

MAIN MODES OF PREVENTION: ABSTINENCE

While the “ABC” (Abstain, Be faithful to one uninfected partner and Use Condoms) approach has been widely discussed and recommended for prevention programming, most African leaders have put forward abstinence as the preferred strategy for unmarried youth. This chapter presents results from the PSABH programme for teaching about and changing knowledge, attitudes, and behaviours related to abstinence.

Knowledge

As discussed in the earlier chapter on knowledge, the two prevention methods that pupils were most keenly aware of were: abstain to avoid HIV (they know they can be infected by playing sex) and do not share dirty instruments (i.e., needles, razor blades, etc). From both survey and focus group results, it appears that these are the main messages that youth are “getting” or “comprehending.”

In both Nyanza and Rift, teacher and pupil responses to questions about preventing HIV by avoiding sex followed similar patterns in control and target schools. Both were relatively high in wave 1 (60-75% correctly answered in Nyanza and over 80% in Rift). Teachers’ knowledge increased significantly, with gains greater in target than control schools in Nyanza, but about the same in the two groups in Rift Valley. The percentage of pupils correctly answering that avoiding sex was a way to stay safe from HIV decreased in both target and control schools at the second data collection (wave 2 Nyanza, wave 3 Rift). In Nyanza much of the loss was regained at wave 3, particularly in target schools. As already discussed in the *Knowledge* chapter, these results ran contrary to the extensive discussions in focus groups about avoiding sex as the “best” or “only” way to stay free from HIV – a conviction that was articulated with greater certainty in wave 3 than in waves 1 or even 2.

Doing sexual intercourse with any person, you can get AIDS anytime...if you play sex with an infected person (NBoys3: 543-555).

If you avoid sex you will not get HIV/AIDS (RBoys2: 174).

I have learned not to play sex (NGirls7:313).

I don't think there is anything much apart from abstaining from playing sex (NBoys9:137-138).

That, sex is the main way of transferring HIV/AIDS so we should avoid (NGirls9:443).

*Q: What have you learned about staying safe from HIV/AIDS?
Avoid sex...Not to pick any needles or razors...Not to share razors (NBoys6: 345-351).*

Figure M: Nyanza - Percentage of Teachers and Pupils With Correct Answers: ‘You Can Prevent HIV by Avoiding Having Sex’

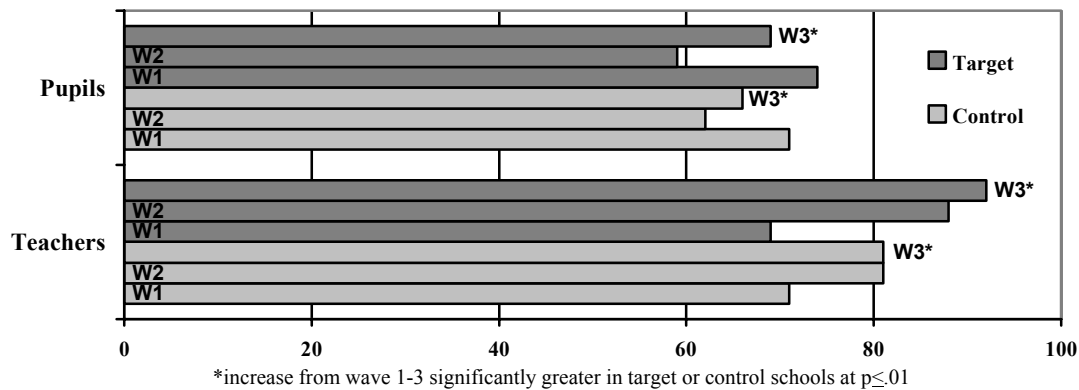
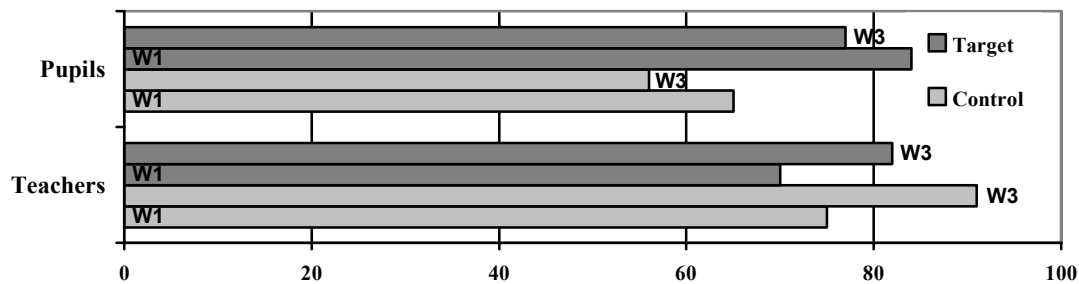


Figure N: Rift Valley - Percentage of Teachers and Pupils With Correct Answers: ‘You Can Prevent HIV by Avoiding Having Sex’



Sexual Scripts

Analysis of wave 1 focus group discussions provided insight into how sexual activity occurs for youth in Nyanza and Rift Valley. Pupils consistently described a sequence of events and interactions that started with boys initiating contact with girls in response to signals they felt girls were sending or personal interest in a particular girl. Once begun, a sequence of scripted events proceeded, culminating in a girl and boy playing sex. Youth felt that having a boyfriend or girlfriend was a necessity, that they would lose their boyfriend or girlfriend if they did not play sex, and that there were multiple pressures on them to become sexually active. The scripted nature of the sequence (i.e., boys and girls having precise roles to play in a series of consecutive events) led to these being called sexual scripts¹.

The sexual script described in wave 1 was highly gendered. Boys are the initiators and actively move the interactions along to insure the end result, i.e., playing sex. Girls primarily respond to boys with signals. Boys interpret these signals as readiness to proceed to the next sequence in the script or as requiring further convincing or coercing

¹ See *Qualitative and Quantitative Integrated Pre-Programme Report* (August, 2002) for a detailed discussion of sexual scripts.

to move to the next stage in the script. There was no evidence at wave 1 that girls considered themselves able to change the course of events or that boys were willing to change it.

