



KEY IMPACT FINDINGS AFTER 30 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)

The summary below is based on 20 target schools in Nyanza Province that have continued to be followed beyond the 18 month evaluation period. Results here compare the pre-programme to 30 month post programme results only for these schools; there is no comparison with control sites. Because of the absence of control sites, these results must be considered as only supplementary to those reported at 18 months, which included control sites in the analysis.

Pupil Behaviour and Attitudes

ODDS RATIOS ¹			Statistically Significant Changes From pre- to 30 months post-programme, target schools evidenced significantly:
	Boys	Girls	
<i>Sexual debut past year</i>	.90	.53**	1) Lower sexual initiation among girls. 2) Fewer girls reporting they ever played sex. 3) Fewer girls and boys reporting they played sex in the past 3 months. 4) More girls and boys reporting a condom should be used when engaging in sexual intercourse.
<i>Ever played sex</i>	1.19	.44***	
<i>Sex in past 3 months</i>	.51***	.44***	
<i>Condom should be used</i>	1.58***	1.74***	
<i>Condom used last sex</i>	.91	1.48	
Odds ratio of 30 months post compared to pre scores. * p≤.05 **p≤.01 ***p≤.001			

Effect of Loss of Control Schools

The stabilizing effect of PSABH on the sexual activity of boys in target schools compared to their activities in control schools was only evident when control schools were part of the analysis. Without control schools there appears to be no change in much of boys' sexual behaviours. This should be considered in light of the increases in the sexual activity of boys in control schools evidenced at wave 3.

ODDS RATIOS			Statistically Significant Changes From pre- to post-programme, target schools evidenced significantly:
	Boys	Girls	
I definitely can:			More girls and boys who believed that 'no' means 'no'
<i>Say no to sex</i>	.99	1.07	
<i>Believe 'no' means 'no'</i>	1.45***	1.49**	
Odds ratios controlling for pre to post /target differences * p≤.05 **p≤.01 ***p≤.001			

Qualitative Confirmation

In focus group discussions pupils demonstrated a continued 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.

¹ Odds ratios measure the size of the changes among the pupil population in the target schools. An odds ratio of 1 represents no change from pre to post programme, a ratio above 1 represents an increase from pre to post programme and below 1 represents a decrease.

Pupil Knowledge

ODDS RATIOS			Statistically Significant Change Although there was no significant increase in the likelihood of pupils receiving a passing grade on the knowledge test from waves 1 to 3, there was from waves 1 to 4.
	Wave 1-3	Wave 1-4	
Passing grade on knowledge test	1.08	1.66***	
Odds ratios controlling for pre-PSABH target differences, * p<.05 **p<.01 ***p<.001			

Qualitative Confirmation

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 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. Schools were also inviting outsiders, such as health workers, into the school to address the issue of condoms for prevention of HIV transmission. By 30 months after training, (1) pupils and teachers 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, (2) pupils were discussing how condoms could prevent HIV transmission, and (3) 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 in favour of abstinence, there were more indications of attempts by teachers to acknowledge the preventive nature of condoms.

Programme Sustainability

ODDS RATIOS			Statistically Significant Changes Compared to pre-programme: Programme implementation was significantly higher at 18 and even more so at 30 months post-training. Pupil participation was higher at 18 months, but dropped slightly to 30 months. This was a result of a reduction in question box and school health club in schools. While school health club and question box were significantly more likely to be found in schools after PSABH training, there was some drop-off in these at 30 months compared to 18 months.
	Wave 1-3	Wave 1-4	
Programme implementation	2.17***	2.48***	
Pupil participation	1.32***	1.18***	
School Health Club present	1.66***	1.35***	
Question box present	4.72***	4.51***	
Odds ratios controlling for pre to post target differences * p<.05 **p<.01 ***p<.001			

Qualitative Explanation

In focus groups with pupils and interviews with teachers, the fall-off in the question box was attributed to the loss of trained teachers and peer supporters in some schools. The fall-off in the school health club was attributed to activities being taken-up in other school clubs. Both of these accounted for the slight drop in the pupil participation scores.