

# The 17 Characteristics At a Glance

## The Process of Developing the Curriculum

1. Involved multiple people with different backgrounds in theory, research and sex and STD/HIV education to develop the curriculum.
2. Assessed relevant needs and assets of target group.
3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors.
4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies).
5. Pilot-tested the program.

## The Contents of the Curriculum Itself

### *Curriculum Goals and Objectives*

6. Focused on clear health goals — the prevention of STD, HIV and/or pregnancy.
7. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them.
8. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy).

### *Activities and Teaching Methodologies*

9. Created a safe social environment for youth to participate.
10. Included multiple activities to change each of the targeted risk and protective factors.
11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors.
12. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age and sexual experience.
13. Covered topics in a logical sequence.

## The Implementation of the Curriculum

14. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.
15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision and support.
16. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained consent).
17. Implemented virtually all activities with reasonable fidelity.