

# KEY IMPACT FINDINGS AFTER 18 MONTHS IN SCHOOLS – NYANZA PROVINCE

Primary School Action for Better Health - an HIV/AIDS behaviour change intervention that has proved effective in 2,000 Kenyan primary schools (pupils aged 11 – 17 yrs). Based on evaluation of 80 target compared to 80 control schools.

### **Pupil Behaviour and Attitudes**

ODDS RATIOS <sup>1</sup>			Statistically Significant Changes
	Boys	Girls	From pre- to post-programme, target schools
Sexual debut past year	.62***	.60***	compared to control evidenced significantly:
Ever played sex	.80**	.86**	Lower sexual initiation among boys and girls.
Never forced	1.11	.87*	Fewer boys and girls reporting they ever played sex.
Avoided a place to avoid sex	1.35**	1.07	More girls reporting forced sex.
Condom used last sex	1.07	1.53**	More boys reporting avoiding places in order to avoid
Odds ratios controlling for pre-PSABH control/target differences, age			playing
& standard. * p<.05 **p<.01 ***p<.001			5) More girls reporting condom use at last sex

ODDS RATIOS			Statistically Significant Changes
	Boys	Girls	From pre- to post-programme, target schools
I definitely can/do:			compared to control schools evidenced significantly:
Say no to sex	1.07	1.30**	More girls who felt they could say no to sex
Have BF/GF & not play sex	1.20*	1.30**	2) More girls who believed that 'no' means 'no'
Tell BF/GF wait 'til married	1.15*	1.25**	Post-programme target compared to control schools
Believe 'no' means 'no'	.90	1.20**	evidenced significantly:
Odds ratios controlling for pre-PSABH control/target differences, age and standard. * p<.05 **p<.01 ***p<.001			<ul> <li>3) More girls and boys who felt they could have a BF/GF and not play sex</li> <li>4) More boys and girls who felt they could tell their BF/GF to wait until marriage to play sex</li> </ul>

#### **Qualitative Confirmation**

Focus group discussions with pupils in target schools conducted post-programme indicated a dramatic shift in pupils' ability to describe concrete methods they now used to avoid or refuse sex. The language they used confirmed that they 'owned' these new behaviour patterns. This supported the observed statistically significant changes.

#### **Pupil Knowledge**

ODDS RATIOS (Target mean)/(Control mean)			Statistically Significant Changes
Mean knowledge score	Pupils 1.04	Teachers 1.10	There were no significant differences over time or between target and control schools on either tagget or publik rounded as
Odds ratios controlling for pre-PSABH control/target differences, age and standard. * p<.05 **p<.01 ***p<.001			teacher or pupil knowledge.

<sup>&</sup>lt;sup>1</sup> Odds ratios measure the size of changes in the target schools against those in control schools taking account of baseline difference between target and control. This isolates the net change in the target group. Odds ratios greater than 1 are the easiest to interpret since they reflect how much more likely an event is than its opposite. The odds ratios of an event and its opposite are the inverse of each other. For example, boys were 1.60 and girls 1.67 <u>less</u> likely to initiate sex during the programme in PSABH target than in control schools controlling for preprogramme levels of sexual debut (boys: 0.62-¹; girls: 0.60-¹). Similarly boys were 1.22 and girls 1.25 <u>less</u> likely to report ever engaging in sexual intercourse (boys: 0.80-¹ girls: 0.86-¹).

#### **Qualitative Contradiction**

Contrary to quantitative findings for knowledge, focus group discussions with pupils in target schools revealed considerable accuracy and breadth of knowledge about HIV/AIDS post-programme. This is compared to pre-programme qualitative findings, which suggested inaccurate knowledge founded upon numerous myths and misinformation. Post-programme pupils in target schools were also able to dispel such myths and misinformation by using reasoning and critical thinking skills. There was ample evidence that pupils in target schools understood how best to stay safe from HIV.

#### Pupil Responses to the question: How do you stay safe?

"Abstain until marriage; before marriage get tested; wait 6 months and get tested again; if you are clean you do not need condoms; stay faithful to your husband/wife or use condoms."

# **Teachers' Abilities**

At all waves of data collection teachers and community leaders presented abstinence as the only truly effective method of preventing transmission and acquisition of HIV. Over time teachers gradually incorporated specific teaching strategies to help pupils remain abstinent as well as increase their sense of personal control and efficacy when it came to sexual decision-making. By the final evaluation pupils and teachers alike were listing positive reasons for abstaining compared to baseline and the intermediate data collection exercise when the main reason for abstinence was to avoid AIDS and death.

Baseline and intermediate analyses suggested discouraging news about condoms as the content of messages delivered to youth was largely negative and at times inaccurate. Teachers struggled with the issue of condoms, not knowing how or if they should talk about them to pupils. Pupils recognized such discomfort on the part of adults but still looked to them for the truth about condoms. By the final evaluation, although teachers still did not publicly support teaching pupils about condoms, there appeared to be more open talk of condoms with youth. While discussions tended to focus on persuading youth against condom use there were more indications of attempts by teachers to acknowledge the preventive nature of condoms. Post-programme, pupils who were sexually experienced had more accurate knowledge about condoms and held more accepting attitudes about condoms than those who had never engaged in sexually activity. The difference was stronger in target than control schools.

#### **School Response**

#### Success Indicators of Basic Model

- Target schools have statistically significant higher levels of a comprehensive, sustainable HIV/AIDS programme integrated throughout school activities.
- Success of programme at large scale (2,000 schools) and resilience in context of teacher strike and introduction of FPE proves robustness of approach suitable for national dissemination.
- High rate of adoption of training in non-target schools by Ministry training teams indicates broad acceptance and self-perpetuating nature of the programme.
- Pupil responses confirm direct relationship between training of teachers and messages delivered and capacity of programme to adjust in response to pupil needs and teachers' concerns.

# Considerations Based on Variations Tested

- High rate of teacher movement (22% schools lost trained teachers to transfer or death over 18 months)
- Additional teachers improves programme implementation levels.
- School visits by trained health workers assists with sensitive topics such as prevention of infection.
- Church leaders are important influences on teachers and pupils.
- Peer Supporters improve nature and level of communication on HIV risk reduction.