A series of questions were designed to tap beliefs about the gendered nature of these scripts. Pupils were asked whether they believed a girl means no (or whether she means yes) when she says no to playing sex, and whether it was always necessary for a boy to pressure a girl to play sex. Across waves 2 and 3, between 45% and 60% of pupils endorsed the ideas that girls did not mean ‘no’ and needed to be pressured to play sex. Boys were more likely to endorse these beliefs than were girls. While the differences between girls and boys were slight at wave 2 (4-5%), by wave 3, 10-15% fewer girls than boys endorsed beliefs that girls did not mean what they said. With respect to the need to pressure girls, however, boys and girls were nearly equal in endorsing this statement in both waves of data collection and for both target and control schools. While there were no significant differences between target and control schools in Nyanza, in Rift schools fewer girls and boys in Peer Supporter schools endorsed the need to pressure girls (28% girls and 39% boys in Peer Supporter compared to 49% of girls and 50% of boys in control schools) or that girls really meant ‘yes’ when they said ‘no’ (42% of boys and 34% of girls in Peer Supporter compared to 47% of boys and of girls in control schools). These results suggest that in Nyanza schools more girls are rejecting the idea that “no means yes,” but they are just as likely as boys to feel a boy needs to pressure a girl into playing sex. In Rift, however, both boys and girls in Peer Supporter schools are rejecting or questioning these ideas. Perhaps the presence of Peer Supporters has an influence on how pupils perceive the sexual script and their beliefs about the roles of girls and boys in these scripts.

They [peer supporters] tell us to stop prostitution and persevere...Let us stop forcing girls.

Q: What do you mean force a girl?

To rape (RBoys1: 1597-1604).

Q: How do [peer supporters] help?

If you have a boyfriend, they tell you not to make love.

Q: So they tell you if a boyfriend asks you to make love you refuse?

Yes (RGirls4: 1193-1198).

As already described in the chapter on *HIV/AIDS Activity in the Schools*, there was considerable evidence from wave 3 interviews and focus groups that teachers were teaching specific strategies for resisting pressures to play sex and redirecting the sexual script. Similar evidence was present in wave 2. The difference at wave 3 was that such evidence took up larger portions of the focus group discussions and interviews and was present for boys as well as girls. The concern expressed in response to the wave 2 results that the focus was exclusively on girls taking the role of “gatekeeper” and regulating their own and boys’ sexual desires was clearly not supported by the wave 3 data. Here it was boys as much as girls who discussed strategies they took and the struggles they actively engaged in to avoid sexual activity.

Don't roam about where the girls wear the mini skirts you don't go...If you stay idle so much you just think how you can get a girl...Play football, like we have a lot of football tournaments here (Rboys2: 626-628).

It is not difficult it is easy to abstain...When you feel like having a girl you can use that energy in the field to dig...You can do hard work...You can even go to fetch water from the river severally and pour down the water till you are tired and avoid the girls (Nboys11: 516-525).

Don't go out and start talking or smiling at any girl who is well dressed and take her to your home. Don't be laughing at anyone especially when you don't know her at all. (Nboys8: 337-339)

The boys, however, still frequently spoke of their struggle controlling their 'bodily urges.'

As long as you are an adolescent you just erect upon seeing a girl (Nboys5: 729-730).

There is a certain feeling-sexual feeling it is really good and nice feeling that automatically comes and it also thrills (Nboys6: 345-346).

They have got used to [playing sex]. Even if he misses for a day they feel sick...and begin to steam up...

Q: How do they steam up?

They erect (Nboys10: 707-713).

Among some boys there was still the belief that abstinence would lead to barrenness.

I have heard some people say that if you don't have frequent sex you can lock your penis and remain barren forever (Nboys5: 706-707).

Both girls and boys appeared to be expressing a sense of control over their sexuality and appeared to be more willing to wait for boyfriend/girlfriend relationships, to redefine these relationships as ones that do not necessarily include sex, and to reject the idea that sex is an expected part of daily life for youth of their age. Not playing sex was spoken of as a sign of maturity in one boy's focus group.

We are approaching being mature people, so we should avoid doing such things, which are childish. (Nboys8: 558-559)

Unlike the fears that both boys and girls expressed in wave 1 of losing their boyfriend or girlfriend if they did not play sex, in wave 3 they spoke of leaving the relationship if their boyfriend or girlfriend was pressuring them to play sex.

Wave 1

Q: *What happens if you refuse?*

He will look for another girlfriend and you are left (RGirls5W1: 351-354).

They fear to be left by their boyfriends if they refuse (Rgirls1W1: 342).

Wave 3

If he is your boyfriend and forces you then you can refuse.

Q: *How can you refuse?*

You separate.

Q: *What other way can somebody refuse?*

Not accepting gifts.

Q: *Can somebody refuse to be forced?*

Suppose you have a boyfriend then he forces me into sex then I can refuse.

Q: *You avoid him or how are you going to refuse?*

I'll refuse talking to him (RGirls4: 889-907).

Attitudes Toward Abstinence

In earlier waves of data collection, teaching about the need for abstinence appeared to be based *exclusively* on a message of fear (e.g *you must say 'no,' it is the only way... if you don't you will get AIDS and die*). In wave 3 interviews, teachers also spoke of other reasons for abstinence: it was important to insure school completion and it was supported by religious teachings, and by local custom. While these reasons appeared occasionally in wave 1 interviews, they were more prominent across the interviews at wave 3. Thus, abstinence appeared more often as a positive choice – there are good reasons to choose abstinence – rather than abstinence as the only choice available to avoid death.

If you abstain from sex, your life would be longer and you would not have HIV/AIDS (NBoys9: 199-200).

When a boy approaches you for friendship you have the right to tell him that you are still in school and you do not want to hear about sex (NGirls5: 772-773).

That their bodies are very important and they are for reproduction and not for being infected by HIV/AIDS (NST6: 236).

You can see your brothers and sisters how they are doing, they are educated and have jobs and you think I have to be like them. Then you abstain (NGirls9: 724-726).

When we are through with school and when you have built your house, then marry a wife and support yourself (NBoys11: 487-488).

...my body is the temple of Christ so I must take care of it (RGirlPS: 136).

We try to tell them that sex is not bad. But one should be prepared in life i.e. after one has gone through education, through a course, acquiring a job then later on one can involve him/herself in sex, after one is happily married (RGirlPST4: 191-194)

We should respect ourselves and avoid playing sex with girls (NBoys8: 554).

The concrete reasons and strategies for abstinence that youth were asking for in earlier waves of data collection by wave 3 were filtering into youth and teacher reports of AIDS teaching in the schools and communities.

If you refuse the money you will not engage in sex (RGirls4:685).

Should a lady bring up the topic of sex you stop her... You tell her that kind of talk is not healthy (RBoys4: 940-943).

If it is a boy he has feelings for a certain girl, then ... when that type of feeling comes, he should leave that place and go and do something else (RPST2: 566-569).

