented.
- **Use of a logic model:** An overarching characteristic of the effective programs is that they were based on a logic model. Thus, this logic model is presented next. It stipulates that first the public health goals (e.g., reducing unintended pregnancy, HIV or other STIs) are specified; second, the behaviors affecting those health goals are specified; third, the risk and protective factors affecting each behavior are specified; and finally, the specific curriculum activities designed to change each selected risk and protective factors are specified.
- **Selecting goals:** This logic model then becomes the basis for most of the remainder of the training. That is, first, there is a brief discussion of public health goals, and countries/groups select the goals they wish to address. Because this is a training to ultimately reduce the sexual transmission of HIV, presumably it will always be included. However, countries may also select related reproductive health goals, e.g., the reduction in other STIs and unintended pregnancy.
- **Selecting behaviors:** Second, there is a discussion of the behaviors that directly affect these health goals, and countries/groups select the behaviors they wish to target. (They are encouraged to select several, because commonly it is possible to change more than one behavior.)

- **Selecting risk and protective factors:** Third, participants identify numerous risk and protective factors that affect each behavior. Once factors are identified, those factors that curriculum-based programs can actually change are selected. Invariably, most of these factors are individual “psychosocial” factors. Nearly all of them fall into the following categories: knowledge, perceptions of risk, values and attitudes (including those related to gender), perception of peer and social norms, skills and self-efficacy and intentions. One factor that can be changed is not a psychosocial factor; it is a behavior—parent-child communication.
- **Selecting activities to change these psychosocial factors:** Fourth, much of the remaining training addresses each of these factors, one at a time, and in depth. For example, the session addressing knowledge covers the following topics: important principles of learning, different kinds of curriculum activities that can be used (e.g., short lectures, small group discussions, role playing, simulations), and topics that were commonly included in the effective curricula. During most of the sessions on each factor, examples of effective activities are also modeled. Many of these are participatory.

Throughout all of these steps, countries/groups create their own logic models and specify activities that address their selected psychosocial factors. Thus, at the end of the training, the second specific objective is achieved. That is, each country/group will have created its own logic model specifying health goals, behaviors, psychosocial factors and specific activities to address those factors. After the training is over, countries/groups can complete their models, organize their selected activities into curricula with proper sequence and other desired characteristics and pilot-test both the activities and the entire curriculum.

Following the creation of drafts of logic models with selected activities, the training turns to other topics. These include:

- **Incorporating other important characteristics of effective sex and STI/HIV education programs:** In addition to the characteristics of effective programs that involve the logic model, other characteristics of effective programs are discussed. These include the structure of the curriculum, the messages given about behavior, important characteristics of implementation and others.
- **Development of action plans:** Given that curricula cannot be completed during the training, the groups develop a plan for completing their curricula after they leave the training. If appropriate, the groups also develop a plan for getting the curriculum adopted and then disseminated.

This logic is also manifested in “Training at a Glance,” which follows.

Training at a Glance

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Morning	Morning	Morning	Morning	Morning	Morning
<ul style="list-style-type: none"> • Welcome and introductions • Objectives and focus of the training • HIV/AIDS in the host country • Sexuality education in the host country 	<ul style="list-style-type: none"> • Identifying and selecting risk and protective factors • Mema kwa Vijuana: Example of activities to address factors 	<ul style="list-style-type: none"> • Improving perceptions of risk to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	<ul style="list-style-type: none"> • Improving perceptions of peer and social norms to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	<ul style="list-style-type: none"> • Increasing self-efficacy to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	<ul style="list-style-type: none"> • Presentation of logic models • Development of team action plans
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	
<ul style="list-style-type: none"> • Impact of sex and STI/HIV education programs • Characteristics of effective programs • Logic model approach • Behaviors that affect STI/HIV and pregnancy • Specific actions for each behavior • Clear messages about behavior 	<ul style="list-style-type: none"> • Increasing knowledge to change behavior <ul style="list-style-type: none"> ○ Principles of learning ○ Teaching strategies ○ Scope and sequence of topics to cover 	<ul style="list-style-type: none"> • Clarifying and improving values and attitudes to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	<ul style="list-style-type: none"> • Addressing gender to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	<ul style="list-style-type: none"> • Improving communication with parents/adults to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities • Improving intentions knowledge to change behavior <ul style="list-style-type: none"> ○ Principles ○ Examples of activities 	

Shorter and Longer Trainings

The Length of This Training

This training is designed to last 5½ days. This appears to be the minimal amount of time required to cover all the topics and to model multiple participatory activities designed to address each of the risk and protective factors that affect sexual behavior. Even with 5½ days, the days must be fairly long to cover all the topics adequately. After conducting this training several times, our experience indicates that it is possible to cover all topics in 5½ days, but when there are only 5 days, sessions are hurried, people need and want more time, and the sessions each day end late. Thus, at least 5½ days are recommended.

That said, sometimes it is simply not possible to implement a training as long as 5½ days, and sometimes participants do not need to know as much material in as much depth—they may simply need a briefer overview. Other times, participants may want to cover additional important topics and have the time for a longer training. With these differing needs in mind, following are suggestions for trainings of different lengths. However, when reviewing these alternatives, please remember that at least 5½ days are recommended.

Two-Day Training

In two days, it is possible to provide the evidence for the positive behavioral impact of sex and STI/HIV education programs, a summary of the important characteristics of effective curricula, the basic logic model approach, possible reproductive health goals, possible behaviors affecting that goal, a list of risk and protective factors affecting those behaviors, and examples of activities to change each of those factors.

The sessions on Day 1 should be slightly abbreviated versions of the ones on Day 1 in this training manual. On Day 2, each of the sessions on each of the risk and protective factors should be much abbreviated versions of the sessions on Days 1–6 in this manual and should last no longer than about 40 minutes. For example, for each risk and protective factor, the session should include:

- A lecture about 10 minutes long briefly covering the most important slides for each factor
- One 15-minute activity or two shorter classroom activities that serve as good examples of how to address that factor
- A 5- to 10-minute discussion of the principles and classroom activities
- A 5-minute energizer, or a 10-minute break, before the next factor is discussed

Day 1	Day 2
Morning	Morning
<ul style="list-style-type: none"> • Welcome and introductions • Objectives of the training • HIV/AIDS in the host country • Impact of sex and STI/HIV education programs 	<ul style="list-style-type: none"> • Review of the previous day and the agenda for day 2 • Increasing knowledge • Improving perceptions of risk • Clarifying and improving values and attitudes • Improving perceptions of peer and social norms
Afternoon	Afternoon
<ul style="list-style-type: none"> • Characteristics of effective programs • Logic model approach • Behaviors that affect STI/HIV and pregnancy • Clear messages about behavior • Identifying and selecting risk and protective factors • Summary of the day 	<ul style="list-style-type: none"> • Addressing gender • Increasing self-efficacy • Improving communication with parents/adults • Improving intentions • Other characteristics of effective programs • Closure

This two-day training will provide a good overview of the curriculum development process, and participants may be able to complete the logic model table for a single behavior, such as delaying sex or increasing condom use. That is, they can choose a single behavior, select risk and protective factors, and specify a few of the modeled classroom activities. However, it will not allow sufficient time for participants to thoughtfully deliberate and reach consensus on multiple behaviors, multiple risk and protective factors and multiple classroom activities for each factor.

Three- to Five-Day Trainings

If trainings last 3 to 5 days, they should move increasingly to the full 5½-day training presented in this manual. That is, they should give participants more time to agree on which behaviors should be selected and more time to decide which risk and protective factors should be addressed. The lecture material on each factor should be more in-depth. More classroom activities that affect each of the factors should be presented, and they should be presented more thoughtfully. Finally, participants should spend more time deciding which activities should be included in their logic models and identify more activities for their logic models.

Longer Trainings

Longer Trainings for Curriculum Developers and Those Who Support Curriculum Development and Implementation

There are many additional topics that are related to curriculum development and implementation and that would ideally be covered in a longer training. These include, for example:

- Other reproductive health goals such as reducing sexual violence in greater depth
- Psychosocial theories of behavior change in greater depth
- Addressing gender in greater depth
- Adolescent development (including physical, cognitive, emotional and social changes)
- Gaining community or other needed support for comprehensive sex and STI/HIV education
- Teacher training
- Evaluation
- Provision of ongoing monitoring and support

Longer Trainings for Trainers

This manual can also be used to train trainers who in turn will use this manual to train others. A training for trainers should last at least nine days, and it should provide the opportunity for participants to practice implementing many of the sessions that were implemented during the first five days. These would include all the sessions in which new material was presented by the trainer using PowerPoint slides as opposed to activities that simply modeled classroom activities that are already well scripted. These practice sessions are sometimes called “teachbacks.” If participants practice implementing all sessions with new material, this provides an opportunity for participants to see these important sessions a second time and to reinforce their understanding. They should implement teachbacks in the same order in which the sessions were originally implemented, so that participants can see again how one session builds upon the previous sessions.

Participants should be divided into two or more groups with not more than 10 to 15 participants per group, and all the sessions to be taught back should be divided roughly equally among the participants within each group. This gives each participant the opportunity to teach back several sessions.

Some of the sessions included lengthy time for participants to engage in some process (e.g., to agree on which behaviors should be addressed, to agree on which risk and protective factors should be addressed, or to create new activities to address a particular factor). If participants in the teachback sessions were given the same amount of time to complete these activities, then this teachback part of the training would last as long as the first five days and would be

redundant. Thus, the participatory part of that teachback lesson should be summarized (that is, the participants should not actually repeat it).

After each participant teaches back a session, the other members of the group should complete a standardized form evaluating the teachback. That form should include questions about what was done well and suggestions for improvement. After the forms are completed, the participant who just gave the teachback should describe how he or she felt about his/her teachback, and then the group should discuss both the strengths of the teachback and areas for improvement.

The training for trainers that took place in Lusaka (May 2012) had the following agenda that worked well:

- Days 1–6: The training presented in this manual
- Day 7: A half day to prepare teachback sessions and a half day as a break
- Days 8–10: Teachback sessions

Example of a Nine-Day Training of Trainers

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
<ul style="list-style-type: none"> • Welcome and introductions • Objectives of the training • HIV/AIDS in Africa • Comprehensive sex education in Africa 	<ul style="list-style-type: none"> • Identifying and selecting risk and protective factors • Mema kwa Vijuana: Example of activities to address factors 	<ul style="list-style-type: none"> • Improving perceptions of risk to change behavior 	<ul style="list-style-type: none"> • Improving perceptions of peer and social norms to change behavior 	<ul style="list-style-type: none"> • Increasing self-efficacy to change behavior 	<ul style="list-style-type: none"> • Presentation of logic models • Development of team action plans 	<ul style="list-style-type: none"> • Review of practice sessions and providing teachback • Practice sessions and teachback 	<ul style="list-style-type: none"> • Practice sessions and teachback 	<ul style="list-style-type: none"> • Practice sessions and teachback
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
<ul style="list-style-type: none"> • Focus of training • Impact of sex and STI/HIV education programs • Characteristics of effective programs • Logic model approach • Behaviors that affect STI/HIV and pregnancy • Clear messages about behavior 	<ul style="list-style-type: none"> • Increasing knowledge to change behavior 	<ul style="list-style-type: none"> • Clarifying and improving values and attitudes to change behavior 	<ul style="list-style-type: none"> • Addressing gender to change behavior 	<ul style="list-style-type: none"> • Improving communication with parents/adults to change behavior • Improving intentions knowledge to change behavior 		<ul style="list-style-type: none"> • Practice sessions and teachback 	<ul style="list-style-type: none"> • Practice sessions and teachback 	<ul style="list-style-type: none"> • Practice sessions and teachback • Closure

Advance Preparation

Selecting Participants for the Training

This training is designed primarily for people who are developing curricula for young people to reduce their sexual risk behavior. However, it is also designed secondarily for others who can provide support for the development or implementation of such programs, e.g., those involved with educational policy, community support for sex and STI/HIV education, teacher training, actual implementation or providing financial support.

The training participants may design or support curricula for people of many ages. They can include young people in their early teens or preteens who have not yet had sex as well as young people in their late teens or 20s who have had sex many times. This reflects the fact that most of the important curricula characteristics apply to curricula for all these ages, but most of the curriculum activities and examples will be activities and examples for adolescents.

The training participants will design sex and STI/HIV education curricula that can be implemented in schools during the school day, in schools after school, in clinic settings, in youth-serving organizations or in other community settings. Thus, they can include people from any of these organizations or settings.

This training may be most effective when it is implemented with 10–30 participants so that trainers can provide more individual attention to small groups and so that participants may be more involved during whole-group activities. However, it has also been implemented effectively with as many as 70 participants.

When participants for the training are being recruited or selected, the following characteristics should be kept in mind. All participants should have:

- The ability to conduct work very comfortably and professionally on topics related to adolescent sexual behavior and STI/HIV prevention
- Knowledge of HIV prevalence and its importance in Africa
- A strong commitment to reducing HIV transmission, other STI transmission or unintended pregnancy in Africa

In addition, the training will be more informed if some of the participants have:

- Knowledge of adolescent development
- Human sexuality and reproductive rights
- Knowledge of psychological theories of change (e.g., social cognitive theory, theory of planned behavior, information-motivation-behaviors skills theory)
- Knowledge of individual psychosocial factors that affect behavior (e.g., knowledge, perception of risk, values, attitudes, perception of peer norms, skills and intentions)

- Knowledge of the types of instructional strategies, especially participatory methods, that are most effective at improving knowledge, perceptions of risk, values, attitudes, etc. (e.g., competitive games, simulations and role playing)
- Knowledge of gender norms, how they affect sexual decision-making behavior and how to change them
- Knowledge of the components of good curriculum design
- Experience implementing sex or STI/HIV education in schools or with groups of young people in other settings
- Knowledge of the politics surrounding the implementation of HIV education in African schools
- Knowledge and skills to work with departments of education to get a new curriculum adopted and distributed

During the training, groups of participants work together in the same groups for much of the six days. Hereafter, these groups will be referred to as “teams.” Each team will create a logic model and select activities for its curriculum. Thus, it is ideal if each team consists of about 3 or 4 people from each country/organization so that they can create a draft of a curriculum for that country/organization.

However, if it is not possible to have 3 or 4 people from the same country/organization, then the participants should be grouped during the training so that each team creates a common curriculum that can subsequently be adapted for each of their countries/organizations.

Henceforth, this training manual assumes that there are about six teams with 3 or 4 individuals each or about 20 participants altogether. The time needed for some activities may need to be adjusted, if there are more or fewer participants or teams.

Participants can work with either paper copies of materials or Word files for their laptop computers. The latter can be much more efficient, and this manual assumes that laptops will be used, one laptop for each team. Because it is difficult for more than 3 or at most 4 people to see a single laptop screen, ideally teams will not exceed 3 or 4 people. If the number of people from a single country/organization is much greater than that, then they should break into two or more teams and compare their progress periodically.

Providing Participants with Information about the Training and Their Presentations

Training

Prior to the training, participants should be given the kinds of information about the training that should be given to participants of all trainings, e.g., the purpose of the training, topics and organization of the training, its length and location, costs and logistics, advance preparation, etc.

In addition, for this training, the following points should be emphasized:

- The training is a unified whole, and subsequent sessions build on earlier sessions. Thus, participants should arrive on time for the first session on the first day and remain throughout the training.
- It will be very participatory. Participants will be creating a logic model for their curriculum and selecting and designing activities for their own target populations.
- They should bring laptops, because some of the participatory work will require word processing.
- One member of each team will give a presentation on the HIV/AIDS situation they face. If all the participants are from one country, there will be only one country presentation.

Presentations

At the beginning of the first day, someone from the host country should give a presentation summarizing the HIV/AIDS and other reproductive health needs among the young people for whom the curriculum will be designed (e.g., young people throughout the country, or young people reached by each institution or organization). If all participants are from the same country, then only one presentation need be given for that country. If participants are from multiple countries, then someone from each of those countries should give a presentation.

Each presentation should be summarized in PowerPoint slides and should be limited to 10 to 15 slides (if one country) or 10 slides (if more than one country). It should:

- Summarize the *nature of the HIV/AIDS epidemic* among young people in the country or addressed by their institution or organization (e.g., the rates of HIV among young people). (“Know your epidemic.”)
- Identify *other reproductive health problems and goals* (e.g., the rates of other STIs, unintended pregnancy and childbearing among young people or pressured or forced sex and the need to reduce them).
- Specify the *most important behaviors they wish to change* in order to reduce HIV transmission among young people in their country (e.g., delayed initiation of sex, reduced number of sexual partners, reduced concurrent sexual partners, reduced sex with older partners, increased consistent condom use, increased contraceptive use, increased counseling and testing, reduced pressured or forced sex, etc.).
- Identify the primary barriers to implementing effective skills-based sexuality education programs that focus on sexual behavior.

In addition, the presenter(s) should be prepared to answer questions from their peers on their presentations.

Advance Preparation for the Training

Encourage participants to read the following before coming to the training:

- Read sections 4–6 (pages 13–24) in the *International Technical Guidance on Sexuality Education (International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. Volume 1: The Rationale for Sexuality Education. UNESCO, UNAIDS, UNFPA, UNICEF, WHO, 2009.)* This can be downloaded at <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>.
- Read the paper by Doug Kirby on BDI logic models. It can be downloaded at <http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>.
- Read as much as possible of *Reducing Adolescent Sexual Risk*. It can be downloaded at http://pub.etr.org/upfiles/reducing_adolescent_sexual_risk.pdf.

Setting Up the Training Room

The training room should be large enough to house everyone around tables, but ideally small enough so that all participants can hear each other without a microphone. If many participants come and the training room is large, then each table needs a microphone and the trainer needs a lapel microphone.

Because the participants will work in teams during much of the training, it is important that the training room include one table for each team, or alternatively, two teams can work on opposite sides or ends of a table. Team members must be able to talk comfortably with each other and to view a common laptop screen.

Given that participants will also be listening to the trainer, they should all be able to see the trainer clearly and to interact with him/her. The podium at the front of the room should hold the laptop with PowerPoint slides that are shown on one or two screens behind the podium.

Written Materials Needed by Day

Day 1:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Training at a Glance		
Agenda for Day 1		
Posters	1 copy per training	
Major Objectives of the Training		
More Specific Learning Objectives		
Organization of the Training		
Characteristics of Effective Programs		
Monographs and Curricula (Paper Copies)		
<i>Reducing Adolescent Sexual Risk</i>	1 copy per participant	
<i>International Technical Guidance on Sexuality Education: Volume I</i>		
Thumb Drive: Word or PDF Files	1 copy per participant	
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		
Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
Specific Actions for Each Selected Behavior Affecting STI/HIV or Pregnancy		
Daily training assessment (optional)		
Thumb Drive: PowerPoint Files		
PowerPoint files for Day 1		
Other		
Sets of the 16 items plus headings that appear in the logic model for dental caries	1 set per team of up to 6 people	

Day 2:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Agenda for Day 2		
Principles of Learning—Table to Assess Activities (optional)		
Daily training assessment (optional)		
Posters	1 copy per training	
Organization of the Training		
Knowledge should be taught, but it should:		
Principles of Learning from Educational Research (for optional activity)		
Effective Teaching Strategies Used in Curricula That Changed Behavior		
Monographs and Curricula (Paper Copies)		
<i>Reducing Adolescent Sexual Risk</i> (paper copy)	1 copy per participant	
<i>International Technical Guidance on Sexuality Education: Volume II: Topics and Learning Objectives</i>		
<i>Mema Kwa Vijuana (Good Things for Good People)</i>		
<i>SiHLE</i>		
<i>Becoming a Responsible Teen</i>		
<i>Reducing the Risk</i>		
<i>Safer Choices</i>		
Thumb Drive: Word or PDF Files	1 copy per participant	
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		
Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
Examples of Risk and Protective Factors Potentially Affecting Different Sexual Behaviors among Youth		
Topic Table: Potentially Important Topic Areas to Cover in Pregnancy and STI/HIV Prevention Curricula		

Thumb Drive: PowerPoint Files		
PowerPoint files for Day 2		
Other		
Text for principles of learning on 8 x 5 cards (for optional activity)	1 copy per training	

Day 3:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Agenda for Day 3		
Daily training assessment (optional)		
Posters	1 copy per training	
Organization of the Training		
Continuum: Peripheral Route to Central Route (optional)		
Monographs and Curricula (Paper Copies)		
<i>Promoting Partner Reduction</i>	1 copy/15 participants	
<i>Reducing HIV Transmission: Curriculum-Based Activities Designed to Reduce Number of Sexual Partners and Concurrent Sexual Partners</i>	1 copy/15 participants	
Thumb Drive: Word or PDF Files	1 copy per participant	
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		
Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
<i>Sara: The Trap</i> comic book (PDF)		
<i>Promoting Partner Reduction</i> (PDF)		
<i>Reducing Adolescent Sexual Risk</i>		
Worksheet to Assess Activities to Improve or Clarify Attitudes or Values		
Thumb Drive: PowerPoint Files	1 copy per participant	
PowerPoint files for Day 3		

Other		
Rate the HIV Risk Behaviors	1 copy per training	
Pregnancy Risk Outcomes and Behaviors	1 copy per training	
A paper bag or container that can hold the pregnancy risk outcomes and behaviors	1 copy per training	

Day 4:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Agenda for Day 4		
Daily training assessment (optional)		
Posters	1 copy per training	
Organization of the Training		
A Clear Refusal Statement		
Monographs and Curricula (Paper Copies)		
<i>Stay Healthy: A gender-transformative HIV prevention curriculum for youth in Namibia</i>		
Engaging boys and men in gender transformation: The group education manual		
<i>It's All One: Volume 2: Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education</i>		
Copies of Person and Things, Session 7, pages 69–76 (<i>Stay Healthy</i>)		
Copies of Gender Fishbowl , Activity 1.6, pages 79–80 (<i>Engaging Boys and Men in Gender Transformation: The Group Education Manual</i>)		
Copies of I'm Glad I Am... If I Were..., Activity 1.5, pages 77–78 (<i>Engaging Boys and Men in Gender Transformation: The Group Education Manual</i>)		
Copies of Research Project: Gender in the School Environment, Unit 2, Activity 8, pages 36–39 (<i>It's All One</i>)		
Copies of Five Steps for Communicating about Conflict, Unit 5, Activity 37, pages 115–117 (<i>It's All One</i>)		
Thumb Drive: Word or PDF Files	1 copy per participant	
Making a Commitment activity		
Worksheet to Assess Activities to Improve Perception of Peer Norms		
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		

Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
A Conceptual Framework for Gender Equality handout		
Male Gender Norms handout		
Gender-Related Definitions handout		
Common Responses to “Act Like A Man and Act Like a Lady”		
Gender Norm Research—Some Key Studies handout		
Tips for Strengthening Gender Equitable Norms in HIV and Sexuality Education Curricula handout		
List of Gender Transformative Activities for Team Reviews handout		
Reviewing Gender Transformative Activities Reviewer Worksheet		
<i>Reducing Adolescent Sexual Risk</i>		
Thumb Drive: PowerPoint Files		
PowerPoint files for Day 4		
Other		
Paper bags	2 per training	

Day 5:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Agenda for Day 5		
Daily training assessment (optional)		
Posters	1 copy per training	
Methods for Helping Teens Translate Good Intentions into Behavior		
Organization of the Training		
A Clear Refusal Statement		
Monographs and Curricula (Paper Copies)		
<i>Reducing the Risk</i>		
Thumb Drive: Word or PDF Files	1 copy per participant	
Sexual Decision-Making Scenarios and Dilemmas activity		
<i>Reducing HIV Transmission: Curriculum-Based Activities Designed to Reduce Number of Sexual Partners and Concurrent Sexual Partners</i>		
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		
Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
Review of Types of Activities in Curriculum		
Worksheet to Help Learners Keep to Their Intentions about Sex		
<i>Reducing Adolescent Sexual Risk</i>		
Thumb Drive: PowerPoint Files		
PowerPoint files for Day 5		
Other		
Role play scripts in Activity 22 in <i>Reducing HIV Transmission</i>	3 copies per training	
Observer checklist in Activity 22 in <i>Reducing HIV</i>		

<i>Transmission</i>		
Cards or sheets of paper with the condom steps printed on them (Use Condom Step cards)	2 copies per training	
Male condom and preferably also a female condom	1 male condom; 1 female condom	

Day 6:		
	Recommended Number of Copies	Number of Copies Needed
Training manual	1 copy per participant	
Agenda for Day 6		
Thumb Drive: Word or PDF Files	1 copy per participant	
Logic Model Template Part 1: Delaying or Reducing Sexual Activity		
Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception		
Worksheet to Assess Whether This Training Has Discussed Each Characteristic of Effective Programs		
Country Work Plan		
Daily training assessment for the entire training		
Monographs and Curricula (Paper Copies)		
<i>International Technical Guidance on Sexuality Education: Volume I</i>		
Thumb Drive: PowerPoint Files	1 copy per participant	
PowerPoint files for Day 6		
Revised PowerPoint files for all days (if appropriate)		
Other		
Training certificates	1 copy per participant	
Memory sticks with training files on them		
Any gifts (if appropriate)		

Training Materials and Supplies

Audiovisual Equipment:

- Laptop computer with LCD projector and screen (two screens if the group is large)

Other Supplies:

- Podium or table that can house the laptop
- Extension cords
- Tables to hold training materials/supplies in the front of the room
- Four flipchart paper pads and four easels for the front of the room
- Flipchart pad for each group
- Thick water-soluble markers
- Pencils and pens
- Post-it pads for the Parking Lot
- Highlighters pens
- Masking tape
- Post-it pads (different colors)
- A small digital clock that will help trainer monitor timing
- Chimes or a bell to help call attention
- Name tags
- Table/team tents
- Trainer's Kit that includes scissors, stapler, paper clips, binder clips, glue stick, note pad, index cards
- Other
- Pre-prepared posters
- Pre-prepared flipcharts
- Digital Microsoft Word files

Agenda: Days 1–6

Day 1 Agenda

Schedule	Time	Module
8:30 – 9:00	30 minutes	Registration
9:00 – 9:45	45 minutes	Welcome and Introductions
9:45 – 10:20	35 minutes	Overview of the Training: Objectives and Focus
10:20 – 10:40	20 minutes	BREAK
10:40 – 11:15	35 minutes	HIV/AIDS, Other STIs and Unintended Pregnancy in the Host Country
11:15 – 11:50	35 minutes	Summary of the Impact of Behavior Change on HIV Incidence and the Impact of Sex and HIV Education Programs on Behavior
11:50 – 12:50	60 minutes	LUNCH
12:50 – 2:10	80 minutes	Characteristics of Effective Sex and STI/HIV Education Programs
2:10 – 2:30	20 minutes	BREAK
2:30 – 3:00	30 minutes	Selecting Reproductive Health Goals
3:00 – 3:45	45 minutes	Selecting Behaviors That Affect STI/HIV Transmission and Pregnancy
3:45 – 4:05	20 minutes	BREAK
4:05 – 4:35	30 minutes	Identifying Specific Actions for Each Behavior
4:35 – 5:20	45 minutes	Creating Clear Messages about Behavior
5:20 – 5:35	15 minutes	Closure

Day 2 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Day 1 Review and Day 2 Overview
8:45 – 9:50	65 minutes	Identifying Risk and Protective Factors That Change Your Selected Behaviors
9:50 – 10:00	10 minutes	Energizer
10:00 – 11:25	85 minutes	Selecting Risk and Protective Factors That Change Your Selected Behaviors
11:25 – 11:45	20 minutes	BREAK
11:45 – 12:35	50 minutes	Reviewing Activities in Effective Curricula That Address Some of These Factors
12:35 – 1:35	60 minutes	LUNCH
1:35 – 2:00	25 minutes	Increasing Knowledge to Change Behavior: Theory and Research on Impact
2:00 – 2:25	25 minutes	Increasing Knowledge to Change Behavior: Principles of Learning
2:25 – 2:50	25 minutes	Increasing Knowledge to Change Behavior: Teaching Strategies
2:50 – 3:10	20 minutes	BREAK
3:10 – 4:15	65 minutes	Designing Activities to Increase Knowledge Factors in the Logic Models
4:15 – 5:20	65 minutes	Increasing Knowledge to Change Behavior: Topics to Cover
5:20 – 5:35	15 minutes	Closure

Day 3 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Day 1 and 2 Review/Day 3 Overview
8:45 – 10:15	90 minutes	Improving Perceptions of Risk to Change Behavior
10:15 – 10:35	20 minutes	BREAK
10:35 – 12:35	120 minutes	Improving Perceptions of Risk to Change Behavior (continued)
12:35 – 1:35	60 minutes	LUNCH
1:35 – 2:25	50 minutes	Addressing Attitudes and Values to Change Behavior
2:25 – 3:10	45 minutes	Addressing Attitudes and Values to Change Behavior (continued)
3:10 – 3:30	20 minutes	BREAK
3:30 – 5:10	100 minutes	Addressing Attitudes and Values to Change Behavior (continued)
5:10 – 5:25	15 minutes	Closure

Day 4 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Days 1–3 Review/Day 4 Overview
8:45 – 9:55	70 minutes	Changing Perceptions of Peer Norms to Change Behavior
9:55 – 10:10	15 minutes	BREAK
10:10 – 11:45	95 minutes	Changing Perceptions of Peer Norms to Change Behavior (continued)
11:45 – 11:50	5 minutes	Energizer
11:50 – 12:25	35 minutes	Integrating Gender Norms into Adolescent Sexuality and HIV Education Curricula: An Introduction
12:25 – 1:25	60 minutes	LUNCH
1:25 – 2:10	45 minutes	Act Like a Man, Act Like a Lady
2:10 – 2:45	35 minutes	How Does Gender Equality Function as Determinant of Sexual Behavior and How Do We Strengthen or Change It?
2:45 – 3:05	20 minutes	BREAK
3:05 – 3:40	35 minutes	Adapting and/or Developing Gender Transformative Curriculum Activities
3:40 – 5:20	100 minutes	Adapting and/or Developing Gender Transformative Curriculum Activities (continued)
5:20 – 5:35	15 minutes	Closure

Day 5 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Days 1–4/Day 5 Overview
8:45 – 9:10	25 minutes	Increasing Skills and self-Efficacy to Change Behavior
9:10 – 9:35	25 minutes	Increasing Skills and Self-Efficacy to Change Behavior (continued)
9:35 – 10:05	30 minutes	Increasing Skills and Self-Efficacy to Change Behavior (continued)
10:05 – 10:25	20 minutes	BREAK
10:25 – 10:40	15 minutes	Modeling Skills to Avoid or Get Out of Situations that Might Lead to Unwanted or Unprotected Sex
10:40 – 11:15	35 minutes	Obtaining and Using Condoms Correctly
11:15 – 12:05	50 minutes	Selecting, Adapting or Creating Activities to Improve Skills
12:05 – 12:35	30 minutes	Improving Intentions to Change Behavior
12:35 – 1:35	60 minutes	LUNCH
1:35 – 3:10	95 minutes	Improving Intentions to Change Behavior (continued)
3:10 – 3:30	20 minutes	BREAK
3:30 – 4:05	35 minutes	Increasing Communication with Parents/Respected Elders to Change Behavior
4:05 – 5:15	70 minutes	Reviewing and Completing Logic Models
5:15 – 5:30	15 minutes	Closure

Day 6 Agenda

Schedule	Time	Module
8:30 – 8:40	10 minutes	Days 1–5/Day 6 Overview
8:40 – 9:40	60 minutes	Review of Characteristics of Effective Programs and Good Practice
9:40 – 10:40	60 minutes	Preparing Logic Models for the Marketplace
10:40 – 11:00	20 minutes	BREAK
11:00 – 11:30	30 minutes	Marketplace
11:30 – 12:20	50 minutes	Developing Country Action Plans
12:20 – 1:00	40 minutes	Closure

Day 1

Day 1 Agenda

Schedule	Time	Module
8:30 – 9:00	30 minutes	Registration
9:00 – 9:45	45 minutes	Welcome and Introductions
9:45 – 10:20	35 minutes	Overview of the Training: Objectives and Focus
10:20 – 10:40	20 minutes	BREAK
10:40 – 11:15	35 minutes	HIV/AIDS, Other STIs and Unintended Pregnancy in the Host Country
11:15 – 11:50	35 minutes	Summary of the Impact of Behavior Change on HIV Incidence and the Impact of Sex and HIV Education Programs on Behavior
11:50 – 12:50	60 minutes	LUNCH
12:50 – 2:10	80 minutes	Characteristics of Effective Sex and STI/HIV Education Programs
2:10 – 2:30	20 minutes	BREAK
2:30 – 3:00	30 minutes	Selecting Reproductive Health Goals
3:00 – 3:45	45 minutes	Selecting Behaviors That Affect STI/HIV Transmission and Pregnancy
3:45 – 4:05	20 minutes	BREAK
4:05 – 4:35	30 minutes	Identifying Specific Actions for Each Behavior
4:35 – 5:20	45 minutes	Creating Clear Messages about Behavior
5:20 – 5:35	15 minutes	Closure

8:30 a.m.–9:00 a.m.

Registration

DAY 1



9:00 a.m.–9:45 a.m.

DAY 1

Welcome and Introductions



Overview

Trainers welcome participants and introduce themselves. Participants then introduce themselves, and some of their common professional roles are observed. A speaker from the host organization then gives a short presentation welcoming everyone. Finally, participants develop group agreements.



Materials

PowerPoint:

- PowerPoint slide Day 1-1 Welcome

Supplies:

- Flipchart paper and easel
- Markers
- Tape
- Post-it pads



Time

45 minutes



Preparation

- Set up flipchart paper.
- Set up “Parking Lot.”



Procedure

1. **Welcome (5 min.). View PowerPoint slide Day 1-1 Welcome.** The sponsoring organization(s) (if there are any) welcome the participants to the training and make any brief remarks they would like to make.
2. **Trainer Introductions (3 min.).** Trainers introduce themselves, saying a little bit about their background in HIV prevention and curriculum development.
3. **Participant Introductions (15 min.).** Ask participants to introduce themselves and to give their name, the organization they work for and their position in that organization.
 - Ask how many participants...
 - Work in the department/ministry of education?
 - Work in the department/ministry of health?
 - Are administrators?
 - Are curriculum specialists?
 - Are health educators?
 - Are youth workers?
 - Are counselors?
 - Work in schools?
 - Work in a community-based organization serving young people?
 - Have taught health education to young people?
 - Have taught HIV education to young people?
 - Have taught life skills based sexuality education?
 - Ask if anyone was missed. Summarize by validating the backgrounds and experiences represented in the group
4. **Welcoming Presentation by a Speaker from the Sponsoring Organization (15 min.).** Sometimes, but not always, a representative from the sponsoring organization gives a short presentation welcoming the participants to the training.
5. **Group Agreements (5 min.).** Ask how many participants are accustomed to group agreements when they participate in trainings. The purpose of the agreements is to help participants feel more comfortable with each other and be better able to participate in discussions. State that people often need to have some agreements established in order to have a safe, productive learning environment. Ask participants to brainstorm agreements or guidelines for this group to follow. As the participants offer guidelines, write them on the flipchart labeled “Group Agreements.” Once all agreements are written down, ask the group to share responsibility with the trainer for keeping them. The group agreements may include the following:

- **Allow everyone to participate.** Listen to others and don't interrupt.
 - **Respect views of others.** Show respect for others, even if you disagree with them.
 - **Recognize that we do not have to agree on all matters.** Country teams or groups make decisions for their countries or organizations.
 - When making decisions, team members need to **base decisions on public health principles and adolescents' rights** and not on personal values.
 - **Teams need to complete participatory activities.**
 - **Confidentiality.** When people share private information in the group, it should be kept private.
 - **Right to pass.** All group members have the right not to respond to any question they feel uncomfortable answering.
 - **Keep cell phones off.**
6. **Parking Lot (1 min.).** Ask participants if they are familiar with or have used a "Parking Lot" before. Let participants know that the Post-its are available for them to write down any questions that come up that they do not have a chance to ask during the training (i.e., during an activity, video or presentation, or any other questions that were not covered by the trainers). Participants can post their questions on the Parking Lot flipchart, and the trainers will periodically answer the questions throughout the training.
7. **Logistics (1 min.).** Make announcements about:
- Starting and ending times
 - Lunch arrangements, refreshments (if provided)
 - Location of bathrooms
 - Cell phones off
 - No checking email or doing other work during training time
 - Volunteers for energizers, rapporteurs or group welfare

Overview of the Training: Objectives and Focus



Overview

Participants learn the training's rationale, its objectives and its focus. They recognize that many topics could be much broader but must be focused in this training. They then gain an understanding of the organization of the training.



Materials

Participant manual:

- Agenda
- Goal and Objectives
- More Specific Learning Objectives

PowerPoint:

- PowerPoint slides Day 1-2 Objectives

Posters:

- Major Objectives of the Training
- More Specific Learning Objectives (or only a handout)
- Organization of the Training

On flipchart paper:

- Expectations
- Parking Lot

Other:

- *Reducing Adolescent Sexual Risk*
- Markers
- Tape
- Easel



Time

35 minutes



Preparation

- Prepare PowerPoint slides.
- Review training organization and agenda.
- Review *Reducing Adolescent Sexual Risk*.
- Create and put posters with the Major Objectives, the Learning Objectives, and the Organization of the Training on the wall in a place visible by all.



