

Characteristics of Effective Curriculum-Based Programs

 In *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (published by the National Campaign to Prevent Teen Pregnancy in 2001), author Douglas Kirby, Ph.D. identified a number of programs that have been shown through rigorous evaluation to increase the age of first sex, improve use of condoms or contraception among sexually active teens, and/or to actually reduce teen pregnancy. Many of these effective programs were guided by a clear curriculum, and are therefore referred to here as curriculum-based programs, or “c-b programs.” Some of these c-b programs were offered in schools, others outside of school. Interestingly, Kirby found that the effective programs share ten common characteristics.

This Science Says research brief summarizes these characteristics and offers a few additional thoughts about their wider applicability to other programs to reduce teen pregnancy. For more information about effective programs to prevent teen pregnancy more generally, please see Emerging Answers at www.teenpregnancy.org.

Effective curriculum-based programs:

1. Have a specific, narrow focus on behavior.

Effective c-b programs to prevent unintended pregnancy or HIV/STD infection tend to focus on very specific behavioral goals such as delaying first sex or using condoms or other forms of contraception. Typically, they do not spend significant time on such topics as gender roles, dating, or being a parent.

2. Are based on theoretical approaches that have been effective in influencing other risky health-related behavior.

These theories include such socio-psychological constructs as the theory of reasoned action, cognitive behavior theory, and the theory of planned behavior. These theories help to identify the particular risk and protective factors that the curricula try to change (e.g., the beliefs, attitudes, norms, confidence, and skills related to sexual behavior), which in turn may lead to voluntary change in sexual or contraceptive behavior.

3. Provide clear messages about sex and protection against STDs or pregnancy.

Most activities are directed toward convincing students that not having sex or that using condoms or other forms of contraception consistently and carefully is the *right* thing to do, as opposed to simply laying out the pros and cons of different sexual choices. That is, a point of view is presented. This particular characteristic was especially important in distinguishing effective from ineffective programs.

4. Provide basic, not detailed, information.

Rather than providing quite detailed information about all methods of contraception or all STDs, for example, effective c-b programs tend to emphasize the basic facts that young people need to avoid unprotected sex. They also present information that might lead to positive changes in beliefs and attitudes, and in what young people perceive as the values — the “norms” — of their friends. Some c-b programs, however, do provide more detailed information about condom use.

5. Address peer pressure.

For example, they discuss situations that might lead to unwanted sex or “lines” that are often used to get someone to have sex. Some also address beliefs and misperceptions among groups of teens, such as “everyone is doing it.”

6. Teach communication skills.

Typically, they provide information about communication, negotiation, and refusal skills, demonstrate those skills, and then provide repeated practice in those skills. For example, some curricula teach students how to say “no” to sex or to sex without contraception. Some start with clear scripts for role-playing on these issues before allowing students to make up their own scripts.

7. Include activities that are interactive.

Actively engaging teens through games, simulations, small group discussions, videos, role-playing, and written exercises is important because it seems to help young people *personalize* the information

provided. Some effective c-b programs use peer educators or videos featuring people with whom students can identify.

8. Reflect the age, sexual experience and culture of the young people in the program.

Because few young adolescents, such as those in middle school, have had sex, curricula for this age group generally focuses on postponing sexual intercourse. For high school students who tend to have more sexual experience, programs usually emphasize avoiding unprotected sex, stressing that abstinence is the best way to avoid unprotected sex, and that condoms and/or other contraception should always be used if students do have sex.

9. Last longer than several hours.

Having a real influence on behavior is a difficult task. Programs that last only a couple of hours cannot markedly change the risk and protective factors affecting sexual behavior and thus do not appear to be effective. Instead, c-b programs that last 14 or more hours and that have a greater number of different activities for students have a greater effect.

10. Carefully select leaders and train them.

They place a high premium on recruiting teachers or peer leaders who believe in the program they are leading/teaching and provide them with training. Training sessions generally last from six hours to three days and are designed to provide teachers with both information and practice using teaching strategies in the curricula.

What It All Means

- One of the most promising strategies for reducing teen pregnancy through c-b programs is to put in place those programs that have been demonstrated to be effective with other youth in other places.
- When it is not possible to do so, a second promising strategy is to select or design programs that incorporate these characteristics of effective c-b programs.
- Program leaders and practitioners should note that *each* of these particular characteristics appears to be necessary. That is, c-b programs that did not incorporate one or more of these characteristics were typically found to be ineffective.

The key characteristics outlined here may apply to programs to prevent teen pregnancy that go beyond a curriculum-based model. Those designing community-wide interventions, for example, or media campaigns, should think about these ten characteristics and their possible relevance. For example, effective c-b programs are interactive, last more than a few hours, and are carefully tailored to the “target audience” — straightforward ideas that should probably be built into many programs and settings. Basing interventions on sound theories of change, attending to careful staff training — these, too, seem reasonable guidelines for many social change efforts.

About Putting What Works to Work

Putting What Works to Work (PWWTW) is a project of the National Campaign to Prevent Teen Pregnancy funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, the Campaign will translate research on teen pregnancy prevention and related issues into user-friendly materials for practitioners, policymakers, and advocates. As part of this initiative,

the Science Says series summarizes recent research in short, easy-to-understand briefs.

For more information, please visit www.teenpregnancy.org

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About the National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan organization supported largely by private donations. The Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. Our goal is to reduce the rate of teen pregnancy by one-third between 1996 and 2005.