...the girls should especially avoid companies of other boys who may force them to play sex (NHT11: 257-258).

Another thing a teacher told us is that when a boy has an urge to play sex he should instead go to the garden and dig (NGirls8: 841-842).

Personal Agency

The increased teaching about abstinence as a positive choice and about the strategies to insure abstinence were filtering down to pupils' sense of personal agency or self efficacy, the belief that they *could* abstain. From wave 2 to 3, the percentage of pupils who expressed confidence in their ability to abstain rose nearly 10% from 50-60% to 50-70%. These were the percentages that reported they could have a boyfriend or girlfriend for a long time without playing sex and/or could tell their boyfriend or girlfriend that they would not play sex until marriage. These changes were evident in the responses of both boys and girls and in control as well as target schools in Nyanza. In Rift Valley, while girls were more confident in their abilities than boys in control schools, there was no significant difference between them in target schools. A significantly higher percentage of boys in Peer Supporter schools expressed confidence in their ability to abstain than in control schools (69% in target vs 53% in controls said they could have a girlfriend for a long time and not play sex; 78% in target and 60% in control said they could tell their girlfriend that they wanted to wait until marriage). Girls, on the other hand, were no more likely to be confident in their ability to abstain in target than in control schools.

A related question was whether pupils felt they could say no to playing sex. The same pattern was evident here, with no significant differences between boys and girls, control and target, or across the waves of data collection in Nyanza. In Rift, the gender differences observed in wave 1 were eliminated by wave 3. This was primarily because of an increase in boys saying they could 'say no' to playing sex. The percentages across all waves and genders ranged between 59% and 68% with the lowest in Nyanza Control schools and the highest in Rift Peer Supporter schools.

Half or more of pupils indicated on surveys that they felt in control of their sexual decisions and that they could abstain. While in earlier waves of data collection this was not supported in the focus group discussions, by wave 3 it was. Pupils recognized the pressures they faced that pushed them to play sex – especially the pressures boys felt from their biological drives.

Q: What do you mean when you say somebody has erected?

The "car" penis...makes you to hit.

Q: That makes you to play sex?

(All) Yes...when the car has erected it makes the blood to run and you kind of sweat and the fire comes and then you start saying I belong to the guys (RBoys1: 588-609).

But they spoke at length of strategies they had learned in school to deal with these. While they said that at times it would be difficult, they expressed confidence that they could, and would, abstain from sex.

The body at times pushes you and wants that you play sex with a girl. We are advised that if you feel that, you go somewhere and work so that your body can cool down but if you just eat and be idle that can bring you this disease (NBoys8: 548-551).

It is not difficult [to abstain]...because my body does not govern me, it is I... Me also, it is not difficult...because my body is not governed by anyone but me... The body is not difficult to take care of it...When the body feels like it wants a boy it is good for you to bring a book and start reading it, that way you have prevented yourself from going out. If you see you are going to fetch water ...and meet this boy and he is disturbing you...it is good you stop going to fetch water and do some other work, which will make you pass time. So when you have abstained from temptations of your body that day is over (NGirls6: 424-445).

That if you are on heat then you can use a maize cob (NGirls5: 729).

My penis, because it's me who will get an erection if I want sex but if I don't want I will not erect so there is no way that thing is possible (NBoys10: 933-934).

Commitment to Abstinence

The evidence from focus groups and surveys on pupils' perceptions that abstinence was a desirable choice and one that they were able to realize were also seen in their responses to questions designed to measure how committed they were to the choice of abstinence. Commitment to abstinence was already high at wave 1 and continued to be high in both target and control schools at wave 3. However, multivariate regression analysis demonstrated the importance of an HIV/AIDS programme in the school and teaching about abstinence to this commitment. The average commitment to abstinence was higher in schools:

- With greater school resources reflected in higher school SES scores;
- Where pupils were learning more about how to resist pressures to play sex;
- In Nyanza where:
 - Pupils had higher knowledge about HIV and AIDS (recall that knowledge was higher in schools with more teaching about abstinence);
 - Where pupils were not predominantly Kisii;
- In Rift where:
 - Peer Supporters were trained;
 - Fewer pupils were pursuing information on their own and communicating with others in their community about HIV and AIDS.

Sexual Behaviour: Abstinence

For playing sex, prevention programmes can potentially have an effect on two outcomes. First, for pupils who have not yet initiated sexual activity when the programme begins, (i.e., pre-programme virgins), a desired outcome is that they not initiate sex during or after the programme. Second, for those who are already sexually active (i.e., pre-programme non-virgins), a desired outcome is that they return to celibacy or abstinence.

Sexual Initiation or Debut

To test whether the programme had an effect on initiating sexual activity, the percent of pupils who initiated sexual activity in the year prior to data collection was compared at each wave. For wave 1 PSABH was not in schools during this time; whereas, for waves 2 and 3 PSABH was in the schools during most, or all, of the year prior to data collection. Since initiation of sexual activity may vary based on the season of the year (e.g., many rites of passage ceremonies are scheduled during December) or the stage in school (data from waves 1 and 3 were collected near the end of a school year and wave 2 near the beginning), results must also be interpreted with these potential variations in mind.

When examining the changes in sexual debut over the 3 waves of data collection, what is evident is that there are differences in boys and girls. In Nyanza debut decreased for both boys and girls in wave 2 compared to wave 1, with no significant difference between target and control schools for girls but the decrease greater in target than control schools for boys. By wave 3 there is an increase in debut compared to wave 2 for both boys and girls, with the increase greater in control than target schools. When the pre-programme rates are compared to those at wave 3, boys have a significant increase in control schools (12% higher at wave 3 than 1) but no significant change in target schools (2% higher at

wave 3 than 1). For girls, the decrease in target schools is greater (7% lower at wave 3 than 1) than in control schools, where the change is non-significant (3% lower at wave 3 than 1).

Turning to schools in Rift Valley, there is a decrease in debut for boys, though this is greater in control than in Peer Supporter schools; whereas, for girls there is no significant change.

This suggests that the programme has had the desired effect on sexual debut in Nyanza, with a sizable decrease for girls in target compared to control schools and no change for boys in target compared to an increase in control schools. The results for Rift are less clear, with the only significant change a decrease in control schools for boys. This may be the result of the shorter time that the programme was operating in Rift than in Nyanza.