Procedure

1. **Rationale and Objectives (5 min.). Use PowerPoint slides Day 1 Objectives.**

Explain the rationale for the training. Briefly make the following points (slides 2–4), but note that these points will be covered more thoroughly in the afternoon:

Slide 2: Rationale: Decline in HIV incidence. In Africa and other countries, HIV incidence among young people has declined because young people have changed their sexual risk behaviors. For example, they have delayed initiating sex, had fewer sexual partners and increased their condom use.

Slide 3: Rationale: Definition of curriculum-based programs. Curriculum-based programs are educational programs that are guided by a written curriculum. They are typically implemented with groups of young people but can also be implemented with individual young people, one at a time. They can be implemented in schools, after school, in clinics, or in other community organizations or locations.

Slide 4: Rationale: Strong evidence of impact. Strong evidence demonstrates that some curriculum-based sex and STI/HIV education programs can reduce sexual risk by delaying the initiation of sex, reducing the number of sexual partners and increasing condom use. However, other programs are not effective.

Slide 5: Major Objectives of the Training. The primary purpose of this training is to increase participants' ability to design and adapt curricula

that will reduce sexual risk behavior among young people.

Secondary objective. A secondary purpose of this training is to create a partial blueprint for an effective sex and STI/HIV education program.

2. **Breadth and focus (10 min.).**

Slide 6: Sexuality is broader. Recognize that sexuality is much broader than HIV prevention. Ask participants what else it includes and write those answers on the board/flipchart paper. Make sure that the topics covered in slide 6 are included, and point to slide 6.

Slide 7: Our Focus in This Training: HIV, other STI and pregnancy prevention. Emphasize that although other areas of sexuality are very important, the costs of HIV, other STIs and unintended pregnancy are huge, and thus the behaviors affecting HIV, other STIs and unintended pregnancy are the focus of this workshop.

Slide 8: Multiple Ways to Reduce HIV/STI Transmission. Ask participants what types of programs might reduce HIV transmission. Quickly list those on the board/flipchart paper. The list does not need to be exhaustive. Show slide 8 and mention any that have not already been mentioned.

Slide 9: Our Focus in This Training: Curriculum-based sex and HIV education programs. Emphasize that although there are multiple approaches to reduce HIV transmission, this training will focus on curriculum-based programs (slides 3–4). Emphasize that they can be an effective component in a larger HIV/STI prevention initiative.

Slide 10: Important Components of an Effective Sex and STI/HIV Education Program. Recognize that there are many important components to an effective sex and STI/HIV education program. Briefly mention those in slide 10.

Slide 11: Our Focus in This Training: Developing or revising an effective curriculum. Emphasize that a critical component is an effective curriculum, and this training will focus on the development of an effective curriculum and help participants design and adapt more effective curricula.

3. **Learning Objectives (optional).**

Slide 12: More specific learning objectives. Review the learning objectives that are either on a poster on the wall or typed on a handout. This review is optional, because it is useful to review learning objectives at the beginning of trainings, but this review somewhat overlaps the organization of the training that follows and may be redundant.

4. Training Organization and Agenda.

Slides 13 and 14: Organization of the Training (8 min.). Have participants turn to the poster on the wall or the slides and review the general organization of the training. Show how the agenda in their participant materials matches this overall organization. Summarize how the agenda will help accomplish the objectives of the training.

Ask participants the following questions:

- Will this focus help meet your needs to develop effective programs?
- Do you have any concerns about this focus?
- Are there any other topics that you would like covered in this training? (If yes, write them on flipchart paper in the Parking Lot and try to address as possible throughout the training.)

5. **Slide 15: Participant Training Materials (3 min.).** Briefly review the materials for the training. Emphasize that the structure of the training will also follow the contents of the book *Reducing Adolescent Sexual Risk*, that much of what will be covered in the training is stated in *Reducing Adolescent Sexual Risk* and that the participants are encouraged to read the relevant chapters the night before and to return to them afterward both to refresh their memories and to give them additional information on the topic. Have them review the chapter titles and note how they follow the training agenda.
6. **Slide 16: Their participation—key to the success of the training (1 min.).** Explain that:
 - The first objective of the training is to increase their skill to develop effective sex and STI/HIV education programs. Increasing skills requires active participation.
 - The second objective of the training is to create a partial blueprint for a curriculum for their target group. This also requires active participation.
 - Thus, the key to the success of this training is their active participation throughout the entire training.
7. **Questions and Concerns (3 min.).** Ask the participants if they have any questions and concerns.

Poster:

Major Objectives of the Training

1. To increase your ability to design and adapt sex and STI/HIV education curricula so that they are more likely to change behaviors that affect HIV transmission, other STI transmission, unintended pregnancy or forced sex
2. To develop a partial blueprint for an effective sex and STI/HIV education program

Poster:

More Specific Learning Objectives

At the completion of this five-day training, participants will be able to:

1. Summarize the impact of the HIV epidemic in the host country
2. Summarize the evidence on the impact of sex and STI/HIV education curricula worldwide
3. Describe the characteristics of effective sex and STI/HIV education curricula
4. Develop a well-constructed logic model
5. Identify important reproductive health goals and the populations they wish to reach
6. Identify and select important behaviors and actions that affect their health goals
7. Create clear messages about the sexual behaviors selected for the logic model
8. Select or identify important psychosocial factors that affect the selected behaviors and can in turn be improved by curriculum activities
9. Select, adapt and/or create learning activities designed to increase knowledge about pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes

10. Select, adapt and/or create learning activities designed to increase perception of risk of pregnancy, HIV and other STIs
11. Select, adapt and/or create learning activities designed to improve positive attitudes and values about preventing pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
12. Select, adapt and/or create learning activities designed to support positive peer norms related to preventing pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
13. Select, adapt and/or create learning activities designed to change harmful or inequitable gender norms related to pregnancy, HIV and other STIs and the sexual behaviors directly related to these health outcomes
14. Select, adapt and/or create learning activities designed to strengthen skills and self-efficacy needed to practice healthy sexual behavior
15. Select, adapt and/or create learning activities designed to increase parent-child communication about sexuality
16. Select, adapt and/or create learning activities designed to strengthen intentions to engage in healthy sexual behavior
17. Develop and carry out their implementation action plans

Poster:

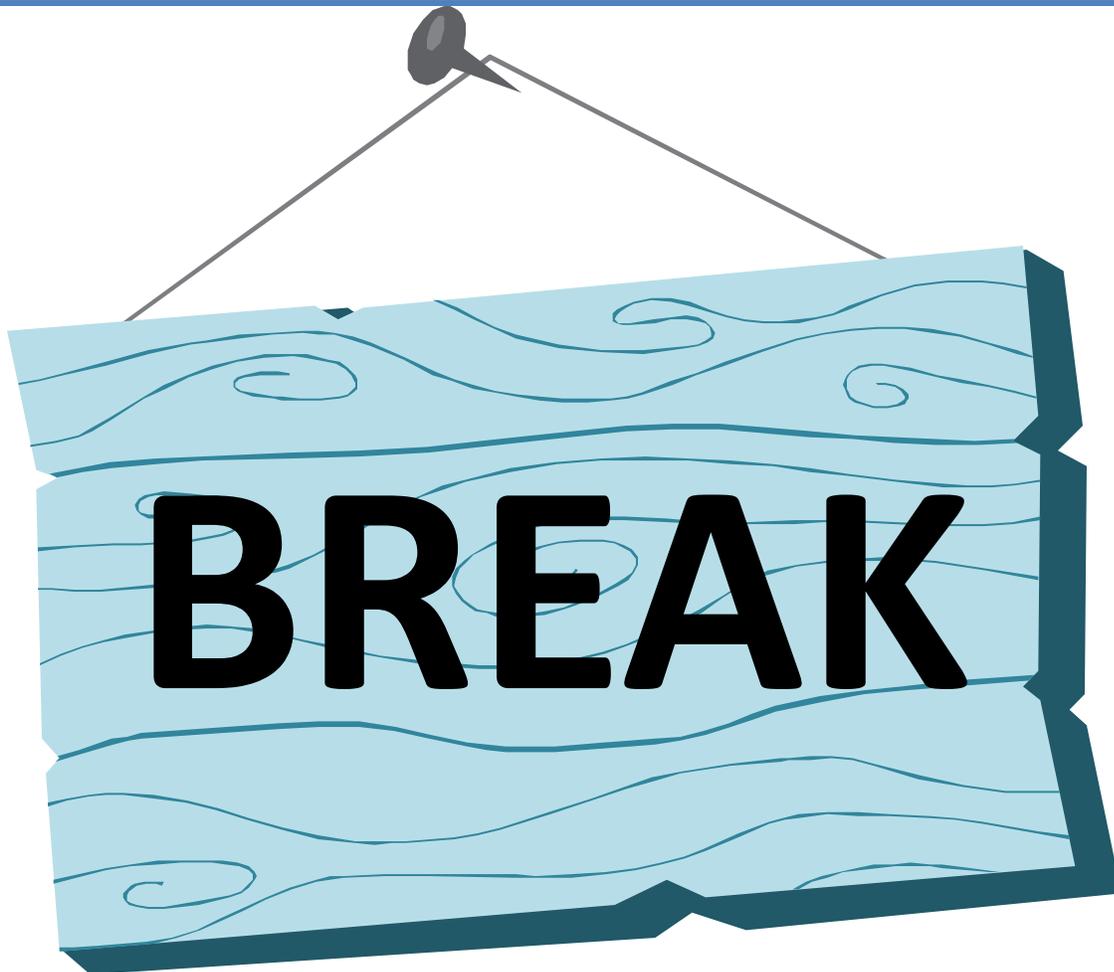
Organization of the Training

1. The needs of participating organizations/countries to reduce HIV, other STIs and unintended pregnancy
2. Declines in HIV prevalence and changes in behavior among young people
3. Impact of sex and STI/HIV education programs
4. Characteristics of effective programs
 - a. Use of a logic model
 - b. Selecting goals
 - c. Selecting behaviors
 - d. Selecting risk and protective factors
 - e. Selecting activities to change these psychosocial factors
5. Incorporating other important characteristics of effective programs
6. Development of action plans

10:20 a.m.–10:40 a.m.

DAY 1

Break



10:40 a.m.–11:15 a.m.

DAY 1

HIV/AIDS, Other STIs and Unintended Pregnancy in the Host Country



Overview

Participants learn about HIV and other reproductive health needs faced by the host country or other countries in eastern and southern Africa and the need to address them.



Learning Objectives

Participants will be able to summarize the statistics and importance of HIV/AIDS in the host country or in eastern and southern Africa.



Materials

PowerPoint:

- PowerPoint slides to be developed by the speaker



Time

35 minutes



Preparation

- Prepare PowerPoint presentation on laptop.



Procedure

1. **Introduction (2 min.).** The trainer should introduce the speaker(s) if the trainer is not giving the presentation himself/herself.
2. **Presentation (20 min.).** To the extent possible, the speaker and slide should cover the following topics:
 - The HIV prevalence (and incidence if possible) broken out by age group and gender in the host country
 - The prevalence/incidence of other STIs broken out by age and gender, if possible
 - Pregnancy rates (and unintended pregnancy rates if possible) by age group
 - Data on sexual behavior and use of condoms and contraception among young people (by age and sex)
 - Data on adolescents' knowledge about HIV, other STIs and pregnancy
 - A description of sex and STI/HIV education in schools and after school and some of the challenges faced

Questions and discussion (13 min.). After all the slides are covered, ask the participants the following questions:

- What questions do you have about the information we just discussed?
- Are you convinced by this evidence? If not, why not? Try to understand their concerns and address them.
- What are the implications of these results for the need for effective sex and STI/HIV education programs?
- What are the implications for focusing on only HIV and other STIs versus also covering pregnancy and childbearing?
- What are the implications for the grade level at which various topics and activities should be covered?
- What are the implications for teaching knowledge versus also covering other risk and protective factors?
- How can some of the challenges facing the implementation of comprehensive sex and STI/HIV education be overcome?

11:15 p.m.–11:50 p.m.

DAY 1

Summary of the Impact of Behavior Change on HIV Incidence and the Impact of Sex and HIV Education Programs on Behavior



Overview

The results of the UNAIDS study showing changes in sexual behavior among young people and reductions in HIV prevalence are presented. They are followed by a summary of close to 100 studies of the impact of sex and STI/HIV education programs on different sexual behaviors.



Learning Objectives

Participants will be able to state that changes in sexual risk behavior have led to reductions in HIV incidence and to summarize the effects of sex and HIV education programs on sexual risk behavior among young people worldwide.



Materials

PowerPoint:

- PowerPoint slides Day 1-3 Impact of sex ed and HIV ed programs



Time

25 minutes



Preparation

- Read Chapter 1 in *Reducing Adolescent Sexual Risk*.

NOTE TO FACILITATOR: The results presented in *Reducing Adolescent Sexual Risk* may be different from those in the slides, because the slides were prepared more recently and have been updated.

- Review PowerPoint slides and be able to express their content.
- Prepare PowerPoint slides on laptop.



Procedure

1. **Presentation: Evidence of impact of behavior change on HIV incidence.** Begin covering the material in the slides.

NOTE TO FACILITATOR: Most of the points presented below are also presented in the notes for each PowerPoint slide.

Slide 2: Is it possible to reduce HIV prevalence among young people in Africa?

Ask for a show of hands. If there are some who don't believe it is possible, ask why they believe that. And then ask why others believe it is possible.

Slide 3 and 4: Present and emphasize the success in 13 African countries. State that this proves that it is possible.

Slide 5: Were declines caused in part by changes in sexual behavior?

Again ask for a show of hands. And again ask participants quickly why they believe what they believe.

Slides 6 and 7: Yes! Which behaviors? Present and emphasize the evidence in the UNAIDS report. Emphasize that three different behaviors significantly changed in many countries. Young people (1) delayed sex, (2) had fewer partners and (3) were more likely to use condoms, and that behavior changed among both men and women.

Slide 8: Can curriculum-based sex and STI/HIV education programs reduce sexual risk behavior? Again ask for a show of hands. And again ask participants quickly why they believe what they believe.

Slide 9: Based in part on evidence in *International Technical Guidance On Sexuality Education*. State the following:

- One of the most recent and more rigorous reviews of the impact of sex and HIV/STI education programs is the International Technical Guidance report.
- This is available in multiple languages, including English.
- The summary in sections 4 and 5 form one of the bases for this training.
- The results in this report have been updated for this training.

Slides 10–12: Study criteria. Present and review the criteria in the slides.

Slide 14: Results: Abstinence vs. Comprehensive Sex Ed Programs.

Make the following points:

- Abstinence-until-marriage programs emphasize only abstinence until marriage and do not encourage condom or contraceptive use.
- Comprehensive sex education programs typically encourage not having sex, but also encourage fewer partners and condom or other contraceptive use.
- All studies of abstinence-until-marriage programs were implemented in the United States.
- All rigorous studies of abstinence-until-marriage programs found that they did not significantly delay sex, reduce the frequency of sex or reduce number of sexual partners. They did not significantly change any measure of sexual or contraceptive behavior.
- A few less-rigorous studies found that they did have a positive impact on delay in sex.
- A thorough meta-analysis of these programs found that there was not sufficient evidence to recommend their implementation.
- In contrast, many rigorous studies of comprehensive sex education programs have demonstrated positive effects on sexual behavior, and the same meta-analysis concluded that there is sufficient evidence to recommend their implementation.
- The results for comprehensive programs will now be presented.

Slide 15: Results: Impact on knowledge, attitudes and values. Make the following points:

- More than 100 studies have demonstrated that sex education programs can increase knowledge. This is almost universal.
- Topics related to sexuality are like any other topics in that they can be taught. However, they are different from many other topics in that young people have a greater interest in these topics and thus are more attentive and can learn more if taught properly.
- Throughout the world and in many treaties signed by many countries is the growing recognition that young people have the right to accurate information about sexuality, especially information that can help them make better decisions and reduce their risk behavior and health risks.
- Many educators and educational authorities believe that the

primary purpose of schools is to increase knowledge; they do not necessarily believe that schools should strive to change behavior. Thus, they are satisfied if sex education programs increase knowledge about important sexual topics.

- Some of the programs also helped clarify values and improve attitudes related to sexual risk taking, but others did not.

Slide 16: The Number of Sex Education Programs with Indicated Effects on Sexual Behaviors: Sexual Activity. Make the following points:

- The numbers in this table represent numbers of studies with particular results, not numbers of young people. Thus, for example, there are 97 studies reviewed in this meta-analysis. In developing countries, there are 30 studies. Seven plus 17 or 24 of these measured impact on initiation of sex. Seven of them delayed initiation of sex, 17 had no significant impact on sex, and none of them hastened the initiation of sex.
- Across all countries in the world, 34 percent delayed initiation of sex, 66 percent had no significant impact and none of them hastened initiation of sex.
- Among developing countries, 9 studies measured impact on frequency of sex. Four of them reduced the frequency of sex. Reducing the frequency of sex includes returning to abstinence. Five had no significant impact. None increased the frequency. Across all countries in the world, 32 percent reduced frequency, 66 percent had no impact and 3 percent or 1 study found that it increased frequency.
- When we examine large numbers of results, by definition 5 percent will be caused by chance. This is because we are using the 5 percent level of significance. On average, half of these or 2½ percent will be in the desired direction and 2½ percent will be in the undesired direction. This one finding in the undesired direction is just slightly less than what we would expect by chance.
- Continue with number of sexual partners.
- Ask participants, what can we conclude from this? After they give their answers, give the following two answers:
- This is very strong evidence that programs do not increase any measure of sexual behavior. They do not hasten the initiation of sex, increase the frequency of sex or increase the number of sexual partners.
- About 1/3 of the programs delay sex, reduce the frequency or reduce the number of sexual partners.

Slide 17: The Number of Sex Education Programs with Indicated Effects on Sexual Behaviors: Measures of condom and contraceptive use and sexual risk taking. Present the results and make the following points:

- Some measures of sexual behavior combine both a measure of sexual activity and a measure of condom use. For example, the frequency of sex not protected by condoms reflects both frequency of sex and condom use. Similarly, the number of sexual partners with whom you did not use condoms reflects both number of partners and consistent condom use. These kinds of measures are included in the “sexual risk taking” category.
- Of all the measures summarized, these measures of sexual risk taking are often the best predictors of HIV or other STI transmission.

Slide 18: The Percent of Programs Having an Impact on One or More Behaviors. Present the results and make the following points:

- The results in the previous slides measured the impact of programs on each of several individual behaviors. However, a program could be considered effective if it has an impact on *any* behavior.
- This slide shows that 62 percent of programs had a significant positive effect on one or more behaviors and 28 percent had a significant effect on two or more behaviors. For example, they may have both delayed sex and increased condom use.

Slide 19: Impact on Pregnancy and STI Rates. Present the results and make the following points:

- Ultimately, the goal of sex and STI/HIV education programs is to reduce unintended pregnancy and STI/HIV rates. Unfortunately, it is very difficult to measure the impact of programs on pregnancy and STI/HIV rates, because doing so requires huge sample sizes and typically studies do not have such large samples.
- For example, if a program reduces the rate of unprotected sex during a period of time from 30 percent to 20 percent, that 10 percentage point decrease is a reduction of one-third. If that leads to a reduction of pregnancy or STI rates of one-third, say from 9 percent to 6 percent, that is only a 3 percentage point decrease. A reduction of 10 percentage points in unprotected sex may require a sample size of less than 1,000, but a reduction of 3 percentage points in pregnancy or STI/HIV rates requires a sample in the thousands, and very few studies have such large samples.
- One of the best studies was the study conducted in Mwanza, Tanzania. It had a sample of a few thousand and this was just barely large enough. It did reduce number of lifetime sexual partners

among males and did increase condom use with nonregular partners among females, but it did not have a significant impact on pregnancy or STI/HIV rates.

- On the other hand, other studies, especially those in the U.S., where there have been more studies, have found a desired impact on pregnancy and STI rates, even when they have been measured by biomarkers.

Slide 20: Impact on Pregnancy and STI/HIV Rates. Meta-analysis.

Present the results and make the following points:

- A rigorous meta-analysis is being published in the U.S. It found that comprehensive sex and STI/HIV education programs reduced pregnancy rates by 11 percent.
- This is not a huge decrease, but given that these are very modest programs, this probably makes them hugely cost effective.
- The same meta-analysis found that these programs reduced STI rates by 31 percent. Although this is very good news, it probably exaggerates the typical impact of STI/HIV programs because most of these studies were implemented in clinics and when young people attend a clinic for a possible STI test, that may be a particularly “teachable moment.”
- Nevertheless, these studies do demonstrate that it is possible under some conditions for these programs to reduce actual pregnancy and STI/HIV rates.

Slides 21 and 22: Conclusions about the Impact of Sex and STD/HIV Education Programs. Take time to emphasize each of the points.

Slide 23: Conclusions about the Impact of Programs: Robustness of programs. Present the results and make the following point:

- Recognize that, for example, not all programs are effective for both males and females. Some programs are effective with males only, some with females only and some with both males and females. The same is true with sexual experience.

Slide 24: Countries with Effective Programs. Present the results and make the following point:

- Emphasize that programs have been found to be effective in all parts of the world, including six countries in Africa.

Slide 25: Strengths of the Evidence. Present the evidence and make the following points:

- Emphasize that the evidence is very strong that programs can

change sexual behavior in positive directions.

- Regarding the fourth bullet, note that the results have not been presented, but several programs have been evaluated multiple times by different researchers and were consistently found to be effective when the programs were implemented with fidelity.

Slide 26: Final conclusions.

2. **Questions and Summary.** After all the slides are covered, ask the participants the following questions:
 - What questions do you have about the information we just discussed?
 - Are you convinced by this evidence? If not, why not? Try to understand their concerns and address them.
 - Point to the poster on the wall showing the organization of the training and observe that we have now covered the first several topics in the training.

11:50 a.m.–12:50 p.m.

Lunch

DAY 1



12:50 p.m.–2:10 p.m.

DAY 1

Characteristics of Effective Sex and HIV Education Programs



Overview

The characteristics that distinguish effective and ineffective curricula-based sex and HIV education programs are summarized. Participants then review a more complete logic model and create a logic model to reduce dental caries.



Learning Objectives

Participants will be able to specify the main components of logic models and summarize at least five other characteristics of effective sex and STI/HIV education programs. They will also be able to create a logic model for another health behavior.



Materials

PowerPoint:

- PowerPoint slides Day 1-4 Kirby Characteristics of effective programs

Supplies:

- Sets of the 16 bulleted items that appear in the logic model for dental caries, one set per team of up to six people
- Flipchart paper, tape and markers for each team

Poster

- Characteristics of Effective Programs



Time

80 minutes



Preparation

- ❑ Read Chapters 1 and 2 in *Reducing Adolescent Sexual Risk*.
- ❑ Review PowerPoint slides.
- ❑ Make sure teams are seated around tables so that the members of each team can talk with each other.
- ❑ Create a set of 16 statements found in the dental logic model found at the end of this session plus the four headings (health goal, youth behaviors, individual risk and protective factors and curriculum activities). Each statement and heading should be on a separate sheet of paper. There should be one set for each team of not more than six people. Make them large enough so that everyone can see them. (Possibly photocopy them, enlarge them, and then cut them up.)



Procedure

1. **Transition (2 min.).** Ask the participants what important points they learned in the previous session.

Be sure the following three points are clearly stated:

- In African countries, young people have changed their sexual behaviors, and as a result, HIV incidence has declined.
- Some sex and HIV/STI education can reduce sexual risk behaviors.
- The programs that changed behavior were different from those that did not change behavior.

State that this session will begin discussing the characteristics of effective programs.

2. **Overview of the characteristics—brainstorming (15 min.).**

Teams brainstorm characteristics. Ask each participant to think about curriculum-based programs that they believe actually change behavior. Ask teams to identify and write down three or more important characteristics that they believe are critical to programs reducing sexual risk behavior. These characteristics may involve the development of the curriculum/program, the curriculum itself or the implementation of the curriculum.

Summarizing characteristics. Ask each team to report on the potentially important characteristics they identified:

- Go around the room and ask each team to state one characteristic

of effective programs they believe is important.

- Write these characteristic either on a flipchart or on a blank PowerPoint slide. If using flipcharts, use one flipchart for each of the three categories: (1) Development, (2) Curriculum Content and (3) Implementation.
- Organize these according to whether they describe the process of developing the curriculum/program, the curriculum/program itself, or the implementation of the program.

After going around the room once, go around the room a second time and ask each team for a second characteristic not already given, and add these characteristics to the flipcharts or slides.

Finally, ask the teams if they have a third characteristic that has not already been stated, and add these to the flipcharts/slides.

Summarize the three groups of characteristics and compliment the teams for identifying important characteristics. Acknowledge that they already have an understanding of what works.

3. **Overview of the characteristics—from research (15 min.).** Recognize that while they already have an understanding of the important characteristics of effective programs, it is helpful to conduct qualitative meta-analyses and to systematically determine from research what characteristics of programs are very important to their success.

Slide 2: Definition of *curriculum*. Recognize that the word *curriculum* means different things in different countries. In this training it will mean specific lessons plans. And there are examples on the tables for participants to review.

Slide 3: Uncovering the Characteristics. Make the following points:

- Of the programs with positive evidence of impact, more than 30 were identified with the strongest evidence of impact. Of these more than 20 were actually obtained. Curricula of programs that were not effective were also obtained.
- Kirby and his colleagues then conducted a very intensive analysis of the differences between those curricula and programs that were effective and those that were not. This included coding every activity in the curriculum on various dimensions and also coding overall characteristics of the curricula and programs.

Slide 4: Included Three Categories of Effective Characteristics. Make the following points:

- This analysis revealed at least 17 characteristics that describe a particular curriculum/program model that has very strong evidence

of success.

- Sometimes, a few of the 17 characteristics have been divided into more specific characteristics, producing as many as 24 characteristics. Point to the poster on the wall with 24 characteristics. However, the lists of 17 characteristics describe the same model as the lists of 24 characteristics. The longer lists are just more detailed; that is, some characteristics have been refined over time and some have been broken out to make them more clear.
- The characteristics fall into three categories (see slide).
- Point to the 24 characteristics on the poster on the wall and show how they are divided into the same three categories.
- Because this is a training for developing curricula, most of it will focus on the first two categories of characteristics. However, the last session in the training will discuss all the remaining characteristics.

Slide 5: Based Curriculum on a Logic Model. Make the following points:

- All the effective programs used a logic model approach. They implemented the four steps in that order.
- Ask: Have you seen or used logic models?
- Emphasize that there are many types of logic models. The logic models that were used were based more on theory and behavior change.

Slide 6: Example: Part of a Logic Model: Initiation of sex. Explain the example, making the following points:

- Emphasize that this is just part of an example. The entire logic model might fill 5–10 pages in small print!
- Starting on the right with goals, take several minutes to summarize what the model means. For example: “One way to reduce STI/HIV is to delay the onset of sex among youth. The onset of sexual intercourse is affected by many risk and protective factors, but in this slide only three are presented in order to get it on a single slide. One of those factors is the belief that delaying sex is advantageous. One activity that can help achieve that belief is having youth identify all the reasons to avoid having sex until older. In a complete logic model, several activities would be needed to change this belief markedly.”
- Continue with the other risk and protective factors and the activities designed to affect them.

- End by repeating that there are many factors that affect initiation of sex, and several activities are needed to address each of those factors.

Slide 7: Partial Example: Logic model involving condoms. Explain the example, making the following points:

- Observe that another way to reduce STI/HIV and unintended pregnancy is to use condoms.
- Again explain each of the different pathways, always starting at the right and working left.
- At the end explain that although the logic model is created by working from the right to the left, it can then be read from left to right.
- Summarize that the activities on the left affect the risk and protective factors in the middle, which increase the use of condoms and reduce STI/HIV transmission and unintended pregnancy.

Slides 8 and 9: Different Names and Types and NOTE. Make the points in the slides.

Slide 10: Review more complete logic models (15 min.). Tell participants that there is a more complete logic model on pages 15 to 21 (Figure 2-3) in *Reducing Adolescent Sexual Risk*. Ask participants to quickly review that logic model. Tell them that although the logic model was created by working from right to left, it should be read by reading from left to right. That is, each activity on the far left is designed to affect the individual risk and protective factor to the right, which in turn affects to its right, which leads improves the health goal.

After they have finished reviewing some of the logic model, tell them they can read all of it that evening.

Ask them the following questions:

- What are their thoughts or reactions to the model?
- Is it clear?
- Do they see how each element on the left affects the element to the right in a logical causal order?
- Do they believe it would provide a useful roadmap to designing an effective curriculum? If yes, why? If not, why not?

Slide 11: Create a logic model to reduce dental caries (30 min.).

Tell participants that they will now create a logic model in another health area as practice in creating logic models. Tell them that in a school somewhere students failed to brush their teeth regularly, ate too much candy and drank too many sugary drinks and consequently they had many dental caries. The school decided that their health goal was to reduce dental caries.

Give each group of not more than six people a set of the 16 statements and headings. Ask each team to create an effective logic model that links curriculum activities to their appropriate risk and protective factors to their appropriate behaviors and to the goal. They should put their cards on the wall in the proper arrangement so that all participants can see them.

Let them struggle for about 15 minutes. Walk around among the groups. If they are having problems creating the proper logic model, give them suggestions as necessary.

One helpful suggestion is the following:

Just as researchers developed their logic models for their curriculum, they should start first with the health goal, then decide which behaviors affect it, then decide which factors affect each behavior and finally decide which curriculum activities may improve each activity.

After a few groups are done or not more than 20 minutes, ask for one group to volunteer to explain their logic model.

If it is the same as the logic model in the slide (and below), then congratulate them.

If it is different, suggest how it could be improved.

Slide 12: Solution: Partial Logic Model for Dental Caries Prevention Curriculum.

Show the correct logic model on the slide and explain how each activity will affect the associated risk and protective factor, how each of those factors will affect their associated behavior and how each behavior will help achieve their health goal.

Ask participants what they learned from this activity.

Emphasize the following point: **The logic model should be created by working from right to left (from the health goal to the activities), but it should be read from left to right.**

Poster:

Characteristics of Effective Programs

Characteristics of the process of developing the curriculum

1. Involve experts in research on human sexuality, behavior change and related pedagogical theory in the development of curricula.
2. Assess the reproductive health needs and behaviors of young people in order to inform the development of the logic model.
3. Use a logic model approach that specifies the health goals, the types of behavior affecting those goals, the risk and protective factors affecting those types of behavior, and activities to change those risk and protective factors.
4. Design activities that are sensitive to community values and consistent with available resources (e.g., staff time, staff skills, facility space and supplies).
5. Pilot-test the program and obtain ongoing feedback from the learners about how the program is meeting their needs.

Characteristics of the curriculum itself

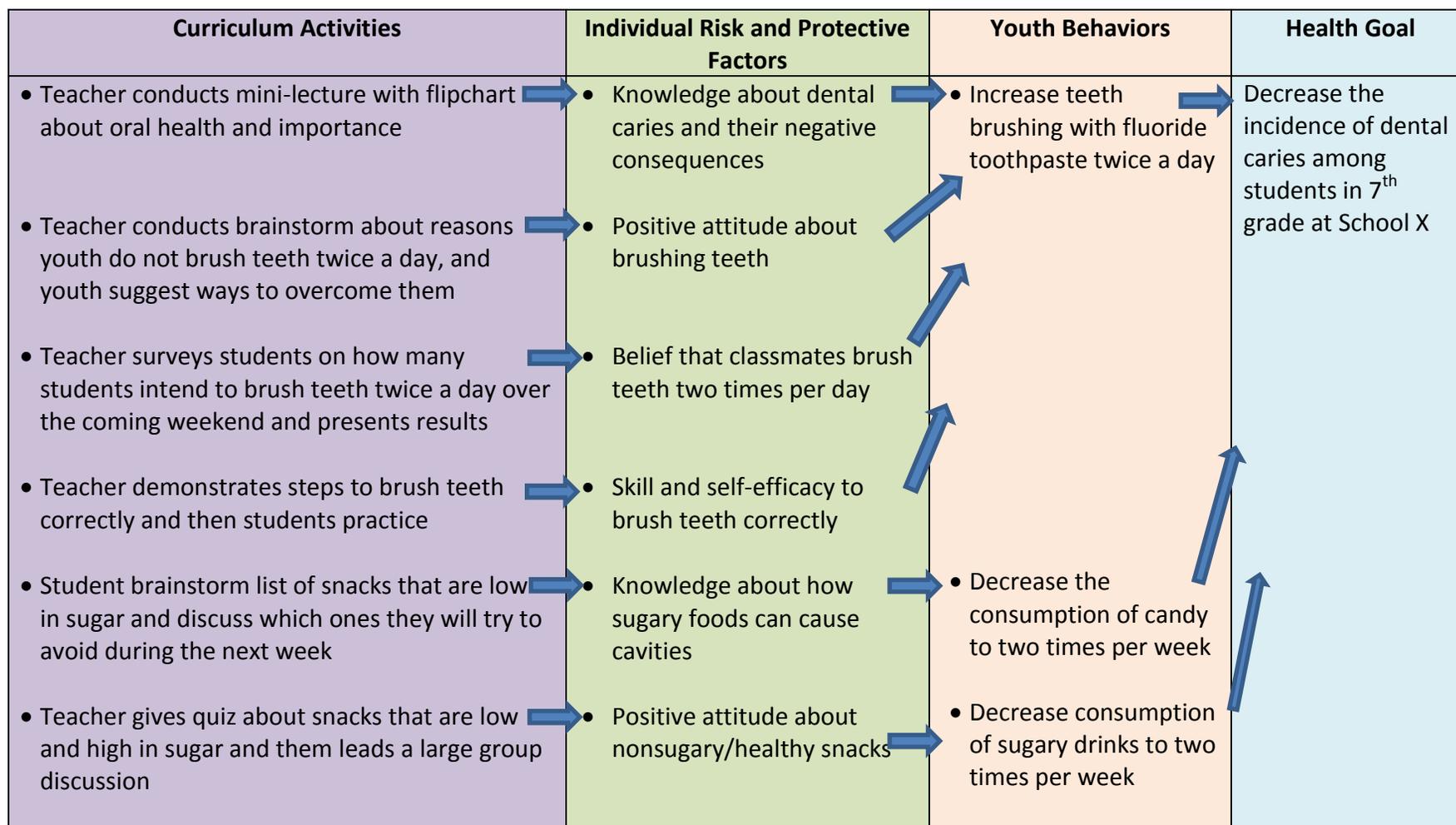
6. Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STIs and/or unintended pregnancy.
7. Focus narrowly on specific risky sexual and protective behaviors leading directly to these health goals.
8. Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.
9. Give clear messages about behaviors to reduce risk of STIs or pregnancy.
10. Focus on specific risk and protective factors that affect particular sexual behaviors and that are amenable to change by the curriculum-based program (e.g., knowledge, values, social norms, attitudes and skills).
11. Employ participatory teaching methods that actively involve students and help them internalize and integrate information.
12. Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
13. Provide scientifically accurate information about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.

14. Address perceptions of risk (especially susceptibility).
15. Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
16. Address individual attitudes and peer norms toward condoms and contraception.
17. Address both skills and self-efficacy to use those skills.
18. Cover topics in a logical sequence.

Characteristics of the process of implementing the curriculum

19. Implement virtually all activities with reasonable fidelity.
20. If taught in schools, implement programs that include at least 12 sessions.
21. If not taught in schools, implement activities to recruit and retain youth.
22. Select educators to implement the curriculum who can relate to the youth and are comfortable with the topic.
23. Provide training to the educators.
24. Provide ongoing support, supervision and oversight from the appropriate authorities.

Partial Logic Model for Dental Caries Prevention Curriculum for 7th Grade Students



Sixteen Items That Appear in the Logic Model for Dental Caries

Teacher conducts mini-lecture with flipchart about oral health and importance.

Teacher conducts brainstorm about reasons youth do not brush teeth twice a day, and youth suggest ways to overcome them.

Teacher surveys students on how many students intend to brush teeth twice a day over the coming weekend and presents results.

Teacher demonstrates steps to brush teeth correctly and then students practice.

Student brainstorm list of snacks that are low in sugar and discuss which ones they will try to avoid during the next week.

Teacher gives quiz about snacks that are low and high in sugar and then leads a large group discussion.

