

PRIMARY SCHOOL ACTION FOR BETTER HEALTH 26-30 MONTH EVALUATION

EXECUTIVE SUMMARY

Primary School Action For Better Health (PSABH)

Primary School Action for Better Health (PSABH) is an HIV/AIDS prevention programme for primary schools being delivered in Kenya by CfBT with Ministry of Education staff. In the evaluation of PSABH reported here, the head teacher (or deputy head), 1 resource or senior teacher, and 1 community representative were trained in a series of two, week-long training sessions. The trained teachers then delivered training to their colleagues and provided HIV/AIDS education in the classrooms and co-curricular activities in their schools. One to two terms after teachers were trained, 4 peer supporters and one additional teacher-supervisor were trained in a similar one-week training course.

Evaluation Design

Between November 2001 and October 2003, PSABH was evaluated using a randomized controlled cross-sectional trial with combined survey and interview methodologies. Data collected pre-programme (wave 1) and 18 (Nyanza) or 14 (Rift Valley) months after teachers were trained (wave 3), supported the conclusions that the programme was well received in schools and communities and compared to control schools, produced desirable changes in pupil knowledge, attitudes and behaviours (KAB) related to HIV transmission. While the impact of findings differed in scale and specific nature in the two provinces, in general they were similar in terms of KAB (See Appendix A for a summary of these results for Nyanza Province).

Twenty schools in each of Nyanza and Rift Valley provinces that had a full complement of trained personnel (head teacher, senior teacher, community representative, peer supporters, and a teacher-supervisor) were used in the current phase of on-going evaluation (wave 4, 26-30 months post-training). It was not possible to retain control sites for this phase since they were promised training at the completion of the 18 month evaluation. The implications of the loss of control sites for interpretation of results is discussed in the Methodology Chapter (pages 15-22) and is highlighted throughout the body of the report.

In wave 4, surveys, focus groups and in-depth interviews were used to collect information in participating schools.

The central question in this phase of research is:

Have the gains observed by wave 3¹ in implementation, knowledge, attitudes and practices been maintained at wave 4²?

¹ 18 months (Nyanza) and 14 months (Rift Valley) after the first teacher training.

² 30 months (Nyanza) and 26 months (Rift Valley) after the first teacher training.

Evaluation Results at 26-30 Months Post Teacher Training

Teachers

While all schools in Kenya were directed to teach 1 AIDS lesson a week, at wave 3, compared to control schools target schools were teaching about AIDS

- In a greater variety of classroom subjects.
- Using a greater variety of teaching methods and resources.
- Using a variety of co-curricular activities.

These gains were maintained in the current wave of data collection. Of particular note was that, in wave 4:

- 75% or more of teachers in Nyanza (40% or more in Rift Valley) reported using: question and answer sessions, whole class discussions, drama, group activities, debates and notice boards to enhance teaching about HIV and AIDS. (p. 27)
- While teachers recognized that by actively engaging pupils, drama conveyed more than just factual information, some commented that drama used “too many resources.” Songs, music and poems were preferred since they were inexpensive and also engaged pupils. (p. 28)
- While availability of resources remained constant, reports of the use of teaching resources increased. This suggests that as teachers used resources over a longer period of time, they incorporated them into a wider variety of school activities and found more diverse ways to use them. (p. 30)

Teachers' attitudes toward teaching about HIV/AIDS remained positive and they continued to report few barriers to such teaching (p. 33). New issues that were raised in wave 4 included:

- Concerns that HIV/AIDS teaching had a negative impact on the AIDS orphans in the school (p. 34).
- Refresher courses would help to update skills and information, especially in relation to: working with the community, guidance, counseling, care of the infected and affected, VCT, treating opportunistic infections and technical information such as the connection between STDs and HIV (p. 25)

While teachers' knowledge related to HIV/AIDS was high at all waves of data collection, there were specific improvements in knowledge at wave 4 with respect to:

- The efficacy of condoms, (p. 35)
- Dispelling misinformation about the transmission of HIV through clothes and from thin people. (p. 35)

Teachers continued to have difficulties with the relationship between STIs and HIV.

Peer Supporters

- Where peer supporters were present, half or more of them were engaged in providing HIV education support to other pupils. (p. 40-41)
- In schools that had lost their PSABH trained peer supporters, there was no evidence that the school had found a way to maintain the peer supporter programme. (p. 41)

Pupils

Comparisons between target and control schools figured prominently in identifying changes in pupil KAB during the 14-18 month evaluation period. The effect of PSABH on pupils in target schools was either to move them in a more desirable direction with respect to KAB, or to keep them from moving in the undesirable direction evident in pupils in control schools. Without control schools, the gains, or movement in a desirable direction, are still evidenced when examining only

the data on target schools. However, when the situation in target schools remained constant and that in control schools deteriorated, the loss of control schools to the analysis left only the 'no change' result in the target schools. This made it appear as if the programme had no effect when, in actuality, it had the effect of keeping target schools from moving in the undesirable direction of control schools.