Figure O: Nyanza and Rift Valley - Percentage of Pupils Who Initiated Sexual Activity in the Year Prior to Data Collection

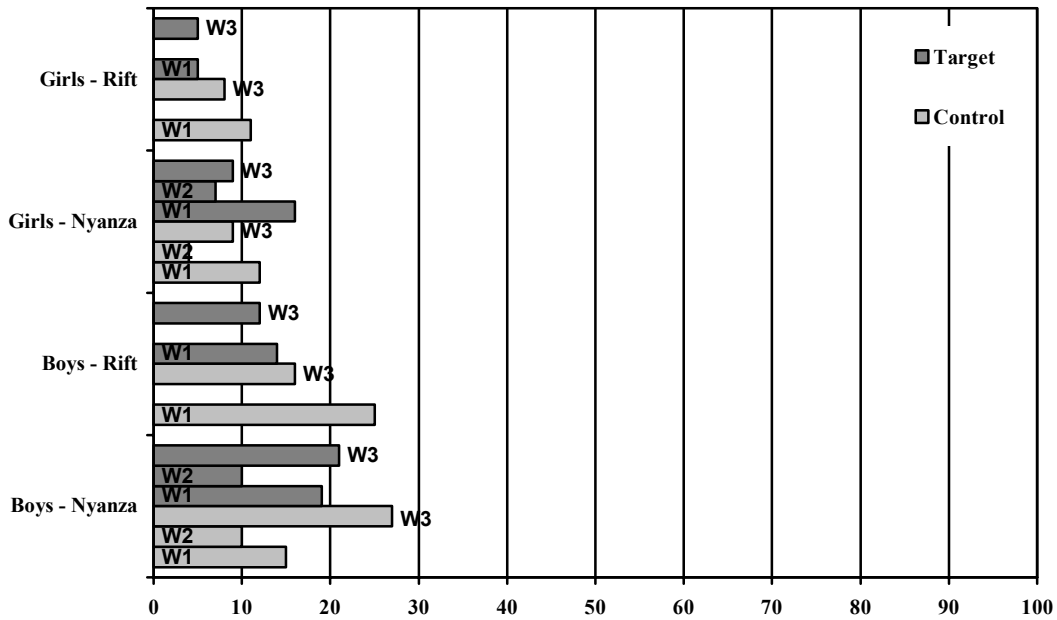
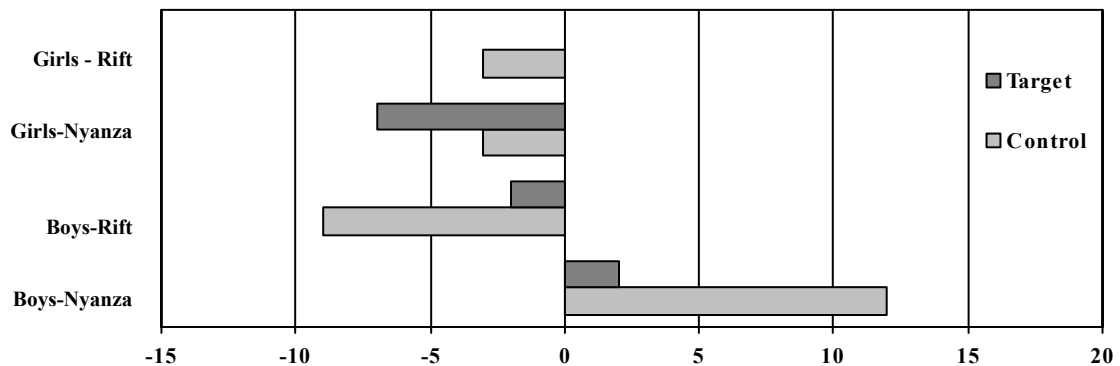


Figure P: Nyanza and Rift Valley - Percent Change in Pupils Who Initiated Sexual Activity in the Year Prior to Data Collection



Recent Sexual Activity

The effect on boys is also evident in considering their responses to questions on refusing to participate in sex at some time during the past 3 months. This question was only asked at waves 2 and 3 and what is evident is that more boys in both control and target schools refused at wave 3 than wave 2, with this somewhat higher in target schools. For girls, on the other hand, there is no change in the percentage refusing to engage in sex.

Results are less positive for questions on using the strategy of avoiding certain places for the purpose of avoiding sexual activity and questions asking about recent sexual activity. In both cases, behaviour changes are opposite to the desired direction. Over the 3 waves of data collection, fewer boys and girls reported avoiding places where they might be enticed into playing sex and more of those who were sexually active reported sexual activity in the past three months. These changes have occurred in control and target schools in both Nyanza and Rift except that recent sexual activity increased more among both boys and girls in Nyanza target schools (17% higher at wave 3 than wave 1) than control schools (12% higher for boys, 11% higher for girls at wave 3 compared to wave 1).

When the different variations were examined, there were no significant differences found among them, i.e., the variations are producing approximately the same results as the basic PSABH training model.

Factors Influencing Sexual Activity

In multivariate analyses, one factor significantly influenced sexual debut during the programme year -- pupil reports of learning specific strategies for abstinence. In schools where pupils reported more learning about how to abstain, there were fewer who initiated sexual activity during the programme year. This was consistent across Nyanza and Rift schools and regardless of variation group.

When considering recent sexual activity, in Nyanza schools, more boys reported sexual activity in the past 3 months in schools where the boys had a lower commitment to

abstinence. More girls reported sexual activity in the past 3 months in schools where girls were pursuing less information and reported communicating with fewer other people about HIV and AIDS.

In Rift schools, recent sexual activity was higher among boys in:

- Control schools;
- Where boys had lower knowledge scores
- Where their commitment to abstinence was lower.

None of the factors considered were able to explain the rates of recent sexual activity among girls.

Refusing to engage in sex and helping a friend avoid playing sex were both influenced by how much teaching about abstinence occurred in schools in both Nyanza and Rift. For girls, their commitment to abstinence was also important, particularly in Nyanza.

MAIN MODES OF PREVENTION: CONDOMS

For those who are sexually active, condoms are an effective way to reduce the spread of HIV and the personal risk of infection. Condom education and support have, however, been difficult to implement in school-based programmes across much of sub-Saharan Africa (Gallant & Maticka-Tyndale, 2004). The situation in Nyanza and Rift Valley schools was no different.

Teaching About Condoms

Abstinence was the dominant method for preventing HIV acquisition promoted in all schools.

Well at school we have not been able to expose them to this particular material because we talk abstinence. Although we have the knowledge on the use of condoms even to demonstrate how to use it we have not been able to expose this to the pupils (RHT1: 233-236).