Knowledge about dental caries and their negative consequences

Positive attitude about brushing teeth

Belief that classmates brush teeth two times per day

Skill and self-efficacy to brush teeth correctly

Knowledge about how sugary foods can cause cavities

Positive attitude about nonsugary/healthy snacks

Increase teeth brushing with fluoride toothpaste twice a day

Decrease the consumption of candy to two times per week

Decrease consumption of sugary drinks to two times per week

Decrease the incidence of dental caries among students in 7th grade at School X

Headings That Appear in the Logic Model for Dental Caries

Curriculum Activities

Individual Risk and Protective Factors

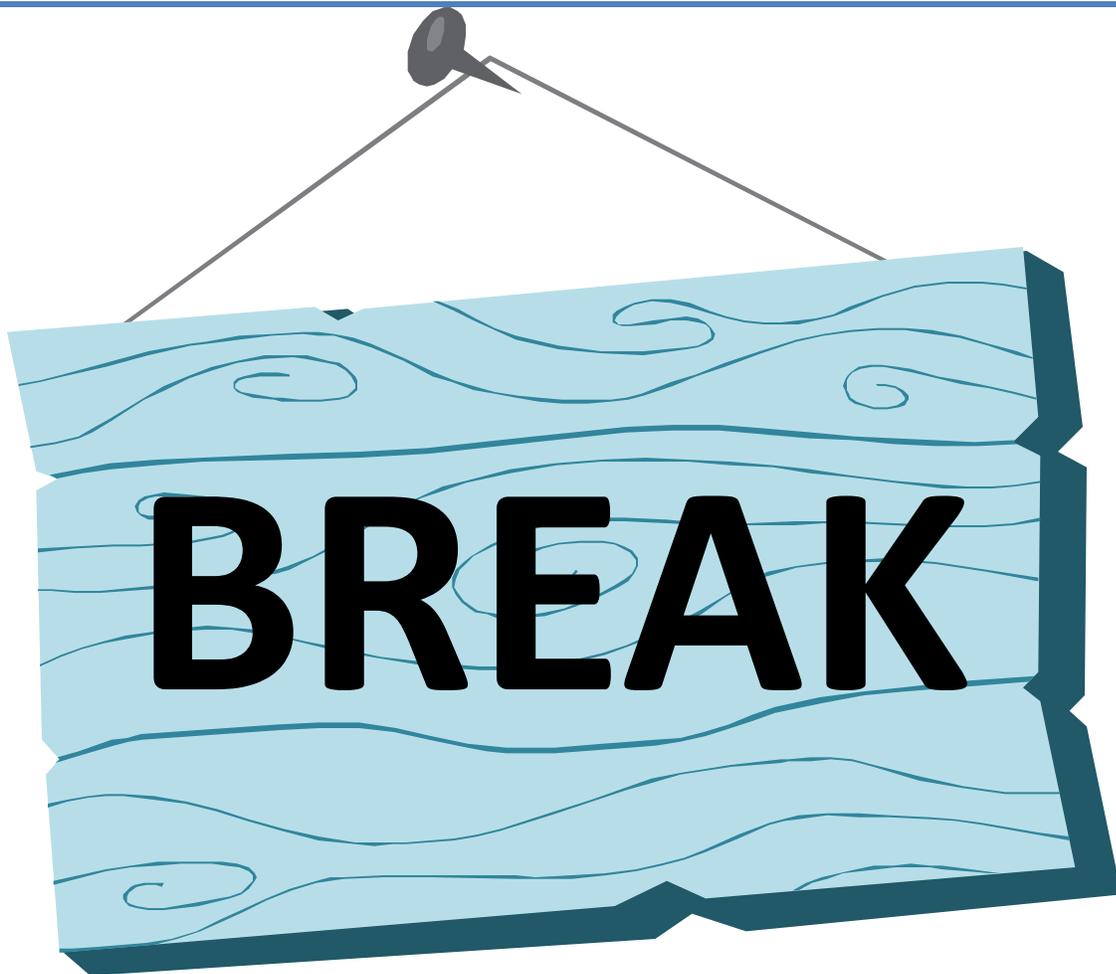
Youth Behaviors

Health Goal

2:10 p.m.–2:30 p.m.

DAY 1

Break



2:30 p.m.–3:00 p.m.

DAY 1

Selecting Reproductive Health Goals



Overview

In their teams, participants identify important health goals and the groups they wish to reach. They then specify those in their logic models templates.



Learning Objectives

Participants will be able to identify important reproductive health goals and the population they wish to reach.



Materials

PowerPoint:

- PowerPoint slides Day 1-5 Selecting Reproductive Health goals

Supplies:

- Flipchart paper and easel
- Markers

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

30 minutes



Preparation

- Review Chapters 1 and 2 in *Reducing Adolescent Sexual Risk*.
- Review PowerPoint slides and be able to express their content.



Procedure

1. **Transition.** Welcome people back from break.
2. **Identification of reproductive health goals (5 min.).** Emphasize that prior to the break we saw that curriculum-based programs that actually changed behavior first identified the health goals they wish to address.

Slide 2: What are reproductive health goals that we wish to achieve?

A health goal statement typically has two parts—the public health problem we want to improve (e.g., reduce HIV incidence) and the population we want to work with (e.g., young people in school aged 14–18).

Ask participants: What are the primary reproductive health goals that we are trying to achieve through this training and the curricula we produce? Write them on the flipchart paper.

Slide 3: Possible Reproductive Health Goals. Presumably the participants will quickly identify:

- Reduction of HIV transmission
- Reduction of STI transmission
- Reduction of unintended pregnancy

If they mention variations of these, such as reductions in particular populations, point to or write down these three main goals.

If they also mention reduction of coerced sex, state that because of time limitations this will not be the focus of this training, but it can be included in the logic models they will develop. Coerced sex is very important and some of the activities that they will develop for the first three reproductive health goals will also help reduce coerced sex.

If they mention other behavioral goals, such as increasing condom use, tell them that condom use is a behavior and it is very important, but in this training we will not perceive increasing condom use as a goal in and of itself, but as a means to achieving our health goals. Tell them it will be included in our logic models in the next session.

If they mention very broad goals such as “improve healthy sexuality for

young people,” ask them to be more precise or to specify the components of healthy sexuality.

Slide 4: Possible Sample Characteristics to Consider When Selecting Your Health Goal. Tell participants that when selecting a health goal, it is important to specify the target population.

Ask participants: What are characteristics of your target population that you should specify and think about when selecting a health goal? Whom do you wish to reach?

Write their answers on flipchart paper/blank PowerPoint slide.

3. **Slide 5: Assignment #1: Select health goals and target populations (15 min.).** Ask teams to select their health goals and to identify their target populations.

NOTE TO FACILITATOR: Check on the teams to see how much time they need. Some teams may need only a few minutes, because they are already clear about their health goals and whom they wish to reach. Other teams may need to spend more time discussing their goals and populations.

After sufficient time has passed, ask the teams to quickly specify out loud the health goals and target groups they have selected. Make sure goals are consistent with the goals of this training and are appropriately worded.

4. **Slide 6: Assignment #2: Review logic model templates in Word (10 min.).** Tell participants that one of the goals of the training is for each team to have a close-to-complete logic model at the end of the training that is similar to that in Figure 2-3 in *Reducing Adolescent Sexual Risk*, but that reflects their goals, their selected behaviors, their risk and protective factors and their curriculum activities that are appropriate for their own communities. Ask them to turn on the laptops and to open in Word the following files on their memory device:

- Day 1 Logic model template for reduction in sex
- Day 1 Logic model template for using protection

Tell participants that during this training, they will adapt and complete this logic model template so that they have a more complete logic model for their curriculum that will be something like the one they reviewed in *Reducing Adolescent Sexual Risk*.

Ask them to review the contents of the template without making any changes.

5. Ask participants to complete only Direction #1 in the template. That is, they should specify the health goals in the far right-hand column. “Preventing unintended pregnancy” and “Preventing HIV and other STIs” have already been included. They can add to or delete these as needed. If they wish to delete either “Preventing unintended pregnancy” or “Preventing HIV and other STIs” as a goal, they should simply delete those words in the far right-hand column on each page of both templates.

If they wish to add another goal, they should simply add those words in the far right-hand column of each table IF the behaviors in the second column from the right affect that goal. If the behaviors currently in the template do not affect the additional goal, they should create an entirely new table by copying the entire template and typing in the new goals. (In subsequent activities, they should type in the behaviors that affect their new reproductive health goal.)

Walk around and observe how the teams are completing the templates, ask them if they have any questions or problems, and make sure they are making the appropriate changes.

3:00 p.m.–3:45 p.m.

DAY 1

Selecting Behaviors That Affect STI/HIV Transmission and Pregnancy



Overview

The behaviors that directly affect pregnancy and STI/HIV risk are discussed, and participants select those they wish to focus on in their curricula and enter them in the logic model templates.



Learning Objectives

Participants will be able to identify those behaviors that directly affect STI/HIV transmission and pregnancy, and select those they wish to change.



Materials

PowerPoint:

- PowerPoint slides Day 1-6 Selecting behaviors directly affecting HIV-STI and pregnancy

Supplies:

- Flipchart paper and easel
- Markers
- Tape
- 4 sheets of 8½ by 11 paper

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

45 minutes



Preparation

- Review Chapters 1 and 2 in *Reducing Adolescent Sexual Risk*.
- Review PowerPoint slides and be able to express their content.
- Review the table of risk and protective factors.



Procedure

1. **Identification of behaviors *directly* affecting STI/HIV and pregnancy (20 min.).**

Slide 2: What behaviors *directly* affect STI/HIV transmission? Ask participants: What are the behaviors that *directly* affect HIV and other STI transmission? Emphasize that we are asking about the behaviors that *directly* affect HIV and other STI transmission, not behaviors that might *indirectly* affect STI/HIV transmission.

If they mention any of the behaviors on slide 3 or variations of them, write them down on the flipchart.

If they mention behaviors that *indirectly* affect STI/HIV transmission because they affect any of the behaviors on slide 3 that do directly affect STI/HIV transmission, explain that these *indirect* behaviors may have an indirect impact on STI/HIV transmission, but not a direct effect. Examples include talking to a partner about using condoms, buying a condom, attending school, or getting drunk. Explain, for example, that getting drunk may affect whether or not someone has sex and whether or not someone uses condoms and thus it has an indirect effect on STI/HIV transmission, but simply getting drunk does not directly cause STI/HIV transmission.

Continue asking for examples of additional behaviors that directly affect STI/HIV transmission until either they identify most of the behaviors in slide 3 or they have run out of ideas.

Slide 3: Behaviors *Directly* Affecting STI/HIV Transmission. Show slide 3 and make the following points about each of the behaviors:

- **Age of sexual initiation:** If young people start having sex at a later age, they obviously will not contract STI/HIV through sexual intercourse before they start having sex. In addition, in many communities, young people who start having sex at a later age are likely to have fewer partners and to be more likely to use condoms or contraception. Thus, delaying the initiation of sex may have a longer term impact than just the length of delay.

- **Frequency of sex:** The chances of any STI, especially HIV, being transmitted during a single act of sex are less than 100 percent. Thus, the more times that people have unprotected sex, the more likely they are to contract an STI, especially those STIs that are not easily transmitted during a single act of sex (HIV).

It is also true that risk of contracting HIV is much greater during some types of sex than other types of sex. In particular, HIV is much more likely to be transmitted during anal sex than vaginal sex and much more likely during vaginal sex than oral sex.

- **Frequency of transactional sex:** The same principle applies to frequency of transactional sex. In addition, transactional sex may be more likely than other types of sex to be unprotected, because the young women (or men) may often be unable to negotiate condom use.
- **Frequency of sex with the older generation:** The same principle applies. In addition, when the age difference is 5 years or more the chances of HIV transmission during unprotected sex from the older partner to the younger partner are much greater than when the age difference is less than 5 years, because the older partners are more likely to be living with HIV. When the age difference is 10 years or more, the risk of transmission to the younger partner is still greater.
- **Number of sexual partners:** The number of sexual partners that people have dramatically affects the size of their sexual networks and the transmission of all STIs. Even small increases can greatly increase the size of sexual networks, and small decreases can greatly decrease the size of those networks. Thus, number of sexual partners is very important.
- **Concurrent partners:** Define sequential versus concurrent partners. Then, state the following: Although the number of sexual partners and having concurrent partners are related (typically, when people have more partners during a period of time, they are more likely to have concurrent partners), in Africa it may be especially important to reduce concurrent partners in order to decrease HIV transmission. Many researchers believe that it is the high prevalence of concurrent partners in some communities that has contributed to the rapid spread of HIV in some Africa countries. This is in part because the two times when people living with HIV are most infectious is when they first become infected and when they have more advanced AIDS. People with concurrent partners are more likely to have sex with someone newly infected with HIV than are people who do not have concurrent partners.
- **Consistency of condom use:** If condoms are used consistently and correctly every single time that people have sex, they provide very

good protection against HIV transmission and the transmission of other STIs that are in the vaginal or seminal fluids. However, they provide poorer protection against some STIs, such as herpes simplex II or human papilloma virus, which may be transmitted from skin-to-skin contact. In addition, many people fail to use condoms consistently, especially when they have had sex with the same partner a few times and begin to trust that partner or feel close to that partner.

- **STI/HIV counseling, testing and treatment:** Especially given the effectiveness of antiretroviral drugs to prevent transmission by an infected partner, HIV counseling, testing and treatment can be very effective if the person living with HIV follows the treatment protocol. In addition, bacterial STIs can be treated and cured.
- **Medical male circumcision:** Medical male circumcision has proven to be quite effective at reducing female-to-male HIV transmission. It reduces transmission by 60 percent or more. It has also been found to reduce male-to-female transmission. Because these positive effects of male circumcision last a lifetime, it is one of the most effective methods of reducing HIV transmission.
- **Vaccination against hepatitis B and human papilloma virus:** The hepatitis B vaccine is very effective at preventing hepatitis B. The HPV vaccine is also quite effective at preventing some types of HPV and cervical cancer for at least a few years and maybe much longer. It is not discussed further in this training because it is not available everywhere and is very costly.

Slide 4: What behaviors *directly* affect chances of pregnancy? Ask participants: What are the behaviors that directly affect the chances of pregnancy? Once again, emphasize that we are asking about the behaviors that *directly* affect pregnancy, not behaviors that might *indirectly* affect pregnancy.

Slide 5: Behaviors *Directly* Affecting Pregnancy. There are four behaviors that affect chances of pregnancy. Three of them are already covered; only consistency of contraceptive use is new.

2. Selection of behaviors directly affecting STI/HIV and pregnancy (20 min.).

Slide 6: Criteria for Selecting Behaviors. Tell participants that they will shortly be selecting behaviors that they wish to change with their curriculum. Tell them that there are two criteria they should use when selecting behaviors. These are:

1. The behavior has a significant impact on one or more of your health

goals.

2. You can significantly change the behavior in a desired direction.

Slide 7: Important Questions and Answers. Ask participants:

- Which of the 10 behaviors significantly affect STI/HIV or pregnancy?
 - Answer: All of them
- Which of the 10 behaviors can be significantly changed by curriculum-based programs?
 - Answer: All of them *IF* the programs have the time and opportunity to focus on them.

Recognize that some behaviors cannot be changed by curriculum-based programs, because the implementing organizations will not allow those behaviors to be covered. For example, some schools may allow only abstinence to be discussed.

Emphasize that it is not possible for most programs to change all behaviors. For example, few programs change more than two behaviors. In all past cases, programs have had to prioritize and focus on only a few of these behaviors, because there is insufficient time to cover all of them in sufficient depth needed to change behavior.

Slide 8: Assignment #1. Ask teams to:

- Review the behaviors affecting STI/HIV and pregnancy that have been identified and are in slides 3 and 5.
- Decide which of these behaviors they wish to strive to change with their curriculum-based programs or which behaviors at different ages or grade levels.

NOTE TO FACILITATOR: Some teams may decide rather quickly which behaviors they wish to address. Others may need a considerable amount of time to make these decisions, because the behaviors to be addressed by the curriculum may be very controversial in their communities.

Emphasize that these decisions about which behaviors will be targeted are very important, because they will determine the scope of their work for the remaining of the training.

- Open both logic model templates on their laptops.
- Compare the behaviors they wish to change with the behaviors in the templates.
- Delete the behaviors in the template that they do not wish to

address.

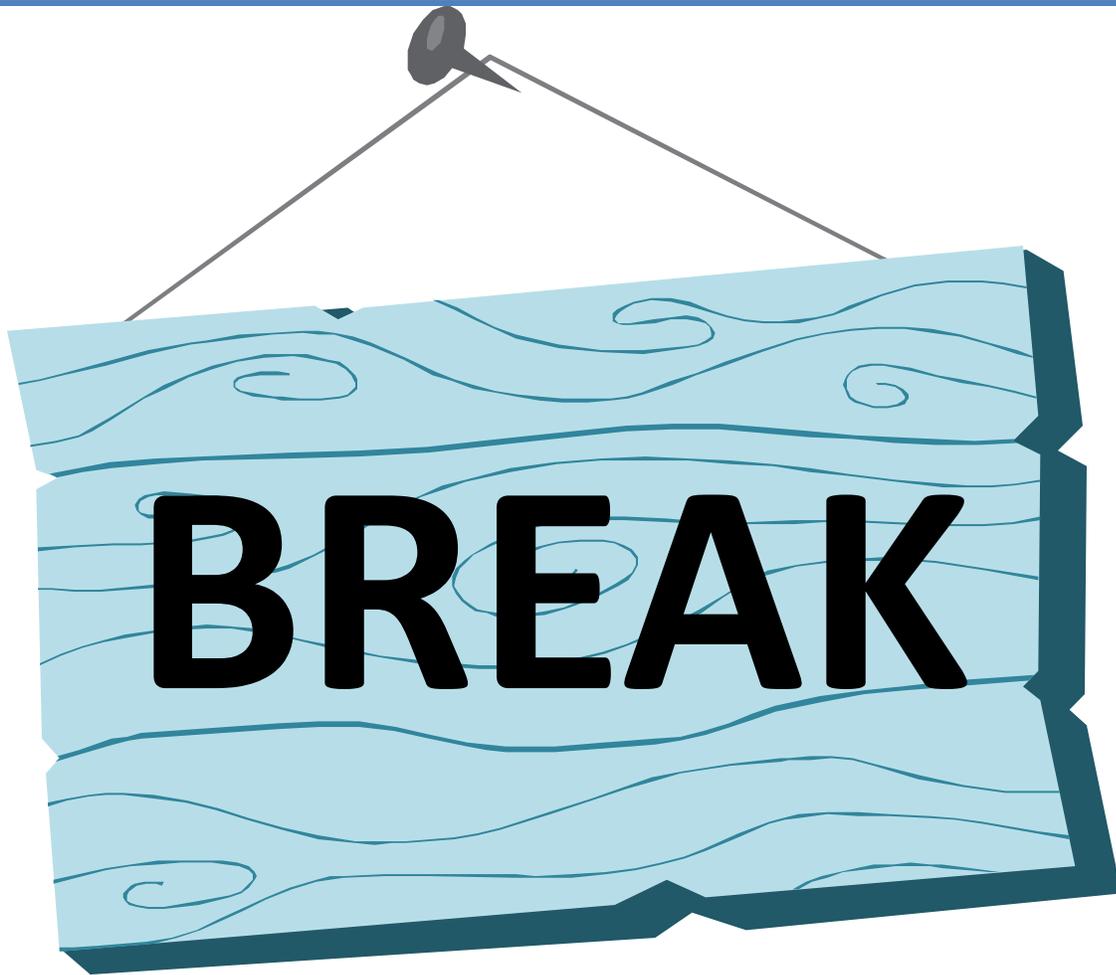
- If needed, add a new behavior they wish to address that is not currently in the table by typing it into one of the tables or creating a new table.
- Recognize that some curricula will be designed for multiple years in school or after school, and thus different behaviors should be addressed at different grade levels or for different ages to reflect the changing levels of sexual experience of the young people.
- If they include more than three or four behaviors, then they should specify which three or four behaviors are the most important and will be addressed in this training. Others can be added later.

3. Report back to large group on behaviors selected (5 min.).

3:45 p.m.–4:05 p.m.

DAY 1

Break



4:05 p.m.–4:35 p.m.

DAY 1

Identifying Specific Actions for Each Behavior



Overview

Participants review specific actions that are needed to complete each selected sexual behaviors.



Learning Objectives

Participants will be able to specify the specific actions they wish to address for each behavior they wish to change.



Materials

PowerPoint:

- PowerPoint slides Day 1-6 Selecting behaviors directly affecting HIV-STI and pregnancy

Supplies:

- Flipchart paper and easel
- Markers
- Tape

Other:

- Specific Actions of Each Selected Behavior Affecting STI/HIV or Pregnancy, either digital copies or paper copies



Time

30 minutes



Preparation

- ❑ Review Chapter 2 in *Reducing Adolescent Sexual Risk*.
- ❑ Provide a digital copy of Specific Actions of Each Selected Behavior in Word to all participants.



Procedure

1. **Identify specific actions needed to complete each selected behavior (5 min.).** Welcome people back from break.

Emphasize that in the previous session teams identified the important behaviors that (1) have an important impact on their reproductive health goals and (2) can be changed by their curricula. Recognize that each of these behaviors actually requires a few sub-behaviors or actions that must be completed for the behavior to be effectively completed.

2. **Slide 10: Example: Actions for Condom Use.** As an example, ask participants what actions are needed to use condoms correctly and consistently each time young people have sex. Make sure they include the following:

- Make the decision to use condoms.
- Buy condoms or obtain free ones.
- Carry condoms or have them available.
- Effectively negotiate the use of condoms with every partner every time having sex.
- Use a condom correctly.

3. **Slide 11: Assignment #2: Specify Actions for Each Selected Behavior (20 min.).** Ask each team to:

- Review the list of the specific behaviors or actions in the Word file or in the left-hand column of Table 2-2 (pages 23 to 31) in *Reducing Adolescent Sexual Risk*.
- Add any behaviors they have selected that are not in the Word file or *Reducing Adolescent Sexual Risk* (e.g., reducing coercive sex)
- Review the list of actions in the file.
- Add, delete or modify those actions.

Review the teams' Word files (5 min.). Take each behavior one at a time, and ask all the teams what changes they made to the actions for each behavior in the Word file—what they added, what they deleted and how they modified behaviors.

Creating Clear Messages about Behavior



Overview

Participants review the characteristics of clear messages about behavior and develop their own.



Learning Objectives

Participants will be able to develop clear messages about behavior for the targeted in their curriculum.



Materials

PowerPoint:

- PowerPoint slides Day 1-7 Messages about behavior

Supplies:

- Flipchart paper and easel
- Markers
- Tape



Time

45 minutes



Preparation

- Review PowerPoint slides and be able to express their content.



Procedure

1. **Introduction to clear messages.** Remind participants that earlier we recognized that it is important to identify the particular behaviors that should be changed in order to change our selected health goals. In addition, it is important to create a clear message about those selected behaviors. Now we will focus on those clear messages.

2. **Begin presentation of slides. Creating Clear Messages about Behavior (15 min.).**

Slide 2: One of the most important characteristics—a clear message about behavior.

Make the following points:

- This particular characteristic of effective curricula—providing a clear message—appeared to be one of the most important characteristics. When curricula incorporated many of the other characteristics of effective programs but lacked this one, they were often not effective at changing behavior.
- Some *ineffective* curricula provided information, discussed the pros and cons of different sexual choices and implicitly let the youth decide what was right for them. They did NOT have an impact on behavior.
- In contrast, most of the activities in *effective* curricula were directed toward convincing the students that abstaining from sex, using condoms consistently or using other forms of contraception consistently was the right choice, and that unprotected sex was clearly an undesirable choice.
- The messages were not moralistic. The educators did not lecture to the learners.
- However, many of the activities were designed so that the learners would decide for themselves that particular decisions about behavior were the right ones for them. To the extent possible, the curricula tried to use group activities to change values, attitudes and norms about what was the expected behavior (see next characteristic).
- The clear messages were consistently reinforced throughout the curriculum and repeated more than once.

Slide 3: Examples of Clear Messages.

Read the examples and make the following points:

- These are examples of clear messages.
Examples 1, 3 and 4 have been used in curricula that did have significant impact on the behaviors specified in messages.
- Examples 2 and 5 are clear messages about behavior, but because not many curricula have focused on reducing number of sexual partners and not many have been evaluated, we do not know for certain that these messages about being faithful can be effective. However, curricula have succeeded in reducing number of sexual

partners.

Ask participants for other examples of clear messages. If their messages are not clear, clarify why they are not.

Slide 4: Examples of Unclear Messages.

Read the examples and make the following points:

- The second message is unclear because it does not specify what “being responsible” is.
- The third message is unclear because it does not help young people determine when they are ready to have sex.
- Both messages were used in large programs evaluated with large randomized trials. Neither program had a significant impact on behavior.

Ask participants for other examples of unclear messages.

Slides 5 and 6: Examples of Clear Messages Emphasizing Important Values.

Read the examples and make the following points:

- Some of the messages emphasized values that were important to the learners. These were often based on focus group work with the participants.
- These messages were used in programs evaluated by randomized trials. Both messages were effective.
- The first message was effective with African-American youth.
- The second message was effective with African-American young women.

Ask participants for other examples of clear messages that emphasize values.

Slide 7: Messages should—characteristics of effective messages.

Read the slide and make the following points:

- The messages need to focus on the behaviors targeted in the logic model. If the logic model includes more than three behaviors, then perhaps the messages should focus on the two or three most important behaviors.
- They should be very clear and easy to remember. This means they should be relatively short, simple and easy to say or explain.
- They should be directive but not be moralistic. For example, they can say, “Not having sex is the safest choice for young people, but if

you have sex, you should always use condoms.” That is clear directive and not moralistic. They should not say, “It is wrong to have sex,” because that is moralistic and may be rejected by young people.

- The messages in the programs that changed behavior were appropriate to the age, sexual experience, gender and culture of the youth.
- Examples:
 - Programs that were designed for younger youth who were less likely to be sexually experienced were more likely to place greater emphasis on abstinence than on condom use, while those programs designed for older more sexually experienced youth were more likely to place greater emphasis on condom use.
 - A few programs for both males and females emphasized that youth should “identify their sexual limits ahead of time” and then “stick to their limits.”
 - A couple of programs for only young women emphasized that they were capable and powerful and “could be in control.” “Being in control” was emphasized both generally and more specifically in regard to resisting unwanted or unprotected sex and insisting on condom use.

3. **Slide 8: Assignment: Teams develop their own messages (20 min.).**

Ask teams to develop clear behavioral messages that address the behaviors they have selected for their curricula and logic models.

Walk around among the teams to see how they are doing. Check on how much time they need.

4. **Teams present their messages (10 min.).**

Ask teams to present their clear messages and write them on the flipchart/blank PowerPoint slide.

After each flipchart/slide is presented, discuss as a whole group its strengths and its limitations. If appropriate and possible, suggest ways to improve it. Incorporate improvements on flipchart/slide.

Encourage teams to continue to work on the messages into their break if they need a little more time.

5:20 p.m.–5:35 p.m.



DAY 1

Closure



Overview

The content of the first day of the training is summarized, participants provide verbal feedback on what they liked and disliked about the training, and reading assignments are given for the following day.



Materials

Poster:

- Organization of the Training

Other:

- Day 1 Training Assessment for each participant
- Parking Lot



Time

15 minutes



Preparation

- Makes enough copies of the Day 1 Training Assessment for each participant.



Procedure

- 1. Summary of the day (5 min.).** Using the poster showing the organization of the training, summarize what was covered during the day. Make sure to cover the following points:
 - Reproductive health goal—reducing HIV and other STI transmission and reducing unintended pregnancy are important goals for the countries attending the training.
 - Evidence from 13 African countries demonstrate that it is possible to reduce sexual risk behavior among young people, and HIV incidence will decline as a result of this behavior change.
 - Rigorous studies of curriculum-based sex and STI/HIV education programs have demonstrated that some of these programs can change sexual behaviors in a desired direction. Logically, they should then reduce STI/HIV rates and rates of unintended pregnancy.
 - Programs that were effective at changing behavior were different from those that were not effective at changing behavior. About 17–24 characteristics distinguished between effective and ineffective programs and describe an effective model program that changes behavior.
 - The effective programs are based on a logic model. During the development of the programs, the curriculum developers specified the reproductive health goals, the behaviors that affected STI/HIV and pregnancy, the risk and protective factors that affect those behaviors and activities that change those risk and protective factors.
 - During the training today, each team selected the reproductive health goals and the target populations that are important to them.
 - The teams then identified the behaviors that affect those health goals and that they can address with their curriculum-based programs.
 - Finally, they identified the actions that they need to change in order to change the risk and protective behaviors that affect STI/HIV and pregnancy.
 - Tomorrow, we will continue to talk about behavior—we’ll talk about the messages given about behavior—and then we will turn to the risk and protective factors that affect each of these behaviors.

Ask if there are any questions. Ask if the logic of the first day is clear to everyone.

2. **Feedback on the first day (5 min.).** If there are participants who were asked at the beginning of the day to collect feedback from participants and to summarize that feedback at the end of the day, have them do so. Then ask if others have feedback for the day.

Ask at least two important questions:

- What did they like about the day?
 - How could it be improved?
3. **Assignments for the following day (1 min.).** Ask participants to read Chapters 1 to 3 in *Reducing Adolescent Sexual Risk* if they have not already done so. The first two chapters will review what was already covered today, while the third chapter will present new information.
 4. **Training assessments for Day 1 (5 min.) (optional).** Hand out the training assessments and ask participants to complete them and turn them into a specific location or person before they leave for the day.
 5. **Closing remarks (1 min.).** Thank participants for their attention and involvement for the day.
 - Address any logistical issues.
 - Address any issues in the Parking Lot.
 - Remind them of what time they are meeting the following morning.

Day 2

Day 2 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Day 1 Review and Day 2 Overview
8:45 – 9:50	65 minutes	Identifying Risk and Protective Factors That Change Your Selected Behaviors
9:50 – 10:00	10 minutes	Energizer
10:00 – 11:25	85 minutes	Selecting Risk and Protective Factors That Change Your Selected Behaviors
11:25 – 11:45	20 minutes	BREAK
11:45 – 12:35	50 minutes	Reviewing Activities in Effective Curricula That Address Some of These Factors
12:35 – 1:35	60 minutes	LUNCH
1:35 – 2:00	25 minutes	Increasing Knowledge to Change Behavior: Theory and Research on Impact
2:00 – 2:25	25 minutes	Increasing Knowledge to Change Behavior: Principles of Learning
2:25 – 2:50	25 minutes	Increasing Knowledge to Change Behavior: Teaching Strategies
2:50 – 3:10	20 minutes	BREAK
3:10 – 4:15	65 minutes	Designing Activities to Increase Knowledge Factors in the Logic Models
4:15 – 5:20	65 minutes	Increasing Knowledge to Change Behavior: Topics to Cover
5:20 – 5:35	15 minutes	Closure

Day 1 Review and Day 2 Overview



Overview

Participants will review the material from Day 1 and preview the Day 2 agenda.



Learning Objectives

Participants will be able to summarize the organization and logic of the training thus far and state the objectives for this day.



Materials

Poster (or PowerPoint):

- Poster: Organization of the Training or
- PowerPoint: Day 1-2 Objectives: Slide 13: Organization of the Training

Participant manual:

- Day 2 Agenda



Time

15 minutes



Preparation

- Review organization of Day 1 and Day 2.
- Have others be prepared to summarize what they covered and what they learned the first day.



Procedure

1. Welcome and housekeeping.

Welcome the participants to the second day of training.

Make any housekeeping announcements that you need to make.

2. Review the previous day.

If people were assigned the previous day to summarize what they have learned, ask them to give their summaries of the first day. If no one was assigned the responsibility of summarizing what was learned the first day, ask for volunteers to summarize what they learned the previous day.

Using the organization poster or the PowerPoint slide, summarize the organization of the first day and make the following points as needed:

- Reproductive health goals—reducing HIV and other STI transmission and reducing unintended pregnancy are important goals for the countries attending the training.
- Evidence from 13 African countries demonstrate that it is possible to reduce sexual risk behavior among young people, and HIV incidence will decline as a result of this behavior change.
- Rigorous studies of curriculum-based sex and STI/HIV education programs have demonstrated that some of these programs can change sexual behaviors in a desired direction. Logically, they should then reduce STI/HIV rates and rates on unintended pregnancy.
- Programs that were effective at changing behavior were different from those that were not effective at changing behavior. About 17–24 characteristics distinguished between effective and ineffective programs and describe an effective model program that changes behavior.
- The effective programs are based on a logic model. During the development of the programs, the curriculum developers specified the reproductive health goals, the behaviors that affected HIV/STI and pregnancy, the risk and protective factors that affect those behaviors and activities that change those risk and protective factors.
- During the training yesterday, each team selected the reproductive health goals and the target populations that are important to them.
- The teams then identified the behaviors that affect those health goals and that they can address with their curriculum-based programs.
- Finally, they identified the actions that they need to change in order to change the risk and protective behaviors that affect HIV/STI and pregnancy.

3. **Ask participants what they learned from reading Chapters 1 and 2 the night before.** Ask them if reading those chapters clarified or reinforced the material for them.

Note: the primary reason for asking is to encourage participants to read the chapters each night. If few or no participants read the chapters, strongly encourage them to read the material each night, because doing so will help them understand the material the follow day.

4. **Summarize the agenda and objectives for Day 2.**

- Today, we will turn to the risk and protective factors that affect each of these behaviors.
- We will end by talking about knowledge, one of the risk and protective factors affecting behavior.

8:45 a.m.–9:50 a.m.

Identifying Risk and Protective Factors That Change Your Selected Behaviors

DAY 2



Overview

Participants identify multiple risk and protective factors in different domains affecting one sexual behavior that has been selected.



Learning Objectives

Participants will be able to specify multiple risk and protective factors in different domains (e.g., structural, community, family and individual) associated with the behaviors they selected for their logic models.



Materials

PowerPoint:

- PowerPoint slides Day 2-1 Risk and Protective Factor summary
- Digital copies for each participant of:
- Examples of Risk and Protective Factors Potentially Affecting Different Sexual Behaviors among Youth

Supplies:

- Large white/blackboard or 4 flipcharts on 4 easels
- Markers
- Tape
- 4 sheets of roughly 8 ½ by 11 paper
- 4 boxes of cereal of equal size and weight



Time

65 minutes



Preparation

- Find four boxes of cereal of the same size so that each one can independently stand up on its own. Or find four other objects about the size of boxes of cereal or paperback books that can stand up independently, but will fall over the way dominoes fall over (when domino #1 is pushed over, it hits domino #2, which falls over, which hits domino #3, which falls over, which hits domino #4, which falls over). Wrap each of the four boxes of cereal with a sheet of white paper and tape it like a cover around four sides of the box. The top and bottom of the book will not be covered. On the spine of the first book cover, write “ACTIVITIES”; on the spine of the second book write “FACTORS”; on the spine of the third write “BEHAVIOR”; and finally on the spine of the fourth, write “HEALTH GOAL.” If you do not have any boxes of cereal or paperback books, then simply fold each sheet of paper as if it were going around a box of cereal and will stand up on its own and fall over when the one next to it falls over.
- Practice standing up the four boxes (or only the covers) in a row such that when you push over ACTIVITIES it knocks over FACTORS, which then knocks over BEHAVIOR, which finally knocks over HEALTH GOAL.
- Skim “Examples of Risk and Protective Factors Potentially Affecting Different Sexual Behaviors among Youth.” Which are important? Which can you change? Update.”
- Review the table of risk and protective factors for each behavior.



Procedure

1. Introduction to risk and protective factors (10 min.).

Slides 2 and 3: Example: Parts of a logic model. Remind participants that effective programs were designed to achieve reproductive health goals by changing sexual behaviors that affect those reproductive health goals. However, unless coercion is used, people cannot directly control the sexual behavior of young people. They can only change certain risk and protective factors that in turn affect the decisions and behavior of young people.

Quickly review the examples in slides 2 and 3, which you have previously discussed.

Slide 4: Risk and Protective Factors. Factors that influence teens’ sexual decisions and behavior include both risk factors and protective factors.

Risk factors encourage behavior that could result in a pregnancy or STI or discourage behavior that could prevent those outcomes.

Protective factors discourage behavior that could lead to a pregnancy or STI or encourage behavior that can prevent them.

Risk and protective factors may be equally important, and both should be included in our logic model.

Ask for a couple of examples of any risk or protective factors that may influence any sexual behavior (e.g., poverty, being married, desire to have sex, availability of condoms). Make sure that participants understand what risk and protective factors are.

Slide 5: Lots of factors affect behavior. How many?

Emphasize that there are a very large number of factors that affect whether people engage in different sexual behaviors. Ask participants to guess how many.

Slide 6: Lots of factors affect behavior. How many?

Answer: In the U.S., researchers have identified more than 500 factors.

Slide 7: Two *Critical* Criteria for Selecting Factors.

Because there are so many factors, we must choose carefully the factors on which we will focus. We should select factors that meet two criteria:

1. They have a large impact on one or more targeted sexual risk behaviors.
2. They can be markedly changed by school-based curricula.

Slide 8: Laws of Physics.

Make the following three points:

1. If “A” can move “B” enough, and if “B” can move “C,” then “A” can move “C.”
2. If risk and protective factors are carefully chosen so that the proper curriculum activities can change the risk and protective factors enough, and if the factors can change behavior, then the curriculum activities will change behavior.
3. If either condition is not met, then “A” will not move “C.”