Participation in and Awareness of HIV/AIDS Programme:

- Pupils continued to report high levels of overall participation in and awareness of the HIV/AIDS programme in their schools. (p. 44)
- There was some fall-off in reports of a school health club and use of the question box related to loss of trained teachers or peer supporters. The question box continued to be reported by pupils as the most useful aspect of the programme. (p. 44-45)
- Visitors were reported to be bringing condom information to schools. (p. 47)

Knowledge and Attitudes:

- While there were no gains in mean knowledge scores, the percentage of pupils who received a passing grade (i.e. greater than 50%) increased between wave 3 and wave 4. (p. 46)
- On surveys, the wave 1 to 3 gains made by both girls and boys with respect to being able to say no to sex were lost at wave 4. However, in focus groups pupils provided numerous examples that supported a conclusion that they continued to feel able to 'say no.' (p. 48-49)
- Gains were evident in knowledge and attitudes about condoms on surveys and in focus groups. (p. 47-48)
- There were greater gains in knowledge and specifically in condom knowledge and attitudes for standard 6 pupils at wave 4 than for standard 6 pupils at wave 3 suggesting that the programme is having a greater impact the longer it is in schools. (p. 55)
- Pupils demonstrated more specific, detailed and sophisticated knowledge in focus groups at wave 4 than in previous waves. (p. 46)

Pursuing Information and Communication:

- While there was a decrease in pursuing information and communicating with others about HIV/AIDS over the waves of data collection, pupils with higher levels of participation in the HIV/AIDS activities in their schools reported higher levels of pursuing information and communication with others. (p. 55-56)

Sexual and Condom Use Behaviours:

The beneficial impact of PSABH on the sexual behaviours of pupils evident in the 14-18 month evaluation was generally maintained at wave 4.

- Girls at wave 4 maintained the lower rates of sexual debut and reports of ever engaging in sexual intercourse attained at wave 3. (p. 52-53)
- Boys at wave 4 maintained the rates of sexual debut and reports of ever engaging in sexual intercourse evidenced at waves 1 and 3. Of note is that boys in control schools increased in both of these areas from wave 1 to 3 suggesting that in target schools PSABH had counteracted the undesirable trend witnessed in control schools. (p. 52-53)
- An additional gain at wave 4 was that fewer girls and boys reported engaging in intercourse in the past 3 months than did so at waves 1 or 3. (p. 52-53)
- There were no gains evidenced in condom use for either boys or girls. (p. 52-53)

Dose Response

- Pupils who participated in the programme longer, as well as pupils who were more aware of the presence of the programme in their schools and participated in more of the programme activities, demonstrated stronger and more diverse gains in the desired direction. (p. 53-57)

Inconsistencies

Pupil Age

- Problems were discovered in pupils' ability to report their chronological age or the age at which they initiated sexual intercourse. (see pages 20-21 for a full discussion). Consequently, results relating to age, or timing of sexual debut, must be treated with caution and interpreted only if they are consistent with other results. Results related to sexual debut during programme, for example, are consistent with results for ever participating in sex, and with what pupils and teachers reported in focus groups and interviews, suggesting that although there is some imprecision in these results, they reflect general patterns.

Pupil Knowledge and Attitudes

- Pupil responses to knowledge questions on surveys reflected a different picture than their discussions during focus groups. This is most likely because questionnaire items could not accommodate the conditions and qualifications that pupils placed on their answers in focus groups. (p.19-20)

Emerging Issues

The PSABH programme and its evaluation illustrate the action research process. In action research, programme and research form a spiral where each informs and challenges the other, and researchers and programme developers jointly reflect on how to strengthen the programme, test the changes, identify and respond to emerging issues. This is illustrated in the incorporation of information obtained during baseline research into teaching strategies discussed during training together with the addition of testing of these strategies in later waves of research.

Eight emerging issues were identified in this phase of the research. These will require attention in future research and programme modification:

- Teacher attitudes and beliefs related to the sexual fidelity of partners.
- Confusion among teachers about the relationships between STIs and HIV.
- The needs of AIDS orphans in the context of teaching about HIV prevention.
- The absence of a mechanism for sustaining a peer supporter programme once PSABH trained peer supporters leave the school.
- The beneficial impact on the condom related knowledge and attitudes when outsiders come to schools to teach about condoms.
- The on-going difficulties establishing pupil age that influence age-dependent measures.

- The on-going need for fuller responses to questions than is allowed on surveys in order to understand the reasoning processes used by pupils and the conditionality of their behaviours.
- The effect on the program when all trained peer supporters or teachers are lost to a school.

Conclusions

PSABH has been sustained in schools for 30 months following the initial training of teachers in Nyanza and for 26 months in Rift Valley.

The peer supporter component of PSABH does not appear to be sustainable beyond the tenure in primary school of the PSABH trained pupils.

PSABH continues to have a positive effect on pupils, and in some areas an improved outcome, up to 30 months in Nyanza and 26 months in Rift Valley schools.