Personally I have not talked to them but they know them. You will find that when you are talking to them there are those who will come with questions as "if you use condoms?" But we insist it is only abstinence that will help one from contacting AIDS (RSRT2: 188-191).

Teaching about condoms was presented as being in conflict with promoting abstinence.

If we tell others [some pupils] to abstain and others to use condoms, we will be contradicting ourselves (NSRT5: 410-411).

We do not encourage them to use condoms because they are too young to play sex. We would tell them to use condom but at their age because they do not have their partners, we do not encourage them to use condoms, we just say No to sex that is the only solution (NHT3: 259-262).

The silence that was common was supported by two beliefs voiced by both teachers and community representatives. The first was that if youth learned about condoms they would lose their motivation to abstain. Although teachers were promoting a number of positive reasons for abstaining, they felt that without the fear that sex could result in HIV infection, i.e., if youth had a way to be sexually active and safe from AIDS, they would not abstain. The second belief was that condoms were inherently flawed and fallible and did not provide adequate protection against HIV. Their primary flaw was that they had holes or were porous and allowed HIV to pass through. A secondary flaw was that they could slip off the penis or burst. If this happened, the condom was likely to be lost inside the girl or woman. When this happened a woman was not only exposed to potentially infected semen, but her life and health were endangered by the presence of the condom and it required medical intervention to remove it.

In primary level you don't need to tell them that condoms can assist them or help them. They are not 100%. You see they are young and can misuse them...So the only thing and the only answer is to tell them no and no. No to sex...just abstain (RHT2: 547-559).

We tell them about condoms but the main thing is to abstain since when you tell them about condoms it is like encouraging them to go and play sex. They are still young and the only thing to tell them is to abstain completely may be those in secondary can use it using condom is not discipline it only promotes sex (NCL3: 251-260).

We tried to explain that HIV virus is very small...that it would pass through the breathing pores of the condom (RPST4: 137-139).

We asked the teacher that when you play sex and you use a condom you get HIV/AIDS. And he told us that it has several holes. (NGirls9: 975-984).

One time there was a girl who had agreed to play sex with somebody and the person used a condom. The condom burst and remained inside the girl, the girl started complaining about stomach till she was taken to the hospital. The girl did not say there was anything inside her but when examined it was discovered really there was a condom in her (RBoys1: 719-723).

In interviews and focus groups, teachers and pupils alike said that the most common message taught in schools was that condoms were only for married couples. They were not for youth since they did not prevent transmission of HIV. They either had holes or were too porous to prevent HIV from passing through. It is interesting that the Roman Catholic Archbishop of Nairobi in November 2003 was reported by the BBC News to have made this same claim in a speech (Gould, 2003)². In focus group discussions pupils often spoke of the inconsistency in this message and asked, "If they have holes, why are they any good for married people?"

Most of the time you are told that condoms cannot prevent HIV but are meant for family planning (NBoys5: 410-411).

At times the condoms are good at times they are said to be bad. So we don't know the real truth about condoms (NBoys10: 1017-1018).

Some teachers, however, did report speaking to pupils who were already sexually active, advising them that if they could not abstain the only chance they had of avoiding HIV was to use condoms. They added that condoms were not 100% effective, but they were better than nothing.

² Gould, P. (November 25, 2003). The Vatican's condom challenge. BBC News.

Condom Knowledge

Despite the numerous statements by teachers in interviews that denied that condoms could be relied upon to prevent transmission, a large proportion of teachers were correctly answering the question about condom efficacy at wave 1 and continued to do so across all waves of data collection. In Rift Valley correct identification of condoms as a method for preventing transmission increased substantially, more so in target than control schools, while in Nyanza responses fluctuated across phases of data collection, but with teachers in target schools remaining higher than those in controls.

What only began to be tapped in wave 2 surveys were myths about condoms. As seen below, few teachers were aware that, for example, condoms do not remain inside a girl if they slip off. Health workers (often referred to by pupils as doctors) were able to dispel the myth that if a condom remains inside a girl it requires medical attention for removal and has the potential of causing death.

A doctor taught us that when you want to play sex with someone you can use a condom, then we asked him "what if a boy uses a condom then it slips and gets into the girls body"? ...

He told us whoever uses condoms must be using it wisely. He cannot just use it without knowledge. We also asked that we heard the condoms have holes in them, if it was true.

Q: What did he say?

He said the condoms are made in a good manner, that it cannot harm anyone (RGirls1: 239-253).