Stand up the four boxes (or only the covers) in a row so that when you push over “ACTIVITIES” it knocks over “FACTORS,” which then knocks over “BEHAVIOR,” which finally knocks over “HEALTH GOAL.” As knocking over the ACTIVITIES ends up knocking over the HEALTH GOAL, emphasize that this will always happen if the factors and activities are

properly chosen and implemented.

If they are not properly selected, then they will not knock over HEALTH GOAL. Demonstrate this by setting up the four paperbacks again, but this time set them up so that the FACTORS is too far from BEHAVIOR to touch it. Then push over the ACTIVITIES, which will knock over the FACTORS, but the FACTORS will not knock the BEHAVIOR.

Slide 9: Be Comprehensive and Strategic. Emphasize that to select the factors that have a large impact on behavior and that can be changed by curriculum activities, it is useful to be first **comprehensive** and then **strategic**.

To be **comprehensive**, we will first identify all the factors we can think of that affect particular sexual behaviors.

To be **strategic**, we will then select only those that have the greatest impact on behavior and that curriculum activities can most change.

2. **Slide 10: Brainstorm potentially important risk and protective factors (30 min.).**

Write on the black-/whiteboard or on two to four easels side by side the following headings in roughly the organization below:

Societal	School	Friends and Peers	Individual
Community	Family	Romantic Partner	

Be sure to allow plenty of room to write many factors under each heading. Many factors that can be targeted by curriculum-based programs are individual factors. Thus, allow lots of room under the “Individual” heading, as shown above. If you have enough horizontal space you can also spread out the headings as follows:

Societal	Community	School	Family	Friends and Peers	Romantic Partner	Individual
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Tell your participants that you are going to identify potentially important risk and protective factors for one selected behavior.

- If your participants will be writing curricula for young learners, you might choose as an example abstinence (or waiting until older to have sex) or condom use.
- If your participants are developing curricula for young people who are somewhat older and more likely to be having sex, you might choose number of partners (being faithful to one partner) or condom use.
- If your goal is reducing unintended pregnancy, then you might choose contraceptive use.

Ask participants to suggest any factors that affect this behavior selected as an example. As they suggest factors, write them in fairly small letters under the proper heading.

Whenever a factor is selected that is not an individual factor, think about whether there is an associated individual psychosocial factor that corresponds, and if there is, suggest that factor and also write it down. For example:

- If someone suggests “gender norms in the community about having multiple partners,” suggest “perception of community norms about multiple partners” and also “personal values and attitudes about having multiple partners.”
- If someone suggests “availability of condoms in the community,” suggest “perception that condoms are readily available.”

The reason it is important to suggest the individual psychosocial factors that exist for some of the other factors is that it is often possible for curriculum-based programs to change the individual psychosocial factors, but it is not possible for them to change the societal or community factors. For example:

- A curriculum-based program alone probably cannot change community gender norms about having multiple partners, but it may be able to change the individuals’ perception of community or peer norms and to change their own values and attitudes about having multiple partners.
- A curriculum-based program alone probably cannot increase access to condoms, but it may be able to change perceptions of access to condoms by identifying more accessible places where condoms are available.

Continue brainstorming potentially important risk and protective factors until (1) there are examples in every category and (2) participants cease suggesting additional factors. This should take not more than 30 minutes. If it takes only 5–10 minutes, then continue to probe for additional factors.

3. **Slide 11: Assess which factors can be changed markedly by a curriculum-based program (10 min.).**

Critically assess whether a curriculum-based program can markedly affect each factor one at a time. If a factor can be markedly changed, circle it with a red marker; if a factor cannot be markedly change, cross it out with a black marker.

Slide 12: Conclusions. Generally, the only factors that can be markedly changed by curriculum-based programs are the psychosocial factors of the individuals in the program. Commonly, this means that curriculum-based programs alone:

- Cannot change *societal or community factors*, because most members of the community are not in the program. (After the program has been implemented for many years, it may affect community factors, but probably not in the short run. If the curriculum-based program is reaching many people in the community, or other components of an initiative are designed to reach most community members, then it may be possible to change community factors, but commonly not.
- Cannot change *family factors*, unless many family members are involved in the program either through homework assignments to talk with parents or siblings or components specifically designed for parents, siblings or other family members.
- Can potentially change *school factors and characteristics of friends and peers and romantic partners* (e.g., peer norms) if a sufficiently large percent of students, peers and romantic partners participate in the program.

After reviewing each individual factor for whether or not curriculum-based activities can change it, conclude by emphasizing that most of the factors that can be changed by curriculum-based activities in schools are individual psychosocial factors.

4. **Summarize results from research on factors targeted by effective programs (5 min.).**

Slide 13: Results from Research.

Make the following points:

- Most effective curriculum-based programs focused on individual factors.
 - A few were part of more comprehensive programs or initiatives that included other components that focused on other partner, family, school or community factors.

- They used psychosocial theories (e.g., social cognitive theory) to identify important psychosocial factors (e.g., perceptions of risk, peer norms, skills and self-efficacy).
- They were sexual (e.g., perceptions of *sexual* risk or peer norms about having sex).

Slide 14: Results from Research: Effective programs used theory to identify factors.

Read the theories on the slides.

Ask participants if they are familiar with any of these theories.

If they are, ask them why they are important.

- One answer is that many health-related programs based on these theories have been found to be effective at improving health behaviors.

Slide 15: Results from Research: Used research to identify factors.

State that in addition to using theory, they also used research. They:

- Reviewed results from survey research
- Conducted focus groups with young people
- Conducted interviews with professionals

Slide 16: Results from Research: Criteria for being included on the list.

State that effective curricula focused on a variety of individual psychosocial sexual factors that were measured in different ways. To identify those that have the greatest evidence that they meet the criteria, there had to be:

1. Multiple studies demonstrating that each factor is related to behavior
2. Multiple studies demonstrating that curriculum-based programs can change each factor

REMEMBER: BOTH ARE NECESSARY.

Slide 17: Effective programs targeted and improved the following factors.

Read the factors on the slide. They include:

1. *Knowledge* of STI and HIV, condom use and contraceptive use
2. *Perceptions of risks* of HIV, other STIs and pregnancy if having unprotected sex
3. *Personal values* about sex and abstaining from sex and *attitudes*

toward condoms, perceptions of effectiveness and barriers to use

4. *Perception of peer norms* or behavior about sex and condom or contraceptive use (this can include gender norms)
5. *Skill and self-efficacy* to refuse sex or to use condoms
6. *Intention* to abstain from sex or restrict sex or partners or use condoms
7. *Communication with parents or other adults* about sex, condoms or contraception

Observe that the first six factors are all individual psychosocial factors that involve sexuality.

Observe that the 7th factor is different—it involves communication about sex, condoms or contraception with parents or other adults.

5. **Compare circled factors from participants with results from research (5 min.).**

To the extent reasonable, show how each of the factors circled in red falls into one of these seven categories.

If a factor meets both criteria above (strongly affects the behavior and can be changed by curriculum-based programs) and cannot be grouped into one of the seven categories, then either redefine it so that it does fit into one of these categories or set it aside and tell participants you will try to address it at the end of the training.

Conclude by emphasizing that the factors they decided could affect behavior and could be changed by curriculum-based programs fall into the categories of factors that both theory and research have demonstrated are important and effective.

6. **Slide 18: Quick Activity.**

Ask participants to:

- Turn to page v in *Reducing Adolescent Sexual Risk* (Table of Contents)
- Review Table of Contents and compare it with factors in the previous slide (turn back to the previous slide).

7. **Slide 19: Possible model of psychosocial factors affecting behavior (5 min.).** Explain the causal model, making the following points:

- The arrows represent direction of causality. An arrow from factor 1 to factor 2 means that the first factor affects the second factor.
- The factors on the left affect those to the right (although sometimes

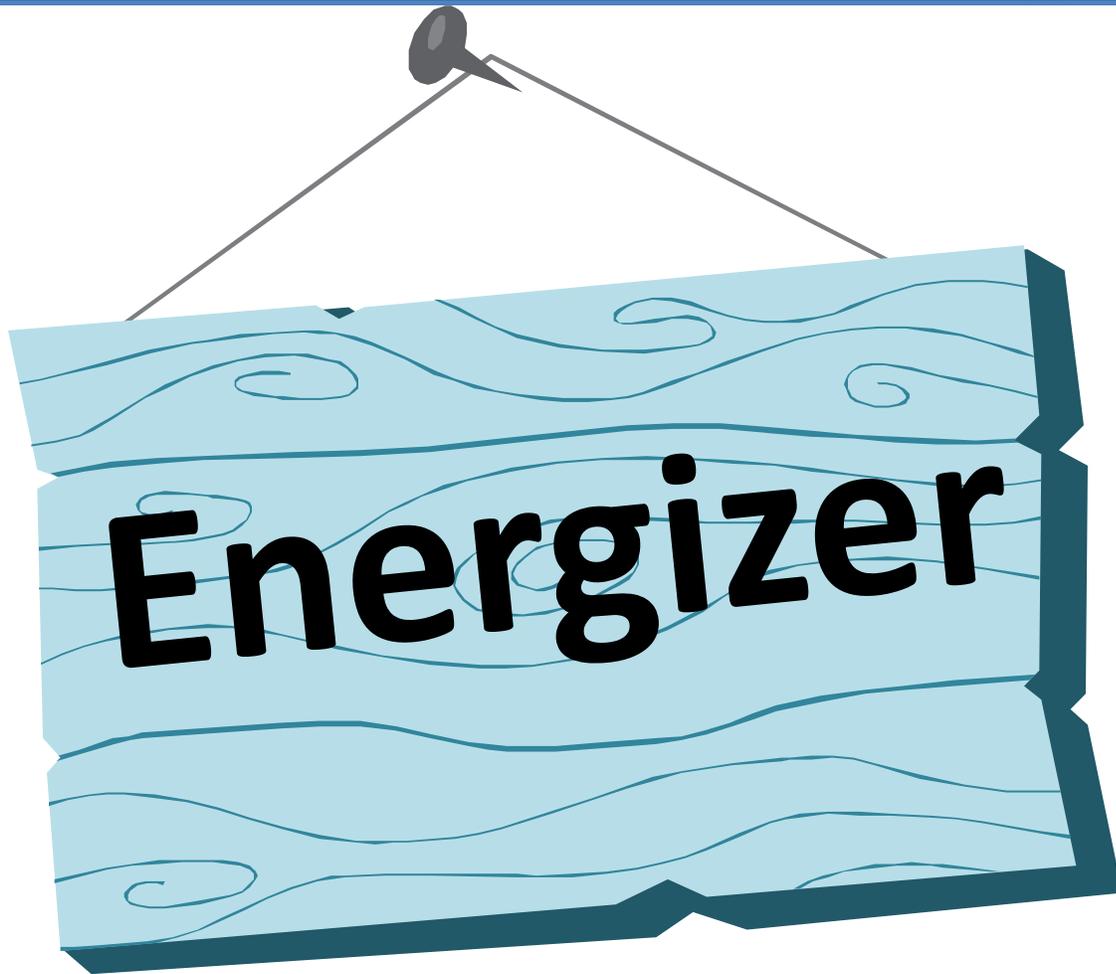
the factors on the right also affect those to the left in a reciprocal relationship). For example, behavior can affect knowledge and skills.

- More generally, reality is complex and more arrows could be drawn, but it is difficult to capture all complex causal relationships in this diagram.
- On the far right-hand side are the reproductive health goals that we have already selected.
- They are affected by specific sexual behaviors in the second column from the right.
- We are now focusing on the individual psychosocial factors that affect behavior and that can be changed by curriculum-based programs. This is what we are now focusing on.
- Notice that all the psychosocial factors that were in the previous slides and that were targeted by effective programs are included in this diagram.
- The causal model also includes perceived gender norms. These were not included in the list of factors that many effective curricula sought to change. However, gender norms are very important in Africa and elsewhere and have therefore been added.
- STI/HIV and sex education programs are on the left. They are what we are designing in this training. They can affect most everything to the right.
- The pinkish psychosocial factors in the middle are the ones that we will focus on in this training. We will also focus on parent-child communication on the left in the environment column.
- These factors are arranged in a manner consistent with the theories of change specified above. For example, they show knowledge affecting many other factors, which in turn affect intentions, which most directly affects behavior.

9:50 a.m.–10:00 a.m.

DAY 2

Energizer



10:00 a.m.–11:25 p.m.

Selecting Risk and Protective Factors That Change Your Selected Behaviors

DAY 2



Overview

Participants identify and select multiple risk and protective factors that affect two or more different sexual behaviors that they have previously selected, thereby creating portions of their logic models.



Learning Objectives

Participants will be able to select the most important risk and protective factors that affect their selected behaviors and that they can change with their curriculum-based programs.



Materials

Digital copies for each participant of:

- Examples of Risk and Protective Factors Potentially Affecting Different Sexual Behaviors among Youth
- Day 1: Logic Model Template Part 1: Delay or Reducing Sexual Activity
- Day 1: Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

85 minutes



Procedure

1. Introduction (1 min.).

Tell participants that it is now time for them to identify their own risk and protective factors for their selected behaviors.

2. Review and select factors from table (60 min.).

Have participants view the following three documents on their laptop computers (preferably) or on printed paper:

- Examples of Risk and Protective Factors Potentially Affecting Different Sexual Behaviors among Youth.
- Day 1: Logic Model Template Part 1: Delay or Reducing Sexual Activity
- Day 1: Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception

Slide 20: Table of Risk and Protective Factors.

Make the following points on the slide:

- The table is based on:
 - A review of research
 - Input from professionals
- It is not tailored for their communities.
- It needs to be adapted for their communities.

Tell them the table of risk and protective factors includes many factors that affect different behaviors and that can be put into one of the following categories: K=Knowledge, R=perception of risk, A=Attitudes and values, N=perception of peer norms, S=Skills and self-efficacy, I=Intentions, C=parent-child communication.

To make life much easier for the training participants, all of these factors have been copied into the logic model templates parts 1 and 2 for delaying or reducing sex and increasing condom or other contraceptive use.

In those templates, the factors are organized by category (e.g., knowledge, perception of risks, attitudes).

NOTE TO FACILITATOR:

The following directions here and below assume that participant teams are completing their logic models digitally on their laptops.

Slide 21: Assignment #1. Ask participants to complete Step 3 in the templates for their most important behavior. If they have time, they can complete it for their second most important behavior. That is:

- To delete factors, they should delete the entire row; the next row will then move up without destroying the table. (However, they should not delete the top row in each subtable because doing so will delete the behaviors and health goals as well.)
- To add factors, they should type the factors into the extra rows provided. If needed, they should use the Word Tables function to add more rows to the table.

In general, they should write only one factor in each cell in the proper category (e.g., knowledge, perception of risk, etc.). However, if several factors are rather precisely defined, are related to one another and can be addressed by the same activities, then those factors can be in the same cell and bullets used to separate them.

Slide 22: Remember.

Make the following points on the slide:

- Each selected risk or protective factor may need up to five activities to significantly improve it.
- Some activities can improve multiple factors.
- They have limited classroom time for activities.
- They must limit the number of factors they select.
- If they are designing a multicomponent program that addresses families or the community at large, then they may be able to address other factors with other components.
- For this training, they should assume that they will have only a curriculum-based program.

BE SURE TO CIRCULATE AMONG THE TEAMS AND TO CHECK TO MAKE SURE THEY ARE COMPLETING THE TABLES CORRECTLY.

3. Teams report back (15 min.).

For each behavior, one at a time, ask teams:

- What factors they chose to address with their curriculum activities
- What new factors they added to the table

If the number of factors they identify is too large, encourage them to identify those that are most important and that they want to be certain

to address.

If they identify only a handful of factors, encourage them to identify additional ones, because improvements in several factors are often needed to change a behavior.

4. Revise and group factors (10 min.).

After teams have heard what factors other teams have selected, ask them if they wish to update their table of selected factors. If any of them wish to do so, encourage them to do so.

11:25 a.m.–11:45 a.m.

DAY 2

Break



11:45 a.m.–12:35 p.m.

DAY 2

Reviewing Activities in Effective Curricula That Address Some of These Factors



Overview

Teams review activities in the curriculum that actually changed behavior and assess which risk and protective factors might be affected by each activity.



Learning Objectives

Participants will be able to describe specific activities that address factors specified in their logic models.



Materials

PowerPoint slides:

- Day 2-2 Examples of Effective Curricula

Curricula:

- Mema kwa Vijuana (Good Things for Good People)
- SiHLE
- *Becoming a Responsible Teen*
- *Reducing the Risk*
- *Safer Choices*



Time

50 minutes



Preparation

- ❑ Make sure everyone has soft copies of the following curricula on their memory stick:
 - Mema kwa Vijuana (Good Things for Young People)
 - SiHLE
- ❑ Make sure hard copies are available for the following curricula:
 - *Becoming a Responsible Teen*
 - *Reducing the Risk*
 - *Safer Choices*
 - Mema kwa Vijuana (Good Things for Young People) (optional, because participants have soft copies)
 - SiHLE (optional, because participants have soft copies)



Procedure

1. Review slides on effects of curricula (8 min.).

Slide 1: Mema kwa Vijuana. Review the results in the slide.

Emphasize that this and the other curricula incorporate most of the characteristics of effective programs. All have reduced sexual risk behavior, but this curriculum currently has the strongest evidence for long-term impact on behavior in Africa.

Slide 2. SiHLE. Review the results in the slide.

Slide 3: *Becoming a Responsible Teen*. Review the results in the slide.

Slide 4: *Reducing the Risk*. Review the results in the slide.

Slide 5: *Safer Choices*. Review the results in the slide.

2. Select and review a curriculum (35 min.).

Ask participants in their teams to select and review one of the curricula just discussed. Mema kwa Vijuana may be the best choice, because it was designed in and for Africa, was implemented in schools, incorporates characteristics of effective programs, and had long-term effects on behavior. In addition, everyone has it on his or her memory stick. However, the others are also good.

Ask participants to read each of the activities and to assess which types of psychosocial factors were addressed by each activity (e.g., knowledge, perception of risk, values and attitudes, peer norms, skills, etc.).

When there are only 10 minutes left, to the extent possible in the

limited time available, ask them to quickly review the rest of curriculum.

3. **Ask participants for any observations they have about their selected curriculum (5 min.).**

Ask them:

- What were some of the strengths of the curriculum?
- Did activities appear to address most of the groups of risk and protective factors that effective curricula addressed?
- Did the curriculum include any specific activities that they would like to include in their logic models?
- How could the curricula have been made more effective? What were some of their limitations?

12:35 p.m.–1:35 p.m.

DAY 2

Lunch



1:35 p.m.–2:00 p.m.

Increasing Knowledge to Change Behavior: Theory and Research on Impact

DAY 2



Overview

Participants hear a presentation on the theory and research on the impact of knowledge about sexuality on sexual behavior.



Learning Objectives

Participants will be able to summarize the impact of knowledge on behavior, both the theory and the research.

They will be able to specify the implications of this for what should be taught in the curriculum.



Materials

PowerPoint slides:

- Day 2-3 Increasing Knowledge



Time

25 minutes



Preparation

- Read Chapter 3, Increasing Knowledge, in *Reducing Adolescent Sexual Risk*.
- Review the PowerPoint slides for this session.
- Create a poster that says, “Knowledge should be taught, but it should:” and tape it to the wall.



Procedure

1. Introduction (1 min.).

Remind participants that in the previous session they identified and selected psychosocial sexual risk and protective factors that affect important sexual behaviors that in turn affect HIV, other STI and pregnancy. They observed that many of the behaviors fell into seven categories of factors. This session will now study in greater depth the first category, knowledge. Subsequent sessions during the next couple of days will focus on the other categories of factors.

2. Cover the material in the slides (20 min.).

- Ask participants if they believe knowledge has an impact on behavior.
- Ask them to give a couple of examples of ways in which knowledge affects behavior.

Slide 2: Knowledge.

Make the following points:

- “Knowledge is the foundation of human action.”
- State that what people know does affect what they do.
- Remind them that there are important psychosocial theories that have been the basis for many curriculum-based programs that actually changed behavior.
- State that knowledge is a very important factor in those theories.

Slide 3: Possible Model of Psychosocial Factors Affecting Behavior.

Explain that this is the same model of factors affecting behavior that was shown before. However, in this particular session, we are focusing on knowledge, which is in darker pink.

Slide 4: What are examples of knowledge about some aspect of sexuality that might affect adolescent sexual behavior? Ask participants this question.

Slides 5–7: Example: Knowledge.

Quickly review slides 5–7 as examples of types of knowledge that young people may need that may affect their initiation of sex and use of condoms or contraception.

Slide 8: Knowledge. State that knowledge may affect behavior directly or indirectly by affecting values, attitudes, perception of peer norms, and skills and self-efficacy.

Slide 9: Diagram.

State that this is the same slide they just saw.

Note that knowledge is depicted as affecting many other factors to the right.

Slide 10: Knowledge.

Recognize that knowledge:

- Provides the foundation, but—
- Is not sufficient
- We should not exaggerate its importance

Slide 11: Applying theories to teen sexual behavior—need to ask three questions.

Mention that these three questions will be asked of each psychosocial factor that we cover in this training.

Slide 12: Question 1: Does teens' knowledge about different aspects of sexuality affect their sexual behavior?

Slide 13: Number of Studies Reporting Effects of Knowledge on Initiation of Sex.

Quickly state the results by reading the numbers in each row and then make the following points.

- Emphasize that the numbers represent numbers of studies, not numbers of young people.
- Conclude that there is very little evidence from these studies to demonstrate that there is much relationship between knowledge about different aspects of sexuality and initiation of sex.
- Emphasize that the single study showing a positive relationship between greater knowledge about condoms and contraception and initiation of sex may simply reflect the fact that those who have had sex are more likely to know more about condoms and contraception.
- Ask why knowledge might not be more strongly related to sexual behavior.

- One partial answer might be that other factors have a much greater impact on adolescent sexual behavior. For example:
 - Age
 - Values about having sex
 - Desire for sex
 - Having a boyfriend/girlfriend
 - Being forced to have sex

Slide 14: Number of Studies Reporting Effects of Knowledge on Condom or Contraceptive Use.

Quickly state the results by reading the numbers in each row and then making the following points.

- Conclude that there is very little evidence from these studies that greater knowledge about STI and HIV led to greater condom or other contraceptive use. Three studies found a positive effect, but three studies found a negative effect. Thus, there is little evidence.
- Note that we would not expect to find a relationship between greater knowledge about STI and HIV on the one hand and contraceptive use on the other hand.
- Conclude that there is some evidence that knowledge specifically about condoms and contraception was related to greater condom or contraceptive use. However, not all studies found this.
- Conclude that there is some evidence that knowledge specifically about the effectiveness of condoms was related to greater condom and contraceptive use.

Slide 15: Answer to Question #1.

Read and clarify the statements.

NOTE TO FACILITATOR: If time is short or there are too many slides, the slide below (slide 16) can be skipped.

Slide 16: Why don't studies show stronger correlations?

Read and clarify the statements.

Slide 17: Remember a Characteristic of Effective Programs.

Read and clarify the statements.

Slide 18: Implications of Results.

Emphasize that knowledge in general may not have much impact on behavior, but that knowledge meeting these criteria may have a much

greater impact. **STRONGLY EMPHASIZE THIS POINT AND POINT TO THE POSTER ON THE WALL.**

Slide 19: Question #2: Can we increase knowledge?

Slide 20: Number of Programs Having Effects on Different Knowledge Topics.

Quickly present the results and make the following points:

- More than 30 studies measured the impact on one or more knowledge topics.
- Emphasize the large number of positive findings in the left-hand column.
- 80 percent of the results demonstrated significant increases in knowledge topics.
- Of the 10 topic areas, at least half the studies found the programs increased knowledge.

Slide 21: Answer to Question #2: Yes, there is overwhelming evidence.

Slide 22: Conclusions.

Emphasize that curricula should focus on particular facts and skills that may affect behavior and reinforce a clear message about behavior.

3. Closure.

Ask if there are any questions.

Poster:

Knowledge should be taught,
but it should:

- Be focused
- Be relevant to the particular values, attitudes, perceptions of peer norms and skills that are related to sexual behavior
- Strongly support the prescriptive message of the curriculum

2:00 p.m.–2:25 p.m.

Increasing Knowledge to Change Behavior: Principles of Learning

DAY 2



Overview

Teams brainstorm important principles of learning. If there is time and need, they then review, explain and give examples of important principles of learning from educational research.



Learning Objectives

Participants will be able to summarize at least five principles of learning and apply them to curricula.



Materials

Supplies:

- Flipchart and easel
- Markers
- Tape

PowerPoint slides:

- Day 2-3 Increasing Knowledge

Poster:

- Principles of Learning from Educational Research

Other:

- Text for principles of learning on 8 x 5 cards



Time

25 minutes



Preparation

- Read Chapter 3, Increasing Knowledge, in *Reducing Adolescent Sexual Risk*.
- Review the PowerPoint slides for this session.
- Create the poster with 16 principles, if it is not already created.
- Create the individual 8 x 5 cards with the principles on them.



Procedure

1. Introduction (3 min.).

Remind participants that 80 percent of the studies found that programs significantly increased knowledge about certain topics, but 20 percent did not. Thus, it is important to incorporate principles of learning that are effective.

Furthermore, the goals of this curriculum are not simply to increase knowledge, but to help young people internalize this knowledge so that they make more responsible decisions. Thus, principles of learning are particularly important.

Slide 23: Some Definitions for Next Part.

Give the definitions in the slide. If necessary give additional examples.

Principle of learning: A general principle about how people learn more effectively

- For example, people learn more effectively when they are actively involved.

Strategy: A generic kind of activity

- E.g., short lectures, role playing, videos

Activity: A particular activity

- E.g., role playing, saying no to unwanted sex and practicing specific skills

Topics: What is being talked about

- E.g., HIV, other STIs, abstinence and condoms

State that in the next couple of sessions, we will be talking about principles, strategies, specific activities and topics.

Slide 24: What are important principles of learning/teaching?

And it raises the question: What are important principles of learning?

2. **Slide 25: Assignment #1: In your teams, brainstorm two important principles of teaching or learning (10 min.).**

Ask teams to brainstorm two important principles of teaching and learning.

3. **Teams summarize their principles (10 min.).**

Go around the room and ask each team to state one principle of teaching and learning. Write these on the flipchart or on a blank PowerPoint slide.

After all teams have stated one principle, ask all teams for any other principles that have not been stated. Write these on the same flipchart or PowerPoint slide.

NOTE TO FACILITATOR:

The following activity is optional. It is NOT included in the current times in the agenda.

It should be skipped if there is no extra time and participants have a good understanding of the principles of learning.

It should be included if participants give poor examples of learning principles and there is sufficient time.

If it is skipped, you should still point to the poster with principles of learning on the wall and encourage participants to read and apply those principles when developing curriculum activities.

4. **Slide 26: Assignment #2: Teams review 16 principles on 8 x 5 cards (10 min.).**

Distribute the 16 principles on 8 x 5 cards with the relevant paragraphs below each principle. Distribute them among the teams as equally as possible.

Ask each team to prepare to do the following before the entire group:

1. Read the principle.

2. Explain it.
 3. Give an example, if appropriate.
 4. Agree/disagree with it.
5. **Slides 27–35: Principles of Learning. Have teams give their presentation on each principle (30 min.).**

Ask the teams, who has principle #1? Have that team:

- Read the principle.
- Explain it.
- Give an example, if appropriate.
- Agree/disagree with it.

After each team has given its presentation on a principle, ask all participants if they believe this principle is a very important principle of learning (thumbs up), a slightly important principle (finger flat) or an unimportant principle (thumbs down).

If there are any thumbs down, ask why those people believe it is not important.

Repeat this process for all 16 principles, changing the PowerPoint slides to match the principles.

6. **Closure (5 min.).**

Ask if there are any questions.

Point to the poster with all 16 principles and ask participants to vote on which three principles they believe are most important for learners.

Summarize their votes.

Poster:

Principles of Learning from Educational Research

1. **Learning is promoted when students learn about topics relevant to their lives.**
2. **Learning is promoted when material is tailored to the students' age, knowledge level, level of sexual experience, and gender.**
3. **Learning is promoted when new knowledge is demonstrated rather than simply described.**
4. **Learning is promoted:**
 - a. **When complex concepts or skills are broken into a progression of smaller concepts or skills**
 - b. **When the smaller concepts or skills are taught first**
 - c. **When there is then a logical progression to more complex skills**
5. **Learning is promoted when multiple examples and perspectives are provided.**

6. **Learning is promoted when existing knowledge is activated as a foundation for new knowledge.**
7. **Learning is promoted when students are actively engaged in solving problems.**
8. **Learning is promoted when students organize their new concepts and skills.**
9. **Learning is promoted when new knowledge is applied multiple times to solve problems.**
10. **Learning is promoted when students are given the proper balance of challenge and support.**
11. **Learning is promoted when students are encouraged to apply or integrate their new knowledge or skill into their everyday lives.**
12. **Learning is promoted when instruction is individualized.**
13. **Learning is promoted when effective teachers use an array of teaching strategies, because there is no single, universal approach that suits all situations.**
14. **Learning is promoted when students work regularly and productively with other students.**

15. **Learning is promoted when students invest time and make a committed effort.**
16. **Learning is promoted when students are assessed appropriately and understand the assessment criteria.**

2:25 p.m.–2:50 p.m.

Increasing Knowledge to Change Behavior: Teaching Strategies

DAY 2



Overview

Teams brainstorm important teaching strategies that can be used in classrooms or elsewhere.



Learning Objectives

Participants will be able to identify at least eight teaching strategies that can be used in curricula and the classroom.



Materials

Supplies:

- Flipchart and easel
- Markers
- Tape

PowerPoint slides:

- Day 2-3 Increasing Knowledge

Poster:

- Effective Teaching Strategies Used in Curricula That Changed Behavior



Time

25 minutes



Preparation

- Review the PowerPoint slides for this session.
- Create the poster with 19 teaching strategies, if it is not already created.



Procedure

1. Introduction (1 min.).

Remind participants that in the previous session, participants brainstormed and discussed important principles of learning that they should keep in mind when designing curricula.

In this session, we will cover teaching strategies, such as short lectures, small group discussions and role playing.

2. Brainstorm effective teaching strategies (5 min.).

Slide 36: What are some effective teaching strategies?

Show slide 36 and ask participants: What are some effective teaching strategies that are consistent with the learning principles?

As participants suggest strategies, write them on flipchart paper. Continue asking until participants suggest at least 10 strategies.

3. Review strategies used in curricula that changed behavior (10 min.).

Slide 37: Effective Teaching Strategies Used in Curricula That Changed Behavior.

Read or let the participants read the strategies listed in slide 37 that have been used in curricula that actually changed behavior.

Ask participants which strategies on this list can be used in resource-poor settings. If appropriate, brainstorm ways to implement some of the activities in resource-poor settings.

Ask participants if there are any other strategies that cannot be used in the classroom for any other reasons. If participants suggest some that cannot be used, briefly brainstorm ways to overcome the obstacles.

Emphasize that all the remaining strategies can be used in most settings.

4. **Brainstorm criteria for selecting strategies (5 min.).**

Slide 38. Criteria for Selecting Teaching Strategies.

Show slide 38 and ask participants to brainstorm additional criteria they should use to select teaching strategies for their curricula.

5. **Slide 39. Conclusions. (3 min.).**

Review the conclusions in the slide.

Ask if there are any questions.

Point to the poster of learning principles on the wall and the poster of teaching strategies and encourage participants to refer to them when selecting or designing curriculum activities.

Poster:

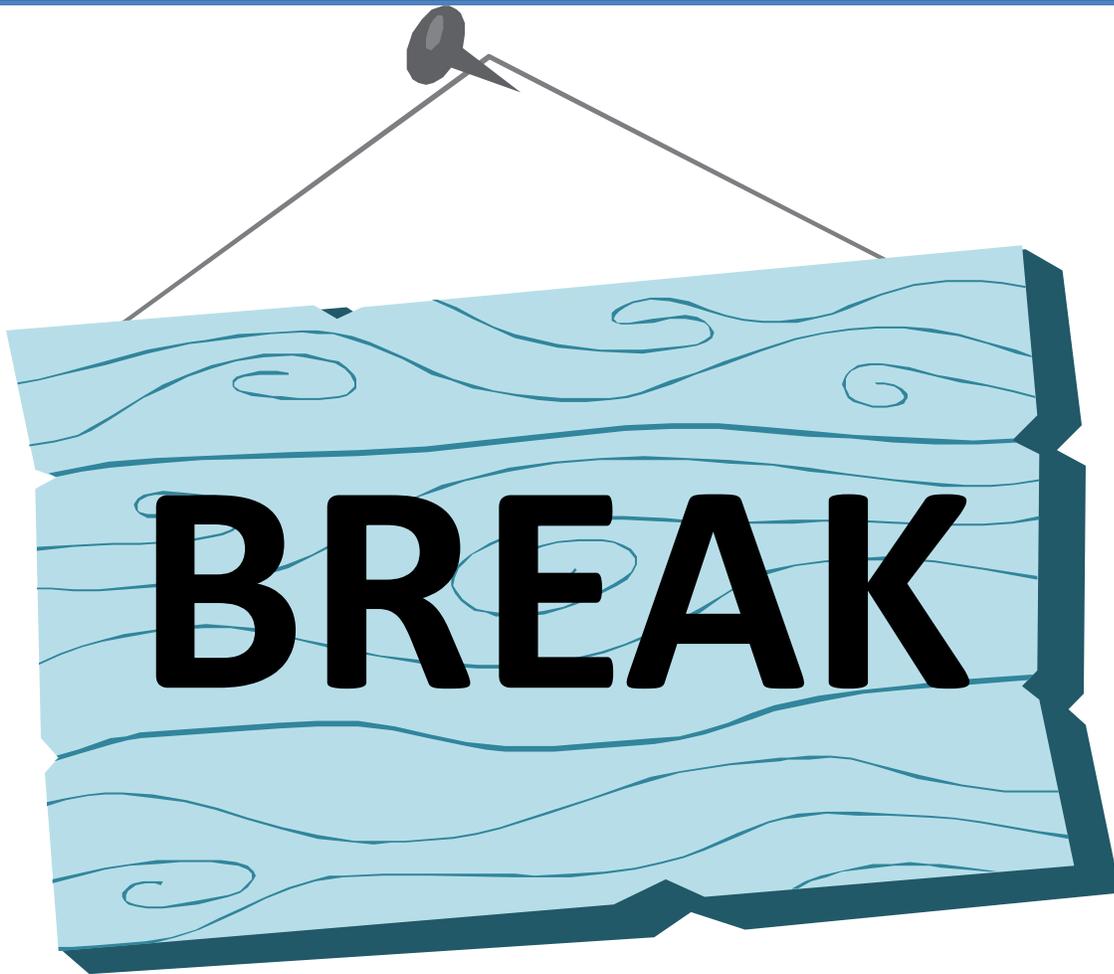
Effective Teaching Strategies Used in Curricula That Changed Behavior

Anonymous question box	Quizzes
Brainstorming	Roleplays
Brief lectures	Simulations
Case studies	Skill demonstrations
Charts/pamphlets	Skits
Class discussions	Small-group discussions
Competitive games	Statistics on prevalence
Guest speakers	Videos and discussion
Homework assignments	Worksheets
Problem-solving activities	

2: 50 p.m.–3:10 p.m.

DAY 2

Break



3:10 p.m.–4:15 p.m.

DAY 2

Designing Activities to Increase Knowledge Factors in the Logic Models



Overview

Teams review the factors in their logic model that primarily involve or require knowledge, develop activities to increase knowledge related to these factors, and concisely summarize those activities in their logic model templates.



Learning Objectives

Participants will be able to describe the activities that they will use to increase the knowledge factors specified in their logic models.



Materials

Digital copies for each participant of:

- Day 1: Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Day 1: Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception

Other:

- *Reducing Adolescent Sexual Risk*

Time

65 minutes



Procedure

1. Have teams design activities for basic knowledge topics (65 min.).

Slide 41: Important Characteristics of Activities to Improve Selected Knowledge Factors. Review the characteristics in the slide.

Slide 42: Assignment #3. Ask participants to turn to the risk and protective factors in the knowledge categories of the logic model tables/templates. Have them develop activities that will increase knowledge in each of the topic areas and thereby improve those factors.

Ask them to concisely describe activities in 30 words or less that can effectively teach this knowledge to learners, e.g.:

- A short lecture on anatomy and physiology
- Competitive games to test facts about STI transmission
- Videos or pamphlets with appropriate information on them

Ask participants to add these activities to their logic models in the far left-hand column. When they add these topics, they should summarize them in a manner similar to those summarized in Figure 2-3 in *Reducing Adolescent Sexual Risk*.

Make sure that the activities correctly address the knowledge risk and protective factors.

They should design activities for only the factors in the knowledge category (other activities for other factors will be developed in subsequent sessions).

