



# IDENTIFYING CORE COMPONENTS

In Five Evidence-Based Teen Pregnancy Prevention Programs:  
Implications for Design, Implementation, and Policy

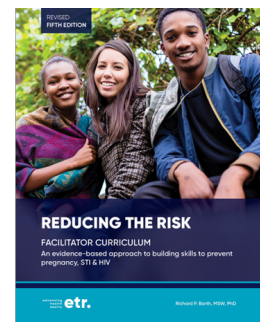
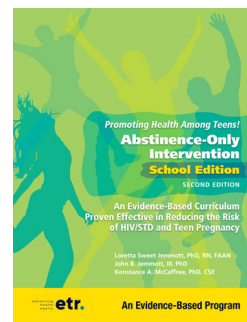
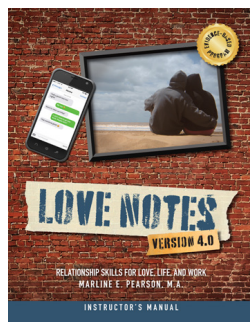
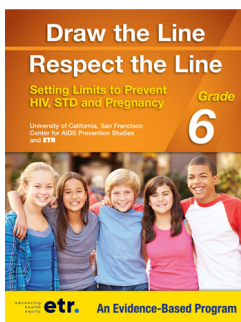
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## What is the CPIC Study about?

In September 2022, AMTC & Associates was awarded funding from the Office of Population Affairs (OPA) (Opportunity # PA-PHE-22-002, Teenage Pregnancy Prevention Evaluation and Research Grants) to conduct the Content, Pedagogy, Implementation, and Context Core Components Study (CPIC Study). The CPIC Study aimed to identify the core components of five effective evidence-based teen pregnancy prevention (TPP) curricula: *Draw the Line/Respect the Line (DTL/RTL)*, *Love Notes*, *Making Proud Choices (MPC)*, *Promoting Health Among Teens—Abstinence Only (PHAT-AO)*, and *Reducing the Risk (RTR)*.

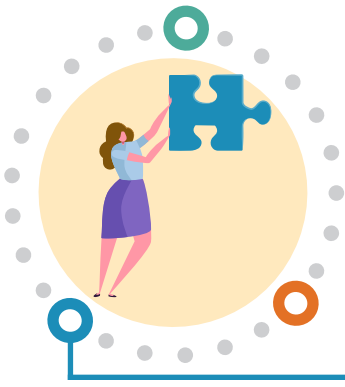
**Core components** are “the essential elements and activities within the entire intervention that are needed to produce the intended positive outcomes for participants.”

— Office of Population Affairs



## What methods did the CPIC Study use?

The CPIC Study is a two-phased study. During **Phase 1**, we used an inductive qualitative research approach based on grounded theory and phenomenology. We collected data from three sources: 1) curriculum manuals, 2) curriculum developers and facilitators, and 3) published journal articles and reports about the curricula. We analyzed these data using nuanced line-by-line content and thematic analyses. Coding and analyses of curricula, transcripts, and other documents were conducted using Dedoose (a qualitative data application) and Microsoft Excel. The **Phase 2** team used a deductive quantitative research approach to empirically test some of the core component findings from Phase 1 using youth outcome survey data collected by AMTC over the last 14 years. This brief reports on Phase 1 findings only.



# PHASE 1 FINDINGS AT A GLANCE

## Core CONTENT Components (CCC)

**Core content** refers to *what* the curriculum teaches. Core content is defined by two facets: 1) the essential program subject matter or topic (e.g., contraceptive methods, healthy relationships, limit setting), and 2) with which psychosocial determinant (e.g., knowledge, attitudes, skills) that topic is addressed.

For example, a curriculum might talk about abstaining from sex (topic) by imparting knowledge, or by shifting attitudes about abstinence, or by teaching skills about how to be abstinent—the same topic (abstinence), but addressed with three different determinants (knowledge, attitudes, skills).

### CCC CATEGORY 1: Behavior Change Pathway

The five curricula in the CPIC Study...

**CCC Finding #1:** Are anchored by specific and measurable goal(s). These include: preventing pregnancy, preventing HIV, and/or preventing other sexually transmitted infections (STIs).

**CCC Finding #2:** Are anchored by specific and measurable healthy sexual behaviors that are directly linked to their goals (see CCC #1).

#### ***Specific and Measurable Healthy Sexual Behaviors***

1. Delaying the onset of sexual intercourse (abstaining from sex)
2. Reducing the frequency of sex
3. Reducing the number of sexual partners (if sexually active)
4. Avoiding concurrent partners (practicing serial mutual monogamy) (if sexually active)
5. Using condoms (mostly mentioned external condoms) correctly and consistently (if sexually active)
6. Using effective contraception (if sexually active)

**CCC Finding #3:** Primarily focus on nine categories of psychosocial determinants that are directly linked to changing youth sexual behavior (see CCC #2).

#### ***Nine Psychosocial Determinants***

1. Knowledge
2. Self-awareness
3. Attitudes
4. Emotions or feelings
5. Perception of risk (susceptibility & severity)
6. Peer norms and perception of peer norms
7. Skill
8. Self-efficacy
9. Intentions

## CCC CATEGORY 2: Specific Core Content or Subject Matter

The five curricula in the CPIC Study...