Figure Q: Nyanza - Percentage of Teachers With Correct Answers

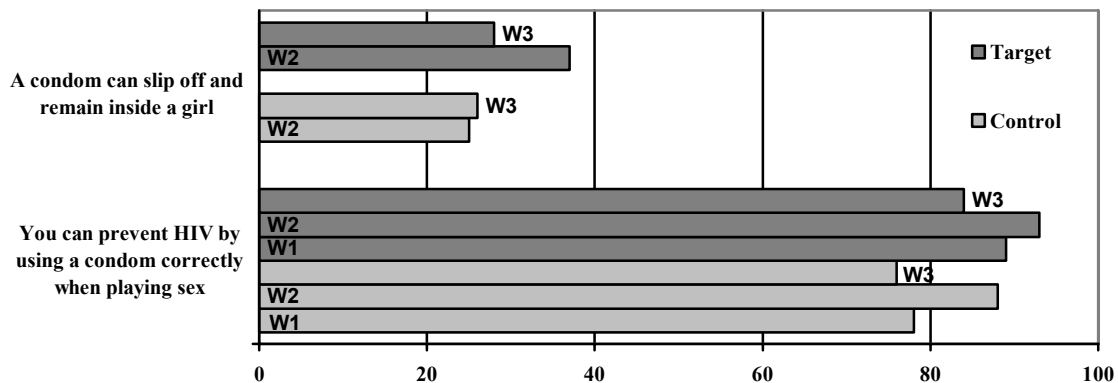
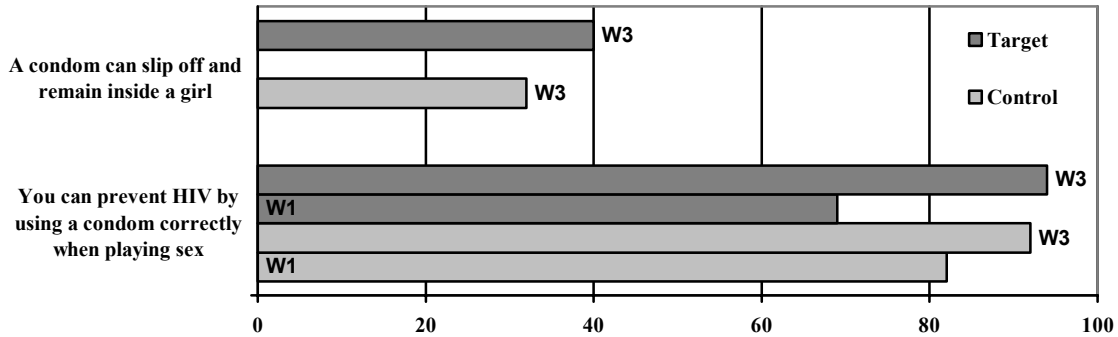
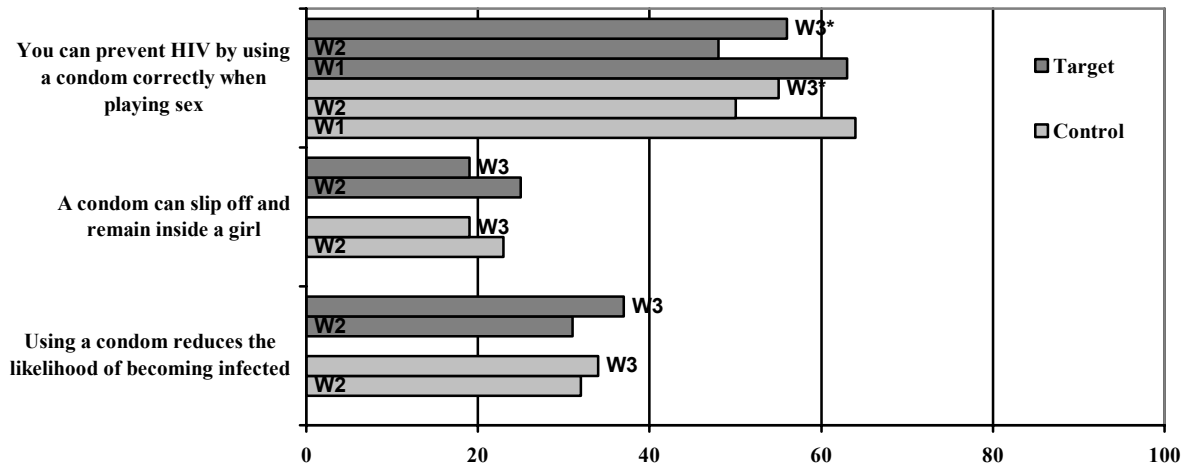


Figure R: Rift Valley - Percentage of Teachers With Correct Answers



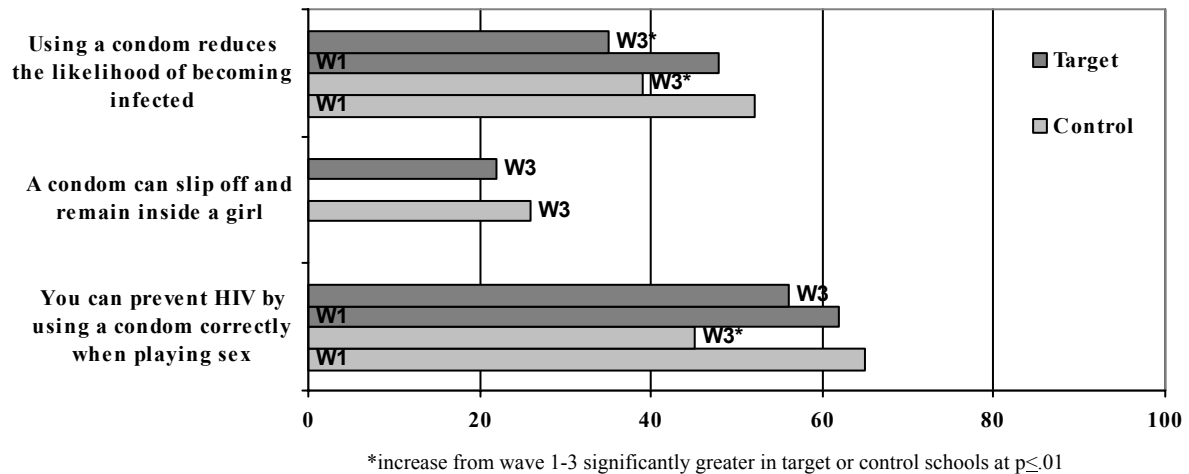
It is not surprising that pupil knowledge about condoms was generally poor. Although 60% at wave 1 (both Nyanza and Rift) knew that you could prevent HIV by using a condom correctly when playing sex, this percentage decreased at wave 2 and only came up slightly at wave 3 in Nyanza schools. At wave 2 a more qualified statement about condoms was added to the survey, saying that condoms can reduce the likelihood of infection rather than stating that it could prevent infection. However, at both waves 2 and 3, pupils were even *less* likely to endorse this statement than the absolute efficacy statement. There was, however, a larger wave 2 to 3 increase in endorsements in target than control schools. In addition, pupils were as likely as teachers to have the impression that a condom would remain inside a girl if it slipped off.

Figure S: Nyanza - Percentage of Pupils With Correct Answers



*increase from wave 1-3 significantly greater in target or control schools at $p \leq 0.01$

Figure T: Rift Valley - Percentage of Pupils With Correct Answers



Of note is that results did not differ significantly across variations with only one exception, at wave 3, pupils in Peer Supporter schools in Rift Valley were significantly more likely than those in Rift Control schools to recognize that using a condom could prevent infection (57% and 46% respectively).

As already noted, in wave 3 (as in wave 2) youth were aware of the conflicts between the messages they were receiving. It is important to recognize that they were not passive recipients of this conflicting information. It was clear that they were thinking about what they were being told, and were both asking for further clarification or formulating their own *condom knowledge*. They recognized that their condom knowledge was incomplete. When asked in focus groups what else they needed to know and learn about HIV and AIDS, the most common requests were for accurate information about condoms.

We hear advert from the radio that even when you go to the shop don't feel shy, just say you want Trust [brand name] condoms... We do not know whether Trust condom is the good or the bad one... Some people say that condoms protect us from diseases... that people should use condoms but I think those are assumptions (NGirls5: 1383-1405).

Condom Attitudes

Teachers held strongly to the view that teaching about condoms would encourage youth to play sex at wave 1. While there was less endorsement of this view in Nyanza target schools at wave 2, and in the most recent data collection in Rift Valley, endorsement returned to the pre-programme level for Nyanza schools at wave 3.