Because appropriate knowledge can affect many factors, for this activity participants should try to cover only those factors involving basic knowledge. Knowledge involved with other groups of factors (e.g., perception of risks, attitudes and values, skills, etc.) will be covered in later sessions.

Circulate among the teams to make sure that they are completing the assignment properly, and answer any questions they have.

4:15 p.m.–5:20 p.m.

Increasing Knowledge to Change Behavior: Topics to Cover

DAY 2



Overview

Teams review potentially important topics to cover and select those they wish to cover. They specify the grade level in which they believe each topic should be taught.



Learning Objectives

With the aid of their table, participants will be able to identify what topics should be covered at each grade level.



Materials

PowerPoint slides:

- Day 2-3 Increasing Knowledge

Other:

- Paper copy or digital file of the Topic Table
- *International Technical Guidance on Sexuality Education: Volume II: Topics and Learning Objectives*



Time

65 minutes



Preparation

- Review the procedure for this session.
- Give each team a sufficient number of paper copies or digital copies of the Topic Table.



Procedure

1. Introduction (1 min.).

Remind participants that in previous sessions participants learned that:

- STI/HIV and sex education programs can increase nearly all areas of knowledge about sexuality.
- Sexuality topics that focus on particular facts and skills and support a clear message about sexual behaviors can affect those behaviors, but other topics may not affect behavior.
- If the goal is to reduce sexual risk behaviors and reduce STI/HIV and unintended pregnancy rates, then curricula should focus on knowledge and skills about those behaviors.

2. Provide instructions for completing the Topic Table (60 min.).

Provide the following instruction:

- Review and consider the sub-behaviors they previously selected.
- Complete the Topic Table:
 - Add any needed rows for topics they wish to cover but are not in the Topic Table.
 - Paper copies:
 - Circle the answer for whether a topic should be covered.
 - If a topic is to be covered, specify the grade in which it should be covered.
 - Indicate whether it is currently adequately covered.
 - Digital files:
 - Delete the wrong answer for whether a topic should be covered.
 - If topic is to be covered, color the cell for the grade it should be covered using Design and Shading in Word.
 - Delete the wrong answer for whether it is currently covered.

Walk among the teams to answer any questions and to make sure they are completing the paper or digital tables correctly.

Periodically assess how much more time they need.

NOTE TO FACILITATOR: Some teams may complete this task in much less than an hour, especially if they are focusing only on abstinence. Other teams may need to debate among themselves whether a topic should or can be included. Because this is an important activity, give teams enough time until most are finished. Encourage those teams still working to continue working until they are done.

3. **Closure (2 min.).**

Ask if there are any questions.

Ask participants if their teams added any additional topics, and if so, which ones.

Thank them for working hard on this task and throughout the day.

5:20 p.m.–5:35 p.m.

DAY 2

Closure



Overview

The contents of the second day are summarized, participants complete assessments of the day, and reading assignments are given for the following day.



Materials

Poster:

- Organization of the Training

Other:

- Day 2 Training Assessment for each participant
- Parking Lot



Time

15 minutes



Preparation

- Make enough copies of the Day 2 Training Assessment for each participant.



Procedure

- 1. Summary of the day (3 min.).** Using the poster showing the organization of the training, summarize what was covered both yesterday and today. Make sure to cover the following points summarizing what we have done thus far:
 - Reproductive health goals—reducing HIV and other STI transmission and reducing unintended pregnancy are important goals for the countries attending the training.
 - Rigorous studies of curriculum-based sex and STI/HIV education programs have demonstrated that some of these programs can change sexual behaviors in a desired direction. Logically, they should then reduce STI/HIV rates and rates on unintended pregnancy.
 - Programs that were effective at changing behavior were different from those that were not effective at changing behavior. About 17–24 characteristics distinguished between effective and ineffective programs and describe an effective model program that changes behavior.
 - The effective programs are based on a logic model. During the development of the programs, the curriculum developers specified the reproductive health goals, the behaviors that affected STI/HIV and pregnancy, the risk and protective factors that affect those behaviors and activities that change those risk and protective factors.
 - During the training yesterday, each team selected the reproductive health goals and the target populations that are important to them.
 - The teams then identified the behaviors that affect those health goals and that they can address with their curriculum-based programs.
 - They identified the actions that they need to change in order change the sexual and protective behaviors that affect STI/HIV and pregnancy.
 - Finally, teams created clear messages given about the behaviors we selected.
 - Today we then turned to the risk and protective factors that affect each of the selected behaviors. Most factors that (1) can be changed by curriculum-based programs and (2) in turn affect behavior are psychosocial factors. These factors can be grouped into six different categories.
 - We reviewed curricula that addressed these factors and were effective at changing behavior.

- We then focused on the first category of factors, knowledge. Multiple studies demonstrate that programs can increase knowledge and some kinds of knowledge can affect behavior, but other kinds don't. Knowledge that is clearly related to behavior and supports a clear message about that behavior can have an impact on that behavior.
 - Finally, we reviewed principles of learning and effective teaching strategies used in curricula that changed behavior, and we created activities in our logic models to cover some of the most important topics. We then reviewed a large number of topics to assess whether they should be included in our logic models and curricula, and if so, in what grade level.
 - Tomorrow, we will continue with another category of risk and protective factors—perceptions of risk. They are similar to knowledge in many ways.
2. **Feedback on the second day (5 min.).** If there are participants who were asked at the beginning of the day to collect feedback from participants and to summarize that feedback at the end of the day, have them do so.

Ask at least two important questions:
 - What did they like about the day?
 - How could it be improved?
 Then ask if others have feedback for the day. Was it a productive day? Did they learn much? What did they like? What could be improved?
 3. **Assignments for the following day (1 min.).** Ask participants to read Chapters 3, 4 and 5 in Reducing Adolescent Sexual Risk if they have not already done so. The third chapter will review what was already covered today, while the fourth and fifth chapters will present new information.
 4. **Training assessments for Day 2 (5 min.) (optional).** Hand out the training assessments and ask participants to complete them and turn them in to a specific location or person before they leave for the day.
 5. **Closing remarks (1 min.).**
 - Thank participants for their attention and involvement for the day.
 - Address any logistical issues.
 - Address any issues in the Parking Lot.
 - Remind them of what time they are meeting the following morning.

Day 3

Day 3 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Day 1 and 2 Review/Day 3 Overview
8:45 – 10:15	90 minutes	Improving Perceptions of Risk to Change Behavior
10:15 – 10:35	20 minutes	BREAK
10:35 – 12:35	120 minutes	Improving Perceptions of Risk to Change Behavior (continued)
12:35 – 1:35	60 minutes	LUNCH
1:35 – 2:25	50 minutes	Addressing Attitudes and Values to Change Behavior
2:25 – 3:10	45 minutes	Addressing Attitudes and Values to Change Behavior (continued)
3:10 – 3:30	20 minutes	BREAK
3:30 – 5:10	100 minutes	Addressing Attitudes and Values to Change Behavior (continued)
5:10 – 5:25	15 minutes	Closure

Day 1 and 2 Review/Day 3 Overview



Overview

Participants will review the material from Days 1 and 2 and preview the Day 3 agenda.



Learning Objectives

Participants will be able to summarize the organization and logic of the training thus far.



Materials

Poster (or PowerPoint):

- Poster: Organization of the Training or
- PowerPoint: Day 1-2 Objectives: Slide 13: Organization of the Training

Participant manual:

- Day 3 Agenda



Time

15 minutes



Preparation

- Review organization of Days 1 to 3.
- Have others be prepared to summarize what they covered and what they learned the second day.



Procedure

1. Welcome and housekeeping.

Welcome the participants to the third day of training.

Make any housekeeping notices that you need to make.

2. Review the previous day.

If people were assigned the previous day to summarize what they have learned, ask them to give their summaries of the second day. If no one was assigned the responsibility of summarizing what was learned the second day, ask for volunteers to summarize what they learned the second day.

Using the organization poster or the PowerPoint slide, summarize the organization of the training so far and make the following points as needed:

- Rigorous studies of curriculum-based sex and STI/HIV education programs have demonstrated that some of these programs can change sexual behaviors in a desired direction.
- Programs that were effective at changing behavior were different from those that were not effective at changing behavior.
- The effective programs are based on a logic model. During the development of the programs, the curriculum developers specified the reproductive health goals, the behaviors that affected STI/HIV and pregnancy, the risk and protective factors that affect those behaviors and activities that change those risk and protective factors.
- During the first day of training, each team selected the reproductive health goals and the target populations that are important to them. The teams then identified the behaviors that affect those health goals and that they can address with their curriculum-based programs. They also developed clear messages about those behaviors.
- Yesterday, the teams identified risk and protective factors that can change those behaviors and selected those behaviors that (1) can be improved with curriculum-based sex and STI/HIV education programs and (2) in turn have a significant impact on behavior. These factors were, for the most part, psychosocial behaviors. We recognized that most fell into one of six groups of psychosocial factors.
- The first group of psychosocial factors was knowledge. Teams brainstormed important principles of learning and reviewed those based on educational research. They then reviewed different teaching strategies that can be used in the classroom, even in resource-poor classrooms.
- Finally, teams selected the topics that they intend to cover in their curricula and the grade levels during which those topics should be covered.

3. **Ask participants what they learned from reading Chapters 3 to 5 the night before.** Ask them if reading those chapters clarified or reinforced the material for them.

Note: As before, the primary reason for asking is to encourage participants to read the chapter each night. If few or no participants read the chapters, strongly encourage them to read the material each night, because doing so will help them understand the material the follow day.

4. **Summarize the agenda for Day 3.**

- Today, we will talk about perceptions of risk of STI/HIV and pregnancy, its impact on behavior and activities to improve perceptions of risk.
- Then we will turn to the risk and protective factors that affect each of these behaviors.
- We will end by talking about knowledge, one of the important risk and protective factors affecting behavior.

8:45 a.m.–10:15 a.m.

DAY 3

Improving Perceptions of Risk to Change Behavior



Overview

Participants review the evidence on the impact of perceptions of risk, review principles for changing perceptions of risk, implement and observe activities and select activities for their curriculum.



Learning Objectives

Participants will be able to summarize the risks of unprotected sex.

Participants will be able to explain how perceptions of risk can affect behavior and give examples of why adolescents may not recognize the risk involved in unprotected sex.

Participants will be able to describe at least two activities that can effectively address perceptions of risk.



Materials

PowerPoint:

- Day 3-1 Perception of Risk

Word Files (printed):

- Rate the HIV Risk Behaviors
- Pregnancy Risk Outcomes and Behaviors

Other:

- *Sara: The Trap* comic book
- *Promoting Partner Reduction*



Time

90 minutes



Preparation

- Read Chapter 4 in *Reducing Adolescent Sexual Risk*.
- Review PowerPoint slides and be able to express their content.
- Either create a realistic role play in which two people end up having sex and as a result one of them either contracts an STI or HIV or becomes pregnant, and this negatively affects their lives, or ask two participants to create and act out such a role play.
- Review the Word file (Day 3 Rate the HIV Risk Behaviors) and either delete or add more behaviors, as appropriate. Print one copy of the file so that each behavior is on a separate sheet of paper.



Procedure

1. **Introduction (1 min.).** Remind participants that yesterday we focused on knowledge about different topics in sexuality, its impact on behavior, the ability of curriculum-based programs to increase knowledge, principles of learning, teaching strategies and topics to cover.

Today we will talk about perceptions of risk, a factor that is closely related to knowledge and is certainly affected by knowledge, but is slightly different.

We will follow a process somewhat similar to that we used with knowledge, but today we will actually model, discuss and select particular activities.

2. **Present the material in slides 2 to 27 (25 min.).** Use the slide notes for some of the slides.

Slide 2: Do perceptions of risk affect our behavior? Ask participants if they believe perceptions of risk affect their behavior. Ask for examples in their lives.

Slide 3: A basic principle in social psychological theories.

Explain that people:

- consider alternative courses of action
- identify the possible consequences of each course of action
- consider the probability of each consequence
- assess each consequence according to its desirability (or

undesirability)

- make a decision about which course of action to follow

Ask them if this makes sense. Have they done this when making important decisions?

Slide 4: A basic concept in social psychological theories.

Explain that perception of risk is an important concept in the following social psychological theories:

- Social cognitive theory (Bandura)
- Theory of planned behavior (Ajzen and Fishbein)
- Theory of reasoned action (Fishbein and Ajzen)
- Health belief model

Remind them that these are the theories that have formed the basis for many curriculum-based programs that have changed health behaviors.

Slide 5: Causal model.

Note that knowledge affects perception of risk.

Note also that perception of risk affects values and attitudes and intentions to engage or not engage in sexual behaviors.

Slide 6: Use of risk messages.

Read the slide and make the following comments:

Acknowledge that there has been controversy over whether increasing perception of risk reduces risk behavior. Some people have claimed that it does not.

However, an excellent meta-analysis demonstrates that increasing perception of risk does reduce risk behavior when it is combined with clear directions about how to avoid the risk. That is the key. It is the *combination* that is effective.

Slide 7: Two especially important concepts.

Emphasize that both susceptibility and severity are important.

If some consequence is considered highly unlikely, then there is little perceived risk, even if the consequence is terrible.

If some consequence is considered likely, but of little importance, then there is also little perceived risk.

Thus, both are important in combination.

Slide 8: Do perceptions of risk affect adolescent behavior?

Ask for examples.

Make sure that several examples are given of perceptions of risk affecting adolescent behavior.

Slide 9: BUT—Perceptions of risk may not always affect behavior, because adolescents:

- Sometimes feel invulnerable
- Fail to assess

Slide 10: Adolescent Sense of Invulnerability.

Adolescent can feel invulnerable and take risks. This can be functional. Therefore curricula need to focus on specific risks, not a general sense of invulnerability.

Slide 11: Adolescent failure to assess.

Emphasize that all four conditions may apply when adolescents are in sexual situations. That is, for some adolescents, when in a sexual situation:

- This may be a new situation.
- They are with a peer.
- They are definitely more oriented to the present.
- They are less able to inhibit their impulses.

Slide 12: It just happened.

A very common reason that adolescents give for having unprotected sex is that “It just happened” or “I didn’t expect to have sex.”

Slide 13: Perceiving Risk.

Two steps need to take place for people to recognize their risk:

1. They need to recognize conditions exist that might lead to risk.
2. They need to assess their personal risk.

Again, both must occur for people to realize that they are personally at risk.

Slide 14: What affects adolescent recognition of conditions or situations?

- Their cognitive knowledge of those conditions

- Their personal experience of those conditions

Therefore, we need to help young people recognize the conditions or situations that might lead to risk and to get them to assess their personal risk. That is, specific activities should be designed to do each of these.

3. **Slide 15: Curriculum Example: Activity to Identify Risk Situations (15 min.).**

Ask learners:

- What is a common situation in your community where young people might have unintended or unprotected sex?
 - Have them provide details about this situation.
- What is another common situation?
- What are the common elements of these situations?

Note that this activity is not theoretical or statistical; it is real. It identifies the actual situations that they are most likely to encounter.

After implementation, discuss the following questions:

- What are the strengths of this activity?
- Does it demonstrate the increased risks to young people of having multiple partners?
- What are some of its limitations?
- How could it be improved for your curriculum?

Slide 16: Applying theories to teen sexual behavior—Need to ask three questions:

Slide 17: Question #1: Do teens' perceptions of risk of different sexual behaviors affect whether they engage in those behaviors?

Slide 18: Studies of reasons why youth delay sex consistently demonstrate that risk of pregnancy and risk of HIV and other STI are among the primary reasons why youth do not have sex. There are many studies that have demonstrated that these perceptions of risk are among the three most important reasons young people give for not having sex.

NOTE TO FACILITATOR:

The following slides presenting the results of studies (slides 19, 20 and 23) are optional. They do not take much time to cover and they are included in the time in the current agenda. Moreover, they provide the

evidence that (1) this factor does affect behavior and (2) curriculum-based activities can change them. Thus, they are important.

However, these tables are provided in *Reducing Adolescent Sexual Risk*. Therefore, if people have difficulty understanding the tables or if they appear bored by the tables or if this lecture part of this session appears too long, these tables can be skipped.

If you do skip them, be sure to cover the conclusions on slides 21 and 24, and state that the evidence is provided in *Reducing Adolescent Sexual Risk*.

Slide 19: Number of Studies Reporting Effects of Perception of Risks of Pregnancy on Contraceptive Use.

This is strong evidence that perceptions of risk of pregnancy can affect contraceptive use.

Slide 20: Number of studies reporting effect of concern about risks of STI/HIV on condom use. This is also strong evidence that perceived risks of STI/HIV sometimes affect condom use. Other factors also affect condom use.

Slide 21: Answer to Question #1:

Explain that yes, perceptions of risk of pregnancy and risk of STI/HIV do lead to:

- Delayed sex
- Greater contraceptive use
- Greater condom use

Slide 22: Question #2: Can we increase perceptions of susceptibility and severity of pregnancy, HIV and other STI?

Slide 23: Number of Programs Having Effects on Perceptions of Risk.

None of three programs had a significant effect on perceived susceptibility of pregnancy, and about half the programs did not have an impact on susceptibility or severity of pregnancy, STI or HIV. This may reflect, in part, the fact that not all programs focused on these factors.

On the other hand, a very important finding is that about half the results are positive, indicating that about half the time programs did have an impact on either on susceptibility or severity of pregnancy, STI

or HIV.

This clearly demonstrates that properly designed programs can have an impact on these factors.

Slide 24: Answer to Question #2:

Yes, there is strong evidence that it is possible to increase perceptions of risk of pregnancy and STI:

- Both chances (susceptibility) and severity
- Partial exception: pregnancy

Slide 25: Question #3: What are effective teaching methods for improving perceptions of risk?

Try to get participants to come up with four or five examples.

Allow them to give brief descriptions (a couple of minutes) of specific activities they believe embody this principle.

Slide 26: Teaching Principles: Use a variety of teaching strategies to describe, illustrate, model and personalize the *chances* of contracting an STI or HIV or becoming pregnant and having a child.

State that you will now discuss or provide examples of each of these teaching strategies.

Slide 27: Examples of teaching strategies to increase perception of *chances* of becoming pregnant or contracting STI.

- Dramas, role plays or videos depicting young people like themselves becoming pregnant or getting STI or HIV
- Statistical information about pregnancy or STI
- Activities to refute myths
- STI—demonstrations of expanding networks
- Simulations

4. Slide 28: Assignment (1 min.).

State that they will begin to see examples of activities that teams can include in their curricula. All of the activities modeled are in their curriculum materials.

In many cases, the activities will be shortened because of time. They may not include the discussion questions and other components of the full activities. Thus, participants should read the full activity in their materials.

They should make decisions about whether to include the activity in

their curriculum and at what grade level.

They should also think about how to adapt or improve it for their audience.

5. Slide 29: Dramas or Role Plays (5–10 min.).

Briefly describe how a drama, role play or video can make young people more aware of the risks of HIV, other STIs or pregnancy.

Have two participants act out a realistic role play in which two young people have sex and then one of them either contracts an STI or HIV or becomes pregnant and this affects their lives negatively.

6. Slide 30: Statistical Information (15 min.).

Ask the question: What statistical information would be meaningful to young people?

Make sure one answer is: Rates of HIV, other STIs or pregnancy, broken out by gender, among people like themselves and among possible sexual partners (e.g., older male partners).

Ask if such information can be obtained for their communities or their countries.

Slides 31 and 32: Example: Relative Risk of HIV Infection.

Present an example of an actual table (toggle to slide 32, Estimated HIV Prevalence among South Africans, by age and sex, 2008).

Have participants read *Sara: The Trap*, the comic book, in a PDF file on their memory stick.

Discuss how the Relative Risk of HIV Infection activity could be used in the classroom.

7. Slide 33: HIV Risk Continuum Activity (20 min.). Implement Activity 4-3 in *Reducing Adolescent Sexual Risk*.

As usual, discuss the following questions:

What are the strengths of this activity?

Does it demonstrate the risks to young people of different types of sexual activities?

What are some of its limitations?

How could it be improved for your curriculum?

8. Slide 34: Impact of Number of Partners and Concurrency vs. Sequential: STI Circle Activity (20 min.). Implement Activity 1C in *Promoting Partner Reduction*.

Discuss the following questions:

- What are the strengths of this activity?
- Does it demonstrate the increased risks to young people of having multiple partners?
- What are some of its limitations?
- How could it be improved for your curriculum?

10:15 a.m.–10:35 a.m.

DAY 3

Break



10:35 a.m.–12:35 p.m.

Improving Perceptions of Risk to Change Behavior (continued)

DAY 3



Procedure

1. **Transition.** Welcome people back from break.

2. **Slide 35: Impact of Number of Partners on Network Size (12 min.).**

Progress through slide 35 slowly and make the following points as you go:

- In the real world, not all people have the same number of partners. Some people have only one partner all their lives; others have two; some have three, and some have more. Thus, the activity just completed is not a perfect simulation of the real world.
- Scientists have studied the sexual networks among people and have created models of them. In Figure 1A are the largest sexual networks among people who have one, two or three sexual partners with most of them having either one or two sexual partners.
- In Figure 1A, each dot represents a person and when two dots are beside each other, that means they have had sex. There are also many pairs of dots and smaller sexual networks that are not shown. In this figure, only 2 percent of all the sexually active people are in the largest sexual network.

Show the top part of Figure 1B and make the following point:

- In Figure 1B all the people still have one, two or three sexual partners, but most of them now have two or three sexual partners.

Ask participants: How much larger will the sexual network be with such a small increase in sexual partners?

Show the next part of Figure 1B and state:

- The size of the sexual network increases enormously, and 64 percent of all the sexually active people are in this single largest network.
- Of course, if one person in this sexual network contracts an STI, this does not mean that all members of this sexual network will contract an STI, because the order in which people have sex makes a difference, condoms may be used, or an STI may not be transmitted, even if

condoms are not used. However, there is the potential for STIs to be transmitted throughout much of the network.

Introduce the concept of the World Wide Web.

Ask participants if they are familiar with MySpace, Facebook, email or any Internet system for connecting people. Explain that with the World Wide Web (WWW), billions of people all around the world are connected electronically.

Explain that when people have sex with two or three or more sexual partners, or simply have sex with one person who in turn has sex with two or three or more sexual partners, then nearly all of them will be part of the WWSW, the World Wide Sexual Web. The WWSW is simply the worldwide network of all people throughout history who can be connected sexually. If people are part of the WWSW, then they are connected sexually with the billions of people who are alive today and who have sex with multiple partners. They are also connected with the billions of people who had multiple sexual partners and who have died. Thus, they have the potential to get any of the STIs that any members of the WWSW have ever had.

Emphasize the following three points:

- Increases in the number of sexual partners greatly increase the size of sexual networks.
- Increases in the number of sexual partners greatly increase the chances of being in the World Wide Sexual Web.
- Being part of sexual networks and being part of the WWSW greatly increase the chances of being exposed to STIs.

Discuss the following questions:

- What are the strengths of this activity?
- Does it demonstrate the increased risks to young people of having multiple partners?
- What are some of its limitations?
- How could it be improved for your curriculum?

3. Slide 36: Impact of Number of Partners and Concurrency vs. Sequential: Faces Activity (20 min.). Implement Activities 5 and 6 in *Reducing HIV Transmission: Curriculum-Based Activities Designed to Reduce Number of Sexual Partners and Concurrent Sexual Partners*.

After implementing both activities discuss the following questions:

- What are the strengths of these activities?
- Do they demonstrate the increased risks to young people of having multiple partners and having concurrent instead of sequential partners?

- What are some of their limitations?
 - If they do not mention the fact that they require a laptop and projector, be sure to mention this fact.
 - Brainstorm ways these activities could be implemented without the laptop.
 - State that the following activity is an adaptation of these activities for classrooms without a laptop and projector.
- How could these activities be improved for your curriculum in other ways?

NOTE TO FACILITATOR:

The following activity can be skipped if there is not sufficient time. Like the faces activity above, it depicts the impact of having multiple partners and concurrent partners on HIV transmission. However, it does this with faces on a board instead of PowerPoint slides. Thus, it can be implemented in low-resource schools.

4. Slide 37: Impact of Number of Partners and Concurrency vs. Sequential: Board Activity (20 min.). Implement Activity 1D in *Promoting Partner Reduction*.

Discuss the following questions:

- What are the strengths of this activity?
- Does it demonstrate the increased risks to young people of having multiple partners?
- What are some of its limitations?
- How could it be improved for your curriculum?

Slide 38: Get Off the Sexual Network “One Love” Campaign in Uganda (1 min.).

Objective:

- To increase serial monogamy among the target population

Message:

- The Sexual Network Does Not Stop with You.
- Get off the Sexual Network!

Slide 39: Summary: Examples Demonstrating *Chances* of Getting an STI/HIV (2 min.).

Quickly review these types of activities that have been discussed or modeled.

- Dramas, role plays or video
- Statistical data, e.g., infection rates
- STI risk continuum
- Impact of partners, e.g., circle handshake
- Graphs of sexual networks
- Faces activity
- Board circle activity

5. Slide 40: Assignment: Select Activities for *Chances* of Getting an STI/HIV (20 min.).

Ask participants to:

1. Review and select the activities they will include in their curriculum to address perceptions of risk.
2. Add them to their logic model tables.
3. Consider how they would adapt them for their communities.

OR

4. Create and add their own activities.

6. Slide 41: Teaching Principles (10 min.).

Try to get participants to come up with four or five examples of strategies to describe or model the *consequences* of contracting STI/HIV or becoming a parent.

Allow them to give brief descriptions (a couple of minutes) of specific activities they believe embody this principle.

7. Slide 42: Examples of teaching strategies (10 min.).

- Dramas, role plays or videos depicting young people like themselves contracting an STI or HIV or becoming pregnant
- Presentations by people living with HIV or teen parents
- Statistical information about consequences of STI/pregnancy
- Activities to refute positive myths about single parenting

- Activities to help think about how it would feel to tell partner or parents
- Activities to help think about what they want to do and how STI/parenting would affect their future

Discuss or provide examples of each of the teaching strategies in the slide.

- 8. Slide 43: Teen Pregnancy Risk Activity (15 min.). Implement Activity 4-1 in *Reducing Adolescent Sexual Risk*.** It is described more fully in *Safer Choices* Level 2, Class 4, Activity 2: Pregnancy Risk Activity—Round 1; Activity 3: Pregnancy Risk Activity—Round 2; Activity 4: The Impact of a Pregnancy.

Note the following:

- This is the first activity that has modeled pregnancy risk, as opposed to STI risk.
- The activity demonstrates not only the chances of pregnancy (susceptibility) but also the consequences of childbearing.

Discuss the following questions:

- What are the strengths of this activity?
- Does it demonstrate the increased risks to young people of having multiple partners?
- What are some of its limitations?
- How could it be improved for your curriculum?

- 9. Slide 44: Assignment: Select Activities (15 min.).**

Have the teams decide which of these additional activities they wish to include.

Add these to their logic models.

Also have the teams assess whether their selected activities will cover both the chances of contracting STI/HIV and causing a pregnancy and the consequences of STI/HIV or parenting.

If they don't adequately address each factor, they should develop more or stronger activities.

Note that a single activity may address one or more factors. It can simply be copied into each cell to the left of the factor it addresses.

Slides 45 and 46: Conclusions (3 min.).

- Perceptions of risk have a large impact on sexual behavior.
- Youth sometimes feel invulnerable or “just don't think” and thereby ignore risk.

- Programs can increase and personalize perceptions of risk.
- Programs should help youth experience demonstrations of the chances of different risks and the severity of those risks.
- Programs should have youth identify the common situations that lead to risk and methods of avoiding them.

Review the conclusions.

Ask participants if they have any questions.

Closing (1 min.).

Tell participants that after lunch we will turn to another factor. Thus, if necessary, during the lunch break they should wrap up any unfinished work related to the selection of activities to address perception of risk.

12:35 p.m.–1:35 p.m.

DAY 3

Lunch



1:35 p.m.–2:25 p.m.

Addressing Attitudes and Values to Change Behavior

DAY 3



Overview

Participants review the evidence on the impact of attitudes and values on sexual behavior and review principles for changing attitudes.



Learning Objectives

Participants will be able to summarize several important principles for improving attitudes and helping clarify values.



Materials

PowerPoint:

- PowerPoint slides Day 3-2 Attitudes and Values
- *Reducing Adolescent Sexual Risk*

Poster:

- Continuum: Peripheral Route to Central Route



Time

50 minutes



Preparation

- Review Chapter 5 in *Reducing Adolescent Sexual Risk*.
- Review PowerPoint slides and be able to express their content.
- Create a “continuum” poster and put it on the wall where you can refer to it.



Procedure

1. **Transition (1 min.).** Welcome people back from lunch. Remind them that thus far we have covered two types of psychosocial factors that affect behavior, knowledge and perceptions of risk.

Walk to the poster showing the organization of the training and point to what we have covered.

Tell them that now we will cover the next category of psychosocial factors, attitudes and values.

2. **Present the material in slides 2 to 34 (40 min.).** Use the slide notes as appropriate.

Slide 2: Basic Idea.

If people have “a good attitude” about some behavior, they are more likely to try to do it.

If people have “a bad attitude” about some behavior, they are less likely to do it.

Slide 3: Definition of Attitude. Attitudes are positive or negative evaluations that people have toward people, objects, activities, concepts and other things.

Emphasize that the difference between a belief and an attitude is simply the addition of an affective component.

If people have a belief about something and have feelings about it, then it is an attitude.

Ask for examples of a couple of beliefs and a couple of attitudes.

Model the following example:

Say the following statement with no feeling: “Condoms can reduce the sensation for some people.” This is a belief and is sometimes true.

Say the following statement with feeling: “Condoms don’t feel good.” This says much the same thing, but this is an attitude, because it adds the feeling component.

Slide 4: Logic model for attitudes and exercise.

Use exercise as a quick example of a logic model.

Tell them that we want to improve our health by exercising more.

Ask participants how many of them exercise regularly (at least 3 times per

week).

Ask participants: What are some of your attitudes about exercising that may affect whether or not you exercise?

Have four or five people express a few attitudes. Be sure to get both a couple of positive attitudes and a couple of negative attitudes.

Ask for a show of hands if they believe attitudes about exercising affect the amount they exercise. (Presumably everyone will vote yes, but if not, ask those who vote no why they voted no. If need be, explain that evidence will be presented that attitudes and values do affect sexual behavior.)

Slide 5: Definition of Values.

Value are what we value and consider important in life:

- They serve as guidelines for behavior.
- When we act in accordance with our values, we feel good about our actions.
- When we act in a way that violates our values, we feel bad about our actions.

Ask for examples of values.

After each example of a value, ask for an example of a behavior it might influence. For example, if learners value honesty, then they may be less likely to cheat on tests.

Slide 6: What are examples of important values that affect young people's sexual behavior?

Make sure that at least five good examples are given.

Slide 7: Most theory and research are about attitudes, less about values.

Slide 8: Theoretical Impact of Attitudes on Behavior.

This is an important component of many psychological theories. It is one of the most important theoretical constructs affecting behavior.

Slide 9: Possible Model of Psychosocial Factors Affecting Behavior.

Note that knowledge affects attitudes and values. This means that one important way to improve attitudes is to increase knowledge. However, it must be the correct knowledge—the correct facts.

Note also that attitudes and values affect intentions to engage or not engage in different sexual behaviors.

Slide 10: Question #1: Do teens' attitudes and values about sexual and contraceptive behaviors actually affect their own sexual behaviors?

NOTE TO FACILITATOR:

The following slides presenting the results of studies (slides 11, 13 and 16) are optional. They do not take much time to cover and they are included in the time in the current agenda. Moreover, they provide the evidence that (1) this factor does affect behavior and (2) curriculum-based activities can change them. Thus, they are important.

However, these tables are provided in *Reducing Adolescent Sexual Risk*. Therefore, if people have difficulty understanding the tables or if they appear bored by the tables or if this lecture part of this session appears too long, these tables can be skipped.

If you do skip them, be sure to cover the conclusions on slides 12, 14 and 17, and state that the evidence is provided in *Reducing Adolescent Sexual Risk*.

Slide 11: Number of Studies Finding Effects of Attitudes about Sex on Having Sex.

Review the results.

Slide 12: Answer to Question #1: Part 1: Do teens' attitudes and values about sex affect initiation of sex?

Yes! Conclude that:

- Perceived benefits of abstaining from sex are associated with delay in sex.
- Permissive attitudes are associated with earlier initiation of sex.
- More positive assessments than negative assessments of having sex are associated with earlier initiation of sex.

Slide 13: Number of Studies Findings Effects of Attitudes on Condom/Contraceptive Use.

Review the results.

Slide 14: Answer to Question #1: Part 2: Do teens' attitudes and values about condoms/contraception affect use of condoms/contraception?

Yes!

- 30 significant positive results
- Very strong evidence

But some attitudes are more strongly related to condom use than others.

- Belief about condoms reducing pleasure and other attitudes about condoms and contraception are most highly related to condom and contraceptive use.

Slide 15: Question #2: Can curriculum-based programs improve teens' attitudes and values about sexual and contraceptive behaviors?

Slide 16: Number of Programs Having Effects on Attitudes toward Sex and Condom/Contraceptive Use.

Review the results.

Slide 17: Answer to Question #2: Can curriculum-based programs improve teens' attitudes and values about sexual and contraceptive behaviors?

Yes, overall, these results indicate that programs can improve attitudes, and they can improve attitudes and values about both abstaining from sex and using condoms.

But:

- About half the time programs were effective at improving attitudes.
- About half the time programs were NOT effective.

Therefore, we need to implement the kinds of activities that improve attitudes.

Programs were less likely to be effective at changing the belief that condoms are a hassle and reduce pleasure. This may be because programs typically do not address this attitude. Because this attitude has a very important impact on condom use, these results suggest it is important to make changing this attitude a priority if the goal is to increase condom use.

Slide 18: How can we improve these attitudes?

Remember, attitudes have a feeling associated with something. Thus, the question "How can we improve these attitudes?" is partly a question about "How can we improve the feelings associated with something?"

Slide 19: Theories of Change.

Petty and other psychologists have recognized that there are many ways to change attitudes.

They fall along a continuum.

Some require very careful thought; others do not require any thought at all. And some are in the middle, requiring only a little thought.

You can show the next slide and also point to the poster on the wall with the continuum.

Slide 20: Continuum.

Slide 21: Changing Attitudes: Central Route.

Ask for examples.

Make sure they are correct.

Examples:

Youth receive new information about the risks of pregnancy and STIs and this new information changes their attitudes and values about having sex.

Young people receive more knowledge about the chances of contracting HIV when having unprotected sex and this new knowledge changes their attitude toward using condoms.

Young women learn new information that contraceptives do not increase the risk of cancer and may even reduce the risk of some forms of cancer and this new information changes their attitudes about using contraception.

Slide 22: Changing Attitudes: Peripheral Route.

Ask for other examples.

Make sure they are correct.

Ask: Are young people affected by such things?

Slide 23: Changing Attitudes: Middle Route.

Ask for other examples.

Make sure they are correct.

Ask: Are young people affected by such things?

Slide 24: Arguments. Definition: New information or knowledge designed to change an attitude.

Slide 25: The Importance of Arguments.

Make the following points:

- Stronger arguments have a greater impact than weaker arguments.
- More arguments have a greater impact than fewer arguments but there are diminishing returns.
- Both can be important, but
- A couple of strong arguments may be more effective than many weak

arguments that are just counted rather than critically examined.

Slide 26: Question #3: What are characteristics of strong arguments? What makes an argument compelling? (5 min.).

Ask participants in their teams to brainstorm answers to the questions above. After 4 or 5 minutes, ask each team to give one of their answers.

NOTE TO FACILITATOR:

Consider making posters of the points in slides 27 and 29 and posting them on the wall after they have been discussed. Participants can then refer to them when they are designing or selecting activities.

Slide 27: Arguments are stronger if they:

Tell participants that according to research in psychology, arguments are stronger if they have the following characteristics:

- Are new
- Can demonstrate something likely and very desirable will occur
- Seem important
- Are familiar and make sense
- Are tailored to the audience
- Are presented by good sources

Ask for examples of why it is important to tailor arguments.

Slide 28: Question #4: What are characteristics of good sources of arguments? (5 min.).

Ask participants in their teams to brainstorm answers to the question above. After 4 or 5 minutes, ask each team to give one of their answers.

Slide 29: Characteristics of Good Sources.

Tell participants that according to research in psychology, good sources are:

- Credible, trusted and respected
- Familiar and similar to the young people
- Connected to the young people

Research indicates that peers are credible and trusted for some things, but not for accurate information about some topics. Health experts or professionals are respected sources for these topics.

Ask: Who are examples of people who may be connected to the young people?

Slide 30: Theory of Cognitive Dissonance.

People have uncomfortable feelings or stress when they hold two contradictory attitudes or values simultaneously.

- People wish to reduce this negative feeling.
- Curricula can change attitudes by demonstrating that certain attitudes are inconsistent with more important ones.

Ask: Does this happen with young people?

