

## Characteristics of Successful Health Education Programmes to Prevent HIV/AIDS

### Description of the tool:

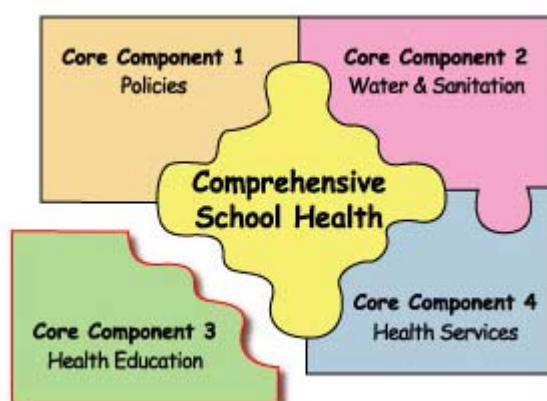
Skills based health education, promoted within a supportive framework, such as the one proposed by the FRESH initiative, offers an effective method of equipping children and young people with the knowledge, attitudes and skills they need to help them steer clear of behaviour that would place them at risk and to adopt healthier life styles. Based on reviews of some 113 evaluated programmes, this tool describes what successful HIV/AIDS prevention education programmes seem to have in common.

The information in this tool was excerpted by UNESCO from the following organization's website:

**The Partnership for Child Development:** <http://www.freshschools.org>

The information contained in this tool is available at the following address:  
<http://www.freshschools.org/education-0.htm>

The rationale for Core Component #3 of the FRESH framework for school health programming is described and is linked to pages describing the other FRESH core components: health-related school policies, safe water and sanitation and school-based health and nutrition services. Successful interventions for both HIV/AIDS and substance abuse prevention in the USA and Nigeria are described, and links provided to further case studies on skills-based health education conducted in Zimbabwe, Peru, Columbia, Vietnam and Tanzania.



This information supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.

## Characteristics of Successful Health Education Programmes to Prevent HIV/AIDS<sup>1</sup>

Reviews of school-based HIV/AIDS prevention programmes (23 studies in the USA; Kirby *et al.* 1994), 37 other countries (reported in UNAIDS 1999) and 53 studies in the USA, Europe and elsewhere (UNAIDS 1997a), have identified the following common characteristics of health education programmes that have been successful in preventing HIV/AIDS:

- They focus on a few *specific behavioural goals*, (such as delaying initiation of intercourse or using protection), which require knowledge, attitude and skill objectives.
- They provide *basic, accurate information* that is relevant to behaviour change, especially the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
- They emphasize *clear and appropriate values* that will strengthen individual values and group norms against unprotected sex.
- They offer modelling and practice in *communication and negotiation skills* in particular, as well as other related “life skills” in general.
- They make use of *Social Learning theories* as the foundation for programme development.
- They address *social influences* on sexual behaviour, including the important role of media and peers.
- They use of *participatory activities* (games, role playing, group discussions etc.) to achieve the objectives of personalizing information, exploring attitudes and values, and practising skills.
- They advocate for *extensive training* for teachers/implementers to enable them to master basic information about HIV/AIDS and to be given an opportunity to practice and become confident with life skills training methods.
- They *support* reproductive health and HIV/STI prevention programmes set up by school authorities, decision and policy-makers, and the community at large.
- They make *evaluations* (e.g. of outcomes, design, implementation, sustainability, school, student and community support) from the standpoint of programme improvement and encouragement of successful practices.
- They are age-appropriate, targeting students in different age groups and at different stages of development with suitable messages that are of relevance to young people. For example, an appropriate goal for a programme targeting younger students, who are not yet sexually active, might be to delay the initiation of intercourse, whereas for

sexually active students, the emphasis might be placed on reducing the number of sexual partners and encouraging condom use.

- They are all *gender sensitive*, intended for both boys and girls.

Sources of studies mentioned:

1. Kirby, D., Short, L., Collins, J., Rugg, D. *et al.* (1994). School-based Programs to Reduce Sexual Risk Behaviors: A review of effectiveness. *Public Health Reports*, 109(3): 339-361.
2. UNAIDS (1999). Sexual Behavioral Change for HIV: Where have all the theories taken us?
3. UNAIDS (1997a). Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A review update.

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<sup>1</sup> Excerpted from: The Partnership for Child Development website.  
<http://www.freshschools.org/education-0.htm>