Figure U: Nyanza - Percentage of Teachers Who Strongly Agree that:

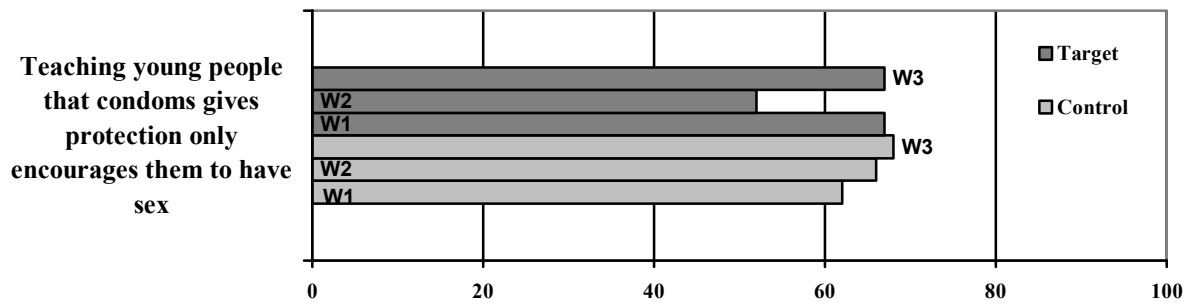
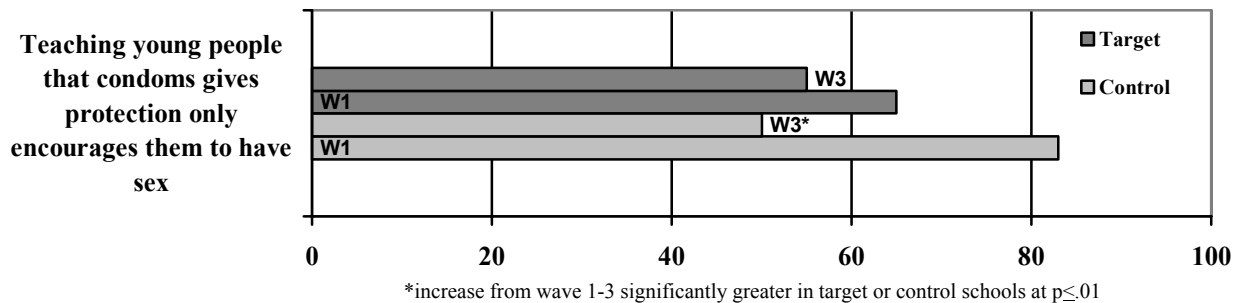


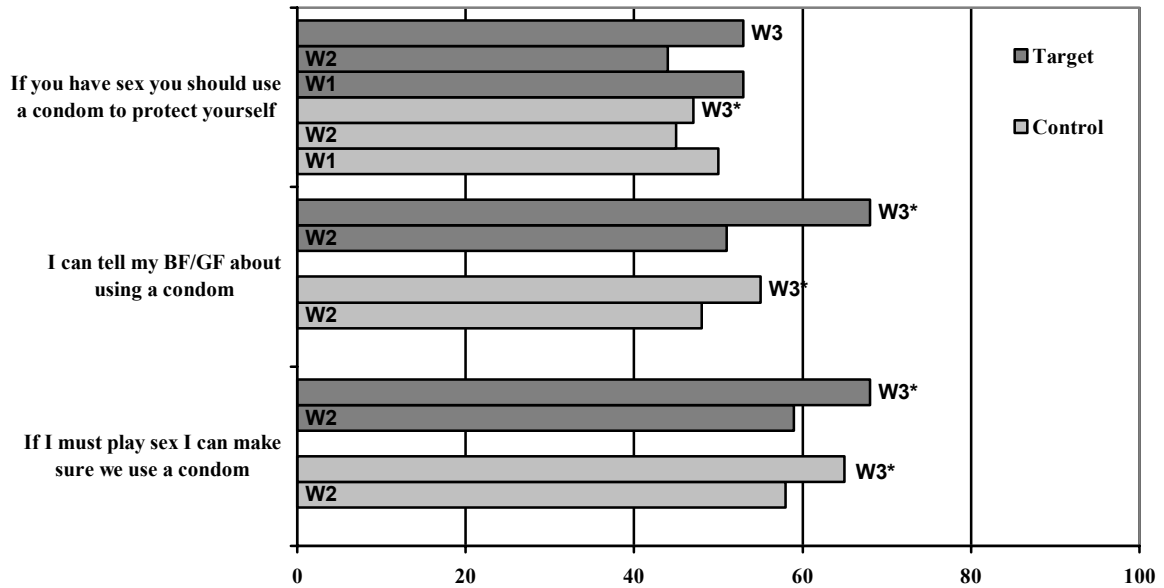
Figure V: Rift Valley - Percentage of Teachers Who Strongly Agree that:



In all waves of data collection and across both target and control schools, about half (40-60%) of youth held to a norm supportive of condom use for those who engaged in sex and had a sense of personal agency or self efficacy with respect to their ability to talk about or use condoms. The key differences evident in this area were that:

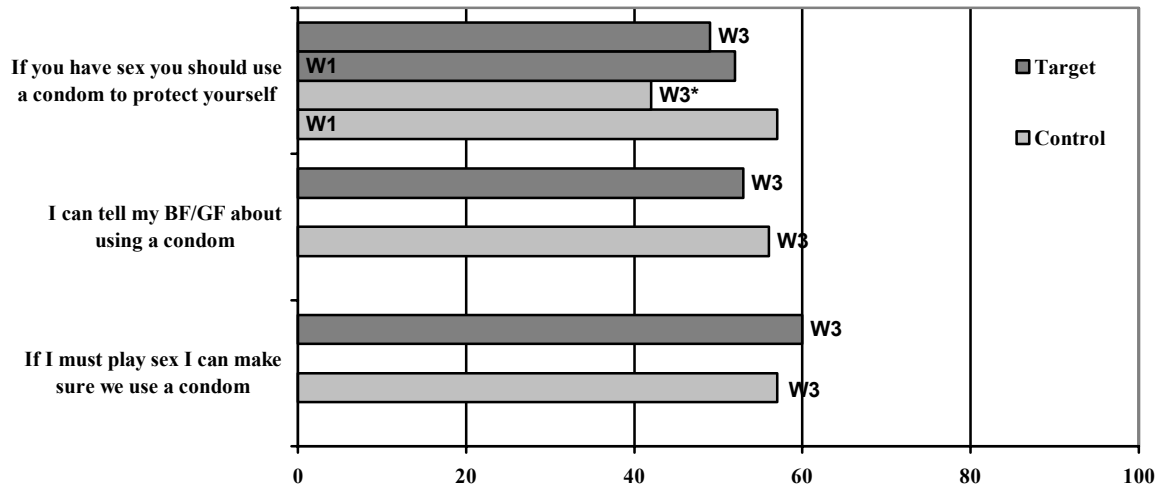
- Significantly more pupils in target schools in both Nyanza and Rift felt that you should use a condom if you play sex.
- Pupils in Peer Supporter schools in Rift Valley were substantially more likely than those in control schools to feel they could tell their boyfriend or girlfriend about using condoms. Pupils in Nyanza target schools were no more likely than those in controls to feel they could do so.
- There were no differences in either region in the percentages in control and target school who felt they could make sure a condom was used.