Ask for examples in reproductive health.

Slide 31: Summary of Principles. Attitudes based on *thoughtful critical* examination of *strong* arguments *new* to an individual are:

- Stronger
- last longer
- are more resistant to change
- have a greater impact on behavior than do attitudes that result from little or no thought

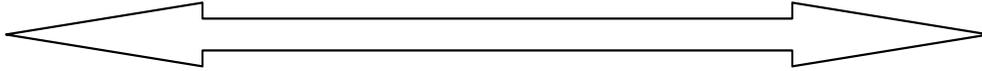
Slide 32: Summary of Principles. Creating cognitive dissonance among thoughts, feelings and behavior and appealing to more important and desirable attitudes and values can be a very effective strategy.

Slide 33: Summaries of Principles. When arguments are presented by someone with accepted expertise and respect, they are more likely to be considered and accepted.

Slide 34: Summaries of Principles. A particularly impactful combination is a strong argument presented clearly and reinforced over time by a respected source with whom there is strong connection.

Poster

Continuum



Peripheral Route

**Requires little or
no thinking**

Central Route

**Requires careful
thinking**

2:25 p.m.–3:10 p.m.

Addressing Attitudes and Values to Change Behavior (continued)

DAY 3



Overview

Participant teams present activities designed to improve attitudes or help clarify values, implement selected activities, and then select and modify activities for their own curriculum.



Learning Objectives

Participants will be able to summarize several important principles for improving attitudes and helping clarify values.

Participants will be able to describe at least two activities that can address attitudes and values related to the behaviors they have selected.



Materials

Digital copies for each participant of:

- *Reducing Adolescent Sexual Risk*
- *Reducing HIV Transmission*

Paper copy for each participant:

- Worksheet to Assess Activities to Improve or Clarify Attitudes or Values



Time

45 minutes



Procedure

NOTE TO FACILITATOR:

The length of time needed to complete this session and the next one will depend on the number of teams and the number of activities that are modeled. Teams should be given 20 minutes to plan their activity. Each team should then be given 10 to 15 minutes to present their activity (this will vary with the activity). Participants should be given 3 minutes to complete their worksheet, and they should have 5 minutes to discuss the activity.

If there are 5 teams, then this should take about two hours. If there are six teams and presentations, then another 20 minutes will be needed.

It is very easy for teams to spend much longer than 10 to 15 minutes to present their activity. They must be strongly encouraged to keep it short or this session will run very long and the training will end late.

1. Slide 35: Team Assignments (20 min.).

Give four to six teams the assignments in the slide. If there are only four teams, give them the first four assignments. If there are five teams, give them the first five assignments. If there are six teams, give them all six. If there are more than six, combine teams so that there are not more than six teams.

Four to six teams implement activities:

1. Team 1: *Reducing Adolescent Sexual Risk*: Activity 5-1
2. Team 2: *Reducing Adolescent Sexual Risk*: Activity 5-2
3. Team 3: *Reducing Adolescent Sexual Risk*: Activity 5-3
4. Team 4: *Reducing Adolescent Sexual Risk*: Activity 5-5
5. Team 5: *Reducing HIV Transmission*: Activity 9
6. Team 6: *Reducing Adolescent Sexual Risk*: Activity 5-4

If there are six teams, tell team 6 that it will need to create two or three Dear Abby stories that would be appropriate for their learners.

Tell all teams to prepare to model the activity assigned to the entire group. That is, they should assume the participants are learners and they are implementing the activity with those learners. Emphasize that they will have only 10 to 15 minutes and in that time, they need to present the essence of the activity. They may not have time to implement it well. They may need to hurry through it. They can summarize parts of the activity to the participants, if they need to. The purpose is to model the important aspects of the activity, not all the details.

When each team implements an activity, it should:

- Specify which activity they are implementing
- Specify which psychosocial factors these activities address

2. Implement the first activity (10–15 min.).

Have the first group implement or summarize their selected activity.

Be sure that their summary or presentation does not exceed 15 minutes.

3. Assess and debrief the second activity (8 min.).

Ask participants to complete the Worksheet to Assess Activities to Improve or Clarify Attitudes or Values either as individuals or as teams.

As a whole group discuss the activity, including:

- Its primary messages or arguments if there were ones
- Its strengths
- Its limitations
- Methods of improving the activity

3:10 p.m.–3:30 p.m.

DAY 3

Break



3:30 pm.–5:10 p.m.

Addressing Attitudes and Values to Change Behavior (continued)

DAY 3



Overview

Participant teams continue to implement, assess and debrief activities designed to improve attitudes or help clarify values. They then select and modify activities for their own curriculum.



Learning Objectives

Participants will be able to summarize several important principles for improving attitudes and helping clarify values.

Participants will be able to describe at least two activities that can address attitudes and values.



Materials

PowerPoint:

- PowerPoint slides Day 3 Attitudes and Values

Other:

- *Reducing Adolescent Sexual Risk*
- *Reducing HIV Transmission*
- *Worksheet to Assess Activities to Improve or Clarify Attitudes or Values*

Poster:

- *Continuum: Peripheral Route to Central Route*



Time

100 minutes (assumes four activities are implemented for a total of 5).



Procedure

1. Slide 35: Team Assignments (20–25 min. per activity).

Have the remaining groups implement, assess and debrief or summarize their selected activity.

Be sure that their summary or presentation does not exceed 15 minutes.

The agenda assume that a total of 5 activities will be implemented.

2. Slide 36: Continue to work on logic model (20 min.).

Have teams add their selected activities to their logic model tables. Have them review the factors in their logic model and make sure that they have activities with sufficient strength to markedly change the attitudinal factors in their models. If they do not, they should add additional activities.



Closure



Overview

The contents of the third day are summarized, participants complete assessments of the day, and reading assignments are given for the following day.



Materials

Poster:

- Organization of the Training

Other:

- Day 3 Training Assessment for each participant
- Parking Lot



Time

15 minutes



Preparation

- Makes enough copies of the Day 3 Training Assessment for each participant.



Procedure

1. **Summary of the day (7 min.).** Using the poster showing the organization of the training, summarize what was covered the previous days and today. Make sure to cover quickly the following points summarizing what we have done thus far. If some points have been adequately covered before, then feel free to skip them.
 - Programs that were effective at changing behavior were different from those that were not effective at changing behavior.

- The effective programs were based on a logic model.
 - During the training the first day, each team selected the reproductive health goals and the target populations that are important to them.
 - The teams then identified the behaviors that affect those health goals and that they can address with their curriculum-based programs.
 - They then identified the actions that they need to change in order change the sexual and protective behaviors that affect STI/HIV and pregnancy and created clear messages given about the behaviors we selected.
 - We then turned to the risk and protective factors that affect each of our selected behaviors. Most factors that (1) can be changed by curriculum-based programs and (2) in turn affect behavior are psychosocial factors. These factors can be grouped into six different categories.
 - We then focused on the first category, knowledge. We reviewed principles of learning and effective teaching strategies used in curricula that changed behavior. We then selected the topics that we wish to cover in our curricula.
 - Today we turned to perceptions of risk and finished by talking about attitudes and values.
 - Tomorrow, we will continue with another category of risk and protective factors—perceptions of peer norms and gender. The latter is an especially important topic.
2. **Feedback on the third day (5 min.).** If there are participants who were asked at the beginning of the day to collect feedback from participants and to summarize that feedback at the end of the day, have them do so. Then ask if others have feedback for the day. Was it a productive day? Did they learn much? What did they like? What could be improved?
 3. **Assignments for the following day (1 min.).** Ask participants to read Chapters 5 and 6 in *Reducing Adolescent Sexual Risk* if they have not already done so. The fifth chapter will review what was already covered today, while the sixth chapter will present new information to be covered tomorrow.
 4. **Training assessments for Day 3 (5 min.).** Hand out the training assessments and ask participants to complete them and turn them in to a specific location or person before they leave for the day.
 5. **Closing remarks (1 min.).**

- Thank participants for their attention and involvement for the day.
- Address any logistical issues.
- Address any issues in the Parking Lot.
- Remind them of what time they are meeting the following morning.

Day 4

Day 4 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Days 1–3 Review/Day 4 Overview
8:45 – 9:55	70 minutes	Changing Perceptions of Peer Norms to Change Behavior
9:55 – 10:10	15 minutes	BREAK
10:10 – 11:45	95 minutes	Changing Perceptions of Peer Norms to Change Behavior (continued)
11:45 – 11:50	5 minutes	Energizer
11:50 – 12:25	35 minutes	Integrating Gender Norms into Adolescent Sexuality and HIV Education Curricula: An Introduction
12:25 – 1:25	60 minutes	LUNCH
1:25 – 2:10	45 minutes	Act Like a Man, Act Like a Lady
2:10 – 2:45	35 minutes	How Does Gender Equality Function as Determinant of Sexual Behavior and How Do We Strengthen or Change It?
2:45 – 3:05	20 minutes	BREAK
3:05 – 3:40	35 minutes	Adapting and/or Developing Gender Transformative Curriculum Activities
3:40 – 5:20	100 minutes	Adapting and/or Developing Gender Transformative Curriculum Activities (continued)
5:20 – 5:35	15 minutes	Closure

8:30 a.m.–8:45 a.m.

DAY 4

Days 1–3 Review/Day 4 Overview



Overview

Participants will review the material from Days 1 through 3 and preview the Day 4 agenda.



Learning Objectives

Participants will be able to summarize the organization and logic of the training thus far.



Materials

Poster (or PowerPoint):

- Poster: Organization of the Training or
- PowerPoint: Day 1-2 Objectives: Slide 12: Organization of the Training

Participant manual:

- Day 4 Agenda



Time

15 minutes



Preparation

- Review organization of Days 1 to 3.
- Have others be prepared to summarize what they covered and what they learned the second day.



Procedure

1. Welcome and housekeeping.

Welcome the participants to the fourth day of training.

Make any housekeeping notices that you need to make.

2. Review the previous day.

If people were assigned the previous day to summarize what they have learned, ask them to give their summaries of the third day. If no one was assigned the responsibility of summarizing what was learned the third day, ask for volunteers to summarize what they learned the third day.

Using the organization poster or the PowerPoint slide, summarize the organization of the training so far and quickly make the following points as needed:

- Programs that were effective at changing behavior were different from those that were not effective at changing behavior.
- The effective programs were based on a logic model.
- Thus far, we have:
 - Specified our reproductive health goals.
 - Specified behaviors that lead to those goals.
 - Selected psychosocial risk and protective factors that change those behaviors and that can be changed with curriculum-based programs.
 - Reviewed principles of learning, topics that should be covered and effective teaching strategies for covering them.
 - Reviewed the research on perceptions of risk and identified activities that can demonstrate risk of unprotected sex.
 - Reviewed the research on attitudes and values and identified activities that can improve attitudes and values regarding whether to have sex or not, using condoms or contraception and recognizing consent or lack thereof.

3. Ask participants what they learned from reading Chapters 5 and 6 and the material on gender the night before.

Ask them if reading those chapters clarified or reinforced the material for them.

Note: As before, the primary reason for asking is to encourage participants to read the chapters each night. If few or no participants read the chapters, strongly encourage them to read the material each night, because doing so will help them understand the material the follow day.

4. Summarize the agenda and learning objectives for Day 4.

Today, we will continue with two additional categories of risk and protective factors—perceptions of peer norms and gender. The latter is an especially important topic and has effects on many factors in our model.

8:45 a.m.–9:55 a.m.

DAY 4

Changing Perceptions of Peer Norms to Change Behavior



Overview

Participants review the theory and evidence on the impact of perception of peer norms and identify types of activities that can change perceptions of peer norms.



Learning Objectives

Participants will be able to summarize several important principles for improving perceptions of peer norms.

Participants will be able to describe at least two types of activities that can change perceptions of peer sexual behavior and condom use.



Materials

PowerPoint:

- PowerPoint slides Day 4-1 Peer Norms

Other:

- Word file: Making a Commitment OR
- *Safer Choices*, Level 2, Class 10: Making a Commitment
- Worksheet to Assess Activities to Improve Perception of Peer Norms
- Paper bags



Time

70 minutes



Procedure

1. Present slides 1 through 27 (40 min.).

Slide 1: Changing Perceptions of Peer Norms to Change Behavior.

Start by giving an example of one or more situations in which you were in a new situation and did not know exactly how to behave. Thus, you looked around to see how other people were behaving and then behaved similarly to how they behaved.

Also give an example in which you asked people how they thought people should behave in a situation and then you behaved in a manner consistent with what they said.

Ask participants if they have been in similar situations. Ask for a couple of examples.

State that these are all examples in which our behavior was affected by how we saw other people behaving or by how their statements (norms) about how to behave affected our behavior.

Slide 2: What are examples of peer norms that affect adolescent behavior?

Ask: If teens have friends who smoke, are they more likely to smoke?

Ask: If young people have friends who drink a lot, are they more likely to drink?

Ask for other examples, especially related to sexuality.

Conclude by confirming that young people are strongly influenced by what their peers think and do.

Slide 3: Important Component of Many Psychological Theories.

- Theory of reasoned action
- Theory of planned behavior

These are the same theories that we have seen before and should be familiar.

Slide 4: Possible Model of Psychosocial Factors Affecting Behavior.

Note that peer norms affect intentions to engage or not engage in different sexual behaviors, consistent with our common understanding.

Note also that knowledge affects peer norms. This means that one potentially important way to improve perception of peer norms is to increase knowledge about them. However, it must be the correct knowledge—knowledge that suggests peers do not support unprotected sex.

Slide 5: Important Theories (continued).

Review the statements in the slide:

Social norms approach—three elements:

- Health behavior is affected by perceptions of peer behaviors and peer norms about that behavior.
- A gap exists between perceptions of behavior and actual behavior.
- Reducing the gap can reduce unhealthful or risk behaviors.

Slide 6: When applying theories to teen sexual behavior—

Need to ask several questions:

Slide 7: Question #1: Do teen perceptions of peer sexual behavior and teen perceptions of peer norms about sexual behavior affect their own sexual behavior?

Note that these are the same types of questions that we have asked before for each psychosocial factor.

Slide 8: Number of Studies Finding Effects of Peer Behavior or Norms.

Note that these studies provide very strong evidence that perceptions of peer sexual behavior or condom use or perceptions of their norms about sex or condom use were consistently related to sexual behavior or condom use.

Thirty-six studies found significant relationships. Only four did not.

This suggests that perception of peer norms may be one of the most important psychosocial factors affecting behavior.

Thus, it is very important to improve these norms, if possible.

Slide 9: Answer to Question #1. Yes, more than 30 studies consistently demonstrate that perceptions of peer behavior and norms have an impact on both sex and condom use.

Slide 10: Question #2: Is there a gap between young people’s perception of their peers’ sexual behavior and their actual sexual behavior?

Slide 11: Often there is a gap. Why?

Give examples of exaggerated stories about a teen having great sex at a party—a story that will be remembered—and compare with a story by someone who admitted he/she stayed home over the weekend—which will not be remembered by others.

Also give examples from the media.

Slide 12: Question #3: Can we change perceptions of peer norms?

Ask participants what they think.

Slide 13: Number of Programs Having Effects on Perceived Norms.

Review the results.

Slide 14: Answer to Question #3.

Conclude that:

1. Not all programs changed perceptions of peer norms. This may be because those programs did not focus on peer norms or did not incorporate the kinds of activities that effectively change peer norms.
2. Sixteen (16) programs did change peer norms, peer norms about sex, using condoms and avoiding risk. This clearly demonstrates that it is possible to change them if the effective activities are implemented.

Slide 15: Question #4: How do we change perceptions of peer norms?

Ask for several examples.

Slide 16: Perceptions of peer norms are affected by:

- Perceptions of peer norms are affected by:
 - Observations of others
 - Other kinds of evidence
- Therefore, we can change peer norms by:
 - Modeling desired behavior
 - Presenting evidence credible to young people

Slide 17: What are ways to model desired behavior?

Ask for several examples.

Ask for examples of ways to model not having sex and of using condoms or contraceptives.

Slide 18: What are ways to model desired sexual behavior, e.g., refusing sex?

Review the answers.

- Films or acted dramas
- Role plays
- Group discussions
 - Students expressing advantages of abstinence

- Lines to get sex *and responses to those lines*

Slide 19: What are ways to present *credible evidence* about sex?

Ask for examples.

Slide 20: What are ways to present *credible evidence* about sex?

Review the answers.

- Oral, written or visual testimonials
- Nationwide or school-wide surveys
- In-class surveys/voting
- Forced-choice value exercises

Slide 21: What are ways to model desired behavior about condoms?

Ask for examples.

Slide 22: What are ways to model desired behavior about condoms?

Review the answers.

- Films
- Dramas and role plays
 - Peer modeling of insisting on using condoms
- Group discussions
 - Students expressing advantages of using condoms
 - Ways to overcome barriers to using condoms
- Visits to drug stores or clinics

Slide 23: What are ways to present *credible evidence* about condom use?

Ask for examples.

Slide 24: What are ways to present *credible evidence* about condom use?

Review the answers.

- Nationwide or school-wide surveys
- In-class surveys/voting
- Forced-choice value exercises

Slide 25: Definition: “normative messages.”

These are the messages educators use to convince youth that their peers have particular norms.

- The messages used to model behavior
- The messages supported by evidence

Note that “normative messages” are somewhat similar to “arguments” that were used in the discussion of attitude change. Normative messages might be thought of as arguments designed to convince learners about the norms of their peers.

Slide 26: Messages conveying norms should:

- Be based on credible evidence
 - E.g., surveys by teens themselves
- Be communicated by credible people
 - E.g., teens or credible adults
- Use concepts, language, pictures, etc. that are:
 - E.g., Realistic, clear, persuasive, empowering

In this slide and the next, ask for examples or give examples.

Slide 27: Messages conveying norms should:

- Include messages about actual behavior and norms
 - E.g., 6 out of 10 do not have sex
 - 8 out of 10 believe not having sex is the best choice
- Focus on the positive
 - E.g., “6 out of 10 do not have sex”
 - Not “4 out of 10 do have sex”

Slide 28: Teen Voting Activity (20 min.).

Implement Activity 6-1 in *Reducing Adolescent Sexual Risk*. For a more detailed version see *Safer Choices*, Level 2, Class 10: Making a Commitment.

When implementing this activity, emphasize to the participants that they should act as if they were in school in a grade or age you specify. This should be an age when many will not have had sex, but some will have had sex.

2. Slide 29: Introduce Worksheet to Assess Activities to Improve Perceptions of Peer Norms (10 min.).

Make sure everyone has a copy of the worksheet.

Observe that it is similar to the worksheet to assess activities to change

attitudes.

However, instead of talking about “strong arguments,” it talks about “evidence and messages,” which are similar to “arguments.” The difference partly reflects the differences in terminology used by different disciplines.

Despite the differences in words, many of the concepts are similar.

But there are also a few differences.

Have the participants use this worksheet to assess the voting activity.

After the participants have completed it, discuss their answers.

Summarize the discussion. If they are true, make the following points:

- This activity is a strong and effective activity because it demonstrates clearly to learners that their peers choose not to engage in unprotected sex [make whatever positive statement can be made from the results].
- However, this activity alone may not change perception of peer norms. Like most activities, it takes several activities to change perceptions of peer norms. Thus, other activities to change peer norms should also be implemented. For variety, activities involving modeling should be implemented.

9:55 a.m.–10:10 a.m.

DAY 4

Break



10:10 a.m.–11:45 a.m.

DAY 4

Changing Perceptions of Peer Norms to Change Behavior (continued)



Overview

Participants create a new activity to change peer norms.



Learning Objectives

Participants will be able to create one activity that will change peer norms about sexual risk behavior.



Materials

PowerPoint:

- PowerPoint slides Day 4-1 Peer Norms

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception
- *Reducing Adolescent Sexual Risk*



Time

95 minutes



Procedure

1. Describe the activity (60 min.).

Slide 30: Team assignment to create one or two activities to change peer norms.

Teams should:

1. Prepare a description of it.
2. Identify the particular norms that it addresses.
3. Use the worksheet to assess it.
4. Be prepared to give a five-minute summary of the activity or model it in five minutes.

2. Copy brief summaries of activities into their logic model tables (5 min.).

3. Have three to five groups give brief presentations of their activities (35 min.).

4. Slides 31 and 32: Conclusions (3–5 min.).

- Teen perceptions of peer norms about sex and condom/contraceptive use do affect their behavior.
- There is often a gap between actual norms/behavior and perceptions of those norms/behavior.
- Educational activities can change these perceptions.
- The kinds of activities discussed above with the characteristics of effective messages can help change these perceptions of peer norms.

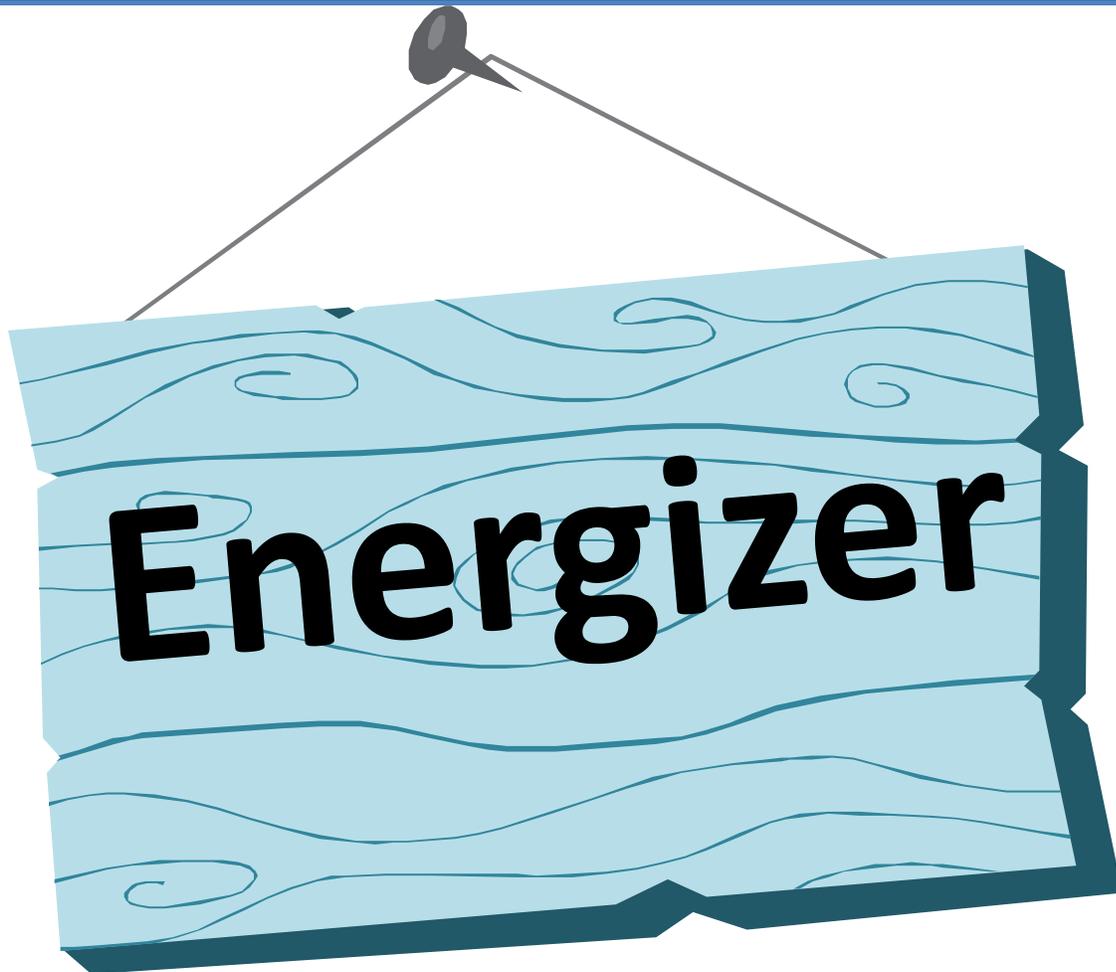
Using the slides, summarize these and other major points of this lesson.

Mention that after lunch, we will begin talking about gender.

11:45 a.m.–11:50 a.m.

DAY 4

Energizer



11:50 a.m.–12:25 p.m.

Integrating Gender Norms into Adolescent Sexuality and HIV Education Curricula: An Introduction

DAY 4



Overview

The purpose of this session is to familiarize participants with the gender norms integration module of this training as well as familiarizing them with some key gender-related terms.



Learning Objectives

Participants will be able to list learning objectives associated with the gender norms integration module.

Participants will be able to define and distinguish among five key terms associated with gender.



Materials

PowerPoint:

- PowerPoint slides Day 4-2

Digital copies for each participant of:

- A Conceptual Framework for Gender Equality handout
- Male Gender Norms handout
- Gender-Related Definitions in Alphabetical Order handout



Time

35 minutes



Preparation

- Review training module and PowerPoint slides.



Procedure

1. **Transition (1 min.).** Welcome participants back from lunch and transition from last session.

Tell participants that gender norms have a large impact on sexual activity. Consequently, this session involving gender is a little longer than the other sessions and the training may not end until about 6:00 today. Ask participants if they can tolerate this.

2. **Introduction (4 min.).**

Slide 1: Integrating Gender Norms into Adolescent Sexuality and HIV Education Curricula. Tell participants that over the next four hours or so, we are going to talk about another important factor related to sexual risk behavior—gender equality.

Ask participants to raise their hands if they have attended some type of training or workshop on gender and its relationship to sexual and reproductive health in the last few years. Acknowledge the experience in the room.

Slide 2: Acknowledgment. Provide a brief acknowledgment to EngenderHealth—an international sexual and reproductive health organization headquartered in New York with presence in about 40 countries. EngenderHealth has been a leader in developing sexual and reproductive health programs with a focus on gender for the last two decades. Much of the information we are presenting today on gender is adapted from EngenderHealth’s materials.

Slide 3: Gender Equality. Tell the group that “gender equality” is a critical factor to discuss because in many ways it is foundational to many of the other risk and protective factors discussed in this training. Gender equality can be considered foundational because it determines, in part, many of the other factors we have been discussing in this training. For example, gender equality can affect young people’s access to sexual and reproductive health *information, perception of risk* of unintended pregnancy and HIV, *self-efficacy* to actualize new *skills*, and *intentions* to engage or not engage in different sexual behaviors.

More so than the other risk and protective factors we are addressing in this training, gender equality is heavily grounded in strongly held cultural/societal values that can be difficult to challenge—both with the youth we serve and the members of their communities, and even with ourselves.

Our intent in this module is to demonstrate to you, from an experiential point of view and from a research point of view, the importance that gender equality plays in sexual and reproductive health and to build your capacity to

develop learning activities to change or transform the gender norms that affect it.

Slide 4: Possible Model of Psychosocial Factors Affecting Behavior.

Remind participants that they have seen the model before. Gender norms could be placed on the left indicating that they affect many factors to the right. Because gender norms affect intentions to engage in different sexual behaviors and also self-efficacy to use different skills and to remain in control, this factor is placed below norms in this model. However, it really could be either or both places. Gender norms, in turn, are affected by many things, including knowledge.

Slides 5 and 6: Learning Objectives.

Review the overall learning objectives for the gender module.

Slide 7: Agenda.

Review the agenda. Ask the group if they have any questions about what we will be doing during this module. Respond to questions.

3. Common Definitions (25 min.).

Tell participants that as a first step, we are going to go over some common gender-related terms and their definitions so that we have a common language when we talk about gender throughout this module. The terms we will review are (1) gender, (2) sex, (3) gender equality and (4) gender norms.

To start off, ask the group how they would distinguish between the terms *sex* and *gender*.

Slide 8: Gender and Sex.

Review the definitions.

Sex is a biological construct that defines whether we are female or male based on biology.

Gender is a social construct describing the characteristics, behaviors and roles deemed appropriate and expected of boys/men and girls/women.

Slide 9: Sex or Gender? Ask participants to take about one minute to review the questions on the slide and write down on a piece of scratch paper whether they think each item represents sex or gender. Review answers with group. The answers to the quiz are found below.

- Women give birth to babies, men don't. SEX
- Girls should be gentle, boys should be tough. GENDER
- Women can breastfeed babies, men cannot. SEX

- Four-fifths of all the world’s injection drug users are men. GENDER
- Women get paid less than men for doing the same work. GENDER
- In some areas of the world, women outnumber men in new cases of HIV and AIDS. GENDER and SEX

Tell the group that while these two definitions are key, it is important that we understand that it is the *condition of gender equality* that determines health and social outcomes for both men and women. There are also some instances of how sex can affect health outcomes. For example, men will never suffer from complications at childbirth and women will not die of prostate cancer. However, the condition of gender equality affects health in broader societal ways.

Slide 10: Gender Equality is a societal condition where girls/women and boys/men share equal rights and a balance of power, status, opportunities and rewards. Review the definition for gender equality.

- Point out that gender equality can affect **access and use** of healthcare services, education and information, employment, etc.—all of which can affect health.
- Gender equality can affect how men and women **participate** in society and what roles they play, especially around decision making and autonomy—this too can affect health.
- Gender equality also has an impact on physical, sexual, emotional and financial **violence**—all of which can affect health.

Slide 11: Gender Equality does not mean....

Tell the group that the goal of gender equality is not to make men and women “the same” but rather to put them on equal playing fields. Review the points on the slide.

Slide 12: Gender Norms are the standards of acceptable and expected characteristics, behaviors and roles for men and women (and boys and girls).

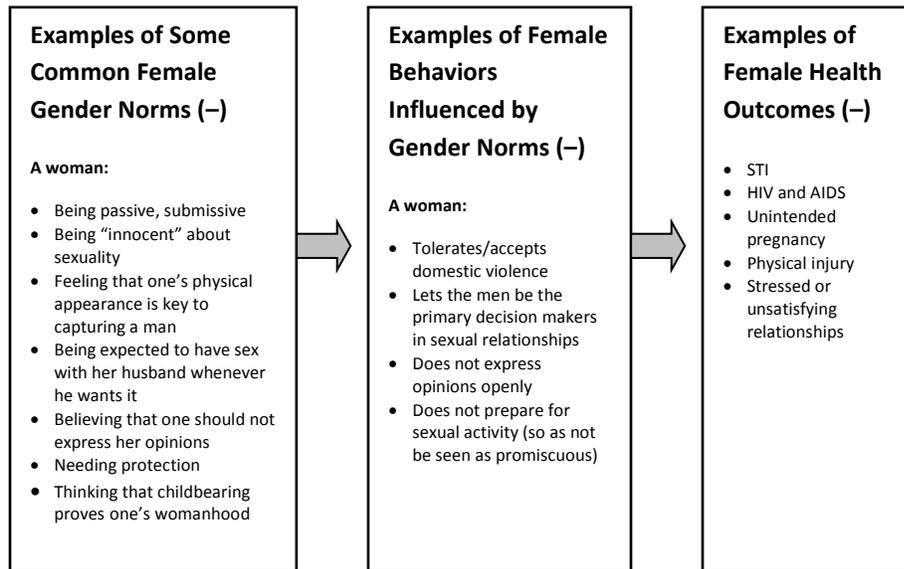
Examples:

- Men should be strong, dominant, decision makers
- Women should be nurturing, submissive, followers

Review the definition of gender norms. Tell the group that we will be talking in detail about these norms in the next activity. Share the handout titled Male Gender Norms with the group. Talk through one or two of the examples on this handout demonstrating the link between harmful gender norms and negative health outcomes. Ask the group to give you an example of a typical female gender norm and how they think it affects behavior and

health outcomes.

Some examples might be:



Tell the group that a list of definitions for these terms and other terms related to gender is found on their handout titled Gender-Related Definitions. More in-depth information about how gender equality is defined can be found in the handout titled A Conceptual Framework for Gender Equality.

Slide 13: Linking Gender Norms to Health Goals. Tell the group that this slide is here to give them a quick visual description of how gender norms (just a few examples) contribute to the condition of gender equality, and how gender equality influences teens’ sexual behaviors (a few examples) and lastly how these sexual behaviors link directly to the health goals we are very concerned about.

So, if we can transform harmful gender norms, we can progress toward our health goals. HOW we change these gender norms will be the focus of the rest of this training module.

After reviewing these definitions, ask the group if there are any questions or if any of the definitions need clarification. Refer participants the Gender-Related Definitions handout for additional gender-related definitions they may want to use in the future but are not necessarily the focus of today’s training.

4. **Transition (1 min.).** Tell the group that now that we have a foundation in some of the terms we will be referring to throughout the training, after lunch you would like to invite them to participate in a commonly used gender transformative activity that will help surface some to the common inequitable gender norms that we want to change.

12:25 p.m.–1:25 p.m.

DAY 4

Lunch



1:25 p.m.–2:10 p.m.

DAY 4

Act Like a Man, Act Like a Lady



Overview

The purpose of this session is to model a common gender transformative learning activity where the role of harmful gender norms on the health and well-being of boys/men and girls/women is discussed.



Learning Objectives

After completing this module, participants will be able to:

- Explain how to facilitate the Act Like a Man/Act Like a Lady learning activity.
- Identify common gender norms faced by the boys/men and girls/women in their communities.
- Describe how some of these gender norms can negatively affect the sexual behavior of the youth they serve.
- Identify ways that some gender roles may affect them in the professional work they do and how to control for biases.



Materials

PowerPoint:

- PowerPoint slides Day 4-2 Gender

Supplies:

- Easel
- Flipchart paper
- Markers
- Tape

Other:

- Common Responses to “Act Like A Man” and “Act Like a Lady”



Time

45 minutes



Preparation

- Review Training Module and PPT slides.



Procedure

- 1. Introduction (2 min.).** Tell participants that before we discuss the research about gender equality and the gender norms, we want to acknowledge that the issue of gender equality is loaded with values, opinions, beliefs, cultural norms, politics, etc. Because gender equality, and the norms that contribute to gender equality, is so personal, we want to take some time exploring how we feel about the topic while simultaneously modeling a curriculum activity titled Act Like a Man, Act Like a Lady. Ask the group if they have heard or participated in this activity before (show of hands). Acknowledge the experience in the room.
- 2. Slide 14: “Act Like A Man” (8 min.).** Ask the men (or boys) in the room if they have ever been told to “act like a man,” or something similar about how they should think, feel, act as a boy/man. Ask them to share some experiences of someone saying this (or something similar) to them. Ask the group why they think these things were said to them. Ask the men how these things made/make them feel.

Slide 15: “Act Like a Lady.” Now ask the women (or girls) in the room if they have ever been told to “act like a lady,” or something similar about how they should think, feel, act as a girl/lady. Ask them to share some experiences of someone saying this (or something similar) to them. Ask the group why they think these things were said to them. Ask the women how these things made/make them feel.
- 3. Slide 16: What are boys/men told in the community about how they should think, feel or behave? (32 min.).** Tell the participants that you want them to think more about these two phrases (“Act Like a Man” and “Act Like a Lady”) and how these two phrases (or other ones like them) have affected the way they, and the youth they serve, think, feel and act. These gender norms, or society’s rules about what is considered “normal” for women and men, often restrict the lives of both women and men much like a box constrains the contents in it.

In large letters, print on the top of a sheet of flipchart paper the phrase “Act Like a Man” and draw a large “box” around the perimeter of the flipchart paper. Ask participants what boys/men are told in their community about how they should think, feel or behave. Write these on the flipchart paper. Check the examples in the Common Responses to “Act Like A Man” and “Act Like a Lady” Resource Sheet to see the kinds of messages that are often listed and introduce them into the discussion if they are not mentioned.

FACILITATOR NOTE: Note that gender norms vary depending on the culture of the community. Not everyone will resonate 100 percent with everything that is mentioned. This is OK.

Slide 17: “Man Box.” When the group has no more to add to the list, facilitate a discussion with the questions listed below.

- Which of these messages can be potentially harmful? Why?
- How does living within the box impact/limit a boy’s/man’s health and the health of others, especially in relation to unintended pregnancy and STIs including HIV?
- How fair or just do you think it is for men to have to live by these rules? How do these male gender norms affect women?
- What happens to boys/men who try not to follow the gender rules (e.g., “living outside the box”)? What do people say about them? How are they treated?
- How can “living outside the box” help men to positively address unintended pregnancy and STIs including HIV?

Slide 18: What are girls/women told in the community about how they should think, feel or behave? Print on another sheet of flipchart paper the phrase “Act Like a Lady” and draw a large “box” around the perimeter of the flipchart paper. Ask participants what girls/women are told in their community about how they should think, feel and behave. Write these messages on the sheet. Check the examples to see the kinds of messages that are often listed. Feed these into the discussion if they have not been mentioned.

Slide 19: “Lady Box.” When the group has no more to add to the list, ask the discussion questions listed below.

- Which of these messages can be potentially harmful? Why?
- How does living in the box impact/limit a girl’s/woman’s health and the health of others, including in relation to unintended pregnancy and STIs including HIV?
- How fair or just do you think it is for women to have to live by these

rules? How do these female gender norms affect men?

- What happens to girls/women who try not to follow the gender rules? How are they treated?
- How can “living outside the box” help women to positively address HIV and AIDS?