**CCC Finding #4:** Present basic knowledge about sexual and reproductive health as a foundation on which to build learners' understanding of pregnancy and HIV/STI prevention.

### ***Sexual and Reproductive Health (SRH) Topics***

1. Physical, emotional, and social changes associated with puberty
2. Reproductive anatomy and physiology (e.g., internal and external anatomy, hormones, ovulation, menstruation, ejaculation)
3. Sexual intercourse and how a pregnancy occurs
4. Names, symptoms, transmission, and other facts about HIV and other STIs
5. Sexual response
6. Contraceptive methods and how they work
7. SRH resources
8. Prevalence data about adolescent SRH

**CCC Finding #5:** Facilitate processes where learners can envision and plan healthy futures (short- and long-term).

**CCC Finding #6:** Teach about multiple facets of healthy relationships.

### ***Facets of Healthy Relationships***

1. Healthy and unhealthy relationship characteristics and behaviors
2. Relationship wants and expectations
3. Limits in a romantic relationship, especially related to sexual activity
4. The importance of respecting a partner's decisions and expecting your partner to respect you
5. The importance of mutuality in a relationship
6. Power dynamics in relationships (related to inequitable gender norms)
7. The importance of regular, clear, and respectful communication
8. The management of feelings, desires, attraction, and pressure
9. The importance of planning relationships
10. Ending an unhealthy or unwanted relationship

**CCC Finding #7:** Teach about multiple facets of respectful partner communication, including benefits and skills.

### **Communication Skills**

1. Assertive communication
2. Non-verbal communication
3. Refusing and negotiating (e.g., refusing to have unprotected sex)
4. Responding to peer and partner pressure
5. Making a respectful complaint (*Love Notes* only)
6. Listening (*Love Notes* only)

**CCC Finding #8:** Build learners' skills to set and keep personal limits related to sexual activity.

**CCC Finding #9:** Strengthen learners' personal agency to make healthy and autonomous decisions.

## **Core PEDAGOGY Components (CPC)**



**Core pedagogy** refers to how the core content is taught and the teaching methodologies most apt for transferring content to learners.

For example, role plays are more suited for learning communication skills and building self-efficacy to use those skills compared to the facilitator simply lecturing on skill steps. A true/false quiz is an interactive way to share facts about sexually transmitted infections. Large group critical reflection discussions can work well to shift individual attitudes and perceptions of peer norms.

### **CPC CATEGORY 1: How Learners Are Engaged in the Learning Process**

The five curricula in the CPIC Study provide learners with multiple opportunities to:

**CPC Finding #1:** Practice skills (e.g., communication skills).

**CPC Finding #2:** Personalize or apply information and skills.

**CPC Finding #3:** Think critically, analyze, and/or assess.

**CPC Finding #4:** Write with pen and paper (e.g., worksheets, journals).

**CPC Finding #5:** Voice their opinions, ideas, experiences, suggestions, and solutions to challenges while their peers listen/observe.

## CPC CATEGORY 2: How Content Is Presented

The five curricula in the CPIC Study...

**CPC Finding #6:** Use multiple stories, scenarios, case studies, and/or videos as input for discussion.

**CPC Finding #7:** Present relatively simple and easy-to-remember frameworks and require youth to apply them.

**CPC Finding #8:** Regularly summarize, repeat, and reinforce key points (about information learned during the session) and core messages (about the desired behavior and/or curriculum goals).



### Core IMPLEMENTATION Components (CIC)

**Core implementation components** refer to how the curriculum overall is delivered. Curriculum implementation includes factors such as facilitator training, a facilitator's ability to connect to and engage learners, a comfortable learning environment, delivery setting, time dosage, etc.

The five curricula in the CPIC Study are implemented...

**CIC Finding #1:** With support from the school district, principal, teachers, and/or other staff.

**CIC Finding #2:** By comprehensively trained facilitators.

**CIC Finding #3:** By facilitators who demonstrate genuine respect and care to learners.

**CIC Finding #4:** In a supportive learning environment.

**CIC Finding #5:** With reasonable fidelity and apply "green light" adaptations (when needed).

## What about context?

The CPIC Study also examined the five curricula with a lens for context. Core context refers to factors such as:

- Participant demographics (e.g., age, sex, cultural background)
- Community demographics
- Participant history and experiences, including experience with sexual activity
- How the TPP curriculum is combined with other program components (or not)
- Local and state health education standards
- The implementing organization's values, mission, and capacity
- Delivery setting

The variability in context was not always reported. As such it was difficult to identify a list of core context components, however, the list of contextual variables above should be considered.

## How will CPIC Study findings support the field of adolescent sexual and reproductive health?

The CPIC Study findings could inspire innovation and provide an opportunity to build upon and amplify these 22 core components. Findings from the CPIC Study, while not generalizable to all evidence-based TPP curricula, can provide support to:

- **Curriculum developers** in mapping new curricula with regard to content, pedagogy, and dosage.
- **Program Implementors and Curriculum Facilitators** in understanding the rationale behind a curriculum's design and theoretical underpinnings, the importance of fidelity, and how to make green light adaptations.
- **Evaluators** in prioritizing what to measure.
- **Policymakers and funders** in promoting best practices informed by an understanding of core components.

For additional information about the CPIC Study, email  
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