Figure W: Nyanza - Percentage of Pupils Who Agree:



*increase from wave 1-3 significantly greater in target or control schools at $p \leq 0.01$

Figure X: Rift Valley - Percentage of Pupils Who Agree:



*increase from wave 1-3 significantly greater in target or control schools at $p \leq 0.01$

At both waves 2 and 3, knowledge and attitudes related to condoms did differ somewhat between pupils who were sexually experienced and those who were not. Pupils with sexual experience scored significantly higher on almost all questions tapping knowledge, attitudes, norms and self-efficacy related to condoms than those without experience and, at wave 3, those in target schools were higher than in controls on several items. This suggests that those with sexual experience were accessing or developing the knowledge and attitudes necessary to use condoms more than those who were not yet sexually active.

Condom Use

To date, school-based programmes on HIV prevention in sub-Saharan Africa have found it particularly difficult to effect an increase in condom use among sexually active youth. Results for PSABH are much the same.

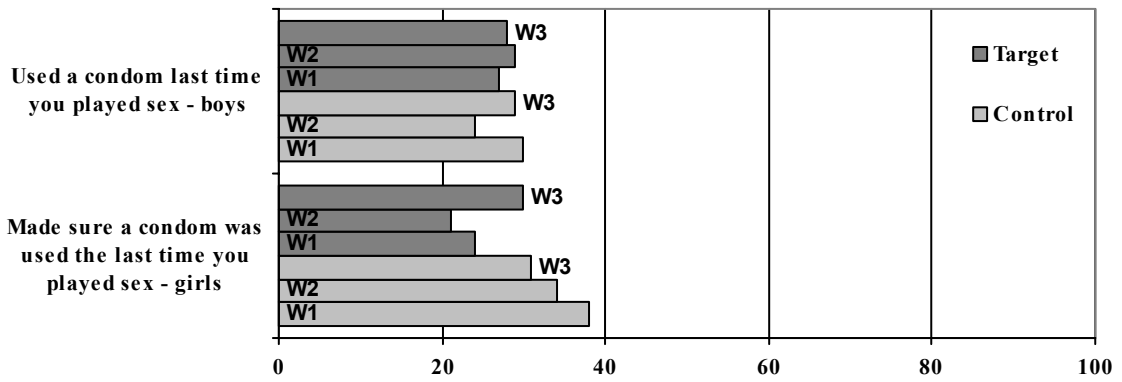
Boys

Reports of condom use fluctuated over the three waves of data collection in Nyanza with greater fluctuation in control than target schools but ultimately with no significant differences between the two in wave 3. In Rift, condom use decreased slightly among boys in target schools and increased in control schools.

Girls

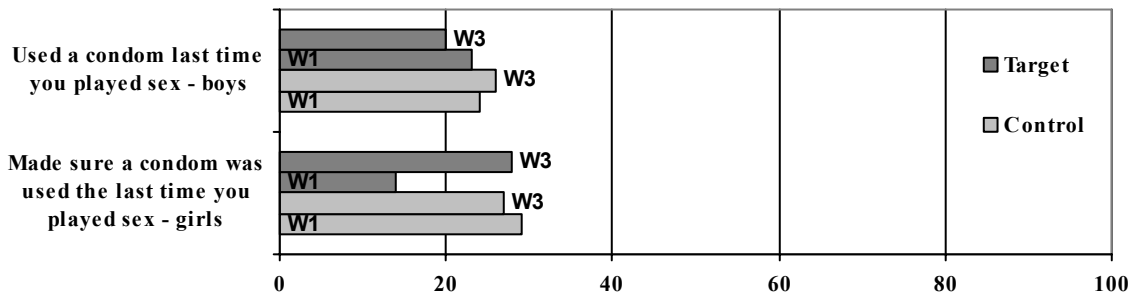
What was somewhat surprising was that when all waves of data collection were considered for girls, there were sizable increases in condom use for girls in both Nyanza and Rift target schools. Rates of condom use were lower at wave 1 in target than in control schools, but by wave 3 they were equal to controls.

Figure Y: Nyanza - Percentage of Pupils who are sexually active who:



Girls are based on 602 wave 1 control, 383 wave 3 control, 623 wave 1 targets & 299 wave 3 target.
Boys are based on 733 wave 1 control, 850 wave 3 control, 854 wave 1 target and 805 wave 3 target.

Figure Z: Rift Valley - Percentage of Pupils who are sexually active who:



Girls are based on 62 wave 1 control, 73 wave 3 control, 116 wave 1 target, 123 wave 3 target.
Boys are based on 147 wave 1 control, 135 wave 3 control, 263 wave 1 target and 328 wave 3 target.

When examining the school-level regression analysis, Nyanza schools with higher proportions of boys reporting condom use at wave 3 were more likely to:

- Not be schools in the Additional Teacher or Health Worker variations;
- Have more evidence of the HIV/AIDS programme in the school;
- Have lower levels of teaching strategies for abstinence.

In Rift Valley, higher proportions of boys reported condom use at wave 3 in schools where:

- There were lower levels of teaching strategies for abstinence;
- More boys had engaged in sexual activity in the past 3 months.

For girls, Nyanza schools with higher proportions of girls reporting condom use at wave 3 were most likely to have:

- Lower levels of teaching strategies for abstinence;
- Predominantly Kisii pupils;
- Fewer pupils for each teacher.

For Rift Valley girls, schools with higher proportions of girls reporting condom use at wave 3 were most likely to have:

- Higher levels of teaching strategies for abstinence;
- Higher levels of knowledge about HIV and AIDS among the girls;
- Higher levels of knowledge among the teachers;
- Fewer girls who initiated sexual activity during the programme;
- More girls who reported sexual activity during the last 3 months.