Slide 20: Transformed Gender Norms. Next, draw a table on flipchart paper that has a column for both men and women. Label it “Transformed Men/Women.” Ask the participants to list characteristics of men who are “living outside the box.” Record their answers. Once you get a few responses (about five to seven), ask the same about women who are “living outside the box.” Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually quite similar.

Ask participants the following questions:

- Are your perceptions about the roles of men and women affected by what your family and friends think? How?
 - Do the media have an effect on gender norms? If so, in what way(s)? How do the media portray women? How do the media portray men?
 - How can you, in your own lives, challenge some of the inequitable ways men are expected to act? How can you challenge some of the inequitable ways that women are expected to act?
 - How might your biases toward certain gender norms affect your ability to develop and/or implement gender equitable sexuality curricula? How can you correct for this?
4. **Closing (2 min.).** Throughout their lives, boys and girls, and men and women, receive messages from family, media, and society about how they should act as men or women and how they should relate to each other.

As we have seen, many of these differences are constructed by society and are not part of our nature or biological makeup.

Many of these gender expectations are completely fine and help us enjoy our identities as either men or women. However, we also identified unhealthy messages that can encourage unhealthy behavior and limit our full potential as human beings. As we become more aware of how some gender stereotypes can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations.

We are all free to create our own gender boxes and how we choose to live our lives as men and women.

5. **Transition (1 min.).** Tell the group that in the next session we are going to review some of the research that documents the link between harmful gender norms and negative health outcomes. We are also going to start talking about approaches to transform, inequitable, harmful gender norms into healthy equitable ones.

2:10 p.m.–2:45 p.m.

How Does Gender Equality Function as Determinant of Sexual Behavior and How Do We Strengthen or Change It?

DAY 4



Overview

The purpose of this session is to provide participants with a brief overview of the research demonstrating a link between gender equality and sexual health outcomes and a few of the interventions demonstrating effectiveness at changing gender attitudes and norms. The session will also provide a review of the characteristics of a gender transformative programming approach.



Learning Objectives

Participants will be able to discuss the relationship between harmful gender norms and sexual risk-taking behavior from a research point a view.

Participants will be able to describe the key characteristics of gender transformative programming approach.



Materials

PowerPoint:

- PowerPoint slides Day 4-2 Gender

Other:

- Gender Norm Research—Some Key Studies handout



Time

30 minutes



Preparation

- Review Training Module and PowerPoint slides.



Procedure

1. **Introduction (1 min.).** Tell participants that in the last session we talked about our personal experience with how gender norms have affected how we think, feel and act. We talked about how these gender norms can affect sexual behavior related to unintended pregnancy and HIV.

In this next session, we are going to review briefly some of the research that confirms our personal and professional experiences. After taking a look at some of this research, we will then talk about an effective programming approach for changing harmful gender norms.

2. **Research demonstrating a link between gender norms and health behavior (10 min.).** Tell the group that there have been several studies that have demonstrated a connection between harmful, traditional gender norms and unhealthy behavior.

Slide 21: Male Gender Norms. Tell participants that several of the studies listed in their handout demonstrate that boys/young men who believed in more traditional gender norms where men are expected to be dominant, sexually active, aggressive, etc., were also more likely to engage in unhealthy sexual behavior and experience negative sexual and reproductive health outcomes compared to those young men who do not believe strongly in these norms.

Tell the group that this slide represents research related to sexual and reproductive health. There is additional research that demonstrates the connection between belief in traditional gender norms and use of violence, car accidents, alcohol/drug abuse, anxiety, suicide, homicide and others.

Slide 22: Female Gender Norms. Tell participants that young women also suffer from abiding by traditional notions of femininity such as being acquiescent to their male partners, not talking about sex for fear of being seen as easy, allowing men to make decisions about whether and when to use contraception, etc., and are also more likely to engage in unhealthy sexual behavior and experience negative sexual and reproductive health outcomes compared to those young women who do not believe strongly in these norms.

Emphasize that the literature reinforces what we discussed earlier in the Act Like a Man/Act Like A Lady activity earlier. The link between traditional gender norms and beliefs and sexual risk-taking behavior is pretty well documented. Now that we have established this link, we hope sexuality educators are motivated to focus on changing harmful gender norms into equitable and healthy ones. But how do we do that?

3. **Slide 23: Programming Continuum. (18 min.).**

- Gender transformative (ideal)
- Gender-sensitive/accommodating (a good first step)
- **Gender-neutral/blind** (not necessarily bad, but a missed opportunity)
- Gender exploitative (avoid!)

Gender Transformative Approach. In 2001, Geeta Rao Gupta, the then President of the International Center for Research on Women (ICRW), talked about a programming continuum that defines a gender transformative approach, which we are going to talk about in a little more detail in a few minutes, as the ideal. First, we are going to talk about the other three programming approaches leading up to gender transformative.

Slide 24: Gender Exploitive. Starting from the bottom of the continuum, we'll first discuss a gender exploitive approach. Review the slide. A gender exploitive approach is the only approach that we have listed in red. It is the only approach that we urge everyone to avoid.

Slide 25: Exploitive Example (1). Tell the group that this slide provides an example of a gender exploitive approach. In this example, a national nonprofit teen pregnancy prevention organization developed a short video (~2 minutes) to be used as an educational tool with youth.

In the video, several young men are sitting around someone's house, drinking beer and saying misogynistic things about women. The video changes scenes to one of the young men's girlfriends. The girlfriend talks very adoringly about her boyfriend. She says that she is not really worried about getting pregnant because she knows her boyfriend wouldn't let that happen—and besides she knows he would be a really good father. The scene switches again to the young men. The boyfriend talks disparagingly about his girlfriend and the video ends with this message (slide 25).

While the intent here is to encourage condom/contraception use, it also reinforces negative male gender norms and negative female gender norms. It shows men as insensitive and irresponsible and women as gullible and submissive. This video shows men as universally part of the problem, not part of the solution. If this video made stereotypical caricatures of people of a certain race or religion, it would never be accepted. Caricatures about gender should also not be accepted.

Slide 26: Exploitive Example (2): Media Campaign to Increase Male Involvement in Family Planning.

Review the slide.

Slide 27: Gender Blind/Neutral.

Moving up the continuum, we come to gender-neutral or gender-blind programs.

- Little or no recognition of the influence of gender norms on behavior
- Not harmful programming, but a missed opportunity

Slide 28: Neutral Example.

Review slide. Tell the group that the theory of change used to develop this curriculum did not include the role that harmful gender norms play in sexual risk behavior. This is a missed opportunity. This curriculum may very well be effective at changing sexual behaviors, but is also an intervention that could likely be enhanced by having gender norms integrated where appropriate—especially in settings where inequitable gender norms are prominent.

Slide 29: Gender Accommodating.

Again moving up the continuum we come to accommodating programs. Review the slide.

- Acknowledges the role of gender norms and inequities
- Develops activities to adjust to and/or compensate for them
- Does not actively aim to change norms, but strives to limit the impact of harmful gender norms
- Can provide a sensible first step toward gender transformative programming

Slide 30: Accommodating Example.

In this example, we have a clinic that was designed especially to serve the sexual and reproductive health needs of young men. The clinic is gender accommodating in that it conducts outreach to young men, designed a male-friendly facility, and provides male reproductive/sexual health services. However, it does not deliberately work to change or transform harmful gender norms that may be negatively affecting young men and their partners.

Slide 31: Gender Transformative—AQR.

A program that encourages participants to develop awareness, question and redefine the socially constructed roles, behaviors and attributes that a given community considers appropriate for men and women so that they become more equitable.

And moving up the continuum again to the gold standard of gender programming we come to gender transformative programs. Review the three

slides that define a gender transformative approach.

Slide 32: Gender Transformative—Ecological.

Make the point that curricula are typically not ecological in nature. However, there are some activities that can be included in a curriculum that can help to spread healthy gender messages beyond individual teens and their peers. Examples might be a homework assignment that somehow involves parents, a message campaign that is spread throughout the school, an activity that facilitates a student visit to a local clinic, etc.

Slide 33: Gender Transformative—Gender Synchronization.

Engage both sexes in challenging harmful constructions of masculinity and femininity.

Slide 34: Transformative Example—U.S. and Slide 35: Transformative Example—SA.

In the first example, we see a media campaign developed by an organization based in the U.S. called Men Can Stop Rape. The messaging here works to redefine strength (a common male gender norm) as something that is used for hurting, dominating, or fighting into something that is used for keeping relationships healthy. In the next example, the campaign was adapted in South Africa, where strength was used to promote HIV testing.

Slide 36: WHO Study on Engaging Men and Boys.

Tell participants that in 2007, WHO published a review of programs that aim to engage men and boys in sexual and reproductive health-related programs. Gender transformative approaches showed most promise at changing harmful gender norms. Review the slide. Tell participants that this review is one of several reviews pointing to the promise of the gender transformative approach.

Slide 37: Curriculum Examples—Effective or Promising.

There are several curriculum-based programs that use a gender transformative approach that have also demonstrated effectiveness at changing sexual behavior.

Slide 38: Keep an Eye On....

There are also some gender transformative curricula that are in development or show promise at changing sexual risk behavior.

Tell the group that there is also a handout titled Gender Norms Research—Some Key Studies that they might want to refer to for more information.

4. **Transition (1 min.).**

Tell participants that now that they have reviewed some of the research on gender norms and some of the approaches and interventions developed to change them, you want to turn their attention to a list of 11 tips designed to help them adapt and/or develop gender transformative curricula activities.

2:45 p.m.–3:05 p.m.

DAY 4

Break



3:05 p.m.–3:40 p.m.

Adapting and/or Developing Gender Transformative Curriculum Activities

DAY 4



Overview

The purpose of this session is to familiarize participants with 11 tips they can apply to adapt and/or develop gender transformative curriculum activities.

Learning Objectives



Participants will be able to describe each of the 11 tips for strengthening gender equitable norms in HIV and sexuality education curricula.



Materials

PowerPoint:

- PowerPoint slides Day 4-2 Gender: Slides 39 and 40

Other:

- Tips for Strengthening Gender Equitable Norms in HIV and Sexuality Education Curricula handout



Time

35 minutes



Preparation

- Review Training Module and PowerPoint slides.



Procedure

1. Tips handout (35 min.).

Slide 39: Tips for Developing GT Activities.

Ask participants to take about 10 minutes to read the Tips for Strengthening Gender Equitable Norms in HIV and Sexuality Education Curricula handout on their own.

Slide 40: Small Group Discussion on Tips.

After 10 minutes, ask the group to turn to the small group at their table and discuss the questions listed below. Give the group 20 minutes for discussion.

1. Which techniques strike you as being particularly powerful at changing inequitable gender norms? Why?
2. Which of these techniques seem relatively easy to use? Can you give an example of how you might apply one of them in a sexuality education curriculum?
3. Which of these techniques seem difficult to use? Why?
4. Ask each person in the small group to say which technique she/he is most likely to try.

After 20 minutes, ask everyone to bring his or her attention to the front of the room. Tell the group that we are going to have more opportunity to discuss these 11 tips in our next activity.

3:40 p.m.–5:20 p.m.

Adapting and/or Developing Gender Transformative Curriculum Activities (continued)

DAY 4



Overview

The purpose of this session is to familiarize participants with gender transformative curriculum activities.

Learning Objectives



Participants will be able to describe five gender transformative curriculum activities.



Materials

PowerPoint:

- PowerPoint slides Day 4-2 Gender: Slides 41–45

Other:

- Tips for Strengthening Gender Equitable Norms in HIV and Sexuality Education Curricula handout
- List of Gender Transformative Activities for Team Reviews handout
- Copies of Person and Things, Session 7, pages 69–76 (*Stay Healthy*)
- Copies of Gender Fishbowl, Activity 1.6, pages 79–80 (*Engaging Boys and Men in Gender Transformation: The Group Education Manual*)
- Copies of I'm Glad I Am... If I Were..., Activity 1.5, pages 77–78 (*Engaging Boys and Men in Gender Transformation: The Group Education Manual*)
- Copies of Research Project: Gender in the School Environment, Unit 2, Activity 8, pages 36–39 (*It's All One*)
- Copies of Five Steps for Communicating about Conflict, Unit 5, Activity 37, pages 115–117 (*It's All One*)
- Reviewing Gender Transformative Activities Reviewer Worksheet



Time

100 minutes



Preparation

- Review Training Module and PowerPoint slides.



Procedure

Slide 41: Gender Transformative Activities. (5 min.).

Tell participants that you have selected five gender transformative curriculum activities from various resources. Briefly review the five activities on the List of Gender Transformative Activities for Review handout.

Slide 42: Gender Transformative (GT) Jigsaw (25 + 25 minutes).

Tell the participants for this activity we need to be organized into teams of five people each. Allow groups time to get into small teams of people each.

Each person in each team will select one of the five learning activities on the gender transformative activity list. (If teams are having a hard time assigning activities, you can suggest for them all to state their birthdays. The person who was born earliest in the year is assigned the first activity, and so on.) Individually, each team member will have 25 minutes to review the activity using a worksheet. Review the seven questions on the Reviewing Gender Transformative Activities Reviewer Worksheet.

After 25 minutes, each member on the team will have 3–5 minutes to present the gender transformative activity assigned to him or her to the rest of the members of the team using the worksheet questions as a guide for the presentation. In the end, everyone on the team should be able to describe the five curriculum activities. Ask the group if they have any questions.

Allow individuals to work for 25 minutes. Circulate around the room and provide support in completing the review if needed.

After 25 minutes, invite teams to begin presentations within their teams (not to all participants). This should not take more than 25 minutes total.

FACILITATOR NOTE: The order of presentation does not matter—whichever team member wants to start first is fine. The order in which the GT activities are presented on the handout is random.

After all presentations are completed, congratulate all the teams for doing a good job. Lead a large group discussion using the process described below.

Slide 43: Large Group Debrief (25 min.).

Start with the first activity on the list and ask for volunteers who were assigned this activity to comment on the activity. Specifically review questions 3–6 on the worksheet. Repeat this process for the remaining four activities. This discussion should last 25 minutes.

- How do you think this activity works to transform gender norms? Is it gender transformative?
- Which of the 11 techniques reviewed earlier do you see in this activity?
- What could you add to this activity to better link it to HIV and/or pregnancy prevention?
- What would you do to improve this activity, if anything?

Slide 44: Assignment: Add Gender Activities to Your Logic Model Tables (15 min.).

Slide 45: Conclusions (5 min.).

Conclude this module by reviewing the key points and make any personal reflections you had as a trainer during the module.

Transition to the closure session of Day Four of the Training.

5:20 p.m.–5:35 p.m.

Closure



DAY 4



Overview

The contents of the fourth day are summarized, participants complete assessments of the day, and reading assignments are given for the following day.



Materials

Poster:

- Organization of the Training

Other:

- Day 4 Training Assessment for each participant
- Parking Lot



Time

15 minutes



Preparation

- Make enough copies of the Day 4 Training Assessment for each participant.



Procedure

- 1. Summary of the day (7 min.).** Using the poster showing the organization of the training, summarize what was covered the previous days and today. Make sure to cover the following points summarizing what we have done thus far:
 - Programs that were effective at changing behavior were different from those that were not effective at changing behavior.
 - The effective programs were based on a logic model.
 - Thus far, we have:
 - Specified our reproductive health goals.
 - Specified behaviors that lead to those goals.
 - Selected psychosocial risk and protective factors that change those behaviors and that can be changed with curriculum-based programs.
 - Reviewed principles of learning, topics that should be covered and effective teaching strategies for covering them.
 - Reviewed the research on perceptions of risk and identified activities that can demonstrate risk of unprotected sex.
 - Reviewed the research on attitudes and values and identified activities that can improve attitudes and values regarding whether to have sex or not, using condoms or contraception and recognizing consent or lack thereof.

Today, we continued with two additional categories of risk and protective factors—perceptions of perceptions of peer norms and gender.

- 2. Feedback on the fourth day (5 min.).** If there are participants who were asked at the beginning of the day to collect feedback from participants and to summarize that feedback at the end of the day, have them do so.

Ask at least two important questions:

- What did they like about the day?
- How could it be improved?

- 3. Assignments for the following day (1 min.).** Ask participants to read Chapters 6 through 9 in *Reducing Adolescent Sexual Risk* if they have not already done so. The sixth chapter will review what was already covered today on perceptions of peer norms, while the seventh through ninth chapters will cover skills and self-efficacy, intentions and parent-child communication, which will be covered tomorrow.

4. **Training assessments for Day 4 (5 min.).** Hand out the training assessments and ask participants to complete them and turn them in to a specific location or person before they leave for the day.
5. **Closing remarks (1 min.).**
 - Thank participants for their attention and involvement for the day.
 - Address any logistical issues.
 - Address any issues in the Parking Lot.
 - Remind them of what time they are meeting the following morning.

Day 5

Day 5 Agenda

Schedule	Time	Module
8:30 – 8:45	15 minutes	Days 1–4/Day 5 Overview
8:45 – 9:10	25 minutes	Increasing Skills and Self-Efficacy to Change Behavior
9:10 – 9:35	25 minutes	Increasing Skills and Self-Efficacy to Change Behavior (continued)
9:35 – 10:05	30 minutes	Increasing Skills and Self-Efficacy to Change Behavior (continued)
10:05 – 10:25	20 minutes	BREAK
10:25 – 10:40	15 minutes	Modeling Skills to Avoid or Get Out of Situations That Might Lead to Unwanted or Unprotected Sex
10:40 – 11:15	35 minutes	Obtaining and Using Condoms Correctly
11:15 – 12:05	50 minutes	Selecting, Adapting or Creating Activities to Improve Skills
12:05 – 12:35	30 minutes	Improving Intentions to Change Behavior
12:35 – 1:35	60 minutes	LUNCH
1:35 – 3:10	95 minutes	Improving Intentions to Change Behavior (continued)
3:10 – 3:30	20 minutes	BREAK
3:30 – 4:05	35 minutes	Increasing Communication with Parents/Respected Elders to Change Behavior
4:05 – 5:15	70 minutes	Reviewing and Completing Logic Models
5:15 – 5:30	15 minutes	Closure

8:30 a.m.–8:45 a.m.

DAY 5

Days 1–4/Day 5 Overview



Overview

Participants will review the material from Days 1 through 4 and preview the Day 5 agenda.



Learning Objectives

Participants will be able to summarize the organization and logic of the training thus far.



Materials

Poster (or PowerPoint):

- Poster: Organization of the Training or
- PowerPoint: Day 1 Objectives: Slide 13: Organization of the Training

Participant manual:

- Day 5 Agenda



Time

15 minutes



Preparation

- Review organization of Days 1 to 4.
- Have others be prepared to summarize what they covered and what they learned the fourth day.



Procedure

1. **Welcome and housekeeping.**

Welcome the participants to the fifth day of training.

Make any housekeeping notices that you need to make.

2. **Review the previous day.**

If people were assigned the previous day to summarize what they have learned, ask them to give their summaries of the fourth day. If no one was assigned the responsibility of summarizing what was learned the fourth day, ask for volunteers to summarize what they learned the fourth day.

Using the organization poster or the PowerPoint slide, summarize the organization of the training so far and make the following points as needed:

- Programs that were effective at changing behavior were different from those that were not effective at changing behavior.
- The effective programs were based on a logic model.
- Thus far, we have:
 - Specified our reproductive health goals.
 - Specified behaviors that lead to those goals.
 - Selected psychosocial risk and protective factors that change those behaviors and that can be changed with curriculum-based programs.
 - Reviewed principles of learning, topics that should be covered and effective teaching strategies for covering them and selected particular topics to cover.
 - Reviewed the research on perceptions of risk and identified activities that can demonstrate risk of unprotected sex and selected specific activities to include.
 - Reviewed the research on attitudes and values and selected activities that can improve attitudes and values regarding whether to have sex or not, using condoms or contraception and recognizing consent or lack thereof.
 - Reviewed the research on gender and selected activities to include.

3. **Ask participants what they learned from reading Chapters 7 through 9 the night before.** Ask them if reading those chapters clarified or reinforced the material for them.

Note: As before, the primary reason for asking is to encourage participants to read the chapter each night. If few or no participants read the chapters, strongly encourage them to read the material each night, because doing so will help them understand the material the follow day.

4. Summarize the agenda for Day 5.

Today, we will continue with three additional categories of risk and protective factors—skills and self-efficacy, intentions and parent-child communication. The last is not a psychosocial factor—it is a behavior—but it is important and has been included in many curricula that were effective at changing behavior.

8:45 a.m.–9:10 a.m.

DAY 5

Increasing Skills and Self-Efficacy to Change Behavior



Overview

Participants review the theory and evidence on the impact of skills and self-efficacy and important principles for increasing skills and self-efficacy.



Learning Objectives

Participants will be able to summarize the impact of self-efficacy on sexual behavior, the ability of programs to increase self-efficacy, and several important principles for improving skills and self-efficacy.



Materials

PowerPoint:

- PowerPoint slides Day 5-1 Self-efficacy and Skills



Time

25 minutes



Preparation

- Read Chapter 7 in *Reducing Adolescent Sexual Risk*.



Procedure

1. Present slides 1 through 22 (25min.).

Slide 1: Increasing Skills and Self-Efficacy to Change Behavior.

Transition and introduce the topic.

Slide 2: Basic Idea: If people think they can do something well, they are more likely to try to do it.

Ask participants for examples.

If they do not give any examples involving young people and sex, ask for such examples.

Slide 3: Definition of Self-Efficacy: People’s confidence in their ability to perform particular behaviors well.

Give the definition.

Explain how self-efficacy is different from skills. (A skill is the ability to do something well; self-efficacy is confidence in the ability to do something well.)

Explain how self-efficacy is different from self-esteem.

Self-esteem reflects a person’s overall evaluation or appraisal of his/her own worth.

Self-efficacy is a person’s confidence in performing specific tasks well.

Slide 4: Important theories.

Quickly review the slide.

Ask how many participants have heard of social learning theory or later called social cognitive theory.

Explain that it is a leading theory that explains human behavior well and that it has been used to develop effective curricula. It gives strong emphasis to skills and self-efficacy.

Ask how many have heard of Albert Bandura.

He is the leading author of social learning theory and is most commonly associated with promoting the importance of self-efficacy in human behavior.

Slide 5: Possible model of psychosocial factors affecting behavior.

Note that actual skills affect self-efficacy.

This is logical—the more skillful you are at doing something, the more confidence you will have that you can do it.

Self-efficacy affects intentions to engage in behavior—if you are more confident, then you are more likely to try to do it.

In addition, actual skills affect whether your intentions can actually affect your behavior. If you intend to do something, but don’t have the skills, you may not be able to do it. But if you intend to do something and have the skills to do it,

you are more likely to actually do it.

Slide 6: Applying theories to teen sexual behavior—Need to ask three questions.

Slide 7: Question #1: Does teens' self-efficacy to engage in these five behaviors affect their own sexual and contraceptive behaviors?

NOTE TO FACILITATOR:

As before, the following slides presenting the results of studies (slides 8, 9 and 12) are optional. They do not take much time to cover and they are included in the time in the current agenda. Moreover, they provide the evidence that (1) this factor does affect behavior and (2) curriculum-based activities can change them. Thus, they are important.

However, these tables are provided in *Reducing Adolescent Sexual Risk*. Therefore, if people have difficulty understanding the tables or if they appear bored by the tables or if this lecture part of this session appears too long, these tables can be skipped.

If you do skip them, be sure to cover the conclusions on slides 10 and 13, and state that the evidence is provided in *Reducing Adolescent Sexual Risk*.

Slide 8: Number of Studies Finding Effects of Self-Efficacy to Refrain from Sex.

Five studies, or just more than half of the studies, found that self-efficacy to refrain from sex was related to delayed initiation of sex. Four did not find an association.

This demonstrates that self-efficacy can have an impact, but it may not always have an impact or there may be methodological errors in these studies, e.g., measurement problems, small sample sizes, etc.

Slide 9: Number of Studies Finding Effects of Self-Efficacy to Use Condoms.

Three studies found that self-efficacy to insist on condom or contraceptive use was associated with increased use of condoms or contraception. Although this is a small number of studies, the consistency of the results suggests it may be an important factor.

Thirteen (13) out of 14 studies found that self-efficacy to actually use condoms or contraceptives was associated with increased use of condoms or contraception. This is very strong and consistent evidence that self-efficacy does affect condom or contraceptive use.

This means that it is important to increase self-efficacy to actually use

condoms or contraceptives.

Slide 10: Question #1: Does teens' self-efficacy to engage in these five behaviors affect their own sexual and contraceptive behaviors?

Yes, multiple studies demonstrate this for both sex and condom use.

Slide 11: Question #2: Can we improve self-efficacy?

Slide 12: Number of Programs Having Effects on Self-Efficacy.

Review the results.

Make the following points:

1. More than half the programs increased self-efficacy. This demonstrates that it is possible.
2. It is possible to increase self-efficacy to refuse sex, to obtain condoms, to use condoms, to use them correctly and to avoid risk behaviors such as unprotected sex.
3. However, not all programs increased self-efficacy. Therefore it is important to implement the kinds of activities that do increase self-efficacy.

Slide 13: Question #2: Can we improve self-efficacy? Yes.

Slide 14: Social Cognitive Theory—Albert Bandura.

Four methods of increasing self-efficacy:

1. Mastery experiences
2. Vicarious experiences
3. Social persuasion
4. Physical and emotional reactions

State the methods.

Indicate that we will discuss each of them.

Slide 15: Mastery experiences.

Review the basic principle:

- If people succeed, their self-efficacy increases.
- If they fail, their self-efficacy decreases.

Ask for examples from participants. Ask how they felt when they failed and how they felt when they succeeded.

Slide 16: Mastery experiences: Implication.

Conclude that it is therefore very important to make sure that learners succeed when they learn or practice their skills.

Slide 17: Vicarious Experiences.

When people see other people succeed in some sustained effort, then their own confidence increases.

Review the principle.

Ask for examples.

Conclude that learners should see other learners succeed when they practice skills.

Slide 18: Vicarious Experiences: Corollary: The impact of vicarious experiences is determined in part by the extent to which the observers perceive those people modeling the behavior to be like themselves.

Review the corollary.

Recognize that when learners see other learners practicing and succeeding in a group setting, this is particularly effective because the other learners are similar to themselves.

Note that this is the same principle that we learned about in our sessions on perceptions of peer norms and attitudes.

Slide 19: Social Persuasion: When people convince others that they can achieve something, then the self-efficacy of the latter group is increased.

Review the principle.

Ask for examples of situations in which other people tried to convince us that we could do something and we then felt more confident in trying to do it.

Slide 20: Physical and Emotional Reactions: Negative physical and emotional reactions associated with a behavior reduce self-efficacy to perform that behavior. Positive reactions increase self-efficacy.

Review the principle.

Ask for examples of situations in which feelings or other emotional reactions helped or hindered participants' confidence to do something.

Slide 21: Applying theories to teen sexual behavior.

Slide 22: To Reduce Teen Pregnancy and STD/HIV, Six Skills Are Needed:

1. Ability to make good decisions about sex
2. Ability to avoid situations that might lead to unwanted, unintended or

unprotected sex

3. Ability to refrain from and to say “No” to unwanted, unintended or unprotected sex
4. Ability to obtain condoms or other forms of contraception
5. Ability to insist on using condoms or other forms of contraception if having sex
6. Ability to actually use condoms or other forms of contraception effectively if having sex

Review all six skills.

Emphasize that both the skills and confidence in those skills (self-efficacy) are needed. Because of space on the slide only “ability” is stated and not “confidence in.”

Give participants a few minutes to reflect on these skills.

Ask participants if they believe these skills would be very helpful to young people.

Ask participants if they think there are other skills that would also be important for young people and that would affect their sexual behavior.

Explain that participants will be given activities to increase all of these skills and will model a few of them.

9:10 a.m.–9:35 a.m.

DAY 5

Increasing Skills and Self-Efficacy to Change Behavior (continued)



Overview

Participants participate in and review an activity to help young people make good decisions about sex.



Learning Objectives

Participants will be able to describe at least one activity that will help young people make better decisions about sex.

Participants will be able to provide reasons why it was effective using the principles to improve skills.



Materials

PowerPoint:

- PowerPoint slides Day 5-1 Self-efficacy and Skills

Other:

- Sexual Decision-Making Scenarios and Dilemmas activity
- *Reducing Adolescent Sexual Risk*



Time

25 minutes



Preparation

- ❑ Read Chapter 7 in *Reducing Adolescent Sexual Risk*.
- ❑ Be able to summarize and implement Activity 5-4 in *Reducing Adolescent Sexual Risk*.
- ❑ Review the Sexual Decision-Making Scenarios and Dilemmas activity. Either adopt, adapt or create realistic scenarios that the learners might encounter and that involve whether or not to have sex or whether or not to use condoms or other forms of contraception. All the letters can be on the same sheet of paper (if room). Makes one copy for each participant.



Procedure

1. Implement Activity 5-4 in *Reducing Adolescent Sexual Risk* (20 min.).

Slide 23: Skill #1: How to improve skills: Ability to make good decisions.

Tell participants that now we are going to focus on skills to improve decision making and will implement one activity to help improve decision-making skills.

Slide 24: Team Assignment: How to provide practice in making good decisions in common situations.

Implement the Sexual Decision-Making Scenarios and Dilemmas activity. If the scenarios are not already in their binders, hand out the examples of scenarios and dilemmas for participants to read. Tell them that they should pretend they are adolescents and need to reach a decision about what advice they would give the teens.

After 10 to 12 minutes, ask one team to quickly describe what advice they would give the teens and why. Ask the other teams if they gave different advice and if so, why.

Quickly ask teams for their answers for the second and then the third dilemmas encountered by the letter writers.

Be sure to congratulate them on giving good answers to the letter writers.

Ask participants to read Activity 5-4 in *Reducing Adolescent Sexual Risk*.

Slide 25: Debrief Questions (5 min.).

- Can this activity improve decision-making skills about whether to have sex or use condoms/contraception?
- If yes, why could it be effective?
- What principles of increasing skills and self-efficacy does it incorporate?

- How could it be improved? How could it be made more culturally appropriate?

Ask participants the questions above. When asking the third question, remind them of the principles that were covered in the lecture and slides about how to improve self-efficacy.

Slide 26: Possible reasons why this activity might be effective.

Suggest these as some of the reasons if they were not already covered.

Ask participants if there are other ways to provide practice in decision making about sex. If participants suggest other activities, assess them thoughtfully.

9:35 a.m.–10:05 a.m.

DAY 5

Increasing Skills and Self-Efficacy to Change Behavior (continued)



Overview

Participants review an entire role play activity, participate in three role plays, and learn about important principles of conducting role plays.



Learning Objectives

Participants will be able to describe at least four principles of effective role playing.



Materials

PowerPoint:

- PowerPoint slides Day 5-1 Self-efficacy and Skills

Supplies:

- Board or flipchart paper and easel
- Markers
- Tape

Poster:

- A Clear Refusal Statement

Other:

- Roleplay scripts (three copies), Activity 22 in *Reducing HIV Transmission*
- Observer checklist (one per team), Activity 22 in *Reducing HIV Transmission*
- *Reducing Adolescent Sexual Risk*



Time

30 minutes



Preparation

- Read Chapter 7 in *Reducing Adolescent Sexual Risk*.
- Be able to summarize Activity 22 in *Reducing HIV Transmission (RHT)*.



Procedure

1. Model and discuss role playing (25 min.).

Slide 27: How to improve skills.

Review the slide.

Tell participants that skills #2, 3 and 5 all involve communication and assertiveness skills, and role playing can increase both these skills and confidence in these skills.

Slide 28: Model role playing activity.

Summarize Activity 22 in *Reducing HIV Transmission*.

Hand out the observer checklist.

Have participants act out all three scenarios—the ineffective version, the effective version and the half-scripted version.

After each role play, ask the participants how they rated each role play according to the criteria on the checklist.

Ask participants:

- What were the strengths of this activity?
- Do they believe it could increase skills?
- How could it be improved?

Slides 29–31: Eight steps to increase skills through role playing.

Review the eight steps, giving examples as needed.

1. Clearly describe the components of the skills.
2. Model the skills in a role play.
3. Provide individual practice through role plays in groups of two to four in which everyone practices and avoids unwanted sex or insists on using condoms.

4. Start the role plays with a plausible scenario and then follow with a fully scripted role play in which both actors simply read scripts.
5. During the role plays in small groups, have observers use a checklist to see if important elements were employed.
6. Repeat the role play practice with different scenarios until mastery.
7. Start with easier situations and move to increasingly difficult situations.
8. Move from scripts with lines for both people in the role play to scripts in which the person pressuring to have sex reads his/her lines, while the person resisting has to create his/her own responses.

Slide 32: Why can role playing be effective?

Brainstorm reasons why.

Slide 33: Why can role playing be effective?... Answers.

- Learners see the skill modeled; this increases confidence.
- Learners practice the skill multiple times; this increases confidence.
- Learners succeed; this increases confidence.
- Learners see other learners like themselves mastering the skills; this increases confidence.
- Note: Role playing also improves perception of peer norm about using these skills to avoid risk.

Suggest that these are some of the reasons if they were not already covered.

Slide 34: Are there other ways to improve communication skills and self-efficacy?

Brainstorm other methods.

Slide 35: Are there other ways to improve communication skills and self-efficacy?

- Stories demonstrating skills (vicarious learning)
- Videos demonstrating skills (vicarious learning)

Slide 36: What are commonly taught skills to avoid sex?

Slides 37 and 38: Commonly taught skills to avoid sex:

- Saying “no”
- Repeating the refusal
- Explaining why
- Using direct words

- Using proper body language
- Using a clear confident voice
- Being assertive
- Looking the other person directly in the eyes
- Using delaying tactics
- Changing the topic
- Suggesting an alternative
- Showing the partner you care and building the relationship
- Walking away if necessary

Review these quickly.

10:05 a.m. –10:25 a.m.

DAY 5

Break



10:25 a.m.–10:40 a.m.

Modeling Skills to Avoid or Get Out of Situations That Might Lead to Unwanted or Unprotected Sex

DAY 5



Overview

Participants participate in an activity in which they describe situations that might lead to unwanted or unprotected sex and identify solutions for avoiding them and getting out of them.



Learning Objectives

Participants will be able to describe an activity that helps young people avoid and get out of situations that might lead to unwanted or unprotected sex.



Materials

PowerPoint:

- PowerPoint slides Day 5-1 Self-efficacy and Skills

Other:

- *Reducing Adolescent Sexual Risk*



Time

15 minutes



Preparation

- Be able to implement Activity 7-2 in *Reducing Adolescent Sexual Risk*.



Procedure

1. Implement *Reducing Adolescent Sexual Risk Activity 7-2* (10 min.).

Slide 39: How to improve skills.

Review the slide.

Slide 40: Model Activity 7-2.

Ask participants to assume that they are learners in a class. Some have had sex; some have not.

Ask learners to describe multiple situations that might lead to unwanted sex.

After the learners have mentioned a couple, choose one of the most common ones and ask for greater detail about it.

As appropriate, ask where it would take place, what type of environment, who will be there, who will not be there, will alcohol or drugs be there, etc.

A common situation might be a party at someone's home. Other teens will be there. Parents or other adults will not be there. Music, alcohol and empty bedrooms or other rooms will be part of the environment.

Ask what could be done to avoid such situations.

Allow time for students to give a variety of answers (e.g., check to be sure adults will be there, make sure alcohol and drugs will not be there).

Ask what you could do if you unexpectedly find yourself at such a party.

Allow time for multiple answers (e.g., ask to go home, make a compact with a girlfriend not to let you drink or go off with someone).

And finally, ask what you can do if you find yourself in a situation where you are kissing and might become sexually intimate.

Suggest the following answers if they are not mentioned: go to the bathroom, state clearly you are not ready for this and want to leave the room, or say you have had too much to drink and do not feel well.

Tell participants that after one common situation has been described and discussed, the educator chooses another dissimilar situation and goes through the same process. This is repeated until multiple possible solutions have been discussed or until most creative ideas for avoiding and getting out of risk situations have been suggested and described by learners.

Slide 41: Why can this be effective?

Brainstorm reasons.

Slide 42: Why can this be effective?

- This activity increases knowledge about what situations may lead to unwanted or unprotected sex.
- It describes ways to avoid those situations and get out of them and thereby may increase those skills.
- When other learners describe the situations and ways to avoid them, they create the norm that they should avoid or get out of them.

Review reasons.

10:40 a.m.–11:15 a.m.

DAY 5

Obtaining and Using Condoms Correctly



Overview

Participants observe an activity in which the proper use of condoms is demonstrated.



Learning Objectives

Participants will be able to describe one activity that describes how to use condoms correctly.



Materials

PowerPoint:

- PowerPoint slides Day 5-1 Self-efficacy and Skills
- PowerPoint slides Day 5-2 Skills—Steps To Using Condoms Correctly

Other:

- Two sets of cards or sheets of paper with the condom steps printed on them (Use Day 5 Condom Step cards)
- *Reducing Adolescent Sexual Risk*
- At least one condom and preferably one male condom and one female condom



Time

35 minutes



Preparation

- Be able to summarize an activity in which young people identify what sources of condoms are teen friendly.
- Be able to summarize an activity in which young people go to stores or clinics and assess condoms there. For example, summarize Activity 7-2: Shopping Information Homework in *Reducing the Risk*.
- Be able to implement Activity 7-4: Condom Line-Up in *Reducing Adolescent Sexual Risk*.
- Be able to implement Activity 7-5 in *Reducing Adolescent Sexual Risk*.
- Ask one participant to give a demonstration on how to use condoms correctly, based on Activity 7-5.



Procedure

1. Slide 43: How to improve skills to obtain condoms and contraception (8 min.).

Ask participants to briefly summarize an activity in which young people identify what sources of condoms are teen friendly. If they cannot think of an activity, summarize one for them. Ask them if it would be effective in their community. Ask them how it could be improved.

Ask participants to summarize an activity in which learners go to stores or clinics, obtain information about the stores or clinics and assess condoms there. If they cannot think of an activity, summarize one for them. Ask them if it would be effective in their community. Ask them how it could be improved.

2. Slide 44: How to improve skills to use condoms correctly (part 1) (10 min.).

Have a volunteer participant do a condom demonstration. Have the participant use the PowerPoint slides Day 5-2 Skills—Steps to Using Condoms Correctly if needed. If possible, do a condom demonstration for both males condoms and female condoms.

Be sure to limit the demonstration to 15 minutes.

3. Slide 44: Part 2: How to improve skills to use condoms correctly (part 2) (10 min.).

Implement or ask someone else to implement Activity 7-4: Condom Line-Up in *Reducing Adolescent Sexual Risk*.

Create two teams with 11 participants each. Give each team a set of 11 cards with the steps for proper use of condoms on them. Ask each team to line up, with each person holding a card, so that the steps for using a condom are in

the proper order. When the first teams believe they have the cards in proper order, each member of that team holds up his/her card and reads it. Make sure the cards are in order. The first team to line up properly wins.

4. Slide 45: What other activities can increase skills to obtain and correctly use condoms or other forms of contraception? (5 min.)

Ask participants if they have examples of other activities to improve skills to use condoms. Have them describe the activities if they do have additional ones.

5. Slide 46: Summary: We have discussed activities to improve all six skills.

Emphasize that we have now discussed activities to improve each of the six skills.

Ask if there are any questions.

6. Slide 47: Conclusions.

- Teen skills and self-efficacy to avoid situations that might lead to sex, to refuse sex and to use condoms/contraceptives do affect these behaviors.
- Educational activities can improve skills and self-efficacy to complete these behaviors successfully.
- The kinds of activities discussed above can help increase skills and self-efficacy.

11:15 a.m.–12:05 p.m.

DAY 5

Selecting, Adapting or Creating Activities to Improve Skills



Overview

Participants select, adapt and/or create activities to improve the skills they have selected for their logic models.



Learning Objectives

Participants will be able to specify the activities that they will use to improve their selected skills.



Materials

PowerPoint:

- PowerPoint slides Day 5 Self-efficacy and Skills

Other

- *Reducing Adolescent Sexual Risk*



Time

50 minutes



Procedure

1. Slide 48: Assignment (50 min.).

Tell participants they should:

- Identify the skills and self-efficacy in their table of knowledge topics and their risk and protective factor table that they wish to improve.
- Select, adapt or create activities that incorporate the principles described and that will improve those skills and self-efficacies.
- Add these activities to their logic models.

The goal is to have selected or adapted activities sufficient to improve each of the skills they wish to address with their curriculum.

Circulate among the teams to address any questions they have and to make sure they are doing it properly.

12:05 p.m.–12:35 p.m.

Improving Intentions to Change Behavior

DAY 5



Overview

Participants review the theory and research on the relationship between intentions and behavior.



Learning Objectives

Participants will be able to summarize the relationship between intentions and actual behavior and specify ways in which to help adolescents translate good intentions into actual behavior.



Materials

PowerPoint:

- PowerPoint slides Day 5-3 Intentions



Time

30 minutes



Preparation

- Read Chapter 8 in *Reducing Adolescent Sexual Risk*.



Procedure

1. **Transition.** Welcome participants back from lunch and transition from last session.
2. **Introduce the role of intentions (30 min.).**

Slide 2: Basic Principle: If people intend to do something, they are more likely to actually do it than if they do not intend to do it.

Ask participants for a couple of examples, either from their own lives or from the lives of young people.

Slide 3: Intentions: Centerpiece of Theories of Health Behavior.

Review the slide.

Observe that intentions are a centerpiece of many psychological theories. That is, it is believed that many other psychosocial factors have an impact on behavior *through* their impact on intentions.

Slide 4: Possible model of psychosocial factors affecting behavior.

Show that intentions *directly* affect behavior and that the other psychosocial factors have an impact on behavior *through* intentions. Thus, it is the centerpiece of important theories of health behavior.

Note also that the way to change intentions is to change the psychosocial factors to the left of intentions, the factors that we have already discussed.

Slide 5: Question #1: Do teens' intentions to engage in sexual behaviors affect their own sexual and contraceptive behaviors?

Ask participants if they believe intentions affect their own behavior.

Slide 6: Number of Studies Finding Effects on Sexual Behaviors.

Four out of five studies found that greater intention to abstain from sex was associated with later initiation of sex. These same studies found that greater intention to have sex was associated with earlier sex.

Similarly, all four studies found that intentions to use condoms or other forms of contraception were related to increased use of condoms or contraception.

This is strong evidence that intentions to not have sex or to use condoms or other forms of contraception are strongly related to actually engaging in these sexual behaviors among young people.

Slide 7: Intentions.

Emphasize that intentions are THE psychosocial factor most highly related

to behavior. Thus, they are very important.

However, they are not perfectly related.

Ask participants: Why are good intentions not always translated into behavior?

Ask for examples involving young people and sex.

Slide 8: Question #2: Can we improve intentions?

Slide 9: Number of Programs Having Effects on Intentions.

Observe that slightly more than half of programs increase intention to abstain from sex and about half increase intention to use condoms or other forms of contraception.

This demonstrates that it is possible to change intentions.

However, not all curricula may incorporate the kinds of activities needed to change intentions.

Slide 10: Question #2: Can we improve intentions?

- Yes, multiple studies demonstrate this.

Slide 11: Question #3: What are effective methods for changing intentions?

Ask this question and quickly show participants the next slide.

Slide 12: Possible Model of Psychosocial Factors Affecting Behavior.

Give participants a few minutes to try to answer the question on the previous slide.

Emphasize the answer: We do not try to change intentions directly; rather we change the psychosocial factors to the left that affect intentions.

These are the factors that we have already discussed in the previous sessions. Thus, if we have improved knowledge, perceptions of risk, values and attitudes, perceived norms, perceived gender norms, and skills and self-efficacy, we do not need to do anything more.

Point to the box on the diagram as you make the statement above.

Slide 13: Methods for Improving Intentions.

This slide just repeats the message you gave when pointing at the diagram.

Let the participants read this and reflect on it.

Ask them if they agree.

Slide 14: Does this mean we don't need any activities directly related to intentions? No. We need to address the obstacles preventing good intentions from being translated into good behavior.

State the message in the slide.

Slide 15: Methods for Helping Teens Translate Good Intentions into Behavior.

Help teens:

1. Formulate and clarify their intentions regarding sexual behavior
2. Make commitments to themselves (or to others) to implement their intentions
3. Create a clear plan for implementing their intentions
 - Identify when, where and how they will implement their intentions
4. Identify barriers to implementing their intentions and methods of overcoming barriers

Review these four ways to help teens translate good intentions into behavior.

Make sure that participants understand all four ways.

Ask for examples.

If participants cannot think of good examples, given an example of each yourself.

Slide 16: Summary.

- Intentions are highly related to behavior.
- Programs can improve the psychosocial factors that affect intentions.
- Programs can help teens:
 - Clarify their intentions
 - Turn them into commitments
 - Develop plans for implementing them
 - Overcome barriers to implementing them

Review these important points.

Ask if there are any questions.

12:35 p.m.–1:35 p.m.

DAY 5

Lunch



1:35 p.m.–3:10 p.m.

Improving Intentions to Change Behavior (continued)

DAY 5



Overview

Teams review, adapt or create three activities to help young people translate good intentions into good behavior.



Learning Objectives

Participants will be able to describe an activity that will help learners behave consistently with their intentions.



Materials

PowerPoint:

- PowerPoint slides Day 5-3 Intentions

Poster:

- Methods for Helping Teens Translate Good Intentions into Behavior

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception
- *Reducing Adolescent Sexual Risk*



Time

95 minutes



Preparation

- ❑ Be familiar with activities to address intentions including Activity 8-1 and 8-2 in *Reducing Adolescent Sexual Risk*.



Procedure

1. Slide 16: Assignment (60 min.).

Give the assignment:

- Review activities 8-1 and 8-2 in *Reducing Adolescent Sexual Risk*.
- Adapt or create two or three activities to address two or more of the ways to help teens translate good intentions into behavior.
 - See the poster or slide Methods for Helping Teens Translate Good Intentions into Behavior (slide 15).
- Be prepared to give a five-minute summary of one of your activities.

Ask if there are any questions.

Circulate among the teams to answer any questions and to be sure the teams are on track.

2. Have teams give presentation summarizing their activities (30 min.).

Ask if any of the teams adapted or developed an activity to help teens formulate and clarify their intentions regarding sexual behavior.

Ask for a volunteer to summarize their activity in five minutes.

Thank the speaker and ask participants if they thought this would help teens clarify their intentions regarding sexual behavior.

Ask if there any ways to improve this activity.

Repeat this process for the second, third and fourth methods to help teens translate good intentions into good behavior.

3. Add activities to logic model/template (5 min.).

Tell participants that they should add to their logic model/templates their activities that help translate intentions to behavior.

Poster:

Methods for Helping Teens Translate Good Intentions into Behavior

Help teens:

1. Formulate and clarify their intentions regarding sexual behavior
2. Make commitments to themselves (or to others) to implement their intentions
3. Create a clear plan for implementing their intentions
 - Identify when, where and how they will implement them
4. Identify barriers to implementing their intentions and methods of overcoming barriers

3:10 p.m.–3:30 p.m.

DAY 5

Break



3:30 p.m.–4:05 p.m.

Increasing Communication with Parents/Respected Elders to Change Behavior

DAY 5



Overview

Participants review ideas and research on communication between parents and their children and its impact on adolescent sexual behavior. Participants learn about one activity that is particularly effective at increasing parent-child communication—school homework assignments to communicate with their parents.



Learning Objectives

Participants will be able to describe a very effective way to increase parent-child communication among large numbers of learners.



Materials

PowerPoint:

- PowerPoint slides Day 5-4 Communication with parents or respected elders

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception
- *Reducing Adolescent Sexual Risk*



Time

35 minutes



Preparation

- ❑ Read Chapter 9 in *Reducing Adolescent Sexual Risk*.



Procedure

1. **Give the slide presentation on increasing parent-child communication about sex (15 min.).**

Slide 1: Increasing Communication with Parents/Respected Elders to Change Behavior.

Introduce the topic.

Slide 2: Basic Principle. Parents' communication with their children has diverse and life-long positive effects on their children's behavior.

Ask participants for examples.

Parents' communication is an important part of monitoring and supervision.

It also increases connection with their children.

Slide 3: Beliefs Supporting Parent-Child Communication.

- Parents should be the primary sexuality educators of their children.
- Parents talk infrequently about sex with their children because of discomfort.
- Effective parent-child communication will reduce sexual risk taking.
- Programs can increase parent-child communication.
- Program efforts to increase parent-child communication will increase support for programs.

Tell participants that programs have long supported efforts to increase parent-child communication. There are many reasons for this. Listed in the slide are a few.

Regarding the last bullet, tell participants that when programs strive to help parents talk to their children about sex and to express their beliefs and values to their children, parents then feel that the program is on their side and is not in opposition to their beliefs. Thus, they support instead of oppose the program.

Slide 4: Possible Model of Psychosocial Factors Affecting Behavior.

Recognize that parent-child communication is not a psychosocial factor; it is a behavior.

It can affect many of the psychosocial factors, especially knowledge,

perception of risk and values and attitudes. These arrows are shown, except for the arrow from parent-child communication to values and attitudes because it is difficult to draw in this diagram.

Importantly, sex and STI/HIV education programs can increase parent-child communication.

Slide 5: Question #1: Does parent-child communication about sexual behavior reduce adolescent sexual risk behavior?

Slide 6: Answer to Question #1.

- It depends on:
 - Gender of parents
 - Gender of child
 - Values being communicated
 - Closeness of relationship
- Mother-daughter communication about delaying sex may delay sex.
- Parent encouragement to use condoms and contraception may increase adolescents' use.

Emphasize that the evidence is strongest for the last bullet—Parent encouragement to use condoms and contraception may increase adolescents' use of condoms and contraceptives. It did so in five out of seven studies.

Slide 7: Question #2: Can sex education programs increase parent-child communication?

Slide 8: Number of Programs Having Effects on Parent-Child Communication.

Observe that slightly more than half the programs increased parent-child communication. This provides good evidence that it is possible for programs to increase parent-child communication, if the proper activities are implemented.

Slide 9: Question #2? Can sex education programs increase parent-child communication?

- Yes, more than half the programs increased parent-child communication.

Slide 10: Question #3: What are effective methods for increasing parent-child communication?

Ask this question and brainstorm possibilities. Let the participants identify

and describe different methods. Take several minutes, as needed.

Slide 11: Question #3: What are effective methods for increasing parent-child communication?

- Homework assignments to talk with parents/adults
- Programs for parents

Slide 12: Strategies to Increase the Effectiveness of Homework Assignments to Talk with Parents about Sex.

- Notify parents in advance.
- Provide parents with tips on how to talk with their teens.
- Provide parents with information on teen sexual activity and local STI/HIV and pregnancy rates.
- Prepare learners to talk with parents/adults.
- Give learners multiple sequential assignments to talk with parents/adults, starting with easier topics and progressing to more sensitive topics (e.g., sex, condoms and contraception).
- Encourage learners to talk with their own parents, but provide the option of talking with a respected adult other than a parent.

Ask participants if they have ever implemented homework assignments for students to talk with their parents (or respected elders) about sex.

Ask participants what are strategies to increase the effectiveness of homework assignments to talk with parents about sex.

Tell participants that all these strategies have been used in schools to improve the effectiveness of homework activities.

Slide 13: Strengths of homework assignments.

- Homework assignments can reach large numbers of parents and learners.
- Large percentages of learners and parents will complete the assignment.
- Homework assignments can be made easier or more challenging, depending on conditions.
- When it is an assignment, parents understand why the learner is asking the questions and are more comfortable talking about sex.
- Homework assignments to talk with parents about sex do increase parent-child communication about sex—by definition.

Slide 14: Strategies to Increase Parent/Adult Communication with Youth:

Programs for Parents.

- “Get the word out.”
- Hold the program during a school parents’ meeting.
- Provide parents with information about adolescent sexual behavior, HIV, other STIs, pregnancy and other needed topics.
- Give parents the opportunity to discuss issues about youth and sexuality important to them.
- Provide parents with tips on how to talk with their teens.
- Use role plays to teach and practice skills to talk with their teens.
- Provide parents with information on teen sexual activity and local STI/HIV and pregnancy rates.

Tell participants that another effective method of increasing parent-child communication is to implement programs for parents about sexuality.

Ask participants if they have implemented any programs for parents about sex.

Ask them for suggestions for how to make the programs more effective.

Then review the suggestions above, if they have not already been mentioned.

Slide 15: Conclusions.

- Greater parent-child communication can *sometimes* reduce sexual risk behaviors by delaying sex or increasing condom or contraceptive use.
- Some programs can increase parent-child communication.
- The most effective way to reach lots of youth and parents—give learners homework assignments to talk with parents.
- Programs for parents or parents and their children can be effective.

2. Slide 16: Adapt Activity 9-1 in *Reducing Adolescent Sexual Risk* or create a new activity to increase parent-child communication about sex (15 min.).

Give the assignment.

Ask if there are any questions.

Circulate among the teams to answer any questions and to be sure the teams are on track.

3. Add this activity to logic model (5 min.).

4:05 p.m.–5:15 p.m.

Reviewing and Completing Logic Models

DAY 5



Overview

Participants are given two criteria with which to review their logic models. Participant teams then complete further work on their logic models.



Learning Objectives

Participants will be able apply two important criteria for their logic models.



Materials

PowerPoint:

- PowerPoint slides Day 5-5 Review of Team Logic Models and Activities

Other:

- Review of Types of Activities in Curriculum

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

70 minutes



Procedure

1. Review and strengthen logic models according to two criteria (70 min.).

Slide 2: Review of Logic Models.

Tell participants that at this point they should review their overall logic model and assess it according to two criteria.

The most important criterion at this point is:

- Are there enough strong activities to change each of the important psychosocial factors?

They should consider each factor one at a time, review the activities affecting that factor, and make sure the activities addressing that factor are sufficiently strong to markedly improve that factor. (Typically, multiple activities are needed.)

If the activities are not sufficiently strong to markedly change the factors, then they should either (1) strengthen their existing activities, (2) review activities from existing curricula that address those factors and add and adapt the best ones for their population or (3) strive to develop their own activities.

During the training, the easiest method for conducting this review is to read through the logic model.

The second criterion is whether the logic model specifies a good mix of different types of participatory activities.

Show the handout and explain that as they read the activities in their logic model, they should complete the handout and then review the handout at the end.

Tell participants that the handout may also be used during the marketplace on Day 6.

5:15 p.m.–5:30 p.m.

Closure



DAY 5



Overview

The contents of the fifth day are summarized, participants complete assessments of the day, and assignments are given for the following day.



Materials

Poster

- Organization of the Training

Other

- Day 5 Training Assessment for each participant
- Parking Lot



Time

15 minutes



Preparation

- Make enough copies of the Day 5 Training Assessment for each participant.



Procedure

1. **Summary of the day (3 min.).** Using the poster showing the organization of the training, summarize quickly how everything in the Organization of the Training poster was covered. If it has not become clear by now, point out the overall logic of the training.
2. **Feedback on the fourth day (5 min.).** If there are participants who were asked at the beginning of the day to collect feedback from participants and to summarize that feedback at the end of the day, have them do so. Then ask if others have feedback for the day. Was it a productive day? Did they learn much? What did they like? What could be improved?
3. **Assignments for the following day (1 min.).** Ask participants to read Chapter 10 in *Reducing Adolescent Sexual Risk* if they have not already done so. It provides a summary of the other chapters and criteria for reviewing all the activities selected by the participants.
4. **Training assessments for Day 3 (5 min.).** Hand out the training assessments and ask participants to complete them and turn them in to a specific location or person before they leave for the day.
5. **Closing remarks (1 min.).**
 - Thank participants for their attention and involvement for the day.
 - Address any logistical issues.
 - Address any issues in the Parking Lot.
 - Remind them of what time they are meeting the following morning.
 - Encourage teams to continue working on their logic models for the following morning, if they need additional work. They will have only a few more minutes in the morning to complete them before the marketplace, where they will be put on the wall and reviewed.

Day 6

Day 6 Agenda

Schedule	Time	Module
8:30 – 8:40	10 minutes	Days 1–5/Day 6 Overview
8:40 – 9:40	60 minutes	Review of Characteristics of Effective Programs and Good Practice
9:40 – 10:40	60 minutes	Preparing Logic Models for the Marketplace
10:40 – 11:00	20 minutes	BREAK
11:00 – 11:30	30 minutes	Marketplace
11:30 – 12:20	50 minutes	Developing Country Action Plans
12:20 – 1:00	40 minutes	Closure

8:30 a.m.–8:40 a.m.

DAY 6

Days 1–5/Day 6 Overview



Overview

Participants will review the material from Days 1 through 5 and preview the Day 6 agenda.



Learning Objectives

Participants will be able to summarize the organization and logic of the training thus far.



Materials

Poster (or PowerPoint):

- Poster: Organization of the Training or
- PowerPoint: Day 1 Objectives: Slide 13 Organization of the Training

Participant manual:

- Day 6 Agenda



Time

10 minutes



Preparation

- Review organization of Days 1 through 5.
- Have others be prepared to summarize what they covered and what they learned the fifth day.



Procedure

1. Welcome and housekeeping.

Welcome the participants to the last day of training.

Make any housekeeping notices that you need to make.

2. Review the previous day.

If people were assigned the previous day to summarize what they have learned, ask them to give their summaries of the fifth day. If no one was assigned the responsibility of summarizing what was learned the fifth day, ask for volunteers to summarize what they learned the fifth day.

Using the organization poster or the PowerPoint slide, briefly summarize the organization of the training so far and make the following points as needed:

- Programs that were effective at changing behavior were different from those that were not effective at changing behavior.
- The effective programs were based on a logic model.
- Thus far, we have:
 - Specified our reproductive health goals.
 - Specified behaviors that lead to those goals.
 - Selected psychosocial risk and protective factors that change those behaviors and that can be changed with curriculum-based programs.
 - Reviewed the research on all the psychosocial factors that affect those behaviors and identified or modeled effective activities to change them.
 - Reviewed the research on skills to make decisions, avoid and get out of high risk situations, to say “no” to sex, to insist on using condoms and to use condoms properly. We then turned to intentions, recognized that the best way to improve intentions is to improve the psychosocial factors that we have already discussed. However, we realized that “good intentions” do not always translate into good behavior and we discussed activities to help young people clarify their intentions, make commitments to themselves or others, create a clear plan and identify ways to overcome possible barriers to implementing their intentions. Finally, we talked about using homework assignments to improve parent-child communication about sexuality.

3. Summarize the agenda for Day 6.

Today, we will review all the characteristics of effective programs and then continue to work on our logic models, present them in our “marketplace” and think about next steps in our country action plans.

8:40 p.m.–9:40 a.m.

Review of Characteristics of Effective Programs and Good Practice

DAY 6



Overview

Participants assess whether the first 18 characteristics of effective programs have been covered by the training and then hear a review of the 18 characteristics of effective programs and the 5 characteristics of good practice in educational institutions.



Learning Objectives

Participants will be able to summarize many of the characteristics of effective programs and good practice and be able to elaborate on each of the characteristics in a list.

Participants will recognize that many of the characteristics have been covered in depth in the training.



Materials

PowerPoint:

- PowerPoint slides Day 6-1 Review of Characteristics of Effective Programs and Good Practice

Other:

- *International Technical Guidance on Sexuality Education: Volume 1: The Rationale for Sexuality Education for Everyone.*
- Worksheet to Assess Whether This Training Has Discussed Each Characteristic of Effective Programs



Time

60 minutes



Preparation

- Read Sections 5 and 6 in *International Technical Guidance on Sexuality Education: Volume 1: The Rationale for Sexuality Education*.
- Provide copies of *International Technical Guidance on Sexuality Education: Volume 1: The Rationale for Sexuality Education for Everyone*.



Procedure

1. Assess whether the training has covered the 18 + 5 characteristics (10 min.).

Have participants read pages 22–24 of *International Technical Guidance on Sexuality Education: Volume 1* and complete the worksheet titled *Worksheet to Assess Whether This Training Has Discussed Each Characteristic of Effective Programs*. That is, they should read each characteristic and then check “yes” or “no” as to whether the training has discussed that characteristic in depth.

After about five minutes, go down the list one at a time reading the characteristic and quickly ask for a show of hands to indicate whether the training has covered that characteristic.

There does not have to be agreement. The purpose is to help participants think about the characteristics and to see how many of the characteristics have been covered in depth and which have not been covered in depth.

2. Give the slide presentation on the characteristics of effective programs and good practice (25 min.).

Slide 1: Characteristics of Effective Programs and Good Practice with An Emphasis on Schools.

Tell participants that all week we have been talking about some of the characteristics of effective programs.

Thus, this is a review of all the characteristics with special emphasis on those characteristics that have not previously been covered.



NOTE TO FACILITATOR:

Some of the slides that follow have already been covered in previous presentations. When showing those slides that have already been covered, review them quickly, making the major points, and then ask if there are any questions about the content of the slide.

Slide 2: The Number of Sex Education Programs with Indicated Effects on Sexual Behaviors.

Remind participants that this is the same slide that we saw on the first day.

It demonstrates that:

- Some programs delay the initiation of sex, reduce the frequency of sex and/or reduce the number of sexual partners.
- Some programs did not have an impact on behavior in either direction.
- With one minor exception consistent with chance, none of the programs increased any measure of sexual behavior.

Slide 3: The Number of Sex Education Programs with Indicated Effects on Sexual Behaviors.

Remind participants that this is also a review slide.

It demonstrates that:

- Some of the programs increased condom use, some increased contraceptive use and some reduced sexual risk taking (e.g., frequency of sex without condoms).
- Some of the programs had no impact on these behaviors.
- With two exceptions consistent with chance, these programs did not reduce condom or contraceptive use or increase sexual risk taking.

Slide 4: The Number and Percent of Sex Education Programs with Indicated Effects on:

The results in the previous slides measured the impact of programs on each of several individual behaviors. However, a program could be considered effective if it has an impact on *any* behavior.

This slide shows that 62 percent of programs had a significant positive effect on one or more behaviors and 28 percent had a significant effect on two or more behaviors. For example, they may have both delayed sex and increased condom use.

In other words, some programs were effective at changing behavior and others were not.

Slide 5: Uncovering the Characteristics of Effective Programs.

Of the programs with positive evidence of impact, more than 30 were identified with the strongest evidence of impact. Of these, more than 20 were actually obtained. Curricula of programs that were not effective were also obtained.

Kirby and his colleagues then conducted a very intensive analysis of the differences between those curricula and programs that were effective and those that were not. This analysis included coding every activity in the curriculum on various dimensions and also coding overall characteristics of the curricula and programs.

Slide 6: Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs.

The differences have been summarized in various documents. A recent version is included in the *International Technical Guidance on Sexuality Education: Volume 1*.

Hold up this volume.

They have also been summarized in the *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*. This tool is designed to help people determine whether their curricula incorporate the characteristics.

Hold up this volume.

There are between 17 and 24 characteristics. They all say essentially the same thing, but they have been refined over time and some have been broken out to make them more clear.

Slide 7: Included Three Categories of Characteristics:

1. The development of the curriculum
2. The curriculum itself
 - Goals and objectives
 - Activities
 - Teaching methodologies
3. Implementation of the curriculum

The characteristics fall into the three categories above.

Because this is a training for developing curricula, most of it has focused on the first two categories of characteristics.

Slide 8: Development of Curriculum. Involve experts in:

- Research on human sexuality
- *Theory and research* about factors affecting behavior

- Instructional methods for changing factors

The team of people who developed the effective curricula included experts in the theory and research about the factors affecting behavior and instructional methods for changing those factors.

That has been the focus of this training.

Tell participants that we hope that during this week, they have become more expert in the theory and research about factors affecting behavior and instructional methods to change factors.

Slide 8: Development of the Curriculum. Assess the reproductive health needs and behaviors of young people in order to inform the development of the logic model.

Effective curricula need to be informed by evidence on the youths' actual risk behaviors, as well as their knowledge, beliefs, values, attitudes, skills and reasons for failing to avoid unwanted, unintended and unprotected sex.

Ask participants for ways to gain such evidence.

Answers might include:

- Quantitative data
- Interviews with professionals
- Focus groups with youth

Slide 9: Development of Curriculum. Use a logic model approach that specifies...

Point out to the participants that this is exactly what we have done during the last five days.

Slide 10: Development of Curriculum. Design activities that are sensitive to community values and consistent with available resources.

Explain that in some communities attempts were made to implement curricula but because they were not consistent with community values, opposition arose and they were never implemented. This has happened in many countries, including the U.S., Nigeria, India and others.

Explain that in other communities curricula were not implemented completely or adequately because the educators did not have the needed skills.

Sometimes individual activities cannot be implemented because they require supplies that were not available.

Ask participants if they have any examples of the limitations.

Slide 11: Development of the Curriculum. Pilot-test the curriculum and obtain feedback.

Pilot-testing is very important.

It allows for adjustments to be made, e.g., changing the words in a role play so that they are more realistic.

Individual activities and then the entire curriculum should be pilot-tested and practical feedback should be obtained on what did and did not work.

After selected activities, we ask learners what they learned from an activity and what message they received. If they did not learn what we wanted them to learn, we make revisions.

Slide 12: Characteristics of the Curriculum Itself. Focus on clear reproductive health goals.

Note that now we are turning to the second category of characteristics—the characteristics of the curriculum itself.

This is just what we did in this training.

Slide 13: Characteristics of the Curriculum Itself: Focus narrowly on specific sexual risk behaviors. Address specific situations.

This is just what we did in this training.

Slide 14: Characteristics of the Curriculum itself. Give clear messages. Focus on specific risk and protective factors.

In this training, first we developed clear messages about behavior and then turned to specific psychosocial risk and protective factors that affect behavior.

Slide 15: Characteristics of the Curriculum Itself. Employ participatory activities. Implement multiple sound activities...

In this training, most of the examples of activities were participatory.

And we have tried to employ this principle in this training as well, by having participants be actively involved.

We reviewed multiple activities for many of the factors.

Slide 16: Characteristics of the Curriculum Itself. Provide scientifically accurate information about risks. Address perceptions of risk.

We examined multiple activities that did both of these things.

Slide 17: Characteristics of the Curriculum Itself. Address values regarding sex and attitudes regarding condoms...

We examined multiple activities that did both of these things.

Slide 18: Characteristics of the Curriculum Itself. Address skills and self-efficacy. Cover topics in a logical sequence.

We examined multiple activities to develop decision-making skills, skills to avoid situations that might lead to unwanted or unprotected sex, skills to refuse sex, and skills to insist on and use condoms properly.

We have not talked about covering topics in a logical sequence. One logical sequence might be the following:

- Risks of STI/HIV or pregnancy
- Knowledge, attitudes and skills to avoid them

Slide 19: Implementation. Include 12 sessions. Include sequential sessions. Select capable educators.

Note that now we are turning to the third category of characteristics—the implementation of the curriculum.

Implementing multiple activities for each of the important risk and protective factors requires a fair amount of time. When programs were implemented in schools, nearly all the effective ones lasted 12 or more 50-minute sessions and some included 30 or more sessions.

The programs that had positive effects for multiple years included sequential sessions over two or more years and/or had school-wide activities that reinforced the messages given the first year during subsequent years.

Several programs were not effective because the educators were not selected or trained and either could not or did not implement the activities with fidelity.

Educators need to:

- Have an interest in teaching the curriculum
- Have personal comfort teaching the topic of sexuality
- Have ability to relate to and communicate with students
- Have skill in employing participatory methods.

So far there is more evidence that adult-led educators are effective, but peer-led educators may also be effective if they are knowledgeable, skilled and trusted by the learners.

Slide 20: Implementation. Provide quality training. Provide management, supervision and oversight.

Specialized training is important because delivering sexuality education often involves new concepts and new learning methods.

Training should:

- Have clear goals and objectives
- Teach and provide practice in participatory learning methods
- Include both content and skills
- Be based on the curriculum to be implemented
- Provide opportunities to rehearse lessons in the curriculum
- Help educators distinguish between their personal values and the health needs of the learners

Because sexuality education is not well established in many schools, school managers should provide encouragement, guidance and support.

Supervisors should make sure that the curriculum is implemented as planned.

3. Slide 21: Assignment. Answer questions about curriculum structure and further development (25 min.).

Tell participants that given the previous overview of all the characteristics of effective programs, there are additional considerations that should be addressed. For example:

- What the curriculum structure will be
 - Number of sessions/grade level
- Who else should be involved in the creation of the curriculum
 - How young people will be involved
- How the curriculum will be pilot-tested
- How teachers will be selected, trained supported and monitored (if appropriate)

Ask participants to consider the questions on the slide and answer as best they can at this time.

4. After about 20 minutes, ask participants to share their answers to these questions and discuss them one at a time (5–10 min.).

9:40 a.m.–10:40 a.m.

DAY 6

Preparing Logic Models for the Marketplace



Overview

Participant teams complete their logic models and prepare for the presentation of their logic models at the “marketplace.”



Learning Objectives

Participants will be able to summarize portions of their logic models for other participant teams.



Materials

PowerPoint:

- PowerPoint slides Day 6-2 Marketplace

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

60 minutes



Procedure

1. Prepare for the marketplace.

NOTE TO FACILITATOR:

The teams' logic models can be displayed one at a time using a laptop and projector. This process focuses everyone on the same logic model one model at a time and gives each team the opportunity to present information about their logic model.

Alternatively, all the logic models can be printed in their entirety and taped to walls in the room. All participants can then circulate around the logic models at their own pace and read them. After participants read them, the facilitator can ask people for their observations on the logic models and make summary statements himself/herself.

The steps below assume that logic models are displayed one at a time using a projector.

Slide 2: Instructions for Completing Your Logic Models for the Marketplace (60 min.).

Tell participants that you would like all the teams to complete their logic models so that they can be shared with everyone using the projector.

Ask them to Tell participants:

- Complete your logic models.
- Prepare your five-minute presentation.
- When giving your presentation:
 - Select only one of your models/tables.
 - Specify your health goal(s).
 - Specify the behaviors you wish to change.
 - Select three to five psychosocial factors you wish to change.
 - Briefly describe the activities you will implement to change each of the factors.
 - List the types of activities you have included in your logic model (e.g., lectures, role plays, simulations).

Circulate among the teams to make sure that they understand the directions and are on task. Provide help to any teams whose logic models may be messy or incorrect.

10:40 a.m.–11:00 a.m.

DAY 6

Break



11:00 a.m.–11:30 a.m.

Marketplace



Overview

Each participant team summarizes their logic models for the other participants and they are reviewed by other participants and the trainer.



Learning Objectives

Participants will be able to summarize some of the strengths and limitations of logic models that have been developed by other teams.



Materials

Digital copies for each participant of:

- Logic Model Template Part 1: Delaying or Reducing Sexual Activity
- Logic Model Template Part 2: Increasing Use of Condoms or Other Forms of Contraception



Time

30 minutes



Procedure

1. Teams summarize their logic models and receive feedback (30 min.).

Each team summarizes their logic model, starting with the health goals, then their behaviors to address the health goals, then selected risk and protective factors and finally the activities to change a few risk and protective factors. They also summarize their overall distribution of types of activities.

After each team presents the selected portions of their logic model, the trainer should ask the other participants the following questions:

- Are there any questions about this logic model?
- What are some of the strengths of this logic model?
- What are some of the limitations?
- Does the logic model propose a good distribution of different types of activities?
- How could it be improved?

Always be sure that at least a few strengths are mentioned for every model, and always be sure to suggest a few ways to improve each model.

11:30 a.m.–12:20 p.m.

DAY 6

Developing Country Action Plans



Overview

Each participant team develops their country action plan.



Learning Objectives

Participants will be able to summarize the important next steps that they will take to develop their curriculum and have it implemented broadly.



Materials

PowerPoint:

- PowerPoint slides Day 6 Country Action Plans

Other:

- Country Work Plans



Time

50 minutes



Preparation

- Make paper copies of the Country Work Plans for each team.



Procedure

1. Teams create their country action plans (40 min.).

Slide 2: Assignment: Create a Country Action Plan.

Each team considers what their next steps should be, both to further develop their curriculum and to facilitate the implementation of sex and STI/HIV education nationwide. To do this, they should answer the following questions:

- To promote the implementation of sex and STI/HIV education nationwide:
 - What are the next steps to be completed?
 - Who will complete each of them?
 - Who are your key partners?
 - By when should each step be completed?
- To further develop your curriculum:
 - What are the next steps to be completed?
 - Who will complete each of them?
 - By when should each step be completed?

2. Teams summarize their action plans for other teams (10 min.).

Ask each team to briefly summarize their action plan.

Make note of common actions across the teams.

12:20 p.m.–1:00 p.m.

Closure

DAY 6



Overview

Participants express important things that they have learned during the training and all appropriate parties are thanked for their role in the training.



Materials

- Training certificates
- Memory sticks with training files on them
- Any gifts, if appropriate



Time

40 minutes



Preparation

- Make a memory stick for each person with all appropriate files on it.
- Make sure all training certificates are printed and signed.
- Be clear about who should be thanked, and have certificates and gifts available.



Procedure

- 1. Summary of the training (3 min.).** If appropriate, use the poster showing the organization of the training, and summarize quickly how everything in the Organization of the Training poster was covered.
- 2. Reflections on the training (8 min.).**

Ask participants what they learned during the training and how it may be useful to them. Give all those who wish to respond an opportunity to speak.
- 3. Hand out training certificates and memory sticks with all appropriate files (8 min.).**
- 4. Thank all people for their roles in the training (10 min).**
- 5. Make final closing remarks (3 min.).**

Encourage teams to continue working on their logic models and the development of their curricula, emphasizing that effective curricula can help them achieve their reproductive health goals.
- 6. Training assessments for the entire training (8 min.).** Hand out the training assessments and ask participants to complete them and turn them in to a specific location or person before they leave.

